the Massachusetts nurse ADVOCATE

THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION ■ VOL. 93 NO. 4

Autumn Actions!

November/December 2023

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Congratulations to the 2023 MNA Award Recipients!

Presented on Oct. 12 at the Quincy Marriott Hotel as part of the MNA's Annual Convention

Amanda Kalavantis
MNA Excellence in Nursing Practice Award

Dan Rec
The MNA Judith Shindul-Rothschild Award

Gail Fanselow
Doris Gagne Addictions Nursing Award

Melissa Abell-Bardsley
MNA Nursing Education Award

Meghan Mahoney (left)
MNA Bargaining Unit Rookie of the Year Award

Robin Lucia
MNA Mentor Award

Karen Coughlin
Eileen Norton Labor Activist Award

Felicia Daly
Elaine Cooney Labor Relations Award

Beth Mulholland
MNA Mentor Award

Dr. Joseph Shrand
Human Needs Services Award

Attorney Charles Donoghue
MNA Advocate for Nurses Award

Carrie Lill (left)
MNA Bargaining Unit Rookie of the Year Award

Christina Buxton
Elaine Cooney Labor Relations Award

Rep. Natalie Higgins (ctr.) with Leominster Hospital maternity nurses **Tara Corey** (left) and **Amy Gagnon**, both recipients of the MNA Image of the Professional Nurse Award

The MNA bargaining unit at Signature Healthcare Brockton Hospital was the recipient of this year's **MNA Solidarity Award**. Featured left to right: Joanne Kingsley, Karen Duffy, Deb Wilder, Cindy Boyd, Tanya Reynolds, Felicia Daly, and Jen Durant.

President's Column

Katie Murphy

Excerpts from the 2023 Business Meeting Remarks

It is my great honor and privilege to address you as President of the MNA for the third time at an MNA Business Meeting. As I travel this state, I have been amazed to see what our members and our bargaining units have accomplished in the face of what is truly a monumental crisis in the state of our healthcare system. You have made your voices heard and heeded in your workplaces, in your communities, in the halls of the State House and Congress, and in the media. While it is absolutely true that we are in the midst of a nursing crisis the MNA continues to be recognized as a formidable force for real change.

Yes, we have lost too many of our members, who have departed hospital bedsides due to years of understaffing compounded by the industry's failure to protect them during the pandemic, but that experience has made clear the true value of nurses in the public's eye and our members have capitalized on that change in perception.

This experience has radicalized our membership in a very positive way, as evidenced by members' willingness to take to the streets to picket or rally for better contracts, or to save an essential service, or for non-members, like the nurses at Framingham Union Hospital, to organize for the right to fight for what they deserve for themselves and their patients. In so doing, the public and the media have responded with unprecedented coverage of and sympathy for our issues.

In the past year, we have seen our members fight for and ratify strong contracts, with significant pay increases and other improvements in their working conditions. Because of this, and because of the years of advocacy by this organization, there has been a sea change in public opinion on some key issues of vital importance to our profession and the communities we serve.

First, regarding the true nature of the nursing crisis: With our work, we have made it clear there is no shortage of nurses but rather a shortage of nurses willing to work. Evidence of that came from the most unexpected of places: the Health Policy Commission (HPC). This is the same agency that, when we were attempting to pass Question 1 for safe patient limits, doomed the measure by issuing a report grossly overstating the cost of implementing the limits. But this year, when it compiled its recent report on the state of the current workplace shortages, the HPC turned to the MNA and accessed its annual surveys of nurses and other positions, finally came out with a position exactly in line with ours. This change will serve us well as we move forward at the table and in the legislature.

The second is regarding the closures of essential services. Over the course of the last twelve months, we have made the case that the state must have the power to protect our state's essential services. Case in point, our members' efforts to save the Birthing Center at Leominster Hospital. These folks utilized key MNA staff and resources to mobilize an amazing campaign that was front page and top TV news on a nearly daily basis (pgs. X). Ultimately, the Center was closed (pg. X) but, undaunted, these nurses and their numerous supporters are still campaigning, particularly on behalf of communities of color which are most at risk for harm from essential services closures.

This is who we are, we don't give up, we don't back down. We find a way. So, my message to you now, more than ever, is to make a stand, to walk that picket line, to sign that petition, to testify at the state house, to join that rally, to take that strike vote, and, if needed, to go out on strike for what you believe.

Katie Murphy RN

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MNA Massachusetts Nurses Association

Leominster Nurses & Community Coalition Made Heroic Fight to Save Birthing Center

Campaign Captures Daily Headlines and Unprecedented Support, Spurring Statewide Debate Over Need to Change Laws to Protect Essential Services

Anyone turning on a TV in Massachusetts or opening a newspaper in recent months was bound to have seen a weekly, if not daily, report about a heroic struggle by MNA nurses and their coalition partners to save the birthing center at Leominster Hospital from closure by UMass Memorial Health.

We reported on this effort in the August edition of this magazine, which at that time was limited to an initial visit to the Statehouse by nurses and community members in support of MNA legislation to increase the state's power to stop the closure of essential services such as the birthing center. Since then, the nurses, working in concert with Community United to Save OUR Birthing Center, a coalition of residents, caregivers, health and social justice advocates, as well as state, federal, and municipal public officials, pushed every lever of public, legislative, and judicial power to reverse this tragic decision. In the end, the closure moved forward, but not for a lack of hard work, passion, and dedication. Below are some of the highlights from this righteous campaign:

In mid-August, a week prior to a public hearing on the closure, the DPH issued a report detailing a dramatic increase in maternal/child health complications for Black and Brown mothers throughout the Commonwealth, with the Healy administration stating that "we need to do better as a state responding to that crisis."

The DPH hearing was held and more than two hundred attendees, mobilized by the coalition, turned out in opposition to the closure, with no one except UMass administrators voicing support. At that hearing, testimony was offered that dispelled every single contention offered by UMass as justification for the closure.

Soon after, the DPH issued a strong finding that this was an essential service (stronger than any such letter we have seen in more than 30 years of covering every such closure). It called into question all the rationale offered by the hospital and at the end asked them to consider keeping it open.

During this time, community support for the service continued to build with more than 4,000 residents and others signing onto the campaign, with hundreds of folks posting lawn sides outside their homes in five different languages, while local businesses posted information in their windows supporting the service. The coalition held a Baby Brigade on the town common, again highlighting the evening news.

Also, while this process was going on, the nurses continued to report a number of instances where moms came to the hospital in active labor with minutes to spare prior to delivering. In one case, reported by TV 5, a mom who suffered a ruptured uterus, publicly stated that she would have died, and her baby would have died if not for the birthing center's existence.

As required under the law, the hospital presented a plan to delineate actions they would take to mitigate the harm caused by the closure. It was embarrassingly weak and insulting to anyone following the issues.

During this time, the NAACP issued a letter opposing the closure due to its impact on communities of color, citing the DPH's own report detailing the growing maternal child health crisis in the state, concluding with a statement that this closure would "kill Black and Brown people."

A week later the March of Dimes, the nation's leading authority on issues of access to maternal child health services, issued its own letter opposing the closure, stating that it would jeopardize the safety of birthing mothers throughout all of Worcester County, and would result in a maternity dessert for Northern Worcester County.

The City of Leominster hired attorneys who responded to the hospital's plan, providing a scathing analysis of its shortcomings, while also detailing specific legal avenues the DPH and the administration could take to stop this closure. The MNA also offered a critique of the closure.

The DPH itself followed up on the hospital's plan with another scathing rebuke of their positions, going as far as to request that they delay the closure.

To educate the Board of Trustees for the UMass system, both the community coalition opposing the closure and the North County delegation of legislators made appeals to the Boards of Trustees to meet, both of which were rejected.

During this time, the Governor made a political visit to a locally owned farm in Fitchburg in support of local farm policy. In a striking example of serendipity, this very farm was owned by one of the post-partum nurses at the Birthing Center, who agreed to allow fellow maternity nurse Tara Corey and a member of the community coalition to take some time with the governor to educate her about the closure and its impact on the community.

The meeting had an immediate impact on the governor, as she left the farm and headed directly to the birthing center for a surprise visit, where she met with the nurses on the unit, took a tour of the unit, and learned from those on the front lines what this closure meant to the community served by the center. At this point, hopes were raised by all in this fight.

On September 11, the legislative delegations from all of Worcester County held a press conference in Worcester, which featured testimony by nurses who work at UMass Memorial in Worcester, the hospital that UMass touts can easily absorb the 500 – 700 patients seen annually at the Leominster birthing center, where the nurses made clear that they are struggling to provide safe care to the patients they have now and are in no position to safely take on the patients from North County.

The message at this point was for the governor to use her authority and power to intervene to stop the closure and save the community.

On the same day, UMass responded to DPH again, flatly rejecting its call to delay the closure, stating they were going full speed ahead with their closure on September 23. This was also the day when the region was deluged with rain, causing devastating flooding that resulted in a declared emergency.

Once again, the City of Leominster's attorneys issued a letter to DPH criticizing the UMass plan, and once again spelling out legal mechanisms that might be employed to stop the closure. They also made the humane request that the closure be delayed given the impact of the flooding and the state of emergency now in place. Coldly, and unbelievably, UMass Memorial refused to alter its plan to close the unit, regardless of the crisis this community now faced.

That same week, the governor reached out to State Representative Natalie Higgins, a member of the coalition and true champion in this struggle, as well as to other local officials to voice her interest in exploring her options for saving the center.

As the deadline for the closure neared the coalition stepped up its advocacy, mobilizing thousands of calls and emails to the governor. The weekend before the closing, the MNA got word that she was still interested in doing something to stop the closure. The coalition mobilized a candlelight vigil two days before the closure to once again shine a light of hope that the governor would act.

But the governor balked and refused to act, and the DPH, despite declaring the center an essential service, and despite calling for a delay in the closure, stood down and allowed UMass to close the service on Saturday, September 23.

While a painful blow to the nurses and the community, all who participated in this campaign were buoyed by the unity and perseverance displayed by so many throughout this struggle. The nurses were hailed as heroes, and the media covered the governor's decision and the impact it might have on the region. No less than four major newspapers including The Boston Globe, took strong editorial positions opposing the closure while also calling out for the need to change state law to give the DPH and the state the authority to stop such closures in the future.

Yes, we lost this battle, but we won the overall issue and elevated the level of debate in the view of the media and the legislature regarding the need for legislation to give the state the power to stop closures of any services that are essential to the health of the communities they serve.

The final word and our mission going forward is best expressed by Tara Corey, a birthing center maternity nurse and powerful spokesperson for the service, who posted on her "Leave Labor in Leominster" Facebook page: "Healthcare needs to change. This CANNOT keep happening. I plan to spend the rest of my career advocating for change and working to create needed legislation alongside the amazing people I have met throughout his journey. Amy [Amy Gagnon, maternity nurse on the unit] and I testified at the Statehouse in June for some of that legislation, and we are hoping to hear that it will move forward. Labor should have been left in Leominster … I loved working at the birthing center and do not regret any of it. I can only hope for a better future for our community, our families, and healthcare in general." ■

Unit 7 MNA RNs and Healthcare Professionals Picket to Reveal the Problems Facing the Caregivers, Patients, and Clients at Healthcare Facilities and Group Homes Operated by the Commonwealth

Nurses and healthcare professionals (HCPs) from across the Commonwealth who are employed by the state of Massachusetts and unionized with the Massachusetts Nurses Association (under the title "Unit 7") converged on 1 Ashburton Place in Boston on October 11 outside of the building. The picket drew attention to the state's ongoing, systemic problems with staff recruitment and retention, dangerous working conditions, and understaffing.

The nurses and HCPs, who recently began contract talks with the state, are committed to winning contract language that will address these problems and restore the quality of care that patients and clients in state-run facilities deserve.

Patients and clients in Massachusetts' owned and operated healthcare facilities, centers, and group homes are often among the state's most at-risk and vulnerable citizens. With state services reaching into every corner of the Commonwealth and touching an exceptionally diverse group of patients and families, it is hard to argue that the role of the Unit 7 state healthcare worker is anything less than essential.

Yet, at nearly every state-run healthcare facility, there are not enough staff members or resources to provide the safe, quality care that patients and clients deserve.

"The working conditions are unhealthy and dangerous, and the wages are significantly behind the wages of other healthcare institutions," said David Guiney, a Department of Public Health RN at Tewksbury Hospital and co-chair of the Unit 7 Executive Board.

Unit 7 RNs and HCPs who start at the first step of their contractual wage scale will see a 67 percent wage increase by the time they reach the top step. Meanwhile, RNs working at other Massachusetts hospitals see an average increase of nearly 130 percent over the span of their contractual wage scales.

"Unit 7 staff leave because the working conditions are so bad and because the pay is so out of line," explained Guiney. "But because the conditions are so bad, and because the pay is so out of line the Commonwealth cannot replace them … nobody wants to take these jobs. It is a vicious cycle, and one that endangers patients and staff alike."

"Improvements will only come if the state listens to, respects, and values its nurses and HCPs," added Guiney. "Only then will they be able to hire and retain the staff needed to care for our patients the way they deserve. In the meantime, those vulnerable patients and clients are being put at risk unnecessarily."

The Unit 7 nurses and healthcare professionals are also reporting a significant uptick in workplace violence. "Many of our members work with patients combatting serious mental health issues, traumatic experiences, drug-use disorders, or all of the above," said Guiney. "Others are forensic clients. Without enough staff or resources, we cannot provide the care these patients need. They wait too long for care. They grow angry, anxious, and frustrated. Or they are prone to violent outbursts. Sometimes they do not even understand where they are and what is happening. But in the end, it does not matter because the result is the same: violent, dangerous behaviors and reactions that often, quite literally, land on our members. We have had enough. The state needs to do better by us and our patients."

A week prior to the Unit 7 picket, the MNA, in preparation for a legislative hearing on its workplace violence prevention bill, released the following data that reflects what the MNA's Unit 7 members are reporting:

- Acts of violence against healthcare workers occur at a rate five times to twelve times higher than the estimated rates for workers overall, according to a recent GAO report.
- Every 38 minutes in a Massachusetts healthcare facility, someone is either physically assaulted, endures verbal abuse, or is threatened, according to the Massachusetts Health and Hospital Association.
- Healthcare workers experience the most nonfatal workplace violence as compared to other professions, accounting for nearly 70% of all non-fatal workplace assaults, according to the U.S. Bureau of Labor Statistics.

Unit 7 members provide a variety of health care and mental health services to some of the most vulnerable citizens of the Commonwealth, including the developmentally disabled, mentally ill, the homeless, prisoners, medically compromised foster children, disabled veterans, HIV and drug-affected mothers, and children. For news coverage of the picket, visit https://fb.watch/o3ENVT6Zz6/ ■

Nurses at Dana-Farber Cancer Institute – Merrimack Valley Go on One-Day Strike and Flex Their Union Muscles

A one-day strike by Dana-Farber Cancer Institute (DFCI) – Merrimack Valley registered nurses and nurse practitioners began at 6:30 a.m. on Wednesday, September 27 because DFCI executives continued to refuse to make reasonable compromises with nurses to reach a fair contract. DFCI executives then went on to lock out nurses after the strike and spend precious patient care resources on travelers.

DFCI – MV nurses are seeking to secure existing benefits and receive competitive pay, which would enable them to provide the high-quality cancer care Merrimack Valley patients deserve. In all, the DFCI nurses were on the streets from Thursday, September 28 through the end of business on Friday, September 29

"It is outrageous that Dana-Farber executives opted to spend untold money on travelers and lock us out rather than simply meet the needs of nurses and support the cancer care we provide in Merrimack Valley," said Kate Mitchell, FNP-BC, AOCNP at DFCI – MV. "What does it say about Dana-Farber executives that they won't compromise with nurses on wages and benefits, but they can bring in outside nurses to extend a one-day strike into three days?"

Dana-Farber executives forced DFCI – MV nurses into a position to strike even as Dana-Farber announced plans to shift its affiliation from Brigham and Women's Hospital to Beth Israel Deaconess Medical Center and construct a freestanding inpatient cancer hospital. This plan will cost many millions of dollars, while DFCI refuses to make reasonable investments in its existing nurse and nurse practitioner workforce in Merrimack Valley.

DFCI – MV nurses voted 97% to authorize the strike on August 2. Additionally, they held an informational picket on June 2 attended by nurses, community members, union supporters, and elected officials. Among those in attendance supporting the nurses were State Senator Pavel Payano, D-Lawrence, and State Representative Ryan Hamilton, D-Methuen.

"As you know, these healthcare professionals are on the front lines of caring for patients and liaising with families," Rep. Hamilton wrote in an August 2 letter to Dr. Laurie Glimcher, president, and CEO of Dana-Farber. "They play a vital role here in Merrimack Valley by supporting patients through the hardship of a cancer diagnosis and bolstering our fight against this disease."

DFCI – Merrimack Valley opened in 2020 with 24 exam rooms and 32 infusion bays. The location offers expanded cancer and blood disorder care and outpatient services for adult patients in the region. DFCI – MV nurses voted in June and July 2022 to form a union and join the MNA.

Dana-Farber Financial Highlights

- DFCI made $110 million in profits (excess of revenue over expenses) during the fiscal quarter ending March 31, 2023, according to the Center for Health Information and Analysis. It made $87.5 million during the previous quarter.
- DFCI's total operating revenue for the first six months of FY2023 was approximately $1.5 billion, an increase of $196.9 million, or 15.7 percent, over the same period in 2022.
- Dr. Laurie Glimcher, president and CEO of Dana-Farber, saw a 15.4% increase in pay during the COVID-19 pandemic. The institute's IRS 990 form shows Glimcher made more than $2 million in total compensation during FY2021.

The Travel Nurse Phenomena: An Examination of the Seismic Shift in our Nursing Workforce

By Judith Pare, MNA Director of Nursing, Ph.D., RN

A travel nurse is a registered nurse with a clinical background working in a non-permanent or temporary nursing role. The majority of travel nurses are employed by an independent nursing staffing agency versus a single healthcare organization (TravelNursing.com, 2023). Travel nurses make the choice of their assignment length as well as the location. The use of travel nurses to fill nurse staffing needs is not a new concept locally, nationally, or internationally; travel nurses have been a part of nursing practice for more than fifty years. However, the recent exponential growth in travel nurses has resulted in a cultural shift in nursing practice as well as tensions in our workforce.

In 2020, the COVID-19 pandemic and the subsequent need for an increasing number of bedside nurses resulted in the increasing reliance on travel nurses to fill nurse positions that had been left vacant by hospitals in an effort to cut costs by increasing patient care assignments for an already stressed workforce. This strategy has backfired and according to Drysdale (March 30, 2023), with the booming dependence on travel nurses ontributing to high turnover rates among nurses in our Commonwealth and continued stress on our healthcare system by labor shortages on both a local and national level.

According to a report published by HPC (March, 2023), nurse vacancy rates in Massachusetts hospitals doubled from 6.4% in 2019 to 13.6% in 2022, with the highest vacancy rates in community-based hospitals. At the end of 2021, travel nurses represented approximately 5% of Massachusetts patient care labor costs. Across the Commonwealth, healthcare facilities paid $1.5 billion to this workforce in fiscal 2022. This figure represents a 154% increase over the previous year. In fiscal 2022, the average wages for travel nurses in Massachusetts were nearly double the average wage of regularly employed nurses. These realities lead to an examination of some important questions: What are the ethical implications of the explosion of travel nurses in our hospitals? How does the presence of travel nurses — who may reside locally and who resign from their local full-time positions to command wages that are two to three times higher than hospital-employed staff nurses — affect hospital practice and culture? In some cases, this disparity has resulted in nurses resigning from staff jobs to take better-paying traveler positions at their own hospital or one that is nearby (Freyer, & Lazar, March 20, 2023) The unintended consequence of this workforce shift is a growing divisiveness and power imbalance amongst nurses that requires our attention and just action.

Justice

Justice is defined as an ethical principle that refers to fair and equitable treatment in light of what is due or owed to persons. With regard to nursing ethics, the key application of the principle of justice focuses on the fair distribution of care for patients

entrusted to our care in all settings. Our workforce has been divided among and against itself by healthcare organizations that continue to require their own RN employees to take on additional roles, including administrative and training tasks, while being paid far less than contracted nurses doing the same work. Our local nursing workforce takes pride in the trust that they share with their patients. That trust has been shattered by a system that has allowed a flood of temporary travelers to enter local hospitals and care for our friends, neighbors, and relatives who continue to cope with the ravages of the COVID-19 pandemic.

The MNA would like to hear your thoughts on the current state of nursing in our hospitals. What are your experiences? Are you willing to share your ideas to repair this unique divide that threatens our hospitals and healthcare settings? Now is the time to let your voice be heard. The MNA will be hosting a virtual Town Hall on the travel nurse controversy and proposed strategies for moving forward to repair and heal from this crisis. Details coming soon. ■

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Massachusetts health Policy Commission (March, 2023). Health care workforce trends and challenges in the era of COVID-19: Current outlook and policy considerations for Massachusetts. Retrieved from: https://media.wbur.org/wp/2023/03/03-29_HPC_Report.pdf

South Shore Endoscopy Center Nurses Conduct Informational Picketing for First Contract

Mass General Brigham, the largest hospital corporation in New England, has long undervalued and disrespected South Shore Endoscopy Center nurses, leading them to unionize last year and to hold an informational picket in Braintree this past September.

The nurses are negotiating a first MNA contract, but MGB refuses to agree to reasonable pay, time off benefits, and overtime improvements necessary to maintain a thriving nurse workforce. Nurses and their patients, in need of gastrointestinal treatment, deserve better! View their video at https://fb.watch/o3JYC_-bWC/

South Shore Endoscopy Center Nurses Hold Informational Picket in Braintree as Corporate Giant MGB Disrespects and Undervalues RNs Providing Patients Critical Gastrointestinal Care

Did you know...

There are primarily two ways patients may experience physical harm related to manual patient handling: First, are injuries that can occur due to manual lifting and those include but are not limited to falls, skin tears, abrasions, contusions, lacerations, sprains, strains, dislocations, fractures, concussion, and bleeding.

Second, are the medical consequences related to lack of mobility resulting in increased length of stay.

Patients have also expressed emotional factors associated with patient handling activities that should also be considered such as fear of being dropped, fear of caregiver being hurt, loss of dignity, anxiety, and increased dependency on others to name a few.

Nelson, A., & Baptiste, A. (2004, September 30). Evidence-based practices for safe patient handling and movement. Online Journal of Issues in Nursing, 9(3). https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume92004/No3Sept04/EvidenceBasedPractices.html

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.

Precarious Berkshire VNA Staffing Levels Prompt Nurses and Healthcare Professionals to Deliver Petition to BHS CEO

Berkshire Visiting Nurse Association (BVNA) nurses and healthcare professionals, represented by the Massachusetts Nurses Association (MNA), are delivering a petition signed by 82% of BVNA clinicians on the morning of Monday, October 23 to Berkshire Health Systems CEO Darlene M. Rodowicz as the clinicians prepare for another negotiation session seeking a fair MNA contract.

The petition emphasizes the fact that the BVNA has experienced a significant loss of permanent staff since at least December 2021, destabilizing homecare service access and posing a serious risk to continuity of patient care. BVNA nurses and healthcare professionals are calling on BHS to agree to a wage step scale and realistic productivity standards to stem the flood of staff departures and ensure access to high-quality homecare throughout Berkshire County.

- According to records kept by staff members, the agency has lost 29 permanent staff since December 2021.
- 90% reported leaving because of an unsustainable work life balance.
- 66% reported they were resigning without another job lined up. Of the staff who transitioned to another job, 84% reported receiving a pay increase with their new job, and 67% went to BMC.
- In December 2021, the agency had 1,748 hours of staff time available for care, including three travelers.
- In June 2023, right before the BVNA closed admission for patients in towns across Berkshire County in July, the agency had 1,382 hours of staff time available for care, including seven travelers.
- As of October 2023, during the time when the BVNA announced it would resume services in those affected towns, the agency had only 1,206 hours of staff time available for care, including eight travelers.

"We are dedicated to our work," **BVNA nurses and healthcare professionals wrote in their petition.** "However, BHS management is proposing to further increase our workload. Any changes to productivity standards require giving us both the time and resources we need to care for our patients. It is also critical that BHS agrees to a fair and transparent wage step scale to help with recruitment and retention. We have lost too many colleagues recently who were looking for better pay and more sustainable working conditions.

"The best path forward for patients, clinicians, and the agency is to settle a fair contract that includes:

- A wage step scale of the kind that MNA-represented nurses and health professionals have in every collective bargaining agreement throughout the Commonwealth. This will enable the BVNA to have enough clinicians to care for patients throughout our service area.
- Productivity language that reflects the reality of homecare today and allows us to spend an appropriate amount of time providing patient care and support and documenting."

BVNA registered nurses, and physical, occupational and speech therapists joined MNA in December 2021 following an election overseen by the National Labor Relations Board. Berkshire VNA is owned by Berkshire Health Systems, which also owns Berkshire Medical Center where the MNA represents approximately 900 registered nurses.

The medical needs of Berkshire VNA patients are varied and complex and may include, among other things, post-surgical conditions such as total hip or total knee replacements; stroke; Parkinson's Disease; Multiple Sclerosis; Amyotrophic Lateral Sclerosis (ALS); cardiopulmonary conditions; amputations; and post-trauma care (breaks, fractures). In recent years, many hospital-based services for patients have shifted to in-home services, making VNAs and their caregivers an essential and ever-expanding part of the 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. ■

Scholarship Funding Available Through The Massachusetts Nurses Foundation

Printable applications are available beginning January 2024 at https://www.massnurses.org/mnf/scholarships

The deadline to apply is June 1, 2024.

For further information or to request an application be mailed to you, please call the MNF voice mail at 781-830-5745 and leave a message with your name (please spell) and address or email Cindy Messia at cmessia@mnarn.org.

Holy Family RNs hold Duo of Successful Pickets

On Wednesday, October 18, the registered nurses at the two hospitals of Steward Holy Family in both Haverhill and Methuen held informational pickets at each facility to draw attention to the struggles they are facing in delivering safe, quality care to their patients. They will also called on the hospitals' owners and managers to treat the Holy Family RNs with the respect and equality that they deserve.

The Holy Family RNs have identified an ongoing and dangerous issue with both the recruitment and retention of new nurses on both campuses — an issue that is largely being driven by the lack of competitive pay by Steward. Second only to Beth Israel Lahey's Anna Jaques Hospital in Newburyport, the two Holy Family Hospitals' wages are lower than any hospital in the northeast region of Massachusetts.

That salary difference is nearly 20% less for Holy Family RNs compared to their local counterparts. As a result, Holy Family nurses leave for better-paying positions at nearby hospitals while nurses who are looking for new jobs pass over jobs at Holy Family hospitals because, they too, can get better-paying jobs in better-staffed hospitals close by.

For the nurses who remain at the Haverhill and Methuen campuses, it means they are understaffed and are struggling to provide patients with the safe care they deserve. "There just aren't enough nurses or resources," said Karen Powers, a labor and delivery RN and co-chairperson of the MNA bargaining unit at Holy Family Hospital Methuen. "The market for nurses is highly competitive right now, and that isn't changing anytime soon. The only way Steward Holy Family will succeed in this market is if they respect their nurses and pay them competitively. Until then, the hospital will be understaffed, and patient care and safety will be jeopardized."

"We fought to provide the best care possible through the pandemic, and every day before and after," added Jamie Garvey, an RN in the ICU and co-chairperson of the Holy Family Methuen MNA bargaining unit. "But we can't keep up with the community's needs when we keep losing staff."

Nurses at the Haverhill campus shared similar details. "The lack of competitive wages here at Holy Family Haverhill has absolutely led to an acute and urgent staffing crisis," said Jane Emory, RN and co-chairperson of her MNA bargaining unit. "In several units, we've watched the hospital close beds to the point where patient capacity has been dramatically reduced. This includes our geriatric psych unit, which went from 17 beds to 11, and our medical/surgical unit which went from 32 beds to 18." Emory went on to explain that, in reality though, the med/surg unit generally only has about 14 beds open. "There's rarely enough staff to cover a patient census of 18."

The adult psych unit at the Haverhill campus has also been a victim of uncompetitive wages and the associated understaffing. "Both Holy Family campuses were struggling to staff their adult psych units, so our adult psych nurses were 'temporarily' transferred to Methuen," added Emory. "That was 20 months ago. It's pretty clear that new nurses are unwilling to take jobs in these stressful, sometimes dangerous units for the uncompetitive wages that Steward insists on offering."

Between the two Holy Family campuses, there are a total of 550 MNA registered nurses working. But dozens more nursing positions remain unfilled. ■

The Impact of Substance Use Diseases and Addiction on Patients, Family, and the Community

On August 31, the MNA honored the many lives lost to the disease of substance use. As health professionals, the topic of substance use disease (SUD) is a sad and difficult one, that most have either had to deal with professionally or personally. MNA members have been challenged by this issue for many years, and now with the added stress of chronic short staffing, nurses are once again at the forefront of dealing with substance use disease. An added challenge is when the disease of SUD, impacts our colleagues in the workplace.

On National Overdose Awareness Day the MNA paused to recognize the close to 100,000 people who die each year from preventable drug overdoses. The average number of preventable overdoses per day is approximately 300 per day, every day. That is equivalent to 3 plane loads of people per day, in the US dying from preventable overdoses. Imagine what would happen if three planes went down each day in the US, every day. What kind of resources and specialists would the FAA put on the issue to resolve the problem? Certainly, more than we are seeing resolve the problems of overdoses in the US.

At our CNE program entitled "The Impact of Substance Use Diseases and Addiction on Patients, Family, and the Community," we asked our participants to take a moment to reflect upon the 100 lives that would be lost to drug overdoses during our eight-hour class. As we dimmed the lights and turned on 100 candles, we asked our participants to look around the room and think about the individuals lost as well as the family and friends affected by this disease. As health providers, we know well that substance use is a family disease. Education and awareness are how we start to impact patient care and change the course and direction of this disease. We acknowledged that as nurses and health providers, we impact families in such a powerful way. We asked participants to think about how they can positively affect SUD care and management. ■

SAVE *the* DATE

Thursday, MARCH 14

Four Points Sheraton, Norwood

Sign-up details coming soon!

MNA℠ LABOR SUMMIT 2024

Massachusetts Nurses Association
Full member (75 percent) of applicable dues rate

Subject to verification, members who qualify for one of the following categories may elect to pay 75 percent of the annual dues:

1. Health professional labor program member—any healthcare professional, other than a registered nurse, who is represented for purposes of collective bargaining by MNA;
2. Limited hours labor program member—any labor program member who is represented for purposes of collective bargaining by MNA and who has 988 or fewer hours paid in the preceding calendar year.

It is the responsibility of any registered nurse and/or other healthcare professional to verify to the satisfaction of MNA on an annual basis his/her eligibility for the 75 percent dues category within any of the foregoing categories by April 1 of each year. Upon receipt of such verification of eligibility in the prior calendar year, the member shall receive the reduced dues rate effective the following July 1 through June 30.

Application for Minimum Hours Reduced Dues Category

Please print clearly and application needs to be received by April 1 to the Membership Division of MNA

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

at the following MNA facility(s) of employment for the year of application (*list each MNA facility separately*):

1. _____
2. _____
3. _____

Signed _____

Date _____

Personal Email Address: _____

Eligibility for the reduction is verified by MNA with each Employer

Confirmation of receipt of this application will be emailed to your *email* account within 72 hours of receipt.

MNA will set up your email to be forwarded to your home email.

Contact Division of Membership, 781-821-4625, if you need assistance accessing your member email.

MNA℠ Massachusetts Nurses Association **Safe Limits Save Lives**

Massachusetts Nurses Association • 340 Turnpike Street • Canton, MA 02021

Fax: 781-821-4445 • Email: membership@mnarn.org

Jan. 30 2023

SNAPSHOTS

MNA President Katie Murphy testified with Holy Family/ Haverhill nurse Susan Lander about addressing the epidemic of violence against healthcare professionals at an October 4 Statehouse hearing on S.1539/H.2330, an MNA bill that, if passed, will require employers to develop and implement prevention plans with workers.

On October 23, Framingham Union Hospital nurses joined with their community to drop a banner outside City Hall as they approach a union election. Nurses are seeking safer patient care and professional respect!
For more, visit https://youtu.be/s7yb2oEFP-g

MNA leaders and OSHA representatives took a moment at the annual convention to commemorate their longstanding and ongoing alliance on issues of employee and workplace safety. From left: the MNA's Judith Pare, Katie Murphy, and Dan Rec with Mary E. Hoye, OSHA area director in Springfield, and Sarah Carle, OSHA area director in Andover.

MNA artists galore at "Paint Your Own Wine Glass" during the convention's evening activities.

Nurse and Health Professional Discount Mortgage Program

Refinancing your mortgage or buying a home? MNA members receive free mortgage advice.

MNA members may also take advantage of mortgage discounts and benefits offered to members of the Massachusetts Nurses Association through CrossCountry Mortgage.

Discounts available to MNA members:

- Free appraisal - up to $600 lender credit at closing
- Free flood certificate - up to $25 lender credit at closing
- Free legal review of your purchase and sale agreement - a $500 value
- Additional $275 off attorney fees
- 10% off owner's title insurance
- 10% off Homestead Act in Massachusetts

Benefits available to MNA members:

- Free pre-approval for your home financing
- Your family members can also participate in this program
- Dedicated team of Mortgage Specialists
- Free mortgage consultation to discuss your current situation and future goals

Call: 877.662.6623 **Email: MNA@myccmortgage.com**

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New website for MNA members: **homesformna.com**

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TERMS & CONDITIONS: Available for first lien mortgage purchase and refinance money loans only. Offer can only be redeemed by closing a loan with the 99 Rosewood Drive Suite 225, Danvers, MA 01923 branch of CrossCountry Mortgage, LLC. Offer will be redeemed at closing in the form up to $2,000 lender credit (must be applied before any seller paid credits). Borrower cannot receive cash at closing. Approval subject to CrossCountry Mortgage, LLC, mortgage insurance, and loan purchase underwriting guidelines and property approval for loan. Available only on loans originated through completed residential mortgage loan applications received directly by CrossCountry Mortgage, LLC before 5:00 p.m. on April 1, 2024 and which close on or before May 31, 2024. Loan program terms and conditions are subject to change without notice. Offer must be presented with an application for a residential mortgage loan. Only one offer per loan transaction will be accepted. No cash value. Offer will be rescinded if the borrower elects to cancel the loan transaction or the conditions for sale of the loan change. CrossCountry Mortgage, LLC has the right to accept, decline, or limit the use of any discount or offer. Equal Housing Opportunity. All loans subject to underwriting approval. Certain restrictions apply. Call for details. CrossCountry Mortgage, LLC is licensed in the Commonwealth of Massachusetts as Massachusetts Mortgage Lender and Mortgage Broker MC3029. CrossCountry Mortgage, LLC. NMLS3029 NMLS1401242 (www.nmlsconsumeraccess.org). 23LO_8678r6mep

The MNA℠ Traveler to EUROPE & BEYOND 2024

Exciting News! MNA is Expanding it's Travel Offerings

MNA has partnered with Collette Travel to expand our tour offerings in 2024.

In 2024 MNA is hosting the Lake Como Switzerland tour in May with Durgan Travel and in September we have partnered with Collette Travel to offer Switzerland, Bavaria and Austria. In addition, MNA members and friends are invited to enjoy a discount on any Collette Tour by using the MNA discount code below. Hope you can join us and travel to Europe next year.

Lake Como & Switzerland – May 15 to 23, 2024. Trip price is $3599 pp/double occupancy if paying via check. Price will be reduced if the group size is over 25 passengers

Join us on a tour of one of Northern Italy's premier vacation resorts. This nine night trip includes air, transfers, hotel, and most meals as well as guided tours daily. Our tour will feature guided visits to the picturesque lake-side towns of Como and Bellagio. We will discover Lake Maggiore and the Borromean Islands and the narrow alleyways and villages of this area. Next, we head to the Italian Alps and explore the towns of Sondrio, Postalesio and Berbenno. A highlight of this tour will be a visit to the fashion capital of Milan. After a panoramic tour of the city we will visit the 14th century Gothic Duomo and take an elevator to the roof-top for one of the most amazing views of the city. We will be treated to the great experience onboard the UNESCO Bernina Express Red Train as we travel to the famous ski resort town of Saint Moritz, Switzerland. We will stop in Engadine and Maloia in the Lakes Region. On our last full day on the trip we will visit the charming city of Bergamo to explore the old town with the back-drop of the Bergamese Alps. This package is a great value to a high-end resort destination. Don't miss the opportunity to visit this spectacularly beautiful part of Northern Italy and Switzerland.

Explore Switzerland, Bavaria and Austria (with an optional post tour extension to Vienna) September 4 – 13, 2024 - $4799 pp/double occupancy

This amazing tour begins with a 4-night stay in the Capital City of Bern, Switzerland. In addition to touring the UNESCO World Heritage Site of Bern we will visit the small mountain village outside of Interlaken and Lucerne, the "Swiss Paradise on the Lake." On our way to Innsbruck, we will explore Liechtenstein, the smallest German-speaking country in the world and the only country to lie entirely within the Alps. While in Innsbruck we will travel through the picturesque Austrian countryside to Salzburg and tour Mirabell Gardens (seen in *The Sound of Music*) and Getreidegasse (birthplace of Mozart), as well as many other highlights of this beautiful city. During our stay in Austria, we will experience the rich musical tradition of mountainous Austria during a Tyrolean folklore show hosted by a well-known local musical family. On our last full day of touring we will visit the Linderhof Palace and the Ettal Abbey, a Benedictine monastery founded in 1330 before enjoying a farewell dinner at a traditional Tyrolean restaurant. Discover the beauty of the Alps with this fun-filled tour. For the full brochure and registration information, go to: https://gateway.gocollette.com/link/1222283

Looking for other exciting tours? Collette offers a discount for all their tours. Visit www.gocollette.com or call 800-437-0235. Be sure to reference the MNA discount code #24598-156 to receive a $50 off your tour. Happy Travels!

Interested in Group Travel to Europe and Beyond?

Sign up to be on the Email list for updates and travel information. →

Tours above include: air from Boston, departure taxes & fees, transfers, hotel, all tours and most meals. A fabulous value! Space fills fast on MNA tours. Click on the QR code to sign up to receive the trip details once they become available as well as periodic travel announcements. For questions, contact Carol Mallia at cmallia@mnarn.org.