Mercy Hospital and Providence Hospital break new ground

Health & safety language a priority in new contracts

By Evie Bain

MNA nurses at Mercy Hospital in Springfield and Providence Hospital in Holyoke recently addressed several important health and safety issues by advocating for the inclusion of new language related to workplace violence, needlestick/sharps injuries and latex gloves.

Including clear-cut health and safety language in contracts has long been a goal of the MNA’s Congress on Health and Safety. Early on, congress members developed “model language” related to issues of participation in safety committees, including those focused on workplace violence, latex allergies, blood-borne pathogens, needlestick and sharps injuries, and musculoskeletal injuries.

This model language, with information on why it protects workers’ health and safety, was developed with the intent of informing, educating and empowering local bargaining unit members as they determine what issues and language would be appropriate for inclusion in their own contracts. Over the past few years, copies of this language have been widely distributed to bargaining unit chairs and MNA staff members in the labor relations department. Several previous contracts had used the model language as a resource to establish safety committees, HIV insurance and improve protections for the prevention of musculoskeletal injuries—but it is the groundbreaking language in the Providence and Mercy contracts that may pave the way for other MNA bargaining units in the future.

Addressing workplace violence

According to the newly ratified contract at Providence Hospital, workplace violence “is an assaultive behavior from patients, visitors, workers, physicians or family members. Violence is defined as, but not limited to, physical assaults, battering, sexual assaults, or verbal/non-verbal intimidation. The Hospital will enforce a policy of ‘Zero Tolerance’ for any of these acts. ID badges will not reveal last names. The Hospital will have a policy and procedure relating to the detection, removal, storage, and disposition of potential or actual weapons at admission or at any time during the Hospital stay. The Hospital agrees to provide security surveillance of Hospital grounds and parking areas. Both will be well lighted. Upon request, the Hospital will provide escorts to cars and physical protection to workers if necessary. “The Hospital will initiate a policy and procedure for the prevention of violence or potential violence. It will also develop training programs on how to safely approach potential assaults and prevent aggressive behavior from escalating into violent behavior. Consistent with the Hospital ‘Code Yellow’ policy, the Hospital will form a trained Response Team, available 24 hours and 7 days a week, that, similar to a code team, can be immediately called to assist a nurse in any situation that involves violence. The employer will report the injury or illness to the appropriate agencies i.e., Department of Industrial Accidents, police, etc. The employee also has the right to notify the police if he/she is being physically assaulted. Incidents of abuse, verbal attacks or aggressive behavior—which may be threatening to the nurse but not result in injury, such as pushing or shouting and acts of aggression towards other clients/staff/visitor—will be recorded on an assaul-
tive incident report. The incident will be reported...”

See Contract, Page 9

Hundred attend second annual Chairs Assembly

Key issues discussed include pension plans, safe staffing and Weingarten Rights

More than 100 chairs and co-chairs from local MNA bargaining units gathered at the Radisson Hotel in Marlborough on Jan. 28 and 29 to talk about—and dissect—issues affecting members throughout Massachusetts.

The day-and-a-half long assembly began on the evening of Jan. 28 with a reception that gave attendees an opportunity to mingle with and meet other bargaining unit leaders. “Our aim was to provide chairs and co-chairs with a relaxed atmosphere that allowed them to share stories, compare experiences and build new relationships,” said Karen Higgins, RN and president of the MNA. “MNA members work so hard to create and maintain a labor-friendly environment in their own facilities that sometimes it’s hard to remember that other units throughout the state may be working in/towards similar situations. This reception gave leaders a chance to share those circumstances and histories.”

The assembly’s activities kicked into high gear on the following morning when attendees sat together in the Radisson’s function hall and prepared to take on three key issues: the possible creation of an MNA pension and retiree health plan; effectively moving the safe staffing bill through the rest of the legislative process; and a review of members’ Weingarten Rights.

There to lead the discussion about the possible creation of an MNA pension and

“Sen. Pam Resor (D-Acton) addressed the audience during a brief visit with members at the Chairs Assembly, praising RNs for the work they do. “Everything you do makes a difference,” she said, “and thank you for making that difference.”

The average age of RNs working in Massachus-

tuets is approximately 46-years-old,” said Brenner, a vice president at Segal, “so in less than 18 years, there will be a huge number of nurses moving into retirement.” Brenner, with added insight from Roland Geff, MNA director of labor relations, and Julie Pinkham, MNA executive director, also said that there has been a noticeable trend in the world of collective bargaining for management to treat defined benefit plans as “take away items” during contract negotiations. “It is becoming more common to see management try to replace defined benefit plans with defined contributions plans, where both the employer and employee contribute to 401K-type retirement plan—but with the investment risk falling entirely on the employee.”

It is circumstances like these, among other things, that led MNA members to begin considering long-term alternatives to the way their pension plans are currently managed—namely, a Taft-Hartley Plan.

Originally established as part of the Labor-Management Relations Act of 1947, Taft-Hartley Plans are creations of collective bargaining—meaning that it is a union-negotiated benefit—and the funds require that both the employer and employee trustees be equally represented in the administration

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Nurses Lobby Day
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
Insuring America’s health:
Highlights from the January 2004 report from the Institute of Medicine

“More than 18,000 people die every year because they lack health insurance.”

“It is estimated that the economic value lost because of poorer health and earlier deaths among uninsured Americans is between $65 billion and $130 billion annually.”

“Uninsured Americans get about half the medical care of those with health insurance. As a result, they tend to be sicker and die sooner.”

“The Committee concludes that further efforts to gradually expand coverage through incremental reforms are unlikely to succeed. Instead, the Committee proposes a clear and compelling goal—within 6 years, everyone in the United States should have health insurance.”

“The lack of health insurance for tens of millions of Americans has serious negative consequences and economic costs not only for the uninsured themselves, but also for their families, the communities they live in and the whole country. The situation is dire and expected to worsen. The Committee urges Congress and the administration to act immediately to eliminate this longstanding problem.”

“. . . 17.2 percent of the population under age 65 is uninsured and the number has grown to over 43 million. The situation is more desperate now than when the study began, and it is expected to worsen in the foreseeable future because of federal and state budget constraints limiting public coverage programs, increasing costs of health care/insurance premiums, and continuing high rates of unemployment.”

“Even one uninsured person in a family can put the financial stability and health of the whole family at risk. And a community’s high uninsured rate can adversely affect the overall health status of the community, its health care institutions/providers, and the access its residents have to certain services.”

“Finding: Federal incremental reforms over the past 20 years have made little progress in reducing overall uninsured rates nationally . . .”

“Finding: Although some states have made significant progress in reducing the number of its uninsured citizens, even the states that have led major coverage reforms have large and persisting uninsured populations.”

“The Committee recommends that the President and Congress develop a strategy to achieve universal insurance coverage and to establish a firm and explicit schedule to reach this goal by 2010.”

“Instead of approaching the problem in tentative incremental steps, the Committee believes that citizens and policy makers should begin by setting as an explicit goal that the health insurance system should include everyone, then determine the private and public policies and actions necessary to achieve that end, and enact and implement those policies.”

“The Committee concludes that major, comprehensive reform of the health insurance system, rather than expansion of the ‘safety net,’ is essential.”

“. . . if financial access to health care services were assured, people would be able to choose among providers in their community and not be dependent upon safety-net institutions, as uninsured people are now. Also, the availability of payments from insurers could strengthen the financial stability of those providers and institutions, which are stressed by the current economy and growing demands for services.”

To review the complete content of this report, visit http://books.nap.edu/catalog/10874.html.

Quotable

Lack of insurance affects national security

A major problem facing the military medical system may be the ill health of thousands of reservists—even before they ship out to battle zones.

Top Pentagon brass and congressional leaders fear that between the needs of reserve soldiers who are unable to deploy because of previous medical problems, the health issues of returning soldiers and a record number of troops in transit, the military medical system may be in very ill health.

“Just like you’ve read the reports about the large numbers of Americans who don’t have any medical insurance, a percentage of those are reservists,” said John O’Shea of the Reserve Officers Association. “When families have reduced incomes, one of the things they normally consider a luxury, believe it or not, is medical care or dental care.”

Source: “Army facing medical crisis,” Robert Schlesinger, Boston Globe, 12/13/03
Imagine what your life would be like with H.1282...now make it a reality

By Karen Higgins, RN
MNA President

By the time you read this column in the March issue of the Massachusetts Nurse, there will be less than four months left before the end of the current legislative session—which means there are only four months left to do the work that needs to be done by each and every MNA member in order to pass H.1282, the safe RN staffing bill.

When I talk to nurses at meetings and during walk-thrus at MNA hospitals, they sometimes say that they can’t imagine our bill’s proposed RN-to-patient ratios ever becoming a reality and, as result, they can’t imagine working in safe conditions. Things are so bad right now, and have been for so long, that even our older colleagues can’t remember what it was like to care for only four patients on a medical/surgical floor. And meanwhile, many newer nurses have never once worked in settings with good ratios.

The absurdity of the current situation has become the norm, and, as a result, adequate, appropriate staffing has sometimes seemed far off.

But it isn’t far off. The ratios in H.282 are achievable (see box at the bottom of this page with the ratios); they are supported by the best science in nursing and medicine; they are supported by 65 leading health care organizations; and they represent what is right and just for our patients.

The only thing that prevents these ratios from becoming a reality is the willingness of all nurses in the MNA to do their small part to make them a reality. But before I talk about how to make these ratios real, I want to talk about what these ratios will do for you in your practice.

Should H.1282 pass, you will once again have time to actually practice nursing the way it was meant to be practiced and the way you were educated to practice it. You will have time to talk to your patients and their families about what is happening to them, as well as tell them how they can participate in their own healing. With diabetic patients, you’ll actually have time to teach them how to manage their condition. With patients who are scheduled for surgery, you’ll be able to sit with them and prepare them for what to expect. And when they come out of surgery, you’ll have valuable time to teach them what they need to know for when they go home.

You’ll have time to ambulate patients and assess them while you do it. And yes, you’ll be able to give bed baths again, providing you with that valuable time to listen, to comfort and do a full and thorough assessment of their skin tone, breathing and everything else that needs to be evaluated in order to effectively monitor their condition.

You’ll actually have time to review and monitor the plan of care for your patients and to consult with physicians about your concerns. When call lights go off, you’ll be able respond. You’ll also be able to provide medications, information or comfort when it is needed and when it can do the most good. You’ll have time to check lab work and order tests.

And when you are caring for a patient who is dying, you’ll be able to hold that patient’s hand, to comfort them and their family, and to make their passing as comfortable as possible.

Imagine what it will be like to actually practice nursing again or, for those who haven’t had this opportunity, to practice real nursing for the first time.

Once you have this vision in your head and you like what you see, get angry, get motivated and get busy doing your part to make this world of real nursing a reality.

This is it fellow nurses. We have a rare and important opportunity that we can’t afford to let slip out of our hands. In this newsletter you will find a listing of the specific things you need to do to make sure our safe staffing bill is passed (see Page 4). This includes sending e-mail messages to your legislators; writing letters to your legislators; visiting your legislators; and calling your legislators.

Your work thus far has paid off, but as we fight to make these ratios a reality, the hospital industry, your CEO and your nurse executive are on Beacon Hill using every lie, every piece of misinformation, and every threat they can come up with to deprive you of what you need in order need to keep your patients safe.

The good news is that we have the truth on our side—and as front-line nurses, we also have the trust of the public on our side. Just as important, we have the numbers to make this case to the legislature.

Remember: in your hospital, right now, there is one CEO and one nurse executive pleading the case for maintaining the current conditions. But there are hundreds and, at some hospitals, thousands of nurses who can tell the truth about what is happening—and by so doing, RNs can change nursing in Massachusetts forever.

**RN-to-patient ratios called for by H.1282**

This bill would establish minimum RN-to-patient ratios on all hospital units and in all departments. All ratios would be the same for all three shifts. These ratios also would be adjusted upward based on patient acuity.

| Intensive Care Unit | 1:2 |
| Critical Care Unit | 1:2 |
| Neo-natal Intensive Care | 1:2 |
| Burn Unit | 1:3 |
| Step-down/Intermediate Care | 1:3 |
| Operating Room | 1:1 |
| Under Anesthesia | 1:1 |
| Post Anesthesia | 1:2 |
| Post Anesthesia Care Unit | 1:1 |
| Under Anesthesia | 1:1 |
| Post Anesthesia | 1:2 |
| Emergency Department 1.3* | 1:2 |
| Emergency Critical Care | 1:1 |
| Emergency Trauma | 1:1 |
| "triage, radiology or other specialty RN shall not be counted as part of this number."
| Labor and Delivery | 1:1 |
| Active Labor | 1:1 |
| Immediate Postpartum (one couplet) | 1:2 |
| Postpartum (three couplets) | 1:6 |
| Intermediate Care Nursery | 1:4 |
| "any unit not listed above shall be considered a specialty care unit"
| Well-baby Nursery | 1:6 |
| Pediatrics | 1:4 |
| Psychiatric | 1:4 |
| Medical and Surgical | 1:4 |
| Telemetry | 1:4 |
| Observation/Outpatient treatment | 1:4 |
| Transitional Care | 1:5 |
| Rehabilitation Unit | 1:5 |
| Specialty Care Unit† | 1:4 |

To provide flexibility in staffing and to account for patients who require more care, the bill calls on the DPH to create an acuity-based patient classification system, which is a standardized formula for rating the acuity level of patients (a tool to measure how sick the patients are in a particular unit). Based on the acuity of the patients assigned to a nurse, the ratio would be improved (meaning the nurse would be assigned fewer patients) if those patients require more intensive care.
After they spent years cutting staff—
they tell them they cannot find the
staffing legislation—from passing. Are you
going to let this happen?

Market forces have not resolved the
issues of patient safety and quality of care
related to nurse staffing. Massive reduc-
tions in nursing budgets have resulted in
fewer nurses working longer hours, while
caring for sicker patients. Nurses
therefore, have requested the assistance of
elected officials on the state level to protect
patients by holding hospitals accountable
for the provision of adequate nurse staff-
ing through legislative and regulatory means.

In correspondence to the Legislature, hospital admin-
istrators called your efforts to ensure patient safety by limiting
the number of patients you are assigned “stupid.”

This battle is playing itself out now in the Massachu-
setts Legislature. H.1282 was approved by the Health Care
Committee and is now before the House Ways and Means Com-
mittee. If it does not pass before July 31, it will
die—and the process will have to begin all over again.

Do not let this happen. The future is in
your hands. Your state senators and repre-
sentatives must hear from you again, and
again, and again, and again.

The MNA knows, based on first-hand
information, that your legislators are hearing from hospital administrators on
a regular basis—and the things they’re saying will not make you happy:
• In written correspondence to the Legislature, hospital admin-
istrators called your efforts to ensure patient safety by limiting
the number of patients you are assigned “stupid.”
• After they spent years cutting staff nurses and replacing them with
unlicensed personnel and techs, they wonder—out loud to legisla-
tors—why more nurses aren’t at the bedside.
• They tell them they cannot find the nurses. Yet most hospitals employ
enough nurses now to meet the standards.
• They tell legislators they you aren’t doing this for patients, but for more
jobs and better salaries.
• They tell legislators we just need to increase the supply of nurses.
• They tell legislators that patients aren’t as sick at night as during the
day, so we don’t need standards at night.
• They tell legislators that nurses call-
ing in sick are the real problem.

It is clear they are willing to distort the facts and cloud the truth. Your legislators
need to hear from you—those on the front-
line of health care—that the issue of safe
RN staffing is a real one. Only you can get
them to take action on this bill.

July 31: don’t let it pass without safe staffing.

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
for your patients; paint them a picture of your typical
bedside.

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 sched-
ule 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 legisla-
tors 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.
Deepening the SANE’s understanding

A victim tells her story: Resiliency in the aftermath of sexual assault

By Annie Lewis-O’Connor, NP, SANE

In November 2003, as is customary for the more than 100 Sexual Assault Nurse Examiners (SANE) in Massachusetts, we gathered for our annual program, this year entitled, “The Core Difference.” As SANEs, we are trained to hear about one of the most heinous and violent crimes that can be committed against another human being. We approach each case recognizing its uniqueness, and we aim to make a “core difference” for each victim in terms of their care, treatments and outcomes.

At our conference we were given the privilege of hearing the story of Debbie Smith, a survivor of sexual assault, and it was a story that has, and will, make a “core difference” for victims and for those of us who provide care to victims.

Emotional account of sexual assault

As Debbie Smith took the podium to address us, she gathered a box of tissues. My immediate thought was, “Poor thing, she must have a cold.” An attractive petite woman, Debbie immediately began to tell us about the horrific events of March 3, 1989. As she told us her story she sobbed, but persevered. It was now clear why Debbie had the box of tissues.

While many commonalities occur with sexual assault, each victim embraces a uniqueness that can only be known through hearing their story. Debbie was kidnapped from her home while her husband Robert, a police officer, was sleeping upstairs after working a double shift. Behind the woods of her Williamsburg, Va., home she was raped repeatedly and threatened to remain silent.

“She woke her husband and told him what had happened to her. A police report was made and Debbie consented to a forensic exam. Debbie then proceeded to tell us how the assault had consumed her life. For me this was to be riveting. As a SANE I hear about the initial assault, but am not always privy to the specific effect it has on a victim’s life. Debbie said she lived consumed by the fear that her attacker would retaliate against her and her family members. She struggled with suicidal thoughts, but didn’t want to make a mess and worried that one of her children might find her. She grappled with moving, but anger made her determined to stay in her home (she simply had it wired like Fort Knox).

As Debbie shared her story about life after the assault she continued to sob, but also assured us that she “cries easily.” All I could think was how courageous this woman was to stand before us and tell the unimaginable. During all of this, I sat in my seat and hoped to hear how it could be that she could speak before us—and how she survived. Debbie then said the words I wanted to hear: he was caught!

Six and a half years after the assault, the perpetrator—who had been serving time for robbery—was caught through a DNA data base known as CODIS (Combined DNA Index System). Debbie’s attacker was convicted of rape, abduction, robbery, burglary and larceny. More importantly, he was sentenced to two life terms plus 25 years in prison, and he will remain imprisoned for the remainder of his life. I wanted to scream at the top of my lungs, “YES!”

Strength and resiliency

Debbie embodies abounding strength and resiliency, and represents the epitome of a survivor of a brutal attack. Both Debbie and her husband Robert now strive to help others survive. Their crusading efforts will provide a ‘core difference’ for victims and ultimately hold perpetrators accountable. As founders of H.E.A.R.T. (Hope Exists after Rape), they strive to provide hope to victims of sexual assault through the provision of essential and therapeutic support; by affecting positive change in laws and procedures; by empowering others (SANE) commissioned to serve victims. Principles of H.E.A.R.T. emphasize victim empowerment—and who could better to exemplify this than Debbie.

On a national level, Debbie and Robert have taken this story to the U.S. Capitol. The Debbie Smith Act (S.2055) was introduced in March 2002. In November 2003 it passed the House. This legislation would provide funding to carry out DNA analyses on back logged samples obtained from crimes scenes and enter these findings into the national CODIS system; standardize forensic evidence collection; and provide funds to states to establish sexual assault nurse examiner programs. Debbie has taken this horrific event and purports that her efforts help her to heal, as well as be a voice for the many victims who are not able to speak out. It is widely known that rapists often rape many times before they are caught. Debbie’s efforts aim to identify these perpetrators before they would have the chance to assault again.

Healing begins

As SANEs, we are trained to hear the most tragic aspects of sexual assault. Victims entrust us to care for them and, through forensic evidence collection, work to identify perpetrators readily. At the end of presentation, Debbie said her healing began and her desire to live began again when she knew the perpetrator was no longer a threat to her or her family. Doesn’t that make sense?

We should all be grateful that victims can be provided with optimal care and that perpetrators of sexual assault can be identified. Debbie’s unique and distinct resiliency has made a ‘core difference’ for victims and those of us who care for victims. Her words, her story will resonate for some time.

Thank you Debbie and Robert Smith.

In the public eye

Strong MNA support helps McQuilken win state Senate primary

On Tuesday, Feb. 3, MNA-endorsed candidate Angus McQuilken won the Democratic primary for the state Senate seat vacated by Cheryl Jacques. McQuilken, a strong supporter of H.1282, won the race decisively with nearly 50 percent of the vote—due in large part to the overwhelming support from MNA members. The final election was scheduled for Tuesday, March 2. For a complete update on McQuilken’s progress visit www.angusforсенate.com.

Nursing ed programs receive increase

Funding for the federal Nurse Reinvestment Act (NRA) was increased as part of funding in the fiscal year 2004 budget. The omnibus funding bill, signed by President Bush on Jan. 23, provides a $30 million increase—bringing the total to approximately $250 million needed to fully fund the NRA, but it does signify the largest single-year funding increase (26 percent) since 1974.

Federal Nurse Reinvestment Act gets funding

Get involved in MNA

Health policy & legislation

The Congress on Health Policy and Legislation is looking for volunteers to fill vacancies when they occur, and to help with our legislative efforts, including providing expert testimony on issues for which members have specialized knowledge and expertise. The Congress meets 10 times per year to set MNA’s legislative agenda, review health care legislation, assist in MNA’s lobbying efforts and host MNA’s annual Lobby Day. Contact Charles Stefanini at 800-882-2056, x716 or by e-mail at cstefanini@mnann.org.

Nursing practice

There are currently three seats available on the MNA’s Congress on Nursing Practice. The Congress is a deliberative body of 12 MNA members meeting monthly who work together to identify practice and other issues impacting the nursing community. These issues can be addressed through legislation, education and/or position statements. For more information, contact Dorothy McCabe at 781-830-5714 or via e-mail at dmarabe@mnann.org.
Getting what you need: a members’ perspective

By Jim Moura, RN
MNA Board member

In 1991—when I first became active in the MNA at Brigham and Women’s—I remem-ber being shocked by the lack of resources available to local union committees in the Association. I was amazed at what had been accomplished on the local level with the dedicated volunteer labor on the union committees. I had a view that the MNA would use the “industrial service model” utilized by the older established unions, which meant that I would pay my dues and the work and resources would be provided by the paid staff of the union.

Boy, was I ever in for a reality shock during our contract talks in 1993. Members had actually organized or established an internal communications mechanism, unit representation network, newsletter or local unit dues, and we had also never developed the ability to mobilize pickets if we needed to. What was really frustrating was the lack of integration and cooperation within our bargaining region and with our fellow MNA bargaining units. Each local union was an isolated island—and the hospital industry worked to keep us separ-ate and competitive as they began a “down sizing” initiative and implemented work-redesign projects that reduced each RN’s ability to safely care for patients.

By 1996 I felt pushed to the max. Our com-mittee pulled itself up by its bootstraps and organized around the safe care campaign by passing out leaflets at the hospital on a weekly basis, and utilizing a diffuse unit and shift rep system to communicate more effectively. “The Union” became a presence throughout the hospital.

Members began asking a committee member or their unit representative—not management—about contract provisions. We were able to “inoculate” the members against management’s misinformation. More impor-tantly, the members used their own voices with management, thereby reinforcing our message and strength at the negotiating table with management. In short, the union became “all of us.” We organized meetings with manage-ment where we facilitated communication on staffing issues, and our members echoed what was being said at the table. By the time we needed to call for a strike authorization vote, people were ready thanks to a series of first-ever meetings that were held at “union halls.” There, we learned what it meant to be on strike—and it was scary.

Although the members voted overwhelm-ingly for a strike, and in numbers that surpassed every single one of first-ever meetings that were held at “union halls.” There, we learned what it meant to be on strike—and it was scary.

Managed care has controlled the hospital’s profit-ability and strategic business plan. I believe that hey calculated that the cost of the strike would not justify the savings they sought at the table and the damage to the very good name of Brigham and Women’s. It is there, and hope-fully will remain, a respected institution with a Region. It will educate the leadership and empower them at the table. It is an activist model of union control and leadership. More importantly the control of the dues flows to the local level where the people in a Region decide on the strategic vision and financial commitment to realize it. Management hates it when a union com-mittee and its members feel empowered.

Responsibility is upon us—the local union leaders and members—to step forward and use what we have been given and won through the district bylaw changes.

Each local union committee must designate its representative to its Regional Council and take the power that it has been given. It is an opportunity to learn, share and grow in unity and strength! Each district is being replaced by a Regional Council. To choose not to participate is to choose to weaken your ability to bargain effectively with a maximum of support.

To find out how to get your unit involved, contact one of the following people at 1-800-882-2056: your labor representative from the MNA or the office of the executive director of the MNA.

The Regional Council system insures that every bargaining unit will have a voice.

Management hates it when a union committee and its members feel empowered.

Responsibility is upon us—the local union leaders and members—to step forward and use what we have been given and won through the district bylaw changes.

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Contract Update

Increases seen in salary steps, on-call pay and shift differentials

RN’s at Mercy Medical Center ratify new two-year contract

RN’s represented by the MNA at Springfield-based Mercy Medical Center recently voted to ratify a new two-year contract—one that includes language specific to important salary increases for nurses working non-weekday shifts, as well as language that allows for Mercy’s Baylor Plan to be expanded hospital-wide. The pact also grants the RN’s a 7 percent, across-the-board raise in both years of the contract in addition to the restructuring of the contract’s salary steps.

According to Steve Mikelis, RN and chairperson of Mercy’s MNA bargaining unit, the ratified contract language specific to the salary steps is significant. “There have been a total of six new steps added to the salary scale, and each new step carries with it an additional 3 percent salary increase,” said Mikelis. “Combine those steps with the 7 percent, across-the-board increases that have been negotiated, and Mercy Medical Center can now offer its nurses more competitive wages—as well as reward its long-term RN’s.”

In addition to the across-the-board increases and the salary steps, the new contract language also includes:

- Improved shift differentials, including an additional $2 per hour for RN’s working the 3 p.m. to 11 p.m. shift and the weekend shift; and an additional $6 per hour for RN’s working the 11 p.m. to 3 a.m. shift. Differentials will increase to $2.50 per hour and $7 per hour respectively in the last year of the contract.
- An increase in on-call pay effective Jan. 1, 2004 to $3.50 per hour, followed by an increase to $4.50 per hour effective Dec. 2, 2005.
- A $300 HIV insurance policy that is available at no cost to any RN who contracts the virus as the result of a work-related exposure.
- Language restricting mandatory overtime, as well as language that gives RN’s the right to refuse overtime.
- Important health and safety language that clearly defines a “zero-tolerance” policy on workplace violence, as well as formalizes the processes for identifying, enforcing, intervening and following-up on all instances of workplace violence.
- Language that works to protect and accommodate nurses who suffer from latex allergies; non-latex gloves will be made available to staff throughout the hospital as a result.
- Language that allows for the hospital-wide expan-sion of Mercy’s Baylor Plan, which would grant RN’s who permanently work weekends 32 hours of pay and benefits for 24 hours of work. (The Baylor Plan was originally introduced in order to offer nurses the opportunity to work very spe-cific—and sometimes less traditional—shifts as a way of attracting and retaining nurses to “hard to fill” positions.)

Approximately 280 registered nurses comprise the MNA bargaining unit at Mercy Medical Center, and according to Andrea Fox—the chief negotiator for the hospital’s union-ized RN’s—this negotiating session ended very much as members had hoped. “The RN’s in this bargaining unit had a very clear vision of what they wanted at the end of this negotiating session,” said Fox, “and they were committed to achieving it. This ratified contract is a true testament to how focused this bargaining unit was on achieving its own mandate.”

The contract also incorporates language allowing for the paid release of four RN’s who serve on the bargaining unit’s negotiating committee during all time spent in the next contract negotiation.
How management at St. Elizabeth’s misunderstands the needs of nurses

The following letter was written by Lesley Klock, an RN at St. Elizabeth’s Medical Center (SEMC), in response to an article about “nurse education” that ran in a recent edition of the hospital’s Nursing News bulletin. Prior to submitting it to hospital management, many of Leslie’s fellow RNs also signed the letter as a sign of union solidarity.

More than 650 registered nurses are represented by the MNA at SEMC. They have been negotiating their contract since June, with more than 20 negotiating sessions held to date. 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 for the inadequate staffing at the facility and the need for an increase in their salaries to remain competitive with other Boston teaching hospitals.

January 6, 2004
Dear Ms. Xxxx:

I felt very distracted as I read your message in (the hospital’s) most recent Nursing News newsletter. In this edition, you highlighted your “commitment to nursing education/training at St. Elizabeth’s.” As I read this, I found myself thinking, “I’m educated; I went to school.”

Things that I had learned in nursing school began flashing through my mind and, among other topics, I thought about Maslow’s theory of human needs, which is often conceptualized as a pyramid:

[Diagram of Maslow's hierarchy of needs]

Here, the more fundamental human needs lie at the base of the pyramid. The idea is that a person’s basic physiologic needs (eating, sleeping, etc.) must be met before he can worry about safety issues. Likewise, a person may not be able to focus on love and belonging if he has unresolved safety needs . . . and so on and so on.

Considering Maslow’s theory, I then realized why I had been so distracted while reading your letter. How can I think about my educational needs as an RN, while my more primary needs of receiving a fair and equitable wage are not being met? I cannot attain a higher level while my basic needs are unresolved.

I imagined that many other RNs at St. E’s were facing the same dilemma. Applying Maslow’s theory to the situation of staff nurses here, I formulated the following hierarchy of needs:

[Diagram of modified Maslow's hierarchy of needs]

Based on this hierarchy of St. E’s nurses’ needs, I propose the following: outside of management, no St. E’s RN can focus on the content of your “message” when his/her primary needs have not been met.

Despite my initial distraction when reading your “message,” I did have some other, more immediate responses. For instance, you wrote that you were impressed with the nurses at this hospital. I appreciate your token of thanks. However, I feel that we nurses at St. E’s deserve a more “tangible” form of thanks (i.e., a wage that is comparable to those found at other area hospitals).

Honestly, I felt very bitter after reading your second paragraph—and I’m upset that financial priorities in the nursing department include “bringing [in] external educators,” yet do not include giving all staff nurses/care managers a reasonable raise.

When you mentioned a desire for “training to be very visible in the hospital,” I found myself questioning the motivation behind the training agenda. I understand that an educated workforce improves patient care, but I feel like two other big motivators for management at St. E’s include looking good for JCAHO and planting the seeds of a “magnet” culture. Those two things are important, but from my standpoint nurses’ needs (as outlined in my pyramid) are just as important—and they are being overlooked.

Sincerely,
Lesley Klock, RN

Ratification at Northeast Health Corp. hailed as success as language specific to salaries, floating and insurance takes effect

RNs represented by the MNA at Northeast Health Corporation (NHC) overwhelmingly elected to ratify a new two-year contract on January 28 during voting sessions held at each of the system’s three represented hospitals: Addison Gilbert, Beverly and Hunt. The new contract includes important language specific to salary increases, limitations on floating and improvements to health insurance benefits.

But for the members at NHC, this contract represented something in addition to the improved benefits and protections that come with ratification. It’s a testament to the level of solidarity that exists between MNA union members at Northeast’s three hospitals; a sign of the unbreakable bonds that bind union sisters and brothers.

“We began these negotiations under some very intense conditions,” said Leslie Atwater, RN and co-chairperson on the NHC unit. “It was pretty clear from the beginning that hospital management was aiming to dissolve the union’s strength. We persevered through, and now we have impressive contract language in place that represents the power of our solidarity.”

The newly ratified contract includes:

- Language limiting management’s ability to float nurses, including no floating of new graduate hires until six months following their date of hire. In addition, RNs who voluntarily float cross-campus will receive a differential of $3.50 per hour.
- The elimination of the 90-day waiting period that prevented new employees from having immediate access to health insurance.
- A change in language that allows nurses who work over 35 hours to be eligible for insurance rates and other benefits at the full-time employee rate.
- Changes in how previous experience is credited towards placement on the wage scale. As a result, nurses who had their experience inaccurately calculated and were placed too low on the scale will be moved to the appropriate level.

Increases in shift differentials, including $6 per hour for the evening shift; $6 per hour for the night shift; and $3.25 in total by January 2005 for the weekend shift. Differentials for team leaders, service leaders and preceptors also increased.

- Across-the-board salary increases, including a 4.67 percent increase scheduled for July 4, 2004; a 3 percent increase scheduled for January 2, 2005; and a 3 percent increase scheduled for January 1, 2006.
- A maximum of the salary schedule resulting in a gain of between 11.6 to 33 percent through new steps, across-the-board increases and the elimination of one of two current restricted steps over three years. The resulting change will increase the minimum hiring rate from $21.22 per hour at the start of the contract to $24.15 per hour at the end of the contract, while the maximum increases from $31.16 per hour at the start to $43.31 per hour at the end.

According to Joe-ann Fergus—the MNA labor representative for the hospital’s union members—this negotiating session was a great internal organizing tool. “We began negotiations in an atmosphere of mistrust and contention, and there seemed to be a definite effort on the part of management to undermine the power of the union,” said Fergus. “But we used the process as an opportunity to reach out to the members. The committee worked hard to keep the bargaining unit informed and in the end their work resulted in huge rewards. The bonds in the bargaining unit grew stronger and members became more aware of their strength. Management had to concede that in spite of their best efforts the bargaining unit was going to stand together. When this happened, the tone in negotiations changed from combative to communicative—and we were able to create a contract that worked to serve the interest of management and the bargaining unit.”

Leslie Atwater, Sandy Murray and Marie Freeman, co-chairs at NHC, talk about the evolution of their contract negotiations at January’s Chairs Assembly.
Is your hospital healthy? Taking a look at use of harmful pesticides

By Kathy Sperrazza, RN, BSN, MSLR

A recent study of ‘Healthy Hospitals: Controlling Pests without Harmful Pesticides’ found that many hospitals are regularly using harmful pesticides. The study, which was released in November 2003 by Health Care Without Harm (HCWH) and Beyond Pesticides, is a first-of-its-kind survey of top U.S. hospitals. “Hospitals are intended to be places of healing, yet many are using hazardous pesticides unnecessarily in a ‘spray and pray’ approach to pest management, when safer and more effective methods are available,” said Ann McCampbell, a physician with HCWH.

Pesticides are just another avoidable hazard commonly used in hospitals. In many institutions, the assumption is that pesticide use is the only way to control pests and ensure a clean, healthy facility. Pesticides are hazardous chemicals designed to kill or repel insects, plants and animals that are undesirable or that threaten human health. Many of them contain volatile compounds that contribute to poor indoor air quality.

In addition to killing pests and beneficial organisms, pesticides can harmfully affect human health. Hospital patients who have compromised immune and nervous systems, the elderly, infants and children, and those who have an allergy or sensitivity to pesticides are particularly vulnerable to the toxic effects. Patients taking certain medications may also have heightened reactions to pesticides, and pesticides can also exacerbate asthma and cause other acute adverse reactions, including nausea, headaches, aching joints, mental disorientation, impaired concentration, seizures, rashes and dizziness. Many pesticides are also linked to chronic effects, such as cancer, birth defects, neurological and reproductive disorders, and development of chemical sensitivities.

Shining the spotlight on this problem is just a logical extension of the work of HCWH, which has successfully influenced the reduction of dioxin and mercury emissions by hospitals and has advocated for the closure of many medical waste incinerators.

HCWH created a survey to gather additional data due to the scant amount of information available about pesticide use inside and outside of hospitals. It sent the survey to the top 171 hospitals-profiled in 2001 in U.S. News & World Report, but it focused on 100 facilities in or near cities where HCWH members were located or had contacts. After numerous phone calls and visits, 22 surveys were returned—not a fully representative scientific data collection, but an instructive “snapshot” of what some of the nation’s pre-eminent facilities are doing for pest control.

The survey results show that while some hospitals report using the least hazardous approaches and/or provide notification of pesticide use, there is still considerable pesticide use at hospital facilities—even at hospitals that report using the safer method of pesticide management called Integrated Pest Management (IPM).

The survey’s major findings show that of the 22 responding hospitals:
- 100 percent used chemical pesticide products either on their grounds, inside the building or both.
- 91 percent used chemical pesticide indoors and 71 percent used chemical pesticides outdoors.
- 36 percent used pesticides that are no longer registered for use by the U.S. Environmental Protection Agency (EPA).
- 18 percent used a pesticide product in which the active ingredient is being phased out by the EPA due to unacceptable risk associated with its use.
- 73 percent hired a pest control company to manage the majority of the hospital’s structural pest management program and 41 percent hired a pest control company to manage the majority of the hospital’s grounds.
- The survey also found that at least some of the responding hospitals were making an effort to reduce their pesticide use and/or notify staff and patients when pesticides were being used:
  - 73 percent reported using an IPM approach to pest management.
  - 45 percent used one or more pesticide products containing boric acid (considered a low hazard pesticide).

- 14 percent posted notification signs for both indoor and outdoor pesticide application.
- 27 percent have provided pesticide-poisoning training for their staff.

IPM strategies are successfully being implemented at schools, parks, government facilities and hospitals nationwide. Institutions like Oregon Health and Sciences University, Brigham and Women’s Hospital, and Harvard University, when reporting to Health Care Without Harm, demonstrate that IPM can be economically and effectively implemented.

Hospitals have a special obligation to demonstrate leadership in instituting effective and safer pest management in keeping with the medical profession’s basic tenet of “first do no harm.” You can make a difference at your hospital by joining your health and safety committee or speaking with a colleague who is on the committee. Find out what your facility’s practice is. The survey can be used as a helpful tool for hospitals to assess their pest management and pesticide use and to monitor their progress in eliminating hazardous pesticide use over time. It’s worth a little of your time to make your work environment a safer place for both you and your patients.

This article is excerpted directly from the report “Healthy Hospitals: Controlling Pests without Harmful Pesticides.” It is available in its entirety at www.noharm.org or beyondpesticides.org.

Incident Command System for Health Care Providers: An interview with Mary Taschner, APRN, BC, MS

By Chris Pontus

Q: What is Incident Command System for Health Care Providers (ICS-HCP) and why is it important to nursing practice?

A: The Incident Command System for Health Care Providers (ICS-HCP) is a coordinated integrated management system used by all parties involved in an incident requiring immediate coordination of services, such as a terrorist incident or a public health emergency. This program, which was developed under the authority of President Clinton as a logical extension of the work of HCWH, has been adopted as a helpful tool for hospitals to assess their practice.

Q: What value does practicing ICS-HCP add to nursing practice?

A: An increased understanding and coordination of services between first responders and health care staff benefits everyone. It promotes the safety and protection of all health care workers and first responders and it promotes patient safety.

Q: What does ICS-HCP involve?

A: The characteristics of ICS-HCP include a common command structure; management by function; a modular and flexible ability to respond; a consolidated action plan; a manageable span of control; common terminology; an integrated internal and external communication system; and comprehensive resource management. It is effective for both planned and unplanned events. ICS-HCP involves individuals understanding their predetermined roles and responsibilities, which increases the effectiveness of the response to the incident.

Q: Is ICS-HCP a new concept?

A: The Incident Command System is not new. Fire service, emergency medical service, and law enforcement professionals use it as a routine component of their practice. Although health care workers practice an institutional form of incident command, ICS-HCP standardizes the facility’s response to an incident and brings health care providers in line with other first responders so that everyone functions with a common understanding.

Q: Is ICS-HCP a new concept?

A: The DPH and the DFS are offering the program to all Massachusetts hospitals. The program is six hours in length and is offered free of charge to all hospitals and participants. Some of the participants include nurses, nurse managers, advanced practice nurses, physicians, physician assistants, senior administration, department heads, safety directors and emergency health care agency staff, such as community health and public health nurses. Presented as a component of the DPH Hospital Emergency Preparedness Program, ICS-HCP is an effective management tool for all health care providers. We look forward to bringing the program to you and your facility and enhancing your response capability in the event of an incident or public health emergency.

Contact Mary A. Taschner, training liaison for the DFS, at 978-567-3210 or e-mail at mary.taschner@dps.state.ma.us, if you would like more information on the ICS-HCP program, an ICS-HCP program schedule, or information on how to bring the program to your facility.

Health and safety according to the regulations: On December 12, 2003, MNA members, members of the Greater Boston Chapter of Occupational Health Nurses, staff from the Massachusetts Division of Occupational Safety and others attended the first of three sessions of the “OSHA 10-Hour General Industry Outreach Training: the Health Care Industry.” Evie Bain was the program’s authorized trainer.
Assembly
From Page 1

How do we do this? We call them every day. We write to them every day. We send post cards every day. We make ourselves visible outside the polls on March 2. And we pack the Statehouse on May 11.” Attending members also had the opportunity to stock up on the latest safe-staffing supplies, including new “talk to ten” post cards, sample letters and media resources.

The day’s final presentation, by Alan McDonald, provided attendees with an overview and update on Weingarten Rights—the rights of unionized employees to have a union representative present during investigatory interviews. McDonald detailed the court case and related history that led to the Rights’ creation, and then expanded on the basic protections that are available to union members as a result.

“If an employee has a reasonable belief that discipline or other adverse consequences may result from what he or she says during a meeting or interview, the employee has the right to request union representation,” explained McDonald. “Management is not required to inform the employee of his/her Weingarten rights; it is the employee’s responsibility to know of and request union representation.”

Roland Goff, MNA labor relations director, discusses Weingarten Rights.

Contract
From Page 1

to the Risk Manager, the Providence Hospital Safety Committee, Injury Review Committee for review and appropriate interventions. Copies of any documents relating to the incident will be given to the nurse affected. The employer will provide and/or make available to workers injured by workplace violence medical and psychological services.

The newly-ratified contract for the bargaining unit at Mercy Hospital includes similar groundbreaking language specific to workplace violence, but permits last names on ID badges in smaller print.

Fighting injuries from needlesacks

The contract language relating to needlesacks and sharps injuries is similar at both Mercy and Providence hospitals. However, it includes references that “in a continued effort to provide a safe working environment for nurses, free from recognized hazards that are causing or likely to cause serious harm, the hospital recognizes needles and sharps as hazardous equipment that requires protective devices and proper training. In addition, all injuries arising from sharps and/or needles will be investigated and follow-up provided to the affected individual and members on the Injury Review Committee. MNA reps will be invited to attend the monthly meeting to participate in the portion of the meeting that discusses needlesacks.”

Working to eliminate latex

At Providence Hospital, new contract language relating to latex gloves states that “all latex gloves will be removed from the Hospital and replaced with non-latex gloves.” At Mercy Hospital, the new language specific to latex gloves states that “non-latex gloves shall be made available to all staff throughout the Hospital,” and that “nurses with latex allergies will be reasonably accommodated.”

Other protections

According to Denny Glidden and Steve Mikelis, co-chairperson and chairperson of the bargaining units at Providence Hospital and Mercy Hospital respectively, the RNs in their unions are also very pleased with a new contract provision that provides a $100,000 insurance payment to nurses whocontract HIV as a result of a work-related exposure. “It is a truly important component of our ratified contract,” said Mikelis, “and one that our union brothers and sisters should feel very proud of advocating for. With this provision in place, we have a level of protection available to us that will be invaluable if there ever is an instance of HIV contraction as a result of a work-related exposure.”

Glidden, who has had to respond to and be involved with several instances of workplace violence, feels that the language included in her hospital’s ratified contract gives nurses a stronger base of support should these incidents occur in the future. “In this contract, ‘workplace violence’ is clearly defined,” said Glidden, “and the processes that the hospital needs to take in order to identify, intervene and follow-up on all instances of workplace violence have been formalized. As a result, RNs in this bargaining unit are protected at an entirely new level.”

For Diane Michaels, co-chairperson with Glidden at Providence Hospital, the language specific to latex allergies is being hailed as stellar. “The nurses here are very proud of this contract,” said Michaels, “and they’re particularly happy with the language that calls for the elimination of latex (gloves). As a latex-allergy sufferer, I will no longer have to worry about exposure. This contract works to protect the lives of all the nurses who are part of this bargaining unit.”

Terri Arthur, chairperson of the Congress on Health and Safety said, “It is exciting to see nurses using our model language and being proactive in controlling their safety at work.”

Copies of model health and safety contract language can be obtained by contacting either Evie Bain or Chris Pontus at the MNA (see contact information at right).
Consent-to-Serve for the Massachusetts Nurses Association 2004 Elections

I am interested in active participation in the Massachusetts Nurses Association

MNA Election

- Vice President, Labor* (1 for 2 years)
- Treasurer, Labor* (1 for 2 years)
- Director from each Region, Labor* (5 for two years) [1 per regional council]
- Director At-Large, Labor* (3 for 2 years)
- Director At-Large, General* (4 for 2 years)
- Nominations Committee, (5 for 2 years) [1 per region]
- Bylaws Committee (5 for 2 years) [1 per region]
- Congress on Nursing Practice (6 for 2 years)
- Congress on Health Policy & Legislation (6 for 2 years)
- Congress on Health & Safety (6 for 2 years)
- 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

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

Candidate 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) ___________________________

Postmarked Deadline: Preliminary Ballot: March 15, 2004
Final Ballot: June 15, 2004

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

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

An orientation is given to each elected member prior to assuming positions. An MNA staff person is assigned to each group to assist members in their work. Travel reimbursement to the MNA headquarters for elected members is provided. As stated in the MNA bylaws, absence, except when excused in advance by the chairperson, from more than two meetings within each period of twelve months from the date of assuming an elected or appointed position of the Board of Directors or a structural unit of the MNA shall result in forfeiture of the right to continue to serve and shall create a vacancy to be filled.

Board of Directors

The specific responsibilities and functions of the Board of Directors are to: (1) Conduct the business of the Association between meetings; (2) Establish major administrative policies governing the affairs of the MNA and devise and promote the measures for its progress; (3) Employ and evaluate the Executive Director; (4) The Board of Directors shall have full authority and responsibility for the Labor Program; (5) Adopt and monitor the Association’s operating budget, financial development plan and monthly financial statements; (6) Assess the needs of the membership; (7) Develop financial strategies for achieving goals; (8) Monitor and evaluate the achievement of goals and objectives of the total Association; (9) Meet its legal responsibilities; (10) Protect the assets of the Association; (11) Form appropriate linkages with other organizations; and (12) Interpret the Association to nurses of the total Association; (11) Form appropriate linkages with other organizations; and (12) Interpret the Association to nurses and to the public.

Meets 10 times per year, usually a full day meeting held on the third Thursday of the month. Board of the month are expected to attend the annual business meeting held during the MNA convention in the fall.

Center for Nursing Ethics

The Center for Ethics and Human Rights focuses on developing the moral competence of MNA membership through assessment, education and evaluation. It monitors ethical issues in practice; reviews policy proposals and makes recommendations to the Board of Directors; serves as a resource in ethics to MNA members, regions and the larger nursing community; works with MNA groups to prepare position papers, policies and documents as needed; and establishes a communication structure for nurses within Massachusetts and with other state and national organizations. Meets eight to 10 times per year at MNA for two to three hours.

Congress on Health and Safety

The Congress on Health and Safety identifies issues and develops strategies to effectively deal with the health and safety issues of the nurses and health care workers. Meets eight to 10 times per year at MNA for two to three hours.

Congress on Health Policy & Legislation

The Congress on Health Policy and Legislation develops policies for the implementation of a program of governmental affairs appropriate to the MNA’s involvement in legislative and regulatory matters influencing nursing practice, health and safety, and health care in the Commonwealth. The Congress meets eight to ten times per year at MNA headquarters or at MNA’s Region 2 office in West Boylston for two to three hours.

MNA incumbent office holders for 2004

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<tr>
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<th>Regional Council 5</th>
<th>Congress on Nursing Ethics</th>
<th>Congress on Health &amp; Safety</th>
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<td>Nancy Gilman</td>
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<td>Vice President</td>
<td>Connie Hunter</td>
<td>(2003-2005)*</td>
<td>Kathryn F. Zalis</td>
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<td>Secretary</td>
<td>Sandy Ellis</td>
<td>(2002-2004)*</td>
<td>Elizabeth Kennedy</td>
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<td>Treasurer</td>
<td>John Bogrette</td>
<td>(2002-2004)*</td>
<td>Margaret Sparkes</td>
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<td>Directors, Labor</td>
<td>Richard Lambos</td>
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<td>Irene Patch</td>
<td>Jeannine Williams</td>
<td>(2003-2005)**</td>
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<td>Beth Gray-Nix</td>
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<td>Martha Hottin</td>
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<td>Mary Elizabeth</td>
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<td>Marlene Demers</td>
<td>M. Regina Gahan</td>
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<td>Marianne Chisholm</td>
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MNA positions available for election in 2004

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

Positions available as of February 15, 2004 are for members of MNA Board of Directors, MNA Congresses, the Center for Ethics and Human Rights, the Nominations and Elections Committee and Bylaws Committee for the 2004 MNA election are as follows:

- The vice president, labor; treasurer, labor; a director from each region, labor; three at-large directors, labor; four at-large directors, general; five members of the Committee on Nominations and Elections representing each region; five members of the Bylaws Committee; six members of each Congress and two members of the Center for Ethics and Human Rights shall be elected in the even year.

*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 also is 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 (this seat is not up for election this year).

A consent-to-serve form is on page 10.
Oncology Series for Nurses

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

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

Dates
March 1, 8 and 15, 2004 (Snow date: March 22)

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

Place
MNA Headquarters, Canton

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

Contact hours*
3.6 per session. Total for series: 10.8

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

Basic Dysrhythmias

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

Speaker
Carol Mallia, RN, MSN

Dates
March 9 & 16, 2004

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

Place
MNA Headquarters, Canton

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

Contact hours*
9.0

Special notes
Class limited to 40.

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

Diabetes 2004: What Nurses Need to Know

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

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

Speaker
Ann Miller, MSN, RN, CNS, CDE

Dates
Session 1: March 18, 2004
Session 2: March 25, 2004

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

Place
MNA Headquarters, Canton

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

Contact hours*
3.6 per session

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

Nursing Management of Central Lines

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

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

Date
March 30, 2004

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

Place
MNA Headquarters, Canton

Fee
MNA members, $65 all others, $95

Contact hours*
3.0

Special notes
Class limited to 20.

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

The Real Nursing World: Transition from Student to RN

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

Speaker
Carol Mallia, RN, MSN, facilitator

Date
April 1, 2004

Time
5:30 – 9:30 p.m.

Place
Lombardo’s Function Facility, Randolph

Date
April 6, 2004

Time
5:30 – 9:30 p.m.

Place
Crowne Plaza, Worcester

Date
April 8, 2004

Time
5:30 – 9:30 p.m.

Place
Springfield Marriott Hotel, Springfield

Fee
Free to senior nursing students and faculty

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

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 pharmaceutical 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

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 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

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

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.

**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

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

Acute Care Nursing: 3-Program Series

**Description**
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.
**Benefits Corner**

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

Take 20 percent off the cost of professional tax preparation services provided by TaxMan, Inc. at any of their 24 offices located throughout Massachusetts and New Hampshire. Call 1-800-7-TAXMAN or visit www.taxman.com for a complete list of office locations and telephone numbers. Tax preparation fees are based on the complexity of your tax return and the forms needed to file your tax return accurately. Tax Man offers 100 percent satisfaction guarantee on all tax services. To receive your 20 percent discount, present a valid MNA membership card at the time of service and enjoy stress-free tax preparation this year.

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<tr>
<th>District</th>
<th>Amount</th>
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<tr>
<td>Region 1</td>
<td>$17.20</td>
<td>4.9%</td>
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<td>Region 2/3</td>
<td>$17.20</td>
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<td>Region 4</td>
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<tr>
<td>Region 5</td>
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<td>State Chapter</td>
<td>$19.34</td>
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**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.

<table>
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**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, x365
  Meets: Wednesdays, 7:30–8:30 p.m.
- McLean Hospital
  DeMarmeffe Building, Room 116
  Contact: LeRoy Kelly, 508-881-3192
  Meets: Tuesdays, 5:30–6:30 p.m.
- Peer Group Therapy
  1354 Hancock Street, Suite 209, Quincy
  Contact: Tert O’Brien, 781-340-0405
  Meets: Tuesdays, 5:30 p.m., Wednesdays, 5:30 p.m. & co-ed Wednesdays, 7 p.m.
- Health care professional Support Group
  Caritas Norwood Hospital, Norwood
  Contact: Jacqueline Stite, 781-341-2100
  Meets: Thursdays, 7–8:30 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, 781-879-0262
  Meets: Sundays 6:30–7:30 p.m.

**WESERN MASSACHUSETTS**
- Professionals in Recovery
  Baystate VNAH/EAP Building, Room 135
  50 Maple St., Springfield
  Contact: Marge Babbitt, 413-794-4354
  Meets: Thursdays, 7:15–8:15 p.m.
- Professional Support Group
  Franklin Hospital Lecture Room A, Greenfield
  Contacts: Wayne Garwycz, 413-774-2351
  Elliott Smolensky, 413-774-2271
  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.

**OTHER AREAS**
- Maquire 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, 5:30–7:30 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.
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:

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- Debt consolidation
- Home Improvement Loans
- No points/no closing costs
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- 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.

- $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

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

Massachusetts Nurses Association

MA Lic. MC1775; NH Lic. # 8503-MBB; CT Lic. 10182; RI Lic. #20011277LB; ME Lic. #SLM5764. Not every applicant will qualify for these programs.
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.

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.

**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 3 Scholarship**
Funded by Region 3, $6,000 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 postmarked 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.

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.

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 dmmccabe@mnarn.org.

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

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.
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Leading provider of professional liability insurance for nursing professionals with over 650,000 health care professionals insured.

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Exceptional credit card at a competitive rate.

**TERM LIFE INSURANCE**
LEAD BROKERAGE GROUP .................................................. 800-842-0804
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NEW ENGLAND INSURANCE SPECIALIST LLC ................. 800-959-9931 or 617-242-0909
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**LOWELL**

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**WOBURN**

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

**FALMOUTH & POCASSET**

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

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**PARTRIDGE-ZHIAU INSURANCE AGENCY** ......................... 413-863-4331
Save up to 6% on Massachusetts auto rates; 12% account credit for homeowners when you write your auto policy.

**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, eyewear and chiropractic expenses.

**Digital Pagers**
INTERNET PAGING ......................................................... 800-977-1997
Discount digital pager program.

**CELLULAR TELEPHONE SERVICE**
CINGULAR WIRELESS .......................................................... 800-894-5500
Save 10 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.

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

**CONSUMER REFERRAL SERVICE**
MASS BUYING POWER .......................................................... 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 ............................... 800-882-2056, x726
Home electronics & appliances available at discount prices for MNA members.

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

**WINNERS VILLAGE PREMIUM OUTLETS**
Present your valid MNA membership card at the information desk at the Winners Village Premium Outlets to receive a VIP coupon book offering hundreds of dollars in savings.

**SIGHT CARE VISION SAVINGS PLAN**
MNA MEMBERSHIP DEPARTMENT ........................................... 800-882-2056, x726
Obtain your Sight Care ID card to receive discounts on eye exams, eyeglasses & contact lenses at Cambridge Eye Doctors or Vision World locations.

**HEALTH 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**

**HERTZ CAR RENTAL DISCOUNT**
HERTZ .......................................................... 800-654-2200
MNA members discounts range from 5 – 20% mention MNA discount CDP#1281147.

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

**DISCOUNT HOTEL & TRAVEL PRIVILEGES**
CHICAGO 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)

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

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

**UNIVERAL 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@universalstudios.com for information.

All benefits and discounts are subject to change.

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.
Massachusetts Nurse
March 2004

The 9th Annual
Adult Immunization Conference

April 13, 2004
9:00 a.m. to 3:00 p.m.
Worcester’s Centrum Centre

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

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 msllhsane@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. SANES 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.

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. Mark’s 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 cost of Sicily—was rated by a Travel and Leisure magazine readers’ poll to be the number one destination in Europe. This nine day/seven night, all-inclusive trip will feature a tour of Siracusa, the city with the largest concentration of Greek ruins outside of Greece; a fascinating sightseeing trip to Mt. Etna; an excursion to Milazzo for a wine tasting and tour; a visit to Tindari and the sanctuary of the Black Madonna; a tour of a ceramic factory in Funari; and a scenic tour along the spectacular east cost of Sicily to Messina. Air, transfers, 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.
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. Amount enclosed _____
☐ Donation of $25 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.

Reach over 22,000 registered nurses & health care professionals with your advertisement.

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”
Tuesday
May 11

Lobby Day for Safe RN Staffing

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

Buses to Beacon Hill

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

Safe Staffing Saves Lives
A Message from the Massachusetts Nurses Association
340 Turnpike Street • Canton, MA • 781.821.4625