MASSACHUSETTS NURSE

THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION ■ www.massnurses.org ■ VOL. 78 NO. 3

Baystate Visiting Nurses rally and picket in Greenfield

Patient safety threatened by lack of contract

The registered nurses who work for the Baystate Visiting Nurses and Hospice, Greenfield office held a well-attended picket and rally on Greenfield Common last month to draw public attention to their stalled contract talks with Baystate management. The nurses were joined by a number of supporters and other union leaders and their walk on the common drew an impressive amount of community attention.

Three years ago, when the Franklin Medical Center (FMC) affiliated with Baystate Medical Center, the FMC hospice and visiting nurses were removed from FMC and put under a new organization. Because of this change, the nurses set up a separate bargaining unit with the MNA and began negotiating a contract.

"After two years at the table we still don't have a comprehensive offer from management. They seem content to drag their heels and let the negotiations for this 'first' contract go on forever," said Diane Morrissey, RN. "I have been delivering quality home health care to patients in this community for many years. I must say that the way we are being treated by Baystate is an insult to me, my fellow nurses and, most importantly, our patients."

Baystate VNA & Hospice nurses braved the cold during their informational picket.

While both sides remain far apart, the nurses view the primary problem as being Baystate's insistence that the nurses in Greenfield settle for a contract similar to a contract in Springfield but not nearly as beneficial as the contract they worked under at FMC. In essence, management is asking the RNs to do the same work for less benefits and compensation. Among the reductions for the nurses

*See **Baystate,** Page 5*

What to do when the Joint Commission visits your facility

The Joint Commission on the Accreditation of Hospitals (JCAHO) on-site survey process has changed to an unannounced survey. This means that your hospital receives no advanced notice of a Joint Commission survey date.

Since hospitals are surveyed every three years, the first unannounced survey will occur sometime during the year that the hospital's survey is due, between Jan. 1 and Dec. 31. After the first unannounced hospital survey, a survey can occur at any time between 18 and 39 months after the previous unannounced survey.

Most hospitals in Massachusetts fall under the first unannounced survey criteria.

You have a right as a hospital employee to request a meeting with the Joint Commission surveyor team to discuss issues of patient safety and care delivery.

In order to use this right you must write a letter to nursing administration at your hospital and request a meeting with the Joint Commission team long before they arrive for the unannounced survey. If the Joint

*See **JCAHO,** Page 5*

Safe staffing bill: A progress report

Last year, the MNA made dramatic gains toward its goal of enacting legislation to limit the number of patients assigned to RNs in Massachusetts' acute care hospitals. With the support of several legislators, we reached a compromise agreement that resulted in the legislation passing the House of Representatives by an overwhelming vote of 133–20.

The legislative session ended before the Senate acted on the bill, but we cannot lose sight of the tremendous progress we have made. With your continued efforts, we will bring this long overdue health policy change to a successful conclusion in the current session.

What follows is a report on where we stand and what you can expect to happen in the months ahead.

What is in the current version?

The "Patient Safety Act" empowers the Department of Public Health to set safe limits and standards on the number of patients that frontline nurses are assigned to care for at one time. The bill calls for these limits to be adjusted based on patient needs using a standardized acuity system approved by the DPH. It also assures the protection of ancillary services, bans mandatory overtime and includes initiatives to increase nursing faculty and nurse recruitment.

What was the compromise?

In negotiations with House leadership, the MNA agreed to change the bill so that the Department of Public Health would set nurse-patient ratios, as opposed to having those ratios written directly into the legislation. Under the original bill, DPH would have been empowered to determine how limits would be enforced, so the agency was always going to have the final say on how the legislation was implemented. For this reason, we feel that the compromise language will achieve our goals. Furthermore, we have gained enormous ground politically with this compromise. Our own polling tells us that while the public overwhelmingly supports limits, they want them to be set by health professionals, not politicians. Placing the job in DPH's hands is supported by the public and was directly responsible for the overwhelming House vote in support of the measure.

What happens now?

Legislative action does not carry over from one two-year session to another. Thus, we must repeat some of the process. The bill was filed again this year by Rep. Christine Canavan (D-Brockton) as House Bill 2059.

*See **Safe Staffing,** Page 5*

March 2007

Inside…

2007 MNA Awards

Nomination packets now available.

See Page 10
or visit
www.massnurses.org

For the latest news, visit *www.massnurses.org*

Nurses' guide to single-payer reform

Fighting for a single payer system: what we can learn from our neighbors to the north

Introduction by Sandy Eaton, RN

Last month, the MNA had the great honor of hosting students from the Harvard Trade Union Program. It was an amazing evening, especially since the class included a contingent of dedicated labor and healthcare activists from across the continent—including the president of the British Columbia Nurses Union.

That got me thinking: wouldn't it be great to "introduce" my fellow MNA members to nurses from other countries who are working, like us, to protect and improve what they have in terms of health care rights? What I discovered was that introducing you to Kathleen Connors, the immediate past president of the Canadian Federation of Nurses Unions, was the best way to move ahead in my efforts to "go global" on the newsletter's single-payer page.

Connors is now giving leadership to coalition efforts to stave off the Americanization of Canadian Medicare. Here is what she had to say in a very key—and very impressive—interview with the Labor Party Press back in 1998.

The MNA hosted labor activists from across the continent during the Harvard Trade Union visit to Canton.

A conversation with the president of Canada's nurses federation

In Canada, everyone has a health care card. And if you need to visit a physician, or get tests, or if you have to enter a hospital, your access to the system is through that card. You present it, and that's it. There are no questionnaires; there are no insurance forms—you're just "in."

One of the issues that is so foreign to Canadians is the idea that your plan wouldn't cover this or that. Here you have access to everything that is deemed medically necessary.

Every Canadian has access to the healthcare system—whether you have the money or not, whether you have a job or not. In the U.S., people stay in terrible jobs because they have health insurance. That doesn't happen here.

Now, if I don't like the shape of my nose, I might have to pay for that. Unless my nose was broken in an injury—then it would be covered. If I'm diabetic and I become ill, I won't be denied care because I have a pre-existing condition. And everybody here is entitled to preventive care. If you have a niggling kind of concern, you have access to your doctor to discuss it.

The financing for the health care system in Canada is through both the federal and provincial governments. The money comes out of general tax revenues, which are fairly progressive. Business pays its fair share. In addition, some provinces have an employer health tax. There has been research that shows that what Canadians pay in taxes to finance health care is not dissimilar to what you Americans pay for health care. You pay for health care with out-of-pocket expenses and through foregone wages that were used to pay your health insurance premium. We just pay for it a different way.

Under Canada's Constitution, the issue of health care is a matter of provincial jurisdiction. But over the years, there has been federal involvement in financing health care and establishing the standards that the provinces have to meet in order to get the federal money. The overriding piece of legislation that governs health care in Canada is very simple: it's called the Canada Health Act. In it, there are five principles set out upon which all the provinces have to develop their health care system.

These principles are very simple. They are: universality, meaning that all Canadians have to be covered; comprehensiveness, meaning that there has to be a comprehensive range of services available; accessibility, meaning that there has to be reasonable access to medically necessary care; portability, meaning that if you go from one part of the country to the other, your health insurance goes with you; and that it must be publicly administered and not-for-profit.

Now, there are private hospitals here, but they are totally funded by the public dollars. So they have to meet the terms set by the Canada Health Act and by the province.

For the provinces to get the money from the federal government for their health care budget, they must be accountable to the federal government. For instance, we had some problems with doctors doing extra billing to supplement their incomes. Under the Canada Health Act, for every dollar that was extra-billed, the federal government withheld a dollar of the province's allocation. So it's a carrot-and-stick approach to eliminate extra billing and user fees. And it's worked.

There are problems. There is heavy pressure coming from the corporate sector to get into the health care business. And because governments are looking at how much is spent on health care, they try to ratchet down the amount of spending. And there are calls in some parts of our country for a private system to complement the public one.

You can purchase private insurance here. And so if governments decide to cut the amount of services that are covered, the private companies are here to pick up the slack. We [Canadian nurses] have a problem with this, because it puts in place the beginnings of a two-tier system where people with money get extra service, and everybody else waits.

"Accessibility" under our system doesn't mean that you have to have a brain scan or an MRI in every little town. You might have to go to where the services are. I sometimes hear Americans criticizing our system, saying there is a shortage of tests, or there is only one MRI in this city. But I think one MRI, utilized properly, can be as effective as three or four.

One of our right-wing think tanks recently produced a survey on waiting lists for procedures here. It was very unscientific, based on anecdotal testimony from doctors. But the bottom line is, if your physician says that it's medically safe for you to wait, you may go on a waiting list. But if your health status is compromised by your condition, you will have the surgery and you will get the tests—without a wait. Some people are on waiting lists because they only want Dr. Jones to do the surgery. We do have our choice of doctors here—if you're not happy with one, you can go see another. It's not like what you have in some of your HMOs.

It's not inherent in the structure of our system that there are waiting lists, it's that we have chosen to only allocate a certain amount of money for our health care system (the Canadian government spends much less on healthcare than the US). And looking at the American system, you often don't get on any list—you may never get the surgery or the tests if you don't have money.

Nurses here have some of the same concerns as nurses in the US, unfortunately. We aren't filling out insurance forms here or having treatment protocols second-guessed by health insurance companies. But we do have some of the same financial pressures here as you do. Governments have gone through cost-cutting, and there is a reduction in the amount of money available for health care spending. I think we spend 9.4 percent of our Gross Domestic Product on health care, compared to the 14 or 15 percent that the US spends. Because we have a single-payer system, we save a lot of money on health care administration. And that allows us to do other things with the money.

Nurses have concerns about not being able to provide care in the way that we were educated to do. We have frustrations about being able to help patients with their physical needs, but not their emotional needs.

And unfortunately, because of our close proximity to the US, one approach some people have taken to the problems we have is to bring up American consultants to tell us how they did it there. The idea, for instance, of substituting lower paid health care workers for our RNs has entered our country.

The Canadian system isn't perfect. But there are wonderful lessons to be learned, and you can modify them and make the changes you

"Listen up! I want you to look into the possibility of outsourcing our employee medical coverage to China."

*See **Single Payer,** Page 3*

President's Column

Be a part of shaping the MNA's agenda: consider running for election

By Beth Piknick
MNA President

In every sense, the MNA is a democratic, membership-driven organization. The agenda is set by our members for our members. The quality of the work of the MNA is dependent upon broad-based participation by our members in the running of the organization.

This issue of the *Massachusetts Nurse* contains important information about the election process, including the policies and procedures for our elections, descriptions of all the offices and positions that are open, and a "consent to serve" form for candidates who want to run for specific positions. *(See Pages 13 and 14 for the forms.)*

If you've ever thought that the MNA could do things better, or should take on issues and policies that are new and different, this is your opportunity to participate in the process of making that happen. The health of any organization or democracy is evidenced by the degree of competition within its election process. Remember, democracy is a participatory sport. Please participate.

The MNA is a staff-nurse driven organization, representing nurses in a variety of areas of practice. Don't fall prey to a belief that you are not "qualified" to serve in a leadership position. If you have a passion for your profession and a desire to make it better, if you have strong opinions on how to improve your profession and a commitment to work hard to make things better, you have all the qualifications you need to run for office in the MNA.


Beth Piknick

In making this statement, I am speaking from personal experience. I first decided to become involved in the MNA and to run for office many years ago, when I had never been involved in a professional association or a union—I didn't even understand how they worked. All I knew was that I saw the nursing profession getting a raw deal, and that I wanted to work with other nurses who felt the same way and wanted to make it better. I took the leap and got involved, and it has been one of the most rewarding experiences of my life. I invite you to do the same.

You are the MNA, and the MNA needs you to become involved. Please review the information in this month's issue and consider running for office, so that your vision for the profession can help shape the MNA's future. ■

…Single Payer

From Previous Page

need to make it serve the American population. Our system is constantly evolving, as it should be.

But even with the problems, there are high levels of support for our health care system. If you ask Canadians—and polls have done this recently—what their number one concern is, it is having access to health care. There is reluctance on the part of Canadians to borrow from the American system. If you ask Canadians what makes us different from Americans, they say, 'our health care system.' Some people say there are more Canadians who believe Elvis Presley is alive than believe in the American health care system!

I find that how much understanding and appreciation you have of the Canadian system often depends on where you live in your country, and how close to the border you are. The citizens who live along the border often understand a fair bit about the system. But I've had some American nurses tell me, "There can't be a system like that." And I have to say, "There is, and I work in it!" It's just so foreign.

Back in 1993 and 1994, when some Americans were campaigning for single-payer health care, I spent time speaking in US church basements and community meetings trying to demystify our system—and it worked. Where Canadians can explain the system, it really helps. But if you are just relying on ads you see from the health insurance industry and you don't have any other base of information, it's hard to say you want to move to another system.

I want to say that it's very important to Canadians to have a sense that in the US there are people who are willing to fight for a similar kind of program. Because it's hard to fight the pressure from transnational corporations alone, to feel those kind of threats. It's hard to keep fighting to maintain and improve the kind of system we have here. So when we can see that there are groups and individuals who are working for the same principles we have here, that's really important to us. ■

Learn how nurses make a difference in developing nations: short term medical missions trips

Members of the MNA Diversity Committee's Medical Missions team will talk about their experiences during a recent Mercy Ships trip to Honduras. Learn how this team of nurses and health care professionals provided medical care to impoverished communities. The team will describe the challenges of working in this environment and how they were able to make a positive change in the community.

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

May 8, 2007

6:00-8:00 p.m.

MNA headquarters, Canton, MA

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

Massachusetts Nurses Association
INCREASING Awareness • Advocacy Accountability
Developing Diversity

Mercy Ships
Bringing Hope and Healing

Nursing on Beacon Hill: Legislative Update

Safe staffing bill refiled, gets 80 co-sponsors

In January, Rep. Christine Canavan (D-Brockton) filed "An Act Relative to Patient Safety," the MNA's safe staffing bill for the 2007-2008 legislative session.

Subsequent to the filing deadline, the MNA's lobbyists spent almost three weeks asking legislators to sign onto the bill as co-sponsors. Their efforts paid off, as the safe staffing bill gathered 80 co-sponsors. Given that the bill is vigorously opposed by the powerful hospital industry, this is a remarkable number of supporters.

We've listed the co-sponsors below. Look for your legislators on the list, and if they signed on please call them and thank them for their support. Call your state representative and state senator at 617-722-2000 and ask for them by name. If you don't know who your legislators are, go to www.capwiz.com/massnurses and click on "my elected officials."

Representatives

Geraldo Alicea, D-Charlton
Willie Mae Allen, D-Boston
Cory Atkins, D-Concord
Bruce J. Ayers, D-Quincy
Ruth B. Balser, D-Newton
John J. Binienda, D-Worcester
William Brownsberger, D-Belmont
Antonio F.D. Cabral, D-New Bedford
Jennifer M. Callahan, D-Sutton
Linda Dean Campbell, D-Methuen
Stephen R. Canessa, D-New Bedford
Michael A. Costello, D-Newburyport
Geraldine Creedon, D-Brockton
Steven D'Amico, D-Seekonk
Stephen DiNatale, D-Fitchburg
Joseph R. Driscoll, D-Braintree
Mark V. Falzone, D-Saugus
Jennifer L. Flanagan, D-Leominster
David L. Flynn, D-Bridgewater
Gloria L. Fox, D-Boston
John P. Fresolo, D-Worcester
William C. Galvin, D-Canton
Anne M. Gobi, D-Spencer
Mary E. Grant, D-Beverly
Patricia A. Haddad, D-Somerset.
Robert S. Hargraves, R-Groton
Lida E. Harkins , D-Needham
Frank M. Hynes , D-Marshfield
Louis L. Kafka , D-Stoughton
Rachel Kaprielian , D-Watertown
Thomas P. Kennedy , D-Brockton
Peter V. Kocot , D-Northampton
Robert M. Koczera , D-New Bedford
Peter J. Koutoujian , D-Waltham
David P. Linsky , D-Natick
Barbara A. L'Italien , D-Andover
Allen McCarthy, D-East Bridgewater
James R. Miceli, D-Wilmington
Michael Moran, D-Boston
Patrick M. Natale, D-Woburn
Robert J. Nyman, D-Hanover
Matthew Patrick, D-Falmouth
Sarah Peake, D-Provincetown
Vincent A. Pedone, D-Worcester
Douglas W. Petersen, D-Marblehead
Denise Provost, D-Somerville
John F. Quinn, D-Dartmouth
Robert L. Rice Jr., D-Gardner
Pam Richardson, D-Framingham
Michael F. Rush, D-Boston
Carl Sciortino, D-Medford
Frank Israel Smizik, D-Brookline
Theodore C. Speliotis, D-Danvers
Robert P. Spellane, D-Worcester
Joyce A. Spiliotis, D-Peabody
Ellen Story, D-Amherst
William M. Straus, D-Mattapoisset
Walter F. Timilty, D-Milton
A. Stephen Tobin, D-Quincy
Timothy J. Toomey Jr., D-Cambridge
Cleon H. Turner, D-Dennis
James E. Vallee, D-Franklin
Anthony J. Verga, D-Gloucester
Brian P. Wallace, D-Boston
Martin J. Walsh, D-Boston
Steven M. Walsh, D-Lynn
Daniel K. Webster, R-Hanson
Alice K. Wolf, D-Cambridge

Senators

Edward M. Augustus Jr., D-Worcester
Jarrett T. Barrios, D-Cambridge
Harriette L. Chandler, D-Worcester
Jack Hart, D-Boston
Robert L. Hedlund, R-Weymouth
Patricia D. Jehlen, D-Somerville
Mark C. Montigny, D-New Bedford
Marc R. Pacheco, D-Taunton
Pamela P. Resor, D-Acton
James E. Timilty, D-Walpole
Steven A. Tolman, D-Boston
Marian Walsh, D-Boston

Region 3 honors retiring Rep. Shirley Gomes

On the evening of Jan. 30, Region 3 hosted a reception for Rep. Shirley Gomes at the Region 3 office in Sandwich in honor of her hard work on and dedication to health care issues during her tenure as a state representative. Gomes recently retired from public service after dedicating more than 20 years to her community and to the people of Cape Cod—first as member of the Harwich Board of Selectman beginning in 1985, then as a member of the Harwich Board of Health and finally as a state representative where she had served the 4th Barnstable District for the last 12 years.


Shirley Gomes

While at the Statehouse, Gomes served on the Joint Committee on Health Care and worked on bills and new laws that would provide prescription drug coverage for senior citizens and laws to regulate managed care. She was also a key supporter in preventing "drive-through deliveries" back in 1995.

Gomes has been a champion for a number of issues that demonstrate her commitment to making life better for the elderly, the disabled and for all who need access to quality health care. Her legacy includes an act for early detection and reporting of birth defects, support for families of the disabled and parity for mental health benefits.

Nurses have been able to count on Gomes. During her tenure, she assisted in the formation of a nursing commission to investigate and report on matters affecting the practice of nursing and the delivery of health care services by nurses. She also supported and voted in favor of last year's legislation to set safe limits on nurses' patient assignments.

A host committee of MNA members—which included Beth Piknick, MNA president; Peggy Kilroy, Region 3 president; Stephanie Stevens, Region 3 vice president; Leslie Flynn, an RN from Harwich; Rosemary O'Brien, an RN from South Harwich; and Judy Rose, an RN from Brewster—wanted to thank Gomes for her work on these and other initiatives and, as a result, they arranged a celebratory reception that included great desserts, beverages and live entertainment. Their hard work created a relaxed and casual atmosphere where friends, constituents and colleagues could thank Gomes for her public service.

Gomes was also presented with a resolution by Rep. Sarah Peake, who has taken over the 4th Barnstable District seat. The resolution was signed by the Cape Cod delegation and recognizes her for her impressive work during her tenure at the Statehouse

In a short speech prior to presenting Gomes with a thank-you plaque, Piknick said, "The measure of any society is in how well it takes care of those in need. In Shirley Gomes, our society and our community has benefited from her dedication and commitment to justice and fairness for those in need. Shirley Gomes, by every standard, is truly an exemplary public servant."


MNA President Beth Piknick presented Gomes with a plaque as a sign of the MNA's appreciation.

Karen Higgins, RN and an MNA Board member, was also able to attend the event. "I went to Gomes' retirement party because, as co-chair of the Coalition to Protect Massachusetts Patients, I felt it was important to show my gratitude for all that she's done for nurses and to thank her for how she always—often in the face of serious opposition—stood up for patients and health care quality." ■

MASSACHUSETTS NURSE
ISSN 0163-0784 USPS 326-050

President: Beth Piknick, '05–'07
Vice President: Donna Kelly-Williams, '06–'08
Secretary: James Moura, '05–'07
Treasurer: Nora Watts, '06–'08

Directors, Labor:
Region 1
Irene Patch, '05–'07; Diane Michael, '06–'08
Region 2
Kathlyn Logan, '05–'07; Mary Marengo, '06–'08
Region 3
Judy Rose, '05–'07; Stephanie Stevens, '06–'08
Region 4
Fran O'Connell, '05–'07; Vacant, '06-'08
Region 5
Connie Hunter, '05–'07; Ginny Ryan, '06–'08

Directors (At-Large/Labor):
Karen Coughlin, '05–'07; Karen Higgins, '05–'07; Richard Lambos, '05–'07; Barbara Norton, '05–'07; Nancy Gilman, '06–'08; Judith Smith-Goguen, '06–'08

Directors (At-Large/General):
Sandy Eaton, '05–'07; Tina Russell, '05–'07; Jeannine Williams, '05–'07; Marilyn Crawford, '06–'08; Helen Gillam, '06–'08; Sharon McCollum, '06–'08; Rosemary O'Brien, '06–'08

Labor Program Member:
Beth Gray-Nix, 05–'07

Executive Director: Julie Pinkham
Managing Editor: David Schildmeier
Editor: Jen Johnson
Production Manager: Erin M. Servaes
Photographer: Amy Francis

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

Published nine times annually, in January/February, March, April, May, June/July, August, September, October and November/December by the Massachusetts Nurses Association, 340 Turnpike Street, Canton, MA 02021.

Subscription price: $20 per year
Foreign: $28 per year
Single copy: $3.00

Periodical postage paid at Canton, MA and additional mailing offices.

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

Postmaster: Send address corrections to *Massachusetts Nurse,* Massachusetts Nurses Association, 340 Turnpike Street, Canton, MA 02021.

www.massnurses.org

MNA
Massachusetts Nurses Association

Union Printing Saltus Press Worcester, MA 01605 Since 1906

…Baystate

From Page 1

would be:

- A wage offer with no step scale and a very small increase that reduces the current pay of some members
- Cutting benefits that nurses now receive

"Of primary importance to us is the ability of the agency to recruit and retain experienced nurses," said RN Elaine Lemieux, a VNA nurse with many years of experience. "Most of us have many years experience in this community and wish to continue serving this area; but with what management is presently offering us, we would be hard pressed to stay. This could have a very direct affect on the quality of health care in the upper Pioneer Valley. We feel great about the support we got today and the support we have received from both our patients and the community."

The nurses will continue leafleting in downtown Greenfield on the weekends, as well as asking supporters to call president Ruth Odgren at Baystate Visiting Nurses in order to tell her to settle a fair and equitable contract. ■

The RNs who picketed in Greenfield let the community know where and how their skills are used.

This six-week program is designed to help nurses and other healthcare providers communicate more effectively with Spanish-speaking patients and families.

Learn/refresh skills in Spanish and learn basic Spanish medical terminology.

A "face-to-face" technique in learning and practicing will be utilized.

Spanish for Healthcare Providers

Sept. 12, 19 and 26

and

Oct. 10, 17 and 24

5:30–8:45 p.m.

MNA headquarters, Canton

A light supper will be served.

Fee for MNA members: A deposit of $95 is required, but it will be refunded upon completion of the program.

Fee for all others: $225

Important notes: Participants will be required to order one textbook at a cost of $40. The textbook is non-returnable**.**

Participants are expected to attend all sessions. The deposit will be returned in full to MNA members who attend all six sessions. There will be no refund for those who attend only parts) of this program.

This program does not award continuing nursing education hours.

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

Enrollment limited to 15 participants.

…Safe staffing

From Page 1

The Public Health Committee will hold a public hearing on the bill, and both the Public Health and the Health Care Finance Committees must approve the bill again before the measure can be voted on by the full legislature. The House will take the bill up first, and our goal is to get action sooner than we did in the last session so as to reserve more time to work on the bill's passage in the Senate.

What's different this time?

- The bill filed is the product of negotiations lead by several powerful legislators. As a result, it deals fairly with a number of issues that had previously been delaying its movement forward.
- We have a new governor, Deval Patrick, who has control over DPH and has publicly stated his support for the compromise legislation. Our previous governor, Mitt Romney, was going to veto the bill, which would have required us to get a two-thirds override vote in both legislative chambers. We no longer face that hurdle.
- We will now have more time to work with the Senate. There are 40 senators, so we will be able to concentrate our efforts on a relatively small number of lawmakers.

Remember, the Massachusetts Nurses Association is you and the key to our success on safe staffing limits is YOU. In the coming months, we will be communicating with you at key points with specific requests for actions that you can take in order to help make safe staffing a reality in Massachusetts. We might ask you to send an e-mail, a letter or a postcard, call your legislator, or attend a rally to help win passage of this bill. If you would like to become part of local Nurse Action Team or if you just have a question, please contact the head of your bargaining unit or MNA headquarters at 781-821-4625 for more information. ■

…JCAHO

From Page 1

Commission visit is expected during 2007, the letter needs to written **as soon as possible.** If the visit is expected in 2008, write the request for a meeting by the end of 2007.

Barbara Norton, RN and chairperson of the MNA bargaining unit at Brigham and Women's Hospital, had a recent experience with the Joint Commission team. She followed the process outlined above—writing a letter to nursing administration requesting a meeting. She and her fellow nurses met with the team to discuss the nurse's role in providing safe and high quality patient care. It was a rewarding and productive experience for the nurses.

You can find Joint Commission information showing how hospitals and other providers (including those from Massachusetts) performed against the industry's National Patient Safety and Quality Improvement goals. Visit qualitycheck.org and follow the links.

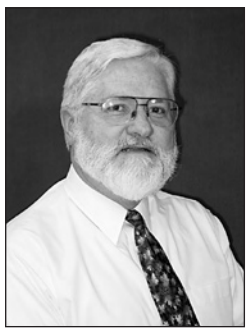
For more information on this topic, contact Dorothy McCabe at 781-830-5714 or via e-mail at dmccabe@mnarn.org. ■

Division of Labor Action: Education & Training

Contract language that builds the union

By Joe Twarog

The stronger that the union is in the workplace, then the better it is able to function and improve working conditions for all in the bargaining unit. The entire union contract is critical, but there are several contract clauses that focus on how the union operates within the work environment. These provide the foundation and structure for the union. They are often grouped together under an article entitled "Union Rights." The following is a quick review of some key clauses.



Joe Twarog

1. **Union security**. This clause sets in place the type of "shop" that the facility is in terms of union membership. By far, the optimal type of shop is a "union shop." This means that all members of the bargaining unit (those classifications stated in the "recognition clause" of the contract) as a condition of employment, have to join the union. In many contracts and in the public sector, an "agency fee shop" is often negotiated. This means that some bargaining unit members who chose not to become union members may opt instead to become agency fee payers. Agency fee payers generally have no rights or benefits of union membership, such as: holding union office, serving as an MNA floor representative, sharing in the MNA benefits package, participating in union surveys and voting in contract ratifications (private sector only). The union however, regardless of an employee's union or non-union status, is obligated under the law to represent all employees in the bargaining unit for collective bargaining purposes and in grievances and arbitrations.

2. **Union access**. In order for the union to be an effective representation advocate for the employees, there must be good "union access" language in the contract. This simply allows the staff representative (associate director) the ability to visit the premises, to communicate with union members and to conduct union business.

3. **Union bulletin board**. Every union facility should have contract language that allows for a bulletin board for union purposes including notices, announcements, information and general communication. Ideally, the bulletin board is located in a place where most of the bargaining unit employees can view it with ease. It should not be located in the vicinity of the personnel office however. Such a bulletin board is just another way for union members to stay informed. It is not unusual for a contract to allow for multiple union bulletin boards throughout the facility.

4. **Union orientation**. It is the duty of the union itself to inform new employees about the MNA and the union contract. Union orientation language provides for some designated time when a union officer or designee can speak with the new employee about the benefits of the union. This union orientation is often piggy-backed onto the facility's orientation. This is a great opportunity to introduce new employees to the MNA and to how the union operates at that workplace. This would include a review of the contract, the officers, the floor representatives, current issues, union meeting times, etc. Preferably the union orientation should be included during the facility orientation, and not simply tagged onto the end when people are tired and anxious to leave.

5. **Union leave**. An article that is too often overlooked is one called union leave. This article allows a union member to take a leave of absence from the workplace in order to conduct union work. Such work may be to serve as an officer or to work for the union itself. The time frame may vary widely, from several months to years in duration, depending on what is negotiated. Such contract language allows for an employee to take time off from work without fear of losing one's employment position.

6. **Provision of information**. Under the collective bargaining laws (the National Labor Relations Act or Chapter 150(e)) the union is entitled to a wide array of information from the employer regarding working conditions, the facility and the employer to investigate and prepare for possible grievances and for bargaining. This therefore, need not be added as contract language, since the union already has those rights. But it is useful to have some language that addresses the regular provision of information on the status of the bargaining unit membership, including who is in the unit and who has taken a leave of absence and who has terminated employment. Such information should be updated regularly (monthly) and provided automatically.

7. **Release time for floor representatives**. Bargaining unit members who serve as Floor Representatives should be allowed paid time off to investigate, process, and handle grievances. This can be specifically stipulated in a contract clause. It is not advisable to limit the number of MNA floor representatives at the facility in the contract, since that is an internal union matter and therefore a permissive issue of bargaining. The issue of paid release time may be considered a mandatory issue of bargaining. (see *Massachusetts Nurse*, January/February 2005 issue).

8. **Paid release time for union negotiators**. A similar article is one that provides for paid release time for union members who are part of the negotiating committee be given paid release time to participate in contract negotiations. Contract talks can take many hours, days, weeks and months over time, and the dedication of those who serve on the committee should not be penalized by forcing them to take their own personal and vacation time for compensation.

9. **Paid leave for labor conferences/conventions**. Similar to contract clauses on paid leave for professional and clinical conferences, the union can negotiate clauses providing for paid time off form work to attend labor events. These are often limited to the union officers and Floor Representatives, and may also be limited to the total number of days per year that can be used. Such language makes it much easier for MNA activists to attend such events as the Annual Chair Summit as well as the Labor Conference and Convention.

10. **Use of facility for union business**. Some contracts have clauses that allow for the union to hold union meetings on the facility premises, as well as providing space or a filing cabinet to hold union files and records, and even provisions for an on-site union office. However, the local union itself may have to debate and discuss the pros and cons of using such on-site facilities.

While these articles and clauses in themselves do not constitute a contract, they are critical for the efficient and effective operation of the union at the workplace. Often, the employer will fight having these included in the collective bargaining agreement since they recognize that these strengthen the union. The employer would often prefer to put as many roadblocks in the way of the union, and then at the same time criticize the union for not operating effectively. ■

Providence RNs approve agreement

Settlement includes improvements in pay, technology

After seven negotiation sessions, the MNA nurses at Providence Hospital in Holyoke recently approved a new three-year contract.

"We feel very good about this agreement," said Diane Michael, RN and chair of the bargaining unit. "We got most of our important proposals recognized in the contract. This will allow us to have three more years of labor peace here at Providence. We are particularly satisfied with the outstanding language on technology that will allow for our input as new bedside technology is considered and implemented."

The agreement includes extensive language that requires the MNA's participation in and notification of any changes in technology that may potentially impact the RNs. This provision creates a joint labor/management technology committee. With representation on this committee, the MNA will participate in decisions about training and in the purchase and implementation of new technology.

Also under the new contract the union and management have agreed to make the staffing advisory committee more responsive to the staff nurses who file reports. Now this committee will review all unsafe staffing reports within seven days, and managers will report back to involved staff within 14 days.

The nurses will receive a 15 percent pay increase over the three years of the contract and will see improved compensation for night, evening and weekend work. The staff nurses are particularly pleased with the differential increases because they now are competitive with other area hospitals.

"We put a lot of time and energy into these negotiations," added Michael. "And I believe we came away with very positive results for the nurses and the patients. Now it is time to get back to what we do best: providing quality care to our patients." ■

"Your future and job prospects look both good and bad... I see you being hired, but by a non-union shop with a bad HMO."

Tobey Hospital nurses call for mediation in contract dispute

The 125 registered nurses of Tobey Hospital in Wareham are working with a federal mediator in an attempt to break the logjam in negotiations for a new union contract. Talks have stalled over the hospital's refusal to correct inequities in the placement of nurses on the agreed salary scale; below market differentials paid to nurses working on-call and on the night shift; and the hospital's refusal to establish differentials recognizing the level of professional education achieved by nurses.

"At a time when the Southcoast Hospitals Group, which owns Tobey Hospital, is seeking special certification as a Magnet hospital—which is supposed to reflect its commitment to a supportive environment for nurses—Southcoast is doing everything it can to show they don't value or respect the nursing staff at Tobey, particularly very experienced, highly skilled nurses who have given years of service to the hospital," said Sharon Barsano, an RN in the intensive care unit and chair of the nurses' local bargaining unit.

"The key issue in dispute has to do with making sure that nurses are getting paid based on their years of experience. Nurses who have been hired in recent years have received appropriate credit for their nursing experience when placed on the salary scale. But nurses who have worked at Tobey for many years, and who agreed to salary freezes when Tobey was in trouble financially, now find that they are being paid less than new hires who have the same experience. We are trying to correct this inequity."

The parties began negotiations on Sept. 29, 2006 and, to date, nine bargaining sessions have been held. The contract officially expired on Sept. 30, 2006, but has been extended by mutual consent of both parties through the end of March. The federal mediator has attended three meetings, with the next bargaining session scheduled for April 26.

Misplacement of RNs on salary scale

For years at Tobey Hospital, nurses have had a step salary scale in place. Nurses advance a step for each year of service. Nurses are supposed to automatically move up a step on the scale on the anniversary date of their year of hire. In 1992, 1996 and 1999 the nurses agreed to temporary freezes of the scale to help the hospital through rough financial periods.

As a result of these freezes, nurses hired in the late 1980s and through the 1990s have not kept pace in their step movements, and now find that nurses hired more recently have received appropriate credit for their years of experience at other hospitals and now are at a higher step than their peers who have the same years of experience at Tobey. One nurse hired in 1986 is still three years away from reaching top pay in the salary schedule, resulting in a loss in pay of $4.75 per hour ($9,800 per year).

In response to an MNA request, Southcoast responded that it does not have a written policy regarding step placement, but "per practice, step placement is determined after a review of a nurse's years of related experience and of 'internal equity' considerations." The MNA has determined that there is no 'internal equity' and is committed to rectifying this unfairness in an objective, transparent manner.

"This is about equal pay for equal experience," said Barsano. "It's also about the hospital correcting the inequities for the Tobey nurses who have provided years of dedicated service to patients."

How widespread is the problem?

The MNA originally identified 16 nurses who were not on the pay step that corresponds to their nursing experience. Judy Daly, a respected medical/surgical nurse, was part of this initial group. She is a past recipient of the President's Award for Excellence for going above and beyond in her role as a staff nurse. The hospital reviewed her rate of pay and determined that she had not received a step that was due to her in 2000. While advancing her one step in February, the hospital took the position that it was Ms. Daly's fault for not informing them that her pay was incorrect.

In a letter to the hospital, Daly stated, "I am not seeking to place blame, nor however will I accept being blamed. I am worth every penny that Southcoast has paid me, and every penny that they haven't."

This issue is not just about Daly. Every nurse works hard to deliver the highest quality patient care. If nurses make a mistake, they are held accountable. Why wouldn't Southcoast take responsibility for its mistake and be held to the same level of accountability?

The union has since asked for a complete list of all remaining nurses to see just how many have been shortchanged.

Below market differentials

In addition to pay inequities for nurses, the hospital also provides below-market differentials for nurses who work the night shift and for those who agree to be on-call. For example, nurses on the night shift are paid a shift differential of $4.50 per hour, when other hospitals in the areas, such as Jordan Hospital, pay $5 per hour. Tobey nurses on call are paid $3 for the hours they are on call, while Jordan pays $4 per hour.

"Recruiting for the night shift is particularly difficult, and paying a competitive differential is essential in order for our hospital to staff adequately around-the-clock to provide the care our patients deserve," Barsano said.

Nurses with advanced degrees

In an attempt to boost its reputation as a high quality health care provider, the Southcoast Hospitals Group is seeking what is known as "Magnet" status, which is a special credentialing program that grants what amounts to a "Good Housekeeping Seal of Approval" for its nursing program and its treatment of nurses. One of the tenets of achieving Magnet status is the need to reward and develop a highly educated nursing staff. However, the treatment of nurses at Tobey is evidence that the hospital is not representative of a facility that values or respects its nurses.

Among the issues in dispute in the negotiations is the hospital's refusal to pay a degree differential for nurses who achieve either a bachelor's or master's degree in nursing. The hospital has also refused to pay a certification differential, which involves intensive work in a specialty that enhances the practice of a nurse in providing quality care. Tobey used to pay these differentials, but discontinued the payments six years ago due to fiscal constraints. Such rewards for higher education and certification in nursing are common in hospitals in Massachusetts, including many MNA-represented facilities and Magnet-designated hospitals.

"How can you say you value the best in nursing when you won't take common steps to reward and encourage professional development of your staff," Barsano said.

The nurses hope the presence of a federal mediator will move the talks forward and help reach a fair and equitable resolution to the current dispute. If not, the nurses plan to continue to reach out to the public for support in their effort.

"In this competitive environment for top nursing talent, it takes a real commitment by management to do what is necessary to keep their nurses happy and to entice new nurses to join the team," Barsano concluded. "We believe that the nurses provide excellent patient care at Tobey. It is in the best interest of all involved to be fair to the nurses." ■

Agreement provides raises, protection of union rights

RNs at the Northeast Health Corp. ratify new contract

The registered nurses represented by the MNA at Northeast Health Corp. (NHC) recently ratified a new three-year contract that provides wage increases of 16 to 22 percent. It also includes new contract language designed to prevent workplace violence, reduce workplace injuries for nurses and includes landmark language to protect nurses' union rights. The agreement covers 585 nurses who work at Beverly Hospital, Addison Gilbert Hospital in Gloucester and the Hunt Center in Danvers.

"We are very pleased to have reached an agreement that will provide a competitive pay scale with other North Shore hospitals, while also providing important initiatives that will make our workplace safer for nurses," said Sandy Murray, RN, a staff nurse at the hospital and co-chair of the nurses' local bargaining unit. "This contract also includes new language to protect and enhance our union rights and the ability of our nurses to have a strong voice to advocate for patients."

The three-year agreement runs from Oct. 28, 2006 to Oct. 31, 2009. The pact includes the following key provisions:

- **Salary increase:** Provides a 12 percent salary increase across the board (5 percent in year one; 3 percent in year two and 3.25 percent in year three; along with additional adjustments to the nurses' salary scale), which means nurses' pay will increase between 16 and 22 percent over the life of the agreement depending on years of service. The starting hourly wage at the end of the contract will be $27 up from $24.15 with a top wage step of $50.32 up from $43.31.
- **Health and safety protections:** The nurses won new contract language to reduce common workplace injuries for nurses, who are injured on the job more than construction workers and assaulted on the job more than police officers and prison guards. The contract includes new "ergonomic" policies to reduce injuries caused by moving patients, including the use of special lifting devices and other methods of assisting nurses in safe patient handling. A workplace violence provision calls for the hospital to implement policies to detect and remove weapons from patients and visitors, improved security procedures in case of a threat of workplace violence and the provision of escorts for nurses to their cars during the evening and night shifts. Finally, the hospital has agreed to work with the nurses to create a latex-free environment, as allergies from latex present a serious health risk to nurses and other employees.
- **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, the first of its kind for hospitals on the North Shore, prevents the hospital from exploiting a recent controversial ruling by the National Labor Relations Board, which found that charge nurses (nurses who oversee the flow of patients on a floor) 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 union.

The NHC nurses began negotiations on the new contract on Aug. 1, 2006, with a tentative agreement reached on Jan. 15, 2007 and voted to ratify the agreement on Feb. 1, 2007. ■

Bargaining unit updates

Mercy Hospital

The bargaining unit just won two grievances and several more are now in the pipeline. A very successful open membership luncheon was held in February. Copies of the new contract were distributed at this meeting. Elections have been held and new leadership is now in place.

Worcester School Nurses

The unionized school nurses in Worcester began negotiations for a successor agreement. Many issues are on the table.

VNA & Hospice of Cooley Dickinson

The bargaining unit continues to hold its regular monthly dinner meetings with an in depth discussion focused on "knowing your contract" in preparation for upcoming negotiations.

West Springfield School Nurses

The West Springfield School Nurses have reached an agreement. This will be the nurses' first contract with the MNA since leaving the Teamsters. More details will be in next month's *Massachusetts Nurse*. ■

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 changes when choosing convenient EFT payment plan. Prices competitive with AAA. For a no obligation quote visit www.colonialinsuranceservices.com.

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

Discount Products by Member Advantage
Member Advantage ..... 781-828-4555 or 800-232-0872
Discount prices on a broad range of products. Nationwide shipping or local pickup available. Register at mnadiscountproducts.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 888-777-2131
Log onto the MNA Web site at www.massnurses.org and click on the Universal Studios Link to obtain special discount prices.

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

***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.

Need a Speaker for Your Class?

Call the MNA 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.

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

Working safely with hazardous drugs: Fluorouracil

As the MNA's Congress on Health and Safety has been focusing on nurses' exposures to hazardous drugs, the drug thalidomide was discussed. As a result of that discussion, it was decided to begin a column in the Massachusetts Nurse *addressing hazardous drugs that are in use today and to provide information on their toxicity and safe handling methods.*

By Thomas P. Fuller, ScD, CIH

Synonymous with 5-FU, adrucil, carzonal, efudez, fluoroblastin and others[1], fluorouracil is a hazardous drug belongs to the general group known as antimetabolites and is used to treat several types of cancer, including colon, head and neck cancers.[2]

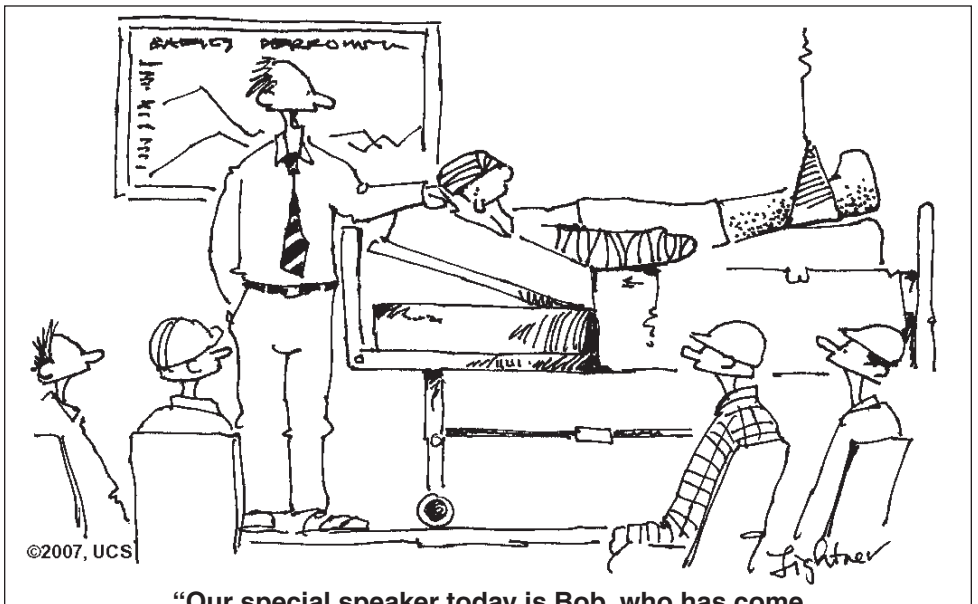
This chemotherapy agent has been used for about 40 years. Fluorouracil works by preventing cells from making DNA and RNA by interfering with the synthesis of nucleic acids, thus disrupting the growth of cancer cells. It is typically administered intravenously by short or continuous infusions, or by the intravenous push method. It is also given topically to treat superficial basal cell carcinoma, keratosis, psoriasis and viral warts.[3]

Side effects to patients taking this medication include sore mouth and taste change, diarrhea, gritty eyes and blurred vision, blood in urine or feces, hair loss, lowered resistance to infection, leukopenia, and infertility in both men and women.[4] Some effects do not occur until months or years after treatment.

The International Agency for Research on Cancer has classified fluorouracil as a Group 3 agent defined as, "Not classifiable as to carcinogenicity to humans."[5] It is classified between Group 2B "possibly carcinogenic" and Group 4 "probably not carcinogenic." The National Institute for Occupational Safety and Health has included it on its list of hazardous drugs.[6]

Although the long-term affects from chronic exposures to this chemical in the workplace are somewhat undocumented due to the hazardous nature of the drug, several workplace precautions are recommended. Procedures for the safe use, storage, handling and disposal of fluorouracil should be written and followed. Workers should avoid all direct contact with the chemical and wear protective gloves, lab coats and face shields. Treatment rooms should have adequate ventilation and workers should follow good housekeeping practices. Any spills or personal contaminations should be cleaned up immediately.

As the health effects to an embryo or fetus could be potentially most drastic due to the mode of operation of the chemical on living tissue, serious consideration should be given to whether a pregnant worker or those trying to conceive should work with this drug. At a minimum, workplace controls should be in place and followed closely and environmental monitoring should be considered.



"Our special speaker today is Bob, who has come back to share safety tips with us."

References:

1. Safety MSDS for 5 fluorouracil, http://ptcl.chem.ox.ac.uk/MSDS/FL/5-fluorouracil.html
2. ACS: Cancer Drug Guide: fluorouracil, www.cancer.org/docroot/cdg/content/cdg_fluorouracil.asp
3. DermNet NZ, www.dermnetnz.org/treatments/5-fluorouracil.html
4. Cancerbackup, www.cancerbackup.org.uk/treatments/chemotherapy/individualdrugs/fluorouracil
5. International Agency for Research on Cancer, Agents Reviewed by the IARC Monographs, http://monographs.iarc.fr/ENG/Classification/ListagentsCASnos.pdf
6. NIOSH, Department of Health and Human Services, Centers for Disease Control, National Institute of Occupational Health and Safety, NIOSH Alert: Preventing occupational exposures to antineoplastic and other hazardous drugs in health care settings (September 2004) DHHS (NIOSH) publication number 2004-165. ■

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 are available at www.massnurses.org.

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

Promoting emotional resilience for disaster and emergency incidents

By Ashley Pearson
Emergency Management Director,
Massachusetts Department of Mental Health

The goal of this article is to assist local public health officials in promoting emotional resilience in their own towns or cities and to plan for the needs of specialized populations. It serves a brief guidance to 1) introduce the topic of emotional resilience; 2) frame the issues; and 3) give some "quick tips" on how public health can begin the process and include disaster behavioral health elements into local planning initiatives.

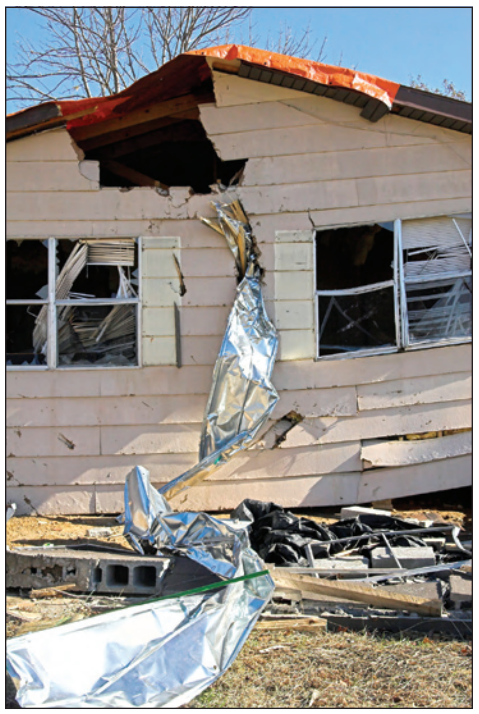
Building emotional resilience among residents is one of the recommended goals for municipalities when designing emergency plans and conducting preparedness. In the field of psychology, the term resilience is used to describe how people cope with stress and catastrophe. When used in the context of disasters, it describes how people can learn to mitigate the emotional impact. It is understood that every person who experiences a trauma or traumatic incident during his or her lifetime is affected by it. Research has shown that persons impacted by trauma have what are considered *normal* reactions to experiencing the incident. In order to diminish the long-term effects or lessen the severity of impact on community members, providing incident-appropriate crisis counseling, psychological first aid or mental health and substance abuse assessments are an important service resource for emergency response.

Evidence informed work with individuals and communities that experience trauma show that normal reactions to trauma are such things as:

- Increased levels of anxiety and worry
- Heightened levels of fear and helplessness
- Shattered or reduced sense of safety
- Feelings of outrage and anger
- Physical symptoms when re-triggered by memories of the incident such as sweating, nausea and sleeplessness
- Feelings of sadness and grief
- Loss in belief of importance of life or religious beliefs
- Feelings of relief and guilt about surviving the incident, especially when others did not (SAMHSA)

Work with those affected by a disaster—survivors, family members, response workers and community members among others—shows that if the emotional effects are not mitigated, there is a risk people may experience a reduction in overall functioning. Affected individuals may experience reduced ability or inability to go back to work or school, suffer mental disorders (namely depression, anxiety disorders and PTSD), shattered or disrupted relationships or have difficulty rebuilding their lives. If communities prepare for, and make promoting resilience a component of emergency planning, they can have positive outcomes in assisting citizens in returning to normalcy faster and with less risk of developing emotional difficulties as a result of experiencing the trauma of a disaster incident.

Affected community members become their own population with special needs as a direct result of being part of the incident and will need individualized services. Local public health departments are tasked with determining what emotional support services are needed as part of a response to abate the adverse affects. Local public health, in collaboration with mental health experts, substance abuse and human service providers, can work to do the following:



1. **Provide educational opportunities:** Educate community members prior to an incident about the affects of trauma and ways they can protect themselves by becoming resilient. Some recommended preventative measures are to create personal and family emergency plans, practice on-going self-care and stress management techniques, and become involved in community emergency preparedness initiatives at the local level.
2. **Build response capabilities:** Local public health should determine what mental health, substance abuse and crisis counseling services are already available in the community for a response, pre-incident.
3. **Plan:** Participate in planning efforts to care for populations with specialized needs during disasters and determine which would be most vulnerable.
4. **Survey:** Determine who in the community will most likely need specialized services to assist them with their unique circum stances (i.e., learn the make-up of your population).

The reason that public health should develop a community-wide special population approach as part of preparedness and planning initiatives is to conduct a pre-incident assessment to mitigate risk. It is not easy to pre-determine which people, pre-incident, will need behavioral health services. This is because no method has been discovered which can accurately assess which people will need help. It is difficult to do this because it is nearly impossible to determine how all the variables of a particular disaster will affect each unique member of a community, although we can make some educated guesses.

It has often not proved accurate to inappropriately assume which persons or groups may need help post-disaster. Some affected individuals show amazing resilience against all expectations, while others may not. Such variation speaks to the importance of teaching methods of resilience across the community and ensuring outreach to populations, which may be most at risk.

Members of specialized populations can be individuals with pre-existing mental disorders, substance abuse, the deaf and hard of hearing, or the disabled. Working with populations with specialized needs can be particularly challenging, but is an initiative that needs to be addressed.

The work is challenging because existing research does not prove members of the traditionally categorized special populations *do better or worse* than citizens not assigned into these classification groups. Some data indicates that members of special populations, who have support systems in place, do better than individuals with no prior history of trauma or pre-existing condition. With this said, specific work can be done on the local level to generally prepare existing population groups in the community to build their resilience.

In terms of an overall public response, one strategy that can be developed for the community is a protocol for providing disaster behavioral health services door-to-door if members are sheltering in place. At the local level, a way to start this process and determine what might work best is to review which groups or individuals living in the community that are most at risk and vulnerable. These might be people identified as lacking adequate support systems, whose resources are already stressed, or have prior histories of trauma, emotional illness, substance abuse, or other disabling circumstances. In order to prepare for an emergency to create effective plans, local public health should not only collaborate with other providers of services and local emergency management, but should consider how to incorporate these groups with potential specialized needs in building resilience. Another key part of planning is to include members of populations with special needs into the planning process to solicit their input, including people with psychiatric disabilities.

Recognizing that all disasters are local, public health officials and their partners can work to develop strategies for populations who may need specialized services and to implement overall resilience education for the community. A multi-phase plan that includes working with both the general public as well as specialized populations serves to inoculate and build the resistance of the entire community. Providing educational material, including information that has already been pre-developed (MassSupport: www.mass/gov/mhsa or Substance Abuse and Mental Health Services Administration: http://mentalhealth.samhsa.gov/disasterrelief) to community mental health centers, doctors offices, and to school systems is another way to assist in building resilience. Training sessions on psychological first aid could be offered at community venues as well. Lastly, local public health can assist by ensuring a planning elements for providing disaster behavioral health services* are incorporated into your city or town's overall all-hazards emergency plan.

A well-developed system does not need to be overly complex to be effective. The key to fostering resilience and a robust disaster behavioral health response is to engage in pre-planning, creating relationships with your existing service infrastructure and raise the level of knowledge the community has about emergency response and its emotional impact. It is also helpful to enlist your partners at the local, state and federal level who can assist you in the process. The

goal of promoting emotional resilience is to build communities who are better prepared for emergency incidents and their traumatic impact.

**Disaster behavioral health is used in Massachusetts to describe the collaboration by mental health and substance abuse specialists to provide effective services during and post-incident.* ■

MNA nominations & election policies & procedures

1. Nomination process and notification of nominees

Revised policy

A. All candidates for office, submitting papers to the Nominations & Elections Committee, shall be notified in writing upon receipt of materials by the MNA staff person assigned to the Nominations & Elections committee. The letter of acknowledgement will identify the office sought. All notifications will be sent by MNA no later than June 15 of each year. If no acknowledgment has been received within 7 days of sending the consent to serve form, it is the nominees' responsibility to contact MNA regarding the status of their nomination.

B. All candidates must be an MNA member or a Labor Program member in good standing at the time of nomination and election.

C. A statement from each candidate, if provided, will be printed in the *Massachusetts Nurse.* Such statements should be limited to no more than 250 words.

2. Publication of ballot

A. Preliminary Ballot: All candidates who are members in good standing shall have their names printed on the ballot provided the nomination papers have been received by the Nominations & Elections Committee or designee by the deadline date established by the committee and communicated in the Massachusetts Nurse. The order names are listed on the ballot is determined by random selection.

B. Final Ballot: All candidates who are members in good standing, shall have their names printed on the ballot provided the nomination papers have been received by the Nominations & Elections Committee by the deadline date established by the committee and communicated in the *Massachusetts Nurse.* The order names are listed on the ballot is determined by random selection by the Nominations & Elections Committee or their designee.

All candidates will receive a draft copy of the Final Ballot prior to the Election Mailing for verification purposes. Confirmation/request for corrections to the ballot should be made in writing to the Nominations and Elections Committee or their designee postmarked within seven days of receipt of the draft ballot.

For uncontested positions the Nominations & Elections Committee may solicit candidates, accept late applications, and add to the ballot after the final ballot deadline with approval of the majority of members of the Nominations & Elections Committee present and voting.

C. Ballot Information: All inquiries related to deadlines, status, policies, eligibility to vote and receipt of ballots are to be addressed to the staff person to the Nominations & Elections Committee or a designee.

3. Publication of policies/ procedures/campaign practice

All policies, procedures and campaign practices related to the MNA elections shall be distributed to candidates upon receipt of their nomination papers. Notice to all members of availability shall be published in the Massachusetts Nurse annually.

4. Campaign practices

A) All candidates shall have access to the following: membership lists/labels; structural unit rosters; bargaining unit rosters; and MNA on-site mailboxes. Candidates may also have access to campaign space in the Massachusetts Nurse and may request time on structural unit and bargaining unit agendas. The following conditions must be met.

1. Request for labels/lists/rosters* must be in writing and signed by the candidates. All requests will be honored provided they comply with the MNA information/label request policies.
2. Requests from the candidate for time on structural unit or bargaining unit agendas must be in writing and directed to the appropriate chair. The staff person for the group must also be notified of the request. All candidates for a specific office must be provided with equal access and time.
3. Structural units and bargaining units may invite candidates to speak at a meeting. All requests must be in writing with a cc to staff. All candidates for a specific office must be provided with equal access and time.
4. All costs for labels/space in the *Massachusetts Nurse,* and mailing shall be the responsibility of the candidates. Labels will be provided at cost. Ad space in the *Massachusetts Nurse* will be at a specific advertising rate.
5. Records of requests received, the date of the request, as well as distribution of materials shall be kept by the Membership Department.
6. All campaign mailings utilizing MNA membership labels shall be sent through a mailing house designated by the MNA. Mailing utilizing rosters may be done directly by the candidates.
7. The membership list shall be available for review/inspection, by appointment with the Membership Department. Lists or records must remain on the premises.

B. All candidates must follow acceptable practices in the acceptance of goods, services and contributions. This includes

1. Employers shall not provide money, supplies, refreshments or publication of and "endorsement" on behalf of a candidate.
2. Candidates may not use MNA, Region or employer stationary to promote their candidacy.
3. Candidates may not use postage paid for by MNA, Region or an employer to mail literature to promote their candidacy.
4. Neither MNA its structural units or bargaining units may use dues money for a function to promote the candidacy of a particular candidate. MNA may sponsor a function at which all candidates for a particular office are invited and no candidate is shown preference over another.
5. Individual members may make voluntary contributions of money, goods or services to a candidate.
6. The amount that a candidate may expend in campaigning is not limited by MNA.
7. MNA elected and appointed officials may endorse candidates. In the event that the endorsement is to appear in the *Massachusetts Nurse,* then and only then, the endorsements must be verified on the official MNA Campaign Endorsement Form and must accompany ad copy. However, no endorsements may carry identification as to the MNA office held by the endorser (see attachment A).
8. MNA staff shall not wear promotional materials of any candidate or in any manner promote the candidacy of any individual.
9. Candidates shall not use the MNA corporate logo on campaign materials.
10. Campaigning or campaign materials are not allowed on MNA premises with the following exceptions:
    - When invited to a MNA structural unit or bargaining unit meeting.
    - Meeting attendees may wear promotional material.

5. Ballot/voting instructions

A. Ballot will be mailed at least 15 days prior to the date which it must be mailed back (postmarked).

B. Complete area (as per instructions on form) next to the name of the candidate of your choice. You may vote for any candidate from any Region.

C. Do not mark the ballot outside of the identified area.

D. Write-in votes shall not be considered valid and will not be counted.

E. Enclose the correct and completed voting ballot in an envelope (marked Ballot Return Envelope), which does not identify the voter in anyway, in order to assure secret ballot voting. ONLY ONE BALLOT MAY BE PLACED IN THE ENVELOPE.

All mailing envelopes will be separated from the inner envelope containing the ballot before the ballots are removed, to assure that a ballot can in no way be identified with an individual voter. (At the discretion of the Nominations & Elections Committee, mailing envelopes containing the voter's name and address may be checked off on a master membership list. This process may be of the total membership list, or randomly selected envelopes.)

If the mailing envelope has been misplaced, another envelope can be substituted. This envelope must be addressed to:

MNA Secretary, c/o Contracted Election Administrator (address)

In the upper left-hand corner of this envelope you must:

a. Block print your name
b. Sign your name (Signature required)
c. Write your address & Zip

If this information is not on the mailing envelope, the secret ballot inside is invalid.

F. The ballot must be received no later than _____ AM/PM on (Day) (Date) in order to be counted.

G. The ballots must be mailed to : _____ _____ MNA Secretary.
Contracted Election Administrator
(Address)

6. Observation

A. Each candidate or their designee who is a current MNA and/or Labor Relations Program member is to be permitted to be present on the day(s) of the opening and counting of the ballots. Notification of intent to have an observer present must be received in writing or electronic message from the candidate 5 working days prior to the ballot counting date.

B. Each observer must contact the MNA staff person assigned to the Nominations & Elections Committee 5 working days prior to the day in question for space allocation purposes only.

C. The observer must provide current MNA membership identification to election officials and authorization from the candidate.

D. No observer shall be allowed to touch or handle any ballot or ballot envelope.

E. During all phases of the election process, the single copy of the voter eligibility list will be present for inspection.

F. All observers and candidates will keep election results confidential for 72 hours after the ballot procedure is completed and certified.

7. Candidate notification

A. Results of the MNA Election will be made available to candidates (or their designee) within 72 hours after completion of the ballot counting. Only the names of those elected will be posted on the MNA website when all candidates have been notified after the ballot procedure is completed and certified. Hard copies of the election results shall be sent to each candidate.

B. Results of the MNA election will be kept confidential until all candidates are notified. Notification of all candidates will occur within 72 hours of certification of the election.

C. Results will include the following:
- Number of total ballots cast for the office in question
- Number of ballots cast for the candidate.
- The election status of the candidate (elected/not elected)

D. Any MNA member may access these numbers by written request.

E. Election results will be posted at the annual meeting.

8. Storage of election materials

A. Pre Election: All nomination forms and all correspondence related to nominations shall be stored in a locked cabinet at MNA headquarters. The Nominations & Elections Committee and staff to the committee shall have sole access to the cabinet and its contents.

*See **Election policies,** Next Page*

…Election policies

From Previous Page

B. Post Election: All election materials including ballots (used, unused and challenged), envelopes used to return marked ballots, and voter eligibility lists shall be stored in a locked cabinet at MNA headquarters for one year. The Nominations & Elections Committee Chairperson and staff to the committee shall have sole access to the cabinet and its contents.

9. Post-election press release

The Department of Public Communications shall check the information on file/CV data for accuracy/currency with the elected candidate prior to issuing a press release.

*Member List—a computer listing of the total MNA membership eligible to vote, including name, address, billing information, etc.

*Membership Labels—computer-generated labels of the total MNA membership eligible to vote, provided in keeping with MNA Label Sales Policies.

*Rosters—computer-generated list of the Board of Directors of MNA and all MNA structural units. List includes names and addresses.

Approved by Board of Directors: 5/16/02, 8/21/03, 3/17/05 ■

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. ■

NSO offers liability endorsement

Nurses Service Organization (NSO) is now offering a consulting services liability endorsement designed for nursing professionals who are consulting, teaching or training. This endorsement provides coverage when you use your medical skills and knowledge in settings that do not involve direct patient care, such as: training, speaking at seminars, expert witness, legal consultation, post-secondary teaching and more.

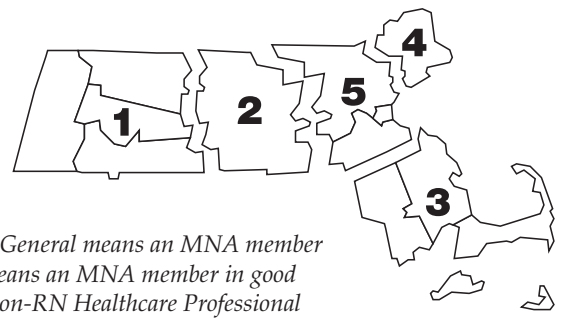
Economic or financial loss arising from your participation in these activities typically would not be covered by a professional liability policy. This endorsement can be added to a NSO policy for only $25 a year. Contact NSO at 1-800-247-1500 or visit its Web site at www.nso.com/cse for more details. ■

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 _____

Cfty _____ 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

Consent to Serve for the MNA 2007 Election

I am interested in active participation in the Massachusetts Nurses Association

MNA General Election

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

**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)
Region4
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)

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, scholarships 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. ■

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 14

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.*** ■

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
- ✓ Gift Certificates for Items or Services
- ✓ Works of Art
- ✓ Craft Items
- ✓ Memorabila & Collectibles
- ✓ 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:

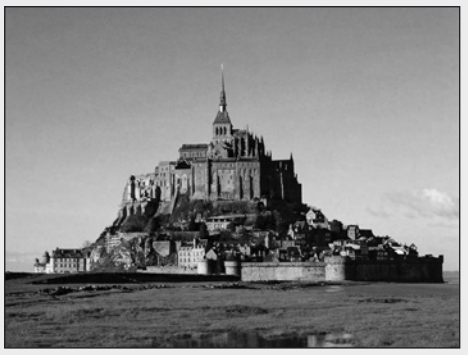
- Scholarships and grants to nurses, nursing students and health care professionals
- Support of research, which is significant to the nursing profession and the public
- Administration of scholarship funds for alumni associations, schools of nursing, organizations, foundations and individuals.

MNF ►Scholarship ►Research ►Education
Massachusetts Nurses Foundation, Inc.

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.

Travel to Europe with MNA in 2007!

Paris & the French Countryside
April 10–18, $1,999*



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 Tapistry. 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.

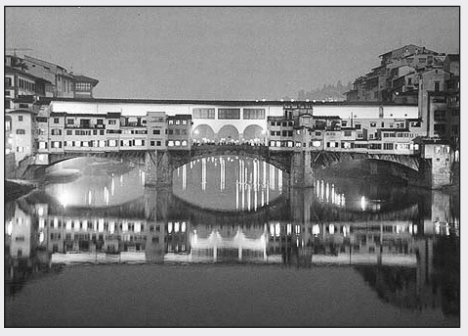
Sorrento, Italy
May 26–June 3, $1,899*

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.

Discounts Corner

Enjoy Six Flags at huge savings

Discount tickets to Six Flags New England in Agawam are now available to MNA members at a discounted price.

The MNA price for a one-day pass is $25 (half the regular price of a one-day pass). Season passes are now available for $64.99, which is a $10 savings. Prices are subject to change and good only while supplies last.

Please call the MNA at 800-882-2056, x726 to order your passes. ■

MNA membership dues deductibility for 2006

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%

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.

MNA
Massachusetts Nurses Association

Introducing The New
MNA Home Mortgage Program
A new MNA family benefit

Reliant Mortgage Company is proud to introduce the **Massachusetts Nurses Association Home Mortgage Program**, a new MNA benefit that provides group discounts on all your home financing needs including:

- **Purchases & Refinances**
- **Home Equity Loans**
- **Debt consolidation**
- **Home Improvement Loans**
- **No points/no closing costs**
- **Single & Multifamily Homes**
- **Second Homes**
- **Condos**
- **No money down**
- **Investment Properties**

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

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

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

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

MNA
Massachusetts Nurses Association

- **$275 Off Closing Costs**
- **1/8 Point Discount off Points Incurred**
- **Free Pre-Approvals**
- **Low Rates & Discounts**
- **No Point/No Closing Cost Programs Available**
- **Also Available to Direct Family Members**

Call The MNA Answer line for program rates and details:

1.877.662.6623
1.877.MNA.MNA3

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

Workplace Hazards to Nurses and Other Healthcare Workers:

Promising Practices for Prevention

This conference is co-provided by the Massachusetts Nurses Association and the University of Massachusetts Lowell, School of Health and Environment

SCHEDULE

Thursday, June 7

7:30AM - 8:30AM
Registration, continental breakfast and exhibitors

8:30AM - 8:40AM
Welcome and Introduction, MNA-UML

8:40AM - 10:00AM
Plenary: Panel One
Craig Slatin, ScD
Ainat Koren, PhD, RN
Carole Pearce, PhD, RN
Laura Punnett, ScD

10:00AM - 10:30AM
Break and Exhibits

10:30AM - 12:00PM
Plenary: Panel Two
Lee Anne Hoff, PhD, RN
Barbara Maun, PhD, RN

12:00PM - 1:00PM
Lunch and Exhibitors

1:00PM - 3:00PM
Breakout Sessions: Limited to 50

- **Preventing Latex Allergy**
  Linda Coulombe, RN, BS, CNOR, CRCST
- **Preventing Workplace Asthma: Consider the Cleaning Products**
  Elise Pechter, MPH, CIH
  Anila Bello, MS
- **Preventing Injuries to Nurses in Home Care Settings**
  Pia Markkanen, ScD
  Margaret Quinn, ScD
- **Preventing Needlestick/Sharps Injuries in Acute Care Settings**
  Angela K. Laramie, MPH

3:00PM - 3:30PM
Break and Exhibits

3:30PM - 4:30PM
Breakout Reports

Thursday Evening Buffet & Musical Entertainment

by Jonathon and Annie Rosen of "Annie & the Hedonists"
6:30PM - 9:30PM

Friday, June 8

7:30AM - 8:30AM
Registration & continental breakfast

8:30AM - 8:40AM
Welcome and Introduction

8:40AM - 10:00AM
Plenary
Nurses at Risk: Infectious Diseases
Kate McPhaul, PhD, MPH, BSN

10:00AM - 10:15AM
Break

10:15AM - 12:15PM
Breakout Sessions: Limited to 50

- **Protecting Staff through Pandemic Flu Planning**
  Robert Naparstek, MD
- **Preventing Exposure to Hazardous Drugs**
  Kathleen Sperrazza, RN, MS
- **Preventing Infectious Disease Transmission**
  Thomas Fuller, ScD, CIH
- **Preventing Workplace Violence**
  Jane Lipscomb, PhD, RN

12:15PM - 1:15PM
Lunch

1:15PM - 2:00PM
Breakout Reports

2:00PM - 2:15PM
Closing Comments
Jonathan Rosen, CIH

2:15PM - 2:30PM
Evaluations

Important Information

Fees
Free to MNA members and staff and students of UMass Lowell; all others $150 for two-day registration, $95 for one-day registration. Registrations limited to 225. There will be a $35 charge to everyone wishing to attend the Thursday evening buffet.

Registration & Questions
Contact Susan Clish in the MNA Division of Health and Safety at 1-800-882-2056, ext. 723 or fax registration form to 781-821-4445. Include check off for breakout sessions; please indicate first, second and third choices for breakout sessions. Breakouts are limited to 50 participants each. If registering with a credit card, please call Susan Clish at 1-800-882-2056, ext. 723.

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

Program Cancellation:
MNA reserves the right to change speakers or cancel programs for extenuating circumstances.

Chemical Sensitivity
Attendees are requested to avoid wearing scented personal products when attending this conference. Scents may trigger responses in those with chemical sensitivity.

Hotel Information
Overnight accommodations are available at the Best Western Hotel and Trade Center at the rate of $92 plus tax, per night. For hotel accommodations, call 508-460-0700 and ask for the Massachusetts Nurses Association room rate for June 7 and 8, 2007. To be sure of this rate, you must call before June 1, 2007. There is no charge for parking at this facility.

REGISTRATION FORM: WORKPLACE HAZARDS IN HEALTHCARE CONFERENCE • JUNE 7 & 8, 2007

Name _____
_____ RN _____ APN _____Other (specify) _____
Address _____
City _____ State _____ Zip _____
Telephone: Daytime _____ Evening _____
Place of employment _____
Fees: ❑ MNA/UML (free) ❑ Full Conference $150 ❑ Day One $95 ❑ Day Two $95
❑ Thursday Evening Buffet $35 each **Make checks payable to MNA**

OFFICE USE ONLY
CHG CODE:____ AMT. ____
V/MC/AMX _____
CK#_____ CK DATE _____
INT. _____ DATE: _____

Please indicate your "1st," "2nd," and "3rd" choice for the following Thursday, June 7 breakout sessions:
_____ **Latex Allergy** _____ **Workplace Asthma** _____ **Home Care Injuries** _____ **Needlestick/Sharps Injuries**

Please indicate your "1st," "2nd," and "3rd" choice for the following Friday, June 8 breakout sessions:
_____ **Pandemic Flu** _____ **Hazardous Drugs** _____ **Infectious Disease** _____ **Workplace Violence**

Breakout Sessions limited to 50. Every effort will be made to accommodate your selections.