

MASSACHUSETTS NURSE

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Sacrificing the most vulnerable

Children in Mass. will lose access to school nurses under Romney's budget proposal

How bad is the state of school nursing in Massachusetts? Bad enough that the very people who are cared for by school nurses, children between the ages of five and 18, are taking matters into their own hands—with kids writing to legislators and editorial boards in an effort to destroy the governor's ill-advised plan that will decimate school nursing.

On Feb. 2, the *Boston Globe* ran a letter that it had received from Anthony J. Delmonaco—a 10-year-old boy with asthma who understands how difficult his life will be if his school nurse, Mrs. Regan, is forced to leave Bryantville Elementary School because of the governor's '05 budget cuts.

"My school nurse means a lot to me," wrote Anthony, "because I have asthma. I see her every day to get my inhaler. I get two puffs before I go to recess or when I can't breathe. And when I broke my leg last year, she was the one to notice that my cast was too tight.



She told my mom that I needed to go back to the hospital, and when they cut the cast off my leg felt much better. Mrs. Regan is my nurse and my friend."

In today's world, school nurses do far more than simply pass out Band Aids and call moms when children are ill. "We don't merely identify the sick kid and then send him home," said Donna Hoey, a nurse in the Worcester Public School system. "Our

job is to keep kids healthy, no matter what the ailment may be, so that they can stay in school and learn." And those ailments can be varied and serious: cancer, diabetes, cerebral palsy, cardiac conditions, asthma, hepatitis, catherizations and developmental disorders to name a few. It is also common practice for school nurses to use nebulizers, glucose monitoring tools and Epipens with students. In addition, it is often a school nurse who first identifies health problems in school-age children, particularly those who live in poorer communities and who have limited access to health care resources.

But despite the essential role school nurses play in the lives of children, families and communities as a whole, there is a major effort underway by Governor Mitt Romney to wipe out a huge portion of government funding that keeps many of these nurses in local schools. Specifically, *See Children, Page 3*

Organizing the unorganized

Empowering nurses to raise their voices in unity

By Debra Rigiero and Jeanine Hickey

No, this is not an article on how to organize your closets or household in time for the spring season. This is an article about organizing unorganized nurses, whether it is internally or externally.

The MNA's organizing department is directed by Eileen Norton and is staffed by Jon Neale, Jeanine Hickey, Deb Rigiero and Dolores Neves. We work in a team environment and in conjunction with all the other MNA departments. Our goal is to empower nurses to raise their voices in unity and take control of their own work environment. The first step in this process is to *become* a union, not just *join* a union.

Typically, we first receive a phone call from a nurse who may be unhappy with a change or issue in the workplace. We arrange a meeting with the nurse and encourage them to bring co-workers with them. We then schedule more meetings and have the nurses bring more nurses and involve more units in these meetings. Through these meetings, leaders begin to develop and more and more people become willing to stand up and be in the forefront.

Once management starts to hear grumblings about the union, their ears perk up, the hair stands up on the backs of their necks and they start to circle the wagons. They go into preservation mode—not because of the money a union is going to cost the hospital,

but because of the thought of having to sit across the table from "the workers" and having to explain their actions.

As more and more nurses become involved and curious, management will start to hold "town meetings," one-on-one meetings, and sometimes even sacrifice a manager or two in the attempt to keep the union out. The organizing committee, which consists of nurses at that facility, starts speaking out at the meetings and becomes more vocal. When asked about the first time I felt empowered, I remember speaking out at a "town meeting" and having management try to "shut me up." (They should have known better.)

Cards are signed and once we have enough signatures we first look for management to recognize the union, seeing that a majority of nurses already signed that they *want* to be a union.

Management will rarely recognize what the majority of nurses want, so we then petition the National Labor Relations Board (NLRB) for an election. Once the NLRB identifies the eligible bargaining unit at a hearing with the union and management, an election is scheduled.

It seems redundant, but unfortunately this is the law.

The organizers and the organizing committee are working hard at this time to make sure that the lines of communication are open and that nurses are getting the information

they need to make an informed vote. Meanwhile, management is working hard at intimidating and pressuring nurses to vote against the union.

Finally, there is an NLRB election and if all goes the way it should, the union is voted in by a landslide and management is left wondering what went wrong and why it spent so much money on a union-busting company.

Again, management often refuses to recognize the majority and begins to actively campaign to break the union. This, however, is another story for another time.

The main ingredient in the above formula is the development of an organizing committee and active leaders. The goal is to have the nurses start acting like a union prior to the election so that they will have the strength and unity to win a good first contract. Being part of the organizing committee at our hospitals was the most empowering experience we've ever had. You have the chance to network with nurses from other units and develop friendships and relationships with nurses you saw but never really talked to before. You talk to management and know that when you stand up on an issue it is not just you, but all the other nurses in your bargaining unit.

What is outlined above is typically what happens in an organizing campaign, but the MNA's organizing department is think- *See Organizing, Page 3*

April 2004

Inside...

Single-payer health care: Celebrating an important legislative victory	2
Executive director's column: No hospital will close when H.1282 passes.....	3
MNA on Beacon Hill: Safe ratios by May 11	4
6 steps every RN must take	4
Hospital industry's arguments are on life support	5
Labor Relations News: Faulkner RNs hold informational picket	6
Survey at St. E's highlights unsafe staffing, forced OT	6
MNA parodies the industry	7
MNA awards	8
Health & Safety: Patient-handling equipment	8
Health & Safety briefs	9
MNA elections information	10
Regional Councils	11
Continuing education.....	12-13
Peer assistance program: Nurses helping nurses.....	14
MNF news	16
MNA member benefits	17

Rally for Ratios

Save the Date!

Tuesday, May 11

Mass. Statehouse

10:30 a.m. – 1 p.m.

Join thousands of your colleagues and peers as they visit Beacon Hill and call for the passage of H.1282, the safe RN staffing bill. **See Page 20 for registration information and other details.**

For the latest developments impacting nurses, visit the MNA Web site, www.massnurses.org

Nurses' guide to single-payer reform

MASS-CARE celebrates as Health Care Committee passes language specific to S.686

On March 18, the Joint Committee on Health Care passed the following language specific to S.686 in executive session:

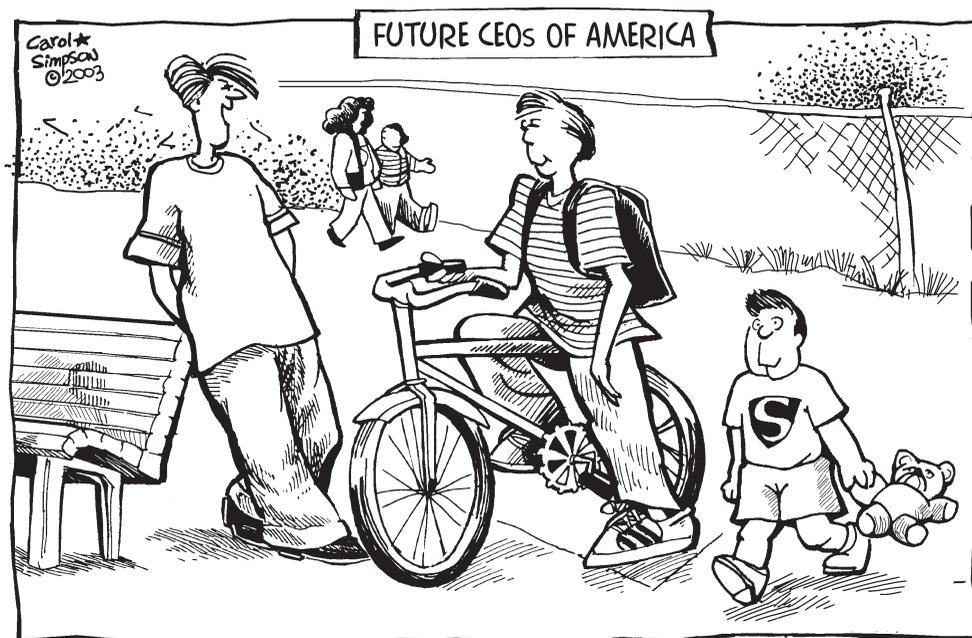
"The committee moves to substitute the text of S.686, An Act to Establish a Massachusetts Health Care Trust, with the following:

The division of health care finance and policy shall study the fiscal impact, including the total cost of implementation, the potential long-term costs and savings and an estimate of the amount of new state revenue necessary, if any, for implementation, of pending Senate Bill Number 686, establishing a Massachusetts health care trust. The division shall report the results of its findings to the Joint Committee on Health Care by November 1, 2004."

The incorporation of this language now means that S.686 will be passed to the Senate for further action. The MASS-CARE statewide committee found this language to be very acceptable, and it announced in a subsequent media advisory that it was excited to see S.686 moving to the Senate.

MASS-CARE also expressed its gratitude to all of those who have been supporting this initiative, and asked that they continue showing their support by contacting a few of the members of the Health Care Committee and thanking them for their action. Committee members, their home town and phone numbers are:

- Sen. Richard Moore of Uxbridge at 617-722-1420
- Sen. Jarrett Barrios of Cambridge at 617-722-1650
- Sen. Harriette Chandler of Worcester at 617-722-1544
- Sen. Susan Fargo of Lincoln at 617-722-1572
- Sen. Susan Tucker of Andover at 617-722-1612
- Sen. Bruce Tarr of Gloucester at 617-722-1600
- Rep. Peter Koutoujian of Waltham at 617-722-2130
- Rep. Christine Canavan of Brockton at 617-722-2320
- Rep. William Galvin of Canton at 617-722-2220
- Rep. Colleen Garry of Dracut at 617-722-2582
- Rep. Thomas Golden Jr. of Lowell at 617-722-2575
- Rep. Rachel Kaprielian of Watertown at 617-722-2430
- Rep. Kathleen Teahan of Whitman at 617-722-2130
- Rep. Patricia Haddad of Somerset at 617-722-2692
- Rep. Robert Coughlin of Dedham at 617-722-2130
- Rep. Shirley Gomes of Harwich at 617-722-2803
- Rep. Susan Gifford of Wareham at 617-722-2090 ■



"I know. Let's beat up some kid whose parents can't afford health insurance."

Quotable

"My husband and I lost our insurance coverage on August 31, when the company my husband worked at for 30 years went bankrupt. Right now we have COBRA to cover us, but in December, when the company is out of money, we will be uninsured. I have looked at what our options are for insurance and I've realized, there is nothing out there for us. We are too old, and no one will take my husband because he has had a heart attack."

—Dorothy and Michael Wallace, ages 57
Granite City, Ill.
www.amsa.org/hp/uhcinitiative.cfm

Calling for reform

A front-line RN explains why universal health care is essential

Donna Kelly Williams, RN and MNA member, joined other advocates of health care reform in front of City Hall in Cambridge on March 4. The gathering was part of a statewide campaign called "Health Care Action Day," which aimed to draw attention to the need for a statewide, universal health care system that would cover all Massachusetts citizens. Kelly Williams spoke to the audience about what it is like to be a front-line nurse and to see the devastating effects today's health care system has on patients. She was able to provide the following testimony:

My name is Donna Kelly Williams and I am a registered nurse at the Cambridge Health Alliance, as well as a member of the Massachusetts Nurses Association.

The MNA represents 22,000 registered nurses and health care professionals in more than 51 Massachusetts hospitals, as well as a wide array of other health care settings, including VNAs, schools, long term care facilities, clinics and public health departments.

Our members work on the front lines of the health care system, providing a real understanding of how the system works and, more importantly, how the system fails to work on behalf of patients and communities in the commonwealth.

From the perspective of nurses who work on these front lines and who spend more

time with patients and their families than any other provider group, the Massachusetts health care system is a complete and utter failure on all accounts: depriving access to those who need services and delivering inadequate to unsafe care to those who manage to obtain services.

While structured with the goal of being economically efficient, our health care system is one of the most costly in the nation. Unless dramatic changes are made, it is a system with no prospect of emerging from its current state of crisis. In fact, it is a system on the verge of total collapse.

The media headlines tell the story: emergency room diversions are on the rise in every corner of the state; the closing of community hospitals; more than 400,000 residents without health insurance coverage and thousands more underinsured; unsafe staffing levels and deplorable working conditions that are driving nurses and other providers out of health care altogether and endangering the lives of thousands of patients every day; skyrocketing prescription drug costs that leave seniors destitute or on a bus to Canada for drugs they need to maintain their health; and the closure of nursing homes and home care agencies which are further undercutting the health care safety net.

This is the picture of the health care system

Our health care system is one of the most costly in the nation. Unless dramatic changes are made, it has no prospect of emerging from its current state of crisis. In fact, it is on the verge of total collapse.

today as seen by nurses and as experienced by patients. From our perspective, it is perfectly clear: major health care reforms are desperately needed . . . and universal health care is the shining star of these reforms.

As nurses, we believe that universal access to quality health care is a basic human right of every member of our society, and that the inability to guarantee that right is evidence of a failure of our society that must be addressed.

We believe the health care system in our state is in serious crisis and in need of dramatic and comprehensive reform to secure the right of access to health care for all.

We believe the free-market, deregulated and corporatized approaches to the delivery of health care which have been embraced by the legislature and the executive branch for the last decade are an abject failure, and it is

the primary cause of the crisis we now face.

Nurses can no longer morally or ethically accept incremental approaches to reform of this system; nor can we sit by while more consultants are hired and more task forces are formed to "study" these issues with no mandate to affect fundamental change.

We simply cannot afford any more "partial solutions." The need for comprehensive reform is urgent and that reform is universal health care as detailed by MASS-CARE in its proposed legislation, Senate Bill 686: The Massachusetts Health Care Trust.

Our health care system is broken and in need of a complete and drastic overhaul. Without a commitment to the provision of health care as a socially good and basic human right for all; without a complete revamping of how we finance and administer health care to ensure we provide this right to all of our citizens; and without a system of regulations to ensure that patients receive the attention and care they require to recover from illness and injury, thousands of our citizens will suffer and many will die.

The MNA, and the thousands of nurses and health professionals it represents, call upon the state legislature to pass the Massachusetts Health Care Trust and to create a health care system that works for the betterment of our society as a result. ■

*Executive Director's column***The research is in and it's clear: No hospital will close when H.1282 passes**

Hospital CEOs and some nursing administrators, lacking a legitimate argument to obstruct the adoption of H.1282, have resorted to scare tactics. Here are two such arguments brought to our attention by staff nurses and co-workers at facilities in Massachusetts . . .

In the first example, we were tipped off by an e-mail from a nurse who reported that staff nurses at her facility were being harassed by the CEO and/or administrators to write to their legislators against the passage of H.1282 (the bill that would finally make it possible for you to care for your patients safely) because, in their words, "they will have to close the hospital if it passes and you will lose your jobs." Obviously, the nurses who wrote to us about these threats were not too impressed, but pretty taken back by the draconian measures administrators would use in order to prevent the bill from passing.

The other notable tactic was brought to our attention by our co-workers—LPNs, techs and aides—who let us know that administrators are likewise threatening them to write to their legislators against H.1282 because its passage will guarantee lay offs and probably lead to hospital closures.

When this issue was raised, we were sure to point out to our colleagues that the bill specifically prohibits any reduction in ancillary staff as a means of complying with the ratios. If anything, this bill provides our colleagues with greater job stability.

Given the fact that none of these claims represent what is in the bill or, for that matter, are based on reality, I think it's important to remind ourselves that the hospital industry—despite of all evidence to the contrary—will do whatever it can to scare our colleagues and the public in order to maintain the status quo. The fact that patients are in harms way, that nurses are leaving the bedside in droves and that all evidence, including cost studies, support the passage of this legislation, the industry remains entrenched. So we need to understand that they, your administrators, are never going to support you and your fellow nurses.

But the good news is that we don't need them to support us! There are more of you than there are of them . . . and you vote.

As you're well aware, this fall there will be a number of contentious elections and health

care is one of the top three issues on the minds of Massachusetts voters. The public has already said (via an independent survey) that it wants safe staffing. In fact, over 82 percent of survey participants said that they're calling for the passage of H.1282. So what comes next?

You need to talk to your neighbors and legislators. You need to make the passage of H.1282 a health-policy mandate. Tell your friends and relatives to call and write their legislators, and ask them to specifically request that the bill be voted on by Nurse's Week: May 6–12. Why? Because H.1282's time has come, and the measure is "research tested," and our patients deserve it.

And inside the hospital, tell your CEO that his/her behavior is unprofessional. We all know that when industry CEOs are admitted to a hospital, they make sure that RN staffing is acceptable. But it seems that the patients who are admitted to their hospitals—the very patients you're caring for and who also deserve safe RN-to-patients ratios—aren't worthy of the kind of in-hospital care that CEOs expect.

Beware of the industry's lies

Here is what the research makes clear: When a nurse has more than four patients on a medical/surgical floor, the patient's rate of morbidity and mortality increases by 7 percent for each patient thereafter—and then continues to escalate. So if you have eight patients, there is a 31 percent chance of injury or death for that patient.

Now let's imagine that an over-the-counter drug was found to have a 31 percent morbidity and mortality rate. Would we leave that drug on the shelf and allow consumers to continue using it? And, if we did leave the drug on the shelf, would it be considered acceptable health policy? Well that is exactly what your administrators believe is acceptable given their opposition to H.1282.



Julie Pinkham

Hospital administrators are not unlike the auto industry, which, at one point, refused to install seat belts and airbags in vehicles when it knew that the decision would injure or kill thousands of drivers and passengers. Similar to the hospital industry, the auto industry also refused to accept the results of numerous cost studies that said installing safety devices in vehicles would not adversely affect sales. Instead, it used fear and intimidation—stating that the industry would be devastated; that sales would drop; and people would lose their jobs.

In the case of your own nursing administrators, their approach is even more insidious. They are actually telling legislators that the implementation of safe-staffing ratios will undermine your ability to provide safe care. This is tantamount to automakers arguing that seatbelts would make you less safe (and even they didn't stoop that low). But in both cases, we have "industry executives" who are committed to keeping the status quo. To them, allowing preventable deaths is more acceptable than making affordable changes. Fortunately for us, the auto industry was forced to change due to legislative and regulatory measures. The result? Today the auto industry advertises and sells cars while using safety features as a primary selling point.

So will hospitals close? If they do, it won't be because of safe staffing and RN-to-patient ratios. The biggest threat to our hospitals is the hospital industry itself, and the cut-throat administrators who run them. Remember, hospital administrators fiercely lobbied the legislature and won the right to deregulate the hospital industry, allowing for "open, free-market competition." The industry's longstanding policy is quite simple: Our job is to make our own hospital successful, and if it means engaging in practices that shut down another hospital it's nothing more than good business.

This faulty plan has worked, and more than 20 hospitals in the last decade or so have closed. But it's what the industry wanted: winners and losers. Never mind the impact on the communities served by the losers. Waltham Hospital is a great example of this. Care Group (Beth Israel Deaconess) transfers \$15 million of debt to Waltham Hospital then later seeks to close or sell it—thereby elimi-

nating a \$15 million debt. The community works to keep Waltham open as an independent hospital and finds out a year later that they are short 100 admissions a month to make it work. Why are they short the admissions? Because Partners Health Care, which owns Newton-Wellesley Hospital, siphons off doctors to admit to Newton-Wellesley instead of Waltham. Newton-Wellesley expands its beds by opening up a new floor, and Waltham tanks.

The incentive wasn't for Partners to stabilize Waltham: it was to eliminate it so Newton-Wellesley could benefit.

We know, and the research shows, that improving and mandating nurse-to-patient ratios will benefit hospitals in terms of the wellness of patients; decreased complications; decreased lengths of stay; and reduced employee turnover. All of these things are good for the financial stability of the hospital and the industry knows this, as does the

Industry executives believe allowing preventable deaths is more acceptable than making affordable changes.

legislature—threatening otherwise is just a great scare tactic to use with the public and hospital employees.

But get clear on this folks: Implementing H.1282 won't inhibit a hospital's success, nor will it cause a hospital to close. If a hospital is managed poorly or can't compete—regardless of how well it's managed—it will close, due solely to the climate of today's deregulated environment.

So don't buy what your CEOs and nursing administrators are selling. Instead, start calling, writing and letting everybody know that what you want for Nurses Week is the standard of care your patients deserve: a vote on H.1282. Join your colleagues at the Statehouse on May 11 at the Rally for Ratios.

Be there to demand your elected leaders' action on this bill during Nurse's Week. It's time. ■

...School Nurses*From Page 1*

Romney's proposed budget for fiscal year 2005 calls for the complete elimination of the School Based Health Program—a highly successful \$12.6 million plan that has been in place since the mid-1990s and has been financed with tobacco tax money. Since its implementation, the program's dollars have been used in hundreds of districts to hire nurses, train staff and to buy equipment such as hearing and vision-testing machines

If the governor's proposal moves forward, the results will be devastating—with hundreds of school nurses being laid off and thousands of children being left without access to the necessary nursing services that keep them well enough to attend class. No

student though understands this fact more than Anthony.

"Without my school nurse," he explained to Globe editors, "I will not want to go to school. I will be afraid of what will happen if I can't breathe, if I'm hurt during recess or if I get sick in school. I also have friends who really need Mrs. Regan. Some have diabetes and asthma. So please contact your senators and tell them not agree with this cutback."

For the health care advocacy groups in Massachusetts that are fighting Romney's proposal, Anthony's letter represents the prime example of what will happen to kids if their school nurse is forced to leave when the last bell rings in June. "Everyone—parents, teachers, administrators and care providers—

knows that school nurses are an essential part of a community's fabric," said Karen Higgins, RN and president of the MNA. "But to hear Anthony describe how scary and difficult his life will be without Mrs. Regan is both heartbreaking and terrifying. Anthony is the reason why we must fight to keep the School Based Health Program in place."

The MNA, which represents more than a dozen school-nursing groups, is actively working with the Massachusetts School Nurse Organization to prevent Governor Romney's proposal from passing. "We can't let him do this to the children of Massachusetts," said Higgins.

For additional information or for details on how to help, visit www.msno.org. ■

...Organizing*From Page 1*

ing out of the box to develop innovative organizing tools in an attempt to organize all unorganized nurses in New England.

How can you help give nurses the voice that you have as an MNA member? If you know nurses in non-unionized facilities who may be interested in organizing with the MNA give us a call with their contact information. If you are interested in helping us organize and empower nurses, let one of our organizers know. We are looking for any help you might be willing and able to provide. Contact the organizing department at 800-882-2056, x722. ■

MNA on Beacon Hill



Tell legislators that for Nurses Week you want 'safe staffing'

By Charlie Stefanini
MNA legislative director

National Nurses Week is approaching: May 6–12. While the week will be celebrated in many different ways—from the *Boston Globe's* "celebrate a nurse" campaign, to other public service announcements and recognitions—there is one very real and concrete thing you can do: ask your legislators to pass H.1282, the safe RN staffing legislation.

With just several short months left in this legislative session (after July 31 all bills that have not passed die and must begin the process all over again) your state senators and representatives need to hear from you repeatedly. Remember the old adage, "the squeaky wheel gets the most grease." Never is that more true than in the legislative process.

Unfortunately the old adage, "Out of sight, out of mind," is also true in the legislative process. As a result, you must be active and visible in order to send your legislators the message that you want to see action taken on H.1282.

You can pass H.1282 by July 31. You have the power to do it. ■



Nurses join in St. Patrick's Day celebration More than 35 enthusiastic nurses and MNA supporters gathered in Worcester on Sunday March 14 to walk in the city's annual St. Patrick's Day—and to spread the word about H.1282 along the way. Members from each of the MNA's Worcester-based bargaining units joined in the day's activities, which included distributing flyers regarding the importance of safe staffing to onlookers and carrying signs in support of John Kerry and Ed Augustus. Augustus, who was running for a state Senate seat in the 2nd Worcester District. ■

6 steps every RN must take for safe staffing

- 1. Contact your legislator**
Call and write letters to your state representative and state senator. The more contact you have with your legislators, the more you will be recognized by them as an activist in your community. Your legislators need to know why safe RN staffing is essential for patients and nurses. The more personal your contact with them, the more impact it will have. Give them an example of how staffing makes a difference in the care you can provide to your patients; paint them a picture of your typical day; or let them know how safe staffing will enable you to provide the best care for your patients. For fact sheets and talking points on safe RN staffing that can help during your conversations with legislators, go to www.massnurses.org and click on the "Safe Ratios" button at the top of the page.
- 2. Visit your legislators during their in-district office hours**
Most legislators hold office hours in their districts each week. This is a chance for you to meet with your legislator or his/her aide near your home or work and express to them your support for safe staffing. It takes only a few minutes and it can have an enormous impact. You can go alone or take other RNs with you. To find out your legislators' office hours and to schedule a meeting, simply call their Statehouse or district office. Visit www.massnurses.org or www.state.ma.us/legis/legis.htm to find contact information for your legislators.
- 3. Attend a legislative briefing in your area**
We'll mail you an invitation and a reminder when a legislative briefing is taking place in your neighborhood. Please share the invitation with all of the nurses you know in your community.
- 4. Sign up to become a member of the MNA Action E-List**
By becoming a member of the Action E-List, you'll be the first to receive important e-mail alerts, updates on the safe staffing bill, and invitations to meetings and events. Simply go to www.massnurses.org, click on the "Action E-List" button on the home page and fill out the short form.
- 5. Write a letter to the editor**
Go to www.massnurses.org, click on the box that says "write to legislators" and follow the links to write a letter to the editor of your local paper—and then select from either a pre-written letter or a letter that allows for personalization. Tell your local editor why House Bill 1282 is imperative to patient safety and why the bill must be passed, and then send it off directly with just the single click on your mouse.
- 6. Keep up the great work and contact your legislators regularly**
Nothing rings more true in the legislative process than the "squeaky wheel gets the most grease." Your legislators are elected to represent *your* interests, so be sure to let them know what *you* are interested in, what issues matter the most and when they've done a good job. ■

MASSACHUSETTS NURSE

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www.massnurses.org

MNA
MASSACHUSETTS NURSES ASSOCIATION



The hospital industry's arguments against H.1282 are on life support

By Charlie Stefanini

The Massachusetts hospital industry is trying vehemently to stop the passage of H.1282 and, as a result, let the status quo continue. That status quo jeopardizes patient safety and quality care. But the arguments the industry uses against passing H.1282 are weak. In fact, their arguments are on life support.

The Argument: H.1282 is an MNA/union-backed bill that is being forced on the Legislature

The Truth: The bill is supported by 82 percent of Massachusetts voters, and is endorsed and promoted by a The Coalition to Protect Massachusetts Patients—a coalition of more than 65 of the state's leading health care and consumer advocacy organizations. Coalition members include the American Heart Association; American Cancer Society; Health Care for All; Mass. Association of Older Americans; Mass. Senior Action Council; Mass. League of Women Voters.

H.1282 was written to comply with recommendations made by a special legislative commission, which spent months studying the problems in hospitals, and ultimately characterized nursing in Massachusetts as being in a "state of crisis." To date, 102 out of 200 legislators have signed on as sponsors of the bill and the Joint Committee on Health Care has unanimously approved the bill. Lastly, a survey of Massachusetts nurses—70 of who had no affiliation with the MNA—found that nearly nine out of 10 nurses in the state support H.1282.

The Argument: The bill's "etched-in-stone ratios" aren't flexible and don't account for the changing needs of patients.

The Truth: Claims about the lack of flexibility provided by H.1282 are the most blatant misrepresentations of all. It is clear that the spokespeople from the industry have either not read the bill, or have chosen to ignore the specific details that deal with patient needs and flexibility.

Under H.1282, ratios would vary for each unit and specialty area, and ratios would constitute a staffing "floor." A standardized "patient acuity system" would provide hospitals with the flexibility they need to increase staff to meet patient needs. This bill puts into effect the flexibility that fails to exist in today's hospitals. It codifies the

clinical judgment of registered nurses long ignored by the hospitals to the detriment of the patients.

Claim: There is no evidence that supports the use of ratios as a way to improve care.

Fact: According to the most prestigious medical journals, the most important question a patient can ask when entering a hospital today is, "How many other patients is my nurse caring for?" The answer could have life or death consequences.

The *Journal of the American Medical Association* published a landmark study that showed that any time a medical/surgical nurse is assigned more than four patients, the patient's risk of death increases by 7 percent for each additional patient. If a nurse has eight patients compared to the four patients recommended under H.1282, the risk of death increases by 31 percent. The author of this study concluded that mandating RN-to-patient ratios is a "credible" approach to both improving patient care and stemming the flow of nurses who leave the bedside because of poor staffing conditions.

The Institute of Medicine (IOM), the nation's most prestigious scientific body, spent a year studying the nursing crisis and concluded there was overwhelming evidence that poor staffing harms patients—and that staffing improvements will improve patient care. The report stated that regulatory solutions like those proposed under H.1282 should be part of a multi-faceted response to the problem. The IOM called for mandating ratios in ICUs, and proposed a much more radical approach than H. 1282: to give front-line, direct-care nurses the right to halt admissions when they feel they have too many patients to provide safe patient care.

There is no evidence to support the industry's attempt to maintain the status quo. In fact, there have been no less than five reports by state and national organizations criticizing the status quo and calling upon the industry to improve ratios to protect patients. Here in Massachusetts, the DPH issued a report last October that showed a 76 percent increase in medical errors, patient injuries and complaints with the majority attributable to poor nursing care.

According to *all* the research and *all* the reports, maintaining the status quo is a recipe for disaster—resulting in increased

complications, injuries, medication errors and mortality.

Claim: The industry can't meet the ratios because there is a shortage of nurses.

Fact: Per capita, Massachusetts has more nurses than any state in the country.

But nurses—burned out from high patient loads—are leaving the bedside en masse, and many nurses are no longer willing to work in situations where they are unable to provide proper care for their patients. In addition, 60 percent of nurses who work in Massachusetts hospitals work part-time. There *are* currently enough nurses employed in hospitals to meet the ratios. The only way to protect patients and to retain skilled nurses in our hospitals is to establish safe staffing standards.

Again, studies in the most prestigious medical journals clearly show that it is poor staffing conditions that drive nurses away from the hospital bedside. A study in *JAMA* found that for every patient in addition to four assigned to a nurse, the rate of burnout for that nurse increases by 22 percent, and the rate of job dissatisfaction for that nurse increases by 15 percent. A study last fall in the *Journal of Nursing Administration* found that poor staffing is the primary cause of nurses losing satisfaction with their jobs and with their profession. Conversely, the authors argued that improving ratios was the key to improving patient care and stopping nurses from leaving the bedside. In fact, a survey of nurses in Massachusetts—70 of who had no affiliation with the MNA—found that more than half have thought of (or are currently thinking of) leaving bedside nursing because of the current staffing conditions. Of those who have already left, 65 percent said they would be more likely to return should H.1282 become law.

The formula is simple: poor ratios are driv-

ing nurses away, but good ratios will bring nurses back.

Claim: Hospitals in California are predicting they will not be able to meet the standards set by that state's safe-staffing bill. One California hospital has already closed its doors as a result, and the same could happen in Massachusetts.

Fact: No hospital in California has closed its doors because it had to provide a safe level of nursing. In fact, the two largest hospital chains in California have publicly stated that they are in full compliance with the ratios, and one system, Kaiser Permanente, is advertising that it will provide even better ratios "because it will reduce nurse turnover and the costs of complications."

No hospital in California has closed because of that state's the new law to regulate ratios. One hospital, which had been in financial trouble for six years prior to the passage of the safe staffing law, did close but it had *nothing* to do with the ratio law. In fact, that hospital is being investigated by authorities, in part, for its attempt to falsely blame the ratios for its decision to close.

In fact, the research shows that hospitals that invest in more nurses will save millions of dollars by reducing nurse turnover, by shortening the lengths of stays for patients, and by preventing or reducing the number of costly complications that have been shown to be caused by understaffing of nurses. One study published found that for every \$1 invested in hiring nurses to improve ratios there was \$1.20 in savings due to reductions in nurse turnover.

We believe, and the studies show, that an investment in nursing will provide huge dividends to hospitals in improved patient outcomes, higher patient satisfaction and, yes, better financial performance. ■

Beacon Hill Headlines

Ed Augustus makes run for office

Ed Augustus, chief of staff to Worcester Congressman James McGovern, is seeking Worcester's open state Senate seat this fall. Augustus built a strong relationship with and admiration of Worcester nurses in his work and handling of the St. Vincent's nurse's strike. McGovern was an outspoken advocate for the nurses during that time, and Augustus played a critical role in addressing the staffing and mandatory overtime concerns of the nurses and finding a resolution to the strike.

Romney budget eliminates school nurses funding

Governor Romney's fiscal year 2005 state budget eliminates funding for school nursing services. The **Essential School Health Services Program** pays for school nurses, equipment, and health screenings in public and non-public schools. Before drastic state budget cuts, 106 public schools districts were directly funded through this program, serving 1,141 public schools and 561,794 students, as well as 293 non-public and charter schools serving 77,571 students. An additional 298 schools serving 159,327 students received consultation advice on how to improve their school health programs. In all, 1,732 schools with 798,762 students received vital school nursing services through the school health program. The MNA is working with a large coalition to restore these cuts.

Romney budget hits state health and human services workforce

Governor Romney's budget for fiscal year 2005 also attacks the state's health and human services employees who are represented by the MNA. His proposals attempt to increase employee health insurance, slash pension benefits, and eliminate certain collective bargaining right and benefits. The MNA is working with a coalition to fight these proposals.

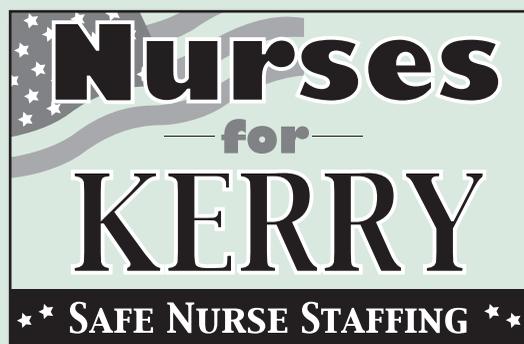
Sexual Assault Nurse Examiner program gains more support

At the same time Governor Romney level funded the Sexual Assault Nurse Examiner Program (SANE), the Legislature's Health Care Committee voted favorably on a bill to codify the program into state law. SANE creates the coordinated, expert forensic care necessary to increase successful prosecution of sex offenders and to deliver the highest level of care to sexual assault victims age 12 and over, providing access to hospital emergency departments and urgent care centers. ■

Massachusetts nurses play important role in Kerry's turnaround in presidency bid

Senator John Kerry's strong record with Massachusetts nurses speaks for itself, but in late 2003 the future of his presidential candidacy was in great question. Struggling in the polls and written off by the pundits, the Kerry team chose to put its resources into the first-in-the-nation infamous Iowa caucuses, where a good showing could take his more well-heeled opponents by surprise.

Massachusetts nurses played an important role in the effort in Iowa. RNs spent days making peer-to-peer calls to nurses in Iowa, talking about Kerry's work in Massachusetts and his advocacy for the nursing profession. "It was a great experience," said Betty Sparks, RN from Norwood. "They wanted to hear what we thought of Kerry's work with nurses back here in Massachusetts and wanted more information. I really think we swayed a number of nurses in Iowa for Kerry." ■



Labor Relations News

RNs at Faulkner Hospital hold informational picket over staffing conditions, salary and pension issues

RNs at Faulkner Hospital in Jamaica Plain held an informational picketing outside the entrance to the facility on March 29 to draw attention to key issues in dispute in stalled contract talks with management that the nurses believe impact their ability to deliver safe care to patients at the facility.

More than 300 registered nurses are represented by MNA at Faulkner. They have been negotiating their contract since last October with 15 sessions held to date, with the last two sessions being held before a federal mediator. The key issues in dispute include: the need to provide full staffing at the facility and, as a result, to end the dangerous practice of forcing nurses to be transferred to areas where they are not qualified to safety care for patients; the call for a salary level on a par with other Partners-owned facilities; and improvements in the nurses' pension and health plans.

"The public has a right to know that this hospital is failing to provide appropriate, or even safe, patient care on a daily basis," said Kathy Glennon, RN and chair of the nurses' bargaining unit at the facility. "Instead of hiring enough staff to safely operate this hospital, management is attempting to save money by moving nurses from one area to another as if they were interchangeable parts. As a result, management has failed to

acknowledge that nursing, like medicine, is highly specialized. No nurse should be forced to care for patients unless they are qualified to care for those patients."

This practice is known as "floating" and the nurses at Faulkner report that medical/surgical nurses are regularly floated to work in such highly specialized areas as intensive care units or telemetry units, where patients are hooked up to monitors and other sophisticated technologies. "Nurses are floated to these areas without any training or understanding of how to read the monitors. It's a recipe for disaster."

Nurses in the bargaining unit report that newly graduated nurses with just three months experience have been floated to such areas, jeopardizing the care of the patients in these areas and placing those nurses at greater risk of making errors that could cost them their license to practice.

The nurses' position on this issue has been validated recently with the release of a groundbreaking report by the Institute of Medicine, which issued a scathing report concerning the dangers of understaffing in our nation's hospitals. The report cited studies that show that patients who are cared for in intensive care units where "float" nurses practice are significantly more likely to experience a serious, life-threatening infec-

tion. The issue was so serious that in 1998 the Centers for Disease Control issued a nationwide warning to hospitals against the practice.

To address the problem, the Faulkner nurses have language on the table that would prevent a nurse from being forced to float to another unit unless, and until, he or she had the qualifications and competency to practice in that area. This language, which has been refused by Faulkner management, has already been adopted at Brigham & Women's Hospital, which is an affiliate of Faulkner Hospital.

"We can only wonder why patients at Faulkner Hospital are not provided the same level of safety as those at our sister facility," Glennon said. "Partners seems to want to treat both the nurses and the patients at Faulkner as second class citizens."

This "second class" approach to dealing with nurses at Faulkner is further reflected in the dramatically lower salaries of the nurses at Faulkner compared to all other Partners facilities. The nurses at Faulkner are paid 26 percent below their counterparts at Brigham & Women's hospital, and 13 percent below the nurses at Newton-Wellesley Hospital.

The poor pay, combined with the poor working conditions, has resulted in the flight of nurses from the facility and in its inability

to keep newly-recruited nurses.

Glennon reported on a program created at Faulkner to train operating room nurses: out of 11 nurses who were recruited last year into this program, only two remain. She also mentioned the hospital's granting of \$3,000 sign-on bonuses. As soon as these nurses meet their minimum requirements for these programs, they are gone the very next day. Where are they going? Many of them head down the street to better paying Partners facilities.

The nurses are outraged and discouraged by such practices, especially when they read in the local press about Partners Health Care reporting record \$28 million profits in the last quarter.

"It is a disgrace to see this corporation reaping millions of dollars in profits on the backs of nurses and through the suffering of patients who are provided substandard care at the expense of the bottom line."

The nurses hope public pressure from the picketing and other activities will move the process to an equitable resolution. If not, the nurses are entertaining moving to a strike authorization vote.

"The public needs to know that their health and safety is at stake in this process, and we nurses cannot allow the current conditions to continue," said Glennon. ■

Survey at St. E's shows unsafe staffing, forced OT are regular occurrences

As contract talks between nurses and management at St. Elizabeth's Medical Center (SEMC) recently entered their tenth month, a survey of the hospital's nurses revealed a health care environment characterized by inadequate staffing patterns, substandard working conditions and lack of managerial support that has led many of the nurses to consider leaving the facility and/or hospital nursing altogether.

The nurses presented the results of the survey to management at a recent negotiating session. More than 650 registered nurses are represented by the Massachusetts Nurses Association at SEMC. They have been negotiating their contract since last June, and working without a contract since January 1. Key issues in dispute include: the nurses' demand for contractually mandated RN-to-patient ratios; an end to the use of mandatory overtime to cover inadequate staffing at the facility; protection of pension benefits; and the need for an increase in salaries in order to remain competitive with other Boston teaching hospitals.

The survey was conducted early this year and includes responses from 83 percent of the nurses on staff. Key findings included:

- 74 percent of those surveyed reported being given an unsafe patient assignment at least once in the last month, with 26 percent reporting four or more occurrences every month
- Over 30 percent reported being forced to work overtime since September, while 66 percent reported feeling pressured to work overtime because of understaffing

- 72 percent of nurses rated SEMC as fair or poor in meeting their needs for ancillary support staff
- 60 percent believed senior nursing management was not effectively advocating for RNs at SEMC
- 76 percent of nurses at SEMC reported having been contacted by other hospitals or recruiters about nursing positions, while 46 percent of the nurses had seriously considered leaving SEMC
- 56 percent of SEMC nurses have considered leaving hospital nursing altogether, with nearly 70 percent of those nurses citing unsafe staffing conditions as the primary reason

"These results are shocking," said Cece Buckley, RN and co-chair of the nurses' bargaining unit at SEMC. "It is unconscionable and unacceptable that three quarters of our nurses are regularly placed in a situation that compromises their patients' safety."

These results, along with petitions calling for a fair contract, were delivered to Deb Finch, vice president of patient services at SEMC. In addition, the nurses' negotiating committee brought more than a dozen front-line nurses from a variety of inpatient units to share their personal experiences, providing compelling testimony regarding unsafe staffing and unsafe working conditions at SEMC.

One newly graduated nurse who works on a medical/surgical floor testified to working a recent shift where she was assigned nine patients to care for. This nurse's assignment exceeded the hospital's own staffing guide-

lines. When she brought her concerns to her supervisor, she was told that "the guidelines were just guidelines and they (the hospital) did not have to go by those."

A number of other nurses testified about having to work mandatory overtime, being forced to work 16 hours straight, and then having to return for their regular 12-hour shift only hours later. The nurses reported feeling exhausted and overwhelmed from the fatigue of working such long hours while still being responsible for excess patient assign-

ments that compromised their ability to deliver safe care.

The nurses at St. Elizabeth's have been struggling for years to convince management to improve RN-to-patient ratios in the hospital. Nurses at SEMC who work on a medical/surgical floor are regularly assigned more than the safe standard of four patients and on many occasions, up to nine patients at a time.

See St. E's survey, Next Page



"It's a repetitive stress injury... have you been bashing unions again?"

MNA 'Reporter' parodies hospital industry

Parody, according to Webster's Dictionary, is "a musical or literary work that imitates another work, exaggerating the characteristics of the original to make it seem ridiculous." And it was the word "parody" that helped to guide the MNA in its recent development of a new piece of public-affairs collateral: the *Tuesday Reporter*.

"Every Monday of every week, the Massachusetts Hospital Association (MHA) produces and distributes a document called the *Monday Report* to state legislators and policy makers," said Karen Higgins, RN and MNA president. "Basically, it's a piece of propaganda that promotes MHA's overall agenda. But as MNA members have continued to put pressure on state legislators to pass H.1282, we've seen something interesting happen in the *Monday Report*: it has evolved into a tool used to circulate misinformation about our safe staffing bill."

The situation came to a head though in mid-January, just after California started to implement its safe staffing ratios. "It was announced in California that an acute-care hospital was facing closure, due solely to financial problems that had mushroomed during years of mismanagement in that state's deregulated environment," said Higgins. "But California's hospital association used the announcement as an opportunity to say that the reason the hospital was facing closure was because of the newly passed safe-staffing law."

MHA immediately jumped on the bandwagon and began to circulate the same news to legislators here via its *Monday Report*. The intended message was clear, but not at all true: hospitals in Massachusetts would close once H.1282 was voted into law.

"The time had come," added Higgins. "The misinformation that MHA was selling and the way it was packaged was transparent . . . and we thought it would be fun to create a satirical version of their 'package' and use it to sell the truth."

MNA
MASSACHUSETTS
NURSES ASSOCIATION
Vol. 4, #1

Tuesday Reporter

Just the Facts

- ✓ Massachusetts has more registered nurses per capita than any State
- ✓ When an RN is assigned more than 4 patients on a medical/surgical floor, the increase of risk for complication and death increases by 7% with each additional patient (Journal of the American Medical Association)
- ✓ More than 65 health care advocacy and consumer groups endorse H.1282, the Quality Patient Care/Safe RN Staffing bill, including the American Cancer Society, the American Diabetes Association and Health Care For All
- ✓ DPH reports a 76% increase in the number of patient injuries, medication errors and complaints in Massachusetts hospitals over the last seven years
- ✓ More than 60% of voters believe that patients are suffering because they have to share their nurse with too many other patients*
- ✓ 76% of Massachusetts voters surveyed support H. 1282*

*Opinion Dynamics Corporation Survey

New Study Finds Increasing RN Staffing Does Not Affect Hospitals Profit Margin

As legislation to regulate RN-to-patient ratios in Massachusetts hospitals (H.1282) is being considered by the House Ways and Means Committee, a study, entitled, "Nurse staffing, quality, and financial performance," which was supported by the Agency for Healthcare Research and Quality, analyzed data from 422 hospitals in 11 states, including Massachusetts. It found that increased staffing of registered nurses (RNs) does not significantly decrease a hospital's profit, even though it boosts the hospital's operating costs.

California Sees Nurses Rush To Register

An article from the Sacramento Business Journal details the tremendous growth in applications of nurses seeking to work in California, the first state to implement a law that would regulate RN-to-patient ratios throughout its hospitals.

The article reports that: "There's been a 60.4 percent increase in [nursing] applications in the last three years. The numbers swelled to 35,887 in the fiscal year ended June 2003, up from 22,372 in fiscal 1999, the year the nurse-to-patient ratio law was signed . . ."

Execs expect more states to mandate nurse ratios

More than half of hospital executives believe legislation establishing mandatory nurse-staffing ratios will be introduced in their states within two years, and about one-fourth of those expect a law to be enacted, according to a Governance Institute survey. Of 139 respondents, about 52% said they expected their states to tackle nurse-staffing ratios within two years; about 26% of those, or roughly 19 respondents, said they anticipated that the legislation would become law.

—By Patrick Reilly, Modern Healthcare, February 5, 2004

The result? A piece of MNA-designed collateral that mimics the MHA's *Monday Report* in almost every aspect: design, style and distribution—but *not* in content.

So now, on every Tuesday of every week, the MNA produces and distributes a document called the *Tuesday Reporter* to state legislators and policy makers. All of the content in this easy-to-read flyer is aimed at keeping decision makers and advocates informed about H.1282, and each issue contains excerpts from the latest research and key news reports, as well as personal viewpoints from nurses, patients and advocates for the legislation.

Perhaps the most enjoyable part of this public awareness campaign though is the fact the MNA's *Tuesday Reporter* arrives on peoples' desks just 24 hours after "the industry" has circulated its rag. "It's been fun," said Higgins, "and it makes us feel like we're faithful watchdogs who are chasing unwanted visitors out of the Statehouse." ■

Pass H.1282

We have a disturbing crisis in Massachusetts: too few nurses are being forced to care for too many patients, and patients are suffering the consequences.

Patient safety and quality of care is jeopardized because of the understaffing of registered nurses.

There is a substantial link between registered nurse staffing and patient morbidity and mortality. There is a growing body of evidence substantiating what nurses have been saying all along, that inadequate nurse staffing levels lead to tens of thousands of preventable deaths and injuries. For example, the JCAHO (the hospital industry accrediting agency) announced that inadequate staffing contributed to one-fourth of all sentinel event occurrences that lead to patient deaths, injuries or permanent loss of function. Additionally, research in the *Journal of American Medical Association* in 2002 found that for every surgical patient added to a nurse's workload the patient's risk of death increased by an average of 7 percent. In hospitals with eight patients per registered nurse, patients have a 31 percent greater risk of dying than those where nurses have four patients in their care.

Unsafe staffing will continue to put our families at risk if the government has no effective legislation to end this distressing situation. Hospitals adjust/increase staffing levels on pre-determined inspection days to give state and JCAHO inspectors a false impression of what staffing levels and patient care conditions are really like on most other days.

To make matters worse, nurses—burned out with high patient loads—are leaving the bedside. Many nurses are no longer willing to work in situations where they are unable to provide proper care for their patients. The only way to protect patients and to retain skilled nurses in our hospitals is to establish safe staffing standards.

**The time has come for Massachusetts
to pass legislation setting safe
RN-to-patient ratios in hospitals.
Safe ratios save lives. Set the standard.**

MNA
www.massnurses.org

**Protect Patient Safety
Preserve Quality Care**
A MESSAGE FROM THE MASSACHUSETTS NURSES ASSOCIATION
340 TURNPIKE STREET • CANTON, MA • 781.821.4625

...St. E's survey

From previous page

To better protect patients, nurses are asking the hospital to establish contractually guaranteed RN-to-patient ratios, specific to every floor and specialty unit in the hospital. The ratios are based on the results of prominent scientific studies, and mirror the ratios contained in legislation passed in California and those currently contained in legislation before the Massachusetts Legislature. The bill, H. 1282 An Act Ensuring Quality Patient Care and Safe RN Staffing, was recently approved by the Joint Committee on Health Care and has been endorsed by more than 60 of the state's leading health care and citizen advocacy organizations.

"The nurses have looked at the current staffing levels, compared them to the best scientific research and to the pending legislation and they have concluded that we need these ratios to be part of our contract to ensure that no patient at our hospital has his or her life placed at risk simply because a nurse has too many patients to care for. While we have joined thousands of other nurses and citizens in pushing for safe staffing legislation on Beacon Hill, we can't afford to wait for the legislature," said Mary Rogers, co-chair of the nurses' union.

Seek end to mandatory overtime

In addition to being assigned too many patients to care for on a regular basis, mandatory overtime is a regular occurrence at the facility.

The practice of using forced overtime to staff hospitals has been widely condemned in recent years and has led to an increase in errors and injuries, and it has also led to a number of high profile nurses' strikes in Massachusetts and throughout the country. Last month, the prestigious Institute of Medicine issued a report that also condemned the practice stating that unlike other safety-sensitive industries—such as nuclear energy, public and commercial transportation, the military, police and fire—that have responded to overwhelming scientific evidence and placed limits on overtime, "the health care industry is notable in that, with few exceptions, it places no such limit on work hours." The IOM report concluded that, "Health care and labor organizations representing nursing staff should establish policies and practices designed to prevent nurses who provide direct patient care from working longer than 12 hours in a 24-hour period."

As recommended in the IOM report, the

nurses of SEMC are proposing language be added to their contract that would prohibit any nurse from being forced to work more than 12 hours, and would provide the nurse with the right to refuse overtime anytime he or she felt too ill or too tired to provide safe patient care. Similar language has been included in a number of contracts negotiated by the MNA.

Protecting pension benefits

Caritas management has also come to the negotiating table demanding the right to dismantle the nurses' pension benefits—unilaterally changing it from a defined benefit to a defined contribution plan as of

January 1, 2004. For many nurses at SEMC, a change to a defined contribution pension plans could cut their retirement benefits by as much as 30 percent.

The nurses' survey found that 70 percent of the nurses oppose management's plan to change their pension.

"As our survey showed, the competition for nurses in the current labor market is fierce. One of the strongest benefits offered by the Caritas system, and one of the most important tools for retaining our most seasoned

and experienced nurses, is our defined benefit," Buckley explained. "This benefit may be the single item in our contract that is causing nurses to hang in with SEMC. And now they want to take that away."

"As the survey results indicate, nurses are getting fed up with these conditions. We are losing nurses every week to other facilities in this city—valuable, talented nurses who don't see why they should stay at this hospital and work under unacceptable staffing conditions when they can just cross the city and work for New England Medical Center or Brigham & Women's," Rogers explained. "If we can't recruit new nurses and retain our existing staff, we will not be able to staff this hospital appropriately. And then it will be the patients who suffer."

While talks continue, pressure within the rank and file membership is building for more dramatic steps to move the process along. Before the holidays nurses held a candlelight vigil to alert the public of their concerns, and the event garnered significant interest and the nurses made a presentation before the Brighton Allston Improvement Association—a local community advocacy organization—on March 4. ■

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

Using patient-handling equipment to reduce injuries

By Evie Bain

The MNA's Health and Safety Program recently responded to a "call for proposals" by the Massachusetts Department of Industrial Accidents, Office of Safety for grant funding for the 2004-2005 budget cycle. The proposal, entitled "Beyond Body Mechanics: Using Patient Handling Equipment to Reduce Injuries to Nurses and other Health Care Workers," outlines a training and education project that will run from November 2004 to June 2005 and will train more than 125 MNA

members and others.

The goal of this project is to reduce musculo-skeletal injuries in workers throughout the local the healthcare industry by providing nurses and others with the knowledge and skills needed to effectively utilize patient-handling equipment. Objectives of the project include providing training sessions that will focus on how to safely use different types of equipment, as well as to work to dispel the "injuries-can't-happen-to-me" myth.

Four vendors of patient-handling equip-

ment have already expressed interest in participating in this project should the MNA receive the grant funding. If selected, each participating vendor will be given the opportunity to present and describe its equipment, while participants will be given the opportunity to test the different types of equipment. In addition, MNA members who have experienced musculo-skeletal injuries will share their stories in a case-history format, helping to dispel the aforementioned myth.

The project will follow the format of previ-

ous Massachusetts Department of Industrial Accidents grant-funded projects, including 2000's "Wheezing at Work: Work Related Asthma" and 2002's "Applying OSHA to Healthcare Settings." These previous projects provided training to MNA members in each of the organization's Regions, as well to members of Unit 7.

The Office of Safety will announce the winning/approved proposals no later than August 2004. For details, review the summer editions of the *Massachusetts Nurse*. ■

Complaint of improper claims handling against an insurer: Form 130 now available at the Division of Industrial Accidents

By Evie Bain

Injured nurses often contact the MNA Health and Safety Program with concerns and issues about claims handling by Workers' Compensation insurance companies or third party administrators. It was recently brought to our attention that a specific form and process is in place at the Massachusetts Department of Industrial Accidents that can be used to address these issues. Form 130, may be used to report specific complaints or concerns against companies who handle Workers' Compensation.

You can request Form 130, *Complaint of Improper Claims Handling Against an Insurer*, by calling 800-323-3249, extension 470 or the form can be downloaded at the DIA Website, www.mass.gov/dia.

The DIA says that "the purpose of this form is to request the Department of Industrial Accidents (DIA), Office of Claims Administration to conduct a preliminary

investigation into the claims handling practices of an insurer. Upon completion of our investigation you will be notified of our findings. Please note: the DIA can only determine if the matter should be further investigated by the Division of Insurance. The DIA can not award damages or any type of award or compensation to a complainant."

Be sure to discuss your concerns with your attorney if you plan to use this form. Keep a copy of everything related to your injury and your claim for your personal record.

The MNA Congress on Health and Safety has developed a brochure to help injured nurses and others who have been injured at work and are involved with the Workers' Compensation system.

For a copy, call the MNA Health and Safety Program (*contact information is in box on Page 9*) and ask for the brochure, *Workers' Compensation for Nurses and other Health Care Workers*. ■

Seeks member input

MNA Board developing five-year vision/plan for association

Where do we want the MNA to be in five years? What do we want to accomplish? What do we envision as our position regionally, statewide, nationwide? What new services do we want and need to offer our members and what needs to be improved? These are the questions the Board of Directors is asking and working on, with the input of MNA bargaining units through the recent chairs summit, from MNA staff, through dialogue with Congresses and Committees, and with the membership out there.

The Board plans to finalize this vision and the plan and funding required to achieve it. It will then be brought before the membership at this year's convention for discussion and a vote for approval. If you have ideas you want to contribute, you can email them to Karen Higgins at khiggins@mnarn.org; or call her voice mail at 781-830-5780. ■

MNA

Celebrate nursing excellence

Honor your peers with a nomination for 2004 MNA awards

One of the greatest honors one can achieve is the recognition of one's peers. In this fast-changing health care system in which nurses daily strive to carry out their duties to their patients, there is very little time for them to acknowledge their own professional accomplishments and those of their peers.

The MNA awards, established by the membership with the approval of the MNA Board of Directors, offer all members an opportunity to recognize nurses who by their commitment and outstanding achievements have honored us all. These are often ordinary nurses and other individuals who accomplish extraordinary things and who challenge us all to achieve excellence.

For detailed information on selection criteria and to receive a nomination packet, call Liz Chmielinski, MNA Department of Nursing, 781-830-5719 or toll free, 800-882-2056, x719.

Elaine Cooney Labor Relations Award: Recognizes a Labor Relations Program member who has made a significant contribution to the professional, economic and general welfare of nursing.

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

MNA Advocate for Nursing Award: Recognizes the contributions of an individual — who is not a nurse — to nurses and the nursing profession.

MNA Human Needs Service Award: Recognizes an individual who has performed services based on human needs with respect for dignity, unrestricted by consideration of nationality, race, creed, color or status.

MNA Image of the Professional Nurse Award: Recognizes a member who demonstrates outstanding leadership in enhancing the image of the professional nurse in the community.

MNA Nursing Education Award: Recognizes a nurse educator who has made significant contributions to professional nursing education, continuing education or staff development.

MNA Excellence in Nursing Practice Award: Recognizes a member who is a role model by contributing

innovative, progressive ideas which serve to improve and enhance clinical nursing practice, including precepting students or new staff nurses.

MNA Research Award: Recognizes a member or group of members who have conducted research in their practice or who have provided exemplary leadership to assist others in nursing research.

Kathryn McGinn Cutler Advocate for Health & Safety Award: This award recognizes an individual or group that has performed outstanding service for the betterment of health and safety for the protection of nurses and other health care workers.

Frank M. Hynes Award: This award recognizes a deserving freshman state legislator or municipal official who has clearly demonstrated exceptional contributions to nursing and health care.

MNA Legislator of the Year Award: This award recognizes a senior state legislator who has clearly demonstrated exceptional contributions to nursing and health care.

The nomination deadline is June 15, 2004. ■

MNA

MASSACHUSETTS NURSES ASSOCIATION

Ways to reduce toxic exposures in the home

By Peggy Wolff, MS, APRN, HNC

Nurses are increasingly aware of their exposure to toxic materials in the workplace, and these materials can include latex gloves, powerful disinfectants, harsh cleaning products and pesticides. While change to less toxic products is happening, nurses continue to be exposed to hazardous chemicals. Unfortunately, most of us know at least one nurse who has become sick, sometimes permanently, from chemical exposures in a hospital or health care facility.

Because nurses are exposed to so many chemicals at work, it is vitally important that nurses reduce chemical exposure at home—or, as environmental health experts say—reduce their “total body load.”

Total body load is made up of biological factors like mold, bacteria, dust, pollen and foods; chemical factors like lead, ozone, chlorine, petroleum products, phenols, and formaldehyde; and, physical factors including heat, cold, radon, and electromagnetic fields. When a person's total body load exceeds its capacity, difficult-to-treat health problems appear. In other words, you don't just remove some of the load in order to regain your health. Once the total load has been exceeded, it can be a long, slow process to get better... just ask anyone who has developed a chemical injury.

A key way nurses can reduce their total body load and maintain their health is through healthy house cleaning. Chemicals in cleaning products enter the body through respiratory passages and skin so how you clean your house can make a significant health difference in the health of you and your family. Non-toxic house cleaning can be simple, quick and inexpensive.

Guidelines for non-toxic cleaning

1. Avoid cleaning products containing dyes, perfumes, chlorine, phosphates,

ammonia, petroleum-based products and other additives. These additives have strong chemical odors, so they usually are easy to identify. Smells are one way your body recognizes danger. Remember: if it smells like chemicals or perfume, don't buy it.

2. Use cleaning cloths, rags or un-dyed cellulose sponges rather than disposable paper products and avoid pre-moistened paper towels and germicidal sponges. Most disposable cleaning products have been processed with chemicals. Remember: use recyclable and chemical-free cleaning materials. You'll save the trees and your health.
3. Choose the mildest cleanser that will do the job. Elbow grease is non-toxic and a little extra rubbing or soaking is healthier than chemical cleaning. Remember: the mildest effective cleanser is the best cleanser.
4. Use the same cleaning products for different jobs. The marketing industry makes us think we need a cupboard full of cleansers to get our homes clean. A non-toxic all purpose cleaner, a soft scrubber, a glass cleaner and a disinfectant/mold cleaner will usually do the trick. Remember: more is not better. Use a few cleaning products to clean your entire home.
5. Avoid aerosols! Aerosols are harmful because they frequently contain isobutane, butane and propane. In animal studies these chemicals were found to be toxic to the heart and central nervous system. Aerosol sprays also break chemicals into tiny bits, making them easier to inhale deeply and causing great harm to the lungs. Remember: if you want a spray, use a pump not an aerosol.
6. Homemade cleaning products are

simple to make and less costly than commercial products. Remember: most cleaning jobs can be done effectively and safely with unscented soap, hot water, white vinegar and baking soda.

7. Chemicals that your body can handle if used alone, can cause serious problems when combined with other chemicals. Science is starting to find evidence that combined effects of chemicals may not be 1+1=2, but 1+1= 1,000. Remember: choose cleaning products that contain just a few ingredients.
8. Labels can be misleading and are designed to sell the product—not to tell the shopper the possible health risks. Remember: even if a product is labeled “safe,” “non-toxic,” “biodegradable” or “recyclable,” it can cause reactions in people who come in contact with the product. The only way to really know if a product is safe for you is to try the product and trust your experience.
9. Many household cleaning products have been never tested; those that have been tested are tested on young healthy males. This does not tell the consumer anything about how a product may affect the health of children, sick adults or elders. While I am not a proponent of animal testing, if a product is not tested on animals, it is being tested on you, the consumer. Remember: many products have not been adequately tested, so use them with caution.

Peggy Wolff, RN, APRN, HNC, is in private practice as a psychotherapist, holistic nurse and environmental health consultant. She specializes in working with clients with environmental illnesses and has written extensively on issues of environmental exposures to nurses and other workers. ■

MNA program on incident command for health care providers

By Chris Pontus

The Massachusetts Department of Public Health and the Massachusetts Department of Fire Services are launching a program entitled “Incident Command System for Health Care Providers” under a cooperative agreement with the U.S. Department of Health and Human Services, Health Resources and Services Administration. The June 2 program will provide unified statewide multidisciplinary training for health care facilities and first responders, primarily in the hospital setting. We are offering the program to all Massachusetts hospitals and health care facilities. All hospital nurses need to be aware of the Incident Command System, which is a component of emergency preparedness for their setting. Program objectives include:

- Promote an increased understanding of the Incident Command System for hospital and health care providers
- Gain a basic understanding of an ICS instrument within the health care setting
- Describe the components and factors affecting ICS for health care providers
- Promote a coordinated and unified community response by health care providers in the event of an incident

requiring the initiation of incident command

- Be able to integrate into ICS if involved in the mitigation of an incident
- Explain Incident Command transition considerations
- Identify the elements of an ICS necessary to coordinate response activities at any “all-hazards” incident in health care settings
- Promote organized and effective delivery of care leading to improved outcomes

Program instructors

The program will be taught by nursing and fire service instructors.

Target audience

The program is designed for hospital employees including nurses, nurse managers, physicians, staff educators, safety directors, department heads and administrators.

Program specifics

The course is offered free of charge to all health care facilities and to all participants. The course is six hours in length and includes a didactic component, group discussion, and

a group exercise format. Class size is a minimum of 15 and a maximum of 32.

Continuing education credit will be offered for this program and a certificate will be issued at the completion. Nurses, physicians and first responders may claim the appropriate education credits.

Program details

The program will be presented June 2 at the Massachusetts Nurses Association, 340 Turnpike Street, Canton, MA 02021, from 9 a.m. until 3:30 p.m. Lunch will not be provided.

We anticipate pre-booking a minimum 30 days in advance. For directions log onto www.massnurses.org

Registration forms

All participants must pre-register through the Department of Fire Services and will be priority selected. To obtain registration forms contact Susan Clish at the MNA at 781-830-5723 or log onto the Department of Fire Services website at www.state.ma.us/dfs; go to “training;” go to “ICS-HCP;” and retrieve the form. Completed forms must be faxed or mailed to the Department of Fire Services.

For additional information contact Mary Tschner 978-567-3210 or Chris Pontus (*see details to right.*) ■

Health & Safety Briefs

Bombs: dirty and clean lecture

The MNA's Emergency Preparedness Task Force (EPTF), in collaboration with the Mass. Department of Public Health, has scheduled a clinical lecture on explosives, their use as terrorist tools and how to best care for bomb victims for June 22 at MNA headquarters in Canton from 6–8 p.m.

Dr. J. Burstein, medical director with the Massachusetts State Emergency Medical Services (EMS) and the lecture's featured speaker, will touch on issues related to explosives, including: blast injuries, crush injuries, improvised radiological devices (dirty bombs), as well as the triage and treatment of victims of explosions.

The lecture is open to both members and non-members. To register, call Susan Clish at 781-830-5723.

If you have additional questions or if you're interested in learning more about the EPTF, contact Chris Pontus. ■

Work-related asthma is reportable health condition in Massachusetts

Massachusetts law requires that asthma caused or aggravated by exposures or conditions at work be reported to the Massachusetts Department of Public Health's 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 781-830-5723.

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. ■

April 29 conference on reducing workplace violence and abuse

The Workplace Violence Task Force is planning an all-day conference (8:30 a.m.–4 p.m.) for April 29 at MNA headquarters. The conference, “Workplace Violence and Abuse: Changing the Culture in Health Care that Allows it to Continue,” will feature advocates for worker safety, as well as experts on how to reduce workplace violence/abuse.

For more information, visit www.massnurses.org. ■

Health & Safety Contacts

For questions, comments or concerns related to health & safety issues, contact:

- **Evie Bain, MEd, RN, COHN-S**
Associate Director/Coordinator,
Health & Safety
781-830-5776
ebain@mnarn.org
- **Christine Pontus, MS, RN, COHN-S/CCM**
Associate Director, Health & Safety
781-830-5754
cpontus@mnarn.org

MNA

Get involved now—election deadline approaching

Submit your consent-to-serve form today

I am interested in active participation in the Massachusetts Nurses Association

MNA Election	
<input type="checkbox"/> Vice President, Labor* (1 for 2 years) <input type="checkbox"/> Treasurer, Labor* (1 for 2 years) <input type="checkbox"/> Director from each Region, Labor* (5 for two years) [1 per regional council] <input type="checkbox"/> Director At-Large, Labor* (3 for 2 years) <input type="checkbox"/> Director At-Large, General* (4 for 2 years)	<input type="checkbox"/> Nominations Committee, (5 for 2 years) [1 per region] <input type="checkbox"/> Bylaws Committee (5 for 2 years) [1 per region] <input type="checkbox"/> Congress on Nursing Practice (6 for 2 years) <input type="checkbox"/> Congress on Health Policy & Legislation (6 for 2 years) <input type="checkbox"/> Congress on Health & Safety (6 for 2 years) <input type="checkbox"/> Center for Nursing Ethics & Human Rights (2 for 2 years)

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

Please type or print — Do not abbreviate

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

Work Title _____ Employer _____

MNA Membership Number _____ MNA Region _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Educational Preparation

School	Degree	Year

Present Offices/Association Activities (Committee, Congress, Regional Council, Unit, etc.)

MNA Offices	Regional Council Offices

Past Offices/Association Activities (Committee, Congress, Regional Council, Unit, etc.) Past 5 years only.

MNA Offices	Regional Council Offices

Candidates may submit a typed statement not to exceed 250 words. Briefly state your personal views on nursing, health care, and current issues, including, if elected, what your major contribution(s) would be to the MNA and in particular to the position which you seek. This statement will be used in the candidate biography and published in the *Massachusetts Nurse*. Statements, if used, must be submitted with this consent-to-serve form.

Signature of Member

Signature of Nominator (leave blank if self-nomination)

2004 MNA election dates

June 15: Deadline for consent-to-serve forms for final ballot (postmarked)

Aug. 10: Ballots to be mailed

Sept. 3: Deadline for ballot return (postmarked)

Sept. 21: Ballots to be counted

Return to: Nominations & Elections Committee
 Massachusetts Nurses Association
 340 Turnpike Street, Canton, MA 02021

- Hand delivery of material must be to the MNA staff person for Nominations & Elections Committee only
- Expect a letter of acknowledgment (*call by June 30 if none is received*)
- Retain a copy of this form for your records
- Form also available at www.massnurses.org

Are you an AOL user? Important information regarding MNA e-mail messages

If you're an AOL user and MNA member who depends on e-mail as a communications tool, you may be experiencing a unique delay in the delivery of some messages—including those sent to you from the MNA.

Why? Because AOL offers its users a (somewhat hidden) feature that allows your inbox to be automatically scanned for messages that look like "spam," and then places these messages in a "spam folder."

In terms of how this affects you as an MNA member, AOL sends all individual e-mail messages from the MNA *directly* to your spam folder. The result: many AOL users do not even realize that this folder exists and therefore never see any e-mail communications from the MNA.

There are several things you can do to resolve this situation. Please note though that none of these suggestions alone is a panacea. Instead, the IT department at the MNA recommends implementing all of the following suggestions:

- In the AOL program in "Spam Controls," under the heading, "Control Who I Get Mail From," check the button that says, "Allow Mail from All Senders." This will ensure that all mail is forwarded. Please note though that messages from the MNA will *still* be placed in a spam folder—but if you do not have this button checked, messages from the MNA won't even be sent to your spam folder. Instead, they will be deleted entirely, and automatically, by AOL.
- Also in the "Spam Controls" section on AOL, under the heading "Blocked Mail Should Be," check the button that says, "Delivered to the Spam Folder." Again, if you don't do this, mail from the MNA (and many other sources) will not be delivered at all.
- To have e-mail messages from the MNA go directly to your inbox, you will need to add the e-mail address of the individual sender(s) at MNA to your AOL address book. If the sender's address is in your address book, any mail from that sender will be delivered to your inbox instead of the spam folder.
- If an MNA staff member sends you a message and the sender's e-mail is *not* listed in your AOL address book, you will need to look in your spam folder for the message. When you locate the message in the spam folder, highlight it and click the button that says, "This is Not Spam." Doing this will place the message in your inbox and add the sender's e-mail address to your address book automatically. As a result, all future messages from that sender will be delivered directly to your inbox.

Users may also find it helpful to contact AOL's customer service department at 800-346-3704. Please be assured that the MNA is also working to resolve this problem, and the organization will soon be contacting AOL's corporate offices. ■

New Regional Councils by ZIP code

By Rosemary Smith, RN
MNA membership director

At the 2003 MNA Convention the members adopted bylaws changing what were formerly known as "Districts" to "Regional Councils." The purpose of the Regional Council is to promote education for professional activities, political organizing, regional coalitions of MNA bargaining units, and member involvement.

In addition the membership voted to make Regional dues uniform at \$30 per year and the dues will now and in the future be the same for all MNA and Labor Program members. The annual (District) now Regional dues may have increased or remained the same depending on your Regional Council dues.

The process of this transition is underway and you may have already been contacted by your region.

Below you will find a list of ZIP codes, for each region, in order that you may determine which region you will be a member of as the process of transition is completed. For your information, we have also included the name of the Regional Council president.

We encourage you to become actively involved, and to utilize and develop the regions to meet your needs.

Your membership card, in the future, will reflect the Regional Council (RC) in which you are a member.

If you have any questions or concerns, please feel free to contact the MNA membership department at 781-830-5741. ■

Regional Council presidents

Region 1	Patricia Healy
Region 2	Jeannine Williams
Region 3	Beth Piknick
Region 4	Cathy Evlog
Region 5	Cece Buckley

Region 1 ZIP codes

01001	01053	01097	01224	01301
01002	01054	01098	01225	01302
01003	01056	01101	01226	01330
01004	01057	01102	01227	01337
01007	01059	01103	01229	01338
01008	01060	01104	01230	01339
01009	01061	01105	01235	01340
01010	01062	01106	01236	01341
01011	01063	01107	01237	01342
01012	01066	01108	01238	01343
01013	01069	01109	01240	01344
01014	01070	01111	01242	01346
01020	01071	01114	01242	01347
01021	01072	01115	01243	01349
01022	01073	01116	01244	01350
01026	01074	01118	01245	01351
01027	01075	01119	01247	01354
01028	01077	01128	01252	01355
01029	01079	01129	01253	01360
01030	01080	01133	01254	01364
01031	01081	01138	01255	01367
01031	01082	01139	01256	01369
01032	01084	01144	01257	01370
01033	01085	01151	01258	01370
01034	01086	01152	01259	01373
01035	01088	01199	01260	01375
01036	01089	01201	01262	01376
01038	01090	01202	01263	01378
01039	01093	01203	01264	01379
01040	01094	01220	01266	01380
01041	01095	01222	01267	01521
01050	01096	01223	01270	

Region 2 ZIP codes

01005	01467	01520	01566	01614
01037	01468	01522	01568	01615
01068	01469	01523	01569	01653
01074	01470	01524	01570	01654
01083	01471	01525	01571	01655
01092	01472	01526	01580	01718
01094	01473	01527	01581	01719
01331	01474	01529	01582	01721
01366	01475	01531	01583	01740
01368	01477	01532	01585	01745
01420	01501	01534	01586	01746
01430	01501	01535	01588	01747
01431	01503	01536	01590	01748
01432	01504	01537	01601	01749
01436	01505	01538	01602	01752
01438	01505	01540	01603	01754
01440	01506	01541	01604	01756
01441	01507	01542	01605	01757
01450	01508	01543	01606	01772
01451	01509	01545	01607	01775
01452	01510	01546	01608	01784
01453	01515	01550	01609	01827
01460	01516	01560	01610	02019
01462	01517	01561	01611	02038
01463	01518	01562	01612	02053
01464	01519	01564	01613	

Region 5 ZIP codes

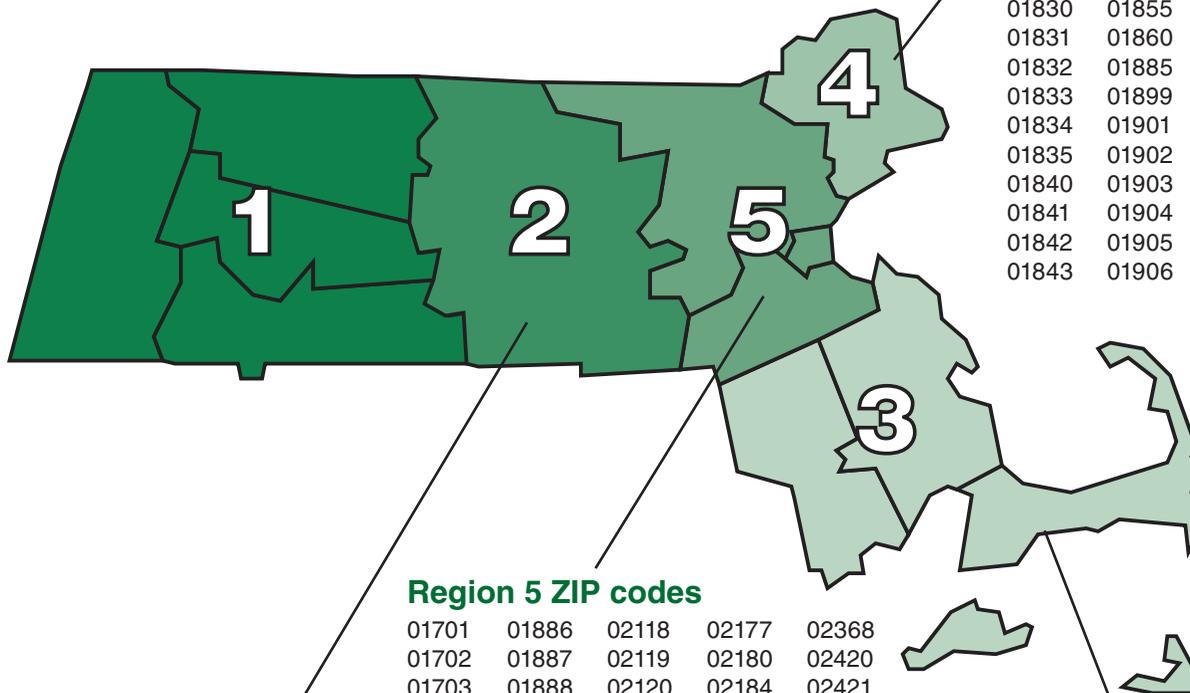
01701	01886	02118	02177	02368
01702	01887	02119	02180	02420
01703	01888	02120	02184	02421
01704	01889	02121	02185	02445
01705	01890	02122	02186	02446
01718	02021	02123	02187	02447
01720	02025	02124	02188	02451
01730	02026	02125	02189	02452
01741	02027	02126	02190	02453
01742	02030	02127	02191	02454
01760	02032	02128	02196	02455
01770	02035	02129	02199	02456
01773	02045	02130	02201	02457
01776	02052	02131	02202	02458
01778	02054	02132	02203	02459
01801	02056	02133	02204	02460
01803	02062	02134	02205	02461
01805	02067	02135	02206	02462
01806	02070	02136	02207	02464
01807	02071	02137	02208	02465
01808	02072	02138	02209	02466
01813	02081	02139	02210	02467
01815	02090	02140	02211	02468
01821	02093	02141	02212	02471
01822	02101	02142	02215	02472
01824	02102	02143	02216	02474
01826	02103	02144	02217	02475
01850	02104	02145	02222	02476
01851	02105	02148	02228	02477
01852	02106	02149	02238	02478
01853	02107	02150	02239	02479
01854	02108	02151	02241	02481
01862	02109	02152	02266	02482
01863	02110	02153	02269	02492
01864	02111	02155	02283	02493
01865	02112	02156	02284	02494
01866	02113	02163	02293	02495
01867	02114	02169	02295	02726
01876	02115	02170	02297	02762
01879	02116	02171	02322	
01880	02117	02176	02343	

Region 4 ZIP codes

01810	01844	01907	01937	01965
01812	01845	01908	01938	01966
01830	01855	01910	01940	01969
01831	01860	01913	01944	01970
01832	01885	01915	01945	01971
01833	01899	01921	01947	01982
01834	01901	01922	01949	01983
01835	01902	01923	01950	01984
01840	01903	01929	01951	01985
01841	01904	01930	01952	05501
01842	01905	01931	01960	05544
01843	01906	01936	01961	08199

Region 3 ZIP codes

01031	02340	02543	02646	02721
01252	02341	02552	02647	02722
01517	02344	02553	02648	02723
02018	02345	02554	02649	02724
02020	02346	02556	02650	02725
02031	02347	02557	02651	02726
02040	02348	02558	02652	02738
02041	02349	02559	02653	02739
02043	02350	02561	02655	02740
02044	02351	02562	02657	02741
02047	02355	02563	02659	02742
02048	02356	02564	02660	02743
02050	02357	02565	02661	02744
02051	02358	02568	02662	02745
02055	02359	02571	02663	02746
02059	02360	02573	02664	02747
02060	02361	02574	02666	02748
02061	02362	02575	02667	02760
02065	02364	02576	02668	02761
02066	02366	02584	02669	02763
02301	02367	02601	02670	02764
02302	02370	02630	02671	02766
02303	02375	02631	02672	02767
02304	02379	02632	02673	02768
02305	02381	02633	02673	02769
02324	02382	02634	02675	02770
02325	02532	02635	02702	02771
02327	02534	02636	02703	02777
02330	02535	02637	02712	02779
02331	02536	02638	02713	02780
02332	02537	02639	02714	02783
02333	02538	02641	02715	02790
02334	02539	02642	02717	02791
02337	02540	02643	02718	
02338	02541	02644	02719	
02339	02542	02645	02720	



MNA CONTINUING EDUCATION COURSES

Your source for career training and advancement

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: April 28 & May 5, 2004

Recertification: May 5, 2004 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

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

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

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

Dates May 13, 2004

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

Place MNA Headquarters, Canton

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

Contact hours* 3.2

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

Cardiac and Pulmonary Pharmacology

Description This program will provide nurses from all clinical practice settings with 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.



Date May 18, 2004

Time 5–9 p.m.

Speaker Carol Mallia RN, MSN

Place Crowne Plaza Hotel, Pittsfield

Contact To register, call Jamie Jenkins, 413-584-4607

Psychophysiology of Mind/Body Healing

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

Date May 19, 2004

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

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

Contact hours* TBA

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

Wound Care—Dressing for Success

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



Speaker Carol Mallia, RN, MSN

Date June 8, 2004

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

Place MNA Headquarters, Canton

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

Contact hours* 4.5

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

Managing Cardiac & Respiratory Emergencies

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



Speaker Carol Mallia, RN, MSN

Date June 15, 2004

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

Place MNA Headquarters, Canton

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

Contact hours* 4.0

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

Emergency Medical Response to Hazardous Materials and Acts of Terrorism

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



Speakers Anthony Fucaloro, EMT

Capt. Lawrence P. Ferazani

Evie Bain, RN, MEd, COHN-S

Dates May 10, 2004

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

Place MNA Headquarters, Canton

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

Contact hours* 6.9

Special notes Class limited to 25.

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

Advanced Dysrhythmia Interpretation

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



Speaker Carol Mallia, RN, MSN

Dates May 11, 2004

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

Place MNA Headquarters, Canton

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

Contact hours* 3.2

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

Anatomy of a Legal Nurse Consultant

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



MNA

MASSACHUSETTS NURSES ASSOCIATION

Interpreting Laboratory Values

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

Speaker Carol Mallia, RN, MSN

Date June 22, 2004

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

Place MNA Headquarters, Canton

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

Contact hours* 4.1

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



Acute Care Nursing: 3-Program Series



Acute Care Nursing: 3-Program Series: The MNA has grouped together the following courses at a significantly reduced rate: Wound Care—Dressing for Success (June 8); Managing Cardiac and Respiratory Emergencies (June 15); and Interpreting Laboratory Values (June 22). **Register for this three-program series and save \$20.** See course descriptions as listed above for details.

CONTINUING EDUCATION COURSE INFORMATION

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

Payment Payment may be made with MasterCard or Visa by calling the MNA contact person for the program or by mailing a check to MNA, 340 Turnpike St., Canton, MA 02021.

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

Program Cancellation MNA reserves the right to change speakers or cancel programs when registration is insufficient. **In case of inclement weather**, please call the MNA at 781-821-4625 to determine whether a program will run as originally scheduled. Registration and fees will be reimbursed for all cancelled programs.

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

To successfully complete a program and receive contact hours or a certificate of attendance, you must:

- 1) sign in,
- 2) be present for the entire time period of the session and
- 3) complete and submit 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.

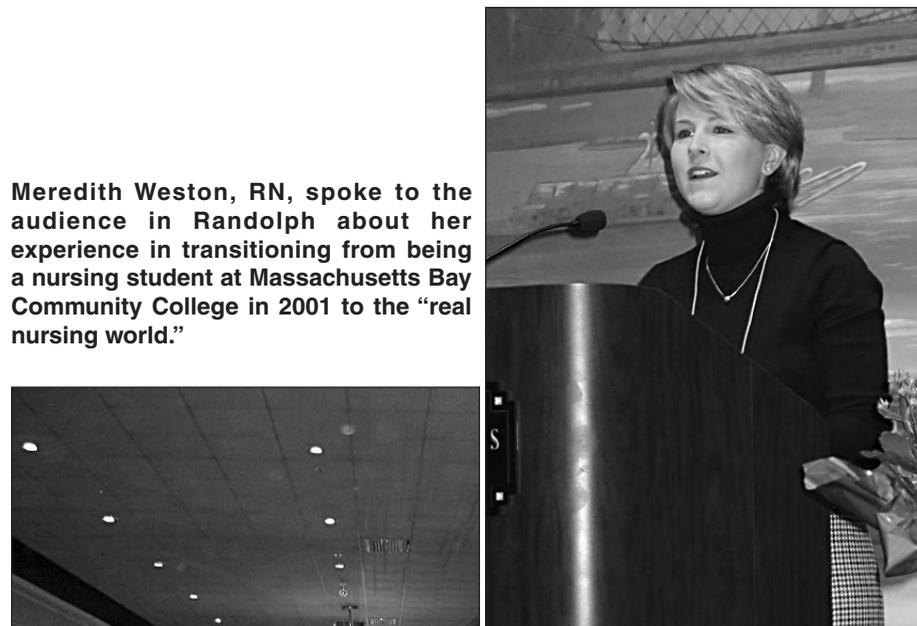
Hundreds of nursing students attend MNA's transition programs

In April, the MNA sponsored three educational programs for senior nursing students entitled "The Real Nursing World: Transition from Student to RN." The programs were designed to provide senior nursing students with an opportunity to learn from their peers how to best transition from being a student to a professional nurse. In addition, attendees had an opportunity to participate in the program's associated event: an exclusive job fair for new graduate nurses.

The programs were held on April 1 in Randolph, April 6 in Worcester and April 8 in Springfield. The MNA has offered this program for a number of years and the response from faculty and students has increased annually. This year's attendees were enthusiastic and eager to learn from the panel of recent graduates, education professionals and employment specialists.



A student nurse talks with representatives from Cape Cod Healthcare about job opportunities that may be available after she graduates.



Meredith Weston, RN, spoke to the audience in Randolph about her experience in transitioning from being a nursing student at Massachusetts Bay Community College in 2001 to the "real nursing world."



Attendees visit the display tables at the event's exclusive job fair.

Benefits Corner

brought to you by... 

Discount admission tickets available to Six Flags New England

Discount admission tickets are available to MNA members for only \$22. The regular price is \$39.99, so members save \$17.99! Tickets must be purchased ahead of time and can be used throughout the 2004 season at Six Flags New England in Agawam. Discount admission tickets are available at the MNA office or by calling membership department at 800-882-2056, extension 726. Offer is good while supplies last. ■

MNA membership dues deductibility 2003

Below is a table showing the amount and percentage of MNA dues that may not be deducted from federal income taxes. Federal law disallows the portion of membership dues used for lobbying expenses.

District	Amount	Percent
Region 1	\$17.20	4.9%
Region 2/3	\$17.20	5.0%
Region 4	\$17.20	4.8%
Region 5	\$17.20	4.7%
State Chapter	\$19.34	5.2%



MNA

PEER ASSISTANCE PROGRAM

Help for Nurses with Substance Abuse Problems

- ✓ **Are you a nurse who is self-prescribing medications for pain, stress or anxiety?**
- ✓ **Are you a nurse who is using alcohol or other drugs to cope with everyday stress?**
- ✓ **Would you appreciate the aid of a nurse who understands recovery and wants to help?**

CALL THE MNA

PEER ASSISTANCE PROGRAM

**ALL INFORMATION IS CONFIDENTIAL
781-821-4625, EXT. 755
OR 800-882-2056 (IN MASS ONLY)
WWW.PEERASSISTANCE.COM**

Support Groups for Nurses and Other Health Professionals with Substance Abuse Problems

Below is a list of self-help groups facilitated by volunteer nurses who understand addiction and the recovery process. Many nurses with substance abuse problems find it therapeutic to share their experiences with peers who understand the challenges of addiction in the health care profession.

BOSTON METROPOLITAN AREA

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

CENTRAL MASSACHUSETTS

- Professional Nurses Group
University of Massachusetts Medical Center
107 Lincoln Street, Worcester
Contacts: Laurie, 508-853-0517
Carole, 978-568-1995
Meets: Mondays, 6–7 p.m.

NORTHERN MASSACHUSETTS

- Baldpate Hospital
Bungalow 1, Baldpate Road, Georgetown
Facilitator: Joyce Arlen, 978-352-2131, x19
Meets: Tuesdays, 6–7:30 p.m.
- Nurses Recovery Group
Center for Addiction Behavior
27 Salem Street, Salem
Contact: Jacqueline Lyons, 978-697-2733
Meets: Mondays, 6–7 p.m.
- Partnership Recovery Services
121 Myrtle Street, Melrose
Contact: Jay O'Neil, 781-979-0262
Meets: Sundays 6:30–7:30 p.m.

WESTERN MASSACHUSETTS

- Professionals in Recovery
Baystate VNAH/EAP Building, Room 135
50 Maple St., Springfield
Contact: Marge Babbkiewicz, 413-794-4354
Meets: Thursdays, 7:15–8:15 p.m.
- Professional Support Group
Franklin Hospital Lecture Room A, Greenfield
Contacts: Wayne Gavryck, 413-774-2351
Elliott Smolensky, 413-774-2871
Meets: Wednesdays, 7–8 p.m.

SOUTHERN MASSACHUSETTS

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

- Substance Abuse Support Group
St. Luke's Hospital, New Bedford
88 Faunce Corner Road
Meets: Thursdays, 7–8:30 p.m.

OTHER AREAS

- Maguire Road Group
For those employed at Private Health Care Systems
Contact: John William, 508-834-7036
Meets: Mondays
- Nurses for Nurses Group
Hartford, Conn.
Contacts: Joan, 203-623-3261
Debbie, 203-871-906
Rick, 203-237-1199
Meets: Thursdays, 7–8:30 p.m.
- Nurses Peer Support Group
Ray Conference Center,
345 Blackstone Blvd., Providence, R.I.
Contact: Sharon Goldstein, 800-445-1195
Meets: Wednesdays, 6:30–7:30 p.m.
- Nurses Recovery Group
Veteran's Administration Hospital
5th Floor Lounge (take a right off of the elevators)
Manchester, N.H.
Contacts: Diede M., 603-647-8852
Sandy, 603-666-6482
Meets: Tuesdays, 7–8:30 p.m.

For additional Peer Assistance and help call The MNA Peer Assistance Program

All information is confidential
781-821-4625 or 800-882-2056 (in Mass. only)
www.peerassistance.com



MNA

PEER ASSISTANCE PROGRAM

Help for Nurses with Substance Abuse Problems

MassPRO and the Massachusetts Adult Immunization Coalition present

**The 9TH Annual
Adult Immunization Conference**

April 13, 2004

9:00 a.m. to 3:00 p.m.

Worcester's Centrum Centre
Worcester, Mass.



For more information, please visit our website at www.masspro.org, or contact Monique Cassidy at 781-419-2741.

**Resident RNs, LPNs,
SNs needed for children
with diabetes ages 7-16**

Emphasis on treatment, education and fun. Training by Joslin/Harvard professionals.

Salary \$1,800-\$4,800 plus R&B. Contact Bradley MacDougall, Camp Joslin, Joslin Diabetes Center, One Joslin Place, Boston, MA 02215.

Web: www.campjoslin.org

Email: camp@joslin.harvard.edu

Phone: 617-732-2455



**RNs needed as
Sexual Assault Nurse Examiners**

The Massachusetts Department of Public Health invites RNs with 3-5 years experience, preferably in ED, Women's Health, or AP nursing to apply for training and certification as a Sexual Assault Nurse Examiner (SANE). Includes 48 hours of lecture and lab followed by pelvic and sexual assault exam preceptorships. After certification, SANEs provide expert sexual assault exams at designated EDs and Urgent Care Centers. Stipend provided.

Spring 2004 certification training schedule:

Newton-Wellesley Hospital

Wednesday, May 5 and Tuesdays May 11, 18, 25, June 1, 8.

Interviews will be held in all regions of the state in March/April, 2004.

Exam date: June 22, 2004

This is a 6-day program- you must attend all 6 days. Fee: \$350.00.

Application Deadline: March 12, 2004

To request an application, contact Ginhee Sohn, SANE Program Coordinator at 617/624-5432 or Ginhee.Sohn@state.ma.us

For information regarding the Program/ training, contact Mary Sue Howlett, RN, SANE, Training Coordinator, at 978/687-4262 or mslhsane@comcast.net



**PEDIATRIC SANE
CERTIFICATION TRAINING**

6-week program, April 29-June 3
Newton-Wellesley Hospital

The Massachusetts Pediatric SANE Program provides compassionate, coordinated, comprehensive and child-centered medical care for children reporting sexual abuse or assault. SANE nurses conduct developmentally appropriate physical examinations and time-sensitive forensic evidence collection in designated settings.

Pediatric Nurse Practitioners and Family Nurse Practitioners with at least three years of current clinical experience working with children and families are encouraged to apply. Application deadline: March 12, 2004. Interviews will be conducted in March & April. Exam date: June 17. Program fee: \$450.

Dates: April 29, May 6, 14, 21, 27, June 3. *This is a six-day program. You must attend all six days.*

For further information or an application, contact Ginhee Sohn, SANE Program Coordinator, at 617-624-5432 or Ginhee.Sohn@state.ma.us.



*The Massachusetts Department of Public Health
Sexual Assault Nurse Examiner Program*

MNA announces

More Exciting Group Travel Trips

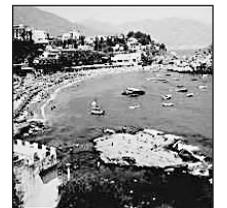
**Northern Italy lakes tour: \$1,599*
May 19-27, or May 26-June 3, 2004**

Back by popular demand, the MNA is offering this nine day/seven night, all-inclusive tour of Italy. This trip will feature Innsbruck Austria and the Italian cities of Venice, Trento, Milan, Verona, and Padua as well as the wonderful village towns in the famous Lake Garda Region. During this tour we will visit the Imperial Palace in Innsbruck, the Dolomites, the Brenner Pass, the Duomo in Milan, and see Leonardo da Vinci's famous painting of the "Last Supper." You will also tour the Grand Canal to St. Marks Square in Venice, visit the setting for Shakespeare's "Romeo and Juliet" and tour the university city of Padua. Air, transfers, hotel and all meals are included in this wonderful tour.



**Taormina, Sicily tour: \$1,569*
Oct. 27-Nov. 4, or Oct. 29-Nov. 6, 2004**

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



Reserve Early, Space is Limited

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

Applicable departure taxes are not included in the listed prices above.

For more information, contact Carol Mallia at 781-830-5755 or via e-mail at cmallia@mnarn.org.

MNF announces June 1, 2004 deadline for nursing scholarships

The Massachusetts Nurses Foundation (MNF) is a non-profit organization whose mission is to support scholarship and research in nursing. The primary goal of the MNF is to advance the profession of nursing by supporting the education of nurses, and it provides scholarships and grants to nurses and nursing students in an effort to meet this goal.

This year's MNF scholarship opportunities include:

Carol Flyzik Scholarship

This new \$1,000 scholarship was established by the Hale Hospital Professional Nurses Unit in memory of Carol Flyzik, RN, former Hale Hospital Emergency Room Nurse and MNA member, who was a victim of the tragic events of September 11.

The \$1,000 scholarship will be awarded to a student—entry level or practicing RN—who is pursuing an associate's degree or bachelor's degree in nursing. Preference will be given first to students living or working in the *Merrimack Valley area, and then to other areas of MNA's Region 4. If the applicant is a practicing RN who is pursuing a bachelor's degree, she/he must be an MNA member. In the event that no applicants meet the geographic criteria listed above, the scholarship will be awarded to a deserving candidate who meets all other criteria as determined by the MNF scholarship committee.

* The Merrimack Valley consists of Lawrence, Haverhill, Bradford, Georgetown, Groveland, Methuen, Merrimac, Andover and North Andover.

Janet Dunphy Scholarship

This scholarship is given annually to an MNA member who is active in Region 5 and who is pursuing a B.S., M.S. or doctoral degree. Awards include:

- One \$2,000 scholarship for an active member in Region 5 pursuing a B.S. in nursing
- One \$1,500 scholarship for an active member in Region 5 pursuing a M.S. in nursing
- One \$1,500 scholarship for an active member in Region 5 pursuing a doctoral degree

Region 5 Scholarship

Funded by Region 5, \$5,000 in scholarship monies will be given to active MNA members from the same region. Awards include:

- Two \$1,000 scholarships for students who are pursuing nursing degrees and who are also sons or daughters of Region 5 members
- One \$1,000 scholarship for a Region 5 members' significant other/spouse who is pursuing a nursing degree
- Two \$1,000 scholarships for students who are pursuing a higher education degree and who are also sons or daughters of a Region 5 member

Region 4 Scholarship

Funded by Region 4, this \$500 scholarship is given to an active Region 4 MNA member to assist with his/her studies for a bachelor's, master's or doctoral degree in nursing.

Region 3 Scholarship

Funded by Region 3, \$10,000 in scholarship money is being offered to an MNA member active in Region 3.

Region 2 Scholarship

Funded by Region 2, one \$1,000 scholarship is being offered to a family member of an active MNA member in Region 2 who is attending nursing school.

Labor Relations Scholarship

Two \$1,000 scholarships are funded annually by a grant established by the MNA. This scholarship is for an RN or health care professional who is also an MNA member. Applicants must also be enrolled in a bachelor's or master's degree program in nursing, labor relations or related field.

Worcester City Hospital Aid Society Scholarship

This scholarship may be available for the 2004 scholarship season; details to be announced.

Faulkner Hospital School of Nursing Alumni Association Scholarship

This scholarship may be available for the 2004 scholarship season; details to be announced.

Scholarship details and deadlines

For more information or to request a scholarship application, call the MNF at 781-830-5745. Please be sure to mention

which scholarship you are applying for. Downloadable applications will be available in February on the MNA's Web site at www.massnurses.org.

Scholarship applications must be post-marked no later than June 1 and should be sent to: Massachusetts Nurses Foundation, 340 Turnpike Street, Canton, MA 02021. All scholarships, unless otherwise noted, will be awarded at the MNA's annual awards banquet in October. ■

Join the 2004 MNA Convention Committee

MNA members who are interested in helping plan a dynamic annual meeting for the membership are invited to serve on the organization's 2004 Convention Committee

Criteria for joining the committee:

- Must be an MNA member
- Must be able to attend approximately five group meetings per year (generally held between 5:30 and 7:30 p.m. at MNA headquarters)

For more information, contact Dorothy McCabe at 781-830-5714 or via e-mail at dmccabe@mnarn.org. ■

Make a difference in the future of nursing by supporting the Mass. Nurses Foundation

As a member of the MNA, it's easy to make a difference in the future of nursing when you contribute to the Massachusetts Nurses Foundation (MNF). In fact, it is as easy as . . .

Writing a check

Through your tax-deductible donation, you can make a difference in what the foundation is able to do. All funds are directed toward nursing scholarships and research. Any donation—big or small—will help us make a difference.

If you are in the process of renewing your membership, you can make a donation to MNF by simply completing the MNF donor form and including your donation with your dues payment to the MNA.

Donating honoraria

Have you received an honorarium for a speaking engagement? Consider donating your honorarium to the Foundation. Are you currently serving on an MNA Congress, Committee or Task Force? Consider donating your travel reimbursement—simply check off the MNF box on your MNA travel reimbursement form and the amount will be donated directly to the MNF

Arranging a memorial gift

A donation can be made in memory of family members, friends and associates or to acknowledge a special event. An acknowledgement will be sent to the family of the person being honored.

Arranging for planned giving

As you consider your tax planning, we hope you will consider making a tax-deductible donation to the MNF through wills, endowments or legacies.

Participating in fundraising events

Whether it's the MNF auction, raffle or golf tournament, your participation in the Foundations fundraising events will help us raise



funds to support nursing scholarships and research. Watch for announcements about upcoming fundraising events, because your support is always appreciated.

For more information

Our mission is accomplished only through charitable donations. You can make a difference in the future of nursing, because your gift provides the meaningful difference in what the foundation can do. For more information about the MNF or any of our giving programs, please contact the Foundation at 781-830-5745. ■

Donations needed for MNF Annual Auction!

We Need Your Help

The Massachusetts Nurses Foundation is preparing for its 21st 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:

Jeannine Williams, MNF President

Patricia Healey, MNF Secretary

Liz Joubert, MNF Treasurer

- ✓ Valuable Personal Items
- ✓ Gift Certificates
- ✓ Works of Art
- ✓ Craft Items
- ✓ Memorabilia & Collectibles
- ✓ Vacation Packages

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.

MNA Member Benefits Save You Money

Personal & Financial Services

PORTABLE HEALTH INSURANCE

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

PROFESSIONAL LIABILITY INSURANCE

NURSES SERVICE ORGANIZATION800-247-1500 (8:00 a.m. to 6:00 p.m.)
Leading provider of professional liability insurance for nursing professionals with over 650,000 health care professionals insured.

CREDIT CARD PROGRAM

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

TERM LIFE INSURANCE

LEAD BROKERAGE GROUP800-842-0804
Term life insurance offered at special cost discounts.

LONG TERM CARE INSURANCE

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

SHORT TERM DISABILITY INSURANCE

NEW ENGLAND INSURANCE SPECIALIST LLC800-959-9931 OR 617-242-0909
Six-month disability protection program for non-occupational illnesses & accidents.

LONG TERM DISABILITY INSURANCE

LEAD BROKERAGE GROUP800-842-0804
Provides income when you are unable to work due to an illness or injury.

RETIREMENT PROGRAM

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

DISCOUNT TAX PREPARATION SERVICE

TAXMAN INC.800-7TAXMAN
20% discount on tax preparation services.

HOME MORTGAGE DISCOUNTS

RELIANT MORTGAGE COMPANY.....(877) 662-6623
Discounts on mortgage applications for home purchase, refinance and debt consolidation. Inquire about no points, no closing costs program and reduced documentation programs. Receive free mortgage pre-approvals.

Products & Services

AUTO/HOMEOWNERS INSURANCE

MANSFIELD: COLONIAL INSURANCE SERVICES800-571-7773 OR 508-339-3047
WEST SPRINGFIELD: BATES FULLAM INSURANCE AGENCY 413-737-3539
BOSTON: ROBERT S. CLARK INSURANCE AGENCY.....800-660-0168
LOWELL: JAMES L. CONNEY INSURANCE AGENCY978 459-0505
WOBBURN: LENNON INSURANCE AGENCY781-937-0050
FALMOUTH & POCASSET: MURRAY & MACDONALD INSURANCE SERVICES.....800-800-8990
TURNERS FALLS: PARTRIDGE ZCHAU INSURANCE AGENCY.....413-863-4331
Save up to 6 percent on Massachusetts auto rates; 12 percent account credit for homeowners when we write your auto policy.

DIGITAL PAGERS

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

CELLULAR TELEPHONE SERVICE

CINGULAR WIRELESS.....800-894-5500
Save 10–20 percent on SuperHome rate plans with no activation fee plus 20 percent discount on accessories. Some discount plans include free nights (9 p.m. to 7 a.m.) and weekends.
T-MOBILE.....508-369-2200
MNA members receive free phone with activation, free nationwide long distance & roaming and free nights & weekends (on specific plans). No activation fee for MNA members.

DISCOUNT DENTAL & EYEWEAR PROGRAM

CREATIVE SOLUTIONS GROUP.....800-308-0374
Best benefits—a health care savings plan that cuts the cost of health care expenses. Discounts on dental, eyecare and chiropractic expenses.

JIFFY LUBE DISCOUNT

MNA MEMBERSHIP DEPARTMENT800-882-2056, x726
Obtain an MNA Discount card to receive 15% discount on automobile products & services.

CONSUMER REFERRAL SERVICE

MASS BUYING POWER.....866-271-2196
Mass Buying Power is a no-cost, no-obligation benefit offered to MNA members. Before you make your next purchase visit www.massbuy.com for any new products and services. Log in as a group member (sign-in name: MBP, 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 NETWORK800-649-7473
Lower your home heating oil costs by 10 – 15%.

WRENTHAM VILLAGE PREMIUM OUTLETS

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 DEPARTMENT800-882-2056, 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 CARE 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

SIX FLAGS NEW ENGLAND

MNA MEMBERSHIP DEPARTMENT800-882-2056, x726
Save \$18 per ticket by purchasing discount admission tickets to Six Flags in Agawam ahead of time directly from MNA. Tickets are only \$22 and can be used throughout the 2004 season. Offer is good while supplies last.

HERTZ CAR RENTAL DISCOUNT

HERTZ800-654-2200
MNA members discounts range from 5 – 20% mention MNA discount CDP#1281147.

DISCOUNT MOVIE PASSES

MNA MEMBERSHIP DEPARTMENT800-882-2056, x726
Purchase discount movie passes for Showcase/National Amusements & AMC Theaters. Call to order over the telephone with Mastercard or Visa.

DISCOUNT HOTEL & TRAVEL PRIVILEGES

CHOICE HOTELS INTERNATIONAL (SOS PROGRAM).....800-258-2847
20% discount on participating Comfort, Quality, Clarion, Sleep, Econo Lodge, Rodeway & MainStay Suites, Inns & Hotels. Advanced reservations required mention SOS Program #00801502. Membership in Guest Privileges Frequent Traveler Program.

DISCOUNT TRAVEL PROGRAM TO FLORIDA, BAHAMAS & LAS VEGAS

EXECUTIVE TOUR & TRAVEL SERVICE.....800-272-4707 (RESERVATIONS)
4 day/3 night discount on "Getaway Vacations" to Florida, Bahamas & Las Vegas. Visit Web site at www.exectourtravel.com. Mention MNA group number 15187.

CENTRAL FLORIDA AREA ATTRACTIONS

THE OFFICIAL TICKET CENTER877-406-4836
Discount admission to Orlando area attractions.

ANHEUSER-BUSCH ADVENTURE PARKS DISCOUNT

MNA MEMBERSHIP DEPARTMENT800-882-2056, 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@universalorlando.com for information.

MNA's premier group benefits programs help you get more out of your membership and your hard-earned money! Take advantage of these special benefits specifically designed for MNA members. For information on our discount programs, contact the representative listed or call Chris Stetkiewicz in the MNA membership department, 800-882-2056, x726. All benefits and discounts are subject to change.

INTRODUCING THE NEW MNA HOME MORTGAGE PROGRAM

A new MNA family benefit



Reliant Mortgage Company is proud to introduce the **Massachusetts Nurses Association Home Mortgage Program**, a new MNA benefit that provides group discounts on all your home financing needs including:

- **Purchases & Refinances**
- **Home Equity Loans**
- **Debt consolidation**
- **Home Improvement Loans**
- **No points/no closing costs**
- **Single & Multifamily Homes**
- **Second Homes**
- **Condos**
- **No money down**
- **Investment Properties**

Group discounts: As the only MNA-endorsed mortgage lender, we provide qualified members and their families with low rates and group discounts. Take advantage of free mortgage pre-approvals, free credit analysis, and free review of purchase and sale agreements for homes financed through the program.

Expert advice: Whether you're a first-time or experienced homebuyer, choosing the right mortgage is important business. Reliant mortgage consultants are available to MNA members and their families to answer your questions, and walk you through the mortgage process.

We can advise you with options for refinancing your current mortgage to reduce your monthly payments, change the term of your loan, or put the equity in your house to work to consolidate debt or pay for home improvements. And if less than perfect credit (including bankruptcy or foreclosure) is a problem, ask us about practical "make-sense" underwriting. Whatever your needs, we're here to help. Give us a call at **877-662-6623**. It's toll free.

As an MNA member, you and your family are entitled to receive free mortgage pre-approvals, and credit analysis.

MNA
MASSACHUSETTS NURSES ASSOCIATION

- **\$275 Off Closing Costs**
- **1/8 Point Discount off Points Incurred**
- **Free Pre-Approvals**
- **Low Rates & Discounts**
- **No Point/No Closing Cost Programs Available**
- **Also Available to Direct Family Members**

CALL THE MNA ANSWER LINE FOR PROGRAM RATES AND DETAILS:

1.877.662.6623
1.877.MNA.MNA3



Use the Web to help pass H.1282: Become an e-mail activist!

Passage of H.1282 is just one mouse-click away. By becoming an e-mail activist you will:

- Be the first to receive important e-mail alerts
- Get up-to-the-minute news about the progress of H.1282
- Receive information about safe-staffing meetings and events



To sign up, visit www.massnurses.org and click on the link in the right-hand column that says, "Action E-list."

Want Safe Staffing?

Then Get Political with NursePLAN

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

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

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

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



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

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

NursePLAN Contribution Form

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Employer*: _____ Occupation*: _____

*state law requires that contributors of \$200 or more per year provide this information

Please circle jacket size (men's sizes) S M L XL XXL XXXL XXXXL

Please check one:

Donation of \$100 or more. Please make check payable to NursePLAN. Amountt enclosed _____

Donation of \$85 and:

I already donate at least \$5/month to NursePLAN via Union Direct.

Sign me up to become a monthly NursePLAN donor in addition.

I would like to contribute the additional amount of (PLEASE CIRCLE ONE)

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

Signature _____ Date _____

Some sizes are special order and will take up to 8 weeks to be delivered.

NursePLAN is the voluntary, non-profit, political action committee for the MNA whose mission is to further the political education of all nurses, and to raise funds/make contributions to political candidates who support related issues.

**Reach over 22,000
registered nurses &
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**For details, contact Erin Servaes,
1-800-882-2056, x789 or
eservaes@mnarn.org.**

The Coalition to

Protect Massachusetts Patients

Report your safe-staffing concerns, complaints and incidences today. Call the Coalition's telephone hotline at 617-731-2813

To get more information about safe staffing, including a complete list of ratios and up-to-the-minute news about House Bill 1282, visit www.protectmasspatients.org



"Because Safe Staffing Saves Lives"



**Save
The
Date!**

**Tuesday
May 11**

Rally for Ratios

**If You Want Safe Staffing
You Must Be Part Of This Crowd**

**Assemble 9:30 a.m. at
Statehouse
Nurses Hall, Boston**

- ✓ Let your legislators know you want safe staffing for Nurses Week
- ✓ Stand up for your practice and your patients
- ✓ Registration begins at 9:30 a.m., program at 10:30 a.m.

**Buses to
Beacon Hill**

Call Dolores Neves,
MNA at 781-821-4625, ext. 722
Buses leaving from MNA
and other areas
of the state

MNA

www.massnurses.org

Safe Staffing Saves Lives

A MESSAGE FROM THE MASSACHUSETTS NURSES ASSOCIATION
340 TURNPIKE STREET ♦ CANTON, MA ♦ 781.821.4625