Success! MNA helps defeat Question 1
Massachusetts’ brand of healthcare reform is no model for national single payer

By Sandy Eaton, RN

Massachusetts has the most expensive health care in the world, with an ongoing crisis of access, affordability and quality. Yet there are many people right now who are trying to make it the national model to achieve universal health care. At the same time, the campaign to achieve Medicare for All, rooted in sections of the labor movement, continues to grow. This year’s presidential election raises the stakes for all of us.

Chapter 58 of the Acts of 2006, hailed as a bipartisan victory of shared responsibility by government, business and the individual, was signed into law in Boston’s historic Faneuil Hall on April 12 of that year to loud applause. While Chapter 58 has indeed made some positive progress, its status as an example of real reform in health care is in grave jeopardy.

Access has expanded significantly for some, with an increase in Medicaid enrollment for some of the poorest in the community. This is the area where Chapter 58 has clearly been the most successful. However, serious gaps remain. Of particular concern is access for undocumented workers and their families, who have depended on the free-care pool through community health centers and safety-net hospitals. With the requirement that everyone get coverage, some worry that eventually there will be pressure to deny free care to those who would be deemed eligible for low-income subsidized programs if their papers were in order. Furthermore, about 60,000 people have been granted waivers because they are unable to afford even publicly subsidized plans. While these people won’t be penalized for their lack of insurance, the fundamental problem remains—they lack access to insurance due to high costs. Furthermore, there is no doubt that Chapter 58 requires an incredibly complex bureaucracy, which makes individuals extremely vulnerable to falling through the cracks.

On the question of affordability and quality improvement, the situation is even more troubling. The premise of Chapter 58 was that more money would be pumped into the system and, in exchange, real progress would be made on quality improvement and cost control. The Massachusetts Health Care Quality and Cost Council, the agency charged with implementing changes to improve quality and control cost, has made little progress thus far on either measure. And in late October the situation got even worse. The governor was forced by the financial crisis facing the state to almost completely cut the agency’s budget. Virtually the entire staff was laid off, leaving any progress on quality or cost control extraordinarily unlikely.

That means that fully half of the promise of Chapter 58 is, for the foreseeable future, dead in the water. As a result, health care will continue to bankrupt individuals and strain the budgets of most employers, forcing more and more costs onto the workers lucky enough to have decent health insurance in the first place.

If Massachusetts provides a model, it’s becoming an increasingly troubled one.

A single payer system remains a superior alternative. The most promising campaign afoot right now is that associated with “Healthcare Now!” and Rep. John Conyers in support of H.R.676, the bill to strengthen and improve Medicare and extend it to everyone. At last count, H.R.676, with 90 co-sponsors in Congress, has been endorsed by 438 union organizations in 48 states.

H.R.676, the “new expanded Medicare” bill now in sub-committee in the House of Representatives creates a new and far more functional “single payer” method of paying for medical services while leaving the medical system itself completely alone and intact.

In July came the announcement that Sen. Ted Kennedy would be leading a bipartisan initiative to achieve “universal health care” quickly, in the first days of a new administration. And then came “Health Care for America Now!” a new 80-member coalition that includes the AFL-CIO, SEIU and AFSCME. These may be promising developments, but it is important to remember that universal health care is impossible so long as the albatross of commercial health insurance weighs us down.

During the Great Depression FDR was elected with a mandate for change, but the specifics were quite vague and the direction of the new administration was nebulous. Like today, an upsurge of grassroots action was needed to set a progressive agenda. This may well prove to be just as fluid a moment in history, with the continued surge in support for HR676 that will set the healthcare agenda for the next administration.

MNA president’s convention address

The following are highlights from MNA President Beth Piknick’s address to the membership at this year’s annual convention in Burlington.

As I stand before today, I do so with great pride, yet also with a sense of urgency, as I realize how much we have accomplished in the last year, yet also knowing how much farther we need to go as an organization in our struggle to stand up for the greatest profession in the world.

This speech is my opportunity to reflect on our accomplishments and to project our challenges for the coming year. For me this will be the final year of my presidency, and there is so much I still want to see completed before I step down.

Looking back on the past year, we can take pride in the fact that our bargaining units have continued to grow in strength and power, achieving impressive settlements, not only for what they achieved for our nurses, but in many cases for what they have prevented—increased floating, mandatory cancellation policies and contract takeaways.

Our nursing division continues to provide thousands of hours of cutting edge education to our members, consultation on clinical issues and support at labor-management meetings to assist our bargaining units in addressing any number of clinical problems. The same goes for our staff in our health and safety division, which has helped craft key contract language and educate members about their rights and responsibilities in making their workplace safer for themselves and their patients.

And of course, our legislative division has played a major role in raising the MNA’s presence as a powerful force in the commonwealth’s health care sector. While we were all deeply disappointed by the outcome of our campaign to pass the safe staffing bill, there is no doubt that we have made this issue one of the state’s most recognizable topics in health care.

Yes, we are all disappointed by the final outcome and the last minute maneuvering to prevent final victory, but you need to know that the powers that be in the industry and on Beacon Hill were well aware that they were dealing with a real force to be reckoned with in the MNA.

In surveying the MNA landscape over the last three years of my presidency, I take great pride in knowing that we have indeed achieved much of what we set out to do with our five-year plan, with the principle goal being to make the MNA the voice of health care in Massachusetts.

Since the defeat of our bill, we have seen our opposition become emboldened in their efforts to attack our members. We are seeing more grievances and arbitrations over blatant and despicable efforts to discipline and terminate union members and particularly union leaders.

On top of this, the Federal government and numerous insurers have begun to refuse to reimburse hospitals for care that arises from complications and infections due to poor care. Rather than fix the systems that cause these errors—such as providing staffing levels that science shows will prevent them from occurring—we have seen our employers begin to target individual nurses as their way of dealing with the issue.

So what do we do? Last year, I spoke to you about the need for unity as an organization. For our bargaining units to utilize all the resources available to them at the MNA and to stand up and fight for what we know is right. In the coming year, we will need to step up those efforts.

More than ever, we need to stand together—as bargaining units, as regions, as an entire organization—to combat the punitive forces aligned against us. We must step up our efforts to educate, motivate and mobilize our rank-and-file membership to unite in the fight for the integrity of our profession.

This is the challenge the Board has embraced over the last several years, in building an infrastructure of staff and resources to provide our members with the tools they need to be a force for change in their hospitals and in their communities. I urge you all to do whatever you can to utilize those resources and those tools, to empower yourselves and your colleagues to use the power we have gained for the tough fights that lie in our path.

In closing, I want to thank my great colleagues on the Board of Directors for all that they’ve done for this organization. I also want to thank the MNA staff for their tremendous work and unsurpassed talent in serving our interests. And, of course, I want to thank each and every member for their commitment to providing the quality care they do to patients under what are often deplorable working conditions.

This is your organization, this is your fight. Standing together, working together, we will win the fights we need to win. I thank you all for the opportunity to serve as your president.
MNA enjoys electoral success

By Andi Mullin
Director, Division of Governmental Affairs

This year’s election season was a highly successful one for the MNA. The organization prioritized 12 races for the Legislature in the September primary, and 10 in the November general election. Overall, the MNA won 75 percent of the prioritized races in the primary, and 70 percent in the general. In addition, the MNA ran the table on its other key priorities:

- The MNA contributed mightily to the campaign to defeat Question 1, a reckless proposal that would have eliminated the Massachusetts state income tax, and MNA Vice President Donna Kelly-Williams was featured in a key, closing television ad against the ballot measure. Ultimately, Question 1 lost by 40 points.
- The organization campaigned for presidential candidate Barack Obama in New Hampshire, where he won by nine points. (The MNA has more than 500 members in New Hampshire.)
- We campaigned for U.S. Senate candidate Jeanne Shaheen in New Hampshire, who defeated the anti-union incumbent by seven points.

The 2008 election was a huge success for the MNA by any measure. The key was getting members involved in these races. It was the MNA members, working on the ground to elect candidates, that really made the difference between winning and losing. Here are a few examples:

Sen.-Elect Jen Flanagan (D-Leominster)

Rep. Jen Flanagan became Sen.-elect Flanagan on Sept. 16 and the MNA could not have been happier. Flanagan is a proven MNA champion, and as a state representative and member of the legislature’s Joint Committee on Public Health, she was instrumental in helping the safe RN staffing bill pass overwhelmingly in the House of Representatives—twice. She is also a passionate advocate for school nurses and has worked hard to require that schools with over 500 students have a nurse in the building.

MNA member volunteers turned out in big numbers to call other members in Flanagan’s district to let them know of our endorsement and to encourage them to vote with this endorsement in mind. Members also volunteered at Flanagan’s campaign headquarters in Fitchburg and proudly displayed her lawn signs in front of their homes. The MNA looks forward to working with Flanagan in the Massachusetts Senate.

Rep.-Elect Jim Dwyer (D-Woburn)

This fall, the PAC made a bold decision to endorse Jim Dwyer for state representative against incumbent Patrick Natale in the 30th Middlesex House seat. Natale was once a supporter of the MNA, and voted for our safe staffing bill in 2006. Then this May—with no warning or explanation—Natale voted against safe staffing. Our members were outraged. Jim Dwyer came to the PAC seeking an endorsement in his race against Natale, and pledged to support and work with the MNA on safe staffing and the rest of our legislative agenda. The PAC decided to take a proactive stance and endorse Dwyer.

The MNA executed a comprehensive member-contact program in the Dwyer race, a program that included numerous mailings and phone calls to each individual member in the district. In addition, we did a mail piece to the general voting population in the district letting voters know about our endorsement of Dwyer, and also about Natale’s “flip-flop.” The MNA was the only union to stand with Jim Dwyer on Sept. 16—the day on which he defeated Natale by more than 1,000 votes. The MNA is very excited to work with this newly elected representative.

Sen.-Elect Ken Donnelly (D-Arlington)

In the 4th Middlesex District, which includes Arlington, Billerica, Burlington and parts of Lexington and Woburn, the MNA helped to elect Ken Donnelly to the Senate. Donnelly is an Arlington resident who served the town of Lexington for 37 years as a firefighter. He was also a dedicated union activist throughout his career as a firefighter, eventually serving as the chief financial officer for the statewide firefighters’ union. He has dedicated his life to public service and has a keen understanding of how critical it is that working people have a strong voice on Beacon Hill.
He is very supportive of the work of the MNA and will be a strong advocate for nurses and patients, and particularly for our public sector members. Nurses were excited to support his candidacy and they made phone calls to fellow nurses as well as to the general voting public, held signs for Donnelly and attended fundraisers that were held on his behalf. The MNA looks forward to working with Donnelly on Beacon Hill.

Rep. Carl Sciortino (D-Medford)

Rep. Carl Sciortino represents parts of Somerville and Medford and has been one of the strongest advocates for patient safety on Beacon Hill since being elected in 2004. As a member of the Joint Committee on Public Health, he has been instrumental in moving the safe staffing bill successfully through that committee.

Sciortino had one of the toughest re-election campaigns of any incumbent in the House of Representatives. Nurses went door-to-door on his behalf and then held signs and talked to voters on Election Day—all of which were critical to his victory. The MNA is excited to be able to continue its work with this responsive and supportive elected official.

Rep.-Elect Michael Brady (D-Brockton)

Mike Brady is a life-long Brockton resident who has served on the Brockton School Committee, Brockton City Council, Neighborhood Crime Watch, and other city business and service committees. The primary race for this vacant House seat included three Democratic candidates, all of which sought our endorsement. Many MNA members called or wrote to the MNA’s PAC asking it to endorse Mike Brady.

It was from members living in Brockton, for example, that the PAC learned that Brady had walked the picket line with the Brockton nurses during their 103 day strike in 2001, and that as a city councilor he had worked to put pressure on hospital management for a fair settlement. After Brady received the MNA’s endorsement, members attended fundraisers, held signs and made phone calls on his behalf.

If you ever thought your vote doesn’t matter, ask Mike Brady. He won his primary election by just 14 votes. MNA nurses played a big part in that victory and we know that Brady will never forget the MNA nurses. We are excited to work with him in the House.

Rep.-Elect Jason Lewis (D-Winchester)

In the 31st Middlesex district, which includes Winchester and Stoneham, the Mass. Nurses PAC endorsed Jason Lewis for state representative. This seat was being vacated by a strong opponent of the MNA’s safe staffing bill. Committed to public service, Lewis has worked hard in the community over the years, including serving on the Winchester Finance Committee. For the MNA, this election was extremely important because it provided a chance to replace a retiring opponent with a strong supporter. As a result the PAC endorsed Lewis with great enthusiasm.

MNA members assisted Lewis by canvassing door-to-door in the community, holding signs at campaign debates, phoning other voters in the district, and talking to friends and family about Lewis’ candidacy—all of which led to his victory. The MNA is looking forward to working with Lewis in the new legislative session.

As these examples demonstrate, the MNA’s electoral success is dependent on the participation of its members. To get involved in the next election, contact Riley Ohlson, political organizer, at rohlson@mnarn.org.

MNA helps defeat Question 1 by 40 points

The MNA is proud of the key role we played in the Coalition for our Communities, which decisively defeated Question 1 at the polls on Nov. 4. Question 1 was a reckless proposal that would have eliminated the state income tax and cut the state budget by 40 percent. Passage of Question 1 would have been devastating to every area of health care services, while simultaneously driving up property taxes and devastating our local communities.

The MNA Board of Directors voted early and unanimously to oppose Question 1, and we participated on the small management group that ran the campaign. In addition, MNA Vice President Donna Kelly-Williams, RN was featured in the critically important closing advertisement of the campaign (go to our website at massnurses.org to see the full ad). MNA members Marie Ritacco, RN and Marlena Pelligrino, RN starred in statewide mail pieces, and MNA members from across the state campaigned against the question. Congratulations to all on this great victory.

Stephen Mikelis, chair of MNA bargaining unit at Mercy Hospital, talks with Rep. John Scibak at an open forum with Sen. John Kerry on Oct. 9 at the Sierra Grille in Northhampton.

MNA-endorsed Sen.-Elect Ken Donnelly (D-Arlington) speaks to members of the Mass Nurses Political Action Committee about the importance of getting involved in elections.

MNA hires new Region 4 community organizer

The MNA’s Division Of Legislation And Governmental Affairs is excited to announce the hiring of Nicholas Jolly as associate director/Region 4 community organizer. Jolly replaces Charlene Richardson, who recently joined the MNA’s division of nursing as an educator. “We are very excited to be bringing Nick’s experience to the MNA,” said Andi Mullin, director of the legislative division. “We think he is extremely well-positioned to build on the great work that Charlene did in Region 4.”

Jolly comes to the MNA with considerable experience as a volunteer union leader and organizer. While a student at the Massachusetts College of Art, he took a part time job as a security guard at Boston’s Museum of Fine Arts (MFA). The security guards at the MFA were in a union, but it was very inactive and passive. Within six months, he was elected head steward of the Museum Independent Security Union and, after that, was elected president.

While president, Jolly waged a high profile and very successful battle with the museum’s management over wages and health insurance for part-time members. Just as impressively, he was able to revitalize the entire union. He began aggressively enforcing the contract and filing grievances for management violations that had previously been ignored. He used innovative strategies that resulted in the repeal of 70 percent of all disciplinary actions pursued by management.

Jolly also recruited members to fill long-standing leadership positions in the union, and even created new positions to get more members involved. He used the press, contacts with other unions and elected officials to pressure the museum management on bargaining issues. By the time Jolly left his job at the museum, he had created a vital and aggressive union that stood up for its members and won important wage and benefit concessions.

“I am very excited about coming to work at the MNA,” Jolly said. “I am particularly impressed with the MNA’s focus on empowering members to work with elected officials, other unions, and the community to achieve goals. I am looking forward to making a significant contribution to that effort.”

Jolly will be based out of the Region 4 office in Peabody. He can be reached by e-mail, njolly@mnarn.org or by phone, 978-977-9205.
By Deb Rigiero

MNA Division of Organizing

In today’s health care facilities, mergers, affiliations and new technological advancements happen faster than Paris Hilton changes outfits. Because of this, we as labor activists have to be vigilant in monitoring and protecting staff positions within our facilities that are—and should be identified as—union positions.

The following are signs you should be looking for if and when you are questioning whether or not a posted position should actually be included in your bargaining unit.

• Is the position clearly included in the recognition clause of your contract?
• Is the position new to the facility since the last contract was negotiated?
• Has there been a substantial change in the position since the last contract was negotiated?
• Is there an RN presently in a position that does not require an RN?
• Has a satellite facility opened up and are RNs or HCPs working there who are not covered under the present contract?
• Has your facility merged with a non-union facility?

It is important to make sure that any position that should be a union position is a union position. Often, there is an eroding of membership in our bargaining units because management chips away at it by:

• Changing positions to non-union positions
• Using technology to replace RNs and HCPs
• Moving positions to non-union facilities
• Opening satellite facilities and claiming that the positions are non-union
• Moving union employees to those facilities

In many of these cases the employees should be included in our bargaining units, but they slip through the cracks. This erosion weakens the foundation of the bargaining unit and each of its members.

So we ask that you look for the signs and, if you see anything that raises a red flag, please notify the MNA associate director of labor who is responsible for working with your bargaining unit. In addition, you can also reach the MNA’s director of organizing, Eileen Norton, at 781-830-5777 or via e-mail at enorton@mnarn.org.

Charlene Richardson recognized for her ‘exceptional organizing’

The North Shore Labor Council recently awarded Charlene Richardson, an RN and MNA staffer its “Exceptional Organizing Award” for her work on behalf of the MNA’s Patient Safety Act.

Richardson is the former Region 4 community organizer for the MNA’s legislative division. She is presently working as an educator in the organization’s division of nursing.

As explained during the ceremony by Jeff Crosby, president of NSLC, “Charlene poured her heart and soul into our Labor council and into trying to get this bill passed. She worked tirelessly with us and other community groups on the North Shore to make sure that we were filling out cards to our legislators, calling them and participating in direct lobbying efforts.”

Richardson was also responsible for making sure that key members of the North Shore community made it into the State House when the bill was up for a hearing. In addition, she was instrumental in lobbying both the House and Senate to get the bill out of various committees and onto the floor for a direct vote.

“The MNA ran a textbook campaign in order to get this bill passed,” added Crosby “and the organization could not have had a better person carrying out the field campaign on the North Shore than Charlene … we are grateful to have had her as a participant in our labor council and its women’s committee.”

Richardson received her award alongside state Sen. Thomas McGee (D-Lynn), who was recognized as “outstanding elected official.” Also on hand to help her celebrate was Rep. Mary Grant (D-Beverly).
Contractual holidays and Election Day

By Joe Twarog
MNA Associate Director/Division of Labor Action

Now that another election day has passed and 129.8 million Americans exercised their democratic right to vote in an historic election, it might be useful to ponder ways that we, as union members, can contribute to that process.

Contractual holidays

Most MNA contracts include a list of paid holidays that have been negotiated into the agreement. These most commonly include:
- New Years Day
- Martin Luther King Day
- Presidents Day
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Veterans Day
- Thanksgiving
- Christmas

Public sector contracts may include other holidays, such as:
- Patriots Day
- Evacuation Day (Suffolk County)
- Bunker Hill Day (Suffolk County)

Unique state holidays

Massachusetts is not unique in commemorating either a local or regional event or figure with a state-specific holiday. A sampling of other states includes: California and Colorado have Cesar Chavez Day; Utah has Pioneer Day; Rhode Island has Victory Day; Illinois has Pulaski Day; Alabama has Mardi Gras; Alaska has Seward’s Day; Nevada has Nevada Day and Family Day (the Friday after Thanksgiving); Vermont has Bennington Battle Day; Nebraska has Arbor Day; Texas has San Jacinto Day and Maine also has Patriots Day. In addition, many of these states have multiple state holidays. All of these serve the valuable purpose of keeping their local history commemorated and alive.

Unions continue to negotiate new commemorative days as holidays into their contracts. The Peabody Patrolmen’s Benevolent Association, recently negotiated with the city of Peabody to have Sept. 11 recognized as a paid holiday as a way to honor those who lost their lives on that date. Of course, as expected and on cue, the usual suspects—the Boston Herald and the Massachusetts Taxpayers Foundation—squawked that this is somehow inappropriate, to honor the dead of New York Police when Peabody didn’t lose any. They may have forgotten that it was President George W. Bush who first proposed recognizing 9/11 as a holiday.

Election Day as a holiday

Numerous states recognize Election Day as a state holiday, including Kentucky, Delaware, Michigan, New Jersey, New York and Rhode Island. The United Auto Workers has also negotiated the federal Election Day into their contracts as a paid holiday every four years.

Therefore, it might be useful to consider Election Day—central to the exercise of our democracy—as a contractual holiday. Such a holiday can only positively add to a vibrant participatory democracy. Working people could use the time to exercise their civic duty to vote. A nurse or health care professional who works a 12 hour shift may not even be able to vote at all—since the polls might only be open when they are working, unless they had the foresight to request an absentee ballot well in advance of the election date.

Democracy and voting

In the 2004 presidential election, 122 million Americans cast a ballot. This represented 64 percent of registered voters in the country, but only about 50 percent of the voting age population. That trend of about 50 percent of eligible voters casting a ballot has unfortunately been fairly consistent for decades. In 1960, a high percentage of participation was hit with 64 percent of eligible voters casting a ballot; this year, it was 62.8 percent.

On the TV show American Idol, each week millions of people take the time and effort (and cost) to vote for their favorite performer. For the entire 2005 season, some 500 millions votes were cast! Granted many of these may reflect multiple votes per person, but the key is that voting has been made easy and accessible. In the 2004 presidential election only 20 million voters age 18-29 exercised their right to vote. Perhaps there are some lessons here that can be translated to our democracy—making voting easier. This is not to suggest that voting by phone is the answer, but a national holiday can go a long way to achieve that goal by providing the time for people to go to the polls.

Negotiating such a holiday into our MNA contracts can begin that process.

Colonial history

Finally, the colonial days of the U.S. provides a useful lesson and some historical perspective on how early Americans viewed Election Day.

“Election day for representatives to the colonial assembly, however, was usually treated as a major celebration. … Even the stern Puritans who settled New England viewed the colony-wide election as a day of great importance, and they celebrated it with as much pomp as their religion allowed. For them, it was the most important colonial annual holiday. Shops and schools were closed, and town inhabitants, dressed in their finery, gathered in the marketplace.” (From Election Day: An American Holiday, An American History, by Kate Kelly)

In addition, there were: parades, sermons, election day cake (a yeast cake with raisins and sweet spices), ox roasting, barbequed beef and pork, large quantities of rum and entertainment. “Even George Washington participated in this kind of ritual” (Kate Kelly) by providing “cider royal” for the voters “both those who voted for and against him.” We have unfortunately drifted very far from those early days by ignoring our roots and our past. It may be time to begin restoring that excitement.

Bargaining Unit Updates

Worcester School Nurses

The members with the Worcester School Nurses held a well-attended, open meeting in September. The goal of the meeting was to vote on proposals for negotiations, which began in November. The members also elected their new bargaining unit officers: Nicole Kazarian and Denise Khialili, co-chairs; Tami Hale, secretary; Ellen Capstick, treasurer; and Jane Liedel, historian.

The Worcester School Nurses also prevailed in an important grievance that involved management’s failure to post a bargaining unit nursing supervisor position.

West Springfield School Nurses

The Westfield School Nurses are beginning negotiations for a successor agreement.

Mercy Medical Center

The technology committee at Mercy Medical Center has been busy meeting almost weekly while the new swipe-time and attendance policies are being implemented. The bargaining unit’s new contract is being distributed. Lastly, several nurses were recently disciplined and their arbitration cases are in process.

Providence Behavioral Health

An open membership meeting was held in September, and two recent terminations have been filed to arbitration. In addition, a grievance involving arbitrary discipline of a member was settled. The technology committee has started to meet in preparation for the new swipe-time and attendance systems.
Hospital nurses not required to sign form declining flu shot

As the flu season approaches, hospitals have stepped up their efforts to vaccinate staff. In so doing, the MNA has received reports from its members that some hospital officials are informing nurses, either in writing or verbally, that the Department of Public Health and/or The Joint Commission requires a signed declination form if you decide not to have the flu vaccine. Some facilities have forms stating you are refusing the vaccine and further requiring you to indicate why you have refused.

We want to make clear that in acute care hospital settings nurses are not required to sign any form regarding your decision to decline the vaccination or to give any rationale either verbally or in writing regarding your decision to decline. At this time, the only exception is at long-term care facilities. While legislation was initiated last year requiring health workers to be vaccinated, the legislation was not passed.

We confirmed with The Joint Commission that signed declination forms for refusal and/or requiring a rationale for refusal are not a condition or standard for hospital accreditation.

The MNA recently sent a letter to DPH Commissioner John Auerbach because of a resurgence of the flu vaccination declination form. The letter was sent in order to ensure that the organization’s position is not misunderstood. While we are very much in favor and encourage MNA members to utilize the available flu vaccine, we also support the right to decline the flu shot without an explanation or written documentation for refusal.

So in short, while MNA encourages members to avail themselves of available flu vaccine, we want to make sure members are fully aware that you are not required to sign any form should you decline nor give any rationale for your decision to decline.

Northeast Health Corp. CEO resigns following “no confidence” vote from RNs

After casting a vote of no confidence in their CEO in October, the registered nurses at Northeast Health Corporation (NHC) were able to sit back and watch as Stephan R. Laverty, the hospital system’s embattled leader, finally resigned.

Laverty’s departure came after a sizable number of MNA-represented nurses at NHC-owned Beverly Hospital and Addison Gilbert Hospital in Gloucester signed a petition that, in effect, held his administration responsible for “a punitive organizational culture that continues to be characterized by oppressive management practices” which were “harmful to staff.”

The nurses’ action follows an earlier “no-confidence” vote taken by the physicians at Beverly Hospital in May, the recent arrest of a former member of Laverty’s senior management team for theft of hospital property, and a “significant finding letter” issued to Beverly Hospital in 2005 by the federal Occupational Safety and Health Administration, asserting that employees at Beverly hospital were being exposed to workplace violence throughout the hospital and noting inadequacies in the hospital’s policy concerning workplace violence. It also came amidst recurring allegations from such groups as Partners of Addison Gilbert Hospital that Laverty and his management team had favored Beverly Hospital at the expense of Addison Gilbert Hospital.

The MNA believed the vote reflected a growing crisis in the relationship between senior management and the frontline nurses at NHC. “It was clear from this vote, and the previous vote of the physicians, that members of the health care team lost confidence in the leadership and in the direction of this organization, and I think that had to be addressed,” said Marie Freeman, a nurse at Beverly Hospital and grievance vice-chair of the nurses’ union.

“Nurses and physicians at Northeast Health Corp., who are professionally and ethically responsible for protecting our patients, must do what we can to ensure that our administrators create conditions that enable us to provide the quality patient care our patients deserve.”

The MNA had received reports from nurses asserting that:

- After doubling its emergency department capacity at Beverly Hospital, NHC did not add sufficient staff to account for the increase in patient volume. NHC has also lost a significant number of experienced emergency department staff, with some RNs citing a toxic work environment as among the reasons for those departures. Today, nearly half of the nurses working in the ED are travel nurses, agency nurses or novice nurses.
- Managers targeted the most highly skilled nurses for unwarranted discipline, including termination, and discouraged nurses from documenting potentially dangerous patient care conditions.
- In addition to taking the vote, the nurses embarked on an effort to mobilize community leaders and the public to pressure the NHC Board of Trustees to address the crisis. The nurses previously appealed to the Board in 2005 for support and no action was taken. The Board failed to act once again following the vote of no confidence by the physicians.

According to co-chair Freeman “We recognize that under Massachusetts law it is the board of trustees that is ultimately accountable for overseeing the management of Northeast. We hope that the public will join us in convincing the board to take appropriate action to restore confidence in what is our community’s health care safety net.”
Health & Safety

Workplace Violence Prevention Task Force wins honor for poster presentation

The MNA’s Workplace Violence Task Force recently received the honor of “Best Poster Presentation Award” for its submission—“Legal Interventions for Addressing Workplace Violence in the Health Sector”—at the International Workplace Violence Conference in Holland.

The conference, which was held in Amsterdam in October, focused on the ever-increasing rate of violence against health care workers across the globe.

In the United States, 48 percent of all nonfatal assaults in the workplace are committed by health care patients. Nurses and other personal care workers suffer violent assaults at a rate 12 times higher than other industries. In a 2004 survey of Massachusetts nurses, 50 percent indicated they had been punched at least once in the last two years, and 25-30 percent were regularly pinched, scratched, spit on or had their hand/wrist twisted.

The specific goals of the conference were to:

• Sensitize stakeholders to the issue of workplace violence
• Promote effective policies and strategies to create safe work environments
• Understand the manifestations and human, professional and economic implications of workplace violence

“Workplace violence in the health sector is progressively gaining attention and recognition as being a global challenge,” added Susan Vickery, an RN, a member of the MNA’s Workplace Violence Task Force, and the person responsible for developing the information for the poster presentation. “This occupational health hazard affects workers across all sectors, but it has become a major concern for many different stakeholders in the health care industry.”

“Our poster presentation focused on the specifics of how to hold perpetrators of workplace violence accountable for their crimes against nurses and other health care workers,” added Rosemary O’Brien RN, chairperson Workplace Violence Task Force, and the poster presenter. “In health care or anywhere, violence is a crime. Holding perpetrators accountable is the only way to create a safer environment for workers and, ultimately, for patients.”

The MNA’s poster presentation emphasized, among other things, how the reporting and documentation of violent acts must be part of an organization’s culture. Specifically:

• Violent acts should be part of the public record no matter where they occur
• Reporting must be consistent to bring attention to the problem
• When reporting, prepare and keep records of everything that happens—from crime scene photos to facility incident reports
• Know ahead of time who to call when an act of violence is committed
• File criminal charges

Also attending the conference and assisting in the development of the poster presentation were Terri Arthur, RN, MNA member, and a member of the MNA’s Congress on Health and Safety, and Evie Bain, RN and coordinator of the MNA’s health and safety program.

More than 20 countries were represented at the conference and a total of 43 posters were presented. “This is a great honor for the MNA and for the task force,” said O’Brien. “As we move forward with our work, we will know that we’re not only helping local health care workers but workers from across the globe as well.”

Intentional violence is a crime

Intentional violence (threats to do harm and/or actual physical assaults) against nurses and other staff members, from patients, visitors, family members or others, is considered criminal behavior. Nurses have a civil right to call the police to intervene at the time of the event or can file criminal charges against the assailant either with the local police or the local municipal court after the fact.

In several cases brought to MNA’s attention, patients repeatedly threatened and acted out physically against nurses. When no action was taken by management after this behavior was reported, nurses called the police and the patients were removed from the facilities.
Workplace violence prevention in healthcare: MNA awareness and education

By Evie Bain

The MNA was taking a stand against workplace violence in healthcare settings long before the turn of the 21st century. MNA members reported being assaulted at work and their attempts to open a dialogue with their employers to initiate violence prevention activities were largely ignored.

In 1999, the MNA Cabinet on Labor Relations and Board of Directors created a task force to draw attention to workplace violence and workplace violence prevention. A very dedicated group of nurses came together to begin the dialogue, support activism and further the concept that violence at work in health care settings is unacceptable. The nurses were survivors, witnesses or simply concerned about violent attacks at work.

The MNA learned that in many of these acts the violence was targeted against specific nurses and others and then carried out by patients/perpetrators who waited until only a few staff members were available or the nurse was alone in the work area before carrying out their well planned crimes. Other assaults resulted from drug and alcohol use, actions considered crimes if they happened elsewhere.

Visitors and family members were involved in many of these reported crimes.

The MNA believes the same standard of accountability for criminal behavior should apply in health care. This information was brought to judges and others who believed that perpetrators of violence in health care were only helpless victims of illness who could not be held accountable.

The slogan became: In Healthcare or Anywhere: Violence is NOT part of the job.

An educational session in 2001 included the Massachusetts Nurse Association (MNA) taking a stand against workplace violence. The MNA, which has a long history of educating nurses on workplace safety, created a task force to address the issue.

The task force, led by MNA President Lisa Mahoney, included nurses from across the state who had been assaulted at work. They developed a booklet, “Workplace Violence: Prevention, Intervention and Intervention Through Federal Legislation and Policy.”

The booklet includes information on how to recognize and respond to bullying at work, how to develop a workplace violence policy, and how to train employees to recognize signs of violence.

The MNA also created a website, www.mna.org, that provides resources for nurses and employers on how to prevent workplace violence.

New bill addresses critical shortage of school nurses

Legislation has been introduced in Washington, D.C. to help reduce the student-to-school nurse ratio in public secondary schools and elementary schools. Reps. Carolyn McCarthy, D-N.Y., and Lois Capps, D-Calif., introduced the student-to-school nurse ratio improvement bill, H.R. 6201, in June.

If enacted, the first-of-its-kind bill would direct funding to district schools with substandard nurse-to-student ratios to help improve them, providing grants through the Centers for Disease Control and Prevention to eligible states to help reduce the student-to-school nurse ratios. A report to Congress on the effectiveness of the grant program will also be required.

The National Association of School Nurses (NASN), in a letter to members of the House of Representatives, calls on Congress to support the legislation stating, “Students today have increasingly complex needs for nursing care and school nurses help facilitate learning for all students.”

School nurses provide health care and education to students and implement strategies that promote a healthy, safe and nurturing school environment. The school nurse role has advanced over the past few years as a result of an increase in the number of students entering public schools with severe physical or chronic conditions. This increase in responsibilities has become a challenge for school nurses, especially in schools where the ratio of school nurse to students is disproportionately large.

The NASN recommends one school nurse to no more than 750 students. But currently, more than 50 percent of public schools in the U.S. do not have a full-time registered nurse and wide gaps exist from state to state, within school districts, and between urban and rural schools, McCarthy says.

Intervention through federal legislation and funding will be essential to effectively manage and resolve this national issue.

To learn more about the student-to-school nurse ratio improvement bill or to locate your congressman to support and co-sponsor this legislation, visit nasn.org.

Taken from Nursing Notes, September 2008
Elaine Cooney Labor Relations Award
Elaine Cooney was a nurse who believed passionately in both the central importance of the role nurses play in the health care industry and the role collective bargaining plays in protecting and servicing the interest of nurses. When Elaine was hired into a staff position at the MNA, she became one of the first RNs in Massachusetts to negotiate contracts on behalf of RNs. The MNA proudly remembers Elaine Cooney and her dedication to both our members and profession by recognizing members who make a significant contribution to the professional, economic and general welfare of nursing.
- Christine Folsom
- Marie Freeman
- Ann Peters Fulton
- Charlotte Gordon
- Joanne Hart
- Betty Kaloustian
- Susan Mulcahy
- Sandra Murray
- Ruth Pannella
- Ginny Ryan

Doris Gagne Addictions Nursing Award
Established in 2008, this award recognizes a nurse or other healthcare provider who demonstrates outstanding leadership in the field of addictions. This first-time award is given posthumously to Doris Gagne.
- The daughters of Doris Gagne, accepting on her behalf

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

Excellence in Nursing Practice Award
This award recognizes a member who demonstrates an outstanding performance in nursing practice. This award publicly acknowledges the essential contributions that nurses across all practice settings make to the health care of our society.
- Kim Cecchini
- Kathleen Linnell
- Evelyn Pomella
MNA scholarship recipients

The Massachusetts Nurses Foundation has selected the following applicants for scholarships. We are proud to say this year that we have awarded over $80,000 in scholarships. Through your donations, funds from Regional Councils and private scholarship funds, we are able to present the following scholarships for 2008.

Carol Vigean Scholarship: Numen Enders of Worcester.

Kate Maker Scholarship: Sarah Maker of Webster.

Regional Council 5 - Nursing Scholarships for Members’ Children: Michelle Marchand of Haverhill; Kelly Williams of Arlington; Megan Elizabeth O’Connor of Dedham; Jennifer Armando of Canton; Elena Marinelli of Braintree; Jennifer Polleys of East Bridgewater.

Regional Council 5 – Scholarships for Members’ Children in Higher Education: Ann Dorgan of Stoughton; Corin Kennedy-Spielman of Medford; Jacqueline O’Brien of Braintree; Jennifer Oliveira of Stoughton; Julianne Ferraro of Belmont; Julie Murphy of Stoughton; Kelsey Broadmeadow of Rehoboth; Matthew Denneny of North Providence, Rhode Island; Michael Wright of Quincy; Steven Riley of Dedham.

Janet Dunphy Scholarships: Donna Kelly-Williams of Arlington; Joe-Ann Fergus of Mattapan; Lucia Bastianelli of Newton; Sarah Ranahan of Quincy.

Regional Council 4 Member Scholarships: Lana Muscatell of Rowley; Martha Root of Wilmington; Mary Sue Howlett of North Andover; Richard Arrington II of North Reading.

Regional Council 3 Scholarship for Members pursuing a Master’s Degree: Gayle Clark of Whitman; Sandra Leo-Clark of Marstons Mills; Courtney DiPaolo of East Falmouth.

Regional Council 3 Scholarship for Members’ children in Nursing Program: Jessamyn Celoz of Sharon; Kristen Manning of Hanover; Kristen Shea of Medfield; Jessica Zoino of Carver.

Regional Council 2 Member Scholarships: Lauren O’Connell of Charlton; Deborah Henderson of Millis; Heather Hagen of Princeton.

Regional Council 2 Scholarship for Members’ Children Pursuing a Nursing Degree: Denise Stone of Holliston; Ashley Majidi of Worcester; Jessica Grady of Wayland; Kristine Mary Holm of Worcester; Shawn Down of Hudson; Michelle Favulli of Shrewsbury; Melissa Gaffney of Worcester; Emily Hanen of Worcester; Allison Longvall of Paxton; Alicia Smith of Millbury.

Labor Relations Scholarship: Donna Kelly-Williams of Arlington; Gayle Clark of Whitman.

Unit 7 Scholarship: Lana Muscatell of Rowley.

MNA Bargaining Unit Rookie of the Year Award

Established in 2008, this award recognizes a Labor Relations Program member who has been a member of the bargaining unit for five or less years and has made a significant contribution to the professional, economic and general welfare of a strong and unified bargaining unit.

- Donna Stern, RN

MNA Human Needs Service Award

This 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.

- Col. Joseph S. Blansfield
- Carolyn Fahey
- Timothy and Adrienne Mayo
- Judy Richards
- Kim Shanley
- Elizabeth “Betty” Sparks (not pictured)

MNA Region 2 nurses and seniors from Spencer and West Brookfield gathered at the West Brookfield Senior Center to honor and thank Reps. Geraldo Alicea, D-Charlton, and Anne Gobi, D-Spencer, for their hard work on the passage of the safe RN staffing bill through the House of Representatives. The seniors from these communities were extremely active during the safe staffing campaign.

Special Recognition for Legislative Advocacy Award

- Sen. Harriette L. Chandler (D-Worcester)
- Rep. Steven D’Amico (D-Seekonk) – Freshman Legislator
- Rep. Mary Grant (D-Beverly)
- Sen. Michael W. Morrissey (D-Quincy)
- Rep. Martin J. Walsh (D-Boston)
### Track 1: MNA Overview and Structure

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### Track 2: Role of the Floor Rep., Grievances and Arbitration

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<td>Grievances vs. complaints—how to tell the difference, how to work with the member</td>
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<td>Discipline vs. contract interpretation grievances</td>
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<td>Burden of proof, just cause, due process, seven tests of just cause</td>
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<td>3/10/09</td>
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<td>How to write a grievance</td>
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<td>Investigation/identifying sources of information</td>
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<td>Constructing the case</td>
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<td>Dealing with management</td>
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<td>Settling the grievance</td>
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<td>Week 5: Arbitration</td>
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<td>Why it’s good for the members</td>
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<td>Why it’s bad for the members</td>
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<td>Unfair labor practices</td>
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<td>Weingarten rights</td>
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<td>Organizing around grievances</td>
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### Track 3: Collective Bargaining

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<td>Week 1: Negotiations and the Legal Basis</td>
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<td>12/3</td>
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<td>Process overview</td>
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<td>Bargaining ground rules</td>
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<tr>
<td>Week 2: Preparing for Bargaining</td>
<td>4/28/09</td>
<td>1/14/09</td>
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<tr>
<td>Importance of internal organizing</td>
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<td>Contract action team</td>
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<td>Contract calendar, planning events</td>
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<td>Surveys, meetings, other methods of gathering proposals from members</td>
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<td>Setting priorities</td>
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<td>Developing a campaign</td>
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<td>Week 3: Committee Decision Making</td>
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<td>1/28/09</td>
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<td>Conduct at the table</td>
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<td>Dates, location, etc</td>
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<td>Open bargaining. Pros &amp; cons. Opening statements</td>
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<td>Proposal exchange</td>
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<td>Week 4: Table Tactics/Reading Signals</td>
<td>5/26/09</td>
<td>2/11/09</td>
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<td>Implementing the contract campaign</td>
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<td>The contract action team</td>
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<td>Writing contract language</td>
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<tr>
<td>Week 5: Costing the Contract</td>
<td>6/16/09</td>
<td>2/25/09</td>
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<td>Bargaining video</td>
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<td>Picketing and strikes</td>
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<td>Bargaining unit job actions</td>
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<td>Impasse/contract extensions</td>
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<td>Week 6: Use of the Media</td>
<td>6/30/09</td>
<td>3/10/09</td>
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<td>Reaching agreement, writing final language</td>
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<td>Committee recommendation</td>
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<td>Ratification process</td>
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<td>Midterm bargaining</td>
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### Track 4: Computer Training

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<td>Week 1: Excel 1</td>
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<td>Week 2: Excel 2</td>
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<td>Week 3: Excel 3 graphs &amp; application</td>
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<td>Week 4: Word 1</td>
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<td>Week 5: Word 2</td>
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<td>Week 6: Publisher 1</td>
<td>4/27/09</td>
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After a very successful first year, the MNA Labor School has been expanded and restructured. It now consists of six separate tracks of classes in each Region running five to seven weeks each, depending on the track. Two new tracks have been added. One focuses on the MNA structure and divisions, and the second track on computer training (Excel, Word and Publisher). Classes are standardized, so if one particular class is missed in one region, it can be picked up in any other region.

At the conclusion of each track, participants receive a certificate of completion. Any MNA member who completes any two tracks will receive an MNA Labor School blue jacket. There are no prerequisites to attend any track—members are free to attend any track they choose and need not follow them in order. Each track is self-contained, focusing on a specific area of interest.

Preregistration through the respective Regional office is necessary. Classes generally run from 5–7:30 p.m., with a light meal included. All courses are free and open to any MNA member.

For further details: massnurses.org
781-830-5757

Track 5: Building the Unit, Building the Union

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Week 1: Member Participation/Basic Foundation
- Purpose of a union
- Bargaining unit structure & officers
- By-laws, why they’re important
- Organizing model, internal organizing

Week 2: Organizing the Workplace
- Mapping the workplace
- Using contract action teams outside of bargaining
- Organizing around grievances

Week 3: Attacking Member Apathy
- Effective union meetings
- Internal communication structure
- Member feedback

Week 4: Strategic Planning
- Developing Plan
- Assessment
- Intervention

Week 5: Workplace Action
- Identifying Action
- Plan, preparation and calendar
- Pressure tactics/Work to rule
- Strikes

Dates to be scheduled for all Regions.

Track 6: Labor Law and Special Topics

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Week 1: Family and Medical Leave Act
- Massachusetts Small Necessities Leave Act

Week 2: Fair Labor Standards Act
- Overtime rules
- Labor/Management Reporting and Disclosure Act
- Union officer elections

Week 3: Workers Compensation
- Occupational Safety and Health Act (OSHA)

Week 4: Americans with Disability Act
- Age Discrimination Act
- Worker Adjustment & Retraining Notification Act
- Employment Discrimination HIPAA
- Uniformed Services Employment and Reemployment Rights Act of 1994

Week 5: NLRB & the Kentucky River/Oakwood cases
- Nurse supervisor issues

Dates to be scheduled for all Regions.
**DNV: The first new player in hospital accreditation in 30 years**

By Mary Crotty  
Associate Director, Division of Nursing

Big changes are occurring in hospital accreditation. On July 15 Congress yanked The Joint Commission’s unique “deeming” authority. That authority has allowed hospitals accredited by The Joint Commission to be eligible for reimbursement by Medicare. The term “deeming” signifies that a hospital is deemed to meet Medicare’s “conditions of participation,” which lay out the reimbursement rules hospitals must play by.

Two months later, on Sept. 25, Medicare granted deeming authority to a new player on the scene, DNV Healthcare, Inc. DNV is the first new hospital accreditation organization to be granted this authority in the U.S. in 30 years.

Until this summer, the Joint Commission held the sole privilege of inspecting hospitals to determine whether they meet health and safety standards set by the Joint Commission. Hospitals (99 percent) are virtually assured that they will pass inspection which they pay the Joint Commission to do. The Joint Commission’s board consists of representatives of the hospital industry. Fear of losing Joint Commission accreditation has existed because of the reimbursement significance even though it would take unbelievable incompetence by a hospital to actually lose accreditation.

Apparently Congress has also been watching avoidable errors, mortality and patient harm skyrocket, and it apparently has laid a great deal of the blame on the Joint Commission’s ineffectiveness in recent years. The Government Accounting Office (GAO), an arm of Congress, issued a report in 2004 that showed that 78 percent of the time, the Joint Commission accreditation processes had not uncovered serious deficiencies that were subsequently found by state agencies. That might be the scariest statistic of all. Massachusetts Public Health Commissioner John Auerbach has stated publicly that DPH inspectors make onsite hospital inspections in only about 12 percent of complaint cases. So this is one iceberg that’s bigger than is generally recognized.

In the near future, the Joint Commission may still conduct inspections and accreditation but they will have to apply for deeming status. This should give Congress more oversight. The changes will not immediately affect hospitals’ accreditation status. Congress has given the Joint Commission a 24 month transition period.

Unfortunately we do not know much yet about DNV Healthcare, Inc. It is a privately held company which has operated primarily abroad. It is a division of DNV, an independent foundation “dedicated to safeguarding life, property and the environment.” It has 300 offices in 100 countries.

DNV’s accreditation program is called NIAHO (National Integrated Accreditation for Healthcare Organizations). DNV uses the “ISO 9001 Quality Management System,” a generic standard applicable to any manufacturing or service industry. It was created by the International Organization for Standardization (ISO) with the objective of setting international requirements for quality management systems. Its premise is “continual quality improvement” and it also claims to be less complicated [for hospitals] to administer. DNV contends that it looks at all areas in the hospital, not just clinical. It also claims to be built to align with electronic health records.

MNA staff have spoken to two executives at DNV Healthcare—Rebecca Wise, the chief operating officer and Patrick Horine, executive vice president for accreditation—to express concern that DNV develop mechanisms for staff nurses to voice safety concerns and provide access to hospital guidance. It appears that DNV is just beginning to make inroads into healthcare. We have yet to talk to nurses familiar with DNV in healthcare, even in Europe and Australia. We have heard only about its use by industries such as airlines. So fasten your seatbelts, we may be in for a new rocky ride as this major new player on the healthcare scene begins to introduce international manufacturing standards to healthcare.

**Congress has also been watching avoidable errors, mortality and patient harm skyrocket. Apparently it laid a great deal of the blame on the Joint Commission’s ineffectiveness in recent years.**

More information:  
- Mary Crotty, RN, JD  
mrcrotty@mnarn.org or 781-830-5743

Web resources:  
- dnvaccreditation.com  
- jointcommission.org

DNV’s ISO 9001 certification:  
- dnvcert.com and click “Services”
During the MNA’s annual business meeting, held during this year’s convention in Burlington on Oct. 2, MNA members voted on several key items of new business that aim to position the MNA as the premier nurses union in the nation. Following is a summary of those key items.

Voting by secret mail ballot

The MNA membership voted to allow eligible members (i.e., those who meet certain criteria and who follow specific rules) to vote on dues-related business at future conventions via a secret mail ballot.

Specifically, the MNA dues and regional annual dues “will be determined by a majority of members voting in a secret ballot at the annual business meeting” and by “those eligible and voting by supplemental secret mail ballot.”

An “eligible member” is one who is unable to attend convention—and therefore is unable to participate in the secret ballot vote at the business meeting—for their work schedule or religious observances. Those eligible individuals can obtain a supplemental mail ballot from the MNA by sending the organization a written letter of request no later than seven days prior to the annual business meeting.

As always, any proposed change in dues will be communicated to the membership within 30 days prior to the business meeting. Similar to the process of the last dues proposal, for any future dues proposals the MNA will hold at least one hearing in each Region to present the rationale for a dues change and will answer questions from members. Members will be allowed to attend any regional hearing on a proposed change.

Going national

The MNA membership also voted to pass a motion that requests the organization, under the direction of the MNA’s Board of Directors, to explore the possibility of the MNA being part of an independent, national nurses union.

“At the challenging times for patients and nurses,” expressed Jane Connelly, RN and the member who set forth the motion, “the voice of organized nurses cannot remain fractured.

Connelly went on to say that the MNA leadership should “be the architects of an independent national nurses union run by and for nurses, which would represent the majority of the nation’s unionized nurses.”

An MNA task force is being formed to explore these possibilities/opportunities. The goal is to bring such an opportunity back to the MNA membership for a vote in 2009.

Medical insurance for retirees

A large portion of the MNA’s membership is approaching retirement and is busy preparing for this exciting, although somewhat daunting, next phase of their lives. As part of this preparation, members are thinking about their long-term health benefits—or lack thereof depending on a person’s individual situation.

With this in mind, the MNA membership overwhelmingly voted in favor of a motion that will empower the MNA to create a task force charged with studying the feasibility of offering retiree medical insurance at a group rate.

Membership overwhelmingly supports new bylaw for voting on dues

Exploration of national union affiliation, retiree health benefits also given green light
Basic Dysrhythmia Interpretation

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

Speaker: Mary Sue Howlett, BSN, RN, CEN; Carol Malia, MSN, RN
Dates: Jan. 22 – Part 1; Jan. 29 – Part 2; Snow Date: Feb. 5
Time: 5 p.m. – 9 p.m. (light lunch provided)
Place: MNA Headquarters, Canton, MASS.
Fee*: MNA Members/Associate Members, free; Others, $195
*Requires $50 deposit which will be returned upon attendance.
Contact Hours: Will be provided.
MNA Contact: Theresa Yannetty, 781-830-5723 or 800-882-2056, x727

Work Related Asthma: What Nurses Need to Know

Description: This program will provide nurses with information and skills to recognize and associate work related asthma with chemical, pharmaceutical and biological products that are commonly used in healthcare settings.

Speakers: Amy Nuernberg, MD: Recognizing Work-Related Asthma
Elise Pechter, CIH: Consider the Cleaning Chemicals
Marylou Gregory-Lee, MSN, RN, NP, Adult Nurse Practitioner
Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x727

Oncology for Nurses

Description: This program will provide 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
Dates: March 4
Snow Date: March 11
Time: Registration: 8–8:30 a.m.
Program: 8:30 a.m. – 4 p.m. (light lunch provided)
Place: MNA Headquarters, Canton
Fee*: MNA Members/Associate Members, free; Others, $195
*Requires $50 deposit which will be returned upon attendance.
Contact Hours: Will be provided.
MNA Contact: Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x794

Pain Management 2009: What Nurses Need to Know!

Description: This program will address the four stages in the pathophysiology of pain, how to categorize pain to determine treatment goals, and how to type pain in order to critically think through the appropriate drug and non-drug therapies. Assessing patients with various levels of cognitive intactness and treating patients with the co-morbid condition of an addiction disorder will also be presented.

Speaker: Cathy Schutt, MS; ALM; APRN-BC; APRN, BC; CHPN
Date: March 20
Time: Registration: 8–8:30 a.m.
Program: 8:30 a.m.–4 p.m. (light lunch provided)
Place: MNA Headquarters, Canton
Fee*: MNA Members/Associate Members, free; Others, $195
*Requires $50 deposit which will be returned upon attendance.
Contact Hours: Will be provided.
MNA Contact: Liz Chmielinski, 781-830-5719 or 800-882-2056, x727

Surgical and Neurological Complications 2009

Description: This program will enhance professional practice and quality patient care by updating and providing nurses with updated information on the care of patients with surgical and neurological emergencies.

Speaker: Patricia Rosier, RN, MS, CCRN
Date: March 24
Time: Registration: 8–8:30 a.m.
Program: 8:30 a.m.–4 p.m. (light lunch provided)
Place: MNA Headquarters, Canton
Fee*: MNA Members/Associate Members, free; Others, $195
*Requires $50 deposit which will be returned upon attendance.
Contact Hours: Will be provided.
MNA Contact: Theresa Yannetty, 781-830-5723 or 800-882-2056, x727

Diabetes 2009: 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: April 2
Time: Registration: 8–8:30 a.m.
Program: 8:30 a.m.–4 p.m. (light supper provided)
Place: MNA Headquarters, Canton
Fee*: MNA Members/Associate Members, free; Others, $195
*Requires $50 deposit which will be returned upon attendance.
Contact Hours: Will be provided.
MNA Contact: Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

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, RN, MSN; Mary Sue Howlett, BSN, RN, CEN and other instructors for the clinical sessions

**Dates:** April 6 (Certification); April 13 (Recertification)

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

**Place:** MNA Headquarters, Canton

**Fee:** MNA Members/Associate Members, free; Others, $250 for certification; $195 for recertification

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

**Contact Hours:** Will be provided.

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

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### Critical and Emerging Infectious Diseases

**Description:** This program will provide nurses with information regarding critical infectious diseases, e.g., MRSA, C. Difficile and emerging infectious diseases, e.g., influenza, Ebola, BSE (diseases listed as examples are subject to change). The morning session will address the epidemiology, signs/symptoms, treatment and prevention of specific diseases. The afternoon session will address protecting nurses and others from disease exposure through the use of environmental and work-practice controls, as well as personal protective equipment.

**Speakers:** TBA

**Date:** April 17

**Time:** Registration: 8–8:30 a.m.  
Program: 8:30 a.m.–4 p.m. *(light lunch will be provided)*

**Place:** MNA Headquarters, Canton

**Fee:** MNA Members/Associate Members, free; Others, $195

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

**Contact Hours:** Will be provided.

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

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### Compassion Fatigue

**Description:** This program will enable the nurse to identify the common stressors of the health care provider and strategies to combat compassion fatigue.

**Speaker:** Donna M. White, RN, PhD, CS, CADAC

**Date:** May 7

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

**Place:** MNA Headquarters, Canton

**Fee:** MNA Members/Associate Members, free; Others, $95

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

**Contact Hours:** Will be provided.

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

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### De-escalation Techniques-Protecting Nurses and Patients

**Description:** This program will discuss the pathophysiology and clinical management of the newly diagnosed diabetic patient, both complicated and not; nursing management of the diabetic patient in the pre/post operative, ambulatory care, home care and school settings.

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

**Date:** April 23

**Time:** Registration: 8–8:30 a.m.  
Program: 8:30–3:30 p.m. *(light lunch provided)*

**Place:** MNA Headquarters, Canton

**Fee:** MNA Members/Associate Members, free; Others, $95

*Rquires $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

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### 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 17

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

**Place:** MNA Headquarters, Canton

**Fee:** MNA Members/Associate Members, free; Others, $95

*Rquires $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

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### Wound Care

**Description:** A comprehensive overview of the factors effecting wound care and strategies for managing complex wounds. A thorough review of wound products will enable the attendee to select the optimal dressing based on clinical findings and new dimensions of wound care.

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

**Date:** June 23

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

**Place:** MNA Headquarters, Canton

**Fee:** MNA Members/Associate Members, free; Others, $95

*Rquires $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

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### Continuing Education Course Information

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

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

**Refunds:** Refunds are issued up to two weeks before the program date. No refunds are made less than 14 days before the program’s first session or for subsequent sessions of a multi-day program.

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

**Contact Hours:** Contact hours will be awarded by the Massachusetts Nurses Association for all programs except for ACLS Certification. Contact hours for ACLS Certification are awarded 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 program; and (3) complete and submit the program 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.

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

**Note:** CE programs provided solely by the MNA are free of charge to all MNA members. Pre-registration is required for all programs.
### Region 1

#### End of Life: Considerations for Care

**Description:** This program will enable nurses to positively impact patients' final days or hours.

**Speaker:** Suzana Makowski, M.D.

**Date:** Feb. 4

**Snow date:** Feb. 11

**Time:** Registration: 6–6:30 p.m. (light supper provided)

**Program:** 6:30–8:30 p.m.

**Place:** Hotel Northampton, Northampton

**Fee:** $25 placeholder fee* for members; $95 fee for non-members

*Will be returned upon attendance at the program.*

**Contact Hours:** Will be provided.

**Registration:** Send check to MNA Region 1, 241 King Street, Suite 212, Northampton, MA 01060 or call 413-584-4607.

#### Diabetes 2009: What Nurses Need to Know

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

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

**Date:** March 5 (Snow date: March 12)

**Time:** Registration: 8–8:30 a.m. (light lunch provided)

**Program:** 8:30 a.m.–4 p.m.

**Place:** Cranwell Resort, Lenox

**Fee:** $50 placeholder fee* for members; $195 fee for non-members

*Will be returned upon attendance at the program.*

**Contact Hours:** Will be provided.

**Registration:** Send check to MNA Region 1, 241 King Street, Suite 212, Northampton, MA 01060 or call 413-584-4607.

#### What to Do When the Mass. BORN Comes Knocking

**Description:** This program will enhance the nurse's professional practice and the quality of patient care by providing continuing nursing education sessions that address clinical nursing knowledge and skills, nursing research, and strategies to effectively respond to professional practice issues. This session addresses strategies to respond to professional practice issues.

**Speaker:** Janet E. Michael, RN, MS, JD

**Date:** April 8

**Time:** Registration: 5:30–6 p.m. (light supper provided)

**Program:** 6–9 p.m.

**Place:** Dudley-Gendron American Legion, Sutton

**Fee:** $25 placeholder fee* for members; $95 fee for non-members

*Will be returned upon attendance at the program.*

**Contact Hours:** Will be provided.

**Registration:** Send check to MNA Region 2 Office, 365 Shrewsbury Street, Worcester, MA 01604 or call 508-756-5800.

### Region 2

#### Differentiating Depression, Dementia and Delirium

**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.

**Speaker:** Susan S. Brill, APRN, BC

**Date:** March 11

**Time:** Registration: 6–6:30 p.m. (light supper provided)

**Program:** 6:30–8:30 p.m.

**Place:** Sheraton Four Points, Leominster

**Fee:** $25 placeholder fee* for members; $95 fee for non-members

*Will be returned upon attendance at the program.*

**Contact Hours:** Will be provided.

**Registration:** Send check to MNA Region 2 Office, 365 Shrewsbury Street, Worcester, MA 01604 or call 508-756-5800.

#### Chemotherapy: What Nurses Need to Know

**Description:** This program will provide the nurse with an updated knowledge base regarding chemotherapy for cancer patients and related nursing management, thus enhancing nursing care of oncology patients receiving this treatment modality.

**Speaker:** Marylou Gregory-Lee, MSN, APRN, NP, BC, ANP

**Date:** April 28

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

**Program:** 5:30–7 p.m.

**Place:** Sheraton Tara Framingham, Framingham

**Fee:** $25 placeholder fee* for members; $95 fee for non-members

*Will be returned upon attendance at the program.*

**Contact Hours:** Will be provided.

**Registration:** Send check to MNA Region 2 Office, 365 Shrewsbury Street, Worcester, MA 01604 or call 508-756-5800.

#### Wound Care: Dressing for Success

**Description:** A comprehensive overview of the factors affecting wound care and strategies for managing complex wounds. A thorough review of wound products will enable the attendee to select the optimal dressing based on clinical findings and new dimensions of wound care.

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

**Date:** June 9

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

**Program:** 5:30–9 p.m.

**Place:** Sheraton Springfield, Springfield

**Fee:** $25 placeholder fee* for members; $95 fee for non-members

*Will be returned upon attendance at the program.*

**Contact Hours:** Will be provided.

**Registration:** Send check to MNA Region 2 Office, 365 Shrewsbury Street, Worcester, MA 01604 or call 508-786-5800.

### Region 3

#### What to Do When the Mass. BORN Comes Knocking

**Description:** This program will enhance the nurse's professional practice and the quality of patient care by providing continuing nursing education sessions that address clinical nursing knowledge and skills, nursing research, and strategies to effectively respond to professional practice issues. This session addresses strategies to respond to professional practice issues.

**Speaker:** Janet E. Michael, RN, MS, JD

**Date:** Jan. 27 (Snow date: Feb. 3)
Time: Registration: 5:30–6 p.m. (light supper provided)
Program: 6–9 p.m.
Place: Canal Club in Bourne
Fee: $25 placeholder fee* for members; $95 fee for non-members
'Will be returned upon attendance at the program.
Contact Hours: Will be provided.
Registration: Send check to MNA Region Council 3, P.O. Box 1363, Sandwich, MA 02563 or call 508-888-5774.

Region 5

What to Do When the Mass. BORN Comes Knocking

Description: This program will enhance the nurse's professional practice and the quality of patient care by providing continuing nursing education sessions that address clinical nursing knowledge and skills, nursing research, and strategies to effectively respond to professional practice issues. This session addresses strategies to respond to professional practice issues.
Speaker: Janet E. Michael, RN, MS, JD
Date: Jan. 14 (Snow Date: Jan. 21)
Time: Registration: 5–6 p.m. (light supper provided)
Program: 6–8:30 p.m.
Place: X&O Restaurant, Stoughton
Fee: $25 placeholder fee* for members; $95 fee for non-members
'Will be returned upon attendance at the program.
Contact Hours: Will be provided.
Registration: Send check to MNA Region 5 Office, 340 Turnpike Street, Canton, MA 02021 or call 781-821-8255.

Cardiac and Pulmonary Pharmacology

Description: This program will provide nurses from all clinical practice settings with a better understanding of how cardiac and pulmonary medications work. The actions, indications and nursing considerations for the major categories of cardiac and pulmonary medications will be discussed.
Speaker: Carol Mallia, MSN, RN
Date: Feb. 3
Time: 5–9 p.m. (light supper provided)
Place: X&O Restaurant, Stoughton
Fee: $25 placeholder fee* for members; $95 fee for non-members
'Will be returned upon attendance at the program.
Contact Hours: Will be provided.
Registration: Send check to MNA Region 5 Office, 340 Turnpike Street, Canton, MA 02021 or call 781-821-8255.

Cardiac and Pulmonary Emergencies

Description: This program is designed for registered nurses in acute, sub-acute and long-term care settings to learn the clinical management of cardiac and respiratory emergencies. Clinical management of chest pain, brief EKG interpretation and ABG interpretation will be covered. Clinical management of respiratory distress will also be discussed.
Speaker: Carol Mallia, MSN, RN
Date: March 3 (Snow date: March 9)
Time: 5–9 p.m. (light supper provided)
Place: X&O Restaurant, Stoughton
Fee: $25 placeholder fee* for members; $95 fee for non-members
'Will be returned upon attendance at the program.
Contact Hours: Will be provided.
Registration: Send check to MNA Region 5 Office, 340 Turnpike Street, Canton, MA 02021 or call 781-821-8255.

See Page 19 for full details on CE course information.

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17. Signature and Title. Production Manager Date: 10/1/08

I certify that all the information on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties.)
MNA membership dues deductibility for 2007

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.

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<td>All Regions</td>
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<td>5.0%</td>
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**LEGAL ADVICE FOR NURSES**

Andrew Hyams, Esq. former General Counsel to the Board of Registration in Medicine, and Milton Kerstein, Esq. advocate for health professionals in employment, licensure and disciplinary cases. We are also a full service law firm with real estate, domestic relations, tax and estate planning practices.

**FREE 15-MINUTE CONSULTATION**

As a service to Massachusetts Nurse readers, we offer one free 15-minute consultation.

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Kerstein, Coren & Lichtenstein, 60 Walnut Street, Wellesley, MA 02481

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**EUROPE**

**2009**

Florence, Venice & Rome – March 23 - 31, 2009 • $2199

Join this wonderful 9-day/7-night tour featuring Florence, Venice and Rome with tours included in each city as well as the beautiful Tuscan cities of Siena, San Gimignano and Assisi. This trip includes round trip air from Boston, transfers to and from the hotel. Breakfast and Dinner daily is included as well as one lunch. Don’t miss this grand tour of Italy’s key cities.

Paris and the French Countryside - April 22 - 30, 2009 • $2199

This trip is back by popular demand. A wonderful 7-night tour of France that takes in all the highlights of Paris, Normandy, Brittany, the Wine Country, and the Chateau Country. This trip includes round trip air from Boston, transfers to and from the hotel. Also includes breakfast and dinner daily as well as full sightseeing tours.

Ireland Circle Tour - Oct. 15 - 23, 2009 • $1999

This 9 day/ 7 Night grand tour will showcase many of the great destinations of Ireland. The tour will feature: Shannon, Tralee, Killarney, Blarney, Tramore, Wicklow Mountains, Ring of Kerry, Glendalough, Dublin, Galway, and the Cliffs of Moher. Air, transfers, hotel, breakfast daily, most meals as well as full sightseeing tours daily are included in this tour package.

Costa Del Sol, Spain - Oct. 28 - Nov. 5, 2009 • $2149

This Spain tour will feature the first 5-nights in the beach resort of Torremolinos on Spain’s Costa Del Sol with the last 2 evenings in Madrid. We will enjoy a sightseeing tour including Ronda, Toledo, Grenada to see the Alhambra, Seville, and Gibraltar. This tour includes 3 meals daily except our last full day.

**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. For more information on these great vacations and to be placed in a database to receive yearly flyers, contact Carol Mallia at cmallia@mnnrn.org with your mailing address.
Northeastern University School of Nursing was awarded a HRSA grant to expand the Masters in Nursing specializing in child and adolescent mental health nursing, focusing on psychopharmacology and underserved populations. To learn more, visit: www.childpsychiatricnursing.neu.edu or contact us at 617.373.5587 or capnursing@neu.edu

It’s Time...

• To Utilize Your Experience
• To Make Fulfilling Career Choices
• To Help Children & Adolescents
• To Become a Leader in:

Child & Adolescent Mental Health Nursing

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, DeMar metaph Building, Room 116. LeRoy Kelly, 508-881-7889. Thursdays, 5:30–6:30 p.m.
• Caritas Good Samaritan Medical Center, Community Conference Room, 235 N. Pearl St., Brockton. Steve Nikolsky, 508-238-8024. Thursdays, 6:30–7:30 p.m.
• Health Care Professional Support Group, Caritas Norwood Hospital, Norwood. Jacqueline Sitte, 781-341-2100. Thursdays, 7–8 p.m.

Central Massachusetts
• Health Care Support Group, UMass School of Medicine, Outside Room 123, Worcester. Emory, 508-429-9433. Saturdays, 1–2 p.m.
• AdCare Hospital of Worcester, 107 Lincoln Street, Worcester. Contacts: Lorraine, 508-410-0225. Mondays, 6–7 p.m.

Northern Massachusetts
• Baldpate Hospital, Bungalow 1, Baldpate Road, Georgetown. Dana Fogerty, M.A., 978-352-2131, x57. 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
• Peer Group Therapy, 1354 Hancock St., Suite 209, Quincy. Chris Sullivan, 617-838-6111. Tuesdays 5:15 p.m., Weds. 5:15 p.m. & coed at 6:30 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, AdCare Michelle, 508-965-2479. Mondays, 7–8:30 p.m.

Western Massachusetts
• Professionals in Recovery, Baystate VNAH/EAP Building, Room 135, 50 Maple St., Springfield. Marge Bakiewicz, 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 Sandy, 603-391-1776. Tuesdays, 7:00–8:00 p.m.

Massachusetts Nurse November/December 2008 23
MNA Member Discounts  
Save You Money

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-appraisals.

**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 now 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, 15% 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 mnadiscountproducts.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. (For MNA discount AWD, call 781-830-5726.)

**Hertz Car Rental** ...........................................800-654-2200
MNA members discounts range from 5 – 20%. (For MNA discount CDP, call 781-830-5726.)

**Exclusive Travel Deals**
MNA Vacation Center ........................................... www.mnavacations.com
Powered by TNT 888-466-2849 and Goahead tours 800-282-0276. Get exclusive access to travel specials at prices not available to the public.

**Discount Movie Passes**
Showcase Cinemas/National Amusements, $7.75. 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).

**Six Flags New England**
One day pass only $25. Contact MNA’s Division of Membership at 800-882-2056, x726.

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