the Massachusetts nurse

THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION ■ VOL. 94 NO. 3

# ADVOCATE

## All we do is win, win, win no matter what!

pages 3-9

July/August 2024

MNA℠ Massachusetts Nurses Association

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# President's Column

Katie Murphy

## Medicare for All for MNA

We became union activists for a variety of reasons. To improve our workplace conditions. To increase our voice in that workplace. To work to secure compensation appropriate to the work we are doing, and so many other goals.

In doing so, we realize we are working to make conditions and lives better for everyone. We do not negotiate a raise for just one person, we negotiate for our entire facility. We have always said an injury to one of us is an injury to all of us. As union nurses and healthcare professionals, our efforts go beyond our individual workplaces to encompass all workers.

As we watch the slow-motion car crash of Steward (pgs. 10-11), the danger to all of us from the incursion of private equity into healthcare becomes too large for any of us to ignore.

Private equity is a business that invests funds into a company with the goal of increasing the worth of that company before selling it at a profit in the future. Another stated goal is to extract wealth or value before selling. Sound familiar? Their responsibility is to their investors. This is the exact opposite of our work.

Our responsibility, the oaths we take as nurses and healthcare professionals, is to protect our patients and our professions. Private investment, extraction of wealth, and high return: These terms have no place in healthcare. As hospitals, practices, and clinics are seen as investment opportunities, we need to strengthen our call for healthcare as a human right.

Research suggests that private equity involvement in healthcare can cause a decrease in services that cost more and thus lower profits, while more profitable services are increased. This decreases access for many, often in more vulnerable populations, and shifts that population to an already over-extended facility. We are now seeing this in real time.

The MNA has long supported the solution to this attack on our patients, our workplaces, our communities, and our families with our support of Medicare for All legislation.

Our activism is wide and deep, from safe staffing and workplace violence prevention, to protecting our patients and our colleagues. As we witness hospitals slip into peril, now is the time for our voices to be loud and clear: Healthcare is a human right!

Bargaining units at the table right now are fighting for better health insurance benefits for our members.

Employers' ability to hold this critical part of our lives in their hands gives them far too much power. If we did not need to negotiate insurance premiums, think of the strides we could make in our workplaces. The benefits of taking insurance premiums off the table translate into greater access for all, and healthcare dollars spent at the bedside rather than to purchase a yacht.

We are the most trusted profession in the nation. People trust us with their lives because of our integrity. This is the time to lead with our expertise, our integrity, and our experience.

I look forward to continuing this conversation, among so many others, at our annual convention at the Margaritaville Resort in Hyannis October 8-10 (pgs. 19, 20). This is always a terrific opportunity to connect with our colleagues from across the state. Until then, I will see you at the MNA office, at your events and job actions, and at any of the wonderful upcoming CE programs (pgs. 16 – 18).

*For general information on universal healthcare visit https://bit.ly/4ch7y9Q.*

Katie Murphy RN

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# Dana-Farber Cancer Institute RNs Have Voted to Ratify New MNA Contract Featuring Featuring Significant Investment in Nursing and Patient Care

The almost 800 registered nurses and nurse practitioners at Dana-Farber Cancer Institute (DFCI), represented by the Massachusetts Nurses Association (MNA), have voted overwhelmingly to ratify a new contract agreement that provides market-leading investments in nurses, enabling DFCI to retain experienced nurses and recruit the nurses necessary to delivering exceptional cancer care and conducting innovative research.

"We are incredibly proud of the care we provide Dana-Farber patients and the unity our nurses have shown in securing the resources we need to continue delivering exceptional care," **said Stephen Laughlin, RN, MNA Chair at DFCI.** "The new Dana-Farber nurse contract will help us maintain our top of the market status and allow the institute to recruit and retain top nurses who provide cutting edge cancer treatments."

DFCI nurses voted by mail, with the vote count occurring on July 18. Their new two-year contract covers January 1, 2024, to December 31, 2025. The ratification comes as Brigham and Women's Hospital and Brigham and Women's Faulkner Hospital nurses are on the verge of strike authorization votes. Nurses at both hospitals are seeking strong investments by MGB in their RN workforces to overcome unsafe staffing and patient care conditions.

*All Dana Farber nurses will receive a 9% raise in year one of the contract, including retroactive pay, and a 3% raise in year two.*

## Contract Highlights

- **Wage Increases:** To keep up with a competitive nurse market and complex patient care challenges, DFCI agreed to provide a 9% raise to all nurses in the first year of the contract, including retroactive pay. Nurses will receive a 3% increase in year two with a new partial top step created that is 3% above the current top wage scale step.
- **Attracting Newer Nurses:** DFCI agreed to drop the current bottom wage scale step of the contract, raising the rate for newer nurses and making the institute more competitive in this recruitment area.
- **On-Call Improvement:** The on-call pay rate will increase to the state's minimum wage (currently $15/hour). Historically, at DFCI and elsewhere on-call hourly rates have been much lower than the minimum wage and regular pay, burdening nurses who face demanding on-call responsibilities amid an increasing need for expert nursing care.
- **Grievance Enhancement:** Nurses will now be able to file collective grievances when confronting violations of their contract. Previously, only individual grievances were allowed. DFCI nurses will be able to join together while seeking resolution of violations in which they are similarly affected.
- **Seniority Scheduling:** DFCI nurses negotiated scheduling by seniority into their contract to ensure a fair application of scheduling by management across hospital units. ■

## Know Your Rights

**If approached by management regarding your employment position - you can assert your Weingarten Rights:**

MNA Massachusetts Nurses Association

*I believe this discussion could lead to my being disciplined or to adverse changes to my working conditions. I, therefore, request that my Union Representative or Officer be present to assist me at the meeting. I further request reasonable time to consult with my Union Representatives regarding the subject and purpose of the meeting. Please consider this a continuing request; without representation, I shall not participate in the discussion. I shall not consent to any searches or tests affecting my person, property, or effects without first consulting my Union Representative.*

# MGB Home Care Nurses and Healthcare Professionals Vote to Join MNA as They Seek an Independent Voice to Improve Safety for Patients and Staff

Mass General Brigham (MGB) Home Care nurses and healthcare professionals have exercised their right to unionize, joining the Massachusetts Nurses Association (MNA) with a successful election on Friday, June 28. Their overwhelmingly yes vote enables MGB Home Care nurses and healthcare professionals to work together to improve patient care conditions and advocate for the professional respect they deserve.

"I'm really excited to move forward and begin the process of formally building this union, as well as bargaining with our employer to get a contract in place that allows us to provide the best care we can for our patients while respecting our personal and professional needs," said Karen Estey, a speech-language pathologist at MGB Home Care. "This election result is a great step forward for us and I'm really proud to be part of this process."

"I feel really good about the large percentage of clinicians having voted in favor of the union. There is always power in numbers!" said Regula Kissling, a physical therapist at MGB Home Care. "The union will give us a strong voice and allows us to much more easily and effectively collaborate with management on issues important to us. I know this will ultimately enhance efficiency at work, patient satisfaction, staff retention, and work-life balance."

"Winning this election with such strong support is an indication that we are long overdue for representation with management," said Shannon Viera, Clinical Coach North Teams with MGB Home Care. "Home care is often overlooked and underappreciated, but we know the future of healthcare is moving into the home setting and home care clinicians are going to be in higher demand than ever before. It is time for us to work with MGB leadership to create an environment that is an attractive workplace for clinicians, provides improved work-life balance and superior patient experiences. MGB hospitals are considered leaders in the country, and it is time for Home Care to have the opportunity to set national trends instead of following them."

"Winning this election is a pivotal moment for the clinicians of MGB Home Care. We are now in a position to use our collective voice to work with leadership to make decisions regarding improved patient care, safety, and better working conditions for clinicians," said Kara Wilson, OTR at MGB Home Care. "Providing optimal care for our patients requires front line clinicians to have a sustainable work-life balance and this aspect of our work has been missing for far too long."

In recent years, there has been unprecedented interest in nurses and healthcare professionals seeking union representation as a means of protecting their patients and themselves by having a voice, the ability to advocate for better working conditions, and compensation and benefits that allow for the recruitment and retention of staff. Nurses and healthcare professionals are joining together to counter oppressive management practices that have created a shortage of professionals willing to work in an increasingly corporate healthcare environment.

- Approximately 80 MGB Home Hospital nurses voted to join the MNA in May 2024, the same day that a group of Newton-Wellesley Hospital ambulatory care nurses won their vote to join the MNA.
- Martha's Vineyard Hospital ambulatory care nurses are completing a mail-in election with a vote count expected July 2.
- 280 nurses at Framingham Union Hospital voted to join the MNA in January 2024.
- Dana-Farber Cancer Institute – Merrimack Valley nurses ratified their first MNA contract in January 2024.
- 16 nurses at South Shore Endoscopy Center (MGB) ratified their first contract in December 2023.

- Berkshire VNA nurses and healthcare professionals ratified their first MNA contract in December 2023.
- Milford Regional Medical Center nurses ratified their first MNA contract in November 2022.
- St. Luke's Hospital nurses ratified their first MNA contract in February 2022.

There are 436 MGB Home Care nurses and healthcare professionals joining the MNA following the election. They provide a wide range of care, from nursing and occupational health to physical therapy and speech-language pathology. MGB Home Care clinicians provide care for patients throughout Eastern Massachusetts. They participated in a mail-in election overseen by the National Labor Relations Board. The vote count by NLRB officials on June 28 was 295 yes to join the union to 79 no, with zero challenged ballots.

Following the NLRB election, nurses and healthcare professionals will vote for their elected leaders and bargaining committee and begin determining proposals for their first contract negotiations. In a letter requesting voluntary recognition of their union delivered to MGB in May, the nurses and healthcare professionals included a series of reasons for unionizing:

- We want to feel valued and respected as Home Care clinicians. This includes being paid for all work, receiving better benefits, and benefiting from transparent and real communication.
- The safety of our patients and staff is too often at risk. We are seeking protections that safeguard patients and ensure staff can safely perform our work.
- When we are exhausted and assigned work past our capacity, patients and our entire organization suffer. We are seeking work-life balance, especially considering that patient care does not stop at hands-on care.
- We are experts in patient care and have insights that can help elevate care quality and ensure proper continuity of care.
- When our workload is unfair or uneven, clinicians are demoralized and are less likely to stay at Home Care. We are seeking equity in this area, along with consistency across teams.
- We have a right to dignity and for the Home Care administration to respect diversity.

The MNA is the largest union and professional organization of nurses and healthcare professionals in Massachusetts. It represents more than 25,000 members in healthcare facilities across the state, including nurses at more than 70 percent of the Commonwealth's acute care hospitals. The MNA is led by a board of directors that is directly elected by its membership and consists of front-line nurses and other healthcare professionals. ■

## Renewing Your License Online with the BORN?

### *Be Sure to Click "No" on the Question About DCFS Complaints!*

When RNs renew their licenses online with the BORN, they must now attest that there are no DCFS complaints against them by clicking "no" on the renewal application. Recently, numerous members have called the MNA reporting they clicked the "yes" button in error.

Please be cautious when renewing your license and click "no" in the appropriate box for this question. If you click "yes" in error, you must complete a release form to allow the BORN to conduct an inquiry. NOTE: The release is highly time-sensitive and should be submitted immediately.

What follows is the official response the MNA received from the BORN after contacting the office about this issue:

> *"At present, we alert the nurse and ask them for a written explanation on why they answered 'yes.' We verify that there is nothing in their history with DCF, which means they must sign a release to allow the board to conduct this check. The renewal is processed in the meantime."*

Please be advised that the response of the BORN to individual practice inquiries represents its interpretation of the legal scope of nursing practice. This response is valid only in the context in which it is rendered; it does not have general applicability, as do statutes, regulations, or advisory rulings on nursing practice. ■

# Tobey Hospital RNs Sign on Dotted Line of New Landmark Contract

### Includes significant wage increases that finally make Tobey competitive with all surrounding hospitals, and staffing improvements

After almost nine months at the bargaining table, the registered nurses at Tobey Hospital in Wareham, who are unionized with the Massachusetts Nurses Association (MNA), recently ratified a new three-year contract. The contract includes significant wage increases that – for the first time in a very long time – make the wages of Tobey RNs competitive with RN wages at all other South Coast hospitals. In addition, the nurses won language that places them on a new wage scale that fairly credits them, step for step, according to their years of RN licensure.

"During years two and three of the new contract, we will see across-the-board wage increases totaling almost five percent," said Chris Sousa, RN, and chairperson of the MNA bargaining unit at Tobey. "But the immediate movement onto a new wage scale is the breakthrough piece of this contract."

Previously, Tobey nurses were inconsistently and inappropriately placed on a wage scale consisting of subpar steps. "This piece of the contract gives our current nurses the salaries they have long deserved while also helping us to recruit and retain new nurses," added Sousa. "It's the foundation of recovery from an RN staffing shortage that has long plagued the hospital."

In year one of the contract, nurses are receiving a minimum of a 16% increase, with some receiving higher wages due to being placed on the new wage scale according to their year of RN licensure.

> *Tobey RNs are receiving a minimum of a 16% increase*

### Additional Contract Improvements

The Tobey RNs also won significant staffing and workplace safety improvements, including:

- Charge RNs with reduced or no assignments
- New Stat Nurse positions
- New language limiting the assignment of non-nursing duties to RNs
- Important improvements to health and safety language, including language about pandemic preparedness and workplace violence

### The Map to Winning a Landmark Contract

"This contract is the result of the tremendous hard work and solidarity of our small — but entirely committed — MNA bargaining unit," added Sousa. During their nine months of negotiations, countless Tobey nurses:

- Ran a successful button campaign
- Collected signatures on their "petition for a fair contract" and delivered those signatures to Southcoast Health's New Bedford offices
- Had community supporters plant lawn signs throughout the town
- Held a successful informational picket
- Brought their struggles to elected leaders at the local, state, and federal level
- Testified at a special hearing on healthcare alongside Southcoast's CEO

"We succeeded in winning the contract Tobey nurses deserve," said Sousa. "And now we are ready to see this success play out in the form of nurses coming to, and staying at, Tobey Hospital for the long term."

The nurses' new three-year contract runs through September 30, 2026. ■

# Workplace Violence (WPV) in Healthcare is Everyone's Reality Today

In 2016, the MNA initiated a WPV survey and received many submissions that provided valuable information and data. Since then, most people agree that the incidence of WPV has only gotten worse.

The WPV Task Force is preparing to assess the current WPV situations confronting nurses and healthcare professionals and to compare the results with the data obtained in 2016. We are asking that you take this new survey, now even if you did not participate previously.

This survey should only take about five minutes to complete. If you have already completed this survey, please do not re-submit. Your participation is greatly appreciated.

**Please use this QR code to access the survey.**

Massachusetts Nurses Association
facebook
July 5 at 6:45 AM

Congratulations and welcome to the Martha's Vineyard Hospital ambulatory nurses on joining the MNA!

"We realize that we wanted to express our opinion and that we didn't have a forum to do so," said nurse Joyce Utz.

"We are excited to be joining our colleagues, who are already MNA members, as we continue to provide the finest patient care in our community," nurse Robin Bagwell said.

# MNA's "Day of Advocacy: From the Bedside to Beacon Hill" a Resounding Success!

On May 8, during National Nurses Week, hundreds of MNA nurses flooded the Statehouse to share with lawmakers their experiences as bedside nurses who battle unnecessary patient care challenges and safety concerns on the job daily. Joining them as keynote speaker was U.S. Soccer Hall of Fame athlete and powerful advocate Kristine Lilly.

The nurses' message was clear: Lawmakers must protect patients, nurses, and healthcare professionals, as well as protect essential healthcare services.

*Watch highlights from the day at* https://youtu.be/BNatAMpurQw, or use this QR code.

The **MNA Center for Ethics and Human Rights** is an organized, deliberative body which focuses on high standards of nursing practice and advocacy for the people nursing serves. The center serves as a resource for all Massachusetts registered nurses on issues of ethics, human rights, and advocacy.

We are looking for member volunteers who are interested in joining this esteemed group of frontline nurses and health professionals. We meet quarterly via Zoom to assess ethical issues that are impacting our practice across the Commonwealth.

***Your voice is important and welcome at our table!***

Please contact the division of Nursing for more information at 781-830-5719.

## Unit 7 on the Streets

The MNA's Unit 7 nurses and healthcare professionals, who are employed by the Commonwealth of Massachusetts, hit it out of the park with their spring informational picket. Their message? Safety and Respect for all Unit 7 MNA members NOW!

# Nurses Vote Overwhelmingly to Authorize Strike at Brigham and Women's Hospital for a Fair Contract that Addresses Unsafe and Unsustainable Patient Care Conditions

The Brigham and Women's Hospital nurses voted in overwhelming numbers on July 24 to authorize a one-day strike as nurses negotiate a contract to address the hospital's ongoing failure to recruit and retain the nurses necessary for safe patient care and quality working conditions. (Vote results: 2,507 yes to 16 no; 99.37% yes).

Brigham nurses' successful strike vote comes after they held an informational picket, brought in a federal mediator, and held 28 bargaining sessions over 10 months. The vote does not mean a strike will automatically take place. The BWH MNA Bargaining Committee will schedule a strike, if necessary, based on how management proceeds in negotiations following the vote. If a strike is scheduled, the committee must provide at least 10 days' notice. Brigham and Women's Faulkner Hospital nurses are also voting on July 25 to authorize a one-day strike.

"I am incredibly proud of Brigham nurses for standing up for their patients and nursing practice with this strike vote," said Kelly Morgan, a Brigham labor and delivery nurse and BWH MNA Chair. "We do not want to have to strike but are prepared to act if MGB executives keep putting patient safety at risk by not investing in our nursing workforce. We cannot continue caring for patients under these conditions, and the hospital cannot operate without its nurses."

"Nurses have been telling us for months they are willing to strike to protect their patients and each other. Today MGB executives heard loud and clear Brigham nurses are united!" said Jim McCarthy, a PACU nurse and BWH MNA Vice Chair. "While Brigham nurses fight for a competitive contract, executives are making millions in bonuses every year. We care for extremely sick and injured patients under the threat of violence without enough staff. MGB should be investing in nurses to make the Brigham safer for everyone."

## What Nurses are Fighting For

- **Improved staffing and patient care.**
  - The strike vote comes amid negotiations for a new contract, but the overall challenges faced by nurses are driving their actions.
  - In open meetings attended by 1,000+ nurses and in organizing conversations with thousands more, Brigham nurses have expressed grave concern over inadequate staffing levels and their impact on patient safety.
  - A competitive wage increase will help address widespread understaffing which puts patients and nurses at risk.
- **Health Insurance Choice**
  - Brigham nurses are dissatisfied with MGB health insurance. Many nurses are forced to use the insurance and experience long wait times for appointments and imaging, as well as out-of-network costs.
  - Nurses have delivered a petition signed by more than 3,200 nurses demanding the option to change insurance plans during annual enrollment.
  - Management has refused to provide permanent choice.
  - As part of their advocacy, nurses launched a series of videos expressing dissatisfaction with Mass General Brigham (MGB) health insurance and demanding better choice: https://www.massnurses.org/BrighamInsurance.
- **A Fair and Market-Competitive Wage Increase**
  - BWH has historically been a leader in acute care hospital wages.
  - Recently, other hospitals have offered similar if not higher wages, impacting BWH's ability to recruit and retain nurses.
  - Management refuses to even match the recent wage settlement of Dana-Farber Cancer Institute. The Brigham would fall even further behind and continue to face recruitment and retention problems.

## MGB's Wealth

- BWH routinely makes enormous profits, including $108.7 million in the fiscal year-to-date period ending June 30, 2023, and $123 million in FY2022, according to CHIA. System-wide, MGB made $81.6 million in profits in the first quarter of FY2024.
- Anne Klibanski, MGB's president and CEO, made a nearly 25% salary increase from 2020 to 2021, going from $4.3 million to more than $5 million.
- MGB is spending $2 billion expanding Mass General Hospital and Faulkner Hospital. This follows construction of a $465 million HQ in Somerville and a reported $100 million rebranding campaign. ■

# "Our Communities! Our Hospitals!"

## MNA Calls for Action by State Government to Prevent Loss of Steward's Carney and Nashoba Valley Hospitals

As the Commonwealth continues to struggle to protect hundreds of thousands of residents whose health and safety have been placed in jeopardy by the Steward crisis, the next few days and weeks are critical, not only for the survival of these hospitals but for the impact the potential loss of these facilities will have on the entire health care system across Eastern Massachusetts. Our success or failure as a state depends on the WILLINGNESS of all stakeholders to act, and none more so than our leaders throughout State Government who are responsible for protecting and ensuring the public health for all residents.

Let us be clear, for nurses, health professionals, and the entire healthcare workforce who have held the line throughout this process and are at the epicenter of this crisis working on the frontlines of these hospitals, as well as providing care in most of the facilities surrounding the Steward-impacted hospitals, the loss of Carney, Nashoba or any one of these hospitals would deal a devastating blow to our already overwhelmed hospital system, and as such there is no medical or moral justification for inaction by any party involved in this process.

### Bankruptcy Court's Rejection of Leases Opens Door to Securing New Operators

Coming out of Steward's recent bankruptcy court hearing, we were relieved that the court appropriately rejected the master lease covering the Massachusetts hospitals. We fully support this decision as necessary to allow new operators to negotiate new lease terms with the landlord (Medical Properties Trust and Macquarie Infrastructure Partners) for these hospitals. Negotiating new terms for lease and/or acquisition was and is the only way to ensure these hospitals are operationally viable for qualified bidders. We hope the stakeholders took to heart the judge's urging that they negotiate through the weekend in preparation for a hearing on this issue in Houston on Tuesday.

As to the fate of Carney Hospital and Nashoba Valley Medical Center, it is important to note that while the Bankruptcy Court's ruling authorized the closure of Nashoba Valley and Carney, it

did not mandate closure. As such, there is still an avenue to save those facilities as the court's relief from the previous onerous lease arrangement provides a renewed opportunity to revisit and engage with potential bidders for those two hospitals. The hope is that ongoing efforts by advocates and the state can facilitate finding new operators to save these facilities. We remain fully engaged in efforts to preserve these hospitals for these vulnerable communities and would ask all stakeholders to do the same.

We are pleased to learn that the Governor has stated that her administration supports Steward's adherence to the state law requiring 120 days' notice before the closure of Carney and Nashoba to allow for a transition to a new operator, and we call on the Attorney General to exercise her authority to enforce that law.

Menu of Options for State Action to Save All Impacted Hospitals and Protect Communities

In the event the bankruptcy process fails to protect these hospitals and the communities they serve, the MNA has and continues to call on our state's leaders to exhaust every avenue open to us to protect the public health, including the following options:

- We, along with a growing number of community members and policymakers call on the Governor and local Mayors to declare a public health emergency and exercise state and municipal power under that declaration to prevent closures while viable bidders for all the Steward facilities are found and secured.
- We call on Speaker Mariano and Senate President Spilka to access whatever funds are needed from the $8 billion rainy day fund to maintain the operation of the Steward facilities and to provide bridge funding to secure viable bidders for these hospitals and to foster a safe transition to new ownership. If the loss of these or any hospital impacted by this crisis does not constitute a "rainy day" worthy of accessing these resources to protect these communities, then we do not know what does.
- And if all else fails, we believe state and local leaders should explore the opportunity of seizing these hospitals by eminent domain as a means of preserving access to life saving care.

For the residents of the Commonwealth, no community is expendable, and all deserve our protection. Our state leaders, along with all stakeholders in this crisis have a pivotal choice to make in the crucial days that follow: we can sit back and allow a corrupt corporation and a limited bankruptcy process to dictate our fate and facilitate an unprecedented public health disaster, or we can all work together, utilizing all of our resources and the tools at our disposal to take back control of our health care system for the good of all. As stated above, the outcome of this process and the lives of thousands rests on those charged with protecting the Commonwealth having the moral courage and the willingness to act. ■

# Warren Seeks Consequences for 'Corporate Crimes' in Healthcare

U.S. Sen. Elizabeth Warren was joined by MNA nurses on June 12 while announcing new accountability to "corporate executives that loot our health care system."

Warren announced new legislation across the street from St. Elizabeth's Medical Center in Brighton, one of eight Steward Health Care hospitals in Massachusetts that face uncertain futures after Steward filed for bankruptcy.

Ellen MacInnis, a nurse who's worked at St. Elizabeth's for 26 years, said she understands that private equity is about generating returns for investors.

"I have a retirement plan. I want to make some money. Of course. Who doesn't want to do that?" she said after Warren's press conference. "What I do begrudge is Steward taking so many resources away from us and making it so tough to take care of patients and so severely understaffing us to get us to the point where we're having to make decisions and triage our resources." ■

# MNA Nurses at Faulkner Hospital Vote Overwhelmingly to Authorize Strike for Brigham Wage Parity to Address Unsafe Staffing and Patient Care Conditions

The approximately 500 registered nurses of Brigham and Women's Faulkner Hospital voted on July 25 to authorize a potential one-day strike. Nurses are preparing for a strike because after months of negotiations, Mass General Brigham refuses to provide Faulkner nurses wage parity with Brigham and Women's Hospital nurses, and thereby is failing to address longstanding unsafe staffing and patient safety issues.

Faulkner nurses voted 341 yes to 1 no for a potential 1-day strike – 99.7% yes.

"We are incredibly proud that Faulkner nurses came out in huge numbers to authorize a strike. Nurses are disgusted by MGB executives treating us unfairly for so long compared to Brigham and Women's Hospital," said Dan Rec, a Faulkner RN and Co-Chair of the MNA Bargaining Committee. "We are concerned about the damaging cycle of Faulkner nurses receiving lower pay than the Brigham, making retention and recruitment difficult, and leading to understaffing, danger, and stress."

"This powerful strike authorization vote shows that Faulkner nurses are united in standing up for our patients and the respect we deserve," said Kathy Glennon, a Faulkner RN and Co-Chair of the MNA Bargaining Committee. "MGB executives must address the wage disparity between Brigham and the Faulkner to properly value our nurses and ensure safe patient care conditions."

The vote results give the nurses elected to the Faulkner MNA Bargaining Committee authorization to hold a one-day strike if necessary. A strike date has not been selected. If scheduled, that date will be announced to the public once the hospital has been given the 10-day notice required by law. Faulkner nurses would then plan to hold a 24-hour strike unless Faulkner agreed to a fair contract by that date. ■

# Federal Mediator Joins Visiting Nurses Employed by Cape Cod Healthcare at the Contract Table

The 66 registered nurses working for the Visiting Nurse Association of Cape Cod (the VNA), recently invited a federal mediator to join their contract negotiations with Cape Cod Healthcare (CCHC) management.

The nurses' key concerns include CCHC's inability to retain and recruit nurses to the VNA due to low wages; the need for improved patient assignments; and the need for contract language that adjusts for the unique circumstances affecting care delivery to at-home patients on the Cape, such as distance between assignments, seasonal population increases, traffic, and the additional job responsibilities that happen outside of patients' homes.

## Lack of Competitive Wages Stand to Break the Cape's VNA System

The VNA currently employs approximately 66 MNA nurses, down from about 78. As recently as this month, 22 travel nurses were working for the VNA. Although travel nurses have always been part of the VNA's nursing mix on the Cape, these 22 travelers have been working during the off-season, making up a quarter of the VNA's nursing staff and to the tune of hundreds of thousands of dollars monthly.

"Our wages are not competitive, and they haven't been competitive in a very long time," said Michael Barry, RN, and chairperson of the VNA's MNA union. "With such uncompetitive wages in place, recruiting new permanent nurses to the VNA is almost impossible, and keeping our highly-skilled permanent nurses is no easier. Meanwhile, CCHC spends hundreds of thousands of dollars each month desperately trying to hold the VNA system together with temporary RNs."

The salary issue was compounded when, in early January of this year, CCHC president Mike Lauf took "a pro-active approach to wages" and recognized that "the market [had] changed for nursing pay." He then implemented a "significant interim wage adjustment" for RNs and LPNs at CCHC's Hyannis and Falmouth hospitals. Those wage improvements remain in place today but have yet to be extended to the VNA nurses.

## Patient Assignments Out of Step with Realities of VNA Care on the Cape

The CCHC VNA nurses care for patients across 1,000 square miles — an area accessible via one primary highway — and whose needs run along a long, complex spectrum. But how patients are assigned to VNA nurses does not involve the acuities of patients as it relates to the realities of nurses' workdays.

"The agency stated that the average visit is 42 minutes in the home, but this does not account for travel, patient acuity, and documentation completion," added Barry. "But that does not account for all the ancillary things we do around each visit. For example, we do prep work and documentation. We draw labs and deliver these labs to various locations for assessment. All of this happens outside patients' homes, but it is still part of the patient assignment. Add to this the differences in patients' acuity, the everyday SNAFUs that occur, and traffic and it becomes clear the patient assignments need to be reduced."

The nurses have put forth a configuration of proposals that would improve the situation, including reducing patient visits by two per week per nurse, and taking one patient less per day for every 30 miles a nurse travels from one assignment to the next.

"With the wage improvements we've proposed we will easily attract more VNA nurses to CCHC," said Diane Munsell, RN and co-chair of the nurses' union bargaining unit, "and that in turn will allow for patient assignments that are in line with the realities of our jobs. We hope that bringing a mediator to the table for the rest of the negotiations will help us achieve these goals."

## About Visiting Nurses

In recent years, many hospital-based services for patients have shifted to in-home services, making visiting nurses an essential and ever-expanding part of the American healthcare system. Hospitals now move patients back home faster than before, as doing so reduces costs and opens in-hospital beds. This has led to a dramatic increase in the size of the region's at-home patient population, as well as in the complexity of those patients. However, the working conditions for the VNA nurses who care for at-home patients have not kept pace with environmental changes or the market.

"Unlike CCHC management, we see the pivotal role we play in maximizing Medicare value-based compensation. Through our dedication and expertise, we consistently deliver exceptional care to patients, resulting in improved health outcomes and reduced healthcare costs," said Lisa Schultz, a CCHC VNA RN. "Our ability to provide high-quality care directly contributes to CCHC's success in meeting Medicare's value-based compensation criteria. We have also successfully minimized the likelihood of readmissions after the 30-day window. CCHC management needs to acknowledge these contributions, rather than viewing us as a separate entity." ■

# Dues Are How We Fund Our Organization; Stay in the Fight and be the Power Behind Our Professions!

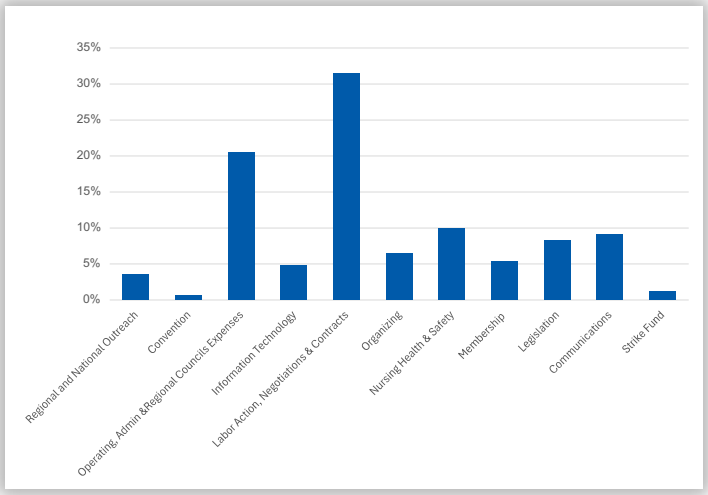
Across the state, MNA members have recently fought for and won union contracts that have included very significant wage increases to help in recruiting and retaining nurses and healthcare professionals. In addition, these contracts have improved conditions in our hospitals for both MNA members and our patients. Several of these breakthrough contracts are highlighted in the pages of this magazine (pgs. 3, 6), while others have been covered in local outlets and/or showcased at our annual convention and labor summit.

Many years ago, MNA members voted to create a dues structure that prompts an automatic, annual review of the minimum and maximum dues rates. This mandatory recalculation is based on all the wage scales negotiated in MNA contracts across the state. The minimum dues are calculated as the average of all Step Ones, and the maximum dues are calculated as the average of all Step Sevens.

The annual rate for MNA members is based on the base hourly rates (excluding differentials) and the monthly member dues are calculated as two times the base hourly rate (two hours of work for most MNA members).

This year, because of the strong bargaining/negotiating by our members at their contract tables, the MNA's minimum and maximum dues are increasing.

### How MNA Dues are Put to Use




As of July 1, the minimum monthly dues increased to $76.24, an increase of $4.26 per month. The maximum monthly dues will now be $96.42, which is an increase of $4.66 per month. This information has been shared and continues to be shared on the MNA's website and social media platforms. Additionally, it was emailed to all members who have personal emails on file with us.

Please see the dues guide for additional information, including the addition of local unit dues where they apply. ■

## Massachusetts Nurses Association QUICK GUIDE TO DUES

FOR JULY 2024 - JUNE 2025

- **Your MNA Dues are based on your base hourly rate of pay (excluding any differentials or bonuses).**
- **The monthly amount of dues for MNA shall be two times the individual member's base hourly rate of pay (excluding any differential or bonus).**
- **Established minimum and maximum rates are effective 7/2024 through 6/2025 and are $76.24/month minimum, $96.42/month maximum.**

### If you earn as your BASE hourly rate…

| $38.12 or less per hour<br>Your monthly amount = $76.24 (the minimum) | | Between $43.17 and $48.21<br>Your monthly amount = 2x your hourly rate | $48.21 or more per hour<br>Your monthly amount = $96.42 (the maximum) |
|---|---|---|---|
| **CATEGORY** | **ELIGIBILITY** | **DUES RATE PER CATEGORY** | **EXAMPLES W/BASE RATE (BR)** |
| **Full Membership** | - Employed Full Time, Part-time or Per Diem Registered Nurse | **monthly dues equals 2X base hourly rate w/ established min. & max.** | BR => $35/hr 2x35 = $70 • **You pay $76.24/mo* (the min.)**<br>BR => $43/hr 2x43 = $86 • **You pay $86/mo***<br>BR => $50/hr 2x50 = $100 • **You pay $96.42/mo* (the max.)** |
| **Reduced Membership** | - Full Time Student **(Min 12 credits undergrad/semester, 9 credits grad/semester). Documentation required**<br>- New Grad from basic nursing or health care professional program **(within 6 months of graduation)**<br>- Age 62 or over **AND** not earning more than Social Security system allows. | **monthly dues equals 50% of 2X base hourly rate w/ established min. & max.** | BR => $35/hr 2x35 = $70 • **You pay 50%x71.98 = $38.12/mo***<br>BR => $43/hr 2x43 = $86 • **You pay 50%x78 = $43/mo***<br>BR => $50/hr 2x50 = $100 • **You pay 50%x96.42 = $48.21/mo*** |
| **Agency Service Fee** | - Non-member category - bargaining unit contract compliance only. | **monthly dues equals 95% of 2X base hourly rate w/ established min. & max.** | BR => $35/hr 2x35 = $70 • **You pay 95%x76.24 = $72.43/mo***<br>BR => $43/hr 2x43 = $86 • **You pay 95%x86 = $81.70/mo***<br>BR => $50/hr 2x50 = $100 • **You pay 95%x96.42 = $91.60/mo*** |
| **Health Care Professionals** | - Non-RN | **Annual dues equal $686.16***<br>**for July 2024 through June 2025** | |

**Local bargaining unit dues are additional fees agreed to and collected by some bargaining units for use by the members of the bargaining unit and must be added to dues amount.*

# Proposed Amendments to the MNA Bylaws
# MNA Annual Meeting – October 9, 2024

The MNA Bylaws Committee present the following Bylaw amendments for consideration for adoption at MNAs Convention October 9, 2024. Members should review these prior to the discussion and vote which are scheduled to take place during the Annual Business Meeting at Convention on October 9, 2024 at the Margaritaville Resort (formerly the Cape Codder), Hyannis, MA.

Please note that language in ~~**red bolded print with strikethrough**~~ is for **deletion** and language in **blue bolded print with underlining** is for **addition**.

| **PROPOSED AMENDMENTS NO. 1.** | | |
|---|---|---|
| **CURRENT LANGUAGE** | **PROPOSED** | **IMPACT** |
| Article III, Regional Councils<br>Section 6 ( a)<br><br>Section 6: Regional Dues<br>a. Regional dues shall be a part of the annual MNA dues. MNA shall collect regional dues, equalized at $30 per member annually, and designate such dues to an individual fund within the MNA for each region to use in a manner consistent with Section 3 of this Article and in compliance with any applicable laws.<br>b. Any proposed increase in regional dues must be first recommended by a majority of the Regional Councils and then approved by a majority vote at the MNA annual business meeting. Dues may not vary from region to region.<br>c. Notification of a proposed change will comply with Article II, Section 7:a., and c. | Article III, Regional Councils<br>Section 6 (a)<br><br>Section 6: Regional Dues<br>a. Regional dues shall be a part of the annual MNA dues. MNA shall collect regional dues, equalized at $30 per member annually, and designate such dues to ~~an individual~~ **a regional** fund within the MNA for each region to use in a manner consistent with Section 3 of this Article and in compliance with any applicable laws.<br>b. Any proposed increase in regional dues must be first recommended by a majority of the Regional Councils and then approved by a majority vote at the MNA annual business meeting. Dues may not vary from region to region.<br>c. Notification of a proposed change will comply with Article II, Section 7:a., and c. | **Impact Statement:**<br>If adopted, this amendment would provide equitable access to funding across the MNA membership.<br><br>**Proposed by** the MNA Board of Directors<br><br>**Presented by** the MNA Bylaws Committee<br><br>**Recommended by** unanimous vote of the MNA Board of Directors |

## Did you know...

**SPHM challenges in the home healthcare setting are working with patients and families with their own habits and mind set. Injuries in the home healthcare setting are 6.4 per 100 full time staff, which is two times the rate of hospital staff.**

*Vyas, S. (2023, September). SPHM Considerations in the Home Health Care Setting. PowerPoint presented at the MNA SPHM Conference, Norwood, MA.*

The MNA's **Congress on Health & Safety** and **Safe Patient Handling & Mobility Task Force** are here to help with your workplace health and safety concerns. Reach them at 781-821-4625 and by asking for the Division of Nursing.

MNA℠ Massachusetts Nurses Association

# CNE
*continuing nursing education*

**For Autumn 2024 Continuing Education Program registration: Members register by signing in to the MNA App/events section or sign in to the website https://mna.yourassociation.org, and click the CE Programs/Events button. Non Members register by contacting: Liz Chmielinski at 781-830-5719 or echmielinski@mnarn.org**

## In-Person Offerings

### Region 1

#### Fundamentals of Workers' Compensation: Information You Need To Know

**Description:** Work-related injuries or diseases can alter a worker's life. Nurses and healthcare professionals need to know typical barriers in accessing timely Workers' Compensation-related healthcare, including current legal and union protections. The presentation will utilize case studies to focus on the essential steps individuals must take when reporting and documenting an injury to avoid greater possible negative health and economic impacts.
**Presenters:** Attorney Charles Donoghue; Christine Pontus, MS, RN, COHN-S/CCM
**Date:** Thursday, October 24, 2024
**Time:** 5 – 5:30 p.m., Registration/Dinner; 5:30 – 7:30 p.m., Program
**Location:** Delaney House; 3 Country Road, Holyoke; delaneyhouse.com
**Fee:** Member/Associate Member, free. However, a $25 placeholder fee, which will be returned upon attendance, is required to complete registration. Non-Members: A $95 charge is required; call for registration.
**Continuing Education Credits:** Will be provided

### Region 2

#### Supporting Families with Advanced Care Planning Needs

**Description:** Registered nurses caring for patients in emergency departments and intensive care units strive to support families who are caring for loved ones with emergent and terminal diagnoses. When a patient has not signed advanced care planning documents before their acute illness, nurses feel powerless to guide families through the legal, ethical, and spiritual challenges that influence the delivery of end-of-life care. This program will examine these issues and provide an update on the E-portal for sharing advance-directive documents that will be available in 2024 for persons living in the Commonwealth of Massachusetts.
**Presenters:** Thomas J. Carey, Jr., Esq.; Judith Pare, PhD, RN
**Date:** Thursday, September 26, 2024
**Time:** 5 – 5:30 p.m., Registration/Dinner; 5:30 – 8 p.m., Program
**Location:** The Beechwood Hotel; 363 Plantation Street, Worcester; beechwoodhotel.com
**Fee:** Member/Associate Member, free. However, a $25 placeholder fee, which will be returned upon attendance, is required to complete registration. Non-Members: A $95 charge is required; call for registration.
**Continuing Education Credits:** Will be provided

### Region 3

#### From MRSA to CRE: Addressing Antimicrobial Drug Resistance and Nursing Care Strategies

**Description:** This program will describe the difference between antimicrobial resistance (AMR) and antibiotic resistance as it explores the broader scope of AMR worldwide. The global concern and threat posed by antibiotic-resistant bacteria in healthcare facilities will be explained. Evidence-based infection control procedures will be described to combat antibiotic resistance, including when to isolate patients with AMR; decolonization measures to prevent transmission; environmental decontamination procedures for outbreak situations; and active surveillance to detect cross-contamination.
**Presenter:** Maureen Spencer, RN, MEd, CIC
**Date:** Wednesday, October 23, 2024
**Time:** 5:15 – 6 p.m., Registration/Dinner; 6 – 8 p.m., Program
**Location:** Massachusetts Maritime Academy, Beechmore Conference Center; 11 Buttermilk Way, Buzzards Bay; maritime.edu
**Fee:** Member/Associate Member, free. However, a $25 placeholder fee, which will be returned upon attendance, is required to complete registration. Non-Members: A $95 charge is required; call for registration.
**Continuing Education Credits:** Will be provided

#### Maternal and Neonatal Infections: Evidence-Based Nursing Approaches

**Description:** This program will explain the common infectious agents affecting pregnant individuals and newborns. Strategies for preventing vertical transmission to the fetus will be discussed. Best practice standards for infection control measures during labor and delivery will be outlined. The program will conclude with a discussion of neonatal sepsis, pneumonia, and other common infections as well as postpartum maternal infections.
**Presenter:** Maureen Spencer, RN, MEd, CIC
**Date:** Wednesday, October 30, 2024
**Time:** 5:15 – 6 p.m., Registration/Dinner; 6 – 8:15 p.m., Program
**Location:** DoubleTree by Hilton; 5400 Computer Drive, Westborough; doubletreehiltonwestborough.com
**Fee:** Member/Associate Member, free. However, a $25 placeholder fee, which will be returned upon attendance, is required to complete registration. Non-Members: A $95 charge is required; call for registration.
**Continuing Education Credits:** Will be provided

### Region 4

#### We Cannot Change the Past, But We Can Change How We Treat a Person: Person-centered Care Starts with Healthcare Professionals

**Description:** Patients with substance use disorder are a medically and socially vulnerable population, and often experience overdose, co-occurring mental illness, and chronic disease. Despite the need for healthcare, these patients are often reluctant to seek care because of stigma and previous negative experiences within the healthcare system. Through lived experience, this program will examine how person-centered care impacts health disparities and changes attitudes for patients and healthcare professionals.
**Presenters:** Frank Loguidice, MSW, LCSW; Ellen MacInnis, RN
**Date:** Tuesday, October 29, 2024
**Time:** 5 – 6 p.m., Registration/Light Dinner; 6 – 8:15 p.m., Program
**Location:** Danversport Yacht Club; 161 Elliot Street, Danvers; 978-774-8620; danversport.com
**Fee:** Member/Associate Member, free. However, a $25 placeholder fee, which will be returned upon attendance, is required to complete registration. Non-Members: A $95 charge is required; call for registration.
**Continuing Education Credits:** Will be provided

## Region 5

### The Nurse's Role in Organ Donation

**Description:** With the need for life-saving organs being more critical than ever, nurses play a key role in organ donation and have the unique opportunity to care for both the dying patient and support the patient's family. This experience allows for the nurse to improve countless lives through the gifts of organs, tissue, and eye donations. Case studies and assessment skills required to screen for potential donors will be discussed.
**Presenter:** Heather Ballard, RN
**Date:** Tuesday, October 22, 2024
**Time:** 5:30 – 6 p.m., Registration/Light Supper; 6 – 8:15 p.m., Program
**Location:** MNA Headquarters; 340 Turnpike Street, Canton
**Fee:** Member/Associate Member, free. However, a $25 placeholder fee, which will be returned upon attendance, is required to complete registration. Non-Members: A $95 charge is required; call for registration.
**Continuing Education Credits:** Will be provided

### Addressing the Commercial Sexual Exploitation of Children (CSEC): A Public Health Issue

**Description:** CSEC is an ever-changing form of interpersonal violence impacting all communities across the Commonwealth. Nurses are in a unique position to identify and support patients who are experiencing this abuse and provide interventions that can connect survivors to services for a safe exit and healing trajectory. Hear from a survivor of CSEC, turned doctoral-prepared nurse practitioner, as she discusses strategies for identification and connection to youth experiencing or at risk of commercial sexual exploitation.
**Presenter:** Rachel Niemiec, DNP, FNP-C
**Date:** Thursday, November 21, 2024
**Time:** 5:30 – 6 p.m., Registration/Dinner; 6 – 8:15 p.m., Program
**Location:** MNA Headquarters; 340 Turnpike Street, Canton
**Fee:** Member/Associate Member, free. However, a $25 placeholder fee, which will be returned upon attendance, is required to complete registration. Non-Members: A $95 charge is required; call for registration.
**Continuing Education Credits:** Will be provided

## General In-Person CE

### Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS) Course

**Description:** Participants will obtain both a BLS and ACLS Certification upon the successful completion of the course. New certification participants must attend both Day 1 and Day 2 sessions. Recertification participants are welcome to attend Day 1 but are only required to attend the Day 2 Skills Session either from 9 a.m. to 12 p.m. or 12:30 to 3:30 p.m. Presenters: Carol Mallia, MSN, RN; Mary Sue Howlett, Ph.D., RN/FNP-BC, CEN; Charlene L. Verga, MSN, RN, CEN, LNC; other instructors for the clinical session
**Dates:** Tuesday, September 17, 2024 (Certification)
Tuesday, October 1 (Recertification only)
**Time:** Day 1-Tuesday, September 17, 2024-9 a.m. – 4 p.m.
Day 2-Tuesday, October 1, 2024-Two Sessions:
Session One: 9 a.m. – 12 p.m.
Session Two: 12:30 – 3:30 p.m.
**Location:** Day 1 – MNA Headquarters; 340 Turnpike Street, Canton
Day 2 – MNA Headquarters; 340 Turnpike Street, Canton
**Book/Card Fee:** Certification — MNA Member/Associate Member, $50; Non-Member, $250. Recertification — MNA/Associate Member, $50; Non-Member, $250
**Continuing Education Credits:** WILL NOT BE AWARDED FOR ACLS/BLS
**MNA Contact:** To register, please contact Liz Chmielinski at 781-830-5719 or email echmielinski@mnarn.org

### Safeguarding your Nursing License & Protecting Your Livelihood

**Description:** The responsibility of a licensed nurse includes knowledge of, and adherence to, the laws and rules that govern nursing as outlined in the Nurse Practice Act and regulations. This program will discuss the process of Massachusetts nurse licensure, protective measures nurses can take for their license, and navigating a complaint filed with the Massachusetts BORN.
**Presenter:** Charlene L. Verga, MSN, RN, CEN, LNC, CARN
**Date:** Tuesday, October 15, 2024
**Time:** 5:30 – 6 p.m., Registration/Light Supper; 6 – 8:15 p.m., Program
**Location:** MNA Headquarters; 340 Turnpike St. Canton
**Fee:** Member/Associate Member, free. However, a $25 placeholder fee, which will be returned upon attendance, is required to complete registration. Non-Members: A $95 charge is required; call for registration.
**Continuing Education Credits:** Will be provided

## Virtual Offerings

## Region 1 Virtual Offering

### Management of Bloodborne Pathogen (BBP) Exposures

**Description:** Nurses, first responders, and other healthcare workers are at risk of contracting bloodborne diseases. The three most common bloodborne pathogens workers are exposed to during their daily activities while caring for patients are human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV). This program will discuss the currently known best practices to effectively care for oneself and others following a bloodborne pathogen(s) exposure.
**Presenter:** Ann Zaia, PhD, CNP, ScM, MSN, MHA, CHE, COHN-S, FAA
**Date:** Tuesday, December 3, 2024
**Time:** Pre-Program Login, 5 – 5:30 p.m.; Program, 5:30 – 7:30 p.m.
**Location:** This program is a live "Virtual Continuing Educational Program" offered via Zoom.
**Fee:** Member/Associate Member, free. However, a $25 placeholder fee, which will be returned upon attendance, is required to complete registration. Non-Members: A $95 charge is required; call for registration.
**Continuing Education Credits:** Will be provided
**Note:** Physical therapists who attend this program will be eligible to receive continuing education hours (CEH) following successful submission of program requirements and post-program evaluation. Information provided during this program should be used within the scope of practice for physical therapists.

## Region 2 Virtual Offering

### Management of Bloodborne Pathogen (BBP) Exposures

**Description:** Nurses, first responders, and other healthcare workers are at risk of contracting bloodborne diseases. The three most common bloodborne pathogens workers are exposed to during their daily activities while caring for patients are human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV). This program will discuss the currently known best practices to effectively care for oneself and others following a bloodborne pathogen(s) exposure.
**Presenter:** Ann Zaia, PhD, CNP, ScM, MSN, MHA, CHE, COHN-S, FAAOHN
**Date:** Wednesday, November 13, 2024
**Time:** Pre-Program Login, 5 – 5:30 p.m. Program, 5:30 – 7:30 p.m.
**Location:** This program is a live "Virtual Continuing Educational Program" offered via Zoom.
**Fee:** Member/Associate Member, free. However, a $25 placeholder fee, which will be returned upon attendance, is required to complete registration. Non-Members: A $95 charge is required; call for registration.
**Continuing Education Credits:** Will be provided
**Note:** Physical therapists who attend this program will be eligible to receive continuing education hours (CEH) following successful submission of program requirements and post-program evaluation. Information provided during this program should be used within the scope of practice for physical therapists.

## Region 3 Virtual Offering

### Responding to an Unsafe Patient Assignment: Legal, Moral, and Practical Implications

**Description:** This program will provide nurses with the advocacy skills and communication strategies to respond when they hear, "Just do your best" when nursing judgment determines they cannot safely meet the needs of the patient. Discussion topics include patient abandonment, mandatory overtime, and assuming an assignment under duress or objection. Documentation of unsafe assignments and mandatory overtime will be explored. The program will explain who should accept the liability and responsibility for an unsafe assignment.
**Presenters:** Joe-Ann Fergus, PhD, RN; Mary Sue Howlett, PhD, RN/FNP-BC, CEN; and Carol Mallia, MSN, RN
**Date:** Monday, November 4, 2024
**Time:** Pre-Program Login, 5:30 – 6 p.m. Program, 6 – 8 p.m.
**Location:** This program is a live "Virtual Continuing Educational Program" offered via Zoom.
**Fee:** Member/Associate Member, free. However, a $25 placeholder fee, which will be returned upon attendance, is required to complete registration. Non-Members: A $95 charge is required; call for registration.
**Continuing Education Credits:** Will be provided

## Region 4 Virtual Offering

### Staying Out of Court: A Legal Update for Nurses

**Description:** Nurses are now ranked as the second most commonly named defendant in a malpractice lawsuit. This program will describe the anatomy of a lawsuit including potential sources of claims and documentation issues as well as the chain of command utilized to address patient concerns. The program will include case study and analysis.
**Presenter:** Janell L. Forget, JD, BSN, RN, CPHM; Dennis R. Anti, JD
**Date:** Tuesday, September 24, 2024
**Time:** Pre-Program-Login, 5:30-6 p.m. Program, 6– 8:15 p.m.
**Location:** This program is a live "Virtual Continuing Educational Program" offered via Zoom.
**Fee:** Member/Associate Member, free. However, a $25 placeholder fee, which will be returned upon attendance, is required to complete registration. Non-Members: A $95 charge is required; call for registration.
**Continuing Education Credits:** Will be provided

## Region 5 Virtual Offering

### Gender-Affirming Care for a New Generation

**Description:** There are about 1.4 million transgender people in the United States, which is about the same as the prevalence of type 1 diabetes. Rates of transgender identity are increasing among youth, with 2.9% of Massachusetts high school students describing themselves as transgender or questioning their gender. Yet, many in healthcare have little to no formal education about how to provide appropriate care to transgender identity including the social, legal, and medical steps that transgender people may take to affirm their identities and how transgender people experience the healthcare system through the lens of minority stress. We will also talk about developmental perspectives on gender identity among youth and strategies for supporting transgender and questioning youth in school and primary care settings.
**Presenter:** Eli Goldberg, MD
**Date:** Thursday, December 5, 2024
**Time:** Pre-Program Login, 5:30 – 6 p.m.; Program, 6 – 8:15 p.m.
**Location:** This program is a live "Virtual Continuing Educational Program" offered via Zoom.
**Fee:** Member/Associate Member, free. However, a $25 placeholder fee, which will be returned upon attendance, is required to complete registration. Non-Members: A $95 charge is required; call for registration.
**Continuing Education Credits:** Will be provided
**Note:** Physical therapists who attend this program will be eligible to receive continuing education hours (CEH) following successful submission of program requirements and post-program evaluation. Information provided during this program should be used within the scope of practice for physical therapists.

## General Virtual Offerings

### The Complexities of Nurse Licensure Compact: What Nurses Need to Know

**Description:** One of the greatest factors that can affect a nurse's experience — with everything from nurse-practice standards and continuing education to patient safety and work satisfaction — is the state in which they are licensed. Yet, forty-one states have joined the "Enhanced Nurse Licensure Compact" (NLC), which allows nurses who are licensed in one "Compact" state to practice in any other "Compact" state without having to obtain additional licensure. During this CE program, presenters and attendees will discuss the realities of Massachusetts possibly entering the Enhanced Nurse Licensure Compact and what it could mean for nurses' licenses and practice.
**Presenters:** Megan Collins, MS; Elizabeth Turner, Esq., RN
**Date:** Wednesday, December 11, 2024
**Time:** Pre-Program Login, 5 – 5:30 p.m.; Program, 5:30 – 8:30 p.m.
**Location:** This program is a live "Virtual Continuing Educational Program" offered via Zoom.
**Fee:** Member/Associate Member, free. However, a $25 placeholder fee, which will be returned upon attendance, is required to complete registration. Non-Members: A $95 charge is required; call for registration.
**Continuing Education Credits:** Will be provided

*The Massachusetts Nurses Association is accredited as a provider of Nursing Continuing Professional Development by the American Nurses Credentialing Center's Commission on Accreditation.*

*The Massachusetts Nurses Association is a private, non-profit professional membership organization for nurses in the Commonwealth. MNA encourages and appreciates the benefits of the diverse perspectives of our members in our events, programs, and educational offerings. Nonetheless, MNA reserves the right, at its sole discretion, to restrict, or to exclude the participation of any member(s) or guest(s )from any event, program, or educational offering when MNA reasonably believes that there is an actual or potential conflict of interest or other relevant factor that may adversely affect the full and fair participation of other members or guests in attendance.*


MNA Massachusetts Nurses Association
LABOR SCHOOL **Fall 2024 Agenda**

**Four-Week Fall Virtual Labor School Series: The Basics**

**Wednesday evenings starting September 4**

- The Rights and Responsibilities of Union Members
- Components of a Union Contract
- Contract Bargaining Basics
- Enforcing your Union Contract

**For more information or to register, call Dayana Ocasio at 781-830-5723.**

# CONVENTION 2024

MNA℠ Massachusetts Nurses Association

## October 8-10 Margaritaville Resort Hyannis, MA

# SCHEDULE

### Tuesday, October 8

| | |
|---|---|
| **5 – 6 p.m.** | Reception and welcome |
| **6 – 9 p.m.** | Awards dinner |

### Wednesday, October 9

| | |
|---|---|
| **9 – 10 a.m.** | Registration and breakfast |
| **10 a.m. – 12 p.m.** | Business Meeting |
| **12 – 1:15 p.m.** | Unit 7 Meeting and lunch |
| **12 – 1:15 p.m.** | Lunch, vendors and break |
| **1:15 – 3 p.m.** | Labor action |
| **3 – 4 p.m.** | Bargaining unit reports |
| **4 – 5 p.m.** | *Continuous Bargaining* • Nancy Lessin, Labor Activist |
| **5 – 6 p.m.** | President's reception |
| **6 – 9 p.m.** | Member's Fun Night |

### Thursday, October 10

| | |
|---|---|
| **8:30 – 9:30 a.m.** | Registration and breakfast |
| **9 – 10 a.m.** | PAC meeting |
| **10 – 10:30 a.m.** | Break |
| **10:30 a.m. – 12 p.m.** | *Empowering Change in Healthcare*<br>Lynette Charity, MD |
| **12 – 1:15 p.m.** | Lunch |
| **1:15 – 2:30 p.m.** | *AI in Healthcare* • Janell Forget, JD, BSN, RN, CPHRM |
| **2:30 – 3 p.m.** | Evaluation and closing |

## "Stay and Play on the Cape"

The Cape has so much to offer and October is a great time to discover it:

*We look forward to seeing you here!*

MNA℠ Massachusetts Nurses Association

# CONVENTION 2024

## October 8-10

## Margaritaville Resort

## Hyannis, MA

Business Meeting ✶ Unit 7 Meeting ✶ Continuing Education
Labor Speaker ✶ President's Reception ✶ Member Fun Night
MNA Awards Dinner

**REGISTER by signing into to the MNA app and click on events, or follow the QR code to the MNA website, login and click on the CE Programs/Events button**

***Registration will be available August 1***

## INFORMATION:

### Hotel Accommodations

A discounted early booking rate has been reserved for Convention attendees. Members must book their rooms directly with a credit card hold, by calling Mikayla Rocheleau at 508-568-2958 or emailing her at mrocheleau@capecodderresort.com.* When contacting the hotel, be sure to identify yourself as a member attending the MNA Convention in order to receive the preferred group rates. You must call to reserve your hotel room by **September 8, 2024** in order to receive the discounted rate**.** The Margaritaville Resort of Cape Cod has a water park which can be added to your reservation for the discounted rate of $10 per night. Please be advised that group rates have a seven day cancellation policy.

***If using a credit card hold poses a concern, call Judy Parè at 781-330-7131 for alternatives.***

Advance deposits are refundable for individual cancellations received at least seven days prior to guest arrival date. Cancellation of a reservation within seven days of arrival, or failure to check in on the scheduled arrival date, will be charged a penalty of one night's room rate plus tax. An early departure is considered a cancellation. If any group member decides to shorten the length of their stay within seven days of arrival, the penalty of one night's room rate plus tax will apply.

**Reimbursement forms will be provided to attendees at the Convention and can be submitted at the conclusion of the event.**
**MNA will be reimbursing members up to $390 for two days and $195 for one day for hotel.**

### Chemical Sensitivity

Attendees are requested to avoid wearing scented personal products when attending the 2024 MNA Convention. Scents may trigger responses in those with chemical sensitivity.

### Contact Hours

Contact hours will be provided for the two educational sessions on Thursday of this conference. These programs meet the requirements of the Massachusetts Board of Registration in Nursing for contact hours for re-licensure. In terms of specialty certification, these programs will provide contact hours. The Massachusetts Nurses Association is accredited as a provider of Nursing Continuing Professional Development by the American Nurses Credentialing Center's Commission on Accreditation.

The Massachusetts Nurses Association is a private, non-profit professional membership organization for nurses in the Commonwealth. MNA encourages and appreciates the benefits of the diverse perspectives of our members in our events, programs, and educational offerings. Nonetheless, MNA reserves the right, at its sole discretion, to restrict, or to exclude the participation of any member(s) or guest(s )from any event, program, or educational offering when MNA reasonably believes that there is an actual or potential conflict of interest or other relevant factor that may adversely affect the full and fair participation of other members or guests in attendance.

*To successfully complete a program and receive contact hours you must: 1) sign in, 2) be present for the entire time period of the session and 3) Complete the evaluation.*

**Schedule on opposite side →**