MASSACHUSETTS NURSE

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Deadline for H.1282: July 31, 2004

Nurses take a giant step forward on ratios bill

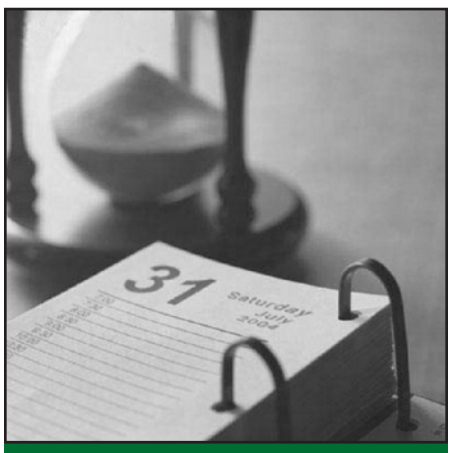
By Charlie Stefanini
MNA legislative director

Just before the Legislature's holiday recess, the Joint Committee on Health Care approved H.1282—the Quality Patient Care/Safe RN Staffing legislation. It was a historic moment for registered nurses in their efforts to protect patient safety and ensure quality patient care, and it represented the first time the bill received a favorable vote by the Health Care Committee. With this part of the process successfully completed, the bill now moves on to the House Ways and Means Committee.

Massachusetts nurses and the patients they care for have never been closer to passing safe RN staffing legislation. This is due to the hard work of nurses across the state, as well as advocacy initiatives RNs have been undertaking with the public and their elected officials. But as your work on these fronts continues, the issue of timing will become increasingly more important.

Why? Because the current legislative session ends on July 31. We have until then to pass the bill AND override any veto or changes the governor may make (he has 10 days to sign, veto or change any bill sent to him.) If we do not do this by July 31, the bill is dead.

Your opponents are well-funded and have shown they will stop at nothing to prevent this bill from becoming law. Simply put, they will work as hard as you to make sure that H.1282 dies by the time the 2004 calendar flips to July 31.



DON'T LET TIME RUN OUT ON SAFE STAFFING

While nurses have never been closer to getting H.1282 passed, much remains to be done in order to prevent the opposition from winning—and it all must take place between now and July 31.

If you are a staff nurse who has been assigned too many patients at once, we need your help. Tell your elected officials why they need to support H.1282 via:

- Phone calls
- Written letters
- E-mail messages
- Postcard mailings
- One-on-one meetings

All of these tactics work. Legislators respond to the needs of their constituents and the continued phone calls, letters, e-mail messages and meetings will all play an important role in your success. To find your legislator's contact information, visit www.massnurses.org and click on the box that says, "Write to your legislators."

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

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

Keep it up and together we can, and will, make RN-to-patient ratios law in Massachusetts. ■

Study finds hospitals' profits unharmed by adding nurses

Results dispel industry claims that improving RN ratios is too costly

As legislation to regulate RN-to-patient ratios in Massachusetts hospitals (H.1282) is being considered by the House Ways and Means Committee, the issue of the bill's impact on hospitals' finances will be a focus of the debate. A new study on nurse staffing and hospital financial performance shows that adding RN staffing is a sound financial investment, having no significant impact on hospitals' profit margin.

A study of the costs of RN staffing ratio legislation in California (the law went into effect in January) conducted by researcher Joanne Spetz at the University of California at San Francisco, estimated the cost would represent a 1 to 1.7 percent increase in hospitals' operating budgets (for an average cost of $217,000 per hospital). Both the MNA and the Massachusetts Hospital Association testified at legislative public hearings last May that this 1 to 1.7 percent increase would hold true for hositals in Massachusetts should the law pass here. However, the Massachusetts Hospital Association, then and now, has claimed that making such an investment in safe nursing care would threaten Massachusetts hospitals' already "slim" profit margins.

A recent study published in the Summer 2003 Journal of Health Care Finance 29(4), pp. 54-76 may call the industry's claim into question.

The study, entitled, "Nurse staffing, quality, and financial performance," which was supported by the Agency for Health care Research and Quality, analyzed data for the years 1990 through 1995 from 422 hospitals in 11 states, including Massachusetts. It found that increased staffing of registered nurses (RNs) does not significantly decrease a hospital's profit, even though it boosts the hospital's operating costs.

The Massachusetts Nurse interviewed the study's author, Barbara Mark, RN, Ph.D., FAAN, and the Sarah Frances Russell Distinquished Professor of Nursing Systems at the University of North Carolina at Chapil Hill, to discuss her findings. The study is the first of three studies Dr. Mark and her colleauges are conducting to answer the question, what happens to the quality of care and financial performance of hospitals when staffing changes? "In this current article, the dependent variable was financial performance," Mark said.

"We found that adding RNs really had no statistically significant impact on the bottom line. It didn't improve it, but it didn't make it worse," she explained. "And that negative finding was surprising, because we would have expected that it would have increased cost and decreased profit margin."

The study's findings lend credence to other studies and claims by groups like the MNA, who have claimed that improving nurse staffing levels is a good investment, because it leads to fewer complications, reduced turnover and a reduction in costs associated with adverse events caused by poor staffing.

While Mark points out that her study wasn't designed to look at the reasons why spending more on nurse staffing didn't hurt the bottom line, one reason offered by the authors was that hospitals with poor nurse stafffing might have higher nurse turnover, and that with better staffing, the costs associated with turnover may be lower.

The study states, "In hospitals with fewer RN FTEs (full-time-equivalents), turnover is high and overtime is extensive—costs that are reduced when there are more RN FTEs. Nursing turnover is costly for hospitals. Current estimates are that it costs $46,000 on average to replace one medical surgical nurse and $64,000 to replace a critical care nurse. ■

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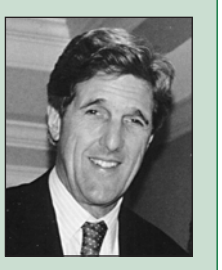


Citing his strong and consistent record of supporting Massachusetts nurses, NursePLAN—the political action committee of the Massachusetts Nurses Association—recommended, and the MNA Board of Directors approved, the endorsement of Sen. John Kerry for president. **Page 5**

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

Nurses' guide to single-payer reform

Update on S.686 and the future of single-payer health care in Massachusetts

By Peggy O'Malley, RN
Chair of MASS-CARE, the Massachusetts Campaign for Single Payer Health Care

At present, the fate of S.686—the Massachusetts Health Care Trust—rests with 17 individuals: the members of the Health Care Committee of the Massachusetts Legislature. This committee includes six senators and 11 representatives, and we desperately need people to call them immediately urging that S.686 receive a "favorable report" from committee and that it be allowed to progress to the next step of the legislative process (the Ways and Means Committee).

Please take a moment to review the list of state regions and associated municipalities that are outlined below. If your city or town is referenced, please make a call to the appropriate senator and/or representative as soon as possible, asking for "a favorable report for S.686."

If you're unsure whether the legislator listed for your town or city represents you, go to www.massnurses.org and click of the box that says "Write your Legislators" to find out for certain.

Do you live in one of the following towns? Then your state senator may be Richard Moore, the Senate chair of the Legislature's Health Care Committee. Call him at 617-722-1420.

- Bellingham
- Blackstone
- Douglas
- Dudley
- East Douglas
- Hopedale
- Linwood
- Manchaug
- Mendon
- Milford
- Millville
- Northbridge
- North Oxford
- Oxford
- Sutton
- Uxbridge
- Webster
- Whitinsville

Do you live in one of the following towns? Then your state senator may be Harriette Chandler. Call her at 617-722-1544.

- Berlin
- Boylston
- Clinton
- East Brookfield
- Holden
- Jefferson
- Northborough
- Paxton
- Princeton
- West Boylston
- Worcester

Do you live in one of the following cities or towns? Then your state senator may be Susan Tucker. Call her at 617-722-1612.

- Andover
- Dracut
- Lawrence
- South Lawrence
- Tewksbury

Do you live in one of the following towns? Then your state representative is Colleen Garry. Call her at 617-722-2060.

- Dracut
- Tyngsboro

Do you live in one of the following cities or towns? Then your state representative may be Thomas Golden. Call him at 617-722-2575.

- Chelmsford
- Lowell
- North Chelmsford

Do you live in one of the following cities or towns? Then your state senator may be Jarrett Barrios, the Senate Vice-Chair of the Health Care Committee. Call him at 617-722-1650.

- Allston
- Cambridge
- Charlestown
- Chelsea
- Everett
- Revere
- Saugus
- Somerville

Do you live in one of the following cities or towns? Then your state senator may well be Susan Fargo. Call her at 617-722-1572.

- Bedford
- Carlisle
- Chelmsford
- Concord
- Lexington
- Lincoln
- North Chelmsford
- South Chelmsford
- Sudbury
- Waltham
- Weston

Do you live in one of the following cities or towns? Then your state representative may be Peter Koutoujian, the House Chair of the Health Care Committee. Call him at 617-722-2130.

- Newton
- Newtonville
- Waltham
- Watertown
- West Newton

Do you live in one of the following cities or towns? Then your State Representative may be Rachel Kaprielian. Call her at 617-722-2220.

- Watertown
- West Cambridge

Do you live in one of the following cities or towns? Then your State Senator may well be Bruce Tarr, a member of the Health Care Committee. Call him at 617-722-1600.

- Byfield
- Boxford
- Essex
- Georgetown
- Gloucester
- Groveland
- Hamilton
- Ipswich
- Manchester-by-the-Sea
- Middleton
- Newbury
- North Andover
- North Reading
- Nutting Lake
- Rockport
- Rowley
- South Hamilton
- Wenham
- West Boxford
- West Newbury
- Wilmington

Do you live in one of the following cities or towns? Then your state representative may be Christine Canavan, the House Vice-Chair of the Health Care Committee. Call her at 617-722-2320.

- Brockton
- South Easton
- West Bridgewater

Do you live in one of the following towns? Then your state representative may be Kathleen Teahan. Call her at 617-722-2130.

- Abington
- East Bridgewater
- Whitman

Do you live in one of the following cities or towns? Then your state representative may be Patricia Haddad. Call her at 617-722-2692.

- Dighton
- East Taunton
- North Dighton
- Taunton
- Somerset
- Swansea

Do you live in one of the following towns? Then your state representative may be Susan Gifford. Call her at 617-722-2090.

- Bourne
- Buzzards Bay
- Carver
- East Wareham
- North Carver
- Onset
- Plymouth
- Rochester
- Sagamore
- Sagamore Beach
- South Carver
- Wareham
- West Wareham

Do you live in one of the following towns? Then your state representative may well be Shirley Gomes. Call her at 617-722-2803.

- Eastham
- East Harwich
- Chatham
- Harwich
- Harwichport
- North Eastham
- North Harwich
- Orleans
- Provincetown
- South Chatham
- South Harwich
- Truro
- Wellfleet
- West Chatham
- West Harwich

Do you live in one of the following cities or towns? Then your state representative may be Robert Coughlin. Call him at 617-722-2130.

- Dedham
- Islington
- Walpole
- Westwood

Do you live in one of the following towns? Then your state representative may be William Galvin, a member of the Health Care Committee. Call him at 617-722-2380

- Avon
- Canton
- Stoughton

The cost of inaction

As perceptions of crisis deepen and demands for health care reform intensify, the political discussion of potential health care policy changes—and, especially, of options for comprehensive reform—have turned, predictably, to the issue of budgetary impact. How much will reform cost?

In this welcome burst of political buzz about reform, another question, at least as important as the first, has received much less attention. How much will inaction cost?

What will happen if we do nothing to reform the health care system; nothing to secure health coverage for all Americans; nothing to contain surging costs; nothing to improve the quality of care?

Conclusion: The longer our nation waits to reform its health care system—and to achieve universal coverage, contain costs, and improve the quality of care by doing so—the more it will ultimately cost.

Reform makes economic sense. Delaying reform does not.

Source: "Charting the Cost of Inaction," National Coalition on Health Care, May 19, 2003, www.nchc.org. ■

Health Care Action Day program set for March 4

The goal of the program is to have thousands of people wear a sticker to show support for a comprehensive political solution to the health care crisis

Complete details, Page 7

Executive director's column

The hospital industry's opposition to H. 1282 and why it is wrong

By Julie Pinkham
MNA Executive Director

As we head into the final months of the legislative session, the Coalition to Protect Massachusetts Patients will be pushing for passage of H.1282—safe staffing legislation that would regulate RN-to-patient ratios in Massachusetts hospitals.

Opposing this bill will be two principal groups: the Massachusetts Hospital Association and their subsidiary, the Massachusetts Organization of Nurse Executives (MONE).

Their opposition is based on the following arguments: 1) the bill strips nursing leaders of their ability to make "professional" judgments about staffing; 2) H.1282 fails to provide flexibility to account for the changing needs of patients; 3) there are not enough nurses to meet the ratios; and 4) the cost of meeting these ratios is too high, and will result in the decimation of the state's already fragile health care system.

My task here is to examine each of these arguments in light of past history, nursing research and common sense. Under such scrutiny, I'll show that none of these arguments against the bill holds any water.

Who should make staffing decisions?

Whether or not we pass legislation to regulate RN staffing in our hospitals boils down to a simple question: based on past performances, can we trust hospital administrators and nursing leaders to have sole discretion over staffing decisions in our hospitals? Here is some history to help you answer this question…

In October, the Massachusetts Department of Public Health issued a report citing a 76 percent increase in injuries, medical errors and complaints in our hospitals related to patient care, with the majority of the problems arising from the quality of nursing care. Last June, Opinion Dynamics Corporation—a respected independent research firm that is often used by the hospital and insurance industry—reported that nearly nine out of 10 nurses report the quality of care they deliver has suffered because of poor RN-to-patient ratios, and more than two-thirds reported an increase in medication errors. This same survey also revealed that one in two nurses reported increases in patient injuries, readmissions and complications, and nearly one in three reported patient deaths related to nurses having too many patients to care for.

Nine out of 10 nurses attribute hospital administration understaffing to the cause of the nursing shortage and the crisis we now face. These findings have been duplicated in more than five national surveys that have been conducted over the last two years. In fact, the Joint Commission on the Accreditation of Health Care Organizations and, most recently, the Institute of Medicine (IOM) linked hospital understaffing to serious harm to patients. And both bodies pointed to actions by hospital administrators to cut staffing in the last decade as the cause of this crisis.

Those who provide care don't trust their "nursing leaders" to make decisions about staffing levels in our hospitals. In every survey of nurses on this issue, ratios are what nurses say they want and need most in order to provide safe care to their patients. The IOM agrees, and it recently came to a much more radical remedy than ratios. That body said that front-line nurses—not administrators—should have the right to stop admissions to their unit when they feel conditions are unsafe.

Julie Pinkham

The likelihood of such an approach ever being approved or allowed by the industry is pure fantasy. Remember, in 1998 the Legislature had to pass a "whistleblower law" for nurses to protect themselves from their own administrators who were firing and punishing them for simply "reporting" unsafe conditions.

It is clear from the record and the research: the hospital industry cannot be trusted to make good staffing decisions, so it's up to the government to step in and force the industry to provide the protections it refuses to offer.

Flexibility in nurse staffing

Nearly every news story about this bill has included a quote from the opposition that was along the following lines: "This bill provides a one-size fits all approach to nurse staffing and it fails to provide the flexibility hospital needs." Either the MHA and MONE have failed to read the bill, or they are engaging in a purposeful misrepresentation of H.1282.

Regarding the industry's "one-size fits all" claim, the bill actually provides 12 different ratios—each specifically designed for a hospital's specialty areas. H.1282 also calls for the creation of a standardized patient classification system that would do exactly what the MHA and MONE claim the bill won't do.

We would point out that MONE has always had the "flexibility" to adjust nurse staffing levels. But what have they chosen to do? To assign staff by a projected "average" daily census and rarely, if ever, add nurses when units become full.

As a practicing RN, what would you rather have: a guarantee that on any shift you would never have more than four patients? Or would you rather continue to allow your "nursing leaders" to have the "flexibility" to make these decisions based on their assessment of your patients' needs? We've asked front-line nurses this question, and nine out of 10 say they'd prefer the flexibility of H.1282.

Are there enough nurses out there?

There is overwhelming evidence that says there are more than enough nurses in Massachusetts to meet the requirements of H.1282.

It is undisputed that Massachusetts has the highest per capita population of nurses in the nation. It is also true that in the last ten years, Massachusetts' RN population has increased by 10 percent while the number of hospital beds has decreased by 30 percent. There is no shortage of nurses in this state.

In backing their argument that the "nursing shortage" has caused this crisis and prevents ratios as a solution, the industry often cries, "But 83 percent of nurses in Massachusetts are already working!" We don't disagree. What they fail to mention is that only 45 percent of working nurses are at the hospital bedside and only half of those nurses are working full time.

The industry also fails to mention why these nurses re not working at the hospital bedside. According to a research study in which the MNA and MONE participated in 2001, the answer was quite clear: nurses left the bedside because of staffing conditions and patient loads. In a survey conducted last June (previously referenced) almost nine in 10 respondents attributed the shortage to patient ratios. And in March 2003, the *Journal of Nursing Administration* (MONE's own professional journal) featured a study with the same result.

Again, the evidence is clear and overwhelming: poor staffing conditions that were created and implemented by the industry created this shortage.

There is good news though. Nearly every study concludes that improving staffing and RN-to-patient ratios is the answer to stemming the flight of nurses from the bedside. In Massachusetts, 65 percent of nurses who've left the hospital bedside because of poor staffing conditions say they'll return if H.1282 is passed.

Costs/benefits of RN-to-patient ratios

When all else fails in their arguments, we can count on the hospital industry to peddle fear in an attempt to convince the public of the dangers of this bill. Their threatening mantra: "The nurses needed to meet these ratios do not exist, so hospitals will have to close units in order to ensure an adequate number of staff."

Applying the best and most credible research shows the cost of meeting the requirements of H.1282 to be a 1 to 1.7 percent increase in a hospitals budget. We argue that hospitals currently misuse and misapply far more than 2 percent of their budgets.

The front page of this month's Massachusetts Nurse includes an article about a study in from the Journal of Health Care Finance and Quality showing that increased staffing of RNs has no statistically significant impact on hospitals' finances/profit margins. In other words: increasing nurse staffing is, at worst, cost neutral. The study's author suggests that this positive result may be attributable to the impact adequate RN staffing levels have on reducing turnover.

Reduce RN turnover, save millions

In 2002, the American Organization of Nurse Executives, a national organization to which MONE belongs, commissioned its own report on RN vacancies and turnover. In that report, the following statement was made:

"The national average turnover rate for RNs in 2002 was 21 percent (17.9 percent in Massachusetts). Such turnover levels represent substantial recruiting, training and orientation costs. For example, a facility with 400 RNs must develop a system to recruit and train up to 80 new RNs each year. Investments to reduce 'churn' may pay considerable dividends in decreased costs and improved quality of patient care."

Another study by Valery Upenieks published last year in the Journal of Nursing Economics stated that hospitals with an RN-to-patient ratio of one to seven experience a turnover rate of 18 percent (close to Massachusetts' turnover rate). Conversely, hospitals with a ratio of one to four (as outlined in H.1282) have a turnover rate of just 9 percent.

The author provided a calculation of the value of reducing turnover (from 18 to 9 percent) that showed that for every $1 invested by hospitals in meeting minimum RN-to-patient ratios, there will be a $1.20 return in cost savings associated with reducing RN turnover.

Fewer complications, cost savings

Sung–Hyun Cho, a nurse researcher in California, recently published a study in the Journal of Nursing Research, entitled, "The Effects of Nurse Staffing on Adverse Events, Morbidity, Mortality and Medical Costs" (March 2003). She found a direct link between RN staffing and incident rates for hospital-acquired pneumonia.

The study revealed that pneumonia adds five days to a patient's hospital stay and costs $22,390 to $28,505 per incident. An increase of one hour worked by RNs per patient day was associated with an 8.9 percent decrease in the odds of pneumonia. Applying her findings to Massachusetts hospitals, an estimated $23 million could be saved annually by reducing pneumonia.

When all else fails in the industry's attack on this legislation, you can bet they'll revert to using fear as a tactic and claim that passing this bill will result in the closure of community hospitals. Do not fall for such fear-mongering. The industry has closed 30 hospitals in the past decade due to their own mismanagement…not due to the cost of nurse staffing.

It is clear that between savings associated with reducing nurse turnover and the reduction of just one complication, Massachusetts would experience a significant cost benefit by investing in H.1282. Implementing safe staffing legislation just makes sense.

What is at stake in this debate is a matter of life and death for every patient in Massachusetts hospitals—as well as the very future and integrity of our nursing profession.

Most of the studies and the research supporting this article can be found on our web site at www.massnurses.org, or by calling our Department of Public Communications at 781-830-5717. ■

The MNA challenges the industry to stand by its claims and to justify them. We invite any MHA or MONE representative who disagrees with our position to debate us in public on this issue. We are ready and willing to stage a televised debate on a local cable station in a community of the industry's choosing, and we'll go to any hospital, university or community center to openly debate an industry representative in front of any audience.

MNA on Beacon Hill

The squeaky wheel gets the most grease!

Six steps every RN must take for safe staffing

Contact your legislator

Call and write letters to your state representative and state senator. The more contact you have with your legislators, the more you will be recognized by them as an activist in your community. Your legislators need to know why safe RN staffing is essential for patients and nurses. The more personal your contact with them, the more impact it will have. Give them an example of how staffing makes a difference in the care you can provide to your patients; paint them a picture of your typical day; or let them know how safe staffing will enable you to provide the best care for your patients. For fact sheets and talking points on safe RN staffing that can help during your conversations with legislators, go to www.massnurses.org, click on the "Legislation & Government Affairs" button on the left hand side, and then click on the button that reads."

Attend in-district office hours

Most legislators hold office hours in their districts each week. This is a chance for you to meet with your legislator or his/her aide near your home or work and express to them your support for safe staffing. It takes only a few minutes and it can have an enormous impact. You can go alone or take other RNs with you. To find out your legislators' office hours and to schedule a meeting, simply call their State House or district office. Visit www.massnurses.org or www.state.ma.us/legis/legis.htm to find contact information for your legislators.

Attend a legislative briefing

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

Join the MNA Action E-List

By becoming a member of the Action E-List, you'll be the first to receive important e-mail alerts, updates on the safe staffing bill, and invitations to meetings and events. Simply go to www.massnurses.org, click on the "Action E-List" button on the home page and fill out the short form.

Write a letter to the editor

Go to www.massnurses.org, click on the box that says "write to legislators" and follow the links to write a letter to the editor of your local paper—and then select from either a pre-written letter or a letter that allows for personalization. Tell your local editor why H.1282 is imperative to patient safety and why the bill must be passed, and then send it off directly with just a single mouse click.

Keep up the great work

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

One click, two clicks!

Contacting state legislators about safe staffing has never been easier

Whether you're an MNA member or not, the fastest and easiest way to contact your state legislator regarding his or her support of H.1282 is to use your computer mouse.

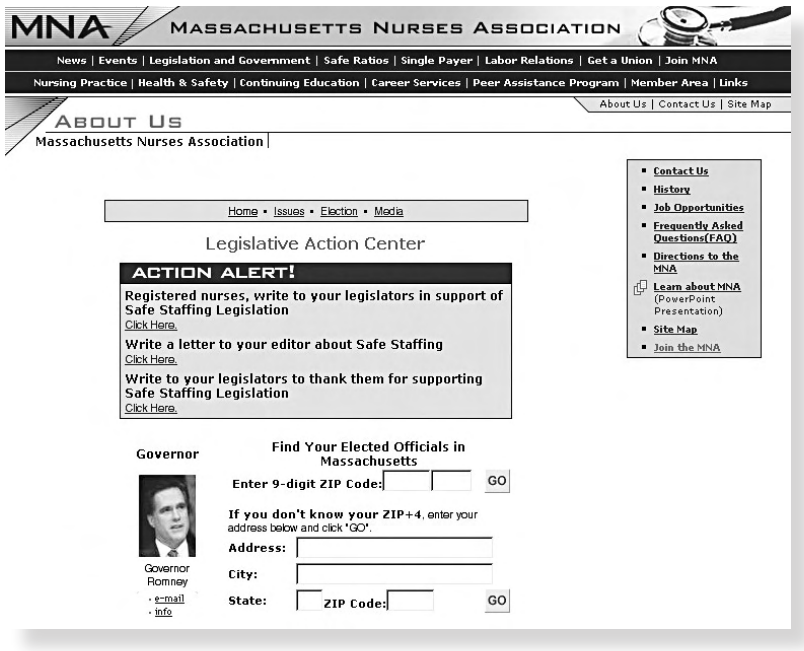
So how do you do it?

1. Visit www.massnurses.org and click on the box at the top center that says "Write to your LEGISLATORS."
2. Enter your nine-digit zip code or address, and then click on the names of your elected officials as they appear in the middle of the Web page.
3. Click on your legislator's e-mail address; select one of the automated letter-writing options; sign your name; and click the "send" button.

That's it; it is really that simple. Best of all, using this approach allows you to contact your legislators at any time—day or night—from any computer.

Each time a nurse contacts his or her elected officials about the safe staffing bill, H.1282 moves one step closer to becoming law.

Legislators are responsive to the needs and concerns of their constituents, but if they don't hear from you they cannot help you. Contact your legislators via e-mail today and tell them you support the safe RN staffing legislation. Doing so will make RN-to-patient ratios a law. ■



Get involved in MNA

Join the Congress on Nursing Practice

There are currently three seats available on the MNA's Congress on Nursing Practice.

The Congress on Nursing Practice is a deliberative body of twelve MNA members who work together to identify practice and other issues impacting the nursing community. These issues can be addressed through legislation, education policy and/or position statements.

Criteria for joining the Congress:

- Must be an RN
- Must be an MNA member
- Should be interested in joining a dynamic group of practicing nurses

The commitment is one meeting on the fourth Monday of each month, 5:30 to 7:30 p.m. at MNA headquarters in Canton.

For more information, contact Dorothy McCabe at 781-830-5714 or via e-mail at dmccabe@mnarn.org. ■

Congress on Health Policy and Legislation

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

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MNA gives nod to Sen. John Kerry in his presidential bid

Citing his strong and consistent record of supporting Massachusetts nurses, NursePLAN—the political action committee of the Massachusetts Nurses Association—recommended, and the MNA Board of Directors approved, the endorsement of Senator John Kerry for president.

"The MNA is behind John Kerry because of his strong record and continued commitment and dedication to the nursing profession and patient safety," said Karen Higgins, president of the MNA. "We have had the honor and distinction of working first hand with him on a myriad of nursing and health care issues over the past several years. In each case, he has been attentive, pro-active and action oriented."

Higgins added, "As nurses struggle to provide quality patient care in understaffed environments made worse by a looming nursing shortage, John Kerry has reached out to the nursing community to hear our concerns and has led efforts on the national level to implement the policies and changes needed to improve conditions for nurses and for patients. He believes we need to ensure that there are adequate staffing levels of registered nurses in our health care facilities and he understands that the working environment for nurses, caused in part by understaffing, is part of the reason that we have a nursing shortage. And, as all nurses know, this can undermine the quality of care that is given to patients."

In highlighting its endorsement, the MNA pointed to a number of specific actions by Kerry, including:

- He personally sat down for more than 15 hours with the staff nurses at Brockton Hospital and worked to convince management to resolve a 102-day nurse's strike over unsafe staffing levels and mandatory overtime. He has subsequently filed legislation on the federal level that would place strict limits on mandatory overtime for nurses.
- He sponsored and spearheaded passage of the Nurse Reinvestment Act and secured its funding to provide educational and scholarship incentives for those entering the nursing profession.
- He has also participated in focus groups with staff nurses from across the state to better understand the concerns and issues facing front-line caregivers.
- He is committed to pushing for a law that provides comprehensive whistleblower protections to assure that health care workers in all settings are able to report work conditions and incidents without retaliation. Kerry also supports making whistleblower protections a condition for health care providers who want to participate in Medicare or Medicaid.
- Recognizing that nursing is one of the most dangerous professions and that injuries to nurses are on the rise, Kerry believes we need to step up enforcement action and begin to prosecute willful violators of health and safety rules. He is committed to stepping up OSHA inspections, ordering the Justice Department to vigorously prosecute the worst violators and reinstating the standards for ergonomics that the Bush administration eliminated.
- Finally, Kerry believes the freedom of workers to form unions and bargain collectively is a fundamental right, and he strongly supports labor law reforms to assure that nurses have the right to organize a union. He supports a card check and neutrality system as the most fair and equitable way for employees to establish their desire to form a union and for employers to recognize the union and begin negotiations.

"As an organization of front-line nurses who spend their working lives caring for vulnerable patients, the MNA believes that John Kerry's record and his positions on health care issues show that our ability to care for the sick and vulnerable would be greatly enhanced were he in the White House guiding our national health care policy."

Kerry has outlined a comprehensive agenda specific to nursing:

Ensure safe staffing levels

Kerry believes we need to ensure that there are adequate staffing levels of registered nurses in our health care facilities. When staffing is inadequate, nurses are forced to work overtime and care for too many patients. The difficult working environment for nurses, caused in part by understaffing, is part of the reason that we have a nursing shortage. And, as all nurses know, it can undermine the quality of care that patients receive.

The Medicare and Medicaid programs give the federal government the leverage to make sure we have appropriate staffing levels. Kerry will implement rules that account for the number of patients that a nurse cares for in any given shift, the specific health needs of these patients, and the levels of experience and preparation of participating nurses. It is nurses who best understand what is required by the job and Kerry believes they must be involved in developing safe staffing systems. The safety of millions of Americans depends upon swift and decisive action to implement appropriate nurse staffing levels nationwide. Kerry will take this action.

End mandatory overtime

Nurses work around the clock to take care of our most vulnerable citizens. Kerry stood shoulder to shoulder with Sen. Ted Kennedy to fight against mandatory overtime for nurses. Mandatory overtime is having a negative impact on patient care, resulting in medical errors and driving nurses from the bedside. Unfortunately, the problem is only getting worse. The Kennedy-Kerry legislation will place strict limits on the mandatory overtime hours a nurse may be required to work.

Combating the nursing shortage

Kerry believes the best way to recruit and train more nurses is to treat them with the professionalism and respect they deserve. That starts with good working conditions including: better pay; a career ladder to empower more experienced nurses and to assure younger nurses have mentors to encourage them to stay in the profession; and good working conditions, rather than forced overtime or asking nurses to care for too many patients. Kerry co-authored the Nurse Reinvestment Act to encourage more nurses to enter the workforce and improve training, education and retention for those who are there today. He believes we must fully fund this legislation.

Sen. John Kerry has a long record of supporting Massachusetts nurses

Whistleblower protection

Kerry will fight for comprehensive whistleblower protections to assure that health care workers in all settings are able to report work conditions and incidents without retaliation. He believes this should be law and supports enacting a strong Patients' Bill of Rights. Kerry also supports making whistleblower protections a condition for health care providers who want to participate in Medicare or Medicaid.

A safe and healthy workplace

The most recent reports from the Department of Labor show that workplace injuries continue to rise. Kerry believes we need to step up enforcement action and begin to prosecute willful violators of health and safety rules. We also need an administration that recognizes the health and safety threat that workers face, whether in the form of ergonomic injury, exposure to TB, or workplace accidents. Kerry will start by stepping up OSHA inspections, ordering the Justice Department to vigorously prosecute the worst violators and reinstating the standards for ergonomics that the Bush administration eliminated.

Fighting for the right to unionize

Kerry strongly supports labor law reforms to assure that nurses have the right to organize. He believes that the card check and neutrality system is the most fair and equitable way for employees to establish their desire to form a union and for employers to recognize the union and begin negotiations. Kerry worked closely with nurses in Brockton to settle a strike and he understands that too often working conditions do not improve without the right to organize. Kerry believes in the freedom of workers to form unions and that collective bargaining is a fundamental right, and he will not stand for a labor-law system in which the union doors are shut for millions of workers.

Stop the scapegoating of nurses

As the landmark Institute of Medicine report found, medical errors cause nearly 100,000 preventable deaths every year. Kerry believes the first step in combating this problem is creating an atmosphere where health care providers feel comfortable coming forward without fear of retribution. Kerry believes we can do this by instituting non-punitive systems for reporting and analyzing errors. It is equally essential to ensure safe staffing levels and to stop mandatory overtime. Overworked nurses and understaffed hospitals place an unfair burden on the shoulders of frontline health care providers and undermine patient care. As president, Kerry will make sure we don't place unreasonable demands on our health care workers.

Promoting best practices

Kerry will also work to close the extremely wide gap between best practices and typical practices. Too often, our knowledge about care does not translate into day to day practice. Changing this, particularly for selected chronic diseases (such as diabetes, stroke, congestive heart failure and arthritis) would dramatically improve health outcomes and reduce costs.

To implement widespread change in the health care system, Kerry believes we need a national commitment that brings everyone to the table. That's why he has proposed a "Quality Bonus" program that will provide financial incentives to help providers and purchasers improve quality. It provides incentives and rewards to health care organizations and health professionals who invest in modern information systems, computerize prescribing systems and work to prevent medical errors.

Workplace violence protection

The number of workplace violence incidents involving nurses is alarmingly high. As president, Kerry will take decisive action to combat this disturbing trend. He will implement a strong and enforceable federal standard on workplace violence. He will make sure that every health care facility in America has the most up-to-date information on training and incident-response methods. He will ensure that the government takes an active role in disseminating information on best practices for preventing and addressing workplace violence. ■

Is your legislator supporting H.1282?

More than 100 legislators have signed on as co-sponsors of H.1282, the Quality Patient Care/Safe RN Staffing bill. Please check the list below to see if your legislator is already supporting H.1282. If he or she is, please call and thank them for their support. If he or she is not yet a co-sponsor, call and ask them to support H.1282.

To find your legislator's contact information, visit www.massnurses.org and click on the box in the right-hand corner that says, "Write to Your Legislator."

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Steven Walsh, D-Lynn
Alice Wolf, D-Cambridge

RNs at Providence Hospital in Holyoke ratify new three-year contract

Awards for longevity, new insurance benefits, and pioneering language specific to health and safety seen as biggest successes

Registered nurses represented by the MNA at Holyoke-based Providence Behavioral Health Hospital recently voted to ratify a new three-year contract—one that includes language specific to longevity compensation, as well as groundbreaking health and safety language. The pact also grants the RNs a 7 percent, across-the-board raise in both the first and second years of the contract, followed by an 8 percent increase in the contract's final year.

According to Diane Michael, RN and co-chairperson of Providence's MNA bargaining unit, the ratified contract is being hailed as a success by the hospital's RNs. "This contract was negotiated in just six sessions," said Michael, "and the end result includes some really exciting language that provides Providence's dedicated and hardworking RNs with the benefits they deserve."

For Denny Glidden, an RN in Providence's methadone clinic and co-chairperson of her bargaining unit, the salary expansions under the new contract are being praised by all of her fellow MNA members. "The across-the-board increases and the restructuring of the pay scale mean that we can now offer extremely competitive salaries to nurses who are considering joining us at Providence as well as retain the highly skilled RNs who have long been providing best-in-class care to patients in need of behavioral health programs," said Glidden.

In addition to the salary language, the health and safety language in the new contract is also considered a significant success—particularly from the perspective of the MNA's own health and safety department. "This contract works to protect the lives of all the nurses who are employed at Providence Hospital," said the MNA's Evie Bain, MEd, RN and COHN-S. "Additionally, it is groundbreaking for nurses and patients everywhere who suffer from latex allergies."

Exposure to (natural rubber) latex has disabled thousands of nurses in recent years. Eliminating latex gloves—and substituting them with gloves made of materials that surpass latex in terms protective qualities—has been shown to protect both nurses and patients. "With this language in place, nurses who've become latex allergic could return to work in a place that is free of the hazard that has affected their lives and their ability to work," said Bain.

Approximately 62 registered nurses comprise the MNA bargaining unit at Providence, and according to Andrea Fox—the chief negotiator for the hospital's unionized RNs—the level of involvement that was seen from members during this contract negotiation was notable. "The members at this hospital have always been very committed to working hard for a fair contract, but the involvement throughout this six-session negotiation was truly impressive," said Fox. "RNs from every department and every unit followed the progress of this contract closely, and more the three quarters of the members turned out to vote. The result: an excellent contract that is competitive."

Providence Behavioral Health Hospital is a Holyoke-based facility that offers patients from across Massachusetts access to a wide range of mental health and behavioral health programs. Services include in-patient, outpatient and residency treatment programs in child/adolescent psychiatry; adult psychiatry; older adult psychiatry; substance abuse treatment; and a methadone maintenance treatment program. ■

The Providence Hosptial contract language includes:

- A 3 percent increase in the bargaining unit's entire salary scale (in addition to the across-the-board enhancements outlined above) due to the restructuring of the scale's steps; as a result, many RNs will begin this contract year with a 10 percent salary increase.
- A longevity bonus that awards RNs who have been in the hospital network for 20 years or more with an annual, lump-sum award of $10 for each year worked.
- Improved shift differentials, including an additional $4 per hour for RNs working the 11:15 p.m. to 7:15 a.m. shift and an additional $2 per hour for RNs working the weekend shift. Shift differentials will increase at a rate of $0.50 per hour in the last two years of the contract.
- The introduction of "preceptor pay." RNs who take on the role of mentoring and teaching new/returning nurses will be compensated for their expanded responsibilities and their time.
- The removal of all latex gloves in order to protect workers and patients who suffer from latex allergies.
- A $100,000 HIV insurance policy that is available at no cost to any RN who contracts the virus as the result of a work-related exposure.
- Groundbreaking health and safety language that clearly defines workplace violence and formalizes the hospital's continued commitment to identifying, intervening and following-up on all instances of workplace violence.

Use the Web to help pass H.1282: Become an e-mail activist!

Passage of H.1282 is just one mouse-click away. By becoming an e-mail activist you will:

- Be the first to receive important e-mail alerts
- Get up-to-the-minute news about the progress of H.1282
- Receive information about safe-staffing meetings and events

To sign up, visit www.massnurses.org and click on the link in the right-hand column that says, "Action E-list."

Want Safe Staffing? Then Get Political with NursePLAN

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

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

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

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

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

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

NursePLAN Contribution Form

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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.

Health Care Action Day program set for March 4

The action committee associated with Massachusetts Jobs with Justice (JWJ) is organizing a "Health Care Action Day" on Thursday, March 4. The goal of this event is to link workers' struggles against premium cost shifting and cuts in essential health care services to the larger movement to win universal health care reform. JWJ also hopes to use March 4 as a way of educating the public about how Bush's Medicare privatization and prescription drug programs are setbacks for seniors, people with disabilities and all working people.

The goal of the March 4 program is to have thousands of workers, seniors and community activists in Massachusetts join hundreds of thousands of others across the country who will be wearing a sticker to show support for a comprehensive political solution to the health care crisis. Hopefully, the day of action will educate large numbers of working people about the need for a health care plan that:

- Covers everyone
- Saves money by eliminating bureaucratic inefficiency
- Is publicly financed

Getting people to take action on the same day will give working people an opportunity to show their support for universal coverage and increase pressure on employers and government at all levels to take immediate action.

Please be assured that well before the "day of action," the MNA will send interested participants and organizations a set of educational materials from Jobs with Justice (JWJ)—as well as a stack of the stickers that are to be worn on March 4. These educational materials will help you tell your co-workers more about Health Care Action Day and the need for a political solution to the health care crisis.

Please note that a representative from the JWJ Health Care Action Committee will also be available to attend your organization's executive board and/or membership meeting to further explain why this action will send a powerful message to employers and politicians.

If your organization wants to participate in Health Care Action Day on March 4, please contact Jennifer Johnson at the MNA by calling 781-830-5718 or via e-mail at jjohnson@mnarn.org. ■

The Coalition to Protect Massachusetts Patients

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

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

"Because Safe Staffing Saves Lives"

Labor Relations News

MNA expands organizing dept. as more RNs look for union representation

Collective bargaining in today's health care environment isn't just about wages and benefits. It is about patient advocacy, protecting nursing practice, establishing safe staffing levels and ensuring a safe work environment for RNs and health care professionals. Today collective bargaining is about helping RNs become the patient advocates they were trained to be.

According to Eileen Norton, the MNA's newly-hired director of organizing, too few RNs in the state of Massachusetts have the opportunity to maximize their roles as patient advocates—primarily because of the limitations that are forced on them by management teams in hospitals and health care facilities.

Meeting a growing need

"There's good news though," said Norton. "More RNs than ever are realizing that it doesn't have to be like this. They don't have to care for eight patients at a time; they don't have to float to units without the proper orientation; and they don't have to provide sub-standard care to patients. Basically, they've learned from their unionized peers that representation by the MNA means becoming a team of stellar patient advocates who are compensated well for the invaluable work they do." Because so many RNs and health care professionals have become interested in unionizing, the MNA recently expanded its organizing department.

"We now have an expert team of four people in place that can help RNs in their efforts to unionize." In addition to Norton, the newly-expanded department includes Jon Neale, an organizer who has been with the MNA for two years and who has over 20 years of organizing experience; Jeanine Hickey, a registered nurse who has been active in the MNA for 26 years and was the vice-chairperson of her bargaining unit at Merrimack Valley Hospital; and Debra Rigiero, a registered nurse who has been active in the MNA for five years and is the co-chairperson of her bargaining unit at Worcester Medical Center. In addition, both Hickey and Rigiero served on the MNA Board of Directors: Hickey as region director in Labor for Region 4 and Rigiero as director (at-large/general).

The benefits

As the largest union of health care professionals in Massachusetts, the MNA represents over 22,000 nurses in more than 80 health care facilities—ranging from large metropolitan hospitals to community hospitals, as well as school nurse, public health nurse and visiting nurse associations. Through legally protected collective action and contract language, members have the power to secure benefits and working conditions which foster professional growth and promote quality patient care. Through collective bargaining, MNA members at some bargaining units have achieved many successes, including:

- Winning HIV insurance protection for nurses
- Limiting the use of unlicensed personnel
- Limiting the use of mandatory overtime
- Limiting the maximum shift to 12 hours
- Implementing language that assures a nurse's right to refuse mandatory overtime
- Limiting or prohibiting floating of nurses
- Language protecting nurses' working conditions in the event a hospital is sold

Organizing a workplace union is a legal right that every RN has—and this right is entirely protected under the National Labor Relations Act (NLRA). In section 7, the NLRA says, "Employees shall have the right to self-organization, to form, join, or assist labor organizations, to bargain collectively through representation of their own choosing, and to engage in other concerted activities for the purpose of collective bargaining."

"We get so many phone calls from nurses who say they desperately need the safe harbor that union solidarity provides," said Norton, "but many of these same nurses are initially overwhelmed with the idea of organizing. They are fearful of losing their jobs and hesitant to become involved. They need to be reassured of their rights under the law and educated as to the benefits that can be derived from a union. It truly is a winning formula when health care professionals unite for their own welfare and the welfare of their patients."

For more information and to learn more about forming a union at your hospital, contact Eileen Norton at 781-830-5777 or via e-mail at enorton@mnarn.org. ■

MNA member tells how she sought 'safe harbor of union representation'

Thousands of union members, including hundreds of MNA members, marched from Boston Common to the Thomas P. O'Neill Building in December to call for stiffer labor laws and to protest corporate America's anti-labor stance.

The group of about 4,500 people gathered in solidarity on Boston Common, where numerous labor leaders—including MNA member and bargaining unit co-chairperson Deb Rigiero—addressed their union brothers and sisters. From there, the crowd marched peacefully to the O'Neill building, which houses the regional office of the National Labor Relations Board. Organizers said the NLRB was chosen as the rally site because it is "the last option for workers who have been fired, demoted or threatened while attempting to form a union."

Other union members and supporters testified at the Statehouse about the need for stronger labor laws and the importance of unions to the American workforce, and it was this component of the day's events that brought MNA member Helen Gillam to Beacon Hill. Inside one of the capitol building's hearing rooms, Gillam offered the day's most powerful testimony about why it is so important restore and maintain the U.S. workforce's freedom to form unions.

Testimony from Helen Gillam

My name is Helen Gillam and I am a nurse at Pembroke Hospital—a for-profit, psychiatric hospital owned by a Fortune 500 company.

Our decision to organize was born from our personal and professional frustration and the sense of powerlessness we felt as we struggled to deliver care under some of the worst and most dangerous nurse-to-patient ratios in the state.

When it became so very apparent to the professionals at Pembroke Hospital that the gale force storm of market medicine was battering us unmercifully and the winds of change were upon us, we elected to seek the safe harbor of union representation. In our case, we sought union guidance and representation from the Massachusetts Nurses Association.

From the outset, our administration was angry, vindictive, manipulative and dishonest. They set every roadblock in place and campaigned vigorously against our effort.

Once we presented our letter of intent to organize, there began a stream of vitriolic communication in the form of verbal discouragement, by memo and mail, from management. The tone and intent was stridently anti-union.

These communications were attached to our paychecks, mailed to our homes and addressed in mandatory staff meetings. The content was always acerbic and inaccurate. The tactics bordered on harassment.

But when it came to our rights to organize and communicate, there was a complete double standard. Nurses were not allowed to contact peers within the hospital. Outside contact was made difficult. Intimidation was attempted and accomplished. They did everything they could to silence our voice, but we persevered.

From a position of powerlessness we grew and became stronger. We would no longer accept the dangerous conditions under which we were forced to practice. We would no longer tolerate serious injury to our peers or our patients. Our plan was to organize, unite and mobilize. We knew then, and we still believe, that we had to step out from under this crushing system of abuse.

Throughout the campaign, our employer used a high-priced union busting firm to pull out every legal trick to stop our efforts. They went before the NLRB, taking up 20 days of hearings in an attempt to prohibit all but four of our nurses from being eligible for union representation, claiming that all registered nurses are supervisors. They wasted time and money in this effort—failing to win their case, but succeeding in stalling our effort to set an election date for months.

While we watched the NLRB entertain this Fortune 500 company's despicable methods of control; while we watched our employer's blatant disrespect and total devaluation of its nursing staff; while we watched their utter disregard for the impact we have on quality care, we came out of the process as Americans who were wondering, "Are indeed truly free?"

I stand before you as a nurse firmly committed to the right of every worker to organize a union; to have the voice to protect their rights; and in our case, to protect our patients. As a victim of the current system, I join all of my union brothers and sisters today in calling for a renewed commitment in our country to the rights of working people, and more specifically, for the unfettered right of every worker to enjoy the fruits of democracy and for all working people to have the freedom of the safe harbor of workplace democracy and union representation. ■

Contract Update

Tufts-New England Med Center

On December 16, the registered nurses at Tufts-New England Medical Center ratified a new one-year contract which grants the nurses a 3 percent across-the-board salary increase, elimination of the tenure requirements for step increases as of July 2004, free parking for the night shift and the ability to choose between two excellent medical insurance plans.

As a result of the elimination of the tenure requirements, 70 percent of the bargaining unit will actually receive 8 percent, which includes a 5 percent step increase. Both the Brigham and Women's Hospital and Tufts-New England Medical Center bargaining units successfully negotiated an end to tenure requirements during the past year. These requirements, more commonly found in the Boston hospitals, forced nurses with experience to wait, sometimes several years, before advancing to the final steps in the salary scale. ■

Valley Regional Hospital

Registered nurses represented by the MNA at Valley Regional Hospital in Claremont, New Hampshire, voted unanimously on December 8, 2003 to ratify a new three-year contract.

"We are pleased to announce the conclusion of a new contract with hospital management that we believe will allow Valley Regional Hospital to recruit and retain nurses to provide optimum patient care to our community," said Marie Mailloux, chair of the nurses' bargaining unit at the facility. "We applaud the management of this institution for their recognition of the value of nurses and for their willingness to negotiate in earnest to reach an agreement we are all pleased with."

The agreement, which was reached after only five negotiating sessions, grants all the nurses a competitive pay increase in each year of a three-year agreement, along with the addition of a new step on the nurses' salary scale. The pact also includes new pay differentials for nurses who attain special certifications, as well as for those who have a bachelor's and master's degree. The contract will expire on November 27, 2006.

The new contract is the second agreement reached between the nurses and hospital management since the nurses organized a union in 1999. The nurses are the only private sector, acute care hospital nurses in the state who are unionized. ■

Nurses at St. E's hold candlelight vigil as contract talks stall

RNs at St. Elizabeth's Medical Center (SEMC) in Brighton held a candlelight vigil outside the facility on Dec. 8 to draw public attention to key issues in dispute in stalled contract talks with management.

More than 650 registered nurses are represented by the MNA at SEMC. They have been negotiating their contract since June, with 16 negotiating sessions held to date. Key issues in dispute include the nurses' demand for contractually mandated RN-to-patient ratios, an end to the use of mandatory overtime to cover for the inadequate staffing at the facility and the need for an increase in their salaries to remain competitive with other Boston teaching hospitals. The nurses are paid between 21 – 30 percent less than their counterparts at other Boston teaching hospitals, which is causing many nurses to leave the hospital and preventing the recruitment of others to help address the growing staffing problems at the SEMC.

The nurses were further outraged by a recent demand by the management of Caritas Christi Health Systems, the owner of SEMC, to dismantle the nurses' long-time defined benefit pension plan as of Jan. 1, a move that could result in the loss of up to 30 percent of the value of the nurses' retirement benefit.

"The nurses decided that in light of the seriousness of the issues on the table, it was time to communicate directly with the public and let them know the true impact of these negotiations," said CeCe Buckley, RN, a nurse at SEMC and co-chair of the MNA bargaining team at the facility. "We don't have the staff to provide the safe care patients expect and deserve. Nurses are being forced to work long hours against their will, which is hampering their ability to deliver safe care, and management's refusal to pay a competitive wage, along with their assault on our pension and other benefits, is preventing this facility from keeping nurses and from recruiting nurses to ensure safe patient care. By holding the vigil, we wanted the public to know that there's more than a contract on the line here—the very safety of patients is at stake."

Nurses at St. Elizabeth's Medical Center hold a candlelight vigil.

Unsafe staffing at center of dispute

The nurses' dispute comes at a time when the issue of poor RN staffing and poor working conditions for nurses has gained statewide and national prominence, as numerous research studies and official government reports document a dramatic deterioration in the quality and safety of patient care in our nation's hospitals. The Massachusetts Department of Public Health reported in November that medical errors and patient complaints for the commonwealth's hospitals jumped 32 percent in the last three years; 76 percent over the last seven, with the majority of these incidents related to nursing care. At nearly the same time, the prestigious Institute of Medicine (IOM) of the National Academies joined the chorus of medical researchers who have found that "there is a clear relationship between staffing levels and patient safety."

The nurses at St. Elizabeth's have been struggling for years to convince management to improve RN-to- patient ratios in the hospital to better protect patients. Nurses at SEMC who work on a medical/surgical floor are regularly assigned more than the safe standard of four patients and on many occasions, up to eight patients at a time.

The staffing ratios at SEMC and the danger they present to patients were brought into sharp focus with the release of a study on RN staffing and patient outcomes published in the prestigious *Journal of the American Medical Association*. The study was the first to tie hospital death rates directly to nurses' caseloads. "We found that for every additional patient added to a nurse's caseload after they have four patients already, there is a 7 percent increase in the risk of death," according to Linda Aiken, Ph.D., RN and the study's author.

To better protect patients, nurses are asking the hospital to establish contractually guaranteed RN-to-patient ratios, specific to every floor and specialty unit in the hospital. The ratios are based on the results of the *JAMA* study, and mirror the ratios contained in legislation passed in California and those currently contained in legislation before the Massachusetts legislature. The bill, H.1282 An Act Ensuring Quality Patient Care and Safe RN Staffing, was recently approved by the Joint Committee on Health Care and has been endorsed by more than 60 of the state's leading health care and citizen advocacy organizations.

"The nurses have looked at the current staffing levels, compared them to the best scientific research, to pending legislation and they have concluded that we need these ratios to be part of our contract to ensure that no patient at our hospital has his or her life placed at risk simply because a nurse has too many patients to care for. While we have joined thousands other nurses and citizens in pushing for safe staffing legislation on Beacon Hill, we can't afford to wait for the legislature to act on this measure because every day we wait, the well being of our patients is placed at unnecessary risk," said Mary Rogers, co-chair of the nurses' union.

Seeking end to mandatory overtime

In addition to being assigned too many patients to care for on a regular basis, mandatory overtime is a regular occurrence at the facility, and the dangerous practice is being used as an alternative means of staffing the facility.

The practice of using forced overtime to staff hospitals has been widely condemned in recent years and has led to an increase in errors and injuries, and it has also led to a number of high profile nurses' strikes in Massachusetts and throughout the country. The IOM's recent report also condemned the practice, stating that unlike other safety-sensitive industries—such as nuclear energy, public and commercial transportation, the military, police and fire—that have responded to overwhelming scientific evidence and placed limits on overtime, "the health care industry is notable in that, with few exceptions, it places no such limit on work hours. The IOM report concluded that, "Health care and labor organizations representing nursing staff should establish policies and practices designed to prevent nurses who provide direct patient care from working longer than 12 hours in a 24-hour period."

> To better protect patients, nurses are asking the hospital to establish contractually guaranteed RN-to-patient ratios.

Buckley is well aware of the dangers of the practice of mandatory overtime. She tells a story of being forced to work extra hours against her will and against her doctor's orders when she was eight months pregnant.

"I got through the shift, and nothing bad happened, but it could have. I had to make a choice between leaving a very ill and vulnerable patient or potentially harming my child or myself. I should have never been placed in that position. No nurse should be forced to make those choices. It's up to a hospital to have staff to operate. But nearly every day they are forcing a nurse in this hospital to make similar choices."

As recommended in the IOM report, the nurses of SEMC are proposing language be added to their contract that would prohibit any nurse from working more than 12 hours, and would provide the nurse with the right to refuse overtime anytime he or she felt too ill or too tired to provide safe patient care. Similar language has been included in a number of contracts negotiated by the MNA. Caritas management has refused to accept the language, demanding the right to assign nurses to work up to 16 hours.

Protecting pension benefit

Caritas management has also come to the negotiating table demanding the right to dismantle the nurses' pension benefit, unilaterally changing it from a defined benefit to a defined contribution plan. Under a defined benefit pension plan, the employer is obligated to provide a guaranteed contribution to the employees' pension and is obligated to provide a guaranteed level of retirement benefit to the employee regardless of the investment returns of the plan. Under the defined contribution plan proposed by Caritas Christi, both the employer and the employee would make contributions to a 401k-type retirement investment plan, with the investment risk borne entirely by the nurses. For many nurses at SEMC, a change to a defined contribution pension plans could cut their retirement benefits by as much as 30 percent.

"The competition for nurses in the current labor market is fierce. One of the strongest benefits offered by the Caritas system, and one of the most important tools for retaining our most seasoned and experienced nurses, is our defined benefit," Buckley explained. "This benefit may be the single item in our contract that is causing nurses to hang in with SEMC. And now they want to take that away."

The MNA filed an unfair labor practice charge against the hospital with the National Labor Relations Board (NLRB). The hospital refused to provide necessary pension information to the MNA so it could determine the impact of hospital-proposed changes to the pension plan, further the hospital refused to bargain over aspects of the pension plan. The NLRB is currently investigating the unfair labor practice charge.

Competitive pay to recruit, retain staff

One of the most important issues contributing to the staffing problems at SEMC is the below-market wages paid to nurses at the facility compared to other hospitals in the city, particularly teaching hospitals. The disparity is most acute for the more experienced nurses, where St. Elizabeth's nurses at the top of the salary scale are paid between 21 – 30 percent below nurses at Brigham & Women's Hospital, New England Medical Center and Boston Medical Center. St. Elizabeth's salary scale barely exceeds that of many smaller community hospitals.

"We are losing nurses every week to other facilities in this city—valuable, talented nurses who don't see why they should do the same work for inferior pay and unacceptable staffing conditions when they can just cross the city and work for New England Medical Center or Brigham & Women's," Rogers said. "If we can't recruit new nurses, and more importantly retain our existing staff, we will not be able to staff this hospital appropriately."

In addition to the candlelight vigil, the nurses hand delivered a written appeal to the office of Archbishop Sean P. O'Malley, citing their concerns and seeking a personal meeting with the archbishop on the issues.

"We understand that the archbishop has a personal history of labor activism and has publicly stated that the archdiocese has a commitment to the rights of workers," Buckley said. "We want him to understand how this arm of the church, which has a mission of caring for the sick, is implementing labor policies that violate that mission and strip the rights of workers." ■

So you think it's safe at work? Notes from the Congress on Health and Safety

Formaldehyde exposure in the OR: one nurse's experience

By Evelyn I. Bain

This article is part of a continuing series about chemical exposures. In this edition, an MNA member who chose not to be identified shared her experience about exposure to formalin in the operating room at the hospital where she works.

The nurse brought the specimen to the specimen refrigerator. At that time, nurses were required to bring specimens to this specific refrigerator and pour the formalin from a spigot on a large container into the jar containing the specimen. As the nurse opened the refrigerator door, she noticed a strong odor of formalin and quickly closed the door.

She immediately notified the charge nurse, who implemented the spill containment procedure. This required that the spill be corralled off so it would not spread and so that the clean up (by specially trained employees) could proceed.

Immediately on inhaling the formalin vapors, the nurse noted burning in her eyes and chest (immediate reaction). She mentioned this to her co-workers who urged that she report it and request medical attention. But, in her own words, she "chose to ignore the symptoms."

Within a few hours, (delayed reaction) the nurse began to feel a fluttering sensation in her chest and she became dizzy. Her co-workers quickly convinced her to get medical attention and she was taken to the ER by stretcher. The physician in the ER evaluated her for cardiac symptoms and drew labs in order to evaluate her need for an MI. She was immediately placed on a monitor and it was noted that she had ST changes on her EKG.

Because of the cardiac changes, she was kept overnight for evaluation and discharged the following day—returning to work the day after that. Her diagnosis by the occupational health physician and the ER physician was a "cardiac episode related to chemical exposure." Since this incident, it is has been determined that she has developed asthma—most likely reactive airway dysfunction syndrome—related to a specific incident of inhalation of a toxic substance. She has been relieved of any duties that require exposure to formalin. She notes that her co-workers are very cooperative in relieving her of these tasks.

Evelyn Bain

The MNA has encouraged her to report her asthmatic condition to the Massachusetts Department of Public Health, Occupational Health and Safety Program. Massachusetts state law requires reporting of all cases of suspected or actually diagnosed occupational asthma. The associated reporting forms are available from the Health and Safety Program at the MNA.

> According to OSHA, formaldehyde is a sensitizing agent that can cause an immune system response upon initial exposure. It is also a suspected human carcinogen that is linked to nasal cancer and lung cancer.

The affected nurse also completed a detailed NIOSH (National Institute of Occupational Safety and Health) history and report of occupational exposure that was provided by the occupational health department at her hospital.

Employee training

OSHA requires annual training for workers with exposure to formaldehyde or formaldehyde containing products. The hospital where this particular incident occurred has held annual trainings on formaldehyde. The nurse who became ill immediately recognized that situation required specific actions and she was aware of the adverse health effects of exposure to formaldehyde. Her co-workers also knew what measures should be taken.

According to OSHA, formaldehyde is a sensitizing agent that can cause an immune system response upon initial exposure. It is also a suspected human carcinogen that is linked to nasal cancer and lung cancer. Acute exposure is highly irritating to the eyes, nose and throat and can make you cough and wheeze. Subsequent exposure may cause severe allergic reactions of the skin, eyes and respiratory tract. Ingestion of formaldehyde can be fatal and long-term exposure to low levels can cause asthma-like respiratory problems and skin irritations such as dermatitis and itching. Concentrations of 100 ppm are immediately dangerous to health or life.

Reporting to occupational health

Hospitals should communicate to employees that exposures like the one outlined above, (exposure to a chemical spill, inhalation of a toxic substance) should immediately be reported to occupational health. If symptoms occur immediately, the exposed employee should be evaluated in the emergency department or by occupational health. Some chemicals may have a delayed reaction, so a report to occupational health should always be completed immediately so there is a paper trail that validates the employee's symptoms should a delayed reaction occur.

An incident like this is usually reported to the hospital's insurance company and may become a "medical only" case—meaning medical bills are paid, but no lost time (or not the required five days before a report to the state is generated) occurs that would be paid by the insurance company.

Affected employees should request copies of all medical and insurance reports that pertain to any event of occupational injury or exposure.

Procedures to eliminate exposure

Formaldehyde is a very toxic substance, yet it is still used in the majority of ORs in Massachusetts. Alternative substances for tissue preservation exist, but are not widely used in this country. The nurses at the hospital where this exposure occurred are working with management to develop a plan where all specimens would be "fixed" in the lab. Customarily, lab technicians perform much of their work under an exhaust hood that eliminates the potential for exposure to formaldehyde. Keep in mind that exposure to low concentrations occur continuously whenever one is working with formaldehyde without the engineering controls of an exhaust hood.

For more information on formaldehyde, review the November 2003 issue of the *Massachusetts Nurse* or visit www.osha.gov/formaldehyde. ■

Methuen school nurses: Members of the MNA's Health and Safety Program spoke to school nurses in Methuen during their most recent professional day. The nurses learned about their legal rights under the OSHA Bloodborne Pathogen Standard and what they can do to protect students, faculty and themselves from the adverse health effects of environmental cleaning chemicals in the work environment.

All programs approved for continuing education credits

MNA makes health and safety programs available directly to bargaining units

Bringing health and safety issues directly to the members of the MNA has long been an important goal for the organization's Congress on Health and Safety. Recently the Congress successfully proposed to the MNA membership the expansion of the nursing department's health and safety program. In response to this approval, the MNA was able to increase staffing during 2003 and two high-level professionals joined the department as a result: Chris Pontus, RN, MS, and Certified Occupational Health Nurse Specialist (COHN-S), and Susan Clish, department assistant. Now however the focus of both the department and Congress is to diversify its program activities.

Until now, the MNA's health and safety programs have mainly be offered as day-long events that cater to the health care community at large. Today's reorganized and expanded initiatives will continue to include these same day-long programs—but in addition, shorter programs will be offered directly to MNA bargaining units.

These programs, which will be 60 to 150 minutes in length, have been approved for 1.2 or more continuing education credits—depending on the length of the program—and there is no charge to members for attending.

Most available programs were developed based on specific requests from multiple MNA bargaining units, but they are currently being offered to all local MNA units for the first time. Programs that address other health and safety concerns can be developed if requested and will also be made available to all units. Each of these health and safety programs can be offered as a stand-alone event or be incorporated into a regular unit meeting.

Programs available to bargaining units as of January 2004 include:

- How Safe is Your Hospital? Recognizing Hazards is Your Work Environment
- Bloodborne Pathogens: Your Legal Rights
- The Adverse Health Effects of Environmental Cleaning Chemicals
- Practical and Logical Considerations for a Fragrance Free Environment
- Ergonomics: My Aching Back
- Smallpox: A Brief Introduction
- Workplace Violence: Recognition, Intervention and Prevention
- Latex Allergy
- Multiple Chemical Sensitivity

The only responsibilities of the bargaining unit in terms of implementing a program are to secure a suitable location and provide refreshments. The MNA's health and safety team will provide flyers for the unit to post or distribute to members announcing the program. Pre-registration will be suggested, but walk-in attendees will be welcome if space permits. Each unit will decide if non-members can attend.

MNA members, unit chair people and representatives who are interested in hosting a health and safety program should contact Evie Bain or Chris Pontus at the phone numbers listed in the corner of Page 11. ■

A new way to reduce exposure to bacteria and viruses

By Evelyn I. Bain

Universal Respiratory Etiquette is a rather simplistic term for an extremely important infection control practice. In occupational health jargon, it is called controlling the exposure at the source. More importantly, it is a strategy and practice that—along with traditional hand washing—would provide a previously unrecognized measure to protect the health of nurses and others who are continuously caring for patients who are coughing.

CDC states that, "In Toronto (in 2003) 77 percent of the patients in the first phase of the SARS outbreak were infected in the hospital setting and half of all SARS cases in Toronto were in health care workers. These sick health care workers were exposed to respiratory secretions from patients with SARS." Research has shown that the SARS virus is transmitted by other modes as well and that strict attention to hand washing will also reduce transmission of the virus to health care workers.

The "2003 Draft Guidelines for SARS" indicate that patients who are coughing should be wearing surgical masks while they await diagnosis—yes, like the people walking the streets of China in the spring of 2003. It appears that hospitals as close as Colorado have adopted this procedure. A recent clip on the NBC Today Show on the 2003 flu season showed a Colorado hospital ER waiting area full of patients wearing surgical masks.

What the CDC says

In a lengthy document, entitled "Supplement C: Preparedness and Response in Health Care Facilities," a discussion of infection control and respiratory etiquette identifies several objectives of increasing infection control practices:

1. Reinforce basic infection control practices in the facility. This objective describes activities related to educating staff about standard infection control measures, especially hand hygiene and isolation.
2. Emphasize the importance of respiratory etiquette to help decrease transmission of SARS-CoV and other respiratory pathogens, including:
   - Educating patients about the importance of respiratory etiquette practices for preventing the spread of respiratory illnesses.
   - Consider initiating a universal respiratory etiquette strategy for the facility; provide surgical masks or tissues to all patients presenting with respiratory symptoms; place patients with respiratory symptoms in a private room or cubicle as soon as possible; and implement use of surgical masks by health care personnel during evaluation of patients with respiratory symptoms.

Additional strategies

(Source: Centers for Disease Control and Prevention, Atlanta)

- Provide surgical masks to all patients with symptoms of a respiratory illness. Provide instructions on the proper use and disposal of masks.
- For patients who cannot wear a surgical mask, provide tissues and instructions on when to use them (i.e., when coughing, sneezing, or controlling nasal secretions), how and where to dispose of them, and the importance of hand hygiene after handling this material.
- Provide hand-hygiene materials in waiting room areas and encourage patients with respiratory symptoms to perform hand hygiene.
- Designate an area in waiting rooms where patients with respiratory symptoms can be segregated (ideally by at least three feet) from other patients who do not have respiratory symptoms.
- As soon as possible, place patients with respiratory symptoms in a private room or cubicle for further evaluation.
- Implement use of surgical or procedure masks by health care personnel during the evaluation of patients with respiratory symptoms.
- Consider the installation of Plexiglas barriers at the point of triage or registration to protect health care personnel from contact with respiratory droplets.
- If no barriers are present, instruct registration and triage staff to remain at least three feet from unmasked patients and to consider wearing surgical masks during respiratory infection season.
- Continue to use droplet precautions in order to manage patients with respiratory systems until it is determined that the cause of symptoms is not an infectious agent that requires precautions beyond standard precautions.

The use of surgical masks to protect health care workers is a diversion from the use of N95 respirators that are required for TB and diagnosed SARS cases. The rationale is that surgical masks provide a measure of protection for health care workers exposed to airborne droplets. They are useful when worn by patients because the masks will capture and contain the bacteria and viruses in large droplets of sputum that are expelled as patients cough. N95 respirators, and more protective equipment such as powered air purifying respirators (PAPRs), are still required when caring for patients who have been diagnosed with TB or SARS.

This document, "2003 DRAFT Guidelines for SARS," is available in its entirety at www.cdc.gov. Universal Respiratory Etiquette is described on pages nine and 10 of "Supplement C: Preparedness and Response in Health care Facilities."

You do not have to wait for guidelines or suggested practices to be adopted by CDC. With the early onset of influenza in the fall of 2003, adopting Universal Respiratory Etiquette can break the chain of health care worker exposures that often results in the transmission of flu and other illnesses.

For help in moving this issue at your hospital, contact your bargaining unit chairperson or Evie Bain or Chris Pontus at the MNA. *(See contact information below.)* ■

Health & Safety **Briefs**

Work-related asthma is a reportable health condition in Mass.

Massachusetts law requires that asthma caused or aggravated by exposures or conditions at work be reported to the Massachusetts Department of Public Health's Occupational Safety and Health Program. A specific form is required for reporting and it can be obtained by calling the MNA's Health and Safety Program at 781-830-5723.

The purpose of reporting is to identify chemical or other agents in the workplace that can cause or aggravate asthma so that exposures can be eliminated or controlled through engineering interventions. Your employer is required by law to provide a safe and healthful work environment that is free from recognized hazards. ■

April 29 conference on reducing workplace violence and abuse

The Workplace Violence Task Force is planning an all-day conference for April 29 at MNA headquarters. The conference, "Workplace Violence and Abuse: Changing the Culture in Health Care that Allows it to Continue," will feature advocates for worker safety, as well as experts on how to reduce workplace violence/abuse.

For more information, review the upcoming issues of the Massachusetts Nurses or visit www.massnurses.org. To be added to a mailing list for information about the conference, contact Susan Clish at 781-830-5723 or via e-mail at sclish@mnarn.org. ■

Pathogens and the use of safe needle devices

By Evelyn I. Bain

Are nurses and others in your hospital protected—according to law—from exposure to blood and body fluids? Is your hospital in compliance with the OSHA Bloodborne Pathogens Standard (1910.1030) by providing safe needle and sharp devices?

Recently, *Public Citizen* reported on a letter written on behalf of the Montefiore Medical Center urging the American Hospital Association (AHA) to contact all AHA-affiliated hospitals alerting them to the fact that their hospital was cited and fined for failure to comply with the OSHA Bloodborne Pathogens Standard. Also outlined in the letter was the Montefiore Medical Center's belief that many hospitals still do not provide safer alternatives to many of the (needles and sharps) devices currently used in U.S. hospitals.

OSHA found 46 instances of unsafe practices under the Bloodborne Pathogens Standard (OSHA 1910.1030) in this one hospital alone. These unsafe practices included, "needles and sharps without engineering controls used for administration of intramuscular injections, central line blood drawing and flushing, the placement of central venous catheter lines, scalpels used for incision and drainage, chest tube insertions, etc., etc., etc."

But the Montefiore Medical Center is not alone. Across the country OSHA is finding that similar conditions exist in many of the hospitals they inspect. From September 2001 to September 2002, OSHA cited 1,339 violations of this standard in 408 hospital inspections, and the hospitals were fined close to $70,000

What are the OSHA requirements? Simply stated, "Employers must implement the safer medical devices that are appropriate, commercially available and effective, and get input from those responsible for direct patient care in selecting these devices." In addition, the employer must maintain a log of injuries to workers that result from contaminated sharps. More details are available at www.osha.gov; select e-tools on the right menu; select hospitals; review information on the Bloodborne Pathogens Standard, which includes a list of all the requirements that hospitals must meet.

Engineered safety devices, blunt suture needles, retracting needles and scalpels, needleless systems and other devices are now available due to the demands of the market. Medical sales representatives can identify devices from the manufacturers they represent that meet the OSHA requirements. Alternative sources for information on device selection also exist, including: EPINET at epinet@virginia.edu and the Sustainable Hospitals Project at the UMass Lowell at www.sustainablehospitals.org .

By now, fully three years after this law was signed into effect, your hospital should have made the commitment to develop and support a "committee that includes management and frontline health care workers to select and trial safety devices. This committee should also oversee implementing the use of these devices, through training and education of all staff members who will use them." Finally the committee should continue the process of reviewing and reevaluating devices (some do not perform as expected), as well as newer products that come to the market. The activities of this committee should also include reviewing needlestick injury data to identify areas where injuries continue. This will insure that safer devices and work practice controls will be implemented.

If this is not happening at your hospital, then call your local OSHA office to discuss your concerns and the options available to ensure safe and healthful working conditions in your hospital. To contact the OSHA office nearest your hospital, go to the U.S. government pages in your telephone book and look under the listing for U.S. Department of Labor and/or OSHA, or visit www.osha.gov.

OSHA is interested in hearing from you, as injuries to nurses and other health care workers have become more frequent than injuries to workers in any other industrial sector.

Note: MNA members who are concerned that they are still using unsafe needles and sharps should contact their bargaining unit chairperson and/or Evie Bain or Chris Pontus at the MNA. *(See contact information below.)*

Submitted to the Journal of Emergency Nursing. Reprinted with permission. ■

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For questions, comments or concerns related to health & safety issues, contact:

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Caring for the impoverished: A nurse's story onboard a Mercy Ship in Africa

By Carol Mallia, RN, MSN
Associate Director, MNA
Staff liaison to the MNA Diversity Committee

The MNA Diversity Committee was recently visited by Kendra Polefka, a woman who spent eight years serving as a surgical nurse on board the Anastasia—a 522-foot floating hospital ship that travels around Africa and provides medical care to impoverished people.

Polefka told the group that she had first heard of the Mercy Ships while she was in nursing school and explained that she had always wanted to visit Africa. "I saw the Mercy Ships as a fabulous way to travel to Africa and work as a nurse," she explained. Shortly after graduating from her nursing program, Polefka signed up to work as a nurse onboard the Anastasia. Her initial plan was to stay for two years, but at the end of her term—and each year thereafter—she felt "called to stay just one more year."

Throughout her eight years, she traveled to a number of ports in Africa, including Togo, Ghana, Guinea, Benin, South Africa and Madagascar. But during her presentation to the Diversity Committee, Polefka repeatedly emphasized one main fact: that no matter what African port she visited, the poverty and suffering she saw was on a scale unknown to most Americans.

"I remember being shocked at every turn in Ghana," described Polefka. "Over 2,000 people showed up for treatment when the ship came into port, and some had walked for days to get there." She also described how people waited in line for hours to be seen by the Anastasia's clinical team. "These people had an incredibly wide variety of medical problems. There were some who had had severe cleft lips for more than 40 years and others with tumors the size of grapefruits on their faces and necks."

Polefka said that receiving care onboard the Anastasia represented a life transformation for many patients. "People were given back their self-esteem, because, in some instances, their fellow villagers never really understood their illness or ailment. As a result, it was often believed that the afflicted person was cursed or evil—and they were shunned and ostracized by their family and peers."

Polefka managed to bring tears to the eyes of the members of the Diversity Committee when she showed photographs of the people the ship's crew was able to help. One picture in particular seemed to be the most powerful: it was a photo of four adorable African children with warm smiles on their faces. But Polefka explained that the photo served as reminder that in Africa, one in four children will die before they turn 5 years old. "Globally, 55,000 people die each day—most of them children—and almost all die from illnesses and ailments that are preventable." According to Polefka, the six major preventable causes for the high death rates include lack of clean water and basic sanitation; lack of vaccination; hunger; malaria; tuberculosis; and deaths related to childbirth.

Polefka spoke fondly of the African people she met, and she explained that prior to her experiences on the Mercy Ships she had never met anyone who lived each day with no reserves for the future. Many of the people she met were so poor that they did not have access to refrigeration or food stores. Many were fisherman or farmers and whatever they harvested that day was what they ate. "If they did not catch any fish that day, they did not eat. Just simple things that we take for granted, such as food or clean drinking water were often not available to the people I met and cared for." She also explained that as a woman who grew up in New Jersey, she had never once been hungry; she had never once been afraid that the water she drank would make her sick; and she was never once afraid that if she became sick that her parents would not be able to get her to a doctor and buy her the right medicines.

What Polefka saw during her travels in Africa was something completely different. She saw villagers who had to use the same water source for drinking, bathing and toileting—and animals often shared this water source with them. For many people in Africa, seeking medical attention for a physical problem just wasn't an option—medical care was either not available or it is too costly to obtain.

When the ship first arrives in a port, thousands of people often attend the medical screenings and wait in line in order to be seen by Mercy Ship surgeons.

According to Polefka, one of the main missions of the Mercy Ships is to provide sustainable change in the places that are visited. The onboard teams not only offer medical care and perform surgical treatments, but they also offer land-based training programs that teach people about water and sanitation—from well-water development to latrine digging.

Mercy Ships, which has been in operation since 1978, works with the Ministry of Social Service and Ministry of Health in various areas and they work together to determine the needs of the population prior to visiting a particular area. The Mercy Ships' teams also work with local doctors and nurses to assist in training, and they provide a great deal of health education in conjunction with local health officials and providers. According to annual reports, the Mercy Ships organization has performed more than 12,000 surgical procedures, treated 220,000 people in village clinics, performed 110,000 dental procedures and donated more that $30 million worth of medicine.

Polefka explained that of the 350 crew members onboard the Anastasia, only 100 of them were medical personnel. "People often assume that only health care professionals are needed on a medical ship, but Mercy Ships needs people with all skills and backgrounds. It is a working ship where crew members eat and live, so mariners, plumbers, electricians, teachers, carpenters and hosts of other willing people are always needed."

She also added that she met her husband onboard while he was serving as one of the ship's officers. "We spent two years as a newly married couple onboard the ship," she said. "The accommodations are small, but the ship runs much like a floating community. You meet wonderful people from all over the world. It is truly a life changing experience."

The Mercy Ships need volunteers who are willing to give as little as two weeks of their time to work on a project or to assist with onboard efforts. For many nurses, it is a way to re-charge the batteries on your nursing profession and remind you of why you went into the field of nursing in the first place. "Many short-term volunteers want a vacation with a purpose," said Polefka. "Giving hope and healing to people who live in impoverished countries certainly meets the criteria for that kind of vacation. And the training is minimal for short-term assignments, which makes it a realistic possibility for most of today's professionals."

The MNA Diversity Committee has invited Polefka to share her presentation with a wider audience. If you would like to here about her experiences first hand, you are invited to attend a presentation on April 14, 6–8 p.m. at MNA headquarters. A light supper will be provided.

To register for this free presentation, contact Carol Mallia at 781-830-5755 or via e-mail at cmallia@mnarn.org.

For more information on the Mercy Ships, visit www.mercyships.org. ■

Join the MNA Diversity Committee for a program on Mercy Ships

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 April 14, the MNA Diversity Committee will hold a program on the Mercy Ships featuring Kendra Polefka, RN, who will talk about her eight-year journey aboard one of the Mercy Ships. For more information, contact Carol Mallia at 781-830-5755 or cmallia@mnarn.org. ■

As part of her initiation into womanhood at age 15, Mariama's ears were crudely cut—a very painful process that led to the development of scar tissue that began to build up on itself. Ultimately, the process resulted in the keloids that are seen around her neck and ears. Because of her appearance, Mariama's husband left her after she gave birth to their first baby and for years following, her peers shunned her. When the Mercy Ships arrived in Sierra Leone, Mariama had surgery to remove the tumors. She was both amazed and thrilled by the results, and said when she looked in the mirror for the first time, "I am so happy. You have made me acceptable again."

Cleft lip and cleft palate comprise the fourth most common birth defect in the world, but both are surgically treatable. This fact, however, is often unknown in rural Africa, where children born with clefts are commonly considered cursed or possessed. Often the child will be rejected or even killed by those in their village. Thankfully, Satta was not one of those children. Instead, she was brought to the Mercy Ships for surgery and now has a chance for a more normal life.

Mercy Ships®
Bringing Hope and Healing...

National Disaster Medical Assistance Teams: An MNA member shares her DMAT training experience

By Betty Sparks and Chris Pontus

During the last Emergency Preparedness Task Force (EPTF) meeting held at MNA headquarters, Betty Sparks, RN and the current chairperson of the task force, shared her most recent educational experience in emergency preparedness training. Betty works in the emergency room at Newton Wellesley Hospital and is preparing to work in the operating room.

The National Disaster Medical System (NDMS), through the U.S. Public Health Service (PHS), fosters the development of Disaster Medical Assistance Teams (DMATs). A DMAT is a group of professional and paraprofessional medical personnel (supported by a cadre of logistical and administrative staff) who provide emergency medical care during a disaster or other unusual event.

DMATs deploy to disaster sites with adequate supplies and equipment to support themselves for a period of 72 hours while providing medical care at a fixed or temporary medical site. They may provide primary health care and/or supplement overloaded local health care staff. DMATs are designed to be a rapid-response element to supplement local medical care until other federal or contracted resources can be mobilized, or the situation is resolved.

Each DMAT-deployable unit consists of approximately 35 individuals; however, teams may consist of more than three times this number to provide some redundancy for each job role. This insures that an adequate number of personnel are available at the time of deployment. The team is composed of medical professionals and support staff organized, trained, and prepared to activate as a unit.

Each team has a sponsoring organization such as a major medical center, public health or safety agency, non-profit, public or private organization that signs a memorandum of understanding with the PHS. The DMATs sponsor organizes the team, recruits members, arranges training, and coordinates the dispatch of the team.

In addition to the standard DMATs, there are highly specialized DMATs that deal with specific medical conditions such as injury, burn and mental health emergencies. Other specialty teams include Disaster Mortuary Operational Response Teams that provide mortuary services, Veterinary Medical Assistance Teams that provide veterinary services and National Medical Response Teams that are equipped and trained to provide medical care for victims of weapons of mass destruction.

DMAT members are required to maintain appropriate certifications and licensure within their discipline. When members are activated as federal employees, licensure and certification is recognized by all states. Additionally, DMAT members are paid while serving as part-time federal employees and have the protection of the federal Tort Claims Act in which the federal government becomes the defendant in the event of a malpractice claim.

DMATs are principally community resources available to support local, regional, and state requirements. However, as a national resource they can be federalized to provide interstate aid.

Betty's training experience

Betty participated in training with the DMAT stationed out of Worcester. The voluntary training lasted three days and was held in Barnstable, where the Massachusetts Boy Scout Jamboree supplied an excellent opportunity for this DMAT team to train in a real life situation.

The personnel were from various medical backgrounds including RNs, MDs, paramedics, EMTs, respiratory therapists, and clergy. Professionals were brought together to function as a team performing tasks ranging from starting I.V.s, pitching tents, driving vehicles, cooking food for the team and providing care for an estimated 7,000 Boy Scouts and adults who attended this event.

Tents were set up by the team to function as a field hospital, personnel sleeping tents and an activity tent. Satellite tents were also set up to accommodate scouts who were further away from the field hospital. If further medical treatment was indicated, they were transported to the field hospital via golf cart.

During the 52-hour period, there was sun, wind and often heavy rains with temperatures plummeting into the forties causing the scouts to seek shelter in the medical facilities to prevent hypothermia.

The training involved setting up and maintaining an around-the-clock field hospital. The staff manned the hospital in 12-hour shifts. During that time, the staff treated approximately 155 patients. Some of the minor injuries included scrapes, abrasions, bee stings and poison ivy. More advanced treatment was needed for patients with dehydration, hypothermia and broken bones, at which time I.V. hydration and antibiotics were administered. A more serious scenario occurred when a male arrived at the field hospital experiencing chest pain. A 12-lead EKG and cardiac monitoring device were provided. Aspirin, nitroglycerin and oxygen were given to this patient prior to being transported to the hospital in a "pain free and stable condition," said Sparks. When asked if she planned on returning for a refresher course, Sparks said, "Definitely."

MNA emergency preparedness activities

During the month of May 2004 the MNA has scheduled a full-day educational program on Emergency Medical Response and Acts of Terrorism that includes a discussion of incident command. To register for the May 10, program, which will be held from 9 a.m. to 5 p.m. at MNA headquarters, contact Susan Clish at 781-830-5723.

The MNA's Emergency Preparedness Task Force is welcoming new members to attend its monthly meetings. If you have any questions or are interested in joining the task force, please contact Chris Pontus at 781-830-5774 or via e-mail cpontus@mnarn.org. ■

Resident RNs, LPNs, SNs needed for children with diabetes ages 7-16

Emphasis on treatment, education and fun. Training by Joslin/Harvard professionals.
Salary $1,800-$4,800 plus R&B.
Contact Bradley MacDougall, Camp Joslin, Joslin Diabetes Center, One Joslin Place, Boston, MA 02215.
Web: www.campjoslin.org
Email: camp@joslin.harvard.edu
Phone: 617-732-2455

Joslin Diabetes Center

Apply Now!

PEDIATRIC SANE CERTIFICATION TRAINING

6-week program, April 29–June 3
Newton-Wellesley Hospital

The Massachusetts Pediatric SANE Program provides compassionate, coordinated, comprehensive and child-centered medical care for children reporting sexual abuse or assault. SANE nurses conduct developmentally appropriate physical examinations and time-sensitive forensic evidence collection in designated settings.

Pediatric Nurse Practitioners and Family Nurse Practitioners with at least three years of current clinical experience working with children and families are encouraged to apply. Application deadline: March 12, 2004. Interviews will be conducted in March & April. Exam date: June 17. Program fee: $450.

Dates: April 29, May 6, 14, 21, 27, June 3. *This is a six-day program. You must attend all six days.*

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

The Massachusetts Department of Public Health Sexual Assault Nurse Examiner Program

Benefits Corner

brought to you by... cingular WIRELESS

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

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

MNA membership dues deductibility 2003

Below is a table showing the amount and percentage of MNA dues that may not be deducted from federal income taxes. Federal law disallows the portion of membership dues used for lobbying expenses.

District	Amount	Percent
District 1	$17.20	4.9%
District 2/3	$17.20	5.0%
District 4	$17.20	4.8%
District 5	$17.20	4.7%
State Chapter	$19.34	5.2%

MNA Continuing Education Courses

Peripheral I.V. Therapy Program

Description This program introduces the RN to the theory of peripheral venipuncture. It includes anatomy and physiology of the peripheral circulatory system, fluid and electrolyte imbalance, infection control and legal issues of the practice of venipuncture. Classroom instruction will include procedural demonstration and return demonstration on I.V. arms. **Clinical experience will not be provided.**
Speakers Mary Walsh, RN, BS, CRNI, Infusion Therapy Specialist
Marilyn Bernard, RN, CRNI, Infusion Therapy Specialist
Date Jan. 22, 2004 *(Snow date: Jan. 29)*
Time 5:00 – 8:30 p.m. *(Light supper provided)*
Place MNA Headquarters, Canton
Fee MNA members, $65; all others, $95
Special notes Certificate of attendance will be awarded
MNA contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Interpreting Laboratory Values

Description This program will enhance the nurse's ability to evaluate and determine the clinical significance of laboratory values. Clinical case studies will be used to illustrate the relationship of laboratory values to patient conditions. Clinical management of abnormal laboratory values will be discussed
Speaker Carol Mallia, RN, MSN
Date Jan. 27, 2004 (*Snow date: Jan. 28)*
Time 5:00 – 9:00 p.m. *(Light supper provided)*
Place MNA Headquarters, Canton
Fee MNA members, $45; all others, $65
Contact hours* 4.1
MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Verbal Self Defense for Nurses

Description This program is designed to provide the nurse with the basic skills for managing conflict in the workplace environment. Conflict resolution strategies are discussed. The program will conclude with an interactive discussion of case scenarios related to conflict management.
Speaker Joe-Ann Fergus, RN, BSN
Date Feb 3, 2004 *(Snow date: Feb. 10)*
Time 6:00 – 9:00 p.m. *(Light supper provided)*
Place MNA Headquarters, Canton
Fee MNA members, $45; all others, $65
Contact hours* 3.3
MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Mechanical Ventilation

Description This course will provide an overview of mechanical ventilation types, modes and therapies. Course will also discuss the nursing management of a patient on mechanical ventilation.
Speakers Carol Mallia, RN, MSN
Date Feb. 24, 2004 *(Snow date: March 2)*
Time 5:00 – 9:00 p.m. *(Light supper provided)*
Place MNA Headquarters, Canton
Fee MNA members, $45; all others, $65
Contact hours 4.5
MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Oncology Series for Nurses

Description A three-part series for nurses to increase their knowledge in oncology nursing. Session one will include an overview of cancer management, tumor physiology and staging, relevant laboratory testing and treatment strategies and safe handling of neoplastic agents. Session two will discuss chemotherapy administration, classification of chemotherapeutic agents, management of toxicities and adverse effects of treatments and oncological emergencies. Session three will include pain and symptom management, palliative care and an overview of hospice care.
Speaker Marylou Gregory-Lee, MSN, RNCS, OCN, Adult Nurse Practitioner
Dates March 1, 8 and 15, 2004 *(Snow date: March 22)*
Time 5:30- 9:00 p.m. *(Light supper provided)*
Place MNA Headquarters, Canton
Fee Series: MNA members, $175; all others, $225
Each session: MNA members, $65; all others, $95
Contact hours* 3.6 per session. Total for series: 10.8
Special note **Completion of Session 1 is required for attendance at Session 2**
MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Basic Dysrhythmias

Description This course is designed for registered nurses in acute, sub acute and long-term care settings to learn cardiac monitoring and dysrhythmia interpretation. Implications and clinical management of cardiac dysrhythmias will also be discussed. Course will include a text book and require study between sessions one and two.
Speaker Carol Mallia, RN, MSN
Dates March 9 & 16, 2004
Time 5:00 – 9:00 p.m. *(Light supper provided)*
Place MNA Headquarters, Canton
Fee MNA members, $90; all others, $125
Contact hours* 9.0
Special notes Class limited to 40.
MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Diabetes 2004: What Nurses Need to Know

Description **Session 1:** This session will discuss the pathophysiology and classification of Diabetes Type 1 and 2. The nursing implications of blood glucose monitoring will be discussed. Non-pharmacological interventions such as exercise and meal planning will be explained. The program will conclude with a discussion of oral pharmacological agents.
Session 2: This session is designed to provide the nurse with a comprehensive review of insulin therapy. The nursing management of the newly diagnosed diabetic patient, both complicated and not, will be explored. Nursing management of the diabetic patient in the pre/post-operative, ambulatory care, home care and school setting will be discussed.
Speaker Ann Miller, MS, RN, CS, CDE
Dates **Session 1:** March 18, 2004
Session 2: March 25, 2004
Time 5:30 – 9:00 p.m. *(Light supper provided)*
Place MNA Headquarters, Canton
Fee MNA members, $65 all others, $95 (Each session)
Contact hours* 3.6 per session
MNA contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Nursing Management of Central Lines

Description This program describes the multiple venous access devices used in central line therapy. Indications for tunneled vs. non-tunneled lines and potential complications will be discussed. The nursing management and legal aspects in managing the care of these devices will be described in detail.
Speakers Mary Walsh, RN, BS, CRNI, Infusion Therapy Specialist
Marilyn Bernard, RN, CRNI, Infusion Therapy Specialist
Date March 30, 2004
Time 5:30 – 8:30 p.m. *(Light supper provided)*
Place MNA Headquarters, Canton
Fee MNA members, $65 all others, $95
Contact hours* 3.0
Special notes Class limited to 20.
MNA contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

The Real Nursing World: Transition from Student to RN

Description Don't miss one of these unique programs offering you an opportunity to address questions or concerns to a panel comprised of recent graduates from various schools of nursing and experienced nurses with knowledge in nursing education, nursing administration and career counseling. Representatives from area hospitals and other health care facilities will be available before and after the program to discuss employment opportunities.
Speaker Carol Mallia, RN, MSN, facilitator
Date April 1, 2004
Time 5:30 – 9:30 p.m.
Place Lombardo's Function Facility, Randolph
Date April 6, 2004
Time 5:30 – 9:30 p.m.
Place Crowne Plaza, Worcester
Date April 8, 2004
Time 5:30 – 9:30 p.m.
Place Springfield Marriott Hotel, Springfield
Fee Free to senior nursing students and faculty
MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

MORE C.E. COURSES ON NEXT PAGE

Advanced Cardiac Life Support

Description This American Heart Association course will provide information on the clinical management of cardiac and respiratory emergencies through case study approach. Course content includes assessment, arrhythmia recognition, intubation, defibrillation and pharmacological interventions. This is a two-day certification and one-day recertification course. Recertification candidates must present a copy of their current ACLS card at the time of registration.
Speakers Carol Mallia, RN, MSN, and other instructors for the clinical sessions
Dates Certification: April 28 & May 5, 2004
Recertification: May 5, 2004 only
Time 9:00 a.m. – 5:00 p.m. *(Lunch provided)*
Place MNA Headquarters, Canton
Fee Certification: MNA members, $155; all others, $195
Recertification: MNA members, $125; all others, $165
Contact hours* 16 for certification. **No contact hours awarded for recertification.**
MNA contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Emergency Medical Response to Hazardous Materials and Acts of Terrorism

Description The Massachusetts Emergency Management Agency (MEMA) is sponsoring this program on emergency medical services in response to hazardous materials and acts of terrorism. The program is specifically designed for physicians, nurses, EMTs, and hospital support staff to provide education in the treatment of individuals exposed to chemical and biological agents. The program will include identification of hazardous materials, toxicological and biological effects of chemicals and biological acts of terrorism. The chemical profile of common agents, decontamination procedures and personal protective equipment will be discussed. CDC guidelines for surveillance of exposed nurses and other health care workers and nursing interventions for patient care will be identified. Please reserve your space early.
Speakers Anthony Fucaloro, EMT
Capt. Lawrence P. Ferazani
Evie Bain, RN, MEd, COHN-S
Dates May 10, 2004
Time 9:00 a.m. – 5:00 p.m. *(Lunch provided)*
Place MNA Headquarters, Canton
Fee MNA members, $45; all others, $65
Contact hours* 6.9
Special notes Class limited to 25.
MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Advanced Dysrhythmia Interpretation

Description This course is designed for nurses who have had a basic course in monitoring patients for cardiac rhythm disturbances and wish to enhance that knowledge base with more complex monitoring of advanced dysrhythmias. The course will describe the EKG changes related to ischemia, injury, and infarction, the EKG abnormalities associated with toxic drug levels and electrolyte imbalances. The course will conclude with an overview of pacemakers and common pacemaker rhythm disturbances.
Speaker Carol Mallia, RN, MSN
Dates May 11, 2004
Time 5:00 – 9:00 p.m. *(Light supper provided)*
Place MNA Headquarters, Canton
Fee MNA members, $45; all others, $65
Contact hours* 3.2
MNA contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Anatomy of a Legal Nurse Consultant

Description This program will introduce the nurse to the scope of practice of the legal nurse consultant. The history and evolution of this important role and its multifaceted components will be discussed, including: practice environments, litigation process, case evaluation for compliance with standards of nursing/health care practice, nurse expert witness role, risk management and other important considerations. Professional certification will also be addressed.
Speakers Barbara J. Levin, BSN, RN, ONC, LNCC; Tammy J. Murphy, RN, LNC; Kelly W. Shanley, RN, LNC; Jane Mihalich, BSN, RN, LNCC; Erin Weber, BSN, RN, CCRN; Elaine Noren, BS, RN, LNCC
Dates May 13, 2004
Time 5:30 – 8:30 p.m. *(Light supper provided)*
Place MNA Headquarters, Canton
Fee MNA or AALNC members, $65; all others, $95
Contact hours* 3.2
MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Psychophysiology of Mind/Body Healing

Description This program, "Psychophysiology of Mind/Body Healing: Placebos and Miracles," will provide nurses with evidence-based knowledge, in-depth information and insight into the whole person, based on a whole-health concept that is relationship centered.
Date May 20, 2004
Time 5:30 – 9:00 p.m. (Light supper provided)
Speaker Georgianna Donadio, D.C., M.Sc., Ph.D.; Founder and Director, The New England School of Whole Health Education
Contact hours* TBA
MNA contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Wound Care—Dressing for Success

Description This program will provide a comprehensive overview of the factors affecting wound care and strategies for managing complex wounds. A thorough review of wound products will enable the attendee to select the optimal dressing based on clinical findings. New dimensions of wound care, such as growth factors, hyperbaric oxygen, electrical stimulation, cultured skin replacements and vacuum-assisted closure devices will also be discussed.
Speaker Carol Mallia, RN, MSN
Date June 8, 2004
Time 5:00 – 9:00 p.m. *(Light supper provided)*
Place MNA Headquarters, Canton
Fee MNA members, $45; all others, $65
Contact hours* 4.5
MNA contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Managing Cardiac & Respiratory Emergencies

Description This course is designed for registered nurses in acute, sub-acute and long-term care settings to learn the clinical management of cardiac and respiratory emergencies. Clinical management of chest pain, brief EKG interpretation, ABG interpretation and clinical management of respiratory distress will also be discussed.
Speaker Carol Mallia, RN, MSN
Date June 15, 2004
Time 5:00 – 9:00 p.m. *(Light supper provided)*
Place MNA Headquarters, Canton
Fee MNA members, $45; all others, $65
Contact hours* 4.0
MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Interpreting Laboratory Values

Description This program will enhance the nurse's ability to evaluate and determine the clinical significance of laboratory values. Clinical case studies will be used to illustrate the relationship of laboratory values to patient conditions. Clinical management of abnormal laboratory values will be discussed
Speaker Carol Mallia, RN, MSN
Date June 22, 2004
Time 5:00 – 9:00 p.m. *(Light supper provided)*
Place MNA Headquarters, Canton
Fee MNA members, $45; all others, $65
Contact hours* 4.1
MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Acute Care Nursing: 3-Program Series

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

Important Information For All Courses

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

See Next Page

C.E. Course Information

(See Pages 18-19 for course information)

Registration Registration will be processed on a space available basis. Enrollment is limited for all courses.

Payment Payment may be made with MasterCard or Visa by calling the MNA contact person for the program or by mailing a check to MNA, 340 Turnpike St., Canton, MA 02021.

Refunds Refunds are issued up to two weeks before the program date minus a 25% processing fee. No refunds are made less than 14 days before the program's first session or for subsequent sessions of a multi-day program.

Program Cancellation MNA reserves the right to change speakers or cancel programs when registration is insufficient. **In case of inclement weather,** please call the MNA at 781-821-4625 to determine whether a program will run as originally scheduled. Registration and fees will be reimbursed for all cancelled programs.

***Contact Hours** Continuing Education Contact Hours for all programs except "Advanced Cardiac Life Support" and "Anatomy of a Legal Nurse Consultant" are provided by the Massachusetts Nurses Association, which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Contact hours for "Advanced Cardiac Life Support" and "Anatomy of a Legal Nurse Consultant" are provided by the Rhode Island State Nurses Association, which is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. **To successfully complete a program and receive contact hours or a certificate of attendance, you must: 1) sign in, 2) be present for the entire time period of the session and 3) complete the evaluation.**

Chemical Sensitivity Scents may trigger responses in those with chemical sensitivity. Participants are requested to avoid wearing scented personal products and refrain from smoking when attending MNA continuing education programs.

MNA
Peer Assistance Program
Help for Nurses with Substance Abuse Problems

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

Call the MNA
Peer Assistance Program
All information is confidential
781-821-4625, ext. 755
or 800-882-2056 (in Mass only)
www.peerassistance.com

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

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

BOSTON METROPOLITAN AREA

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

CENTRAL MASSACHUSETTS

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

NORTHERN MASSACHUSETTS

- Baldpate Hospital
  Bungalow 1, Baldpate Road, Georgetown
  Facilitator: Joyce Arlen, 978-352-2131, x19
  Meets: Tuesdays, 6–7:30 p.m.
- Nurses Recovery Group
  Center for Addiction Behavior
  27 Salem Street, Salem
  Contact: Jacqueline Lyons, 978-697-2733
  Meets: Mondays, 6–7 p.m.
- Partnership Recovery Services
  First Congregational Church, Room 1
  121 West Foster Street, Melrose
  Contact/Facilitator: Jay O'Neil, 781-979-0262
  Meets: Tuesdays, 6:30–7:30 p.m.

WESTERN MASSACHUSETTS

- Professionals in Recovery
  Bay State Medical Center, VNA/EAP Building
  50 Maple Street, Springfield
  Contact: Marge Babkiewitcz, 413-794-4354
  Meets: Thursdays, 7:15–8:15 p.m.
- Professional Support Group
  Franklin Hospital Lecture Room A, Greenfield
  Contacts: Wayne Gavryck, 413-774-2351
  Elliott Smolensky, 413-774-2871
  Meets: Wednesdays, 7–8 p.m.

SOUTHERN MASSACHUSETTS

- PRN Group
  Pembroke Hospital
  199 Oak Street, Staff Dining Room, Pembroke
  Contact: Sharon Day, 508-375-6227
  Meets: Tuesdays, 6:30–8 p.m.
- Substance Abuse Support Group
  St. Luke's Hospital, New Bedford
  88 Faunce Corner Road
  Meets: Thursdays, 7–8:30 p.m.

OTHER AREAS

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

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

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

MNA
Peer Assistance Program
Help for Nurses with Substance Abuse Problems

MNA's group travel program brings more than 135 passengers to Tuscany

By Carol Mallia, RN, MSN

The MNA's Montecatini tour of Tuscany in October 2003 drew its largest group yet. We sold out the first tour last spring and, as interest grew, we added a second and third tour to meet the demands. On Oct. 19 our first group departed for Tuscany and the other tours departed on the 20 and 21 consecutively. All three groups stayed at the Hotel Esplanade Settentrionale which was beautifully appointed in the town of Montecatini. The MNA tour groups essentially filled the hotel, so we had our own space for the week. All three tours completed the same itinerary but visited the destinations on different days. Below is an account of the events in the order the second tour group experienced them.

Arrivederci!

For many of the passengers their tour began at the MNA headquarters in Canton where they boarded a complementary motorcoach to Logan Airport. Others opted to meet at the airport instead. We boarded our trans-Atlantic flight in the evening of the Oct. 20 and arrived in Milan in early morning of the 21. After a connecting flight, we arrived in Florence where we were greeted by our tour director/escort from Durgan Travel.

She escorted us to our motorcoach and we were off for a leisurely ride to our hotel which was located in the beautiful spa town of Montecatini. With the afternoon to ourselves before our evening orientation meeting, we were free to roam the scenic town of Montecatini. Our hotel was perfectly located within steps of a large park with walking paths, ample small boutiques and an open shopping market. Many of the passengers quickly oriented themselves to the local delicacy of gelato—a traditional frozen desert similar to ice cream.

Il turismo!

On our first full day in Italy, we departed for a tour of Florence. During our visit to this romantic city, we enjoyed a walking tour of key sites such as Giotto's Bell Tower, Ghiberti's "Gates of Paradise," Brunelleschi's Dome, and the Ponte Vecchio. We were given ample time to explore the sites and shops. A number of the passengers opted to go to the Uffizi Gallery, the oldest art gallery in the world, to view the historic and famous sculptures and paintings.

We reconnected again at Signoria Square and then walk over to a leather factory to learn the finer points of leather making and design. After some free time for shopping, we re-boarded the bus and headed up to the hill top on the other side of the river for a panoramic sunset view of Florence.

Pisa was the destination for day three. We toured the Square of Miracles with the famous Leaning Tower. We enjoyed an informative, narrated tour of the Duomo and Baptistry. After some free time to explore, we re-boarded the bus and headed to a traditional Tuscan winery to enjoy a lunch of gourmet delights and a wine tasting. Following lunch, we continued the tour with a visit to the quaint town of Lucca which was originally settled in the ninth century. After a brief walking trip, the group took advantage of some time for sightseeing and shopping, and then departed late in the afternoon for dinner at the hotel.

Cantare e bouta sciata!

Following breakfast the next day, we boarded the motorcoach for Siena, a medieval city rich in artistic heritage. Our escort gave us a walking tour to the Piazza del Campo, through narrow streets, past medieval towers and walls. Many of the passengers enjoyed some "ricciarelli" cookies—a specialty of Siena. Although boxed lunches were provided on our days of touring, most passengers opted to try the local cuisine at the many small restaurants and cafes. After some time for shopping, we continued our tour with a stop at San Gimignano, or "the city of the beautiful towers."

San Gimignano is a medieval mountain town in the Chianti wine region of Tuscany. It is a scenic town with a fortress that has a commanding panoramic view of the countryside. The town abounds with shopping, and the handmade wooden bowls and kitchen tools made of olive wood were the popular souvenir items in San Gimignano. After some free time in the afternoon, we headed back to the hotel for dinner.

A group of MNA travelers pose for a picture that captures the beauty of Sienna.

On day five we took a full-day tour of Venice. After a leisurely motorcoach ride throughout the countryside, we boarded a small boat on the main land to get us over to the heart of Venice. We met our local guide and began a walking tour over small bridges to the Bridge of Sighs, and then past the winding waterways to the Rialto—the historic bridge across the Grand Canal. We toured the famous Murrano glass factory and watched a glass-blowing demonstration. Our tour concluded with a visit to the of San Marco's Basilica. After the tour we had the afternoon free to enjoy some shopping and sightseeing. Late that afternoon, we regrouped at a local restaurant and enjoyed some authentic cuisine.

Finito!

The last two days of our trip were open for days of leisure or optional tours. Our three guides from Durgan offered some optional tours to Rome and Assissi. About half the passengers took advantage of those tours and gave their trips rave reviews. Others decided to take advantage of the offering locally within Montecatini Terme, which is world-renowned for its health spa centers—the most charming being Terme Tettuccio.

The interior of Terme Tettuccio is a mélange of beautiful Carrara marble with iron gates and walls frescoed to depict people drinking the waters. Of course, you would not be in Italy if this scenario did not include music: a delightful orchestra ensemble was also on hand to play the most enjoyable classical piece. Another delightful experience was the historic funicular ride to Montecatini Alto—the old town on the top of the mountain where there are several exclusive shops and cafes.

On our last day, we sadly departed early in the morning to catch our flight home. It was wonderful to see the friendships that were made over the course of the week. All three groups of passengers remarked on how wonderful it was to have all the details planned out in advance so that they could simply relax, enjoy the sights and make new friends.

If you missed this trip but would like to be part of a future MNA/Durgan Travel tour, please contact Carol Mallia at 781-830-5755 or via e-mail at cmallia@mnarn.org. You do not have to be an MNA member or nurse to take advantage of one of these trips. For details about upcoming tours, see the advertisement below in this edition of the *Massachusetts Nurse*. ■

MNA announces

More Exciting Group Travel Trips

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

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

Taormina, Sicily tour: $1,569*
Oct. 27–Nov. 4, or Oct. 29–Nov. 6, 2004

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

Reserve Early, Space is Limited

*Prices listed are per person, double occupancy based on check purchase.
Applicable departure taxes are not included in the listed prices above.
For more information, contact Carol Mallia at 781-830-5755 or via e-mail at cmallia@mnarn.org.

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ADINMNADIMN MN1103

MNF announces June 1, 2004 deadline for nursing scholarships

The Massachusetts Nurses Foundation (MNF) is a non-profit organization whose mission is to support scholarship and research in nursing. The primary goal of the MNF is to advance the profession of nursing by supporting the education of nurses, and it provides scholarships and grants to nurses and nursing students in an effort to meet this goal.

This year's MNF scholarship opportunities include:

Carol Flyzik Scholarship

This new $1,000 scholarship was established by the Hale Hospital Professional Nurses Unit in memory of Carol Flyzik, RN, former Hale Hospital Emergency Room Nurse and MNA member, who was a victim of the tragic events of September 11.

The $1,000 scholarship will be awarded to a student—entry level or practicing RN—who is pursuing an associate's degree or bachelor's degree in nursing. Preference will be given first to students living or working in the *Merrimack Valley area, and then to other areas of MNA's Region 4. If the applicant is a practicing RN who is pursuing a bachelor's degree, she/he must be an MNA member. In the event that no applicants meet the geographic criteria listed above, the scholarship will be awarded to a deserving candidate who meets all other criteria as determined by the MNF scholarship committee.

* The Merrimack Valley consists of Lawrence, Haverhill, Bradford, Georgetown, Groveland, Methuen, Merrimac, Andover and North Andover.

Janet Dunphy Scholarship

This scholarship is given annually to an MNA member who is active in Region 5 and who is pursuing a B.S., M.S. or doctoral degree. Awards include:

- One $2,000 scholarship for an active member in Region 5 pursuing a B.S. in nursing
- One $1,500 scholarship for an active member in Region 5 pursuing a M.S. in nursing
- One $1,500 scholarship for an active member in Region 5 pursing a doctoral degree

Region 5 Scholarship

Funded by Region 5, $5,000 in scholarship monies will be given to active MNA members from the same region. Awards include:

- Two $1,000 scholarships for students who are pursuing nursing degrees and who are also sons or daughters of Region 5 members
- One $1,000 scholarship for a Region 5 members' significant other/spouse who is pursuing a nursing degree
- Two $1,000 scholarships for students who are pursuing a higher education degree and who are also sons or daughters of a Region 5 member

Region 4 Scholarship

Funded by Region 4, this $500 scholarship is given to an active Region 4 MNA member to assist with his/her studies for a bachelor's, master's or doctoral degree in nursing.

Region 3 Scholarship

Funded by Region 3, $6,000 in scholarship money is being offered to an MNA member active in Region 3.

Region 2 Scholarship

Funded by Region 2, one $1,000 scholarship is being offered to a family member of an active MNA member in Region 2 who is attending nursing school.

Labor Relations Scholarship

Two $1,000 scholarships are funded annually by a grant established by the MNA. This scholarship is for an RN or health care professional who is also an MNA member. Applicants must also be enrolled in a bachelor's or master's degree program in nursing, labor relations or related field.

Worcester City Hospital Aid Society Scholarship

This scholarship may be available for the 2004 scholarship season; details to be announced.

Faulkner Hospital School of Nursing Alumni Association Scholarship

This scholarship may be available for the 2004 scholarship season; details to be announced.

Scholarship details and deadlines

For more information or to request a scholarship application, call the MNF at 781-830-5745. Please be sure to mention which scholarship you are applying for. Downloadable applications will be available in February on the MNA's Web site at www.massnurses.org.

Scholarship applications must be postmarked no later than June 1 and should be sent to: Massachusetts Nurses Foundation, 340 Turnpike Street, Canton, MA 02021. All scholarships, unless otherwise noted, will be awarded at the MNA's annual awards banquet in October. ■

Join the 2004 MNA Convention Committee

MNA members who are interested in helping plan a dynamic annual meeting for the membership are invited to serve on the organization's 2004 Convention Committee

Criteria for joining the committee:

- Must be an MNA member
- Must be able to attend approximately five group meetings per year (generally held between 5:30 and 7:30 p.m. at MNA headquarters)

For more information, contact Dorothy McCabe at 781-830-5714 or via e-mail at dmccabe@mnarn.org. ■

MNA

Make a difference in the future of nursing by supporting the Mass. Nurses Foundation

As a member of the MNA, it's easy to make a difference in the future of nursing when you contribute to the Massachusetts Nurses Foundation (MNF). In fact, it is as easy as . . .

Writing a check

Through your tax-deductible donation, you can make a difference in what the foundation is able to do. All funds are directed toward nursing scholarships and research. Any donation—big or small—will help us make a difference.

If you are in the process of renewing your membership, you can make a donation to MNF by simply completing the MNF donor form and including your donation with your dues payment to the MNA.

Donating honoraria

Have you received an honorarium for a speaking engagement? Consider donating your honorarium to the Foundation. Are you currently serving on an MNA Congress, Committee or Task Force? Consider donating your travel reimbursement—simply check off the MNF box on your MNA travel reimbursement form and the amount will be donated directly to the MNF

Arranging a memorial gift

A donation can be made in memory of family members, friends and associates or to acknowledge a special event. An acknowledgement will be sent to the family of the person being honored.

Arranging for planned giving

As you consider your tax planning, we hope you will consider making a tax-deductible donation to the MNF through wills, endowments or legacies.

Participating in fundraising events

Whether it's the MNF auction, raffle or golf tournament, your participation in the Foundations fundraising events will help us raise funds to support nursing scholarships and research. Watch for announcements about upcoming fundraising events, because your support is always appreciated.

MNF ►Scholarship ►Research ►Education
Massachusetts Nurses Foundation, Inc.

For more information

Our mission is accomplished only through charitable donations. You can make a difference in the future of nursing, because your gift provides the meaningful difference in what the foundation can do. For more information about the MNF or any of our giving programs, please contact the Foundation at 781-830-5745. ■

Donations needed for MNF Annual Auction!

We Need Your Help

The Massachusetts Nurses Foundation is preparing for its 21st Annual Silent & Live Auction to be held at the MNA Convention in October. Donations are needed to make this fundraising event a big success. Your tax-deductible donation helps the Foundation raise funds to support nursing scholarships & research.

Your support is appreciated:

Jeannine Williams, *MNF President*

Patricia Healey, *MNF Secretary*

Liz Joubert, *MNF Treasurer*

- ✓ Valuable Personal Items
- ✓ Gift Certificates
- ✓ Works of Art
- ✓ Craft Items
- ✓ Memorabilia & Collectibles
- ✓ Vacation Packages

Contact the MNF at 781-830-5745 to obtain an auction donor form or simply mail or deliver your donation to the Massachusetts Nurses Foundation, 340 Turnpike Street, Canton, MA 02021.

Member Benefits

Your education funding options

How best to save for your child's future

With the cost of tuition and fees at a four-year private college now averaging over $18,000 for the 2002-2003 academic year,* it may be prudent to start saving as early as possible for the higher education costs of your children or grandchildren. There are now several options specifically designed for education funding available to you.

529 college savings plans

Sponsored by most states, 529 college savings plans may be funded with after-tax contributions (depending on the state(s) where you and the beneficiary live or pay taxes). These contributions generally grow tax-deferred.

Also, distributions from 529 college savings plans that are used to pay for qualified higher education expenses are 100 percent free from federal income taxes. In addition, the 529 plan offered by the state(s) where you and the beneficiary live or pay taxes may provide state income tax advantages exclusively for residents or taxpayers of that state. Qualified higher education expenses generally include post-secondary and vocational school tuition, reasonable room and board, books, supplies and related expenses at approved institutions.

How much can you contribute?

The maximum amount that can be contributed on behalf of a beneficiary varies from plan to plan. Most states allow contributions into a 529 plan account until the market value of the account reaches a certain limit, which in many cases can be greater than $200,000. For federal tax purposes, you can choose to contribute as much as $55,000 per beneficiary in the first year of a five-year period ($110,000 for married couples). The $55,000/ $110,000 contribution is, in effect, treated as five separate $11,000/$22,000 annual exclusion gifts (one for the current year and then one in each of the next four years). If no other contributions are made for that person over the same five-year period, there is no gift tax. Annual contribution limits may vary from state to state, however, so you should consult your legal or tax advisor to understand the tax implications of an investment in a particular state's 529 plan.

Who can contribute?

Anyone can contribute to a 529 plan on behalf of the plan's beneficiary, including parents, grandparents other relatives and friends.

Transferring funds between plans

You can make a federal tax-free transfer or rollover of funds from one state's 529 plan to another and still keep the same beneficiary, although this may vary from state to state. The one restriction is that this type of rollover may be done only once in a 12-month period. Note that if you change beneficiaries, this once-every-12-months limitation doesn't apply; you can roll over funds from one state's plan to another as often as you like. Depending on the plan, you may be allowed to make a "direct rollover." Or, you may have to withdraw the funds and redeposit them in the new 529 plan within 60 days to avoid taxes and penalties. You may, however, forfeit certain state tax breaks if you transfer funds from a 529 plan sponsored by the state in which you or your beneficiary resides to another state's 529 plan. You should keep in mind that each state's 529 plan must be evaluated based on its own merits relative to your needs and on the potential tax ramifications to the contributor and the beneficiary. The impact of differing state tax treatment may be significant, and you should discuss your situation with your legal and tax advisors prior to investing in any 529 plan.

Investment selection

You may be able to choose from among several investment options offered by the state's 529 plan, including a variety of mutual funds. Investment selection is limited to those investments offered by the state's plan, and the state sponsoring the plan has specific control over the investment of assets. However, you can name the beneficiary of the account and, under most situations, the beneficiary has no right to the funds. This means that, in general, you decide when the money should be withdrawn and how it will be used.

Coverdell Education Savings Accounts

The Coverdell Education Savings Account (CESA), formerly known as the Education IRA, allows you to set aside money for the education expenses of your children, grandchildren or other eligible beneficiaries, if you qualify.

Earnings on contributions grow tax-free while they are held in the account, and neither you nor your beneficiary will pay federal income taxes on the earnings as long as the money is used to pay for qualified expenses at an eligible educational institution, including not only colleges, but elementary and high schools. Qualified expenses include tuition, room and board, academic tutoring, uniforms, transportation and equipment.

You can contribute a maximum of $2,000 a year per beneficiary, and you can choose from a wide variety of investment options. In addition, you can make contributions to a CESA on behalf of the same beneficiary during the same year for which qualified contributions are made to a 529 plan. However, all contributions to a CESA must be made before the beneficiary turns 18, and all distributions must be made by the time the beneficiary is age 30 (or transferred to another qualifying beneficiary who is under age 30).

The plan that's appropriate for you

Other options for education funding include gifts to certain trusts and/or custodial accounts for minor children and grandchildren. Your legal and/or tax advisor can give you the details you need on trusts and custodial accounts.

For more information on all the education funding options available to you, contact Sharon Gallagher, CFP at 617-439-9037.

* Source: College Board – "Trends in College Pricing, 2002"

+This content is provided for informational purposes only and is not a detailed or complete discussion of the advantages or disadvantages of education savings vehicles. Neither UBS Financial Services, Inc. nor any of its employees provide legal or tax advice. The tax implications of education savings vehicles should be discussed with your legal and/or tax advisors. This information should not be relied upon for specific tax-related recommendations, and does not constitute a solicitation or recommendation to purchase a specific security. You should note that most states offer their own 529 Plans that may provide advantages and benefits exclusively for their residents and taxpayers. You should read the appropriate 529 Plan Program Description before investing. It includes details about the Plan's risks, charges and tax treatment.

++The tax law of 2001, which includes the 529 Plan and the Coverdell Education Savings Account provisions, sunsets on December 31, 2010, which means that unless Congress enacts legislation that extends or makes new provisions permanent, the changes will terminate on that date.

+++Each state offers a different 529 plan, with varying requirements, options, restrictions and tax treatments. State plans may differ in investment options, maximum contribution limits, investment manager, rollover or transfer restrictions, fees and expenses. Some state 529 plans provide special advantages or benefits exclusively for residents or taxpayers of that particular state.

Contributions to and/or distributions from a 529 college savings plan may have tax implications that should be discussed with your legal and/or tax advisor. State 529 plans are sold via program description documents, which contain details regarding the plan, risks, charges and tax treatment. Read the program description before investing. ■

Member Benefits **News**

New MNA benefit: home mortgage program

Reliant Mortgage Company
877-662-6623 or 877-MNA-MNA3

The MNA is proud to announce its newest benefit to members. Save money on your next home loan/mortgage with significant discounts available to MNA members and their direct families. Receive discounts off mortgage applications for home purchase, refinance and debt consolidation loans. Inquire about no points/no closing cost programs and reduced documentation programs. As an MNA member, you and your family are entitled to receive free mortgage pre-approvals and credit analysis. Also receive free review of purchase and sale agreements on homes financed through the program.

For current rates and discount information please call Reliant Mortgage Company: 877-662-6623 or 877-MNA-MNA3. Please remember to identify yourself as an MNA member and ask for the MNA Home Mortgage Program. Please also have your MNA membership number available. If you do not know your membership number contact the MNA at 800-882-2056. ■

New sight care provider

We are pleased to announce that there is now a new office in Springfield that will accept the MNA Sight Care Vision Savings Plan:

Dr. William E. Dyke, Jr.
16 Acres Optical
1907 Wilbraham Road
Springfield, MA 01129
413-790-7572

T-Mobile wireless service available to members

As an MNA member you and your family can now obtain wireless service from T-Mobile. T-Mobile offers new customers free phone with free activation, free nationwide long distance and roaming—plus free nights and weekends (on specific plans). International rates are also available. For more information, contact Patti Reyes at T-Mobile at 508-369-2200. ■

Have something to say?

MASSACHUSETTS **NURSE**

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

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

MNA Member Benefits Save You Money

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Ellen Kaplan, Group Health Specialists.....800-604-3303 or 508-875-3288
Managed care & comprehensive indemnity plans through Blue Cross/Blue Shield as well as other carriers.

Professional Liability Insurance
Nurses Service Organization .....800-247-1500 (8:00 a.m. to 6:00 p.m.)
Leading provider of professional liability insurance for nursing professionals with over 650,000 health care professionals insured.

Credit Card Program
MBNA America.....800-847-7378
Exceptional credit card at a competitive rate.

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Term life insurance offered at special cost discounts.

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

Short Term Disability Insurance
New England Insurance Specialist llc .....800-959-9931 or 617-242-0909
Six-month disability protection program for non-occupational illnesses & accidents.

Long Term Disability Insurance
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Provides income when you are unable to work due to an illness or injury.

Retirement Program
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Specializing in providing retirement programs including 403(b), 401(k), IRA, NQDA, Mutual Funds, etc.

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Home Mortgage Discounts
Reliant Mortgage Company..... (877) 882-6632
Discounts on mortgage applications for home purchase, refinance and debt consolidation. Inquire about no points, no closing costs program and reduced documentation programs. Receive free mortgage pre-approvals.

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James L. Conney Insurance Agency 978 459-0505
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Internet Paging.....800-977-1997
Discount digital pager program.

Cellular Telephone Service
Cingular Wireless.....800-894-5500
Save 10 percent on SuperHome rate plans with no activation fee plus 20 percent discount on accessories. Some discount plans include free nights (9 p.m. to 7 a.m.) and weekends.
T-Mobile.....508-369-2200
MNA members receive free phone with activation, free nationwide long distance & roaming and free nights & weekends (on specific plans). No activation fee for MNA members.

Jiffy Lube Discount
MNA Membership Department.....800-882-2056, x726
Obtain an MNA Discount card to receive 15% discount on automobile products & services.

Consumer Referral Service
Mass Buying Power.....866-271-2196
A consumer referral service offering super savings on products & services. Visit their Web site at www.massbuy.com (Password MBP)

Discount Electronics & Appliances
Home Entertainment Distributors.....800-232-0872 or 781-828-4555
Home electronics & appliances available at discount prices for MNA members.

Oil Network Discount
Comfort Crafted Oil Buying Network 800-649-7473
Lower your home heating oil costs by 10 – 15%.

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

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

Health Care Apparel
Work 'n Gear Discount.....800-WORKNGEAR (for store locations)
Receive 15% discount off all regularly priced merchandise. Simply present your valid MNA membership card to pick up your MNA/Work 'n Gear discount card at any Massachusetts Work 'n Gear store.

Travel & Leisure

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

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

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

Discount Travel Program to Florida, Bahamas & Las Vegas
Executive Tour & Travel Service.....800-272-4707 (reservations)
4 day/3 night discount on "Getaway Vacations" to Florida, Bahamas & Las Vegas. Visit Web site at www.exectourtravel.com. Mention MNA group number 15187.

Central Florida Area Attractions
The Official Ticket Center 877-406-4836
Discount admission to Orlando area attractions.

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

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

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

Introducing The New
MNA Home Mortgage Program
A new MNA family benefit

Reliant Mortgage Company is proud to introduce the **Massachusetts Nurses Association Home Mortgage Program**, a new MNA benefit that provides group discounts on all your home financing needs including:

- **Purchases & Refinances**
- **Home Equity Loans**
- **Debt consolidation**
- **Home Improvement Loans**
- **No points/no closing costs**
- **Single & Multifamily Homes**
- **Second Homes**
- **Condos**
- **No money down**
- **Investment Properties**

Group discounts: As the only MNA-endorsed mortgage lender, we provide qualified members and their families with low rates and group discounts. Take advantage of free mortgage pre-approvals, free credit analysis, and free review of purchase and sale agreements for homes financed through the program.

Expert advice: Whether you're a first-time or experienced homebuyer, choosing the right mortgage is important business. Reliant mortgage consultants are available to MNA members and their families to answer your questions, and walk you through the mortgage process.

We can advise you with options for refinancing your current mortgage to reduce your monthly payments, change the term of your loan, or put the equity in your house to work to consolidate debt or pay for home improvements. And if less than perfect credit (including bankruptcy or foreclosure) is a problem, ask us about practical "make-sense" underwriting. Whatever your needs, we're here to help. Give us a call at **877-662-6623**. It's toll free.

As an MNA member, you and your family are entitled to receive free mortgage pre-approvals, and credit analysis.

MNA
Massachusetts Nurses Association

- **$275 Off Closing Costs**
- **1/8 Point Discount off Points Incurred**
- **Free Pre-Approvals**
- **Low Rates & Discounts**
- **No Point/No Closing Cost Programs Available**
- **Also Available to Direct Family Members**

Call The MNA Answer line for program rates and details:

1.877.662.6623
1.877.MNA.MNA3

MA Lic. MC1775; NH Lic. # 8503-MBB; CT Lic. 10182; RI Lic. #20011277LB; ME Lic. #SLM5764. Not every applicant will qualify for these programs.

Advertise in

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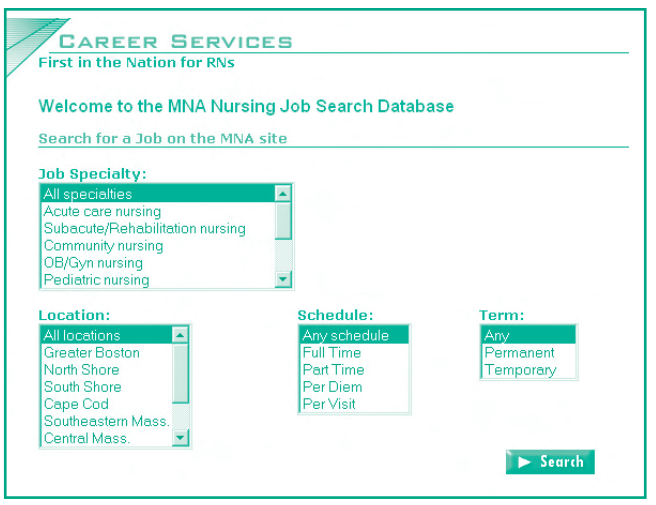
Reach over 22,000 registered nurses and other health care professionals with an advertisement in the Massachusetts Nurse!

For more details, call Erin Servaes in the MNA Public Communications Department, 1-800-882-2056, x789 or e-mail eservaes@mnarn.org.

Nursing Job Search Database on the MNA Web site



Visit our jobs section for an easy way to find local nursing opportunities, as well as easy access to nursing jobs listed on boston.com.

Find the ideal job with just the click of a button!

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Visit http://www.massnurses.org today!

It's Easy to Use, Free-of-Charge, Open 24/7, and Completely Confidential.

Additionally, visitors to this web page may post job openings for a nominal fee or for free if the position is within an MNA bargaining unit.

This Web page is not limited to health care facilities that have MNA bargaining units, however, MNA represented facilities are identified.

Don't Let Time Run Out On Safe RN Staffing Legislation

We have until July 31 to pass this bill into law!

Working together, we can take the final steps to victory

Nurses' Timeline to Success

What we've accomplished . . .

- ☑ Nurses collect 80,000 signatures in support of safe staffing
- ☑ Nurses attend town meetings with legislators across the state
- ☑ Nurses craft and file legislation for 2003-2004 session
- ☑ Over 100 legislators sign on as sponsors of H.1282
- ☑ More than 500 nurses attend June 18 hearing on the bill
- ☑ Survey shows that nine in 10 RNs and eight in 10 voters support the bill
- ☑ Coalition to Protect Massachusetts Patients is formed, comprising more than 60 leading health care/consumer organizations
- ☑ Nurses tell their legislators abou H.1282 at district meetings and via phone calls, e-mails and postcard mailings
- ☑ Health Care Committee unanimously releases H.1282 favorably to House Ways and Means on Nov. 19, 2003

What we need to do now . . .

- ☐ Beginning TODAY, contact your state representative on a weekly basis by phone, letter and e-mail and ask for "a vote on the bill by Nurses Week" (May 6-12)
- ☐ Collect postcards from 10 neighbors, friends and family members
- ☐ Write a personal letter to your state senator and state representative urging passage of H. 1282
- ☐ Hold a "Pass H.1282, Safe RN Staffing Saves Lives" sign outside your local polling place during the Massachusetts Presidential Primary Election on March 2
- ☐ Attend lobby day at the State House on May 11
- ☐ Gain approval of the House Ways and Means Committee and passage by the full House of Representatives
- ☐ Gain approval of the Senate Ways and Means Committee and passage by the full State Senate
- ☐ After final enactment, secure a legislative override of a gubernatorial veto (if needed) by July 31, 2004
- ☐ Celebrate! Safe RN staffing is a reality for patients and nurses in Massachusetts!

MNA **Visit www.massnurses.org** to find out how easy it is to contact your legislators.