

# MASSACHUSETTS NURSE

THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION ■ www.massnurses.org ■ VOL. 74 No. 4

## First step towards safe staffing is June 18 hearing

The effort to pass safe staffing legislation has never had more momentum. H.1282, MNA legislation that requires minimum RN-to-patient ratios in Massachusetts hospitals, has 100 legislative sponsors and more than 55 consumer and advocacy group endorsers.

The first step towards the bills' passage begins on Wednesday, June 18—the day when the Legislature's health care committee will hold a public hearing on the MNA's proposed bill. It is essential that nurses have a strong presence at the hearing.

"We've come so far in this fight for the best safe-staffing legislation," said MNA President Karen Higgins. "This is an important opportunity to demonstrate to legislators how important safe staffing is to nurses and to patients. We need a sea of nurses in scrubs filling the Statehouse. If you've ever asked, 'what can I do to improve my practice conditions,' this is one tangible thing you can do that will really make a difference."

The MNA has scheduled a "Safe Staffing



Saves Lives Rally" in the Statehouse at 9:30 a.m. to draw media attention to our cause. Details about the hearing that members need to know include:

- Scheduled to take place in Room A-2 (hearings are from 10 a.m. – 1 p.m.)
- Nurses should dress in scrubs
- Buses will be provided. For details contact Dolores Neves at 781-830-5722 or by e-mail at dneves@mnam.org.
- Throughout the day, the MNA will orga-

nize opportunities for nurses to visit their legislators so that they can share personal accounts of how safe staffing will improve patient care.

The MNA's campaign to pass safe-staffing legislation is aggressive, but it cannot succeed without your active participation. It will not happen without you! The MNA needs every RN to write, call and visit with his or her elected officials about this legislation. If a legislator doesn't hear from us and they don't pass H.1282 as a result, it is not the fault of the elected official—it is our fault.

Legislators are responsive to the needs and concerns of their constituents. If you don't take the time and effort to educate them on an issue, they will not be able to serve you well. Please use the "5 steps to pass safe staffing legislation" guide that is included on Page 6 to help you in contacting your state senator and representative.

And please attend the hearing on June 18. The success of safe staffing and the health of patients depend on it. ■

## Staff nurses cite better RN-to-patient ratios as solution to nursing shortage

A study reported in last month's issue of the American Journal of Nursing shows that more than 85 percent of nurses surveyed believe limiting the number of patients each nurse cares for is the most important solution to a growing staffing crisis in America's hospitals.

More than 80 percent of the nurses surveyed report being understaffed, and nearly 70 percent report having less time to spend with patients and they identified increased workload and burnout from these conditions as the key reasons for nurses leaving the hospital bedside. In fact, similar to previous studies, this study again found that nearly one in three nurses is considering leaving their position in the next five years.

The study provides further strong evidence to support efforts by a growing coalition of nurses and patient advocates who are seeking to pass legislation to regulate RN-to-patient ratios in Massachusetts hospitals, according to the Massachusetts Nurses Association.

"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 exacerbating a growing 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."

In addition to safe ratios, fully 82 percent

of those surveyed responded that increased pay was a top solution to the nurse staffing shortage. Other highly rated solutions include greater autonomy and control for staff nurses (66 percent) and safer working conditions (65 percent).

The study's conclusions mirror the results of similar surveys conducted in recent years that also identified low RN-to-patient ratios as key to protecting patients, preventing complications and stemming the flood of nurses away from the hospital bedside due to unsafe workloads mandated by the hospital industry over the last decade.

The study also found that only half the nurses surveyed felt the hospital industry was doing a good job addressing the shortage and nurses thought many of the strategies being employed—including offering sign-on bonuses, hiring temporary nurses and foreign nurses, and mandating overtime—were ineffective.

In addition, while hospital industry reports often cite the need to provide nurses with flexible scheduling as a key solution to the shortage, nurses in this survey did not identify this as a problem. Again, nurses reported that they were most concerned about their lack of control over RN-to-patient ratios.

Currently, the American Hospital Association reports that 126,000 RN positions are going unfilled. According to the Health Resources and Services Administration, there could be a deficit of 808,000 nurses by 2020.

## Coalition to Protect Massachusetts Patients formed to fight for safe staffing

Nurses are not alone in their desire to see the legislature pass legislation to regulate RN-to-patient ratios in Massachusetts hospitals. The general public and more than 55 consumer advocacy groups have rallied behind the MNA's Quality Patient Care/Safe RN Staffing legislation.

To date, more than 55 prestigious and powerful organizations have endorsed the bill and joined a newly formed Coalition to Protect Massachusetts Patients, a group that will push for passage of this desperately needed legislation.

"As the scientific evidence grows, and as nurses talk to the public about the relationship between proper RN staffing and quality patient care, the support for this long overdue measure continues to build," said Karen Higgins, president of MNA.

"The MNA is committed to working with these groups and the public to convince the legislature that they need to act and act now to ensure patients the care they deserve. Our motto is clear and direct: safe RN staffing saves lives," Higgins said.

Among the groups signing onto the bill are: Ad Hoc Committee to Defend Health Care, AIDs Action Committee, American Diabetes Association of Greater Boston, the Massachusetts Chapters of the American Heart Association, American

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May 2003

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### MNA Convention 2003

Save the date for the annual MNA convention: October 15, 16 & 17 in Worcester. Featured speakers include Anita Hill and for Boston Globe reporter Larry Tye. For convention details, call the MNA Nursing Dept. at 800-882-2056, x727.

For the latest  
developments  
impacting nurses,  
visit the  
MNA Web site,  
[www.massnurses.org](http://www.massnurses.org)

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## Nurses' Guide to Single Payer Reform

### MNA will join thousands of workers for Health Care Action Day on June 5

A coalition of health care, labor and consumer advocates, including the MNA, is organizing a "Health Care Action Day" on June 6 to advocate for universal health care reform.

One of the biggest problems facing employers and workers is double-digit increases in the cost of health insurance premiums. In the vast majority of workplaces that are non-union, the burden of medical cost inflation gets shifted from management to workers unilaterally, causing financial pain for wage earners but little pain for their employers. Payroll deductions for premium contributions and out-of-pocket payments for treatment are increased whether workers like it or not because, without a union, workers lack any say in the matter.

For the few workers lucky enough to be united in a union, bargaining with employers over this issue has become as difficult as it was during the late 1980s and early 1990s, when insurance premiums rose by similar amounts.

In the last 18 months, state workers, school teachers, janitors, manufacturing workers, food processors, and truck builders have all been involved in health care-related strikes or lock-outs. The most high-profile dispute was when 18,000 employees of General Electric walked out for two days last January over that company's decision to unilaterally raise premiums. Later this summer, major regional or national contracts in the telephone and auto industries will be up for re-negotiation. If management tries to reduce employer-paid coverage for the hundreds of thousands of workers and retirees at GE, GM, Chrysler, Ford, Verizon, and Quest, even bigger confrontations lie ahead.

#### The link to health care reform

How workers respond to this bargaining challenge has important implications for the future of health care reform. The actions of organized labor – on the job, at the negotiating table, and, where necessary, on the picket line – can become a popular rallying point for people ill-served by our current system of private, job-based medical benefits. The struggle over "who pays" for health care is

also an opportunity for unions to show leadership to the non-union majority of working people.

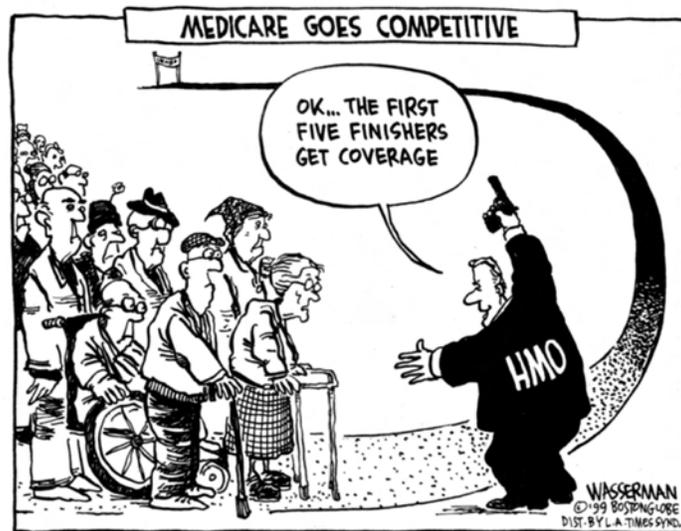
Showing strong resistance to cuts in benefits and services motivates politically powerful employers to support reforms that would lead to a publicly-financed health care plan that covered everyone and had the clout to control costs by reducing bureaucratic waste and inefficiency. However, if workers don't link their resistance with the fight for broad health care reforms that benefit everyone, we risk being seen as part of the problem. By resisting health care contract concessions with a broad demand for "health care for all," union members can help create pressure for a political solution to the problem now confronting millions: how to secure and maintain access to affordable care.

In the 1990s, most firms (and many union-sponsored health and welfare funds) resorted to a quick fix called "managed care" which included cost saving limits on employees'

choice of doctors, hospitals, or treatment options. Now managed care is no longer able to restrain health care costs and premium increases are expected to average 15 percent this year. Once again, management wants labor to foot the bill or get by with fewer benefits.

Thousands of retirees who thought they had health care coverage for the rest of their lives have since lost that coverage, particularly among companies who blame such "legacy costs" for landing them in or near Chapter 11. Twenty-five years ago, more than 80 percent of all medium- and large-sized firms offered medical benefits to their pensioners. Now only 40 percent do – and one-fifth of those firms have eliminated such benefits for new hires. More than 2 million seniors have also recently been tossed out of their HMO plans.

The political challenge facing union members today is how to broaden the defense of negotiated benefits, for both active and retired



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workers, when a record number of Americans – as many as 75 million at some point during the last two years – have no coverage at all.

#### How you can help

Health Care Action Day is a way for union members, retirees, and health care reform supporters to help frame the struggle against cost shifting broadly, so that it won't be viewed as just another special interest fight against give-backs by workers who already enjoy better-than-average coverage. By linking our resistance to larger political demands (i.e. "Health Care for All... Not cuts in benefits or services"), the fight against concessions has the potential for attracting broad community support and building a powerful movement for real health care reform.

Advocating for universal health care reform will energize our movement and help give a voice to working people who show their support for a plan that covers everyone, saves money by eliminating bureaucratic inefficiency, and is publicly financed.

Getting as many people as possible to take action on the same day will give working people an opportunity to show their support for universal coverage and to increase pressure on employers and the state for immediate action.

To become part of Health Care Action Day contact Tiffany Skogstrom at Jobs for Justice by calling 617-524-8778 or send an e-mail message to [skogstrom@earthlink.net](mailto:skogstrom@earthlink.net). ■

## The Mass. Campaign for Single Payer Health Care: What is single payer?

"Single payer" is the term used for the most simple and inexpensive way of paying for health care.

All the money now being spent on health care would be collected by a public agency and paid to all health care providers.

Currently, there are hundreds of insurance companies with thousands of health plans, co-pays, deductibles, out-of-pocket costs, employer paid health benefits, Medicare, Medicaid, worker's compensation, automobile medical coverage, etc. America has a very expensive and inefficient multi-payer system, and it is much more costly than health care in any other country in the world.

While these other countries provide health care to all its' residents, the U.S. has 43 million people with no health coverage. Essentially, we pay more and get less.

#### Why is single payer less expensive?

The single payer system is less expensive because, with a multi-payer system, each insurance company and payment source needs to be billed. Each insurance plan needs to be analyzed to check if a procedure is covered. Each company also pays its CEOs and top administrators large salaries. They pay for advertising, marketing, lobbying and other wasteful administrative costs.

At the same time, each doctor, hospital, nursing home or pharmacy needs to hire legions of billers, plan analysts and reviewers to accommodate the multiple payers. In addition, each employer offering health benefits needs to expand its human resource department to spend time negotiating with a multitude of insurance plans for rates and coverage.

It is estimated by many national and local studies that up to 60 percent of administrative costs would be saved if a single-payer system were implemented. Two studies commissioned by the Massachusetts Medical Society in 1998 found that under a single-payer system, enough money would be saved in Massachusetts to enable the state to provide comprehensive health coverage to all residents.

#### How would the public agency collect the money?

This depends on the legislation and negotiations that will take place in the Statehouse. MASS-CARE supports a bill called the "Massachusetts Health Care Trust Fund," S.599/H.2165. Currently a bill to create an advisory committee to consider these ques-

tions has been passed by the Joint Health Care Committee.

Much work needs to be done to determine the best and fairest way to collect the billions of dollars now being spent on health care in Massachusetts and to eliminate legal barriers to the bill.

Instead of paying for health care through employers or from out of pocket, we may find it better to substitute a health premium formula or tax that reflects current spending.

Perhaps a public insurance fund could be created to collect current premiums on a fair basis. Or perhaps a plan similar to the Social Security tax could be instituted. Whatever is eventually decided, the method would replace, not add to, the health care dollars currently being spent. It would also lower the total amount currently being spent. ■

Executive director's column

RNs needed for June 18 hearings and to support a budget to protect real people

Nurses Week, May 6-12 will soon be upon us, which is the time when nurses are recognized for their contributions to health care.

Traditionally, the MNA has its annual lobby day on May 6. However, this year on May 6 we will shift the focus of lobby day to students. We will bring student nurses into the Statehouse to teach them about the importance of political action for nurses and to have them make visits to their local legislators.

While this is an important event during Nurses' Week, the MNA is also focusing its efforts on another date—June 18—as the most important date for nurses in Massachusetts, and it is the date the entire nursing community needs to rally around.

On June 18, the Joint Committee on Health Care will hear testimony on H.1282, An Act Ensuring Quality Patient Care and Safe RN Staffing, which is our bill to regulate RN-to-patient ratios in acute care hospitals in Massachusetts. This is a major step in the process to winning passage of this legislation. This bill has been filed in the past, but for this legislative session, it has been modified to include specific ratios for every floor and every unit in the hospital setting, with an acuity system to improve ratios based on the patients' needs. It is our firm belief, substantiated by highly credible research, surveys and polling of a number of groups, that this legislation will improve the untenable working conditions of nurses and, as a result, will bring

nurses back to the bedside who have left, help us keep the new nurses just starting out, and hold on to the experienced nurses who have been hanging in there waiting for this resolution. And most importantly, passage of H.1282 will bring back safe quality care to our patients wherever they may be hospitalized in the commonwealth. Prior to June 18, I encourage you to contact our Governmental Affairs Department at 781-830-5725 to set up a meeting with your local legislator or write a letter or make a phone call asking them to support the passage of H.1282.

While efforts to pass the RN-to-patient legislation move forward you will be listening to radio ads, reading newspaper ads and in general seeing press coverage about the ongoing budget debate in which hospitals are clamoring for more money in order to provide care to those tossed off of MassHealth, as well as those who never had MassHealth and are without health care coverage.

This argument has been ongoing. A variety of reasons have fueled the Hospital



Julie Pinkham

Associations' request for additional money. The hospitals utilized previous radio ads for improved reimbursement citing the need to recruit more nurses. The theme of a nursing shortage as a tool to achieve additional monies seemed to have little effect on the actual recruitment and retention of nurses. Today the hospitals are using the cuts in MassHealth and the uncompensated care pool's funding inadequacies as leverage for improving funding to hospitals. There is no doubt that as an organization the MNA has grave concerns regarding the general health policy positions of the hospital association and certainly we have questioned their priorities in the utilization of current and past funding sources. But having said that, there is also no doubt the current health policy is an abject failure. Clearly, while the long-term solution is no doubt a single-payer health system which provides all with coverage without regard to employment status or employer benefit packages. Because it's a singular system with a single set of rules and minimized administration, you save \$16 million in bureaucratic waste that would be better spent making sure 400,000 employed uninsured Massachusetts residents do have access to health care. But while we wait for the health care trust policy to be adopted, we will need to provide funding to assure the most vulnerable do not continue to be thrown out of health coverage leaving them

without access to necessary prescriptions and treatments.

The simple fact is that the current administration made a campaign promise not to raise taxes while assuring no loss of core services—and that campaign promise cannot be achieved. No amount of rhetoric is going to change the simple fact that there is not enough income or reserves for this state to balance the budget without gouging core services. The rainy day reserves have now been depleted and no new income stream can offset the drastic deficit we face. While the public may be skeptical of the legislature's spending practices, this does not change the reality that core services currently slated to be cut by the governor will have to be supported and funded by the Legislature. Leadership requires truth-telling especially when it is unpopular.

And the simple truth is you can't maintain core services to those most in need without new sources of revenue. As nurses we have a high degree of credibility and it is incumbent upon us to inform our families and neighbors of what the impact of these budget cuts will be in terms of real harm to everyday people. Its time to reverse the tax cuts and stop the bleeding and as we move to ameliorate the situation we should also raise our voices in expectation that long-term strategies be developed to deal with the crumbling health care system. ■

Rhode Island fire reminds us of the importance of nurse volunteers

When you say the word "neighbor," who do you think of? Someone across the street, around the corner or down the hall? And when you say the words "neighboring community" what do you think of? More than likely, you are reminded of the towns and cities that share borders with yours. But during a time of crisis, something changes in terms of who we consider a neighbor. Often, a crisis means that our borders shrink, our communities collaborate and our need for volunteer support grows.

According to Karen Carpenter, RNC, FNP, JD, MNA member and volunteer with the Red Cross Disaster Mental Health Team in Worcester, that is precisely what happened in the hours and days following February's deadly nightclub fire. "If you looked at a map of our area, you wouldn't exactly say that West Warwick, R.I., and Worcester were immediate neighbors," Carpenter explained. "But honestly, you'd be hard pressed to find somebody here who wasn't touched by this devastating event."

The fire Carpenter refers to is that which razed a West Warwick nightclub—The Station—on Feb. 20. The nightclub was destroyed when a band's pyrotechnics display ignited highly flammable foam used by the club for soundproofing. Ninety-nine people were killed, 190 others were injured and hundreds of friends and relatives of victims were in urgent need of support. The Red Cross immediately contacted Carpenter's Disaster Mental Health Team.

"The idea behind the Disaster Mental Health Team," explained Carpenter, "is that victims of catastrophic events experience unique and profound types of grief,

loss and fear and, as a result, they need access to support services." In some cases, Carpenter's team may work with direct victims, such as those immediately hurt in or by a tragedy. Other times though, it may be the friends and relatives of those same victims who need support. "In either situation, these are people who've experienced something horribly shocking and need aid."

In the case of the West Warwick fire, Carpenter found herself working closely with the friends and families of victims. "There were so many people injured—and their injuries were so varied—that victims were sent to several hospitals in Rhode Island and Massachusetts. As a result, our biggest challenge in the beginning was getting friends and families the information they needed." Carpenter went on to explain that the team had to work hard at connecting out-of-state families to their injured loved ones in Massachusetts. "We had to get families to the bedsides of those hurt. It was important for the victims and essential for those who cared about them."

Also high on Carpenter's list of things to do early on might be to make sure that families have all of their basic needs met. "When somebody is in the midst of coping with a disaster, they can't, and shouldn't, worry about travel arrangements, lodging and meals. The Red Cross may be able to make those arrangements," she said. The most challenging part of a Red Cross volunteer's work, however, comes when the shock wears off and the grieving process begins. Victims can experience any number of emotions—from



Karen Carpenter

anger to fear—and often at the same time. According to Carpenter, trying to help people cope with these feelings and giving them information on where to get continued support is essential. "Offering this type of support to someone in need is invaluable, and I feel lucky that I was able to do this for those hurt by the West Warwick fire."

Carpenter became involved with the Red Cross following the terrorist attacks on the World Trade Center. She had been working as a nurse and she had spent considerable time working in the mental health sector, but it was 9/11 that reminded her that her skills were as needed in the volunteer community as they were in the professional world. Her credentials for becoming a volunteer with the Disaster Mental Health Team were impeccable and included experience in grief counseling, working as an educator in psychiatric nursing and practicing as a family nurse practitioner. "I knew that after 9/11 the Red Cross wanted to enable communities to become more self-sufficient in terms of emergency response," she explained. "This is my way of helping my community achieve this goal."

According to Carpenter, she has come to realize volunteerism by nurses is invaluable: "We are experts at caring for those most in need. And in times like these, our expertise is desperately needed."

For information on volunteer opportunities, visit the Red Cross online at [www.redcross.org](http://www.redcross.org). ■



## MNA on Beacon Hill

# MNA president blasts governor's budget cuts at hearing

In an effort to force the Romney administration to take a hard look at its proposed budget for 2004 and the devastating blow it will send to Massachusetts' most vulnerable citizens, Karen Higgins, MNA president and RN, recently testified before the Joint Committee on Human Services, Elderly Affairs and Health Care, saying that the governor must find "a humane way of dealing with the current budget crisis."

Higgins, who was asked to provide the committee with the perspective of front-line nurses at the March 19 hearing in Holyoke, offered sharp criticism of the Romney budget and drove home the point that the MNA believes the proposed cuts to MassHealth, School Health, Prescription Advantage and numerous disease prevention/control programs, as well as the planned closure of The Fernald Center and Worcester State Hospital, will leave the health care "safety net" for the state's elderly, poor and mentally ill in tatters.

"From the perspective of front-line nurses," Higgins said, "the health and human service system in the commonwealth has been underfunded and in crisis for years. Further cuts will only lead to a dramatic deterioration in the quality of care for those patients most in need." Higgins added that the time for budget cutting in these areas is over and that revenue generation must become part of the debate.

Healthcare advocates from across the state have gone on the offensive since Romney's plan was announced in late January, saying that the cuts are shortsighted, misguided and devastating to children, seniors, the mentally ill and the disabled. Additionally, the cuts have repeatedly been called "economically wasteful" and many, including Higgins, expect to see only one result: patients receiving more costly care in already overcrowded emergency rooms. "The governor has broken his promise not to cut core services," Higgins said. "Health care is not just a core service—it is a safety net, a matter of life and death for our most fragile citizens. He has taken an axe to the very programs that provide care to those most at risk. Governor Romney's proposal will only result in people suffering more serious complications that require more

costly care."

Programs slated to be cut under Romney's plan include:

- **Prescription Advantage:** A prescription drug coverage initiative for seniors. Higgins testified that, "Nurses on the front-line have seen the ill effects of seniors who cannot afford prescriptions."
- **MassHealth:** A program that provides health coverage to approximately one in six low-income adults and one in four low-income children. Some areas covered under MassHealth include prenatal care, prescription drugs and some dental and nursing home care. Higgins testified that, "MassHealth is needed in order to maintain a stable health care system. It brings the state billions of federal dollars that we can't afford to lose and it ensures that almost all children in Massachusetts have quality health care. MassHealth improves the health of families and communities across the commonwealth."
- **School Nursing:** A program that funds the state's highly successful Enhanced School Health Initiative, which includes school nurses in cities and towns where children lack access to adequate health care. Higgins testified, "School nurses across the state are receiving layoff notices during a time when school-based clinics are often the only source of health care for some children."
- **Mental Health and Mental Retardation:** Programs that provide the core services necessary to meet the needs of the mentally ill and mentally retarded. Higgins testified that, "The state's mental health system has been in shambles for years. We have mentally ill patients roaming the streets or being boarded for days in hospital emergency rooms because we lack beds and staff to care for them. We have severely dangerous patients being housed with geriatric and pediatric patients in hospitals for lack of proper resources to care for them. We have nurses being physically assaulted on a regular basis because of a lack of security and resources to take care of violent patients. The system is in crisis, yet the governor wants to gut these

programs more. It shows a lack of understanding for the needs of the mentally ill in this state."

- **Worcester State Hospital:** Home to more than 131 of the state's most psychiatrically disabled patients. Higgins testified that, "There are three basic reasons why the administration's plan to close the hospital is flawed: the impact on patients currently at Worcester State who would be displaced; the impact on acute psychiatric units, emergency rooms, and those patients who will require long-term hospitalization; and the impact on public safety posed by the rapid de-institutionalization of the psychiatrically disabled."
  - **The Fernald Center:** The oldest facility for the mentally retarded in the western hemisphere and currently the home of more than 300 of the state's most severely retarded citizens. Higgins testified that, "Despite years of requests from advocacy groups, the Department of Mental Retardation has never produced any data or evidence that supports the theory that closing state facilities for the retarded saves taxpayer dollars." Higgins added that a "one-size-fits-all" approach to caring for the retarded does not work, and that Fernald residents are mentally retarded people with the most extreme medical and emotional needs. "The cost associated with the care of a Fernald patient is greater than the cost of caring for a more mildly retarded patient. As a result, the cost will follow a Fernald patient forever—regardless of location and residence. Closing Fernald will not help solve the budget crisis."
- Higgins closed her testimony by referring to the Weld administration's attempt to eliminate a number of human service centers and hospitals in the 1990s with no study or evidence. During that crisis, the legislature successfully included language in the budget that directed a study and legislative approval prior to any closures. Higgins requested that the Joint Committee on Human Services, Elderly Affairs and Health Care take the same course of action with Romney's current initiative. ■

## MASSACHUSETTS NURSE

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**MNA**  
 MASSACHUSETTS NURSES ASSOCIATION



## MNA legislative briefings for safe RN staffing

The MNA Department of Legislation & Government Affairs, the Congress on Health Policy and Legislation, and MNA members are working together to set up legislative briefings across the state. These briefings, entitled "Safe Staffing Saves Lives," are designed as a forum for MNA members and our supporters to meet with local legislators and inform them of the critical staffing issues that nurses face in health care facilities everyday and to help us win their support for Safe RN staffing legislation.

Safe RN staffing legislation will regulate RN-to-patient ratios in all acute care hospitals in Massachusetts.

If you would like to attend a legislative briefing or schedule one in your area, see

the Legislation & Government Affairs page at [www.massnurses.org](http://www.massnurses.org) or call 800-882-2056, x725.

### Greater Lawrence/Tewksbury

- Thursday, May 15, 10:00 - 11:30 a.m.
- Maria's Breakfast & Lunch, 1164 Lawrence St., Lowell

### Greater Waltham, Weston, Newton & Wellesley

- Friday, May 30, 8:30 - 10 a.m.
- The Chateau Restaurant, 195 School St., Waltham

### Cambridge, Everett, Somerville & Revere

- Friday, June 6, 9:00 - 10:30 a.m.
- The Wynham Hotel, 201 Everett Ave, Chelsea ■

## ...Soluton

*From Page 1*

Bureau of Labor Statistics data suggest that this estimate could go as high as one million nurses by 2010. Direct links have been made between adequate nursing care in hospitals and better patient outcomes.

The national poll of 600 hospital staff nurses providing direct nursing care was conducted by Lake Snell Perry & Associates. To view the results, visit [www.UANnurse.org](http://www.UANnurse.org).

"Nurses are very clear about what needs to be done to protect patients and to solve the shortage. They need safe ratios," Higgins said. "It's time for the industry and for policy makers to hear what the front-line nurses are saying and to act on what the evidence makes clear—safe staffing saves lives, and in the context of this study, it will end the shortage." ■

## An interview with state Senate President Robert Travaglini

The *Massachusetts Nurse* recently sat down with state Senate President Robert Travaglini. Travaglini is serving his sixth term in the Massachusetts Senate and was elected president by his colleagues in January. Travaglini represents the 1st Suffolk and Middlesex District, which includes wards in Boston, Cambridge, Revere and Winthrop.

Travaglini has built a strong reputation fighting for the needs and concerns of the poor and underserved. His priorities include access to high quality health care, affordable child care and after school opportunities, children's health and development, improving public education, transportation, homeless services, community development, public safety and constituent services.

A former Boston city councilor, Travaglini has served as Senate chairman of the Children's Legislative Caucus and is the former majority whip of the Senate.

**MassNurse:** Congratulations on your election as state Senate president. Please tell us how you foresee your new position as leader of the state Senate.

**Travaglini:** I'm very excited and a bit overwhelmed, to be honest. I am grateful for the confidence and the support that my fellow colleagues have given me, serving in this new capacity. As Senate president, I have vowed to empower every one of my colleagues and to

promote a "team concept" in the Senate. One way to do that is by drawing on the individual expertise, background and interests of each senator. I look forward to turning that promise into a reality over the next few months. It is also a wonderful opportunity for me to serve not just the people of my district but every district across the commonwealth.

**MassNurse:** What issues do you believe will dominate this legislative session?

**Travaglini:** The budget, first and foremost. We've got our work cut out for us over the next 12 to 18 months and there will be a lot of difficult decisions to make. Nobody comes to Beacon Hill looking to cut programs and search for new revenue sources, but these



tough issues will continue to dominate the agenda in order for us to keep our fiscal house in order.

**MassNurse:** How does your background as a municipal official help prepare you to be an effective state legislator?

**Travaglini:** I think it's critical to be reminded of the local repercussions that may occur as a result of our actions on a statewide level. After serving on the Boston City Council, I have developed more of an appreciation for the difficult decisions that municipalities face in light of our current fiscal picture. I try to be mindful of that dynamic when making decisions.

**MassNurse:** How do you see your role as a legislator changing as you have become Senate president?

**Travaglini:** As Senate president, in addition to focusing on what's best for your district you have to consider what's best for the commonwealth as a whole. As a result you are forced to look at the "big picture" and to deliberate more carefully on issues. As head of the Senate you must also be mindful that your actions are perceived as those of the entire Senate, and that a higher degree of honor, respect and fairness is expected out of every decision that is made.

**MassNurse:** What would you tell the



Robert Travaglini

nurses who are reading this column about the importance of building a relationship with their local legislators?

**Travaglini:** I cannot say enough about the need for constituents to directly engage their elected officials on matters that concern them. Throughout my tenure I have always kept an open-door policy, which allows me to keep an honest outlook and fresh perspective on legislative issues. Those who can make their case, regardless of who they are, get my attention and in turn help shape my position. In this context, nurses should actively participate with those who will ultimately shape the health and vitality of their profession. Without their input we don't get the whole story.

**MassNurse:** What do you enjoy most about your work as a state legislator?

**Travaglini:** Having a chance to make a difference in people's lives on a daily basis.

**MassNurse:** What is your proudest success as a state legislator?

**Travaglini:** I've had the good fortune to have many successes serving as a state legislator. I am proud of a legislative record that ranges from authorship of the braille literacy bill, the diabetes reduction bill and hospital interpreter services bill – all of which have been signed into law. I have also been proud of my work focusing upon children's issues, including passage of the child hunger bill and the expansion of childcare tax credits. But most importantly is the sense of accomplishment you feel in addressing the "bread and butter" issues that affect residents the most, such as affordable housing or health care. ■

## Rep. Pedone, Sen. Chandler spearhead effort to save Worcester State Hospital

On the day the House of Representatives released its version of the state budget, a coalition of citizens, community members, family members of patients, nurses, allied health professionals, mental health advocates and local and state political leaders held a candlelight vigil to save Worcester State Hospital—the nation's oldest psychiatric facility and one that provides services to patients from throughout central Massachusetts and from as far away as the New York border. The vigil was held on Wednesday, April 23 immediately outside the entrance to Worcester State and it drew a crowd of more than 150 supporters.

Among those who contributed to the vigil was state Rep. Vincent A. Pedone (D-Worcester)—who successfully introduced an amendment to the House budget preventing the facility's closure—and Sen. Harriet Chandler (D-Worcester). Chandler, who also attended the vigil, promised to continue to work on behalf of Worcester State while the Senate develops its version of the state budget.

Governor Romney had proposed closing Worcester State Hospital in his original budget, but advocates have argued that the facility provides valuable, comprehensive mental health services to patients and families struggling to manage the most acute and debilitating forms of mental illness. In response, the Coalition to Save Worcester State Hospital was formed to wage a campaign to save the facility. The coalition is hoping to gain additional support in the fight to keep Worcester State's doors open. Please show your support for the Coalition, for Worcester State and for the mentally ill by calling your legislators and saying "no" to the proposed closing. ■



Supporters of Worcester State Hospital join the vigil to protect the state's mentally ill.

*Worcester State Hospital is the nation's oldest psychiatric facility. It provides services to patients from throughout central Massachusetts and from as far away as the New York border.*



State Sen. Harriet Chandler offers words of support and encouragement.

### ...Coalition

From Page 1

Lung Association, Boston's Health Care for the Homeless Program, Gay and Lesbian Advocates and Defenders, Health Care for All, Jobs With Justice, Latin American Health Institute, Massachusetts Brain Injury Association, Massachusetts Breast Cancer Coalition, Mass Human Services Coalition, Massachusetts League of Women Voters, Mass School Nurse Organization, Massachusetts Senior Action Council, Massachusetts NOW (National Organization for Women), MASSPIRG, National Association of Social Workers, Neighbor to Neighbor, New England Patients Rights Group, the Consortium for Psychotherapy and the Episcopal Diocese of Western Massachusetts. A complete listing can be found on Page 6.

In a recent poll of Massachusetts voters, more than 75 percent supported legislation to regulate RN-to-patient ratios. Those same voters said they would back modest cost increases if needed to implement safe staffing. In just one week in May 2002, 80,000 Bay State residents signed petitions supporting RN-to-patient ratios. ■



**Have you moved?**  
Please notify the MNA of your new address:  
800-882-2056, x726

# Safe Staffing Saves Lives

## Pass H.1282

- ✓ Understaffing of registered nurses is dangerous to patients. Mistakes, errors and complications become more likely when nurses are asked to take care of too many patients at once.
- ✓ A study of six million patients reported in the New England Journal of Medicine show that patients without adequate nursing attention are more likely to die or suffer serious complications: the more nurses per patient the better the medical outcomes.
- ✓ The Journal of the American Medical Association reported that in a study of 232,000 surgical patients the higher the patient-to-nurse ratio, the more likely there will be a death or serious complication. Each additional patient above four that a nurse cared for produced a 7 percent increase in mortality. If a nurse is caring for eight patients instead of four, there is a 31 percent increase in mortality.
- ✓ The fact that nurses are burned out from high patient loads is causing them to leave the profession. One in three registered nurses under the age of 30 say they are planning to leave nursing within the next year.

### To Preserve Quality Care and Protect Patient Safety join a growing list of organizations that support H.1282

Ad Hoc Committee to Defend Health Care	Mass. Association of Older Americans
AIDS Action Committee of Massachusetts	Mass. Association of Public Health Nurses
AIDS Care Project	Mass. Brain Injury Association
Alzheimer's Association, Mass. Chapter	Mass. Breast Cancer Coalition
American Cancer Society	Mass. Coalition of Nurse Practitioners
American Diabetes Association of Greater Boston	Mass. Federation of Teachers
American Heart Association	Mass. Human Services Coalition
American Lung Association of Greater Norfolk County	Mass. Immigrant and Refugee Advocacy Coalition
American Lung Association of Mass.	Massachusetts Nurses Association
Amyotrophic Lateral Sclerosis Association	Mass. School Nurse Organization
Arise for Social Justice	Mass. Senior Action Council
Boston AIDS Consortium	Mass. Society of Eye Physicians and Surgeons
Boston Health Care for the Homeless Program	Sister Rosellen Gallogly of Market Ministries, Inc.
Boston Women's Commission	Mass NOW (National Organization for Women)
Cambridge Women's Commission	Massachusetts Spina Bifida Association
Cape Organization for Rights of the Disabled	MASSPIRG
Family Economic Initiative	Mental Health Association, Inc.
Gay and Lesbian Advocates and Defenders	MetroWest AIDS Program
Greater Boston Diabetes Society	MetroWest Latin American Center
Health Care for All	National Association of Social Workers - Massachusetts Chapter
Independent Living Center of North Shore and Cape Ann, Inc.	National Kidney Foundation of Mass., RI, NH, Vermont, Inc.
Jobs with Justice	Neighbor-to-Neighbor
Jonathan M. Cole Mental Health Consumer Resource Center	New England Patients Rights Group, Inc.
Latin American Health Institute	Search For A Cure
League of Women Voters of Massachusetts	The Abortion Access Project
Lynn Health Task Force	The Consortium for Psychotherapy
Mass. Asian AIDS Prevention Project	The Episcopal Diocese of Western Mass. Victory Programs, Boston
	Vineyard Health Care Access Program

## Five things you can do to pass safe staffing legislation

### Attend the safe staffing hearing on June 18 at the Statehouse

Please attend the Health Care Committee hearing on MNA's safe staffing legislation. This is our chance to show the committee and other legislators the incredible support there is for RN-to-patient ratios. The MNA needs hundreds of nurses dressed in scrubs and its allies at the Statehouse to send the message that it is time for action on RN-to-patient ratios! For the latest information please visit [www.massnurses.org](http://www.massnurses.org), or call 781-830-5725.

### Attend a safe staffing legislative briefing in your area

Your legislators will determine the future of the MNA safe staffing legislation. They need to hear from their RN constituents about what is happening on the frontlines of health care—so please go and share your story! A schedule of upcoming briefings is included in this issue of the newsletter. For the most current schedule of briefings, visit [www.massnurses.org](http://www.massnurses.org) and click on the link for legislation and government affairs.

### Contact your state senator and state representative

Call, write to or send an e-mail message to your legislators. Provide them with insight into your job as a front-line nurse. Tell them why you support safe staffing legislation. Share a personal story. A sample letter is included in this edition of the *Mass Nurse*. If you need to identify your legislators, visit the following Web site: [www.wheredoivotema.com/bal/myelectioninfo.php](http://www.wheredoivotema.com/bal/myelectioninfo.php).

### Join the MNA activist e-mail network

Often the MNA needs to communicate with legislators quickly about pending bills. Members of the Rapid Response Network will be called on to communicate with legislators on important issues throughout the year. Contact Kate Anderson by e-mail at [kanderson@mnarn.org](mailto:kanderson@mnarn.org) to sign up.

### 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 on campaigns and make their voices heard.

### Sample letter/e-mail to legislators

The Honorable XXX XXX  
Statehouse, Room XX  
Boston, MA 02133  
Dear Representative/Senator XXXX,

I am a registered nurse at XXX Hospital. I strongly support House Bill 1282 – the bill about safe staffing legislation. Understaffing of registered nurses is dangerous to patients. Risks, complication and errors are more likely to occur when nurses are asked to take care of too many patients at once. Each day I see first hand the negative effect that unsafe staffing is having on patient care, as well as on the recruitment and retention of nurses. Current staffing problems force nurses to work in situations where they are inappropriately rushed through their patient-care activities, assigned unsafe patient levels, and confronted by mandatory overtime.

Insert your personal account and/or story of how safe staffing would assist you in your job and improve patient care.

Passage of H.1282 is a promise to the nursing profession that workplace conditions will improve, that patient care will come first, and that we will once again be able to do our jobs properly. I hope you will join me in supporting H.1282. The return on investment in nursing will be reflected both in cost savings and in improvements in the safety and quality of care provided.

Sincerely,  
XXXXXXX  
Street address  
City, State Zip

### Legislative resources

- Massachusetts Legislature homepage: [www.state.ma.us/legis/legis.htm](http://www.state.ma.us/legis/legis.htm)
- Massachusetts House switchboard: 617-722-2000
- Massachusetts Senate switchboard: 617-722-1455
- MNA Legislative Department: 781-830-5725
- MNA Web site: [www.massnurses.org](http://www.massnurses.org)



## MNA joins coalition to help the state's most severely retarded citizens

Families, friends, community leaders and care givers gathered together twice during the month of April to show their support for keeping The Fernald Center—a Waltham-based facility that is home to 309 of the state's most severely mentally retarded residents—up and running. At both a rally and petition drive, supporters voiced their opposition to Governor Romney's proposed closure of the center.

The events were organized and hosted by the Massachusetts Coalition of Families and Advocates for the Retarded (COFAR) with support from numerous organizations, including the MNA.

Under the governor's budget proposal, The Fernald Center—and eventually all the state facilities for the retarded—is slated for closure. Fernald is home to the most profoundly retarded, medically fragile and behaviorally challenged people in the commonwealth of Massachusetts. The center provides a menu of state-of-the-art services to its patients, including: access to specialized doctors and nurses; psychiatric professionals; physical-therapy resources; respiratory-therapy resources; occupational-therapy resources; speech and communications services; dental services and adaptive technologies. These services cannot be found or provided for anywhere else, and closure of Fernald could result in the death of many of its residents, or at best,

a dramatic deterioration in their health and quality of life.

On April 17, more than 125 people gathered outside of Fernald's main entrance to rally around the center and to challenge the governor's decision to close the facility. Several who attended waved signs with messages pushing for the governor to reconsider his decision, while passing motorists sounded their horns in support of the protesters. Other advocates for the mentally ill accused the governor of putting the state's most vulnerable residents at risk while offering no evidence on how closing the historic center would save the state money.

"We believe this is an illegal and immoral eviction of 300 people from their homes," said Tom Frain, president of COFAR. "They cannot advocate for themselves. They can't call the police. They can't testify at trials. They can't vote, and they can't complain."

State Sen. Susan Fargo (D-Lincoln) and state Rep. Thomas Stanley (D-Waltham) both attended the rally and showed their support for keeping The Fernald Center open. In addition, Fargo and Stanley announced they would work to introduce an amendment to the state budget to prevent the closing of the facility.

Less than a week after the rally, family members and advocates for the retarded joined forces again when they delivered peti-



**Beth Gray-Nix, MNA member and head of Fernald's occupational therapy department, tells supporters a moving account of what has happened to other residents when they've been inappropriately moved from the center.**

tions containing more than 9,000 signatures from citizens who oppose the administration's plans to close Fernald directly to the governor's office.

The presentation of the petitions capped a morning of personal lobbying by COFAR members of legislators. Starting just after 9:30 a.m., some 40 individuals—most of who have family members living at Fernald and the other facilities—began walking the halls of the Statehouse, buttonholing legislators and their staff members in their offices, and handing out information opposing the closure plans.

The events at the Statehouse came as the House released its plan for closing a projected \$3 billion state budget gap next year. The House budget legislation contained language accepting the administration's plans to close unspecified facilities for the retarded. However, the House language would require that a determination be made that the community has adequate resources to provide equal or better services to residents transferred from the state facilities and that the cost of providing services in the community is lower than in the state facility.

The House bill also contained an outside section requiring the creation of a Fernald Developmental Center Land Reuse Com-

mittee, which would develop a plan for the Fernald site upon the closure of the facility. The plan would include a goal of creating new community residences at the Fernald site for former residents of the facility.

Currently, there are no community settings anywhere in the state that can provide equal or better care to Fernald residents. Questions and problems in the provision of care continue to plague the community-based system. In addition, studies have shown that comparable community-based care is not less expensive than state-based care.

### What you can do help save The Fernald Center

Please consider contacting your state senator and/or representative about the proposed closure of Fernald. In addition, COFAR encourages you to:

1. Call Alison Mernio in Rep. Stanley's office during the early part of the week - Monday, Tuesday or Wednesday—and thank him for the work he has done to keep Fernald open: 617-722-2575
2. Send a letter to the editor of your local newspaper praising the efforts by Rep. Stanley and Sen. Fargo to keep The Fernald Center open. ■



**Sen. Susan Fargo, left, and Rep. Thomas Stanley, right, show their support at the rally to save The Fernald Center.**

## The potential impact of the Fernald closure on residents

Under the governor's budget proposal, The Fernald Center is slated for closure. This facility is home to the most profoundly retarded, medically fragile and behaviorally challenged people in Massachusetts. Fernald provides a menu of state-of-the-art services to its patients, including: access to specialized doctors and nurses; psychiatric professionals; physical-therapy resources; respiratory-therapy resources; occupational-therapy resources; speech and communications services; dental services; and adaptive technologies. These services cannot be found anywhere else. Closure of Fernald could result in the death of many of its residents, or at best, a dramatic deterioration in their health and quality of life.

■ Patti Hillis has been a resident of The Fernald Center in Waltham for more than 30 years. She is 37-years-old, and suffers from

multiple disabilities. Weighing just 65 pounds, Patti is oxygen dependent and is fed through a nasogastric tube; she has never walked or talked and has the mental capabilities of a 4-year-old. But according to Patti's sister and long-time advocate for the mentally retarded, Cathy Gover, Patti is happy and thriving at The Fernald Center. Here, she has her own room and receives around the clock care from a team of professionals and staff who provide her with the highest quality of life possible for someone in her condition.

■ Danny Onusseit has lived in The Fernald Center's Hillside building for 27 years. He is 40-years-old and is severely mentally retarded. Danny's well-being is seriously compromised when he is put in situations that he finds overwhelming and intimidating. But at Fernald Danny is safe, because he under-

stands the Hillside building to be his home: his place of comfort, safety and security. Twice in 27 years, though, Danny has tried moving to other homes—community-based facilities that DMR decision makers thought would be better for him. On both occasions, the management at the community-based homes found that Danny's needs were too severe to allow him to stay and he was sent back to Fernald. In one instance, his transfer came following an accident that he suffered during a field trip. After a month in the hospital, he was sent back to Fernald.

■ Ronnie and Randy Russo are 50-year-old twin brothers who have lived at Fernald since the age of five. Both are classified as profoundly retarded, both are blind and both are unable to express themselves verbally. Dianne Booher, the twins' sister, is their

co-guardian and she works closely with her 71-year-old father in advocating and caring for them. Over the years, Dianne has watched her brothers try to "cope" with the changes that a shrinking mental-health budget have brought to Fernald—and the most recent changes were nothing short of devastating for the Russo brothers. Following the layoff of a Fernald nurse who had been caring for the twins for the last 17 years, Ronnie began to develop extremely agitated behaviors—constantly kicking and flailing. Shortly after, he was diagnosed with an upper-GI bleed which developed into a severe esophageal tear. At the same time, Randy began spending more time wrapped in the fetal position, while he continuously scratched and rubbed at his skin. Eventually, Dianne says, his skin developed a leather-like quality. ■

## Health & Safety News Briefs

### MNA urges DPH to suspend smallpox vaccine; proceed with educating and training workforce

In the wake of serious cardiac-related complications related to the vaccination of health care workers for the smallpox pre-event vaccination plan, as well as continued resistance by officials to support furloughing of vaccinated employees to protect the public, the MNA has made a formal request to the state Department of Public Health to suspend the vaccination plan until these issues are resolved. Instead, the MNA calls upon the state to proceed with the education and training of volunteers, without vaccinating at this time.

Eleven states have suspended their vaccination plan to date. In late April, the MNA sent a letter to DPH asking Massachusetts to join this list. Excerpts from the letter follow:

"While we appreciate the ongoing dialogue with the DPH over these issues, our key concerns have yet to be adequately resolved. For example, it is clear there has been an effort to deal with the issue of compensation and liability for health care workers through federal legislation. However, the MNA's most pressing concern, that of the need to furlough

employees to protect patients from unwarranted exposure, has yet to be addressed on either the state or federal level.

"In light of the outstanding unresolved issues and the new concerns related to cardiac-related complications, the MNA is taking this opportunity to formally request that the DPH suspend the vaccination of civilian health care workers until these issues are adequately resolved. It is important to note that as of this writing, eleven other states have suspended their immunization programs.

"It is clear, given the extremely low level of participation by health care workers in the plan to date, that the program as constituted is not achieving its objectives. We further believe DPH needs to take a leadership role in redirecting this effort to ensure its ultimate success. Of greater concern is the fact that many health care facilities across the state are pushing ahead with vaccination campaigns while providing inadequate and confusing information. Were we to experience an event here in Massachusetts like

that experienced in Maryland, there would be irreparable harm done to the state's preparedness effort.

"As was the case when this plan was first instituted, there is no imminent threat of a bioterrorism attack related to smallpox. This means we have the time to resolve outstanding issues and to develop and implement a successful plan that will engender the trust and broad based participation by the civilian health care workforce."

The MNA believes it to be imperative for DPH to change the focus of the program to proceed with the education of the health care workforce and training of response teams for an emergency preparedness plan without vaccinating employees at this time. At such time that these issues are adequately resolved, or in the event of an actual smallpox event, the workforce would be ready to respond and begin the vaccination process.

For ongoing coverage of the smallpox issue, visit the MNA web site at [www.massnurses.org](http://www.massnurses.org). ■



### CDC releases detailed information on SARS containment

As the number of confirmed SARS cases continues to climb globally, the MNA is vigilantly monitoring and communicating with other key healthcare organizations—including the Centers for Disease Control and Prevention—to learn more about what health care providers need to know in order to identify, care for and treat people infected with SARS.

Currently, the CDC recommends the following infection-control measures for people living and/or working with suspected SARS patients. These recommendations are based on the experience in the United States to date and may be revised as more information becomes available.

- Patients with respiratory symptoms should be provided with surgical masks as a first measure of defense against the spread of droplet infections to healthcare personnel and others.
- SARS patients should limit interactions outside the home and should not go to work, school, out-of-home child care, or other public areas until ten days after the resolution of fever, provided respiratory symptoms are absent or improving.

- All members of a household with a SARS patient should carefully follow recommendations for hand hygiene, particularly after contact with body fluids.

#### *So you think it's safe at work?*

#### Notes from the Congress on Health and Safety

- Use of disposable gloves should be considered for any direct contact with body fluids of a SARS patient. **However, gloves are not intended to replace proper hand hygiene.**
- Sharing of eating utensils, towels, and bedding between SARS patients and others should be avoided, although such items can be used by others after routine cleaning. Environmental surfaces soiled by body fluids should be cleaned with a household disinfectant according to manufacturer's instructions; gloves should be worn during this activity.

- Household waste soiled with body fluids of SARS patients, including facial tissues and surgical masks, may be discarded as normal waste.
- Household members and other close contacts of SARS patients should be actively monitored by the local health department for illness.
- Household members or other close contacts of SARS patients should watch for the development of fever or respiratory symptoms and, if these develop, should seek healthcare evaluation. In advance of evaluation, healthcare providers should be informed that the individual is a close contact of a SARS patient. Household members or other close contacts with symptoms of SARS should follow the same precautions.
- At this time, in the absence of fever or respiratory symptoms, household members or other close contacts of SARS patients need not limit their activities outside the home.

For more information on SARS, please visit the CDC's Web site at [www.cdc.org](http://www.cdc.org), or the MNA's Web site at [www.massnurses.org](http://www.massnurses.org). ■

### Toxic exposure claims in the courtroom: Does Daubert do justice?

The Massachusetts Coalition for Occupational Safety and Health (MassCOSH) and MNA invite you to attend an environmental health forum.

The forum will be held on May 13, 4 - 7 p.m. at Northeastern University School of Law (located near the Ruggles subway stop) and will:

- Explore challenges to winning toxic workplace and environmental exposure cases
- Examine strategies for overcoming obstacles created by the Supreme Court decision: Daubert vs. Merrell Dow Pharmaceuticals
- Present a mock hearing
- Engage participants in small group discussions

Registration forms can be obtained at the Massachusetts Nurses Association or you can register at the conference beginning at 3:30 p.m. For more information and to register, call Isabel Lopez, MassCOSH labor/community coordinator, 617- 825-7233, extension 18. The cost for this event is \$25. ■

### Applying OSHA to Healthcare Settings program open to all nurses in Massachusetts

Three sessions of the Applying OSHA to Healthcare Settings program remain:

- May 14 at the Best Western Royal Plaza Hotel & Trade Center in Marlboro
- May 21 at MNA headquarters in Canton
- June 24 at District 1 office in Northampton

The training includes a four-hour program followed by lunch and discussion. The program is supported by a grant from the Massachusetts Department of Industrial Accidents. There is no charge to attend this program.

Any nurse registered in Massachusetts may attend. Participants will learn about OSHA resources, requirements for a safe and healthy workplace, and how to address concerns about unsafe working conditions with employers.

The program qualifies for 4.4 contact hours, which will be awarded by the Massachusetts Nurses Association, which is an accredited provider of Continuing Education by the American Nurses Credentialing Center's Commission on Accreditation.

To register, call Susan Clish in the MNA's department of nursing at 781-830-5723. ■

### Important date change: District 1's session of Applying OSHA to Healthcare Settings

The date for the District 1 training has been changed from June 18 to June 24 in order to avoid conflict with the hearing at the Statehouse on the safe staffing legislation. ■



### Have you moved?

Please notify the MNA of your new address:  
800-882-2056, x726

## Massachusetts nurses and others who are latex allergic are encouraged to attend the hearing on the natural rubber latex glove bill scheduled for July 9

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

Across the commonwealth, nurses, dental hygienists, doctors, dentists, physical therapists, children and adults who have been repeatedly exposed to natural rubber latex gloves have become latex allergic. They are now at risk for reactions whenever they enter a medical or dental facility that continues to use latex gloves and other devices that contain natural rubber latex such as catheters, tubing and syringes. Often, they must plead their case for accommodation for latex-safe care, especially in small medical and dental offices. Addressing the issue through legislation will help to protect their health and improve their lives.

The true numbers of latex allergic persons in Massachusetts are not known. Here is an opportunity to come forward and be counted



Evelyn Bain

and show legislators the truth about this problem and that latex allergies exist. It changes lives forever and it is unnecessary to continue to expose patients and workers. Gloves made of alternatives medical products are appropriate, they provide protection from bloodborne pathogens. Alternatives are available, and alternatives are affordable.

The glove manufacturers are already telling legislators that there really is no problem with latex gloves because they now make the gloves "safer." They are telling legislators that "low powder," "powderless" and

"low allergen" gloves protect from allergic reactions. They are giving the impression that these terms actually have meaning and credibility when there is no federal standard and no definition recognized for these terms.

But Massachusetts nurses and others needlessly affected by this allergy can tell a different story and give this issue the public recognition it deserves.

The voices of those who are affected by latex allergies have been repeatedly and systematically silenced by the money that the glove companies spend to sway the opinions of managers, purchasing agents, the public and policy makers. They have money to send teams of carefully programmed sales representatives and lawyers to every public hearing in attempts to intimidate those who speak against latex gloves and the hazards they introduce. And their money has been effective in killing latex glove legislation in

many states across the country.

There is no better way to make legislators and the public aware of the problems that latex allergies continue to create than by participating in this public hearing.

Imagine what would happen if hundreds of people showed up at the Statehouse to focus attention on the fact that lives have been severely and permanently affected by needless exposure to a product that can be replaced by an appropriate alternative. This would send the same message to Massachusetts lawmakers that NIOSH sent to health care workers across the country in 1997: "WARNING: Exposure to natural rubber latex presents a hazard to the health of the citizens, workers and patients of Massachusetts."

Let's do something about it now.

For more information on attending the hearing call Evie Bain at MNA at 781-830-5776 or by e-mail at ebain@mnarn.org. ■

### Details of Latex glove legislation

**A Massachusetts bill has been drafted:**

An Act Relative To Latex Glove Safety Chapter 111 of the general laws is hereby amended by inserting after section 217 the following new section: Section 218. Latex Glove Safety.

(a) Any health care facility regulated by the commonwealth of Massachusetts which uses latex gloves shall post a notice informing employees and the public:

(1) that natural rubber latex gloves are used by said regulated entity;

(2) that exposure to latex may result in the development of an allergy;

(3) that allergic reactions to natural rubber latex can manifest by skin rash, hives, nasal and eye irritation, asthma, and shock; and

(4) that should you or your family experience allergic reaction symptoms, then you should contact your health care provider.

(b) Said notice shall include letters which are at least three-eighths (3/8) of an inch high and be posted in conspicuous areas throughout the facility.

(c) Said notice shall be posted in English, Spanish, and other languages served by the health care facility.

(d) Health care workers shall be provided with initial and periodic education pertaining to latex safety.

(e) Health care facilities shall ensure that direct care workers are represented on latex allergy or safety committees.

(f) It shall be the duty of the commissioner of the Department of Public Health to enforce the provisions of this chapter and to prosecute all persons who violate this chap-

ter. In all such enforcements and prosecutions, the director shall not be required to enter into any recognizance or give surety for costs.

(g) Any facility which violates any of the provisions of this chapter shall be subject to a fine of five hundred dollars (\$500), and may be subject to any and all penalties provided for in general laws which regulate said industry, including revocation of licenses.

SECTION 2. This act shall take effect upon passage.

The bill is crafted after the Rhode Island bill that successfully passed in the Rhode Island Legislature in 2001

After two years of activity around the issue of latex allergy and a Latex Allergy Advisory Committee formed by former Attorney General Sheldon Whitehouse, the latex glove safety act in Rhode Island successfully passed in the Legislature.

The bill was prepared as a public health protection bill.

The Rhode Island Department of Public Health subsequently developed regulations that relate to R23-73-LAT. In part, the regulations state:

- The use of disposable non-sterile and sterile natural rubber latex gloves is prohibited in food service.
- Any business or industry that utilizes natural rubber gloves must provide their workers with education related to latex allergy and provide non-latex gloves that minimize exposure to latex and protect health care workers from bloodborne pathogens.
- Must post a warning that states:

WARNING

Latex gloves are used in this facility.

Repeated contact with latex may cause a latex allergy or

may worsen a present latex allergy.

Reactions to latex may include: skin rash, hives, asthma, nasal eye and sinus irritation, and allergic shock (anaphylactic shock). If you or your family are having these symptoms, call your health care provider (your physician, nurse or dentist) immediately.

**A second Massachusetts bill has been filed and states:**

Be it enacted by the Senate and House of Representatives in General Court assembled and by the authority of same, as follows:

Section 1 Chapter 111 of the general Laws is hereby amended by inserting after section 119 B.

Section 199C. No person employed in a health clinic, acute care hospital or physician's office shall use disposable, non-sterile or sterile natural latex gloves. The department shall promulgate rules and regulations to carry out the provisions of this section.

Section 2. That a special commission to consist of 2 members of the Senate, 3 members of the House of Representatives, the commissioner of public health and his designee and 3 persons to be appointed by the governor is hereby established for the purpose of making an investigation and study of the problem of latex allergies and people exposed to disposable, non-sterile and sterile latex gloves; Said commission shall report to the general court the results of its investigation and study, if any together with drafts of legislation necessary to carry such recommendations into effect by filing same with the clerk of the House of Representatives on or before the first Wednesday of December 2003. ■

### 'Impact of Asthma on Health Care System' presented by Mass. Health Council

The Impact of Asthma on the Health Care System will be offered on Thursday, May 8, 9 a.m. - 2:30 p.m., at Westin-Waltham Hotel.

Issues to be addressed include: what is asthma—what we know and what we don't know; causes—indoor and outdoor triggers, genetics, other; data/studies—costs, preventable hospitalizations; access to care and disparities; guidelines for treatment; and prevention and models.

A keynote address, "The Economic Impact of Asthma on the Health Care System" will be presented by Robert W. Varney, regional administrator, U.S. Environmental Protection Agency, New England region. A luncheon

keynote will be presented by state Sen. Cheryl Jacques, chair, Senate Committee on Steering and Policy.

A panel discussion, Indoor/Outdoor Triggers, will be led by Dr. Paul Epstein, M.P.H., associate director, Center for Health and the Global Environment, Harvard Medical School.

Other panelists include: Suzanne Condon, B.S., M.S., assistant commissioner, environmental health, Massachusetts Department of Public Health; Jean Zotter, executive director, Boston Urban Asthma Coalition; Dr. Carlos Camargo, Ph.D., Emergency Medicine, Mass General Hospital, National Association of

Asthma Educators, director, Multi-Center Asthma Research Collaborative; Cynthia Pilch, Ph.D., M.P.H., director, research and evaluation, Center for Community Health Education and Research, Northeastern University; Dr. Lauren A. Smith, M.P.H., director, Pediatric Inpatient Unit, Boston Medical Center; Dr. Stephen Redd, Center for Environmental Health, Centers for Disease Control, Washington, D.C.

The program moderator will be Bertram Yaffe, president, TheYaffe Foundation, chairman, MA Health Council, Health Status Indicator Report.

The program is presented by the Masa-

achusetts Health Council and the Asthma & Allergy Foundation of America, New England chapter, AstraZeneca, Boston Public Health Commission, Boston Urban Asthma Coalition, GlaxoSmithKline and Mass. Department of Public Health

The program qualifies for 5 nursing CEUs approved, 5.5 Pharmacy CEUs approved, 5 SW CEUs pending.

Advance registration is requested. Tickets are \$50 in advance; \$75 at the door. For more information call Susan Servais at 617-965-3711. Make checks payable and send to: Massachusetts Health Council, 4 Garrison Street, Newton, MA 02467. ■

## Nursing News Briefs

### Volunteer peer assistant nurse training course

The MNA Addictions Nursing Council is pleased to announce it will host a volunteer peer assistant nurse training course on Monday, May 12, from 5 - 7:30 p.m. at MNA headquarters in Canton. There is no fee for the program. This program is designed as an orientation course for nurses who would like to become part of the MNA's team of volunteer peer assistants. The program provides confidential assistance to nurses with substance and chemical dependence-related problems.

If you are a nurse who is knowledgeable in the area of addictions or a recovering nurse who is drug/alcohol free for a minimum of two years, we welcome you to attend the program. For more information on the peer assistant training course and/or the MNA Volunteer Peer Assistant Program, please contact Carol Mallia RN, MSN, at 781-830-5755 or by e-mail at [cmallia@mnam.org](mailto:cmallia@mnam.org). A light supper will be provided. ■

### Job opportunity for MNA member at UMass Lowell

PHASE In Healthcare, a five-year federally funded study of occupational injury disparities among health care workers, is seeking to hire a registered nurse (MNA member) to assist in its research efforts. The job will involve working with University of Massachusetts Lowell researchers to conduct focus groups with MNA members on a range of issues related to health and safety in the healthcare workplace. This project is expected to run from March 2003 through February 2004, and possibly longer. Duties will include recruiting participants and making arrangements for the focus groups, as well as assisting to draft questions, conducting focus groups and analyzing data. The project will most likely be conducted in the greater Boston metropolitan area and the Merrimack Valley region.

The duties for this position would be in addition to the applicant's normal workload and will entail 200 hours of work spread over the aforementioned time period (approximately five hours per week but may be more or less during some weeks, depending on the demands of the project). Pay will be commensurate with experience.

Qualifications include: active MNA member; strong communication and leadership skills a plus; experience and/or interest in workplace health and safety issues; currently employed in a clinical setting preferred.

Please respond by May 23. Send resume and cover letter to Jody Lally, project manager, PHASE in Healthcare project, UMass Lowell, 218 Weed Hall, 3 Solomont Way, Lowell, MA 01854. 978-934-4270. Fax: 978-934-3025; e-mail [jody\\_lally@uml.edu](mailto:jody_lally@uml.edu). ■

### Join the MNA in welcoming the Mercy Ships to Boston

Mercy Ships is a global charity that provides medical care, relief aid, and long-term sustainable change to developing nations. Health professionals and skilled workers from dozens of nations (all of whom share a common vision of helping the world's poor) donate their services onboard the ships or at land-based offices.

On July 2 and 9, the ship Caribbean Mercy will host receptions for healthcare providers while in port in Boston. For more information, contact the Mercy Ships advance office at 781-934-2704. ■



### Sheetz honored by Assn. of State School Nurse Consultants

Anne Sheetz, MNA member and director of School Health Services with the Department of Public Health, was recently named recipient of the annual Outstanding State School Nurse Consultant Achievement Award.

Presented by the National Association of State School Nurse Consultants, Inc. (NASSNC, Inc.), the award is given in recognition of a professional's demonstrated excellence in the role of nurse consultant. Only one consultant is honored by NASSNC, Inc. annually, and the award recipient is expected to have made outstanding contributions to NASSNC, Inc; served as an expert and catalyst for the development/implementation of stellar school health programs and policies; worked to eliminate barriers that impeded the delivery of quality, school-based health care; created unique and worthwhile staff development programs for school nurses; helped to develop/pass important health policy legislation

NASSNC, Inc. will present its award to Sheetz in June at the annual conference of the National Association of School Nurses. ■

### RNs needed for research study on career transitioning

Sara Grant, a doctoral student from New York University, is seeking registered nurses for a study on career transitioning. She is seeking nurses who:

- Have been in their current job for at least a year but no more than two years
- Moved between like organizations (for example, currently work in a hospital and came directly from a hospital)
- One or both of the organizations is in the for-profit sector

The study consists of a phone interview and two short questionnaires, and is expected take no more than an hour. Participants will receive \$25.

The study will examine the tactics that nurses use to learn about the organizations; what is different in their present organization compared to their former organization; and how their identification with their present organization changed during their first year in the job. This study aims to help organizations better train and support their newly recruited nurses.

If you meet the study criteria and want to participate, please send an e-mail to [Saragrnt@aol.com](mailto:Saragrnt@aol.com) or [scg1@nyu.edu](mailto:scg1@nyu.edu). ■

## Over 350 senior nursing students participate in transition programs

In April, the MNA sponsored three educational programs for senior nursing students entitled "The Real Nursing World: Transition from Student to RN." The programs were designed to provide senior nursing students with strategies for transitioning from student to professional nurse, as well as offer an exclusive job fair for new graduate nurses. The programs were held April 3 in Worcester, April 8 in Randolph and April 9 in Springfield. The MNA has offered

nurse. The MNA's transition programs assist new graduates in meeting those challenges. Each of the programs consisted of a panel presentation and discussion with recent graduates who have successfully transitioned into the role of professional nurse. Experienced nurses were also on the panel to talk about interview strategies, what to look for in an orientation program, and how to evaluate workplace settings. Participants were given ample time to have their specific questions answered. Handouts for the participants included a guide to interview strategies, as well as a sample cover letter and resume.

The programs were free of charge to all senior nursing students and instructors. Area hospitals and other healthcare facilities also participated in the program by telling attendees about orientation programs and employment opportunities. This mini job fair proved to be a successful recruitment venue for many nurse recruiters in the area.

The MNA has hosted this program for a number of years, but this year's effort made it possible for more than 350 senior nursing students to share in this exciting opportunity and take full advantage of this timely learning experience. Plans are already in process for the MNA's 2004 transition programs. If you would like more information about this opportunity, contact Carol Mallia, RN, MSN, associate director in the MNA's department of nursing at 781-830-5755 or by e-mail, [cmallia@mnam.org](mailto:cmallia@mnam.org). ■



this program for a number of years and the response from faculty and students increases annually. This year's attendees were enthusiastic and eager to learn from the panel of recent graduates, education professionals and employment specialists. The programs were seen as a huge success by the students and their enthusiasm was reflected in their evaluations.

The resounding theme of each of the events was that, although the nursing market is quite open with ample opportunities for new graduates, the present workplace conditions will present some new challenges for the graduate

### MNA district leaders hold summit on new structure

In an effort to better serve its membership, the elected leaders of the five MNA districts met last month for a summit meeting to discuss the potential reorganizing the organization's regional structure.

The MNA is currently divided into five districts, each of which covers a different region of the state. For example, District 1 of MNA encompasses nurses who live in Western Massachusetts—from Hampden County to the New York border. A portion of MNA membership dues go to the district to which a nurse belongs. The districts serve as a localized structure within MNA to help nurses in those regions pursue initiatives specific to them.

The district structure has existed since 1930, and little or no change has been made to it during that 70-year period. As part of the discussion about reorganization, district leaders will review the regional structures and explore opportunities to reorganize the districts according to size, make up, funding allocations, functions and purposes.

The group will complete its analysis by the beginning of June. From this, proposed bylaws changes may come forward for debate and a vote by the membership at the October convention. ■

## Benefits Corner

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### Save on Six Flags New England admission

The Massachusetts Nurses Association is offering discount admission tickets to the Six Flags New England Amusement Park in Agawam, Mass. Members can purchase tickets directly from the MNA for \$22 per person as opposed to the regular price of \$39.99—providing MNA members with a \$17.99 savings per person. This is the lowest individual admission price offered

for any operating day during the 2003 season and tickets are purchased ahead of time—so there is no waiting in line at the front gate.

Tickets can be purchased at the MNA's Canton office or by calling Chris Stetkiewicz at 781-821-4625, extension 726. Quantities are limited, so passes are available on a first-come basis. ■

## The skinny on nursing salaries: professional publication finds that unionized nurses earn more

In its Feb. 10 edition, *Advance For Nurses*—one of the industry’s leading professional publications—reported the results of its annual salary survey and found that unionized nurses in hospital settings earned, on average, \$2.64 more per hour than their non-unionized peers. In addition, Massachusetts was ranked second when it came to the highest hourly wages paid to nurses.

Julie Pinkham, executive director of the MNA, commented that the results were on-target and expected. “Our union represents nurses in two-thirds of Massachusetts’ hospitals, and recent contract settlements have established attractive salaries at many of those facilities.”

*Advance for Nurses* reported that the majority of those surveyed, 79 percent, did not belong to unions. The 21 percent who were union-affiliated reported earning more than their peers in every employment setting. Specifically, unionized hospital nurses earned \$2.64 more per hour, outpatient nurses earned \$5.21 more per hour and school nurses

earned \$5.45 more per hour. Other employment settings that were surveyed included community health centers, long-term care facilities, private practices and specialty hospitals.

In addition, unionization was identified

as having a positive impact on mandatory overtime. Of the 1,887 respondents who said they regularly work overtime, 74 percent

were non-union RNs. Meanwhile, only 35 percent of union-affiliated RNs said they regularly work overtime. *Advance for Nurses* commented that, “those numbers could reflect growing attention by nursing organizations and unions to limit mandatory OT.”

York earned the first-place slot by paying its nurses \$32.65 per hour, while New Jersey ranked third with its nurses earning an hourly wage of \$28.86. Facility type was also identified as having an influence on salary. Specifically, the survey found there was a significant difference in pay for nurses working in non-profit versus for-profit facilities. Overall, non-profit nurses earned about \$4 more per hour than their for-profit counterparts - \$28.94 as opposed to \$24.74 an hour - although nurses working in VA or military settings earned the lowest hourly wage at \$24.11.

The discovery that for-profit facilities generally offer lower salaries did not surprise the MNA. “Some of our toughest fights are with for-profits,” said Pinkham. “They are much more likely to look at the bottom line and then hold the line in terms of salary and benefits.”

To review the survey in its entirety, visit the Web site of *Advance for Nurses* at [www.advancefornurses.com](http://www.advancefornurses.com). ■

*Unionization was identified as having a positive impact on mandatory overtime. Of the respondents who said they regularly work overtime, 74 percent were non-union RNs. Meanwhile, only 35 percent of union-affiliated RNs said they regularly work overtime. Advance for Nurses commented that, “those numbers could reflect growing attention by nursing organizations and unions to limit mandatory OT.”*

as having a positive impact on mandatory overtime. Of the 1,887 respondents who said they regularly work overtime, 74 percent

Massachusetts nurses were the second highest paid nurses of those surveyed, earning on average \$29.25 per hour. New

## MNA Contract Update

### Lawrence General Hospital RNs ratify 2-year contract

MNA’s registered nurses at Lawrence General Hospital cast an overwhelming vote on April 7 to ratify a new two-year contract that improves nurses’ working conditions, facilitates higher quality patient care and provides Lawrence General Hospital with a salary scale to recruit and retain nurses to the facility.

The new contract provides an across-the-board increase of 6 percent (3 percent retroactive to October 2002 and 3 percent in April 2003) and another 5 percent in the second year (3 percent in October 2004 and 2 percent in April 2005), while also providing a new 3 percent anniversary step increase for nurses with 20 years of service.

The contract includes important language the nurses sought to prevent the use of

mandatory on-call in non-traditional areas. On-call will only be allowed in the traditional areas where it has existed in the past.

Additionally, the contract also includes language that ensures new nurses cannot be assigned “charge nurse” duties and specifies that any nurse assigned these duties will have been at the facility for at least one year and will have undergone a three-month orientation. As a result, charge nurses will have at least 15 months experience.

MNA members at Lawrence General Hospital also won language preventing nurses age 62 or older from having to rotate shifts and language granting nurses scheduled to work 24 hours or more an extra day of bereavement leave. ■

### Merrimack Valley Hospital reaches contract settlement

In March, after 17 months of negotiations, the RNs at Merrimack Valley Hospital, formerly Hale Hospital, ratified their first contract with Essent HealthCare—a for-profit company based in Tennessee. The RNs had a long fight to earn a fair contract, but won substantial contract provisions on mandatory overtime, protection of insurance coverage, floating, and grievance/arbitration rights. The RNs will receive a 4 percent increase in wages in each of the first two years of the contract and will have a step system in place during 2004. ■

### MNA, Dana Farber settlement ratified

The MNA bargaining unit at Dana Farber Cancer Institute ratified an agreement on April 16 for a new two-year contract that will expire in 2005. This settlement will provide for the highest contractual rates in the state. The salary increases for staff/nurses are:

- 5 percent April 13, 2003
- A new 5 percent step Oct. 12, 2003
- 5 percent April 11, 2004
- 2 percent Oct. 10, 2004

The base hourly rate for a staff nurse at the top of the salary scale will increase by almost 18 percent over the two years of the agreement. By October of 2004 a staff nurse at the top of the scale will be making over \$113,000

per year (\$54.60 per hour, which, as of this date, is the highest MNA contractual rate.)

Additional economic improvements called for the following:

- Increasing off shift differential from \$1.40 to \$2.80, \$3.20 if permanent evening (i.e., three or more consecutive months).
- Increase paid professional or conference days from three to five paid days per year over the life of the contract, (i.e., increase from three to four in first year; four to five in second year).
- Increase on-call pay from \$4.50 to \$5.00 in second year. ■

## Why I joined the union: one RN’s view

By Michelle McGrath

*Michelle McGrath, an MNA member at St Vincent’s Hospital in Worcester, recently wrote to tell the Massachusetts Nurse about why she joined the union. Michelle’s activism as both a staff nurse and as a union member has been invaluable to St. Vincent’s bargaining unit. She was one of a four-member nurse delegation that delivered a petition to the hospital’s chief nursing officer protesting unsafe staffing conditions, and she has attended several sessions in support of the negotiating committee. Michelle is both a dedicated nurse and union member.*

I joined the union because I felt that, in order for my voice to be heard as an employee of a large corporation, I needed the unity and support of my peers.

The union exists to meet the needs of its members. The MNA’s organizations do not choose the issues that the union will help its members to negotiate. The issues are raised by the members. All members are allowed and encouraged to express their opinions and ideas.

Union officers are voted for by the members. The officers volunteer their time and talents to represent the members. They ask for the input of the members so that they will know what’s important to the members.

At times it requires a lack of selfishness to be a union member, since the majority rules, (the majority who come to let their wishes be

known). My needs are not always the needs that are met. What’s most important to me is not always of the most importance to the majority. I support what the majority wants because that is what is fair.

Sometimes what I think is most important is also most important to my peers. In this case, I’m fortunate enough to have the voice of my peers heard in union with mine. This unity makes my voice much more able to be heard and understood, and more likely for my needs and desires to be met.

A union works for its members who are willing to make the effort to use the organization by being involved. Don’t blame the union for not meeting your needs if you aren’t making the effort to bring your concerns to them. You need to take responsibility for making your opinions heard. If you aren’t willing to make any effort to make the organization work for you, then I don’t think you have the right to complain if things don’t go your way. The more involvement the members have with the organization, the stronger the union becomes. There truly is strength in numbers.

If you want a strong union that works for you, do your share and get involved.

Our unions will always take the moral high ground when it comes to patients needs. That’s because we are an organization of nurses, and nurses are ethical, caring people who always put the needs of the patient first. ■



*Celebrate nursing excellence*

## Honor your peers with a nomination for 2003 MNA awards

One of the greatest honors one can achieve is the recognition of one's peers. In this fast-changing health care system in which nurses daily strive to carry out their duties to their patients, there is very little time for them to acknowledge their own professional accomplishments and those of their peers.

The MNA awards, established by the membership with the approval of the MNA Board of Directors, offer all members an opportunity to recognize nurses who by their commitment and outstanding achievements have honored us all. These are often ordinary nurses accomplishing extraordinary things. They are the nurses who challenge us all to achieve excellence.

For detailed information on selection criteria and to receive a nomination packet, call Susan Clish, MNA Department of Nursing, 781-830-5723 or toll free, 800-882-2056, x723.

**Elaine Cooney Labor Relations Award:** Recognizes a Labor Relations Program member who has made a significant contribution to the professional, economic and general welfare of nursing.

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

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

**MNA Human Needs Service Award:** Recognizes a member who has performed services based on human needs with respect for dignity, unrestricted by consideration of nationality, race, creed, color or status.

**MNA Image of the Professional Nurse Award:** Recognizes a member who demonstrates outstanding leadership in enhancing the image of the professional nurse in the community.

**MNA Nursing Education Award:** Recognizes a nurse educator who has made significant contributions to professional nursing education, continuing education or staff development.

**MNA Excellence in Nursing Practice Award:** Recognizes a member who is a role model by contributing innovative,

progressive ideas which serve to improve and enhance clinical nursing practice, including precepting students or new staff nurses.

**MNA Research Award:** Recognizes a member or group of members who has conducted research in their practice or who have provided exemplary leadership to assist others in nursing research.

**Kathryn McGinn Cutler Advocate for Health & Safety Award:** This MNA award recognizes an individual or group that has performed outstanding service for the betterment of health and safety for the protection of nurses and other health care workers.

**Frank M. Hynes Award:** This award recognizes a deserving freshman state legislator or municipal official who has clearly demonstrated exceptional contributions to nursing and health care.

**MNA Legislator of the Year Award:** This award recognizes a senior state legislator who has clearly demonstrated exceptional contributions to nursing and health care.

The nomination deadline is June 16, 2003. ■

### Important! Members!

The deadline for MNA award nominations has been extended to June 16.

## Get Political—Give to NursePLAN!

### Limited Edition, 100<sup>th</sup> Anniversary MNA Jackets!



High-quality, American-made wind-breakers with MNA emblazoned on the back and the MNA 100<sup>th</sup> Anniversary logo on the front.

Front zipper close, full hood, royal blue/black accents with white printing. Perfect for the picket line, union gatherings, and MNA events.

**Brought to you by NursePLAN, the political action committee of the MNA.**

Your purchase helps support the political activities of nurses across the state. Only \$85 if you sign up for a Union Direct monthly contribution of \$5 or more, or if you are a current Union Direct donor to NursePLAN (\$100 for all others).

For more info or to order, call 781.821.4625 x725 or e-mail kanderson@mnam.org.

### NursePLAN Contribution Form

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Employer\*: \_\_\_\_\_ Occupation\*: \_\_\_\_\_  
 \*state law requires that contributors of \$200 or more per year provide this information  
 Please circle jacket size (men's sizes) S M L XL XXL XXXL XXXXL  
 Please check one:  
 Donation of \$100 or more. Please make check payable to NursePLAN. Amount enclosed \_\_\_\_\_  
 Donation of \$85 and:  
 I already donate at least \$5/month to NursePLAN via Union Direct.  
 Sign me up to become a monthly NursePLAN donor via Union Direct.  
 I would like to contribute the additional amount of (PLEASE CIRCLE ONE)  
 \$5/month \$10/month \$20/month OTHER \$\_\_\_\_\_/month  
 to be deducted from my account that I have designated for my monthly MNA dues.  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## Exciting CE program planned for District 2 meeting

**Title:** Single Payer: Solution to the Healthcare Crisis  
**Date:** May 20  
**Time:** TBA  
**Location:** Periwinkles Restaurant, Auburn

This educational program—which is co-provided by the MNA and District 2—will provide nurses with current information on the economics of paying for healthcare, which will encourage their participation in activities to improve healthcare/access to care in the commonwealth. Program presenters will include:

- Suzanne Gordon, nationally recognized speaker, columnist and on nursing and healthcare issues
- Peggy O'Malley, RN, Chair of MASS-CARE, the Massachusetts Campaign for Single Payer Health Care, MNA Board of Directors

Contact Hours: This activity for 1.5 contact hours is provided 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. 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.

For more information contact the District 2-MNA office at 508-835-5898. ■

## Save the Date

MNA Convention 2003

October 15, 16 & 17

Mechanics Hall, Worcester

**\$75 convention package, includes all meals**

Featured speakers include Anita Hill & former Boston Globe reporter Larry Tye

For convention information, call the MNA Nursing Department at 800-882-2056, x 727



MASSACHUSETTS NURSES ASSOCIATION

## MNA election deadline approaching

Dates to remember for the MNA election:

- Final ballot deadline (postmarked)—June 15
- Ballot mailing—Sept. 1
- Ballot return—Sept. 20

Positions available to serve as 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 shall be elected.

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 appears on Page 15 of this issue of *Massachusetts Nurse*. The election policies and procedures will be sent to those persons submitting nomination forms.

\*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. ■

## MNA 2003 elections preliminary ballot

**President, General (1 for 2 years)**

Karen Higgins, RN (District 5)

**Secretary, General (1 for 2 years)**

No Candidate

**District Director, Labor, District 1, 2, 3, 4, 5; (5 for 2 years)**

No Candidate

**At-Large Director, General (3 for 2 years)**

No Candidate

**At-Large Director, Labor (4 for 2 years)**

Betty Sparks, RN (District 5)

**Labor Program Member (1 for 2 years)**

No Candidate

**Nominations & Elections Committee**

[One from each district]

No Candidates

**Bylaws Committee (5 for 2 years) (1 per district):** No Candidates

**Congress on Nursing Practice (6 for 2 years):**

No Candidates

**Congress on Health Policy & Legislation (6 for 2 years):**

No Candidates

**Congress on Health & Safety (6 for 2 years):**

No Candidates

**Center for Nursing Ethics (2 for 2 years)**

No Candidate ■

## 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](http://www.massnurses.org)

## MNA nominations & election policies & procedures

(From the MNA Bylaws)

### 1. Nomination process and notification of nominees

- A. All candidates for office, submitting papers to the Nominations & Elections Committee, shall be notified in writing upon receipt of materials by the MNA staff person assigned to the Nominations & Elections committee. The letter of acknowledgement will identify the office sought. All notifications will be sent by MNA no later than June 5 of each year. If no acknowledgment has been received by that date, it is the nominees' responsibility to contact MNA regarding the status of their nomination.
- B. All candidates must be an MNA member or Labor Program member in good standing at the time of nomination and election.
- C. A statement from each candidate, if provided, will be printed in the *Massachusetts Nurse*. Such statements should be limited to no more than 250 words for the office of president and vice president and 150 words for all other positions.

### 2. Publication of ballot

- A. Preliminary Ballot: All candidates who are members in good standing shall have their names printed on the ballot provided the nomination papers have been received by the Nominations & Elections Committee or designee by the deadline date established by the committee and communicated in the *Massachusetts Nurse*. The order names are listed on the ballot is determined by random selection.
- B. Final Ballot: All candidates who are members in good standing shall have their names printed on the ballot provided the nomination papers have been received by the Nominations & Elections Committee by the deadline date established by the committee and communicated in the *Massachusetts Nurse*. The order names are listed on the ballot is determined by random selection by the Nominations & Elections Committee or their designee.

All candidates will receive a draft copy of the Final Ballot prior to the Election Mailing for verification purposes. Confirmation/request for corrections to the ballot should be made in writing to the Nominations & Elections Committee or their designee postmarked within 7 days of receipt of the draft ballot.

For uncontested positions the Nominations & Elections Committee may solicit candidates, accept late applications, and add to the ballot after the final ballot deadline with approval of the majority of members of the Nominations & Elections Committee present and voting.

- C. Ballot information: All inquiries related to deadlines, status, policies, eligibility to vote and receipt of ballots are to be addressed to the staff person to the Nominations & Elections Committee or a designee.

### 3. Publication of policies/procedures/campaign practice

All policies, procedures and campaign practices related to the MNA elections shall be distributed to candidates upon receipt of their nomination papers. Notice to all members of availability shall be published in the *Massachusetts Nurse* annually.

### 4. Campaign Practices

- A. All candidates shall have access to the following: membership lists/labels; structural unit rosters; bargaining unit rosters; and MNA on site mailboxes. Candidates may also have access to campaign space in the *Massachusetts Nurse* and may request time on structural unit and bargaining unit agendas. The following conditions must be met

1. Request for labels/lists/rosters\* must be in writing and signed by the candidates. All requests will be honored provided they comply with the MNA information/label request policies.
2. Requests from the candidate for time on structural unit or bargaining unit agendas must be in writing and directed to the appropriate chair. The staff person for the group must also be notified of the request. All candidates for a specific office must be provided with equal access and time.
3. Structural units and bargaining units may invite candidates to speak at a meeting. All requests must be in writing with a cc to staff. All candidates for a specific office must be provided with equal access and time.
4. All costs for labels/space in the *Massachusetts Nurse*, and mailing shall be the responsibility of the candidates. Labels will be provided at cost. Ad space in the *Massachusetts Nurse* will be at a specific advertising rate.
5. Records of requests received, the date of the request, as well as distribution of materials shall be kept by the Membership Department.
6. All campaign mailings utilizing MNA membership labels shall be sent through a mailing house designated by the MNA. Mailing utilizing rosters may be done directly by the candidates.
7. The membership list shall be available for review/inspection, by appointment with the Membership Department. Lists or records must remain on the premises.

- B. All candidates must follow acceptable practices in the acceptance of goods, services and contributions. This includes:

1. Employers shall not provide money, supplies, refreshments or publication of and "endorsement" on behalf of a candidate.
2. Candidates may not use MNA, District or employer stationary to promote their candidacy.
3. Candidates may not use postage paid for by MNA, District or an employer to mail literature to promote their candidacy.
4. Neither MNA, its structural units or bargaining units may use dues money

for a function to promote the candidacy of a particular candidate. MNA may sponsor a function at which all candidates for a particular office are invited and no candidate is shown preference over another.

5. Individual members may make voluntary contributions of money, goods or services to a candidate.
6. The amount that a candidate may expend in campaigning is not limited by MNA.
7. MNA elected and appointed officials may endorse candidates. In the event that the endorsement is to appear in the *Massachusetts Nurse*, then and only then, the endorsements must be verified on the official MNA Campaign Endorsement Form and must accompany ad copy. However, no endorsements may carry identification as to the MNA office held by the endorser (see attachment A).
8. MNA staff shall not wear promotional materials of any candidate or in any manner promote the candidacy of any individual.
9. Candidates shall not use the MNA corporate logo on campaign materials.
10. Campaigning or campaign materials are not allowed on MNA premises with the following exceptions:
  - When invited to a MNA structural unit or bargaining unit meeting.
  - Meeting attendees may wear promotional material.
  - Access to MNA structural unit and bargaining unit on site mailboxes is unrestricted.

### 5. Ballot/voting instructions

- A. Ballot will be mailed at least 15 days prior to the date which it must be mailed back (postmarked).
- B. Complete area (as per instructions on form) next to the name of the candidate of your choice. You may vote for any candidate from any district.
- C. Do not mark the ballot outside of the identified area.
- D. Write-in votes shall not be considered valid and will not be counted.
- E. Enclose the correct and completed voting ballot in an envelope (marked Ballot Return Envelope), which does not identify the voter in anyway, in order to assure secret ballot voting. **ONLY ONE BALLOT MAY BE PLACED IN THE ENVELOPE.** All mailing envelopes will be separated from the inner envelope containing the ballot before the ballots are removed, to assure that a ballot can in no way be identified with an individual voter. (At the discretion of the Nominations & Elections Committee, mailing envelopes containing the voter's name and address may be checked off on a master membership list. This process may be of the total membership list, or randomly selected envelopes.) If the mailing envelope has been misplaced, another envelope can be substituted. This envelope must be addressed to: MNA Secretary, c/o Contracted Election Administrator

(address)

In the upper left-hand corner of this envelope you must:

- a. Block print your name
- b. Sign your name (Signature required)
- c. Write your address & zip  
If this information is not on the mailing envelope, the secret ballot inside is invalid.
- F. The ballot must be received no later than \_\_\_\_\_ AM/PM on \_\_\_\_\_, \_\_\_\_\_ in order to be counted.
- G. The ballots must be mailed to: \_\_\_\_\_ MNA Secretary.  
Contracted Election Administrator  
(Address)

[See Page 13 for this year's election deadlines]

### 6. Observation

- A. Each candidate or their designee who is a current MNA and/or Labor Relations Program member is to be permitted to be present on the day(s) of the mailing, receipt, opening and counting of the ballots. Notification of intent to have an observer present must be received in writing or electronic message, from the candidate, five working days prior to the ballot counting date.
- B. Each observer must contact the MNA staff person assigned to the Nominations & Elections Committee 5 working days prior to the day in question for space allocation purposes only.
- C. The observer must provide current MNA membership identification to election officials and authorization from the candidate.
- D. No observer shall be allowed to touch or handle any ballot or ballot envelope.
- E. During all phases of the election process, the single copy of the voter eligibility list will be present for inspection.
- F. All observers and candidates will keep election results confidential for 72 hours after the ballot procedure is completed and certified.

### 7. Candidate notification

- A. Results of the MNA Election will be made available to candidates (or their designee) within 72 hours after completion of the ballot counting. Only the names of those elected will be posted on the MNA Web site when all candidates have been notified after the ballot procedure is completed and certified. Hard copies of the election results shall be sent to each candidate.
- B. Results of the MNA election will be kept confidential until all candidates are notified. Notification of all candidates will occur within 72 hours of certification of the election.
- C. Results will include the following:
  - Number of total ballots cast for the office in question
  - Number of ballots cast for the candidate.
  - The election status of the candidate (elected/not elected)
- D. Any MNA member may access these numbers by written request.
- E. Election results will be posted at the annual meeting.

See *Election policies*, Next Page



# 2003 MNF Golf Tournament

To Benefit Nursing Scholarships & Research

Thursday, June 26

Brookmeadow Country Club  
Canton

8 a.m. Shotgun Start



- Low Gross Prizes!
- Putting Event!
- Raffle & Prizes!

### Tournament Schedule:

Continental Breakfast	7 a.m.
Shotgun Start	8 a.m.
Putting Event	12:30 p.m.
Lunch & Raffle	1:15 p.m.



- ▶ Scholarship
- ▶ Research
- ▶ Education

**Massachusetts Nurses Foundation, Inc.**

**Yes, I want to join the fun at the MNF Golf Tournament!**  
Please reserve:

Tickets at \$99 each (*greens fee, golf cart, breakfast & lunch*)

Tickets at \$35 each (*lunch only*)

I cannot attend, but please accept by donation of \$ \_\_\_\_\_

*Reservations will be taken on first-come basis with payment only*

Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

I am not in a foursome, please select partners for me.

Here are the names of the other members of my foursome:

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Return this completed form with payment. *Please make checks payable to MNF.*  
Send to Massachusetts Nurses Foundation, 340 Turnpike St., Canton, MA 02021  
800.882.2056, x745

**Sponsorship opportunities available.**  
For details call 800.882.2056, x745

Reserve early—Space is limited to 48 people!

## Tour Italy with MNA



**October 21 - 29 – Montecatini Spa located in Tuscany Province, Italy \$1469\***

This all-inclusive trip to the Tuscany region of Italy includes tours to Florence, Venice, Pisa, Sienna, 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.

\*Price listed is per person, double occupancy based on check or cash purchase. Applicable departure taxes are not included.

To receive more information and a flyer on these European vacations, please contact Carol Mallia, RN, MSN, 781-830-5755 or e-mail at [cmallia@mnarn.org](mailto:cmallia@mnarn.org)

### ...Election policies

From Page 14

#### 8. Storage of election materials

- A. Pre Election: All nomination forms and all correspondence related to nominations shall be stored in a locked cabinet at MNA headquarters. The Nominations & Elections Committee and staff to the committee shall have sole access to the cabinet and its contents.
- B. Post Election: All election materials including ballots (used, unused and challenged), envelopes used to return marked ballots, and voter eligibility lists shall be stored in a locked cabinet at MNA headquarters for one year. The Nominations & Elections Committee Chairperson and staff to the committee shall have sole access to the cabinet and its contents.

#### 9. Post Election Press Release

The Department of Public Communications

shall check the information on file/CV data for accuracy/currency with the elected candidate prior to issuing a press release.

\*Member List—a computer listing of the total MNA membership eligible to vote, including name, address, billing information etc.

\*Membership Labels—computer generated labels of the total MNA membership eligible to vote, provided in keeping with MNA Label Sales Policies.

\*Rosters—computer generated list of the Board of Directors of MNA and all MNA structural units. List includes names and addresses.

\*On-Site Mailboxes—areas at the MNA provided for communicating with structural units and bargaining units.

Approved by Board of Directors: 5/16/02  
Revised by Board Policy Committee 11/21/02  
Approved by Board of Directors 12/19/02 ■

# MNA CONTINUING EDUCATION COURSES

*Your source for career training and advancement*

## 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

**Speakers** Anthony Fucaloro, EMT

Capt. Lawrence P. Ferazani

Evie Bain, RN, MED, COHN-S

**Dates** Tuesday, June 3

**Time** 9:00 a.m. – 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, x723

## Wound Care—Dressing for Success

### Description



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

**Speaker** Carol Mallia RN, MSN, CWOCN

**Date** 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

## Applying OSHA to Healthcare Settings

### Description



Provided by a grant from the Massachusetts Department of Industrial Accidents, this program teaches OSHA standards and the protections that they provide for the health and safety of workers in "general industry," which also apply to protect workers, including nurses, in healthcare settings. 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."

**Speakers** MNA staff members Evie Bain and B. Elaine Mauger. Trainers 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.

**Time** 9:00 a.m. – 1:00 p.m.

**Dates & Places** May 14, District 2, Best Western Royal Plaza Hotel & Trade Center, Marlboro

May 21, MNA Headquarters, Canton

June 24, District 1, District 1 Office, Northampton

**Fee** Free to MNA members

**Contact hours\*** 4.4

**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, x723

## Peripheral I.V. Therapy Program

### Description



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

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

**Date** Thursday, May 15

**Time** 5:00 – 8:30 p.m.

**Place** MNA Headquarters, Canton

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

**Special notes** Certificate of attendance will be awarded

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

### 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, 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.

## Acute Care Nursing: 3-Program Series



**Acute Care Nursing: 3-Program Series:** The three offerings of Wound Care—Dressing for Success (June 5), Managing Cardiac & Respiratory Emergencies (June 10) and Interpreting Laboratory Values (June 16) have been grouped for a reduced package price. **Register for all three and save \$20.**

### 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** August 19

**Time** 5:00-9:00pm

**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.

### 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** Tuesday, Sept. 4

**Time** 6:00 – 9:00 p.m.

**Place** MNA Headquarters, Canton

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

**Contact hours\*** 3.3

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

### 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** Sept. 9

**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

### 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** September 16 & 23

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

**Place** MNA Headquarters, Canton

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

**Contact hours\*** 9.0

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

### Peripheral I.V. Therapy Program

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

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

**Date** September 25

**Time** 5:00 – 8:30 p.m.

**Place** MNA Headquarters, Canton

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

**Special notes** Certificate of attendance will be awarded

**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** September 11

**Time** 9:00 a.m. – 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 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** October 1 & 8

**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

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



### Anatomy of a Legal Nurse Consultant

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

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

**Dates** October 9

**Time** 5:30- 8:30 p.m.

**Place** MNA Headquarters, Canton

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

**Contact hours\*** 3.2

**MNA contact** Susan Clish, 781-830-5723 or 800-882-2056, x723v



### Oncology Series for Nurses

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

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

**Dates** October 21, 28 & November 1

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

**Place** MNA Headquarters, Canton

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



**Contact hours\*** 3.6 per program. Total for series: 10.8  
**Special note** Completion of Session 1 is required for attendance at Session 2  
**MNA contact** Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

### 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:** October 23  
**Session 2:** October 30  
**Time** 5:30 – 9:00 p.m.  
**Place** MNA Headquarters, Canton  
**Fee** MNA members, \$65 all others, \$95 (Each session)  
**Contact hours\*** 3.6 per session  
**MNA contact** Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

### 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** November 13  
**Time** 5:30 – 8:30 p.m.  
**Place** MNA Headquarters, Canton  
**Fee** MNA members, \$65 all others, \$95  
**Contact hours\*** 3.0  
**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** November 18  
**Time** 5:00- 9:00 p.m.  
**Place** MNA Headquarters, Canton  
**Fee** MNA members, \$45; all others, \$65  
**Contact hours\*** 3.2  
**MNA contact** Susan Clish, 781-830-5723 or 800-882-2056, x723

### Cardiac and Pulmonary Pharmacology



**Description** This program will provide nurses, from all clinical practice settings, a better understanding of how cardiac and pulmonary medications work. The actions, indications, and nursing considerations will be discussed for the major categories of cardiac and pulmonary medications.

**Speaker** Carol Mallia RN, MSN  
**Dates** December 2  
**Time** 5:00- 9:00 p.m.  
**Place** MNA Headquarters, Canton  
**Fee** MNA members, \$45; all others, \$65  
**Contact hours\*** 4.2  
**MNA contact** Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

### 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, ME, COHN-S

**Dates** December 3  
**Time** 9:00 a.m. – 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

### Wound Care—Dressing for Success



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

**Speaker** Carol Mallia RN, MSN, CWOCN  
**Date** December 9  
**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

### 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" and "Anatomy of a Legal Nurse Consultant" by the Massachusetts Nurses Association, which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Contact hours for "Advanced Cardiac Life Support" and "Anatomy of a Legal Nurse Consultant" are provided by the Rhode Island State Nurses Association, which is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.  
**To successfully complete a program and receive contact hours, 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.

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*Obtain an MNA Discount card to receive 15% discount on automobile products & services.*

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

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*MNA members discounts range from 5 – 20% mention MNA discount CDP#1281147.*

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

### SIX FLAGS NEW ENGLAND DISCOUNT PASSES

MNA MEMBERSHIP DEPARTMENT ..... (800) 882-2056, x726  
*Purchase discount admission tickets for Six Flags New England (\$22 per person).*

### 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

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*Discount admission to Orlando area attractions including Walt Disney World, Universal Studios, Sea World; Kennedy Space Center & others.*

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*Log onto the MNA website at [www.massnurses.org](http://www.massnurses.org) and click on the Universal Studios Link to obtain special discount prices or e-mail [member.extras@universolorlando.com](mailto:member.extras@universolorlando.com) for information.*

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

**For more information, call the MNA, 1-800-882-2056, x726.**

**ATTENTION ALL NURSES:  
WANT SAFE STAFFING?**

**Join your colleagues for the rally and legislative hearings on  
*H.1282 - Quality Patient Care/Safe RN Staffing Legislation***

**WEDNESDAY, JUNE 18**

**9:30 a.m. – 2 p.m.**

**Massachusetts Statehouse**

<b>9:30 am</b>	<b>Rally &amp; Press Conference</b>
<b>10:00 am</b>	<b>Health Care Committee Hearing on Safe Staffing</b>
<b>All day</b>	<b>Learn about Safe Staffing, meet with your legislators and show support for Safe Staffing!</b>

This is the day the Joint Committee on Health Care will hold hearings on MNA legislation to regulate RN-to-patient ratios in acute care hospitals.

Your attendance at this rally and hearing is vital—please wear your scrubs and come show your support for safe patient care!

The MNA is providing buses to this event for MNA bargaining units and other groups who sign up 50 people to attend. To reserve a bus, please contact Dolores Neves at 781-821-4625, x722; dneves@mnarn.org.

To learn more about the MNA Quality Patient Care/Safe RN Staffing bill or if you want to provide testimony in support of the bill, please contact the MNA Department of Legislation and Government Affairs at 781-821-4625, x725; cstefanini@mnarn.org.

Come to the Statehouse and help deliver the message:

***Safe Staffing Saves Lives!***

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