

MASSACHUSETTS NURSE

THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION ■ www.massnurses.org ■ VOL. 77 No. 5

Call your state senator now!

House passes redrafted safe RN staffing bill 133-20; Vote needed in Senate by mid-July



Local RNs outside the House chamber after the House's groundbreaking yes vote to support safe RN staffing.



House Speaker Sal DiMasi (D-Boston) gives the thumbs up to a celebrating crowd of nurses as he leaves the chamber.



Rep. Peter Koutoujian (D-Waltham), chair of the Public Health Committee.



House Majority Leader John Rogers (D-Norwood) spear-headed negotiations.



Rep. Christine Canavan (D-Brockton), the bill's chief sponsor, and Rep. Geraldine Creedon (back, right).

On May 24, the state House of Representatives voted 133–20 to approve a landmark bill to guarantee safe RN staffing in all Massachusetts hospitals. The measure calls upon the Massachusetts Department of Public Health to set safe limits on nurses' patient assignments, prohibits mandatory overtime and includes initiatives to increase nursing faculty and nurse recruitment.

The "Patient Safety Act" has now moved to the Senate for consideration—the second step of a three-step process that all bills must

move through before being voted into law.

The redrafted measure was crafted by House leadership after days of negotiations between legislative leaders, the MNA and the Massachusetts Hospital Association. "This bill is about patient safety; it's about saving lives from Boston to the Berkshires. It's fundamentally about guaranteeing a baseline of quality care that all citizens can depend on," said Rep. Peter Koutoujian, co-chair of the Joint Committee on Public Health, who co-authored the redraft with House lead-

ership. "While drafting this legislation we made every effort to address the concerns of the hospitals while also addressing the real concern that some units in some hospitals are dangerously understaffed."

"We are very pleased with this vote for patient safety," said Beth Pkinnick, RN and president of the MNA—one of 104 of the state's leading health care and consumer groups supporting the bill. The MNA had

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Mark your calendars!

This year's MNA convention will be Oct. 4, 5 & 6 in Sturbridge.

Details to follow!

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

Nurses' guide to single-payer reform

Activists gather to honor champions, support change

Despite monsoon-like weather, friends and colleagues assembled in the Dante Alighieri Cultural Center in Cambridge on May 13 to honor the MNA's own Peggy O'Malley, as well as Alan Sager and Debbie Socolar of Boston University's School of Public Health. A special "champion of the year" award was presented to Katie Murphy, a Brigham and Women's nurse who is also a community leader from Framingham.

This event, the eighth annual Dr. Benjamin F. Gill Memorial Award Reception, marked a turning point in the development of a grassroots movement for fundamental health care reform in the commonwealth to supplement the eleven-year history of the MASS-CARE coalition. The Massachusetts Campaign for Single Payer Health Care and its educational/research partner, the Universal Health Care Education Fund, have long been on the cutting edge of real reform—but recent developments have highlighted the need for a grassroots movement based in every legislative district in order to create and build a just health care system in Massachusetts and across the country.

Peggy O'Malley

Peggy O'Malley is a front-line nurse who has always combined clinical practice with political advocacy on behalf of her patients. A graduate of Emmanuel College and Saint Louis University, she has served as a legislative aide to Sen. Edward Burke when he was Senate chair of the Joint Committee on Health Care, and as a bedside nurse at Brigham and Women's Hospital. She fought for quality care and health care justice across the negotiating table and on the picket line. She was one of several hundred nurses at the Brigham whose health was impacted by poor indoor air quality and she developed multiple chemical sensitivities as a result. Afterwards, O'Malley joined the fight to establish a safe work environment. She served and helped to organize the nursing community throughout years of work at the MNA, serving on the Cabinet for Labor Relations and the Board of Directors. In 1997, O'Malley was the first recipient of the Judith Shindul-Rothschild Leadership Award. She served as the MNA's first vice-president after its transition in leadership on December 1, 2000. For years, O'Malley represented the MNA on the coordinating committee of MASS-CARE, and she chaired that body for more than 36 active and energetic months. Peggy lives in Gloucester where she continues the fight to preserve vital community hospitals as leader of the advocacy group "Partners for Addison Gilbert."

Alan Sager

Alan Sager, a longtime resource for the MNA's statewide campaign for safe care and the MASS-CARE campaign for a state-based single-payer system, has been a professor at Boston University's School of Public Health for almost 26 years. His courses on health care finance and planning have won five awards, and he received the school's teaching prize in 1998. From 1975 to 1983, Sager taught at the Heller School for Advanced Studies in Social Welfare at Brandeis University. He is a fixture in the social movement for meaningful health care reform, a fountain of information and

insight for movement activists, and a tireless champion for single-payer reform.

Deborah Socolar

For 18 years, Deborah Socolar has undertaken research and educated the public on ways to achieve equitable access to health care for all while controlling costs, in Massachusetts and nationally. She helped staff a mayoral task force in Boston that fostered creation of the "free care pool," and she played an important role in winning substantial expansion of the state's prenatal care coverage. Socolar has served on the national board of the Universal Health Care Action Network since 2001. Coming from a union family and with early roots in the labor movement, she has played a vital role in supporting the single-payer movement and struggles for progressive health care reform in Massachusetts.

Sager and Socolar have forged a powerful partnership as co-directors of the Access and Affordability Monitoring Project, which was established in 1988 to analyze the causes of health care access and cost problems in Massachusetts and other states. The projects ultimate goal: to design better ways to finance and deliver health care. Sager and Socolar are currently engaged in monitoring the impact of the newly-passed Massachusetts "universal" health insurance bill. Early on, they identified its failure to link access and cost control as a fatal flaw.

Katie Murphy

A special surprise award was presented to Katie Murphy, an ICU nurse from Brigham and Women's Hospital and former chair of the Framingham Board of Selectmen, in recognition of her outstanding advocacy work in support of S.755, An Act to Establish the Massachusetts Health Care Trust. Specifically, Murphy was able to testify on behalf of the solution at the bill's all-important July 20 hearing last year, as well as at a Congressional hearing at Faneuil Hall on Sept. 1, 2005. Recognized in her community as fighting to establish a community clinic in downtown Framingham, Katie was targeted for defeat in this past spring's municipal election by those using fear of immigrants as a wedge against the health and well-being of us all. She continues to be engaged in her community and will be heard from again and again.

Health care constitutional amendment seeks final vote at July 12 ConCon

On July 12, the Legislature will reconvene in Constitutional Convention to decide whether to put the Health Care Amendment on the November ballot. This amendment would require our commonwealth to guarantee affordable comprehensive health care coverage to all Massachusetts residents—so the final push is on to win this right to health care.

Please contact your legislators, tell them you support the health care amendment and tell them to make sure that the amendment comes up for a vote on July 12. ■



Award recipients and keynote speakers. From left, Debbie Socolar, Katie Murphy, RN, Peggy O'Malley, RN, Rand Wilson, Steffi Woolhandler, MD, and Diane Dujon.



From left, Jeanine Burns, RN from Addison Gilbert Hospital in Gloucester, Kathy Evlog, RN, president of MNA Region 4, and Peggy O'Malley, RN at MASS-CARE's ceremony.

Keynote speakers at this gala event included Rand Wilson, organizing director of IUE-CWA Local 201; Diane Dujon of the College of Professional and Community Service of University of Massachusetts Boston; and Dr. Steffi Woolhandler, an internist at Cambridge Health Alliance and a founder of Physicians for a National Health Program.

The nursing community and MNA also came out in force to honor the awardees. MNA president Beth Piknick and vice president Donna Kelly-Williams were in attendance,

as well as MNA researcher Roz Feldberg; Region 4 president Cathy Evlog; Jeanine Burns from Addison Gilbert Hospital; and Cece Buckley, co-chair at Saint Elizabeth's Hospital and past president of Region 5. Ann Eldridge-Malone, director of the Alliance to Defend Health Care and former member of MNA's Congress on Health Policy and Legislation was also in attendance, as were MNAers Michael Malone, Merrie Eaton and Sandy Eaton. ■

Jobs with Justice update

The focus of the Jobs With Justice (JWJ) Health Care Action Committee over the last few months has been to get the Health Care Constitutional Amendment on the ballot in November. To that end, JWJ created a group called Massachusetts Labor For Health Care—which was responsible for producing the majority of the 16,000 postcards that were delivered to the Legislature in support of the amendment. In addition, 44 labor leaders signed a letter addressed to each senator and representative asking for a commitment to finish the job on health care by passing the constitutional amendment. On May 9, the day before the scheduled Constitutional Convention, over 150 supporters rallied in the rain in T-shirts that read, "Make Health Care Our

Right!" Sen. Steve Tolman, lead sponsor of the amendment, told supporters "not to take 'no' for an answer" and to continue their fight to make health care a right of every resident in the commonwealth.

Despite an intensive lobbying effort, the vote—which would have determined the fate of the amendment—was postponed until July 12. JWJ is continuing to move forward with the campaign in an effort to make legislators accountable to their constituents who are clearly affected by the health care crisis. Jobs With Justice is planning a legislative briefing of Massachusetts Labor For Health Care members in June to discuss the health care crisis within organized labor and how to deal with it. ■

Executive Director's column

An inside look at what it took for the safe staffing bill to pass in the House

By Julie Pinkham

Many of you are probably wondering about the dynamics behind the recent redraft of the safe staffing bill—particularly in light of a handful of unwarranted and scathing editorials—by the House leadership that ultimately led to an overwhelming vote in favor of the bill (133 – 20).

Well, most of you should be thoroughly familiar with the dynamic process that ultimately led to the redraft: it was through the process of *negotiating*.

In fact, it took more than 20 hours worth of negotiating by the House of Representatives with representatives from the Massachusetts Hospital Association, the Mass. Organization of Nurse Executives and the MNA before a redraft was agreed on. But, alarmingly, the media reports that highlighted this process painted a confusing picture that was based on feedback from MHA representatives. Unfortunately, this picture didn't represent the reality of what took place over those many hours. So let me give you the run down of what led up to where we are today ...

Looking back

First, remember your history—lest we be destined to repeat it. In the 1990s, the hospital industry cut nurse staffing levels to the bone and replaced nurses with unlicensed folks without any research to back up their claim that patient care would not be adversely affected. How wrong they were.

A mountain of scientific evidence showed that the substitution of RNs by unlicensed personnel not only harmed patients but caused thousands of unnecessary deaths. RNs gave their evaluation of the industry's new model of patient care delivery with their feet: those that hadn't been laid off began leaving on their own because the situation was unsafe.

So, being staff nurses and patient advocates, we looked for a straight forward solution: set limits on nurses' patient assignments (as supported by research) to keep patients safe; hold onto the nurses at the bedside; and encourage those who left to return.

The industry's turf war

But then, of course, we had the industry to contend with. What should have been a reasonable process for them evolved into a combat zone in a turf war. Having spent an eternity on Beacon Hill unchallenged, the industry simply felt entitled to their position regardless of the facts.

But the industry forgot that it was dealing with nurses and it was stepping between them and safe patient care. Not a smart place to be.

So about a million emails, phone calls, rallies, letters, advertisements and two legislative sessions later, House leadership took the single most vetted issue in the commonwealth and said, "Let's talk."

Around the negotiating table

And so we did. Yes the rabid, unreasonable MNA sat in a room with the MHA and several legislative leaders and entertained the art of compromise. So you ask, "What room and who was in it?" Well the Majority Leader John Rogers spearheaded the discussions in his office at the State House. A

number of involved legislative leaders were there including Reps. Peter Koutoujian, Steve Walsh, Christine Canavan (sponsor of nurses' bill), Kay Kahn (sponsor of the hospitals' bill) and Steve Tobin. Then there was MHA president Ron Hollander; his chief lobbyist on this issue, Bob Gibbons; and the president of the MHA's sister organization, the Mass. Organization of Nurse Executives. And, of course, there was the MNA's principle lobbyist, Charlie Stefanini, and myself.

The premise for the discussions—and everybody in the room agreed—was that there should be a limit on the number of patients assigned to an RN at any one time. But in order to get to that point, numerous issues would have to be hammered out.



Julie Pinkham celebrating the vote

The first objection by the industry was that it didn't want numbers in law, as it did not agree with some of the numbers we were proposing. It was suggested, and the MNA agreed, that the DPH be responsible for creating the numbers.

MHA then stated that it didn't want ratios. Rather, it wanted "targets" that they could staff up or down from at their discretion. We said "no" and explained that that would defeat the purpose of the bill. What we said we *would* do was combine the two concepts: DPH could create a standard which the hospitals could staff up and down from based on acuity, but that DPH had to set a limit to which the hospital could not staff *below*. We added that we didn't particularly like it, but that we could live with it.

The discussion then focused on what the DPH should consider in evaluating what those numbers need to be. It said the numbers should be based on scientific data. We said OK. It said the numbers should be based on the "Massachusetts experience." We said OK. It said the numbers should take into account the time of day, ancillary staff, etc. We said OK.

Then the discussion turned to the acuity system. The MHA wanted to add a number of language components. Again, we said OK. Then the question was asked, "What if DPH can't come up with a number?" And so the legislators fashioned language to address that issue, dictating that the issue should return to the State House for what DPH needs to be able to achieve its mandate.

Next the MHA asked, "What if hospitals

can't afford it?" The legislators addressed that concern by fashioning language providing a time-line waiver process for hospitals that could demonstrate true financial distress. And *then* the MHA raised concerns about the penalties in our original bill. So we agreed to reduce penalties and to lower standards in terms of dictating DPH action or decision on noncompliance.

Then we moved on to mandatory overtime. The hospitals wanted broad discretion to allow a manager to dictate that a nurse can be forced to stay. We said no. The regulations regarding the nurse's license deal with the standards of practice in this regard and such language would have, in essence, codified the very problem we see today. We did agree that the language could be broadened from a state or national disaster to include a hospital-wide disaster.

Next up: implementation time. The legislators crafted ample ramp-up time for the hospitals. Specifically, 2008 for teaching hospitals and 2010 for community hospitals.

Afterwards, we *all* agreed to add in *all* of the recruitment initiatives (i.e., the first six sections of the MHA's bill) which provide for faculty recruitment initiatives, scholarship programs, etc. Interestingly, the MHA raised no concerns here.

The waters get muddier

And then, as we moved into the 12th hour of negotiations, the MHA began talking about not having it just be RN staffing, but LPNs as well. In addition, the MHA representatives emphasized a need for all of us to "think outside the box to benchmarks based on hours per patient day ..."

Well if you're confused, so were we. In negotiations, we refer to this as dilatory tactics—in essence, moving the finish line in an attempt to scuttle a finish. Well, the legislators and, in particular, John Rogers had functioned as facilitators/mediators to reach a resolution and at this point they felt they had taken us as far along as possible and that the process was now in their own hands. They would finalize any remaining issues in a manner they deemed reasonable. Afterwards, we would be given a copy of that redraft on return to the State House, and then given time to review it/discuss it with our respective elected leadership and then we all met with House Speaker Salvatore DiMasi.

After meeting with the elected leaders of the MNA to review the new language, we went to the speaker's office and told all the legislators who were assembled that we felt the re-draft—albeit, significantly different from our bill—held to the core principles of concern that we had and that these changes were presented in good faith to reach resolution. Basically, we agreed to accept.

The speaker reviewed the process with legislators in the room and all, with one exception, were satisfied with the bill as redrafted. We were then asked (and we agreed) to accept with the understanding a date would be scheduled for a vote in the House.

The MHA was asked the same questions, but it responded that it was not in agreement with the compromise ... that it was "99 percent of the way there" and that it wanted to reserve the right to work out remaining concerns via amendments.

We, of course, asked for clarification. Specifically, we wanted to make sure that we would not be asked to re-negotiate against ourselves. The speaker's response was clear: no, we would not be expected to do such a thing. The redraft was to be a leadership vote and the date was set for May 23, and the speaker added that the MHA was free to pursue amendments or agreements if it could get them.

Heading to the vote

So off we went, and I was quite certain when I left that office on April 28 that the MHA was going to make this the biggest 1 percent issue the State House had ever seen. And did it ever.

As May 23 approached, we were asked if we could look again at some issues as the leadership felt reaching 100 percent could be achievable with MHA. So we did what we didn't have to do. But, acting on the legislators' belief that this was achievable, we made some further language changes to accommodate the MHA.

Not surprisingly, it didn't change their continued obstruction and the amendment they sought was not a 1 percent issue, but rather a "100 percent issue." Basically, the MHA wanted to replace everything with its own bill (the MHA's sponsor was Kay Kahn). Between the ongoing negotiations and language changes, many legislators were no longer clear on what all the changes were and, subsequently, they didn't fully understand the bill. As a result, the leadership rescheduled the vote for the following day: May 24.

The delay was difficult for the MNA's members, friends and advocates. Many nurses had come to witness the debate, and they left the State House that day without having had that opportunity. But, on May 24, many folks made their way back and still more watched the session on WGBX's "Gavel to Gavel." And what they saw was history unfolding: an overwhelming "yes" vote (133 – 20) in favor of our revised bill.

Now H.4988, the patient safety act, heads to the Senate.

Looking ahead to the next 30 days

So now it's time to start contacting your senator every 72 hours, because H.4988 needs to be taken up in the Senate by July 15. And when you're sending a note to your senator, drop a line to your representatives and say thank you. What the hospitals have put them through has been nothing short of abusive—and the hospitals continue to berate them for standing with patients and front-line nurses. So let them know that we appreciate their favorable vote and for standing up for patients.

What we learned from this process is that the MHA cannot be trusted. It will not keep its word. It will do whatever it can to get its way—no matter how much it needs to lie, browbeat or intimidate.

The MHA lost and lost big with the House vote, and it looked very, very bad while doing so. Its behavior and the lengths it has gone to in order to defeat this bill provides even more justification for H.4988's passage.

We cannot trust the industry to do what's right for patients. We must pass H.4988. ■

Nursing on Beacon Hill: Legislative Update

Legislative update: BSL-4 legislation voted out of committee

Will require monitoring of potentially lethal lab facilities in Massachusetts

Legislation supported by the MNA to protect the safety of staff and residents of Boston from bioterrorism research was successfully voted out of committee this month. The legislation was filed by state Rep. Gloria L. Fox (D-Roxbury) to address the dangers to the public's health from Boston University's proposed biological laboratory in the South End/Roxbury section of Boston, adjacent to Boston Medical Center.

The legislation, H.1397 "Ensuring Safety and Security in Biomedical Laboratories and Facilities" is the first of its kind in the nation. It received a unanimous favorable report by the Joint Committee on Environment, Natural Resources and Agriculture. In the process of advancing the bill to the Health Care Finance Committee, some sections of the bill that would have provided strong enforcement mechanisms were amended and weakened, but the legislation is still necessary and worth supporting. It is an important first step to mandate state and local oversight of high risk laboratories that study some of the world's most deadly pathogens—some without a known cure.

MNA members have been very vocal in advocating for passage of legislation which will serve to advance the public interest, protect worker safety and provide useful guidance to the commonwealth's biotech industry, encouraging the growth of that sector in Massachusetts. Fox views the current legislation as an "attempt to ensure that these types of facilities, if built, are as safe as humanly possible."

Eugene Benson, an environmental attorney for Alternatives for Community and Environment (ACE) recently said, "I am thankful that legislation providing for state oversight of high containment labs is moving forward with the unanimous support of the Committee on Environment, Natural Resources and Agriculture. I think they recognize that we must protect against a high containment lab



Rep. Gloria Fox



Rep. Frank Smizik



Sen. Pam Resor

accidentally causing a biological Katrina in Massachusetts."

Rep. Frank Smizik (D-Brookline), co-chairman of the Joint Committee on Environment, Natural Resources and Agriculture, said, "Rep. Fox and the community groups deserve much credit for bringing this issue to the forefront. This legislation is the first of its kind in the nation to address the safety and security of these laboratories. As new laboratories open, there needs to be confidence in the community about safety and there needs to be state legislation to make certain transparency exists about what is being done in the laboratories."

Rep. Byron Rushing, House Assistant Majority Leader, one of 30 co-sponsors of the legislation, believes this legislation will advance bio-tech industry growth in Massachusetts. "Right now the bio-tech industry is looking to grow in states that have a clearly defined set of rules to play under. This legislation achieves that goal. I hope we will be able to build broad support within the legislature, as well as among concerned businesses and community organizations to pass this important legislation. If we do not pass state-wide legislation, the only alternative for the concerned public will be a variety of oversight by individual cities and towns." ■

Don't be fooled!

MHA using an underhanded ploy to get you to say that ratios are wrong

The Massachusetts Hospital Association has sent a mailer to every nurse in Massachusetts with attached postcards addressed to the local senators and representatives. The return address on the mailer reads "Campaign to Save Our Healthcare System." It looks very similar to a mailing that you may have received from the MNA this winter.

Please do not sign these cards!

The cards ask legislators to reject limits on the number of patients a nurse is forced to care for at one time in favor of the hospital industry's bill, S.1260, which simply maintains the status quo.

Please spread the word to your colleagues

and tell them NOT to sign these postcards.

The MNA will be sending out a postcard mailer in the coming weeks. You will clearly see MNA listed as the return address. When you receive this mailing, please take a moment to read it, sign your name to both postcards, place a stamp on each postcard and drop them in the mail. These cards will already be addressed to your local senator and representative.

If you have not already checked to **see how your state representative voted on H. 4988**, please do so by going to www.massnurses.org/News/2006/05/theHousevote.doc.

If your representative voted YES (the vote

will be listed to the left of their name), please go to <http://capwiz.com/massnurses/> and click on "email your representative to say thank you." Please only thank those representatives who voted YES.

Keep up the emails and calls to the Senate

We only have until mid-July to pass this bill in the Senate. Your senator needs to hear from you, not just once, but again and again until we secure a vote and their support! Visit <http://capwiz.com/massnurses/> to email your senator, or call the Senate switchboard at 671-722-1455. ■

Join the 'team' – STAT!

MNA forms rapid response 'STAT TEAM'

The mission of this mobilization group is to have a network of nurses and health care professionals who can be called upon to respond quickly to MNA visibility events and other urgent actions.

Being a member of this mobilization task force does not require attendance at regular meetings, but instead offers opportunities for activists to participate in events throughout the year that require a strong MNA presence. These actions may include bargaining unit pickets, legislative actions, leafleting and other visibility events.

We hope you will join with other MNA activists in this exciting new venture. For more information, call Eileen Norton at 800-882-2056, x777 or via email at ENorton@mnarn.org.



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MNA

MASSACHUSETTS NURSES ASSOCIATION



House roll call vote on safe RN staffing bill

Y	Cory Atkins, D-Concord	Y	Linda Dorcena Forry, D-Dorchester	Y	Barbara L'Italien, D-Andover	Y	Byron Rushing, D-Boston
Y	Demetrius Atsalis, D-Barnstable	Y	Gloria Fox, D-Roxbury	Y	Paul Loscocco, R-Holliston	Y	Jeffrey Sanchez, D-Boston
Y	Bruce Ayers, D-Quincy	Y	John Fresolo, D-Worcester	Y	Elizabeth Malia, D-Boston	Y	Tom Sannicandro, D-Ashland
Y	Ruth Balsler, D-Newton	Y	Paul Frost, R-Auburn	Y	Ronald Mariano, D-Quincy	Y	Angelo Scaccia, D-Boston
Y	Deborah Blumer, D-Worcester	Y	William Galvin, D-Canton	Y	J. James Marzilli, D-Arlington	Y	John Scibak, D-South Hadley
Y	Daniel Bosley, D-Framingham	N	Colleen Garry, D-Dracut	Y	James Miceli, D-Wilmington	Y	Carl Sciortino, D-Somerville
Y	Garrett Bradley, D-Hingham	Y	Susan Gifford, R-Wareham	Y	Michael Moran, D-Boston	Y	Todd Smola, R-Palmer
Y	Arthur Broadhurst, D-Methuen	Y	Anne Gobi, D-Spencer	N	Charles Murphy, D-Burlington	N	Frank Israel Smizik, D-Brookline
Y	Antonio Cabral, D-New Bedford	Y	Emile Goguen, D-Fitchburg	Y	James Murphy, D-Weymouth	Y	Theodore Speliotis, D-Danvers
Y	Jennifer Callahan, D-Sutton	Y	Thomas Golden, D-Lowell	Y	Kevin Murphy, D-Lowell	Y	Robert Spellane, D-Worcester
Y	Christine Canavan, D-Brockton	Y	Shirley Gomes, R-Harwich	Y	Patrick Natale, D-Lowell	Y	Joyce Spiliotis, D-Peabody
N	Stephen Canessa, D-New Bedford	Y	Mary Grant, D-Beverly	Y	David Nangle, D-Woburn	Y	Christopher Speranzo, D-Pittsfield
Y	Gale Candaras, D-Wilbraham	Y	William Greene, D-Billerica	Y	Harold Naughton, D-Clinton	Y	Marie St. Fleur, D-Boston
Y	Mark Carron, D-Southbridge	Y	Denis Guyer, D-Dalton	Y	Robert Nyman, D-Hanover	Y	Harriett Stanley, D-West Newbury
N	Paul Casey, D-Winchester	Y	Patricia Haddad, D-Somerset	Y	Thomas O'Brien, D-Kingston	Y	Thomas Stanley, D-Waltham
Y	Cheryl Coakley-Rivera, D-Springfield	Y	Geoffrey Hall, D-Westford	Y	Eugene O'Flaherty, D-Chelsea	Y	Ellen Story, D-Amherst
X	Edward Connolly, D-Everett	Y	Robert Hargraves, R-Groton	Y	Shirley Owens-Hicks, D-Boston	Y	William Straus, D-Mattapoisett
N	Virginia Coppola, R-Foxboro	Y	Lida Harkins, D-Needham	Y	Marie Parente, D-Milford	Y	David Sullivan, D-Fall River
X	Robert Correia, D-Fall River	Y	Bradford Hill, R-Ipswich	Y	Matthew Patrick, D-Falmouth	Y	Benjamin Swan, D-Springfield
Y	Michael Costello, D-Newburyport	Y	Kevin Honan, D-Boston	Y	Anne Paulsen, D-Belmont	Y	Kathleen Teahan, D-Whitman
Y	Robert Coughlin, D-Dedham	N	Donald Humason, R-Westfield	Y	Vincent Pedone, D-Worcester	Y	Walter Timilty, D-Milton
Y	Geraldine Creedon, D-Brockton	Y	Frank Hynes, D-Marshfield	Y	Alice Peisch, D-Wellesley	Y	A. Stephen Tobin, D-Quincy
Y	Sean Curran, D-Springfield	N	Bradley Jones, R-North Reading	N	Jeffrey Perry, R-Sandwich	Y	Timothy Toomey, D-Cambridge
Y	Robert DeLeo, D-Winthrop	Y	Louis Kafka, D-Stoughton	Y	Douglas Petersen, D-Marblehead	Y	David Torrisi, D-North Andover
N	Viriato deMacedo, R-Plymouth	Y	Michael Kane, D-Holyoke	N	George Peterson, R-Grafton	X	Philip Travis, D-Rehoboth
Y	Brian Dempsey, D-Haverhill	Y	Rachel Kaprielian, D-Watertown	Y	Thomas Petrolati, D-Ludlow	Y	Eric Turkington, D-Falmouth
Y	Salvatore DiMasi, D-Boston	Y	Jay Kaufman, D-Lexington	Y	Anthony Petruccelli, D-East Boston	Y	Cleon Turner, D-Dennis
X	Paul Donato, D-Medford	N	John Keenan, D-Salem	N	William Smitty Pignatelli, D-Lenox	Y	James Vallee, D-Franklin
Y	Christopher Donelan, D-Orange	Y	Thomas Kennedy, D-Brockton	N	Elizabeth Poirier, R-North Attleboro	Y	Anthony Verga, D-Gloucester
Y	Joseph Driscoll, D-Braintree	X	Kay Khan, D-Newton	Y	Karyn Polito, R-Shrewsbury	Y	Joseph Wagner, D-Chicopee
Y	James Eldridge, D-Acton	Y	Peter Kocot, D-Northampton	N	Susan Pope, R-Wayland	Y	Brian Wallace, D-Boston
Y	Lewis Evangelidis, R-Holden	Y	Robert Koczera, D-New Bedford	X	Denise Provost, D-Somerville	Y	Patricia Walrath, D-Stowe
Y	James Fagan, D-Taunton	Y	Peter Koutoujian, D-Newton	Y	John Quinn, D-Dartmouth	Y	Martin Walsh, D-Dorchester
Y	Christopher Fallon, D-Malden	Y	Paul Kujawski, D-Webster	Y	Kathi-Anne Reinstein, D-Revere	Y	Steven Walsh, D-Lynn
Y	Mark Falzone, D-Saugus	Y	Stephen Kulik, D-Worthington	Y	Robert L Rice, D-Gardner	N	Martha Walz, D-Boston
Y	Robert Fennell, D-Lynn	Y	William Lantigua, D-Lawrence	Y	Michael Rodrigues, D-Westport	Y	Daniel Webster, R-Pembroke
Y	Michael Festa, D-Melrose	N	James Brendan Leary, D-Worcester	N	Mary Rogeness, R-Longmeadow	Y	James Welch, D-West Springfield
N	Barry Finegold, D-Andover	Y	Stephen LeDuc, D-Marlborough	Y	John Rogers, D-Norwood	Y	Alice Wolf, D-Cambridge
Y	Jennifer Flanagan, D-Leominster	Y	John Lepper, R-Attleboro	Y	Richard Ross, R-Wrentham		
Y	David Flynn, D-Bridgewater	N	David Linsky, D-Natick	Y	Michael Rush, D-Boston		
							Y=Yes N=No X=Not Voting

...Vote

From Page 1

filed the original version of the patient safety bill.

The law, when enacted, will make Massachusetts only the second state in the nation to set safe staffing limits in hospitals. A similar law was passed in California in 1999, and 14 other states currently have similar legislation pending.

Key components of the bill include:

Protects patient safety

- Directs the Massachusetts Department of Public Health to develop and implement an acuity based system, RN staffing standards and a limit on the number of patients assigned to each registered nurse in acute care hospitals
- Prohibits the dangerous practice of mandatory overtime
- Assures that hospitals cannot delegate to unlicensed personnel duties which demand nursing expertise
- Includes language both recognizing the importance of

ancillary staff and includes their presence and use in the acuity measurement system

Hospital safeguards

- Financial hardship waiver process
- Ample 'ramp-up' time to meet the new standards (teaching hospitals 2008, community hospitals 2010)
- Recurring review of regulations every 3 years
- Balanced investigation and discretion by DPH in non-compliance review process

Ensures a continued strong pipeline of nurses into the profession

- Creates programs to increase nurse faculty and develops nurse recruitment initiatives to increase the supply of nurses. ■



Rep. Martin Walsh (D-Boston), sponsor of the MNA budget amendment on safe RN staffing.



Rep. Steven Walsh (D-Lynn), member of the Public Health Committee.

View from the other side

Safe staffing issue connects Falmouth nurse with House member

By Lauren Johnson Lavender, RN

It was a typical busy day in the cath lab at Falmouth Hospital. Although I had served as the secretary for MNA Region 3 since 2001, I had little experience with legislative involvement with the MNA. I, like many other nurses at the hospital, viewed the MNA simply as the "union" or "bargaining unit." And until I began to serve on the board, I had no idea that the MNA was so multifaceted.

One less visible role of the MNA was its involvement in getting legislation passed that affected both nurses and patients in the workplace. And on this particular day, I was scheduled to meet with Rep. Jeff Perry, along with other nurse constituents, to discuss the hospital industry's staffing bill versus the MNA's staffing bill.

Some days are busier than others; some days we get out on time, other days end when the patients go home, regardless of the hour. You know how it can be. Well, today was one of those days that dragged on past my 3 p.m. scheduled departure time. Wouldn't you know it ... I was going to be late to the meeting! I ran out the door, scrubs and stethoscope still on, jumped in my car and sped over to Perry's office in Sandwich. I ran up to the door (after going to three different places before finding the right office) and stopped to straighten myself out, taking a breath and walking into the office. Six or seven other nurses were seated around Perry. I only recognized two faces, and mine was the only face from Falmouth Hospital. The purpose of our meeting was to give Perry an accurate view of staffing concerns and patient safety issues. I had skimmed over the material concerning the bill, but, of course, I had left the material at home. What would I say?

I apologized for coming to the meeting late and explained, "Patients come first, you know?" The other nurses nodded and smiled, knowing exactly what I meant. Perry told me not to worry about it and to take a seat. Perry is a fairly young man, who is neat, slender and soft-spoken with kind eyes. I had met him once when he was campaigning for this government seat. I reminded him of the meeting and he smiled in acknowledgement, even asking me how my girlfriend was that held the meeting. He was aware of her recent move to North Carolina and the demise of her marriage. Obviously, he still had a connection to his constituents.

I listened to others speaking about their concerns regarding patient safety, staffing issues and the misleading hospital bill. Finally, Perry looked in my direction and asked, "What about where you work?"

We faced each other, making eye-to-eye contact. I talked about my love of nursing; how at 51 years old I was pursuing my MSN/NP license so that I could continue to practice nursing for another 20 years. I described the working conditions when I came to Falmouth Hospital 21 years ago as an adult nursing graduate. I explained how there were three tiers of nurses at that time: the newbies; the competent nurses who had been practicing long enough to take care of their own patients and carry their own weight; and the experts who had been practicing for five years or more and were experts in their field of nursing.

I explained that I started out in the CICU, and that an expert nurse worked one-on-one

'Face to face with our representative, I realized that the MNA is not just about pay scales and benefits. It is about changing the environment that we work in; it is about improving health care for all. But it is not just someone else's job. Each of us can be an integral part of the shape of health care to come.'

with me for several months, teaching me the basics of critical care. The existing core of competent nurses allowed senior nurses to mentor and precept new nurses, not just teaching them technical skills, but shaping their critical thinking and helping them incorporate this into their daily practice.

I described the effect of re-engineering that occurred in 1991. I told Perry that our

facility still suffered the after-effects of this poor management decision brought on by managed care.

I explained that during this period of time, many shied away from the nursing profession; in fact the Upper Cape Tech discontinued its LPN program. It was thought that non-licensed techs would substitute for licensed personnel, decreasing the cost of health care. I told him that the lack of skilled nursing care took its toll. Many of us were being constantly mandated to stay and work doubles.

Although I loved the CICU, I made a decision to leave the unit to get away from the constant mandating. Nurses were given more patients; patients were being sent home after shorter hospital stays because of DRGs; floor patients were sicker because of accelerated discharges from our CICU; and we noticed that many patients seemed to end up being readmitted after discharge because of continuing illnesses. The hospital realized that hiring more non-licensed personnel was not the answer; but it was too late. Nurses who had been laid off had found new positions elsewhere. Even worse, the pool of new nurses had dwindled because of the message that nurses were not in demand any more.

An enormous gap existed. No longer was there that middle core of competent nurses who could carry on patient care while new nurses benefited from preceptorship from seasoned nurses. Additionally, there had been a noticeable, disturbing trend of focus on technology and paperwork versus hands-on patient care. In this litigation-focused society, documentation has become enormous, and the computer age has created many new documentation tools for all to learn.

This pulls the nurse away from the bedside to a much greater degree than when I was a new nurse years ago. There is less time for the new nurse to learn the hands-on skills that are so critical to good nursing care. When you look at this whole picture, expecting nurses to care for eight patients on a typical medical/surgical floor, along with administering all medications, processing all orders, completing the multiple care maps and documenting in multiple areas, something has got to give.

Unfortunately, that something is patient care.

I explained to Perry that for nurses, it was not really about money. Sure, we expect to



Rep. Jeff Perry

be treated and paid as the professionals that we are. However, our concern is for the safety and well-being of our patients. I stated that, even with the years of experience that I have, I would struggle administering the care that I feel a patient should receive with the

staffing ratios described in the hospital bill. I also said that although I understand that administration is focused on the dollar signs, nurses care about the welfare of the patients and it was imperative that the bill that drives nursing ratio must be patient-driven, not fiscally driven.

Now here is the unbelievable part. After all that, Perry was still holding eye contact with me, nodding his head. I truly felt that he had heard what I was saying. I sat back and several other people added some comments. We had been there quite a while. Perry was bringing his week to a close. He promised to look into the hospital's bill and compare it with our safe staffing bill. I truly believed that he was sincere.

I went home and sent him a thank-you note via e-mail. Within 24 hours I received a reply; not your automated, office-driven e-mail reply. I received a personal, individual letter of acknowledgement from Perry himself from his home e-mail in Sandwich. He thanked me for my time and input and promised to follow through concerning our safe staffing bill.

So why did I write this? It wasn't until I sat in this meeting, face to face with our representative, that I realized that the MNA is not just about pay scales and benefits. It is about changing the environment that we work in; it is about improving health care for all. But it is not just someone else's job. Each of us can be an integral part of the shape of health care to come. Become a Board member. Get involved. Learn about the legislative process. Make a difference.

Together, we have an enormous voice and the power to change the face of health care and nursing practice in years to come. But you have to get involved. ■

Division of Labor Action: Education & Training

'Talking union': Your rights to speak in the workplace

By Joe Twarog

*Now if you want higher wages let me tell you what to do
You got to talk to the workers in the shop with you.
You got to build you a union, got to make it strong...*

These are the opening words from a song written in 1941 called "Talking Union" made famous by Pete Seeger. He was singing about forming a union in the workplace. Much has changed since those early days under the National Labor Relations Act (passed in 1935) but the basic rights have survived and remain in place today.

Section 7 of the NLRA grants workers the right to "self-organization, to form, join, or assist labor organizations ... and to engage in other concerted activities for the purpose of collective bargaining or other mutual aid or protection ..." The NLRA further states that "it is an unfair labor practice for an employer to interfere with, restrain, or coerce employees in the exercise of these rights."

So what does exercising these rights mean for nurses in the workplace? This column will look at a couple of those rights as they apply to nurses and health care facilities.

Talking union

Hospitals and health care facilities are much like any other employer in the manner in which they relate to the employee's union. They feel threatened by the union. Therefore, they want to make it go away and, if not, at least conceal, contain and suppress it as much as possible. That's why for instance, there is often such employer reluctance to have a union bulletin board in any remotely public space. Hospitals generally have not gotten to



Joe Twarog

the point of feeling comfortable enough with the union so that they can openly recognize the union as, say, some of the auto companies have. Many vehicles have United Auto Workers (UAW) decals on the rear windows of new cars.

Instead, some hospitals today are intentionally trying to confuse and intimidate nurses by forbidding any union talk during work time under the threat of discipline. Nursing supervisors and hospital administrators often inform nurses that they can talk about the union, but only on their own time and/or away from the hospital. Such bans and prohibitions on conversation violate the law—they are illegal!

In addition to controlling the workplace, the employer's further intent is to portray the union as something sinister and menacing. Therefore, it has to be quarantined, controlled and restricted. That message is not accidental.

The reality is that employees in all professions talk and socialize as they work—from airline pilots, educators, accountants, lawyers and legislators, to surgeons and nurses. People converse about a whole range of issues, including: the weather; family; food; sports; TV shows and movies; accidents and disasters; elections and politics; news stories; celebrity scandals; lottery winners; sales; recipes; and vacations. Such conversation is normal and expected, but in any case it cannot interfere with the performance of

one's work.

Talking about the union and labor issues are also legitimate topics that may be discussed during work time, like any of the above mentioned subjects. The employer is not allowed under the law to limit or forbid such talk any more than they could outlaw talking about the weather.

With that stated, it is clear that a sensible and reasonable exercise of these rights is advisable. For instance, it may be improper and unprofessional for a nurse to talk about a TV show or family vacation while in the middle of patient care. Similarly, it would be inappropriate if such discussion interfered with the performance of their jobs. "Talking union" during work time would be held to that same standard, but not a different or more stringent criterion.

Wearing union buttons

Another sometimes contentious area involves union visibility at work by the wearing of union insignia. Over the years there have been numerous cases decided by the NLRB on the right of employees to wear union insignia and buttons at the worksite. This right was firmly established in 1945 involving Republic Aviation Corp. (Republic Aviation Corp. v NLRB 324 US 793 (1945) - "Employees have a protected Section 7 right to make public their concerns about their employment relation, including a right to wear union insignia at work.") But this right has been revisited many times by the NLRB, in particular with regard to health care and hospital settings.

Nurses working in a health care location have the same rights to wear union buttons and insignia in general. However, some NLRB decisions have held that in certain "special circumstances" a health care facility may lawfully prohibit the wearing of union buttons in immediate patient care areas, if necessary to avoid the disruption of health care

operations or disturbance of patients. But the burden is on the facility to prove these special circumstances.

In other words, for the hospital to restrict the wearing of union insignia, it would have to demonstrate that a nurse wearing a union button or sticker would likely disturb patients and their families because they would rea-



sonably fear that their medical care was unsafe, or that the button or slogan disparaged the hospital and was recklessly made, maliciously false, vulgar or obscene.

The bottom line is that RNs are allowed to wear union buttons, stickers, ribbons and insignia even in patient care areas, potentially limited only by the narrow factors referred to above. The hospital or health care facility cannot simply impose a blanket rule that discriminates against union insignia. ■

NLRB rules in favor of MNA

New Moakley Building to be part of MNA bargaining unit

The National Labor Relations Board (NLRB) recently ruled that all the registered nurse positions to be established at Boston Medical Center's new Moakley building will be part of the MNA bargaining unit. The \$96 million Moakley building will provide a centralized location for same-day cancer treatment in addition to other types of same-day surgeries.

In 1996, Boston City Hospital and Boston University Medical Center merged into the Boston Medical Center. The nurses at the BU Medical Center were represented by the MNA. The nurses at Boston City Hospital were represented by the Service Employee International Union. As part of the merger, the two separate nursing bargaining units were left intact. When the new Moakley building was nearing completion, the question arose as to which nurses' union would have jurisdiction over the nurses working in the new building. Hospital management filed a petition with the NLRB requesting the NLRB make the decision to clarify which union would represent the RNs working in the Moakley building.

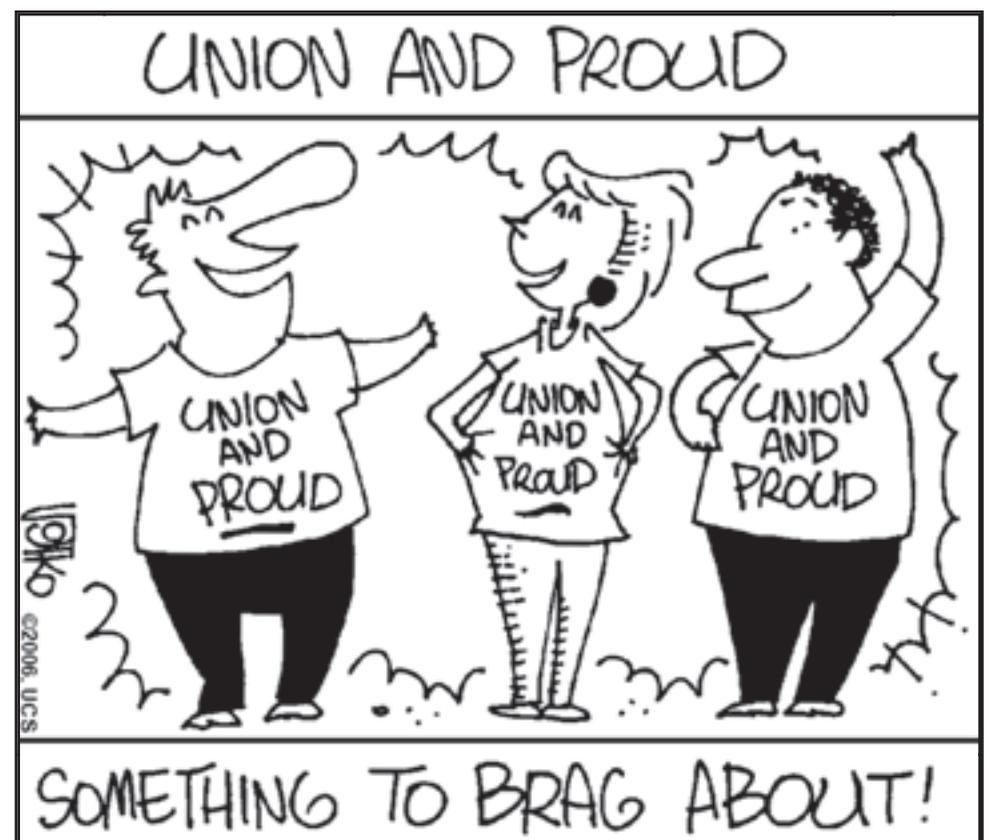
"The vast majority of these nursing positions are now held by nurses in our bargaining

unit," said Ann Driscoll, RN and chairperson of the MNA's bargaining unit at the BMC. "We look forward to seeing our unit stay whole and are thankful that the NLRB recognized the validity of our claims."

The NLRB decision, which was issued in late May, stated that "the Moakley building RNs, a vast majority of whom will be transferees from the MNA bargaining unit, constitute a proper accretion to the MNA unit. Any RN assigned to work in the Moakley building on a permanent, regular basis will be a MNA bargaining unit member."

According to Roland Goff, director of MNA's department of labor action, this ruling had been expected. "When the NLRB found that 41 of the 44 RNs transferred to the Moakley building were from our bargaining unit there was really no other conclusion they could reach. The board was clear that the RNs in the Moakley building shared a community of interest with those nurses in the MNA University campus unit."

"We have always viewed ourselves as a family as much as a bargaining unit. The decision was correct because these are our jobs and our family will stay together," added Driscoll. ■



Division of Labor Action: Bargaining Unit Updates

Unit 7 reaches tentative agreement on new contract

Dear Unit 7 colleagues and fellow MNA members,

After 1,046 days without a contract, the MNA's Unit 7 bargaining unit has reached a tentative agreement with the state.

It has been a long bumpy road to agreement—but your negotiating committee kept their eyes on an equitable contract, and they persevered.

We feel that this tentative agreement meets the priorities that you—the members—had set and/or supported, and we appreciate your involvement throughout this arduous process.

By now all Unit 7 members should have received a letter and a copy of the tentative agreement for review, as well as a ballot specific to the ratification vote. In addition, we will hold unit meetings to explain and discuss the agreement.

If you have questions or concerns relating to the tentative agreement between now and then, please don't hesitate to contact your bargaining unit representative or an appropriate labor director at the MNA. Until then, congratulations on a job well done.

In solidarity,

The Unit 7 Executive Board

Michael D'Intinosanto, RN, Templeton Developmental Center

Cathy Evlog, RN, Secretary, Chelsea Soldiers Home

Marty McNamara, RN, Treasurer, Tewksbury Hospital

Pat O'Neill, RN, Quincy Mental Health Center

Carolyn Moss, RN, Quincy Mental Health Center

Steve Robins, PT, Lemuel Shattuck Hospital

Ellen Farley, RN, Taunton State Hospital

Thomas Martin, Tewksbury Hospital

Beth Gray-Nix, OT, Fernald Developmental Center

Karen Coughlin, RN, Taunton State Hospital

Jesse Hill, RN, Taunton State Hospital

Mike McCarthy, RN, Taunton State Hospital

Carol Kleindienst, RN, Worcester State Hospital

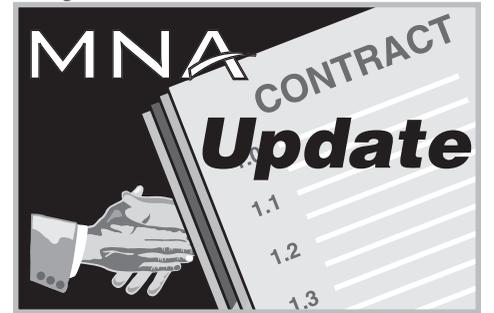
David Morin, MD, Tewksbury Hospital

Charlie Palmer, RN, Tewksbury Hospital ■

Caritas Norwood Hospital

The registered nurses at Caritas Norwood Hospital overwhelmingly ratified a two-year contract with the biggest turnout in bargaining unit history. The new contract includes the following:

- A 4 percent across-the-board increase in year one of the contract with a new 4 percent top step; 4.5 percent increase in year two with a restructured wage scale (4.25 percent between steps) and a new 4.25 percent top step.
- Successor protection language
- Health and safety language
- Paid release time for labor/management meetings
- Mandatory overtime limited to two hours beyond a nurse's shift
- Increased degree, night shift and weekend differentials
- Significant improvements for per diem RNs
- A new "professional activities fund" for conferences, seminars and re-certification
- Improvements in tuition reimbursement
- A new insurance advisory committee



NEMC

The committee was delighted with the overwhelming response to the surveys and it will be finalizing the proposal package soon. It is anticipated that negotiations will begin in August or September. Staffing issues continue to be a concern and the committee is frequently meeting and communicating with the management team to try to improve the situation. Nurses willing to serve as liaisons between the committee and the nursing units are asked to contact the committee prior to the start of negotiations so that improved communication will keep bargaining unit members informed after each negotiation session.

The NEMC nursing department and the MNA bargaining committee would also like to thank everyone who was involved in making its March CE program a success. The program—which focused on peer assistance for nurses who are struggling with substance abuse issues—served as an educational, social and unity-building opportunity for participants. Photos from the event are pictured below.

MetroWest Medical Center

The RNs at MetroWest Medical Center (Leonard Morse campus) overwhelmingly ratified their tentative agreement on June 14. Under the new agreement two new 3.5 percent steps are added to the wage scale over two years and two months, as well as across-the-board increases totaling 10 percent and a restructured wage scale with 3.5 percent between steps. Other changes include: medical insurance employee contribution percentages are fixed for the life of the contract; annual step increases will occur in the pay period closest to July 1 every year; and bargaining unit seniority will be added to the contract.

Brigham and Women's Hospital

The MNA Committee has met to review the proposal surveys and a proposal package has been finalized for negotiations, which will begin July 13. Advisory meetings continue to focus on staffing and safety issues for nurses and patients. The MNA has issued demand-to-bargain letters to the hospital concerning the new nursing assessment tool and the new CWN call-light system. Four grievances have been filed to arbitration with several more anticipated. ■

Scenes from New England Medical Center's CE program



New England Medical Center's March CE program was a success. The program focused on peer assistance for nurses who are struggling with substance abuse issues and served as an educational, social and unity-building opportunity for participants



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

Making the link on Cape Cod

Drinking water detective story: connecting water contamination and disease

By Ann Aschengrau, Ph.D.

Boston University Superfund Basic Research Program

In the 1980s, an unusually high incidence of cancers was observed in the Upper Cape Cod region of Massachusetts. Possible environmental risk factors were identified, including proximity to the Massachusetts Military Reservation, pesticide applications to cranberry bogs and forests, and tetrachloroethylene (also called perchloroethylene, PCE) contamination of drinking water.

The Superfund Basic Research Program (BUSBRP) at the BU School of Public Health decided to focus on PCE, and is using traditional and new tools to continue to test hypotheses concerning associations between PCE contamination and cancers, reproductive disorders and developmental disorders.

PCE solvent exposure linked to increased breast cancer risk

From 1968 through 1980, families in eight Cape Cod towns were exposed to PCE when the solvent leached into drinking water from the inner vinyl lining of certain asbestos cement water distribution pipes. In 1997, Aschengrau initiated a population-based case-control study of 672 people with breast cancer (the cases), and 616 people without the disease (the control group), to investigate the association between PCE exposure from public drinking water and breast cancer.

Aschengrau's research team estimated the relative delivered dose (RDD) of PCE to which each subject was exposed. The RDD is the amount of PCE that entered a house in drinking water during a specified time period. It is based on a mathematical model for the leaching rate of PCE from the vinyl liner of the water distribution pipes, and takes into account the age of the pipe, its length, diameter and the upstream load. The results of this SBPR-funded study refined and confirmed Aschengrau's earlier findings that women with the highest PCE exposure levels have a small to moderate increased risk of breast cancer.

More detailed exposure assessment confirms original findings

To control for additional factors, Aschengrau's research team devised a method to re-evaluate the data. The RDD quantifies the amount of PCE in the drinking water that enters a home, but does not consider exposure from inhalation, dermal absorption, or ingestion. PCE is a volatile organic compound and daily indoor inhalation exposure to contaminated water from showering can be up to six times greater than exposure from ingestion. Using personal exposure variables on tap water consumption and bathing habits obtained from surveys, Aschengrau's research team constructed a dose model to measure the relative amount of PCE taken in by each participant—referred to as the personal delivered dose (PDD).

Overall, the risks calculated from the PDD analysis differed only slightly from the RDD analysis. The study showed that the impact of variations in personal habits was small in comparison to variations in characteristics of the drinking water distribution system. However, Aschengrau believes that it remains important to assess exposure as accurately as practical in an epidemiological investigation.

Innovative software helps

Aschengrau's research team has also developed an innovative exposure assessment

method to model a town's entire complex water distribution system. They are using EPANET, an EPA software package that simulates hydraulic and water quality characteristics within pressurized pipe networks. Using the Geographic Information System

(GIS) developed for associated studies, they produced digital maps for each study town that identify the subjects' residences and water pipe network and are now able to calculate the yearly mass of PCE that entered each subject's residence. This model substantially improves the accuracy of the exposure assessment because it more accurately captures the direction in which the water flows through the distribution system and can assess PCE exposure at residences that are a long distance from the contamination source.

Reproductive, developmental problems

Aschengrau is currently analyzing data from a population-based retrospective cohort study including approximately 2,000 Cape Cod children and their families who were exposed to PCE-contaminated drinking water and a comparable group of 2,000 unexposed children and their families. This study tests the hypothesis that PCE exposure from the public drinking water supplies in Cape Cod is associated with reproductive and developmental outcome such as spontaneous abortion, low birth weight, intrauterine growth retardation, pre-term delivery, con-

genital malformations, and developmental disorders of learning and attention. The study is able to assess both pre-natal and postnatal exposure among the children and adult exposure among their parents.

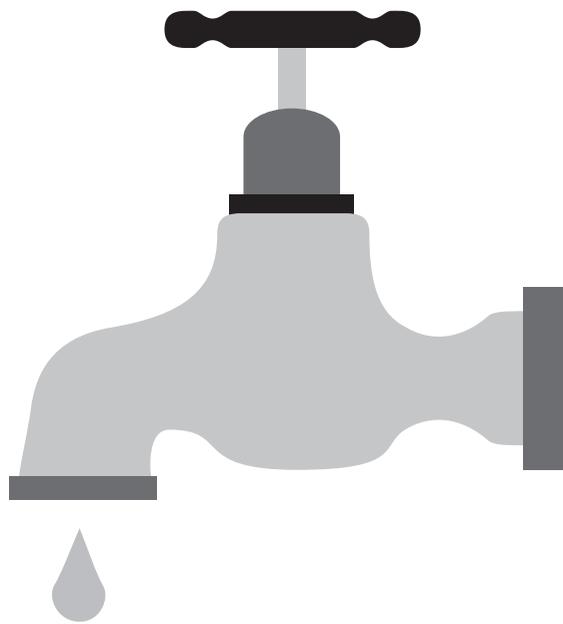
Aschengrau's research has been supported by the Superfund Basic Research Program of the National Institute of Environmental Health Sciences with funds from the U.S. Environmental Protection Agency.

For more information, contact Ann Aschengrau, BUMC-Epi, Dept. T3E, 715 Albany St., Boston, MA 02118. Phone, 617-638-5228

This article is the third in the series "From Research to Real Life" written by Boston University Superfund Basic Research Program (BUSBRP) researchers. GBPSR serves on the community advisory committee of the BUSBRP, which conducts research into the possible reproductive and developmental effects of chlorinated and non-chlorinated organic chemicals and substances (dioxins, PCBs, some solvents).

This research is relevant to the work GBPSR has been doing with Generations at Risk and In Harm's Way. Included in the BUSBRP are nine projects: A large scale cohort study of perchloroethylene (PCE) exposure in drinking water on Cape Cod, and a related project to develop new methods to locate geographic "hotspots" of increased risk; basic research studies of mechanisms whereby certain chlorinated compounds affect cellular processes associated with reproduction and development, especially as regards interactions with hormone signaling; a field study of reproductive effects in turtles in freshwater ponds impacted by a Superfund site on Cape Cod; and a project to develop new methods of remediation of groundwater.

The community advisory committee aims to provide a basis for a new collaborative structure bridging the university with the community in order to, among other things, increase public awareness about environmental health research, and link members of the professional community with academic environmental health research. For more information on the BUSBRP go to www.busbrp.org. For more information on GBPSR please visit <http://psr.igc.org/> ■



An emergency preparedness Q&A: introduction to "CERT"

Q: I'm hearing nurses talk about CERT training. What is it?

A: CERT stands for Community Emergency Response Team Training. The CERT concept was developed by the Los Angeles Fire Department in 1985, recognizing that citizens will very likely be on their own in the early stages of a disaster. A major California earthquake in 1987 further underscored that basic training in disaster survival and rescue skills could improve the chances of people surviving until help arrives. As we all saw from Hurricane Katrina emergency response failures last fall, the cavalry can be a long time coming.

CERT training is designed to help individuals, families and neighbors all pitch in and help themselves and others to survive a catastrophic disaster. Participants also learn to work as a community "team."

Q: How does CERT work?

A: As each CERT becomes organized and trained, and in accordance with standard operating procedures developed by the sponsoring agency in the community, its members select a team leader and an alternate. Members also identify a meeting location, or staging area, to be used in the event of a disaster. The staging area is where the local fire department and other services—emergency responders, etc.—will interact with CERTs. Creating this centralized contact point in advance makes it possible to communicate damage assessments and allocate volunteer resources most effectively.

Members are taught, in the event of a disaster, to assess their own needs and those of their own environment first. Runners to staging areas get help from available resources. Ham and CB radio links may also be utilized for communication and coordi-

nation. Trained volunteers are also utilized to provide shelter support, crowd control, and evacuation assistance. The CERT program can provide an effective first-response capability with the power to help save lives and protect property.

Q: Who offers CERT training? And how does it work?

A: In 1994, the federal government's Federal Emergency Management Agency expanded the California program to a national one, making it available to communities nationwide. Check with your local community fire department for CERT training in your area. For more information about emergency preparedness, contact Mary Crotty at 781-830-5743 or via email at mcrotty@mnarn.org or Chris Pontus.

Betty Sparks, an MNA Board member, is currently participating in the nine-week CERT training. ■

Health & Safety Contacts

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

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Associate Director, Health & Safety
781-830-5754
cpontus@mnarn.org

Workplace violence and abuse prevention task force develops a fact sheet on bullying

By Evie Bain

MNA members of the Workplace Violence and Abuse Prevention Task Force, co-chaired by Rosemary O'Brien and Noreen Hogan, have worked to develop the following fact sheet with information and impressions gleaned from their readings and their participation in related educational programs.

We know that, in the future, bullying will be the focus of much more attention as the psychological trauma to the victim and horror of events involving retaliation become better understood.

To quote a line from the fact sheet, "As with any event of workplace violence it is important to listen to the victim, encourage reporting and develop a response plan and, most of all, be kind and available when the victim needs to talk."

A copy of this fact sheet is available on the MNA's Web site at www.massnurses.org.

How to recognize and respond to bullying at work

Bullying is a form of abuse and harassment. The bully at work could be your co-worker, manager, supervisor, doctor, patient and/or their families.

Examples of bullying include:

- Verbal and physical threats (often behind closed doors)
- Unfair use of discipline
- Blocking promotions or requests for time off
- Excessive supervision
- Undermining responsibility or being set up to fail
- Spreading malicious rumors
- Physical isolation from co-workers
- Verbal abuse such as swearing; racial or sexual slurs; angry intimidating words; verbal humiliation; and/or demeaning comments made in public or private

Don't ignore the behavior

Tell others you trust and ask for help to develop a plan to address the bullying. Suggested responses include:

- Keep a diary with dates, incidents, behaviors and comments
- Ask people you trust for help: co-workers, union representatives, your manager, human resource personnel, the worker ombudsman if available
- Address the situation by speaking to the bully

- Let it be known that the behavior is unacceptable
- For additional direction and emotional support contact an available Employee Assistance Program through your employer or through your personal health insurance company
- Learn all you can about workplace bullying one very useful resources is www.bullybusters.org

Fact Sheet prepared by the MNA workplace violence and abuse prevention task force in cooperation with Chris King RN student, Regis College

How bullies pick their targets

Research shows that bullies find their targets systematically. That system follows the dynamics of power and control, i.e. the need to exert power over someone they believe they can control.

Bullies often believe themselves empowered due to size, gender or societal or work related authority. Research identifies the frequent roles of big/small, male/female, doctor/nurse, supervisor/worker as frequent bully/target dynamics.

It is important for the person who is the

target of the bully, whether at work, at home or on the street, to understand the dynamic that is at work in their situation as they attempt to work through and eliminate this abuse.

Co-worker response

As with any event of workplace violence it is important to listen to the victim, encourage reporting, develop a response plan and most of all, be kind and available when the victim needs to talk.

Employer response

Currently bullying in and of itself does not reach to the level of a legal punishable offense. Your employer's sexual harassment and workplace violence prevention policies may apply in some situations.

Additional resources

- www.bullybusters.org
- *The Bully at Work*, Gary Namie, Ruth Namie, April 2000.
- *Power Freaks*, David L. Weiner, Robert E. Lefton, September 2002.
- *Your Boss is Not Your Mother*, Debra Mandel, PhD, March 2006. ■

OSHA, MNA and the Massachusetts Division of Occupational Safety

Addressing what constitutes safe working conditions in health care settings

By Evie Bain

In the winter of 2003-2004 the MNA Health and Safety staff members learned, through Health Care Without Harm, that the New York State Nurses Association had signed on to an alliance with their local OSHA region. Very quickly the wheels began turning, and soon the Congress on Health and Safety began to investigate the process and how such an alliance could benefit MNA members.

The alliance was subsequently signed into effect at the MNA convention in 2004.

Within weeks of signing the document, representatives of the participating groups began meeting at OSHA Region 1 headquar-

ters in the JFK Federal Building in Boston to prioritize activities for the alliance.

Since the National Institute of Occupational Safety and Health (NIOSH) had recently released an alert entitled "Preventing Occupational Exposure to Antineoplastic and Other Hazardous Drugs Healthcare Settings," it was determined that moving this information forward would be the first task for the group.

During the spring and summer of 2005, representatives of the participating groups met frequently in planning sessions and presented an educational class entitled "OSHA Compliance with Hazardous Drugs" to more than 110 nurses and other representatives

from health care institutions from Massachusetts and beyond.

Without missing a beat, the group began preparing for the second topic to be addressed and developed a program called "Workplace Violence: Healthcare is Not Immune." Close to 150 people attended the program in Randolph in March (*see accompanying photos*).

The third topic to be presented will look at preventing musculo-skeletal injuries that result from lifting and moving patients and heavy equipment in health care settings.

Efforts are underway with representatives from OSHA and the Division of Safety to extend the alliance through 2008. ■



Nelson Barnes, assistant area director for safety, OSHA Springfield area office and Kathy Flannery, program supervisor, Mass. Division of Occupational Safety.



Rosemary O'Brien center, chairperson of the MNA Workplace Violence and Abuse Prevention Task Force attended the conference on March 29 with MNA vice president Donna Kelly Williams and MNA member Marilyn Crawford.



MNA Health and Safety Congress and Task Force members at the March 29 conference, "Workplace Violence: Healthcare is Not Immune." From left, Mary Bellistri, Liz O'Connor, Maryanne Dillon and Kathy McDonald.

Worcester Public Schools present Karen Hanlon with School Nurse of the Year Award

The Worcester public schools recently presented its annual School Nurse of the Year Award to Karen Hanlon, a resident of Worcester, an MNA member and the school nurse for the Harlow Street Elementary School and Worcester Arts Magnet School. The award was presented on May 10, which was National School Nurse Day.

Established in 2004 to recognize excellence in school nursing service, the award is given to a school nurse who makes outstanding contributions to the health and well being of their students, works collaboratively and effectively with colleagues and staff to improve school health and educational performance, while also working with outside agencies and other groups to improve the health of the community.

Hanlon, who has been a registered nurse for more than 30 years and a school nurse in Worcester since 1992, is personally responsible for administering all school health services for more than 500 students at the Harlow Street School and Worcester Arts Magnet School. Her nomination states that "Karen has been a valuable resource to all school nurses in the Worcester public schools, with the experience and professionalism that make other nurses aspire to emulate. She always goes above and beyond for her students, while deftly coordinating with teachers and families with regard to a variety of health issues, including management of food allergies and emergency plans."

In presenting the award, Donna Hoey,

coordinator of school nursing services for the Worcester Public Schools stated, "Karen is the ultimate professional. She is always willing to assist the newer nurses in the nursing department with any questions or concerns that they may have. Karen is also a strong advocate for school nurses. She is proactive in her schools and will always identify a possible problem and come up with a workable solution for students, parents, and the school staff. Karen communicates easily with all members of the school and medical communities. Her expertise has been noted by our nursing department and the principals at the schools she covers. Karen has provided this same level of professional care in any assignment she has had. As noted by one of her principals, 'Karen is a valued member of their team. When a child is identified as "at risk" we consult with Karen her medical perspective.' We are happy that Karen is being recognized for all her contributions to school nursing."

There are 42 school nurses in the Worcester public schools responsible for providing health coverage to 52 schools and more than 24,000 students. School nurses are highly-trained professionals who care for a population of students with varied and complex health needs. In fact, the professional requirements to be a school nurse are higher than those required of nurses in any other setting, including hospitals. According to the state Department of Public Health, at least one in 12 Massachusetts students is actively limited or



Donna Hoey, Worcester school nursing coordinator, presents School Nurse of the Year Award to Karen Hanlon (left).

suffering from fair or poor health. Children not only have asthma, attention deficit disorder, migraine headaches, epilepsy, heart conditions, diabetes, life threatening allergies, arthritis, hemophilia and other chronic illnesses, but students are also coming to school needing colostomy care, catheterization, intravenous medications, naso-gastric feeding and other complex procedures. ■

Rape aggression defense program comes to the MNA

The MNA recently hosted a Rape Aggression Defense (RAD) Program—for members and non-members—through the Boston Police Department's community services department. The instructors were community service officers Frank Hughes and Raquel Vega, and they trained participants in techniques to prevent a possible assault through risk awareness and recognition, as well as how to react and deal with aggression.

The program's overall training objectives included:

- Obtaining knowledge of statistics regarding sexual assault, rape and abduction

- Obtaining basic knowledge of legal limitations of self-defense
- Learning self-defense options that are both lethal or non-lethal

In addition, the program included a nine-hour physical component on basic self-defense moves. The aim was to teach participants that, on first blush, what seems physically impossible to accomplish soon becomes possible via the RAD training drills.

The program itself was physical and thought-provoking, and it challenged participants to respond in ways they were not normally socialized or conditioned to act on a daily basis. That was the virtue of this program: it truly showed the students that in

order to defend themselves it will be through the use of behaviors they usually don't use or exhibit.

This is one of the reasons why assault rates are as high as they are today: because the victim is taken by surprise, with no way to defend or respond to the situation. The RAD program offered viable options for individuals to use during an assault or aggressive attack. It was not pleasant—but it is a reality that needs to be considered by many in today's world.

If you would like to receive more information about this program or would like to have it brought to your facility, contact Chris Pontus. ■

Free online courses!

NEW online Continuing Education programs on the MNA Web site

Current program topics include:

Franchise Free! Creating a Safe Healthcare Environment

1.2 contact hours

The goal of this program is to ensure a therapeutic environment in which the patient and the nurse can interact, as well as to create a healthy workplace in which employees can practice.

Workplace Violence

1.1 contact hours

The goal of this program is to provide nurses and others with an understanding of the extent and severity of workplace violence in the health care setting, the effects this violence has on nurses and other victims and learn to identify hazardous conditions that can be corrected to prevent violence.



Participating RNs and healthcare professionals have the option to either complete their studies in "one sitting" or over the course of several days and/or visits—whatever is most convenient.

Visit www.massnurses.org

MNA 2006 final ballot

Vice President, Labor*

1 for 2 years

Donna Kelly-Williams

Treasurer, Labor*

1 for 2 years

Director, Labor*

5 for 2 years (one per Region)

Region 1

Diane Michael

Region 2

Mary Marengo

Region 3

Stephanie Stevens

Region 4

Region 5

Ginny Ryan

Director At-Large, General

4 for 2 years

Sharon McCollum

Marilyn Crawford

Rosemary O'Brien

Helen Gillam

Catherine Evlog

Director At-Large, Labor

3 for 2 years.

Judith M. Smith-Goguen

Ginny Ryan

Nancy Gilman

Nominations Committee

5 for 2 years (one per Region)

Region 1

Region 2

Region 3

Region 4

Region 5

Bylaws Committee

(5 for 2 years) (one per Region)

Region 1

Region 2

Susan Mulcahy

Region 3

Region 4

Region 5

Congress on Nursing Practice

(6 for 2 years)

Congress on Health Policy

(6 for 2 years)

Congress on Health and Safety

(6 for 2 years)

Elizabeth A. O'Connor

Mary Bellistri

Terri Arthur

Center for Nursing Ethics & Human Rights

(2 for 2 years)

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

See Page 21 for Regional Council final ballot



Joe-Ann Fergus (center) with MNA members from Northeast Health System outside of the House chamber.



Rep. Kathleen Teahan (D-Whitman), public health committee member.



Hundreds of nurses rallied at the State House would soon announce its vote.



Reps. Jennifer Callahan (D-Sutton) and Barbara L'Italien (D-Andover).



Rep. Marty Walsh (D-Boston) addresses a crowd of joyous nurses and families.



Nurses and their families lined the State House halls.

Sandy Ellis and Julie Pinkham just after the House votes were tallied.



Rep. Patricia Haddad (D-Somerset).



Stephen... speaks w...





ate House on May 23 in hopes that the



Rep. Marty Walsh (D-Boston) receives a big thank you from RN Stephanie Stevens.



Donna Kelly-Williams during an interview with WBZ Radio.



and supporters outside the House chamber.

On crutches and with backpacks they came: nurses ready to make a difference in the fight for safe care!

Advocating and celebrating a victory for safe RN staffing



A local nurse thanks John McCormack, a prominent patient safety advocate, for his help in the MNA's fight for safe staffing.

Tobin (D-Quincy), chair of the Nurse Ratio Committee, with RNs after vote.



Local RNs meet with Sen. Michael Morrissey (D-Quincy).



Unit 7 Consent To Serve

Statewide Election – Unit 7 State Chapter Health Care Professionals
Consent to Serve for the Executive Board

I am interested in active participation in the State Chapter, Health Care Professionals.
If elected by the Unit 7 membership, I am willing to serve as (check one)*:

Officers

- Vice President
- Secretary

Directors

- Nursing (4 to be elected)
- Occupational Therapy
- Pharmacy
- Psychology
- Speech/Language Pathology & Audiology

**All Unit 7 members are eligible to run for vice president or secretary. Only members of each discipline may serve as a director representing that discipline. All terms are for two years.*

Please type or print — Do not abbreviate

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Length of time in Unit 7: _____ years

Present Employment Dept. DMH DPH DMR Other (specify): _____

Work Site _____ Title _____

Present Offices/Association Activities/Local Unit Activities

Past Offices/Association Activities/Local Unit Activities (Past 5 years only.)

Signature of Member

Date

Return Deadline: Sept. 1, 2006

Return to: MNA, Unit 7, State Chapter Nominating Committee,
340 Turnpike Street, Canton, MA 02021



LAST CHANCE TO BOOK GROUP TRIPS WITH MNA

MNA is pleased to announce we are promoting these trips.

GREECE, WITH A 3-NIGHT GREEK ISLAND CRUISE
\$1,869* outside cabin or \$1,799* inside cabin
Oct. 23–31, 2006



We are offering this spectacular nine-day/seven-night tour 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 onboard 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 and hotel transfers. Almost all meals are included (three lunches are on your own) as well as daily tours.

FLORENCE, VENICE & ROME
\$1,729*
Nov. 3-11, 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. Includes four nights in the beautiful Spa town of Montecatini (just outside of Florence), day trips to Florence, Venice, Siena and San Gimignano and a visit to the picturesque city of Assisi. Three nights in Rome will include a full-day tour of the Colosseum, Parthenon, the Spanish Steps, Trevi Fountain and much more and a full-day tour of Vatican City. Trip includes round trip air from Boston and hotel transfers. Breakfast and dinner daily is included and one lunch.

Reserve Early
Space is Limited

To receive more information and a flyer on these great vacations, email Carol Mallia at cmallia@mnarn.org with your name and mailing address.

*Prices listed are per person, double occupancy based on credit card purchase. Applicable departure taxes are not included. Check purchase price is \$30 lower than the price listed.

Donations Needed for MNE Annual Auction!

We Need Your Help: The Massachusetts Nurses Foundation is preparing for the annual golf tournament that is scheduled for June 2006, as well as its annual silent and voice auction to be held during the MNA's 2006 convention.

Donations are needed to make these fundraising events a big success. Your *tax-deductible* donation helps the Foundation raise funds to support nursing scholarships and research.

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

Your support is appreciated

Jeannine Williams
MNF President

Patricia Healey
MNF Secretary

Contact the MNF at 781-830-5745 to obtain an auction donor form or simply mail or deliver your donation to: MNF, 340 Turnpike Street, Canton, MA 02021



MNA

PEER ASSISTANCE PROGRAM

Help for Nurses with Substance Abuse Problems



Are you a nurse who is self-prescribing medications for pain, stress or anxiety?



Are you a nurse who is using alcohol or other drugs to cope with everyday stress?



Would you appreciate the aid of a nurse who understands recovery and wants to help?

CALL THE MNA PEER ASSISTANCE PROGRAM

ALL INFORMATION IS CONFIDENTIAL

781-821-4625, EXT. 755

OR 800-882-2056 (IN MASS ONLY)

WWW.PEERASSISTANCE.COM

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

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

Boston Metropolitan Area

- Bournwood Hospital, Health Care Professionals Support Group, 300 South St., Brookline. Contact: Donna White, 617-469-0300, x305. Meets: Wednesdays, 7:30–8:30 p.m.
- McLean Hospital, DeMarmeffe Building, Room 116. Contact: LeRoy Kelly, 508-881-3192. Meets: Thursdays, 5:30–6:30 p.m.
- Peer Group Therapy, 1354 Hancock Street, Suite 209, Quincy. Contact: Terri O'Brien, 781-964-9546. Meets: Wednesdays, 5:15 p.m. & coed at 6:30 p.m.
- Caritas Good Samaritan Medical Center, Community Conference Room, 235 N. Pearl St., Brockton. Contact: Eleanor O'Flaherty, 508-559-8897.

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

Central Massachusetts

- Professional Nurses Group, UMass Medical Center, 107 Lincoln Street, Worcester. Contacts: Laurie, 508-853-0517; Carole, 978-568-1995. Meets: Mondays, 6–7 p.m.
- Health Care Support Group, UMass School of Medicine, Room 123, Worcester. Contact: Emory, 508-429-9433. Meets: Saturdays, 11 a.m.–noon.

Northern Massachusetts

- Baldpate Hospital, Bungalow 1, Baldpate Road, Georgetown. Facilitator: Teri Gouin, 978-352-2131, x15. Meets: Tuesdays, 5–6 p.m.
- Nurses Recovery Group, Beverly Hospital, 1st Floor, Beverly. Contact: Jacqueline Lyons, 978-697-2733. Meets: Mondays, 6–7 p.m.

- Partnership Recovery Services, 121 Myrtle Street, Melrose. Contact: Jay O'Neil, 781-979-0262. Meets: Sundays 6:30–7:30 p.m.

Western Massachusetts

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

Southern Massachusetts

- 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 for Nurses Group, Hartford, Conn. Contacts: Joan, 203-623-3261, Debbie, 203-871-906, Rick, 203-237-1199. Meets: Thursdays, 7–8:30 p.m.
- Nurses Peer Support Group, Ray Conference Center, 345 Blackstone Blvd., Providence, R.I. Contact: Sharon Goldstein, 800-445-1195. Meets: Wednesdays, 6:30–7:30 p.m.
- Nurses Recovery Group, VA Hospital, 5th Floor Lounge, Manchester, N.H. Contacts: Diede M., 603-647-8852, Sandy, 603-666-6482. Meets: Tuesdays, 7–8:30 p.m. ■

MNA Member Discounts Save You Money

Personal & Financial Services

PROFESSIONAL LIABILITY INSURANCE

NURSES SERVICE ORGANIZATION 800-247-1500 (8:00 A.M. TO 6:00 P.M.)
Leading provider of professional liability insurance for nursing professionals with over 800,000 health care professionals insured.

CREDIT CARD PROGRAM

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

TERM LIFE INSURANCE

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

LONG TERM CARE INSURANCE

WILLIAM CLIFFORD..... 800-878-9921, X110
Flexible and comprehensive long-term care insurance at discount rates.

SHORT TERM DISABILITY INSURANCE

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

LONG TERM DISABILITY INSURANCE

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

RETIREMENT PROGRAM

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

DISCOUNT TAX PREPARATION SERVICE

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

HOME MORTGAGE DISCOUNTS

RELIANT MORTGAGE COMPANY 877-662-6623
Save on your next home loan/mortgage with discounts available to MNA members and their families. Receive discounts off mortgage applications for home purchase, refinance and debt consolidation loans. Inquire into no points/no closing costs programs and reduced documentation programs. Receive free mortgage pre-approvals.

TAX REVIEW SERVICE

MERRIAM TAX RECOVERY 508-340-0240
Experts in recovering overpaid taxes.

LIFE & ESTATE PLANNING

LAW OFFICE OF DAGMAR M. POLLEX..... 781-535-6490
10-20% discount on personalized life & estate planning.

Products & Services

AUTO/HOMEOWNERS INSURANCE

COLONIAL INSURANCE SERVICES, INC..... 800-571-7773 OR 508-339-3047
MNA member discount is available for all household members. No service changes when choosing convenient EFT payment plan. Prices competitive with AAA. For a no obligation quote visit www.colonialinsuranceservices.com.

CELLULAR TELEPHONE SERVICE

CINGULAR WIRELESS 781-690-5535
Save 10–20 percent on SuperHome rate plans with no activation fee plus 20 percent discount on accessories. Some discount plans include free nights (9 p.m. to 7 a.m.) and weekends.

T-MOBILE 781-888-0021
Get more of the wireless products and services that keep mobile professionals connected. T-Mobile is offering MNA members and their families a free phone with activation, free nationwide long distance and roaming and free nights and weekends (on specific plans). International rates also available. No activation fee is required for members.

VERIZON WIRELESS..... 617-571-4626
Receive an 8 percent discount on plans priced \$34.99 and above! Receive a free Motorola V60s on any new purchase or upgrade.

NEXTEL COMMUNICATIONS, DON LYNCH..... 617-839-6684
Enjoy free incoming call plans and direct connect. Save 10 percent on rates and 30 percent on equipment. Many phones to choose from, including the new 1830 and the new Blackberry 7510. Now you can order online with no shipping or account setup fees at www.nextel.com/massnurses/

DISCOUNT DENTAL & EYEWEAR PROGRAM

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

JEFFY LUBE DISCOUNT

MNA DIVISION OF MEMBERSHIP 800-882-2056, x726
Obtain an MNA Discount card to receive 15% discount on automobile products & services.

CONSUMER REFERRAL SERVICE

MASS BUYING POWER..... 866-271-2196
Mass Buying Power is a no-cost, no-obligation benefit offered to MNA members. Before you make your next purchase visit www.massbuy.com for any new products and services. Log in as a group member (sign-in name: MBP, password, MBP)

DISCOUNT PRODUCTS BY MEMBER ADVANTAGE

MEMBER ADVANTAGE..... 781-828-4555 OR 800-232-0872
Discount prices on a broad range of products. Nationwide shipping or local pickup available. Register at mnaadiscounproducts.com (member ID: 391321040).

OIL BUYING NETWORK DISCOUNT

OIL BUYING NETWORK..... 800-660-4328
Lower your home heating oil costs by 10–25 cents per gallon or \$150 per year.

WRENTHAM VILLAGE PREMIUM OUTLETS

Present your valid MNA membership card at the information desk at the Wrentham Village Premium Outlets to receive a VIP coupon book offering hundreds of dollars in savings.

SIGHT CARE VISION SAVINGS PLAN

MNA DIVISION OF MEMBERSHIP 800-882-2056, x726
Obtain your Sight Care ID card to receive discounts on eye exams, eyeglasses & contact lenses at Cambridge Eye Doctors or Vision World locations.

HEALTH CARE APPAREL

WORK 'N GEAR DISCOUNT..... 800-WORKNGEAR (FOR STORE LOCATIONS)
Receive 15% discount off all regularly priced merchandise. Visit www.massnurses.org for a printable coupon to present at time of purchase.

BROOKS BROTHERS DISCOUNT

Enroll online to receive 15% discount at Brooks Brothers, Adrienne Vittadini and Carolee. Visit <http://membership.brooksbrothers.com>. (ID=87400, PIN=97838)

Travel & Leisure

NEW AVIS RENTAL CARE DISCOUNT

AVIS 1-800-331-1212
Discounts can be used for both personal and business travel. For full benefits, the Avis Worldwide Discount (AWD) number must be given to the reservation agent: Q282414. Visit www.zvis.com to set up your own personal profile or for more information.

HERTZ CAR RENTAL DISCOUNT

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

DISCOUNT MOVIE PASSES

MNA DIVISION OF MEMBERSHIP 800-882-2056, x726
Showcase Cinemas/National Amusements, \$7. AMC Theatres, \$5.50. Regal Cinemas (not valid first 12 days of new release), \$6. Call to order by phone with Mastercard or Visa.

DISCOUNT HOTEL & TRAVEL PRIVILEGES

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

CENTRAL FLORIDA AREA ATTRACTIONS

THE OFFICIAL TICKET CENTER..... 877-406-4836
Discount admission to Orlando area attractions.

ANHEUSER-BUSCH ADVENTURE PARKS DISCOUNT

MNA DIVISION OF MEMBERSHIP 800-882-2056, x726
Obtain Adventure Card to receive discount admission to Busch Gardens, Sea World, Sesame Place, Water Country USA & Adventure Island in Tampa, Fla.

UNIVERSAL STUDIOS FAN CLUB

..... 888-777-2131
Log onto the MNA Web site at www.massnurses.org and click on the Universal Studios Link to obtain special discount prices.

WORKING ADVANTAGE

Members now have access to discounts for movie tickets, movie rentals, theme parks, ski tickets, Broadway shows, and much more. Register today at www.workingadvantage.com (member ID available by calling 781-830-5726).

SIX FLAGS NEW ENGLAND

MNA DIVISION OF MEMBERSHIP 800-882-2056, x726
Purchase discount admission tickets for \$30 per person (seasonal).

**For more information, contact the representative listed or call member discounts at the MNA, 800-882-2056, x726.
All discounts are subject to change.**

Volunteers needed to review MNF scholarship applications

It's scholarship time, and the MNF needs your help in reviewing applications

The Massachusetts Nurses Foundation is looking for volunteers to participate in the review and award process for its 2006 scholarships. Participants will be responsible for reviewing applications and completing all related score sheets.

Attendance at one (two to three-hour) meeting in August where final selections will be made is required.

For more information or to volunteer, contact Cindy Messia at 781-830-5745 or via email at cmessia@mnarn.org.



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 Division of Membership, Attn: MNA baseball hats, 340 Turnpike Street, Canton, MA 02021.

The MNA joins MITSS in providing support to nurses involved with 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?**
- **Would you like to 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

Toll-Free Number: 888-36-MITSS
MNA Referral Line: 781-830-5770
www.mitss.org



MNA

MNA CONTINUING EDUCATION COURSES

Fall 2006 Courses

Post Traumatic Stress Disorder – Nursing Implications

Description This program will address the characteristic signs, symptoms, therapeutic approaches and nursing management of patients experiencing post traumatic stress disorder. Considerations relative to traumatic events throughout the life span and cultural barriers will be included.

Speakers Ronald Nardi, MSN, APRN
Carol Dacey, BSN, RNC
Kim Choi, BSN, RN

Date Sept. 14, 2006

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

Place MNA Headquarters, Canton

Fee MNA Members Free; Others \$95.

Contact Hours* 3.6

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

Basic Dysrhythmia Interpretation

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

Speaker Carol Mallia, RN, MSN

Dates Sept. 19, 2006 – Part 1
Sept. 26, 2006 – Part 2

Time 5 – 9 p.m. (light supper provided)

Place MNA Headquarters, Canton

Fee MNA Members Free; Others \$125

Contact Hours* 9.0

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

Anatomy of a Legal Nurse Consultant

Description  This program, co-provided by MNA and the Southern New England Chapter, AALNC, will introduce the nurse to the scope of practice of the legal nurse consultant. The history and evolution of this important role, its multifaceted components, including practice environments, litigation process, case evaluation for compliance with standards of nursing/healthcare practice, nurse expert witness role, risk management and other important considerations will be described. Professional certification also will be addressed.

Speakers Legal nurse consultants

Date Sept. 28, 2006

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

Place MNA Headquarters, Canton

Fee MNA & AALNC members, \$65; others, \$95

Contact Hours* Will be provided.

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

Advanced Cardiac Life Support Certification and Recertification

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

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

Date Oct. 11, 2006 and Oct. 18, 2006 (Certification)
Oct. 18, 2006 (Recertification)

Time 9 a.m. – 5p.m. (light lunch provided)

Place MNA Headquarters, Canton

Fee Certification: MNA members Free; Others \$195
Recertification: MNA members Free; Others \$165

Contact Hours* Will be provided.

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

Diabetes 2006: What Nurses Need to Know

Description  This program will discuss the pathophysiology and classification of Diabetes, Types 1 and 2. Nursing implications of blood glucose monitoring and non-pharmacological 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.

Speaker Ann Miller, MS, RN, CS, CDE

Date Oct. 19, 2006

Time 8:30 a.m. – 4 p.m. (light lunch provided)

Place MNA Headquarters, Canton

Fee MNA Members Free; Others \$150

Contact Hours* 7.2

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

Oncology for Nurses

Description  This program will increase knowledge in oncology nursing. The content will include an overview of cancer management, tumor physiology and staging, relevant laboratory testing and treatment strategies and safe handling of neoplastic agents. Chemotherapy administration, classification of chemotherapeutic agents, management of toxicities and adverse effects of treatments and oncological emergencies will be discussed. The program will conclude with pain and symptom management, palliative care and an overview of Hospice care. (Class size limited to 25 participants).

Speaker Marylou Gregory-Lee, MSN, RN, NP, Adult Nurse Practitioner

Date Nov. 1, 2006

Time 8:30 a.m. – 4 p.m. (light lunch provided)

Place MNA Headquarters, Canton

Fee MNA Members Free; Others \$150

Contact Hours* 7.2

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

Critical and Emerging Infectious Diseases

Description  This program is designed to provide nurses with current information regarding critical infectious diseases, e.g. HIV/AIDS, Tuberculosis, Hepatitis, MRSA and emerging infectious diseases, e.g. Avian flu, Marburg virus, SARS, EBOLA, BSE and other diseases. The morning session will address specific diseases, their epidemiology, signs/symptoms, treatment and prevention. The afternoon session will address protecting nurses and others from disease exposure through the use of environmental and work-practice controls, as well as personal protective equipment.

Speakers TBA

Date Nov. 3, 2006

Time 8:30 a.m. - 4 p.m.

Place MNA Headquarters, Canton

Fee MNA Members Free; Others \$150

Contact Hours* Will be provided.

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

Addictions in Nursing: A Profession at Risk

Description  Participants will learn to recognize the characteristics of nurses at risk for substance abuse and substance dependence and identify occupational risk factors and occupational signs of substance abuse. Important considerations in assisting colleagues with substance abuse problems and resources available to them will be addressed.

Speaker Donna White, RN, PhD, CADAC-II

Date Nov. 14, 2006

Time 5 – 9 p.m. (light supper provided)

Place MNA Headquarters, Canton

Fee MNA Members Free; Others \$65

Contact Hours* Will be provided.

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

Interpreting Laboratory Values

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

Speaker Carol Mallia, RN, MSN

Date Nov. 28, 2006

Time 5 – 9 p.m. (light supper provided)

Place MNA Headquarters, Canton

Fee MNA Members Free; Others \$65

Contact Hours* 4.4

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

MORE CONTINUING ED COURSES, NEXT PAGE

Safe Patient Handling: Protect Your Patient and Your Back

Description This program will address many of the issues and concerns as well as the current possible solutions related to the age old and ongoing problem of safe patient handling in the field of nursing.

Speaker Christine Pontus, MS, RN, COHN-S/CCM

Date TBA

Time 8:30 a.m. – 1 p.m.

Place MNA Headquarters, Canton

Fee MNA Members Free; Others \$125

Contact Hours Will be provided.

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

Cardiac and Pulmonary Pharmacology

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

Speaker Carol Mallia, RN, MSN

Date Dec. 5, 2006

Time 5 – 9 p.m. (light supper provided)

Place MNA Headquarters, Canton

Fee MNA Members Free; Others \$65

Contact Hours* 4.5

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

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 due to extenuating circumstances. **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.

Note: The May edition of the *Massachusetts Nurse* incorrectly listed the fee for "Critical and Emerging Infectious Diseases" as "free of charge" for all attendees. The correct fee information is listed on Page 18.

Mark your calendars now!



Don't forget that this year's annual MNA convention will be held on Oct. 4, 5 and 6 in Sturbridge, Mass.

Check the MNA Web site and upcoming issues of the *Mass Nurse* for more details. Or call the MNA's division of nursing at 781-821-4625.

See you in Sturbridge at the 2006 Convention!

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- MH-18a Quick Charger
- Video Cable, UC-E4 USB Cable
- Strap, Body Cap
- DK-5 Eyepiece Cap
- DK-20 Rubber Eyecup
- Accessory Shoe Cover
- Nikon Picture Project Software
- (#2158) 18-55mm f/3.5-5.6G ED AF-S DX Zoom-Nikkor



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MNA Regional News

News from Region 4

CEU programs a hit

Region 4 sponsored four very popular CEU programs throughout the area between February and May. Each program was "sold out," with 60 members in attendance at each event. The one exception was the full-day program for which we had to turn members away.

One program in particular was so popular—Managing Bedside Emergencies—that Region 4 has scheduled a repeat of the same program with Carol Mallia, RN, MSN of the MNA's department of nursing. The program is scheduled for Thursday, Sept. 21, 9 a.m.–4 p.m. in Peabody.

If you're interested, register early by contacting the Region 4 office at 978-977-9200 or via email at region4mna@aol.com.

New CEU benefit as of July 1: Reimbursement for education and certification/licensure fees

The Board of Region 4 recently voted to allocate funds to assist members of Region 4 by offering financial reimbursement for:

- Fees to pay for continuing education programs
- Fees associated with certification
- Fees associated with licensure for advanced practice in nursing

For the first year of this program, each member of Region 4 can apply for up to \$100.00 reimbursement. Eligibility will begin July 1, 2006. Applications for reimbursement must be submitted within 60 days after completion of the program.

For more information on this benefit and an application, contact Region 4 at 978-977-9200 or via email at region4mna@aol.com.

Region 4 offers financial support to members wishing to attend the MNA's Annual Convention

The annual MNA Convention is "the place to be" for MNA members who want to earn CEUs, to meet nurses from every part of the state, and—most important of all—to participate as a member of the voting body in the MNA's decision making.



This year's convention is scheduled to be held on October 4, 5 and 6 in Sturbridge, Mass.

To make it a little easier for Region 4 members to attend, Region 4 will again offer \$250 reimbursement of convention expenses to each of the first 100 members who sign up. In the past few years, this benefit has encouraged more and more nurses from Essex County to attend convention. We hope this year the number will be even larger. For more info, call or email the Region 4 office: 978-977-9200 or region4mna@aol.com.

Oops!

In the last issue of the *Massachusetts Nurse*, a list of the bargaining units of Region 4 somehow left out the oldest MNA bargaining unit in the state: Merrimack Valley Hospital, formerly Hale Hospital, in Haverhill, with approximately 200 registered nurses.

Our apologies for the omission. ■

Regional council final ballot 2006

Region 1 (4 for 2 years)

- Gail S. Bean
- Christine Folsom
- Sandra Hottin
- Irene Patch

Region 2 (4 for 2 years)

Region 3

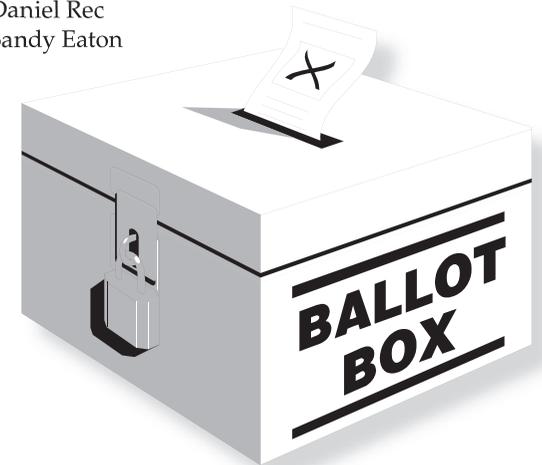
- Peggy Kilroy
- Ann-Marie Mrozinski
- Joanne R. Wenhold

Region 4 (4 for 2 years)

- Judith v. Gross
- Mary Wignall

Region 5 (4 for 2 years)

- Deborah Martin
- Ann Marie McDonagh
- James G. Moura
- Daniel Rec
- Sandy Eaton



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 Please charge my Visa MasterCard American Express

Card Number _____ Expires (Mo/Yr) _____

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Return this form with payment to MNA, 340 Turnpike Street, Canton, MA 02021

New MNA hooded sweatshirts are now available.

Gray, hooded sweatshirts of cotton/poly blend are excellent quality and feature the MNA logo on the chest and across the back.





Nursing Faculty

Salem State College is seeking to fill two Adult Health faculty positions in the School of Nursing for the Fall of 2006: one position is temporary and one is tenure track. Required qualifications include a Master's degree in Nursing, expertise in Adult Health Nursing and five years of recent clinical experience. Preferred qualifications include an earned doctorate and baccalaureate teaching experience. We also prefer candidates with experience in and commitment to teaching in a multiracial, multiethnic environment with students of diverse backgrounds and learning styles, as well as in distance learning and instructional technologies, and candidates who enjoy serving as role models and mentors for a diverse student body. The salary is competitive and commensurate with skills and experience. Application review will begin immediately and continue until an adequate pool is developed.

To apply, send a letter of application specifying reference code for position, resume, appropriate transcripts and three letters of reference to:

Office of Human Resources & Equal Opportunity, 352 Lafayette Street, Salem, MA 01970; Fax: 978-542-6163; Email: eo-hr@salemstate.edu (Word Attachments Only)
Reference Code: 06-AA-F-NUR-ADHLT (Tenure Track)
Reference Code: 06-AA-F-NUR-TEMP1 (Temporary)

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Purchase discounted admission tickets directly from the MNA for \$30 by calling the division of membership at the number listed below or send a check made payable to the MNA. Be sure to specify the quantity of tickets when you place your order.

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800-654-2220. Mention the MNA/Hertz Discount CDP number and receive the MNA discount or call the Membership Division and request a Hertz ID card and/or value added coupon.

More information and details

Members can get a corporate discount for travel and entertainment by visiting www.massnurse.org and clicking onto the appropriate link. Or call the MNA's division of membership at 781-830-5726 to obtain the association's access codes. ■

Avis Car Rental

Low competitive rates and discounts on promotional rates. Call Avis at 800-831-8000 and mention our Worldwide Discount number (AWD), which is available by calling the division of membership.

MNA membership dues deductibility for 2005

The table below shows 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.

Region	Amount	Percent
All Regions	\$28.50	5.0%

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General Information Panel and Open House Sessions:

- *Wednesday, June 21st
- *Wednesday, July 19th
- *Wednesday, August 16th
- 12:00 to 5:00pm, Open House
- 6:30 - 8:00pm, Panel Session

Tip O'Neill Federal Building, 10 Causeway St., Boston, MA (next to North Station/Garden)
RSVP required 617-565-5555

Peace Corps is a 27 month commitment and there is no upper age limit. Peace Corps provides comprehensive language, cultural, and technical training, health insurance, housing, living stipend, travel, and a \$6000 readjustment fee.

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- Investment Properties

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

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

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

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- Passed the Joint Committee on Public Health 12-1
- Passed the Joint Committee on Health Care Finance 11-2
- Passed the House Ways and Means Committee
- Passed the House of Representatives 133-20 on May 24
- Need to get vote and passage in state Senate by July 15
- Need to go to the Governor for his signature into law

How it will help you:

- Sets a safe limit on the number of patients assigned to an RN
- Bans mandatory overtime
- Prohibits the replacement of RNs by unlicensed personnel
- Prevents floating without proper orientation to the unit
- Prevents a reduction of ancillary staff (i.e. LPNs, Aides)
- Includes nurse faculty, education and scholarship incentives and refresher courses for nurses returning to the bedside

What you need to do:

Tell your state senator this bill needs to pass!

- **PHONE:** State Senate 617.722.1455
- **EMAIL:** Go to <http://capwiz.com/massnurses/> to email your state senator.
- **TO FIND YOUR LEGISLATORS:** <http://capwiz.com/massnurses/>. Scroll down to "My Elected Officials" and enter your address.