

MASSACHUSETTS NURSE

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MNA's safe staffing bill approved by Health Care Committee, clearing major hurdle on path to passage

Responding to mounting evidence that inadequate RN staffing in hospitals threatens the safety of patients, the state's Joint Committee on Health Care favorably reported out House Bill 1282—the MNA's legislation that aims to regulate RN-to-patient ratios in Massachusetts hospitals—during its Nov. 19 executive session. Similar bills have been brought before the legislature in past sessions, but none had ever made it out of the Health Care Committee, making the MNA's win a first-ever success.

Leading into the session, the proposed legislation had won broad public support and the endorsement of 64 of the state's most influential health care and consumer advocacy groups, including the American Cancer Society, American Heart Association, American Lung Association, Health Care for All, League of Women Voters, Massachusetts Senior Action Council and the Massachusetts Nurses Association.

The bill had gained ground in the legislature following the release of numerous scientific studies and prestigious reports that clearly demonstrated the link between poor staffing and harm to patients—including a shocking report from the Massachusetts Department of Public Health (DPH) that said errors in Massachusetts hospitals had increased by one-third in the last three years and were up 76 percent from 1996.

Referring to Nov. 19 as "a great day for Mas-

sachusetts patients," Rep. Peter J. Koutoujian (D-Waltham), House Chair of the Health Care Committee said, "This legislation will not only protect patients and save lives, it will also save money—as dollars will no longer need to be added to the cost of healthcare each year because of deaths, complications and medical errors caused by nurses who have too many patients to care for at once."

The bill's sponsor, Rep. Christine Canavan, (D-Brockton), vice chair of the committee and herself an RN, said the legislation had been "carefully crafted" to provide the maximum degree of flexibility in patient care. "We took into account the criticism of previous bills and struck a balance between the needs of patients and the realities of today's health care system," she added.

The bill, H.1282 An Act Ensuring Quality Patient Care and Safe RN Staffing, would protect Massachusetts patients by ensuring they receive nursing care appropriate to the severity of their medical conditions. To ensure maximum flexibility, the bill also requires that the DPH develop an objective system

for monitoring patients' medical conditions so that staffing levels can be adjusted and improved to meet their needs.

The bill would set minimum staffing standards specific to every unit/department in a hospital in order to ensure that major disparities in care levels do not exist in the state's hospitals. In addition, the proposed legislation includes specific language that provides that nothing in the bill "shall be deemed to preclude any facility from increasing the number of direct-care registered nurses."

Currently there are no standards in existence for nurse staffing in Massachusetts hospitals, and no requirements for hospitals to provide an adequate level of nursing care. RN-to-patient ratios, which have been linked to a variety of patient complications and mortality in hospitals, can vary widely from facility to facility. It is not uncommon for nurses in Massachusetts to have seven, eight or even 10 patients at a time, when a safe ratio would be no more than four patients for a nurse on a typical hospital floor.

As a result of the Health Care Committee's favorable report, the bill now moves to the House Ways and Means Committee and could arrive on the floor for a vote sometime next year. If passed, Massachusetts would become the second state to regulate RN-to-patient ratios in the nation. A similar bill was

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Peter J. Koutoujian

MNA district reorganization approved overwhelmingly

MNA members who attended the October 16 business meeting during the organization's annual convention in Worcester overwhelmingly approved a series of proposed bylaw changes that resulted in the restructuring of the MNA's former districts and the restructuring of membership dues for RNs, HPs and labor program members.

In creating the new structure, the districts have been renamed "Regional Councils," with membership in the councils based on where each MNA member lives versus where he/she works. This change will foster local community and political involvement by nurses in different regions of the state. Each council will have the same mission and purpose, and will be required to comply with the MNA bylaws.

The new councils will also work in concert with the goals and mission of the statewide organization. To make the councils more inclusive of union members, each local bargaining unit within the boundaries of the council will have a seat on the board of directors, with elections held for seven other seats.

"This change will give every member an

opportunity to be involved at a new and exciting level," said Karen Higgins, RN and president of the association. "Just as important, it will allow the organization to provide a new level of service and resources to its members."

Previously, the MNA was divided into five districts, each of which covered a different region of the state. District 1 of MNA, for example, encompassed nurses who lived in

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Save the date

The MNA Labor Relations Department will be hosting the 2nd Annual Chair Assembly on Thursday Jan. 29, 2004, from 9 a.m. to 3 p.m. at the Radisson Hotel in Marlborough (same site as last year). There will also be a reception on Wednesday evening at the hotel. We are still preparing the program and will provide further updates.

For the latest
developments
impacting nurses,
visit the
MNA Web site,
www.massnurses.org

Nurses' guide to single-payer reform

Advocates for single-payer health care swarm Statehouse at Oct. 8 hearing

More than 700 health care reform advocates attended a hearing by the Joint Committee on Health Care in the Statehouse's Gardner Auditorium on Oct. 8 to show support for a comprehensive proposal to provide more secure health insurance coverage to all residents of Massachusetts. The hearing was on S.686, the Massachusetts Health Care Trust, which would create a single state insurance fund to replace the current patchwork of public and private insurance plans.

"Our current system is failing us on all three measures of an effective health care system—assuring access, quality and control of costs," said Peggy O'Malley a leader with the Massachusetts Nurses Association who chairs MASS-CARE. "In just four years, annual health care expenditures in Massachusetts have risen from \$36 billion to \$48 billion, an increase of over 8 percent a year."

"The legislature needs to act before this crisis leads to a medical meltdown," said state Sen. Steven Tolman (D-Brighton), a lead sponsor for the Health Care Trust legislation. "The number of uninsured is rising, hospitals are closing, emergency rooms are overflowing. Massachusetts can lead the way with a sensible plan that provides secure, quality care for everybody and one that will prevent us all from going broke."

"A recent state report showed that 39 percent of every health care dollar goes to administrative costs," testified Phil Mamber, president of the Massachusetts Senior Action Council. "Low income seniors are losing their insurance coverage when they need it the most. And Medicare now only pays half of a senior's health care costs. Everyone needs to carry extra insurance and the cost of that is rising by double digits each year."

"It is often said that a single-payer system is a good idea, but politically unrealistic,"

said Dr. Marcia Angell, senior lecturer in social medicine at Harvard Medical School. "That is a self-fulfilling prophecy, often propagated by those with a vested interest in the current system. The notion that we can somehow both increase access and contain



costs by incremental reforms is what is truly unrealistic. A single-payer system is not just the best alternative for providing universal care while containing costs. It's the only one." Dr. Angell is the former editor-in-chief of the *New England Journal of Medicine*.

Dr. Patricia Downs, a member of the Massachusetts Medical Society's task force on single payer health care, testified that "Consultants we hired found that universal health care (even with no patient cost sharing) financed by a single payer health plan would cost less than the present multi-payer system which doesn't provide universal comprehensive care."

"Much of the increased spending for care would go to expand the level of services provided to those who are currently considered 'insured' but face substantial gaps in their coverage," Dr. Downs added. "Global budgeting under single payer also allows for planning and cost containment that is not possible under the current system."

"It's an ironic tragedy that one out of every eight health care workers lacks insurance for the health care services they provide," said Celia Wcislo, president of SEIU Local 2020, the new statewide health care workers union. "And workers who are covered already pay more than they can afford for their health care. Now almost all employers—faced with skyrocketing costs—are trying to raise workers' premiums even higher. But shifting costs to employees doesn't solve the key problem that plagues our current system: the lack of meaningful cost controls."

"The current patchwork insurance system prevents me from providing the quality care my patients deserve," said Michael Kaplan, a family physician in practice in Lee, and a member of the Massachusetts Academy of Family Physicians, who submitted testimony. "I look forward to the day when a single monthly charge—instead of thousands

of charges to hundreds of insurance companies—takes care of the payments. Also with a single payer insurance, decisions about the health needs of my patients will be made in the consult room where they belong."

While at the Statehouse, hundreds of citizens visited their elected officials, urging them to become sponsors of the bill.

Joining Tolman in support of the legislation were Reps. Alice Wolf, Paul Demakis, Frank Hynes and John Scibak and Sen. Stanley Rosenberg. Other speakers included Boston City Councilor Michael Ross; Dr. Jennifer Child-Roshak, Mass. Academy of Family Physicians; Dr. Alan Sager, Boston University School of Public Health; Dr. John Goodson, Ad-Hoc Committee to Defend Health Care; Peter Knowlton, United Electrical Workers; and Carol Knox, United Auto Workers.

Written testimony was submitted by U.S. Rep. James McGovern; Katie Murphy, RN and Framingham selectwoman; Timothy Murray, mayor of Worcester; John O'Neill, Somerville-Cambridge Elder Services; Dr. Sarah Kemble Community Health Center of Franklin County; social worker Richard Sherman; and Jill Wiley, associate director, Massachusetts Council of Churches.

To give the legislature additional encouragement, the Boston City Council passed a resolution in support of S.686 on Oct. 1. Similarly, the Massachusetts AFL-CIO unanimously passed a resolution at its convention on Oct. 2 that called for the federal government to pass legislation guaranteeing access to health care for every person in the United States.

The Massachusetts Campaign for Single Payer Health Care (MASS-CARE) is a coalition of over 80 organizations working for a universal, single payer health care plan in Massachusetts. ■

Testimony of Margaret O'Malley, MASS-CARE chair, in favor of S.686

By Margaret O'Malley, RN
Chairperson, MASS-CARE

Sen. Moore, Rep. Koutoujian and members of the Joint Committee on Health Care, my name is Margaret O'Malley. I'm a registered nurse and the chairperson of MASS-CARE, the Massachusetts Campaign for Single Payer Health Care. You have heard compelling testimony. Allow me to summarize the "take away" message, if you will.

In just four years, annual health care expenditures in Massachusetts have increased by almost \$12 billion, from \$36 billion to \$48 billion—an increase of over 8 percent per year. That's the minimum cost of maintaining the status quo. Without fundamental change, our health system will bankrupt us.

But it's not just the cost issue. On all three measures of an effective health care system—assuring access, quality and control of costs—our current system is failing us.

The good news is there is a solution. Creation of the Massachusetts Health Care Trust, as the single source of payment for all health expenditures in Massachusetts, represents the only way to control health costs while providing universal access and restoring high quality. How?

1. According to the GAO, a single-payer system would save 80 percent of cur-

rent administrative costs.

2. Billions of dollars in savings on pharmaceuticals and other supplies would be negotiated by the state as a bulk purchaser.
3. Primary and preventive care saves money as well as lives.
4. The cost of medical coverage in workers' compensation and auto insurance would be eliminated.
5. Comprehensive health planning allows the wisest use of resources.
6. Clinical savings are achieved through use of "best practices."
7. Universal coverage and efficiency provide savings and stability to employers.
8. To come out ahead in insurance, you always want the largest, healthiest risk pool so that total income exceeds amounts paid out for care. In our model, the risk pool is the largest possible in the state, all 6 million residents, the vast majority of whom are in good health.

Of course, there will be one-time costs to transition from what we have to what we envision. Experts estimate those costs to total 8 percent of what we now spend on health care annually. Those would be one-time costs, spread over three to five years of transition.

Keep in mind that is 8 percent, one-time only, compared to that amount year after year, with no improvement in quality and access if we do not reform.

Funds for transition can be raised in a variety of ways, including the issuing of bonds. If bonds finance the building of hospitals, roads and schools, we could use bonds to help finance the infrastructure for every resident to have access to the best and most

cost-effective health care.

We simply cannot afford partial solutions. The need for comprehensive reform is urgent. It will take time for this bill to wend its way through Ways and Means where experts can create reasonable projections of costs and revenue. Please help us advance this process and bring this debate before the full Legislature by giving S.686 a favorable report as soon as possible. ■

Help us influence the health care committee to report on S.686

If you are represented by any of the following legislators, please contact them, introduce yourself as a constituent and ask them to give a favorable report to S.686, the Massachusetts Health Care Trust.

Senators

- Richard Moore, Uxbridge (chair)
- Jarrett Barrios, Cambridge, (vice-chair)
- Harriette Chandler, Worcester
- Susan Fargo, Lincoln
- Bruce Tarr, Gloucester

Representatives

- Peter Koutoujian, Newton (chair)

- Christine Canavan, Brockton, (vice-chair)
- William Galvin, Canton
- Colleen Garry, Dracut
- Thomas Golden, Lowell
- Rachel Kaprielian, Watertown
- Kathleen Teahan, Whitman
- Patricia Haddad, Somerset
- Bob Coughlin, Dedham
- Shirley Gomes, Harwich
- Susan Gifford, Wareham

To find out your senator and/or representative is, call the MNA's department of legislation at 1-800-882-2056. ■

President's column

MNA takes big step towards safer staffing; need to mobilize for final push

By **Karen Higgins, RN**
MNA President

In the wake of a flood of e-mail messages, phone calls, letters and personal visits by nurses to legislators, the MNA and the Coalition to Protect Massachusetts Patients convinced the Joint Committee on Health Care to do something it hasn't done for the nine years we have been fighting for passage of safe RN staffing legislation: to give a favorable report to our bill and move on to the next step toward passage.

While we have a long and hard road ahead of us in order to pass of this bill, we cannot underestimate the significance of this victory. We now need to build on this event, and use it to mobilize every nurse and every citizen we know to move this bill through the final stages on its journey to becoming a law.

Let me first say how proud I am of the nurses of the MNA. The effort to kill this bill in the Health Care Committee by the hospital industry was fierce. No fewer than eight lobbyists were employed by MHA, and nearly every CEO and lobbyist from every hospital in the state tried to convince the

Health Care Committee to squash this measure. They pulled out every stop, including lying about the bill (saying it doesn't provide flexibility, when it was crafted to do just that), claiming that hospitals would close (though we know of no hospital in this state or anywhere else that has closed due to hiring more nurses), and claiming that there aren't enough nurses to meet the ratios (even though our state has more nurses and more nurses available than any state in the nation).

Even with all that, the nurses and citizens who support this bill won out in this first battle of the bill. Why? Because so many of you took the time to contact your legislators to tell your side of the story. We also won because our cause is just and our position



Karen Higgins

is correct—and every piece of research and every study that has been done supports our claim, and nothing of substance supports our opposition.

It was interesting that a few weeks before the Joint Committee on Health Care voted to approve our bill, the DPH released a report that showed a 76 percent increase in the number of injuries, errors and complaints for patients in Massachusetts hospitals. The industry's response: there are no problems, it is just a matter of better reporting. Who would you believe?

The moral of this story is simple: there are more of us than there are of them. Registered nurses have a much greater degree of trust and credibility with the public than any hospital administrator. YOU ARE POWERFUL. And when nurses band together and mobilize their resources for a cause, WE ARE UNBEATABLE!

The challenge now is to keep up the fight. From here, this bill must traverse a number of hurdles, including: being reported out of House Ways and Means to the House Floor for a vote; being reported from the House

floor to the Senate Ways and Means; being reported from Senate Ways and Means to the Senate Floor; and being reported from the Senate Floor to the governor's desk. And if the governor chooses to veto this bill, it will need to go back to the legislature for a vote to override.

Yes, this is a long road, and yes we will need to go through a similar mobilization of e-mails, phone calls, letters and visits at each step. But we can do it and we will do it. We must do it because the stakes are so high. The stakes are no less than the life and death of every patient we care for—not to mention the integrity of every nurses' license who places that license on the line every time he or she steps onto a floor and assumes an unsafe patient assignment.

As the holidays come upon us, celebrate the season and take pride in the victory you have achieved. But as we enter the New Year, I call upon each and every one of you to join in the final push towards passage of H.1282.

Together, we will win the ultimate victory. ■

...Reorganization

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western Massachusetts—from Hampden County to the New York boarder. A portion of MNA membership went to the district to which a nurse or labor program member belonged. The districts served as a localized structure within MNA to help nurses in those regions pursue initiatives specific to them.

The previous district structure had existed since 1930, and little or no change had been made to it during that 70-year period. Under the old structure, members in different districts paid different levels of dues, and each district had its own set of bylaws and held its own election of officers. In addition, the mission and purpose of each district differed from district to district—resulting in a serious lack of connectivity between the district and the bargaining units that were included in that same district.

In addition, Regional Council dues will be made uniform across all five councils at \$30 per member, thereby assuring all members, RNs and healthcare professionals access and involvement. This was done to provide equity across the regions. To ensure that each region has a similar level of service to meet member needs, a certain percentage of regional dues will be pooled into a common fund, with those funds allocated to establish offices in each region and to allow for the hiring of a community organizer to assist in mobilizing support for local activities.

The suggested move from the district structure to the new regional councils was put in motion after a vote by the MNA membership at the organization's 2002 convention. The motion called for the leaders of the MNA districts to come together to explore ways for the MNA regional structure to be more responsive to the local membership. The group, with representation and participation by four of the five districts, held a series of meetings throughout the winter and spring and presented its recommended bylaw changes to local boards and to the MNA board in May.

The topic had garnered significant attention throughout that time, and members turned out in full force to show their support for the proposed change at this year's convention—with hundreds of nurses and health care professionals gathering in Mechanics Hall in order to vote at the organization's business meeting.

"The overwhelming approval with which this vote passed represents important and exciting things to come for members of the Massachusetts Nurses Association," said Julie Pinkham, executive director of the MNA. "The new structure will help us move the membership's agenda even more effectively." ■



2003 MNA Convention

October 15, 16 & 17, 2003

Mechanics Hall, Worcester, MA

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The Massachusetts Nurses Association gratefully acknowledges the generous support of the exhibitors and sponsors of the 2003 MNA Convention:

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MNA on Beacon Hill



Congratulations! You've completed the first step in passing safe RN staffing

By Charles Stefanini
MNA Legislative Director

Congratulations MNA members! On Nov. 19 the Joint Committee on Health Care favorably passed H.1282, the Quality Patient Care/Safe RN Staffing legislation. This was a historic moment for registered nurses who have been working to protect patients and ensure quality patient care.

This was the first time the bill received a favorable vote by the Health Care Committee, and its success is due to your hard work and dedication. Everything you've put into this effort is paying off. You've advocated for RN-to-patient ratios through the public and your elected officials, and RNs everywhere in Massachusetts have been working hard to pass H.1282 by:

- Phoning legislators
- Participating in letter-writing campaigns
- E-mailing legislators

- Sending postcards to decision makers on Beacon Hill
- Attending legislative briefings
- Spearheading a petition drive that netted 80,000 signatures

All of these tactics work: legislators responded to the needs of their constituents and the phone calls, e-mail messages, letters and meetings with legislators all played an important role in your success.

Much work still remains. Our next step is to move the bill favorably from the House Ways and Means Committee and then to



Charles Stefanini

votes in the full House and Senate before sending it to the governor's desk. You must stay involved in the campaign by regularly contacting your legislators to advocate for the bill's passage and let them know you want to see the bill passed. The bill's success, the safety of patients and the future of your career depend on it.

We will continue to hold district meetings with legislators, deliver our message through the media, lobby the legislature and organize at the grassroots level—but success will ultimately depend on your continued help and involvement.

It was YOU who got H.1282 passed favorably by the Health Care Committee on November 19. It was your phone calls, your e-mail messages, your collection of signatures, and your meetings with legislators that made the difference.

If we keep up the momentum, together we will make RN-to-patient ratios law in Massachusetts. ■

Getting ready for round two: how to help move H.1282 through the House

Thank your legislators

Please call, write, and/or email your legislators today to and thank them for helping to get H.1282 out of the health care committee with a favorable report. Go to www.massnurses.org, click on the box that says "write to legislators" and follow the links to send a thank you note to your representative and senator. Please personalize the letter, especially if your legislators followed up with you when you contacted them last week.

Write a letter to the editor

Go to www.massnurses.org, click on the box that says "write to legislators" and follow the links to write a letter to the editor of your local paper thanking your legislators – just click on the box that says "write a letter to the editor" and follow the links to personalize a sample letter and e-mail it off.

'Talk to Ten' postcard campaign

Talk to your colleagues, family, friends and neighbors and ask them to sign a postcard in support of safe staffing. To become involved in this campaign, talk to your bargaining unit chair or call the MNA at 781-830-5725.

Attend a legislative briefing in your area

We'll mail you an invitation and a reminder when a legislative briefing is taking place in your neighborhood. Please share the invitation with all of the nurses you know in your area.

Keep up the great work and contact your legislators regularly

Nothing rings more true in the legislative process than the "squeaky wheel gets the grease." Your legislators are elected to represent you interests—let them know what you are interested in, what issues matter to you, and when they've done a good job. ■

A checklist: How to make RN-to-patient ratios law in Mass.

There are many steps that need to be taken before a bill becomes a law in Massachusetts. The favorable report on November 19 by the Health Care Committee was a huge step towards passage of this important bill, and it was with much excitement and pride that the MNA "checked" this item off of its "to do list."

Here is what the check list looks like post-Nov. 19:

- Favorable report by the Joint Committee on Health Care
- Favorable vote by the House Ways and Means Committee
- Passage by the full House of Representatives and send to State Senate
- Favorable vote by the Senate Ways and Means Committee
- Passage by the state Senate
- To the governor's desk for his signature or veto and override of veto if needed

Congress on Health Policy and Legislation

The Congress on Health Policy and Legislation is looking for volunteers to fill vacancies when they occur, and to help with our legislative efforts, including providing expert testimony on issues for which members have specialized knowledge and expertise. The Congress meets 10 times per year to set MNA's legislative agenda, review health care legislation, assist in MNA's lobbying efforts and host MNA's annual Lobby Day. If interested, contact Charles Stefanini, MNA Director of Legislation and Government Affairs at 800-882-2056, x716 or e-mail at cstefanini@mnarn.org. ■

MASSACHUSETTS NURSE

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www.massnurses.org

MNA
MASSACHUSETTS NURSES ASSOCIATION



...Staffing

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passed in California and will take effect on January 1, 2004.

"The quality patient care/safe staffing bill will have a profound impact on the safety and quality of care provided to patients," said Isaac BenEzra, president of the Massachusetts Senior Action Council and a member of the Coalition to Protect Massachusetts Patients—an alliance of organizations that is promoting passage of the bill. "This initiative will enhance the efforts of our organization by ensuring that seniors who are admitted to the hospital have access to the safest, most high-quality nursing care available. As an on-going commitment to our mission, the Massachusetts Senior Action Council proudly supports this important patient-safety initiative."

"This is a major hurdle in a long fight to protect patients from what have become unsafe and even life-threatening staffing conditions in Massachusetts hospitals," said Karen Higgins, RN and president of the MNA. "We applaud the Health Care Committee for its understanding of this issue and its commitment to guarantee every patient in Massachusetts hospitals the right to quality nursing care."

"We are delighted to see this important patient-safety initiative move forward," said Carlos Alvarez, executive director of the American Lung Association of Massachusetts. "Our organization works tirelessly to educate and inform citizens about a variety of lung-related diseases and their causes, and we work even harder at finding disease-preven-



Christine Canavan
H.1282 lead sponsor



Thomas Finneran
House Speaker

tion techniques and treatments. But if patients are not getting the appropriate nursing care when they're in the hospital, then our work is truly diminished."

As the Legislature was preparing to recess for the holidays, pressure from nurses and the general public to move the bill forward intensified. In addition, the bill was given a boost in recent weeks by the release of some influential reports underscoring its need.

The DPH reported in late October that medical errors and patient complaints for the commonwealth's hospitals jumped 32 percent in the last three years; 76 percent over the last seven. At nearly the same time, the prestigious Institute of Medicine of the National Academies joined the chorus of medical researchers who have found that "there is a clear relationship between staffing levels and patient safety."

A survey in October by Opinion Dynamics

(ODC) found that 60 percent of Massachusetts voters attributed deterioration in the quality of hospital care to nurses having to care for too many patients and that 76 percent of registered voters supported legislation to regulate RN-to-patient ratios. A separate June ODC survey of Massachusetts RNs found that 87 percent of nurses reported having too many patients to care for, and that the results were devastating to patients: nearly one in three nurses (29 percent) reported patient deaths directly attributable to having too many patients to care for, and two-thirds reported instances of patient complications or substandard care because of understaffing.

These studies followed earlier reports in some of the nation's most prestigious medical and nursing journals, including the New England Journal of Medicine, The Journal of the American Medical Association, the Joint Commission on Accreditation of Healthcare Organizations, and other prestigious research journals revealing that the more patients an RN cares for, the higher the risk of injury, illness and mortality to those patients.

"The scientific evidence is clear and overwhelming: when nurses have too many patients, patients' lives are in jeopardy. The evidence also makes clear that poor staffing conditions in Massachusetts hospitals have caused and continue to exacerbate a growing shortage of nurses who are willing to work in hospitals," said Higgins. "Passage of this legislation is the key to improving care for our patients and to creating conditions that

will retain and recruit the nurses we need to provide safe patient care." ■

The bill was given a boost in recent weeks by the release of some influential reports underscoring its need. The DPH reported in late October that medical errors and patient complaints for the commonwealth's hospitals jumped 32 percent in the last three years; 76 percent over the last seven. At nearly the same time, the prestigious Institute of Medicine of the National Academies joined the chorus of medical researchers who have found that "there is a clear relationship between staffing levels and patient safety."

H. 1282

AN ACT ENSURING QUALITY PATIENT CARE AND SAFE RN STAFFING



Thank you

Health Care Committee

The members of the Health Care Committee include:
 Representative Peter Koutoujian • Representative Christine Canavan • Representative William Galvin
 Representative Colleen Garry • Representative Tom A. Golden • Representative Rachel Kaprielian
 Representative Kathleen Teahan • Representative Patricia Haddad • Representative Robert Coughlin
 Representative Shirley Gomes • Representative Susan Gifford
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MNA
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So you think it's safe at work? Notes from the Congress on Health and Safety

Creating a household/personal disaster plan

By Evelyn I. Bain
Associate Director/Coordinator,
Health and Safety Program

Excerpted from "Are You Ready? A Guide to Citizen Preparedness"—a comprehensive guide about readiness, including personal disaster plans for all types of catastrophic events. Available at www.fema.gov.

While the questions and negotiations around emergency preparedness in the hospital and community setting continue, personal and household preparedness may often be neglected. Household preparedness goes beyond the milk, bread and batteries that we New Englanders gather like squirrels when snow is in the forecast.

Learning about your community will reveal what chemical hazards may threaten your safety. Is there a nuclear power plant near your home? Or a chlorine storage tank? Or perhaps a railroad track that transports haz-

ardous materials?

Based on the answers to these questions, you should take the time to learn about the response plan that is in place for your specific community. Think about how you and your family fit into it. Where are the shelters that would be accessible during a time of need? Can you take your pets with you to shelters? The answer may be yes if a crate or carry case is part of your emergency equipment. But many shelters will not allow pets.

FEMA notes that families may be separated in a disaster. Do you have a plan for each



Evelyn Bain

person to check in with a friend or relative out of the area? If not, put that part of the plan in place right away.

Do family members know how and when to shut off water, gas and electricity at the main switches? Consult with your local utilities if you have questions.

A disaster supply kit with food, water and supplies for at least three days is recommended. A normally active person requires two quarts daily just for drinking. While a healthy person can survive on half their usual food intake for an extended period or even without food for many days, water intake should not be rationed. As a result, be sure to store enough water. Canned foods are a good source of emergency rations, with the manual can-opener tucked in safely. Replace and restock food supplies every six months.

A portable, battery-operated radio and

flashlight, such as the one that is referred to by weather forecasters in the case of serious storms, should also be part of your family's disaster planning—along with matches in a waterproof container; a shut off wrench; pliers; duct tape; and scissors. Duct tape repairs almost anything temporarily.

Important household documents, along with a small amount of cash, should be kept together along with your important phone numbers, insurance papers and a credit card. These important items should be stored in a watertight container and readily accessible. These preparations could save much time and confusion if you must evacuate rapidly.

Finally, a car disaster supply kit should be prepared that contains smaller amounts of supplies, including food and water, seasonal driving supplies, a shovel and extra winter clothing. ■

It's not only Emergency Departments

A nurse's right to know: emergency preparedness

Questions developed by MNA member Liz O'Connor and Congress on Health and Safety member Janice Homer; adapted from the MNA's "Guidelines for Terrorism."

With the passage of the Homeland Security Act, employers in healthcare—as well as other industries—are being required to report their emergency preparedness plans to government agencies. The MNA's Emergency Preparedness Task Force is aware that nurses in emergency departments (EDs) are frequently and specifically trained to respond to catastrophic emergencies.

But a larger question remains unanswered: what will healthcare employers expect of nurses working in other hospital areas in the case of such a catastrophic event?

Task force members, in cooperation with the MNA's Congress on Health and Safety, have developed a set of questions that nurses can use to learn about and provide input into their employers' biological and chemical emergency response plans.

1. Have policies and procedures been developed for training nurses prior to an event of exposure or suspected exposure to products of a bio/chemical releases/exposure?
 - What are the policies relative to informing nurses of actual or suspected exposures?
 - How do these policies address the expected response for nurses working in areas other than the ED?
2. What, when and how will training be conducted relative to the personal protective equipment that is required according to CDC/FEMA/OSHA guidelines or employee requests?
 - What assurances are there that personal protective equipment is available at all times?
 - Where it is kept?
 - Can it be accessed at any time?⁽¹⁾
3. What, when and how will training be conducted relative to decontamination following chemical or biological expo-

sure according to CDC/FEMA/OSHA guidelines?⁽²⁾

4. What is the plan for immediate immunization of nurses if and/or when it is recommended by CDC/FEMA/OSHA?
 - Will you assure nurses the right to refuse immunization?⁽³⁾
5. When/how will employees be informed of the process for reporting and recording exposure events to occupational/employee health?
 - How will you assure recording on an OSHA 301 report form or its equivalent of exposures or suspected exposures to products of a bio/chemical exposure event for all exposed nurses?⁽⁴⁾
 - How will you assure that exposure reports become part of the employees' permanent health record and are filed in employee/personnel health record for a period of 30 years plus the duration of employment? Will copies be provided to the affected employee?⁽⁴⁾
 - How will you assure recording on the OSHA 300 log of work-related injuries and illnesses of all events of exposures that require medical treatment? Any worker requiring such treatment should be immediately determined as eligible for Workers' Compensation benefits.⁽⁵⁾
6. How will the employer assure that there will be no cost to the employees for education, training, personal protective equipment, immunizations or the medical treatment following illness or injury from exposure to products of a bio/chemical releases/exposure event?
 - Will the employer assure that the period of illness will not be deducted from any vacation/sick time previously earned by the employee?

For more information on the questions or

the Emergency Preparedness Task Force contact Betty Sparks, chairperson, through Chris Pontus at 781-830-5754 or e-mail at cpontus@mnaarn.org.

References

- (1) ref. OSHA 1910.132 Training and education on the use of appropriate PPE.
- (2) ref. OSHA 1910.120 Hazardous Materials and Emergency Response,

Appendix C

- (3) ref. OSHA 1910.1030 Blood borne Pathogens Standard 1910.1030(f) Hepatitis B Immunization
- (4) ref. OSHA 1910.1020 Access to employee exposure and medical records
- (5) ref. OSHA 1904 Recording and reporting Occupational Injuries and Illnesses. ■

The Coalition to

Protect Massachusetts Patients

Report your safe-staffing concerns, complaints and incidences today. Call the Coalition's telephone hotline at 617-731-2813

To get more information about safe staffing, including a complete list of ratios and up-to-the-minute news about House Bill 1282, visit www.protectmasspatients.org



"Because Safe Staffing Saves Lives"



2003 annual report of the MNA Congress on Health and Safety

Prepared by Terri Arthur, chairperson, with Evelyn I. Bain, associate director/coordinator, Occupational Safety and Health Program.

The following report highlights the work that was completed by the Congress on Health and Safety in 2002–2003. MNA members who are interested in learning more about the Congress' activities are invited to contact either Evie Bain at 781-830-5776, or Chris Pontus at 781-830-5754.

Congress members include: Terri Arthur, chairperson; Rosemary O'Brien, vice chairperson; Janet Butler; David Dennen; Seanna Gretchen; Janice Homer; Sandra LeBlanc; Kathryn McGinn-Cutler; Julie Skelton; Kathleen Sperrazza; and Evie Bain, MNA support staff.

Activities and accomplishments:

- Elected Terri Arthur as chairperson and Rosemary O'Brien as vice chairperson.
- Student nurses and nurse educators from Regis College and universities in Japan visited the Congress and participated in meetings.
- Monitored and assisted in the development of the expanded Health and Safety Program within the MNA's department of nursing.
- Participated in the interview and selection process for the newly created position of associate director/coordinator of the Health and Safety Program.
- Revised current contract language on Health and Safety with regard to HIV and HCV insurance benefits.
- Participated in a statewide Ergonomics Coalition that included MassCOSH, Western MassCOSH, the Electrical Workers Union, and the 9 to 5 Union, which resulted in the presentation of an ergonomics program entitled, "Backs for the Future." This program included a focus on health care and health care workers.
- Congress members provided assistance with and input into the development and presentation of health and

safety programs for nurses and others including, "Smallpox 2003: What Nurses and Others Need to Know," as well as six presentations on "Applying OSHA to Health Care Settings."

- Distributed 150 copies of a booklet entitled "Workplace Injury and Illness: Guidelines for Health and Safety."
- Participated in the "Train the Trainer program for Applying OSHA to Healthcare Settings," which was supported in part by a grant from the Massachusetts Department of Industrial Accidents.
- Submitted commentary to local and national publications, including the *Cape Cod Times* and the *Journal of Emergency Nursing*. Terri Arthur and Rosemary O'Brien, submitted a response to a *Cape Cod Times* article about smallpox vaccination that was critical of nurses for their concerns about vaccine safety and possible transmission. Terri Arthur and Evie Bain, prepared an article for the *Journal of Emergency Nursing* that described an incident of workplace violence where a fire extinguisher was used as a weapon and staff members became victims when assaulted with chemical agents. The article further described the lack of follow-up from management as well as occupational hazards that could result from the chemical exposure. Post traumatic stress disorder was also discussed.
- Presented at local and national education programs on topics related to occupational and environmental health and safety including programs at Brigham and Women's Hospital; Spirit of Boston Cruise Conference; CleanMed Conference; Healthy Babies Conference; Vocational Teachers Conference; PHASE, Occupational Safety Conference; a conference on needlestick injuries and safe devices; and the Annual Toxic Actions Conference.
- Met jointly with the MNA Safe Care Steering Committee, Task Force on Workplace Violence and the Emergency

Preparedness Task Force.

- Educated Congress members on issues of eye movement desensitization and reordering—a therapy for post traumatic stress disorder.
- Participated in the Annual SEAK Conference on Workers' Compensation.
- Approved a health and safety research program related to evaluating the current health status of MNA members who were affected by poor indoor air quality at Brigham and Women's Hospital. The Congress also developed a liaison with UMass Amherst to develop and analyze the survey using the research funds that were supplied through the Congress' budget.
- Participated in Massachusetts Department of Health's Needlestick Advisory Board; the Asthma Network; the Teen Injury Task Force; and the MCS Advisory Board.
- Provided testimony before the state's Joint Committee on Health Care on Latex (hazards) Posting Bill; the AHT Chemical Reduction Bill; and on a bill that would develop the Office of Indoor Air Quality within the Massachusetts DPH.
- Welcomed Christine Pontus, MS, RN, COHN-S, as the second associate director for the Health and Safety Program in the MNA's department of nursing.

Goals for 2002-2003

- Support activities to successfully complete requirements of the DIA Grant Applying OSHA to Healthcare Settings.
- Provide input and oversight in the development of the Health and Safety Program within the MNA's department of nursing.
- Increase membership in the Congress on Health and Safety.
- Develop an on-line CE program with a Health and Safety Focus ■

Underscores what Mass. nurses have been saying about need for ratios

Federal report links RN staffing to patient safety

Adding to the mounting evidence that inadequate RN staffing in hospitals threatens patient safety, a recent report by the Institute of Medicine (IOM) of the National Academies said, "The environment of nurses, the largest segment of the nation's health care work force, needs to be substantially transformed to better protect patients from health care errors."

The report called for changes in how nurse staffing levels are established and for mandatory limits on nurses' work hours as part of a comprehensive plan to reduce problems that threaten patients. In a statement, the blue ribbon panel said, "Despite the growing body of evidence that better nurse staff levels result in safer patient care, nurses in some health care facilities may be overburdened. For instance, some hospital nurses may be assigned up to 12 patients per shift."

"There is a clear relationship between staffing levels and patient safety," said Donald M. Steinwachs of Johns Hopkins's Bloomberg School of Public Health and chair of the Institute of Medicine committee.

"This is what MNA long has been arguing," said MNA President Karen Higgins, RN. "I couldn't have put it more clearly myself. Fatigue and overwork, brought on by understaffing, are causing errors in patient care."

Higgins pointed to a number of other reports and surveys released in the last few months, including a Department of Public Health report detailing a 76 percent increase in patient injuries, complaints and medication errors in Massachusetts hospitals. A recent survey of nurses in Massachusetts

conducted by Opinion Dynamics Corporation found that a vast majority of nurses in Massachusetts attributed a rise in medical errors, complications and even patient deaths to the regular practice of nurses being assigned to many patients to care for. A separate survey released the same week as the IOM study found that more than 60 percent of the general public said that a deterioration in the quality of patient care was directly attributable to the understaffing of RNs in hospitals.

The IOM report called upon the hospital industry to increase staffing levels to accommodate changes in patient volume on a given shift; it asked leaders of hospitals to grant front-line nurses the power and ability to stop admissions to units that are understaffed; and it called upon nursing leaders to involve direct care nursing staff in identifying the causes of nursing staff turnover and in developing methods to improve nursing staff retention. It also recommended that nurse-to-patient ratios be established in nursing homes, and for one RN for every two patients in hospital intensive care units.

The hospital industry has consistently refused to implement the type of changes that were recommended in the IOM report. Instead, it has consistently implemented staffing practices that place the health and safety of patients in jeopardy. As the National Academy panel said, "The solutions would seem obvious, but they aren't being made because the culture of healthcare institutions is blocking changes."

The report all focused on the widespread mistrust front-line nurses have for admin-

istrators within the health care system and identified past practices of the industry as an underlying cause of the problems that currently exist in the nation's health care industry.

According to the report, "Along with changes in staff levels and hours, hospital restructuring initiatives begun in the mid-1980s led to substantial changes in how nurses work. As hospitals tried to respond to the financial pressures resulting from modifications to public and private insurance payment systems, their efforts altered the ways in which nurses are organized to provide care and, in many cases, undermined trust between nurses and management."

Higgins said the findings point to the urgent need for the Massachusetts Legislature to pass safe RN staffing legislation (H.1282). The bill accomplishes the goals set forth by the IOM report, and it would do so immediately once the bill was passed. "We can't afford to wait for the health industry to do what it should have been doing for the last 15 years. Without regulations guaranteeing patients the care they deserve, they will never get it—and people will most certainly die as a result."

"Our primary concern about the IOM report is that it does not go far enough in proposing specific actions," said Julie Pinkham, MNA's executive director. "Self regulation by the hospital industry over RN staffing has been a total failure and, as a result, patients in our hospitals are being harmed on a daily basis. We need this legislation to ensure that patients receive the care they deserve."

Pinkham noted that the panel recommended a minimum nurse-patient ratio of one nurse for every two patients in Intensive Care Units (ICUs). But, she warned, "It was already proven in California where ICU staffing levels have been regulated for three decades that a piecemeal approach cannot work. California adopted comprehensive RN-to-patient ratios for all hospital units, similar to those proposed in H.1282, precisely because hospitals tried to evade the regulations by shifting patients who should have been in ICUs to other units."

H.1282, which aims to mandate minimum RN-to-patient ratios in all acute care hospitals in Massachusetts, was developed in response to studies by the New England Journal of Medicine, The Journal of the American Medical Association, JCAHO, and other prestigious researchers revealing that the more patients a registered nurse cares for, the higher the risk of injury, illness and mortality to those patients. The bill calls for the creation of a standardized patient classification system to adjust nurse staffing on a daily basis to provide the flexibility called for in the IOM report. It also would prohibit the use of forced overtime beyond the 12-hour limit set forth in the IOM report. It also calls for maintaining support systems for nurses to allow them to work to their optimum level as recommended in the IOM report.

H.1282 was filed by Rep. Christine Canavan, RN (D-Brockton) and the MNA. It is co-sponsored by 101 of 200 members of the Legislature, including 14 of the 17 members of the Joint Committee on Health Care. ■

Labor Relations News

Whidden RNs hold picket as contract talks stall over salary, staffing issues

As contract talks continued to stall over concerns about poor working conditions, dangerous staffing levels and pay, the nurses' union at Whidden Memorial Hospital in Everett held an informational picket outside the facility on Oct. 27.

The union decided to picket following its last negotiating session with hospital management on Oct. 21. The parties—who have been negotiating a new contract since March 27, 2003—had held seven sessions to date. The nurses' contract expired on April 1, 2003.

More than 200 RNs, nurse practitioners and health care professionals are represented by the MNA at Whidden Memorial Hospital—which was absorbed into the Cambridge Health Alliance system in July 2001. The MNA also represents the RNs at Cambridge Health Alliance-owned Cambridge Hospital and Somerville Hospital.

"Pay parity is the overriding issue in dispute," said Joanne Bartoszewicz, chair of the bargaining unit at Whidden Memorial. "While Cambridge and Somerville nurses have parity in their salary scale, Whidden nurses are currently paid 12.4 percent less than their counterparts at sister facilities. We have the same patients and the same licenses, so why the difference in pay? This is not only unfair; it also has a dramatic impact on our ability to maintain safe staffing levels for our patients."

Bartoszewicz points to the fact that Whid-

den has lost a significant number of nurses in the past year to other Cambridge Health Alliance and Boston-area hospitals that pay their nurses significantly higher salaries. As a result, the RN-to-patient ratios on many floors at Whidden are at unsafe levels.

"Our nurses are exhausted, overworked and dramatically underpaid," said Bartoszewicz. "And our nurse-to-patient ratios are not only inadequate; they're downright dangerous. We have pleaded with management to improve these conditions, but they've refused to address our concerns. Without pay parity, we'll continue to lose nurses—and our patients will suffer."

Nurses at Whidden Memorial who work on a medical/surgical floor are regularly assigned seven or eight patients at a time. These numbers and the danger they present to patients were brought into sharp focus with the release of a study on RN staffing and patient outcomes published in the prestigious *Journal of the American Medical Association*.

The study was the first to tie hospital death rates directly to nurse's caseloads. "We found that for every additional patient added to a nurse's caseload after they have four patients already, there is a 7 percent increase in the risk of death," according to Linda Aiken, Ph.D., RN and the study's author.

This means that when a nurse at Whidden Memorial has to watch over eight patients on average, their patients' risk of complica-



Rep. Edward Connelly (D-Everett) walked the picket line with MNA members and nurses at Whidden Memorial Hospital in Everett.

tions or dying is about 30 percent higher than if they had the appropriate number of patients.

The union has been trying for months to convince hospital management to improve staffing at the facility, and they filed numerous official reports of unsafe staffing in the past year as a result. These reports are filed by nurses when they are given a patient assignment that they believe "places their patient's safety in jeopardy."

In addition to pay and staffing issues, the union was outraged at the Cambridge Health Alliance's demand to dramatically weaken its contract by seeking language changes that would remove longstanding protections the nurses have won over the years. This includes

efforts by management to alter reduction in force provisions for the nurses; alter the ability of members to bid on new jobs; and change long-standing sick and other leave provisions.

"The local nurse's union at Whidden Memorial is one of the oldest in the state of Massachusetts," Bartoszewicz said. "We've fought long and hard to win the rights and protections our contract provides. At the same time that this facility demands to pay us like second class citizens in this system, they are also seeking the right to strip us of protections we've earned through more than 30 years of negotiations. This is no way to treat professionals—especially in the midst of a shortage of health care professionals." ■

Gloucester hospital closing protested

Citizens, doctors, nurses, community leaders and politicians gathered in Gloucester on Nov. 5 for a press conference that called attention to the absolute necessity for Addison Gilbert Hospital (AGH) to stay open and for its emergency medical services to remain in place. And for the large crowd of people who weathered the day's icy winds and cold rains, the issue of protecting the 100-year-old hospital was one of personal importance—given how suddenly Cape Ann's residents can become isolated during times of crisis.

Northeast Health Systems, the hospital network that owns AGH, recently announced its intention to seek permission to eliminate 24-hour emergency surgical services at the hospital. When asked what would happen if permission for this move was not granted, Northeast's CEO Steven Laverty reportedly said that he would close AGH. Press conference attendees voiced their opposition to these plans and their outrage over Laverty's comments.

"These proposed changes spell doom for AGH and the people of Gloucester," said Peggy O'Malley, a nurse and spokeswoman for a community coalition, Partners for Addison Gilbert Hospital. "The loss of 24-hour emergency room service could cost lives, because the next closest hospital is more than 12 miles away." O'Malley also said that if the proposed changes are implemented, ambulances will be more likely to bypass AGH, sending even more patients elsewhere.

Cape Ann residents have recently been forced to accept the elimination of many services at AGH, including maternity, inpatient psychiatric and pediatric care services, but the continued elimination of services could

ultimately threaten the hospital's stability—especially given a Department of Public Health regulation that states eight services are deemed necessary in order to operate a full-service emergency department. These services include 24-hour surgical services, lab services, radiology, blood banking, ICU care, and inpatient medical/surgical beds, nurses and doctors. The possible loss of the AGH has regional and statewide significance as it signals a further shrinking of the hospital bed capacity in the state.

The press conference was held near the town's waterfront at the Blynman Canal Bridge—one of the only two routes that residents and visitors can use to leave Gloucester. At the time of the event the bridge was closed for a 12-day repair project, and the location was strategically selected by press conference organizers as a way of emphasizing the fact that Cape Ann is an island and that it is difficult, if not impossible, for residents to reach other hospitals in time for life-saving care.

Barry McKay, chief of Gloucester's fire department, acknowledged that it regularly takes emergency medical technicians from Gloucester and Rockport more than 25 minutes to reach other local hospitals. "But technicians can transport patients from anywhere on Cape Ann to Addison Gilbert in under than 20 minutes," added McKay, "and the difference in those few minutes can be the difference between life and death."

The event was organized by Partners for Addison Gilbert Hospital, a grassroots organization created in 1996 to save AGH following its merger into Northeast Health Systems in 1994. ■

RNs at Tobey Hospital win fight to maintain insurance benefits

After numerous meetings with hospital administrators, a hard-core petition drive and a strategic media outreach effort, the bargaining unit at Wareham-based Tobey Hospital won its fight to maintain insurance benefits for a group of the unit's part-time nurses.

The struggle with the administration at Southcoast Health System began after CEO John B. Day notified several of its part-time RNs that they were no longer eligible to purchase additional insurance benefits—despite the fact that they had been available to many part-time RNs for more than five years and that the nurses had paid for the benefits directly. The benefits included long and short-term disability, as well as additional life insurance for RNs and their families.

Mary Ellen Boisvert, RN, co-chairperson of the bargaining unit at Tobey, was one of the 16-hour-a-week nurses who would have been affected by the change in benefits, and she was actively involved in working with members of her bargaining unit to build solidarity in the fight to protect the existing insurance programs. A major part of this initiative included a powerful and effective petition drive, which resulted in record numbers of nurses signing on in order to show their support.

According to Boisvert, the initial response from hospital management following the

presentation of the petitions was to offer the part-time nurses additional hours in order to make them benefit eligible. For some nurses, this was an acceptable solution. Others, however, were not willing or able to commit to working additional hours on a regular basis—so the unit maintained its solidarity and continued to fight for the rights of its members.

Following the petition drive, RNs at Tobey implemented a strategic media outreach plan—an effort that resulted in an important, pro-union article being placed in *The Standard-Times* of New Bedford. Within days, the administration at Southcoast Health System agreed to continue the benefits.

An agreement between the bargaining unit and the hospital administration was signed in late October allowing the part-time RNs to continue working their 16 hours—with the original benefits intact. This victory would not have been possible without the affected nurses standing together against this injustice and without the support of their colleagues who were willing to sign their names to the petition.

Congratulations to all members of the MNA bargaining unit at Tobey Hospital. This was a small step towards the creation of an even stronger union. ■

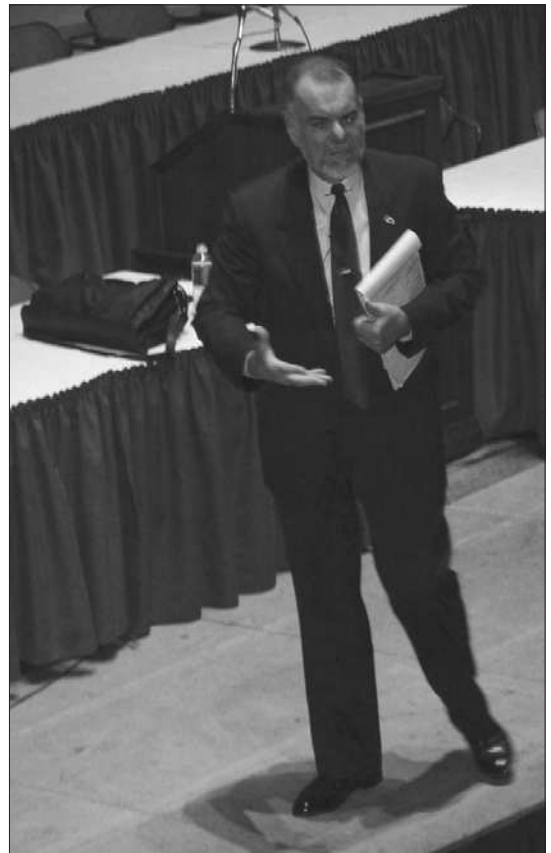


Anita Hill, attorney, legal professor and human rights activist, joins Annette Rafferty, founder of the Worcester-based Abby's House, following their keynote addresses to a packed audience of MNA members in Mechanics Hall.

MNA Convention 2003



Timothy Murray, mayor of Worcester, presents the MNA with a key to the city.



Paul McCarthy talks with unionized nurses about why they must capture the power of the health care industry.



Larry Tye, author and former *Boston Globe* reporter, talks with nurses about "dealing with the ugly press."



A snapshot from MNA's annual business meeting.

MNA annual awards: celebrating the work and dedication of MNA nurses

ELAINE COONEY LABOR RELATIONS AWARD
CECE CROWELL, DONNA KELLY-WILLIAMS,
KATHLYN M. LOGAN AND MARY E. MARENGO

The Elaine Cooney Labor Relations Award recognizes a Labor Relations program member who has made significant contributions to the professional, economic and general welfare of nursing.



CeCe Crowell

CeCe Crowell serves as clinical leader in the PACU at Jordan Hospital, where she has been an active member of the MNA bargaining unit. Despite personal illness, Crowell recently continued her work as co-chair and then chair to steer the bargaining unit through the longest contract arbitration hearings in MNA history. As a result, the unit at Jordan Hospital recently won a successful contract and earned the hospital's commitment to establishing a 4 to 1 nurse-to-patient ratio. Crowell has effectively guided multiple grievance arbitrations; contributed to the professional welfare of nurses; worked as a provider of education to staff; worked as a preceptor for new nurses; and campaigned tirelessly for MNA's safe staffing legislation.



Kathlyn Logan

Kathlyn Logan has worked as a staff nurse at the University of Massachusetts Medical Center in a variety of roles for more than 20 years. In her role as grievance chair—a position that is responsible for upholding the rights of nurses under the MNA contract—she has been professional in dealing with members' individual needs and circumstances. Logan is an acknowledged expert in dealing with grievances, and has the unique ability to prevent problematic situations from escalating through her skill in conflict resolution. Her colleagues describe her as "prepared and professional in mind and appearance, and as always having the facts in hand" during her interactions. Logan is highly respected both by nurses and management. She has also contributed at the district and state level to the MNA through her committee work.



D. Kelly-Williams

Donna Kelly-Williams is a pediatric nurse at Cambridge Hospital, where she also serves on the policy committee and nursing council. She is a positive professional role model who has demonstrated leadership skills as chairperson of MNA's bargaining unit. Kelly-Williams has been effective in helping to bring the bargaining units of the hospitals that are part of the Cambridge Alliance together and to work towards common goals. Her support, participation and leadership exemplify the qualities this award honors. Her investment in labor relations is seen in her pursuit of education through the Labor Guild. Kelly-Williams also served the MNA through her participation on the Con-

gress on Health Policy and Legislation, Safe Staffing Committee and NursePLAN.

Mary Marengo has worked for the Department of Mental Health at Westborough State Hospital for 20 years, serving in various nursing leadership roles and as nurse educator. Always an advocate for patients, Marengo has spoken out against unsafe working conditions and practices that negatively impact patients and staff. Her leadership skills found full expression in her role as local unit chair and in her role as vice president and president of Unit 7's executive board. Marengo's untiring work has been recognized and lauded by her colleagues, and whenever the MNA has needed someone to support labor, she has been there as a strong voice and advocate. As a member of MNA's Board of Directors, as well as numerous other committees at the state and district level, Marengo has helped to strengthen the MNA's goals and labor efforts.

THE MNA EXCELLENCE IN NURSING PRACTICE AWARD

PATRICIA MAYO AND LOLITA A. ROLAND

The MNA Excellence in Nursing Practice Award recognizes a member who demonstrates an outstanding performance in nursing practice. This award publicly acknowledges the essential contributions that nurses across all practice settings make to the health care of our society.



Patricia Mayo

Patricia Mayo's nursing practice has included staff nurse and nursing leadership positions in medical/surgical nursing, intensive care nursing, oncology nursing, and intravenous therapy nursing at St. Vincent's Hospital at Worcester Medical Center. Her nominator stated that "Pat is often the first sought by both new and seasoned nurses with clinical questions or by those in crisis because she has demonstrated clinical expertise in so many patient care areas." Mayo launched a campaign to save St. Vincent's intravenous therapy team after the hospital called for a massive reduction of staff, not only for the sake of her professional colleagues, but primarily for the patients. As co-chair of her bargaining unit, Mayo has empowered nurses to advocate both for the professional and economic welfare of nurses and for what is needed to assure nurses' ability to deliver quality patient care. As a member of the Board of Directors of MNA District 2, she has helped advance the practice goals of the profession.



Lolita Roland

In her staff/charge nurse position in the comprehensive addictions program at the Cambridge Health Alliance, Somerville Hospital, Lolita Roland manages the comprehensive nursing care of patients with addictive and psychiatric disorders. Illustrative of her role as change agent is the weekly education program she holds for patients on the effect substance abuse has on body, mind and spirit. Roland's commitment to quality care is exemplified in her sharing with fellow nurses therapeutic inter-

ventions with substance abusers that can be applied outside the psychiatric setting. Her interventions have been quoted in hospital journals and she is an active participant in the MNA's Diversity Committee and Center on Ethics and Human Rights. A recipient of other awards for leadership and clinical excellence, Roland exemplified the criteria for the MNA Excellence in Nursing Practice Award.

MNA IMAGE OF THE PROFESSIONAL NURSE AWARD

DONNA MCCARTEN WHITE

The MNA Image of the Professional Nurse Award recognizes a member who has demonstrated outstanding leadership in enhancing the image of the professional nurse in the community.



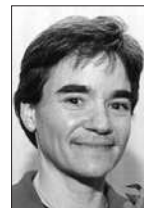
Donna White

Donna White is an addiction specialist at Lemuel Shattuck Hospital, where her responsibilities include consultation to hospital-wide clinical teams for patients with addictive disorders. She is certified as an advanced drug and alcohol counselor and also holds certification in addictions nursing, chemical dependency nursing and in alcoholism counseling. White is a doctoral candidate for a Ph.D. in human behavior and is a member of numerous professional organizations both locally and nationally. White has also lectured widely on the local, state and national circuits about addictions and is widely published in her specialty. An advocate for nurses in recovery, White also leads a weekly support group for healthcare professionals at Bournwood Hospital and is recognized in the addictions field as an expert practitioner and leader.

KATHRYN MCGINN CUTLER ADVOCATE FOR HEALTH AND SAFETY AWARD

SARAH R. WILLIAMS

The MNA Kathryn McGinn Cutler Award recognizes an individual or group that has performed outstanding service for the betterment of health and safety and for the protection of nurses and other healthcare workers.



Sarah Williams

Sarah Williams is a homecare nurse for the VNA Hospice Alliance in Northampton. Since being physically assaulted by a patient's "out of control" relative while caring for the patient, Williams has been an active on the health and safety front. Although the assailant had evidenced dangerous behavior and had mental health and other problems, those providing care to the patient were unaware of this. Williams was treated in the emergency room of a local hospital and was unable to return to direct patient care for a month. Realizing after the event that there were no policies and procedures in place to address workplace violence, she turned around her painful experience by investing her energies towards workplace violence prevention and in homecare response. Williams has educated numerous nurses and other healthcare workers about this concern, and has also helped the VNA's develop workplace violence protocols. She has also collaborated

with the district attorney's office to facilitate healthcare workers' filing of charges, and provided direct support to nurses who have been victims of workplace violence. Williams' work has demonstrated a groundbreaking approach to protecting the health and safety of nurses in respect to the issue of workplace violence.

MNA ADVOCATE FOR NURSING AWARD

DR. JEFFREY BENTLEY AND ELISE PECHTER

The MNA Advocate for Nursing Award recognizes the contributions of an individual, who is not a nurse, to nurses and the nursing profession.



Dr. Jeffrey Bentley

Jeffrey Bentley has been a strong advocate for patients and nurses at Anna Jaques Hospital for many years, and during that time he has actualized his belief that patient care comes first at all costs, a value that is extremely important to the nurses he works with. Bentley is respected by the staff of Anna Jaques Hospital not only for the care and concern he displays for his patients, but also for the way he treats staff—and he is considered an excellent physician and a caring human being as a result. Bentley is outstanding in his support for nurses: he has walked the picket lines with nurses; faithfully worn an MNA pin when it has mattered most; and has even provided food to nurses and nurses supporters when they have had to walk a picket line. According to the nurses he works with, there is no other physician who has supported the work nurses do at Anna Jaques Hospital as strongly as Dr. Bentley.



Elise Pechter

Elise Pechter is certified as an industrial hygienist in comprehensive practice and is employed in her specialty at the Massachusetts Department of Public Health. She has been an advocate for nurses for more than ten years and was actively involved in validating the problems at Brigham and Women's Hospital that led to several nurses becoming seriously ill and disability. She has contributed significantly to nurses' issues being addressed at the DPH in relation to latex allergies, needlestick injuries, air quality, reproductive hazards, occupational asthma and acute and chronic chemical poisoning. Pechter has not only supported nurses' occupational health and safety agendas, but has personally assisted individual nurses affected by toxic industrial substances in finding the resources they need. Her work in relation to the occupational lung health surveillance program in Boston has shown that nurses have the highest rate of new work related asthma.

FRANK M. HYNES AWARD

REP. JENNIFER M. CALLAHAN AND
REP. ROBERT K. COUGHLIN

The Frank M. Hynes Award recognizes the contributions of a deserving Massachusetts freshman state legislator or municipal official who clearly demonstrates exceptional contributions to nursing and healthcare.



Jennifer Callahan

Rep. Jennifer Callahan is the first Massachusetts state representative of the newly-created 18th Worcester District. She is a registered nurse and member of the MNA, and has worked at the bedside at the University of Massachusetts Medical Center. She holds a doctorate in higher education policy research and administration. Her long history of community involvement is exemplified in her tenure on the Sutton School Committee and as a Sutton selectwoman. She also has an exemplary record of healthcare advocacy, including membership on MNA's Congress on Health Policy and Legislation and having testified numerous times at the State House on MNA-sponsored and related legislation. Callahan has taken a leadership role in moving our safe staffing agenda during her freshman year as a legislator, and she has worked to encourage fellow legislators to sign onto our bill, while working closely with the Joint Committee on Health Care.



Robert Coughlin

Rep. Robert Coughlin was recently elected to serve the 11th Norfolk District, representing the towns of Dedham, Westwood, and part of Walpole. He serves on the Dedham School Committee and on the Dedham Board of Selectman. His extensive community leadership involvement includes service on the board of trustees of both the Deaconess Glover Hospital and the Massachusetts Maritime Academy. As a freshman legislator and a member of the Joint Committee on Health Care, he has made it a point to open his office to meet with registered nurses who are concerned about the state's overloaded healthcare system and nursing crisis—and danger both pose to the patients Massachusetts. A co-sponsor of H.1282, Coughlin has made the MNA's safe staffing legislation one of his priorities and has helped the MNA to educate other legislators about the bill.

MNA LEGISLATOR OF THE YEAR AWARD

REP. PETER J. KOUTOUJIAN, REP. VINCENT A. PEDONE AND REP. ELLEN STORY

The MNA Legislator of the Year Award recognizes the contributions of a senior Massachusetts state or federal legislator who has clearly demonstrated exceptional contributions to nursing and healthcare.

Rep. Peter Koutoujian serves the 10th Middlesex District. He is currently House chair of the Joint Committee on Health Care and serves on the Joint Committee on Criminal Justice and the Joint Committee on Government Regulations. Throughout his legislative career, Koutoujian



Peter Koutoujian

has been an outstanding leader in healthcare, violence prevention and the rights of the mentally ill and mentally disabled. In 2001, as a member of the Joint Committee on Health Care, he supported S.1979, which would

require pharmaceutical companies to disclose their expenditures for mass media direct-to-consumer advertising in an effort to decrease prescription costs. He was one of the driving forces that kept Waltham Hospital open and secured needed funds for the hospital when no one else could. Koutoujian has been an outspoken delegate to both the Governor's Commission on Domestic Violence and the Massachusetts Violence Prevention Task Force and now leads a statewide coalition of Male Legislators Against Domestic Violence. He is a co-sponsor of H.1282, the MNA's safe staffing legislation, and in his role as chair of the Joint Committee on Health Care he has made nursing a priority. Koutoujian is working hard to propel the agenda of safe staffing to improve healthcare for all citizens. His advocacy and his support of nursing is outstanding.

Rep. Vincent Pedone

was elected to the House of Representatives in 1993 and is currently serving his sixth term representing the 15th Worcester District. He was recently appointed to be the vice chairman of the Committee on Science and Technology and serves on the House Ways and Means Committee. During his tenure he has been a strong healthcare advocate, working hard to advocate for patients', nurses' and worker's rights. Before and during the St. Vincent nurses strike in 2000, Pedone played a pivotal role in supporting both patients and nurses and was a constant presence on the picket lines. He joined with other state legislators from the Worcester delegation in supporting the UMass-Memorial, Memorial Campus RNs during their MNA organizing effort. He is also currently the lead sponsor of latex allergy legislation, and most recently Pedone successfully led a coalition of health care professionals, labor leaders, advocates, community activists and legislators to save Worcester State Hospital—introducing and facilitating the passage of an amendment to the state budget to prevent closing the facility. A tireless advocate for patients, their care, and the labor force who provide that care, Pedone is also a sponsor and strong advocate of the MNA's Safe Staffing legislation.



Vincent Pedone

Rep. Ellen Story

is currently serving her fifth full term for the 3rd Hampshire District, and she is the first woman to represent her district. Story is a member of the Committee on Steering and Policy and the Committee on Federal Affairs and Homeland Security. She also serves on the Committee of the Caucus of Woman Legislators; is a founding member of the Mental Health Caucus; and is the co-chair of the Working Family Agenda Coalition. As a state representative, she has advocated for public education on all levels and has also focused on human service needs. Story has been a staunch supporter of nurses and health care issues, and she has worked to insure that people receive proper health care coverage and has improved the quality of life for children, elders, the physically challenged, mentally ill and veterans. Story also worked



Ellen Story

to save the Holyoke Soldiers Home and has advocated for programs to prevent domestic violence and provide funding for the Sexual Assault Nurse Examiners Program and programs of prevention. She has also been a faithful supporter of the Massachusetts Senior Action meetings, working diligently to provide affordable prescription drugs for seniors. Story has also attended the MNA District 1 legislative breakfast for the past 10 years.

MNA HUMAN NEEDS SERVICE AWARD

CAPTAIN BEVERLY A. DANDRIDGE

The MNA Human Needs Service Award recognizes a member who has performed outstanding services based on human need, with respect for human dignity, unrestricted by consideration of nationality, race, creed, color or status.

Capt. Beverly Dandridge

is currently a senior health services program management consultant in the health services division, federal Bureau of Prisons, and in the recent past, has served as the director of nursing at the Devens facility. She has been both an advocate for those within her care and a leader who is a change agent. Dandridge was responsible for initiating a certified nursing assistant apprenticeship program for prison inmates that prepared them to transition to the workforce after release from prison. Her concern for human dignity resulted in the implementation of a code of conduct for staff regarding their interactions with inmates. The code emphasized the preservation of human dignity for all inmates, as well as their right to be treated with respect. Dandridge's concern for the welfare of young people is reflected in the many educational programs she has developed for them on healthy lifestyles and disease prevention. In her role as vice president and board member of the ambassadors of the Word National Youth Organization, she has been influential in creating formative life-enhancing opportunities for adolescents from underserved communities to experience multiple cultures both nationally and internationally.



B. Dandridge

MNA NURSING EDUCATION AWARD

CLIFFORD ROY SHAY AND JEANNE M. ULMER

The MNA Nursing Education Award recognizes a member who is a nurse educator and has made significant contributions to professional nursing education, continuing education and/or staff development.

Roy Shay is a nurse clinician and educator on a medical/surgical unit at UMass/Memorial Hospital, as well as a clinical educator for nursing programs at the University of Massachusetts Amherst and Fitchburg State College. His achievements as a nurse educator are numerous:



Roy Shay

he has authored nursing guides for new graduates; developed books on intravenous therapy assessment; and created guides on cardiac telemetry monitoring. His educational intervention dramatically reduced risk for complications in patients receiving intravenous therapy. Shay's role as a preceptor for new graduates working in a high acuity

cardiac medical/surgical unit has resulted in the development of educated nurses who can proficiently and confidently function on a high-paced cardiac floor with complex patients. Shay is a superb educator who can make complex material understandable and valued, and he an expert at updating all staff on advances in medical and nursing care.

Jeanne Ulmer is a staff development/clinical nurse educator at Carney Hospital and at Jordan Hospital. Her role as an educator is extensive and includes orientation of new staff, mandatory annual competency assessment and training, provision of both on-unit clinical education and continuing education to the hospital nursing staff and development and implementation of a preceptor and transition program. A colleague and peer states that "she has an enthusiasm for teaching and a passion for nursing. Use of humor and innovative teaching strategies make her classes memorable for the participants." Jeanne, as a preceptor herself, has directly influenced many new emergency room nurses' clinical practice and quality of care. She not only presents a very effective communication program "Can You Hear Me Now?," she exemplifies what she professes in her "articulate, assertive and clear communication." Jeanne is a highly effective educator who facilitates quality patient care through her ability to positively influence nurses' proficiency in nursing practice.



Jeanne Ulmer

JUDITH SHINDUL ROTHSCHILD AWARD

NORA AUDESIRK WATTS

The Judith Shindul Rothschild Leadership Award recognizes a member and nurse leader who speaks with a strong voice for the nursing community.

Nora Watts has been employed as a staff nurse at Newton-Wellesley Hospital for 20 years, where she has been in a leadership role as the co-chair of the bargaining unit. As a member of MNA's former Cabinet for Labor Relations and a current member of the board of directors, her leadership skills have contributed to realizing the goals and mission of the MNA. Watts also serves on MNA's finance committee. Her visionary contributions have been instrumental in advancing the future of the nursing profession and patient care, both state-wide and nationally, and were especially evidenced during MNA's disaffiliation from the American Nurses Association. She has also been an active participation in the creation of American Association of Registered Nurses. Watts has also challenged her co-workers to learn from the frustrations nurses face as a way of improving their practice environments, and through her political acumen and relationships with legislators she has been a dynamic leader—championing the passage of the MNA's safe staffing legislation.



Nora Watts

*MNF Scholarship Recipients,
Next Page*

Massachusetts Nurses Foundation scholarship winners

CAROL FLYZIK SCHOLARSHIP CHRISTINA GALLAGHER

Christina Gallagher of Haverhill is a senior nursing student in the baccalaureate degree program at Fitchburg State College. She works during the summer months at Lawrence General Hospital emergency room as a nursing associate.



C. Gallagher

MNF LABOR RELATIONS SCHOLARSHIP KATHRYN WILKINS-CARMODY

Kathryn Wilkins-Carmody of Northampton is enrolled in the baccalaureate degree program at Elms College. Her career goal is to continue toward qualification as a nurse practitioner. Wilkins-Carmody is currently employed at Cooley Dickinson Hospital.



Wilkins-Carmody

DISTRICT 3 BACCALAUREATE DEGREE SCHOLARSHIP LAUREN JOHNSON-LAVENDER

Lauren Johnson-Lavender of Mashpee is enrolled in the University of Indiana's RN-to-MSN program—which will allow her to obtain her BSN followed by her MSN. She is employed at Falmouth Hospital and is the secretary for MNA District 3.



Johnson-Lavender

DISTRICT 3 BACCALAUREATE DEGREE SCHOLARSHIP JENNIFER PORTER

Jennifer Porter of Rochester is currently enrolled in the baccalaureate degree program at the University of Massachusetts Dartmouth. Porter has a baccalaureate degree in marketing and has worked in this field for five years, but recently decided that nursing is her calling.



Jennifer Porter

DISTRICT 3 BACCALAUREATE DEGREE SCHOLARSHIP JILL SMITH

Jill Smith of Plymouth is enrolled in the BSN program at Curry College. Smith is employed at Jordan Hospital in the P.A.C.U. and currently holds the position of member-at-large for District 3. Her professional goal is to continue toward her MSN in education.



Jill Smith

DISTRICT 4 SCHOLARSHIP LEIDY BOARDMAN

Leidy Boardman of Lawrence is employed at Lawrence General Hospital. She is pursuing her baccalaureate degree at the University of Massachusetts Lowell, and is an active MNA member.



Leidy Boardman

DISTRICT 5 SCHOLARSHIP MELISSA ANN ROBERTS LORRAINE JULIE LACROIX GARDY FORTUNE LYNN ANN BARTOSZEWICZ KATELYN MCNEIL

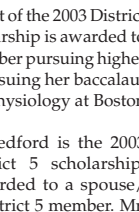
Melissa Ann Roberts of Boston is the recipient of the 2003 MNF District 5 scholarship. This scholarship is awarded to a child of a District 5 member pursuing a nursing degree. Roberts is enrolled in the baccalaureate degree program at Northeastern University.



Melissa Roberts

Lorraine Julie Lacroix of Dedham is the recipient of the 2003 District 5 scholarship. This scholarship is awarded to a child of a District 5 member pursuing higher education. Lacroix is pursuing her baccalaureate degree in human physiology at Boston University.

Gardy Fortune of Medford is the 2003 recipient of the District 5 scholarship. This scholarship is awarded to a spouse/significant other of a District 5 member. Mr. Fortune's wife is employed at St. Elizabeth's Medical Center and is an active District 5 member. He is completing his co-op at St. Elizabeth's Medical Center while attending nursing school. He is currently enrolled in the baccalaureate degree program at Northeastern University.



Lorraine Lacroix

Lynn Ann Bartoszewicz of Melrose is the recipient of the 2003 District 5 Scholarship. This scholarship is awarded to a child of a



L. Bartoszewicz

District 5 member pursuing higher education. Bartoszewicz has a baccalaureate degree in criminology and law, and is currently enrolled at Bunker Hill Community College in order to fulfill the pre-requisites necessary to apply for a graduated accelerated nursing program.

Katelyn McNeil of Westwood is the recipient of the 2003 District 5 Scholarship. This scholarship is awarded to a child of a District 5 member pursuing a nursing degree. She has a baccalaureate degree in women's health from Trinity College and is currently enrolled in the baccalaureate degree program at Curry College.



Katelyn McNeil

FAULKNER HOSPITAL CONNIE MOORE AWARD KARIN LORI CIANCE

Karin Lori Ciance of Holden holds a baccalaureate degree in nursing at Worcester State College and has been accepted into the graduate degree program leading to a master of science in community health. She is currently a staff nurse at Family Health Center in Worcester.



Karin Ciance

FAULKNER HOSPITAL ENTRY LEVEL SCHOLARSHIP TARA ANNE MCGRATH

Tara Anne McGrath of Cambridge is enrolled in the baccalaureate degree program at Curry College. She is employed as a nursing assistant at Cambridge Health Alliance on the labor and delivery unit. ■

Receives 'Friend of School Nurses Award'

MNA communications director David Schildmeier honored by MSNO

At a packed reception on Oct. 18 the Massachusetts School Nurse Organization (MSNO) presented David Schildmeier, director of the MNA's public communications department, with its 2003 MSNO Friend of School Nurses Award. The award was presented to Schildmeier during the MSNO's annual fall meeting, which was held at the Hoagland-Pincus Conference Center in Shrewsbury.

The MSNO Friend of School Nurses Award is given annually to an individual who has been an outstanding spokesperson on behalf of school nurses. According to Kathy O'Neil, president of the MSNO, Schildmeier has been one of the organization's most appreciated and active advocates.

"David's continuous support for school nurses in the commonwealth makes him a true friend of MSNO," said O'Neil. "His contributions to our work have been invaluable: from spearheading media initiatives, to assisting with MSNO advocacy day at the State House and speaking out on behalf of school nurses at public events across the state. We are honored to present him with this award, and we are honored to have him as a friend."

Schildmeier, who has been leading the MNA's public communications department for the last 10 years, has had the privilege of working closely with numerous school nurses during his tenure. Most recently, he toiled with school nurses from the city of Newton's public health department on a successful initiative that resulted in the city taking impressive steps to keep a nurse in each of its 21 schools.

Founded in 1970, the Massachusetts School Nurse Organization is a growing non-profit organization with approximately 800 members, including school nurses, school administrators, public health nurses, practitioners, consultants, educators, and retired school nurses. It has a proud history of excellence in promoting and advancing the professional practice of school nursing throughout Massachusetts. Members are encouraged to take an active stance in decisions directly impacting school nursing, especially in the legislative, economic, and educational arenas.

Schildmeier received the Friend of School Nurses Award after being nominated for the honor by Marcia Buckminster, MSNO past president and legislative chairperson. ■



MNA Communications Director David Schildmeier and MSNO President Kathy O'Neil.

MNA CONTINUING EDUCATION COURSES

Peripheral I.V. Therapy Program

Description This program introduces the RN to the theory of peripheral venipuncture. It includes anatomy and physiology of the peripheral circulatory system, fluid and electrolyte imbalance, infection control and legal issues of the practice of venipuncture. Classroom instruction will include procedural demonstration and return demonstration on I.V. arms. **Clinical experience will not be provided.**



Speakers Mary Walsh, RN, BS, CRNI, Infusion Therapy Specialist
Marilyn Bernard, RN, CRNI, Infusion Therapy Specialist

Date Jan. 22, 2004 (*Snow date: Jan. 29*)

Time 5:00 – 8:30 p.m. (*Light supper provided*)

Place MNA Headquarters, Canton

Fee MNA members, \$65; all others, \$95

Special notes Certificate of attendance will be awarded

MNA contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Interpreting Laboratory Values

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



Speaker Carol Mallia, RN, MSN

Date Jan. 27, 2004 (*Snow date: Jan. 28*)

Time 5:00 – 9:00 p.m. (*Light supper provided*)

Place MNA Headquarters, Canton

Fee MNA members, \$45; all others, \$65

Contact hours* 4.1

MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Verbal Self Defense for Nurses

Description This program is designed to provide the nurse with the basic skills for managing conflict in the workplace environment. Conflict resolution strategies are discussed. The program will conclude with an interactive discussion of case scenarios related to conflict management.

Speaker Joe-Ann Fergus, RN, BSN

Date Feb 3, 2004 (*Snow date: Feb. 10*)

Time 6:00 – 9:00 p.m. (*Light supper provided*)

Place MNA Headquarters, Canton

Fee MNA members, \$45; all others, \$65

Contact hours* 3.3

MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Mechanical Ventilation

Description This course will provide an overview of mechanical ventilation types, modes and therapies. Course will also discuss the nursing management of a patient on mechanical ventilation.

Speakers Carol Mallia, RN, MSN

Date Feb. 24, 2004 (*Snow date: March 2*)

Time 5:00 – 9:00 p.m. (*Light supper provided*)

Place MNA Headquarters, Canton

Fee MNA members, \$45; all others, \$65

Contact hours 4.5

MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Oncology Series for Nurses

Description A three-part series for nurses to increase their knowledge in oncology nursing. Session one will include an overview of cancer management, tumor physiology and staging, relevant laboratory testing and treatment strategies and safe handling of neoplastic agents. Session two will discuss chemotherapy administration, classification of chemotherapeutic agents, management of toxicities and adverse effects of treatments and oncological emergencies. Session three will include pain and symptom management, palliative care and an overview of hospice care.



Speaker Marylou Gregory-Lee, MSN, RNCS, OCN, Adult Nurse Practitioner

Dates March 1, 8 and 15, 2004 (*Snow date: March 22*)

Time 5:30- 9:00 p.m. (*Light supper provided*)

Place MNA Headquarters, Canton

Fee Series: MNA members, \$175; all others, \$225
Each session: MNA members, \$65; all others, \$95

Contact hours* 3.6 per session. Total for series: 10.8

Special note Completion of Session 1 is required for attendance at Session 2

MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Basic Dysrhythmias

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



Speaker Carol Mallia, RN, MSN

Dates March 16 & 23, 2004

Time 5:00 – 9:00 p.m. (*Light supper provided*)

Place MNA Headquarters, Canton

Fee MNA members, \$90; all others, \$125

Contact hours* 9.0

Special notes Class limited to 40.

MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Diabetes 2004: What Nurses Need to Know

Description **Session 1:** This session will discuss the pathophysiology and classification of Diabetes Type 1 and 2. The nursing implications of blood glucose monitoring will be discussed. Non-pharmacological interventions such as exercise and meal planning will be explained. The program will conclude with a discussion of oral pharmacological agents.



Session 2: This session is designed to provide the nurse with a comprehensive review of insulin therapy. The nursing management of the newly diagnosed diabetic patient, both complicated and not, will be explored. Nursing management of the diabetic patient in the pre/post-operative, ambulatory care, home care and school setting will be discussed.

Speaker Ann Miller, MS, RN, CS, CDE

Dates **Session 1:** March 18, 2004
Session 2: March 25, 2004

Time 5:30 – 9:00 p.m. (*Light supper provided*)

Place MNA Headquarters, Canton

Fee MNA members, \$65 all others, \$95 (Each session)

Contact hours* 3.6 per session

MNA contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Nursing Management of Central Lines

Description This program describes the multiple venous access devices used in central line therapy. Indications for tunneled vs. non-tunneled lines and potential complications will be discussed. The nursing management and legal aspects in managing the care of these devices will be described in detail.



Speakers Mary Walsh, RN, BSF, RNI, Infusion Therapy Specialist
Marilyn Bernard, RN, CRNI, Infusion Therapy Specialist

Date March 30, 2004

Time 5:30 – 8:30 p.m. (*Light supper provided*)

Place MNA Headquarters, Canton

Fee MNA members, \$65 all others, \$95

Contact hours* 3.0

Special notes Class limited to 20.

MNA contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

The Real Nursing World: Transition from Student to RN

Description Don't miss one of these unique programs offering you an opportunity to address questions or concerns to a panel comprised of recent graduates from various schools of nursing and experienced nurses with knowledge in nursing education, nursing administration and career counseling. Representatives from area hospitals and other healthcare facilities will be available before and after the program to discuss employment opportunities.



Speaker Carol Mallia, RN, MSN, facilitator

Date April 1, 2004

Time 5:30 – 9:30 p.m.

Place Lombardo's Function Facility, Randolph

Date April 6, 2004

Time 5:30 – 9:30 p.m.

Place Crowne Plaza, Worcester

Date April 8, 2004

Time 5:30 – 9:30 p.m.


Place Springfield Marriott Hotel, Springfield

Fee Free to senior nursing students and faculty

MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

MORE C.E. COURSES ON NEXT PAGE

Advanced Cardiac Life Support

Description  This American Heart Association course will provide information on the clinical management of cardiac and respiratory emergencies through case study approach. Course content includes assessment, arrhythmia recognition, intubation, defibrillation and pharmacological interventions. This is a two-day certification and one-day recertification course. Recertification candidates must present a copy of their current ACLS card at the time of registration.

Speakers Carol Mallia, RN, MSN, and other instructors for the clinical sessions

Dates Certification: April 28 & May 5, 2004
Recertification: May 5, 2004 only

Time 9:00 a.m. – 5:00 p.m. (Lunch provided)


Place MNA Headquarters, Canton

Fee Certification: MNA members, \$155; all others, \$195
Recertification: MNA members, \$125; all others, \$165

Contact hours* 16 for certification. No contact hours awarded for recertification.

MNA contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Emergency Medical Response to Hazardous Materials and Acts of Terrorism

Description  The Massachusetts Emergency Management Agency (MEMA) is sponsoring this program on emergency medical services in response to hazardous materials and acts of terrorism. The program is specifically designed for physicians, nurses, EMTs, and hospital support staff to provide education in the treatment of individuals exposed to chemical and biological agents. The program will include identification of hazardous materials, toxicological and biological effects of chemicals and biological acts of terrorism. The chemical profile of common agents, decontamination procedures and personal protective equipment will be discussed. CDC guidelines for surveillance of exposed nurses and other health care workers and nursing interventions for patient care will be identified. Please reserve your space early.

Speakers Anthony Fucaloro, EMT
Capt. Lawrence P. Ferazani
Evie Bain, RN, MED, COHN-S

Dates May 10, 2004

Time 9:00 a.m. – 5:00 p.m. (Lunch provided)

Place MNA Headquarters, Canton


Fee MNA members, \$45; all others, \$65

Contact hours* 6.9

Special notes Class limited to 25.

MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Advanced Dysrhythmia Interpretation

Description  This course is designed for nurses who have had a basic course in monitoring patients for cardiac rhythm disturbances and wish to enhance that knowledge base with more complex monitoring of advanced dysrhythmias. The course will describe the EKG changes related to ischemia, injury, and infarction, the EKG abnormalities associated with toxic drug levels and electrolyte imbalances. The course will conclude with an overview of pacemakers and common pacemaker rhythm disturbances.

Speaker Carol Mallia, RN, MSN

Dates May 11, 2004

Time 5:00 – 9:00 p.m. (Light supper provided)


Place MNA Headquarters, Canton

Fee MNA members, \$45; all others, \$65

Contact hours* 3.2

MNA contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Anatomy of a Legal Nurse Consultant

Description  This program will introduce the nurse to the scope of practice of the legal nurse consultant. The history and evolution of this important role and its multifaceted components will be discussed, including: practice environments, litigation process, case evaluation for compliance with standards of nursing/healthcare practice, nurse expert witness role, risk management and other important considerations. Professional certification will also be addressed.

Speakers Barbara J. Levin, BSN, RN, ONC, LNCC; Tammy J. Murphy, RN, LNC; Kelly W. Shanley, RN, LNC; Jane Mihalich, BSN, RN, LNCC; Erin Weber, BSN, RN, CCRN; Elaine Noren, BS, RN, LNCC

Dates May 13, 2004

Time 5:30 – 8:30 p.m. (Light supper provided)

Place MNA Headquarters, Canton

Fee MNA or AALNC members, \$65; all others, \$95

Contact hours* 3.2

MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Psychophysiology of Mind/Body Healing

Description This program, "Psychophysiology of Mind/Body Healing: Placebos and Miracles," will provide nurses with evidence-based knowledge, in-depth information and insight into the whole person, based on a whole-health concept that is relationship centered.

Date May 20, 2004


Time 5:30 – 9:00 p.m. (Light supper provided)

Speaker Georgianna Donadio, D.C., M.Sc., Ph.D.; Founder and Director, The New England School of Whole Health Education

Contact hours* TBA

MNA contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Wound Care—Dressing for Success

Description  This program will provide a comprehensive overview of the factors affecting wound care and strategies for managing complex wounds. A thorough review of wound products will enable the attendee to select the optimal dressing based on clinical findings. New dimensions of wound care, such as growth factors, hyperbaric oxygen, electrical stimulation, cultured skin replacements and vacuum-assisted closure devices will also be discussed.

Speaker Carol Mallia, RN, MSN, CWOCN

Date June 8, 2004

Time 5:00 – 9:00 p.m. (Light supper provided)


Place MNA Headquarters, Canton

Fee MNA members, \$45; all others, \$65

Contact hours* 4.5

MNA contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Managing Cardiac & Respiratory Emergencies

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

Speaker Carol Mallia, RN, MSN

Date June 15, 2004

Time 5:00 – 9:00 p.m.


Place MNA Headquarters, Canton

Fee MNA members, \$45; all others, \$65

Contact hours* 4.0

MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Interpreting Laboratory Values

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

Speaker Carol Mallia, RN, MSN

Date June 22, 2004

Time 5:00 – 9:00 p.m. (Light supper provided)

Place MNA Headquarters, Canton

Fee MNA members, \$45; all others, \$65

Contact hours* 4.1

MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Acute Care Nursing: 3-Program Series



Acute Care Nursing: 3-Program Series: The MNA has grouped together the following courses at a significantly reduced rate: Wound Care—Dressing for Success (June 8); Managing Cardiac and Respiratory Emergencies (June 15); and Interpreting Laboratory Values (June 22). **Register for this three-program series and save \$20.** See course descriptions as listed above for details.

IMPORTANT INFORMATION FOR ALL COURSES

Registration ■ Payment ■ Refunds ■ Program Cancellation ■
Contact Hours ■ Chemical Sensitivity

See Next Page

C.E. COURSE INFORMATION

(See Pages 18-19 for course information)

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



MNA

PEER ASSISTANCE PROGRAM

Help for Nurses with Substance Abuse Problems

- ✓ **Are you a nurse who is self-prescribing medications for pain, stress or anxiety?**
- ✓ **Are you a nurse who is using alcohol or other drugs to cope with everyday stress?**
- ✓ **Would you appreciate the aid of a nurse who understands recovery and wants to help?**

CALL THE MNA
PEER ASSISTANCE PROGRAM
ALL INFORMATION IS CONFIDENTIAL
781-821-4625, EXT. 755
OR 800-882-2056 (IN MASS ONLY)
WWW.PEERASSISTANCE.COM

Support Groups for Nurses and Other Health Professionals with Substance Abuse Problems

Below is a list of self-help groups facilitated by volunteer nurses who understand addiction and the recovery process. Many nurses with substance abuse problems find it therapeutic to share their experiences with peers who understand the challenges of addiction in the health care profession.

BOSTON METROPOLITAN AREA

- Bournwood Hospital: Health Care Professionals Support Group
300 South St., Brookline
Contact: Donna White or Gail Shaw, 617-469-0300, x305
Meets: Wednesdays, 7:30–8:30 p.m.
- McLean Hospital
DeMarmette Building, Room 116
Contact: LeRoy Kelly, 508-881-3192
Meets: Thursdays, 5:30–6:30 p.m.
- Peer Group Therapy
1354 Hancock Street, Suite 209, Quincy
Contact: Terri O'Brien, 781-340-0405
Meets: Tuesdays, 5:30 p.m., Wednesdays, 5:30 p.m. & coed Wednesdays, 7 p.m.
- Recovering Nurses Group
Caritas Norwood Hospital, Norwood
Contact: Jacqueline Sitte, 781-341-2100
Meets: Thursdays, 7–8:30 p.m.

CENTRAL MASSACHUSETTS

- Professional Nurses Group
University of Massachusetts Medical Center
107 Lincoln Street, Worcester
Contacts: Laurie, 508-853-0517
Carole, 978-568-1995
Meets: Mondays, 6–7 p.m.

NORTHERN MASSACHUSETTS

- Baldpate Hospital
Bungalow 1, Baldpate Road, Georgetown
Facilitator: Joyce Arlen, 978-352-2131, x19
Meets: Tuesdays, 6–7:30 p.m.
- Nurses Recovery Group
Center for Addiction Behavior
27 Salem Street, Salem
Contact: Jacqueline Lyons, 978-697-2733
Meets: Mondays, 6–7 p.m.
- Recovery Lifestyles
First Congregational Church, Room 1
106 West Foster Street, Melrose
Contact/Facilitator: Janice O'Neil, 617-979-0262
Meets: Tuesdays, 6:30–7:30 p.m.

WESTERN MASSACHUSETTS

- Nurses Helping Nurses
Bay State Medical Center, EAP Building
50 Maple Street, Springfield
Contact: Marge Babkiewitz
Meets: Thursdays, 7:15–8:15 p.m.
- Professional Support Group
Franklin Hospital Lecture Room A, Greenfield
Contacts: Wayne Gavryck, 413-774-2351
Elliott Smolensky, 413-774-2871
Meets: Wednesdays, 7–8 p.m.

SOUTHERN MASSACHUSETTS

- PRN Group
Pembroke Hospital
199 Oak Street, Staff Dining Room, Pembroke
Contact: Sharon Day, 508-375-6227
Meets: Tuesdays, 6:30–8 p.m.

- Substance Abuse Support Group
St. Luke's Hospital, New Bedford
88 Faunce Corner Road
Meets: Thursdays, 7–8:30 p.m.

OTHER AREAS

- Maguire Road Group
For those employed at Private Health Care Systems
Contact: John William, 508-834-7036
Meets: Mondays
- Nurses for Nurses Group
Hartford, Conn.
Contacts: Joan, 203-623-3261
Debbie, 203-871-906
Rick, 203-237-1199
Meets: Thursdays, 7–8:30 p.m.
- Nurses Peer Support Group
Ray Conference Center,
345 Blackstone Blvd., Providence, R.I.
Contact: Sharon Goldstein, 800-445-1195
Meets: Wednesdays, 6:30–7:30 p.m.
- Nurses Recovery Group
Veteran's Administration Hospital
5th Floor Lounge (take a right off of the elevators)
Manchester, N.H.
Contacts: Diede M., 603-647-8852
Sandy, 603-666-6482
Meets: Tuesdays, 7–8:30 p.m.

**For Additional Peer Assistance And Help
Call The MNA Peer Assistance Program**

All information is confidential
781-821-4625 or 800-882-2056 (in Mass only)
www.peerassistance.com



MNA

PEER ASSISTANCE PROGRAM

Help for Nurses with Substance Abuse Problems

Benefits Corner brought to you by... **cingular** WIRELESS

Just in time for tax season: discount tax preparation service from TaxMan

Take 20 percent off the cost of professional tax preparation services provided by TaxMan, Inc. at any of their 24 offices located throughout Massachusetts and New Hampshire. Call 1-800-7-TAXMAN or visit www.taxman.com for a complete list of office locations and telephone numbers. Tax preparation fees are based on the complexity of your tax return and the forms needed to file your tax return accurately. Tax Man offers 100 percent satisfaction guarantee on all tax services. To receive your 20 percent discount, present a valid MNA membership card at the time of service and enjoy stress-free tax preparation this year. ■

MASSACHUSETTS NURSE

Massachusetts Nurse accepts unsolicited articles, photography, press releases, and other pieces for consideration as editorial material. Submission by deadline dates does not ensure publication in any issue. All submission copies and ideas should be sent to:

Editor, Massachusetts Nurse
340 Turnpike Street
Canton, MA 02021
781-830-5718 or 800-882-2056, x718
e-mail: jjohnson@mnarn.org



A PEDIATRIC SANE CERTIFICATION TRAINING

to be held within the commonwealth, Spring 2004, dates/location TBD

The Massachusetts Pediatric SANE Program will provide compassionate, coordinated, comprehensive and child-centered medical care for children reporting sexual abuse or assault.

SANE nurses will conduct developmentally appropriate physical examinations and time sensitive forensic evidence collection in designated settings.

Pediatric Nurse Practitioners and Family Nurse Practitioners with at least three years of current clinical experience in working with children and families are encouraged to apply.

For further information or an application, contact Ginhee Sohn, SANE Program Coordinator, at 617-624-5432 or Ginhee.Sohn@state.ma.us.



*The Massachusetts Department of Public Health
Sexual Assault Nurse Examiner Program*

MNA Announces

More Exciting Group Travel Trips

Reserve Early, Space is Limited

**Western Caribbean Cruise: \$799* inside cabin/\$899* outside cabin
Feb. 1-8, 2004**



Join this exotic cruise to four ports in the Western Caribbean. The ship will depart Tampa and arrive in Grand Cayman early Tuesday morning for a full day to explore the international shops of George Town or indulge in the many water sports along Seven Mile Beach. We will sail overnight to Costa Maya, Mexico, to enjoy a wide variety of activities at the newly built entertainment complex with shops, lagoons and water sports. Your fun in Mexico continues in Cozumel, the jewel of the Yucatan. Your last destination is Belize a country lush with vivid tropical flowers and beauty beyond belief. Cruise aboard Carnival Cruise Line's "Inspiration." Carnival has transformed itself into a far more upscale cruise product with a contemporary vacation for all age groups. Most everything has been dramatically upgraded from food to service, and its onboard entertainment has always been the best afloat! Includes air from Boston, transfers, seven-night cruise with all meals and complete day and evening social and entertainment programs. You also have the option to obtain your year's worth of contact hours (7.5) while on board the ship during the days at sea!**

**Northern Italy lakes tour: \$1,599*
May 19-27, or May 26-June 3, 2004**



Back by popular demand, the MNA is offering this nine day/seven night, all-inclusive tour of Italy. This trip will feature Innsbruck Austria and the Italian cities of Venice, Trento, Milan, Verona, and Padua as well as the wonderful village towns in the famous Lake Garda Region. During this tour we will visit the Imperial Palace in Innsbruck, the Dolomites, the Brenner Pass, the Duomo in Milan, and see Leonardo da Vinci's famous painting of the "Last Supper." You will also tour the Grand Canal to St. Marks Square in Venice, visit the setting for Shakespeare's "Romeo and Juliet" and tour the university city of Padua. Air, transfers, hotel and all meals are included in this wonderful tour. This trip is sure to fill quickly.

**Taormina, Sicily tour: 1,599*
Oct. 27-Nov. 4, or Oct. 29-Nov. 6, 2004**



Taormina—a world class resort area situated on the east coast of Sicily—was rated by a *Travel and Leisure* magazine readers' poll to be the number one destination in Europe. This nine day/seven night, all-inclusive trip will feature a tour of Siracusa, the city with the largest concentration of Greek ruins outside of Greece; a fascinating sightseeing trip to Mt. Etna; an excursion to Milazzo for a wine tasting and tour; a visit to Tindari and the sanctuary of the Black Madonna; a tour of a ceramic factory in Funari; and a scenic tour along the spectacular east coast of Sicily to Messina. Air, transfers, hotel and all meals are included in this wonderful tour.

*Prices listed are per person, double occupancy based on check purchase.

**Minimum of 20 passengers required to host contact hour programs.

More information on the contact hour programs will be distributed with the flyer for this trip.

Applicable departure taxes are not included in the listed prices above.

For more information, contact Carol Mallia at 781-830-5755 or via e-mail at cmallia@mnarn.org.

MNA Member Benefits Save You Money

Personal & Financial Services

PORTABLE HEALTH INSURANCE

ELLEN KAPLAN, GROUP HEALTH SPECIALISTS 800-604-3303 OR 508-875-3288
 Managed care & comprehensive indemnity plans through Blue Cross/Blue Shield as well as other carriers.

PROFESSIONAL LIABILITY INSURANCE

NURSES SERVICE ORGANIZATION 800-247-1500 (8:00 a.m. to 6:00 p.m.)
 Leading provider of professional liability insurance for nursing professionals with over 650,000 health care professionals insured.

CREDIT CARD PROGRAM

MBNA AMERICA 800-847-7378
 Exceptional credit card at a competitive rate.

TERM LIFE INSURANCE

LEAD BROKERAGE GROUP 800-842-0804
 Term life insurance offered at special cost discounts.

LONG TERM CARE INSURANCE

WILLIAM CLIFFORD 800-878-9921, x110
 Flexible and comprehensive long-term care insurance at discount rates.

SHORT TERM DISABILITY INSURANCE

NEW ENGLAND INSURANCE SPECIALIST LLC 800-959-9931 OR 617-242-0909
 Six-month disability protection program for non-occupational illnesses & accidents.

LONG TERM DISABILITY INSURANCE

LEAD BROKERAGE GROUP 800-842-0804
 Provides income when you are unable to work due to an illness or injury.

RETIREMENT PROGRAM

AMERICAN GENERAL FINANCIAL GROUP /VALIC 800-448-2542
 Specializing in providing retirement programs including 403(b), 401(k), IRA, NQDA, Mutual Funds, etc.

DISCOUNT TAX PREPARATION SERVICE

TAXMAN INC. 800-7TAXMAN
 20% discount on tax preparation services.

Products & Services

AUTO/HOMEOWNERS INSURANCE

MANSFIELD
 COLONIAL INSURANCE SERVICES 800-571-7773 OR 508-339-3047
 WEST SPRINGFIELD
 BATES FULLAM INSURANCE AGENCY 413-737-3539
 BOSTON
 ROBERT S. CLARK INSURANCE AGENCY 800-660-0168
 LOWELL
 JAMES L. CONNEY INSURANCE AGENCY 978 459-0505
 WOBURN
 LENNON INSURANCE AGENCY 781-937-0050
 FALMOUTH & POCASSET
 MURRAY & MACDONALD INSURANCE SERVICES 800-800-8990
 TURNERS FALLS
 PARTRIDGE ZCHAU INSURANCE AGENCY 413-863-4331
 Save up to 18% for all household members. For a no obligation quote visit www.nursesinsurance.com

DISCOUNT DENTAL & EYEWEAR PROGRAM

CREATIVE SOLUTIONS GROUP 800-308-0374
 Best benefits—a healthcare savings plan that cuts the cost of healthcare expenses. Discounts on dental, eyecare and chiropractic expenses.

DIGITAL PAGERS

INTERNET PAGING 800-977-1997
 Discount digital pager program.

LONG DISTANCE TELEPHONE SERVICE

ALLIANCE SERVICES 888-922-SAVE
 4.9 cents/minute for long distance calls & 5% discount (vs. Verizon) on local service—7 days a week, 24 hours a day! Prepaid discount international calling cards also available.

CELLULAR TELEPHONE SERVICE

CINGULAR WIRELESS 800-894-5500
 Lowest rate possible \$8.95/month plus \$.37/minute peak with free nights (7:00 p.m. to 6:59 a.m.)—an MNA exclusive) & free weekends.

JIFFY LUBE DISCOUNT

MNA MEMBERSHIP DEPARTMENT 800-882-2056, x726
 Obtain an MNA Discount card to receive 15% discount on automobile products & services.

CONSUMER REFERRAL SERVICE

MASS BUYING POWER 781-829-4900
 A consumer referral service offering super savings on products & services. Visit their Web site at www.massbuy.com (Password MBP)

DISCOUNT ELECTRONICS & APPLIANCES

HOME ENTERTAINMENT DISTRIBUTORS 800-232-0872 OR 781-828-4555
 Home electronics & appliances available at discount prices for MNA members.

OIL NETWORK DISCOUNT

COMFORT CRAFTED OIL BUYING NETWORK 800-649-7473
 Lower your home heating oil costs by 10 – 15%.

WRENTHAM VILLAGE PREMIUM OUTLETS

Simply present your valid MNA membership card at the information desk at the Wrentham Village Premium Outlets to receive a VIP coupon book offering hundreds of dollars in savings.

SIGHT CARE VISION SAVINGS PLAN

MNA MEMBERSHIP DEPARTMENT 800-882-2056, x726
 Obtain your Sight Care ID card to receive discounts on eye exams, eyeglasses & contact lenses at Cambridge Eye Doctors or Vision World locations.

HEALTH CARE APPAREL

WORK 'N GEAR DISCOUNT 800-WORKNGEAR (FOR STORE LOCATIONS)
 Receive 15% discount off all regularly priced merchandise. Simply present your valid MNA membership card to pick up your MNA/Work 'n Gear discount card at any Massachusetts Work 'n Gear store.

Travel & Leisure

HERTZ CAR RENTAL DISCOUNT

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

DISCOUNT MOVIE PASSES

MNA MEMBERSHIP DEPARTMENT 800-882-2056, x726
 Purchase discount movie passes for Showcase/National Amusements & AMC Theaters. Call to order over the telephone with Mastercard or Visa.

DISCOUNT HOTEL & TRAVEL PRIVILEGES

CHOICE HOTELS INTERNATIONAL (SOS PROGRAM) 800-258-2847
 20% discount on participating Comfort, Quality, Clarion, Sleep, Econo Lodge, Rodeway & MainStay Suites, Inns & Hotels. Advanced reservations required mention SOS Program #00801502. Membership in Guest Privileges Frequent Traveler Program.

DISCOUNT TRAVEL PROGRAM TO FLORIDA, BAHAMAS & LAS VEGAS

EXECUTIVE TOUR & TRAVEL SERVICE 800-272-4707 (RESERVATIONS)
 4 day/3 night discount on "Getaway Vacations" to Florida, Bahamas & Las Vegas. Visit Web site at www.exectourtravel.com. Mention MNA group number 15187.

CENTRAL FLORIDA AREA ATTRACTIONS

THE OFFICIAL TICKET CENTER 877-406-4836
 Discount admission to Orlando area attractions.

ANHEUSER-BUSCH ADVENTURE PARKS DISCOUNT

MNA MEMBERSHIP DEPARTMENT 800-882-2056, x726
 Obtain Adventure Card to receive discount admission to Busch Gardens, Sea World, Sesame Place, Water Country USA & Adventure Island in Tampa, Fla.

UNIVERSAL STUDIOS MEMBER EXTRAS

Log onto the MNA Web site at www.massnurses.org and click on the Universal Studios Link to obtain special discount prices or e-mail member.extras@universalorlando.com for information.

MNA's premier group benefits programs help you get more out of your membership and your hard-earned money! Take advantage of these special benefits specifically designed for MNA members. For information on our discount programs, contact the representative listed or call Chris Stetkiewicz in the MNA membership department, 800-882-2056, x726.

Help Us Uncap Nurses' Wages

As a direct result of lobbying by the nursing home industry, Massachusetts, through its Division of Health Care Finance and Policy, has capped the rates nursing agencies can charge and thus has capped the wages that agencies can pay to their nurses. The regulation ties the wages agencies can pay to the median wage paid by healthcare facilities. The law limits nurses' wages, is anti-competitive, and in fact is designed to keep nurses' wages low. Moreover, the scheme actually favors travel nurses from outside the state over Massachusetts' own resident nurses.

We need your help to protect agency nursing in Massachusetts, to lift the cap on your wages, and to protect your jobs from being given to out-of-state travel nurses at higher pay rates.

The Division will soon issue proposed rates for the upcoming year, probably in mid-November. At that time, the Division will hold a public hearing and receive comments from interested parties, after which the rates will be made final. We do not anticipate that the new rates will be substantially better than the old and, in any event, they will still be artificially low and will force nurses out of nursing and local operating agencies out of Massachusetts. It is imperative that agencies and nurses educate the Division about how the rates will operate to lower all nurses' wages. As a practical matter, this legislation is nothing but price protectionism for the benefit of nursing homes and hospitals.

What can you do?

You can help fight this legislation in two ways.

- **First, you can appear at the Division's hearing.** We'll let you know as soon as the date is set – just watch the "News" page at our website at www.favoriteurses.com or, better yet, go there to sign up for our newsletter and you'll receive the information automatically.
- **Second, you can join in a Favorite Nurses complaint to be filed with the Massachusetts Supreme Judicial Court seeking relief from the final rates once they are issued.** An earlier lawsuit filed by Favorite Nurses and the American Staffing Association successfully convinced the Court to reverse previous unfair regulations. We believe that we will need to resort to litigation again to get relief from the anticipated new rates. We need your input and help.

Have you been affected in any of the following ways:

- Have your hourly wages been reduced due to the wage-cap regulations?
- Have you begun working outside the Commonwealth of Massachusetts since the regulations were imposed?
- Did you leave the field of nursing altogether as a result of the changes in wages? Do you know someone who did?
- Have you been unable to afford continuing education or other training due to pay changes?
- Have you experienced any other negative situation as a result of the legislation and regulations regarding agency nursing rates?
- Has your agency gone out of business?

If you or someone you know has experienced any of these hardships, please contact us so we can use your experience as proof of the negative consequences caused by these legislative changes.

To support our complaint, please contact Kathy Perry at Favorite Nurses immediately.

We'll be glad to assist you in preparing and submitting your written statement in support of these changes. Please immediately reply to KPerry@favoritenurses.com or call Favorite Nurses anytime at 1-800-676-3456.

- ~ *Help us protect nursing in the Commonwealth of Massachusetts* ~
- ~ *Help us protect your current and future income* ~
- ~ *Help protect patients in need of good nursing in Massachusetts* ~
- ~ *Help Favorite Nurses keep Massachusetts nurses in nursing!* ~

Attention unit chairs & co-chairs

The MNA Labor Relations Department will be hosting the 2nd Annual Chair Assembly on Thursday Jan. 29, 2004, from 9 a.m. to 3 p.m. at the Radisson Hotel in Marlborough (same site as last year). There will also be a reception on Wednesday evening at the hotel. We are still preparing the program and will provide further updates.



NURSE♥MATES®

**WANTED:
ENERGETIC, ARTICULATE,
ORGANIZED
LEADER.**

Nurse Mates is looking for a Nurse Advisory Board Leader to assist us in gaining insight into the product needs of nurses. This is an opportunity to directly influence the design of footwear, apparel and accessories specifically for the nursing profession.

The successful leader will possess excellent communication, interpersonal and leadership skills. Compensation and perks provided. Occasional travel will be required.

If you have a few hours each month to dedicate to this effort, please forward your resume and letter of interest to:

Nurse Mates Advisory Leader Ad
Email: nursemates@hhbrown.com
Fax: 603-880-1836
8 Hampshire Dr., Hudson, NH 03051

Want Safe Staffing? Then Get Political with NursePLAN

If you truly want safe staffing for your patients and your profession, then you need to get political with NursePLAN—the MNA's political action committee (PAC).

NursePLAN is dedicated to raising and contributing funds to political candidates who support the nursing profession, patient safety and quality health care:

- NursePLAN ranked as one of the state's top 20 PACs in 2002.
- Last November, NursePLAN endorsed candidates who were successful in 18 out of 23 state primary races and 51 out of 56 state general election races.
- One MNA-endorsed candidate won by just 12 votes, due in large to the impressive number of nurses who came out to vote.

Efforts like these are also having an enormous influence on the legislature's continued movement forward to pass the MNA's safe staffing legislation. We have accomplished a great deal on this front already, but your support is still needed.



If you want safe staffing, then you need to get political. Help us ensure that candidates who support the nursing profession are elected.

Contribute today, and please consider making a donation that will allow you to earn a limited edition, 100th anniversary MNA jacket. Doing so is simple and easy—just complete and return the attached form. Thank you for getting political with NursePLAN.

NursePLAN Contribution Form

Name: _____
Mailing Address: _____
Phone: _____ Email: _____
Employer*: _____ Occupation*: _____

*state law requires that contributors of \$200 or more per year provide this information

Please circle jacket size (men's sizes) S M L XL XXL XXXL XXXXL

Please check one:

- Donation of \$100 or more. Please make check payable to NursePLAN. Amount enclosed _____
- Donation of \$85 and:
- I already donate at least \$5/month to NursePLAN via Union Direct.
 - Sign me up to become a monthly NursePLAN donor in addition.
- I would like to contribute the additional amount of (PLEASE CIRCLE ONE)
- \$5/month \$10/month \$20/month Other \$_____/month

Signature _____ Date _____

Some sizes are special order and will take up to 8 weeks to be delivered.
NursePLAN is the voluntary, non-profit, political action committee for the MNA whose mission is to further the political education of all nurses, and to raise funds/make contributions to political candidates who support related issues.



MORTON HOSPITAL AND MEDICAL CENTER

Morton Hospital and Medical Center is a busy community hospital centrally located in southeastern Massachusetts. We are committed to delivering high-quality, compassionate care to the communities we serve and are looking for dedicated people to join our team. We offer:

- Top salaries and benefits
- Flexible schedules
- A close-knit, friendly and supportive work environment
- An easy commute and free parking
- Free in-house CEUs and educational opportunities

Current career opportunities include:

- MDS Coordinator, 40 hours (Transitional Care Unit)
- Registered nurses—ER (8- and 12-hour shifts, experience preferred), ICU (evenings), PCU (nights), Medical/Surgical (evenings and nights) and Transitional Care Unit (nights)
- Per diem opportunities available in specialty areas based on work experience

Emergency Department RNs: Come Grow With Us!

This fall we began a renovation project in our ED. Designed with input from Emergency nurses and physicians, the new ED will have nearly twice the treatment capacity and include a number of advanced features to enhance patient care and staff efficiency and satisfaction. If you love the fast pace, constant variety, challenges and rewards of high-acuity Emergency Nursing, Morton Hospital is the place for you!

Please contact Lillian Tetreault or Jennifer Redding:

Tel: (508) 828-7052 Fax: (508) 828-7160
e-mail: ltetreault@mortonhospital.org
Or apply online at www.mortonhospital.org



MORTON HOSPITAL AND MEDICAL CENTER
88 Washington Street • Taunton, MA 02780 • Tel: (508) 828-7040
An Equal Opportunity Employer

MNA baseball cap makes a fashion statement



Available for \$11 each or two for \$19 (including postage), these 100 percent cotton hats have a navy blue rim and a beige cap. The MNA logo is silk screened in navy blue on the front. To order, contact Rosemary Smith in the MNA's membership department, 781-830-5741 or send checks directly to: MNA Membership Dept., 340 Turnpike Street, Canton, MA 02021.

One small step...

With the Health Care Committee's favorable approval of H.1282 on November 19, MNA members were able to take their first step toward something they've worked at for more than nine years: the legislative approval and subsequent implementation of mandatory RN-to-patient ratios.

One giant leap...

But the Health Care Committee's approval doesn't just represent "the first step." Instead, it represents something bigger, something more important, and something more powerful: a first-of-its-kind, giant leap forward for patients, nurses, health care advocates and citizens of the commonwealth who have fought long and hard for H.1282.



In the spirit of the nation's greatest pioneers, explorers and frontiersman, congratulations and thank you for continuing to support H.1282.

MNA