January 2008

Health care for veterans —and all others

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Healthcare for vets—and all others

By Rachel Nardin, MD

Even as our government puts members of our armed services in harm’s way, it is failing to care for them once they return home. Soldiers get excellent acute care when injured on active duty, but as revelations of poor conditions for soldiers receiving ongoing outpatient care at the Walter Reed Army Medical Center highlighted, service members often have trouble getting the care they need once active duty ends.

According to a study by some of my colleagues at Harvard Medical School, to be published in next month’s American Journal of Public Health, nearly 1.8 million veterans had no health insurance in 2004, up 290,000 since 2000. An additional 3.8 million members of their households were also uninsured and ineligible for care at hospitals and clinics run by the Veterans Health Administration of the Department of Veterans Affairs. The 2006 data released this year show little change in these numbers.

Many uninsured veterans are barred from VA care because of a 2003 Bush administration order that halted enrollment of most middle-income veterans. Others are unable to obtain VA care because of unaffordable copayments for VA specialty care, waiting lists at some facilities or the lack of VA facilities in their communities. Almost two-thirds of uninsured veterans were employed, and nearly 9 out of 10 had worked within the past year. Most uninsured veterans were in working families. Many earned too little to afford health insurance, but too much to qualify for free care under Medicaid or VA rules.

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A nurse’s resolutions for the New Year

As we enter a new year, I thought it appropriate to share some resolutions I, as a nurse and a member of MNA, am committed to honoring in the coming year.

• As a nurse I resolve to do whatever is necessary to see that we pass the safe staffing bill, An Act Relative to Patient Safety, in 2008 to protect my patients and my practice.
• As a nurse I resolve to do what is necessary to ensure that nurses’ health and safety is given the highest priority in my facility. In a union facility, that means working through my union to ensure that safe practices are advocated for, such as programs to reduce workplace violence and safe patient handling practices that would prevent injuries to nurses. For non-union nurses that means supporting pending legislation in the State House that would mandate safe patient handling practices for all health care facilities, and workplace violence prevention legislation that requires implementation of programs that would protect nurses from assaults of all types.
• As a nurse I resolve to stand up for my patients and my practice by joining with other nurses in speaking up and speaking out for quality patient care.
• As a nurse, I resolve to stand up for basic human dignity at work, which means that it is okay to demand that every nurse be able to take a break during her shift, and that every nurse be allowed to have time to eat a meal to sustain his or her own well being.
• As a nurse I resolve to work for broader health care reform that ensures all patients—regardless of race, ethnicity, sexual orientation, or economic standing—have access to first rate health care, including mental health care.
• As a nurse I resolve to mentor other nurses, particularly new nurses to our profession, to ensure they are supported and have access to the information they need to succeed.
• As a nurse I resolve to continue my own efforts to improve my practice and expand my skills by making a commitment to ongoing continuing education.
• As a nurse I resolve to be an active member of my community and to do my best to share my skills and knowledge for the betterment of my community.

As a nurse, I know there is no better way to keep these resolutions than by being active in the MNA, where nurses working together can truly make a difference.

Happy New Year!
What’s up on the reimbursement front (besides hospital profits)?

Massachusetts health reform: Insurance industry stepping up pressure

By Mary Crotty

The insurance industry in Massachusetts is about to turn the heat up on Massachusetts hospitals. Health insurance executives announced plans in December to cut “several billion dollars” in health care costs in the commonwealth. In a major address at the State House on Dec. 3, James Roosevelt, Tufts Health Plan CEO, linked the future success of health reform in Massachusetts to the new drive to lower costs—this would be largely hospital costs.

Insurers plan to convene public hearings in early 2008 for providers (basically hospitals) to explain what is driving up their costs. Other plans include demanding more disclosure of revenues and expenses and setting up forums for the public to offer solutions. In a “you show me yours and I’ll show you mine” move, insurance industry executives are also challenging their counterparts in the hospital industry to post their top officials’ full compensation packages publicly if insurers post theirs! The new executive director of the Massachusetts Hospital Association, Lynn Nicholas, has responded that she would “welcome them to the table to discuss this.” That would be a fun meeting to listen in on.

Mass. health reform: the ‘Connector’

The motivation behind this is to make Massachusetts health reform work. Known as the “Connector” and championed last year by Governor Romney and the insurance industry, the Massachusetts health reform project is so named because it connects people with insurance.

The idea is that everyone in Massachusetts gets covered by health insurance because it is now mandatory. By law, everyone in the state is required to obtain health insurance, and to show proof when they submit their tax returns. Serious financial consequences (tax penalties this year; next year penalties of up to half the cost of the insurance) result from failing to do so.

In the spotlight nationally

The national spotlight has swung on Massachusetts since it is the first state to mandate health insurance, which is feeding into discussion of health reform during the presidential nominating system now fully underway. Because many of the uninsured have limited funds, the ability of the insurance companies to offer people affordable policies will depend on their ability to pressure hospitals to lower costs, to keep premiums from continuing to skyrocket. The hospital free care pool funds that, in the past, were there to reimburse hospitals for patients without insurance and without funds has now been tapped out to cover costs related to the Connector board—thus the concern that this has to work or the outcome could be worse. In a move that seems related, Charles Baker, CEO of Harvard Pilgrim Health Care, has revealed that he will be taking the unusual step of joining the board of directors of Beth Israel Medical Center in Boston (think, “Fox enters the chicken coop”).

Joining the fray not to pay

According to Boston Globe health reporter Liz Kowalczyk, about half of Massachusetts hospitals say they have adopted policies to waive charges for serious medical errors such as wrong-site surgery and harmful medication mistakes. Others say they plan to follow suit, amid growing resistance from government and health insurers to pay for poor outcomes. State Sen. Richard T. Moore, D-Uxbridge, has filed legislation that would prohibit hospitals from charging for the 28 “never events” which were developed by the National Quality Forum, a nonprofit organization based in Washington, D.C. Blocking insurance payment for 28 events would surpass the new national Medicare rules (described on Page 5) that will shortly begin to block payment for eight conditions considered preventable.

For more information on the “Connector,” contact Mary Crotty at 781-860-5743 or via e-mail at mcrotty@mnarn.org.
By Mary Crotty

Huge changes have been announced by Medicare in recent months which will impact the delivery of health care today. And already nurses are seeing new pressures as a result.

This summer the Bush Administration announced that Medicare will no longer pay the extra costs of treating preventable errors, injuries and infections that occur in hospitals, a move they say could save lives and millions of dollars. The Centers for Disease Control and Prevention (CDC) estimates that patients develop 1.7 million infections in hospitals each year, and it says those infections cause or contribute to the death of 99,000 people a year—about 270 a day. Private insurers, such as Blue Cross, have already announced they are considering similar changes.

Under the new rules, as of Oct. 1 2008, Medicare will not pay hospitals for the costs of treating certain “conditions that could reasonably have been prevented.”

The conditions for which Medicare no longer will reimburse hospitals for treatment include:

- Falls
- Mediastinitis, an infection that can develop after heart surgery
- Urinary tract infections that result from improper use of catheters
- Pressure ulcers
- Vascular infections that result from improper use of catheters

In addition, Medicare says it will not pay for the treatment of three “never events”:

- Objects left in the body during surgery
- Air emboli
- Blood incompatibility

Three additional conditions will be included a year from now (MRSA, clostridium difficile-associated disease and wrong-site surgery).

Following the money trail

These changes represent the start of the dismantling of Medicare. Debates have already begun about what is (or isn’t) an error, let alone a preventable error, and about patients who come into the hospital with a condition vs. acquiring it in the hospital. Commenting on the proposed rules in June, the American Hospital Association said, “Certain patients, including those at the end of life, may be exceptionally prone to developing pressure ulcers, despite receiving appropriate care.” As a consequence, legions of financial analysts and attorneys are going to be required to sort this out, which ought to drive up even higher the current 31 percent of the healthcare dollar that Americans spend on unnecessary administrative costs rather than on actual care. Finally, if insurance companies won’t be paying for these medical bill, who will? The final rules from the Centers for Medicare & Medicaid Services (CMS) say, “The hospital cannot bill the beneficiary for any charges associated with the hospital-acquired complication.” However, the indirect costs are inevitably going to be passed along to patients.

Another theory is that insurance companies will seize the opportunity to start writing coverage for medical errors—another potential bonanza for the insurance industry.

New burdens on nurses and clinicians

Clinically, the reimbursement changes are already impacting—negatively—the way care is delivered. The potential for unforeseen outcomes is rearing its ugly head before the final changes even roll out. Experts predict changes in medical practice as doctors become more closely to clinical guidelines and hospitals perform more tests to assess the condition of patients at the time of admission. MNA has already heard nurses voice concern over pressure to do complete skin assessments upon admission, in ER settings, etc.—and to extensively chart these (to demonstrate pre-existing conditions for reimbursement reasons). The danger is for skin assessment to take priority over what could be more urgent assessment or clinical needs.

Obviously complete assessments, including assessments of skin integrity are important. The worry is that drivers of payment/reimbursement end up unduly influencing clinical practice and causing greater harm. Hospital executives have voiced concern that finances will be impacted by the need to absorb the costs of extra tests to prove patients came into the hospital with MRSA (or whatever) to avoid the new financial penalties.

Reducing errors and infections

A number of demonstration projects across the country have shown that it is possible to reduce, for example, ventilator-associated infections to zero, leading officials to believe that if it can be done in one institution, it can be done everywhere. Theoretically this may be true, but the institutions that have had isolated successes have generally been working diligently for several years on tackling a single issue. The reimbursement changes require a massive acceleration of this process nationwide practically overnight. Even though the final penalties do not start until Oct. 1, 2008, there is a sequence of events related to policy and procedure and coding changes already underway. Just how many task forces are being pulled together to work on the multiple issues at any one institution is anyone’s guess.

As an example, Michigan hospitals have been extremely successful in reducing bloodstream infections related to catheters, researchers reported recently in The New England Journal of Medicine. The hospitals did not use expensive new technology, but systematically followed well-established infection-control practices, like covering doctors and patients from head to toe with sterile gowns and sheets while the catheters were inserted. Hospital executives said these techniques had saved 1,700 lives and $246 million by reducing infection rates in intensive care units since 2004, when the project began. Unfortunately, other institutions are now expected to replicate the Michigan success, but without time to ramp up.

Safe staffing is the key

In the opinion of the MNA, the prevention of medical errors and hospital acquired infections lies not in mandating penalties for poor care, but in providing nurse staffing levels in hospitals that are scientifically proven to prevent them from happening in the first place. One recent study by Patricia Stone in the journal Medical Care found that improving RN to patient ratios in ICUs could reduce hospital acquired infections by 65 percent. Safe staffing legislation must be part of the approach to this crisis, and the evidence shows it is the most cost-effective approach.

A word of caution

Dr. Kenneth W. Kizer, an expert on patient safety who was the top health official at the Department of Veterans Affairs from 1994 to 1999, has said: “I applaud the intent of the new Medicare rules, but I worry that hospitals will figure out ways to get around them. The new policy should be part of a larger initiative to require the reporting of health care events that everyone agrees should never happen. Any such effort must include a mechanism to make sure hospitals comply.” Words to remember—Dr Kizer has been credited with a massive turnaround of the VA healthcare system to the extent it could be a national model for healthcare reform.

For more information contact Mary Crotty at 781-860-5743 or via e-mail at mcrotty@mnrn.org.
Below is a list of self-help groups facilitated by volunteer nurses who understands addiction and the recovery process. Many nurses with substance abuse problems find it therapeutic to share their experiences with peers who understand the challenges of addiction in the health care profession.

**Boston Metropolitan Area**
- Bournewood Hospital, Health Care Professionals Support Group, 300 South St., Brookline. Donna White, 617-469-0300, x305. Wednesdays, 7:30–8:30 p.m.
- McLean Hospital, DeMarmeffe Building, Room 116. LeRoy Kelly, 508-881-3192. Thursdays, 5:30–6:30 p.m.
- Peer Group Therapy, 1354 Hancock St., Suite 209, Quincy. Terri O’Brien, 781-964-9546. Wednesdays, 5:15 p.m. & coed at 6:30 p.m.
- Caritas Good Samaritan Medical Center, Community Conference Room, 235 N. Pearl St., Brockton. Steve Nikolsky, 508-559-8897. Fridays, 6:30-7:30 p.m.
- Health Care Professional Support Group, Caritas Norwood Hospital, Norwood. Jacqueline Sitte, 781-541-2100. Thursdays, 7–8:30 p.m.

**Central Massachusetts**
- Professional Nurses Group, UMass Medical Center, 107 Lincoln Street, Worcester. Contacts: Laurie, 508-853-0517; Carole, 978-568-9915. Mondays, 6–7 p.m.
- Health Care Support Group, UMass School of Medicine, Room 123, Worcester. Emory, 508-429-9433. Saturdays, 11 a.m.–noon.

**Northern Massachusetts**
- Baldpate Hospital, Bungalow 1, Baldpate Road, Georgetown. Terri Gouin, 978-352-2131, x15. Tuesdays, 5–6 p.m.
- Nurses Recovery Group, Beverly Hospital, 1st Floor. Jacqueline Lyons, 978-697-2733. Mondays, 6–7 p.m.
- Partnership Recovery Services, 121 Myrtle Street, Melrose. Jay O’Neil, 781-979-0262. Sundays 6:30–7:30 p.m.

**Southern Massachusetts**
- Professionals Support Group, 76 W. Main St., Suite 306, Hyannis. Kathy Hoyt, 508-790-1944. Mondays, 5–6 p.m.
- PRN Group, Pembroke Hospital, 199 Oak St., Staff Conference Room, Pembroke. Sharon Day, 508-667-2486. Tuesdays, 6:30–8 p.m.
- Substance Abuse Support Group, St. Luke’s Hospital, New Bedford, 88 Faunce Corner Road. Michelle, 508-947-5351. Thursdays, 7–8:30 p.m.

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

**Other Areas**
- Maguire Road Group, for those employed at private health care systems. John William, 508-834-7036 Mondays.
- Nurses Peer Support Group, Ray Conference Center, 345 Blackstone Blvd., Providence, R.I. Sharon Goldstein, 800-445-1195. Wednesdays, 6:30–7:30 p.m.
- Nurses Recovery Group, VA Hospital, 6th Floor Lounge, North 650, Manchester, N.H. Contacts: Janet K., 978-975-5711 Sandi, 603-391-1776. Meets: Tuesdays, 7:00–8:00 p.m.
New survey reveals nurses’ use of IT tools a Catch-22

RNs have little time to learn or use time-saving tools

Nurses continue to recognize numerous ways in which information technology (IT) helps them care for patients but cite significant barriers to IT adoption, according to a new study.

CDW Health Care, a leading provider of technology products and services to health care organizations, recently announced the results of “Nurses Talk Tech 2007,” a survey of more than 1,000 nursing professionals from across the U.S.

“Studies continue to underscore that the nationwide shortage of nurses is getting worse, not better,” said Bob Rossi, senior director for CDW Health Care. Specifically, the U.S. faces a growing shortage of nurses. In 2002, an estimated 30 states had nursing shortages, with a 20 percent national shortfall expected by 2020.

Related to this, medical errors continue to pose a serious threat to patient care nationwide, with survey data finding an error rate as high as 34 percent across hospital and ambulatory care facilities. In their role as front-line clinicians, nurses need the right tools to aid them in their drive to provide accurate, timely patient care.

“As the nursing crisis becomes more acute, health care organizations need to increase the effectiveness of front-line caregivers by equipping them with right tools and technologies that can help them in delivering the best patient care,” Rossi commented. “Unfortunately, the situation has become so severe that many nursing staffs do not have the time or resources needed to allocate to learning and implementing the IT tools that have been proven in cases to improve speed, efficiency and accuracy.”

The benefits

In the latest Nurses Talk Tech survey, nurses identify several benefits of using IT in the clinical setting, with respondents reporting that technology allows them faster, broader access to patient information; improves workflow efficiency; increases communication and enhances timely analysis of patient information. At the same time, principal challenges include duplication between paper and IT processes, the relative lack of nursing-specific IT tools and applications, as well as inadequate training.

Technology continues to be a significant component of the nursing environment, with 42 percent of respondents claiming they spend four or more hours a day using IT. Although nurses report using a variety of IT elements, the overwhelming majority rely on desktops (89 percent) and laptops (21 percent); nine percent use handheld devices and only three percent use tablet PCs. Nurses use technology to support a number of administrative and clinical functions—69 percent of respondents claim they use IT to manage e-mail, 60 percent document or chart patient information in an electronic medical record (EMR) and 53 percent order patient tests or prescriptions through computerized physician order entry systems.

The disadvantages

Despite nurses’ consistent use of and support for IT in the clinical setting, respondents cite a significant lack of involvement in the IT selection and implementation process: 27 percent of respondents report that nurse managers play a role in the selection of IT, while only 15 percent of staff nurses are involved. In addition to relatively low levels of nursing involvement, only 25 percent of respondents report their organizations employ a nursing informaticist position—a 14 percent drop from 2006. Organizations containing informaticist positions enjoy a number of advantages over those which do not, including a higher rate of paperless/filmless process implementation (75 percent versus 55 percent), the establishment of near or total access control for patient records (53 percent versus 41 percent) and the ability to e-prescribe (34 percent versus 20 percent).

The survey found mixed progress on electronic data initiatives, with 44 percent of respondents claiming their health care organizations do not have the ability to electronically access health records from other providers and 50 percent reporting that their employers are unable to e-prescribe. However, survey participants say that more than one-half of their health care organizations have initiated a transition to paperless or filmless processes.

In general, nurses positively rate their organization’s efforts to ensure patient data security, with 41 percent stating that their employer has established total or near total access control for patient records and 52 percent claiming that their organization has adopted some level of security protocol. A notable exception occurs among long-term care facilities, where 22 percent of nurses report their employer devotes little to no effort to ensuring patient data security.

More information on this CDW Health Care survey is online at www.cdw.com/healthcare.
With tremendous community support, RNs at North Adams save pension

The MNA bargaining unit at North Adams Regional Hospital recently ratified a three-year contract. The settlement came after 10 months of negotiation and a great community campaign that included the posting of yard signs and billboards, as well as radio advertisements. The local newspaper covered the bargaining unit’s efforts throughout the 10-month period and it ran numerous letters to the editor, ads, articles and editorials. All this action created a tremendous amount of community support.

Ultimately the key issue for the nurses was their defined benefit pension plan. The hospital originally proposed to end the plan and replace it with a defined contribution plan. To the nurses—many of whom have worked their entire careers at NARH and counted on the benefit—ending the pension plan was unacceptable.

“We proposed increasing our contribution but management refused and insisted they couldn’t continue the plan,” said unit co-chair Mary McConnell. “Finally, at the last hour, we were able to come up with a plan that satisfied both sides.”

Under the ratified agreement NARH will continue the defined benefit pension plan for the next two years while the MNA works to set up a new pension plan under the provisions of the federal Taft Hartley Act. As the new plan is set up, the nurses will be able to transfer into the plan without losing any of their benefits. “We feel that this is a win/win situation. The hospital will make a generous contribution to our plan but will no longer have the liability,” said McConnell.

According to unit co-chair Carol Vivori, RN, it was a long but ultimately satisfying process. “Although it took much longer than necessary, we feel we were able to secure an equitable contract. To the committee the deciding factor was the commitment of the membership,” said Vivori. “We have a long history of open negotiations and on the day of the settlement more than half of our members came to observe. The members also did a great job working with our community to build strong public support.”

The nurses were also able to fight off management proposals that would have threatened union security, allowed management to diminish health insurance benefits and required the increased use of unsafe mandatory overtime. “None of this would have been possible without the support of the community,” said McConnell. “Because we live in this community we treat patients who are our friends and neighbors, and we truly understand the importance of the nurses of NARH to the health of the community. Now we are looking forward to continuing to deliver excellent care to the people of northern Berkshire County.”

Bargaining unit updates

Jordan Hospital

The union leadership at Jordan Hospital wants it members to know that, at the time the Massachusetts Nurses Advocate was printed, the proposed mandatory flu vaccine legislation was not yet passed by the state Legislature. As a result, you can not be required to sign any “delegation” forms if you choose not to receive the flu vaccine. The form Jordan Hospital is giving to the nurses to sign comes from the DPH, but it has not been approved by the MNA for our members to sign.

Berkshire Medical Center

The RNs at Berkshire Medical Center recently approved a three-year contract. The approval came after seven months of negotiations and was moved along by a very successful informational picket and billboards that were placed around Pittsfield. The unit achieved positive language on union security, orientation procedures, and a special benefit program for senior nurses. On the pay scale the nurses got a 6 percent across the board increase and a new 2 percent step on the top of the scale in each of the three years.
How can you make a difference in the future of nursing?

It’s easy—make a contribution to the MNF

As a member of the MNA, it’s easy to make a contribution to the Massachusetts Nurses Foundation (MNF) and help nurses study clinical issues essential to the improvement of health care. Your help is as easy as …

Writing A Check
Through your tax-deductible donation, you can make a difference in what the foundation can do. Funds are directed toward nursing scholarships & research. Any donation big or small helps us make a difference. Are you renewing your MNA membership? You can make a donation at the time of renewal by simply completing the MNF donor form and including your donation with your dues payment to the MNA.

Donating Honorariums or Travel Reimbursements
Have you received an honorarium for a speaking engagement? Consider donating your honorarium to the Foundation. Are you currently serving on an MNA Congress, Committee or Task Force? Consider donating your travel reimbursement—simply check off the MNF box on your MNA travel reimbursement form & the amount of your travel reimbursement will be donated directly to the MNF!

Arranging a Memorial Gift
A donation can be made in memory of family members, friends and associates or to acknowledge a special event. An acknowledgement will be made to the family of the person being honored.

Arranging for Planned Giving
As you consider your tax planning—we hope you will consider making a tax-deductible donation to the MNF through wills, endowments or legacies.

Participating in MNF Fundraising Events
Whether it’s the MNF Auction, Raffles or Golf Tournament—your participation in MNF fundraising events helps us raise funds to support nursing scholarships & research. Watch for announcements of upcoming fundraising events. Your support is always appreciated.

For More Information
Our mission is accomplished only through donations. You can make a difference in the future of nursing. Your gift provides the meaningful difference in what the foundation can do! For more information about the MNF or any of our giving programs, please contact us at (781) 830-5745.

Memorial Program

Make a donation in honor or memory of a loved one or friend to the scholarship fund. When a gift is received, the MNF will send a personalized letter to the person or family indicated notifying them of your thoughtful donation but not revealing the amount of the donation. Every gift is tax-deductible and the donor receives an acknowledgement for their donation. Please make checks payable to the Massachusetts Nurses Foundation.

Massachusetts Nurses Foundation
340 Turnpike Street
Canton, MA 02021
Why personal liability insurance is more important than ever

Nurses are soon going to feel even more on-the-job pressure due to all of the reimbursement changes underway (see Page 4.) The commonwealth wants hospitals to lower costs as a way of driving down insurance companies’ premiums. The Massachusetts health reform project that is underway (the “Connector,” or mandatory health insurance for all) is at stake.

The cost of Connector premiums has to be kept down for people to be able to afford coverage or the whole deck of cards will come tumbling down. In addition there is a sea change coming in Medicare reimbursement. Plans are underway for Medicare to stop paying as of Oct. 1, 2008 for eight conditions or events deemed to be preventable. Sen. Richard Moore has filed a bill that would go further and prevent Massachusetts’ hospitals for billing for any of the 28 “never events” defined by the National Quality Forum.

Why is this my problem?

Many RNs are concerned that hospitals will be more likely than ever to look for somewhere to place the blame for these occurrences for which they will shortly no longer be getting reimbursed.

These eight conditions include: falls; mediastinitis (an infection that can develop after heart surgery); urinary tract infections that result from improper use of catheters; pressure ulcers; vascular infections resulting from improper use of catheters; objects left in the body during surgery; air emboli; and blood incompatibility.

MNA is already hearing of pressure on nurses to document skin condition extensively, even in ED situations where the presence or absence of erythema may not be the nurses’ logical primary focus. However, the financial incentive is to have early documentation of “pre-existing conditions” so that the hospital doesn’t get blamed for the pressure ulcer and subsequently lose reimbursement dollars.

We’re not just being paranoid here!

The National Patient Safety Foundation electronic mailing list has been buzzing in recent weeks over the issue of how to get hospital staff to increase their reporting of “mistakes.” A Milwaukee hospital is offering baseball tickets to encourage staff to report med errors and near misses—contests, anonymous reporting being encouraged, etc. This is real and it’s happening now, near you!

Here’s a quote from a quality improvement specialist at a Virginia hospital about how she has managed to increase her staff’s reporting of errors:

“We have tried a couple of different methods that have worked—of course money speaks the loudest.

1. $1 coupon for near misses that are redeemable in the gift shop (did this for three months and doubled our reporting).
2. Instituted a unit competition—for each near miss reported, the staff reporting were entered into a $25 monthly drawing.”

But wait … there’s more!

“Perhaps reporting could also be in the criteria for salary reviews and/or bonus considerations.”

It goes to show—money talks!

Many nurses feel that as long as they are practicing appropriately they have nothing to worry about. Although they certainly are on top of the game, there is no assurance that they are home free.

MNA staff and board members attend the monthly meetings of the Massachusetts Board of Registration in Nursing and witness month after month instances where a nurse has been reported to the BORN by a disgruntled supervisor, administrator, colleague, family member, team member—or even a nurse who has been caught in an investigation of conditions at a hospital by a DPH investigator who places blame on an individual since system error doesn’t have a face and name. The reporting cited above appears to be done to churn out numbers of reports—it’s a quantitative game. Any discussion about the impact of the reporting in terms of improving care is completely lacking.

More problems ahead

Is this not enough to convince you of the importance of protecting your license and protecting your assets by obtaining liability coverage? Add to all of this another move by Sen. Richard Moore to make Massachusetts a “Compact” (interstate licensure) state. Along with this would come new authority for the BORN to levy financial penalties and fines on nurses, something they have not done to date but which does happen…

The National Patient Safety Foundation electronic mailing list has been buzzing in recent weeks over the issue of how to get hospital staff to increase their reporting of “mistakes.” A Milwaukee hospital is offering baseball tickets to encourage staff to report med errors and near misses—contests, anonymous reporting being encouraged, etc. This is real and it’s happening now, near you!
NSO offers members liability insurance at a discounted rate

The MNA strongly encourages every single nurse—practicing, teaching, consulting, retired (you never know when you might be tempted to volunteer)—to spend what is, for most nurses, less than $100 a year for coverage. MNA’s suggested and preferred provider of professional liability insurance is NSO.

**NSO benefits at a glance**

- Up to $1 million each claim, up to $6 million aggregate professional liability limits
- License protection coverage
- Defendant expense benefit
- Assault coverage

NSO also offers these additional coverages, at no extra cost:

- **Personal liability protection.** You’re covered, up to $1 million aggregate (depending on the limits you choose), for liability damages for covered claims resulting from incidents at your residence that are unrelated to your work.
- **Defendant expense benefit.** Reimburses you up to $10,000 aggregate for lost wages and covered expenses incurred when you attend a required trial, hearing or proceeding as a defendant in a covered claim.
- **License protection.** Reimburses you up to $25,000 aggregate, up to $10,000 per proceeding for your defense of license or disciplinary action and other covered expenses arising out of a covered incident.
- **Personal injury protection.** Protects you, up to the applicable limits of liability, against covered claims arising from charges of privacy violation, slander, libel, assault and battery, and other alleged personal injuries committed in the conduct of your professional services.
- **Medical payments.** Pays up to $100,000 aggregate, up to $2,000 per person for reimbursement of medical expenses to others injured at your residence or business premises.
- **Assault coverage.** Covers your medical expenses or reimburses you for damage to your property up to $25,000 aggregate, up to $10,000 per incident if you are assaulted at work or while commuting to and from your workplace. (Assault coverage is not available in Texas.)
- **Damage to property of others.** Pays up to $10,000 aggregate, up to $500 per incident for damage caused accidentally by you to the property of others at your residence or workplace.
- **First aid benefit.** Reimburses you up to $2,500 aggregate for expenses you incur in rendering first aid to others.
- **Deposition representation.** Reimburses you up to $5,000 aggregate, up to $2,500 per deposition for attorney’s fees as a result of your required appearance at a deposition that arises out of professional services. And these additional benefits:
  - **24/7 protection.** During the policy period, coverage is in force 24/7. You’re covered for incidents that occur on the job and after hours as well. Your protection remains in force even if you change jobs or during a period of unemployment.
  - **Occurrence-based coverage.** Protects you regardless of when a claim is filed, provided the policy was in force at the time the covered medical incident occurred.
  - **Legal representation.** An attorney will be provided to represent you personally when we find it necessary. Legal fees will be paid for covered claims, in addition to your liability limits – win or lose.
  - **Worldwide protection.** Coverage is available worldwide, provided claim is brought against you in the United States, its territories and possessions, Puerto Rico, or Canada.
- **Outstanding service.** More than 650,000 nursing professionals are already covered by the Professional Liability Insurance Program offered through NSO. Our insurance representatives have the knowledge and experience to help you.
- **Outstanding individual protection at affordable group rates.** NSO Professional Liability Insurance coverage provides you with the very best benefits available that we know of—at a truly affordable group rate. It’s a straightforward approach to professional liability coverage. And, it’s protection that works!

**Discounts**

- **Continuing education.** You can qualify for a 10 percent discount on your first three years of professional liability insurance coverage by completing our continuing education modules.
- **Students.** Just $29 a year for students.
- **First-year graduate discount.** If you’ve graduated within the previous 12 months, you are entitled to a 50 percent discount as a first-year graduate. Be sure to indicate your graduation date on the application.
- **Retired discount.** If you are retired but maintain an active license, you may qualify for a 50 percent discount with reduced coverages.
- **Risk management discount.** A 10 percent non-cumulative credit will be applied to your annual premium for up to three years for attending an eligible risk management course.

(The course must be 6 contact hours in a subject related to an insured’s area of specialization. Must provide a certificate of attendance showing course name, number of hours and course date. Course must have been completed within the last 12 months in order for discount to be applied.)

For more information, contact NSO at: 800-247-1500 or by e-mail: service@nso.com or visit the Web site at www.nso.com.

**... Liability insurance**

From Previous Page in other, primarily southern, Compact states.

And there’s more bad news: Compact will permit boards of registration to discipline nurses across state lines and a nurse may find herself needing legal representation in more than one state.

Many nurses are under the impression that liability coverage from their employer is sufficient. This is not true at all. Your employer’s policy is not likely to offer coverage for off-duty incidents. Your employer’s policy is not likely to cover you following a layoff or job change—even though you may still be held liable for a medical incident that occurred while you were employed. Worse yet, your employer’s insurance company could actually turn around and sue you to recover damages if they feel you are even remotely responsible - armed with all the information you provided in good faith!

The MNA strongly encourages every single nurse—practicing, teaching, consulting, retired (you never know when you might be tempted to volunteer)—to spend what is, for most nurses, less than $100 a year for coverage. MNA’s suggested and preferred provider of professional liability insurance is NSO. For details on the services NSO offers, see above story.
A first ever national survey of nurses’ exposures to chemicals, pharmaceuticals and radiation on the job suggests there are links between serious health problems such as cancer, asthma, miscarriages and children’s birth defects and the duration and intensity of these exposures. The survey included 1,500 nurses from all 50 states.

The survey was conducted by the Washington-based nonprofit Environmental Working Group and are available online at, www.ewg.org/reports/nursesurvey.

Every day, nurses confront low-level but repeated exposures to mixtures of hazardous materials that include residues from medications, anesthetic gases, sterilizing and disinfecting chemicals, radiation, latex, cleaning chemicals, hand and skin disinfection products, and even mercury escaping from broken medical equipment. There are no workplace safety standards to protect nurses from the combined effects of these exposures on their health.

“Nurses are exposed daily to scores of different toxic chemicals and other hazardous materials whose cumulative health risks have never been studied,” said Jane Houlihan, Vice President for Research at Environmental Working Group. “Nurses ingest, touch or breathe residues of any number of these potentially harmful substances as they care for patients, day after day and face potential but unstudied health problems as a result.”

According to the survey results, nurses who were exposed regularly - at least once a week - to the chemicals had increased rates of cancer, asthma and miscarriages. Nurses who were pregnant when they were exposed to certain chemicals were more likely to have children with birth defects than nurses not exposed to the chemicals.

Chemical exposure seemed to have an especially large impact on the rate of musculoskeletal defects in children of pregnant nurses. Nurses with frequent exposure to sterilizing agents and anesthetic gases were seven to nine times more likely to have children with musculoskeletal defects than their unexposed peers.

The Centers for Disease Control proposed a National Occupational Exposure Survey for the health care industry in 2002.

To date, no such survey has been initiated to better understand the range of potentially hazardous chemical exposure in the health care industry and related illnesses.

“For many of the toxic chemicals in hospitals there are safer alternative or safer processes. We must make these healthier choices for the sake of our patients, nurses and all hospital employees,” said Barbara Sattler, RN, DrPH, FAAN, professor and director of the Environmental Health Education Center at the University of Maryland School of Nursing.

“MNA has worked for the last 10 years to teach frontline nurses about the hazards they are exposed to at work and how personal protective equipment and safe work practices will reduce these exposures. On the MNA website www.massnurses.org, using the Health and Safety page, you can learn more about many of the healthcare workplace exposures,” said Evie Bain, associate director in the MNA’s Division of Occupational Health and Safety “MNA activism, legislation and labor/management actions have often reduced or eliminated exposures to substances such as natural rubber latex, glutaraldehyde, needle-stick injuries and mercury. OSHA and NIOSH also provide information on safe work practices to protect the health of all nurses, their unborn children as well as their patients. These materials are available at the Web sites www.dol.gov/OSHA and www.cdc.gov/NIOSH.”

Environmental Working Group is a nonprofit research organization based in Washington, D.C., that uses the power of information to protect human health and the environment. The survey was co-sponsored by the nonprofit group Health Care Without Harm, the University of Maryland’s Environmental Health Education Center and the American Nurses Association. The MNA consulted on the wording of the questionnaire.
Pointers on ground rules at the bargaining table

By Joe Twarog
Director, Labor Education

Ground rules are usually one of the first items that the parties negotiate when the bargaining process begins. The purpose of having ground rules is to expedite and facilitate the bargaining process. They should never become a hindrance or cause for a delay to the process. They can (and perhaps should) be agreed upon in short order, at the first session.

Written vs. verbal ground rules

Either written or verbal ground rules may be appropriate depending on the history and culture of the bargaining unit and relationship of the parties involved. It is not necessary to always have written ground rules.

Ground rule examples

Here is a typical list of standard ground rules:

- Date, time and place of sessions
- Tentative agreements will be dated, initialed or signed upon agreement
- Language (non-economic) proposals are to be negotiated before economic proposals. This should not be a hard-and-fast rule, but rather a preferred guideline on how to proceed, i.e. the parties may have outstanding language items still on the table as they proceed to negotiate economics.
- All initial proposals shall be on the table by the second or third session (to avoid any late surprises once bargaining begins is underway).
- Additional items that the union often proposes as part of the ground rules are:
  - Paid release time for union negotiators
  - Frequent bargaining sessions
  - Setting an agenda in advance of each session

Management preferences

It is not unusual for management to propose a list of ground rules that inhibits the process, grants them undue control over the bargaining table, or minimizes the role of the membership. Furthermore, an inordinate amount of time can be wasted by management’s insistence on their version of ground rules. Their items might look like this:

- No communication with the membership during bargaining
- Total news and media black-out
- Only one designated person from each team may speak at negotiations
- No observers at the table or other limits on the union negotiating team

- Limit on the length of bargaining sessions
- Infrequent sessions
- No food or drinks in the room
- Anything that restricts, controls or frustrates the process

There is no reason that the union must agree to any of these!

Permissive issue

Ultimately, it is important to remember that the subject of ground rules is a permissive issue. This means that the parties do not have to reach agreement in order to begin the bargaining process. While reaching an agreement on ground rules is usually preferred, the bargaining process can begin without a final agreement being reached. The management team would often like the union to believe differently.

Recently, we have seen highly-paid management consultants/union-busting attorneys who specialize in this shoddy behavior. Their designed purpose is to plant the seeds of frustration early around ground rules rather than attempt to reach an agreement. This is a disservice to both parties and an abuse of the process. No one should fall for this obnoxious tactic. Instead, it should be used to educate and motivate the membership into action.
The MNA has now scheduled dates in all five MNA Regions for the first two tracks of its new Labor School. The school aims to educate members—soup to nuts—on a wide variety of union issues. The courses are organized into “tracks” with a specific overall focus. Five or six classes make up each track, and each class is two to three hours long. A certificate of completion is awarded to members at the end of each track. In addition, members who complete any two tracks will be given an MNA Labor School jacket. Members may choose which tracks and at what location they would like to participate. There is no commitment to attend all tracks. Classes run from 5–7:30 p.m.

For more information, contact your local Regional office or the MNA division of labor education at 781-830-5757.

Labor School Locations
Region 1, Western Mass.
241 King Street
Northampton
413.584.4607
Region 2, Central Mass.
365 Shrewsbury St.
Worcester
508.756.5800
Region 3, South Shore/Cape & Islands
60 Route 6A
Sandwich
508.888.5774
Region 4, North Shore
10 First Avenue, Suite 20
Peabody
978.977.9200
Region 5, Greater Boston
MNA Headquarters
340 Turnpike Street, Canton
781.821.8255

Track 2: Collective Bargaining

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Regions 2 and 5 soon will be scheduling dates for Tracks 3 and 4. Region 4 soon will schedule new dates for Tracks 1 and 2.

For further details:
www.massnurses.org
781-830-5757
**Track 1: Collective Bargaining**

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**Week 1**
- Welcome and Introduction
-  Negotiations and the Legal Basis
-  Process Overview
-  Bargaining Team and Internal Ground Rules

**Week 2**
-  Contract Surveys
-  Formulating Proposals
-  Priorities, Goals and Themes
-  Researching the Employer and the Union

**Week 3**
-  Committee Decision Making
-  At the Bargaining Table
-  Getting Dates, Sites, etc.
-  Roles and Conduct at the table
-  Proposal and Counter-Proposal Exchange

**Week 4**
-  Table Tactics and Reading Signals
-  Contract Campaigns
-  Developing a Contract Action Team
-  Writing Proposals

**Week 5**
-  Contract Costing
-  Picketing, Workplace Actions and Strikes
-  Impasse and Contract Extensions
-  MNA Collective Bargaining Video

**Track 2: Building the Union/Member Participation**

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**Week 1**
- Purpose of a Union/Involvement & Participation
-  Structure of the MNA and a Typical Bargaining Unit
-  Defining Member Participation/Mobilization and Internal Organizing
-  Organizing Model vs. Service/Business Model

**Week 2**
- Organizing the Workplace
-  Mapping the Workplace
-  Contract Action Teams—Mobilization/Activists Structure
-  Union Elections and the Law

**Week 3**
- Newsletters, Bulletin Boards, Phone Trees
-  Surveying the Membership
-  Running Effective Union Meetings

**Week 4**
- Community, Labor and Religious Coalitions
-  Legislative and Political Outreach
-  Regulators, Vendors and the Public
-  Working the Press

**Week 5**
- Identifying a Range of Actions
-  Plan, Preparation and Calendar
-  Pressure Tactics: Petitions, Picketing, Rallies, Work to Rule Strikes and Work Stoppages

**Track 3: Building the Union/Member Participation**

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**Week 2**
- Organizing the Workplace
-  Mapping the Workplace
-  Contract Action Teams—Mobilization/Activists Structure
-  Union Elections and the Law

**Week 3**
- Newsletters, Bulletin Boards, Phone Trees
-  Surveying the Membership
-  Running Effective Union Meetings

**Week 4**
- Community, Labor and Religious Coalitions
-  Legislative and Political Outreach
-  Regulators, Vendors and the Public
-  Working the Press

**Week 5**
- Identifying a Range of Actions
-  Plan, Preparation and Calendar
-  Pressure Tactics: Petitions, Picketing, Rallies, Work to Rule Strikes and Work Stoppages

**Track 4: Labor Laws & Special Topics**

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**Week 1**
- Family Medical Leave Act
-  Massachusetts Small Necessities Leave Act

**Week 2**
- Fair Labor Standards Act
-  Overtime Rules
-  Labor-Management Reporting and Disclosure Act (LMRDA)
-  Union Officer Elections

**Week 3**
- Workers Compensation
-  OSHA
-  American with Disabilities Act

**Week 4**
- Employment Discrimination and Title VII/Federal Civil Rights Act
-  Age Discrimination in Employment Act (ADEA)
-  The Worker Adjustment and Retraining Notification Act

**Week 5**
- The NLRB and Kentucky River/Oakwood Cases
-  Nurse Supervisor Issues

All scheduled Track 1 sessions have been completed. New Track 1 sessions, for all Regions, will be announced soon.
MNA’s Health & Safety Division shares conference findings

In June 2007, more than 150 MNA and the UMass Lowell’s School of Health and Environment held a two-day conference in Marlboro entitled “Workplace Hazards to Nurses and Other Healthcare Workers: Promising Practices for Prevention.”

One of the goals of the conference was to assist participants to work with others in improving work conditions by eliminating or minimizing the hazards they face on the job each day.

Eight breakout sessions were held, with each addressing these hazardous conditions. Follow-up reports were developed after each session in order to share pertinent findings with conference attendees at the end of each of the conference days. These findings will be published in the Massachusetts Nurse Advocate over the next few months. In addition, all conference documents are available online at www.massnurses.org. (Click on the “Health and Safety” link, and then click on the “Research” link.)

What follows is the second of several finding summaries that will be shared over the next few months.

Workplace Hazards to Nurses and Other Health Care Workers: Promising Practices for Prevention

Program: Preventing Needlestick Injuries In Acute Care Settings
Date: June 7, 2007
Speaker: Angela Laramie MPH , Massachusetts Department of Public Health, Occupational Safety and Health Program
MNA Facilitators: Elizabeth O’Connor RN, Kate Opanasets RN, Christine Pontus RN

Statement of the Problem
Health care worker exposures to bloodborne pathogens as result of injuries caused by needles and other sharp devices are a significant public health concern. The U. S. Centers for Disease Control and Prevention (CDC) estimate that, nationwide, between 600,00 and 800,000 percutaneous injuries from contaminated sharp devices occur each year in health care; approximately half are sustained by hospital workers.

Sharps injuries are preventable and health care facilities are required by state and federal regulations to implement comprehensive plans to reduce these injuries.*

*Sharps Injuries among Hospital Workers in Massachusetts, 2004, Findings from the Massachusetts Sharps Injury Surveillance System, Executive Summary, Massachusetts Department of Public Health, Occupational Health Surveillance Program, April 2007

JCAHO Regulation that relates to this topic: EC.1.10 Hospitals must manage safety risks, EC 1.20 Hospitals must maintain safe environments

OSHA Standard that address this topic: 1910.1030 Bloodborne Pathogens Standard, General Duty Clause 5A-1- Employers must furnish a place of employment free from recognized hazards

OSHA recommended steps to provide a safe work environment - A. Management support and worker involvement, B. Hazard assessment, C. Training and education, D. Program evaluation

Items discussed by the breakout session participants

How are patients, visitors or others affected?

• Anyone can be injured by improper disposal of sharps
• The injuries are both physical and psychological and have long term consequences particularly if the injury results in transmission of infection
• The source patient and the source’s family worry about being blamed
• Patients may worry that the healthcare worker is a source of injury to them

What are some good practices that you have seen in your workplace?

• Needle boxes in each room which are emptied/replaced regularly when 2/3 full

What are some concrete steps that could be taken to address this problem?

• Availability of travel disposal containers
• Retractable needles (one giant step for mankind!)
• Product evaluation committees that include bedside nurses as members
• Comprehensive staff education
• Utilizing product representatives to work with nursing staff and nurse educators
• Staff education follow-up to assure that all employees have been educated
• Promoting a Culture of Safety
• Transfer trays and neutral zones in the OR

What are some of the barriers and opportunities associated with change?

Barriers:
• Conventional devices still in use
• Private “stash” of conventional devices
• Doctor’s demands for specific products
• Safety committee approvals circumvented
• Resistance to learning and change
• Time consuming/computerized injury reporting systems

Opportunities:
• Establishing resource teams
• Tying in skills with new devices in annual review of competencies

What are some concrete steps that could be taken to address this problem?

• Specific injury follow-up protocol that is communicated to all employees at risk (example: Code Stik is used at one hospital)
• Utilize resources www.fda.gov/maude—the FDA’s defective medical equipment reporting system
• Interview all employees who have been injured
• Provide psychological counseling for injured employees

Who are the management people at your workplace who are responsible for worker health and safety and who are five people in your workplace who would help to address the issue?

• This question was not addressed in this session
• Addressing and preventing needlestick injuries in healthcare settings is required by law (OSHA 1910.1030 Bloodborne Pathogens)
• Participants agreed that the law is followed closely in most of the facilities represented at this conference
Reduced dues categories implementation for MNA union members

The MNA membership, at its most recent convention, passed two reduced dues categories. With the passage of these categories, health care professionals who are unionized with the MNA will pay 75 percent of the annual dues (a 25 percent reduction) and MNA unionized RN’s who work minimum hours, whether in a per diem capacity or permanent capacity, will also be eligible to pay 75 percent of the annual dues (a 25 percent reduction). These categories will become effective July 1, 2008.

For MNA unionized health care professionals, the implementation of the reduced dues category will depend on the method of dues payment those members have elected—monthly, installment or annual. For questions regarding your payment options, contact the Division of Membership at 800-882-2056, x726.

In the case of MNA bargaining unit members who are health care professionals, the reduced dues addresses the fact that their professional, clinical and educational needs cannot be met exclusively by the MNA—meaning that they have to go elsewhere at times for access to information and resources specific to their clinical field.

In the case of MNA bargaining unit RNs who are working a minimum number of hours, the reduced dues would address the fact that their annual salary is generally far smaller than a full-time RN’s. Despite this monetary difference, nurses who work a minimum number of hours have historically paid dues at the same rate as all other MNA members.

For MNA unionized RNs who work minimum hours (designated as 988 hours or less in the prior calendar year, subject to verification) they may apply for the reduced dues category. This application is an annual application and must be submitted to the MNA by April 1 of each year for the prior calendar year. MNA calculates its dues on a fiscal year that begins July 1. To qualify for the dues reduction, RNs must have worked fewer than 988 hours in calendar year 2007 (Jan. 1 through Dec. 31).

The application for this category is printed below and may be sent to MNA by April 1 to the Membership Division, 340 Turnpike St. Canton MA 02021. Additional forms are available from the MNA membership division or can be found on the MNA Web site at www.massnurses.org.

**Full member (75%) reduced dues: who qualifies**

**Limited hours program members**
- A labor program member represented for purposes of collective bargaining by the MNA
- Those who were paid for no more than an average of 19 hours per week (988 hours annually) in the prior calendar year
- Subject to verification
- Must submit application annually by April 1
- Reduced dues rate is effective the following fiscal year (July 1 through June 30)

**Health care professionals**
- Regardless of the hours worked
- No application required

*Can only qualify for one category at a time

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**Application for Minimum Hours Reduced Dues Category**

Please print clearly and submit to the Membership Division of MNA by April 1.

Name_______________________________ Email_______________________________

Address ____________________________ City ____________________________ State ___ Zip ________

Telephone: Daytime ________________ Evening ________________

This is to certify the I ____________________________, RN

was paid for a total of ________ hours in the year January 1, ______ through December 31, _______

at the following MNA facility(s) of employment for the year of application:

Please list each MNA facility

I certify under penalty of perjury that the information herein is true and complete to the best of my knowledge.

Signed, ____________________________ Date:________________________

* MNA reserves the right to verify this information to determine eligibility

Massachusetts Nurses Association • 340 Turnpike Street • Canton, MA 02021
Managing Cardiac and Respiratory Emergencies

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

**Speaker:** Carol Mallia, MSN, RN

**Date:** Jan. 22

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

**Place:** MNA Headquarters, Canton

**Fee:** MNA Members, Free*; Others, $95

*Requires $25 deposit which will be returned upon attendance.

**Contact Hours:** Will be provided

**MNA Contact:** Theresa Yannetty, 781-830-5727 or 800-882-2056, x717

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Diabetes 2008: What Nurses Need to Know

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

**Speaker:** Ann Miller, MS, RN, CS, CDE

**Date:** Feb. 28

**Snow Date:** March 6

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

**Place:** MNA Headquarters, Canton

**Fee:** MNA Members, Free*; Others, $195

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

**Contact Hours:** 6.0

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

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Oncology for Nurses

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

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

**Date:** March 5

**Snow Date:** March 12

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

**Place:** MNA Headquarters, Canton

**Fee:** MNA Members, Free*; Others, $195

*Requires a $50.00 deposit which will be returned upon attendance.

**Contact Hours:** 6.0

**MNA Contact:** Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x794

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Basic Dysrhythmia Interpretation

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

**Speakers:** Mary Sue Howlett, BSN, RN, CEN, Carol Mallia, MSN, RN

**Dates:** March 11 – Part One
               March 18 – Part Two

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

**Place:** MNA Headquarters, Canton

**Fee:** MNA Members, Free*; Others, $195

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

**Contact Hours:** 6.7

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

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Critical and Emerging Infectious Diseases

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

**Speakers:** Alfred DeMaria, MD; Maureen Spencer, RN, MEd, CIC; Thomas P. Fuller, ScD, CIH, MSPH, MBA

**Date:** March 21

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

**Place:** MNA Headquarters, Canton

**Fee:** MNA Members, Free*; Others, $195

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

**Contact Hours:** 6.0

**MNA Contact:** Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x794

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Prevention and Management of Disruptive Behavior

**Description:** This broad-based program of violence prevention for nurses and other health care providers is based on the Department of Veterans Affairs’ newly revised national training program. The four levels of stress and assessment, interpersonal and preventive intervention skills specific to each level will be addressed. Participants will learn how to effectively respond to disruptive behavior and deescalate potentially violent behavior, with the goal of achieving a positive and safe outcome for patients, staff, and others involved.

**Speaker:** Carol Dacey, BSN, RN

**Date:** March 27

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

**Place:** MNA Headquarters, Canton

**Fee:** MNA Members, Free*; Others, $195

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

**Contact Hours:** Will be provided.

**MNA Contact:** Theresa Yannetty, 781-830-5727 or 800-882-2056, x727
### ACLS Certification and Recertification

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

**Speakers:** Carol Mallia, MSN, RN; Mary Sue Howlett, BSN, RN, CEN and other instructors for the clinical sessions

**Dates:** April 1 and April 8 (Certification)
April 8 (Recertification only)

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

**Place:** MNA Headquarters, Canton

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

*Requires $75 deposit which will be returned upon attendance.

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

### Interpreting Laboratory Values

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

**Speaker:** Mary Sue Howlett, BSN, RN, CEN

**Date:** June 10

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

**Place:** MNA Headquarters, Canton

**Fee:** MNA Members, Free*; Others, $95

*Requires $25 deposit which will be returned upon attendance.

**Contact Hours:** Will be provided.

**MNA Contact:** Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x794

### Wound Care

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

**Speaker:** Carol Mallia, MSN, RN

**Date:** June 24

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

**Place:** MNA Headquarters, Canton

**Fee:** MNA Members, Free*; Others, $95

*Requires $25 deposit which will be returned upon attendance.

**Contact Hours:** Will be provided.

**MNA Contact:** Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x794

### Continuing Ed Course Information

<table>
<thead>
<tr>
<th>Registration</th>
<th>Registration will be processed on a space available basis. Enrollment is limited for all courses.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment</td>
<td>Payment may be made with MasterCard, Visa or Amex by calling the MNA contact person for the program or by mailing a check to MNA, 340 Turnpike St., Canton, MA 02021.</td>
</tr>
<tr>
<td>Refunds</td>
<td>Refunds are issued up to two weeks before the program date minus a 25% processing fee. No refunds are made less than 14 days before the program’s first session or for subsequent sessions of a multi-day program.</td>
</tr>
<tr>
<td>Program Cancellation</td>
<td>MNA reserves the right to change speakers or cancel programs due to extenuating circumstances. In case of inclement weather, please call the MNA at 781-821-4625 or 800-882-2056 to determine whether a program will run as originally scheduled. Registration fees will be reimbursed for all cancelled programs.</td>
</tr>
<tr>
<td>Contact Hours</td>
<td>Continuing nursing education contact hours for all programs except &quot;Advanced Cardiac Life Support&quot; are provided by the Massachusetts Nurses Association. Contact hours for &quot;Advanced Cardiac Life Support&quot; are provided by the Rhode Island State Nurses Association. To successfully complete a program and receive contact hours or a certificate of attendance, you must: (1) Sign in; (2) Be present for the entire time period of the session; and (3) Complete and submit the evaluation. The Massachusetts Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. The Rhode Island State Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.</td>
</tr>
<tr>
<td>Chemical Sensitivity</td>
<td>Scents may trigger responses in those with chemical sensitivities. Participants are requested to avoid wearing scented personal products and refrain from smoking when attending MNA continuing education programs.</td>
</tr>
</tbody>
</table>

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

**PROFESSIONAL LIABILITY INSURANCE**
Nurses Service Organization ........................................ 800-247-1500

**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 free mortgage pre-approvals.

**LIFE & ESTATE PLANNING**
Law Office of Dagmar M. Pollex .................................. 781-535-6490
10-20% discount on personalized life & estate planning.

**BLUE CROSS BLUE SHIELD**
For details on health insurance plans, call 800-422-3545, ext. 65414

**Products & Services**

**AUTO/HOMEOWNERS INSURANCE**
Colonial Insurance Services, Inc .................................. 800-571-7773

**CELLULAR TELEPHONE SERVICE**
AT&T Wireless ......................................................... 800-882-2056, ext. 726
MNA members can go to any AT&T Wireless company store for all transactions. 8% discounts on rate plans, 20% on accessories.
T-Mobile ................................................................. 866-464-8662
Get a free phone, free nationwide long distance and roaming and free nights and weekends (on specific plans). No activation fee for members.
Sprint Nextel Communications ............................... 617-839-6684
Save up to 30% on equipment, up to 23% on rate plans and up to 10% on accessories. www.nextel.com/massnurses.

**DISCOUNT DENTAL & EYEWEAR PROGRAM**
Creative Solutions Group ........................................ 800-308-0374
Best benefits—a health care savings plan that cuts the cost of health care expenses. Discounts on dental, eyecare and chiropractic expenses.

**JIFFY LUBE DISCOUNT**
Obtain an MNA discount card to receive 15% discount on automobile products & services.

**CONSUMER REFERRAL SERVICE**
Mass Buying Power ................................................. 866-271-2196
Before you make your next purchase visit www.massbuy.com for any new products and services. (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. Register at mndiscountproducts.com (Company code: MNA2006).

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

**WRENTHAM VILLAGE PREMIUM OUTLETS**
Present your MNA membership card at the information desk to receive a VIP coupon book offering hundreds of dollars in savings.

**SIGHT CARE VISION SAVINGS PLAN**
Obtain your Sight Care ID card to receive discounts on eye exams, eyeglasses & contact lenses at Cambridge Eye Doctors or Vision World.

**HEALTH CARE APPAREL**
Work 'n Gear Discount ............................................. 800-WORKNGEAR
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**

**Travel & Leisure**

**CAR RENTAL**
Avis Car Rental ....................................................... 1-800-331-1212
Discounts can be used for both personal and business travel. Avis Worldwide Discount (AWD) number Q282414.

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

**EXCLUSIVE TRAVEL DEALS**
TNT Travel ............................................................... 800-282-0276
Get exclusive access to travel specials at prices not available to the public. Visit mmaracations.com.

**DISCOUNT MOVIE PASSES**
Showcase Cinemas/National Amusements, $7. AMC Theatres, $6.
Regal Cinemas (not valid first 12 days of new release), $6.

**DISNEY DISCOUNT**
Discounted tickets to Walt Disney World and Disneyland along with other Florida attractions. Call 800-331-6483.

**ANHEUSER-BUSCH ADVENTURE PARKS DISCOUNT**
Obtain Adventure Card to receive discounts 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**
Discounts for movies, theme parks, ski tickets, Broadway shows. www.workingadvantage.com (Member ID available from MNA, 781-830-5726).

**BOSTON CELTICS**
For information on MNA Boston Celtics discount nights, email massnurses@celtics.com or call 617-854-8068.

For more information call member discounts at the MNA, 800-882-2056, x726. All discounts are subject to change.
Drug Resistant Infectious Diseases
Program Description: This program will update the nurse's knowledge of current drug-resistant infectious diseases in the hospital and the community, e.g. MRSA, HIV.
Presenter: Maureen Spencer, RN, Med, CIC
Date: January 16, 2008 (Snow date January 23, 2008)
Time: Registration 5:00 p.m. – 5:30 p.m.
Dinner will be served 5:30 p.m. – 6:30 p.m.
Presentation 6:30 p.m. – 9:00 p.m.
Location: Danversport Yacht Club, 161 Elliot Street
Danvers, MA 01923; phone: 978-774-8620

Solving the Puzzle: Differentiating Depression, Dementia and Delirium
Program Description: This program will enable the nurse to positively impact care through an understanding of depression, dementia and delirium, including common etiologies, treatments and intervention strategies for each.
Presenter: Susan S. Brill, APRN, BC
Date: March 5, 2008 (snow date March 12, 2008)
Time: Registration 5:00 p.m. – 5:30 p.m.
Dinner will be served 5:30 p.m. – 6:30 p.m.
Presentation 6:30 p.m. – 9:00 p.m.
Location: Holiday Inn Hotel and Suites 1 Newbury Street, Route 1 North, Peabody, MA 01960
phone: 978-535-4600

A Focus on Pediatrics is an all-day event held in two sessions. Please join us for both.
Location: Angelica’s Restaurant, 49 South Main Street, Route 114, Middleton, MA; phone: 978-750-4900
Date: April 5, 2008
First Aid to 911
Program Description: This program will address the nursing care and management of school-aged children who sustain a variety of traumatic injuries. Assessment, treatment and transfer considerations will be discussed.
Presenter: Melissa Twomey, MS, RN
Time: Registration 9 a.m. – 9:30 a.m.
Presentation 9:30 a.m. – 12:35 p.m.
Lunch will be served 12:35 p.m. – 1:30 p.m.

Getting High in and Around School – Toxicology in the School Aged Child
Program Description: This program will expand the nurses’ knowledge of both over-the-counter and prescription medications commonly used and misused by school-aged children today. Nursing assessment of physical and behavioral responses to toxic substances will be considered as well as resultant legal consequences.
Time: Presentation 1:30 p.m. – 2:45 p.m.
Closing Remarks 2:45 p.m.

Registration: Registration will be processed on a space available basis. There is a placeholder fee of $25 for each evening class for all MNA members, which will be returned when you attend the class. There is a fee of $95 for each evening class for all non-MNA members. For all-day classes the placeholder fee is $50 for MNA members; a full $195 fee for non-members. In each case, if you do not attend the program or call to cancel, the fee will NOT be refunded.

To register for these programs, mail the attached registration form including a check for each date to:
MNA Regional Council IV
10 First Avenue, Suite 20
Peabody, MA 01960
Please include your email address! For more information, contact the MNA Regional Council IV office at 978/977-9200 or region4mna@aol.com.

Contact Hours: Contact hours will be provided for all programs 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 session and 3) complete and submit the evaluation.

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

Program Cancellation: MNA reserves the right to change speakers or cancel programs for extenuating circumstances. In case of inclement weather, please call the MNA Regional Council IV office at 978-977-9200 to determine whether a program will run as originally scheduled. Registration and fees will be reimbursed for all cancelled programs.

Region 4 CE Registration Form

Name ___________________________________________ Email ____________________________
___ RN ___ LPN ___ APN ___ Other (specify) ________________________________

Address ____________________________________________

City ______________________________ State _______ Zip ___________

Telephone: Daytime ___________________________ Evening __________________

Place of Employment _______________________________________

Class(es) attending: ☐ Drug Resistant Infectious Diseases $25 member / $95 non-member
☐ Solving the Puzzle $25 member / $95 non-member
☐ A Focus on Pediatrics $50 member / $195 non-member

Please include a check for the appropriate fee for each course, made payable to MNA Region 4, and mail to:
MNA Regional Council IV; 10 First Avenue, Suite 20; Peabody, MA 01960

For more information, call the MNA Regional Council 4 Office at 978-977-9200, email: region4mna@aol.com

These classes are FREE for all MNA members

After you attend the class we’ll refund your placeholder fee.
**Sporting Events Discounts**

**Boston Celtics discounts**
Avoid fees and taxes while getting discounts to games during December. E-mail massnurses@celtics.com or call 617-854-8064.

**Boston Bruins and TD Banknorth Garden events**
For more information on discount tickets call 617-624-1829 or send an e-mail to cspano@dncboston.com. Tickets now available for Ringling Bros. and Barnum & Bailey Circus, Disney’s Finding Nemo on Ice and Disney’s High School Musical the Ice Tour.

**Worcester Sharks at the DCU**
Deeply discounted tickets available to MNA members and friends. Call 508-929-0554 or e-mail kkohutanycz@sharksahl.com.

*These discounts are available only to MNA members. For more information call the MNA, 800-882-2056, x726.*

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**Travel to Europe with MNA in 2008**

**Paris and the French Countryside**
April 16 – 23 • $2,099
This trip is back by popular demand. A wonderful 7-night tour of France that takes in all the highlights of Paris, Normandy, Brittany, wine country and chateau country.

**Sorrento Italy**
April 23 – May 1 • $2,059
Join us on a tour of one of southern Italy’s premier vacation resorts. This all-inclusive 9-day/7-night trip will feature Sorrento, Naples, Pompeii, the Isle of Capri and the Amalfi Drive. During this tour we will visit Positano, the Cathedral of St Andrew, Museum of Correale, orange, lemon and olive groves, vineyards and the Castel dell’Ovo in Naples. This all-inclusive trip package is a great value.

**British Panorama**
October 17 – 25 • $1,859

**Grand Tour of Sicily**
October 30 – November 7 • $1,769
Tour the highlights of Sicily on this 7-night grand tour. The featured tours will include Palermo, Segesta, Marsala, Sciacca, Agrigento, Valley of the Temples, Piazza Armerina, Taormina, Catania, Mount Etna and Siracusa.

*Prices include air, transfers, hotel, all tours and most meals. A fabulous value! Space fills fast, reserve early.*

*Prices listed are per person, double occupancy based on check purchase. Applicable departure taxes, fuel tax and travel insurance are not included in the listed prices. Credit card purchase price is $30 higher than listed price. For more information on these great vacations and to be placed in a database to receive yearly flyers, contact Carol Mallia at cmallia@mnarn.org with your mailing address.
Discount Mortgage Program

Purchasing or Refinancing a Home? 1-877-662-6623

Take advantage of low mortgage rates and discounts on points and closing costs provided by the MNA Discount Mortgage Program.

Program Discounts:
- $275 Discount Off Closing Costs
- 1/8% Discount Off Points Incurred
- 10% Discount On Owner’s Title Insurance
- 10% Discount On Homestead Act
- Free Pre-approvals and Credit Analysis
- Free Review of Purchase & Sales Agreement
- Program Available to Direct Family Members

About the MNA Discount Mortgage Program
The Massachusetts Nurses Association has partnered with Reliant Mortgage Company to create a discounted home loan program for MNA members and their direct families. As the only MNA-endorsed mortgage lender, we provide low rates, group discounts, straight-forward advice, and quick results for MNA members and their families.

Programs are available for single-family homes, condos, multi family, second homes, and investment properties.

Before you purchase or refinance a home, please call for a free consultation.

Low Rates • Discounts • Quick Approvals

Call the MNA Mortgage Line for 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.
Transitions
for Senior Nursing Students

Welcome to the Real World

FREE programs to senior nursing students and nursing faculty.

These unique programs provide senior nursing students the opportunity to hear first-hand from recent graduate nurses what it is like to transition from the school environment to the world of professional nursing. Back by popular demand, we are pleased to announce that we will also have Don Anderson CMS, RN, MSN, Ed D, who is a leading NCLEX preparation expert and owner of Test Preparations Specialist as one of our key panelist.

Topics will include:
- Suggestions for NCLEX Preparation
- How to best manage a job search in today’s nursing environment
- Interview strategies to ensure a new graduate orientation and preceptorship for successful transition to the RN role

Representatives from area hospitals and other healthcare facilities will be available before the formal program to discuss employment opportunities. All attendees are encouraged to bring copies of their resumes. A light supper will be served.

Locations & Dates:
March 26, 2008 • 5:30 - 9:00 PM  Crowne Plaza Hotel, Worcester, MA
April 3, 2008 • 5:30 - 9:00 PM  Springfield Marriott, Springfield, MA
April 9, 2008 • 5:30 - 9:00 PM  Lombardo’s Function Facility, Randolph, MA

These programs are FREE to senior nursing students and nursing faculty. Space will fill quickly! You must pre-register for the program by contacting Theresa Yannetty at the MNA at 800-882-2056 x727 or emailing her at tyannetty@mnarn.org.