

MASSACHUSETTS NURSE

THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION ■ www.massnurses.org ■ Vol. 75 No. 2

Mercy Hospital and Providence Hospital break new ground

Health & safety language a priority in new contracts

By Evie Bain

MNA nurses at Mercy Hospital in Springfield and Providence Hospital in Holyoke recently addressed several important health and safety issues by advocating for the inclusion of new language related to workplace violence, needlestick/sharps injuries and latex gloves.

Including clear-cut health and safety language in contracts has long been a goal of the MNA's Congress on Health and Safety. Early on, congress members developed "model language" related to issues of participation in safety committees, including those focused on workplace violence, latex allergies, blood-borne pathogens, needlestick and sharps injuries, and musculo-skeletal injuries.

This model language, with information on why it protects workers' health and safety, was developed with the intent of informing, educating and empowering local bargaining unit members as they determine what issues and language would be appropriate for inclusion in their own contracts. Over the past few years, copies of this language have been widely distributed to bargaining

unit chairs and MNA staff members in the labor relations department. Several previous contracts had used the model language as a resource to establish safety committees, HIV insurance and improve protections for the prevention of musculo-skeletal injuries—but it is the groundbreaking language in the Providence and Mercy contracts that may pave the way for other MNA bargaining units in the future.

Addressing workplace violence

According to the newly ratified contract at Providence Hospital, workplace violence is "an assaultive behavior from patients, visitors, workers, physicians or family members. Violence is defined as, but not limited to, physical assaults, battering, sexual assaults, or verbal/non-verbal intimidation. The Hospital will enforce a policy of 'Zero Tolerance' for any of these acts. ID badges will not reveal last names. The Hospital will have a policy and procedure relating to the detection, removal, storage, and disposition of potential or actual weaponry at admission or at any time during the Hospital stay. The Hospital agrees to provide security surveillance of Hospital grounds

and parking areas. Both will be well lighted. Upon request, the Hospital will provide escorts to cars and physical protection to workers if necessary.

"The Hospital will initiate a policy and procedure for the prevention of violence or potential violence. It will also give training programs on how to safely approach potential assaults and prevent aggressive behavior from escalating into violent behavior. Consistent with the Hospital 'Code Yellow' policy, the Hospital will form a trained Response Team, available 24 hours and 7 days a week that, similar to a code team, can be immediately called to assist a nurse in any situation that involves violence. The employer will report the injury or illness to the appropriate agencies i.e., Department of Industrial Accidents, police, etc. The employee also has the right to notify the police if he/she is being physically assaulted. Incidents of abuse, verbal attacks or aggressive behavior—which may be threatening to the nurse but not result in injury, such as pushing or shouting and acts of aggression towards other clients/staff/visitor—will be recorded on an assaultive incident report. The incident will be reported

See Contract, Page 9

Hundreds attend second annual Chairs Assembly

Key issues discussed include pension plans, safe staffing and Weingarten Rights

More than 100 chairs and co-chairs from local MNA bargaining units gathered at the Radisson Hotel in Marlborough on Jan. 28 and 29 to talk about—and dissect—issues affecting members throughout Massachusetts.

The day-and-a-half long assembly began on the evening of Jan. 28 with a reception that gave attendees an opportunity to mingle with and meet other bargaining unit leaders. "Our aim was to provide chairs and co-chairs with a relaxed atmosphere that allowed them to share stories, compare experiences and build new relationships," said Karen Higgins, RN and president of the MNA. "MNA members work so hard to create and maintain a labor-friendly environment in their own facilities that sometimes it's hard to remember that other units throughout the state may be working in/towards similar situations. This reception gave leaders a chance to share those circumstances and histories."

The assembly's activities kicked into high gear on the following morning when attendees sat together in the Radisson's function hall and prepared to take on three key issues: the possible creation of an MNA pension and retiree health plan; effectively moving the safe staffing bill through the rest of the legislative process; and a review of members' Weingarten Rights.

There to lead the discussion about the possible creation of an MNA pension and



Sen. Pam Resor (D-Acton) addressed the audience during a brief visit with members at the Chairs Assembly, praising RNs for the work they do. "Everything you do makes a difference," she said, "and thank you for making that difference."

retiree health plan were David Brenner, Kathleen Riley and Francesca Sciandra from The Segal Group—a private actuarial and consulting firm that serves as employee benefits, actuarial, compensation and human resources consultants to non-profit organizations and corporations.

"The average age of RNs working in Massachusetts is approximately 46-years-old," said Brenner, a vice president at Segal, "so in less than 18 years, there will be a huge number of nurses moving into retirement." Brenner, with added insight from Roland Goff, MNA director of labor relations, and Julie Pinkham, MNA executive director, also said that there has been a noticeable trend in the world of collective bargaining for management to treat defined benefit plans as "take away items" during contract negotiations. "It is becoming more common to see management try to replace defined benefit plans with defined contributions plans, where both the employer and employee contribute to 401K-type retirement plan—but with the investment risk falling entirely on the employee."

It is circumstances like these, among other things, that led MNA members to begin considering long-term alternatives to the way their pension plans are currently managed—namely, a Taft-Hartley Plan.

Originally established as part of the Labor-Management Relations Act of 1947, Taft-Hartley Plans are creations of collective bargaining—meaning that it is a union-negotiated benefit—and the funds require that both the employer and employee trustees be equally represented in the administration

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March 2004

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Nurses Lobby Day

Save the Date!

Tuesday, May 11
Mass. Statehouse
10:30 a.m. – 1 p.m.

Join thousands of your colleagues and peers as they visit Beacon Hill and call for the passage of H.1282, the safe RN staffing bill. See Page 20 for registration information and other details.

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

Nurses' guide to single-payer reform

Insuring America's health: Highlights from the January 2004 report from the Institute of Medicine

"More than 18,000 people die every year because they lack health insurance."

"It is estimated that the economic value lost because of poorer health and earlier deaths among uninsured Americans is between \$65 billion and \$130 billion annually."

"Uninsured Americans get about half the medical care of those with health insurance. As a result, they tend to be sicker and die sooner."

"The Committee concludes that further efforts to gradually expand coverage through incremental reforms are unlikely to succeed. Instead, the Committee proposes a clear and compelling goal—within 6 years, everyone in the United States should have health insurance."

"The lack of health insurance for tens of millions of Americans has serious negative consequences and economic costs not only for the uninsured themselves, but also for their families, the communities they live in and the whole country. The situation is dire and expected to worsen. The Committee urges Congress and the administration to act immediately to eliminate this longstanding problem."

"... 17.2 percent of the population under age 65 is uninsured and the number has grown to over 43 million. The situation is

more desperate now than when the study began, and it is expected to worsen in the foreseeable future because of federal and state budget constraints limiting public coverage programs, increasing costs of health care/insurance premiums, and continuing high rates of unemployment."

"Even one uninsured person in a family can put the financial stability and health of the whole family at risk. And a community's high uninsured rate can adversely affect the overall health status of the community, its

health care institutions/providers, and the access its residents have to certain services."

"Finding: Federal incremental reforms over the past 20 years have made little progress in reducing overall uninsured rates nationally..."

"Finding: Although some states have made significant progress in reducing the number of its uninsured citizens, even the states that have led major coverage reforms have large and persisting uninsured populations."

"The Committee recommends that the President and Congress develop a strategy to achieve universal insurance coverage and to establish a firm and explicit schedule to reach this goal by 2010."

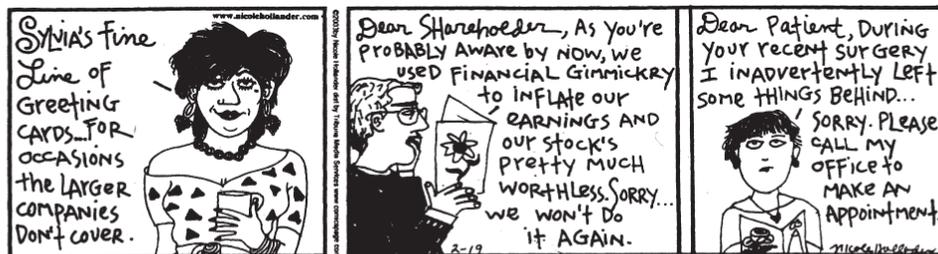
"Instead of approaching the problem in tentative incremental steps, the Committee believes that citizens and policy makers should begin by setting as an explicit goal that the health insurance system should include everyone, then determine the private and public policies and actions necessary to achieve that end, and enact and implement those policies."

"The Committee concludes that major, comprehensive reform of the health insurance system, rather than expansion of the 'safety net,' is essential."

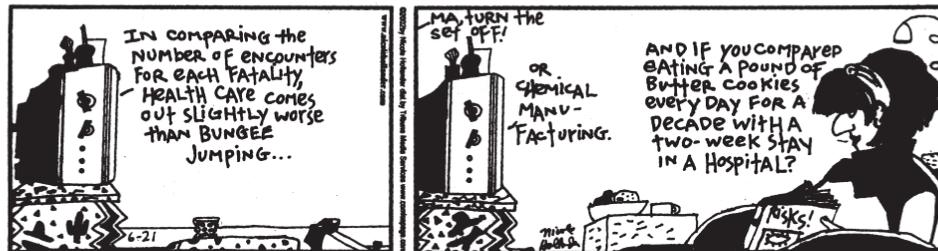
"... if financial access to health care services were assured, people would be able to choose among providers in their community and not be dependent upon safety-net institutions, as uninsured people are now. Also, the availability of payments from insurers could strengthen the financial stability of those providers and institutions, which are stressed by the current economy and growing demands for services."

To review the complete content of this report, visit <http://books.nap.edu/catalog/10874.html>.

SYLVIA by Nicole Hollander



SYLVIA by Nicole Hollander



Supporters of S.686 joined the Worcester Area League of Women Voters in January to discuss their work on the single-payer health care initiative and their plans for moving forward.

Quotable

Lack of insurance affects national security

A major problem facing the military medical system may be the ill health of thousands of reservists—even before they ship out to battle zones.

Top Pentagon brass and congressional leaders fear that between the needs of reserve soldiers who are unable to deploy because of previous medical problems, the health issues of returning soldiers and a record number of troops in transit, the military medical system may be in very ill health.

"Just like you've read the reports about the large numbers of Americans who don't have any medical insurance, a percentage of those are reservists," said John O'Shea of the Reserve Officers Association. "When families have reduced incomes, one of the things they normally consider a luxury, believe it or not, is medical care or dental care."

Source: "Army facing medical crisis," Robert Schlesinger, *Boston Globe*, 12/13/03 ■

President's column

Imagine what your life would be like with H.1282...now make it a reality

By Karen Higgins, RN
MNA President

By the time you read this column in the March issue of the *Massachusetts Nurse*, there will be less than four months left before the end of the current legislative session—which means there are only four months left to do the work that needs to be done by each and every MNA member in order to pass H.1282, the safe RN staffing bill.

When I talk to nurses at meetings and during walk-thrus at MNA hospitals, they sometimes say that they can't imagine our bill's proposed RN-to-patient ratios ever becoming a reality and, as a result, they can't imagine working in safe conditions. Things are so bad right now, and have been for so long, that even our older colleagues can't remember what it was like to care for only four patients on a medical/surgical floor. And meanwhile, many newer nurses have never once worked in settings with good ratios.

The absurdity of the current situation has become the norm, and, as a result, adequate, appropriate staffing has sometimes seemed far off.

But it isn't far off. The ratios in H.282 are achievable (see box at the bottom of this page with the ratios); they are supported by the best science in nursing and medicine; they are supported by a majority of state legislators; they are supported by 65 leading health care organizations; and they represent what is right and just for our patients.

The only thing that prevents these ratios

from becoming a reality is the willingness of all nurses in the MNA to do their small part to make them a reality. But before I talk about how to make these ratios real, I want to talk about what these ratios will do for you in your practice.

Should H.1282 pass, you will once again have time to actually practice nursing the way it was meant to be practiced and the way you were educated to practice it. You will have time to talk to your patients and their families about what is happening to them, as well as tell them how they can participate in their own healing. With diabetic patients, you'll actually have the time to teach them how to manage their condition. With patients who are scheduled for surgery, you'll be able to sit with them and prepare them for what to expect. And when they come out of surgery, you'll have valuable time to teach them what they need to know for when they go home.

You'll have time to ambulate patients and assess them while you do it. And yes, you'll be able to give bed baths again, providing you with that valuable time to listen, to comfort and do a full and thorough assessment of their skin tone, breathing and everything else that



Karen Higgins

needs to be evaluated in order to effectively monitor their condition.

You'll actually have time to review and monitor the plan of care for your patients and to consult with physicians about your concerns. When call lights go off, you'll be able to respond. You'll also be able to provide medications, information or comfort when it is needed and when it can do the most good. You'll have time to check lab work and order tests.

And when you are caring for a patient who is dying, you'll be able to hold that patient's hand, to comfort them and their family, and to make their passing as comfortable as possible.

Imagine what it will be like to actually practice nursing again or, for those who haven't had this opportunity, to practice real nursing for the first time.

Once you have this vision in your head and you like what you see, get angry, get motivated and get busy doing your part to make this world of real nursing a reality.

This is it fellow nurses. We have a rare and important opportunity that we can't afford to let slip out of our hands. In this newsletter you will find a listing of the specific things you need to do to make sure our safe staffing bill is passed (see Page 4). This includes sending e-mail messages to your legislators; writing letters to your legislators; visiting your legislators; and calling your legislators.

Your work thus far has paid off, but as we fight to make these ratios a reality, the

Should H.1282 pass, you will once again have time to actually practice nursing the way it was meant to be practiced and the way you were educated to practice it.

hospital industry, your CEO and your nurse executives are up on Beacon Hill using every lie, every piece of misinformation, and every threat they can come up with to deprive you of what you need in order need to keep your patients safe.

The good news is that we have the truth on our side—and as front-line nurses, we also have the trust of the public on our side. Just as important, we have the numbers to make this case to the legislature.

Remember: in your hospital, right now, there is one CEO and one nurse executive pleading the case for maintaining the current conditions. But there are hundreds and, at some hospitals, thousands of nurses who can tell the truth about what is happening—and by so doing, RNs can change nursing in Massachusetts forever. ■

RN-to-patient ratios called for by H.1282

This bill would establish minimum RN-to-patient ratios on all hospital units and in all departments. All ratios would be the same for all three shifts. These ratios also would be adjusted upward based on patient acuity.

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

To provide flexibility in staffing and to account for patients who require more care, the bill calls on the DPH to create an acuity-based patient classification system, which is a standardized formula for rating the acuity level of patients (a tool to measure how sick the patients are in a particular unit). Based on the acuity of the patients assigned to a nurse, the ratio would be improved (meaning the nurse would be assigned fewer patients) if those patients require more intensive care.

MNA on Beacon Hill



RNs: The future is in your hands

Because your hospital administrators will stop at nothing to prevent H.1282 from passing

By **Charlie Stefanini**
MNA legislative director

With the July 31 deadline looming, hospital administrators will stop at nothing to prevent H.1282—the MNA’s proposed safe staffing legislation—from passing. Are you going to let this happen?

Market forces have not resolved the issues of patient safety and quality of care related to nurse staffing. Massive reductions in nursing budgets have resulted in fewer nurses working longer hours, while caring for sicker patients. Nurses therefore, have requested the assistance of

In correspondence to the Legislature, hospital administrators called your efforts to ensure patient safety by limiting the number of patients you are assigned “stupid.”

elected officials on the state level to protect patients by holding hospitals accountable for the provision of adequate nurse staffing through legislative and regulatory means.

This battle is playing itself out now in the Massachusetts Legislature. H.1282 was approved by the Health Care Committee and is now before the House Ways and Means Committee. If it does not pass before July 31, it will die—and the process will have to begin all over again.

Do not let this happen. The future is in your hands. Your state senators and representatives *must* hear from you again, and again, and again, and again.

The MNA knows, based on first-hand information, that your legislators are hearing from hospital administrators on a regular basis—and the things they’re saying will not make you happy:

- In written correspondence to the Legislature, hospital administrators called your efforts to ensure patient safety by limiting the number of patients you are



Charles Stefanini

assigned “stupid.”

- After they spent years cutting staff nurses and replacing them with unlicensed personnel and techs, they wonder—out loud to legislators—why more nurses aren’t at the bedside.
- They tell them they cannot find the nurses. Yet most hospitals employ enough nurses now to meet the standards.
- They tell legislators they you aren’t doing this for patients, but for more jobs and better salaries.
- They tell legislators we just need to increase the supply of nurses.
- They tell legislators that patients aren’t as sick at night as during the day, so we don’t need standards at night.
- They tell legislators that nurses calling in sick are the real problem.

It is clear they are willing to distort the facts and cloud the truth. Your legislators need to hear from you—those on the front-line of health care—that the issue of safe RN staffing is a real one. Only you can get them to take action on this bill.

July 31: don’t let it pass without safe staffing. ■

MASSACHUSETTS NURSE

ISSN 0163-0784

USPS 326-050

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Mission Statement: The *Massachusetts Nurse* will inform, educate and meet member needs by providing timely information on nursing and health care issues facing the nurse in the Commonwealth of Massachusetts. Through the editorial voice of the newsletter, MNA seeks to recognize the diversity of its membership and celebrate the contributions that members make to the nursing profession on the state, local and national levels.

Published nine times annually, in January/February, March, April, May, June/July, August, September, October and November/December by the Massachusetts Nurses Association, 340 Turnpike Street, Canton, MA 02021.

Subscription price: \$20 per year
Foreign: \$28 per year
Single copy: \$3.00

Periodical postage paid at Canton, MA and additional mailing offices.

Deadline: Copy submitted for publication consideration must be received at MNA headquarters by the first day of the month prior to the month of publication. All submissions are subject to editing and none will be returned.

Postmaster: Send address corrections to Massachusetts Nurse, Massachusetts Nurses Association, 340 Turnpike Street, Canton, MA 02021.

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MNA
MASSACHUSETTS NURSES ASSOCIATION



6 steps every RN must take for safe staffing

1. 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 and click on the “Safe Ratios” button at the top of the page.

2. Visit your legislators during their 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 Statehouse or district office. Visit www.massnurses.org or www.state.ma.us/legis/legis.htm to find contact information for your legislators.

3. Attend a legislative briefing in your area

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

4. Sign up to become a member of 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.

5. 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 House Bill 1282 is imperative to patient safety and why the bill must be passed, and then send it off directly with just the single click on your mouse.

6. Keep up the great work and contact your legislators regularly

Nothing rings more true in the legislative process than the “squeaky wheel gets the most 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. ■

Deepening the SANE's understanding

A victim tells her story: Resiliency in the aftermath of sexual assault

By Annie Lewis-O'Connor, NP, SANE

In November 2003, as is customary for the more than 100 Sexual Assault Nurse Examiners (SANE) in Massachusetts, we gathered for our annual program, this year entitled, "The Core Difference." As SANEs, we are trained to hear about one of the most heinous and violent crimes that can be committed against another human being. We approach each case recognizing its uniqueness, and we aim to make a "core difference" for each victim in terms of their care, treatments and outcomes. At our conference we were given the privilege of hearing the story of Debbie Smith, a survivor of sexual assault, and it was story that has, and will, make a "core difference" for victims and for those of us who provide care to victims.

Emotional account of sexual assault

As Debbie Smith took the podium to address us, she gathered a box of tissues. My immediate thought was, "Poor thing, she must have a cold." An attractive petite woman, Debbie immediately began to tell us about the horrific events of March 3, 1989. As she told us her story she sobbed, but persevered. It was now clear why Debbie had the box of tissues.

While many commonalities occur with sexual assault, each victim embraces a uniqueness that can only be known through hearing their story. Debbie was kidnapped from her home while her husband Robert, a police officer, was sleeping upstairs after working a double shift. Behind the woods of her Williamsburg, Va., home she was raped repeatedly and threatened to remain silent. But Debbie did the bravest thing she could: she woke her husband and told him what had happened to her. A police report was made and Debbie consented to a forensic exam.

Debbie then proceeded to tell us how the assault had consumed her life. For me this

was to be riveting. As a SANE I hear about the initial assault, but am not always privy to the specific effect it has on a victim's life. Debbie said she lived consumed by the fear that her attacker would retaliate against her and her family members. She struggled with suicidal

perpetrator—who had been serving time for robbery—was caught through a DNA database known as CODIS (Combined DNA Index System). Debbie's attacker was convicted of rape, abduction, robbery, burglary and larceny. More importantly, he was sentenced to

and therapeutic support; by affecting positive change in laws; and by educating professionals commissioned to serve victims. Principles of H.E.A.R.T. emphasize victim empowerment—and who could better to exemplify this than Debbie.

On a national level, Debbie and Robert have taken this story to the U.S. Capitol. The Debbie Smith Act (S.2055) was introduced in March 2002. In November 2003 it passed the House. This legislation would provide funding to carry out DNA analyses on back logged samples obtained from crime scenes and enter these findings into the national CODIS system; standardize forensic evidence collection; and provide funds to states to establish sexual assault nurse examiner programs. Debbie has taken this horrific event and purports that her efforts help her to heal, as well as be a voice for the many victims who are not able to speak out. It is widely known that rapists often rape many times before they are caught. Debbie's efforts aim to identify these perpetrators *before* they would have the chance to assault again.

Healing begins

As SANEs, we are trained to hear the most tragic aspects of sexual assault. Victims entrust us to care for them and, through forensic evidence collection, work to identify perpetrators readily. At the end of presentation, Debbie said her healing began and her desire to live began again when she knew the perpetrator was no longer a threat to her or her family. Doesn't that make sense?

We should all be grateful that victims can be provided with optimal care and that perpetrators of sexual assault can be identified. Debbie's unique and distinct resiliency has made a 'core difference' for victims and those of us who care for victims. Her words, her story will resonate for some time.

Thank you Debbie and Robert Smith. ■

U.S. House passes Debbie Smith Act

Because of the suffering of Debbie Smith and countless other victims of sexual assault, national legislation was drafted with the aim of improving the services that are available to victims of this crime, as well as improving the system that exists for finding the perpetrators of sexual assaults.

The Debbie Smith Act (H.R.1046 and S.152) was recently passed by the House of Representatives, and its passage into law would mean that:

- There will be increased grant money available to train Sexual Assault Nurse Examiners (SANE), as well as law enforcement personnel and first responders
- Minimum standards will be established for forensic evidence collection kits
- DNA analyses of samples collected from crime scenes will be more effectively carried out

This important legislation compliments the efforts of Massachusetts' Sexual Assault Nurse Examiner Program. The state's nationally recognized SANE Program allows for the coordination of the expert forensic care that is needed in order to increase successful prosecution of sex offenders and to deliver the highest level of care to sexual assault victims as possible.

Debbie Smith continues to travel around the country with her husband to talk about her experience. ■

thoughts, but didn't want to make a mess and worried that one of her children might find her. She grappled with moving, but anger made her determined to stay in her home (she simply had it wired like Fort Knox).

As Debbie shared her story about life after the assault she continued to sob, but also assured us that she "cries easily." All I could think was how courageous this woman was to stand before us and tell the unimaginable.

During all of this, I sat in my seat and hoped to hear how it could be that she could stand before us—and how she survived. Debbie then said the words I wanted to hear: he was caught!

Six and a half years after the assault, the

two life terms plus 25 years in prison, and he will remain imprisoned for the remainder of his life. I wanted to scream at the top of my lungs, "YES!"

Strength and resiliency

Debbie embodies abounding strength and resiliency, and represents the epitome of a survivor of a brutal attack. Both Debbie and her husband Robert now strive to help others survive. Their crusading efforts will provide a 'core difference' for victims and ultimately hold perpetrators accountable. As founders of H.E.A.R.T. (Hope Exists after Rape), they strive to provide hope to victims of sexual assault through the provision of essential

In the public eye

Strong MNA support helps McQuilken win state Senate primary

On Tuesday, Feb. 3, MNA-endorsed candidate Angus McQuilken won the Democratic primary for the state Senate seat vacated by Cheryl Jacques. McQuilken, a strong supporter of H.1282, won the race decisively with nearly 50 percent of the vote—due in large part to the overwhelming support from MNA members. The final election was scheduled for Tuesday, March 2. For a complete update on McQuilken's progress visit www.angusforsenate.com. ■



Angus McQuilken

Federal Nurse Reinvestment Act gets funding

Nursing ed programs receive increase

Funding for the federal Nurse Reinvestment Act (NRA) was increased as part of funding in the fiscal year 2004 budget. The omnibus funding bill, signed by President Bush on Jan. 23, provides a \$30 million increase—bringing the total to approximately \$142.5 million.

Late last year it looked as if the funding increase would be a modest \$15 million, since the House bill that passed had no increase connected with it. Just prior to the Senate recess in late November however, Sens. Barbara Mikulski (D-Md.) and Susan Collins (R-Maine) were able to secure a \$50 million increase for Title VIII during frantic last-minute negotiations on the Senate bill.

In conference, the amount was whittled back to \$30 million. This amount is not close to the \$250 million needed to fully fund the NRA, but it does signify the largest single-year funding increase (26 percent) since 1974. ■

Get involved in MNA

Health policy & 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. Contact Charles Stefanini at 800-882-2056, x716 or by e-mail at cstefanini@mnarn.org. ■

Nursing practice

There are currently three seats available on the MNA's Congress on Nursing Practice. The Congress is a deliberative body of 12 MNA members meeting monthly 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. For more information, contact Dorothy McCabe at 781-830-5714 or via e-mail at dmccabe@mnarn.org. ■

Labor Relations News

Getting what you need: a members' perspective

By Jim Moura, RN
MNA Board member

In 1991—when I first became active in the MNA at Brigham and Women's—I remember being shocked by the lack of resources available to local union committees in the Association. I was amazed at what had been accomplished on the local level with the dedicated volunteer labor on the union committees. I had a view that the MNA would use the "industrial service model" utilized by the older established unions, which meant that I would pay my dues and the work and resources would be provided by the paid staff of the union.

Boy, was I ever in for a reality shock during our contract talks in 1993.

We had never internally organized or established an internal communications mechanism, unit representation network, newsletter or local unit dues, and we had also never developed the ability to mobilize pickets if we needed to. What was really frustrating was the lack of integration and cooperation within our bargaining region and with our fellow MNA bargaining units. Each local union was an isolated island—and the hospital industry worked to keep us separate and competitive as they began a "down sizing" initiative and implemented work-redesign projects that reduced each RN's ability to safely care for patients.

By 1996 I felt pushed to the max. Our committee pulled itself up by its bootstraps and organized around the safe care campaign by passing out leaflets at the hospital on a weekly basis, and utilizing a diffuse unit and shift rep system to communicate more effectively. "The Union" became a presence throughout the hospital.

Members began asking a committee member or their unit representative—not management—about contract provisions. We

were able to "inoculate" the members against management's misinformation. More importantly, the members used their own voices with management, thereby reinforcing our message and strength at the negotiating table with management. In short, the union became "all of us."

We organized meetings with management where we facilitated communication on staffing issues, and our members echoed what was being said at the table. By the time we needed to call for a strike authorization vote, people were ready thanks to a series of first-ever meetings that were held at "union halls." There, we learned what it meant to be on strike—and it was scary.

Although the members voted overwhelmingly for a strike, and in numbers that astounded our committee, we never actually

Management hates it when a union committee and its members feel empowered.

had to strike. The hospital saw that the nurses and the public supported the committee. It is my opinion that the hospital viewed a strike as compromising the hospital's profitability and strategic business plan. I believe that they calculated that the cost of the strike would not justify the savings they sought at the table and the damage to the very good name of Brigham and Women's. It is now, and hopefully will remain, a respected institution with an improved level of respect and value for its nursing staff.

After the contract settled, we passed local dues and set up a local unit treasury. My former colleagues at the Brigham are to be congratulated for conserving their members' resources and insuring that they will be able

to take care of their own—come what may at the bargaining table with the management team at Partners.

I decided in 1996 to work within the MNA to reform the district system and their reluctance to be more supportive of collective bargaining. I was not alone. MNA staff nurses developed coalitions intent on returning power and money to the local union level and to strengthen mutual support and aid among MNA bargaining units. The strategies and goals took years to implement I am proud to say that "revolution" came to fruition in 2000.

It resulted in our disaffiliation from ANA and the restructuring of the MNA District governance system. The new Regional Council system insures that every local bargaining unit within a Region will have a seat and a voice in directing financial resources to support local collective bargaining activities, as well as in promoting safe staffing and professional development.

The largest single transfer of financial resources to the regional control of councils composed of grassroots union leaders in our organization has occurred. Well over \$300,000 annually is now under the control of the Regional Councils. Each council will be a mutual aid society within our organization to support our contract struggles. Mutual bargaining strategies might be employed by the Regional members. Sharing of information within the council will prevent the isolation in bargaining that previously existed within a Region. It will educate the leadership and empower them at the table. It is an activist model of union control and leadership. More importantly the control of the dues flows to the local level where the people in a Region decide on the strategic vision and financial commitment to realize it.

Management hates it when a union com-

mittee and its members feel empowered. Management's ability to confuse, frighten and manipulate a membership is compromised when a committee has the resources to implement effective internal organizing and communication. An outgrowth of this union organizing model within MNA has given rise to the MNA Leadership Institute. It is a labor department program taken on the road to train union members in effective organizing techniques, communication skills, media management, labor law and bargaining strategies.

In my opinion, MNA union leaders are beginning to get what they need to do the work of articulating their member's message and to empower the members to speak with their own voices. The opportunity and

The Regional Council system insures that every bargaining unit will have a voice.

responsibility is upon us—the local union leaders and members—to step forward and use what we have been given and won through the district bylaw changes.

Each local union committee must designate its representative to its Regional Council and take the power that it has been given. It is an opportunity to learn, share and grow in unity and strength! Each district is being replaced by a Regional Council. To choose not to participate is to choose to weaken your ability to bargain effectively with a maximum of support.

To find out how to get your unit involved, contact one of the following people at 1-800-882-2056: your labor representative from the MNA or the office of the executive director of the MNA. ■

Contract Update

Increases seen in salary steps, on-call pay and shift differentials

RNs at Mercy Medical Center ratify new two-year contract

RNs represented by the MNA at Springfield-based Mercy Medical Center recently voted to ratify a new two-year contract—one that includes language specific to important salary increases for nurses working non-weekday shifts, as well as language that allows for Mercy's Baylor Plan to be expanded hospital-wide. The pact also grants the RNs a 7 percent, across-the-board raise in both years of the contract in addition to the restructuring of the contract's salary steps.

According to Steve Mikelis, RN and chairperson of Mercy's MNA bargaining unit, the ratified contract language specific to the salary steps is significant. "There have been a total of six new steps added to the salary scale, and each new step carries with it an additional 3 percent salary increase," said Mikelis. "Combine those steps with the 7 percent, across-the-board increases that have been negotiated, and Mercy Medical Center can now offer its nurses more competitive wages—as well as reward its long-term RNs."

In addition to the across-the-board increases and the salary steps, the new contract language also includes:

- Improved shift differentials, including an additional \$2 per hour for RNs working the 3 p.m. to 11 p.m. shift and the weekend shift; and an additional \$6 per

hour for RNs working the 11 p.m. to 3 a.m. shift. Differentials will increase to \$2.50 per hour and \$7 per hour respectively in the last year of the contract.

- An increase in on-call pay effective Jan. 1, 2004 to \$3.50 per hour, followed by an increase to \$4.50 per hour effective Dec. 2, 2005.
- 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.
- Language restricting mandatory overtime, as well as language that gives RNs the right to refuse overtime.
- Important health and safety language that clearly defines a "zero-tolerance" policy on workplace violence, as well as formalizes the processes for identifying, enforcing, intervening and following-up on all instances of workplace violence.
- Language that works to protect and accommodate nurses who suffer from latex allergies; non-latex gloves will be made available to staff throughout the hospital as a result.
- Language that allows for the hospital-wide expansion

of Mercy's Baylor Plan, which would grant RNs who permanently work weekends 32 hours of pay and benefits for 24 hours of work. (The Baylor Plan was originally introduced in order to offer nurses the opportunity to work very specific—and sometimes less traditional—shifts as a way of attracting and retaining nurses to "hard to fill" positions.)

Approximately 280 registered nurses comprise the MNA bargaining unit at Mercy Medical Center, and according to Andrea Fox—the chief negotiator for the hospital's unionized RNs—this negotiating session ended very much as members had hoped. "The RNs in this bargaining unit had a very clear vision of what they wanted at the end of this negotiating session," said Fox, "and they were committed to achieving it. This ratified contract is a true testament to how focused this bargaining unit was on achieving its own mandate."

The contract also incorporates language allowing for the paid release of four RNs who serve on the bargaining unit's negotiating committee during all time spent in the next contract negotiation. ■

How management at St. Elizabeth's misunderstands the needs of nurses

The following letter was written by Lesley Klock, an RN at St. Elizabeth's Medical Center (SEMC), in response to an article about "nurse education" that ran in a recent edition of the hospital's Nursing News bulletin. Prior to submitting it to hospital management, many of Leslie's fellow RNs also signed the letter as a sign of union solidarity.

More than 650 registered nurses are represented by the MNA at SEMC. They have been negotiating their contract since June, with more than 20 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.

January 6, 2004
Dear Ms. Xxxxx:

I felt very distracted as I read your message in (the hospital's) most recent *Nursing News* newsletter. In this edition, you highlighted your "commitment to nursing education/training at St. Elizabeth's." As I read this, I found myself thinking, "I'm educated; I went to school."

Things that I had learned in nursing school began flashing through my mind and, among other topics, I thought about Maslow's theory of human needs, which is often conceptualized as a pyramid:



Here, the more fundamental human needs lie at the base of the pyramid. The idea is that a person's basic physiologic needs (eating, sleeping, etc.) must be met before he can worry about safety issues. Likewise, a person may not be able to focus on love and belonging if he has unresolved safety needs . . . and so on and so on.

Considering Maslow's theory, I then realized why I had been so distracted while reading your letter. How can I think about my educational needs as an RN, while my more primary needs of receiving a fair and equitable wage are not being met? I cannot attain a higher level while my basic needs are unresolved.

I imagined that many other RNs at St. E's were facing the same dilemma. Applying Maslow's theory to the situation of staff nurses here, I formulated the following hierarchy of needs:



Based on this hierarchy of St. E's nurses' needs, I propose the following: outside of management, no St. E's RN can focus on the content of your "message" when his/her primary needs have not been met.

Despite my initial distraction when reading your "message," I did have some other, more immediate responses. For instance, you wrote that you were impressed with the nurses at this hospital. I appreciate your token of thanks. However, I feel that we nurses at St. E's deserve a more "tangible" form of thanks (i.e., a wage that is comparable to those found at other area hospitals).

Honestly, I felt very bitter after reading your second paragraph—and I'm upset that financial priorities in the nursing department include "bring(ing) in external educators," yet do not include giving all staff nurses/care managers a reasonable raise.

When you mentioned a desire for "training to be very visible in the hospital," I found myself questioning the motivation behind the training agenda. I understand that an educated workforce improves patient care, but I feel like two other big motivators for management at St. E's include looking good for JCAHO and planting the seeds of a "magnet" culture. Those two things are important, but from my standpoint nurses' needs (as outlined in my pyramid) are just as important—and they are being overlooked.

Sincerely,
Lesley Klock, RN

Ratification at Northeast Health Corp. hailed as success as language specific to salaries, floating and insurance takes effect

RNs represented by the MNA at Northeast Health Corporation (NHC) overwhelmingly elected to ratify a new two-year contract on January 28 during voting sessions held at each of the system's three represented hospitals: Addison Gilbert, Beverly and Hunt. The new contract includes important language specific to salary increases, limitations on floating and improvements to health insurance benefits.

But for the members at NHC, this contract represented something in addition to the improved benefits and protections that come with ratification. It's a testament to the level of solidarity that exists between MNA union members at Northeast's three hospitals; a sign of the unbreakable bonds that bind union sisters and brothers.

"We began these negotiations under some very intense conditions," said Leslie Atwater, RN and co-chairperson on the NHC unit. "It was pretty clear from the beginning that hospital management was aiming to dissolve the union's strength. We persevered though, and we now have impressive contract language in place that represents the power of our solidarity."

The newly ratified contract includes:

- Language limiting management's ability to float nurses, including no floating of new graduate hires until six months following their date of hire. In addition, RNs who voluntarily float cross-campus will receive a differential of \$3.50 per hour.
- The elimination of the 90-day waiting period that prevented new employees from having immediate access to health insurance.
- A change in language that allows nurses who work over 35 hours to be eligible for insurance rates and other benefits at the full-time employee rate.
- Changes in how previous experience is credited towards placement on the wage scale. As a result, nurses who had their experience inaccurately calculated and were placed too low on the scale will be moved to the

appropriate level.

- Increases in shift differentials, including \$2 per hour for the evening shift; \$6 per hour for the night shift; and \$3.25 in total by January 2005 for the weekend shift. Differentials for team leaders, service leaders and preceptors also increased.
- Across-the-board salary increases, including a 4.67 percent increase scheduled for July 4, 2004; a 3 percent increase scheduled for January 2, 2005; and a 3 percent increase scheduled for January 1, 2006.
- An adjustment of the salary schedule resulting in a gain of between 11.6 to 33 percent through new steps, across-the-board increases and the elimination of one of the two current restricted steps over three years. The resulting change will increase the minimum hiring rate from \$21.22 per hour at the start of the contract to \$24.15 per hour at the end of the contract, while the maximum increases from \$31.16 per hour at the start to \$43.31 per hour at the end.

According to Joe-ann Fergus—the MNA labor representative for the hospital's union members—this negotiating session was a great internal organizing tool. "We began negotiations in an atmosphere of mistrust and contention, and there seemed to be a definite effort on the part of management to undermine the power of the union," said Fergus. "But we used the process as an opportunity to reach out to the members. The committee worked hard to keep the bargaining unit informed and in the end their work resulted in huge rewards. The bonds in the bargaining unit grew stronger and members became more aware of their strength. Management had to concede that in spite of their best efforts the bargaining unit was going to stand together. When this happened, the tone in negotiations changed from combative to communicative—and we were able to create a contract that worked to serve the interest of management and the bargaining unit." ■



Leslie Atwater, Sandy Murray and Marie Freeman, co-chairs at NHC, talk about the evolution of their contract negotiations at January's Chairs Assembly.

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

Is your hospital healthy? Taking a look at use of harmful pesticides

By Kathy Sperrazza, RN, BSN, MSLR

A recent study entitled "Healthy Hospitals: Controlling Pests without Harmful Pesticides" found that many hospitals are regularly using harmful pesticides. The study, which was released in November 2003 by Health Care Without Harm (HCWH) and Beyond Pesticides, is a first-of-its-kind survey of top U.S. hospitals. "Hospitals are intended to be places of healing, yet many are using hazardous pesticides unnecessarily in a 'spray and pray' approach to pest management, when safer and more effective methods are available," said Ann McCampbell, a physician with HCWH.

Pesticides are just another avoidable hazard commonly used in hospitals. In many institutions, the assumption is that pesticide use is the only way to control pests and ensure a clean, healthy facility. Pesticides are hazardous chemicals designed to kill or repel insects, plants and animals that are undesirable or that threaten human health. Many of them contain volatile compounds that contribute to poor indoor air quality.

In addition to killing pests and beneficial organisms, pesticides can harmfully affect humans. Hospital patients who have compromised immune and nervous systems, the elderly, infants and children, and those who have an allergy or sensitivity to pesticides are particularly vulnerable to the toxic effects. Patients taking certain medications may also have heightened reactions to pesticides,

and pesticides can also exacerbate asthma and cause other acute adverse reactions including nausea, headaches, aching joints, mental disorientation, impaired concentration, seizures, rashes and dizziness. Many pesticides are also linked to chronic effects, such as cancer, birth defects, neurological and reproductive disorders, and development of chemical sensitivities.

Shining the spotlight on this problem is just a logical extension of the work of HCWH, which has successfully influenced the reduction of dioxin and mercury emissions by hospitals and has advocated for the closure of many medical waste incinerators.

HCWH created a survey to gather additional data due to the scant amount of information available about pesticide use inside and outside of hospitals. It sent the survey to the top 171 hospitals profiled in 2001 in *U.S. News & World Report*, but it focused on 100 facilities in or near cities where HCWH members were located or had contacts. After numerous phone calls, letters and visits, 22 surveys were returned—not a fully representative scientific data collection, but an instructive "snapshot" of what some of the nation's pre-eminent facilities are doing for pest control.

The survey results show that while some hospitals report using the least hazardous approaches and/or provide notification of pesticide use, there is still considerable pesticide use at hospital facilities—even at

hospitals that report using the safer method of pesticide management called Integrated Pest Management (IPM).

The survey's major findings show that of the 22 responding hospitals:

- 100 percent used chemical pesticide products either on their grounds, inside the building or both.
- 91 percent used chemical pesticide indoors and 71 percent used chemical pesticides outdoors.
- 36 percent used pesticides that are no longer registered for use by the U.S. Environmental Protection Agency (EPA).
- 18 percent used a pesticide product in which the active ingredient is being phased out by the EPA due to unacceptable risk associated with its use.
- 73 percent hired a pest control company to manage the majority of the hospital's structural pest management program and 41 percent hired a pest control company to manage the majority of the hospital's grounds.

The survey also found that at least some of the responding hospitals were making an effort to reduce their pesticide use and/or notify staff and patients when pesticides were being used:

- 73 percent reported using an IPM approach to pest management.
- 45 percent used one or more pesticide products containing boric acid (con-

sidered a low hazard pesticide)

- 14 percent posted notification signs for both indoor and outdoor pesticide application.
- 27 percent have provided pesticide-poisoning training for their staff.

IPM strategies are successfully being implemented at schools, parks, government facilities and hospitals nationwide. Institutions like Oregon Health and Sciences University, Brigham and Women's Hospital, and Harvard University, when reporting to Health Care Without Harm, demonstrate that IPM can be economically and effectively implemented.

Hospitals have a special obligation to demonstrate leadership in instituting effective and safer pest management in keeping with the medical profession's basic tenet of "first do no harm." You can make a difference at your hospital by joining your health and safety committee or speaking with a colleague who is on the committee. Find out what your facility's practice is. The survey can be used as a helpful tool for hospitals to assess their pest management and pesticide use and to monitor their progress in eliminating hazardous pesticide use over time. It's worth a little of your time to make your work environment a safer place for both you and your patients.

This article is excerpted directly from the report "Healthy Hospitals: Controlling Pests without Harmful Pesticides." It is available in its entirety at www.noharm.org or beyondpesticides.org. ■

Incident Command System for Health Care Providers: An interview with Mary Taschner, APRN, BC, MS

By Chris Pontus

Q. What is Incident Command System for Health Care Providers and why is it important to nursing practice?

A. Incident Command System for Health Care Providers (ICS-HCP) is a coordinated integrated management system used by all parties involved in an incident requiring immediate coordination of services, such as a terrorist incident or a public health emergency. This program, which was developed jointly by the Massachusetts Department of Public Health (DPH) and Department of Fire Safety (DFS), teaches health care facilities how to implement a unified management response to effectively manage such an emergency in the commonwealth. Understanding and implementing one standard promotes a coordinated response among health care workers at their facility and increases their understanding of the response at other facilities. Equally as important, it promotes a coordinated and unified community response between first responders such as EMS and fire service professionals and hospital staff.

Q. Is ICS-HCP a new concept?

A. The Incident Command System is not new. Fire service, emergency medical service, and law enforcement professionals use it as a routine component of their practice. Although health care workers

practice an institutional form of incident command, ICS-HCP standardizes the facility's response to an incident and brings health care providers in line with other first responders so that everyone functions with a common understanding.

Q. What value does practicing ICS-HCP add to nursing practice?

A. An increased understanding and coordination of services between first responders and health care staff benefits everyone. It promotes the safety and protection of all health care workers and first responders and it promotes patient safety.

Q. What does ICS-HCP involve?

A. The characteristics of ICS-HCP include a common command structure; management by function; a modular and flexible ability to respond; a consolidated action plan; a manageable span of control; common terminology; an integrated internal and external communication system; and comprehensive resource management. It is effective for both planned and unplanned events. ICS-HCP involves individuals understanding their predetermined roles and responsibilities, which increases the effectiveness of the response to the incident.

Q. How is ICS-HCP being taught?

A. The DPH and the DFS are offering the program to all Massachusetts hospitals. The program is six hours in length

and is offered free of charge to all hospitals and participants. Some of the participants include nurses, nurse managers, advance practice nurses, physicians, physician assistants, senior administration, department heads, safety directors and outside health care agency staff, such as community health and public health nurses. Presented as a component of the DPH Hospital Emergency Preparedness Program, ICS-HCP is an effective management tool for all health care

providers. We look forward to bringing the program to you and your facility and enhancing your response capability in the event of an incident or public health emergency.

Contact Mary A. Taschner, training liaison for the DFS, at 978-567-3210 or via e-mail at mary.taschner@dfs.state.ma.us, if you would like more information on the ICS-HCP program, an ICS-HCP program schedule, or information on how to bring the program to your facility. ■



Health and safety according to the regulations: On December 12, 2003, MNA members, members of the Greater Boston Chapter of Occupational Health Nurses, staff from the Massachusetts Division of Occupational Safety and others attended the first of three sessions of the "OSHA 10-Hour General Industry Outreach Training: the Health care Industry." Evie Bain was the program's authorized trainer.

Assembly

From Page 1

of the plan. "The process of establishing a Taft-Hartley Fund is very involved, but it can provide invaluable benefits when sister bargaining units work collectively towards the Fund's establishment," said Brenner.

Taft-Hartley Plans can offer union members a number of benefits, including: portability of benefits; group purchasing power to lower benefit costs; and economies of scale that can result in simplified and more cost-effective plan administration. In addition, Taft-Hartley Plans can also help members cover costs related to medical and hospital care; provide death benefits and life insurance; provide sickness and accident insurance; and provide benefits related to disability insurance.

Following the presentation by The Segal Group, the MNA's legislative department took time to present an up-to-the-minute report on the status on H.1282—the organization's proposed safe staffing legislation. Although part of this presentation included an overview of how the bill has moved through the legislative process in recent months, bargaining unit chairs and co-chairs also presented information about a more timely issue: how to put pressure on local legislators in order to ensure the bill's approval by July 31.

"Our goal is to have this bill out of the House Ways and Means Committee by Nurses Week, which coincides with our Lobby Day on May 11," said Sandy Ellis, RN, board member and chair of NursePLAN, the MNA's political action committee. "Between now and then, we need to let our legislators know on a daily basis that passing H.1282 is the right thing to do for patients, for nurses and for the state's health care system overall.

How do we do this? We call them every day. We write to them every day. We send post cards every day. We make ourselves visible outside the polls on March 2. And we pack the Statehouse on May 11." Attending members also had the opportunity to stock up on the latest safe-staffing supplies, including new "talk to ten" post cards, sample letters and media resources.

The day's final presentation, by Alan McDonald, provided attendees with an overview and update on Weingarten Rights—the rights of unionized employees to have a union representative present during investigatory interviews. McDonald detailed the court case and related history that led to the Rights' creation, and then expanded on the basic protections that are available to union members as a result.

"If an employee has a reasonable belief that discipline or other adverse consequences may result from what he or she says during a meeting or interview, the employee has the right to request union representation," explained McDonald. "Management is not required to inform the employee of his/her Weingarten rights; it is the employee's responsibility to know of and request union representation." ■

Roland Goff, MNA labor relations director, discuss Weingarten Rights.



Chairs and co-chairs made time to ask questions and brainstorm ideas that they could take back to their bargaining units.



Contract

From Page 1

to the Risk Manager, the Providence Hospital Safety Committee, Injury Review Committee for review and appropriate interventions. Copies of any documents relating to the incident will be given to the nurse affected. The employer will provide and/or make available to workers injured by workplace violence medical and psychological services."

The newly-ratified contract for the bargaining unit at Mercy Hospital includes similar groundbreaking language specific to workplace violence, but permits last names on ID badges in smaller print.

Fighting injuries from needlesticks

The contract language relating to needlesticks and sharps injuries is similar at both Mercy and Providence Hospitals, and it references that "in a continued effort to provide a safe working environment for nurses, free from recognized hazards that are causing or likely to cause serious harm, the hospital recognizes needles and sharps as hazardous equipment that requires protective devices and proper training. In addition, all injuries arising from sharps and/or needles will be investigated and follow-up provided to the affected individual and members on the Injury Review Committee. MNA reps will be invited to attend the monthly meeting to participate in the portion of the meeting that discusses needlesticks."

Working to eliminate latex

At Providence Hospital, new contract language relating to latex gloves states that "all latex gloves will be removed from the Hospital and replaced with non-latex gloves." At Mercy Hospital, the new language specific to latex gloves states that "non-latex gloves shall be made available to all staff throughout the Hospital," and that "nurses with latex allergies will be reasonably accommodated."

Other protections

According to Denny Glidden and Steve Mikelis, co-chairperson and chairperson of the bargaining units at Providence Hospital and Mercy Hospital respectively, the RNs in their unions are also very pleased with a new contract provision that provides a \$100,000 insurance payment to nurses who contract HIV as a result of a work related exposure. "It is a truly important component of our ratified contract," said Mikelis, "and one that our union brothers and sisters should feel very proud of advocating for. With this provision in place, we have a level of protection available to us that will be invaluable if there ever is an instance of HIV contraction as a result of a work-related exposure."

Glidden, who has had to respond to and be involved with several instances of workplace violence, feels that the language

included in her hospital's ratified contract gives nurses a stronger base of support should these incidents occur in the future. "In this contract, 'workplace violence' is clearly defined," said Glidden, "and the processes that the hospital needs to take in order to identify, intervene and follow-up on all instances of workplace violence have been formalized. As a result, RNs in this bargaining unit are protected at an entirely new level."

For Diane Michaels, co-chairperson with Glidden at Providence Hospital, the language specific to latex allergies is being hailed as stellar. "The nurses here are very proud of this contract," said Michaels, "and they're particularly happy with the language that calls for the elimination of latex (gloves). As a latex-allergy sufferer, I will no longer have to worry about exposure. This contract works to protect the lives of all the nurses who are part of this bargaining unit."

Terri Arthur, chairperson of the Congress on Health and Safety said, "It is exciting to see nurses using our model language and being proactive in controlling their safety at work."

Copies of model health and safety contract language can be obtained by contacting either Evie Bain or Chris Pontus at the MNA (see contact information at right). ■

Health & Safety Briefs

Save the date: training in isolation and quarantine measures

A satellite training broadcast to prepare participants in responding to infectious disease cases and emergencies by understanding, implementing and enforcing isolation and quarantine measures. This broadcast will be downlinked at approximately 15 sites in Massachusetts on Tuesday, March 30, 12:30 to 3:30 p.m. Sponsored by the Massachusetts Department of Public Health (MDPH) and the Harvard Center for Public Health Preparedness. More information will be available on the MDPH web site at www.mass.gov/dph/broadcast/. ■

Work-related asthma is reportable health condition in Massachusetts

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 (8:30 a.m.–4 p.m.) 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 Nurse* or visit www.massnurses.org. The conference fee is \$45 for MNA members and \$60 for all others. 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. ■

Health & Safety Contacts

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

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MNA

Consent-to-Serve for the Massachusetts Nurses Association 2004 Elections

I am interested in active participation in the Massachusetts Nurses Association

MNA Election

- | | |
|---|--|
| <input type="checkbox"/> Vice President, Labor* (1 for 2 years)
<input type="checkbox"/> Treasurer, Labor* (1 for 2 years)
<input type="checkbox"/> Director from each Region, Labor* (5 for two years)
[1 per regional council]
<input type="checkbox"/> Director At-Large, Labor* (3 for 2 years)
<input type="checkbox"/> Director At-Large, General* (4 for 2 years) | <input type="checkbox"/> Nominations Committee, (5 for 2 years) [1 per region]
<input type="checkbox"/> Bylaws Committee (5 for 2 years) [1 per region]
<input type="checkbox"/> Congress on Nursing Practice (6 for 2 years)
<input type="checkbox"/> Congress on Health Policy & Legislation (6 for 2 years)
<input type="checkbox"/> Congress on Health & Safety (6 for 2 years)
<input type="checkbox"/> Center for Nursing Ethics & Human Rights (2 for 2 years) |
|---|--|
- *General means an MNA member in good standing and does not have to be a member of the labor program Labor means an MNA member in good standing who is also a labor program member. Labor Program Member means a non-RN Health care Professional who is a member in good standing of the labor program.

Please type or print — Do not abbreviate

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

Work Title _____ Employer _____

MNA Membership Number _____ MNA Region _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Educational Preparation

School	Degree	Year

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

MNA Offices	Regional Council Offices

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

MNA Offices	Regional Council Offices

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

Signature of Member
Signature of Nominator (leave blank if self-nomination)

Postmarked Deadline: Preliminary Ballot: March 15, 2004
 Final Ballot: June 15, 2004

Return To: Nominations and Elections Committee
 Massachusetts Nurses Association
 340 Turnpike Street, Canton, MA 02021

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

MNA Elections 2004

Position descriptions for MNA elected offices

An orientation is given to each elected member prior to assuming positions. An MNA staff person is assigned to each group to assist members in their work. Travel reimbursement to the MNA headquarters for elected members is provided. As stated in the MNA bylaws, absence, except when excused in advance by the chairperson, from more than two meetings within each period of twelve months from the date of assuming an elected or appointed position of the Board of Directors or a structural unit of the MNA shall result in forfeiture of the right to continue to serve and shall create a vacancy to be filled.

Board of Directors

The specific responsibilities and functions of the Board of Directors are to: (1) Conduct the business of the Association between meetings; (2) Establish major administrative policies governing the affairs of the MNA and devise and promote the measures for its progress; (3) Employ and evaluate the Executive Director; (4) The Board of Directors shall have full authority and responsibility for the Labor Program; (5) Adopt and monitor the Association's operating budget, financial development plan and monthly financial statements; (6) Assess the needs of the membership; (7) Develop financial strategies for achieving goals; (eight) Monitor and evaluate the achievement of goals and objectives of the total Association; (9) Meet its legal responsibilities; (10) Protect the assets of the Association; (11) Form appropriate linkages with other organizations; and (12) Interpret the Association to nurses and to the public.

Meets 10 times per year, usually a full day meeting held on the third Thursday of the month. Board members are expected

to attend the annual business meeting held during the MNA convention in the fall.

Center for Nursing Ethics

The Center for Ethics and Human Rights focuses on developing the moral competence of MNA membership through assessment, education and evaluation. It monitors ethical issues in practice; reviews policy proposals and makes recommendations to the Board of Directors; serves as a resource in ethics to MNA members, regions and the larger nursing community; works with MNA groups to prepare position papers, policies and documents as needed; and establishes a communication structure for nurses within Massachusetts and with other state and national organizations. Meets eight to 10 times per year at MNA for two to three hours.

Congress on Health and Safety

The Congress on Health and Safety identifies issues and develops strategies to effectively deal with the health and safety issues of the nurses and health care workers. Meets eight to 10 times per year at MNA for two to three hours.

Congress on Health Policy & Legislation

The Congress on Health Policy and Legislation develops policies for the implementation of a program of governmental affairs appropriate to the MNA's involvement in legislative and regulatory matters influencing nursing practice, health and safety, and health care in the Commonwealth. The Congress meets eight to 10 times per year at MNA headquarters or at MNA's Region 2 office in West Boylston for two to three hours.

Congress on Nursing Practice

The Congress on Nursing Practice identifies practice and safety issues that have an impact on the nursing community. These issues are addressed through education, policy, legislation or position statements. Meet eight to 10 times per year at MNA for two to three hours.

Bylaws Committee

The Bylaws Committee receives or initiates proposed amendments to the bylaws and reports its recommendations to the Board of Directors and the voting body at the annual business meeting; reviews all new, revised, or amended bylaws of constituent regions for approval of conformity; reviews all MNA policies for congruency with existing bylaws; interprets these bylaws. Meet eight to 10 times per year at MNA for two to three hours.

Nominations & Elections Committee

The Nominations and Elections Committee establishes and publicizes the deadline for submission of nominations and consent-to-serve form; actively solicits and receives nominations from all constituent regions, congresses, networks, standing committees and individual members; prepares a slate that shall be geographically representative of the state with one or more candidates for each office; implements policies and procedure for elections established by the Board of Directors. The committee meets for one to two hours, two to three times during the year at MNA headquarters. Limited conference call options are available. All updates and correspondence from the committee are conducted via e-mail whenever possible. ■

MNA incumbent office holders for 2004

Board of Directors

President

Karen Higgins (2003-2005)**

Vice President

Patrick Conroy (2002-2004)*

Secretary

Sandy Eaton (2003-2005)**

Treasurer

Janet Gale (2002-2004)*

Directors, Labor

Regional Council 1

Patricia Healey (2002-2004)**

Irene Patch (2003-2005)*

Regional Council 2

Mary Marengo (2002-2004)*

Patricia Mayo (2003-2005)*

Regional Council 3

Stephanie Stevens (2002-2004)**

Tina Russell (2003-2005)**

Regional Council 4

Vacancy

Marlene Demers (2003-2005)*

Regional Council 5

Nancy Gilman (2001-2004)*

Connie Hunter (2003-2005)*

Directors (At-Large/Labor)

Sandy Ellis (2002-2004)*

Denise Garlick (2002-2004)*

Kate Maker (2001-2004)*

Barbara Cooke (2003-2005)*

Beth Piknick (2003-2005)*

Barbara Norton (2003-2005)*

Directors (At-Large/General)

John Bogrette (2002-2004)*

Richard Lambos (2003-2005)**

James Moura (2003-2005)**

Margaret O'Malley (2002-2004)*

Nora Watts (2002-2004)*

Jeannine Williams (2003-2005)**

Vacancy (2002-2004)

Labor Program Member

Beth Gray-Nix (2003-2005)**

Nominations & Elections Committee

M. Regina Gahan (2002-2004)**

Kathy Logan (2002-2004)**

Bylaws Committee

Susan Delucia (1999-2001)

Kathryn F. Zalis (1999-2001)

Elizabeth Kennedy (2002-2004)

Margaret Sparks (2000-2002)

Jane Connelly (2001-2003)*

Sandra LeBlanc (2001-2003)*

Center for Nursing Ethics & Human Rights

Ellen Farley (2002-2004)

Anne Schuler (2002-2004)

Kelly Shankley (2002-2004)

Congress on Health Policy & Legislation

Joanne Bartoszewicz (2002-2004)*

Marilyn Crawford (2003-2005)*

Sandra Hottin (2002-2004)*

Donna Kelly-Williams (2003-2005)**

Congress on Nursing Practice

Philip Donohue (2002-2004)

Mary Elizabeth Amsler (2002-2004)

Marianne Chisholm (2002-2004)

J. Sue Myers (2002-2004)

Ann Marie Goucher (2001-2003)*

Patricia Marinelli (2001-2003)*

Bonnie Beth Pierce (2001-2003)*

Philip Donohue (2001-2003)*

Ann Minichino (2001-2003)*

Linda Winslow (2001-2003)*

Karen Carpenter (2001-2003)*

Anne Mullen (2002-2004)

Congress on Health & Safety

Terri Arthur (2002-2004)

Mary Bellistri (2003-2005)*

Janet Butler (2002-2004)

Michael D'Intinosanto (2003-2005)*

Dave Dennenno (2003-2005)

Mary Ann Dillon (2003-2004)

Janice Homer (2001-2003)

Sandra LeBlanc (2002-2004)

Gail Lenehan (2003-2005)

Rosemary O'Brien (2001-2003)*

Liz O'Connor (2003-2005)

Janet Reeves (2003-2005)

* = Incumbent office holder

** = Unable to run for this office another term ■

2004 MNA election dates

March 15	Deadline for consent-to-serve forms for preliminary ballot (<i>post-marked</i>)
June 15	Deadline for consent-to-serve forms for final ballot (<i>postmarked</i>)
Aug. 10	Ballots to be mailed
Sept. 3	Deadline for ballot return (<i>postmarked</i>)
Oct. 1	Ballots to be counted

MNA positions available for election in 2004

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

Positions available are for members of MNA Board of Directors, MNA Congresses, the Center for Ethics and Human Rights, the Nominations and Elections Committee and Bylaws Committee for the 2004 MNA election are as follows:

The vice president, labor; treasurer, labor; a director from each region, labor; three at-large directors, labor; four at-large directors, general; five members of the Committee on Nominations and Elections

representing each region; five members of the Bylaws Committee; six members of each Congress and two members of the Center for Ethics and Human Rights shall be elected in the even year.

*General means an MNA member in good standing and does not have to be a member of the labor program. *Labor means an MNA member in good standing who is also a labor program member. Labor Program Member means a non-RN health care professional who is a member in good standing of the labor program (this seat is not up for election this year). ■

A consent-to-serve form is on page 10.

MNA CONTINUING EDUCATION COURSES

Your source for career training and advancement

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

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

MNA

MASSACHUSETTS NURSES ASSOCIATION

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 19, 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.

CONTINUING EDUCATION 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 and submit 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.

Benefits Corner

brought to you by... 

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
Region 1	\$17.20	4.9%
Region 2/3	\$17.20	5.0%
Region 4	\$17.20	4.8%
Region 5	\$17.20	4.7%
State Chapter	\$19.34	5.2%



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
121 Myrtle Street, Melrose
Contact: Jay O'Neil, 781-979-0262
Meets: Sundays 6:30–7:30 p.m.

WESTERN MASSACHUSETTS

- Professionals in Recovery
Baystate VNAH/EAP Building, Room 135
50 Maple St., Springfield
Contact: Marge Babkiewicz, 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

INTRODUCING THE NEW MNA HOME MORTGAGE PROGRAM

A new MNA family benefit



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

MNA
MASSACHUSETTS NURSES ASSOCIATION

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.

- \$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



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.

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.

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 pursuing 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 member's 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.

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.

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. ■

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 post-marked 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

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.

MNA Member Benefits Save You Money

Personal & Financial Services

PORTABLE HEALTH INSURANCE

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

PROFESSIONAL LIABILITY INSURANCE

NURSES SERVICE ORGANIZATION800-247-1500 (8:00 a.m. TO 6:00 p.m.)
Leading provider of professional liability insurance for nursing professionals with over 650,000 health care professionals insured.

CREDIT CARD PROGRAM

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

TERM LIFE INSURANCE

LEAD BROKERAGE GROUP800-842-0804
Term life insurance offered at special cost discounts.

LONG TERM CARE INSURANCE

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

SHORT TERM DISABILITY INSURANCE

NEW ENGLAND INSURANCE SPECIALIST LLC800-959-9931 OR 617-242-0909
Six-month disability protection program for non-occupational illnesses & accidents.

LONG TERM DISABILITY INSURANCE

LEAD BROKERAGE GROUP800-842-0804
Provides income when you are unable to work due to an illness or injury.

RETIREMENT PROGRAM

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

DISCOUNT TAX PREPARATION SERVICE

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

HOME MORTGAGE DISCOUNTS

RELIANT MORTGAGE COMPANY..... (877) 662-6623
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.

Products & Services

AUTO/HOMEOWNERS INSURANCE

MANSFIELD
COLONIAL INSURANCE SERVICES800-571-7773 OR 508-339-3047
WEST SPRINGFIELD
BATES FULLAM INSURANCE AGENCY 413-737-3539
BOSTON
ROBERT S. CLARK INSURANCE AGENCY.....800-660-0168
LOWELL
JAMES L. CONNEY INSURANCE AGENCY 978 459-0505
WOBURN
LENNON INSURANCE AGENCY781-937-0050
FALMOUTH & POCASSET
MURRAY & MACDONALD INSURANCE SERVICES.....800-800-8990
TURNERS FALLS
PARTRIDGE ZCHAU INSURANCE AGENCY.....413-863-4331
Save up to 6% on Massachusetts auto rates; 12% account credit for homeowners when we write your auto policy.

DISCOUNT DENTAL & EYEWEAR PROGRAM

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

DIGITAL PAGERS

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-MOBILE508-369-2200
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 DEPARTMENT800-882-2056, x726
Obtain an MNA Discount card to receive 15% discount on automobile products & services.

CONSUMER REFERRAL SERVICE

MASS BUYING POWER.....866-271-2196
Mass Buying Power is a no-cost, no-obligation benefit offered to MNA members. Before you make your next purchase visit www.massbuy.com for any new products and services. Log in as a group member (sign-in name: MBP, 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 NETWORK800-649-7473
Lower your home heating oil costs by 10 – 15%.

WRENTHAM VILLAGE PREMIUM OUTLETS

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 DEPARTMENT800-882-2056, x726
Obtain your Sight Care ID card to receive discounts on eye exams, eyeglasses & contact lenses at Cambridge Eye Doctors or Vision World locations.

HEALTH CARE APPAREL

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

Travel & Leisure

HERTZ CAR RENTAL DISCOUNT

HERTZ800-654-2200
MNA members discounts range from 5 – 20% mention MNA discount CDP#1281147.

DISCOUNT MOVIE PASSES

MNA MEMBERSHIP DEPARTMENT800-882-2056, 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 CENTER877-406-4836
Discount admission to Orlando area attractions.

ANHEUSER-BUSCH ADVENTURE PARKS DISCOUNT

MNA MEMBERSHIP DEPARTMENT800-882-2056, 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.

MassPRO and the Massachusetts Adult Immunization Coalition present

The 9TH Annual Adult Immunization Conference

April 13, 2004

9:00 a.m. to 3:00 p.m.

Worcester's Centrum Centre
Worcester, Mass.



For more information, please visit our website at www.masspro.org,
or contact Monique Cassidy at 781-419-2741.

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



RNs needed as Sexual Assault Nurse Examiners

The Massachusetts Department of Public Health invites RNs with 3-5 years experience, preferably in ED, Women's Health, or AP nursing to apply for training and certification as a Sexual Assault Nurse Examiner (SANE). Includes 48 hours of lecture and lab followed by pelvic and sexual assault exam preceptorships. After certification, SANEs provide expert sexual assault exams at designated EDs and Urgent Care Centers. Stipend provided.

Spring 2004 certification training schedule:

Newton-Wellesley Hospital

Wednesday, May 5 and Tuesdays May 11, 18, 25, June 1, 8.

Interviews will be held in all regions of the state in March/April, 2004.

Exam date: June 22, 2004

This is a 6-day program- you must attend all 6 days. Fee: \$350.00.

Application Deadline: March 12, 2004

To request an application, contact Ginhee Sohn, SANE Program Coordinator at 617/624-5432 or Ginhee.Sohn@state.ma.us

For information regarding the Program/ training, contact Mary Sue Howlett, RN, SANE, Training Coordinator, at 978/687-4262 or mslhsane@comcast.net



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*

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



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.

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."

Reach over 22,000 registered nurses & health care professionals with your advertisement.

MASSACHUSETTS NURSE

For details, contact Erin Servaes,
1-800-882-2056, x789 or
eservaes@mnarn.org.

Want Safe Staffing? Then Get Political with NursePLAN

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

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

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

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



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

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

NursePLAN Contribution Form

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Employer*: _____ Occupation*: _____

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

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

Please check one:

Donation of \$100 or more. Please make check payable to NursePLAN. Amount enclosed _____

Donation of \$85 and:

I already donate at least \$5/month to NursePLAN via Union Direct.

Sign me up to become a monthly NursePLAN donor in addition.

I would like to contribute the additional amount of (PLEASE CIRCLE ONE)

\$5/month \$10/month \$20/month Other \$ _____/month

Signature _____ Date _____

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

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"



**Save
The
Date!**

Tuesday

May 11

Lobby Day for Safe RN Staffing

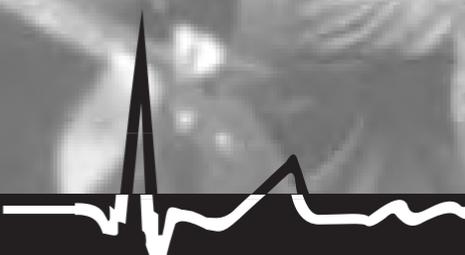
**If You Want Safe Staffing
You Must Be Part Of This Crowd**

**Assemble 9:30 a.m. at
Statehouse
Nurses Hall, Boston**

- ✓ Let your legislators know you want safe staffing for Nurses Week
- ✓ Stand up for your practice and your patients

**Buses to
Beacon Hill**

Call Dolores Neves,
MNA at 781-821-4625, ext. 722
Buses leaving from MNA
and other areas
of the state



MNA

www.massnurses.org

Safe Staffing Saves Lives

A MESSAGE FROM THE MASSACHUSETTS NURSES ASSOCIATION
340 TURNPIKE STREET ♦ CANTON, MA ♦ 781.821.4625