

MASSACHUSETTS NURSE

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MNA nurses score big victories around Massachusetts

St. Vincent RNs reach tentative agreement, avert strike

After a 15-hour negotiating session, the registered nurses of St. Vincent Hospital at Worcester Medical Center reached a tentative agreement with management on Feb. 4, averting the need for a strike. The four-year agreement includes increases in staffing levels on a number of floors to improve patient care and also provides competitive wage increases of 26–33 percent to help recruit and retain staff. The nurses ratified the agreement on Feb. 17.

"This agreement is a victory for nurses, but more importantly it is a victory for our

patients as it will allow this hospital to provide the high quality care our patients deserve," said Carolyn Moore, co-chair of the local bargaining unit at St. Vincent Hospital. "Once again, the nurses have taken a stand for their patients and their profession and once again they have won."

The agreement runs from Jan. 2, 2006 to Dec. 31, 2009. The pact includes the following key provisions:

Staffing improvements. The agreement calls for adding three nurses to the recently-expanded emergency department,

along with increases in the night shift staffing on all the hospital's medical/surgical, post cardiac surgery and telemetry floors, resulting in safer limits on nurses' patient assignments on these floors. In addition, the agreement calls for the creation of "patient support" teams on the day and evening shifts to augment the staffing on the inpatient units.

The team will consist of four nurses on each of these shifts who will move among the five medical/surgical and three telem-

See *St. Vincent*, Page 7

Brockton Hospital RNs ratify 3-year pact with 13–23 percent pay hike

The MNA RNs at Brockton Hospital on Feb. 6 ratified a new three-year contract that provides wage increases of 13-23 percent while establishing a new tuition reimbursement benefit and the implementation of a commitment for per diem nurses to help improve staffing on the weekend and night shifts. The final vote tally was 174-14 in favor of the agreement.

"We are pleased to have reached an agreement that will provide a pay scale that is competitive with other area hospitals," said Kathy Metzger, RN, an operating room nurse at the hospital and co-chair of the nurses' local bargaining unit. "This is an important step towards stemming the loss of nurses from this facility, while also providing us with the ability to recruit new nurses into this hospital."

"However," Metzger continued "a fair
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A scene from one of the informational pickets that Brockton RNs held during negotiations.

MNA's first conference on safe patient handling a success

Rick D'Agostino, left, with his mother, was one of several vendors who showcased their products at the conference on safe patient handling. Below, Tim Irving and Marthe Kent, both from OSHA, at their department's booth. Story and more photos, Page 11.



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Nurses' guide to single-payer reform

Health care amendment killed as 101 legislators defy state constitution and SJC

By Ann Eldridge Malone, RN, MSN

The citizen-led constitutional amendment to make health care a right in Massachusetts was killed on January 2 by the state Legislature. 101 legislators defied the state constitution—as well as defying a recent ruling by the state's Supreme Judicial Court (SJC)—when they refused to grant the proposed health care amendment an up-or-down vote on its merits. Only 50 “yes” votes were needed to advance the amendment on to the 2008 statewide ballot.

Over the past year, special interest forces lobbied with unusual intensity to influence legislative leadership to kill the measure; said leadership responded with a parliamentary maneuver to keep the amendment in a bogus study committee that had never met rather than bringing it forward for an up or down vote on its merits as required by the Constitu-

tion and the SJC.

At the Jan. 2 constitutional convention a motion was made by legislative amendment supporters to bring the amendment out of “study committee” and the final tally was 92-101—just a little short of the two-thirds required to win the motion. This tally clearly indicates that the amendment would have had no trouble getting the 50 “yes” votes to be placed on the 2008 ballot if it had received the required up-or-down vote on its merits.

The refusal to grant the amendment an up or down vote on its merits defied a Supreme Judicial Court ruling that said that legislators had a constitutional duty under Article 48 of the state constitution to vote upon amendments brought to them by citizen petition. Legal actions to fight this unconstitutional abuse of power are being pursued by mul-

multiple entities including the Committee for the Health Care Amendment and other civic groups in the state.

It is a sad day indeed when a citizen-led effort that toiled for four years to establish health system standards as part of a constitutional guarantee for “comprehensive, affordable and equitably financed health insurance” is killed by 101 lawmakers using an unconstitutional tactic at 6 p.m. after the media have gone home. The need to make quality affordable health care a right is more urgent than ever, and this disappointment has only reinforced the commitment of health care advocates getting back to work.

Massachusetts' new health law, Chapter 58, does some important and good things, including extending comprehensive insurance coverage to more of the poor. But this law also has put the state - and its taxpayers - on

a course of exorbitantly expensive, irresponsible, wasteful and unworkable reforms that will continue to leave hundreds of thousands without affordable comprehensive coverage while sucking up state funds that are needed for other vital programs. More details on the flaws of the law are discussed in the useful article “Health Plan Needs Dose of Common Sense” by Marcia Angell, MD, (*below*) and in MassCare's newly created Chapter 58 law slideshow available for viewing on their Web site.

The cause of health justice is underway 365 days a year at the Alliance to Defend Health Care and its many partner organizations, such as the Health Care Amendment Campaign. This work will not cease until Massachusetts adopts a workable plan to provide quality affordable health care to all its residents. ■

Healthcare plan needs dose of common sense

By Dr. Marcia Angell

From the Boston Globe: April 17, 2006

If Governor Romney thinks the state's new plan for universal health coverage will carry him to the White House, he should think again. This Rube Goldberg contraption won't even get him off the ground because it doesn't touch the underlying problem - our reliance on multiple private insurance companies.

Private insurers compete not by offering better healthcare, but by avoiding high-risk individuals, limiting services for those they do cover, and, whenever possible, shifting costs to other payers or to individuals in the form of high deductibles and copayments. It's a chaotic and fragmented system that requires a mountain of paperwork, which is one reason premiums are so high. Those employers who still offer health benefits react by capping their contributions, so that workers pay more out of pocket and bear the full brunt of premium increases. Massachusetts does better than most states, but healthcare in Massachusetts is also the most expensive

in the nation.

If this system is left essentially intact, as it is under the new plan, expanding coverage will inevitably increase costs. That is common sense: Coverage and costs have to move in tandem if the system stays the same. Furthermore, the plan does nothing to keep costs from growing. For years, premiums have been rising much faster than the consumer price index. At current rates, even if the state were able to cover its proposed contributions to the plan at launch, it wouldn't be able to keep up with soaring prices.

But already it's clear that the governor and legislators don't know how to pay for it even at launch. One legislator told Boston Globe columnist Joan Vennochi: “We don't yet know what it's really going to cost us or where we're going to get the money from. To some extent you might call it a Hail Mary pass.” The essence of this faith-based plan is to squeeze employers and individuals, with a relatively small state contribution. But employers who don't offer health insurance

can get away with paying a penalty of only \$295 per employee per year - in a state where health insurance for individuals costs about \$7,200 per year.

Individuals not covered by employers and whose income is at least 300 percent of the federal poverty level (now about \$30,000) will have to buy their insurance or pay income tax penalties. Romney thinks premiums can be held to \$2,400 a year with a cap of \$2,100 on deductibles, but that is wildly implausible. If premiums are higher than that and continue to escalate faster than income, this will amount to fining people because they can't afford health insurance, which, in effect, will punish them twice - an unsavory prospect.

Those individuals whose income is less than 300 percent of poverty level would receive state subsidies. That will require an enormous bureaucracy to determine what insurance is adequate and “affordable” and who can really afford it, and there will be incessant legal and regulatory wrangling. The legislation calls for a new state agency,

the Commonwealth Health Insurance Connector, to oversee insurance plans, and that is just the beginning.

Like the Medicare prescription drug benefit, the Massachusetts healthcare plan is a complicated morass that might limp along for a while, but will never cover all the people it is meant to cover, and will become increasingly unaffordable. Most likely, it will meet the same fate as the much celebrated 1988 legislation to provide universal coverage in Massachusetts, which shriveled and died with scarcely a whimper.

The only answer is to change the system entirely, so that we can expand coverage while controlling costs. Romney said, “The old single-payer canard is gone.” No, it isn't. Sooner or later, that is exactly what we'll need if we're really serious about universal healthcare. There's no other way. ■

Dr. Marcia Angell is a senior lecturer in social medicine at Harvard Medical School and former editor-in-chief of the *New England Journal of Medicine*.

Save the Date

MASS-CARE
Annual Ben Gill Memorial
Awards Dinner

Saturday, March 24 2 p.m.

Ryles Jazz Club, Cambridge

Keynote speaker: Robert Kuttner

Auspices: MASS-CARE & UHCEF
Call 617-723-7001 or email director@masscare.org for info.



“Very scary, Jennifer—does anyone else have an H.M.O. horror story?”

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Executive Director's Column

'No' is a counter position

By Julie Pinkham

MNA Executive Director

When Kathy Logan, chair of the UMass Memorial Medical Center/University campus, was interviewed by the media at the end of the nurses' historic five-hour strike last October, she provided the following synopsis of the UMass committee's bargaining strategy during the protracted and contentious contract negotiations:

"Management came to us in December of 2005 with more than 60 concessions gutting our contract and we said no. Three months later, they were still at the table with their 60 concessions, and again, we said no. Three months after that, they came to the table again with 60 concessions and once again we said, no.

"And at one point the attorney for management said, 'we keep coming to the table and you have yet to respond.' But we told them, 'we have been responding, you just haven't heard us ... our answer is NO!'"

The approach taken by the UMass nurses, as well as their willingness to stand behind their position, provides an important lesson to all of our bargaining units and members. When the hospital is asking for something that is unreasonable and unacceptable, it is OK to say no.

If there is one thing that defines the power of being in a union and, specifically, the MNA, it is our ability to say no:

- No to unsafe staffing conditions!
- No to mandatory overtime!

- No to non-nursing duties!
- No to workplace violence!
- No to a cut in pay!
- No to a reduction in benefits!
- And no to unnecessary concessions that would undermine your contract!

Yes, negotiations are about a good faith effort to reach a settlement, but that does not mean that any committee or bargaining unit is obligated to compromise or accept management's position on any issue presented. There are always items that your team can negotiate that move the process along, without having to accept onerous or unreasonable demands.

The process of good faith bargaining means that the parties are obligated to listen and engage in good faith—it does not mean that you're obligated to accept the position or proposals made by management, nor are they obligated to accept yours.

There have been and will always be times when the unique circumstances of your employer's situation require changes to your contract that are not always desirable in order to assure the stability of the unit. When those



Julie Pinkham

circumstances exist, the information leading the committee to that assessment should be clear, based on fact and readily available to the bargaining unit members—at which point the will of the membership will indicate the appropriate direction.

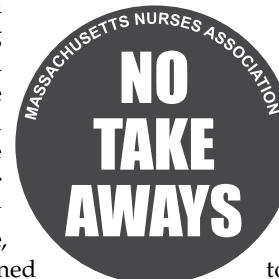
However when those unique circumstances are not in existence—which is more often than not—it is important to remember that the power to stand fast in saying no at the table is entirely dependent on the willingness of the bargaining unit to support the committee in taking a strong position and, equally, that the committee's position accurately reflects the will of the members.

The negotiating committee at UMass was able to remain united in their bargaining position because the position they took was reflective of the bargaining unit members and consequently they had the overwhelming support of their bargaining unit. When they took a strike vote on the issue, 90 percent of the members turned out for the vote and 94 percent of those voting supported the position. When, in the final hours of negotiations, a written agree-

ment was not reached, putting them on strike as a result, the entire bargaining unit walked out in solidarity.

The same scenario played out at Brigham & Women's Hospital a few months later, when members refused management proposals that would have unnecessarily eroded their contract. In this instance, the proposals of the committee also reflected the will of the members. These proposals resulted in several open meetings that attracted more than 1,000 members; an informational picket line that had more than 1,000 nurses on the street; and a vote by more than 95 percent of the membership in favor of authorizing a strike if that was what was needed in order to protect and strengthen their contract. The nurses ultimately won their fight and they strengthened their contract as result—without having to strike.

In any situation similar to these two cases, a well informed and engaged union membership that is committed to standing together can exercise the most important power of union membership—to say no and, in so doing, they can win! ■



Position descriptions for MNA elected offices

Running for and winning election to MNA offices is one of the most important ways for you to have an impact on your profession.

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

Board of Directors

The specific responsibilities and functions of the Board of Directors are to:

- 1) Conduct the business of the Association between annual meetings;
- 2) Establish major administrative policies governing the affairs of the MNA and devise and promote the measures for its progress;
- 3) Employ and evaluate the executive director;
- 4) The Board of Directors shall have full authority and responsibility for the Labor Program;
- 5) Adopt and monitor the association's operating budget, financial development plan, and monthly financial statements;
- 6) Assess the needs of the membership;
- 7) Develop financial strategies for achieving goals;
- 8) Monitor and evaluate the achievement of goals and objectives of the total Association;
- 9) Meet its legal responsibilities;
- 10) Protect the assets of the association;
- 11) Form appropriate linkages with other organizations; and

12) Interpret the association to nurses and to the public.

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

Center for Nursing Ethics

The Center for Ethics and Human Rights focuses on developing the moral competence of MNA membership through assessment, education and evaluation. It monitors ethical issues in practice; reviews policy proposals and

Consent-to-Serve Form, Page 10

makes recommendations to the Board of Directors; serves as a resource in ethics to MNA members, districts and the larger nursing community; works with MNA groups to prepare position papers, policies and documents as needed; and establishes a communication structure for nurses within Massachusetts and with other state and national organizations. *Meets eight to 10 times per year at MNA for two to three hours.*

Congress on Health and Safety

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

Congress on Health Policy and Legislation

The Congress on Health Policy and Legislation develops policies for the implementation of a program of governmental

affairs appropriate to the MNA's involvement in legislative and regulatory matters influencing nursing practice, health and safety, and health care in the commonwealth. *Meets eight to 10 times per year at MNA or MNA's District 2 office in West Boylston for two to three hours.*

Congress on Nursing Practice

The Congress on Nursing Practice identifies practice and safety issues impacting the nursing community, which need to be addressed through education, policy, legislation or position statements. *Meets eight to 10 times per year at MNA for two to three hours.*

Bylaws Committee

The Bylaws Committee receives or initiates proposed amendments to the bylaws and reports its recommendations to the Board of Directors and the voting body at the annual business meeting; reviews all new, revised, or amended bylaws of constituent districts for approval of conformity; reviews all MNA policies for congruency with existing bylaws; interprets these bylaws. *Meets eight to 10 times per year at MNA for two to three hours.*

Nominations and Elections Committee

The Nominations and Elections Committee establishes and publicizes the deadline for submission of nominations and consent-to-serve form; actively solicits and receives nominations from all constituent regions, Congresses, Standing Committees and individual members; prepares a slate that shall be geographically representative of the state with one or more candidates for each office; implements policies and procedures for elections established by the Board of Directors. *Meets two to three times during the year for one to two hours at MNA headquarters. Limited conference call options are available. All updates and correspondence from the committee are conducted by email whenever possible.* ■

Nursing on Beacon Hill: Legislative Update

Mullin takes the helm in MNA's Division of Legislation

Brings with her a comprehensive background of advocacy and political skills

The Massachusetts Nurses Association warmly welcomed its new director of legislation and governmental affairs, Andi Mullin, to the organization on Jan. 22—just days after the MNA re-filed its safe staffing legislation.

"Andi joined the MNA at the best time possible," said Julie Pinkham, RN and executive director of the MNA. "We are incredibly well positioned to pass our safe staffing bill this legislative session, and Andi's skills and experiences are going to be powerful forces in that success."

Mullin—a graduate of both Boston College and the University of Texas at Austin, as well as Harvard University's Kennedy School of Government—brings more than a decade of legislative and political experience to the MNA.

Before joining the team in Canton, she was the legislative agent for AFSCME Council 93, an AFL-CIO-affiliated labor union representing 40,000 public sector workers in New England. She also worked as the political director for the Commonwealth Coalition, was the legislative agent for the Massachusetts Chapter of the National Organization for Women and was a fundraising consultant for the Mass. Alliance on Teen Pregnancy.

Her experiences with these organizations provided her with a number of opportunities to influence powerful changes in the commonwealth. During her time at AFSCME alone she:

- Led a coalition of public sector unions in their fight against the anti-union proposals of Gov. Mitt Romney, result-



Andi Mullin

ing in six wins out of seven legislative battles.

- Led a coalition of state employee unions in a successful five-year fight against health insurance increases.
- Successfully advocated for legislation in 2006 that provides uniform citation rights for campus police officers over the objections of the state police union.
- Dramatically increased participation by AFSCME members in the political process.

"When I started at AFSCME, I brought along the determination and the ability to bring members into the legislative process ...

so that they would have ownership in what was happening to them politically," Mullin explained during an interview shortly after she arrived at the MNA. "I'm bringing this same determination with me to the MNA."

Mullin went on to say that—although the old adage, "Money is the mother's milk of politics" holds some water—it's face-to-face time with constituents that can really influence a politician's decision making. "The MNA has amazing strength in its members, and my goal is to get them significantly more involved in the legislative process by focusing on grassroots organizing."

"I really believe in representative democracy," Mullin added. "I have seen it work. But I've also heard lots of members from lots of different organizations say 'it doesn't matter' or 'my vote won't make a difference.' It's my goal to prevent this from happening to our members once we have them organized ... to keep them from getting cynical or hopeless during those moments in the legislative process that can, well, feel like they're dragging on."

When asked about how it felt to be onboard with the MNA, Mullin's reply was filled with both pride and excitement. "During my time at AFSCME I watched the MNA grow from being an up-and-coming organization into an organization that is now considered to be a power broker by anyone who is anyone in the commonwealth. The MNA has a complete program: grassroots lobbying, an impressive media presence, and an active and powerful PAC. I'm honored and thrilled to be a part of it." ■

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.

Join with other MNA activists in this exciting new venture. For details, call Eileen Norton at 800-882-2056, x777 or via email at ENorton@mnarn.org.



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MNA
MASSACHUSETTS NURSES ASSOCIATION



MNA members key in bill's passage

Kayla's Law offers protection to Massachusetts citizens, solace to family and friends

Family members and friends of Kayla Richards waited anxiously in their homes and at their jobs on Jan. 3—praying that Kayla's tragic death would not be in vain and that the bill they had filed in her memory would soon bear the governor's signature.

"We were so afraid that the bill would die on the governor's desk," explained Judy Richards, Kayla's mother and an MNA nurse at Jordan Hospital in Plymouth. "But we were prepared to try again in the next legislative session if things didn't work out."

The bill Richards refers to is Kayla's Law, and it began to take shape in the aftermath of one of the most tragic situations a parent can ever face: the death of a child.

Losing Kayla

Kayla, a healthy 22-year-old who worked in the radiology department at Jordan Hospital, collapsed and died while working out at a fitness center in March 2006. An off-duty paramedic tried to help Richards, but the equipment that he needed in order to try and restart her heart was not available.

Doctors later said that Kayla probably died from a heart arrhythmia condition and that an AED—automated external defibrillator—may have saved her life.

"Everyone who knew and loved Kayla was especially devastated to hear that had there been an AED inside the fitness center, this could have been prevented," explained Richards as she reflected on the details of the heartbreaking day. "I think that is



Kayla Richards

what got people so motivated so quickly ... knowing that this should never have happened."

Richards went on to describe how two of her friends from Jordan Hospital, Carolyn Fahey and Kim Shanley, grabbed the reins and began to plow ahead with advocating for a bill that would protect people like Kayla. "Kim had worked with Sen. Robert O'Leary (D-Barnstable) in the past, and she began to work with him on formulating a bill that would get AEDs into every health club in the state."

About two months later, Shanley and Fahey approached Richards to ask her permission in moving forward with their efforts. "I was so grateful for everything that they were doing," explained Richards. "But I also knew that, at that moment, I was emotionally unable to be the point person for the project."

Plowing ahead

According to Richards, nobody knew what they were getting into when they started working with O'Leary on the bill.

"Going through this process was like taking a crash course in civics," Richards explained. "We saw the bill drafted and redrafted; we participated in a public hearing on the bill; we watched it come out of committee; we watched as the House and Senate unanimously voted in favor of the bill; and we held our breath as the bill was sent to the governor's desk."

The first version of the bill made its way through the Senate and House of Representatives in near-record time, but in late November the governor sent it back to be amended. According to Richards, the Legislature quickly made the changes and then approved a compromise but the governor then waited until the very end of his term before finally signing the bill.

"When the last day of the legislative session was approaching," recalled Richards, "we were getting very worried that it wouldn't be signed. And on Jan. 3 we were really feeling the pressure."

According to Richards, she was at home—pacing and biting her nails—when the phone rang at about 7 p.m. "It was a reporter from WATD radio and she said that she had just seen a wire report that said the bill had passed," said Richards. "And then she asked me if it was true ... and I didn't know!"

Richards then went on a fast and frantic hunt for details about whether or not Kayla's Bill had actually become Kayla's Law. "I called Carolyn and celebrated with her over the phone before I called Senator O'Leary."

As it turns out, one of the first things that O'Leary told Richards was "congratulations." After a marathon 10 months, Kayla's Law was signed by Governor Romney on Jan. 3.

Kayla's Law: the details

Kayla's Law requires health clubs to have at least one AED on premises and one employee or volunteer trained in using it during business hours.

Large health clubs will have one year to comply. Clubs with five or less full-time employees will have two years to comply.

"We really didn't know what we were getting ourselves into when this whole process started," added Richards, "but everyone's hard work paid off. Thanks to the Kim and Carolyn, as well as Kayla's friends and colleagues, this type of tragedy may not affect another family. It's amazing what can be accomplished when people work together—and I know this is exactly what Kayla would have done for one of her friends." ■

Exciting Nurse Practitioner Career Opportunity!

The Massachusetts Pediatric Sexual Assault Nurse Examiner (SANE) Program is looking to recruit a pediatric or family practice nurse practitioner who is interested in being trained and certified as a pediatric SANE for employment at the Berkshire County Kid's Place in Pittsfield, Mass. The Pediatric SANE will provide forensic medical sexual abuse examinations as part of the multidisciplinary team investigating child sexual abuse at this Children's Advocacy Center (CAC). The Pediatric SANE, in collaboration with other CAC team members, provides community outreach and education to medical, law enforcement, school and mental health community partners.

Candidates must have:

- At least three years experience as a pediatric or family practice nurse practitioner. OB/GYN nurse practitioners may apply if experience includes working with teens.
- Current licensure in MA or reciprocity eligibility
- Excellent clinical skills
- Excellent communication skills with children and families
- Excellent professional communication skills and experience in working in a multidisciplinary team
- Proficiency in basic computer technology (Web access, Microsoft Word)
- Public speaking experience
- Ability to travel to different sites in Massachusetts for clinical training

The selected candidate will be reimbursed to participate in training activities required for certification as a Pediatric SANE including but not limited to: clinical placements with sexual abuse experts in hospital and CAC settings, on-line learning experiences, one-on-one meetings and required readings. Upon successful completion of training, the candidate will be hired as a Pediatric SANE through the Massachusetts Office for Victim Assistance.

This position is a 20 hour/week position for both training and employment.

For questions regarding this position please contact Joan Sham, associate director, Mass. Pediatric SANE Program, at joan.sham@state.ma.us

Qualified candidates should submit a letter of interest and resume to:

Stacy Saint Louis
Massachusetts Office for Victim Assistance
1 Ashburton Place, Suite 1101
Boston, MA 02108



Free online courses!

NEW online Continuing Ed programs on the MNA Web site



Current program topics include:

► Fragrance Free! Creating a Safe Healthcare Environment

1.2 contact hours

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

► Workplace Violence

1.1 contact hours

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

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

Visit www.massnurses.org

Division of Labor Action: Education & Training

Staying connected through union communications

By Joe Twarog

An effective communication system—in all its various forms—and the free flow of information is critical for a strong and vibrant union. But despite the best efforts of many labor organizations, union members frequently feel disconnected from their organization.

The strength of a union lies in its members. And, as with any grass-roots democracy, an informed membership is critical for a strong and healthy polity. As issues are aired, vigorous and constructive discussions and debates often results, thereby building a stronger and more secure, effective union. As the union keeps the flow of information open, it also stems the unrelenting tide of rumor and misinformation—intentional or otherwise—that emanates from multiple sources.

The Massachusetts Nurses Association strives to not only keep its membership informed, but to challenge each member to actively participate in all of its union processes. A union is not a passive organization: It is unlike most other entities in that it demands action in order to be successful and

strong. If a union is regarded as simply an inactive service organization that members draw upon as needed, the result is a flabby, lifeless and powerless shadow of a union.

Communication structures are therefore critical to every bargaining unit. The MNA has numerous ways of communicating with its membership, including:

- *The Massachusetts Nurse*
- The MNA Web site massnurses.org
- An email contact system
- Direct membership mailings
- Phone trees
- Local unit newsletters
- Local unit bargaining updates
- Regional newsletters
- Bargaining unit bulletin boards
- Union meetings

Most of these are primarily intended to be used internally by the MNA membership, but some of the aforementioned communications tools are regularly accessed and viewed by the public and hospital managers alike. In fact, periodic issues of the *Massachusetts Nurse* are sent out to all registered nurses in the state, and every elected official in the State-

house receives a copy of each edition.

The reality is, as with many organizations, that few members attend regular union meetings unless there is a crisis or contract negotiations in progress. Therefore it is important to utilize other ways of connecting with members. As the technology changes, more and more options become available. Publications are always critical, in that they allow for in-depth coverage of often complicated issues. They also provide a written historical account that can be retained in a records system. Written articles can also be copied and circulated to a greater audience.

Finally, when one considers the total lack of regular labor coverage in the popular press (radio, TV, newspapers and magazines) internal union communications become vital. Most media outlets have limited time, space, expertise and incentive to report on current labor issues such as the "Kentucky River" NLRB decisions. Yet, these types of cases can have a significant impact on MNA members. In addition, the popular media is more interested in reporting on flashy stories that generate headlines—and sales—such as

strikes and pickets. The vast majority of labor contracts that are settled each year simply are not press-worthy unless they were preceded by a public campaign. Scandal sells, while day-to-day hard work and achievements do not.

As a result, it becomes the job—no, the duty—of the union to report these issues to its membership. Why? Well, just imagine what your nursing practice would be like if your only information came from:

- Your hospital management team for information on the supposed wonders of "Magnet" status
- Your CEO for the financial status of their facility
- The Massachusetts Hospital Association for information on the safe staffing bill

Your union plays a critical role in sorting through such misinformation and in communicating the truth to you and your peers. But it is the responsibility of each individual union member to take advantage of the communication tools and to engage in the discussions and activities that the union offers. ■

Beverly Hospital loses beloved nurse and friend

Susan Duggan, an RN who worked at Beverly Hospital, passed away unexpectedly on Nov. 12, 2006. She was 47 years old.

An employee of the hospital from June 2000 until her passing, Duggan loved the career she made for herself as an operating room nurse. She had a strong desire and willingness to learn and she took pride in the fact that she could help others through the care she provided.

Her friends and colleagues described Duggan as fun loving, caring and kind and she was considered a beloved friend by many. She was an animal lover who rescued shelter dogs, giving them new opportunities for a happy life in a healthy and safe environment. But most of all, Duggan was a dedicated and loving mother to her three children, Maddie, Shane and Brandon.

Duggan's passing is a significant loss for her co-workers at Beverly Hospital. She will be deeply missed. ■



At long last – MNA establishes a Labor School

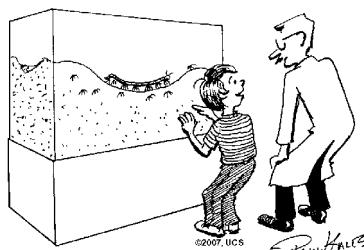
Region 4 to Pilot Program

The new MNA Labor School will begin classes this month with a pilot program based at the Region 4 office in Danvers. The Labor School will have various tracks of topics, including: floor representatives and grievance handling; collective bargaining; organizing and member mobilization; and special topics related to health and safety, political action, public speaking, and labor history.

Each track will consist of five or six classes that meet twice a month. Participants who complete each track will receive a certificate of completion. Once a participant completes two full tracks, she will be presented with a special MNA Labor School jacket.

The MNA is planning to develop two levels of tracks: basic/introductory and advanced.

Questions: Peggy O'Malley, 978-977-9200, or region4mna@aol.com



"What I learned from watching the ants is that one ant alone is powerless. But when all the ants form a union, they can overcome the big worm who acts as though he owns the earth."



Region 2 RNs Support the Steel Workers

MNA members from Region 2 showed their support for the United Steel Workers on Dec. 16 in Worcester. Informational pickets and leafleting campaigns occurred simultaneously that day at Goodyear-owned retail outlets nationwide as a way of drawing the attention to the striking steel workers at the Goodyear plant in Buffalo, N.Y. The strike was settled shortly after these pickets.

...Brockton

From page 1
salary is just one aspect of the work environment at Brockton Hospital and we are looking to our CEO and senior management at this hospital to begin to work with us in an effort to change what we believe to be a toxic management culture and, too often, a dangerous work environment for both nurses and patients. Many of the nurses at this hospital have worked here for years and for many this is their community hospital. We have a vested professional and personal interest in seeing that it is the best hospital it can be."

The three-year agreement runs from Jan. 1, 2006 through Dec. 31, 2008. The pact includes the following key provisions:

Salary increases: Provides a 10 percent salary increase across the board (5 percent retroactive for 2006; 5 percent in 2007). Provides additional 0.75 percent to 1.5 percent adjustments to the salary scale in 2007 and 2008, while adding two new steps to the top of the salary scale (one at 4.5 percent in 2007, and one at 4.5 percent in 2008), which means nurses' pay will increase between 13 and 23 percent over the life of the agreement depending on years of service. The starting

hourly wage at the end of the contract will be \$25.60 up from \$22.50 with a top wage step of \$47.96 up from \$39.01.

Tuition reimbursement: Establishes a tuition reimbursement benefit for the nurses of up to \$2,500 per year for any nurse who wishes to seek additional education related to his or her professional practice.

Increased per diem commitments to improve off-shift staffing: The contract includes an agreement by the hospital to increase the utilization of per diem nurses to augment staffing on the weekend and night shifts.

Protection of nurses prescription drug benefits: The union was able to prevent a proposed change in the nurses' prescription drug benefit, whereby nurses would have been forced to utilize a more costly and restrictive hospital-based pharmacy program. The nurses will retain the right to their current benefit, with the opportunity to opt into the hospital-based program if they choose to do so.

The nurses were unsuccessful in convincing the hospital to adopt contract language requiring the administration to implement

a plan to prevent and respond to a growing problem of workplace violence and a dramatic increase in assaults against nurses.

According to Metzger, obtaining these protections would have taken a strike by the nurses, and the negotiating committee didn't believe a strike at this time was in the best interests of the hospital or the community.

"We have notified management that we are ready and willing to sit down with them, to work together to address our concerns and to foster a positive work environment and corporate culture that is not only attractive to the nurses, but all employees, physicians and patients who are suffering under current management practices," explained Metzger.

The nurses will also seek remedies to the workplace violence issue through regulatory bodies, such as the Occupational Health and Safety Administration (OSHA), as well as through supporting pending state legislation that would require all hospitals to have a plan in place and policies to prevent and respond to workplace violence.

The 353 nurses of Brockton Hospital began negotiations on Dec. 14, 2005. The tentative agreement was reached on Jan. 24, 2007. ■



Stinky to say the least: One little supporter on the Brockton picket line let their feelings be known.

...St. Vincent

From Page 1

etry floors to help with the admission and discharge of patients; assist newly licensed nurses with complex cases; and provide rapid response to patients in crisis. The pact also provides for an increase in ancillary staff on the maternity unit to allow RNs to provide more hands on care.

Salary increase. The contract provides a 14.5 percent salary increase across the board while adding two new steps to the top of the salary scale (one at 5 percent in 2007 and one at 4.5 percent in 2008), which means nurses' pay will increase between 26 and 33 percent depending on years of service. The starting

hourly wage at the end of the contract will be \$27.27 up from \$23.82 with a top wage step of \$53.70 up from \$42.40.

Health Insurance. The union was able to prevent proposed increases in the nurses' health insurance contributions.

The 700 nurses of St. Vincent Hospital

began negotiations in November 2005, with 35 sessions held in total. On Jan. 24, the nurses voted by a nine-to-one margin to authorize a strike at the facility. The contract is the nurses' first with Vanguard Health Systems, Inc., the newest for-profit owner of the hospital. ■

NEMC RNs ratify pact with 11–16 percent pay hike, retiree health benefit

Nurses at New England Medical Center recently ratified a new two-year contract that provides wage increases of 11-16 percent and establishes a new retiree health insurance benefit. The contract also includes language that will protect nurses' union rights.

"We are very pleased to have reached an agreement that will provide a competitive pay scale with other Boston hospitals while also creating a new retiree health insurance benefit. This contract makes us the first non-Partners-affiliated hospital in the city to offer this benefit," said Nancy Gilman, RN, a critical care nurse at the hospital and co-chair of the nurses' local bargaining unit. "This contract also includes important language changes, specifically language to protect and enhance our union rights and the ability of our nurses to have a strong voice to advocate for patients."

The two-year agreement runs from Oct. 1, 2006 to Oct. 31, 2008. The pact includes the following key provisions:

Salary increases. The contract provides a 6 percent salary increase across the board while adding a new step to the top of the salary scale, which means nurses' pay will increase between 11 and 16 percent depending on years of service. The starting hourly wage at the end of the contract will be \$29.46 up from \$26.40 with a top wage step of \$58.23 up from \$52.23.

Retiree health benefit. The contract establishes a Retiree Medical Savings Account (RMSA). RNs are eligible to participate in the RMSA beginning at age 50 and continuing to age 65 provided they retain a regular full- or part-time position. The RMSA will allow regular full- and part-time RNs to contribute up to \$4,500 per year into the account on a post-tax basis with an employer match of 20 percent to a cap of \$400 per year and a lifetime cap of \$6,000. Participating RNs will be eligible to continue in a group medical insurance plan maintained by the hospital at retirement.

Protection of union rights. The nurses won contract language that protects union rights for nurses at the facility and their ability to advocate for patients. The language prevents the hospital from exploiting a recent controversial ruling by the National Labor Relations Board, which found that charge nurses, or nurses who perform charge duties, may be classified as supervisors, and are thereby ineligible for union membership. The new language clearly recognizes the union rights of all nurses in the bargaining unit.

Protection of health insurance and sick time benefits. The union was able to prevent proposed increases in the nurses' health insurance contributions as well as cuts to their sick and holiday time. ■

RNs leaflet in Greenfield



For more than two years, the unionized MNA nurses who work for Baystate VNA & Hospice have been in struggles with management—first for union recognition, now for their first contract. The bargaining unit has been in mediation with no end in sight, so on Jan. 27, the nurses took their fight to the street and conducted a major leafletting campaign in downtown Greenfield (above). Two and a half weeks later, they held an impressive rally on Greenfield Commons that garnered tremendous community support. The nurses went back to the table with management on Feb. 22.

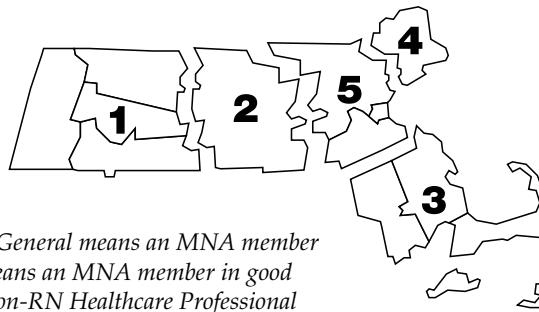
Consent to Serve for the MNA Regional Council 2007

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 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 Healthcare Professional who is a member in good standing of the labor program.

Please type or print — Do not abbreviate

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

Work Title _____ Employer _____

MNA Membership Number _____ MNA Region _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Educational Preparation

School	Degree	Year

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

MNA Offices	Regional Council Offices

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

MNA Offices	Regional Council Offices

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

Signature of Member

Signature of Nominator (leave blank if self-nomination)

Postmarked Deadline: Preliminary Ballot: March 31, 2007
Final Ballot: June 15, 2007

Return completed forms to:
MNA Nominations & Elections Committee
340 Turnpike Street
Canton, MA 02021

Regional Council election

Pursuant to the MNA Bylaws: Article III, Regional Councils, Section 5: Governance
The governing body within each region will consist of:

- a. (1) A Chairperson, or designee, for each MNA bargaining unit.
(2) One Unit 7 representative on each regional council, to be designated by the Unit 7 President.
(3) Seven at-large elected positions. General members, labor members, and labor program members are eligible to run for these at-large positions. At-large members serve a two year term or until their successors are elected.
- b. At-large members shall be elected by the Regional Council's membership in MNA's general election. Four at-large members shall be elected in the even years for a two year term and three at large members shall be elected in the odd years for a two year term.

Proviso: This election commences in 2006

Please note the consent to serve form for the Regional Council at-large positions is on this page. Three members will be elected this year to serve a two-year term. ■

Thank You

The Massachusetts Nurses Association gratefully acknowledges the generous support of the exhibitors and sponsors of the Safe Patient Handling Conference held Jan. 12:

- ADI Mobility
- American Ramp Systems
- ARJO, Inc.
- Beacon Health Care Products
- ERGOtug, Division of NuStar, Inc.
- EZ Way, Inc.
- Guldmann Inc.
- Halliday Medical
- Hospital Safety Solutions, Inc.
- HoverTech International
- IRSG
- Mass. Dept. of Labor Consultation Program
- Mobility Transfer Systems
- Patient Lifts of New England
- R.D. Equipment, Inc.
- U.S. Department of Labor/OSHA
- University of Massachusetts



Consent to Serve for the MNA 2007 Election

I am interested in active participation in the Massachusetts Nurses Association

MNA General Election

- | | |
|--|---|
| <input type="checkbox"/> President, General*, 1 for 2 years | <input type="checkbox"/> Nominations Committee, (5 for 2 years) [1 per region] |
| <input type="checkbox"/> Secretary, General*, 1 for 2 years | <input type="checkbox"/> Bylaws Committee (5 for 2 years) [1 per region] |
| <input type="checkbox"/> Director, Labor* (5 for two years) [1 per Region] | <input type="checkbox"/> Congress on Nursing Practice (6 for 2 years) |
| <input type="checkbox"/> Director At-Large, General (3 for 2 years) | <input type="checkbox"/> Congress on Health Policy (6 for 2 years) |
| <input type="checkbox"/> Director At-Large, Labor (4 for 2 years) | <input type="checkbox"/> Congress on Health & Safety (6 for 2 years) |
| <input type="checkbox"/> Labor Program Member who is a non-RN health-care professional (1 for 2 years) | <input type="checkbox"/> Center for Nursing Ethics & Human Rights (2 for 2 years) |

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

Please type or print — Do not abbreviate

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

Work Title _____ Employer _____

MNA Membership Number _____ MNA Region _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Educational Preparation

School	Degree	Year

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

MNA Offices	Regional Council Offices

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

MNA Offices	Regional Council Offices

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

Signature of Member

Signature of Nominator (leave blank if self-nomination)

Postmarked Deadline: Preliminary Ballot: March 31, 2007
Final Ballot: June 15, 2007

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

Incumbent office holders

Board of Directors

President

Beth Piknick, RN (2005-2007)

Vice President

Donna Kelly-Williams, RN (2006-2008)

Secretary

Jim Moura, RN, BSN (2005-2007)

Treasurer

Nora Watts, RN (2006-2008)

Directors (2 per Region, Labor Seat)

Region 1

Diane Michael, RN (2006-2008)

Irene Patch, RN (2005-2007)

Region 2

Mary Marengo, RN (2006-2006)

Kathlyn M. Logan, RN (2005-2007)

Region 3

Stephanie Stevens, RN (2006-2008)

Judith Rose, RN (2005-2007)

Region 4

Fran O'Connell, RN (2005-2007)

Vacancy

Region 5

Ginny Ryan, RN (2006-2008)

Connie Hunter, RNC (2005-2007)

At-Large Director (Labor Seat)

Karen Coughlin, RN, C (2005-2007)

Richard Lambos, RN (2005-2007)

Barbara Norton, RN (2005-2007)

Karen Higgins, RN (2005-2007)

Nancy Gilman, RN (2006-2008)

Judy Smith-Goguen, RN (2006-2008)

Patricia Healey, RN (2006-2008)

At-Large Director (General Seat)

Tina Russell, RN (2005-2007)

Jeannine Williams, RN (2005-2007)

Sandy Eaton, RN (2005-2007)

Marilyn Crawford, RN (2006-2008)

Helen Gillam, RN (2006-2008)

Sharon McCollum, RN (2006-2008)

Rosemary O'Brien, RN (2006-2008)

Labor Program Member (Non-RN, Health Care Professional)

Beth Gray-Nix, OTR/L (2005-2007)

Nominations & Elections Committee

Janet Spicer, RN (2006-2008)

Bylaws Committee

Kathryn F. Zalis (1999-2001)

Elizabeth Kennedy (2002-2004)

Jane Connelly (2003-2005)

Sandra LeBlanc (2001-2005)

Center for Nursing Ethics & Human Rights

Ellen Farley (2004-2006)

Lolita Roland (2006-2008)

Kelly Shanley (2004-2006)

Congress on Health Policy & Legislation

Kathleen M. Charette

Melissa Croad

Ann Eldridge Malone

Christine Folsom

Nancy Pitrowiski

Congress on Nursing Practice

Mary Amsler (2005-2007)

Marianne Chisholm (2004-2006)

Ellen Deering (2005-2007)

Stephanie V. Holland (2005-2007)

Susan M. Howe (2006 – 2008)

Marian Nudelman (2004-2006)

Christine A. O'Brien (2004-2006)

Paula Trabucco (2006-2008)

Linda A. Winslow (2004-2006)

Congress on Health & Safety

Terri J. Arthur (2006-2008)

Mary V. Bellistri (2006-2008)

Janet Butler (2004-2006)

Mary Ann Dillon (2005-2007)

Michael A. D'Intinosanto (2004-2006)

Sandra E. LeBlanc (2004-2006)

Gail Lenehan (2005-2007)

Lorraine MacDonald (2005-2007)

Elizabeth O'Connor (2006-2008)

Kate Opanasets (2007-2009)

Janet K. Reeves (2004-2006)

Kathy Sperrazza (2004-2006)

Keeping nurses safe on the job: News from the Congress on Health and Safety

New standard set after MNA nurses advocate for metal detectors in their facilities

Holyoke, Springfield methadone clinics appear to be first in state to provide this level of security for staff, patients

By Evie Bain

Workplace violence prevention was an important issue for nurses at Providence Hospital in Holyoke during their 2003 contract negotiations. And their work on the issue paid off.

Their subsequent 2004-2006 contract included a statement supporting a nurse's right to contact the police if assaulted; a method for reporting and following-up on violence; and a method of weapons detection, removal, storage and disposition. But with two out-patient methadone clinics within the Providence Hospital network, the bargaining unit also advocated for one the U.S. Department of Labor, OSHA, recommendations: utilizing metal detectors as one method of preventing violence in healthcare settings.

As previous articles in the *Massachusetts Nurse* have noted, the reporting system at this facility is in place and is working well, and nurses have been supported when the need to contact police has arisen. But the latest news out of the bargaining unit about the metal detectors has set a new standard.

The two methadone clinics that are part of the hospital system provide care to 850 to 900

individuals each year, resulting in 300,000 patient visits annually.

Inside the clinics: metal detectors

While the hospital had a policy explaining that patients and visitors should not carry any weapon onto hospital property, weapons had been seen. There were also concerns that weapons might be concealed. No serious incidents have occurred, but as part of the violence prevention program, more accurate measures for weapons detection were clearly indicated.

In December 2006, metal detectors were installed at these locations and on Jan. 2, the detectors were activated in the two methadone clinics. During the first few days of utilization, the detectors identified a variety of weapons including 31 knives and other potential weapons such as box cutters and screw drivers. Now that the process is routine, weapons are seldom seen.

Denny Glidden, RN and co-chairperson of the MNA bargaining unit at Providence Hospital works in the methadone program at both locations. Glidden recently said that the metal detectors were a "long time coming and a welcome addition to the violence prevention

program." She thanked the MNA and the Violence Prevention Task Force at Providence Hospital for their work on this issue noting, however, that "much has been accomplished and more still more needs to be done."

Donna Wood RN, BSN and manager of the methadone clinics, said she was proud that they appear to be the first clinic in the state to have accomplished this level of safety for patients and staff. She viewed it as a positive step in the violence prevention program at Providence Hospital. Wood added said that several patients had also recently commented about feeling safer in the clinic with this level of protection installed.

Andrea Fox, RN and the MNA associate director who negotiated the workplace violence prevention language, said that although the hospital initially noted the cost of the metal detectors was high, they did put the items in their budgets and followed through with the measures needed to ensure the safety of the patients and staff

Random calls to numerous methadone clinics across Massachusetts revealed that metal detectors were not installed in any other facility. There was interest and support



for the metal detectors as a violence prevention strategy by persons who answered the calls at several of the clinics contacted. ■

Health and safety conference planned for June 2007

Event will focus on injury and illness recognition, reporting and prevention

By Evie Bain

The MNA, in cooperation with UMass Lowell's department of work environment, is planning a two-day health and safety conference on June 7 and 8 at the Best Western Royal Plaza in Marlboro.

This two-day conference, entitled "Workplace Hazards to Nurses and Other Healthcare Workers: Promising Practices for Prevention," will include plenary sessions addressing the research findings from the PHASE (Promoting Healthy and

Safe Employment) in Healthcare research project—a five-year NIOSH-funded project that was conducted by UMass Lowell's School of Health and Environment.

Breakout sessions will address hazardous conditions in the health care industry and will focus on bringing information and change to the industries' institutions in order to prevent work-related illness and injuries to nurses and other workers. Topics to be addressed in the breakout sessions include:

- Preventing workplace violence

- Preventing injuries in home care settings
- Preventing exposure to hazardous drugs
- Preventing infectious disease transmission to the health care workers
- Preventing needlestick injuries in acute care settings
- Preventing workplace asthma
- Protecting against a pandemic flu outbreak
- Preventing latex allergies

Plenary sessions and breakout speakers will include representatives from the MNA; the Massachusetts Department of Public Health Occupational Safety and Health Program; UMass Lowell; the University of Maryland; Caritas-Good Samaritan's Occupational Health Program; and Lancaster General Hospital.

Members from the MNA's Congress on Health and Safety are working diligently to provide a meaningful conference to improve working conditions for nurses and other health care workers with the conviction that nurses' safety is directly associated with the safety of their patients. The Congress and the Workplace Violence and Abuse Prevention Task Force are assisting with the program's development and will facilitate the breakout sessions.

Additional details about the conference will be available on the MNA's Web site, www.massnurses.org, and in the *Massachusetts Nurse*. ■

SAVE THE DATE

MASSPRO and the Massachusetts Adult Immunization Coalition present

The 12th Annual Adult Immunization Conference

Keynote Speaker:

William L. Atkinson, MD, MPH
Medical Epidemiologist
Centers for Disease Control and Prevention

Tuesday, May 1, 2007

8:00 a.m. to 3:00 p.m.
DCU Center, Worcester, MA

CEUs will be offered for nurses and nursing home administrators.

More information will be posted to our Web site, www.masspro.org, as it becomes available.

MASSPRO

Making an Impact.



This material was prepared by MASSPRO, the Medicare Quality Improvement Organization for Massachusetts, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily represent CMS policy.
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Health & Safety Contacts

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

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

MNA's first conference on safe patient handling a success

More than 220 nurses, health care professionals and workplace safety advocates joined together in a jam-packed room inside Randolph-based Lombardo's on Jan. 12 for a first-of-its-kind MNA conference: one that was entirely dedicated to the issue of safe patient handling.

The need for such a conference has been growing in recent years, and during this time the MNA positioned itself as one of the area's most influential players on the issue of safe patient handling. The organization's involvement with the issue was essential in order to address the related burgeoning crisis—a crisis that brings with it some truly alarming statistics:

- The injury rate for workers in hospitals and nursing homes is higher than in the trucking, logging or construction industries
- Nearly 40 percent of nurses have sustained injuries from lifting and repositioning patients
- 48 percent of nurses suffer with chronic pain as a result of lifting, transferring and repositioning patients
- 12 percent of nurses are contemplating "leaving for good" because of back pain
- 20 percent of nurses have transferred to a different unit, position or employment opportunity because of lower back pain

The MNA recently re-filed legislation that would address the issue of safe patient handling by setting clear parameters and benchmarks for hospitals and health care facilities. ■

Clockwise, top left: Rep. Jennifer Callahan (D-Sutton), lead sponsor for the MNA's safe patient handling bill, discusses the importance of healthcare ergonomics programs. William S. Marras during his presentation on "the downward spiral of low back pain." A representative from Liko uses one of the company's lifts, while a conference attendee tests another.



Honor your peers with a nomination for 2007 MNA awards

One of the greatest honors one can achieve is the recognition of one's peers. In this fast-changing health care system in which nurses 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 practice.

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.

For detailed information on selection criteria and to receive a nomination packet, call Liz Chmielinski, MNA division of nursing, 781-830-5719 or toll free, 800-882-2056, x719. The nomination deadline is June 15, 2007. ■



Scholarship funding available through the Massachusetts Nurses Foundation

Deadline: June 1, 2007

Printable applications with instructions and eligibility requirements will be available in February at www.massnurses.org.

You can request that an application be mailed to you by calling the MNF at 781-830-5745.

The MNA joins MITSS in providing support to nurses involved with an adverse medical event.

To Support Healing & Restore Hope

Program Mission/Philosophy

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

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

MITSS supports clinicians using the following resources:

- One-on-one interaction via phone
- Group sessions led by a professional facilitator
- Training for fellow survivors who would like to help others

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

MNA
 MASSACHUSETTS NURSES ASSOCIATION



MNA

PEER ASSISTANCE PROGRAM

Help for Nurses with Substance Abuse Problems



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



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



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

CALL THE MNA PEER ASSISTANCE PROGRAM

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

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

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

Boston Metropolitan Area

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

Fridays, 6:30-7:30 p.m.

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

Central Massachusetts

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

Northern Massachusetts

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

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

Western Massachusetts

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

Southern Massachusetts

- Professionals Support Group, 76 W. Main St., Suite 306, Hyannis. Contact: Kathy Hoyt, 508-790-1944. Meets: Mondays, 5–6 p.m.
- PRN Group, Pembroke Hospital, 199 Oak Street, Staff Dining Room, Pembroke. Contact: Sharon Day, 508-375-6227. Meets: Tuesdays, 6:30–8 p.m.

- Substance Abuse Support Group, St. Luke's Hospital, New Bedford, 88 Faunce Corner Road. Contact: Michelle, 508-947-5351. Meets: Thursdays, 7–8:30 p.m.

Other Areas

- Maguire Road Group, for those employed at private health care systems. Contact: John William, 508-834-7036 Meets: Mondays.
- Nurses for Nurses Group, Hartford, Conn. Contacts: Joan, 203-623-3261, Debbie, 203-871-906, Rick, 203-237-1199. Meets: Thursdays, 7–8:30 p.m.
- Nurses Peer Support Group, Ray Conference Center, 345 Blackstone Blvd., Providence, R.I. Contact: Sharon Goldstein, 800-445-1195. Meets: Wednesdays, 6:30–7:30 p.m.
- Nurses Recovery Group, VA Hospital, 6th Floor Lounge, Room E10, Manchester, N.H. Contacts: Janet, 978-975-5711, 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 A.M.–6 P.M.)
Leading provider of professional liability insurance for nursing professionals with over 800,000 health care professionals insured. www.nso.com.

CREDIT CARD PROGRAM

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

TERM LIFE INSURANCE

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

LONG TERM CARE INSURANCE

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

SHORT TERM DISABILITY INSURANCE

ISI NEW ENGLAND INSURANCE SPECIALIST LLC 888-474-1959
Six-month disability protection program for non-occupational illnesses & accidents.

LONG TERM DISABILITY INSURANCE

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

RETIREMENT PROGRAM

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

DISCOUNT TAX PREPARATION SERVICE

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

HOME MORTGAGE DISCOUNTS

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

LIFE & ESTATE PLANNING

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

NEW BLUE CROSS BLUE SHIELD

Health insurance plan details are available by calling 800-422-3545, ext. 65414

Products & Services

AUTO/HOMEOWNERS INSURANCE

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

CELLULAR TELEPHONE SERVICE

CINGULAR WIRELESS 800-882-2056, EXT. 726
Good news! MNA members can no go to any Cingular Wireless company store for all transactions. 8% discounts on rate plans, 20% on accessories.

T-MOBILE 866-464-8662
T-Mobile is offering MNA members and their families a free phone with activation, free nationwide long distance and roaming and free nights and weekends (on specific plans). No activation fee is required for members.

VERIZON WIRELESS 401-633-4509
Receive an 8 percent discount on plans priced \$34.99 and above! Receive a free Motorola G3400 on any new purchase or upgrade.

SPRINT NEXTEL COMMUNICATIONS 617-839-6684
Save up to 30% on equipment, up to 23% on rate plans and up to 10% on accessories. Choose from a wide selection of phones. Call Don Lynch or email Donald.Lynch@Sprint.com or visit www.nextel.com/massnurses to place an order today

DISCOUNT DENTAL & EYEWEAR PROGRAM

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

JIFFY LUBE DISCOUNT

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

MASS BUYING POWER

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

DISCOUNT PRODUCTS BY MEMBER ADVANTAGE

MEMBER ADVANTAGE 781-828-4555 OR 800-232-0872
Discount prices on a broad range of products. Nationwide shipping or local pickup available. Register at mna_discount_products.com (Company code: MNA2006).

OIL BUYING NETWORK DISCOUNT

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

WRENTHAM VILLAGE PREMIUM OUTLETS

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

SIGHT CARE VISION SAVINGS PLAN

MNA DIVISION OF MEMBERSHIP 800-882-2056, EXT. 726
Obtain your Sight Care ID card to receive discounts on eye exams, eyeglasses & contact lenses at Cambridge Eye Doctors or Vision World locations.

HEALTH CARE APPAREL

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

BROOKS BROTHERS DISCOUNT

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

Travel & Leisure

AVIS RENTAL CARE DISCOUNT

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

HERTZ CAR RENTAL DISCOUNT

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

DISCOUNT MOVIE PASSES

MNA DIVISION OF MEMBERSHIP 800-882-2056, EXT. 726
Showcase Cinemas/National Amusements, \$7. AMC Theatres, \$6. Regal Cinemas (not valid first 12 days of new release), \$6. Call to order by phone with Mastercard or Visa.

DISCOUNT HOTEL & TRAVEL PRIVILEGES

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

DISNEY DISCOUNT

Members can now take advantage of discounted tickets to Walt Disney World and Disneyland along with other Florida attractions. Begin saving by calling 800-331-6483 or check out the discounts on our Web site at www.massnurses.org.

ANHEUSER-BUSCH ADVENTURE PARKS DISCOUNT

MNA DIVISION OF MEMBERSHIP 800-882-2056, EXT. 726
Obtain Adventure Card to receive discount admission to Busch Gardens, Sea World, Sesame Place, Water Country USA & Adventure Island in Tampa, Fla.

UNIVERSAL STUDIOS FAN CLUB

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

WORKING ADVANTAGE

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

NEW BOSTON CELTICS DISCOUNT

For information on MNA Boston Celtics discount nights, including dates and ticket information, email massnurses@celtics.com or call 617-854-8068.

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

MNA CONTINUING EDUCATION COURSES

Winter 2007 Courses

Mentor Program

Description This program will provide information about the role of prospective mentors who are experienced professional nurses and who are interested in sharing their knowledge and supporting other nurses.

Speaker Dorothy McCabe, RN, MS, MEd.

Date Feb. 26, 2007

Snow Date: March 5, 2007

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

Place MNA Headquarters, Canton

Fee MNA Members Free; Others \$95

Contact Hours Will be provided.

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

Diabetes 2007: What Nurses Need to Know

Description This program will discuss the pathophysiology and classification of Diabetes Types 1 and 2. Nursing implications of blood glucose monitoring and non-pharmacological interventions such as exercise and meal planning will be addressed. Oral pharmacological agents and a comprehensive update on insulin therapy will be presented. The nursing management of the newly diagnosed diabetic patient, both complicated and not, will be explored. Nursing management of the diabetic patient in the pre/post operative, ambulatory care, home care and school setting will be discussed.



Speaker Ann Miller, MS, RN, CS, CDE

Date March 1, 2007

Snow Date March 8, 2007

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

Place MNA Headquarters, Canton

Fee* MNA Members Free; Others \$195

***Requires \$20 deposit which will be returned upon attendance.**

Contact Hours Will be provided.

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

Oncology for Nurses

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



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

Date March 7, 2007

Snow Date: March 14, 2007

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

Place MNA Headquarters, Canton

Fee* MNA Members Free; Others \$195

***Requires \$20 deposit which will be returned upon attendance.**

Contact Hours Will be provided.

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

Critical and Emerging Infectious Diseases

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

Speakers Alfred DeMaria, MD
Maureen Spencer, RN, MEd, CIC
Thomas P. Fuller, ScD, CIH, MSPH, MBA
Evelyn Bain, MEd, RN, COHN-S

Date March 23, 2007

Time 8 a.m. - 4 p.m. (light lunch provided)

Place MNA Headquarters, Canton

Fee MNA Members: Free; Others: \$195

Contact Hours Will be provided.

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

Basic Dysrhythmia Interpretation

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



Speaker Carol Mallia, RN, MSN

Dates March 27, 2007 – Part One
April 3, 2007 – Part Two

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

Place MNA Headquarters, Canton

Fee MNA Members Free; Others \$195

Contact Hours Will be provided.

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

Advanced Cardiac Life Support Certification & Recertification

Description This American Heart Association course will provide information on the clinical management of cardiac and respiratory emergencies through case study approach. Content includes assessment, arrhythmia recognition, intubation, defibrillation and pharmacological interventions. Recertification candidates must present a copy of their current ACLS card. **Attendees must be proficient in basic dysrhythmia interpretation. This challenging course requires a high degree of self study and is best suited for nurses who work in the areas of acute and critical care.**



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

Date April 18, 2007 and April 25, 2007 (Certification)
April 25, 2007 (Recertification)

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

Place MNA Headquarters, Canton

Fee Certification: MNA members Free*; Others \$250
Recertification: MNA members Free*; Others \$195

***Requires \$50 deposit which will be returned upon attendance.**

Contact Hours Contact Hours will be provided.

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

Compassion Fatigue

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

Speaker Donna McCarten White, RN, PhD, CADAC-II, LADC-I

Date April 10, 2007

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

Place MNA Headquarters, Canton

Fee MNA Members Free; Others \$95

Contact Hours Will be provided.

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

Managing Cardiac and Respiratory 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 will be covered. Clinical management of respiratory distress will also be discussed.



Speaker Carol Mallia, RN, MSN

Date June 19, 2007

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

Place MNA Headquarters, Canton

Fee MNA Members Free; Others \$95

Contact Hours Will be provided.

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

Cardiac and Pulmonary Pharmacology

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



Speaker Carol Mallia, RN, MSN

Date June 26, 2007

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

Place MNA Headquarters, Canton

Fee MNA Members Free; Others \$95

Contact Hours Will be provided.

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

2007 scholarships available for MNA members

Kate Maker Scholarship

This scholarship was established to honor the memory of Kate Maker, RN, and a great leader and powerful activist. Kate's primary focus as an activist was with the MNA. Kate was a long-time member of the MNA Board of Directors, and she served two terms as the chairperson of her bargaining unit at UMass Memorial Health Care's University Campus in Worcester. Kate participated in pickets and strikes for nurses at several Worcester-area hospitals and was particularly effective when it came to explaining the connections between safe-RN-staffing ratios and their immediate impact on patient safety.

The scholarship will be awarded to a student (entry level or practicing RN) pursuing an associate's or bachelor's degree in nursing. Preference will be given to students living in or working in the Worcester area first, and then to other towns in MNA's Region 2. If the applicant is a practicing RN pursuing a degree, she/he must be an MNA member.

Janet Dunphy Scholarship

Funded by a scholarship established by Regional Council 5, these scholarships are given to an MNA member in good standing in Region 5 and who is pursuing a bachelor's, master's or doctoral degree. Second preference will be given to those seeking advanced degrees in public health policy or labor relations at any level. If the applicant is an MNA member in a collective bargaining unit, an additional reference is required from the local unit representative/committee member attesting to distinguished service within the local unit. Anyone who is known to have

crossed a picket line cannot be considered.

Regional Council 5 Scholarship

(Child of member under the age of 25 who is in a nursing program)

Funded by Regional Council 5, these scholarships will be awarded to a family member of an MNA member in good standing from Region 5 and enrolled in an NLN accredited program in nursing.

Regional Council 5 Scholarship

(Child of member under the age of 25 in a higher education program)

Funded by Regional Council 5, these scholarships will be awarded to a family member of an MNA member in good standing from Region 5 and enrolled in an accredited program in any course of study.

Regional Council 5 Scholarship

(Spouse/domestic partner in a nursing program; second preference will be given to those pursuing degrees in public health policy, health care professional tract or labor relations)

Funded by Regional Council 5, these scholarships will be awarded to a spouse/domestic partner of an MNA member in good standing from Region 5 and is accepted in an accredited nursing program. If applicant is a practicing RN they must be an MNA member.

Regional Council 4 Scholarship

Funded by Regional Council 4, five \$1,000 scholarships will be awarded to active Region 4 MNA members to assist with their studies for a bachelor's, master's or doctoral degree in nursing.

Regional Council 3 Scholarship

Funded by Regional Council 3, scholar-

ships are being offered to an MNA member in good standing and active in Region 3 to assist with his/her studies for associate's, bachelor's, master's or doctoral degree.

Regional Council 3 Scholarship

(Child of member in nursing program)

Funded by Regional Council 3, scholarships are being offered to a child of an MNA member in good standing and active in Region 3 to assist with his/her studies in an accredited associate or baccalaureate nursing program.

Regional Council 2 Scholarship

Funded by Regional Council 2, scholarships will be awarded to an active Region 2 member in good standing to assist with his/her studies in an accredited bachelor's, master's or doctoral program in nursing or a family member continuing their education in nursing.

Regional Council 2 Scholarship

(Child of member in nursing program)

Funded by Regional Council 2, scholarships will be awarded to a child of an active Region 2 member in good standing to assist with his/her studies in nursing.

Regional Council 1 Scholarship

Funded by Regional Council 1, this scholarship is offered to a child of a Region 1 member, or a student sponsored by a Region 1 member pursuing a degree in nursing.

Labor Relations Scholarship

Two scholarships are funded annually by a grant established by the MNA Division of Labor. The scholarships are for an RN or health care professional who is also an MNA member in good standing. Applicants must

also be enrolled in a bachelor's or master's degree program in nursing, labor relations or related field. Additional reference is required from your local unit representative identifying your involvement in labor relation/collective bargaining activities.

MNA Unit 7 Scholarship

Two scholarships are being offered to a member of Unit 7 State Chapter of Health Care Professionals who is pursuing a degree in higher education. One will be awarded to a registered nurse and one will be awarded to a health care professional.

MNA New England Nurses Scholarship

One scholarship is being offered to a member of MNA in good standing. Applicants must be enrolled in an accredited degree program in nursing, labor relations or related field.

Faulkner Hospital School of Nursing Alumnae Memorial Scholarship

Funded by a sustaining scholarship established by the Faulkner Hospital School of Nursing Alumnae Association, this scholarship is offered by the Massachusetts Nurses Foundation. The primary purpose is to promote and encourage individuals to enter the professional nursing field, and annually funds the educational pursuits of student attending an entry level nursing program or an RN pursuing a BSN or MSN. First preference will be given to applicants who are lineal descendants of alumnae of the Faulkner Hospital School of Nursing. (Include name of Faulkner ancestor, year of graduation, address if known and relationship to applicant.) Second preference will be given to all others. ■

CONTINUING ED COURSE INFORMATION

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

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

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

Program Cancellation MNA reserves the right to change speakers or cancel programs due to extenuating circumstances. **In case of inclement weather**, please call the MNA at 781-821-4625 or 800-882-2056 to determine whether a program will run as originally scheduled. Registration fees will be reimbursed for all cancelled programs.

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

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

- 1) Sign in
- 2) Be present for the entire time period of the session and
- 3) Complete and submit the evaluation

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

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

Congress on Nursing Practice to launch mentorship program

A mentorship program for MNA members will begin this fall. There will be two categories of programs: one for experienced nurses who want to become mentors and the other for nurses who want to be mentored.

The mentorship program was developed with three areas of concentration:

- **Labor:** which will provide entry involvement into union-based activities in the workplace
- **Career:** which will provide information on avenues for professional growth and advancement, including specialty areas, advanced education and certification
- **Organizing/legislative initiatives:** which will provide entry into legislative activities and/or statewide initiatives.

Mentors will need to attend a three-hour workshop focused on specific aspects of mentorship. Break-out sessions for the three categories of mentorship also will be featured.

Interested members should fill out the form below and return it to the MNA. For questions, call the Division of Nursing at 781-821-4625.

Application: MNA's Mentorship Program

Name _____

Address _____

E-mail address _____

Phone _____

Years of experience _____ Area of expertise _____

I want to be a mentor I am interested in being mentored

Preferred area of concentration: Labor Career Organizing/Legislative Initiatives

Return to:

MNA's Division of Nursing, 340 Turnpike Street, Canton, MA 02021

Donations Needed for MNF Auctions!

The Massachusetts Nurses Foundation is preparing for the Golf Tournament on June 16 and its annual voice and silent auction to be held at the MNA 2007 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 & research.

Simply donate your tax-deductible item, product or service and we will include it in the annual auction. Some ideas for auction donations include:

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

Contact the MNF at 781-830-5745 to obtain an auction donor form or simply mail or deliver your donation to the Massachusetts Nurses Foundation, 340 Turnpike St., Canton, MA 02021.

Our mission is only accomplished through donations. Your donation provides the meaningful difference in what the foundation can do! Your support is appreciated.

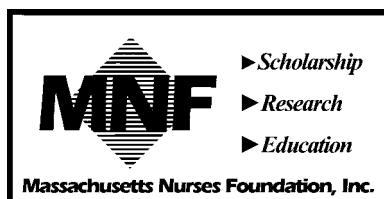
Jeannine Williams
MNF President

Tina Russell
MNF Treasurer

About the Massachusetts Nurses Foundation

The Massachusetts Nurses Foundation is a non-profit organization, established in 1981, which supports scholarship and research in the nursing and health care professions. The primary goal of the MNF is to advance the profession of nursing and health care by supporting the education of nurses. The foundation provides:

- Scholarships and grants to nurses, nursing students and health care professionals
- Support of research, which is significant to the nursing profession and the public
- Administration of scholarship funds for alumni associations, schools of nursing, organizations, foundations and individuals.



The MNF raises funds and dispenses scholarships and grants to qualified candidates who have applied for assistance to further their careers or study clinical issues that are essential to the improvement of health care.

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Our Paris and the French countryside tour begins with three nights in Rouen, and will include two full days of sightseeing, including a day in Normandy and Bayeux to see the D-Day landing beaches, the American Cemetery and a stop to see Queen Matilda's famous Bayeux Tapestry. The next day, we'll visit the Mont St. Michel, the most famous abbey in the world. After a morning tour of Rouen, including a visit to the Cathedral of Notre Dame, and some free time for shopping and browsing; we are off to Paris for a four-night stay. Our first full day in Paris, features a panoramic sightseeing tour and the afternoon at leisure for museum visits. The next day, a morning tour to the Palace of Versailles with the afternoon again free in Paris for shopping and sightseeing. The following day features a Chateau Country tour to the Loire Valley where we will visit Blois and Amboise. We'll tour the Chateau de Chambord and Chateau de Chenonceau.



Sorrento, Italy May 26-June 3, \$1,899*

Join us on a tour of one of southern Italy's premier vacation resorts. This all-inclusive nine-day, seven-night trip includes air, transfers, hotel and all meals as well as guided tours. The tour will feature Sorrento, Naples, Pompeii, the Isle of Capri and Amalfi Drive. Visits to Positano; the Cathedral of St Andrew; the Museum of Correale; orange, lemon and olive groves; vineyards; and the Castel dell'Ovo in Naples will also be arranged. Offered as an all-inclusive trip, this package is a great value.



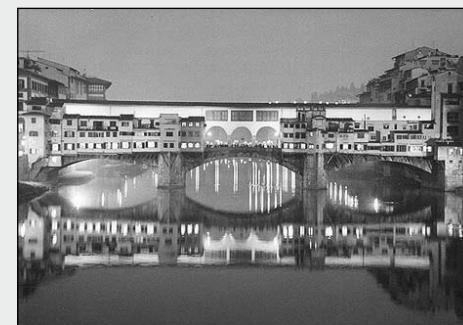
Costa Del Sol plus Madrid Nov. 6-14, 2007, \$1,769*

This Spain tour will feature the first five nights in the beach resort of Torremolinos on Spain's Costa Del Sol with the last two evenings in Madrid. We will enjoy a sightseeing tour that includes Ronda, Grenada to see the Alhambra, Seville and Gibraltar. En route to Madrid, we'll visit Toledo, and while in Madrid, we'll have a panoramic city sightseeing tour, and visit to the Prado museum. The last afternoon will be free for individual sightseeing and shopping. This tour includes three meals daily except our last full day in Madrid where lunch is on your own while in the Costa Del Sol.



Florence, Venice & Rome Oct. 30-Nov. 7, 2007, \$1,869*

Join this wonderful nine-day/seven-night trip featuring Florence, Venice and Rome with tours included in each city as well as the beautiful Tuscan cities of Siena, San Gimignano and Assisi. The tour will include four nights in the beautiful Spa town of Montecatini. From there, day trips to Florence, Venice, Siena and San Gimignano will be arranged. The time in Rome will include a full-day sightseeing tour of the Coliseum, the Parthenon, the Spanish Steps, the Trevi Fountain, Vatican City and much more. This trip includes round-trip air from Boston and transfers to and from the hotel. Breakfast and dinner included, as well as one lunch.



Reserve Early  **Space is Limited**

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

*Prices listed are per person, double occupancy based on check purchase. Applicable departure taxes are not included in the listed prices. Credit card purchase price is \$30 higher than the listed price.

Thinking of traveling with the MNA? Read about one nurse's adventures in Greece!

By Madeleine Davies, RN

Friday, May 19

I sent in my travel form and deposit for the trip to Greece that the MNA is offering.

Saturday, Sept. 23

Lynda, Joyce and I went to the Museum of Science Omni Theater presentation on Greece. How lucky to have that in town right when we are planning to go to Greece. It was great. We visited the Human Body Worlds exhibit also. Following our museum visit, we met Donna and Claire at Dionysos, a Greek restaurant in Cambridge. The food was fabulous! We are in the mood ...

Wednesday, Oct. 11

The five of us went to MNA headquarters for an informational meeting. Drinks afterwards at the 99 Restaurant and Pub. We are going to have a blast!



Davies at sunset during her tour.

Sunday, Oct. 22

I can't believe it's tomorrow! I have packed, unpacked and packed again. My nails are done, my hair is done, my legs are shaved. Lasagna dinner tonight with friends and then we are watching "Shirley Valentine," a movie that was filmed in Greece and everyone has said I should see before my trip.

Monday, Oct. 23

Today is the day! Donna, Claire, Joyce and Lynda arrived. We drank some bubbly and watched the ridiculous man try to get our luggage into the back of the van. Off to Logan. Two hours in line to check in; then Houlihan's, then onto the plane. We are on the plane! Ze plane! Ze plane!

Tuesday, Oct. 24

We are sitting in Charles DeGaulle airport in Paris. Flight was OK. Watched "The Devil Wears Prada." Slept a couple of hours. Now awaiting flight to Athens.

4:30 p.m. (Athens time)

WOW!! The ride from the airport to the hotel was amazing. Rows upon rows of olive trees; a few almond trees mixed in. Our hotel room is great. I'm sitting on our little balcony looking across at some tiered buildings covered with green foliage and flowered balconies. To my left, a view of the Parthenon!

It is quite warm out; probably about 72 degrees with a brilliant blue sky. Showers next and then an orientation meeting followed by dinner. My first ouzo mixed with orange juice. Zzzzzzzzz. Orientation was so long. We went over the itinerary. Dinner was really good. It was buffet style. I particularly liked the lamb dish and ALL the desserts.

Wednesday, Oct. 25

What a day! Where do I start?

On the bus at 8:30 a.m. and off to the Acropolis. The day was absolutely gorgeous—warm, sunny, blue sky. Dmitri is our bus driver. Our



The MNA gang at the Acropolis.

guide is Sandra. She has a pleasant voice and she took us to a great jewelry store. Many of us bought necklaces that have our Greek names engraved on Greek columns.

History is all around us and it is incredible! The ruins of the Acropolis are mind blowing, and the word "old" has taken on a new meaning as a result. We stopped back at the hotel and enjoyed some wine and cheese, (Greek and French) on the balcony overlooking the Parthenon. I could get use to living like this!

A little later, we headed out on foot. We went through the Arch of Hadrian—circa 132 A.D. Incredible! We went to the Temple of Zeus. Surreal! The ancient buildings and ruins against a deep blue sky and modern buildings.

Next, we strolled to the Platka—colorful, noisy and lots of fun. Many narrow streets, shops and taverns. Beer and calamari for lunch at a local tavern. Yum!

More shopping and walking, although we got lost. Luckily some excellent gelato saved us! Back at the hotel we had wine by the pool before heading out for dinner. Back to the hotel about 11:30 p.m. What a day!

Thursday, Oct. 26

On the bus at 8 a.m. to head for Delphi. It was cool and foggy but then, suddenly, the fog gives way to a gorgeous blue sky. Words cannot describe the day or the sights. I hope the photos do Delphi and the surrounding area justice.

At 4:50 p.m. we're back on the bus to head to Athens. We're reprimanded for being late, but no way would we have missed out on climbing up to the giant stadium where chariot races once were held!

Friday, Oct. 27

Suitcases in the hall by 7 a.m., followed by breakfast. On the bus at 8:15 to head to the port for our cruise on the Sea Diamond. The weather is fabulous!

Spent lots of time lying in lounge chairs on deck, drinking and chatting. Arrive at Mykonos at around 5 p.m. It's amazing! A small island with cobble-stoned streets and whitewashed houses, shops and taverns.

We saw the sunset of a lifetime! Five windmills etched their place in the night sky. I will never forget this sight. We made our way to an area called Little Venice. We sat at a wooden picnic table on the water having an appetizer and a drink looking out on the windmills.

Saturday, Oct. 28

Up at 6:15 a.m. and ready for Rhodes. Enjoy a breakfast buffet onboard. It's a beautiful morning but (oh no!), the captain says we can't go to Rhodes due to high swells and winds in the port!

We turn around and head away. He will

pilot us to Patmos instead.

Can't believe it! Patmos is unreachable too due to wind conditions. But wait! We will head to Santorini instead. We are so excited! In the meantime, we will head straight to Turkey now.

Welcome to Turkey! It is so beautiful. The sun is sparkling on the blue water.

We are greeted by our tour guide, George. We visit Ephesus—an ancient city from the seventh century B.C. Imagine the emperors, the chariots, the people!

Again, the ruins are set against a brilliant blue sky. As we enter the ruins of a large theater, we're amazed to hear singing. We sit on the ancient stone seats and listen in awe as a choir of nuns sings in their native tongue.

Next, a visit that robs my bank account: Mosaic Turkish carpets. We sit in the rug shop as rug after Aladdin-type rug is rolled out, spun around and described—all while we sip hot apple tea from tiny glass cups. Many dollars, and two new runners later, we leave the store. At the suggestion of one of the salesmen, we eat dinner at a local restaurant that gives us a fabulous view of the harbor. I can't explain what it was like to be sitting, laughing and dining with friends in Turkey!

Sunday, Oct. 29

Up at 7 a.m. We are anchored in the harbor at Patmos. We head to the island in tenders and enjoy coffee and toasted sandwiches in a charming outdoor café once we arrive.

We walked around the surrounding streets, visited some shops and listened to



Santorini in all of its glory.

the church bells tolling from a picturesque white church. Time flies, because we're back on board at 10:30 a.m.

Onboard again, we head to the pool for sun and fun. We are beginning to look as if we're on a Caribbean cruise—that's how phenomenal the weather has been!

At about 3 p.m. we're on deck again and waiting to see Santorini, but there is quite a bit of haze and it is hard to see anything at all. But suddenly, not unlike our visit to Delphi, the haze is gone and before us magically appears Santorini in all its glory!

Almost everyone is silent as we watch the island come into view with sharpening crispness. We can see the island's steep cliffs, and its ancient volcano. The water is a color blue that I have never seen before. It reminds me of blue Palmolive dishwashing liquid. It swirls and sparkles as the boat reverses quickly with huge ropes to secure us in place. We again board tenders to enter the breathtaking harbor. A huge sailing ship sits cradled in an alcove, and it makes for a perfect picture! We get off the tender and get in the line to wait to ride a donkey up to the top of the cliffs. I'm sorry to say, I thought it would be like a pony ride as remembered from my childhood. I am wrong.

Julie, in front of us in the line, gets on her

donkey and it literally takes off. It is only now that reality sets in and my pulse quickens. Oh no, my turn. I climb on the saddle and hold on for dear life. I am second in a caravan of four. A local youth sits sidesaddle on the first donkey, yelling and cajoling the animals to go. We begin an ascent that is difficult to describe. Not only is it steep—practically vertical to the sea—but also narrow with sharp turns occurring every 50 feet or so.

The view off to my left as the sun sinks over the caldera was enough to take my breath away. There is no camera high tech enough to capture the beauty of it all. When I finally look ahead again I see a donkey sideways on



A windmill in Mykonos.

the path before us and realize that we have reached the point where we can clamor down from the backs of these incredible beasts. They do not appear exhausted or short of breath as humans would after such a climb.

The scene is only more beautiful as we enter the town. The stunning, whitewashed buildings and the cobblestone streets stretch in front of us and we enjoy having the time to stroll and shop as the sun begins to set. The sky above begins to turn into black velvet and, far below, the tiny lights in the harbor sparkle and twinkle. Torches light up the deck area of the restaurant we've settled in for dinner and we enjoy great wine, a delicious cheese platter and the ambiance. Is this real or is it a dream?

Too quickly, it is time to return to the ship.

Monday, Oct. 30

We wake up back in Athens. We board our bus with Dmitri and Sandra to go to Corinth and Epidaurus. I am happily exhausted and not really into more sightseeing. After all, how could anything compare with what we have seen and done so far? But I am—once again—awestruck by the beauty of the mountains and the beautiful coastline.

We head back to the hotel for dinner and, during our last few hours in Platka, we raced around making last-minute purchases. I think we went to bed about 1 a.m. Ah, sweet dreams!

But we're up again at 2 a.m., after only one hour of sleep, to board the bus to the airport. What a trip!

Madeleine Davies is an RN in Interventional Radiology at Emerson Hospital in Concord.

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The table below shows the amount and percentage of MNA dues that may not be deducted from federal income taxes. Federal law disallows the portion of membership dues used for lobbying expenses.

Region	Amount	Percent
All Regions	\$35.55	5.0%

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Speakers Bureau

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

- **Safe Staffing Saves Lives—The Case for RN-to-Patient Ratio Legislation**
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 Andi Mullin, MNA Director of Legislation and Governmental Affairs
Contact: amullin@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
Contact: amullin@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: mhowlett@mnarn.org; 781-830-5793
- **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.
Contact: mhowlett@mnarn.org; 781-830-5793
- **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 Crotty, RN, MNA Associate Director/Nursing Research
Contact: mcrotty@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: enorton@mnarn.org; 781-830-5777
- **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: jfergus@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: cmallia@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.