

MASSACHUSETTS NURSE

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Come celebrate MNA's 100-year anniversary

On an unusually warm evening on Feb. 26, 1903, more than 300 nurses from across the commonwealth gathered at the historic Faneuil Hall in Boston to form an organization that would fight for legislation to regulate the practice of professional nursing in Massachusetts, which eventually resulted in the passage of the Nurse Practice Act, the legal underpinning for all nursing practice in our state. The next day, a *Boston Globe* headline succinctly told the story: "Nurses Organize."

In the words of nursing historian Mary Ellen Doona, "The Massachusetts State Nurses Association was born that winter's day – February 26, 1903; and, the nurses made clear to the world, as had others in historical places before them, that they were willing to fight for their ideals and would prevail."

As the 100-year anniversary of the MNA's founding approaches, a committee of members has planned a special celebration to mark the occasion, providing nurses with a unique opportunity to gather together to celebrate and demonstrate "The Evolution of the Nursing Revolution." The event will

Feb. 26 events highlights

- Ceremony in Gardner Auditorium at the State House, 5 p.m.
- Rally and ceremonies at Faneuil Hall (site of MNA founding), 5:30 p.m.
- Cocktail reception and birthday party at Quincy Market Rotunda, 6:30 p.m.

feature a special ceremony and press event in Gardner Auditorium at the State House in Boston at 5 p.m. (*Note: previous mailings and promotion for this event touted a nurses' candlelight march from the State House to Faneuil Hall, but this portion of the event was canceled because of concerns for public safety and the potential for inclement weather.*) This will be followed by a rally and special celebration at Faneuil Hall at 5:30 p.m. (the details are a surprise, but nurses will not want to miss this show), culminating with cocktail reception and cake-cutting ceremony at Ned Divine's in the Quincy Market Rotunda (next door to Faneuil Hall) at 6:30 p.m.

To make it easier for nurses to attend the

event, the MNA is organizing buses to and from the event, which can be accessed from locations across the state. Buses also will take participants to Faneuil Hall from the State House. To learn more about bus transportation and to reserve a seat on the bus, please contact Dolores Neves at 781-830-5722; email dneves@mnarn.org. To expedite security checkpoint passage at the State House, please refrain from carrying non-essential belongings to the event.

"The primary objective of this event is to allow nurses to revel in their history and their accomplishments as a profession," said Karen Higgins, MNA president. "However, we also wanted to use this milestone to underscore our continued commitment to fight for quality patient care. It is interesting that while the organization was formed to create a Nurse Practice Act to govern our nursing practice and protect the citizens of the commonwealth, our ability to fulfill our legal and ethical obligations to our patients is compromised by the lack of safe staffing and adequate working conditions." ■

98 legislators have already signed onto bill

MNA files new legislation to regulate RN-to-patient ratios

The MNA is filing new legislation that would require all Massachusetts hospitals to adhere to Department of Public Health-established minimum RN-to-patient ratios as a condition of licensure by DPH. To date, 98 legislators have signed on to the bill, representing nearly 50 percent of the legislative body.

"To achieve this level of legislative interest this early in the process is a significant sign of the growing support for this important measure," Charles Stefanini, MNA Director of Legislation and Government Affairs said at a December press conference at the State House. "We actually had legislators lining up to have an opportunity to add their name to this bill. The work we did in the last session, and the publicity and scientific research that has been generated in recent months has made RN staffing a hot-button issue for the upcoming session."

The press event drew significant media coverage, resulting in several stories appearing in the state's major newspapers, as well as generating a number of broadcasts on radio and television news stations.

The filing of the legislation follows the recent release of prominent research studies and reports that clearly demonstrate that safe RN staffing produces dramatic cuts in patient mortality and is a key element in stemming the flood of RNs from Massachusetts hospitals.

The most recent study in the *Journal of the*



MNA leaders join Executive Director, Julie Pinkham at a press conference introducing MNA safe staffing bill.

American Medical Association (JAMA) shows that for each additional patient assigned to an RN, there is a 7 percent increase in the likelihood of death within 30 days from a complication not present upon admission to the hospital. The difference between 4 to 6 and 4 to 8 patients per nurse is accompanied by 14 percent and 31 percent increases in mortality respectively. It is common for nurses in Massachusetts to be assigned 6, 8 and even up to

10 patients on a given shift, placing thousands of patients at risk for serious complications and death (See related story on Page 6).

"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 are exacerbated by a growing

See *RN-to-patient*, Page 7

January/February 2003

Inside...

New lead sponsors of single-payer health care 2

President's column: proud to be an RN 3

Challenging wage caps 3

MNA on Beacon Hill: RN's moving forward 4

Capitol Hill Watch 4

MNA legislative agenda 5

MNA Elections: Consent-to-serve form 9
Positions available 16

MNA union news: Contract settlement updates 10

MNA member benefits 11

Health care without harm 12

Travling with MNA 17

A look back at convention 18-19

MNA annual awards 20

MNF scholarship winners 21

Continuing Education 22-23

An in-depth look at the state's voluntary smallpox vaccination plan

- The role of nurses
- Fact sheets
- Who should not get vaccinated
- MNA's position

See Pages 14-16

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

Nurses' Guide to Single Payer Reform

Bill would guarantee affordable, first-class health care

Tolman, Hynes sign on as new lead sponsors for single payer legislation

The Massachusetts Campaign for Single Payer Health Care (MASS-CARE), a coalition of over 80 labor, professional, health care provider, religious and advocacy organizations, including the MNA is proud to announce the new lead sponsors of a bill that would create a single payer health care system in Massachusetts. They are Sen. Steven Tolman (D-Brighton) and Rep. Frank Hynes (D-Marshfield).

Hynes stated, "I am pleased to have this opportunity to work with those who, for years, have been committed to the concept of universal health care access at a reasonable price. Our present health care system is collapsing: costs are rising exponentially; providers are overworked and underpaid;

patients' care is being limited. The time has come to halt the patchwork financing of this present system and adopt a new system which will assure all of adequate and appropriate health care."

Entitled "The Massachusetts Health Care Trust," the bill would guarantee every Massachusetts resident affordable, first class health care coverage by creating a single public entity called the Health Care Trust to replace multiple insurance bureaucracies now responsible for paying for health care.

Studies have shown that we already spend enough on health care in the commonwealth to provide quality care for all our residents (including prescription drugs, longterm

care, and dental coverage) by consolidating the funding of health care, thereby capturing a large share of the 25-30 cents of every dollar that now goes to administrative costs such as paperwork, marketing and profits and spending it instead on providing care to the 418,000 Massachusetts residents who now have no insurance at all and to the many other "under-insured", with inadequate coverage.

Financially distressed health facilities would reap administrative savings and be assured secure budgets, allowing them to deliver high quality care. This bill would also restore individuals' freedom to choose the health care professionals and facilities they prefer.

The past lead sponsor in the Senate, Robert

Travaglini, is now the Senate president, who by tradition does not act as a lead sponsor on any legislation. The former lead sponsor in the House, Rep. Kevin Fitzgerald, retired at the end of last session. Both Travaglini and Fitzgerald have been instrumental in building support for single payer health care in the General Court.

The single payer movement was given a boost last month when former Vice President Al Gore said that he believed the only way to solve the crisis in health care was with a single payer system. As happened with the Children's Health Insurance Plan (CHIP), once again Massachusetts can lead the nation in instituting needed health care reform. ■

FactSheet: Mass. Health Care Trust legislation

What this bill does

This legislation guarantees every Massachusetts resident first class health care coverage by replacing the current patchwork of public and private health care plans with a uniform and comprehensive health plan. It creates a single public entity called the Health Care Trust to replace all the present public and private bureaucracies. The trust, appointed by the Governor, will have representation from consumers, professionals and government. It will:

- Oversee the delivery of health care services to Massachusetts residents, with emphasis on universality, rational and effective allocation of resources, preventive medicine and the need for health care choices to be made by provider and patient.
- Collect and disburse funds for the purpose of providing comprehensive health care for all residents of the Commonwealth. These funds will derive from current State and Federal expenditures for medical care, additional public and private sources to be proposed by the Trust following completion of a study undertaken by the Legislature and sales taxes on products that tend to increase health costs.
- Negotiate or set fair and reasonable methods and rates of compensation with providers of medical services and with health care facilities and approve capital expenditures in excess of \$500,000.

Why we need this bill now

- Massachusetts spends more on health care than any other state in the U.S., yet over a million of our residents have no health insurance or are underinsured! We already spend enough on health care in the Commonwealth to provide quality care for all of our residents. Under this bill, money that currently goes to administrative costs such as paperwork, marketing and profits would be spent on providing care. In 1987 we had 368,000 uninsured in Massachusetts, as of 2000 we had 636,000. The number of uninsured almost doubled despite the fact that we added over 140,000 to the public rolls.
- We currently pay for health care many times over. As taxpayers, we pay for the public programs that make up almost half of direct health care spending. We pay for tax subsidies for employers who offer health insurance, whether our own employer offers coverage or not. As individuals, if we get employer-based coverage, we pay our share of the premium, and, on average, earn about 20 percent less than we would otherwise to cover the employer's share. Then we pay cash out of pocket for co-pays and deductibles. Businesses and individuals who buy liability insurance (auto, homeowners, product) pay for health care coverage for the people hurt, regardless of whether those people already have coverage -- only insurance companies benefit from this duplicative arrangement.
- By replacing private dollars with public ones and making funding of health care more equitable, most individuals and Massachusetts businesses would, on average, pay no more than they do now for health care. Coordinating funding through a single payer (Health Care Trust) will save enough in administrative costs to pay for the health care needs of all Massachusetts residents. Over time, savings from planning and positive changes in service delivery could save additional health care dollars.
- Unlike our present health care system, the system created by this bill allows patients real choice. They can pick their provider or elect to enroll in HMOs. Care decisions will be made by patient and provider together with the goal of maximizing health rather than by insurance companies trying to maximize profits. Peer review, utilization review and capital spending approval requirements will prevent inappropriate use of resources. ■

Nurses give RX for healthcare reform at GE strike rally

On January 15, MNA Board member and chair of MassCare Peggy O'Malley was a featured speaker at a rally held in support of striking GE workers in Lynn, who were waging a two-day strike over rising health care premiums. The rally focused on the growing health insurance crisis and its impact on working people and the need for reform of our health care system. O'Malley concluded her remarks by giving the crowd her prescription for improving health care. First, she

directed the crowd to "stand together, today with the GE workers, and in the future wherever any of us are fighting for health care." For relief of symptoms of she prescribed supporting S 686, the Massachusetts Health Care Trust bill creating a single payer health care system in the state. To make it happen, she urged attendees to tell their state legislators "that you want them to help pass S. 686. All of us need to actively participate and refuse to accept any more needless suffering." ■

MNA's Margaret O'Malley takes reins of MassCare

Massachusetts Nurses Association director at-large Margaret "Peggy" O'Malley has been elected chair of the Massachusetts Campaign for Single Payer Health Care (MASS-CARE), a coalition of over 80 labor, professional, health care provider, religious, and advocacy organizations, including the MNA. She replaces outgoing chair Dick Mason, who has led the organization since its inception.

It's a bit daunting for anyone to step in and try to fill the shoes of our longtime chair, Dick Mason. Nevertheless, with promises from everyone that they'd help me, and with enormous hope and enthusiasm for our cause, I've begun, since my election Nov. 9, taking on the duties of chair, with Dick as my coach and mentor. We have a great deal of work to do. We have an excellent foundation upon which to build. We have the strongest, most committed group of members and allies. And we have a message and a cause that people everywhere respond to and are eager to learn about."

O'Malley has been an RN for 25 years, with all her years of clinical experience as a bedside nurse, mostly at Brigham & Women's Hospital. In 1987, she became concerned about how political decisions were effecting nurses' ability to properly care for patients.

To learn more about what she could do to address the problem, she enrolled in the "Women in Politics" program at Boston College during which she served as an intern in the office of the Senate chair of the Health Care Committee, Sen. Edward Burke, during the year in which universal health care was enacted in Massachusetts, only to be repealed

in the early '90s. Since 1998, she has served as the liaison between MNA and MASS-CARE.

O'Malley was disabled from clinical practice in 1995 from a work-related, indoor air quality induced illness. "Finding myself unable to provide patient care directly, my focus has been on caring for patients "from a distance" by advocating for patients and nurses through MNA and political activism," she said.

She has been an elected leader at MNA since 1988, serving nine years on the Cabinet for Labor Relations and on the Board of Directors since 1997, holding the office of vice president between 2000 and 2002. O'Malley is a founding member of the MNA Steering Committee for the Statewide Campaign for Safe Care, where she heads up the Single Payer Task Force.

She is also the co-chair, with another RN, of Partners for Addison Gilbert Hospital, a group of Cape Ann citizens fighting to preserve local access to a full range of clinical services at Gloucester's 105-year old community hospital where services have been cut drastically since 1995 when the hospital, in response to unprecedented pressure from insurers, merged with a large health care corporation, Northeast Health Systems which operates Beverly Hospital. ■



Margaret O'Malley

*President's column***MNA turns 100 – something to be proud of, something to celebrate**

By Karen Higgins
MNA President

The front and back page of this month's *Massachusetts Nurse* highlight a significant event in the history of this organization, as well as a significant opportunity for nurses to do what we so rarely do – stop to revel in who we are and what we do as professionals.

On Feb. 26, 2003, we will indeed celebrate the 100th anniversary of the founding of our organization – an organization founded with the mission of establishing nursing in the commonwealth as an independent profession dedicated to providing quality care to the public. This is no small milestone. I'm not sure many members even realize how long this organization has existed and all that it has done to create the professional stature we now enjoy. Without the MNA, there would be no Nurse Practice Act to govern nursing practice, there would be no Board of Registration in Nursing, there would be no code of ethics for nurses in Massachusetts, nurse practitioners and other advanced practice nurses would not have prescription authority, the union-

ization of nurses and all its benefits and advancements would not have occurred. Without the MNA and without the incredible work and dedication of hundreds and thousands of its members and leaders over these last hundred years, we would not know nursing as we now know it today.

We need to acknowledge and celebrate these accomplishments. We need to gather together as a community of nurses and activists to honor the evolution of the nursing revolution that has occurred in Massachusetts because of so many nurses' original and ongoing commitment to come together as a professional association to fight for nurses and for our patients.

That is why I encourage every member who can to attend the special celebration we are



Karen Higgins

planning for Feb. 26. Our 100th Anniversary Planning Committee has developed an exciting and memorable event that will properly mark this historic occasion. It will include a special ceremony in Gardner Auditorium at the State House (where so many decisions are made that govern our practice and affect our patients). This will be followed by a rally and celebration at Faneuil Hall, the birthplace of the American Revolution and the nursing revolution. Buses will be made available from throughout the state to transport you to and from the celebration, so you don't need to worry about parking or driving in the city.

As part of the celebration, we intend to kickoff the event by giving nurses white carnations that they can ceremoniously place at the foot of the nurses' statue in Nurses Hall. These carnations will symbolize those of our number who have left the profession because of the untenable conditions that now exist. We will also invite the media to cover this ceremony. We want to use this as an opportunity to send the message that the work and the mission of MNA and of all nurses cannot and will not be fulfilled unless and until they are

provided a practice environment that allows them to practice safely. Of course, this means passing legislation to regulate RN-to-patient ratios in our hospitals as a first step.

Once nurses arrive at Faneuil Hall, we are planning a special "surprise" program that will acknowledge this milestone, while entertaining and rallying participants. You won't want to miss this event.

And finally, we will move next door to the Quincy Market Rotunda for a cocktail reception and birthday party, where we can kick back and enjoy the company and camaraderie of our friends and colleagues.

So please, plan on attending this event if you can. We're also encouraging each of our bargaining units to organize a delegation of their members to come to the event with a sign or banner with their facility's name on it, so we can identify all the local bargaining units that belong to the organization. In addition, schools of nursing are encouraged to also send a delegation with a banner.

This is once in a lifetime event for all of us. I hope you can be a part of our efforts to continue to make nursing history! ■

Joint effort to challenge nurse wage caps

By Kathy Perry

Vice President, Favorite Nurses Temps

In response to efforts by the state's Health Care Financing Administration to implement and expand regulations that would effectively limit wages paid to agency nurses in the commonwealth, the Massachusetts Nurses Association and the nurse agency Favorite Nurses, along with the Massachusetts Association of Nursing Agencies have met recently to discuss joint strategies to seek an end to the regulations.

Nursing agencies in Massachusetts — typically high wage paying employers — are now limited by regulation to rates tied to the wages paid by their lower paying customers.

Legislation to repeal this rate setting was

introduced by the agencies for consideration in next year's legislative session. Additionally, the group is preparing a possible challenge to the regulation in the Massachusetts Supreme Judicial Court.

MNA Executive Director Julie Pinkham said it plainly in recent testimony before the Massachusetts Division of Healthcare Finance and Policy, "Regulation of wages is certainly not going to solve the nursing crisis. It certainly is not going to help the patients of Massachusetts."

Pinkham testified that the MNA believes the true solution to the problem of staffing in hospitals lies not with regulating wages, but with the implementation of regulations calling for minimum RN-to-patient ratios in

Massachusetts hospitals. The MNA has just filed a bill, An Act Ensuring Quality Patient Care and Safe Registered Nurses Staffing, which would regulate RN-to-patient ratios in Massachusetts Hospitals.

The division, ignoring good advice, issued final regulations on Nov. 5 that restricted the agency rate wage component to year 2000 levels released by the Massachusetts Hospital Association and adjusted by a mere 2.2 percent per year consumer price index factor. The division did this in spite of testimony provided by the firm of Pricewaterhouse Coopers recommending use of a more relevant — and much higher — Massachusetts wage inflation index published by the Bureau of Labor Statistics.

The new regulations contained a surprising exception for travel nurses coming from more than 200 miles away from their assignment (in effect, from outside the state). These are just the nurses hospitals use to break strikes.

Therefore, by acting to suppress nurse wages in the midst of severe shortage, the regulation singles out already over-worked and under paid nurses in its misguided attempt to contain health care costs. This unequal and discriminatory treatment does not stop there. The division adds insult to injury by favoring foreign nurses and nurses from other states over its own resident nurses.

Nurses interested in joining in the lawsuit should contact kathyperry@favoritenurses.com. ■

Diversity is alive and well at the MNA

The MNA Diversity Committee has worked hard over the past year and would like to share with our fellow MNA members and the nursing community at-large our recent efforts and our goals.

Accomplishments for 2001 – 2002:

- Refined the goals and mission of the MNA Diversity Committee.
- Sponsored the educational program "Healthcare Rationing and Divided Loyalties" by Susan Herz JD, MPH at the MNA Annual Convention 2001.
- Presented reports to the MNA Board regarding military advertisements in the *Massachusetts Nurse*.
- Committee members served on the following MNA Committees: Convention Committee, Safe Staffing Steering Committee and the Nomination Committee.
- Exhibited the Diversity Committee Poster Presentation on "Assumptions" at the NERBNA Annual Convention and the MNA Annual Convention.

- Representatives from the Diversity Committee attended the Haitian Nurses Association Banquet.
- Hosted an educational exchange with a nursing student who is a board member to the Royal College of Nursing.
- Proposed recommendations for revisions to the MNA goals, missions and objectives to the MNA Board of Directors.
- Published the following articles in the *Massachusetts Nurse*:
 - "Experiences of a Japanese nurse transitioning to the United States," by Harumi Mihara RN, MSN in the August 2001 issue.
 - "Questions raised about the Armed Forces Ads in MNA publications" by Beverly Dandridge and Sharon McCollum in the September 2001 issue.
 - "Japanese Nurse Exchange" by Deborah Martin RN in the November 2001 issue.

Diversity Committee goals for 2002 – 2003:

- Continue to publish diversity related articles in the *Massachusetts Nurse*
- Provide diversity education to the MNA staff and MNA members
- Review the MNA policies and propose recommendations to the MNA Board of Directors
- Develop a new diversity scholarship
- Explore coalition and networking opportunities with minority nursing organizations
- Explore mentorship opportunities with minority nursing students

The committee meets monthly at the MNA headquarters in Canton. We are actively seeking member input into future efforts of the Diversity Committee. We extend this invitation to the membership at large to come to one of our upcoming meetings. For more information please contact Carol Mallia at 781-830-5755 or cmallia@mnarn.org. ■





MNA on Beacon Hill

Legislative session 2003-04: RNs moving forward

By Charles Stefanini
MNA Legislative Director

I want to begin by thanking all those that got themselves involved during the recent political campaigns this fall. Nurses throughout Massachusetts engaged in the political process to elect candidates that supported their ideals and their agenda. The time, effort and energy that so many people put forward is to be commended. Virtually everything that you do as a registered nurse and health care professional is affected by the decisions made by our elected officials. We must elect those that are supportive of issues important to us.

Most importantly, nurses used the elections as an opportunity to continue to talk about issues important to their profession – the ongoing nursing crisis, safe staffing legislation, recruitment and retention.

As the 2003-2004 legislative session begins in Massachusetts, we have much to look forward to.

For the 2003-2004 legislative session the MNA has filed legislation that would require all Massachusetts hospitals to adhere to minimum RN-to-patient ratios as a condition of licensure by Department of Public Health.

The filing of the legislation follows the recent release of prominent research studies and reports that clearly demonstrate that safe RN staffing produces dramatic cuts in patient mortality and is a key element in stemming the flood of RNs from Massachusetts hospitals.

The most recent study in the Journal of the American Medical Association (JAMA) shows that for each additional patient assigned to an RN, there is a 7 percent increase in the likelihood of death within 30 days from a complication not present upon admission to the hospital. The difference between 4 to 6 and 4 to 8 patients per nurse is accompanied by 14 percent and 31 percent increases in mortality respectively. It is common for RNs in Massachusetts to be assigned 6, 8, and even up to 10 patients on a given shift, placing thousands of patients at



Charles Stefanini

risk for serious complications and death.

The scientific evidence is clear and overwhelming: when nurses have too many patients, patients' lives are in jeopardy.

Nurses are not alone in their desire for minimum RN-to-patient ratios. Support among the public for this legislation is strong in Massachusetts. A poll of Massachusetts residents found that more than 75 percent of the public supports legislation regulating RN-to-patient ratios. And last May, more than 80,000 Bay State residents signed petitions calling upon the legislature to pass a measure requiring an improved RN-to-patient ratio.

The work that so many of you have done has moved our issues forward and propelled their debate.

In order to pass a meaningful piece of legislation we must continue to work hard, educate the public and policymakers and get involved. Included in this issue you will find an article entitled, "What you can do to pass safe staffing." This legislation will not pass without everyone's involvement calling their legislators, writing their legislators and attending meetings and events in their area. ■

Congress stakes out health care positions

In mid-November, former Vice President Al Gore, a potential Democratic presidential candidate in 2004, surprised many when he declared that he has "reluctantly come to the conclusion" that a "single-payer" health system would be the best way to insure all people in the United States. Gore said, "We spend so much per person on health care, if we spent it in a different way, we could have not only the best health care system in the world, but we could have everyone covered." During the 2000 presidential primaries, Gore lambasted Senator Bill Bradley's call for universal coverage as being too costly.

who work for small firms, Kennedy's plan would create a program similar to Medicare to provide coverage. Those enrolled in the program would pay co-payments based on a sliding scale.

Vermont Gov. Howard Dean (D), who is expected to announce his bid for the presidency, has proposed expanding insurance coverage by implementing a system used in Vermont. Under the plan, Medicaid would cover everyone under age 23, with the federal government covering the cost of seniors enrolled in the program. Dean also supports providing tax credits to employers who offer health coverage.

Sen. John Kerry (D-Mass.) recently formed an exploratory committee to raise funds for a possible presidential campaign.

Upcoming health care issues

George W. Bush doesn't want to make the same mistake his father did by neglecting domestic issues while bombing Iraq. With Republican control of the White House and Congress, some version of a privatized Medicare prescription drug benefit and a scaled back patient rights legislation are likely to become law. By the time of the 2004 elections, Bush wants to have something to tout.

Senate Republicans next year may use a special budget process called reconciliation to limit the scope of a Medicare prescription drug benefit bill and prevent a Democratic filibuster. Under reconciliation, lawmakers would establish the cost of the program in a budget resolution, a move that would eliminate the "60-vote hurdle" that prevented passage of a prescription drug benefit in the Senate earlier this year. While that hurdle prevented the Democratic-controlled Senate from passing a good Medicare drug bill, it was also the only way it was able to stop the bogus bill

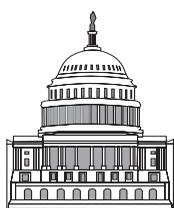
passed by the Republican-controlled House.

The Senate Finance Committee next year will likely draft prescription drug benefit legislation based on a "tripartisan" bill that failed earlier this year. The bill -- sponsored by Sens. Charles Grassley (R-Iowa), who will likely assume the chair of the Senate Finance Committee next year; Orrin Hatch (R-Utah); Olympia Snowe (R-Maine); John Breaux (D-La.); and James Jeffords (I-Vt.) -- would cost \$370 billion over 10 years. Under the legislation, Medicare beneficiaries would have to pay a \$24 monthly premium and a \$250 annual deductible, after which the federal government would cover 50 percent of their annual prescription drug costs up to \$3,450. After Medicare beneficiaries spent \$3,700 out-of-pocket, the government would cover 90 percent of their annual prescription drug costs. Republicans will likely address tax credits for the uninsured, malpractice tort reform, a scale-back patients' rights bill as well as privatized drug coverage in the next Congress.

Health care costs continue to rise

Employers nationwide anticipate their health costs will rise 14.6 percent next year, on top of a 14.7 percent increase this year, a rate nearly seven times inflation and the sharpest rise since 1990, according to a new survey conducted by Mercer Human Resources Consulting. The National Survey of Employer-Sponsored Health Plans 2002 examined 2,900 public and private employers nationwide. According to the survey, increased hospital charges accounted for most of this year's cost increase. Prescriptions drug prices also increased this year, but less than in past years -- a 16.9 percent increase in 2002, compared with 17.8 percent in 2001 and 18.3 percent in 2000. ■

Capitol Hill Watch



One week later, Sen. Ted Kennedy (D-Mass.) gave a speech at the Harvard School of Public Health in which he said that he will push for universal health care, a Medicare prescription drug benefit and increased Medicare reimbursements for providers when Congress convenes in January. Kennedy indicated that he will introduce legislation that would require employers with five or more workers to provide health insurance coverage to workers and their dependents. Under Kennedy's plan, employers would pay 75 percent of the cost of coverage and employees would pay 25 percent. The government would provide subsidies to low-income workers to help cover the cost of premiums. Kennedy estimates that his plan would provide coverage for 80 percent of the 41 million uninsured. For those who are unemployed or

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MNA
MASSACHUSETTS NURSES ASSOCIATION

RNs on the political front-line: MNA efforts help elect 51 legislators

Coming off the heels of an extremely successful primary election, registered nurses won 51 out of 56 legislative races in the fall election cycle. In doing so, the MNA has transformed itself from a political novice to a political force to be reckoned with.

Nurses were successful in electing candidates who support pro-nurse initiatives including nurse-to-patient ratios. The MNA also played a significant role in electing two of its own – registered nurses Mary Grant and Jennifer Callahan.

Across the state — from Northampton to Boston, from Newburyport to Sandwich — registered nurses demonstrated their

political strength. Nurses held “Nurse for . . .” campaigns signs, made phone calls, displayed lawn signs in their front yards, attended campaign events and rallies and hosted coffee parties in their homes for candidates. MNA members were highly active in the political process throughout the election cycles.

RN’s engaged themselves in the election cycle of 2002 like never before.

The time, effort and energy that so many members invested across the state enhanced MNA’s political profile and created a strong foundation for us to move forward in the political arena. Members throughout the state dedicated and donated their time in

so many ways. So many members across the state displayed extraordinary efforts during the campaign for governor and many state legislative seats. Nurses held signs, hosted coffees in their homes for candidates, did mailings, standouts, made phone calls and organized in districts. The MNA and MNA RNs were featured in candidates’ TV commercials, ads, mailers and phone calls.

The MNA has gained strong allies in the legislature through our hard work over the past five months. There were over 20 new legislators elected on Nov. 5, many of whom were endorsed by the MNA and already have pledged to support our quality patient care/

safe RN staffing legislation. Nurses worked vigorously for legislators who are directly involved in the political decision making process. Additionally, nurses had an impact on legislative races for members of the health care committee, which sets health care and nursing policies.

Let us remember – our work has just begun! Now that we have helped elect pro-nurse legislators, we must pass the safe staffing legislation. Our work for these legislators has created a foundation for us to build from. Let us use this foundation and pass safe staffing legislation! A listing of all the legislators MNA helped elect can be found below. ■

MNA-endorsed candidates elected

House

Cory Atkins, D-Concord
Garrett Bradley, D-Hingham
Jen Callahan, D-Sutton
Gale Candaras, D-Wilbraham
Mark Carron, D-Sturbridge
Vincent Ciampa, D-Somerville
Edward Connelly, D-Everett
Mike Costello, D-Newburyport
Bob Coughlin, D-Dedham
Robert DeLeo, D-Revere
Paul Demakis, D-Boston
Christopher Donelan, D-Orange
Jamie Eldridge, D-Acton
Mark Falzone, D-Saugus
Michael Festa, D-Melrose
John Fresolo, D-Worcester
William Galvin, D-Canton

Colleen Garry, D-Dracut
Anne Gobi, D-Spencer
Emile Goguen, D-Fitchburg
Mary Grant, D-Beverly
Brian Knuutila, D-Gardner
Peter Kocot, D-Northampton
David Linsky, D-Natick
Barbara L’Italien, D-Andover
Paul Loscocco, R-Holliston
Robert Nyman, D-Hanover
Vincent Pedone, D-Worcester
Alice Peisch, D-Wellesley
Michael Ruane, D-Salem
Robert Spellane, D-Worcester
Harriett Stanley, D-Merrimac
Kathleen Teahan, D-Whitman
Walter Timilty, D-Milton
Tim Toomey, D-Cambridge

Brian Wallace, D-Boston
Martin Walsh, D-Boston
Steve Walsh, D-Lynn
Alice Wolf, D-Cambridge

Senate

Steven Baddour, D-Methuen
Stephen Brewer, D-Barre
Susan Fargo, D-Lincoln
Harriette Chandler, D-Worcester
Jack Hart, D-Boston
Bob Hedlund, R-Weymouth
Cheryl Jacques, D-Needham
Brian Joyce, D-Milton
Michael Knapik, R-Westfield
Therese Murray, D-Plymouth
Pamela Resor, D-Acton
Susan Tucker, D-Andover



Two RNs, Mary Grant (D-Beverly), left, and Jennifer Callahan, (D-Sutton), are among newly elected legislators. They joined MNA Executive Director Julie Pinkham, NursePLAN Chair Sandy Ellis and MNA President Karen Higgins at the Statehouse.

MNA proposes comprehensive 2003-2004 legislative agenda

The MNA engages in a comprehensive membership-driven process to file and work towards passage of legislation that addresses the concerns of its members. This included a Blue Ribbon Commission that conducted statewide hearings and an outreach program through the *MassNurse*. The following is a compilation of bills approved by the MNA’s Congress on Health Policy and Legislation and the MNA Board of Directors.

The following bills address safe staffing/quality of nursing care/patient safety issues.

An Act Relative to Quality Patient Care and Safe Registered Nurse Staffing. This legislation would require all Massachusetts hospitals to adhere to Department of Public Health-established minimum RN-to-patient ratios as a condition of licensure by DPH. The filing follows the recent release of prominent research studies and reports that clearly demonstrate that safe RN staffing produces dramatic cuts in patient mortality and is a key element in stemming the flood of RNs from Massachusetts hospitals.

The most recent study in the *Journal of the American Medical Association (JAMA)* shows that for each additional patient assigned to an RN, there is a 7 percent increase in the likelihood of death within 30 days from a complication not present upon admission to the hospital. The difference between 4 to 6 and 4 to 8 patients per nurse is accompanied by 14 percent and 31 percent increases in mortality respectively. It is common for RNs in Massachusetts to be assigned 6, 8, and even up to 10 patients on a given shift, placing thousands

of patients at risk for serious complications and death.

“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 are exacerbated by a growing shortage of nurses willing to work in hospitals,” said MNA President Karen Higgins. “Passage of this legislation is 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.”

Nurses are not alone in their desire for minimum RN-to-patient ratios. Support among the public for this legislation is strong in Massachusetts. A poll of Massachusetts residents found that more than 75 percent of the public supports legislation regulating RN-to-patient ratios. And last May, more than 80,000 Bay State residents signed petitions calling upon the legislature to pass a measure requiring an improved RN-to-patient ratio. *Lead sponsor: Rep. Christine Canavan, RN.*

An Act Relative to a Patient’s Report Card of Nursing. When nurses advocate for improvements in staffing and changes in skill mix ratios to improve patient care, the industry claims there is not data to support these claims. If this data is collected, facilities have no legal obligation to share it with policy makers or the public. This bill would mandate that all hospitals, clinics, long term care facilities and HMOs track and report to the public annual data regarding staffing levels and skill

mix ratios; as well as nurse-sensitive patient outcomes, such as patient falls, nosocomio infections, bedsores, patient satisfaction and medical errors, readmission rates and length of stay. *Lead sponsor: Rep. Cory Atkins.*

An Act to Ensure Safe Medication Administration. This bill would mandate that only licensed professionals may administer Schedule II - VI medications. It would reverse regulatory changes which teach and mandate unlicensed direct care personnel to administer all schedules of medications in group home settings, after only a 16-hour course and state certification. Those who can self administer, have family or have personal care attendants to aid with self administration are exempt from the requirements of this legislation. It will also be structured to capture medication errors along with other systems, which collect this information. *Lead sponsor: Sen. Marc Pacheco.*

An Act Relative to Improvements in Private Duty Nursing Care for Developmentally Disabled Children. Because of poor compensation, and lack of appropriate training, there is serious shortage of nurses to provide home care to developmentally disabled children in the Commonwealth. This bill would improve the care of children who are developmentally disabled and in need of home care services by creating a training program for the care of these children and a stable pool of qualified nurses. Further, the nurses would be employed by the state and would also be granted benefits and commensurate salaries in an attempt to decrease the rapid

turnover of providers experienced by these families. *Lead sponsor: Sen. Steven Tolman.*

An Act Relative To A Nurse Deputy Commissioner At the Department of Public Health. Nursing plays an essential and distinct role in the safe delivery of health care. This bill would raise the profile of nurses in health care policymaking, by establishing a director of nursing position, responsible for working with the commissioner to ensure that nursing-related issues are adequately monitored and considered as the department carries out its mandate to protect the public health. *Lead sponsor: Sen. Pam Resor.*

An Act Relative to a Registered Nurse Seat on the Public Health Council (new). The Public Health Council has existed for decades. The role of the council currently is primarily to approve certificates of needs for health care facilities and new regulations in relation to health care delivery. There has never been a nursing position on the mostly consumer board. There are a number of physician positions. This bill would create a nursing position on this important council. *Lead sponsor: Sen. Richard Moore.*

The following bills protect the economic and general welfare of nurses

An Act Requiring Health Care Employers to Develop and Implement Programs to Prevent Workplace Violence. This bill would mandate a comprehensive workplace violence prevention program, along with counseling program for victims of workplace violence

See Agenda, Page 9

Acclaimed Medical Journals Show:

Safe RN-to-Patient Ratios Save Lives

The MNA's call to regulate RN-to-patient ratios

has been substantiated by a number of research studies and reports. In the last six months, strong scientific evidence for this measure has been provided by some of the most respected medical/health care researchers.

Study in the Journal of the American Medical Association (JAMA)

— *Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction, October 2002*

➤ **A** study of 232,000 surgical patient discharges found “the higher the patient-to-nurse ratio in a hospital, the more likely there will be patient deaths or complications after surgery.”

Each additional patient per nurse is associated with a 7 percent increase in mortality. The difference between 4 - 6 and 4 - 8 patients per nurse would be accompanied by 14 percent and 31 percent increases in mortality respectively. The researchers also found that each additional patient per nurse is associated with a 23 percent increase in burnout and a 15 percent increase in job dissatisfaction.

In conclusion the authors state that nurse staffing ratio legislation is a “credible approach to reducing mortality and increasing nurse retention in hospital practice” and ... Improvements in nurse staffing resulting from the legislation could be accompanied by declines in nurse turnover.”

Study by the Harvard School of Public Health in the New England Journal of Medicine

— *Nurse Staffing and the Quality of Care in Hospitals, May 30, 2002*

➤ **A** study of more than 6 million patient discharges at 799 hospitals in 11 states, including Massachusetts, found that registered nurse staffing has the biggest impact on patient outcomes.

The researchers found relationships between nurse staffing and six adverse patient outcomes--urinary tract infections, pneumonia, shock and cardiac arrest, upper gastrointestinal bleeding, failure to rescue, and length of hospital stay-in medical and major surgery patients treated in hospitals. They found higher RN staffing is associated with up to a 12 percent percent reduction in these adverse outcomes.

Report by the Joint Commission on Accreditation of Health Care Organizations (JCAHO)

— *Health Care at the Crossroads, Strategies for Addressing the Evolving Nursing Crisis, August 2002*

➤ **T**he report states that inadequate staffing levels have been a factor in nearly a quarter of most serious life-threatening events that have been reported to the Commission in the last five years.

The JCAHO report analyzed more than 1,600 serious incidents from 1996 through 2002 and found that nurse staffing levels were a contributing factor in 50 percent of ventilator-related incidents, 42 percent of surgery-related incidents, 25 percent of transfusion incidents, 25 percent of delays in treatment, 25 percent of infant abductions, 19 percent of medication errors, 14 percent of inpatient suicides and 14 percent of patient falls.

According to the JCAHO report, “When there are too few nurses, patient safety is threatened and health care quality is severely compromised.”

...RN-to-patient ratios

From Page 1

shortage of nurses willing to work in hospitals," said MNA President Karen Higgins, RN. "Passage of this legislation is key to improving care to our patients and to creating conditions that will retain and recruit the nurses we need to provide safe patient care."

Nurses are not alone in their desire for minimum RN-to-patient ratios. Support among the public for this legislation is strong in Massachusetts. A poll of Massachusetts residents found that more than 75% of the public supports legislation regulating nurse-to-patient ratios. And last May, more than 80,000 Bay State residents signed petitions calling upon the legislature to pass a measure requiring an improved RN-to-patient ratio. As part of the press conference, the MNA displayed a three-foot high stack of the petitions for the media to witness and capture on camera.

Similar legislation was passed in California in 1999, where ratios are scheduled to be implemented in 2003. While MNA has filed safe staffing legislation in the past, the new bill is based on the most recent scientific data, the experience in California and on recommendations made by a special legislative commission, chaired by State Rep. Christine Canavan (D-Brockton) in 2001, which released a report recommending the regulation of RN-to-patient ratios as a means of addressing the nursing crisis in Massachusetts. Rep. Canavan, who is a registered nurse, is the lead sponsor for the bill, which is entitled "An Act Ensuring Quality Patient Care and Safe Registered Nurse Staffing."

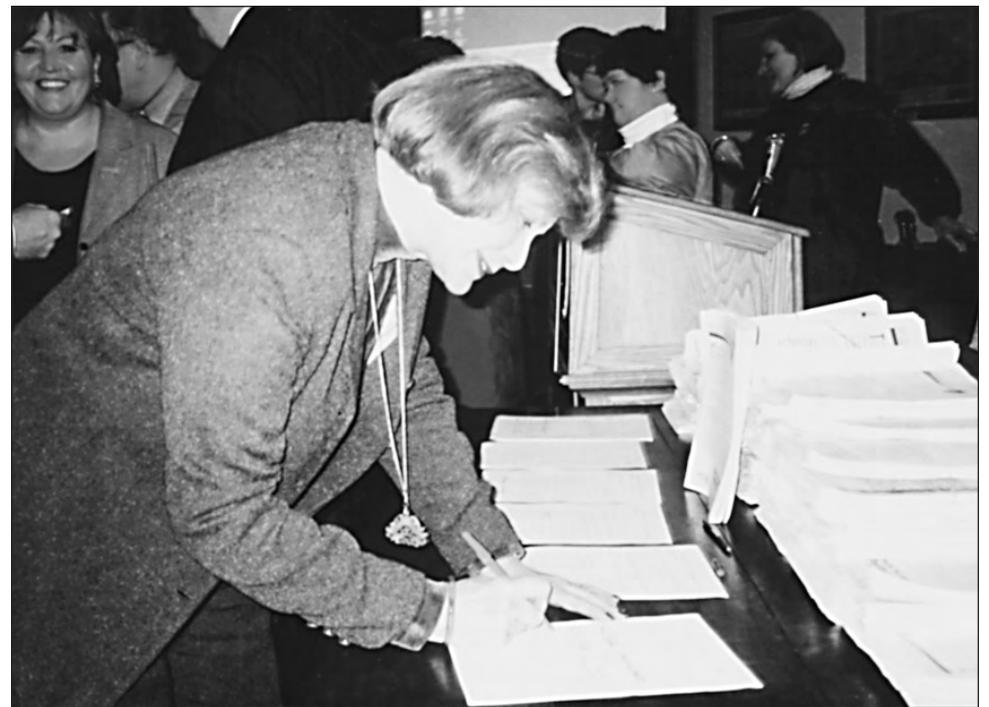
What the bill does

Currently, there are no legal or regulatory mandates to ensure that patients receive a level of nursing care that is based upon accepted standards of nursing practice or on their actual need for care. Instead, nurse staffing is left to individual facilities

to determine and, too often, those staffing decisions are primarily driven by financial and budgetary factors. As the health care system has moved to a deregulated, free market system, where competition and cost drive the industry, the pressures to cut nurse staffing and the resources allocated to nursing have escalated. This has resulted in dramatic cuts in nurse staffing levels and an increase in the number of patients each nurse is expected to care for.

This legislation attempts to reverse these trends by mandating nurse staffing that is sufficient to care for the planned and unplanned needs of patients. It is based upon significant nursing research and experience. The major provisions of the legislation include:

- All acute care hospitals would be required to adhere to DPH-mandated minimum RN-to-patient ratios as a condition of licensure by DPH.
- Minimum ratios are established for different types of units/departments in a hospital. The proposed law calls for one nurse for every four patients in medical/surgical units, where most patient care takes place. In emergency departments, the proposed regulations require between a 1-to-1 and a 1-to-3 ratio depending on the severity of the patient's conditions. Ratios are 1-to-1 in labor and 1-to-2 for intensive care units while other units range from a 1-to-1 to 1-to-5 ratio.
- To provide flexibility in staffing and to account for patients who require more care, the bill calls upon DPH to create an acuity-based patient classification system, which is a standardized formula for rating the illness level of patients (a tool to measure how sick the patients are on a particular unit). Based on the



State Sen. Harriett Chandler, the longest standing member of the Joint Committee on Health Care was one of 98 legislators who have signed onto the MNA's bill to regulate RN-to-patient ratios in hospitals.

acuity of the patients assigned to a nurse, the ratio would be improved if those patients require more intensive care (meaning the nurse would be assigned fewer patients). This provision meets one of the key objections of the hospital industry, which has argued that establishing minimum ratios without this acuity system meant that patients who need more care would not receive it.

- The bill prohibits the practice of assigning nurses mandatory overtime as a means of meeting the ratios. Mandatory overtime has been used

by hospitals as a means of staffing hospitals in lieu of recruiting enough nurses to provide safe care.

- Clear language related to the role of the licensed nurse and the inability for institutions to delegate to unlicensed personnel duties which demand nursing expertise. Throughout the 1990's, the hospital industry attempted to cut costs by replacing nurses with unlicensed personnel, which led to a deterioration in patient care, and helped create the current shortage of nurses.
- Strong consumer protections for safe RN staffing including a "prominent posting of the daily RN-to-patient ratios" on each unit; and
- Each facility will provide each patient and/or family member with a toll-free hotline number for the Division of Health Care Quality at DPH, which may be used to report inadequate nurse staffing. Such a complaint shall cause investigation by DPH to determine whether any violation of law or regulation by the facility has occurred and, if so, to levy a fine for substantiated violations.

In addition to this bill, the MNA will work with Senate Health Care Committee Chair Richard Moore on a comprehensive package of bills he has filed to address the nursing shortage. Included in his package is the Clara Barton Nursing Excellence Program, which would provide nursing scholarships for students entering the profession, establish student loan repayment programs, and a signing bonus for those who have demonstrated an excellence in nursing. It would provide grants to healthcare institutions and institutions of higher education for the establishment and maintenance of a mentoring and internship program for new nurses.

Senator Moore's efforts last session helped establish a center for patient safety and to monitor medical errors in the commonwealth. ■

How you can help pass RN-to-patient ratio legislation

Winning passage of our quality patient care/safe staffing legislation will require the support and activism of the nursing community. There are a number of ways individual nurses can become involved in the process of convincing the legislature to support and move this bill. Here are some simple suggestions.

Hold (or attend) a legislative briefing on safe staffing in your community.

A legislative briefing is a time for you and other RNs in your community to get together with local legislators and discuss the need for safe RN staffing. MNA staff and members of the Congress on Health Policy and Legislation will help you set up the briefing, contact legislators and provide background and training materials.

Setting up a legislative briefing is easy and is a great way to involve your nursing colleagues in your bargaining unit. Our goal is to have a briefing in approximately 20 senate districts in the state in the next five months! We need your leadership to get this done.

As the year progresses, continue to check the *Massachusetts Nurse*, your local bargaining bulletin boards or the MNA web site at www.massnurses.org to find out if and when legislative breakfasts may have been scheduled in your area and make sure you attend those briefings.

Whether this is your first or your 500th foray into politics, we think you'll have fun with it. For more information please contact Kate Anderson at the MNA 781-830-5713, kanderson@mnarn.org.

Contact your senator and representative.

If they have signed on as a cosponsor of quality patient care/safe RN staffing legislation, thank them. If not, ask them to join 98 of their colleagues as a cosponsor. Provide them with some insight into your job as a front-line nurse. Tell them why you support safe staffing legislation. Share a personal story with them. For legislators' contact information or if you don't know who your legislator is, go to: www.wheredoivotema.com/electedofficials.php or www.vote-smart.org/index.phtml.

Get support from non-nurses.

Do you belong to a parent/teacher organization (PTO), a church, a neighborhood group or a town committee? Arrange a time to present information on how RN staffing affects everyone. Invite your PTO to formally endorse the MNA legislation. Ask your town committee to pass a resolution supporting the quality patient care/safe RN staffing legislation. Invite seniors in your community group to get more involved by contacting their legislators. For more information or for materials, contact Jason Silva at the MNA, 781-830-5740 or jsilva@mnarn.org.

Join the new MNA email network.

Often the MNA needs to communicate with members and legislators quickly about pending bills. Members of the Email Network will be called on to take action and communicate with legislators on important issues throughout the year. Email kanderson@mnarn.org to sign up. Please include your name, home address, bargaining unit, and your current email address.

Have a member of the Congress on Health Policy & Legislation speak to members of your bargaining unit.

Encourage members of your bargaining unit to get more involved in the Campaign for Quality Patient Care by bringing the information to your unit. For more information please contact Kate at the MNA, 781-830-5713 or kanderson@mnarn.org and we will coordinate with your elected bargaining unit chair. The MNA also will provide a speaker to any nursing school, nursing organization or community group.

Spread the word!

Talk to members in your bargaining unit and other colleagues about becoming activists with the MNA. Let other nurses know about opportunities to contact legislators, volunteer with campaigns, and make their voices heard. Encourage them to check the MNA website often to get updates, www.massnurses.org. ■

The road to victory begins with one small step

By Michael D'Intinosanto RN
Chair, MNA Congress on Health Policy and Legislation

A short two years ago, the staff nurses and allied health care professionals of the MNA set out on an historic journey to save our profession and protect our patients. Over 2,400 nurses, the largest gathering of registered nurses in one place in Massachusetts history, came together at Mechanics Hall in Worcester to cast an overwhelming vote in favor of an independent MNA. Our message and direction coming out of that meeting was heard loud and clear. The previously tried corporate-oriented solutions to the nursing crisis were not in our best interests, and we were no longer going to stand by and watch the demise of our profession. We were going to take control of our destiny for the sake of our profession and the patients we serve.

Since that time, we have been singularly focused on the most important cause of the nursing crisis, unsafe staffing, and the only solution that will turn this tragedy around — legislation to mandate safe RN-to-patient ratios.

Leading up to that March 2001 meeting, the MNA Congress on Health Policy and Legislation hosted the largest lobby day ever. Over 400 nurses came to the Great Hall at the Statehouse to reaffirm that we needed safe staffing ratios to stop the hemorrhaging of nurses from the profession.

In the March 2001 MNA past president Denise Garlick called on us all to help carry the banner of our cause in any way possible. To solve the nursing crisis, everyone needed to get involved. Failure was not an option she told us.

As we prepared for Lobby Day 2002, President Karen Higgins reiterated that call. California had won safe staffing legislation and had passed the torch to Massachusetts.



M. D'Intinosanto

She challenged us to carry that torch to win safe staffing ratios for our patients in Massachusetts.

Last year, we took that message to the public with impressive results. MNA radio advertisements broadcast our message to hundreds of thousands of citizens.

Hundreds of our members went out into their communities to circulate petitions and gather signatures of public support for our RN staffing bill. More than 80,000 residents signed onto that petition in just nine days during National Nurses Week.

Time and again, we have answered those calls to action with ever increasing energy and intensity. This letter is a note of thanks to every member who has taken up the cause to protect our profession and our patients by participating in the legislative process. Thanks to all of you who have done so much over these last two years.

Thanks to all of you who helped organize or attended the over 20 legislative briefings across the state. You helped to raise awareness in the legislature of our need for safe staffing, and increased support for our legislation.

Thanks to all of you who attended lobby days in 2001 and 2002. With every story told, we win the support of another legislator.

Thanks to the Brockton Hospital nurses and all of you who supported them in their strike to win safe staffing and limits on mandatory overtime. Once again you showed the depth of commitment nurses have to protecting their patients.

Thanks to the nurses of Hale/Merrimack

Valley Hospital in Haverhill, Whiddon Hospital and Waltham Hospital

and Waltham Hospital, and all of you who supported them with your lobbying efforts to keep these community hospitals open. You helped assure their patients would get health care in their community.

Thanks to all of you who worked this fall to redraft our safe staffing bill. You helped to make it the best it could be.

Thanks to all of you who worked on special elections last year and on all the races for MNA endorsed candidates this year. Your efforts did not go unnoticed. Thanks to the MNA Board of Directors for its diligent leadership. Thanks too to the MNA staff who, without their commitment and focus to our cause, all this would not be possible.

Thanks to all of you who have taken steps, large and small, to get us where we are today. The members of the MNA are on the cutting edge of healthcare policy and legislation. When we went into the 2001/2002 legislative session, we filed our safe staffing with about a dozen sponsors. We closed the session with about 40, but in the process gained support of many more. This is evident in the list of sponsors for the 2003/2004 session. As of the filing deadline, we had 98 legislators signed on, nearly half of the house and senate. There are many others who, while they have not signed on, pledge their support. This would not have been possible without the work of so many. So, once again, Thank You.

Please check the list of sponsors of our safe staffing bill in this month's newsletter. If your legislator is listed, please send them a note of thanks for supporting us.

Stay involved in the legislative process. For every small step taken by each of you, we come closer to victory. With your continued commitment, we will win this fight once and for all. ■

Specific RN-to-patient ratios called for by this bill

Intensive Care Unit	1:2
Critical Care Unit	1:2
Neo-natal Intensive Care	1:2
Burn Unit	1:2
Step-down/Intermediate Care	1:3
Operating Room	
Under Anesthesia	1:1
Post Anesthesia	1:2
Post Anesthesia Care Unit	
Under Anesthesia	1:1
Post Anesthesia	1:2
Emergency Department	1:3*
Emergency Critical Care	1:2*
Emergency Trauma	1:1*
*The triage, radio or other specialty RN shall not be counted as part of this number.	
Labor and Delivery	
Active Labor	1:1
Immediate Postpartum (one couplet)	1:2
Postpartum (three couplets)	1:6
Intermediate Care Nursery	1:4
Well-Baby Nursery	1:6
Pediatrics	1:4
Psychiatric	1:4
Medical and Surgical	1:4
Telemetry	1:4
Observational/ Outpatient Treatment	1:4
Transitional Care	1:5
Rehabilitation Unit	1:5
Specialty Care Unit	1:4

(any unit not otherwise listed above shall be considered a specialty care unit)

Note: These ratios constitute the minimum number of direct-care registered nurses. Additional direct-care registered nurses shall be added and the ratio adjusted to ensure direct-care registered nurse staffing in accordance with an approved acuity-based patient classification system. ■

Safe staffing legislative sponsors

House of Representatives

Cory Atkins, D-Concord
Demetrius Atsalis, D-Barnstable
Ruth Balsler, D-Newton
John J. Binienda, D-Worcester
Deborah D. Blumer, D-Framingham
Garrett Bradley, D-Hingham
Jennifer Callahan, D-Sutton
Christine E. Canavan, D-Brockton
Gale Candaras, D-Wilbraham
Mark Carron, D-Southbridge
Edward G. Connolly, D-Everett
Michael A. Costello, D-Newburyport
Robert Coughlin, D-Dedham
Geraldine M. Creedon, D-Brockton
Robert DeLeo, D-Winthrop
Paul Demakis, D-Boston
Paul Donato, D-Medford
Carol Donovan, D-Woburn
Jamie Eldridge, D-Acton
Mark V. Falzone, D-Saugus
Michael E. Festa, D-Melrose
Barry R. Finegold, D-Andover
David Flynn, D-Bridgewater

John Fresolo, D-Worcester
William C. Galvin, D-Canton
Colleen M. Garry, D-Dracut
Anne Gobi, D-Spencer
Emile Goguen, D-Fitchburg
Shirley Gomes, R-Harwich
Mary Grant, D-Beverly
Lida E. Harkins, D-Needham
Frank M. Hynes, D-Marshfield
Louis Kafka, D-Sharon
Jay Kaufman, D-Lexington
Rachel Kaprielian, D-Watertown
Thomas P. Kennedy, D-Brockton
Brian Knuuttila, D-Gardner
Peter Kocut, D-Northampton
Robert M. Koczera, D-New Bedford
Peter Koutoujian, D-Newton
Paul Kujawski, D-Webster
James B. Leary, D-Worcester
David P. Linsky, D-Natick
Barbara L'Italien, D-Andover
Paul Loscocco, R-Holliston
Elizabeth Malia, D-Boston
Ronald Mariano, D-Quincy
Jim Marzilli, D-Arlington
Robert Nyman, D-Hanover

Thomas J. O'Brien, D-Kingston
Marie Parente, D-Milford
Anne Paulsen, D-Belmont
Vincent Pedone, D-Worcester
Douglas W. Petersen, D-Marblehead
Susan W. Pope, R-Wayland
Kathi-Anne Reinstein, D-Revere
Michael Rodrigues, D-Westport
Michael Ruane, D-Salem
Michael Rush, D-Boston
Byron Rushing, D-Boston
Mary Jane Simmons, D-Leominster
Frank Smizik, D-Brookline
Robert Spellane, D-Worcester
Joyce Spiliotis, D-Peabody
Karen Spilka, D-Ashland
Thomas Stanley, D-Waltham
Ellen Story, D-Amherst
Benjamin Swan, D-Springfield
Kathleen Teahan, D-Whitman
Walter Timilty, D-Milton
Timothy Toomey, D-Cambridge
Philip Travis, D-Rehoboth
James Vallee, D-Franklin
Anthony Verga, D-Gloucester

Joseph Wagner, D-Chicopee
Martin Walsh, D-Boston
Steven Walsh, D-Lynn
Alice Wolf, D-Cambridge

Senate

Robert A. Antonioni, D-Leominster
Stephen Baddour, D-Methuen
Stephen Brewer, D-Barre
Harriette Chandler, D-Worcester
Cynthia Creem, D-Newton
Susan Fargo, D-Lincoln
Guy Glodis, D-Worcester
John A. Hart, D-Boston
Robert Hedlund, R-Weymouth
Cheryl Jacques, D-Needham
Brian A. Joyce, D-Milton
Michael R. Knapik, R-Westfield
Marc Pacheco, D-Taunton
Charles E. Shannon, D-Winchester
JoAnne Sprague, R-Walpole
Bruce Tarr, R-Gloucester
Richard R. Tisei, R-Wakefield
Steven Tolman, D-Boston
Marian Walsh, D-Boston
Dianne Wilkerson, D-Boston ■

Save the Date

Lobby Day 2003
Tuesday, May 6

9 am - noon
Great Hall,
Statehouse

In conjunction with
National Nurses Week

Sponsored by Congress on
Health Policy & Legislation

MNA

...Agenda

From Page 5

who work in the delivery of health care. It would also address the risk of violence and the appropriate retirement compensation for those professionals who care for these populations in public sector settings. *Lead sponsor: Sen. Guy Glodis.*

An Act Relative to Assault and Battery on Health Care Providers. The bill would make it a felony to assault any health care worker while such person is treating or transporting another. The crime shall be punished by imprisonment in the house of correction for not more than two and one-half years or by imprisonment in the state prison for not more than five years, or by a fine of not more than \$5,000, or by both such fine and imprisonment. *Lead sponsor: Rep. Michael Rodrigues.*

An Act Relative to Group 4 for Health Care Professionals. This legislation would place those state employed health care professionals who work with violent or potentially violent populations in Group 4 for the purposes of their retirement. Group 4 recognizes state employees who work in dangerous situations. *Lead sponsor Sen. Brian Joyce.*

An Act Relative to Group 2 Employees. Elevates registered nurses and other health care professionals that are state employees to a "professional status" for the purposes of their retirement. They are currently considered "technical status" in the state system. *Lead sponsor: Rep. Edward Connolly.*

An Act Related to Interest Arbitration for Health Care Professionals. Provides for the use of binding interest arbitration in the case of a collective bargaining impasse with the state. The purpose is to expedite the process, ensuring a fair and objective settlement to contract negotiations. *Lead sponsor: Sen. Thomas McGee.*

An Act to Include Certain Municipal Employees of the Commonwealth in Group 2 of the Contributory Retirement System for Public Employees. Elevates nurses in municipal employment from a technical position to a professional position for the purposes of retirement. *Lead sponsor: Rep. Timothy Toomey.*

An Act Regarding Insurance Equity for Registered Nurse First Assistants. Filed with the Association of Operating Room Nurses, Massachusetts Chapter One, this bill creates equity for RN first assistants with other paid providers of first assistant services. It prevents insurance companies from discriminating and refusing payment for first assistant services when they are provided by a registered nurse. *Lead sponsor: Sen. Charles Shannon.*

An Act Authorizing the Sale of "RN" Distinctive Registration Plates. This would create an RN vanity license plate with funding directed to provide scholarships for nursing with an emphasis on attracting a diverse population to enter and advance in the profession. *Lead sponsor: Rep. Brian Knuuttila.*

An Act Relative to Creating a "Difficult to Manage Unit" Within the Department of Mental Health. This legislation creates a Difficult to Manage Unit for women within the Department of Mental Health. The Department currently has such a unit for men. *Lead sponsor: Rep. Patricia Haddad.*

Latex Gloves. The MNA is working with Rep. Vincent Pedone on legislation relative to latex gloves. ■

**Consent to Serve for the
Massachusetts Nurses Association 2003 Elections**

I am interested in active participation in the Massachusetts Nurses Association

MNA General Election	
<input type="checkbox"/> President, General* (1 for 2 years)	<input type="checkbox"/> Nominations Committee, (5 for 2 years) [1 per district]
<input type="checkbox"/> Secretary, General* (1 for 2 years)	<input type="checkbox"/> Bylaws Committee (5 for 2 years) [1 per district]
<input type="checkbox"/> District Director, Labor* (5 for two years) [1 per district]	<input type="checkbox"/> Congress on Nursing Practice (6 for 2 years)
<input type="checkbox"/> Director At-Large, General* (3 for 2 years)	<input type="checkbox"/> Congress on Health Policy & Legislation (6 for 2 years)
<input type="checkbox"/> Director At-Large, Labor* (4 for 2 years)	<input type="checkbox"/> Congress on Health & Safety (6 for 2 years)
<input type="checkbox"/> Labor Program Member* (1 for 2 years)	<input type="checkbox"/> Center for Nursing Ethics & Human Rights (2 for 2 years)

*General means an MNA member in good standing and does not have to be a member of the Labor Program Labor means an MNA member in good standing who is also a labor program member. Labor Program Member means a non-RN Healthcare Professional who is a member in good standing of the labor program.

Please type or print — Do not abbreviate

Name & credentials _____
(as you wish them to appear in candidate biography)

Work Title _____ Employer _____

MNA Membership Number _____ MNA District _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Educational Preparation

School	Degree	Year

Present Offices/Association Activities (Congress, Committee, Unit, etc.)

MNA	District

Past Offices/Association Activities (Congress, Committee, Unit, etc.) Past 5 years only.

MNA	District

Candidates may submit a typed statement not to exceed 250 words for president and vice president and 150 words for all other candidates. Briefly state your personal views on health care, nursing and current issues including, if elected, what your major contribution(s) would be to the MNA and in particular to the position which you seek. This statement will be used in the candidate biography which will be printed in the *Mass Nurse*. Statements, if used, must be submitted with this consent to serve form.

Signature of Member

Signature of Nominator (leave blank if self-nomination)

Postmarked Deadline: Preliminary Ballot: March 15, 2003 **Return To:** Nominations and Elections Committee
Final Ballot: June 15, 2003 Massachusetts Nurses Association
340 Turnpike Street, Canton, MA 02021

- Hand delivery of material must be to the MNA staff person for Nominations and Elections Committee only.
- Expect a letter of acknowledgment (call by July 30 if none is received)
- Retain a copy of this form for your records.
- Form also available on MNA Web site: www.massnurses.org

MNA union news**A survey of recent contract settlements by MNA local bargaining units**

The power of collective bargaining and unionized nurses has been clearly demonstrated in recent months, as MNA bargaining units have successfully negotiated impressive contract settlements across the commonwealth. Below is summary of recent settlements reached and ratified by the MNA in the last three months of 2002. If you are a nurse working in a non-unionized health care facility/agency and wish to learn more about the benefits of collective bargaining and how to organize a union at your own health care facility, contact Eileen Norton in the MNA organizing department at 781-830-5777; enorton@mnarn.org

Memorial nurses ratify first contract granting 40 percent raises

The 800 registered nurses represented by the Massachusetts Nurses Association at UMass/Memorial Health Care who work at the Memorial Hospital Campus, Hahnemann Campus, and the Home Health and Hospice Campus ratified their first union contract in December, with more than 98 percent voting in favor of a three-year contract that will give them raises averaging 40 percent.

The nurses voted for their union on June 21, 2001, with talks opening in November of 2001. After more than 25 negotiating sessions, an agreement was reached. Under the contract, full-time nurses at the top of the pay scale will see their annual salaries climb from \$62,900 currently to \$89,500 by 2004. The home health and hospice nurses are paid at a lower scale, but will also receive raises averaging 40 percent or better.

On an hourly basis, nurses on the top step will see their wages climb from \$30.28 per hour to \$43.03 per hour by December 2004. The increases will come in a series of six raises over the three years of the contract, which is retroactive to Jan. 1, 2002. More than half of the nurses in the unit are paid at that top step.

The contract agreement also limits mandatory overtime to eight times per year, and limits nurses to 12 hours of work per day. Nurses may refuse an overtime shift if they feel too ill or fatigued to work. The contract also provides limits on floating the seniority rights to bump into another position if laid-off; two additional floating holidays for a total of 12 holidays; increases in many differentials; and the right to grieve and possibly arbitrate discipline by managers that are not based upon just cause.

Brigham & Women's Hospital RNs salary tops 100k per year

On Nov. 25, the nurses at Brigham & Women's Hospital ratified a new two-year agreement (reached on Oct. 31) which grants nurses salary increases ranging from 17-22 percent, depending on their years of service. The settlement provided an across-the-board increase of 6 percent in the first year and 6 percent in the second year, while also providing 5-10 percent in anniversary step increases over the 2 years. In addition to adding a new 5 percent top step, the settlement also provides for the elimination of all tenure requirements effective April 2004, meaning that all nurses will receive an annual anniversary increase until they reach the top of the scale.

As a result of this settlement, a full-time nurse at the top of the salary scale will be making an annual salary in excess of \$100,000 per year, making the B&W nurses the highest paid nurses in the commonwealth.

Other highlights of the agreement include increases in the rotator evening and night differentials, permanent evening and night differentials, weekend differentials and call pay. Also negotiated were an improved vacation and holiday cash-out benefit, enhanced professional development benefits, the freezing of off-site parking rates for the term of the contract and the option for nurses who have been in variable-hour positions to convert to non-variable positions after three years.

The nurses fought hard in the negotiating process to become the first MNA private sector bargaining unit to negotiate retiree health benefits. While they failed to achieve this benefit in this round of talks, the nurses are committed to achieving this important benefit in the next contract cycle.

Anna Jaques nurses win groundbreaking patient safety language

On Nov. 25, the Anna Jaques Hospital nurses of Newburyport ratified a new three-year agreement which grants nurses salary increases ranging between 20 - 24 percent depending on years of service. The agreement provides across-the-board increases of 8 percent in the first year, 4 percent in the second year and 4 percent in the third year. It also compresses the scale by eliminating Step 1 the first year, with the nurses continuing to advance on the scale on their anniversary date, and adds a 2 percent step the second year and a 2 percent step the third year.

Increases in shift differentials, the weekend differential and on-call differential were also a part of the agreement. Mandatory overtime language was included in this contract for the first time. It limits mandatory overtime to eight hours per calendar quarter with no more than four hours in any mandatory overtime assignment. The nurse is also able to refuse this assignment if he/she believes that he/she cannot safely accept it. A limit on rotation to off shifts and rotation relative to weekends off is included. The contract outlines the role of preceptor, and allows for a differential of \$1.50/hour for nurses accepting the role of preceptor. Tuition reimbursement was increased and travel allowance increased to the IRS rate.

Health and safety language was negotiated. Included in this groundbreaking section are:

- increasing the number of nurses on the hospital safety committee to three and adding employee safety as a standing agenda item to all safety committee meetings;
- maintaining a prevention program and providing training in compliance with OSHA's bloodborne standard and compliance directive, and having two nurses on the hospital's infection control committee;
- the hospital's adoption of a "zero tolerance" environment on workplace violence;
- the hospital's recognition of the existence of ergonomic stressors in

the hospital work environment and willingness to control them, e.g., with the use of lifting devices;

- a nurse on the hospital's value analysis committee which will show "end user" evaluation of new products, and an annual "back safety" program;
- and an ergonomic assessment of all new construction/renovations presented to the hospital's safety committee for action.

Two levels of per diem nurses were established based on shifts worked and minimum number of hours worked per month.

Carney nurses stand strong for a fair contract

In a public struggle for respect, the nurses of Carney Hospital used informational picketing and a widely publicized candlelight vigil to convince hospital management to grant them pay raises to make the Carney competitive with other facilities in the area.

On Nov. 21 the Carney nurses ratified a new 3-year agreement which grants the nurses salary increase ranging between 15 -- 21 percent depending on years of service. The increase provides across of the board pay increases of 5-10 percent in the first year, 5 percent in the second and 5-6 percent in the third year, while maintaining the present 5 percent annual step raises. The contract also provides for a new 3 percent step at the top of the pay scale. Other highlights of the agreement include a substantial increase in tuition reimbursement benefits, a new tuition loan forgiveness program for new hires, enhancement of the RIF language, and new health and safety language.

Faulkner nurses win one-year raise to aid recruitment and retention

On Oct. 8 the Faulkner Hospital nurses ratified a one-year wage/economic re-opener. The nurse's focus of the re-opener was

recruitment and retention. Nurses on steps 1-15 received a 4 percent increase on Oct. 6, 2002 and April 1, 2003, while nurses at step 16 received 8 percent on Oct. 6, 2002. Nurses with 15 years of longevity will also receive a bonus on April 1 of \$500 - \$1,000 depending on hours worked between March 31, 2002 and April 1, 2003. There was also an increase in tuition reimbursement and the introduction of a tuition loan forgiveness plan. A "weekend incentive plan" or Baylor program was negotiated paying 36 for 24 to begin in January 2003. The settlement hiked the wages of the most senior nurses to 38.05/hour.

Cape Cod, Falmouth Hospital nurses become tops on South Shore

Cape Cod Hospital and Falmouth Hospital are now the state's highest-paid nurses south of Boston after the respective memberships of these two MNA bargaining units ratified a contract giving them raises of as much as 34 percent over the next 2½ years.

While nurses originally wanted an overall 28 percent increase over two years, they agreed to add an additional six months to the deal, granting raises from 28 to 34 percent depending on experience, years of employment and educational degree.

The bargaining unit's key goal was to make nurses' wages competitive with the Boston market. With a nursing shortage of about 70 positions at Cape Cod Hospital, the nurses felt strongly that they needed to stop the exodus of nurses to better-paying jobs.

Under the new contract, starting pay will be raised from \$19.90 per hour to \$23.38. Top-level registered nurses will see their pay go from \$29.03 per hour currently to \$39 in the third year of the contract.

Another attractive aspect of the three-year agreement is the hospital's pledge to maintain the current health insurance benefit. Full-time nurses at the hospital after one year get free individual health insurance and after 10 years get free family health care coverage. ■

Attention MNA members**Board of Registration in Nursing Opportunities**

The following positions are either vacant or expired on the Board of Registration in Nursing:

- RN (1 position) direct care
- Advanced Practice (2 APRN's) must meet requirements for advanced practice as established by the Board, at least one appointee is employed providing direct patient care at the time of appointment
- Nurse Administrator (1 position) currently employed as a nursing service administrator and who is responsible in that role for agency or service wide policy development and implementation

Commitment:

- Full day every three weeks. Other meetings as needed.

Criteria for appointment:

- Eight years of practice in nursing practice in the ten years immediately preceding the appointment
- Currently employed in the commonwealth at the time of appointment

For further information contact Dorothy McCabe, 781-830-5714 or dmccabe@mnarn.org.

MNA Member Benefits Save You Money

MNA's premier group benefits programs from affordable insurance to convenient credit help you get more out of your membership & your hard-earned money! Take advantage of these special benefits specifically designed for MNA members. Savings are just a telephone call away.

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 AM TO 6:00 PM)
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 includes \$300,000 worth of HIV insurance protection.

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, EXT. 110
Flexible and comprehensive long-term care insurance at discount rates.

SHORT TERM DISABILITY INSURANCE

LESTER L. BURDICK, INC (800) 959-9955 OR (978) 683-3400
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.

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

KENNETH FRANSSON OR DAVE FRASER (800) 697-4371
45% to 50% on dental services when utilizing network dentists. 10% to 60% discount on eyewear through nationwide vision providers. Only \$7.95/month individual or \$8.95 family for MNA members.

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 off peak with free nights (7:00 PM to 6:59 AM – 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%.

DISCOUNT TAX PREPARATION SERVICE

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

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, Hoyts & 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)
(877) 406-4836 (ATTRACTION TICKETS)
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.

UNIVERSAL STUDIOS THEME PARK FAN CLUB

MNA MEMBERSHIP DEPARTMENT (800) 882-2056, x726
Fan Club membership entitles you to discounts at Universal Studios Theme Parks, discounts on merchandise and on-site hotels

Your participation in these programs increases the Association's purchasing power allowing the MNA to add and improve benefit programs offered. For information regarding any of our discount programs, please contact the specific representative listed. or call Chris Stetkiewicz in the MNA membership department, (800) 882-2056, x726.

MNA

MASSACHUSETTS NURSES ASSOCIATION

For more information, call the Massachusetts Nurses Association at 1-800-882-2056, x726.

Notes from the Congress on Health and Safety

Health Care Without Harm: nurses play key role

By Peggy Wolff, M.S., A.P.R.N.

Health Care Without Harm (HCWH), which began in 1996, is an international campaign of more than 390 hospitals, health care facilities and environmental organizations. It was created to provide a remedy for the pollution from health care practices.

- Issues that HCWH focuses on include
- 1) reducing the incineration of health care waste globally and promoting safer alternatives;
 - 2) developing and implementing a program aimed at using JACHO to promote environmentally sustainable health care;
 - 3) replacing pesticides with an integrated pest management system;
 - 4) phasing out PVC plastic;
 - 5) reducing patients' exposure to DEHP-containing products;
 - 6) reducing health care's use of mercury; and,

7) implementing fragrance-free policies in the health care system.

Many nurses throughout the country actively participate in the HCWH Nurses' Workgroup co-led by ANA's Susan Wilburn, MPH, RN, senior specialist in occupational safety and health and Barbara Sattler, RN, DrPH, University of Maryland School of Nursing.

In Massachusetts, members of the HCWH nurses' workgroup include Evelyn Bain, MEd, RN, COHN-S, an associate director and the occupational safety and health specialist at MNA; Janice Homer, RN, and Gail Lenehan RN, EdD, members of MNA's Congress on Health and Safety; and Peggy Wolff, RN, APRN, an environmental health consultant.

Current issues of the nurses' workgroup include motivating and educating nurses to be change agents for environmental sustainability in health care; engaging nurses in

advocating for state and national policies; and, activating nurses internationally about environmental health concerns.

What can you as a nurse do?

- Ask if your health care facility/organization (particularly nursing specialty organizations) is a member of HCWH. If it is not a member, get your facility/organization to join by contacting Jolie Patterson at 202-234-0091 or jpatterson@hcwh.org. It's free to join.
- Participate in the nurses' workgroup conference calls held the second Tuesday of each month at 3 p.m.
- Educate yourself about environmental health concerns by visiting www.hcwh.org and www.nihe.org.
- Inquire about incineration, mercury, PVC, phthalate, pesticide and fragrance use at work. Choose one area of concern and team up with other

"like-minded" people at work to create change.

- Recycle.
- Use red bags only for their intended purpose.
- Choose reusable products at work and in the home.
- Buy recycled paper that is 100 percent post-consumer waste and chlorine free.
- Be fragrance-free yourself and encourage others to discontinue the use of personal fragrances.

Peggy Wolff, RN, APRN, lives in Leverett, Mass., and is an environmental health consultant. She has written extensively on issues of environmental exposures to nurses and other workers. Peggy was instrumental in bringing MNA and Western MassCOSH together in 1999 to develop the grant proposal "Wheezing at Work: Work Related Asthma" which was funded by the Massachusetts Dept. of Industrial Accidents. ■

Applying OSHA to healthcare settings

By Evelyn I. Bain, M Ed, RN, COHN-S
Associate Director, Occupational Safety and Health Specialist

Twelve MNA members and others attended a daylong train-the-trainer program to help improve the health and safety of MNA members

Provided by a grant from the Massachusetts Department of Industrial Accidents, the program was held in November at MNA headquarters. Participants learned that OSHA standards and the protections that they provide for the health and safety of workers in "general industry," also apply to protect workers, including nurses, in healthcare settings.

MNA staff members Evie Bain and B. Elaine Mauger addressed the topics: All About OSHA, OSHA Standard 1910.1012 — Hazard Communication, OSHA Guidelines for Preventing Violence in Health Care and Social Service Settings and methods to move health and safety issues in the bargaining unit and with the employer.

MNA trainers included: Catherine Dicker, Joanne Whynot-Butler, Rosemary Connors, Patty Healey, Marcia Robertson, Janice Homer, Kathleen Opanasets, Rosemary O'Brien, Nancy Mucciaccio, Elizabeth O'Connor, Nancy Adrian and Kathleen Sperrazza.

The goal of the grant is to train one or more members from each MNA local bargaining unit as a "Worksite Health and Safety Representative." The Worksite Health and Safety Representative training programs are planned from January to June of 2003. They are four hours long, 9 a.m. to 1 p.m., with lunch following.

The grant provides for the trainers, along

with Evie and B. Elaine, to take the program across the state, holding one training session in each MNA District and one training session for Unit 7 members.

Members may attend any session that is convenient for them. There is no fee to participate.

The following is a list of dates and locations for the training sessions:

February 12, District 4, King's Grant, Danvers

March 12, District 3, site TBA

April 9, Unit 7, following State Council meeting at Indian Meadows, Marlboro

May 14, District 2, site TBA

June 18, District 1, District 1 Office, Northampton.

For additional information: call Evie Bain 781-830-5776 or e-mail ebain@mnarn.org or B. Elaine Mauger at 781-830-5754 or email emauger@mnarn.org. To register contact Susan Clish, 800-882-2056 x 723.

Contact Hours: Contact hours will be awarded by the Massachusetts Nurses Association which is accredited as a provider of Continuing Education by the American Nurses Credentialing Center's Commission on Accreditation. To successfully complete a program and receive contact hours you must: 1) sign in, 2) be present for the entire time period of the session, and 3) complete the evaluation.

Chemical Sensitivity: Scents may trigger responses in those with chemical sensitivities. Men and women are asked to please avoid wearing scented personal products when you attend this program.

Be sure to contact your MNA bargaining unit chair if you plan to participate in this program. ■

New resource for improving indoor air quality

Understanding the toxicity of environmental cleaning chemicals and becoming aware of safer alternatives can be a major step toward improving indoor air quality. A new reference, *Cleaning for Health, Products and Practices for a Safer Indoor Environment*, published by INFORM, Inc. is available free as a download

at www.informinc.org/cleanforhealth.php.

MNA Congress on Health and Safety member, Janice Homer RN, was a reviewer of the publication. Lara Sutherland, formerly of the Massachusetts Office of Technical Assistance and a valuable resource on many MNA projects, was a contributor on the project. ■

Labor Relations Leadership Workshops

All programs are 9 a.m. to 4 p.m.

Workshop 1: Groundwork For Success

Learn how:

- Your bargaining unit can work to accomplish your goal
- The MNA supports you in your union activities
- To use the labor/management and grievance processes to address everyday work issues and problems

Dates and locations:

- Wednesday, Jan. 22, MNA District 1 office
- Thursday, Feb. 13, MNA District 2 office
- Wednesday, March 5, MNA headquarters

Workshop 2: Finetuning Your Bargaining Unit

Learn how the MNA and your local bargaining unit can:

- Help you to achieve a safe work environment
- Push for legislation and regulations that insure safe practice
- Get your message out to whoever needs to hear it
- Participate in the Statewide Campaign for Safe Care
- Define the issue of "supervisors" and the union

Dates and locations:

- Wednesday, Feb. 5, MNA District 1 office
- Thursday, Feb. 27, MNA District 2 office
- Tuesday, March 25, MNA headquarters

Preregistration is required: Deadline is the Wednesday before each program.

Register by calling Cindy Langlois at 800-882-2056, x720.

Fee: non-member (agency fee payors) \$25

Contact Hours: Each of the above continuing education activities has been approved for 7.2 contact hours by the Massachusetts Nurses Association which is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation. To successfully complete a program and receive contact hours you must: 1) sign in, 2) be present for the entire time period of the session and 3) complete the evaluation.

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

Benefits Corner

brought to you by... 

MNA members save 20% at Tax Man

Members take 20 percent off the cost of professional tax preparation services provided by Tax Man Inc. at any of their 23 offices statewide (call 800-7-TAXMAN or visit their website 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, so you'll never pay more than what your unique tax situation calls for.

Tax Man also 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! ■

Anna Jaques nurses win extensive health and safety contract language

By Evelyn I. Bain, M Ed, RN, COHN-S
Associate Director, Occupational Safety and
Health Specialist

Congratulations to the MNA nurses at Anna Jaques Hospital for ratifying a contract that included extensive health and safety language. The negotiating committee included Jeanine Cunningham, Bargaining Unit Chairperson, Janise Cashman, Sue Keslof, Cindy Hopping, Joanne Blynn, Kay Marshall, Lucy McMilleon and Pat Coffey. MNA nurses will now be represented on the hospital safety committee, the infection control committee, and won language to address issues related to prevention of workplace violence and measures to reduce musculoskeletal injuries. MNA Associate Director B. Elaine Mauger negotiated the contract for the MNA nurses.

Health and safety contract language

- A. **Hospital safety committee:** The hospital agrees to have three representatives from the collective bargaining unit sit on the hospital Safety Committee. One of the three representatives from the collective bargaining unit will be the employee health nurse, the other two representatives will be selected by the MNA. The hospital will make every endeavor to release nurses to attend the meetings. Further, the hospital agrees that employee safety will be a standing agenda item at all safety committee meetings.
- B. **Infections control committee:** The hospital agrees to maintain a prevention program and provide training that complies with OSHA's blood-

borne standard and compliance directive. The hospital agrees to have at least two representatives from the collective bargaining unit sit on the infection control committee. One of these representatives will be the employee health nurse. The hospital will make every endeavor to release the nurses to attend these meetings.

- C. **Workplace Violence:** Workplace violence is defined as physical assault, threatening behavior or verbal abuse occurring in the work setting (NIOSH). The hospital recognizes the potential for workplace violence and recognizes its responsibility to provide a safe environment for employees, patients, medical staff and visitors. To meet this responsibility the hospital has established and implemented a number of initiatives including, but not limited to, a mechanism to address nursing involvement in policy development of security measures (safety committee), staff education in the recognition, avoidance and diffusion of potentially violent situations, professional debriefing of hospital personnel exposed to in-hospital violence with options for further counseling, the use of trained security personnel and structural/environmental deterrents and barriers against acts of violence. Recognizing that strategies to maintain a "zero tolerance" environment implies continual change, the hospital safety committee carries the authority to ensure implementation of safety policies, evaluate their effectiveness and

change policies or practices as needed. Further, the hospital recognizes and supports the individual nurse's right to notify the police if he/she has been assaulted as well as the hospital's obligation to work collaboratively with outside agencies as appropriate.

- D. **Ergonomic/musculoskeletal injuries:** Anna Jaques Hospital recognizes ergonomic stressors as "physical demands that have been associated with certain musculoskeletal disorders" (OSHA). The hospital is committed to recognizing the ergonomic stressors that exist in the hospital work environment and to implementing practical measures to control such stressors. To that end, the hospital agrees to the following strategies as a minimum:

1. Lifting devices shall be readily available. At least one representative from the bargaining unit will sit on the hospital's value analysis committee (VAC). In addition, the VAC will be required to show evidence of "end user" evaluation of new products purchased for the purpose of assisting in the lifting, moving or transfer of patients prior to purchase. All nurses may make requests for the purchase of additional or different devices for lifting/moving/transferring of



Anna Jaques Hospital nurses picket to win landmark contract.

patients. Requests may be made in writing to the Vice President of Patient Care. All requests will be responded to in writing.

2. The hospital will run "back safety" education programs at least once a year which will provide participants the opportunity to learn about practices and equipment, including patient handling equipment that is effective in preventing musculoskeletal injuries.
3. In all new construction/renovations, an ergonomic assessment will be conducted. This will be presented to the hospital's safety committee for action. ■

Backs to the Future



Backs to the Future Planning Committee and speakers left to right: Leslie Lomasson, Western MassCOSH; Terri Arthur, MNA Congress on Health & Safety interim chairperson; Jamie Tessler, UMass Lowell researcher; Audrey Nelson, Patient Safety Center of Inquiry, Tampa Florida; Evie Bain, MNA Staff; Tolle Graham, MassCOSH. Photos courtesy of Terri Arthur, MNA member.

Beth Piknick, RN, MNA board member is pleased with the ease of patient handling and movement with the state of the art equipment displayed at the Dec. 4 Backs to the Future Conference. Beth was also a speaker at the program.



Nurses will play major role

State announces voluntary smallpox vaccination plan

Nurses will comprise the lions share of more than 12,000 health care workers scheduled to be vaccinated in January and February as part of the Commonwealth's pre-event plan to protect the state's residents against potential bioterrorism event. Initial plans call for the immunization of 7,500–8,000 hospital personnel, 1,000 health care workers to serve on regional community response teams and an additional 3,000 public health nurses (including school nurses, visiting nurses and EMS personnel) who would be responsible for immunizing the general public in the event of a smallpox outbreak. Related stories about the smallpox vaccine, potential side effects, and other helpful information can be found below and on Pages 15 and 16.

The plan, was drafted by the Mass. Department of Public Health, with guidance from the Smallpox Working Group of the Statewide Bioterrorism Task Force and Response Program Advisory Committee, which includes more than 60 agencies and organizations, with representation by the MNA. The plan was submitted to and approved by the Centers for Disease Control in December as part of a national mandate to develop a comprehensive smallpox preparedness plan.

The Pre-Event Vaccination Plan is the first phase of a three-phase plan to deal with a smallpox event. While this article will summarize the pre-event plan, future issues of the *Massachusetts Nurse* will address subsequent phases of the state's effort to address the smallpox threat. Readers are encouraged to visit the MNA web site at www.massnurses.org for more extensive coverage of this issue as well as links to web sites that may provide additional helpful information for nurses.

The MNA and other health care provider groups and unions have been actively engaged in this process and have been raising questions about this plan and the best way to implement it to protect health care workers and the public. As of this writing, while the DPH has submitted the plan and it was approved by the CDC, the specific timeline for implementation was unclear. Attorneys for the state were charged with reviewing a number of issues and questions related to

the vaccine and the process of immunizing health care workers.

Specific issues raised by the MNA related to this process include: concerns about who would pay for lost work time for employees who become ill from the vaccine, as well as for family members of workers who may become ill; and liability issues related to reactions to the vaccine for employees and the general public who may be exposed to an immunized employee. The MNA also raised issues about the timeline for educating workers about the process and the need for immediate and comprehensive education around smallpox in general. Questions were also raised about the safety of the needles to be used to vaccinate employees. Again, as these issues are resolved and responded to, check the MNA web site for further details.

Hospital-based response teams

All 76 acute care hospitals with emergency departments (EDs) in Massachusetts have been designated as sites for caring for potential smallpox cases and are included in this phase of the plan. Each hospital will be charged with recruiting approximately 100 employees at each facility to be immunized at selected hospital sites selected to handle the vaccination process.

MDPH is in the process of soliciting comments and draft guidance that will provide to hospitals in identifying their health care teams. The proposed guidelines for nurse involvement in the teams is as follows:

Health care worker position	# of FTEs/hospital
ED nurse	50% of all (avg. 20/hosp.)
ICU/Med-surg/pedi nurses	25
Occupational health nurse	1
Dialysis nurses	1

A health care systems approach is being encouraged whereby one hospital in each system will be responsible for implementing a screening, education, vaccination and

follow-up program for all hospitals in the system. There are approximately 16 systems covering most of the hospitals, with the remaining hospitals being unaffiliated. Small unaffiliated hospitals will be encouraged to develop agreements with larger hospitals to vaccinate their staff, or may have their employees vaccinated at the vendor-run clinics.

In addition, 7 response teams, corresponding to the 7 bioterrorism preparedness regions being designated by DPH, and a select group of public health and health care workers across the state will also be vaccinated.

Regional smallpox response teams

In addition to hospital teams, DPH proposes to establish 16-person multi-disciplinary community response teams comprised of first responders, medical and public safety personnel to be able to respond to smallpox cases within one to two hours of a suspected case. The Commonwealth of Massachusetts is divided into 7 regions for the purpose of bioterrorism preparedness, planning and response. One Smallpox Response Team will be established for each of the 7 regions. The Teams will investigate any suspect case of smallpox in the community and mitigate the hazard by closing off access to the area, isolating contacts of the suspect case until they can be interviewed, and safely transporting the suspect case to the hospital.

Under the direction of a regional bioterrorism coordinator, each of the 7 teams will include a total of 150 personnel, who will be available 24 hours/day.

The teams will provide the following functions: patient care and transport, specimen collection and transport, medical diagnosis, site security, control of the environment, contact investigation and event management. To fully staff teams, a total of 1,050 individuals will be vaccinated and trained.

Public health nurse/vaccinators

In addition, 3,000 public health nurses, including municipal nurses, school nurses and visiting nurses, and emergency technicians and paramedics from across the state

will be trained and vaccinated to build capacity for future smallpox vaccination activities. These vaccinated and trained nurses will form the core of a cadre of trained health care providers who will be ready to implement mass smallpox vaccination clinics in the event of a bioterrorism attack. These nurses will be recruited with the assistance of the Statewide BT Preparedness and Response Program Advisory Committee, the MNA, the MDPH Office for School Health, The Mass. Association of School Nurses and the Mass. Association of Public Health Nurses.

Timeline for selection

Once legal issues have been resolved regarding the plan, best estimates are that recruitment of volunteers for the vaccinations would begin in January. The Mass. Hospital Association and the DPH will stagger the vaccination process over a period of 10–12 weeks to minimize the impact on staffing in emergency departments across the state.

Sites for vaccination

Phase 1 of pre-event smallpox vaccination will take place in two types of clinics. The first type of clinic will be hospital-based, where multidisciplinary teams of 100 employees from the 76 hospitals will be vaccinated. The second type of clinic will consist of 4 vendor-run regional clinics to be held at state hospitals. Members of the 7 regional smallpox response teams, approximately 3,000 nurses, paramedics, public safety personnel will be vaccinated at these sites.

Process for screening vaccines

At both hospital and vendor-run clinics, all potential candidates for vaccination will undergo a thorough screening process.

General information sessions will be open to all potential vaccination candidates to explain the pre-event smallpox vaccination program. Potential candidates will receive an information packet prepared by the CDC that provides detailed information on the vaccine, side effects, informed consent information, a self screening form and other materials to help nurses make an informed decision. ■

Facts about the smallpox vaccine

Smallpox vaccine, which is made from a live virus related to the one that causes smallpox, is considered the most dangerous immunization for humans. Before the United States stopped routine smallpox vaccinations in 1972, life-threatening complications occurred at a rate of 15 per million among those who received their first smallpox vaccination, and the number included about one to two deaths.

Vulnerable people include pregnant women, babies younger than a year old and people with H.I.V. or other immune disorders, some types of cancer, organ transplants or histories of skin problems like eczema. No one who lives with a person at high risk should be vaccinated, said Dr. Lisa Rotz, an epidemiologist with the bioterror program at the Centers for Disease Control and Prevention.

Vaccination can also cause problems like soreness and swelling at the inoculation site. In recent trials of the vaccine on healthy

young volunteers, about 40 percent to 50 percent had substantial local reactions, 30 percent felt impaired in their daily activities, and about 5 percent took time off from work or studies.

Dr. William Schaffner, chairman of preventive medicine at Vanderbilt University, said experts expect that health workers would take more sick time than the research volunteers.

To reduce the chance of transmission, the CDC guidelines call for the vaccination site be covered with a gauze bandage and tape for two to three weeks, until the scab falls off. Vaccinated health care workers will wear special semipermeable bandages at work, because they are better than gauze at preventing transmission.

Researchers say very close contact is required to spread vaccinia, like touching the vaccination site or an article that has been in contact with it like clothing or a bandage. Infection occurs when the virus enters a

break in the skin caused by a cut or a rash.

The Israeli experience

Israel has successfully vaccinated more than 15,000 soldiers and public health workers against smallpox on a voluntary basis since July with virtually no severe side effects, senior Israeli officials say.

"The United States has much to learn from Israel's experience," Leonard J. Marcus, the director of the health care negotiation and conflict resolution program at the Harvard School of Public Health, concluded in a recent report on Israel's medical response to bioterrorist threats.

Though as many as 30 to 50 percent of potential volunteers initially resisted being vaccinated, experts said, volunteer rates rose sharply after public health officials began discussing the program's risks and benefits, and after medical professionals began being vaccinated.

Dr. Marcus concluded in an October report

that after being inoculated, 5 percent of those vaccinated reported side effects like fevers, headaches, muscle pain, fatigue and weakness. Medical literature suggests that one in a million people is likely to die from the smallpox vaccine, and one in roughly 250,000 is likely to suffer serious side effects.

However, Israel uses the Lister vaccine strain, different from the strain used by the United States. Dr. Lev said that Lister was less virulent than the American strain and has fewer side effects. He said Israeli doctors and health professionals had screened out those with health conditions that precluded safe inoculation, like pregnant women and people with ailments that suppress the immune system.

There were only two problematic cases in Israel so far — one a woman with an immune disorder. She was not vaccinated but was infected by her husband, who was. She responded quickly to treatment and recovered fully, Dr. Lev said. ■

MNA position on smallpox vaccine

The MNA has been actively involved in the collaboration with the Massachusetts Department of Public Health (DPH) and other agencies to plan and make preparations for an act of bioterrorism involving the smallpox virus. Clearly, registered nurses who function in all areas and venues of health care delivery, be it in the school system, public health departments, acute, community, home and long term care settings, will and must play an integral role in the provision of effective health service in the event of a bioterrorist attack. Consistent with this, nurses represent the majority of those health care workers slated to be vaccinated as part of the plan proposed by the DPH.

As to the plan that has been developed, we recognize the great efforts that have gone into its creation and we strongly support the decision to make participation by health care workers in the vaccination plan completely voluntary. However, there are a number of areas of this plan that have and continue to raise concerns within the MNA, among our members and in the broader nursing community. In light of the fact that the state is proposing to move towards rapid implementation of this plan, we wanted to take this opportunity to formalize these concerns by putting them in writing, as well as to make clear our position on these issues.

Concerns raised are as follows:

Need for information and education: The implementation plan for this program is moving at a rapid pace, allowing little or no time for appropriate and comprehensive education of the workforce about the plan. A first step, prior to any vaccination, must be the introduction of a mandatory education program on the smallpox vaccine for all potential smallpox responders, their household contacts and co-workers who may be exposed to the vaccine virus.

Safety of proposed vaccine: The vaccine that has been chosen for use under this plan is more dangerous than that chosen and utilized to vaccinate the health care workforce in Israel. Given the risks involved with a large scale vaccination plan, utilization of a safer vaccine to minimize any negative impacts of this program would be preferable.

Safety of needles to deliver vaccination: The needles proposed to be used are unsafe and fail to comply with the Needlestick Safety and Prevention Act of 2000 designed to protect health care workers and patients from accidental needlesticks. The MNA's position is that the state should only implement a vaccination plan using the safest needle technology. In addition, it should be assured that the stoppers used on the vaccine vials are not made of latex, which would present an inherent danger of serious complications due to allergies to latex experienced by up to 17 percent of health care workers. No needles or syringes should be used that contain latex material.

Furloughing of volunteers: The absence of a provision for furloughing (providing leave rights) volunteers presents the most serious problem, not only for those vaccinated, but also as it relates to the increase in risk for exposure to others, including patients and co-workers. Given that experts project that as many as one in three people who are vaccinated will feel too sick to work or to provide

proper care for one or more days, and given that those vaccinated are at risk for exposing another person up until the time the vaccination scab dries and falls off (between 7 and 14 days), we believe the safest and only prudent course of action is to provide paid furloughs to those who volunteer for the vaccine. The MNA believes it is unreasonable to expect any volunteer to suffer any loss of pay or accrued benefit time as a result of participating in this voluntary program. Without furloughing provisions, and given the current malpractice liability for nurses who participate (see item on malpractice below) taking such an unnecessary risk is unacceptable.

Liability: There are a number of components here. 1) There is no malpractice protection for vaccinated nurses in the event a patient is exposed. In fact, we have queried our malpractice insurer and they made it clear that they will not cover such a claim nor will they underwrite a rider to cover this on their policy – in large part because the plan does not mandate the furloughing of those vaccinated. 2) There is no malpractice protection in the event of inadvertent exposure of a colleague who may have expressly not volunteered for health or other reasons. We do not believe the Homeland Security Act provides necessary clarity in these matters to move forward.

Workers' compensation: In the event an individual vaccinated is symptomatic or an exposed colleague of the vaccinated individual becomes symptomatic, there is a lack of clarity on what coverage shall exist under the state's workers' compensation law. A clear and direct answer on this issue has yet to be offered. We strongly urge that a definitive answer to this question be given and the information shared with volunteers before the plan is implemented. The MNA's position is that workers' compensation should be guaranteed, and that no worker should suffer financially for time lost due to illness or injury related to this plan.

Conclusion

This position statement identifies the outstanding concerns and issues of the MNA. Let us be clear: we agree that as a society we must prepare for the event of a bioterrorist attack, including, but not limited to smallpox. However, the timetable and the process proposed under this particular plan is fraught with problems at this time. If the ultimate goal is to generate broad-based participation among nurses and other health care workers, to allay their fears and to protect the public health, the current timetable and process may not succeed. We, therefore, urge the state to take the time and effort to address the concerns outlined, as well as those raised by other key participants in this process, to develop a plan that will protect the personal, financial and legal interests of the volunteer participants.

Again, the MNA remains committed to working with the DPH and all other interested parties to ensure that an effective preparedness plan is developed to protect the public's safety and health. Pending adequate resolution of the important issues we have raised, the MNA cannot encourage participation by our members in the smallpox immunization plan. ■

CDC FactSheets:

Reactions to the smallpox vaccine

The smallpox vaccine prevents smallpox. For most people, it is safe and effective. Most people experience normal, typically mild reactions to the vaccine, which indicate that it is beginning to work. Some people may experience reactions that may require medical attention.

Normal, typically mild reactions

These reactions usually go away without treatment:

- The arm receiving the vaccination may be sore and red where the vaccine was given.
- The glands in the armpits may become large and sore.
- The vaccinated person may run a low fever.
- One out of 3 people may feel bad enough to miss work, school, or recreational activity or have trouble sleeping.

Serious reactions

In the past, about 1,000 people for every 1 million people vaccinated for the first time experienced reactions that, while not life-threatening, were serious. These reactions may require medical attention:

- A vaccinia rash or outbreak of sores limited to one area. This is an accidental spreading of the vaccinia virus caused by touching the vaccination site and then touching another part of the body or another person. It usually occurs on the genitals or face, including the eyes, where it can damage sight or lead to blindness. Washing hands with soap and water after touching the vaccine site will help prevent this (inadvertent inoculation).
- A widespread vaccinia rash. The virus spreads from the vaccination site through the blood. Sores break out on parts of the body away from the vaccination site (generalized vaccinia).
- A toxic or allergic rash in response to the vaccine that can take various forms (erythema multiforme).

Life-threatening reactions

Rarely, people have had very bad reactions to the vaccine. In the past, between 14 and 52 people per 1 million people vaccinated for the first time experienced potentially life-threatening reactions. These reactions require immediate medical attention:

- Eczema vaccinatum. Serious skin rashes caused by widespread infection of the skin in people with skin conditions such as eczema or atopic dermatitis.
- Progressive vaccinia (or vaccinia necrosum). Ongoing infection of skin with tissue destruction frequently leading to death.
- Postvaccinal encephalitis. Inflammation of the brain.

People with certain medical conditions—including people with weakened immune systems or certain skin conditions—are more likely to have these reactions and should not get the smallpox vaccine unless they have been exposed to smallpox.

Based on past experience, it is estimated that between 1 and 2 people out of every 1 million people vaccinated may die as a result of life-threatening reactions to the vaccine.

Important note: *Statistical information about smallpox vaccine adverse reactions is based on data from two studies conducted in 1968. Adverse event rates in the United States today may be higher because there may be more people at risk from immune suppression (from cancer, cancer therapy, organ transplants, and illnesses such as HIV/AIDS) and eczema or atopic dermatitis. The outcome associated with adverse events may be less severe than previously reported because of advances in medical care. Rates may be lower for persons previously vaccinated.*

Who should not get vaccinated

Some people are at greater risk for serious side effects from the smallpox vaccine. **Individuals who have any of the following conditions, or live with someone who does, should NOT get the smallpox vaccine unless they have been exposed to the smallpox virus:**

- Eczema or atopic dermatitis. (This is true even if the condition is not currently active, mild or experienced as a child.)
- Skin conditions such as burns, chickenpox, shingles, impetigo, herpes, severe acne, or psoriasis. (People with any of these conditions should not get the vaccine until they have completely healed.)
- Weakened immune system. (Cancer treatment, an organ transplant, HIV, or medications to treat autoimmune disorders and other illnesses can weaken the immune system.)
- Pregnancy or plans to become pregnant within one month of vaccination.

In addition, individuals should not get the smallpox vaccine if they:

- Are allergic to the vaccine or any of its ingredients.
- Are younger than 12 months of age. However, the Advisory Committee on Immunization Practices (ACIP) advises against non-emergency use of smallpox vaccine in children younger than 18 years of age.
- Have a moderate or severe short-term illness. (These people should wait until they are completely recovered to get the vaccine.)
- Are currently breastfeeding.

Again, people who have been directly exposed to the smallpox virus should get the vaccine, regardless of their health status.

Don't hesitate! If offered the smallpox vaccine, individuals should tell their immunization provider if they have any of the above conditions, or even if they suspect they might. ■

Another viewpoint

Vaccinate against war, not smallpox

As health care professionals, some of us are being called upon to receive the smallpox vaccine. We are being asked to become vaccinated against a viral disease that we had been told was eradicated. The obliteration of this disease marks one of the highest points of international cooperation.

Governments with opposing ideologies, governments that were on a daily alert against each other, governments that were funding armed conflicts against each other all cooperated in eradicating smallpox. Western scientists cooperated with tribal healers, communists cooperated with capitalists, dictators cooperated with democratic leaders, people of all religions cooperated with each other. Yes, Muslims, Christians, Jews, Hindus, Buddhists, pantheists and atheists all cooperated to erase the threat of smallpox from the world.

Now the American people are being told that the scourge of smallpox is near upon us. We are being told that the international era of cooperation in combating worldwide diseases is over. We are being told that our health care system will protect us, that our armed might will protect us. As health care providers who are likely to be called upon to accept the smallpox vaccine, we say NO.

We say NO not out of fear for our own health. Every day we face the risk of infectious diseases at work. We have never shied away. We say NO not out of fear of side effects to the vaccine. We do not believe ourselves to have any risk factors for a bad reaction since we were vaccinated as children and had no problems. We say NO because vaccinating in the face of no known threat is wrong. It represents the use of health care as an extension of an aggressive military posture. A posture which our government has put forward prior to national debate. The posture that we as a nation have not only the right but also the responsibility to launch preemptive war.

There is no true evidence of anyone preparing a smallpox attack. Those who are knowledgeable enough to launch a mass smallpox attack via aerosol distribution are also knowledgeable enough to know that it would not only backfire politically but that smallpox would spread world wide, affecting their people as well. Those who are fool enough to use suicidal methods to spread smallpox would ultimately be defeated, since we were able to defeat the original smallpox epidemics when the virus was spread by individuals unwittingly infected.

The government is using the fear of smallpox as a political tool to rally support for a wrong and possibly criminal policy. It reminds one of the 1950s. Those of us who were children then remember the fear of the communist nuclear attack. In gym classes, in civics classes and in health classes we were shown films of what would occur if the Rus-

sians sent atomic bombs and missiles at us. We had regular air raid drills to prepare us for this event.

We sat under our desks and in hallways with our heads between our legs. We were told not to look at the flash of the explosion lest it blind us. Ads for backyard fallout shelters were in all the media. Fear abounded and bred hatred and a pro-war politic. A politic which led our democratically elected government to fund dictators throughout the world. A politic that led our democratically elected government to support military overthrow of democratically elected governments. A politic which led government officials, charged with protecting our own freedoms, to brand the civil rights movement, the voting rights movement and even some of our unions and environmental movements as conspiracies run from Moscow. Let us not go there again.

We must use our healthcare abilities to build an international commitment to peace and human rights. Let the example of smallpox eradication be used to build further cooperation. There is new work being done on drugs to conquer malaria, to diminish the effects of HIV. Let us use this and other work to enhance international unity instead of hate and fear. Let us use our wealth and knowledge to aid people in developing clean water and safe sewage systems. Let us use our democracy as an example for others. We can do that by not supporting dictators, royal families and governments that hoard their countries' wealth for a few while oppressing the human rights of the majority. Let us wage a peaceful campaign against all Weapons of Mass Destruction in all countries and by all governments.

As healthcare professionals we have pledged first to do no harm. We have pledged to use our skills to help all those in need regardless of their beliefs or their position in society. We will accept the smallpox vaccination when it is part of a worldwide effort to eradicate the disease. In that event the healthcare workers of Iraq would be inoculated as well.

Barry Adams, RN, Boston
Iris Biblowitz, RN, San Francisco, Calif.
Amelia M. Cabral, RN, Taunton
Catherine DeLorey, RN, Boston
Michael D'Intinosanto, RN, Winchendon
Sandy Eaton, RN, Quincy
Robert Fine, RN, Arlington
Susan Flowers, RN, Indiana, Pa.
Teana Gilinson, RN, Stoughton
Patty Healey, RN, Northampton
Peggy Lynch, RN, Cambridge
Michael Lyon, MS, San Francisco, Calif.
Deborah Blaisdell Martin, RN, Waltham
James Moura, RN, Boston
Marc Sapir, MD, MPH, Berkeley, Calif. ■

MNA positions available for election in 2003

All MNA members in good standing are eligible to run for any office in the upcoming election. Any member may nominate him/herself or another person by submitting a consent-to-serve form signed by the candidate. A consent-to-serve form is on Page 9. Election policies and procedures will be sent to those submitting nomination forms.

Positions available are for members of MNA Board of Directors, MNA Congresses, the Center for Ethics & Human Rights, the Nominations and Elections Committee, and Bylaws Committee for the 2003 MNA General Election are as follows:

President, General*; Secretary, General*; five District Directors, Labor*; four At-Large Directors, Labor*; three At-Large Directors, General*; one Labor Program Member*; five members of the Nominations & Elections Committee representing each district; five members of the Bylaws Committee; six members of each: Congress on Nursing Practice, Congress on Health Policy & Legislation, Congress on Health & Safety; two members of the Center for Ethics & Human Rights.

*General means an MNA member in good standing and does not have to be a member of the labor program. Labor means an MNA member in good standing who is also a labor program member. Labor Program Member means a non-RN Healthcare Professional who is a member in good standing of the labor program.

Dates to remember for the MNA election :

Preliminary Ballot Deadline (Postmarked) – March 15, 2003

Final Ballot Deadline (Postmarked) – June 15, 2003

Ballot Mailing – Sept. 1, 2003

Ballot Return – Sept. 20, 2003 ■

MNA incumbent office holders for 2003

Board of Directors

President

Karen Higgins (2001-2003)*

Vice President

Patrick Conroy (2002-2004)

Secretary

Sandy Eaton (2001-2003)*

Treasurer

Janet Gale (2002-2004)

District Directors, Labor

District 1

Patricia Healey (2002-2004)

Lois Cross (2000-2003)*

District 2

Edith Harrigan (2002-2004)

Mary Marengo (1999-2003)*

District 3

Stephanie Stevens (2002-2004)

Tina Russell (1999-2003)*

District 4

Jeanine Hickey (2002-2004)

Vacancy

District 5

Barbara Norton (2001-2003)*

Teana Gilinson (2001-2004)

Directors (At-Large/Labor)

Jan Spicer (1999-2003)*

Sharon McCollum (2001-2003)*

Beth Piknick (2001-2003)*

Elizabeth Sparks (2000-2003)*

Kate Maker (2001-2004)

Sandy Ellis (2002-2004)

Denise Garlick (2002-2004)

Directors (At-Large/General)

Richard Lambos (2000-2003)*

Elizabeth Joubert (2002-2004)

Margaret O'Malley (2002-2004)

James Moura (2001-2003)*

Debra Rigiero (2001-2004)

Nora Watts (2002-2004)

Jeannine Williams (2001-2003)*

Labor Program Member

Beth Gray-Nix (2001-2003)*

Nominations & Elections Committee

Jeannine Cunningham (2002-2004)**

John Duggan (2002-2004)**

M. Regina Gahan (2002-2004)**

Mary Goodwin (2002-2004)**

Kathlyn Logan (2002-2004)**

Janet Manley (2002-2004)**

Bylaws Committee

Susan Delucia (1999-2001)

Kathryn F. Zalis (1999-2001)

Elizabeth Kennedy (2002-2004)

Margaret Sparks (2000-2002)

Jane Connelly (2001-2003)*

Sandra LeBlanc (2001-2003)*

Center for Nursing Ethics & Human Rights

Ellen Farley (2002-2004)

Anne Schuler (2002-2004)

Kelly Shankley (2002-2004)

Congress on Health Policy & Legislation

Eileen Boyle (2001-2003)*

Michael D'Intinosanto (2001-2003)**

Joanne Ford (2001-2003)*

Jeannine Hickey (2001-2003)*

Constance Hunter (2002-2004)

Sandra Hottin (2002-2004)

Joanne Bartoszewicz (2002-2004)

Donna Kelly-Williams (2002-2003)*

George Rotondo (2001-2003)*

Suzanne Salvucci (2001-2003)*

Congress on Nursing Practice

Philip Donohue (2002-2004)

Mary Elizabeth Amsler (2002-2004)

Marianne Chisholm (2002-2004)

J. Sue Myers (2002-2004)

Ann Marie Goucher (2001-2003)*

Patricia Marinelli (2001-2003)*

Bonnie Beth Pierce (2001-2003)*

Philip Donohue (2001-2003)*

Ann Minichino (2001-2003)*

Linda Winslow (2001-2003)*

Karen Carpenter (2001-2003)*

Anne Mullen (2002 – 2004)

Congress on Health & Safety

Terri Arthur (2002-2004)

Seanna Gretchen (2001-2003)*

Janice Homer (2001-2003)*

Kathryn McGinn-Cutler (2001-2003)*

Rosemary O'Brien (2001-2003)*

Kathleen Sperrazza (2001-2003)*

* = Incumbent office holder

** = Unable to run for this office another term

Board of Directors' seat open for MNA District 4

There is an opening on the MNA Board of Directors for appointment of a member from MNA District 4. If you are interested in serving on the board or want to learn more about this position, contact Rosemary Smith at 781-830-5740 to obtain a consent-to-serve form. ■

Smallpox 2003: What nurses & others must know

Tuesday, February 25, 2003 • 8 a.m. - 4 p.m.

Best Western Hotel and Conference Center

181 Boston Post Road West • Marlboro

Fees: \$55 MNA members; \$75 all others

Registration: Contact Susan Clish at MNA at 781-821-4625 x 723 or 800-882-2056 x 723. Checks or credit cards accepted.

Presented by the MNA in cooperation with the Mass. Depart. of Public Health

MNA sponsors two successful group trips to Sorrento

By Carol Mallia RN, MSN
Nurse and avid traveler

MNA partnered with Durgan Travel over two years ago to offer affordable European vacations to our members and their friends and families. The MNA's plan is to offer trips priced around \$1,500 per person and offer all-inclusive packages when possible. Because of our large membership of 20,000 nurses, the MNA can offer package pricing which cannot be obtained through the traditional travel sources. This year the interest in Sorrento, Italy was so great we had to add a second group which traveled a week later. Both groups enjoyed the riches that the Sorrento area had to offer in a slightly different order of events each day. Below is a description of the adventures of the first group.

The group began its journey from the MNA headquarters office where a motor coach met the group to take them to Logan Airport. After a comfortable flight on Lufthansa Airlines we arrived in Naples, Italy and were greeted by our escort for the week. Our motor coach toured us along the beautiful ocean-side road in route to our home-base hotel in Sorrento. We recharged our batteries at an open-air garden restaurant while our bags were delivered to our hotel rooms. After checking in many of the guests set out to explore the shops in the town and others opted to relax on the hotel's roof deck or lounge by the pool. Dinner was served in grand style at the hotel that evening as the group got further acquainted with each other.

Our first day began with a guided walking tour of Sorrento which started with a tour of the Correale Museum to admire the private collection of fine art belonging to the Correale noble family. After the museum we walked over to a lemon grove to enjoy a local favorite,



Sorrento, Italy

lemonchella. We then boarded small motor coaches and were taken to a wood carving factory and shop where we learned about the fine art of in-laid wood boxes and furniture. The tour continued on with a walking tour of the historic area of Sorrento. After a relaxing lunch at the hotel, we enjoyed a picturesque hillside tour of the local Marciano's Farm. There we learned how olive oil and mozzarella are made in the old traditional Italian way. The highlight of the day was to taste home-made brochetta with this superb cheese and their home-made red wine.

The next day we were off by boat to the beautiful Isle of Capri. About half of the group opted to board a smaller boat to tour the scenic coast and grottos on the back side of the island while the other half of the group shopped in the seaside village. We took small



Sorrento, Italy group members from the November 13-21 tour gather on the Isle of Capri.

busses up to the town of Capri and enjoyed a wonderful lunch at a cliff-side restaurant. Following lunch many of the group members headed up to Anna Capri to visit the sites and shops. We boarded the ferry back to Sorrento for dinner at the hotel.

The famous Amalfi Drive was the destination for Day 5 of our tour. Our guided excursion toured one of the most picturesque and famous roads in the world. With the hair-pin turns along the edge of the mountain we saw many quaint villages. We stopped to explore the ancient marine town of Amalfi with the beautiful Cathedral of St Andrew. After a short motor coach ride we arrived in the little town of Scala to enjoy a spectacular view and a delicious homemade pasta meal.

The tour continued leisurely along to the village of Ravello where we stopped to enjoy the town. Then it was back to our hotel for another delightful dinner.

Day 6 was spent touring the lost city of Pompeii and its excavations. Our knowledgeable guide explained the history of Pompeii which was a village built by the Romans in the year 80 BC. Following the eruption of Mount Vesuvius in the year 79 AC, Pompeii, a city of 20,000 people was buried for hundreds of years until excavation began in the 18th

century. Pompeii is on the list of Wonders of the World and at least one quarter of the city remains to be excavated. Following our tour we enjoyed lunch at a local restaurant and departed for Naples for a panoramic city tour and tour of the downtown area.

Our last day in Sorrento was an open day in which many of the passengers just enjoyed the quaint shops and local cafes of Sorrento. Others in our tour took the local bus and headed to Positano a quaint village south of Sorrento, while others in the group boarded a boat to the Isle of Ischia a scenic island off the coast. The group reconvened later that evening to enjoy dinner at a local restaurant with live Neapolitan music.

On our last full day of the tour, we departed our hotel early and headed to Rome. Our

guide took us to visit the famous St. Peter's Basilica in the Vatican City. We learned the history of the Vatican and toured inside to view the Pieta and the most magnificent mosaic art work in the world. In the afternoon we boarded the motor coach for a panoramic tour of Rome including a stop at the ancient ruins of the Colosseum and the most famous fountain in Rome, the Fountain of Trevi. Legend has it that if you toss a coin into the fountain standing backwards, your wish to return to Rome will be granted. The MNA will certainly have to plan another tour of Rome given all the passengers who made that wish.

For our last night of our tour, we stayed in a hotel in downtown Rome. At our final dinner together we were treated with the entertainment of classically trained opera singers who

serenaded us to traditional Italian music. The dinner proved to be a crowning touch to an extraordinary tour.

Our second tour group to Sorrento departed on a little over a week later and enjoyed the same grand style vacation as the first group. Though the days differed, the itinerary remained the same for their tour of the beautiful region of Sorrento.

If you would like to be part of future MNA/Durgan Travel tours, contact Carol Mallia at 781-830-5755 or email at cmallia@mnarn.org to be on the mailing list. In 2003 we are planning a tour of Germany and Austria in late May and two tours of Montecatini Spa located in the Province of Tuscany, Italy in October. Please don't miss the opportunities MNA and Durgan Travel are offering. ■

Reserve early – Space is limited to 48 people per trip!

MNA is sponsoring 2 exciting group trips to Europe in 2003



May 26 - June 4 – Germany and Austria \$1,569*

This 10 day/ 8 night grand tour of the Tyrolean region will feature 6 nights in Austria and 2 nights in Germany. Trip includes tours of Innsbruck, Salzburg, Rothenberg, Munich, Rattenberg, Wattens and Vipitino. Air, transfers, hotel, breakfast and dinner daily as well as full sightseeing tours are included. Don't miss this grand tour of the picturesque Tyrolean Region.



October 19 - 27 – Montecatini Spa located in Tuscany Province, Italy \$1469*

This all-inclusive trip to the Tuscany region of Italy includes tours to Florence, Venice, Pisa, Siena, San Gimignano while staying in the world famous spa city of Montecatini. Air, transfers, hotel, all meals as well as full sightseeing tours are included. Offered as an all-inclusive trip, this package is a great value.

*Prices listed are per person, double occupancy based on check or cash purchase. Applicable departure taxes are not included in the listed prices above.

To receive more information and a flyer on these European vacations, please contact Carol Mallia, RN, MSN, 781-830-5755 or email at cmallia@mnarn.org

MNA Convention 2002

Organizing Our Future

October 2, 3 & 4, 2002

Clarion Hotel and Conference Center
Nantasket Beach, Hull, Mass.

Thank You

*The Massachusetts Nurses Association gratefully acknowledges
the generous support of the exhibitors and sponsors of the 2002 MNA Convention.*

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The MNA gratefully acknowledges the generous support of the sponsors of the Safe Care Campaign Fundraiser

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Special thank you to
Chris Stetkiewicz for her artistic
creative design of the gift baskets

MNA Las Vegas Night fundraiser for safe care



From left, Janet Spicer, June Nichols, Joyce Berklee.



From left, Mike D'Intinosanto, Jim Moura, Carolyn Moss, Cece Buckley, Teana Gilinson, Denise Garlick, Linda Winslow.



Eileen Boyle, left, and Mary Grealish.

MNA members had a ball and laid down a few bucks at the "Las Vegas Night" fundraiser for the Safe Care campaign, held in conjunction with the MNA Convention in October 2002.



From left, Elaine Adams, Debbie Flight, Susan Vickory, Rosemary O'Brien and Peggy Donovan.



From left, Cathi Renzi, Jeanette Olsen, Peggy O'Malley.

MNA Annual Awards: Recognizing accomplishments and achievements

ELAINE COONEY LABOR RELATIONS AWARD

DEBRA RIGIERO AND RICHARD LAMBOS

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.



Debra Rigiero

Debra Rigiero is co-chair of St. Vincent's Hospital Bargaining Unit. Debra was instrumental in organizing the St. Vincent nurses to a successful union vote, a historic successful strike and garnering the support for nursing of the general Worcester community. Not content with this victory, she has continued to support other local unions in their struggle for justice and assumed leadership positions on the MNA district and state level. She is presently vice-president of District 2 and a member of the MNA Board of Directors. This award recognizes her numerous contributions to her colleagues and to nursing.



Richard Lambos

Richard Lambos has served for many years as chairperson for the Martha's Vineyard Hospital MNA bargaining unit. In this role he has successfully guided the nurses through negotiations for numerous labor relations agreements and has shown a tremendous commitment to the bargaining process. He has been active in labor relations at both the local and state levels. He has been a mentor and role model for the nurses at Martha's Vineyard Hospital.

MNA EXCELLENCE IN NURSING PRACTICE AWARD

MELINDA DARRIGO AND DEZRA L. KENNEY

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.

Melinda Darrigo is a staff nurse in the cardio-thoracic/vascular ICU at UMass Memorial Hospital, University Campus. Melinda is highly respected by her peers and supervisors. She consistently contributes to her work environment beyond what is required by her position. Melinda functions as a role-model by teaching and mentoring new staff nurses. She is an instructor in critical care orientation classes and willingly shares her vast clinical knowledge and experience. She is active in numerous professional nursing organizations and a graduate student in the Acute/critical care nurse practitioner



Melinda Darrigo



Dezra L. Kenney

program at the University of Massachusetts Graduate School of Nursing. As Melinda's nominator states, "Mel's professional, positive attitude and passion for nursing shines through every day! Mel is my mentor."

Dezra Kenney is a psychiatric mental health clinical nurse specialist in the psychiatric emergency services at Cambridge Health Alliance. In that role, she evaluates psychiatric emergency patients for determination of the level of care required. Beginning as an LPN, Debra has a wealth of experience in over 20 years of nursing. She uses that experience to provide excellent care to patients and support to her nursing colleagues. She has precepted nursing students and new staff members. She has used her considerable leadership skills to further the nursing profession by assuming leadership positions at the Cambridge Health Alliance and other professional nursing organizations. She is a skilled clinician and a dedicated nurse.

IMAGE OF THE PROFESSIONAL NURSE AWARD

MICHAEL D'INTINOSANTO

The 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.

Michael D'Intinosanto is a man who exemplifies service: Service to his patients, his profession, his family and his community. As a night supervisor at the Templeton Developmental Center, he is responsible for supervising nursing staff providing services to residential clients who are developmentally disabled/dually diagnosed persons. As an active professional, he has served on multiple boards, committees, commissions, including NursePLAN, Statewide Campaign for Safe Care, the Blue Ribbon Commission on Legislation and as chairman of the MNA Congress on Health Policy & Legislation. Michael is also active in his community and has served on a variety of committees in his town. In fact, there are very few MNA initiatives in which Michael has not been a participant. His nominator states it well, "I have always known Mike to be a man of the highest personal integrity. He always conducts himself in a professional manner."

KATHRYN MCGINN CUTLER ADVOCATE FOR HEALTH AND SAFETY AWARD

NANCY LESSIN

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.

Nancy Lessin began her career as a respiratory therapist, and then became a health outreach worker and co-founder and Director of the Ann Arbor Free Clinic in Michigan. She spent 20 years at MASSCOSH, an organization whose mission is to assist in efforts to improve health and



M. D'Intinosanto



Nancy Lessin

safety conditions in workplaces in Eastern and Central Massachusetts. Currently, she is Health and Safety Coordinator, Massachusetts AFL-CIO where her duties include developing, presenting and evaluating occupational safety and education, training and delivering those services to Unions in Massachusetts. She is the author of numerous articles and programs on worker safety and the role of unions and has been recognized for her work in the form of awards and commendations.

Nancy was one of the key persons in the long and difficult battle for the rights and compensation for the nurses at Brigham and Women's Hospital affected by poor air quality. She guided those nurses to a final resolution. Since then, she has been a partner and advocate for the health and safety of all nurses. She has walked our picket lines and helped us build coalitions that will enable our organization to provide for the health and safety of nurses in Massachusetts and across the country. Nancy has been a catalyst in making Occupational Health and Safety a priority at MNA. As her nominator states, "Her devotion to all workers has never faltered. Her voice in their behalf has never faltered."

MNA ADVOCATE FOR NURSING AWARD

DISTRICT ATTORNEY WILLIAM R. KEATING

The MNA Non-Nurse Award recognizes the contributions of an individual, who is not a nurse, to nurses and the nursing profession.

This year's recipient of the MNA Advocate for Nursing Award is William R. Keating, District Attorney, Norfolk County.

Webster's Dictionary defines an advocate as "one who supports or defends a cause." By his record, it is clear that District Attorney Keating has been a consistent supporter of nursing. From the late seventies in the House of Representatives to the present day as District Attorney, Bill Keating has always sought nursing's voice and advice when faced with health related issues. As District Attorney, he has always been aware of the dual role nurses assume where they have the responsibility of providing direct care to crime victims while gathering and preserving evidence that may be used in the prosecution of the perpetrators of these crimes. He has consistently advocated for the full funding of the Sexual Assault Nurse Examiner's Program. His support to the MNA Workplace Violence Task Force has been consistent and commendable. His office has provided many resources.

District Attorney Keating has worked with the Task Force to implement policies and encourage programs designed to prevent workplace violence and to prosecute those who engage in this unlawful behavior. He has been the recipient of numerous awards and commendations.

FRANK M. HYNES AWARD

REP. ROBERT SPILLANE

The Frank M. Hynes Award recognizes the work of an elected public official in Massachusetts who clearly demonstrates exceptional contributions to nursing and healthcare.

This year's recipient of the Frank M. Hynes Award is Rep. Robert Spillane.

Robert Spillane, a native of Worcester, was elected to the Massachusetts House of Representatives in 2000 and presently serves on the Joint Committee of Commerce and Labor and the Housing and Urban Development Committee. Spillane was a strong advocate for registered nurses even before



Robert Spillane

taking office in 2000. He walked the picket line with St. Vincent nurses and supported MNA at many of our events in Worcester. After election, he supported the organizing efforts of the UMass Memorial Nurses. He became a co-sponsor for MNA's quality patient care/safe RN staffing legislation, and offered his services as a spokesperson for this bill. He has pressed to restore funding to the state agencies that provide services to our most vulnerable citizens. Rep. Spillane stands out among his peers in his tireless advocacy for nursing. I quote, "Registered nurses are the labor force and backbone of the healthcare industry." We are truly fortunate to have him as an advocate.

MNA LEGISLATOR OF THE YEAR AWARD

SEN. JOHN KERRY

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

This year's recipient of this newly established award is U.S. Senator John Kerry.

Senator Kerry has been a strong advocate for nurses and the people we serve throughout his career in public service. In the present Health Care Crisis, Senator Kerry has stood with us and addressed both our present and future concerns. He is an original co-sponsor of S. 1686, The Safe Nursing and Patient Care Act of 2001, a bill to amend XVIII of the Social Security Act to provide for patient protection by limiting the number of mandatory overtime hours a nurse may be required to work in certain providers of services under the Medicare Program. Addressing nursing's concerns for the future, he is the main sponsor of S. 1597, The Nurse Reinvestment Act which will award grants for nursing education, establish a National Nurse Service Corp. Scholarship Program and provide Public Service Announcements to promote the nursing profession, highlight its rewards and encourage individuals from diverse communities and backgrounds to enter nursing. This legislation, signed by President Bush is the largest public commitment to nursing in decades.

Senator Kerry's commitment to nursing was most evident to our members when he personally brokered the settlement of the 103 day strike of our nurses at Brockton Hospital. Senator Kerry made it very clear at that time the Hospital Administrations have a responsibility to prevent unsafe staffing and the inappropriate use of mandatory overtime to staff the hospitals. It is imperative that our hospitals remain safe for the patients and for the nurses.

Senator Kerry has earned this award by his consistent and continuing commitment to nurses and the people they serve. ■

Congratulations to the 2002 MNF scholarship recipients

The Massachusetts Nurses Foundation has selected the following applicants for scholarship funding. We are proud to say we this year we have awarded over \$14,500 in scholarships. Through your donations, we are able to present the following scholarships for 2002:

BACCALAUREATE DEGREE SCHOLARSHIP

DOROTHY MAJELLA CAMPBELL

This scholarship is offered to students enrolled in a direct entry program for a baccalaureate/master's degree in nursing.

Dorothy Majella Campbell of Boston has been selected to receive the Baccalaureate Degree Scholarship. A graduate of The Ulster Hospital in Northern Ireland, Dorothy is currently enrolled in the baccalaureate degree program at the University of Massachusetts in Boston. She is currently employed as a fulltime staff nurse on the inpatient psychiatric unit at Cambridge Hospital.

CATHERINE TINKHAM AWARD

DAVID ANDREW DENNENO

Named for Catherine Tinkham, a founding member and long-standing supporter of the MNF awarded to the highest ranking MS candidate.*

David Andrew Denneno of Stoughton is the recipient of the Catherine Tinkham Award. David is enrolled in the MSN (Family Nurse Practitioner) Program at Regis College. He has earned a bachelor's degree in biology, master's degree in education, and received an associate's degree in nursing from Massasoit Community College. He has been employed for the last 10 years in the Emergency Department at Quincy Medical Center. An active member of the MNA, David is involved in the Workplace Violence Task Force.



David Denneno

MASTER'S DEGREE SCHOLARSHIP

MELINDA DARRIGO

This scholarship is offered to students enrolled in a direct entry program for a baccalaureate/master's degree in nursing.

Melinda Darrigo of Leominster is the 2002 recipient of the Master's Degree Scholarship. Melinda is a graduate of Salem State College and is enrolled in the acute care nurse practitioner program, including a cardiac subspecialty at the Graduate School of Nursing Program at the University of Massachusetts Worcester. She is employed as a staff nurse in the cardiothoracic ICU at UMass Memorial Medical Center.

EILEEN HODGMAN AWARD

LAUREN MARIKO SAKODA

Lauren Mariko Sakoda of Brighton is the recipient of the Eileen Hodgman Award. Lauren is enrolled in the Direct Entry

Program at Boston College where she will earn her Master's in Nursing Science in pediatrics to become a Pediatric Nurse Practitioner. She is presently doing her synthesis clinical hours in a Pediatric Intensive Care Unit at the New England Medical Center Floating Hospital.

JANET DUNPHY SCHOLARSHIP

LABOR RELATIONS SCHOLARSHIP

DONNA BARRON HOWLETT

Funded by a scholarship established by District 5, this scholarship is given annually to an MNA member, active in District 5 and pursuing a BS, MS or Doctoral degree.

The Labor Relations Scholarship is funded annually by a grant established by the MNA Cabinet for Labor Relations. This scholarship is for an RN or health care professional, member of MNA, attending baccalaureate or master's program in nursing, labor relations, or a related field.

Donna Barron Howlett of Quincy is the recipient of the Janet Dunphy Scholarship and the Labor Relations Scholarship. Donna is a graduate of Laboure Junior College and is enrolled in the baccalaureate degree in nursing program at Curry College. She is employed at Carney Hospital in the critical care unit and has served as the secretary/treasurer/negotiator and active MNA representative on the Carney Hospital bargaining unit.



Donna Howlett

WORCESTER CITY HOSPITAL AID SOCIETY SCHOLARSHIP

KARA MARIE TRAVINSKI

Funded by a sustaining scholarship, endowed by the Worcester City Hospital Aid Society, this \$1,000 scholarship is awarded annually to a Worcester area high school senior attending a BSN program.

The Worcester City Hospital Aid Society Scholarship is awarded to Kara Marie Travinski of Southbridge. Kelly is a student at Southbridge High School and has been accepted to the nursing program at Villanova University. Kelly is a member of the National Honor Society and volunteered at Harrington Memorial Hospital Shadow Nurse Program.

FLORENTINE FILMS AWARD

JEANINE HICKEY

Named for the producers of "Sentimental Women Need Not Apply," awarded to the highest ranking District 1 candidate.*

The 2001 Florentine Films Award is presented to Jeanine Hickey of Bradford. A graduate of Northern Essex Community College, Jeanine is enrolled in the College of Community & Public Service at the University of Massachusetts Boston



Jeanine Hickey

where she will earn her baccalaureate degree in labor studies. Jeanine is employed as a staff nurse in the critical care unit at Merrimack Valley Hospital.

FAULKNER HOSPITAL ENTRY LEVEL SCHOLARSHIP

TAMMY ADAMS

Funded by a sustaining scholarship endowed by the Faulkner Hospital School of Nursing Alumnae Association, to a student attending entry level RN program.

The 2002 Faulkner Hospital Entry Level Scholarship is awarded to Tammy Adams of Franklin. An honor student at Franklin High School, Tammy has been accepted to the nursing programs at Colby Sawyer College and the University of New Hampshire.



Tammy Adams

MNF CONNIE MOORE AWARD

DAWN MARIE ADAMS

Funded by a sustaining scholarship endowed by the Faulkner Hospital School of Nursing Alumnae Association, to an RN pursuing a BSN or MSN degree.

Dawn Marie Adams of Franklin is a 1976 graduate of Faulkner Hospital and has been chosen to receive the MNF Connie Moore Award. Dawn is enrolled in the bachelor of science in nursing program at Framingham State College where she is a member of Sigma Theta Tau International Honor Society of Nursing.



Dawn Adams

MNF DISTRICT 4 SCHOLARSHIP

JUDY ANNE MISIASZEK

The MNF District 4 Scholarship is presented to Judy Anne Misiaszek of Plaistow, N.H. A graduate of the Memorial Hospital School of Nursing, Judy is enrolled in the master's degree program at Northeastern University majoring in adult primary care. An active member of the Anna Jaques Hospital Bargaining Unit, Judy has served as local unit secretary, was a member of the negotiations committee and has been a floor representative. She is employed as a staff nurse at the Anna Jaques Hospital in the endoscopy department.

NANCY WALDEN AWARD

JANINE DESROSIER

Named for Nancy Walden, previous MNA president, awarded to the highest ranking BSN candidate.*

Janine Desrosiers of East Falmouth is a graduate of Cape Cod Community College. Janine is enrolled in the BSN program at the University of Massachusetts Boston and plans to pursue her master's degree after graduation. She is employed as a registered emergency room nurse at Falmouth Hospital.

The MNA awards process

Each year the MNA offers its members the opportunity to recognize their peers who have made significant contributions to nursing and the populations they serve.

If you are interested in nominating a fellow nurse for a prestigious MNA award, this article will assist in describing how to nominate a candidate, and the awards selection process.

If you are interested in nominating someone, call MNA and obtain a copy of the award criteria. Each award has very specific criteria that needs to be followed by the nominators and the awards committee. Read through the criteria for the award. Once you are assured your nomination can fit the criteria, talk to the person you want to nominate. You must secure permission from the nominee to submit the application.

The nomination must be made by a member of MNA. There needs to be one letter of recommendation to sup-

port the nomination. When you write the nomination letter, keep the award criteria in front of you. For each criteria listed, your letter should contain a description or example of how your nominee meets this criteria. Remember, the purpose of this letter is to specify examples of the nominee's qualifications, not to tell the Awards Committee what a great person your nominee is! The awards committee members can only consider material that has been submitted as part of the nomination. If your letter cites examples of the nominee's accomplishments that have no bearing on the award criteria, they can not be considered. Make sure all the information is complete on the nomination form and the nomination meets the established deadline. No late nominations can be processed.

The awards committee members meet to review all the nomination materials and to select awards recipients. The

awards committee members are appointed by the Board of Directors of MNA. All nominating information and the nomination process itself is kept confidential. Once the nominees have been selected, the Awards Committee make the recommendations to the Board of Directors. The final approval of awards nominees is given by the Board of Directors of MNA.

Once the Board of Directors completes their approval process, letters are sent to all award nominees and nominators informing them of the final award selections.

The MNA awards are presented at an annual awards banquet during the annual MNA Convention in the fall.

The recognition of our nursing peers is both a privilege and a professional responsibility. We urge all members to take the opportunity to give recognition to their nursing colleagues. ■

MNA CONTINUING EDUCATION COURSES

Your source for career training and advancement

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, the 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.



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

Dates Wednesday, January 22 (Snow date Jan. 29)

Time 9:00 – 5:00 p.m.

Place MNA Headquarters, Canton

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

Contact hours* 6.9

Special notes Lunch provided. Class limited to 25.

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 Tuesday, February 4 (Snow date: Feb. 11)

Time 5:00 – 9:00 p.m.

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 Wednesday, February 5 (Snow date: Feb. 12)

Time 6:00 – 9:00 p.m.

Place MNA Headquarters, Canton

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

Contact hours* TBA

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

Diabetes 2003: 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 update on 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:** Thursday, February 6 (Snow date: Feb. 20)
Session 2: Thursday, February 13 (Snow date: Feb. 20)

Time 5:30 – 9:00 p.m.

Place MNA Headquarters, Canton

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

Contact hours* 3.6 each session

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

Basic Dysrhythmia Interpretation

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



Speaker Carol Mallia RN, MSN

Dates Tuesday, March 4 & 11 (Snow date: March 18)

Time 5:00- 9:00 p.m.

Place MNA Headquarters, Canton

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

Contact hours* 9.0

Special notes Program limited to 40 participants.

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

Oncology Series for Nurses

Description A three-part series designed for nurses to increase their knowledge in oncology nursing. The content of Session 1 of the series will include an overview of cancer management, tumor physiology and staging, relevant laboratory testing, treatment strategies and safe handling of neoplastic agents. Session 2 will discuss chemotherapy administration, classification of chemotherapeutic agents, management of toxicities and adverse effects of treatments and oncological emergencies. Session 3 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 Thursday, March 6, 13 & 20 (Snow date: March 27)

Time 5:30- 9:00 p.m.

Place MNA Headquarters, Canton

Fee Series: MNA members, \$175; all others, \$255
Each session: MNA members, \$65; all others, \$95

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

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 Tuesday, March 25

Time 5:00 – 9:00 p.m.

Place MNA Headquarters, Canton

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

Contact hours* 4.5

MNA contact Susan Clish, 781-830-5723 or 800-882-2056, x723

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, labor relations & political action and career counseling. 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 3

Time 5:30 – 9:30 p.m.

Place Holiday Inn, Worcester

Date April 8

Time 5:30 – 9:30 p.m.

Place Lombardo's Function Facility, Randolph

Date April 9

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

■ **Applying OSHA to healthcare settings**
Free CE program. Complete details, Page 16.

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, BS, CRNI, Infusion Therapy Specialist
Marilyn Bernard RN, CRNI, Infusion Therapy Specialist

Date Thursday, April 24

Time 5:30 – 8:30 p.m.

Place MNA Headquarters, Canton

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

Contact hours* 3.0

Special notes Program limited to 20 participants.

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

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 re-certification 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 Tuesday, April 29 & May 6 (certification); May 6 (recertification)

Time 9:00 – 5:00 p.m.

Place MNA Headquarters, Canton

Fee Certification: MNA members, \$155; all others, \$195.

Recertification: MNA members, \$125; all others, \$165

Contact hours* 16 for certification program

Special notes Light lunch provided. Enrollment limited to 48 participants.

MNA contact Susan Clish, 781-830-5723 or 800-882-2056, x723

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, the 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.

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

Dates Wednesday, May 7

Time 9:00 – 5:00 p.m.

Place MNA Headquarters, Canton

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

Contact hours* 6.9

Special notes Lunch provided. 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 advance dysrhythmias. The course will describe the EKG changes related to ischemia, injury, and infarct. The EKG abnormalities associated with toxic drug levels and electrolyte imbalances will also be described. The course will conclude with an overview of pacemakers and common pacemaker rhythm disturbances.

Speaker Carol Mallia RN, MSN

Dates Tuesday, May 13

Time 5:00- 9:00 p.m.

Place MNA Headquarters, Canton

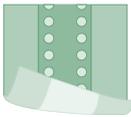
Fee MNA members, \$45; all others, \$65

Special notes Enrollment limited to 40 participants.

Contact hours* 3.2

MNA contact Susan Clish, 781-830-5723 or 800-882-2056, x723

Wound Care — Dressing for Success

Description  This program will provide a comprehensive overview of the factors effecting wound care and strategies for managing complex wounds. A thorough review of wound products will enable the attendee to select the optimal dressing based on clinical findings. 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 Thursday, June 5

Time 5:00 – 9:00 p.m.

Place MNA Headquarters, Canton

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

Contact hours* 4.5

MNA contact Susan Clish, 781-830-5723 or 800-882-2056, x723

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 Tuesday, June 10

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 Monday, June 16

Time 5:00 – 9:00 p.m.

Place MNA Headquarters, Canton

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

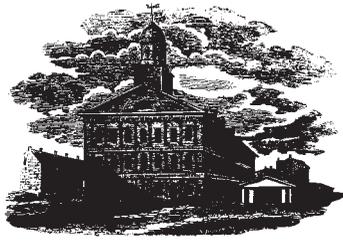
Contact hours* 4.1

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

Acute Care Nursing: 3-Program Series: The three offerings of Wound Care — Dressing for Success, Managing Cardiac & Respiratory Emergencies and Interpreting Laboratory Values have been grouped for a reduced package price. **Register for all three and save \$20.**

IMPORTANT INFORMATION FOR ALL COURSES

- 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 MNA 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 cancel programs when registration is insufficient.
- Contact Hours** Continuing Education Contact Hours are provided for all programs except Advanced Cardiac Life Support by the Massachusetts Nurses Association, which is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation. Contact hours for Advanced Cardiac Life Support is provided by the Rhode Island State Nurses Association, which is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation.
***To successfully complete a program and receive contact hours, you must: 1. Sign in. 2. Be present for the entire time period of the session. 3. Complete the evaluation.**
- Chemical Sensitivity** Scents may trigger responses in those with chemical sensitivity. Please avoid wearing scented personal products and refrain from smoking when you attend MNA continuing education programs.



You are invited!

Come Celebrate

“The Evolution of the Nursing Revolution” As MNA Marks its 100-Year Anniversary February 26, 2003

- 5:00 p.m. Ceremony in Gardner Auditorium at the State House
5:30 p.m. Rally and Celebration at Faneuil Hall
6:30 p.m. Cocktail Reception and Party at Ned Devine’s in the Quincy Market Rotunda

In commemoration of our 100-year anniversary, the MNA is hosting an historic ceremony, rally and celebration for nurses at Faneuil Hall – the site of the founding meeting of MNA in 1903.

Join your colleagues to celebrate who we are as we continue our proud mission of nursing and patient advocacy. Don’t miss this chance to be a part of the biggest nursing birthday party of the century!

MNA will provide buses to and from the event from a variety of locations, as well as to Faneuil Hall from the State House. Call or email Dolores Neves at 781-830-5722; dneves@mnarn.org for information and details. Check the MNA website at www.massnurses.org for updates on the planning for this landmark event.

Directions to the Massachusetts State House*

North of Boston:

I-93 South to Central Artery. Take Exit 23 at Haymarket. Right at bottom of ramp onto New Chardon St. Keep left through set of lights. Left into Safe Harbor Garage, 50 New Sudbury St. On foot, turn left out of garage onto New Chardon St. Cross Cambridge St. Walk up Bowdoin St. The back of the State House is straight ahead.

South of Boston:

I-93 North to Central Artery. Take Chinatown/Kneeland St. Exit 21. Left onto Kneeland St. Kneeland St. becomes Stuart St. Go through 4 sets of lights. At Charles St. South, you must turn right. Follow directions for “West of Boston” from Charles St. South.

West of Boston:

Mass. Pike East to the Copley Square/Prudential Center Exit 22. Inside exit tunnel, keep right and follow signs for Copley Square. Outside tunnel, exit merges onto Stuart St. Keeping left, at 5th set of lights, you must turn left onto Charles St. South. Continue through the Boylston St. intersection. Turn right into The Boston Common Underground Garage. On foot, follow signs in garage to Beacon St./State House exits. Turn right out of garage onto Beacon St. The State House is on the left at the top of the hill.

Entrances are on Bowdoin St. (Handicapped entrance), Mount Vernon St., Derne St. and the main entrance is on Beacon St.

Directions to Faneuil Hall

Faneuil Hall is conveniently located within a block of three T-stops: The Green Line serves Government Center & Haymarket stops. Catch the Blue Line for access to the Aquarium stop. And to get to the State Street stop, grab the Orange Line.

North of Boston:

I-93 South. Take Logan Airport/Callahan Tunnel/Dock Square Exit 24. Continue straight to Surface Road (Faneuil Hall is on right-hand side). At the third set of lights take a right onto State St. Take the second left on Broad St., the garage entrance is on the right-hand side.

South & West of Boston:

Mass Pike to I-93 North. While in the South Station Tunnel take the Atlantic Avenue/Northern Avenue Exit 22 on the right-hand side. Stay to the left, at the top of the ramp, stay to the right (the Boston Harbor Hotel will be on your right-hand side, it has the large archway shape). Take a left at the second set of lights, which will be India St. (India St. is the Broad St. detour). Continue on India St. for 4 blocks until the end. Take a left onto State St. Take the next left onto Broad St. The garage entrance is immediately on the right-hand side.

**To expedite security checkpoint passage at the State House, please refrain from carrying non-essential belongings to the event. All bags will be checked by security upon entry to the State House.*