Compromise bill on RN staffing includes safe limits on nurses’ patient assignments

After many days and more than 15 hours of negotiations between legislative leaders, the MNA and the Massachusetts Hospital Association, the leadership of the House of Representatives has completed a compromise bill to address concerns over patient safety in acute care hospitals. The nurses’ measure called for setting safe limits on the number of patients assigned to a nurse, while the MHA proposal called for funding to support recruitment of new nurses with no changes in current staffing patterns in hospitals. The negotiations culminated with a meeting in the office of House Speaker Sal DiMasi, where the MNA accepted the compromise and a May 23 date was set for a floor debate on the bill.

State Rep. Peter Koutoujian, House chairman of the Joint Committee on Public Health, said he is proud of the compromise language and commended the leadership of Rogers, as well as the lead negotiators between legislative leaders, the MNA and the MHA. The compromise addresses hospital industry objections and includes nurse faculty and recruitment initiatives put forth in their own bill. The RNs measure called for setting safe limits on nurses’ patient assignments, prohibits mandatory overtime and includes initiatives to increase nursing faculty and nurse recruitment. The law, when enacted, would set a safe limit on the number of patients assigned to a nurse at one time.

The effort to reach a compromise began in earnest during the week of April 24, when advocates for both sides of the issue flooded the State House to influence debate over competing amendments introduced as part of the House budget for 2007. The MNA and the MHA had filed competing amendments to deal with a growing crisis in patient safety in the state’s acute care hospitals. The compromise bill directs the DPH to undergo a vigorous regulatory process utilizing research, data, patient outcome information and expert testimony to develop safe standards and limits.

### Compromise addresses hospital industry objections

<table>
<thead>
<tr>
<th>Hospital industry objections</th>
<th>The compromise bill</th>
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<tr>
<td>Legislators setting staffing levels.</td>
<td>Directs the DPH to undergo a vigorous regulatory process utilizing research, data, patient outcome information and expert testimony to develop safe standards and limits.</td>
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<tr>
<td>Flexibility.</td>
<td>Staffing based on patients needs.</td>
</tr>
<tr>
<td>Financially strapped hospitals’ ability to comply.</td>
<td>Provides hospitals in legitimate financial distress a time-limited waiver process to comply.</td>
</tr>
<tr>
<td>Penalty and fine process too strict.</td>
<td>Provides for a balanced process, reduced fines and the discretion of DPH during non-compliance review.</td>
</tr>
<tr>
<td>Need to focus more on recruitment of nurses.</td>
<td>Includes nurse faculty and recruitment initiatives put forth in their own bill.</td>
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</tbody>
</table>

MetroWest Medical Center nurses hold informational picket

The registered nurses of the Leonard Morse campus of MetroWest Medical Center conducted informational picketing outside the main entrance to the facility from 1—5 p.m. on May 1 (International Labor Day) as contract talks with management stalled over the nurses’ call for a competitive wage scale with area hospitals and the maintenance of their current level of health insurance benefits. “We want the public to know that we are losing valuable staff and, with them, our ability to deliver quality care—simply because our wages are among the lowest in the region,” said Laura Hunter-Brooks, RN, an intensive care unit nurse and the co-chair of the nurses’ local bargaining unit.

The 221 registered nurses at MetroWest/Leonard Morse are attempting to negotiate a new contract and their first with Vanguard Health Systems, a multi-billion dollar, for-profit health care corporation that is based in Nashville, Tenn. At a time when the competition for nurses is intense and the salaries of nurses are on the rise, the nurses at MetroWest Medical Center are currently paid as much as 30 percent below nurses working at major teaching hospitals in Boston and Worcester, and as much as 24 percent below like-sized community hospitals in the area. For example, MetroWest nurses at the top of the pay scale currently make as much as $16 an hour less than nurses at Brigham & Women’s Hospital, and between $5.50 and $10 an hour below wages proposed to their counterparts at nearby Caritas Norwood Hospital and the wages that already in place at Newton-Wellesley Hospital.

“We are talking about nurses making between $11,000 and $32,000 less than at other facilities, where you would do the same job and, in most cases, have better staffing levels,” Hunter-Brooks added. “How can you expect to keep your experienced nurses, and how can you...”
The Massachusetts Health Care Trust vs. Massachusetts Government Bill

Five Principles to Guide Expansion of Coverage

1) Health coverage should be universal.

Single Payer Trust Bill:  • Will cover all Massachusetts residents.
Massachusetts Government Bill:  • Will not cover everyone.

2) Health care should be continuous.

Single Payer Trust Bill:  • Is continuous. The coverage travels with the person.
Massachusetts Government Bill:  • Mostly job dependent and thus not continuous.

3) Health care coverage should be affordable to individuals and families.

Single Payer Trust Bill:  • Affordable for all.
• Paid by income tax, federal and state moneys, and employers’ contributions. All necessary medical and health care paid for from the Trust.
Massachusetts Government Bill:  • Will not be affordable to many people. It is possible that people who currently are covered may lose employers’ subsidies.
• People still have to pay private insurance premiums, co-pays and deductibles, even though the state pays some of the expenses.

4) The health insurance strategy should be affordable and sustainable for society.

Single Payer Trust Bill:  • Is sustainable and costs less than our present system.
• Eliminates huge administrative waste, controls costs with a budget, and uses bulk purchasing power for prescription drugs.
• Plans for efficient use of health resources and initiates preventive public health programs.
Massachusetts Government Bill:  • Is not sustainable.
• Will add more cost to our system and will not cover everyone.
• Has large administrative costs including billing, means testing, other eligibility requirements, and advertising.
• Has no significant cost control capability; in fact, it will be more costly than the current system.
• Does not encourage preventive public health care and may discourage people from using needed services.

5) Health insurance should enhance health and well-being by promoting access to high quality care that is effective, efficient, safe, timely, patient-centered, and equitable.

Single Payer Trust Bill:  • Will provide unlimited choice of provider, simplified efficient administration, and direct input for patients to make the system user-friendly.
• Is the fairest plan because every resident in Massachusetts will have the same comprehensive policy. Services will be based on need for care rather than ability to pay.
• A Quality Council will improve medical safety in Massachusetts.
Massachusetts Government Bill:  • Choice of provider will remain limited by the insurance plan offered by employer or by the patient’s income category.
• The plan is complex with a large administrative burden, not patient-centered or equitable because the plan is based on ability to pay and not on medical need.
• Does not address medical safety.

Nurses’ guide to single-payer reform

New ‘universal’ health care bill will disappoint, hurt low-income families, say advocates and policy experts

Statement by the Massachusetts Campaign for Single Payer Health Care, April 2006

If the new and much-touted bill is kinder to insurance companies than to the low-income uninsured, we should not be surprised. We were told on April 5 by Scott Helman of the Boston Globe that lobbyists for insurance companies, pharmaceutical companies and big hospitals had increased their spending by a third while the bill was being debated.

Many uninsured are required by the bill to purchase some form of insurance through the private market or face stiff penalties on their tax forms. Even a stripped-down, poor-quality plan is likely to cost more than they can afford—and the bill does not raise enough costs to subsidize even a fraction of these new costs. It raises only $170 million a year which, according to Alan Sager, is “a drop in the bucket of Massachusetts health care where spending this year will be $39 billion.”

Uninsured individuals who are at three times the poverty line, and to whom the bill promises no financial assistance, will be forced to pay over 20 percent of their income to cover health care insurance, according to the best estimates available. While real incomes for the poor have been falling, and may continue to fall, the insurance costs they will now have to pay are likely to continue to rise.

Furthermore, “the bill will worsen the complex and costly administrative system that wastes funds needed to pay for actual health services,” says Alice Rothschild, MD and board president of the Alliance to Defend Health Care.

The bill is also likely to encourage employers currently providing health care for their workforce to push employees into the individual mandate, as the fees imposed on employers not covering their workers are far lower than the costs of the poorest quality workforce health plans in the state.

“This bill is going to exacerbate the crisis in Massachusetts health care,” said Sandy Eaton, RN and chair of MASS-CARE, an association of ninety state organizations that all believe a single-payer program is the least expensive and most effective way to solve the Commonwealth’s enormous problems in health care delivery can provide quality sustainable health care for all. Such a plan is the single-payer model adopted successfully in much of the rest of the world, whose costs are less than ours while their citizens are generally healthier.”

Letters to the Editor

Health care is a right

With all the uncertainty about the details of the new health care bill, the Health Care Constitutional Amendment becomes all the more essential. Only the amendment will provide reliable assurance that every Massachusetts resident will have access to affordable, comprehensive, quality health care.

Given the past history with health care initiatives in the state, we need more than a handshake; we need a constitutional guarantee.

The Franklin/Hampshire Health Care Coalition

MASS-CARE participates in progressive coalitions such as Jobs with Justice. Attendees at the April JwJ Health Care Action Committee meeting in Boston, where everyone was supporting the Constitutional amendment to make access to affordable health insurance the right of all Massachusetts residents, included, (from left): Charlie Rasmussen, MNA; Dawn Martinez, BLHG; Peter Knowlton, UE; Ben Day, MASS-CARE; Paul Cannon, IBT; Sandy Eaton, MASS-CARE; Rand Wilson, IUE-CWA; Ann Eldridge-Malone and Maurice Malone, ADHC; John Horgan, IBEW; Ariana Flores, Jwu; Shawn Leblanc, CWA; and Timothy Bergeron, CWA. Missing was Marc Blum, who’s taking the picture.
President's column

We have a vote! Now it's time to get on the bus and make it a 'Yes' vote

By Beth Piknick

After more than a decade of efforts by the Massachusetts Nurses Association to pass legislation to regulate RN staffing levels in acute care hospitals, we may finally have our chance to make it happen. As reported in the front-page story in this edition of the Massachusetts Nurse, the leadership of the House of Representatives—after lengthy negotiations with both the MNA and the Massachusetts Hospital Association—has crafted a compromise version of our safe staffing bill that, when enacted, would make Massachusetts the second state after California to pass a law setting limits on the number of patients a nurse can be assigned. It also calls for a number of initiatives to increase the supply of nurses and nursing faculty, while banning mandatory overtime, inappropriate use of unlicensed personnel and the practice of floating without orientation. The compromise addresses every concern of the hospital industry while still providing nurses with the protections we need to take care of our patients. The only change between this bill and our original is that the final numbers will need to be developed over 18 months by the DPH. While we have work to do in the future to make sure these numbers are right, we are confident we can win that battle.

For now, the mission of every nurse who supports this initiative is to show up at the State House on May 23 to demonstrate their support for this career-changing legislation. This is the day the House of Representatives will be voting on the compromise bill. We need to pack that building with nurses to show legislators that nurses are watching to make sure they do the right thing and vote yes on safe staffing limits. This is a pivotal day in the history of this bill and the history of nursing in Massachusetts. It is the day the House will be voting on our redrafted bill. With a win in the House, the bills moves on to the Senate. And with a win there, it goes to the governor's desk.

Without this first vote, we are nowhere. If you are off that day, be there. If you are working that day, convince a family member or colleague who is off to go.

In the meantime, you need to continue to write and call your legislator, every day if you have to, to make sure we get this issue resolved in this legislative session. You can be proud of your MNA leaders and you can be proud of the thousands of your colleagues who have been faxing and calling and emailing over the last several weeks—their efforts, all of our efforts, have brought us to this crucial stage in the fight.

Don’t let up, we are almost there. Visit the MNA’s Web site at www.massnurses.org to find out how to sign up for a bus to the State House. And please continue to follow this debate and fight over the next few months, as we may be asking for your help again. I know you are busy, we are all busy. But we have a chance right now, this year to make nursing history in Massachusetts.

Be a part of that history—get on the bus; call and write to your legislators; make your mark, and stand up for your profession and for your patients.

Notice to MNA members: MNA Dues Increase

Please note that the implementation of the final stage of the staggered dues increase voted in by the membership will become effective July 2006. The total monthly dues will be $65. This incorporates the regional dues, but does not include any local dues your unit may have.

Please contact the division of membership at 781-821-4625 if you no longer work in a bargaining unit, as well as any change in name or address in order that all relevant information will get to you.

Health insurance

The other key sticking point for the nurses is the issue of health insurance benefits. The nurses are seeking language in their new contract that would maintain the same level of health benefits they currently enjoy. In addition, they want to ensure that the hospital cannot make any future changes to their health benefit unless those changes result in a plan that is “substantially the same or better than the current benefit.”

The hospital has refused to include any written guarantee in the nurses’ contract to protect their benefits in the future.

According to Lyn Shaw, RN, a recovery room nurse and co-chair of the bargaining unit, “This will be the third different for-profit employer we have had here at MetroWest in the last 10 years. We are tired of having the rug pulled out from under us and we think we deserve a written commitment that we can expect to keep what we currently have for the life of our contract.”

MetroWest

From Page 1

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

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

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

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

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

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

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

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

MNA Excellence in Nursing Practice Award Recognizes a member who is a role model by contributing innovative, progressive ideas that serve to improve and enhance clinical nursing practice, including precepting students or new staff nurses.

MNA Research Award Recognizes a member or group of members who have effectively conducted or utilized research in their practices.

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

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

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

For detailed information on selection criteria and to receive a nomination packet, call Liz Cmielinski, MNA division of nursing, 781-830-5719 or toll free, 800-882-2056, x719. The nomination deadline is June 15, 2006.
**Nursing on Beacon Hill: Legislative Update**

**...Compromise**

From Page 1

...The staffing standards would be developed over 12 months of the bill's passage and be based on scientific research on nurse staffing levels/patient outcomes, expert testimony and standards of practice for each specialty area. The staffing standards will include an optimum target RN-to-patient assignment, as well as a safe limit on the number of patients assigned to each registered nurse.

...The bill calls for the safe staffing limits to be implemented in all teaching hospitals by 2008, with implementation in all community hospitals by 2010.

...Provides flexibility in staffing and accounts for patients who require more care. The measure calls on DPH to create a standardized, acuity-based patient classification system, which is a standardized formula for rating the illness level of patients. Based on the acuity of the patients assigned to a nurse, if those patients require more intensive care the nurse would be assigned fewer patients.

...Prohibits the practice of assigning nurses mandatory overtime as a means of staffing the hospital.

...Allows hospitals that can prove a financial inability to comply with the law to delay implementation of the staffing standards for up to six months, with oversight provided by DPH.

...Assures that institutions cannot delegate to unlicensed personnel duties which demand nursing expertise. Throughout the 1990s, the hospital industry attempted to cut costs by replacing nurses with unlicensed personnel, which led to deterioration in patient care and led to the exodus of nurses from the bedside.

...Establishes a number of nurse recruitment initiatives sought by the hospital industry, and supported by MNA, to increase the supply of nurses, including nursing scholarships and mentorship programs, and support for increases in nursing faculty to educate new nurses. It also would create refresher programs to assist nurses in returning to practice at the hospital bedside. A survey of Massachusetts nurses found that more than 65 percent of those not practicing in hospitals would be likely to return if a law providing safe limits was passed.

...Establishes strong consumer protections for safe RN staffing, including a prominent posting of the daily RN staffing standards on each unit.

...Calls on the DPH to monitor compliance and to investigate violations, with the ability to impose fines.

"With three days of negotiations among legislative leadership and the two organizations there was clear agreement on one fact by all parties—there should be a limit on the number of patients assigned to an RN at one time in Massachusetts hospitals. From that starting point, all aspects of the issue were negotiated to reach this compromise," said Julie Pinkham, RN and executive director of the MNA. “While we would prefer that the staffing standards would be in place much sooner, we understand the nature of the legislative process and the need for compromise to reach a solution that was acceptable to the Legislature while also meeting our goal of protecting patients in all hospitals.”

Pinkham added that the compromise addresses all of the objections expressed by the hospital industry.

“The hospital industry had objected to having legislators set staffing levels. The compromise bill directs the DPH to set the staffing limits. The hospital industry opposes a rigid ratio. The compromise provides for staffing based on patients’ needs. The hospital industry said setting limits will cause financially strapped hospitals to close. This bill provides hospitals in legitimate financial distress an extension and oversight to reach compliance. The hospital industry said we need to focus on recruitment of nurses. This measure includes the recruitment initiatives put forth in their own bill, while giving hospitals time to prepare for the implementation of the staffing changes. Everybody wins here: hospitals, nurses and, most important of all, patients.”

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**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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Mission Statement: The Massachusetts Nurse will inform, educate and meet member needs by providing timely information on nursing and health care issues facing the nurse in the Commonwealth of Massachusetts. Through the editorial voice of the newsletter, MNA seeks to recognize the diversity of its membership and celebrate the contributions that members make to the nursing profession on the state, local and national levels.

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Deadline: Copy submitted for publication consideration must be received at MNA headquarters by the first day of the month prior to the month of publication. All submissions are subject to editing and none will be returned.

www.massnurses.org
No agreement in Unit 7 contract

As the Massachusetts Nurse went to press, there was still no settlement on the contract with the state for the 1,800 RNs and health professionals who work in state-operated health care facilities and agencies.

The contract struggle now stretches past 1,050 days, and the Unit 7 profession- als—who are paid as much as 30 percent below their counterparts in the private sector—haven’t had a raise since 2003. To highlight Unit 7’s struggle, the MNA ran full-page ads in newspapers across the commonwealth, as well as an advertisement in the Boston Globe. The ads criticized the Romney administration’s delay in reaching a fair settlement while the governor travels the country in his bid for the presidency.

The advertoirts also pointed out that the state’s disrespect for nurses translates into disrespect for the state’s most vulnerable patients, including the mentally ill, the mentally retarded and disabled veterans—while crippling the state’s valuable public health programs that are run by Unit 7 members.

Broker Visiting Nurse Association RNs picket annual meeting

Registered nurses at the Brockton VNA (BVNA), who have gone more than 20 months without a new contract and nearly two years without a raise, conducted informational picketing outside the main entrance as the agency held its annual meeting on April 26. Severely below-market wages for the nurses, combined with the lack of benefits for most newly hired nurses, are the key sticking points in the negotiations over a new contract. The stalled talks are now preventing the recruitment and retention of qualified staff, yet this agency lost more than 37 percent of its nurses over the last four years, primarily due to our severely below-market wages. We are being asked to provide a higher level of care with fewer resources and staff. As a result, the agency has suffered because we have had to reduce our service area and the agency is using more temporary nurses to fill staffing holes, which is more costly.”

The 30 Brockton VNA nurses have been negotiating a new contract since November 2004 and the contract expired in July 2004. A total of 20 negotiating sessions have been held, with the last session conducted before a federal mediator on April 18.

Nurses seek flexibility, benefits

Another concern for the nurses is the agency’s insistence on using “per-visit” nurses, as opposed to nurses who work a fixed schedule at an hourly wage. While per-visit nurses receive a slightly higher rate of pay for each visit they make, they are not provided with the same level of benefits as hourly nurses.

“A patient receiving home care today is coming out of the hospital sooner and, as a result, come home sicker than ever before. And they require more intense care,” said Faydene Small-Jones, step-down unit; Donna Mondeau, ICU; Betty Kaloustian, PACU; Kathy Hernon, schools and public health; Lori Osooky, nurse mid-wife; Suzanne Smith, addictions treatment unit; Elaine Carruso, OR.

said Donna Kelly Williams, chapter chair and pediatric nurse, “Through constant two-way communication, the members knew what the team was facing and the team knew the priorities of the members.”

West Springfield School Nurses

The first mediation session was held on April 24, and another was held May 1. The nurses continue to gather statewide support and media coverage of their fight for profes- sional wage parity. The nurses are outside local shopping establishments on weekends gathering signatures and distributing buttons in support of their cause.

Cambridge Hospital

On May 2 registered nurses at Cambridge Hospital voted overwhelmingly to ratify a new two-year contract. With more than two-thirds of the bargaining unit participating, 201 voted yes and only two voted no. The bargaining team was pleased with the vote and the support that it received from the members. The contract modestly changed the health insurance plan design, while maintaining the 85 percent/15 percent employer/employee premium split. In fact, if members choose to receive their health care from the providers at the Cambridge Health Alliance, their employer/employee premium split will improve to 90 percent/10 percent.

The contract also provided a minimum 11.5 percent increase in wages over the two years, retroactive to July 2005. Differentials were improved, charge pay and on-call pay increased and a new preceptor differential was introduced.

Team members included: Judy Weiner, ER; Susan Wright Thomas, maternity; Jan Hales, psych & clinical specialist; Jean Mazziola, med surg; Faydene Small-Jones, step down unit; Donna Mondeau, ICU; Betty Kaloustian, PACU; Kathy Hernon, schools and public health; Lori Osooky, nurse midwife; Suzanne Smith, addictions treatment unit; Elaine Carruso, OR.

said Donna Kelly Williams, chapter chair and pediatric nurse, “Through constant two-way communication, the members knew what the team was facing and the team knew the priorities of the members.”

Division of Labor Action: Bargaining Unit Updates

UMass Medical Center

The MNA members at UMass Medical Center, University Campus continue to be engaged in brutal negotiations with management. The hospital still has more than 50 concessionary proposals on the table. Dates have been set to continue talks into August.

Cooley Dickinson Hospital

MNA members at Cooley Dickinson Hos- pital are in contract negotiations. Progress is being made with each session and dates are set through May.

Berkshire Medical Center

Berkshire Medical Center members are get- ting ready to participate in the local “Relay for Life” event on June 16 and 17. The nurses’ committee will be hosting the August 14 Re- gion 1 Council Meeting.

Leicester School Nurses

The Leicester school nurses recently settled a new two-year contract.

Wachusett Regional School Nurses

The Wachusett Regional District school nurses recently settled a new two-year con- tract.

Mercy Medical Center

After great media coverage, multiple is- sues of the locals’ newsletter Top Dog News, and a successful picket that brought together over 20 unions and community groups, the negotiating committee ratified an agreement with management. The hospital still has more than 50 unions and community groups, the negotiating committee ratified an agreement with management. The hospital still has more than 50

VNA & Hospice of Cooley Dickinson

The nurses will be having their annual meeting with elections in May. Monthly membership meetings of the nurses have been well attended, and dinner/educational programs have been offered. The fight for fair working conditions for the hospice nurses continues and blue and white bumper stick- ers that read “I support the Hospice Nurses of the VNA & Hospice of Cooley Dickinson Inc.” are spotted regularly in the area.

MNA members are joined by family and friends at informational pickets at Mercy Medical Center, right, and Brockton Visiting Nurse Association, above.
The family and medical leave act

Your rights under the law, whether you are a unionized or non-unionized employee

By Joe Twarog

“Virtually all our nation’s workers talk about valuing children and families. America ought to be the place where the birth of a child is a glorious event, rather than the beginning of a family’s economic ruin. Despite the rhetoric, our nation has failed to adopt basic policies that support families when it comes to pregnancy and childbirth.”

—“Expecting Better: A State by State Analysis of Parental Leave Programs” by the National Partnership for Women & Families, 2005

The Family and Medical Leave Act (FMLA) was signed into law in 1993. It was the first piece of legislation that President Bill Clinton signed and it survived eight years of Congressional debate, 13 votes and two vetoes by President George Herbert W. Bush in earlier years. It is one of the most significant pieces of federal legislation enacted for American workers since OSHA enactment many years earlier.

The FMLA provides for family and medical leave benefits for eligible employees. The MNA and other unions view these leave benefits as minimum benefits—or the floors from which to build upon during the collective bargaining process. This means that, through the collective bargaining process, unions can bargain with employers for more generous and employee-friendly benefits.

FMLA: As good as it gets?

As significant as FMLA is, it still leaves American workers very far behind most other countries for such leave. Because of the FMLA limits on eligibility rules and the employers covered by the law, only 60 percent of U.S. workers are actually covered—and millions of those who are covered cannot afford to use the leave because it is unpaid.

This chart shows a sampling of what other countries provide for their workers:

<table>
<thead>
<tr>
<th>Country</th>
<th>Length of leave</th>
<th>Paid as % of wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil</td>
<td>120 days</td>
<td>100%</td>
</tr>
<tr>
<td>Austria</td>
<td>16 weeks</td>
<td>100%</td>
</tr>
<tr>
<td>Ireland</td>
<td>18 weeks</td>
<td>70% or a fixed rate</td>
</tr>
<tr>
<td>Indonesia</td>
<td>3 months</td>
<td>100%</td>
</tr>
<tr>
<td>Germany</td>
<td>14 weeks</td>
<td>100%</td>
</tr>
<tr>
<td>Poland</td>
<td>16 weeks</td>
<td>100%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>3 months</td>
<td>70%</td>
</tr>
<tr>
<td>South Africa</td>
<td>12 weeks</td>
<td>45%</td>
</tr>
<tr>
<td>Mexico</td>
<td>12 weeks</td>
<td>100%</td>
</tr>
<tr>
<td>Canada</td>
<td>15 weeks</td>
<td>55%</td>
</tr>
<tr>
<td>Japan</td>
<td>14 weeks</td>
<td>60%</td>
</tr>
<tr>
<td>Italy</td>
<td>5 months</td>
<td>80%</td>
</tr>
<tr>
<td>India</td>
<td>12 weeks</td>
<td>100%</td>
</tr>
<tr>
<td>France</td>
<td>16 weeks</td>
<td>80%</td>
</tr>
<tr>
<td>Argentina</td>
<td>90 days</td>
<td>100%</td>
</tr>
<tr>
<td>Guatemala</td>
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The United States and Australia are the only industrialized countries that don’t provide paid leave for new mothers nationally.” (Peter Svensson, Associated Press, July 31, 2005. And according to a recent study conducted by Harvard University, 163 out of 168 nations had some form of paid maternity leave. So, contrary to what the Chamber of Commerce and the Associated Industries of Massachusetts would have the public believe, paid maternity or family leave is the rule and not the exception of so-called “European welfare states.”

The United States is in the company of Lesotho, Papua New Guinea and Swaziland by failing to have a national family leave. Therefore, in the richest country in the world—which, ironically, also ranks health care as one of its leading industries—bargaining above the floor of the FMLA should be automatic.

FMLA basics

The following is a primer on some of the key aspects of the FMLA. This will cover only the major features, since the law can be very complicated.

- **Eligibility:** An employee must have worked 12 months and 1,250 hours in the preceding 12 months for the same employer. The 1,250 hours must be actual hours worked and not include any leave time. Employers covered under the law must employ 50 or more workers within a 75 mile radius of the worksite.

- **Benefits:** FMLA provides for an unpaid leave of 12 weeks in any 12 month period. The leave includes the maintenance of health benefits for the duration of the leave on the same basis as they were prior to the commencement of the leave. FMLA also grants the right to employees to be reinstated to their same or equivalent position upon returning from such leave. In some cases, the employer may opt to use accrued paid leave to cover the FMLA period, or the employer may even require such usage of accrued paid leave.

- **Measuring the 12-month period:** The 12-month period is the option of the employer. Their choices are: 1) a calendar year; 2) any fixed 12-month period beginning at a certain date (such as a fiscal year or the employee’s anniversary date); 3) a 12-month period beginning with an employee’s first use of FMLA leave; and 4) a rolling 12-month period measured backwards from the date an employee uses FMLA leave. The method of measuring the 12-month period that the employer uses must then be consistently applied to all employees and employees of the same type of employment classified by the employer.

- **Types of leave:** The employee is allowed to take FMLA leave for one of the following reasons: 1) to care for the employee’s child including birth, adoption or foster care; 2) to care for a seriously ill family member (spouse, child or parent but not a parent-in-law); or 3) due to the employee’s own serious illness.

- **Coverage:** Private-sector employees are covered if the employer has employed at least 50 workers for each working day during each of 20 or more calendar weeks in the preceding year. Public employees are covered without regard to how many employees are employed, but employees must still meet the eligibility criteria to be covered.

- **Taking the leave:** The 12 weeks of FMLA leave do not have to be taken all at one time. The leave may be broken up and taken as needed for the reasons listed above. Types of Leave and can be taken in the form of a reduced schedule or as intermittent leave. Examples of intermittent leave would be taking time off for chemotherapy, kidney dialysis or medical appointments over a period of time.

- **Notice of need for leave:** If the need for the FMLA leave is foreseeable (e.g., an expected birth, placement for adoption or foster care, planned medical treatment) the employee is required to provide the employer with a 30-day notice. If the dates of the scheduled leave change, then the notice must be made “as soon as practicable.” In cases when the need is unforeseen, the employee is expected to give the employer one or two working days notice, or as soon as practicable under the circumstances of the case.

- **Leave prior to birth or adoption:** A pregnant employee is entitled to take the FMLA leave prior to delivery for prenatal care or if her condition makes it impossible for her to work. Similarly, in the case of the placement of a child for adoption or foster care, an employee may take FMLA in advance for the purposes of making arrangements, legal sessions, counseling and/or court appearances related to the adoption or foster care.

- **Unpaid leave:** The FMLA leave is generally unpaid leave. However, the employee can often opt to substitute paid leave. The law though, allows the employer the discretion to require the employee to use paid leave during the FMLA leave. However, you may not be forced to use accrued vacation time.

- **Medical certification and “fitness for duty” report:** The employer may require medical certification by a health care provider to verify the health condition of the employee or ill family member. A second opinion could be requested if doubt exists. The employer may also request a “fitness for duty” report for the employee to return to work if the leave was due to illness. But such a requirement would have to be uniformly applied by the employer.

- **Intermittent and reduced leave schedule:** Leave that is taken in small, separate blocks of time is called “intermittent leave.” It may be taken for such reasons as chemotherapy, physical therapy, dialysis and medical appointments. A “reduced leave schedule” involves a leave schedule that reduces the employee’s usual number of hours worked per week or hours worked per day. The law provides for both such leaves being taken by eligible employees.

- **Employee health benefits during FMLA leave:** During the term of the leave, employees are entitled to continue their group health care coverage with the same conditions as prior to the leave. This means that if the employer paid 100 percent of the premium the employer must continue to pay 100 percent of the premium during the leave. Similarly, if the employer paid 85 percent and the employee paid 15 percent of the premium, that arrangement also must continue. Employees who opt not to continue health coverage during the leave must have it fully restored upon return to work. Other benefits will not be lost during the leave, but the law does not mandate that any benefit or seniority accrue during the leave. Leave time would be considered as “time worked” for the purposes of retirement and pension benefits and there would be no break in service recorded.

- **Restoration of position upon returning from FMLA leave:** An employee returning from a leave is entitled under the law to be restored to their previous position or to an equivalent position, as if they had not taken the leave. The position must have equivalent pay, benefits and other terms and conditions of employment, including the same or substantially the same, duties and responsibilities.

- **Violations of FMLA:** Violations of FMLA can occur in the following ways:
  1. Not allowing the worker to take time off for FMLA purposes.
  2. Failure to pay for health insurance while on such leave.
  3. The use of threats or coercion to discourage an FMLA leave.
  4. A failure to restore the employee upon return from leave to the former position or an equivalent position.
  5. Negative outcomes because of the use of an FMLA, such as discharge, demotion, discipline, poor evaluation, denial of promotion or transfer.

See FMLA, Next Page
Enforcement of FMLA: Massachusetts currently
- The California Family Rights Act:
  - Ragsdale v. Wolverine Worldwide, Inc.:
    - Massachusetts Maternity Leave Act
      - clear that the law has to be expanded.
      - Despite the dire warnings and predictions,
        many businesses are not covered by the law.
      - Employees not eligible for FMLA leave since most leaves are unpaid;
        the law’s overtime pay rules more to its liking.
      - In that vein, the Bush administration has signaled that the FMLA legislation will be reviewed.

FMLA under attack
FMLA is currently under attack in the name of “reform.” This “reform” is being led by the usual suspects. They have formed a coalition cynically called the “National Coalition to Protect Family Leave” and it includes the Chamber of Commerce; the National Association of Manufacturers; the Society for Human Resource Management; and the National Restaurant Association. This coalition wants to put limits on the leaves and further tighten the rules. Its Web site states, “The Coalition strongly opposes any expansion legislation. Expanding a law that is not working properly will only exacerbate the problems that employers and employers are having under the law’s misapplication.” Yet studies consistently show that the impact on business has been negligible. In 1995, two surveys (conducted for the bipartisan Commission on Family and Medical Leave by the University of Michigan’s Institute for Social Research and the research corporation Westat) reported that the overall impact on employers had been positive, while the law had no noticeable impact on business performance for employers covered by FMLA.

Subsequent studies conducted for the Department of Labor in 2000 on the impact of FMLA showed similar results. While more employees were using FMLA, the median length of leave was only ten days. And “…covered establishments generally reported that the FMLA had no noticeable effect on their businesses in regard to productivity, profitability and growth” (Jane Waldtfigel, Monthly Labor Review; Sept. 2001). Businesses further indicated that FMLA intermittent leaves, which could be considered to be more disruptive, had no impact either. Significantly, these same studies have indicated that among the major issues with FMLA were: financial stress for those taking the leave since most leaves are unpaid; and, the employees not eligible for FMLA leave since many businesses are not covered by the law. So, despite the dire warnings and predictions made by the Chamber of Commerce, the law has worked well. If reforms are needed, it’s clear that the law has to be expanded. But, like Social Security and immigration rights, FMLA is in the crosshairs of those who think that American workers have too good, often dismissing positive and objective studies while preferring to focus on emotional anecdotes of FMLA abuse. An article in the Washington Post reported that, “Changing the family leave rules is at the top of industry’s to-do list, now that it got Congress to withdraw the Clinton-era ergonomics rule on repetitive motion injuries and saw the Bush administration tailor the nation’s overtime pay rules more to its liking.”

In that vein, the Bush administration has signaled that the FMLA legislation will be reviewed, and the Supreme Court has begun to strike down parts of the law (Ragsdale v. Wolverine Worldwide, Inc.). Among the proposed changes or “technical corrections” as their Coalition terms them are:

1. Redefining “serious health condition” to mean:
   - a medical condition that requires at least 10 days recovery time thereby disallowing treatments for chronic illnesses, chemotherapy sessions and kidney dialysis for example
   - Clarifying the definition of “incapacitated” (a medical condition that prevents a person from being able to function properly)
   - Modifying “intermittent leave” by imposing a minimum of four-hour increments.
   - Providing employers with the right to contact an employee’s health care provider in order to verify illness.

Other legislation
- The California Family Rights Act: In 2004 California became the first state to enact a law that provides paid family care leave. The California Family Rights Act provides for employees to take a paid leave to care for a child, spouse, parent or domestic partner who has a serious health condition or in order to bond with a new child. Employees who take such leave can receive 55 percent of their pay up to $840 per week for a maximum of six weeks. California is currently the only state that has such a mandated paid leave available to workers.
- Massachusetts Maternity Leave Act (MMLA): Massachusetts currently has a law on the books that requires employers with at least six employees to grant women up to eight weeks of unpaid maternity leave for the birth or adoption of a child. However, a new Massachusetts law on family leave is now being proposed in the Legislature. It would provide for a paid leave of 12 weeks in order to:
  1. Care for newborns and adopted children
  2. To recover from an illness
  3. To care for an ailing relative
  4. The leave would be paid for from a newly established Strong Families Trust Fund. All employees would be required to contribute an estimated $1.50 to $2.50 per week to the fund—whether they might take advantage of the leave or not. Employers would make no contribution to the fund. Workers could receive up to $750 per week on such a leave.

The proposed legislation would also make it illegal for an employer to fire someone who opted to take such a paid leave. The bill and specific provisions are currently being debated.

Negotiating more favorable terms
Clauses may be negotiated into a contract that provide benefits and provisions above and beyond those in the FMLA and MMLA. Examples of such negotiable items include:
1. Providing employees with the option to use accrued paid leave (vacation, sick, personal days, etc.) as a way to have the FMLA a paid leave.
2. Making the FMLA leave a paid leave.
3. Broadening the employee eligibility for the leave.
4. Incorporating the provisions of the FMLA into the contract. This will streamline the enforcement of the FMLA entitlements through contract language by making violations grievable and arbitrable. Furthermore, it protects the provisions from court rulings that might chip away at the FMLA provisions.
5. Broadening the term of “family member” to be more inclusive (see box at left for sample contract language from Boston Medical Center).
6. Increasing the amount of family and medical leave available (see box at left for sample contract language from Cambridge Hospital).
7. Redefining “serious health condition” in order to expand its meaning.
8. Allowing for intermittent and reduced schedules for child care and elder care purposes.
9. Relaxing the medical certification for leave and the requirements for fitness for duty.
10. Allowing seniority to continue to accrue while on FMLA leave.
11. Negotiating the most employee-friendly way of defining the 12-month FMLA period.
12. Negotiating a continuation of benefits during the duration of the leave.
Summer reading recommendations

As the summer months approach, nurses look for good reading for their beach bags, and this year there are three books about nursing that are must reads for MNA members. The first, Confessions of a Male Nurse is a funny and poignant novel about the experiences of a male nurse during the outbreak of the HIV/AIDS epidemic; the second is a new edition of From Silence to Voice, which teaches nurses why and how to speak out about their profession; and the third, Nursing Against the Odds, is just out now in paperback and provides a comprehensive analysis of the current nursing crisis and its impact on the profession.

An interview with Richard Ferri, author of Confessions of a Male Nurse

Richard S. Ferri holds three graduate degrees—two masters degrees and a doctorate. He is also a nurse practitioner specializing in HIV/AIDS. He is past national president of both the Association of Nurses in AIDS Care and the HIV/AIDS Nursing Certification Board. He was managing editor of NUMEDX from 2003 to 2005. His work has appeared in the Boston Globe, POZ, the Advocate, the Commonwealth, and the Provincetown Banner. His first novel, Confessions of a Male Nurse, was published in 2005. Ferri has also been a strong supporter of the MNA’s staff bargaining, writing letters to major newspapers to help health care workers get a better deal. He has put his experience with HIV/AIDS and his passion for improving health care to work as a nurse/nurse practitioner specializing in HIV/AIDS.

Q. Your novel, while humorous and outspoken, shares a number of experiences of being a nurse that are not often addressed—specifically, that of being a male nurse, and a gay male nurse. What has the reaction been to the book from male nurses as well as gay community? And, while we’re at it, how have women responded?

A. Honestly, I have suffered some minor pangs of regret by the title of my novel. Confessions of a Male Nurse is NOT a book for a specific gender, sexual identity or limited to those interested in health care. I hope it is a wise, funny and touching novel. While my book’s title may be tantalizing and “eyebrow-raising,” the book itself is a good story about what it is really like to be a nurse—not some Hollywood whitewash that has plagued the image of nursing forever.

Q. Your novel draws extra poignancy on the story of what it is like to be a male nurse and a gay male nurse. What has the reaction been to the book from male nurses as well as gay community? And, while we’re at it, how have women responded?

A. I have been humbled and pleased by the response to Confessions. The reviews have been very good and the individual reaction has been great. While I did not want that to become a footnote in AIDS history.

Q. What’s it really like to be a male nurse?

A. For Richard Steele, the wildly irreverent and “eyebrow-raising,” the book itself is a funny and poignant novel about the experiences of a male nurse during the outbreak of the HIV/AIDS epidemic.

Confessions of a Male Nurse

By Richard S. Ferri

Hawthorne Press, 2005

“Staying sane sometimes means embracing insanity—especially in nursing.”

“What’s it really like to be a male nurse? For Richard Steele, the wildly irreverent and captivating character at the center of Richard Ferri’s new novel, it means incompetent administrators, drug-addicted doctors, a whacked-out nursing staff, long grueling hours, and bizarre patients. Confessions of a Male Nurse takes you on a rollercoaster ride through the on- and off-duty life of a gay male nurse in the early 1980s before AIDS became an epidemic. This hilarious, often touching dark comic novel will take you on a wild ride with an irreverent hero—from wacky adventures to the horrifying beginning of the AIDS crisis. This is as real as it gets. Confessions of a Male Nurse tells the uncensored story of a gay man who wants to make a difference with his life by helping those in need. From his tortuous schooling through being on staff at a hospital, this tale takes you on his adventures from the pediatric ward to the psych ward to the Intensive Care Unit—and the screwball staff and friends he meets. The book has received rave reviews, and an interview with the author is on this page.

Q. The obvious question for an author of a book like this is just how much of this is autobiographical; particularly your descriptions of what influenced you (and the character) becoming a nurse?

A. I get this question frequently and I have yet to come up with an answer that I am satisfied with. Of course, there is some of me in the book’s characters; it would be foolish to deny that fact. But as the book evolved, so did the plot and characters. In fact, I was amazed at how the fictional characters took me on a journey as I wrote Confessions. There were several characters that I planned on “killing off” in the book. However, they told me in no uncertain terms that they were not going anywhere! Trust me, I argued with them, told them they were messing up my plot line and just being a general pain in the neck—but they did not budge. I just gave in and let them have their way and I am glad I did.

Q. As an outspoken leader in the nursing field, a long term practitioner and as a patient yourself, how do you characterize the state of nursing now as opposed to when you first started in the field?

A. When I look back on the role of the nurse when I was a new grad some thirty odd years ago I find it astonishing that people actually became nurses. Nurses were expected to do everything from wash the floor to resuscitate patients. In my training program I can actually remember classes on how to clean a patient’s box springs and on how to arrange flowers in a vase. The next day we would be learning fetal circulation. It was just nuts.

I hope anyone reading Confessions will see how nursing has matured. I think it is a good book and I really love it when I hear from any reader—good, bad or indifferent. One of the great joys I get from feedback is when a “non-nurse” contacts me and tells me they had no idea what it is really like to be a nurse. They are generally astounded at what we really know and do. When I hear this I know I have done a good job.

For additional information and reviews visit www.haworthpress.com.

Nursing Against the Odds: How Health Care Cost Cutting, Media Stereotypes, and Medical Hubris Undermine Nurses and Patient Care

By Suzanne Gordon

Cornell University Press, Paperback 2006

In the United States and throughout the industrialized world, just as the population of older and sicker patients is about to explode, we have a major shortage of nurses. Why are so many RNs dropping out of health care’s largest profession? How will the lack of skilled, experienced caregivers affect patients? How do doctor/nurse relationships shape the nursing crisis and what can be done to improve them?

These are some of the questions addressed by Suzanne Gordon’s definitive account of the world’s nursing crisis. In Nursing against the Odds, which is now out in paperback, one of North America’s leading health care journalists and a prominent nurse advocate draws on in-depth interviews, surveys, and extensive firsthand reporting to help readers better understand the myriad causes of and possible solutions to the current crisis.

Gordon examines how health care cost cutting and hospital restructuring undermine the working conditions necessary for quality patient care. She shows how the historically troubled workplace relationships between RNs and physicians become even more dysfunctional in modern hospitals. In Gordon’s view, the public image of nurses continues to suffer from negative media stereotyping in medical shows on television and from shoddy press coverage of the important role RNs play in the delivery of health care.

Gordon also identifies the class and status divisions within the profession that hinder a much-needed defense of bedside nursing. She explains why some policy panaceas—hiring more temporary workers, importing RNs from less-developed countries—fail to address the forces that drive nurses out of their workplaces. To promote better care, Gordon calls for a nursing system that includes safer staffing, improved scheduling, and other policy changes that would give nurses a greater voice at work.

She explores how doctors and nurses can collaborate more effectively and what medical and nursing education must do to foster such cooperation. Finally, Gordon outlines ways in which RNs can successfully take their case to the public while campaigning for health care system reform that actually funds necessary nursing care. Of the book, journalist Barbara Ehrenreich said, “The nursing profession lacks many things, like decent working conditions, recognition, and respect on the job. But, with Suzanne Gordon, it has something other professions can only envy—a skilled reporter, brilliant analyst, and steadfast advocate.” And the New England Journal of Medicine notes Gordon’s analysis of nurse/physician relationships is “one of the most comprehensive and insightful discussions …that should be required reading for all nurses, doctors, and nursing and medical students.”
More Summer Reading Recommendations: From Silence to Voice

From Silence to Voice: What Nurses Know and Must Communicate to the Public
By Bernice Bursh and Suzanne Gordon

Many nurses regard From Silence to Voice, first published in 2000, as their communication “bible.” As the first comprehensive public communication guidebook designed expressly for nurses, it teaches essential communication skills that nurses can use with patients and family members, friends and neighbors, journalists, policy makers, and public officials.

A second edition just released improves upon the text with a new user-friendly design and updated material to expand nurses’ communication repertoire. Drawing on their work with nurses in communication seminars throughout the world, the authors, both journalists, have added a whole chapter of “story makeovers” that shows nurses how to transform clichéd and sentimental stereotypes about their work into compelling anecdotes and arguments for nursing. Throughout the text, easy-to-follow “Your Turn” exercises speed nurses from communication theory to practice, and from practice to mastery in creating messages that will help nurses effectively address the challenges they face in the contemporary health care settings.

The authors also explain how to reach out to the media, appear on TV and radio, promote nursing research, and make the case for better staffing, increased funding for nursing education, and greater utilization of expert nurses. In structure and content, the revised edition of From Silence to Voice is invaluable as a practical public communication guide for individual nurses, nurses unions and professional associations, and is well suited for classroom instruction.

This new edition of From Silence to Voice reflects the authors’ extensive interactions with real nurses who are dealing with today’s challenges. It draws on the give-and-take that is a feature of their presentations and workshops and, as a result, offers concrete, reality-based advice on how nurses can tell their stories and avoid sentimental clichés that trivialize their important care giving skills and oversimplify their practice...I commend this book to every nurse.

—From the foreword by noted nursing educator Patricia Benner

Sandy Ellis elected to United Way’s board of directors in Central Mass.

Sandy Ellis, RN and a long-time MNA member and labor activist, was recently elected to the board of directors for the United Way of Central Massachusetts. Her term runs through 2008.

Ellis will serve in one of the two seats held by the Central Mass AFL-CIO of which she is an MNA delegate, and her experience in political activism, organizing, negotiating, networking and event planning—as well as her love for the city of Worcester and its surrounding communities—is expected to add an exceptional dynamic to the United Way’s board of directors.

Nurses in the News

Within her role as a delegate to the Central Mass AFL-CIO she will serve as a member of the AFL-CIO Community Services Program, which works with the United Way to support job retraining, disaster relief, construction of handicapped accessible ramps, training to union members, as well as management development of the Annual National Association of Letter Carriers Food Drive.

Ellis has also expressed interest in helping to find sustainable solutions to many of the area’s most urgent health care needs, including the issue of obesity and its related health risks.

She is a member of the MNA’s Board of Directors, the MNA’s Region 2 Board of Directors and the Massachusetts Nurses Political Action Committee Board of Directors. She is also a member of the St. Vincent nurses’ MNA negotiating committee and leadership team. She serves as a vice president of the Central Massachusetts AFL-CIO and is vice-chair of Worcester’s Ward 5 Democratic City Committee.

Ellis was raised in Worcester’s Grafton Hill neighborhood, where she now lives with her husband and two daughters. She graduated from Fitchburg State College where she received a bachelor of science degree in nursing. She has been a practicing staff nurse for 20 years, and has worked at the Center for Psychiatry at St. Vincent Hospital in Worcester since 1992.

MNA HOODED SWEATSHIRTS NOW ON SALE

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.

Order Form

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Shipping & Handling ($5.50 per item)

GRAND TOTAL

Payment

☐ Check enclosed (Payable to MNA)
☐ Please charge my  ☐ Visa  ☐ MasterCard  ☐ American Express

Card Number ___________________________ Expiration (MM/YY)

Signature as shown on credit card

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

—from the foreword by noted nursing educator Patricia Benner
MNA addresses government agency on health and safety concerns

MNA members and staff recently addressed researchers from the CDC/ National Institute of Occupational Safety and Health (NIOSH) about concerns for the National Occupational Research Agenda (NORA) for the next decade. Researchers and concerned workers, educators and union members and staff from across New England met in Lowell on March 20 at an all-day meeting hosted by the University of Massachusetts Lowell.

At this same meeting in 1996, several members of MNA—primarily nurses from Brigham and Women’s Hospital in Boston—presented compelling testimony about latex allergies to the researchers. The result was the 1997 NIOSH alert, “Occupational Exposure to Natural Rubber Latex as a Hazard to the Health of Workers.” This alert highlighted the concerns of workers’ exposure to latex.

The activist nature of the nurses’ work in 1996 was repeatedly communicated to the health and safety staff at the MNA and, as a result, an all-out press was on to have MNA members bring their current concerns to the NIOSH meeting in Lowell.

Eight staff and volunteer members from the Congress on Health and Safety and the Workplace Violence and Abuse Prevention Task Force prepared and presented testimony. Several others submitted written testimony through the NIOSH Web site.

Kathy Sperrazza proposed focusing on prevention by conducting research in facilities that have successfully designed, implemented and are practicing comprehensive hazardous drug exposure prevention programs that reach workers in all potential exposure areas.

Speaking about the continued exposure of nurses and others to bloodborne pathogens, Liz O’Connor suggested NIOSH look at how facilities with good needlestick injury prevention programs have accomplished the elimination of backdoor purchasing, removing the unsafe devices from prepared procedure kits and bypassing purchasing contracts when necessary.

Tom Fuller, Evie Bain and Chris Pontus of the MNA addressed infectious diseases, hazardous drugs, and workplace violence as they relate to working hours and patient handling.

Noting shortcomings in observing and understanding health care worker exposure to infectious diseases, Tom Fuller stressed the need to involve industrial hygiene professionals in this work. He brought the lessons learned after the SARS epidemic and the related illnesses and death of health care workers by saying, “It was also determined after the fact that workers had an inadequate understanding of personal protective equipment and that there was a shortage of isolation equipment. Information about the disease was unavailable or poorly integrated. And there were few monitoring capabilities to survey the agent in the environment or workplace ….”

Chris Pontus proposed that research into causes and prevention of workplace violence address changes in scheduling practices, job redesign, and health protection programs for people working in jobs involving overtime and extended hours. She noted that when it comes to the health and safety of workers there are pockets of misunderstanding and voids in communication/knowledge throughout most health care organizations.

Evie Bain noted that many drugs have multiple uses and while they may be recognized as antineoplastic agents, thus hazardous in a chemotherapy unit, they are not recognized as such in other settings. Research into training programs related to hazard communication programs could then be transferred into NIOSH fact sheets and OSHA information bulletins that are used in educating workers and managers.

Jennie Belsanti, an MSN student at Regis College and an intern in the Health and Safety Division at MNA this semester, addressed the issue of occupational asthma (OA) and asked for research into the relationship of environmental cleaning agents and disinfectants in the increasing numbers of occupational asthma cases in adults—particularly those working in the healthcare industry.

Susan Vickory prepared testimony asking NIOSH to include in workplace violence prevention programs the practice of holding perpetrators of violence (in healthcare settings) accountable for their actions. She noted that accountability drives changes in behavior and that perpetrators are held accountable in other work settings as well as in the community.

Written testimony was submitted by Terri Arthur asking for research into osteoarthritis in nurses and others in the healthcare industry in relation to the work environment, mainly long hours, inappropriate conditions, large work areas and cement floors. These conditions are not recognized as work-related injuries and therefore workers are on their own when payment is due for medical treatment and lost wages. She noted that nurses and others in the healthcare industry who would normally require this type of orthopedic surgery in their late 60s and 70s, are now requiring this surgery in their 50s. Hospital nurses are also developing osteoarthritis of the feet (from cement floors) and osteoarthritis of the back (from repetitive lifting).

Noreen Hogan addressed the issue of the underreporting workplace violence and asked that NIOSH develop reporting tools to assist workers in reporting incidents.

Gail Lenehan also submitted written testimony related to maintaining a focus on the hazards of latex gloves and the need for utilizing non-latex synthetic gloves to protect the health of nurses and patients alike.

Overall, participating MNA members felt as though this was a valuable opportunity in outlining their concerns in this very public forum.

For a complete copy of each participant’s testimony, visit www.massnurses.org, and click on health and safety.

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**Health & Safety Contacts**

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

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  ebain@mnarn.org

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  781-830-5754
  
  cpontus@mnarn.org

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Nurses attending the Feb. 7 OSHA General Industry Outreach Training learn the correct way to put on and test an N 95 HEPA filter respirator. Joanne Regan, industrial hygienist in OSHA Region 1 is the instructor. The training was at MNA headquarters in Canton.
# MNA 2006 Preliminary Ballot

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<tr>
<th>Position</th>
<th>Terms</th>
<th>Candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vice President, Labor*</td>
<td>1 for 2 years</td>
<td>No candidate</td>
</tr>
<tr>
<td>Treasurer, Labor*</td>
<td>1 for 2 years</td>
<td>No candidate</td>
</tr>
<tr>
<td>Director, Labor*</td>
<td>5 for 2 years (one per Region)</td>
<td>No candidate</td>
</tr>
<tr>
<td>Director At-Large, General</td>
<td>4 for 2 years</td>
<td>No candidate</td>
</tr>
<tr>
<td>Director At-Large, Labor</td>
<td>3 for 2 years</td>
<td>No candidate</td>
</tr>
<tr>
<td>Nominations Committee</td>
<td>5 for 2 years (one per Region)</td>
<td>No candidate</td>
</tr>
<tr>
<td>Bylaws Committee</td>
<td>5 for 2 years (one per Region)</td>
<td>No candidate</td>
</tr>
<tr>
<td>Congress on Nursing Practice</td>
<td>6 for 2 years</td>
<td>No candidate</td>
</tr>
<tr>
<td>Congress on Health Policy</td>
<td>6 for 2 years</td>
<td>No candidate</td>
</tr>
<tr>
<td>Congress on Health &amp; Safety</td>
<td>6 for 2 years</td>
<td>No candidate</td>
</tr>
<tr>
<td>Center for Nursing Ethics &amp; Human Rights</td>
<td>2 for 2 years</td>
<td>No candidate</td>
</tr>
</tbody>
</table>

*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.

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# Consent to Serve for the MNA 2006 Election

**I am interested in active participation in the Massachusetts Nurses Association.**

**MNA General Election**

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

**Please type or print — Do not abbreviate**

**Name & credentials**

<table>
<thead>
<tr>
<th>(as you wish them to appear in candidate biography)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Title _________________________________ Employer _________________________________</td>
</tr>
<tr>
<td>MNA Membership Number ______________________ MNA Region ____________________</td>
</tr>
<tr>
<td>Address ________________________________________________________________________________________________</td>
</tr>
<tr>
<td>City _________________________________ State _________________ Zip ________________</td>
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<tr>
<td>Home Phone _________________________________ Work Phone _________________________________</td>
</tr>
</tbody>
</table>

**Educational Preparation**

<table>
<thead>
<tr>
<th>School</th>
<th>Degree</th>
<th>Year</th>
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<tbody>
<tr>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>MNA Offices</th>
<th>Regional Council Offices</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>MNA Offices</th>
<th>Regional Council Offices</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

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

---

**Postmarked Deadline: Final Ballot: June 15, 2006**

**Return To:**

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

- Hand delivery of material must be to the MNA staff person for Nominations and Elections Committee only.
- Expect a letter of acknowledgment (call by June 1 if none is received)
- Retain a copy of this form for your records.
- Form also available on MNA Web site: www.massnurses.org
**Consent to Serve for the MNA Regional Council**

I am interested in active participation in MNA Regional Council

- At-Large Position in Regional Council

**I am a member of Regional Council**

- Region 1
- Region 2
- Region 3
- Region 4
- Region 5

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

---

Please type or print — Do not abbreviate

**Name & credentials**

(as you wish them to appear in candidate biography)

- Work Title __________________________ Employer __________________________

- MNA Membership Number __________________________ MNA Region __________

- Address __________________________________________________________

- City __________________________ State __________________________ Zip __________

- Home Phone __________________________ Work Phone __________________________

**Educational Preparation**

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

**Signature of Member**

**Signature of Nominator (leave blank if self-nomination)**

---

**Postmarked Deadline:** Final Ballot: June 15, 2006

Return completed forms to the Chairperson of your specific Regional Council:

- Region 1: Patricia Healey, MNA Region 1, 241 King Street, Suite 215, Northampton, MA 01060
- Region 2: Jeannine Williams, MNA Region 2, 193 Boylston Street, Suite E, West Boylston, MA 01583
- Region 3: Peggy Kilroy, MNA Region 3, 449 Route 130, Sandwich, MA 02563
- Region 4: Catherine Evlog, MNA Region 4, 10 First Avenue, Suite 20, Peabody, MA 01960
- Region 5: James Moura, MNA Region 5, 340 Tunkpine Street, Canton, MA 02021

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**More Exciting Group Trips to Europe in 2006!**

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, Pantheon, 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 MNF 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  Patricia Healey
MNF President  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

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
- Bournedown 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, DeMammelle 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: Tuesdays, 5–6 p.m.
- Caritas Good Samaritan Medical Center, Community Conference Room, 235 N. Pearl St., Brockton. Contact: Eleanor O’Flaherty, 508-559-8897.
- Nurses Recovery Group, Beverly Hospital, 1st Floor, Beverly. Contact: Jacqueline Lyons, 978-697-2733. Meets: Mondays, 6–7 p.m.
- Health Care Professional Support Group, Caritas Norwood Hospital, Norwood. Contact: Jacqueline Sitte, 781-341-2100. Meets: Thursdays, 7–8:30 p.m.

Central Massachusetts
- 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.

Southern Massachusetts
- Professionals Support Group, 76 W. Main St., Suite 306, Hyannis. Contact: Kathy Hoyt, 508-780-1944. Meets: Mondays, 5–6 p.m.
- PRN Group, Pembroke Hospital, 199 Oak Street, Staff Dining Room, Pembroke. Contact: Sharon Day, 508-375-6227. Meets: Tuesdays, 6:30–8 p.m.
- Substance Abuse Support Group, St. Luke's Hospital, New Bedford, 88 Faunce Corner Road. Contact: Michelle, 508-947-5351. Meets: Thursdays, 7–8:30 p.m.

Other Areas
- Maguire Road Group, for those employed at private health care systems. Contact: John William, 508-834-7036. Meets: Mondays.
- Nurses Recovery Group, VA Hospital, 5th Floor Lounge, Manchester, N.H. Contacts: Diede M., 603-647-8852, Sandy, 603-666-6482. Meets: 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**
MINA 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**
BSI New England Insurance Specialist LLC ......................... 800-939-9391 or 617-242-0909
Six-month disability protection program for non-occupational illnesses & accidents.

**Retirement Program**
American General Financial Group/VALIC ......................... 800-448-2342
Specializing in providing retirement programs including 401(k), 403(b), 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.
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.avis.com to set up your own personal profile or for more information.

**Discount Car Rental**
Hertz ............................................................................. 800-654-2200
MNA members discounts range from 5 – 20% mention MNA discount CDP#128117.

**Discount Movie Passes**
T-Mobile ........................................................................ 800-238-2477
20% discount on participating Comfort, Quality, Clarion, Sleep, Econo Lodge, Rodeway & MainStay Suites, Inns & Hotels. Advanced reservations required mention SOS Program #0083010. Membership in Guest Privileges Frequent Traveler Program.

**Discounts on Personals & 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.colonialinsuranceinc.com.

**Cellular Telphone Service**
Cingular Wireless ........................................................... 781-690-5335
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.

**Discount Dental & Eyewear Program**
Creative Solutions Group ................................................ 800-308-0374
Best benefits—a health care savings plan that cuts the cost of health care expenses. Discounts on dental, eyewear and chiropractic expenses.

For more information, contact the representative listed or call member discounts at the MNA, 800-882-2056, x726.

All discounts are subject to change.
Developing an emergency nurse registry in Massachusetts: an update

Shortly after 9/11, the Massachusetts Nurses Association called on the commonwealth to create a list of health personnel willing and interested in volunteering during a future disaster or emergency. The idea was to expedite the allocation of nurses where they would be most needed by creating a mechanism for advance registration and credentialing. Given the many calls that flooded into the MNA during and after 9/11 from nurses wanting to help in some way, the need seemed clear.

A number of other states, Florida being a prime example, approached the problem after 9/11 by adapting their board of registration in nursing (BORN) re-licensing procedures to include asking nurses to indicate their willingness to volunteer. Simple, sort of like signing the back of a driver’s license to be an organ donor.

During two recent hurricanes, Florida successfully used its nurse registry. Via its database, Florida’s BORN staff made outbound telephone calls to nurses in geographic areas most affected by the hurricanes. They successfully allocated willing volunteers to areas that were most needed.

The MNA called on the DPH to develop a similar, apparently efficient, approach in Massachusetts.

What’s been happening in Mass.

Rather than use its existing BORN data, the commonwealth (MDPH) used federal disaster grant funding to pursue an approach termed “ESAR-VHP” (Emergency Registration of Advanced Personnel-Voluntary Health Personnel). As one of a small number of pilot states, a Massachusetts Task Force has been working to develop its version of a volunteer registry, re-labeled MSAR-VHP (“Massachusetts Vip”).

MNA staff members have been on the Task Force and working with DPH staff to refine the approach and credentialing information which will be needed to develop this registry.

The project is about to be launched. Expect to hear about it initially at hospitals across the state.

What you may see shortly

In order to meet a surprise May 1 deadline that Governor Romney sprung on his MSAR-VHP staff at a national emergency preparedness summit held in Boston two months ago, DPH decided to initially focus on registering hospital-affiliated physicians, because their credentialing information is fairly accessible through hospitals. DPH and MHA have announced that letters of agreement explaining the program have been mailed to hospitals. In addition, these letters request hospitals’ cooperation with the hospital-based registration of doctors, and before long, of nurses.

The MSAR-VHP staff has announced that it will soon move ahead into what it is “Phase 2” of the plan: promotion of the program to non-hospital affiliated doctors and nurses. A mailing to nurses is being done in cooperation with MNA, and it will provide more details about the program.

An important but still incomplete aspect of the advance registry concerns liability protection for volunteers. The DPH has drafted, but not yet filed, legislation that would provide liability protection for any MSAR-VHP volunteer who volunteers in a disaster—provided that the Massachusetts governor or his/her designee has declared the emergency or disaster an “MSAR-VHP level disaster.” Governor Romney’s office has sent smoke signals that he will support the legislation, though the legislation needs to be addressed during the final budget process currently underway.

What you can do

Stay tuned: the MNA will keep you posted. Nurses interested in disaster preparedness may contact Mary Crotty (781-830-5743 or mcrotty@mnarn.org) or Chris Pontus (781-830-5754 or cpontus@mnarn.org) for more information about the MNA’s programs and other activities in disaster preparedness for nurses across the state.

Volunteers Needed!

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 by June 16 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.
# MNA Continuing Education Courses

## Spring & Fall 2006 Courses

### Disaster Preparedness: An All-Hazards Approach for Nurses

**Description**
This three-part program provides an overview of the “All-Hazards Approach” to disaster management geared to the special role of nurses. The development of approaches and capacity to deal with common natural and technological disasters (hurricanes, floods, forest fires, earthquakes, flu outbreaks, power outages, natural gas explosions) as well as with chemical, biological, radiological and nuclear threats and the role nurses can play in responding to disasters will be discussed. This approach calls for the development of adaptable plans which provide the basis for dealing with a variety of hazards and disasters, including terrorist acts. Part 1) All hazards approach overview; Part 2) Community, family, self: disaster planning, nurse involvement; Part 3) Psychosocial effects of disaster, nursing management. Participants may elect to attend any or all parts.

<table>
<thead>
<tr>
<th>Speaker</th>
<th>Place</th>
<th>Fee</th>
<th>Time</th>
<th>Contact Hours*</th>
<th>MNA Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part 1: Anthony Fulcalaro, EMT; Capt. Lawrence P. Ferazani</td>
<td>MNA headquarters, Canton</td>
<td>MNA Members Free; others $45 per session</td>
<td>5 – 9 p.m. (light supper provided)</td>
<td>Will be provided.</td>
<td>Lisa Gurland, RN, Psy.D; Karen Carpenter, APPN, BC, FNP, JD</td>
</tr>
<tr>
<td>Part 2: Cynthia R. Butters, RN, MS, Ed.D.; Mary Conant, RN, BSN</td>
<td>MNA headquarters, Canton</td>
<td>MNA Members Free; others $45 per session</td>
<td>5 – 9 p.m. (light supper provided)</td>
<td>Will be provided.</td>
<td>Theresa Yannetty, 781-830-5727 or 800-882-2056, x727</td>
</tr>
</tbody>
</table>

### Cardiac and Pulmonary Emergencies

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

<table>
<thead>
<tr>
<th>Speaker</th>
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<tbody>
<tr>
<td>Carol Mallia, RN, MSN</td>
<td>MNA headquarters, Canton</td>
<td>MNA Members Free; others $65</td>
<td>5 – 9 p.m. (light supper provided)</td>
<td>3:9</td>
<td>Theresa Yannetty, 781-830-5727 or 800-882-2056, x727</td>
</tr>
</tbody>
</table>

### 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.

<table>
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<tr>
<td>TBA</td>
<td>MNA Headquarters, Canton</td>
<td>MNA Members Fee; Others $95</td>
<td>5:30 – 9 p.m. (light supper provided)</td>
<td>Will be provided.</td>
<td>Theresa Yannetty, 781-830-5727 or 800-882-2056, x727</td>
</tr>
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### 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.

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Carol Mallia, RN, MSN</td>
<td>MNA Headquarters, Canton</td>
<td>MNA Members Fee; Others $125</td>
<td>5 – 9 p.m. (light supper provided)</td>
<td>9:0</td>
<td>Theresa Yannetty, 781-830-5727 or 800-882-2056, x727</td>
</tr>
</tbody>
</table>

**Contact Hours**: All CE programs run entirely by the MNA are free of charge to all MNA members. Pre-registration is required.

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### Anatomy of a Legal Nurse Consultant

**Description**
This program, co-sponsored 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.

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<th>Contact Hours*</th>
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<tbody>
<tr>
<td>Legal nurse consultants</td>
<td>MNA &amp; AALNC members, $65; others, $95</td>
<td>Will be provided.</td>
<td>Sept. 28, 2006</td>
<td>Will be provided.</td>
<td>Liz Chiemilinski, 781-830-5719 or 800-882-2056, x719</td>
</tr>
</tbody>
</table>

### 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.

<table>
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<tr>
<td>Carol Mallia, RN, MSN and other instructors for the clinical sessions</td>
<td>MNA Headquarters, Canton</td>
<td>Certification: MNA members Free; Others $195</td>
<td>Oct. 11, 2006 and Oct. 18, 2006 (Certification)</td>
<td>Will be provided.</td>
<td>Liz Chiemilinski, 781-830-5719 or 800-882-2056, x719</td>
</tr>
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</table>

### 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.

<table>
<thead>
<tr>
<th>Speaker</th>
<th>Place</th>
<th>Fee</th>
<th>Time</th>
<th>Contact Hours*</th>
<th>MNA Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ann Miller, MS, RN, CS, CDE</td>
<td>MNA Headquarters, Canton</td>
<td>MNA Members Free; Others $150</td>
<td>Oct. 19, 2006</td>
<td>7.2</td>
<td>Liz Chiemilinski, 781-830-5719 or 800-882-2056, x719</td>
</tr>
</tbody>
</table>

### 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).

<table>
<thead>
<tr>
<th>Speaker</th>
<th>Place</th>
<th>Fee</th>
<th>Time</th>
<th>Contact Hours*</th>
<th>MNA Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marylou Gregory-Lee, MSN, RN, NP, Adult Nurse Practitioner</td>
<td>MNA Headquarters, Canton</td>
<td>MNA Members Free; Others $150</td>
<td>Nov. 1, 2006</td>
<td>7.2</td>
<td>Theresa Yannetty, 781-830-5727 or 800-882-2056, x727</td>
</tr>
</tbody>
</table>

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More Continuing Ed Courses, Next Page
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
Free of charge

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

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-11

Date
Nov. 14, 2006

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

Place
MNA Headquarters, Canton

Fee
MNA Members Free; Others $65

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 Malia, RN, MSN

Date
Nov. 28, 2006

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

Place
MNA Headquarters, Canton

Fee
MNA Members Free; Others $65

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

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
Nov. 30, 2006

Time
8:30 a.m. – 1 p.m.

Place
MNA Headquarters, Canton

Fee
MNA Members Free; Others $125

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 Malia, RN, MSN

Date
Dec. 5, 2006

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

Place
MNA Headquarters, Canton

Fee
MNA Members Free; Others $65

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 American Express 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 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.

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
3) Complete and submit the evaluation

Chemical Sensitivity
Scents may trigger responses in those with chemical sensitivities. Participants are requested to avoid wearing scented personal products and refrain from smoking when attending MNA continuing education programs.
MNA Discounts

MNA offers valuable insurance programs

As a member of the MNA, you are fortunate to have access to a number of insurance programs to protect your medical and financial health. From disability insurance to long term care, your MNA discount program is a valuable resource for personal and financial services. Some of the programs offered to members include:

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**Long Term Disability** protection is accessible to members for coverage for 1, 2, or 5 years or up to age 65. Our members receive the most competitive rates in the industry. Contact Paul Bouchard, Lead Brokerage Group at (800) 842-8084.

**Long Term Care Insurance** is a flexible and comprehensive plan through John Hancock offering solutions to meet almost any need. Contact William Clifford, John Hancock Financial Services at (800) 878-9921 ext.110.

**Term Life Insurance** is available to members for coverage up to $250,000 at special discounted rates. Contact Paul Bouchard, Lead Brokerage Group at (800) 842-8084. Simply contact the representative listed for specific plan information and options. These individuals are familiar with the MNA negotiated discounts and are able to work with you to meet your specific needs.

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Contact Paul Bouchard, Lead Brokerage Group at (800) 842-8084.

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Thursday, June 29
Brookmeadow Country Club
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- 7 a.m. sign-in
- 8 a.m. shotgun start
- Cash awards & prizes for men's, women's, and mixed pairs
- Hole-in-one prizes
- Raffle and award
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- $109 after June 1 (includes breakfast and lunch)

FOR MORE INFORMATION OR TO REGISTER A FOURSOME
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The MNA—Who We Are and What We Do
An analysis of the causes and impact of the current staffing crisis in Massachusetts on nurses and patients, review of research to support legislation, detailed explanation of the current safe staffing bill with a discussion of its benefits to the profession and patient care.
Presented by Charles Stefanini, MNA Director of Legislation and Governmental Affairs
Contact: cstafaini@mnarn.org; 781-830-5716

The Role of Political Action in Protecting Nursing Practice
A review of the impact of politics and government regulation on nursing practice and health care with an emphasis on how nurses can and should use the political process to protect their profession and improve care for their patients.
Presented by Charles Stefanini, MNA Director of Legislation and Governmental Affairs
Contact: cstafaini@mnarn.org; 781-830-5716

No Time for Silence—Using Public Opinion to Protect Nursing Practice
A program promoting the need for nurses to be more visible and vocal in the media, in their communities and other forums to help shape public opinion to protect issues important to the profession. Includes a rationale for action, specific communications strategies and case histories.
Presented by David Schildmeier, MNA Director of Public Communications
Contact: dschildmeier@mnarn.org; 781-830-5717

Medication Errors: Focus on Prevention
This program describes the complexity of the medication system in acute care facilities. It is designed to assess and review medication administration systems to improve their safety.
Presented by Dorothy McCabe, MNA Director of Nursing
Contact: dmccabe@mnarn.org; 781-830-5714

A Primer on Accepting, Rejecting and Delegating a Patient Assignment
This program provides a framework for decision making based on the Nurse Practice Act and other regulatory agencies to safeguard nursing practice and patient care.
Contact: dmccabe@mnarn.org; 781-830-5714

Obtaining Your First Position: A Primer
A program for senior nursing students to provide practical information on how to secure their first position in the field, including job search, resume preparation and interviewing tips.
Contact: dmccabe@mnarn.org; 781-830-5714

Forensic Nursing and Care of the Sexual Assault Patient
A discussion on sexual assault and the prevalence of assault across the lifespan, options for medical care, forensic medical examinations, prophylaxis and counseling resources.
Presented by Mary Sue Howlett, RN, Training Coordinator, SANE Program
Contact: mhowlett@mnarn.org; 781-821-4625

The Role of the Mass. BORN and Its Relationship to Your Practice
A program covering the BORN’s regulatory authority in the state, rules and regulations governing the practice of nursing, the BORN disciplinary process, and the need for nurses to maintain professional liability insurance.
Presented by Mary Crofry, RN, MNA Associate Director/Nursing Research
Contact: mcrofry@mnarn.org; 781-830-5743

The MNA—Who We Are and What We Do
A program describing the role, mission, organization and activities of the MNA, with a review of key issues and accomplishments of the organization.
Contact: dschildmeier@mnarn.org; 781-830-5717

Unions and Nursing—The Power of Collective Bargaining
This program covers the history of unionization in nursing, what unions do, the benefits of union representation, as well as information on the process for forming a union.
Contact: dschildmeier@mnarn.org; 781-830-5717

History of Nursing in Mass.—100 Years of Caring for the Commonwealth
This program traces the history of professional nursing and the MNA in the commonwealth, from its birth in 1903 through establishment of the RN role under law, its growth and development up until today.
Contact: dschildmeier@mnarn.org; 781-830-5717

Managing Conflict: The Verbal Solution
This program is designed to provide the nurse with the basic skills for managing conflict in the workplace environment. Conflict resolution strategies, including situational analysis and effective listening and communication skills will be addressed. The program will conclude with an interactive discussion of case scenarios related to conflict management.
Contact: jerger@mnarn.org; 781-830-5714

Recognizing and Supporting Colleagues with Substance Abuse Problems
The disease of addictions, affects 10-15 percent of the nursing profession. This program will discuss the risk factors for nurses as well as the occupational signs and symptoms.
Contact: cmalla@mnarn.org; 781-830-5755

Menu of Occupational Health and Safety Programs
• Bloodborne Pathogens—Your Legal Rights: Addresses OSHA regulations related to the Bloodborne Pathogens Standards.
• Ergonomics—No More Aching Backs: Addresses the myths around musculo-skeletal injuries, the regulatory guidelines to reduce such injuries and an overview of the types of patient lifting and moving equipment that are available in the marketplace today.
• Fragrance-Free—Creating a Safe Health Care Environment: Addresses the scientific evidence of the toxicity of chemical components of fragrances and the adverse health effects these products are known to cause in patients and workers.
• How Safe is Your Hospital? Recognizing Hazards in Your Work Environment: Provides an introduction to the types of hazards that are present in hospitals and other health care settings and methods to reduce and eliminate those hazards.
• Latex Allergy: Addresses the extent of the problem, the signs and symptoms of latex allergy and methods to eliminate exposure to natural rubber latex in health care settings.
• Smallpox - A Brief Introduction: Utilizes materials from the CDC and Massachusetts Department of Public Health to provide nurses with tools to recognize the signs and symptoms of smallpox and to become familiar with the plan to be implemented in the event of an outbreak.
• The Adverse Health Effects of Environmental Cleaning Chemicals: Addresses the scientific evidence of the toxicity of chemical components of many environmental cleaning chemicals and the adverse health effects these products cause in patients and workers.
• Workplace Violence - Recognition, Intervention and Prevention: Addresses the frequency and risk factors associated with workplace violence in health care settings. The program also identifies strategies to reduce risk factors and provide effective interventions for nurses and other health care workers physically injured and psychologically affected by violence at work. There is an emphasis on the importance of reporting such violence and reporting tools are supplied to participants.

Contact Evie Bain, EvieBain@mnarn.org; 781-830-5776 or Chris Pontus, cpontus@mnarn.org