School Nursing 101: As the MSNO prepares to celebrate its 100th, the MNA offers its thanks for a job well done

The rapid changes occurring in our society and in our health care system present many challenges for today’s school nurse. Many students come to school shouldering a background of profound health risks, which, in turn, affect their academic progress and success. Modern technology and pharmacology have made it possible for students with special health care needs to participate within the mainstream educational setting. Through the professional expertise of the school nurse, student health needs are assessed, identified and monitored. The school nurse functions with other professionals in the school community to facilitate health and wellness so that each student will have the opportunity for academic success.

School nursing is a specialty nursing practice that requires extensive preparation and knowledge in multiple areas, including:

- School nursing practice
- Public health
- Emergency care
- Communication
- Program management
- Health education
- Environmental/safety laws and issues
- Special education regulations
- Human growth and development

The new definition of school nursing

According to the National Association of School Nurses, “School nursing is a specialized practice of professional nursing that advances the well-being, academic success and lifelong achievement of students.”

To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and/or potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for self-management, self-advocacy and learning.

100 years of school nursing

The year 2005 marks the 100th anniversary of school nursing in Massachusetts. According to Dorothy Keeney, a school nurse in Boston and chairperson of the MSNO’s, Region 8, school nursing in Boston arose as an outgrowth of pioneer ing efforts by the city to improve the health and medical care of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and/or potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for self-management, self-advocacy and learning.

West Springfield school RNs organize with MNA

On June 28 school nurses working in West Springfield unanimously voted to have the Massachusetts Nurses Association become the union representing their bargaining unit. The process of organizing the West Springfield School Nurses Association took approximately 12 months and grew out the nurses’ desire to be part of a professional union that was focused on the specific needs, goals and interests of nurses.

For Diane Plante, an RN and co-chairperson of the 10-member bargaining unit along with Gayle Hylen, becoming part of the MNA was a move that all of her coworkers were in favor of and looking forward to. “We’d had wonderful success and great experiences as a union before this, but we understood the importance of being connected to a professional union.”

New study finds RN-to-patient ratios a cost effective measure for saving lives, improving safety

According to a new study published in the August issue of the Journal Medical Care, the official medical journal of the American Public Health Association, implementing RN-to-patient ratios could save thousands of lives at a reasonable cost.

The study, the first to look at the cost effectiveness of specific RN-to-patient ratios in hospitals, found the cost of reducing a nurse’s patient load to just four patients, which is the recommended standard for medical/surgical floors in pending national and state legislation, is less costly than a number of other basic safety interventions now commonly used in hospitals, including the cost of conducting PAP tests for cervical cancer and clot-busting medications to treat heart attacks. If an RN-to-patient ratio of 4-to-1 was implemented nationally, the researchers estimate as many as 72,000 lives could be saved annually.

The study was conducted in response to numerous studies that show a direct link between poor RN-to-patient ratios and poor outcomes for patients, as well as the ongoing debate regarding legislation—passed in California and pending in Massachusetts—to regulate specific RN-to-patient ratios in hospitals.

According to lead researcher on the project, Michael B. Rothberg, MD, MPH, an assistant professor of medicine at Tufts University and a physician with the Division of General Medicine and Geriatrics at Baystate Medical Center in Springfield, Mass., “We wanted to test our hypothesis that improved patient outcomes from lower ratios would cost less than many other commonly accepted safety measures. Our study bore that out.”

“Considered as a patient safety intervention, improved nurse staffing has a cost-effectiveness that falls comfortably within the range of other widely accepted interventions,” the study’s authors concluded. “If a hospital decided for economic reasons not to provide thrombolytic therapy (blood thinning medications) in acute myocardial infarction, physicians would likely refuse to admit to that hospital and patients would fear to go there. Physicians, hospital administrators and the public must now begin to see safe nurse staffing levels in the same light as other patient safety measures.”

While the researchers found that improving ratios costs more money in labor costs, nearly half of those dollars would be recouped in...
State House flooded with “health care trust” supporters

By Sandy Eaton, RN

On July 20, more than 40 legislators, local officials, group representatives and private individuals testified before the Joint Committee on Health Care Financing at the State House on behalf of S.755, An Act to Establish the Massachusetts Health Care Trust.

Thanks to these people, and to the many others who sent in written testimony or came to testify in person, the growing strength of the movement for health care justice, we are closer to our goal of providing universal access to quality, affordable health care to all Massachusetts residents via a constitutional amendment.

Sparked by the phenomenal support for such an amendment, several other health care expansion bills have been filed in the current legislative session, none of which actually come close to attaining universal coverage. Only a publicly-financed, universal single-payer system—like S.755 (Tolman/Hynes)—will create a system of health care that is uniformly affordable to individuals, families, towns and society. We urge you to carefully compare these new proposals to S.755.

Outlined below is the testimony that was offered by two supporters who participated in the July 20 hearing: Julie Pinkham, RN, MNA executive director, and Ron Patenaude, president of UAW Local 2322.

MNA testimony

Good morning, my name is Julie Pinkham. I’m the executive director of the Massachusetts Nurses Association and I am here to offer testimony in support of the Massachusetts Health Care Trust Bill.

The MNA represents more than 23,000 registered nurses and health care professionals working in 85 Massachusetts health care facilities, including hospitals, VNA’s, schools, long-term care facilities, clinics and public health departments. Our members work on the front-lines of the health care system, providing a real understanding of how the system works and, more importantly, given recent developments, how the system fails to work on behalf of patients and communities of the commonwealth.

From the perspective of nurses who work on the front-lines and spend more time with patients and their families than any other provider group, the Massachusetts health care system has failed: depriving care to those who need it, inadequate to unsafe care to those who do receive care, watched patients be denied appropriate care, watched patients get pushed out of appropriate care settings and, yes, we have watched patients suffer and die because no one in this system wants to be fully accountable for providing the basic human right of decent health care.

This year, the issue of how to fix this broken system has thankfully taken center stage. Numerous proposals, including those by Senator Moore, Senator Travaglini and Governor Romney are on the table right now.

In short, from a nurse’s perspective, the current multi-payer, market-driven system of health care financing is inefficient, ineffective and unredeemable. In its place we support and endorse a system as envisioned under the Massachusetts Health Care Trust Bill, which would guarantee every Massachusetts resident health care coverage by replacing the current patchwork of public and private health care plans with a uniform and comprehensive health plan.

We urge you to carefully compare these new proposals to S.755, which, as well as all of our brothers and sisters who have come out to support this piece of legislation.

The MNA, and the thousands of nurses and health professionals we represent, call upon the Legislature to join with us in seeing that we end this crisis and create a health care system that works for the betterment of our society.

Those interested in creating a just health care system should stand up and be heard! For more information, go to the MASS-CARE Web site at www.masscare.org or call the MASS-CARE office at 800-383-1983.

The United Auto Workers and S.755

President’s testimony on behalf of single-payer health care

My name is Ron Patenaude and I am here as the president of the United Auto Workers, Local 2322. I’d like to thank the legislators for holding this hearing on the single-payer health care bill, S.755, as well as all of our brothers and sisters who have come out to support this piece of legislation.

We are an amalgamated local representing over 3,500 members mainly in the fields of human service and higher education, and I have to say that health care has become one of the most difficult issues for us to deal with in terms of negotiations. And as almost anyone will tell you, this issue is causing the economy to stagnate; it is killing job creation; and it is costing the taxpayers of the commonwealth—as well as the entire country—incredibly.

Those of us in the labor movement have a tradition of calling people to do the right thing and work to pass this bill, not to waste time on incremental bills that only add to the costs and profits of existing systems. Every day, every month and every year that goes by without action only adds to those costs.

Finally, as someone of Canadian heritage, I have to tell you that I’ve never heard my relatives there complain about the services they have received under their system. So please don’t be swayed by the rhetoric of those who would like to maintain the status quo in Massachusetts. We spend far more per capita than they do, which should indicate that single-payer health care should have a fine prognosis in the commonwealth.
Executive Director's column

A salute to Karen Higgins for her service and her achievements

By Julie Pinkham

By the time you read this, a new MNA president will have been elected to take office at month’s end. Before we head down that path, I’d like to take some of your reading time to extend my thanks to Karen Higgins, president of the MNA.

Many of you know Karen personally or have seen her on TV, heard her on the radio or on your telephone. You’ve read her comments in any number of newspapers as well as our newsletter, the Massachusetts Nurse. I’ve had the pleasure of working with Karen as president for two terms and well before that as chair of the Cabinet for Labor. To say she makes this work enjoyable is an understatement. First off, from every colleague with whom she works at Boston Medical Center in the ICU I hear she is a phenomenal nurse—the kind you hope you’ll get to work with both as a new grad and also during the daily grind when the nurse you work with can make a big difference as the day inevitably unfolds into organized chaos.

And for patients and families she is the kind of nurse you pray is taking care of you or your loved one. And while the hospital industry no doubt has a bull’s eye with her name on it, they retain certain recognition that at 2:00 a.m. when it’s hitting the fan, they want her to be on the other end of the call light.

As I look back, hers is a stunning legacy of achievement for the Association at a time of monumental and historic changes in this organization, all under astute leadership. Karen was a leader in the drive to disaffiliate from the American Nurses Association and to place the MNA on a path of renewed power and independence. She has and continues to be a driving force in the MNA’s safe care campaign, an effort to improve conditions and pass legislation that has catapulted MNA to one of the nation’s most powerful and respected voices on the state, regional and national health care scene.

As far back as 1999, Karen was the originator of the motion for the creation of a Nursing Shortage Task Force that crafted one of the first comprehensive reports on how to deal with the nursing crisis. She was among the MNA members who first recognized the issue of workplace violence for nurses and she pushed hard on the Board of Directors to make sure the organization had the resources to tackle this issue.

Karen was at the helm as MNA nurses waged two of the most widely publicized strikes in our history, and she has pushed and pushed hard with other members of the Board to develop a new five-year plan to place the MNA at the forefront of health care decision-making in the next five years.

And as I mentioned above, through it all, she has been the face of the MNA—on TV, on talk shows, in public debates, at rallies, and meetings and hearings.

It is no accident that nurses and the MNA’s public approval rating was higher than any other organization or union year after year in public opinion polls and why polls of nurses statewide gave high marks to the MNA and its initiatives over the last four years.

She will tell you—and she is right—no one did this alone, but we all know none of it would have happened without certain leaders in place with the capacity to sift through the rhetoric and get focused on what staff nurses needed and how we could get it for them. Karen is one of those leaders and she has helped nurses organize, bringing us to our current 23,000 member status and making us the third largest nurses association and union in the United States. While many accomplishments have been earned along the way, a primary goal—the passage of ratios—has not cleared its final hurdle. When it does, while there will be many who made it happen, one will stand out: Karen Higgins.

I know Karen will remain active in leadership as she transitions from the role of president, and I know she will be there when the bill is signed into law. But for now, thank you for getting us to the last quarter mile of this marathon. See you at the finish line.

Karen Higgins: Photos through the years

2002: Petition drive rally at the State House

2003: Testifying on Beacon Hill

2004: With Sen. John Kerry and other MNA supporters on the presidential campaign trail in Brighton

2003: Celebrating MNA’s 100th anniversary

2004: Campaigning for Angus McQuilken

2002: Registered Nurses: The Key to Quality Care
The real difference: a patient load limit

By Charlie Stefanini

There is much discussion over the two competing bills that address the current nursing crisis and its effect on patient care. But when you strip down the two bills, everyone agrees about plans to increase nurse faculty in our colleges and universities. Everyone agrees about plans to maintain a pipeline of nurses into the profession. There is really just one simple difference between the nurses’ bill and the hospitals administrators’ bill: nurses believe there should be a limit on how many nurses into the profession. There is really just one time and the hospital administrators do not.

To alter this dangerous course the nurses’ bill, H.2663, sets a patient safety standard:

• It’s straightforward: It listens to nurses who are at patients’ bedside and who say they can’t take adequate care of those patients.
• It’s common sense: It ensures that by limiting the number of patients a nurse can care for, all patients will receive better care.
• It’s simple: It requires hospitals to meet a minimum nurse staffing level based on nurse-to-patient ratios.

The hospitals’ bill sets no limit on how many patients a nurse can be assigned at one time. Their plan asks us to trust that they will do something in the future that they have already failed to do in the past. It is up to the state to put patient safety before profits by enforcing minimum nurse staffing levels.

We must act now! If we don’t, patients will continue to suffer harm needlessly and nurses will continue to leave the bedside — making this problem insurmountable in several years as the baby-boomer generation demands more health care services and a large segment of the nurses in the workforce begin to retire. We need to listen to nurses when they say, “Safe ratios save lives.” Because they are the people on the front lines of patient care.

Legislators, wide-range of advocacy organizations voice support for the nurses’ bill, H.2663

On July 13 the Legislature’s Public Health Committee heard extensive testimony in support of the nurses’ bill, H.2663, to set a safety standard by limiting the number of patients a nurse is forced to care for at one time.

More than two dozen legislators testified before the committee or via written testimony. Only one legislator voiced support for the hospital association’s bill.

The coalition’s point of view

“This legislation will be one step closer to ensuring that patients receive safe, “quality” health care and are treated with dignity and respect. To continue to ignore this situation will result in compromising the care of prospective patients. The time to act is now.”
—New England Patients’ Rights Group

“The need for the subject legislation has reached a critical state. Here in the commonwealth, understaffing of registered nurses is dangerous to patients. According to the latest medical research, the most important question a patient should ask when entering a hospital is, How many patients will my nurse be caring for?” The answer can have life-or-death consequences.”
—New England Coalition for Cancer Survivorship

“The American Lung Association of Massachusetts serves a large patient population ranging from elderly patients with lung cancer and COPD to very young patients with asthma and other respiratory illnesses. It is our concern that these patients are provided with the best possible care. A safe minimum staffing ratio would help to guarantee that this population receives the attention and care it needs.”
—The American Lung Association

“When we review the statistics and find that nurses interpret 86 percent of medication errors and that for each additional patient assigned to an RN the likelihood of death within 30 days rises by 7 percent, we know that we do not want to be on the wrong end of those statistics.”
—UFCW Local 1459

“Currently Massachusetts has more nurses than any state in the country, per capita. Nurses, burned out with high patient loads are leaving the bedside. Many nurses are no longer willing to work in situations where they are unable to provide proper care for their patients. The only way to protect patients and to retain skilled nurses in our hospitals is to establish safe staffing standards.”
—Massachusetts Asian and Pacific Islanders for Health

“COFAR is particularly concerned about the nursing crisis in Massachusetts because of the population we serve. People with mental retardation are extremely vulnerable, even more so when they are ill and in a hospital. They are unable to advocate for themselves and nurses are often their only voice. The Department of Mental Retardation employs or contracts with nurses in many different settings. It is crucial to the wellbeing of people with mental retardation that an adequate number of nurses remain available to help take care of our family members with mental retardation.”
—Coalition of Families and Advocates for the Retarded

“The nurses’ legislation is the only step that will actually protect patients. It is a simple and direct plan that will limit the number of patients a nurse can care for, in the interest of giving patients better, safer care.”
—Massachusetts Senior Action Council

“H.2663 sets a patient safety standard. It establishes minimum RN-to-patient ratios for acute care hospitals and creates a standard patient classification system that measures patient needs and severity of illness. It’s straightforward. It’s common sense. And it’s simple.”
—Central Massachusetts AFL-CIO

“The hospital administrators’ bill maintains the status quo. Under its plan nurses would continue to care for too many patients at once. What’s worse, the hospital industry’s legislation sets no limit on the number of patients they can assign a nurse.”
—The Ad Hoc Committee to Defend Health Care

“It is time to stop wasting health care dollars and needlessly jeopardizing the safety of patients and the nurses who care for them. Safe, minimum RN staffing levels eliminate unnecessary complications, reduce preventable medical errors and curb extended length-of stays saving precious health care dollars.”
—Jobs with Justice
Helping children eat right in school

The Massachusetts Public Health Association (MPHA) is organizing to pass "An Act to Promote Proper School Nutrition," H.1457, sponsored by Rep. Peter J. Koutoujian, D-Waltham. The bill will eliminate the sale of soda, sports drinks and high-fat foods from school vending machines, stores, cafeteria and la carte lines and fundraisers.

Childhood obesity and type 2 diabetes rates continue to rise in the state, and the problem demands a multi-pronged public health solution. If passed, the bill will ensure that all Massachusetts schools are sending a responsible message to children about the importance of eating lower fat foods and drinking more water, low-fat milk and juice rather than soda.

The public hearing for H.1457 is scheduled for Oct. 5. The MNA has endorsed the bill and now MPHA needs your help to educate legislators and others about its importance. If you would like to make an individual endorsement, write a letter to or article for your local newspaper, or write testimony in support of the bill. For additional information please contact Roberta Friedman, MPHA’s director of education, at 617-524-6696 ext.103, or via email at rfriedman@mphaweb.org.

Legislature advances SANE program

The Legislature’s Joint Committee on Public Health has favorably reported H.878, which relates to the certification of sexual assault nurse examiners and the collection of forensic evidence in cases of sexual assault and rape. The legislation would codify the SANE program into state law.

The SANE program was started as a pilot project under the Department of Public Health in 1997 due, in large part, to the advocacy and support of the MNA. Its mission is to provide sexual assault victims, ages 12 and older, with forensic medical-legal exams that comport with the highest standards of quality to collect crucial, time-sensitive evidence while simultaneously providing patients with immediate crisis intervention and support services.

Since its inception, the program has trained hundreds of nurses, treated thousands of patients and expanded its services to pediatric victims. The numbers tell it all: to date the SANE program has served over 3,000 rape victims. SANEs have gathered forensic evidence in over 60 percent of all rape kits sent to the Boston Police Department’s crime lab, and over 50 percent of all kits sent to the state police crime lab.

Where SANE nurses have been called to testify in criminal cases, the conviction rate is over 95 percent. The Massachusetts SANE program serves as a national model for other states.

The SANE program protects victims by providing excellent medical care and furthers the interests of public safety by providing forensic evidence that serves to exonerate the innocent and convict the guilty. It is an inspiring example of the positive things that can be accomplished by dedicated professionals and an enlightened government.

CareerBuilder.com weighs in on nursing crisis

Yet another study recently demonstrated that the crisis in nursing is being driven by poor RN-to-patient ratios.

According to the latest survey from CareerBuilder.com, the nation’s largest online job site with more than 20 million unique visitors and over 1 million jobs, 49 percent of nurses say they plan to leave their current jobs in the next two years, 32 percent expect to change jobs in a year, and 18 percent say they plan to do so in as early as the next six months.

The top reason why nurses said they are seeking out new employers is an unmanageable workload. Nearly three-fourths of nurses reported that their facilities were understaffed, which contributed to high stress levels and compromised patient care. Sixty-seven percent said their workloads have increased over the last six months and 59 percent said they were feeling burnout.

A survey of Massachusetts nurses released on July 13 had similar findings and offered a more simple and straightforward solution—pass H. 2663 and regulate RN-to-patient ratios in hospitals.

Unit 7 Alert:
Legislature overrides governor’s vetoes, restores funding for state employee health insurance premiums

The House and Senate have recently overridden several gubernatorial vetoes, including a measure to restore funding for state employee health insurance premiums. Other vetoes by Governor Romney that were overridden by the Legislature include:

• DMH: Language giving the Legislature approval power over the closures of Worcester and Westboro State Hospitals to prohibit unilateral closure by the Romney administration.

• DMR: Language giving the Legislature oversight over the Fernald School to prohibit unilateral closure by the Romney administration.

Unit 7/state employee health insurance

With the Legislature’s override of the governor’s veto, as of January 1, 2006, the premium split will be restored to 85/15 for all state employees hired before June 30, 2003, while employees hired after that date who make more than $35,000 will have an 80/20 split. New employees earning less than $35,000 will pay at the 85/15 rate.

The override vote was 140-11 in the House and 37-0 in the Senate. This restoration—which the MNA lobbied hard for—was promised by legislators when they voted to temporarily increase the employees’ share in light of the fiscal crisis of the past several years.

A Sincere Thank You for the Last Four Years

To my fellow MNA members...

I wanted to take this opportunity to thank you for the privilege of representing you during the last four years. At this time of monumental change in nursing and the MNA, you have taught me so much both personally and professionally about what it means to be a nurse and an advocate. It has truly been an honor standing with and speaking for the most dedicated professionals and caring people I have known.

To the MNA staff...

Thank you for everything you’ve done in helping me represent and work for our members. My success was due to your incredible talent, commitment and support.

As we move into the future and continue our struggle to protect our patients and our profession through passage of the safe RN staffing bill, I urge you never to give up. As you have all taught me, when nurses unite and work together, we can change our profession, our workplace, our practice conditions, our community and, yes, our society for the better.
HIPAA and the union’s right to information

The term HIPAA is often heard and used frequently in health care settings. But, it is also a term that is frequently misused, either intentionally or otherwise, especially when the union is concerned. This article will briefly review HIPAA only as it refers to the MNA as a union and its right to bargaining unit information.

HIPAA demystified

The Health Insurance Portability and Accountability Act, commonly known as “HIPAA,” was passed by Congress in 1996. The privacy rule became effective in April 2001 with full compliance for healthcare providers occurring in April 2003. The act has two primary goals:

1. To improve portability and continuity in health insurance coverage and efficiency in healthcare delivery by standardizing electronic data interchange.
2. To protect the confidentiality and security of health care data by the setting and enforcing of standards. The establishment of these new rules was entrusted to the Department of Health and Human Services. There are two parts to HIPAA reflecting these goals. The first deals with regulations that allow employees to retain their health insurance coverage if they lose or change jobs. The second part, the privacy rule, deals with the security and confidentiality of health care related data. One of the original ideas behind the act was to compel the healthcare industry to computerize its paper records as a way to save money. This of course led to a legitimate concern over the privacy of those computerized records.

The act is complex and has had numerous modifications and rule clarifications. For instance, new regulations recently took effect dealing with group plan coverage. Also, the Department of Justice has recently ruled on accountability and criminal liability for violators of HIPAA.

One objective of HIPAA is to protect patient’s privacy rights as far as their medical and health records are concerned. The act’s “privacy rule” governs how “covered entities” (health plans, insurers, HMOs, health care providers) may use and disclose protected health information. The privacy rule states that covered entities must adopt reasonable safeguards to protect their patient’s medical information.

Employment records

However, the Department of Health and Human Services has repeatedly stated that the privacy rule does not apply to employers and employment records when they are acting in their role as employers, and when the medical information was obtained for employment purposes such as evaluating employee issues under the Americans with Disabilities Act, the Family and Medical Leave Act, Workers’ Compensation, etc. Even though the vast majority of RNs work as employees of a “covered entity” (a hospital) under the act, employment records are excluded under the privacy rule. This means that if the union requests employment information from the employer about bargaining unit employees, the employer is required to provide the information consistent with the National Labor Relations Act or the Massachusetts law labor, Chapter 150 (e).

Some employers have cited HIPAA, either mistakenly or intentionally, as the reason for refusing to provide the union with requested information. This is not a valid reason and such refusal might constitute grounds for an unfair labor practice charge against the employer.

NLRB cases

The National Labor Relations Board has recently ruled in a number of cases that the employer was in violation of the National Labor Relations Act for failure to provide such information as the union requested. A 2004 NLRB general counsel report states: “We (the NLRB) decided that the promulgation of the HIPAA regulations did not terminate an employer’s obligation to bargain over an accommodation of its confidentiality interest in health information concerning unit employees.” The NLRB further stated that “portions of the OSHA required injury reports may not have even been HIPAA covered” because the employee records were held by the employer acting as an employer. In such cases “the employee would have no reasonable expectation of privacy in those portions of the injury reports.”

The government has set up a HIPAA hotline, 1-866-282-0659, where questions may be answered.

Division of Labor Action: Educating Our Members

Lights... Camera... Contract!

The MNA ‘goes Hollywood’ to help with the bargaining process

By Charlie Rasmussen

The above pictures may look like they were taken during a standard contract-negotiations meeting, but for a few days in July MNA headquarters in Canton was turned into a TV studio. The public communications division was producing two new educational videos specific to the process of contract negotiations, and the pictures above were taken during one of the related tapings.

Joe Twarog, associate director for labor training and education, was responsible for writing the script. “This is something I’ve had in my head for many years,” said Twarog. “It will be a great tool for our members to use as a way of learning exactly what happens during negotiations.”

The training film is made up of four different scenarios as to how negotiations can progress. The main roles were played by local actors, with some help from members and staff who sat in as “extras.”

The communications division also is working on a general orientation video for all new members. This video will be available to all the local units to show at new member meetings. Both of these projects will be completed for a premiere showing at this year’s MNA convention in September.

MNA LABOR CONFERENCE

Wednesday, September 28, 2005

Ocean Edge Resort, Brewster

9:00-9:30 Registration, Continental Breakfast
9:30-10:30 Viewing of the new MNA Bargaining Training Video and Discussion
10:30-12:00 The Current State of the Labor Movement and Its Implications for the MNA: Presentation and Open Discussion Speakers: Tom Juravich, Director, Labor Center, UMass Amherst Julie Pinkham, Executive Director, MNA
Noon-1:00 Lunch
1:30-3:30 Program Breakouts (concurrent)

A. School Nurses. Panel. Update on the school nurse legislation (H1037), and discussion on workload and pay issues.
C. Union Communication. How to define and deliver the union’s message to the public and how to effectively communicate with the union’s members.
4:00-5:00 Region 5 Business Meeting
6:00-7:00 Awards Dinner Registration
7:00-10:00 Awards Dinner

There is no fee for this program, but registration is required. Please complete and return the registration form on Page 15.
Diligent grassroots organizing helps FMC win new contract

By Charlie Rassmusen

The bargaining unit at the Franklin Medical Center (FMC) recently completed a successful round of negotiations that were vastly enhanced by the community support it received.

Kristen Einhorn, co-chair of the unit, said the community involvement was a logical outgrowth of having open negotiations. “While we have a history of open negotiations, this time the negotiating committee made it a priority to get the rank and file nurses into the room during negotiations, so they could get involved in the process,” said Einhorn.

While many of the nurses found the negotiations very interesting, they were also somewhat frustrated by the fact that they couldn’t be more involved. This frustration led to the formation of an action committee. “It was clear that this time around, our arsenal was fully loaded and community for their support. According to Einhorn, the work in the community was essential to both to the outcome of the negotiations and the future of the bargaining unit. “The work of the action committee showed that the nurses of the Franklin Medical Center had the support of the community and will continue to be a part of that community in the future.”

Utilizing MNA’s resources helps Newton-Wellesley win retiree health benefit

The weeks and months leading up to the contract negotiations for the RNs at Newton-Wellesley Hospital moved along smoothly and with a fair amount of familiarity: with meetings, planning sessions and a survey of members that would help the negotiating committee focus on issues that were most important to the bargaining unit.

But as the weeks and months passed, and as 2004 turned into 2005, unit members at Newton-Wellesley found themselves in a different position: going head-to-head with management in a battle for, among other things, retiree health benefits. Only this time, their arsenal was fully loaded and they used every resource that the MNA had available.

The arsenal

Those resources included people and materials from each of the MNA’s divisions, including nursing, labor relations, organizing, legislation and government affairs, and public communications.

Out of the gate, the committee moved away from a “service model” and changed its strategies in order to create an environment conducive to open negotiations. “We worked with the public communications division and they created a template for a ‘negotiations newsletter,’” explained Watts. “So each time after we left the table, we’d update the newsletter based on what just happened at that particular negotiation session, and then we’d post it in the hospital for our members to read.”

During the negotiations, the nurses brought half-page newspaper ads to thank the community for their support. According to Einhorn, the work in the community was essential to both to the outcome of the negotiations and the future of the bargaining unit. “The work of the action committee showed that the nurses of the Franklin Medical Center had the support of the community and will continue to be a part of that community in the future.”

The highlight of Newton-Wellesley Hospital’s newly-negotiated contract was the establishment of a Retiree Medical Savings Account (RMSA).

The RMSA provides a way for nurses to access medical insurance after retirement. Nurses may contribute up to $4,500 per year to their accounts on an after-tax basis and receive a hospital match of half of the nurse’s contribution, up to a maximum of $750 per year, on a tax-deferred basis. The accounts will earn at least 5 percent interest per year. Upon retirement a nurse may either annuitize the account and use the income to purchase health insurance through NWH or use the account to pay for qualified medical expenses such as hospital-provided or other health insurance plans, and Medicare Part B and D premiums and co-pays.

The committee decided then that the contract negotiation had been a success and that they were going to remain focused on winning language specific to a retiree health benefit.

This decision to focus on a retiree health benefit was also due, in part, to the success the RNs at Brigham and Women’s Hospital had recently had, having won the same benefit in 2004. Having won language at Brigham not only provided a sort of “how-to guide,” but it set the tone for the rest of the negotiations at Newton-Wellesley.

“We knew that this was going to be a tough fight” said Allison Zimmon, the MNA’s associate director of labor for Newton-Wellesley, “but it also showed the members needed and we knew we had the resources available to win the fight.”

Contract details

The highlight of Newton-Wellesley Hospital’s newly-negotiated contract was the establishment of a Retiree Medical Savings Account (RMSA).

The RMSA provides a way for nurses to access medical insurance after retirement. Nurses may contribute up to $4,500 per year to their accounts on an after-tax basis and receive a hospital match of half of the nurse’s contribution, up to a maximum of $750 per year, on a tax-deferred basis. The accounts will earn at least 5 percent interest per year. Upon retirement a nurse may either annuitize the account and use the income to purchase health insurance through NWH or use the account to pay for qualified medical expenses such as hospital-provided or other health insurance plans, and Medicare Part B and D premiums and co-pays.

Other terms of the three-year contract include: a 3 percent across-the-board increase scheduled for the first year of the contract, and a half step (2.25 percent) added to the top of the scale. In year two, members will receive another 3 percent across-the-board increase with a build-up of the top step to a full 4.5 percent step. In the final year of the contract, members will receive a 3.5 percent across-the-board increase with a full step added to the top in two increments. At the end of the agreement, the top-of-scale pay for a staff nurse will be $53,18. Weekend differentials are also scheduled to increase to $20.00 in December of 2006.

When asked what she’d tell her peers from other hospitals about the process of winning similar language in their facilities, Watts said, “It sets a new standard.”

“We also fought for and won excellent differentials, but the language for the retiree medical savings account is groundbreaking,” said Watts. “It sets a new standard.”
Why it’s wrong

of municipal officials and labor representatives to negotiate create a local option for cities and towns to appoint a board greater flexibility in negotiating health insurance details and residents to purchase insurance or be penalized. access to affordable health insurance, in part by requiring to file the legislation as the second part of his plan to increase remove health insurance negotiations at the local level from our 351 cities and towns.

The votes to determine affiliation with the MNA were cast via a mail ballot, and they were sent to and counted at the state’s labor relations council. During this process the bargaining unit operated under the protection of its existing contract with the Teamsters.

With its vote to join the MNA behind them, members of the West Springfield School Nurses Association are looking ahead to the next part of the process: contract negotiations. “Right now we’re only interested in the proposal part of the process,” said Plante.

“We’re talking to all of our members about what they think should be considered during our upcoming contract talks. Once we hear back from management about possible dates and times for negotiation meetings we’ll dig in even deeper to the various proposals that have been submitted.”

According to Deb Rigiero, the MNA associate director of organizing who helped the nurses in their efforts to become an MNA bargaining unit, the West Springfield group is a good, cohesive group that is collectively motivated to work towards important goals. “They have some important pieces in place already,” explained Rigiero. “They have at least one nurse in every school and they’ve had considerable success in terms of managing the issue of inclusionary care within their schools. But the MNA is ready and looking forward to helping achieve everything else they have outlined in their proposals.”

Attention school and municipal public health nurses: legislative action alert!

Attention school and municipal public health nurses: municipal managers are lobbying Beacon Hill very hard to get the right to make unilateral changes in your health care costs and coverage—but municipal public employee unions across the state are mobilizing. Coordinated grassroots lobbying by union members on this issue is essential. Why is taking away the collective bargaining rights of municipal workers part of the health care debate?

The wrong direction

The primary focus of the health care debate on Beacon Hill is to find a way to cover the uninsured. However, one aspect of this debate has nothing to do with this goal. The governor, some legislators and some mayors want to strip away the collective bargaining rights of the municipal employees in our 351 cities and towns.

Governor Romney’s plan would eliminate health insurance from collective bargaining all together. He is pushing to remove health insurance negotiations at the local level from the collective bargaining process. As part of his overall proposal to reform the state’s health care system, Romney plans to file the legislation as the second part of his plan to increase access to affordable health insurance, in part by requiring residents to purchase insurance or be penalized.

The latest provision is designed to give local officials greater flexibility in negotiating health insurance details and help control rising local health care costs. The plan would create a local option for cities and towns to appoint a board of municipal officials and labor representatives to negotiate health insurance for local employees.

Bad for public health, school nurses

These schemes would permit every municipal employer to unilaterally increase health insurance premiums as much as 400 percent/$4,800* a year for a typical nurse, teacher, firefighter, police officer, sanitation worker or janitor.

There’s a better solution

The most efficient and effective way of bargaining over health insurance is coalition bargaining—a process already provided for in Chapter 32B. Municipal employers who want more efficient negotiations should avail themselves of coalition bargaining.

No one understands better than municipal workers the seriousness of the commonwealth’s health care problems. Health care costs are squeezing public workers family budgets. The solution to this problem, however, is not to make health care less affordable for working and middle class people in public service. Indeed, it is unclear why provisions dealing with public employees are included in this bill at all, such issues should be addressed in a different vehicle.

Act now

MNA members should contact their legislators—visit www.masnurses.org and link directly to your state legislators—as soon as possible and declare their opposition to any effort by the Legislature to allow management to make unilateral changes in local public employees’ health insurance. Our message: collective bargaining of health insurance issues for local public employees must not be sacrificed in the name of health care reform.

“...West Springfield

that specialized in nursing,” Plante said.

Prior to joining the MNA, the West Springfield nurses were represented by the Teamsters. The partnership lasted for about 10 years and through several successful contract cycles—it was simply the MNA’s expertise in nursing, and experience in school nursing in particular, that led the group to where it is today.

The MNSO is active on many legislative fronts and it is working diligently to pass legislation that will mandate a registered professional school nurse in every school in the commonwealth. In addition, the MNSO is working to promote pay equity on par with other professionals (See related articles on Pages 8 & 9 for details).

Attention school and municipal public health nurses: legislative action alert!
School nursing issues takes center stage on Beacon Hill, across the state

School nursing legislation pending on Beacon Hill

Several bills are before the Massachusetts Legislature to address these issues.

H.1021: Relating to granting certain teachers benefits to school nurses. Classifies school nurses who have served in the public schools for at least the three previous consecutive school years as teachers, for the purpose of determining tenure and other employment rights.

Sponsor: Rep. William Galvin
Status: Before the Joint Committee on Public Service.

H.1037: Relating to legislation to provide tenure for school nurses. Classifies school nurses who have served in the public schools for at least the three previous consecutive school years as teachers, for the purpose of determining tenure and other employment rights.

Sponsor: Rep. Karyn Polito
Status: Before the Joint Committee on Education.

S.109: Relating to legislation to provide tenure for school nurses. Classifies school nurses who have served in the public schools for at least the three previous consecutive school years as teachers, for the purpose of determining tenure and other employment rights.

Sponsor: Sen. Richard Moore
Status: Referred to Joint Committee on Education.

H.243: Relating to including certain certified school nurses in the definition of “teacher” under the public employees retirement law. This bill provides teacher retirement benefits for school nurses.

Sponsor: Rep. Liz Malia
Status: Before the Joint Committee on Public Service.

S.279: Legislation to grant creditable service to non-public school teachers for retirement purposes.

H.448: Relating to emergency preparedness, offense for failure to report terrorism and health department’s ability to conduct bio-terrorism testing. More than 2,100 registered nurses are in prime positions to detect the early warning signs of bio-terrorism. More than 2,100 registered nurses work in our public and private schools.

Several bills would enhance school nurse retirement and pension benefits.

Sponsor: Sen. Richard Moore
Status: Hearing held before the Joint Committee on Education, bill referred to the Joint Committee on Health Care Financing and Joint Committee on Public Safety and Homeland Security.

Several bills would enhance school nurse retirement and pension benefits.

Sponsor: Rep. Liz Malia
Status: Before the Joint Committee on Public Service.

S.279: Legislation to grant creditable service to non-public school teachers for retirement purposes.

Sponsor: Sen. Richard Moore
Status: Referred to Joint Committee on Children and Families.

The registered nurses in our school settings play an important role in health care today. In many cases, the school nurse serves as the primary care provider for our children. In addition, RNs working in our schools hold their own in prime positions to detect the early warning signs of bio-terrorism. More than 2,100 registered nurses work in our public and private schools, thus giving us the capability to recognize symptoms, deliver care and conduct mass immunization programs in schools and communities. No other facility or agency, including the Massachusetts Department of Public Health, has this ability.

These nurses are also first responders and part of the emergency teams in their communities. Massachusetts has been viewed by the rest of the country as a leader in providing health services to its school children.

Four major trends have made the school nursing program critical for providing health care to our children and helping them in school focused on the health issues they face.

1. An increase in the number and severity of illness in students with special health care needs who are enrolled in schools.
2. The rise of social problems such as substance abuse, depression and violence among children.
3. Changes in family structure and patterns of parental employment.
4. A more culturally and linguistically diverse student population.

An editorial in The Boston Globe on the need for adequately funded school nursing services paints the picture:

“Time and again, it is school nurses who first identify a health problem—from hearing loss to a sexually transmitted disease—and then make sure the student is referred to a clinic or doctor.

Nurses have to be ready to use nebulizers with asthma’s medication, treat severe allergic reactions with adrenaline shots, and test the blood sugar of students with diabetes. They are a primary source of information for children about the hazards of smoking, drinking, substance abuse, and risky sexual activity.”

A school nurse is like an encyclopedia in a school. Most students find it informative and full of useful material.

Some students refer to it daily, weekly or several times during the school year. Most students know where it is kept and its availability. Other students have difficulty locating it. A few students prefer not to use it except in an emergency and then they learn to treasure it.

Some of the school's faculty members are proud to have this book in their collection and refer to it often, while others consider it just another book. Some faculty members appreciate this great book, but others do not. This book is handled carelessly by most of the people and it has no place of its own on the bookshelf. It is shifted around and may be appreciated by some individuals, but others do not.

In an emergency, the cry goes out over the public address system so everyone can locate the valuable book. This encyclopedia may be found anywhere in that large school—confusing someone in the yard, hallway, restroom, boiler room, or on a stair, in the student center, cafeteria, gym, or even in a corner behind a door with its pages torn and cover bent.

—Author unknown (September 1996 NASN Newsletter)

...Study

From Page 1

savings from the reduced length of patients' hospital stays. Most importantly, the lower the number of patients assigned to a nurse, the more lives that would be saved.

The study analyzed the cost-effectiveness of patient-to-nurse ratios ranging from 8-to-1 to 4-to-1, using a measurement of the costs per life saved in 2003 dollars. The cost estimates were drawn from medical literature and the Bureau of Labor Statistics. Patient mortality and length of stay data for different ratios were based on two large hospital-level studies, including a study in the Journal of the American Medical Association conducted by researchers at the University of Pennsylvania School of Nursing. The study, which evaluated the care of more than 232,000 surgical patients treated in Pennsylvania hospitals found every patient in addition to four assigned to a nurse resulted in a 7 percent increase in the risk of death for each patient.

“We found that improving ratios from 8-to-1 to 4-to-1, using a measurement of the costs per life saved, was more expensive than testing for HIV infection, which costs $22,000 per life saved, yet was significantly less costly than administering clot busting medications which costs $138,000 per life saved, or conducting routine PAP tests which costs $432,000 per life saved,” Rothberg explained.

This new study strongly validates our position in this debate and argues for passage of legislation to regulate a safe standard of care for all Massachusetts patients in the form of RN-to-patient ratios,” said Karen Higgins, RN and president of the Massachusetts Nurses Association. “It clearly shows that an investment in improved ratios as we are proposing is consistent with other widely accepted safety measures, it costs less than those measures, and most important of all, it will save many, many lives.”

Rothberg, a physician himself, believes physicians are an important audience for his findings as his study clearly demonstrates the important value good RN staffing has on the safety of their patients. They don't see staffing as their responsibility in the same way they view the drugs they prescribe or the equipment they use.

The new study appears at a time when the Massachusetts Legislature is debating competing versions of legislation to improve patient safety in Massachusetts hospitals. The Massachusetts Nurses Association, along with a coalition of leading health care and consumer groups is promoting H.2663, legislation that would establish safe, minimum RN-to-patient ratios in Massachusetts' acute care hospitals. The Massachusetts Hospital Association is proposing a bill that allows hospitals to continue to set their own staffing levels and report those levels to the Department of Public Health.

That an investment in improved ratios as we are proposing is consistent with other widely accepted safety measures, it costs less than those measures, and most important of all, it will save many, many lives.”

According to the Rothberg, “Based on our analysis, Kaiser's choice seems a cost effective one.”

“Physicians, hospital administrators and the public must now begin to see safe nurse staffing levels in the same light as other patient safety measures.”
The Massachusetts Nurses Association Workplace Violence and Abuse Prevention Task Force, in conjunction with the University of Massachusetts at Amherst, recently released the results of the first-ever survey on the prevalence of workplace violence for nurses in the state, showing an alarming number of nurses have experienced workplace violence in the last two years, and the overwhelming majority cite poor staffing conditions as a primary cause.

The study documents responses of 172 nurses working in a wide variety of specialty areas from three different MNA facilities and a pilot group who attended the MNA 2004 Convention.

Key findings of the study include:
- More than half of those surveyed report that workplace violence has been a serious problem in the last two years.
- Just over 30 percent report being regularly or frequently physically threatened; and between 25 and 30 percent were regularly or frequently pinched, scratched, spit on, or had their hand or wrist twisted.
- Almost 50 percent had been punched at least once; seven respondents report having been strangled in the past two years; eight sexually assaulted and two intentionally stuck with a contaminated needle.
- The majority of violent acts are committed by patients.
- There are a variety of items identified for use as weapons by nurses in the survey, including a third who have seen furniture used as a weapon, just under 30 percent have witnessed pencils or pens and medical equipment used. Less common are scissors (11 percent), knives (9 percent) syringes (5 percent) and guns (2 percent).
- Most nurses continue to work after reporting an incident of violence. Less than 1 percent refused to keep working and less than 2 percent were sent home. Fewer than a quarter were offered relief so that they could stop working if they needed to.
- The majority said that while management was supportive, nothing was done to solve the problem.
- Just over half of those reporting said they later had difficulty concentrating on their job. Others report being easily startled, psychological symptoms such as fear, physical symptoms such as headaches, difficulty working in an environment that reminds them of the past incident, and an actual impact on their ability to work due to injuries sustained.
- Only 20 percent say that they feel their employer is very concerned about their overall safety at work including workplace violence.

As to solutions to the problem: staffing ratios was the number one solution identified by nurses (88 percent); training on legal rights about violence (52 percent); adequate time to assess and intervene to prevent a crisis (51 percent); unit-based protocols addressing violence (51 percent); and policy and procedures addressing violence (48 percent).

According to Rosemary O’Brien, chair of the Workplace Violence and Abuse Prevention Task Force, “This survey underscores the need for passage of legislation to prevent workplace violence. The majority of violent acts are committed by patients. Fewer than a quarter were offered relief so that they could stop working if they needed to. The majority said that while management was supportive, nothing was done to solve the problem. Just over half of those reporting said they later had difficulty concentrating on their job. Others report being easily startled, psychological symptoms such as fear, physical symptoms such as headaches, difficulty working in an environment that reminds them of the past incident, and an actual impact on their ability to work due to injuries sustained. Only 20 percent say that they feel their employer is very concerned about their overall safety at work including workplace violence. As to solutions to the problem: staffing ratios was the number one solution identified by nurses (88 percent); training on legal rights about violence (52 percent); adequate time to assess and intervene to prevent a crisis (51 percent); unit-based protocols addressing violence (51 percent); and policy and procedures addressing violence (48 percent).”

The complete survey report, as well as information on the issue of workplace violence, the MNA position statement on the issue, and information on legislation to solve this problem can be found on the MNA Web site at www.massnurses.org, click on Health and Safety, and go to Research.

**Health and Safety at Work**

**Learn about OSHA requirements for health and safety in your hospital**

This is an OSHA 10-Hour General Industry Outreach Training with a focus on the health care industry. The program is being offered in two parts in Region 1 of the MNA at Union Station, 125 Pleasant St., Northampton.

**Part 1: Tuesday, Nov. 15**
- 8:30 a.m. to 3:30 p.m.
- No charge for MNA members
- Fee for all others: $45 for the OSHA Standards textbook

- OSHA Authorized Trainer: Evie Bain, MNA Health and Safety Program Coordinator
- 6.0 contact hours for each part; total 12.0
- OSHA certificate to those who attend parts 1 and 2
- Contact hours provided by the Greater Boston Chapter of the American Association of Occupational Health Nurses
- Lunch provided
- Please bring a two-inch binder for the handouts

**MNA members:** Register by calling Susan Clish at 781-830-5723

**GBAONH members:** Register by calling Terry Donahue at 781-784-5158

Chemical sensitivity: Scents may trigger responses in those with chemical sensitivities. Men and women are asked to avoid wearing scented personal products when attending these trainings.
The OSHA, the Massachusetts Nurses Association and the Massachusetts Consultation Program, is offering a **free** half-day seminar designed to provide information on recognition, evaluation and control of antineoplastic and other hazardous drugs. This seminar is intended for nurses, health care administrators, hospital safety and risk managers, environmental services, pharmacists, pharmacy technicians, students, respiratory therapists, industrial hygienists and any other healthcare workers that may be exposed to hazardous drugs.

**Dates and Location of Seminars**

- **October 18, 2005-Western New England College**
  Rivers Memorial Auditorium
  1215 Wilbraham Road, Springfield, MA 01119

- **October 25, 2005-Tewksbury State Hospital**
  Chapel, 365 East Street, Tewksbury, MA 01876

- **November 3, 2005-Mass Hospital School**
  Atkins Auditorium/Brayton School
  3 Randolph Street, Canton, MA 02021

**Registration: 8:00 a.m. - 8:30 a.m. • Seminar: 8:30 a.m. - 1:00 p.m.**

Please register at least seven days prior to the event
Once you are registered you are in your first choice seminar; no confirmation will be sent.

**Questions:**

Call Kathy Flannery at 617-969-7177, x306, or Susan Clish at 781-821-4625, x723

**Presented by:** U.S. Dept. of Labor/OSHA, Massachusetts Nurses Association, MA Division of Occupational Safety/On-Site Consultation Program

### OSHA Compliance With Hazardous Drugs Seminar Registration

Name ____________________________________________

If applying for contact hours please indicate:

- RN
- LPN
- APN
- OTHER (Specify) _______________________________________

Company ________________________________________________

Address ________________________________________________

City ____________________________ Zip Code ______________

Email/Phone/Fax __________________________________________

Desired Seminar Location ____________________________ 2nd Choice __________________________

Return this registration form to:
Susan Clish, MNA Health & Safety Program, 340 Turnpike Street, Canton, MA 02021
or fax your registration form to: 781-821-4445
Nurses in the News

Nurses make the case for H.2663 with letters to the editor

Dedicated and concerned RNs from across Region 1 recently took the news about the MNA's safe-staffing legislation to their fellow citizens by sending letters to the editors of their local newspapers. The result: several citizens by sending letters to the editors of their area's key newspapers. The result: several letters to the editor of your local paper call 781-830-5728, or visit: www.massnurses.org

• Click on “Write to your legislators”
• Click on “Media,” which is located at the top of the centered box

Safe staffing ratios needed to ensure patient safety

The recent article about author Suzanne Carlson’s book on the nursing shortage, combined with the three-quarter page ad running in The Republican which dissected the position of the professional nurses in Massachusetts in regard to pending legislation to ensure safe staffing in hospitals, has spurred me on to inform my fellow citizens of the true situation facing nursing today.

The Republican.

Wednesday, July 13, 2005

As a registered nurse, working actively in clinical settings and in nursing education for over 40 years, I can assure you that the time has come to finally listen to the nurses, those individuals who are actually giving the care.

When the hospitals decided to restructure the way nursing care was being delivered in hospitals in the late 1980s, professional nurses were replaced in many settings by “patient assistants” in order to reduce costs. These “patient assistants” did the best they could, but lacked educational preparation and clinical expertise.

Nurses left acute care hospitals in droves, and research demonstrated over and over that lack of control over the work environment was a major factor in this exodus.

Nurses would no longer work in situations in which there were too many, very sick patients to care for. The safety of their patients was compromised by the insistence of the hospitals to care for too many critically ill patients, and nurses finally made their voices heard.

It is with certainty that I can tell you that there will be no nurse shortage if nurses are allowed to do what they are educated to do, and that is to safely and compassionately care for patients. The proposed bill supported by working nurses is House Bill 2663. An Act Ensuring Safe RN to Patient Ratios. This is the only piece of legislation that is being presented to our state legislators that identifies nurse-to-patient ratios.

Take a stand for Patient Safety Act

As a 40-year veteran of hospital nursing, I strongly support the Massachusetts Nurses Association’s safe staffing legislation, the Patient Safety Act, House Bill 2663. This is the only piece of legislation that is being presented to our state legislators that identifies nurse-to-patient ratios.

DAILY HAMPSHIRE GAZETTE

Thursday, July 14, 2005

Over the last several years, studies and data have been gathered and it is well-documented that with a 1:4 nurse to patient ratio, care is safer and risk of injury is lower. Any number above 4 increases the patients’ risk of injury by 7 percent.

Nurses do not want to give less than safe and quality care to their patients. Many have left the profession because of the safety risk for the patient and their nursing license.

In a competing bill supported by the Massachusetts Hospital Association and the Massachusetts Hospital Association’s “Patient First” campaign has been mistaken for the safe-staffing bill. The hospital association wanted people to make that mistake.

Many people sent their legislators the form the MHA put in newspapers and mailings, thinking they were supporting better staffing. Instead, they were supporting a “pledge” that will not put more nurses at the bedside where they are needed. It will allow hospital administrators to go on deciding what is adequate staffing when they are paid to keep operating budgets lean. Many Massachusetts hospitals are making record profits and administrators are getting paychecks.

Hospitals have the resources to hire more nurses and studies show the nurses are out there. California passed a safe-staffing bill and it is working without overburdening hospitals. Short-staffing seems cheaper to short-sighted administrators who refuse to account for the cost of admissions and over-sights made by overworked and overstressed nurses.

Our state Rep. Daniel Keenan has not signed on in support of H. 2663. Why? Maybe he needs to hear from all his constituents who want him to support the RNs’ safe-staffing bill. His local office number is 786-4545. The Boston office is 617-722-2060. Call him today. Ask your family, friends and neighbors to call.

I am a nurse. I’ve worked in a hospital for 28 years. I’ve seen advances in health care and streamlining of services. I’ve seen the amount of care needed per patient increase.

Nurses have to keep up on new medications, new treatments and new technologies. More paperwork is added all the time. Little is done to make the job easier. New nurses have an ever-increasing amount of knowledge to absorb. Basic care is the first to go when technology is so time consuming.

The average age of Massachusetts nurses is 48. We move patients who cannot move themselves. We lift heavy equipment. We stand for long periods and we walk many miles a day as we provide needed care. We get tired and we are asked to stay overtime to cover understaffing. We worry that we have overlooked something crucial to our patients’ health and safety. We need your help! Make a phone call to Dan Keenan asking him to support H.2663 to make nursing care safer.

Thank you. Someday it may make a difference to you or a loved one.

Sue Hoague
Feeding Hills

Heywood RN scores “slam dunk”

Sue Carlson, an RN at Heywood Hospital in Gardner and co-chair of her bargaining unit, was recently interviewed by a reporter from the Sentinel & Enterprise for a July 25 article about safe staffing.

Carlson’s on-target comments had an effect beyond July 25 though, as her insights seemed to influence the paper’s editorial board to write a letter that turned out to be one of the MNA’s biggest post-July 13 wins.

In the July 25 article, Carlson explained that “…(nurses) all say to each other, ‘When will it end?’ If mandatory staffing ratios went into effect statewide, both nurses and patients would benefit. When (I) entered the profession 30 years ago, you could care about your patients, and there was much more bedside care.”

Less than two weeks later, the paper’s editorial board used Carlson’s comments again as they offered a new perspective on the nursing crisis: “We (the editorial board) think lawmakers should take the best elements of both bills -- the mandatory statewide nursing-to-patient ratios of the (MNA’s) bill and the $30 million trust fund proposed in the hospital industry’s bill---and craft new legislation. To begin with, we think it’s long past time to allow hospitals to set their own nursing to patient ratios, considering the unrest about patient care in Massachusetts and throughout the nation.”

Both the article and the editorial represented significant wins for the MNA in its fight for safe staffing, and neither would have happened without Carlson’s time, help and words of wisdom.

LGH nurse carries the day in Eagle Tribune article

Regina Martino, an RN at Lawrence General Hospital, provided powerful commentary to a reporter from the Sunday Eagle Tribune for an August 7 article about the “staffing war” that’s heating up between the MNA and MHA.

Martino was quoted as saying, “I work with a bunch of really dedicated, caring nurses. We don’t always have enough manpower, so sometimes patients are left waiting; sometimes not everything can be done in your eight-hour shift that you planned to do.

If I have too many patients, safety is definitely compromised. People have fallen out of bed. Medications are given later than scheduled because you’re tied up with another patient. If there is a man my grandfather’s age who slips and falls, I am just sickened. Families do a lot of blaming of the nurse. You end up leaving thinking you are a terrible person, but you did the best you could.”

Marino’s comments rang true with MNA members and supporters, and the article has since been circulated and used as a tool at information sessions, in educational materials and in the halls of the State House.
Learn how nurses make a difference in developing nations: short term medical missions

Members of the MNA diversity committee’s medical missions team will talk about their experiences during a recent Mercy Ships trip to the Dominican Republic.

Learn first-hand how this team of nurses and healthcare professionals set up and ran a medical clinic in two impoverished communities. The team will describe the challenges of working with these patients and how they were able to make a positive change in the community.

To learn more and to discover how you can be involved in a future mission, attend an upcoming informative program at the MNA:

October 11
5:30 – 7:30 p.m.
MNA headquarters, Canton

This program is free and a light supper will be provided. Please contact Theresa Yannetty at 781-830-5727 to register.

MNA is sponsoring a team of walkers for the
Making Strides Against Breast Cancer

A team of MNA members, staff and friends will join efforts to raise funds and walk five miles around the Charles River in Boston on Oct. 16, 2005 to support the efforts of the American Cancer Society. We are recruiting walkers and sponsors. If you are interested in participating please complete the form below.

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

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

Name: ____________________________
Mailing Address: ____________________________
Phone: ____________________________
Email Address: ____________________________

If you have questions, contact Carol Mallia at 781-830-5744 or cmallia@mnarn.org
CONVENTION SCHEDULE

Wednesday, September 28
9:00–9:30 a.m. Registration, Continental Breakfast
9:30 a.m.–noon General Labor Program
Noon–1:00 p.m. Lunch
1:30–3:30 p.m. Program Breakouts (TBA)
6:00–7:00 p.m. Registration Awards Dinner
7:00–10:00 p.m. Awards Dinner

Thursday, September 29
7:00–8:30 a.m. Registration, Continental Breakfast, Exhibits
8:30–10:00 a.m. Keynote Address: Why Working with You is Driving Me Nuts. Gain insight into and responses to the common workplace stressors of interpersonal conflict with Terry Johnson, ARNP, RNC, MN
10:00–10:45 a.m. Coffee Break, Exhibits
10:45–11:45 a.m. Plenary Session: Workplace Violence: Violent Offenders in Health Care Settings: Violent Acts Against Nurses, Norfolk County D.A. William Keating
11:45 a.m.–2:00 p.m. Lunch, Exhibits open, Live auction
Noon–1:00 p.m. Unit 7 meeting
1:00–2:00 p.m. Exhibits close
2:00 p.m. Mass. Nurses PAC/MNA Business Meeting
7:00–8:00 p.m. Mass. Nurses PAC Fundraising Dinner: join us for an evening of comedy and music.

Friday, September 30
7:30–8:30 a.m. Registration, Continental Breakfast
8:30–10:00 a.m. Keynote Address: Nurses Against the Odds: Changing the Odds for Nurses and their Patients through Collective Action. Suzanne Gordon, Author/Journalist.
10:00–10:30 a.m. Break, Silent Auction closed
10:30 a.m.–noon Closing Plenary Address: 2003 Station Nightclub Fire. In a play with a purpose nurses describe the emotional after-effects in caring for victims of the Station nightclub fire.

FEATURED SPEAKERS

Thursday, September 29 Keynote Address
Why Working with You is Driving Me Nuts. Terry Johnson, ARNP, RNC, MN.
Terry is a neonatal nurse practitioner who consults to systems and individuals in the areas of communication, work style and conflict negotiations.

Friday, September 30 Keynote Address:
Nurses Against the Odds: Changing the Odds for Nurses and their Patients through Collective Action. Suzanne Gordon, Author/Journalist.

Closing Plenary Address
2003 Station Nightclub Fire. In a play with a purpose nurses describe the emotional after-effects in caring for victims of the Station nightclub fire.

IMPORTANT INFORMATION

Refund Policy
Requests for refunds will be accepted in writing until August 15, 2005. A $25 administration fee will be deducted from each registration refund. No refunds will be granted after August 15, 2005. On-site registration is contingent upon space.

Chemical Sensitivity
Attendees are requested to avoid wearing scented personal products when attending the 2005 MNA Convention. Scents may trigger responses in those with chemical sensitivity.

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

Questions
Call MNA’s department of nursing at 1-800-882-2056, x 727.

Hotel Information
The 2005 MNA Convention is being hosted at the Ocean Edge Resort in Brewster, Mass. The hotel is offering a special convention room rate for a one bedroom resort villa at $165/night (9.7% tax) for single, double or triple occupancy. For reservations call 800-343-6074. Rooms at this rate available until August 15, 2005.

MNA Business Meeting September 29, 2 p.m.
The MNA business meeting is open to all MNA members in good standing, regardless of whether you register for Convention.
No fee.

MNA Convention
2005
September 28–30, 2005
Ocean Edge Resort, Brewster

The Power of MNA
Behind Your Practice
**Registration Form**

Name ____________________________________________  
Address ____________________________________________  
City/State/Zip ________________________________________  
Telephone: Day ________________________________________  

Evening ____________________________________________  

I am a(n): ☐ MNA Member  
☐ *Full-time Student/Unemployed/Retired  
☐ Non-Member  

*(Includes full-time students [minimum 12 credits], unemployed, retired and student nurse association members.)

☐ Check here if you require vegetarian meals  
☐ Check here if you require special assistance during the convention and please call the MNA at 800-882-2056, x727

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### 3 Convention Packages: Thursday & Friday, September 29 & 30

<table>
<thead>
<tr>
<th>Package</th>
<th>MNA Members</th>
<th>All Others</th>
<th>Reduced Members*</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Two-Day Convention Package — Thursday and Friday: Includes ALL events on Thursday and Friday</td>
<td>$75</td>
<td>$100</td>
<td>$70</td>
<td>$</td>
</tr>
<tr>
<td>Thursday-Only Package: Includes ALL events on Thursday keynote, plenary session, all meals, exhibits, auction</td>
<td>$45</td>
<td>$60</td>
<td>$35</td>
<td>$</td>
</tr>
<tr>
<td>Friday-Only Package: Includes ALL events on Friday keynote, plenary session, all meals, auction</td>
<td>$45</td>
<td>$60</td>
<td>$35</td>
<td>$</td>
</tr>
</tbody>
</table>

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### Optional Events

- ☐ Labor Program (Check here if you plan on attending. There is no fee, but registration is required.) • Wednesday, 9:30 a.m.–3:30 p.m.  
- ☐ Awards Banquet • Wednesday, 7 p.m.  

**Check below if you plan to attend these Wednesday & Thursday events:**

- ☐ Unit 7 Business Meeting • Thursday, Noon  
- ☐ Region 5 Business Meeting • Thursday, 1 p.m.  
- ☐ Mass Nurses PAC Dinner Show • Thursday, 7:30 p.m.  

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### Total Convention Fees $ ________

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### Payment

Please mail this completed form with check made payable to MNA to: Massachusetts Nurses Association, 340 Turnpike Street, Canton, MA 02021. Tel. 800-882-2056, x727. Registration forms postmarked prior to August 15, 2005 will be entered in a drawing to win a free convention registration.

Payment may also be made by VISA, MasterCard or American Express.

Account # ____________________________  
Exp. Date: ____________________________  
Fax credit card registrations to: 781-821-4445.

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**Help make this year’s MNF Auction a huge success!**

The Massachusetts Nurses Foundation is preparing for its Annual Live Auction to be held at the MNA Convention in September. Donations are needed to make this fundraising event a big success. Your tax-deductible donation helps the Foundation raise funds to support nursing scholarships and research.

**Donations needed of:**

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

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Your support is appreciated:  
Jeannine Williams, MNF President  
Patricia Healey, MNF Secretary  
Liz Joubert, MNF Treasurer

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Contact the MNF at 781-830-5745 to obtain an auction donor form or simply mail or deliver your donation to the MNF, 340 Turnpike Street, Canton, MA 02021.
## MNA Continuing Education Courses
### Fall 2005 Courses

<table>
<thead>
<tr>
<th>Basic Dysrhythmia Interpretation</th>
<th>Interpreting Laboratory Values</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Speaker</strong></td>
<td>Carol Mallia RN, MSN</td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td>Sept. 6 and 20, 2005</td>
</tr>
<tr>
<td><strong>Time</strong></td>
<td>5 – 9 p.m. (light supper provided)</td>
</tr>
<tr>
<td><strong>Place</strong></td>
<td>MNA Headquarters, Canton</td>
</tr>
<tr>
<td><strong>Fee</strong></td>
<td>MNA members $90; all others $125</td>
</tr>
<tr>
<td><strong>Contact Hours</strong></td>
<td>9.0</td>
</tr>
<tr>
<td><strong>MNA Contact</strong></td>
<td>Theresa Yannetti, 781-830-5727 or 800-882-2056, x727</td>
</tr>
</tbody>
</table>

| **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** | Nov. 1, 2005 |
| **Time** | 5 – 9 p.m. (light supper provided) |
| **Place** | MNA Headquarters, Canton |
| **Fee** | MNA members $45; all others $65 |
| **Contact Hours** | 4.1 |
| **MNA Contact** | Theresa Yannetti, 781-830-5727 or 800-882-2056, x727 |

<table>
<thead>
<tr>
<th>Emergency Medical Response to Hazardous Materials and Acts of Terrorism</th>
<th>Nurse Protect Thyself … Tools to Minimize Your Legal Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>The Massachusetts Emergency Management Agency (MEMA) is sponsoring this program on emergency medical services in response to hazardous materials and acts of terrorism. The program is specifically designed for physicians, nurses and EMTs and hospital support staff to provide education in the treatment of individuals exposed to chemical and biological agents. This 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 healthcare workers and nursing interventions for patient care will be identified. Class size is limited to 25 participants per session. Please reserve your space early.</td>
</tr>
<tr>
<td><strong>Speaker</strong></td>
<td>Anthony Fucalaro EMT Captain Lawrence P. Ferazani Christine Pontus, MS, RN, COHN-S</td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td>Sept. 19, 2005</td>
</tr>
<tr>
<td><strong>Time</strong></td>
<td>9 a.m. – 5 p.m. (light lunch provided)</td>
</tr>
<tr>
<td><strong>Place</strong></td>
<td>MNA Headquarters, Canton</td>
</tr>
<tr>
<td><strong>Fee</strong></td>
<td>MNA members $45; all others $65</td>
</tr>
<tr>
<td><strong>Contact Hours</strong></td>
<td>6.9</td>
</tr>
<tr>
<td><strong>MNA Contact</strong></td>
<td>Susan Clish, 781-830-5723 or 800-882-2056, x723</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Advanced Cardiac Life Support (ACLS)</th>
<th>Oncology for Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>This American Heart Association course will provide information on the clinical management of cardiac and respiratory emergencies through case study approach. Course content includes assessment, arrhythmia recognition, intubation, defibrillation and pharmacological interventions. This is a two-day certification class and a one-day recertification. Recertification candidates must present a copy of their current ACLS card at the time of registration.</td>
</tr>
<tr>
<td><strong>Speaker</strong></td>
<td>Carol Mallia, RN, MSN and other instructors for the clinical sessions</td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td>Oct. 11 &amp; 18, 2005</td>
</tr>
<tr>
<td><strong>Time</strong></td>
<td>9 a.m. – 5 p.m. (light lunch provided)</td>
</tr>
<tr>
<td><strong>Place</strong></td>
<td>MNA Headquarters, Canton</td>
</tr>
<tr>
<td><strong>Fee</strong></td>
<td>Certification: $155 members; $195 others Re-Certification: $125 members; $165 others</td>
</tr>
<tr>
<td><strong>Contact Hours</strong></td>
<td>16 Contact Hours for certification only</td>
</tr>
<tr>
<td><strong>MNA Contact</strong></td>
<td>Liz Chmielinski, 781-830-5719 or 800-882-2056, x719</td>
</tr>
</tbody>
</table>

| **Description** | This program will provide nurses with a tool kit of information to minimize liability in nursing practice situations. The elements of negligence and how nurses are accountable through regulations, scope of practice and standards of care will be addressed. Documentation and its uses in litigation will be discussed and strategies provided to protect your nursing practice. |
| **Speakers** | Legal Nurse Consultants, Southern New England Chapter of the American Association of Legal Nurse Consultants |
| **Date** | Nov. 4, 2005 |
| **Time** | 8:30 a.m. – 2 p.m. (light lunch provided) |
| **Place** | MNA Headquarters, Canton |
| **Fee** | MNA and AALNC members $75; all others $99 |
| **Contact Hours** | 4.8 |
| **MNA Contact** | Liz Chmielinski, 781-830-5719 or 800-882-2056, x719 |

<table>
<thead>
<tr>
<th>Diabetes 2005: What Nurses Need to Know</th>
<th>Cardiac and Pulmonary Pharmacology</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>This program will discuss the pathophysiology and classification of Diabetes Type 1 and 2. Nursing implications of blood glucose monitoring and non-pharmaceutical interventions such as exercise and meal planning will be addressed. Oral pharmacological agents and a comprehensive update on insulin therapy will be presented. 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.</td>
</tr>
<tr>
<td><strong>Speaker</strong></td>
<td>Ann Miller, MS, RN, CS, CDE</td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td>Oct. 27, 2005</td>
</tr>
<tr>
<td><strong>Time</strong></td>
<td>8:30 a.m. – 4 p.m. (lunch will be provided)</td>
</tr>
<tr>
<td><strong>Place</strong></td>
<td>MNA Headquarters, Canton</td>
</tr>
<tr>
<td><strong>Fee</strong></td>
<td>MNA members $125; all others $150</td>
</tr>
<tr>
<td><strong>Contact Hours</strong></td>
<td>7.2</td>
</tr>
<tr>
<td><strong>MNA Contact</strong></td>
<td>Liz Chmielinski, 781-830-5719 or 800-882-2056, x719</td>
</tr>
</tbody>
</table>

| **Description** | This program will provide nurses with a tool kit of information to minimize liability in nursing practice situations. The elements of negligence and how nurses are accountable through regulations, scope of practice and standards of care will be addressed. Documentation and its uses in litigation will be discussed and strategies provided to protect your nursing practice. |
| **Speaker** | Marylou Gregory-Lee, MSN, RNCS, OCN, Adult Nurse Practitioner |
| **Date** | Nov. 9, 2005 |
| **Time** | 8:30 a.m. – 4 p.m. (light lunch provided) |
| **Place** | MNA Headquarters, Canton |
| **Fee** | MNA members $125; all others $150 |
| **Contact Hours** | 7.2 |
| **MNA Contact** | Theresa Yannetti, 781-830-5727 or 800-882-2056, x727 |

**REGISTRATION INFORMATION IS ON NEXT PAGE**

All MNA programs are free of charge to Region 5 members
Continuing Ed 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, Visa or Amex 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 or 800-882-2056 to determine whether a program will run as originally scheduled. Registration fees will be reimbursed for all cancelled programs.

*Contact Hours
Continuing Education Contact Hours for all programs except “Advanced Cardiac Life Support” 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” 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 sensitivities. Participants are requested to avoid wearing scented personal products and refrain from smoking when attending MNA continuing education programs.

MNA membership dues deductibility 2004
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>
<thead>
<tr>
<th>Region</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Regions</td>
<td>$16.63</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

The Massachusetts Nurses Association joins MITSS to provide support for nurses as a result of an adverse medical event.

“To Support Healing & Restore Hope”

Program Mission/Philosophy
- We believe that nurses have a professional responsibility to support colleagues who have been affected by unexplained medical outcomes or adverse patient events.
- We believe that early support can lessen the emotional effects on the nurse clinician provider.
- Are you a nurse who has been impacted emotionally by an experience associated with an adverse medical outcome?
- Would you like to talk confidentially to a MITSS therapist?
- Join in a peer-led support group?
- Would you like to join or participate in a structured support group led by an experienced psychologist?

Medically Induced Trauma Support Services (MITSS), Inc. is a non-profit organization that supports, educates, trains, and offers assistance to individuals affected by medically induced trauma.

MITSS supports clinicians using the following resources:
- One-on-one interaction via phone
- Group sessions led by a professional facilitator
- Training for fellow survivors who would like to help others

MITSS Toll-Free Number 888-36-MITSS
MNA MITSS Referral Line 781-821-4625, x.770
MITSS Web Site http://mitss.org

This service is available to any RN in Massachusetts.

MNA Baseball Caps
Adjustable baseball caps featuring the MNA logo are $4.99 each, plus $3.95 shipping and handling if mailed.

To order, contact the MNA’s Division of Membership, 781-830-5726, or send checks to: MNA Membership Dept., Attn: MNA baseball hats, 340 Turnpike Street, Canton, MA 02021.
You’re Cordially Invited to Region 4’s Open House

Thursday, October 6
Noon to 2 p.m. and 4:30 to 7:00 p.m.

• Join us for refreshments
• Pick up useful materials
• Meet the Region 4 Board and staff

For more info, contact the Region 4 office at 978-977-9200. Driving directions available at www.massnurses.org.

Region 4 Massachusetts Nurses Association
10 First Avenue, Suite 20 • Peabody, MA 01960
978-977-9200 • region4mna@aol.com

Massachusetts members are entitled to significant savings during back-to-school or fall shopping excursions. The following retailers offer discounts to you as a member of the Massachusetts Nurses Association:

- When shopping at Wrentham Village Premium Outlets simply present your valid MNA membership card at the information desk to receive an exclusive VIP coupon book offering hundreds of dollars in savings.
- Casual Corner & Brooks Brothers offer members 15 percent discount at Casual Corner, Petite Sophisticate, Brooks Brothers, Adrienne Vittadini and Carolee shops. Enroll online at membership.casualcornergroup.com or membership.brooksbrothers.com to receive your discount card in the mail, or, simply print out a temporary card for immediate use. (MNA Organization ID: 87400 Enrollment Pin 97838)
- Work ‘n Gear offers a huge selection of health care apparel, shoes and accessories. Visit www.massnurses.org to print a discount coupon, or call 781-830-5726 to receive a coupon by mail.

For information regarding these or any other MNA benefits, contact the division of membership at 781-830-5726.
This notice contains important information regarding your membership or agency fee status. Please read it carefully.

Section 7 of the National Labor Relations Act provides, in pertinent part:
- To organize
- To form, join or assist any union
- To bargain collectively through representatives of their choice
- To act together for other mutual aid or protection
- To choose not to engage in any of these protected activities

You have the right under Section 7 to decide for yourself whether to be a member of MNA. If you choose not to be a member, you may still be required to pay an agency fee to cover the cost of MNA's efforts on your behalf. If you choose to pay an agency fee rather than membership dues, you are not entitled to attend union meetings; you cannot vote on ratification of contracts or other agreements between the employer and the union; you will not have a voice in union elections or other internal affairs of the union and you will not enjoy “members only” benefits.

Section 8(a)(3) of the National Labor Relations Act provides, in pertinent part:

It shall be an unfair labor practice for an employer—
(3) by discrimination in regard to hire or tenure of employment or any term or condition of employment to encourage or discourage membership in any labor organization: Provided, that nothing in this Act, or in any other Act of Congress, establishes the right of an employee to make, for himself, agreements with employers, except as hereinafter provided in this section, with respect to wages, hours of employment, or other conditions of employment; and that employees engaged in interstate commerce may enter into and carry out any such agreements, with the concurrence of their employers, with respect to the establishment of scales of pay or the enforcement of standards of workmanship.

MNA members are responsible for full membership dues and may not object to the accounting. MNA members who resign their membership after September 1 must object, if at all, within 30 days of the postmark or receipt by MNA of their individual resignation, whichever is earlier.

Objections must be renewed each year by filing an objection during the appropriate period. The same procedure applies to initial objections and to renewed objections.

To be valid, objections must contain the following information:
- The objector’s name
- The objector’s address
- The name of the objector’s employer
- The non-member’s employee identification number

Objections will be processed as they are received. All non-members who file a valid objection shall receive a detailed report containing an accounting and explanation of the agency fee. Depending on available information, the accounting and explanation may use the previous year’s information.

3. How to challenge MNA’s accounting

If a non-member is not satisfied that the agency fee is solely for chargeable activities, he or she may file a challenge to MNA’s accounting. Such a challenge must be filed within 30 days of receipt of MNA’s accounting. Receipt shall be presumed to have occurred no later than three days after the notice is mailed to the employee’s address as shown in MNA records.

Challenges must be specific, and must be made in writing. Challenges must be received by MNA at the address listed in section 2 above in section 2 within the 30-day period to be valid. Challenges not sent or delivered to that address are void.

Valid challenges, if any, will be submitted jointly to an impartial arbitrator appointed by the American Arbitration Association. MNA will bear the cost of such a consolidated arbitration; challengers are responsible for their other costs, such as their travel expenses, lost time, and legal expenses, if any. Specifically challenged portions of the agency fee may be placed in escrow during the resolution of a challenge. MNA may, at its option, waive an objector’s objection rather than provide an accounting of chargeable expenses.

To form, join or assist any union
To organize
To bargain collectively through representatives of their choice
To act together for other mutual aid or protection
To choose not to engage in any of these protected activities

In private employment under the National Labor Relations Act

This year, the agency fee payable by non-members is 95 percent of the regular MNA membership dues for chargeable expenditures. Non-members are not charged for membership dues for chargeable expenditures. Non-members who wish to exercise their right to object to the accounting of chargeable expenditures:

1. When to object

Employees covered by an MNA union security clause will receive this notice of their rights annually in the Mass Nurse. If an employee wishes to object to MNA’s designation of chargeable expenses, he or she must do so within 30 days of receipt of this notice. Receipt shall be presumed to have occurred no later than three days after the notice is mailed to the employee’s address as shown in MNA’s records.

Employees who newly become subject to a contractual union security clause after September 1, or who otherwise do not receive this notice, must file any objection within 30 days after receipt of notice of their rights.

MNA members are responsible for full membership dues and may not object under this procedure. MNA members who resign their membership after September 1 must object, if at all, within 30 days of the postmark or receipt by MNA of their individual resignation, whichever is earlier.

Objections must be renewed each year by filing an objection during the appropriate period. The same procedure applies to initial objections and to renewed objections.

To be valid, objections must contain the following information:
- The objector’s name
- The objector’s address
- The name of the objector’s employer
- The non-member’s employee identification number

Objections must also be signed by the objector.

Objections will be processed as they are received. All non-members who file a valid objection shall receive a detailed report containing an accounting and explanation of the agency fee. Depending on available information, the accounting and explanation may use the previous year’s information.

More exciting Group Trips to Europe in 2006!

Greece, with a Three-Night Greek Island Cruise
$1,869* outside cabin or $1,799* inside cabin
Oct. 24 – Nov. 1, 2006

We are offering this spectacular nine-day/seven-night trip to Greece and the Greek Isles at a beautiful time of year for the area. While in Greece, we will be staying in Athens and touring the local sites of the ancient capital. We will also tour key sites outside of Athens in Delphi and Corinth. This trip will include a three-night cruise aboard the Louis Cruises’ Perla. While on board we’ll visit the following Greek Islands: Mykonos, Rhodes and Patmos as well as the Turkish Island of Kusadasi. This trip includes round trip air from Boston, transfers to and from the hotel. Almost all meals are included (three lunches are on your own) as well as daily tours. This trip is sure to fill quickly, so reserve soon.

Florence, Venice and Rome
$1,699*
Nov 6-14, 2006

Join this wonderful nine-day/seven-night tour featuring Florence, Venice and Rome with tours included in each city as well as the beautiful Tuscan cities of Siena, San Gimignano and Assisi. The tour will include four nights in the beautiful Spa town of Montecatini (just outside of Florence). From there you will have day trips to Florence, Venice, Siena and San Gimignano. On the day we travel south to Rome, we will visit the picturesque city of Assisi. The remaining three nights will be in Rome where we will have full day tours of the Colosseum, the Pantheon, the Spanish Steps, the Trevi Fountain and much more. The other day in Rome will include a tour of the Vatican City. This trip includes round trip air from Boston, transfers to and from the hotel. Breakfast and dinner daily is included as well as one lunch. Don’t miss this grand tour of Italy’s key cities.

To receive more information and a flyer on these great vacations, contact Carol Mallia, RN, MSN at 781-830-5744.
Leave your mailing address on the message or email requests to cmallia@mnarn.org.
SAVE THE DATE

Compassion Fatigue

This MNA continuing education program is hosted by Regional Council 2.

Date: Tuesday, October 11, 2005
Time: Business Meeting - 5:00 p.m.
Dinner: 5:30 p.m.
Compassion Fatigue Program: 6:30 - 8:00 p.m.
Location: Dudley-Gendron American Legion, 158 Boston Road, Sutton, MA 01590
Presenter: Donna McCarten White, RN, PhD, CADAC, CARN

Program Description: This program will enable nurses to identify the stresses that impact performance of professionals in health care. Methodologies to identify patterns of Compassion Fatigue and strategies to combat it will be presented.

Contact Hours: This activity for 1.8 contact hours will be 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. To successfully complete a program and receive contact hours, you must: 1) sign in, 2) be present for the entire period of the session and 3) complete and submit the evaluation.

Fee: No Charge

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

Registration: Please contact Liz Chmielinski in the MNA Department of Nursing at 781.830.5719 by October 4, 2005 to register.

NEED A SPEAKER FOR YOUR CLASS?

The MNA Speaker's Bureau provides experts to assist nursing school faculty in their efforts to bring important and topical information to students. Below is a listing of topics available free of charge to speak to your class.

- Safe Staffing Saves Lives—The Case for RN-to-Patient Ratio Legislation
- The Politics of Nursing—The Role of Political Action in Protecting Nursing Practice
- No Time for Silence—Using Public Opinion to Protect Nursing Practice
- Medication Errors: Focus on Prevention
- A Primer on Accepting, Rejecting and Delegating a Patient Assignment
- Obtaining Your First Position: A Primer
- Health & Safety
- Forensic Nursing for Sexual Assault and the Care of the Sexual Assault Patient
- The Role of the Mass. BORN and Its Relationship to Your Practice
- Unions and Nursing—The Power of Collective Bargaining
- The History of Nursing in Massachusetts—100 Years of Caring for the Commonwealth

To arrange a presentation, contact David Schildmeier, Director of Public Communications: dschildmeier@mnarn.org; 781-830-5717.
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 MNF.

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 Foundation’s 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.

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

- Bournenwood Hospital, Health Care Professionals Support Group, 300 South St., Brookline. Contact: Donna White, 617-469-0300, x305. Meets: Wednesdays, 7:30–8:30 p.m.
- McLean Hospital, DeMammet Building, Room 116. Contact: LeRoy Kelly, 508-881-3192. Meets: Thursdays, 5:30–6:30 p.m.
- Peer Group Therapy, 1354 Hancock Street, Suite 209, Quincy. Contact: Terri O’Brien, 781-340-0405. Meets: Tuesdays & Wednesdays, 5:30 p.m. & coed Wednesdays, 7 p.m.
- Caritas Good Samaritan Medical Center, Community Conference Room, 235 N. Pearl St., Brockton. Contact: Eleanor O’Flaherty, 508-559-8897.

Meets: Fridays, 6:30–7:30 p.m.
- Health Care Professional Support Group, Caritas Norwood Hospital, Norwood. Contact: Jacqueline Sitte, 781-341-2100. Meets: Thursdays, 7–8:30 p.m.

Central Massachusetts

- Health Care Support Group, UMass School of Medicine, Room 123, Worcester. Contact: Emory, 508-429-9433. Meets: Saturdays, 11 a.m.–noon.

Northern Massachusetts

- Baldwin Hospital, Bungalow 1, Baldpate Road, Georgetown. Facilitator: Terri Gouin, 978-352-2101, x15. Meets: Tuesdays, 5–6 p.m.
- Nurses Recovery Group, Center for Addiction Behavior, 27 Salem Street, Salem. Contact: Jacqueline Lyons, 978-697-2373. Meets: Mondays, 6–7 p.m.
- Partnership Recovery Services, 121 Myrtle Street, Melrose. Contact: Jay O’Neil, 781-979-0262. Meets: Sundays 6:30–7:30 p.m.

Western Massachusetts

- Professionals in Recovery, Baystate VNAH/EAP, Building Room 135, 50 Maple St., Springfield. Contact: Marge Babkiewicz, 413-794-4354. Meets Thursdays, 7:15–8:15 p.m.

Southern Massachusetts

- Professionals Support Group, 76 W. Main St., Suite 306, Hyannis. Contact: Kathy Hoyt, 508-790-1944. Meets: Mondays, 5–6 p.m.
- PRN Group, Pembroke Hospital, 199 Oak Street, Staff Dining Room, Pembroke. Contact: Sharon Day, 508-375-6227. Meets: Tuesdays, 6:30–8 p.m.
- Substance Abuse Support Group, St. Luke’s Hospital, New Bedford, 88 Faunce Corner Road. Contact: Michelle, 508-947-5351. Meets: Thursdays, 7–8:30 p.m.

Other Areas

- Maguire Road Group, for those employed at private health care systems. Contact: John William, 508-834-7036. Meets: Mondays.
- Nurses Recovery Group, VA Hospital, 5th Floor Lounge, Manchester, N.H. Contacts: Diede M., 603-647-8852, Sandy, 603-666-6482. Meets: Thursdays, 7–8:30 p.m.
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