

MASSACHUSETTS NURSE

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NARH ordered not to admit more patients than RNs can safely care for

In a landmark victory for unionized registered nurses and their patients at North Adams Regional Hospital in North Adams, an independent arbitrator has found that the hospital can no longer admit "more patients than nurses can safely care for." As part of a ruling released in early March, the arbitrator issued an order for the hospital to "cease and desist" from these practices.

"The nurses of North Adams Regional Hospital have made history with this decision and, if the hospital complies with the arbitrator's order, we believe it will make this hospital one of the safest in the region by guaranteeing every patient first-rate nursing care," said Robin Simonetti, RN, co-chair of the nurses' union at NARH.

The ruling is the first of its kind to deal with the issue of RN staffing and a hospital's obligation to assign patients based on nurses' ability to meet their professional practice standards, according to the Massachusetts Nurses Association, the union which represents the nurses at the facility.

In his 30-page decision, arbitrator Michael Stutz ruled that the hospital violated the nurses' rights because "unsafe staffing was allowed by the hospital to occur without cropping admissions or transferring patients and without adding another nurse. Individual nurses were injured by having to work under unsafe conditions."

"The nurses of this hospital are thrilled with this ruling but the biggest winners of all in this decision are all the future patients of NARH," said Mary McConnell, RN, chair of the nurses' union at NARH. "This ruling

Landmark ruling is first to align staffing decisions with RNs' professional standards and their ability to meet those standards

protects nurses from being forced to care for too many patients at once and places decisions about the safety of patients in the hands of those ultimately accountable for that care."

According to Ruth O'Hearn, RN, a long-time nurse at NARH and one of the nurses whose grievances over unsafe staffing incidents in May-June 2002 were the subject of the decision. "While a long time coming, I see this decision as a very positive step towards the improvement in the quality of care at our hospital. While we all want our hospital to improve and be successful, at the same time, I want to make sure that it is providing safe patient care. Ultimately, this decision says it is up to we nurses on the front lines to determine what we can and cannot safely do and under what circumstances."

Mirroring problems faced by nurses across the state and the nation, the arbitration decision in favor of the RNs at NARH grew out of a multi-year struggle by the nurses to fight

See North Adams, Page 20



Nurses from the Salem Hospital Committee. From left: Fran O'Connell, Ann Marshall, Joanne Raley, Mary Wignall.

Salem Hospital nurses vote for MNA union representation

Registered nurses of North Shore Medical Center/Salem Hospital in Salem and its North Shore Pediatric Psychiatric Unit at the Hunt Center in Danvers voted 354-7 on March 3 in favor of union representation by the MNA. The National Labor Relations Board supervised the secret ballot election with voting conducted at both campuses. The final tabulation came at 6 p.m. that evening.

With the successful vote to join the MNA, the 570 NSMC/Salem nurses stand to garner greater regional clout as they join other nurses on the North Shore who are represented by the MNA at a number of hospitals, including Anna Jaques Hospital in Newburyport, Lawrence General Hospital and more than 500 nurses working at Northeast Health Corporation's campuses at Beverly Hospital,

See Salem, Page 7

Workplace violence: an unacceptable reality for nurses

"It's part of the job."

Those five simple words, spoken matter-of-factly by a court magistrate assigned a case involving an act of violence against a nurse, were the catalyst for several MNA-supported legislative bills, organization of our Violence and Abuse Prevention Task Force and an ongoing effort to ensure the safety of nurses while at work.

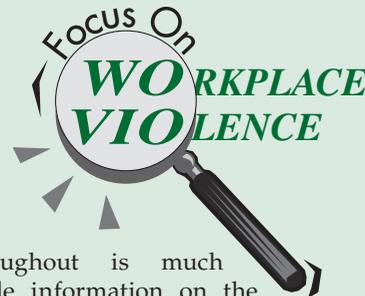
This issue of *Massachusetts Nurse* devotes its focus to "workplace violence," a term that sadly continues to expand its definition as healthcare professionals are exposed to physical and psychological traumas.

Often overlooked, unreported or ignored, workplace violence within the healthcare industry has in the past been contained to emergency services, psychiatric and geriatric units. But increasingly, "front line" nurses are on the receiving end of this type of behavior in reception areas, maternity and pediatric wards. And abuse can take

many forms, from bodily assault, to the more insidious verbal attack.

Within these pages are accounts of nurses who have experienced workplace violence and the response management has taken to protect their safety. Highlights of this issue include an article on the positive actions taken by management at Visiting Nurses of Boston to assist clinicians who daily enter unsafe environments and the reprint of a Nov. 8, 2004 article from *The Salem News* which chronicles the often unreported dangers inherent in being an emergency room nurse and the absolute deplorable response by management at Northeast Health Systems.

This edition contains brief summations of two recently filed legislative bills dealing with workplace violence, one calling for related educational programs within facilities where these acts are rampant, the second proposing punishment for those committing such crimes.



Throughout is much valuable information on the definitions of and statistics associated with workplace violence within the healthcare industry. Also included are preventive measures MNA can take on behalf of its members and a comprehensive listing of related resources.

And please take the time to read the history of the Violence and Abuse Task Force, an account which points to the many measures taken by this group to facilitate the truism "in healthcare or anywhere, violence is not part of the job." ■

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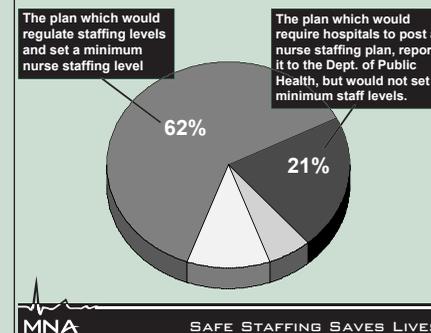
Survey says

A statewide survey has found the public would support legislation setting minimum safe RN-to-patient ratios and prefers MNA's safe staffing bill 3-1 over MHA's proposed legislation.

Full details, Page 4

Public Supports RN-to-Patient Ratio Bill 3-1 Over Hospital Industry Measure

Which proposal do you think is a better approach to addressing the nurse staffing issue?



MNA SAFE STAFFING SAVES LIVES

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

Nurses' guide to single-payer reform

Further evidence that employer-based health insurance has failed

On Feb. 1, the Division of Health Care Finance and Policy, an agency of the Massachusetts Department of Public Health, issued a report, "Employers Who Have 50 or More Employees Using Public Health Assistance." The agency reviewed records of patients receiving health care paid for by the state's Uncompensated Care Pool (UCP) or MassHealth between October 2002 and June 2004.

The results were staggering. Over \$52 million of state money paid for health services to employees of some of the most high-profile and profitable corporations in the state, including a number of large retailers, food service providers, hospitals and healthcare organizations. Furthermore, the vast majority of employers on this list actually offers health insurance to their employees and contributes an average of 70 percent towards the premium.

Among a list of 140 employers/companies included in the report failing to provide coverage to workers are a number of hospitals or healthcare organizations. Most of the uncovered workers are low wage workers but others are part time, or not yet eligible for insurance for various reasons. On the list are workers at:

- Boston Medical Center
- MGH
- Brigham & Women's
- Beth Israel Deaconess
- Baystate Medical Center
- Baystate Medical Center
- St. Elizabeth's
- Genesis Healthcare
- UMass Memorial Healthcare
- Children's Hospital
- New England Medical Center (Tufts-NEMC)
- Carney Hospital
- Brockton Hospital
- Salem Hospital
- Commonwealth of Massachusetts

Why are employees whose employers offer a health insurance plan using the uncompensated care pool and MassHealth instead?

There are many reasons, including:

- not being eligible for the employer's insurance plan due to part-time, "casual" or "per diem" status, which is the trend in all industries today
- inability to afford high co-payments or deductibles
- worker's spouse or dependents not covered
- limits on health services covered
- enforced waiting periods before eligibility for employer's health plan "kicks in"
- wages so low that premiums and other out-of-pocket expenses are not affordable

The report cites a number of limitations in its analysis including the fact that information on patients' employers are self-reported, employer information is often not collected for people whose care is covered by the Uncompensated Care Pool, there are inconsistencies in the ways in which various hospitals report such data, and, lastly, difficulty identifying unique employers among chain franchises.

The top 20 employers with 50 or more employees using public health assistance

Employer Name	Employer Location	Total Public Health Ben.	Total Cost	Employer % Contribution
Dunkin Donuts	Multiple Locations	3454	\$3,146,221	75%
Stop & Shop	Multiple Locations	2640	\$3,074,284	100%
Wal-Mart	Multiple Locations	2914	\$2,904,543	52%
McDonalds	Multiple Locations	2124	\$2,014,938	70%
Unicco Service Corp	Multiple Locations	1356	\$1,368,814	78%
City of Boston	Boston	1110	\$1,020,573	90%
CVS Pharmacy	Multiple Locations	1254	\$1,403,802	70%
Burger King	Multiple Locations	985	\$957,805	76%
Shaws Supermarket	Multiple Locations	1099	\$1,391,288	63%
Boston Medical Center	Boston	666	\$487,683	81%
Filenes	Multiple Locations	924	\$973,377	53%
Wendys	Multiple Locations	914	\$718,905	75%
Demoulas Market Basket	Tewksbury	997	\$1,049,999	85%
Friendlys	Multiple Locations	986	\$767,418	50%
Home Depot	Multiple Locations	912	\$830,211	50%
YMCA	Multiple Locations	791	\$803,664	70% - 75%
Walgreens	Multiple Locations	678	\$632,707	75%
Target	Multiple Locations	756	\$742,484	68%

Therefore, the report says "the numbers of employers that meet the criteria for inclusion in this report are assumed to be greater than the numbers reported here."

Furthermore, employers with fewer than 50 employees are excluded from this report.

The report concludes:

"Although the policies and programs currently in place in Massachusetts provide a very important safety net for many low-income people, it should also be recognized that such programs provide incentives, for both employers and employees, to shift health care costs to the public sector."

There is now before the Legislature a bill titled "Health Access and Affordability Act," sponsored by Health Care for All and Sen. Richard Moore. It would require every employer in Massachusetts to provide health insurance to their workers or pay a hefty tax to the commonwealth which would then provide insurance to those employees. This is often referred to as "pay or play."

MNA believes trends in the state's economy, employment, and health industry, along with the impressive creativity shown by employers in shifting costs to workers and to public programs, demonstrate that employer-based health insurance does not, and can not, guarantee secure, affordable,

high quality health coverage to everyone.

It's time, instead, to enact the Massachusetts Health Care Trust bill through which the commonwealth would implement a single payer health care system to assure comprehensive care that is not linked to a job, cannot be taken away, will stabilize the finances of health providers, and save us all

at least a billion dollars annually in health care expenditures.

For more information on this bill and to get involved in the movement for single payer health care in Massachusetts, contact MASS-CARE. Email: masscare@aol.com; Web site: www.masscare.org; Phone: 617-723-7001. ■

Protect Yourself/Tips

Traumatic effects of violence on patients

According to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*, Post traumatic stress disorder (309.81) is identified as a person who has "1. experienced, witnessed, or were confronted with an event or events that involve actual or threatened death or serious injury or a threat to the physical integrity of self or others and 2. the person's response involved intense fear, helplessness, or horror."¹

These events are known to precipitate a multitude of persistent and debilitating responses. "The traumatic event is re-experienced in one or more of the following ways, recurring and intrusive distressing recollections (and dreams) of the event, intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event or physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event."¹

MNA Task Force members believe that patients suffer secondary trauma in the same manner and from the same causes as nurses and other healthcare workers who experience or witness workplace violence or abuse. ■

¹*Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision, 2000, American Psychiatric Association*



*President's column***Arbitration decision underscores great truth about staff nurses—YOU are the expert!**

By **Karen Higgins, RN**
MNA President

The front-page story in this issue of the *Massachusetts Nurse* describing the historic arbitration decision in favor of the nurses at North Adams Regional Hospital underscores a great truth that I wish all frontline staff nurses, and all MNA members could truly take to heart: every direct care staff nurse is the expert when it comes to the safety of her patients.

This decision clearly states it was a violation of the NARH nurses' contract to force them to care for too many patients, and more importantly, that hospital management is to listen when nurses tell them their patient assignment prevents them from meeting their standards of care.

We all owe a debt of gratitude to each and every nurse in that bargaining unit, and particularly to those whose nine grievances provided the underpinning to this decision.

We owe it to every nurse at NARH for their multi-year struggle to use their union power to win contract language that put in writing the basic precept that the hospital could not assign more patients than a nurse can safely care for.

The nurses at North Adams made a stand for their own ability to determine what safe staffing is and should be for them. They took ownership of their responsibility for the safety of patients and then acted on it.

All of us need to do the same. Managers create the work environment, but we are ultimately responsible for the safety of patients



Karen Higgins

placed in that environment. We know what is safe and what isn't and we need to challenge our managers when they persist in endangering our patients.

We are experts and as such we need to take control of the practice of nursing. At the workplace, that means using your union power to make sure your voice and expertise governs nursing practice on your unit.

Outside of your workplace, being an expert means sharing your expertise and opinion where it can have the most impact. Right now, that is in the Legislature where our legislation on the issue of safe staffing ratios and its mandate is before that governing body.

But for other nurses, such as school nurses, being an expert means going before your school committee and parent groups—like the Worcester School Nurses are now doing—to teach them about school nursing and what constitutes safe school health staffing.

And then there are nurses in the State

system, like those working in the Department of Mental Health at Taunton State Hospital and Worcester State Hospital, and in DMR, and those working at the Fernald Center and Wrentham Developmental Center. They are speaking out as experts on how cutbacks in state funding for the care of the severely disabled and mentally ill are devastating the care these clients and patients receive.

A study also featured in this month's issue highlights the results of a public opinion pool that once again shows that you, as a direct care RN, are the most trusted source by the public on health care issues.

Being an expert means standing up and speaking out and convincing others that you are right. When it comes to the direct care of patients, each and every one of you is the expert. Use your knowledge and the power of the public's acknowledgement of your expertise to make the system work for you and your patients. ■

MNA endorses legislation on regulation of 'biosafety' laboratories

By **Mary Crotty**
Associate Director of Nursing

The MNA, which last month announced its opposition to the placement of any Biosafety Level 4 laboratory in an urban, densely populated area where the accidental or deliberate release of a biological agent could adversely impact residents, has endorsed legislation drafted and sponsored by Rep. Gloria Fox (D-Roxbury), with co-sponsor Byron Rushing (D-Boston), to regulate BSL-4 laboratories in Massachusetts.

Boston University is seeking approval to establish a Biosafety Level 4 research laboratory, known as a BSL-4, in Boston adjacent to Boston Medical Center in a congested Roxbury/South End neighborhood.

BSL-4 laboratories are used for research into the most dangerous toxic biological agents, those that cause fatal human disease by spreading through the air, or with an



Mary Crotty

unknown cause of transmission, such as Ebola and other viral hemorrhagic fevers. Many of the agents could be used in biowarfare and bioterrorism. An agent escaping containment would pose a severe threat to public health and the environment and could cause a public health crisis.

Massachusetts has no regulatory program for BSL4 laboratories. Massachusetts has standards for other inherently dangerous facilities, such as a landfills and power plants, on where they might be located, how the location decision would be made, opera-

tions and maintenance requirements, and other appropriate standards to protect the public health and environment.

Fox began tackling this serious public safety issue prior to the public disclosure that several Boston University laboratory workers, working in a "less dangerous" Biosafety Level-2 laboratory operated by the university had been infected with tularemia bacteria which had escaped from lab control last summer.

Undetermined laboratory problems led to the illness of the workers. Boston University, city officials and the Massachusetts Department of Public Health then all subsequently failed to disclose the incident to the public. BU also failed to make the required disclosures during the permitting process for the BSL-4 facility.

The proposed Fox bill, "An Act to Protect the Public Health and Environment from Select Toxic Biological Agents," creates a

comprehensive regulatory program for BSL-4 laboratories, based on existing state law for hazardous and polluting facilities and federal guidance.

The bill would require adoption by the Department of Environmental Protection and Department of Public Health of regulations for BSL-4 lab location, construction, operation, maintenance, security, emergencies, permits, reporting, insurance, and transport; laboratory inspections to ensure that the laboratories are operated to protect the public health and the environment; financial penalties for violations of laws and regulations; a community oversight board for each laboratory to help ensure transparency of operations and research.

There would be a moratorium on construction and operation of BSL-4 labs until regulations are adopted.

Please ask your representatives to sign on to the Fox BSL-4 legislation. ■

Emergency contraception 101: how nurses can help

By **Julia Battel, CNM, MPH**
Massachusetts EC Network

Unintended pregnancy is a major public health concern with serious consequences for women, children, and society at large. The United States has a higher rate of unintended pregnancy than most other industrialized nations in the world. Nationally, almost half of all pregnancies are unintended and half of those end in abortion. Health care providers can play a large role in helping to reduce the rate of unintended pregnancy.

Emergency contraception (EC) is a safe and effective way to *prevent* pregnancy after unprotected intercourse. It is most effective in the first 24 hours, but it can be used up to 120 hours after unprotected sex. EC does not cause an abortion and is not the same as mifepristone (RU-486). Plan B® is the brand-name for EC in the U.S. It contains two pills of levonorgestrel, the same hormone found in many birth control pills. EC will not disrupt an already established pregnancy and will not harm the developing fetus if mistakenly taken during pregnancy.

The Massachusetts Coalition for Choice

has filed a bill to improve access to EC, "An Act to Provide Timely Access to Emergency Contraception." The bill would require hospital emergency rooms to make EC available to rape survivors and allow pharmacists to dispense EC through a collaborative agreement with a physician. The bill has over 60 co-sponsors.

Currently, one in six Massachusetts emergency rooms still does not provide EC for survivors of rape, according to a 2004 survey by NARAL Pro-Choice Massachusetts. However, 36 percent of the Catholic hospitals in Massachusetts do offer EC in cases of rape.

Women face many additional barriers in accessing EC including lack of information or misinformation, difficulty getting to see a provider within the 120 hour timeframe, pharmacies that do not carry EC or refuse to fill prescriptions, cost, and lack of health care coverage in general.

So what can nurses do?

- Learn more about EC and help educate other providers in your hospital or clinic. Invite providers from the

Massachusetts EC Network to present a one-hour brown bag lunch in your setting.

- Find out what the protocol is for EC where you work. Initiate ways to increase access to EC such as instituting standing orders for nurses.
- Encourage providers to make EC part of routine contraceptive counseling and provide an advance prescription.
- Contact your state legislators and ask them to support the EC bill.
- Contact the Massachusetts EC Network for more information or materials.

For more information or resources, sign up for the EC Network and receive a free e-mail newsletter once a month. The Massachusetts EC Network is a coalition of advocacy groups, medical providers, pharmacists, and government agencies working to increase access to and awareness of EC. The EC Network provides materials for providers and clients, educational resources, and other support, including samples of standing orders for nurses. Contact Stacie at Stacie@prochoicemass.org or 617-556-8800,

x13. Materials are also available on the web at www.prochoicemass.org and click on "Current Programs." ■

Emergency contraception 101

- Safe and effective way to prevent pregnancy after sex
- Plan B® or high doses of oral contraceptive pills
- Won't cause an abortion or harm an existing pregnancy
- Works by inhibiting ovulation, fertilization or implantation
- Take pills within 120 hours (five days) of unprotected sex—but the sooner the better
- 75 to 89 percent effective when taken within 72 hours of unprotected sex
- Side effects include nausea, vomiting, altered next menses, breast tenderness or headaches
- No contraindications
- EC can be prescribed or provided in advance of need

MNA on Beacon Hill



Public backs MNA's safe staffing bill 3-1 over hospital plan

With health care quality front-and-center in public debate, nearly 76 percent of Massachusetts citizens support legislation that would set minimum safe RN-to-patient ratios, according to a statewide survey conducted by Opinion Dynamics Corporation (ODC) of Cambridge.

The February 16-20 survey found that the public believes the quality of care in Massachusetts hospitals is suffering due to nurses being forced to care for too many patients at once. Now that the Massachusetts Hospital Association (MHA) has joined the MNA in acknowledging the need for patient safety measures, the primary issue before the Legislature is how best to solve this problem.

Massachusetts residents prefer the Safe Patient Care Act, which would set flexible minimum patient-to-nurse ratios, by a margin of 3-1 (62 percent to 21 percent) over the MHA proposal for toothless disclosure of staffing levels. The Patient Safety Act is supported by the MNA and by the Coalition to Protect Massachusetts Patients, an alliance of 83 of the commonwealth's leading health care groups. The bill was filed by Rep. Christine E. Canavan (D-Brockton) and Sen. Marc R. Pacheco (D-Taunton).

Furthermore, the public says legislators and administrators should listen to nurses when they say that ratios save lives.

"The voters of the commonwealth have stated that they view the current nurse staffing situation as a clear and present danger," said John Gorman, president of ODC. "The attitude of the majority of voters on the issue remains particularly striking. Most issues either polarize the electorate or don't have an impact on how they will vote. The safe staffing issue has consistent support across the electorate, and could clearly influence voters' choices."

"Massachusetts residents understand that quality care requires real action, not public relations ploys," said MNA President Karen Higgins, RN. "Nursing is the key to quality hospital care. An RN cannot be in two places

Kennedy introduces bill banning mandatory overtime for nurses

Sen. Edward Kennedy has introduced federal legislation that would disallow hospitals and other health care providers from requiring nurses work mandatory overtime, barring a declared state of emergency.

"The Safe Nursing and Patient Care Act," to be enforced through Medicare's provider agreements, would ban mandatory overtime, thereby improving working conditions for nurses and quality of care for patients.

The legislation would prohibit requirements that a nurse work in excess of a scheduled work shift or duty period; 12 hours in a 24-hour period; or 80 hours in a consecutive 14-day period.

"Front-line registered nurses applaud Senator Kennedy's important patient safety measure to ban the use of mandatory overtime," said Karen Higgins, RN, president of the MNA. "Senator Kennedy's efforts echo a recent Institute of Medicine study which found that long hours worked by nurses are harming patients. The IOM study confirmed what registered nurses have continued to say: unsafe staffing levels and the use of mandatory overtime to staff hospital floors



MNA Executive Director Julie Pinkham at a March 22 press briefing at the State House where results of a statewide survey on safe RN-to-patient ratios were released.

at once, much less six or more. Yet because of chronic understaffing, that is the prevailing situation in the state's acute care hospitals. The way to ensure that patients get the care they need is to set flexible patient-to-nurse ratios."

Key findings of the survey:

- 89 percent agree that since both the hospitals and nurses in the state are proposing plans to address nurse staffing levels, there must be a problem with the current system.
- 77 percent agree that the quality of patient care in Massachusetts hospitals is suffering because there are not enough RNs working in hospitals.
- Similarly, 71 percent believe that nurses' being forced to care for too many patients at once is a serious problem.
- Over three quarters (76 percent) of residents favor legislation regulating minimum staffing levels.
- Less than half (48 percent) favor legislation sponsored by the MHA that requires the posting and disclosure

of stated protections.

"To ensure nurses are fully aware of these new protections, the bill requires providers post rights in an appropriate location in the workplace.

Health and Human Services would be required to publish on its Web site the names of providers for which penalties were imposed under this act. If a provider changes ownership, violations under previous ownership would be eliminated from the site after one year.

Kennedy's interest in the issue arose in 2000 during the historic nurses' strike at St. Vincent's Hospital in Worcester. Kennedy helped end the strike by hosting the final settlement negotiations in his Washington, D.C. office, where the MNA bargained landmark language to prevent the practice in union settings.

Kennedy later praised the St. Vincent's nurses for their courage and conviction during the strike and for bringing the matter of mandatory overtime to national prominence. ■

of staffing plans, but does not regulate minimum staffing levels.

- 74 percent believe it is a serious problem that HMOs and insurance companies are concerned only with profits.
- Hearing that Massachusetts hospitals are sponsoring the proposal to require the posting of staffing levels without regulating minimum staffing causes just 7 percent of residents to say they are more inclined to support it.
- Arguments in favor of MNA's plan are much more persuasive than those in favor of MHA's plan. After hearing a series of arguments in favor of each, support for MNA's plan versus MHA's increases by 18 percent.

The survey also found a growing sense of impatience by the public for the Legislature to take action on the issue of minimum nurse staffing levels.

- 66 percent say it is time for the Legislature to back up the nurses' judgment, while just 25 percent say the legislature should keep its hands off the kinds of medical decisions involving staffing.
- 76 percent of residents say they are more likely to vote for a candidate for state legislature who supports regulating minimum staffing levels, while just 12 percent say they would be more likely to vote for a candidate who opposes regulating minimum nurse staffing levels.

This survey also established that nurses receive the highest job ratings (89 percent) of all hospital employees including doctors, and are perceived as having the most significant impact on the quality of patient care.

A 2003 survey of registered nurses in Massachusetts found that 87 percent of nurses supported legislation to establish safe minimum RN-to-patient ratios.

MNA commissioned the ODC poll. The survey of 400 Massachusetts residents has a margin of error of plus/minus 4.9 percent at a 95 percent confidence interval. ■

MASSACHUSETTS NURSE

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MNA
 MASSACHUSETTS NURSES ASSOCIATION



State's health professionals blast governor's budget for neglecting the state's most vulnerable, particularly those with acute mental illness

The commonwealth's system of care for the most vulnerable mentally ill patients is "nothing less than disgraceful, given years of cuts in services and funding that have led to a rapid deterioration in the quality and safety of care in our state's hospitals for the mentally ill," according to Bill Fyfe, RN, president of the MNA chapter comprising more than 1,800 state employed health care professionals, also known as Unit 7.

The executive board of the MNA Unit 7 voted Feb. 15 to make public its concern for the care and safety of clients of the state system in the wake of the release of the Governor's budget, which includes no increase in funding to improve the care to those requiring acute and long-term mental health care, following years of cuts in funding for the care of the mentally ill.

"We can no longer sit silent, while the Governor and policymakers work under the assumption that years of neglect of the mental health system in our state is not having a negative impact on the people they are supposed to be caring for," Fyfe added. "The people we serve are not people who have access to high-priced lobbyists; they are often the ones in our society no one wants to talk about. As clinicians who have given our lives and our careers to the care of these patients, we feel obligated to speak out

Survey of staff at Taunton State Hospital, along with numerous reports from across the state, reveal a growing trend of dangerous conditions and poor care following years of funding cuts

on their behalf as they deserve to be treated with dignity and compassion – something that is becoming nearly impossible in the current climate."

The executive board was incensed by an email from Mental Health Commissioner Elizabeth Childs issued to DMH employees on Jan. 28 which praised the governor's "maintenance budget, which would allow the department to operate at current service levels," calling the budget "good news."

The MNA has made repeated requests to meet with Childs to discuss serious concerns over the deplorable staffing conditions at the state's DMH facilities, but she has consistently refused to meet.

"This may be good news for the Governor and the Commissioner, but it is horrible news for those suffering from serious mental illness. It is not good news to place patients and staff in a state of constant danger. It is not good news to have people languishing in our state's hospitals because there is no viable community placement for them."

The MNA's claims of poor care are supported by hundreds of official reports of unsafe staffing submitted by professionals at a number of the state's facilities in recent years. This includes the results of a recent survey of staff in one of the state's largest mental health facilities at Taunton State Hospital (TSH).

The survey found:

- 97 percent of the professional staff at Taunton State Hospital reported that their units were dangerously understaffed some or most of the time.
- 95 percent of the professional staff at Taunton reported staffing levels have been chronically inadequate for the past two years.
- 89 percent of the Taunton professionals believe current working conditions force them to provide a level of care below their professional standards.
- And 100 percent of the Taunton professionals report they lack the sufficient time to provide the level of care their patients require.

Additional surveys of professional staff at other state-operated facilities in DMH are in the process of being evaluated.

The health professionals at Taunton State Hospital have already taken their case to the media in their community, hoping to push their administrators to do something to improve conditions.

They have reviewed staffing records at the facility over the last four years and have presented their administration with documented evidence of the decrease in staffing and the impact on nurses.

"We've discussed all of these issues with key TSH administrators numerous times over the last two years," said Fyfe, who is also a nurse at TSH. "After multiple meetings with management, the message is always the same: there's no money in the budget to hire the staff needed to fix the problem. Administration consistently tells us that they are limited by the constraints placed upon them by the Department of Mental Health. If that's the case, then TSH is part of a larger problem that is in need of urgent repair. And until that happens some of our state's most at-risk citizens will continue to suffer the consequences."

As staffing levels have been cut, nurses and other professionals throughout the DMH system have been regularly assigned mandatory overtime, a demoralizing practice that exhausts the staff and endangers the patients. As a result of the deplorable conditions, hundreds of nurses are leaving the state system, where they are paid as much as 30 percent below their counterparts in the private sector.

At Taunton State Hospital, more than 30 nurses have left in the last year alone, and more than 50 over the last two years. In addition, because of the understaffing, the level of assaults by patients against nurses has increased dramatically.

Recommendations for action

In addition to taking their case to the public, the Unit 7 Executive Board will advocate within the legislature for the following actions to be taken:

- An immediate increase in the DMH budget to restore staffing and service levels to what they were in 2001 as a means of stabilizing the system.
- An independent audit of the staffing conditions of all DMH facilities and

The MNA has made repeated requests to meet with the DMH commissioner to discuss serious concerns over the deplorable staffing conditions, but she has consistently refused.

an analysis of the impact on mortality, injuries, medication errors, readmissions, and other outcomes for patients.

- An independent analysis of the cost of providing a safe standard of care to the clients of the mental health system in acute care, long-term care and community settings, along with an independent needs assessment of the number of beds required to care for the mentally ill in the state, both now and in the future as the population ages.

- An analysis of the budget required to provide adequate staffing in all state-run facilities, which takes into account salary ranges for staff that remain competitive with the private sector.

"We can no longer allow people with severe mental illness to continue to receive a diminished level of care in an under-funded system," Fyfe concluded. "It is our ethical and professional obligation to advocate for our patients and that is what we intend to do." ■

Rep. Canavan appointed floor division chair

State Rep. Christine Canavan, RN, D-Brockton, has been selected by House Speaker Salvatore DiMasi to serve as a floor division chairperson for the 2005-2006 legislative session. Her nomination was subsequently ratified by House members during a February democratic caucus.

"I am quite honored by this appointment and very appreciative of my colleagues' support," said Canavan, lead sponsor in the House (along with Sen. Marc Pacheco) of legislation to establish RN-to-patient ratios in all Massachusetts hospitals.

Four divisions exist within the House of Representatives. As a division chair, Canavan will act as a liaison between House members of the second division and DiMasi regarding legislation appearing on the House calendar and other matters pending before the House. ■

MNA

UNIT 7

THE STATE BUDGET IS YOUR CONTRACT

Over the past four years we have seen the budget for the services you provide fall by 6%. This dangerous decline began with the recession of 2001. The election of Governor Romney did nothing to stem the tide. We have seen vital services cut or eliminated. We have seen our members laid off and staffing levels reduced or had their hours cut back. We have gone without a contract for two years. And now that the economy seems to be recovering and state revenue is on the rise Romney puts forward a budget with a small single digit increase for most of our agencies. This so-called increase in most cases won't even cover inflation, much less fund an increase in our contract or begin to return services to previous levels. Additionally, in contract negotiations, he has proposed that you receive no raise, no step increases, and other economic take backs.

It is time for you to step up and do your part in the negotiating process. There is light at the end of the tunnel and it is the Legislature. While the Governor files his budget first it has little, if anything, to do with the budgets filed by the House and the Senate. At the present time the two branches of the Legislature are holding joint hearings on the budget.

Our most important task is to influence the Legislature. We have to get to its members and talk about the importance of the services we provide and drive home the point that we have been without a contract for years. **Our message has to be: the budget must increase services to better serve our patients and increase salaries so that the state can recruit and retain employees.**

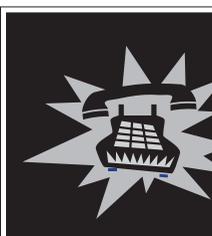
WHAT YOU CAN DO

- ◆ Get in touch with your elected representatives, both where you work and where you live. You are represented by both a Senator and Representative at the State House. These officials need to hear from you. You can call their offices, send them a letter or send an e-mail.

To find their addresses and phone numbers go to the MNA website www.massnurses.org and click on the "Write To Your Legislator" button on the right side of the page. Scroll down to the "My Elected Officials" section and click on the "View" button. Call their State House or district offices and ask for the legislator. You will probably leave a message with a legislative aid.

To e-mail your State Representative and State Senator you can use the MNA main website and click on the "Write To Your Legislator" button on the right side of the page. On the next page click on the third "Take Action" button and follow the instructions.

- ◆ Visit your legislators during local district hours



Remember, you are the people doing the work. You understand the problems and conditions better than anyone else.

You Are The Expert—These Legislators Need To Hear From You.

Labor Department: Educating Our Members

A disturbing pro-management trend is emerging

The NLRB: What is it and how it impacts workers

By Joe Twarog

Associate Director of Labor Education

The National Labor Relations Board is a federal agency that administers the National Labor Relations Act (NLRA); the law that governs collective bargaining in the private sector. The NLRB's primary activities are:

- conducting elections to determine whether or not employees want union representation;
- investigating and remedying unfair labor practices by employers and unions.

The NLRB has 33 regional offices located throughout the country, with Region 1 (covering Massachusetts, Maine, New Hampshire, Rhode Island and Vermont) being in Boston. The board (NLRB) has a five-person body that heads up the agency based in Washington, D.C. These five board members are appointed by the president and approved by the Senate. They review and rule on appeals of decisions made by the NLRB regional directors (the Region 1 Director is Rosemary Pye). The board in effect sets and forms private sector labor law by its rulings that interpret the law.

Violations of the NLRA

The NLRA lists the types of violations of law by employer conduct that is illegal. In summary they are:

- statements or actions that interfere with, restrain or coerce union activity
- domination of unions (that is, any form of a "company union" that in fact the employer controls)
- discrimination against employees who engage in union activity
- retaliation against employees who file unfair labor practice charges
- refusal to engage in good faith bargaining with the union

There are many examples of such violations, including the following:

If the employer or hospital sets up a "nurses' council" that deals with mandatory subjects of bargaining (issues involving wages, hours or working conditions), there may be a violation by implicitly establishing a "company union." There has been such a trend lately as hospitals seek Magnet status, usually terming such experiments as "shared governance."

If the employer intimidates or interferes with a union floor representative from doing his or her job, there could be a violation. Similarly, if the employer targets, harasses, or disciplines a union member for union activity, a violation may have occurred.

If the employer unilaterally changes a condition of employment (meaning without formally bargaining with the union) involving a mandatory subject of bargaining, a violation occurs. Such a unilateral change may be the imposition of a new tracking device on nurses without negotiating with the union.

If the employer fails to bargain with the union in good faith or intentionally attempts

to undermine the union by union busting tactics, there may be a violation.

Challenging violations

Violations such as these can be challenged by the union by filing an unfair labor practice (ULP) "charge" against the employer with the NLRB. The board will assign an agent to investigate the charge by interviewing the employees and/or witnesses involved and reviewing relevant documents. The board will also investigate the charge by meeting with management to get their version of the matter. Employee statements are not shared with the employer by the NLRB agent unless the matter proceeds to a formal hearing. The regional office then reviews what the agent's investigation has found, and determines whether there is reason to believe that the NLRA has been violated. If the regional office finds that in fact there was a violation of the law, it will issue a "formal complaint" against the employer based on the union's initial charge. Basically the regional office has found "probable cause" that a violation has occurred and the NLRB attorney then becomes the advocate for the union in prosecuting the case.

Formal complaints will then proceed to a formal hearing or trial conducted by an administrative law judge who will make a final ruling on the matter and has power to provide a remedy and assign penalties. However, most formal complaints are settled between the parties with the NLRB again acting on behalf of the union, before they get to a formal hearing or trial. Often however, these settlements are not always as clear as the union wants, and all too often includes a statement of "non-admission" of guilt by the employer. Settlements like these occur because the NLRB is the moving party at this stage and has the power to mandate a resolution whether the union agrees or not.

The reality

While the NLRB has an important role to fill in labor relations, the recent trends are disturbing. The reality of the current NLRB and its enforcement of the NLRA are mixed at best. Some basic points to consider are:

- 1 The process is a very lengthy one which delays a resolution of the violation. In the meanwhile, the employee continues to suffer and the employer denies any wrong-doing. Time and resources are also squandered in the process.
- 2 The penalties, even for the most serious violations, are often a "slap on the wrist" that employers are willing to accept as a perverse price of doing business. For instance, many official NLRB remedies amount to nothing more than an "official posting" in the workplace listing violations of law *that the employer claims it did not do and won't do again!* If there is any monetary remedy involved, the employer often recognizes that such penalties are minimal and will factor these into its plan if its over-all goal is to destroy



Joe Twarog

the working of an effective union by intimidating employees into silence and non-involvement.

3 The NLRB more and more often "defers to arbitration" violations of law. This forces the union to grieve the matter and take it

through the arbitration process, before the NLRB acts on the issue. The NLRB has therefore created a recent history of excuses why not to enforce the law by these procedural practices. Cynicism and delays abound, in effect denying workers true access to the NLRA.

- 4 If the NLRB does issue a formal complaint and pursue a case, it seeks a settlement with the employer based on what it believes is fair, leaving the worker and the union little recourse. These settlements, as stated above, are usually watered down and may be more pragmatic than practical.
- 5 The NLRB also may dismiss the charge filed by the Union out of hand. In the process the NLRB may offer a face saver for the union by having it withdraw the charge, but the impact is the same. The union has the right to appeal the dismissal to the NLRB in Washington, which in turn usually rubber stamps the Regional Office's dismissal.
6. And then there is the so-called "merit dismissals" that the NLRB uses to "exercise discretion to decline to prosecute meritorious cases where the public cost would outweigh the public benefit." (from a memo of the NLRB Associate General Counsel to all Regional Directors). This means the NLRB reserves the right to dismiss a case that has merit - denoting that the law was violated by the employer as the union charged - but that they do not choose to pursue the matter because of "budgetary constraints"!

In many cases, the best that can be expected from filing a charge with the NLRB may be sending a signal to the employer to stop its illegal activity and the potential damaging media that impacts negatively on the employer's image.

The current NLRB's direction

The NLRB is charged with upholding and protecting American workers in their jobs by enforcing the provisions of the NLRA. But recently, the board has become more of an advocate for the employer, hurting and undermining worker rights and basic legal protections. Even management consultants that boast of their "union avoidance" programs (Adams, Nash, Haskell & Sheridan of Kentucky) recently stated that "the board lately has been giving incredibly management-favorable decisions."

The board has been deliberately under-

funded by Congress in recent years, with an \$8.7 million shortfall in 2004. Therefore, as the case load increases, the NLRB has fewer staff, time and funds devoted to investigations, trials, and preparations for representation elections. The Bush appointments being made to the board have become more and more conservative and anti-worker in tone. The balance that was intended to be struck between employee rights and employer rights has tilted dramatically towards the employer.

Consider these recent NLRB actions:

- The board is making it harder for workers to form a union by attacking card check recognition.

While the NLRB has an important role to fill in labor relations, the recent trends are disturbing. The reality of the current NLRB and its enforcement of the NLRA are mixed at best.

- The board last year modified how Weingarten rights (the right to representation in disciplinary investigations) applies, denying them in non-union settings.
- The board withdrew NLRA coverage and protections for a whole class of workers (graduate student employees) at private universities.
- The board has weakened the NLRA by limiting its remedies.
- The board has sided with the chamber of commerce in basically agreeing that state (California) taxpayer dollars can be used by employers to fight unionization.
- The board has been reversing in recent years many decisions made by the Clinton NLRB, to the loss of the worker.

Conclusion

While the Board remains an integral part of the American labor movement utilized by workers and their unions to continue to enforce the NLRA, there is little confidence and no illusions that workers' interests will be upheld solely through this process. Consequently, unions are being forced to be creative and seek alternative ways to achieve the correct and appropriate remedy to violations of law. The use of the NLRB and the filing of unfair labor practice charges are therefore most effective, even with the limited remedies they are likely to achieve, when it is a part of a larger strategic plan. Workers and the union are ill-advised to rely on the NLRB alone to remedy work place problems and violations of the NLRA. ■

Good Samaritan nurses oppose significant cuts in surgical staffing

Registered nurses, health care professionals and other employees at Caritas Good Samaritan Medical Center in Brockton recently mobilized to oppose announced cuts in staffing for all areas of surgical services, which the nurses believe "will result in deterioration in the quality of care for patients" undergoing surgery at the hospital.

As part of this effort, a delegation of employees including RNs from the MNA local bargaining unit at GSMC, delivered petitions signed by more than 500 employees to acting CEO Joseph Ciccolo at a meeting on March 17, a meeting that resulted in a two-week moratorium on the staffing slashes.

The petitions, addressed to Robert M. Haddad, MD, president and CEO of Caritas Christi Health Care, stated: "We the undersigned caregivers and staff of GSMC call upon the administration of Caritas Health Care to stop its plans to make dramatic and devastating cuts in registered nurses and other valuable support staff in all areas of surgical services...These cuts were made by outside consultants who never met with or discussed these changes with front-line

caregivers at our facility."

The cuts, which were first announced to the nurses on March 2, appear to be proposed by Caritas Christi on the corporate level, based on the recommendations of a high-priced health care consulting firm, Applied Management Systems, Inc. (AMS). Ciccolo confirmed during the March 17 meeting that the proposed cuts were a GSMC management initiative and that although the number of OR cases has increased slightly over the past year, cuts in staffing were needed, in response to the consultant's report.

The reductions would result in the loss of more than 250 hours of RN nursing care per week (the equivalent of six full-time RNs), including 88 hours per week cut from same day surgery, 64 hours from the operating room, 64 hours from the recovery room and 35.5 hours from endoscopy services.

The hospital, on March 18, agreed to a union proposal to implement a two-week moratorium on the cuts, while a task force consisting of union members, management and doctors gather alternative proposals to increase efficiency in peri-operative services,

while not jeopardizing employees' jobs. Initially, an April 17 target date had been set for the staffing cuts.

The nurses are particularly surprised and outraged by the cuts as they come on the heels of a meeting with management in early March where both parties agreed that there were a number of issues of concern in the surgical areas of the hospital related to understaffing of RNs. This was reinforced by a recent, highly publicized job fair at the hospital where operating room nurses were being recruited. Operating room nurses are among the most highly touted and sought after nurses in the health care job market.

"These layoffs make no sense given the current shortage of nurses, especially peri-operative nurses in the current health care climate. We are convinced that the impetus for these shortsighted cuts is part of a larger corporate agenda being driven by Caritas Christi, based on its financial troubles and not on what the patients of this hospital actually require," said Karen Gavigan, co-chair of the RN bargaining unit and a nurse in the same day surgery department. "As nurses, we want our management and the public we care for to understand that we are already staffed at a barebones level and there is no justification for any reduction in our staffing, not without jeopardizing our ability to maintain the quality of care that people of this community expect."

AMS is one of a number of national consultants notorious for recommending deep cuts in hospital staffing to cut costs. These

practices were previously tried at Good Samaritan Medical Center during the 1990's and failed. Recent scientific research has clearly demonstrated that cuts in RN staffing lead to increases in patient complications, injuries to patients, medication errors and even patient deaths. According to a report by the Joint Commission on the Accreditation of Healthcare Organizations, hospitals that cut nurse staffing were less profitable and efficient, and conversely, hospitals that had healthy RN staffing had lower costs and higher profits.

AMS makes its recommendations for cuts in hospitals based on a comparison of current staffing levels with its own database of staffing levels from across the nation. When it deems a hospital to be above what AMS considers to be a reasonable level, it recommends cuts to hospital staffing. The company prides itself on applying "industrial engineering" processes to hospitals.

"Hospitals are not factories and patients are not widgets. The AMS approach is to bring staffing in hospitals to the lowest common denominator," Gavigan said. "We believe staffing and patient care should be based on what patients need, not on what this glorified accounting firm says it should be."

The nurses' union has made an official request to receive a copy of the full AMS report upon which the cuts were based. It intends to continue efforts to educate the public about the impact of the cuts and what they would mean to quality and safety of patient care. ■

...Salem

From Page 1
Addison Gilbert Hospital in Gloucester and the Hunt Center.

The NSMC/Salem nurses previously were represented by American Federation of State, County and Municipal Employees (AFSCME Council 93).

"We are thrilled to become members of the Massachusetts Nurses Association," said Fran O'Connell, RN, the long-time president of the nurses' local at Salem Hospital. "The MNA is a professional union that can offer nurses significant clinical and nursing practice resources as well as their expertise in collective bargaining. This is an organization run by nurses for nurses and health care professionals that has led the fight to pass legislation to improve staffing conditions in hospitals and to stop dangerous practices, such as mandatory overtime."

According to Julie Pinkham, executive director of the MNA, "With this vote, the North Shore has become a true strong-hold of MNA power and nurse activism. This election provides a tremendous opportunity for nurses in this region to work together for improved working conditions and safe staff-

ing, not only for nurses, but more importantly, for the patients who seek care here."

In addition to the regional strength the MNA will provide the Salem nurses, Pinkham also points to its long-time presence as the union representative at nearly all the hospitals in the Partners Health Care System, which owns Salem Hospital. Partners facilities represented by MNA include Brigham & Women's Hospital, Faulkner Hospital, Dana Farber Cancer Center and Newton-Wellesley Hospital. The nurses at Brigham & Women's Hospital and Dana Farber are among the highest paid nurses in the nation. Nurses at Faulkner Hospital recently negotiated strong language to prevent workplace violence, an important issue for the nurses at Salem Hospital, who have suffered a number of assaults in recent years. Massachusetts General Hospital is the only facility that remains non union.

While other unions are losing members, with the Salem election, the MNA will now represent nearly 23,000 nurses in 86 health care facilities in the commonwealth and throughout New England, including 52 of the state's 67 acute care hospitals. ■

Advance Clinical Research Education workshops

The Center for Information and Study on Clinical Research Participation (CISCRP) co-sponsored by Northeastern University's Bouvé Institute of Professional Leadership will host a program to provide general education about the clinical research process to patients, the public and professionals.

AWARE for All, Annual Workshops to Advance Clinical Research Education, will be held Saturday, May 21 at Northeastern University's Curry Student Union. CISCRP is an independent, non-profit that does not recruit patients for clinical trials nor is it involved in conducting clinical trials.

The event is free and open to the public and will include six educational workshops, (five pending continuing education approval) in the morning, free health screenings throughout the day, a compli-

mentary lunch, national speakers, as well as a thank you breakfast reception honoring clinical research participants. The honorary co-chairs are Lt. Gov. Kerry Healey and Mayor Thomas M. Menino. Two morning workshops will be held followed by a complimentary lunch with a keynote speaker.

For more information or to register online visit www.ciscrp.org/programs/awareness.asp. For more information contact Robert Amara at 617-927-9500 or RobAmara@ciscrp.org. CISCRP is also reaching out for organizational partners to help spread the word to the public, patients and to those who have participated in clinical research studies. If you know of any hospital, research site, health center, advocacy group or community group that might be interested, please contact us. ■

The two faces of MHA on mandatory overtime



"The MHA is committed to the elimination of the use of mandatory overtime. The use of mandatory overtime as a routine way to staff is not appropriate..."

— MHA "Patients First" Campaign Brochure



"These restrictions (federal ban on mandatory overtime) would impair the ability of caregivers to meet the demands of patients on the spot."

—Paul Wingle, MHA spokesperson, quoted in the Boston Globe, Feb. 15, 2005

While the MHA's slick "Patients First" brochures and PR platitudes profess a commitment to safe staffing and a ban on mandatory overtime, when faced with the prospect of actually being held accountable for adhering to a real standard of care, the hospital industry's true colors come shining through. In February, the MHA unveiled its "Patients First" campaign, which included a "commitment" to stop the dangerous practice of mandatory overtime. Yet, when Senator Kennedy unveiled legislation on the federal level to ban the practice except in cases of emergency, the MHA voiced its strong opposition to the measure.

The patients in our hospitals, whose lives are placed in jeopardy every time a nurse is forced to work beyond their limits, can't afford to rely on promises and platitudes. They deserve a guarantee that no nurse will ever be forced to care for too many patients or asked to work when they are fatigued. Fortunately, legislators in Massachusetts have the opportunity to provide such a guarantee with the passage of An Act Ensuring Patient Safety, legislation that would establish safe, minimum RN-to-patient ratios and a ban on mandatory overtime. ■

'Sometimes it's just about doing the right thing'

ER nurse assaulted while on duty reaches out to others on the 'front line'

Just over two years ago, Charlene Richardson, an emergency room nurse at Beverly Hospital, became the victim of assault and abuse while on the job. Her story became the foundation for a Page 1 article appearing in the Nov. 8, 2004 edition of *The Salem News*, a re-print of which appears on this page.

The article, "Emergency room violence growing concern for nurses" written by staff writer Jill Harmacinski, chronicles that

devastating night in Richardson's career; a night that forever altered the way she is viewed by herself, those closest to her and as it turns out, her employer. Richardson's need and desire to come forward and share her story has resulted in an increasing awareness that those in the nursing profession are often asked and expected to put their personal safety on the line as "part of the job."

Richardson's courage and recognition that

to be silent would perpetuate similar incidents prompted *The Salem News* to publish an editorial (also re-printed here) calling for hospital officials and those outside the health-care industry to look the issue directly in its ugly face and at the very least, acknowledge the dangers confronted by emergency room personnel while on duty.

Also included on Page 9 is powerful commentary from Charlene Richardson herself,

who nearly two years following her experience is faced daily with the ways in which it has changed her life.

Richardson demonstrated great fortitude the night of the March 2003 incident and subsequently by sharing the events of that night with *The Salem News*. Her apparent resolve to tell her story until it is truly heard is taken to a new level in her personal perspective of the real impact of workplace violence. ■

Emergency room violence growing concern for nurses

By Jill Harmacinski
Staff writer

BEVERLY—Charlene Richardson has been bitten, kicked and punched by patients during 13 years as an emergency room nurse.

She knew the job could get rough. But one night in March 2003, Richardson said, the abuse went too far.

A drunken, 50-year-old Salem man was brought to Beverly Hospital for treatment. As Richardson helped him get ready to leave, he lunged at her, grabbed her crotch and tore through her hospital scrubs. He refused to let go.

For 90 seconds "that felt like forever," she said, the two struggled, wrestling into the hall, where another nurse, three security guards, two emergency room patients and a visitor came to help. Once security guards handcuffed the man, Richardson grabbed the phone and called police.

"I was shocked and upset and angry," she said. "But I was OK."

Her story is not unique. Nationally, crimes against nurses and health care workers are as common as assaults on police and correctional officers. One study completed this year indicates hospital assaults often go unreported.

Richardson and Essex County District Attorney Jonathan Blodgett spoke at a recent seminar sponsored by the Massachusetts Nurses Association about emergency room violence. More than 70 people, most of them nurses, attended the event at Angelica's restaurant in Middleton. When asked for a show of hands, almost half of the nurses at the seminar indicated they had been assaulted at some point during their careers.

Blodgett, the son of a retired Salem Hospital nurse, said that's unacceptable.

"Some might say that's just part of the job," Blodgett said. "But no one should ever have to tolerate such horrible behavior."

In 2002, more than 4,000 hospital employees were assaulted while working in emergency settings across the state, according to the Bureau of Labor Statistics. Area hospitals would not provide numbers on how many nurses were assaulted locally in recent years.

Police records show patrolmen were called to Beverly and Salem hospitals on more than 380 occasions in the first eight months of this year, though the calls were for a variety of reasons — from helping to handle drunk and unruly patients, to standing by while a Medflight helicopter landed.

Since 2001, police have been called to Beverly Hospital's emergency room 536 times, again for a variety of reasons.

Part of the job?

Police are accustomed to getting dispatched to Beverly Hospital's emergency room, said Beverly Lt. William Terry. Generally, the calls are about disruptive patients, "someone who is out of control and being disorderly. Most of the time, it's because they are drunk," Terry said.

Salem Lt. Conrad Prosniewski said police officers in that city are often sent up to the hospital to control drunken, unruly people. In most instances, these individuals are taken into police custody and charged with disturbing the peace or disorderly conduct.

"A lot of people who are under the influence of a lot of different things often show up on the hospital's doorstep," Prosniewski said.

Patients have assaulted emergency room workers. "It happens every once in a while," Prosniewski said.

At Salem Hospital, a nurse working in a mental health unit was once pushed down a flight of stairs by a patient, according to Fran O'Connell, president of the 560-member nurses union.

Working a Friday or Saturday night shift in the emergency room can be crazy, O'Connell said, depending on the volume of patients and types of emergencies, which may include stabbing and domestic violence victims or victims of drug overdoses.

"The emergency room is always a concern," she said. "You never know who's coming through those doors and how stable they are."

Other nurses said they've endured slaps, kicks and punches from patients.

"At what point do people have to have consequences for their actions ... consequences for their own unacceptable behavior?" asked Susan Vickory, a registered nurse who lives in Lynn.

In 2000, Vickory was working for a Greater Boston veterans hospital when she witnessed a patient slam a fellow nurse repeatedly against a metal door. An "embarrassed" hospital administrator later tried to ignore the assaults, she said.

"She wanted to pretend nothing ever happened," Vickory said of the administrator. "It was that whole blame-the-victim mentality."

After this assault, Vickory joined a group of nurses who pushed for criminal prosecution of violent patients. Today, Vickory, a nurse for 36 years, works with an MNA task force that studies hospital violence and supports victims.

"I've collected more stories than you can imagine," she said.

Image problems?

Nursing advocates say hospital administrators don't like to talk about workplace violence because it ruins the "hotel-like image" hospitals want to project.

"The mindset is, 'This is a hotel and the client — the patient — is always right,'" said Evelyn Bain, who studies workplace violence for the nurses association.

Last year Beverly Hospital tried to have security officers alter their uniforms, switching from a police-style shirt and pants to professional-looking suit jackets and ties. In response, campus security officers formed a union and successfully fought the change.

"They wanted to turn us into valets and customer-service people, not security officers," said David Arsenault, president of the hospital's security union. "They wanted patients to see someone in a nice suit jacket walking around ready to help them."

In Richardson's case, she said, hospital management refused to talk to her about her assault, even after her attacker was convicted of indecent assault and battery and sentenced to 18 months in jail. She is still a nurse at Beverly Hospital, but Richardson is

bitter about the way she says her employer treated her.

Richardson said she spoke publicly about her assault because she wants to improve safety for nurses.

Despite repeated requests, Beverly Hospital officials would not comment on Richardson's assault or on the general issue of workplace violence. Instead, the hospital released a prepared two-sentence statement praising its emergency room staff.

Silence on the subject of hospital violence is common. A study conducted by the U.S. Department of Justice this year showed that many assaults go unreported.

The study showed a "persistent perception within the health care industry that these assaults are part of the job. Under-reporting may reflect a lack of institutional reporting policies, employee beliefs that reporting will not benefit them or employee fears that employers may deem assaults the result of employee negligence or poor job performance," according to the federal study.

Salem Hospital has a workplace violence response plan in place, according to spokes-

See *ER violence*, Page 10

Editorial: ER safety should be a priority

Hospital officials should join their nurses' unions and the district attorney in recognizing the threat unruly, sometimes violent, patients pose to those working in their emergency rooms.

A story Monday by Jill Harmacinski detailed the hazards inherent in working in a place which, by its very nature, is suffused with stress and trauma.

The majority of those who visit local emergency rooms want only to be diagnosed and, if possible, have their suffering relieved. And by all accounts the doctors and nurses at the hospitals in Salem, Beverly and Peabody are more than equal to the task.

But these ERs also see their share of those who are under the influence of alcohol or drugs or are in a violent state of mind. And as happened with nurse Charlene Richardson, who has toiled for 13 years in Beverly Hospital's ER, their behavior can turn assaultive. Now she's doing her part to help focus public attention on the dangers unstable patients pose to emergency personnel.

Unfortunately some employers, including Richardson's, seem reluctant to acknowledge these threats. While Richardson is willing to testify in great detail about the May 2003 incident, which resulted in a 50-year-old Salem man being sentenced to 18 months in jail for indecent assault and battery, Beverly Hospital's only response was to issue a two-sentence statement praising the ER staff.

Other nurses have reported similar problems in getting their administrators to take these problems seriously.

But now nurses have a powerful ally in the person of District Attorney Jonathan Blodgett, whose mother worked as a nurse at Salem Hospital and thus is personally familiar with the hazards of the job. Given the normal hazards of working in a hospital environment, Blodgett told those attending a Massachusetts Nurses Association seminar in Middleton recently, ER employees should not have to put up with violent behavior either in the waiting area or treatment rooms.

There is, of course, no way to anticipate every physical outburst or keep every suspicious patient under guard. But simply acknowledging the problems, then soliciting the advice of those on the front lines on how to deal with them, would be a good first step.

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In her own words: How ER assault has changed RN Charlene Richardson's life, work

By Charlene Richardson, RN

Since the story of my March 2003 indecent assault was published in *The Salem News*, I have been overwhelmed by the public response and the questions I have been asked in regards to this incident. Most people are quick to say they are impressed with the article, yet wondered after reading it how this incident has impacted me and affected my life both personally and professionally.

Since then, I have taken extensive time to think about how to even begin to answer these complex and difficult questions. Most times I find myself unable to find the words to describe the turmoil this incident has caused in my life and the impact it has had on me. In searching for the right words, I have been told by my closest friends and support systems to "search my soul" and the words will follow. While trying to follow this advice I came to the realization that an incident of this magnitude is more traumatizing than any words could ever express. I have also come to the realization that such an experience can rob you of your soul.

I became a nurse to help people and working as an ED nurse was always a dream for me. For nearly 12 years I functioned in this role and although ED nursing is a stressful career, I welcomed each new day and enjoyed the challenge that came with the profession. As ED nurses we must be skilled and ready for anything to happen in a moment's notice.

Job includes violent patients

Unfortunately our job includes taking care of violent patients; those who sometimes assault. There are people who present to the

Support of a co-worker after an incident is crucial. It can make or break the victim.

ED for legitimate help with their illnesses and I have always felt more than up to the task in those circumstances. However, many people present to the ED with the primary intention to be disruptive and maybe even violent to the ED staff and other patients or visitors. With this in mind, nurses are often put in a situation of being on the "front line" without the adequate support and resources to keep us safe.

My incident has been completely life altering. I no longer work in the ED, something that was always my dream and that I dearly loved. And it has left my husband married to a completely different person, one who he describes as "not being a whole person anymore." This is emotionally distressing because I know he is right. I have feelings about this incident that I am unable to convey, even to him. How do you tell the most important person in your life that you feel destroyed by one 90-second violent incident? It is especially hard since he works in law enforcement and prides himself on putting such criminals away where they belong. I guess the bottom line is that admitting to my peers how deeply this episode hurt me—more deeply than I ever thought I



RN Charlene Richardson at an MNA workshop on violence held last October listens to keynote speaker District Attorney Jonathan Blodgett.

could hurt—was more than I could bear. Perhaps admitting this to my peers was so hard because I was their leader for so long. However, even leaders bleed when cut.

Since this incident I have to kick-start myself daily where previously I was a generally happy and energetic person. I fight every day to find the "pre-incident me" as I continue in my multiple roles as nurse, wife, mother, daughter, grandmother, and friend. It is grueling to rise each day and look in the mirror only to see myself as someone's victim. Friendships become altered due to lack of understanding of a normal post-traumatic response. An incident like this is haunting and causes sleepless nights, restlessness, and generalized feelings of insecurity in all aspects of life. Life stays disrupted long after the bruises are gone...and the scars last forever. There is no longer any sense or feeling of security or safety.

Incident opened my eyes

This incident has opened my eyes on many issues and given me a better understanding of certain things. I now completely understand why sexual assault victims refuse to move forward with prosecution of their assailant. The legal process is long and exhausting

and with that comes the judgment of many and lack of understanding due to ignorance of the situation. I have yet to understand the present mentality that suggests it is reasonable for nurses to be abused in any way or form by patients or visitors since we are in this job to help them. This present mentality insinuates that if this occurs while we are on the job "it is OK" because the patient is a "customer" and that our choice of occupation makes us second class citizens.

I rise daily to ask myself these same questions: How did this whole incident become about anything else except me being a victim to a brutal felony crime? How can I be judged by some who actually believe what happened to me was OK because of my choice of occupation?

No support or counseling

I would love to say my employer was one who took this issue seriously and the necessary steps to provide me with the professional support and compassionate care that victims of such trauma deserve, but my employer didn't do that. Instead, just the opposite occurred. I was never provided support or counseling, and no one ever even said "we're sorry this happened to you." When I finally decided to share

my story through activities sponsored by the MNA and in the media, I was made to feel intimidated by my employer and asked to sign a document pledging me to remain silent. I was made to feel as if I had done something wrong and that I was making things worse by trying to protect myself and other nurses in my department.

This incident has also opened my eyes to the reality of normal post-traumatic response and the effect that an inadequate response can have on the victim. I now realize without the proper support systems in place, a victim's recovery from an incident can be prolonged. Luckily, I have special friends I have been able to lean on to support me during this most difficult time.

Now, I am speaking out to let other nurses know that it hurts intensely when a victim of violence does not receive the support needed after such a critical incident. Every word said to the victim post-incident is critical since any negative comment will reintroduce trauma and re-victimize the victim. Most days, just when I think I have cried my last tears over this issue, I am surprised at how I become re-victimized. The pain is as fresh as it was immediately following the incident.

In my case an ounce of compassion would have gone a long way. Support of a co-worker is crucial post-incident. It can make or break the victim.

This is written in hopes of saving any nurse from ever having to endure such a deplorable incident. And if they do suffer

My incident has been completely life altering. I no longer work in the ED, something that was always my dream and that I dearly loved.

workplace violence, it is my hope to help ensure the victim is treated with the compassion and respect so rightfully deserved. All nurses need to reach out to and support their colleagues who are victims of assault.

MNA legislation must pass

The MNA has filed legislation to make it mandatory that every hospital have a plan in place to prevent workplace violence from occurring, to educate all employees about the issue, and to offer a system of support and counseling for those who are impacted by workplace violence. We need to make sure this law is passed.

Fortunately, I know in the grand scheme of things I have won and the commonwealth doesn't share the opinion that I am a second class citizen because of my occupation. Furthermore, my assailant received the maximum penalty allowed in this state. Justice prevails and so does the truth. Yet sometimes the right path isn't always the easy path and as tough as this has been for me I can look into the mirror and see myself with a free conscience. So the moral of the story is, sometimes it's just about doing the right thing. ■

Protect Yourself/Tips

Program offers self-defense basic tactics

The Rape Aggression Defense System (R.A.D.), a nationwide program that provides realistic self-defense techniques for women, is currently being offered through the Beverly Police Department.

"For those living in areas other than the North Shore, just contact your local police department to locate where the closest course to you is being held," according to Beverly Police Officer Brian Long, who is now accepting applications for a no-cost class slated in April.

The R.A.D. System is a comprehensive course for women. It begins with awareness, prevention, risk reduction and avoidance then progresses to the basics of hands-on defense training. Not a martial arts program, R.A.D. has gained national acceptance mainly due to its ease, simplicity and effectiveness. It provides a woman with the knowledge to make an educated decision about resistance and instructs participants on effective options for self-defense and psychological well-being.

"The focus is risk avoidance," said Long. "We teach students how to protect themselves in and outside the home and how to modify lifestyles to avoid issues of safety."

Identified as a "confidence building course," the R.A.D. system "makes you safer than you were and teaches you how to be aware of your surroundings."

To sign up for the Beverly class, contact Long at 978-921-6040, ext. 550.

For more information on the R.A.D. program, visit www.rad-system.com. ■



VNA of Boston: 'They know we need to be safe'

"The streets change when it gets dark or when the weekend comes around," is how Sandy Grant described the inherent conditions of work as a registered nurse with the Visiting Nurses Association of Boston (VNAB).

"There is an escalation of violence in the city particularly in the summer and fall months, but problems can occur outside higher crime areas and sometimes just have to do with one patient, not the environment," said Grant, with VNAB for the past ten years. "But management has heard us and there is a heightened awareness and concern for our safety."

That increased awareness and concern has translated into new contract language relative to security, a more active Safety & Security Committee, cab availability and two-way radios for staff working in "high crime" areas. Moreover, a stronger working relationship with Boston police is now in place. VNAB is also in the process of upgrading its phone plan to ensure that all staff members have cellular phones. Meanwhile, monthly reimbursement is provided to all who use their own cell phones.

The oldest Visiting Nurses Association in the country, VNAB employs 450, including 170 nurses who in the year 2003 served 15,000 patients throughout Boston and surrounding communities, including Somerville, Quincy and Braintree.

"There are a number of issues a visiting

nurse might have to deal with, including going into homes where there is no phone," according to Grant, vice chair for the Hyde Park office union whose active involvement on VNAB's Safety & Security Committee is in part borne of personal experiences while on the job.

"Personally, I have had to call 911 when I was with one diabetic client who was high on drugs and having hallucinations," she said. "I was with the same patient at a different address when the police conducted a drug raid on the floors above and below us. Both were frightening experiences. Nurses know there is always a risk, but if we keep things in the forefront, everybody stays aware."

While VNAB's security committee has been long-standing, it recently combined with the facility's safety committee and has become more active due to increased crime within the areas its personnel enters. As a result, cabs are available in high crime areas for those on the evening team, and said Grant, "there is now a stronger emphasis for cabs during the day."

"Our executive committee works closely with management," said Grant, noting positive implementations, including screening patients of violent crimes prior to their being accepted as clients and establishing security alerts for nurses entering at-risk areas where an act of violence was recently committed.

Annamarie Martin, district director at VNAB's Charlestown office said VNAB

management is committed to ensuring personnel's safety.

"We ask the clinician to leave a situation if they feel compromised," said Martin, co-chair of the Safety & Security Committee. "While an issue could be environmental, sometimes it's related to the client's home. It could be a family member who may become agitated, or it could be a neighborhood issue, such as youths on the street during the summer."

The 10-member committee, which includes a former Boston police officer, asks personnel to report all incidents so they can be analyzed for trends.

"We also conduct incident de-briefing because sometimes a clinician is in an area where their safety is at risk and they don't realize it; it doesn't hit them immediately," said Martin. "VNAB also holds educational safety workshops at least once a year. Making sure our staff is safe is on-going. You can never stop working at it."

Cathy Regan, bargaining unit chapter chair and a member of the VNAB staff for the past 20 years applauded the "increased communication between staff and management."

"It has come over a course of time and now there is more standardized language in the contract," said Regan, in reference to a December 2004 contract insertion that states, "Management and staff are committed to open communication about security concerns. Staff will immediately notify a



RN Marie Dupont, a member of VNAB's Hyde Park office staff, gets into a cab en route to her rounds.

Protect Yourself/Tips

Violent incidents defined

The following brief "dictionary" of violent incidents is re-printed with the permission of the Office of William R. Keating, the district attorney for the Norfolk District. This excerpted series of legal definitions was used during an MNA conference on Workplace Violence and Abuse Prevention.

Assault

There is no statutory provision defining assault; assault is defined in the common law as an attempt or offer to do bodily harm to another by force and violence. Another manner in defining assault is that assault is an attempt or immediate threat to commit a battery. However, an attempt or threat to commit a psychological harm does not constitute an assault.

Battery

Criminal battery consists of harmful or offensive touching. Every battery includes an assault. The two types of batteries must be distinguished because of the issue of consent. Physically harmful batteries are unlawful regardless of consent. Such batteries are those that include touching where "bodily harm is likely to result." It is notable that consent is also immaterial to charges of assault and battery with a dangerous weapon, because such weapon necessarily entails bodily harm. However, for batteries that are only offensive, the commonwealth must prove non-consent as an element of the offense. This is so because "an offensive touching is so only because of lack of consent. The affront to the victim's personal integrity is what makes the touching offensive."

Bullying

The term "bullying" appears to be more of a descriptive term rather than a legal term. A search of Massachusetts cases, statutes, and administrative codes, as well as legal dictionaries and legal reference material, fail to produce a definition or relevant discussion of the legal elements of "bullying."

Threats

A threat to commit a crime is a crime in Massachusetts. However, the term "threatened" is not defined by that statute. Case law defines the elements of threatening include "an expression of intention to inflict a crime on another and an ability to do so in circumstances that would justify apprehension on the part of the recipient of the threat." There needs to be more than a mere expression of intention. It is not absolutely necessary that the threat be communicated directly to the victim, in some cases the threat may be communicated by a third party to the intended victim. In this circumstance the commonwealth must prove among its other burdens that the defendant intended to communicate the threat to the third party acting as intermediary. This burden is "onerous" where the third party is an eavesdropper. ■



designated manager on each shift of safety concerns in the field. The VNAB designated manager will be responsible for disseminating information that may affect overall staff safety as appropriate."

"Management is committed to keeping the nurses safe," said Regan. "Things seem to be working out."

Grant echoed that sentiment.

"I've seen a true vested interest in staff's safety," she said. "Management knows we need to be safe and it is acknowledging that 100 percent." ■

...ER violence

From Page 8

man Arthur Bowes. He said any employee assaulted there would be offered immediate medical attention and followup counseling.

"We'd provide as much support to the employee as possible," Bowes said.

Learning to help

Evelyn Bain, the nurses association occupational health and safety specialist, said support after an assault can be the key to helping nurses cope.

Even if an assault causes no serious physical injury, she said, it can be "psychologically traumatic."

And too many nurses, she said, complain that after a violent episode, the hospital administration turned its back on the victim.

"No one said they were sorry. No one told them they didn't deserve this," she said. "That's a very comforting and very important thing someone can do."

Bain has interviewed nurses who have been sexually assaulted, held hostage, intimidated by patients' family members and even saw fellow hospital workers get shot. Nurses who have been attacked often prefer to talk

anonymously. Hospital administrators, in large part, are also very hesitant to address the issue, she said.

Bain traces the problem in part to poor staffing levels for both nurses and security guards at hospitals. At the same time, she said, "society has become more violent. There are more drugs around, and handguns are more available."

But denial is not helping anyone, she said. "Hospitals today are convinced they are hotels," she said. "They have a hotel focus. And no one tells you when someone is assaulted in a hotel."

Charlene Richardson said the assault has made her a more cautious nurse. At the same time, the experience has shaped her future. She now wants to pursue a second career in legal nursing and hopes to become a safety advocate for others in her profession.

"We are on the front lines without guns, bulletproof vests and Mace," she said. "We are out there trying to help. When did it become OK to hit or beat us?" ■

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A history of activism and accomplishment

The MNA Workplace Violence and Abuse Prevention Task Force



Evelyn Bain

By Evie Bain
Health & Safety Program Coordinator

- Feb. 24, 2000: Task force organized by Karen Higgins, chairperson for the MNA Cabinet for Labor Relations. "We are here in response to all incidents, but the catalyst was the episode in Quincy related to a violence episode that when the nurse pressed charges, the magistrate said, "It was part of the job."
- May 30, 2000: Task Force members addressed by Trooper Linda P. Orlando, Massachusetts State Police, Michael Jackman, office of District Attorney William Keating, Jim Thomas, captain of detectives, Weymouth PD and Jan D'Allessandro RNC, BS on short- and long-term resolutions for the problems being faced. Mission statement adopted.
- November 2000: Seven members attend meeting with Justice Barbara Dortch-Okara, chief judge of the Trial Court. Members testify on workplace violence before the Massachusetts Legislative Nursing Commission.
- January 2001: Bills on workplace violence prevention and accountability filed with the Massachusetts Legislature: Pension parity for Unit 7 members; safe staffing; felony to assault a healthcare worker; and violence prevention programs and employee counseling following assault.
- March 21 2001: MNA Lobby Day. Workplace violence is the topic. MNA members featured in a story in Revolution magazine.
- April 20, 2001: "In healthcare or anywhere, violence is not part of the job," educational conference, in conjunction with AFL/CIO Worker Memorial Day, held at MNA headquarters; 65 attended and TV and radio coverage provided. Members testify on assault and violence prevention and education bills.
- May 2001: "Workplace Violence, Prevention and Intervention" brochure ready for distribution.
- May 2002: MNA regional workplace violence education programs begin in three parts; nurses who are injured, the local district attorney and OSHA.
- June 2002: "Top Ten Actions Following an Assault" ready for distribution.
- September 2002: Japanese nurses visit to share concerns about workplace violence in healthcare settings.
- January 2003: OSHA complaint filed relative to workplace violence against MNA members. Massachusetts Office of Victim Assistance (MOVA) representatives visit task force meeting.
- April 2003: Task force members speak at UMass Lowell NIOSH-sponsored educational conference on issues of workplace violence.
- June 2003: Members learn of technique to aid victims of violence and post traumatic stress disorders after violence—Eye Movement Desensitization and Reprocessing (EMDR).
- October 2003: Members participate in focus group for research project at UMass Lowell; promoting safe and healthy employment in healthcare, PHASE.
- January 2004: Workplace violence and abuse survey developed cooperatively with the UMass Amherst and distributed to three MNA hospitals.
- February 2004: Members participate in two focus groups at Suffolk University Law School on bullying in the healthcare system. Abuse prevention added to the title of the task force and all its activities.
- April 2004: "Workplace Violence and Abuse, Changing the Culture that Allows it to Continue" is the second day-long educational session developed and presented by the Task Force members with 64 people in attendance. Workplace violence and abuse prevention position statement ready for distribution.
- August 2004: A well-deserved summer outing.
- January 2005: Attorneys Christine Pulgini and Lori Harling visit to discuss issues of workers' compensation.
- February 2005: Chris King, RN, student at Regis College, will do an internship at MNA health and safety program and focus on issues of workplace bullying.
- *And they are not through yet!* ■

Two bills call for prevention, punishment

Legislation to address workplace violence and abuse prevention

By Evie Bain
Health & Safety Program Coordinator

Members of the MNA Workplace Violence and Abuse Prevention Task Force have again submitted legislation to address issues of concern. Two bills have been filed that would require employers in healthcare settings to develop violence prevention programs and would assure that perpetrators of such violence be charged with a felony.

Late shifts vulnerable

Task force members are aware from narratives told by (nurse) victims of such violence, that often their perpetrator had a history of violence, had threatened to attack and had planned out the attack in a systematic fashion. Events often occur on late shifts where

there is minimal staffing, where patients and visitors are under the influence of alcohol or drugs and/or security within the facility is minimal or poorly prepared.

Legislation calls for prevention

The first bill outlines an act requiring health care employers to develop and implement programs to prevent workplace violence. It moreover requires employers to assess their facilities for certain risks related to violence, develop and implement programs to minimize these risks and train and educate employees on appropriate responses to escalating violence. It also calls for a system for the ongoing report and monitoring of these events. The bill requires development of an in house crisis response

team and other forms of crisis intervention to help prevent employees affected or injured by violence from developing post incident stress disorders. The bill carries a fine of not more than \$2,000 for employees who do not follow the requirements of the legislation.

The second bill notes: An act relative to assault and battery on health care providers calls for punishment of whoever commits such an act to imprisonment in the house of correction for not less than ninety days nor more than two and one-half years or by a fine of not less than \$500 or more than \$5,000 or both.

These bills did not have numbers or committee assignments at the time of deadline for this issue of *Massachusetts Nurse*. ■

By Chris Pontus

Would you or your co-workers like MNA staff members to come to your facility or region with a program on workplace violence?

The Health and Safety Program at MNA currently has two different types of programs related to workplace violence, both of which can be facilitated on your site.

The first program offers 2.0 contact hours and is called Workplace Violence: Assessment, Prevention & Response. It features speakers, including a nurse who was injured or assaulted during an act of violence and representatives from both the county district attorney's office and local police department. In addition, the MNA health & safety program staff introduces Occupational Health and Safety (OSHA)

guidelines for preventing workplace violence.

The second workplace violence educational program offered by MNA at your facility is a one-hour presentation called Recognizing and Reporting Workplace Violence. This program is also presented by Evie Bain with a greater focus on prevention and reporting aspects. OSHA is discussed in more depth as is the in-place reporting mechanism that should be followed after an incident. This program is offered as a stand alone presentation or can be combined with another educational presentation.

For more information on these and other educational programs offered through MNA contact Chris Pontus at 781-830-5754 or e-mail cpontus@mnarn.org ■

MNA offers workplace violence programs available in all regions

Safety Tips



What are the risk factors for violence?

The risk factors for violence vary from hospital to hospital, depending on location, size and type of care. Common risk factors for hospital violence include the following:

- Working directly with volatile people, especially if they are under the influence of drugs or alcohol or have a history of violence or certain psychotic diagnoses.
- Working when understaffed; particularly during meal times and visiting hours.
- Transporting patients.
- Long waits for service.
- Overcrowded, uncomfortable waiting rooms.
- Working alone.
- Poor environmental design.
- Inadequate security.
- Lack of staff training and policies for preventing and managing crises with potentially volatile patients.
- Drug and alcohol abuse.
- Access to firearms.
- Unrestricted movement of the public.
- Poorly lit corridors, rooms, parking lots and other areas. ■

Workplace violence prevention and intervention: Being assaulted is NOT part of the job no matter where you work

Mission statement

The mission of the MNA Workplace Violence and Abuse Prevention Task Force: In order to eliminate violence, there must be awareness that the problem exists. Education of nurses, health care workers and administrators is necessary. Prevention programs that address the violence continuum are essential. Efforts must be directed at legislators, members of the judiciary and society at large to assure the safety of all health care workers. The task force advocates a zero tolerance policy for violence in health care settings.

MNA workplace violence task force members recognize more:

- patients under the influence of drugs and alcohol
- children and adolescents presenting with aggressive behavior
- weapons seen in the emergency department

while recognizing fewer placement options for:

- detoxification from drugs and alcohol
- adolescents and children needing psychiatric treatment

Workplace violence is not uncommon in health care settings

From 1992 to 1996 non-fatal assaults on nurses, others in health care and mental health settings were similar in frequency to those in law enforcement, well over 200,000 annually. Annual average assaults in health care settings included 69,500 nurses, 24,000 technicians, 56,000 other health care workers and 10,000 physicians. In mental health settings 50,300 assaults were reported on professionals, 43,500 on other workers and 8,700 on workers in custodial positions¹.

Workplace violence is a crime

Nurses and other health care workers who are assaulted at work have the same rights as workers assaulted on the job in any other work setting. You are entitled to file a police report to assure the incident is investigated by police with follow-up in the courts when indicated.

The victim may file a report at the police department or the District Court of jurisdiction. According to the Massachusetts Office of Victim Assistance, cases come into the criminal justice system in several ways, including police complaints, citizen complaints and indictments. Police complaints are issued by a clerk magistrate in District Court based on information supplied to them by police officers. Citizen complaints are also issued by a clerk magistrate in District Court but are based on information provided by both the victim and the defendant.

Definition of workplace violence

Violence in the workplace is best described as existing on a continuum from verbal/emotional abuse to physical assault and homicide². In health care settings, workplace violence can be perpetrated by patients, families, friends, visitors, co-workers, physicians, supervisors and managers.

Myths that nurses believe about Workplace Violence in healthcare settings:

- "The nurse must have done something to provoke the attack."
- "It can't happen here, or it won't happen to me."
- "It's part of the job."
- "Patients aren't responsible for their behavior."

Recognizing a violence prone workplace³

- prevalence of handguns as weapons

among patients, their families or friends

- increasing use of hospitals by police and the criminal justice system for criminal holds
- care of acutely disturbed, violent individuals
- unrestricted movement of the public in clinics and hospitals
- long waits in emergency or clinic areas
- low staffing levels during times of specific increased activity
- isolated work with clients
- solo work in remote locations
- lack of training in recognizing and managing hostile and assaulting behavior

Actions following an assault

Steps to follow: While there is no clearly defined process for the victims of violence, the Task Force has identified certain steps that

should take place. The sequence of these steps depends on the individual situation.

- Report any impending and actual acts of violence at work to your supervisor, regardless of who is the victim and whether or not there are injuries. Reports must be written as well as verbal.
- Call the police immediately. If necessary file a police report as soon as possible. Take someone with you when you file the police report, preferably co-workers who are familiar with the event.
- If the assault is from a patient, document the patient's behavior in the nursing notes. This is the most essential legal documentation.
- Seek medical attention even if there are no "obvious injuries," be sure to document any physical injuries and your emotional state. Follow the health care provider's recommendations for treatment and work restrictions.
- Request and participate in Critical Incident Stress Debriefing (CISD). CISD is essential following a violent episode.
- Co-workers who witness assaults must be included in CISD.
- Keep a diary of the progress of treatment, discussions related to your injuries and the progress of any claims for Workers' Compensation.
- Ask for and retain copies of all Workers' Compensation, incident, medical, injury and insurance reports that relate to the event and your treatment.

Show that you care

- Encourage the assaulted co-worker to:
 - report the incident
 - talk about the incident

You can also help by

- deflecting self blame
- providing non-judgmental listening
- helping with police reports
- keeping in contact by phone or visiting
- assuring that the Steps in Actions are followed

What can the union do to help victims of workplace violence?

- Plan a system for addressing Workplace Violence. Use the Actions Following an Assault steps as the basis for planning your system.
- Help your co-worker through the steps.
- Advocacy may be needed to obtain copies of reports.
- Designate someone to keep in caring and concerned contact with your injured colleague.

Personal safety tips

- Use the buddy system if available or develop your own.
- Don't carry keys, pens, jewelry or other items that could be used as weapons.
- Don't wear items around your neck that could be used against you in confrontational situations.
- Make sure that nurses and physicians are not alone when performing intimate physical exams on patients.
- Attend classes in self defense and crisis intervention when available.

What can the union do to prevent workplace violence?

- Promote zero tolerance for workplace violence.
- Create and maintain a safe work environment as well as the prevention and response for workplace violence.
- Make workplace safety and health a priority and standing item for committee and labor management meetings.
- Maintain union presence on hospital safety committees.
- Learn the employer's policy and procedure for violence and harassment and educate self and members.
- Accompany victims when they are filing police reports. Accompany them during police and court proceedings.
- Introduce the OSHA Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers to management as the basis for violence prevention activities.
- Identify a Critical Incident Stress Debriefing Resource that can be accessed whenever needed. ASAP is a formalized support system that can be implemented in a facility.
- Develop a buddy and escort system to protect workers in remote areas and parking lots.
- Anticipate "slip ups" in the Workers' Compensation process and advocate for the injured worker.
- File grievances.
- Encourage the development of support groups for injured workers.
- Report on activities in local unit newsletters, especially the progress toward prevention.

Protect Yourself/Tips

Resources for nurses

- *In the Aftermath of Crime—A Guide to Victim Rights and Services in Massachusetts.* Cambridge Street, Boston, MA 02201, 617-727-5200
- *Guide for Victims and Witnesses,* William R. Keating, Norfolk County District Attorney, 781-830-4800
- Local police departments
- County district attorney
- Massachusetts Nurses Association, Injured Nurses Network, 340 Turnpike Street, Canton, MA 02021, 781-821-4625, x776
- Victim's Bill of Rights, Massachusetts General Laws Chapter 258-B
- Resources for union committees or employers who are developing workplace violence prevention programs
- Critical Incident Stress Management, Western Massachusetts Emergency Medical Services, 413-586-6065
- International Critical Incident Stress Foundation, Inc. @ www.icisf.org/cis.html
- Guidelines for Preventing Workplace Violence in Healthcare and Social Service Setting, U.S. Department of Labor, OSHA, available at www.osha.gov
- Massachusetts Division of Occupational Safety. A state agency that utilizes OSHA guidelines to address safety and health concerns, including workplace violence, to protect workers in state facilities. 617-969-7177

References

1. Bureau of Justice Statistics, Special Report: National Crime Victimization Survey, Workplace Violence, 1992-96, Revised 7/28/98 - www.ojp.usdoj.gov
2. Illinois Nurses Association Position Statement on Workplace Violence, Illinois Nurses Association, 1995
3. Guidelines for Preventing Workplace Violence in Healthcare and Social Service Setting, U.S. Department of Labor, OSHA, available at www.osha.gov
4. Western Massachusetts CISD Team, c/o WMEMS, 7 Denniston Place, Northampton, MA 01060, www.wmems.org/cisd.htm



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

Members of the Workplace Violence and Abuse Prevention Task Force

By Evie Bain

Most members of the Task Force come from acute care settings, while others represent the specialties of psychiatric nursing, emergency nursing and community settings such as group homes. Their common goal is to reduce the incidence and frequency of violent events against staff in all healthcare settings and to educate nurses and others about their rights if they are assaulted. Following is an introduction to the Task Force members:

Rosemary O'Brien

Rosemary O'Brien is the chairperson of the Task Force and became interested in it after learning about the problems her peers were having at work. O'Brien has been a member of the Task Force since its' first meeting in 2000. She has worked on legislative initiatives and has been influential in bringing workplace violence to the attention of legislators and governmental officials, particularly Norfolk County District Attorney William Keating. She believes education and support for members are the most important accomplishments of the Task Force. Currently, O'Brien is interested in developing legislation that would require healthcare facilities to receive information about aggressive and violent patients and share that information with caregivers.

Chris King

Chris King is the newest member of the Task Force. She joins the group as a nursing intern with the MNA Health and Safety Program. King is interested in workplace violence as it affects residents and workers in long term care settings. She learned of the Task Force's work through a nursing colleague who has been involved for several years. She believes the most important work of Task Force members is as outreach sources for nurses dealing with violence in the workplace.

Susan Vickory

Susan Vickory is a nurse on acute psychiatry. A few years ago she noticed increasing incidents of assaults on staff. Two of her colleagues wanted to file criminal charges against the patient/perpetrator and were successful with the court system. Then, Vickory saw the *Massachusetts Nurse* and read about the Task Force. She felt she could learn more about other nurses' experiences and make a contribution if she joined. Vickory developed and presented a paper outlining the process for nurses to follow when filing criminal charges against a perpetrator. She has presented at continuing education programs and orientation in her workplace for new staff based on knowledge gained from working with the Task Force.

Rosemary Connors

Rosemary Connors came to the Task Force after becoming concerned for the safety of patients and staff at her workplace. As a result of her membership on the Task Force, she has

been able to address issues of workplace violence and support her peers in the day-to-day realities at work. Connors is appreciative of the approach Task Force members take as they address the many facets and depths of issues violence and abuse presents to nurses and others. She is of the opinion that victims' stories drive the work of the Task Force and that members' response to victims and the subsequent support provided is rewarding.

Mary Bellistri

Mary Bellistri became involved after a nurse who was injured by a patient went to court and was not taken seriously by the clerk magistrate who thought the violence was "part of the job." As a result of her years as a member of the Task Force, Bellistri has become more of an activist. She believes the most important activity of the Task Force is getting the message out that "in healthcare or anywhere, violence is *not* part of the job."

Harumi Mihara

Harumi Mihara is interested in workplace violence prevention in her work setting. She is also involved in spreading the word about the work of the Task Force to nursing students who visit her from Japan. She brings Japanese nurses and nursing students to Boston to further their studies. They frequently attend Task Force meetings while in the area. One group shared their violence prevention activities through a Power Point presentation, translated for us by Mihara.

Marcia Robertson

Marcia Robertson came to the Task Force upon the suggestion of a member, following a violent event. She believes the emotional support given to injured nurses who are survivors of violence at work by Task Force members is invaluable to their emotional healing. According to Robertson, the Task Force has brought the issue of workplace violence in hospitals out into the open and has kept the focus on the issue to ensure that changes are being made. She would like to see language relative to workplace violence and abuse in collective bargaining contracts for MNA members.

Noreen Hogan

Noreen Hogan joined the Task Force after a co-worker on a child/psych unit was severely injured in a violent incident and was out of work for six months. She had been assaulted herself on several occasions and unsuccessfully tried to convince hospital management and her co-workers to form a coordinated response to these incidents. Hogan eventually left that hospital, due in part to her frustration over the lack of response received on the issue of violence in the workplace from management and colleagues. Another co-worker had read about the Task Force and recommended that Hogan join. Hogan believes the most important work the group and MNA

have accomplished is taking a stand through the Workplace Violence and Abuse Prevention Position Statement. The support of nurses injured by violence is also a valuable activity to which members of the Task Force are committed.

Kathy McDonald

Kathy McDonald notes that she became interested in the Task Force because so many staff members on her unit (med/geri/psych) were assaulted by patients, in addition to there being a few incidents of assaults and threats from family members. According to McDonald, "We didn't know our rights, we had trouble sorting out whether it was our fault, we didn't know the law and we didn't know where to look for support. I don't think that our managers and administrators understood how pervasive and upsetting the violence was. We didn't have a mechanism to let staff know which patients were dangerous." Changes have come about on the unit, she said. "Now we use the "precautions" section of the nursing assessment/care plan to flag patients who are assault risks and we note in the care plan what precipitates aggression. How to approach the patient is also noted in the care plan. Our unit is doing a better job of helping staff when we get threatened or assaulted, although we are still underreporting." McDonald has spoken to nurses on other units about the MNA Top Ten list (What a nurse should do following an assault) and ways the Task Force and MNA representatives can be helpful. "My best moment was when one of our per diem nurses told me she had used info from me when a physician at one of her other jobs had tried to intimidate her and she reported him to administration and got a lot of support." McDonald added, "All the Task Force members and staff are a great group of people and a pleasure to work with!"

Kate Opanasets

Kate Opanasets was very closely involved with an event of violence in the ER where she worked. She joined forces with her colleagues and the MNA to file an OSHA complaint related to the incident. As a result, she became frightened and felt traumatized and had to stop working in the ER. Opanasets sought out and found "refuge" in the Task Force. There have been changes in that ER, including placement of a permanent security guard during the night shift. The patient care area is permanently locked and staff uses a security code to enter and to allow visitors and family members to enter. Moreover, patients and visitors in the seclusion room must surrender their belongings. Nursing and security now collaborate to maintain safety. Opanasets believes the Task Force is a resource for nurses; a place to go if threatened or injured by violence. Those nurses who make use of the information provided by the Task Force and its' members soon learn that "nurses here know what you are talking about and that other professionals understand," she said. "I love the fact that it exists." ■

The result of workplace violence—critical incident stress

Tragedies, deaths, serious injuries, sexual assault, hostage situations and threatening situations are all common to workplace violence. These events are known as "Critical Incidents." Sometimes an event is so traumatic or overwhelming that significant stress reactions occur. A process known as Critical Incident Stress Debriefing (CISD) is specifically designed to prevent or mitigate the development of post-traumatic stress.

Recognizing critical incident stress: You may see signs and symptoms of critical incident stress in those who have experienced or witnessed workplace violence. Symptoms occur as physical, cognitive, emotional and behavioral and can be noted as:

Physical	Cognitive	Emotional	Behavioral
Chills	Confusion	Fear	Withdrawal
Fatigue	Uncertainty	Grief	Inability to rest
Nausea	Hyper-vigilance	Panic	Intensified pacing
Weakness	Poor abstract thinking	Depression	Hyper-alert to environment

Protect Yourself/Tips

If assaulted at work: 10 actions to take

1. Get help. Get to a safe area.
2. Call 911 for police assistance. Remember, it's your civil right to call police.
3. Get relieved of your assignment.
4. Get medical attention.
5. Report the assault to your supervisor and union representative.
6. Get counseling or assistance for critical incident stress debriefing (CISD) to address concerns related to post traumatic stress disorder (PTSD).
7. Exercise your civil rights. File charges with the police.
8. Get copies of all reports and keep a diary of events.
9. Take photographs of your injuries.
10. Return to work only when you feel safe and supported.



In collaboration with Mass. DPH

MNA offering bioterrorism preparedness modular presentation components

MNA in collaboration with the Massachusetts Department of Public Health is offering bioterrorism preparedness modular presentation components.

BT agent presentation

The presentation on bioterrorism agents will include a general overview of the Category A agents, including anthrax, botulism, plague, smallpox, tularemia, and viral hemorrhagic fevers. The overview will cover the characteristics of each agent, clinical description, reservoir, transmission, incubation period, infectious period, and general epidemiological features, such as the distribution or incidence in populations. The presentation will provide information regarding the reporting requirements and laboratory services available for confirmation. It will also identify the specific infection control measures for each agent, including the applicable isolation and quarantine requirements to contain person-to-person spread. The presentation will also identify the supporting role of the Massachusetts Department of Public Health in outbreak management. Educational materials, such as relevant fact sheets for each agent, will be distributed.

The specific objectives for the overview of bioterrorism agents are:

- Describe the properties that make infectious diseases likely agents of bioterrorism
- Describe the epidemiological characteristics of Category A bioterrorism agents (anthrax, botulism, plague, smallpox, tularemia, and viral hemorrhagic fevers)
- Describe reporting requirements and laboratory testing services for Category A agents
- Identify infection control measures for Category A agents
- Review the MDPH role in outbreak management

Presentation credits 1.5 CMEs and 1.8 nursing contact hours.

Mass dispensing clinic presentation

The presentation will include a general overview of mass dispensing clinics. The overview will outline the various types of mass dispensing clinics, their potential use, as well as examples of previously planned and operated clinics. The presentation will outline the necessary components of a mass dispensing clinic such as potential locations, staffing, supplies, and auxiliary operational needs. It will focus on assisting participants in identifying resources within their communities to develop and run a clinic. The

presentation will introduce the components of basic incident command as they apply to a mass dispensing clinic. Check lists for purpose of planning and implementing a mass dispensing clinic will be handed out to aid with the presentation.

The specific objectives for the overview of mass dispensing clinics are:

- State the need for a mass dispensing clinic
- Identify necessary components of a mass dispensing clinic
- Identify present resources available to operate a Mass dispensing clinic
- Identify potential community partners available to assist in planning and operation of a local mass dispensing clinic and discuss their individual roles
- Apply the principles of basic incident command during the operation of a mass dispensing clinic

Presentation credits 2.0 CMEs and 2.4 nursing contact hours.

Description of mass dispensing site: smallpox specific presentation

The presentation will include an overview including an outline of the current national and state smallpox preparedness program. It will outline the history of smallpox and smallpox vaccination. The program will review the principles of a mass dispensing site and the specific requirements of such a site with regards to smallpox vaccine administration. Participants will be instructed on pre and post event screening for smallpox vaccine administration, how to evaluate a vaccination "take" post vaccination, proper vaccination site care, and adverse events reporting. The presentation will review and provide hands on training with regards to smallpox vaccine administration and practice using the bifurcated needle. Upon completion, qualified participants will be certified in smallpox vaccine administration by the MDPH.

The specific objectives for the mass dispensing site: smallpox specific are:

- Discuss components of the current smallpox vaccination administration program
- Describe components of a mass dispensing site specific to smallpox vaccine administration
- Explain the screening procedures and contraindications for receiving the smallpox vaccine
- List adverse events to the smallpox vaccine
- Demonstrate care of the vaccine site
- Explain evaluation of the vaccine

"take"

- Explain vaccine storage and handling
- Describe the procedure for reconstitution of smallpox vaccine
- Demonstrate smallpox vaccine administration technique using the bifurcated needle

Presentation credits 2.5 CMEs, 3.0 nursing contact hours, and 3 EMT/paramedic credit hours.

Mass dispensing training exercise

Following the presentations on Category A bioterrorism agents and mass dispensing clinics, the presenters will conduct an interactive exercise that incorporates the principles of the incident command system (ICS) into mass dispensing clinic operations. To ensure a valuable take-home experience that is both practical and realistic, this exercise will utilize population data and local resources specific to the community. Following the exercise, participants should be able to effectively set up local emergency dispensing clinics in their communities.

The specific objectives for the training exercise are:

- To engage the audience in a discussion of the issues related to setting up emergency dispensing clinics, including the principles of incident command system and interagency communication
- To walk through the steps of setting up a mass dispensing clinic in a local community
- To provide participants with the take home tools they need to plan for a mass dispensing clinic in their communities

The learning outcomes for the training exercise parallel these objectives:

- Participants can describe the issues and challenges related to setting up local mass dispensing clinics, including the application of ICS structure in the clinic setting
- Participants can outline the necessary steps to operate a successful mass dispensing clinic in their local communities
- Participants can utilize the tools and templates provided in the training exercise to set up a successful mass-dispensing clinic in their communities

If interested in having one or more of these programs brought to your facility, contact Chris Pontus at 781-830-5754 or email cpontus@mnarn.org. ■

REGISTER NOW!



The PHASE In Healthcare Project at UMass Lowell presents its third annual occupational health and safety conference:

Worker Health and Safety in Healthcare: Learning from the Past, Best Practices for the Future

The conference will be held on **Thursday, April 28, 2005**, from 8:00 AM – 5:30 PM at the BU Corporate Education Center in Tyngsboro, MA.

The conference will feature panels on health and safety programs and on workplace ergonomics. You will hear about study results from the Promoting Healthy And Safe Employment (PHASE) in Healthcare research project, a five year study supported by the National Institute for Occupational Safety and Health. You will also learn about best practices in these areas.

Interactive breakout sessions on violence in the workplace, needle stick injuries, stress, return to work after an injury, OSHA standards for long term care facilities, occupational asthma, and diversity support for employees will round out the day.

Healthcare managers and supervisors, workers, union members, advocates, students, faculty and others interested in healthcare are encouraged to attend. This will be an enlightening event with many opportunities for networking!

UMass Lowell will offer continuing education credits for nurses and other healthcare professionals for attendance at this conference.

For more information call Petra Miesmaa at 978-934-4428, Petra_Miesmaa@uml.edu, or go to www.uml.edu/phase and click on "conferences".

We look forward to seeing you there!

This conference is co-sponsored by:



Additional sponsors:

Saints Memorial Medical Center • Elizabeth Seton Residence • Life Care Center of Nashoba Valley

This event is supported by a grant from the National Institute for Occupational Safety and Health (NIOSH) Grant #R01-OH07381-05, "Health Disparities Among Healthcare Workers."

Health & Safety Contacts

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

■ **Evie Bain, MEd, RN, COHN-S**
Associate Director/Coordinator,
Health & Safety
781-821-4625
eviebain@mnarn.org

■ **Christine Pontus, MS, RN,**
COHN-S/CCM
Associate Director, Health & Safety
781-821-4625
cpontus@mnarn.org

Join MNA for an exciting trip to the Italian Riviera!

Reserve Early • Space is Limited

Nov. 12–20, 2005: Italian Riviera, \$1569*

Join this wonderful nine-day, seven-night tour to the beautiful Province of Liguria, which is nestled along the Italian Riviera (north of Florence and south of Milan). You will enjoy a seven-night stay in a first-class hotel overlooking the azure Gulf of Spezia. The tour includes an extensive daily sightseeing program with three meals every day. During this vacation we will visit Portovenere, Genoa, Portofino, Cinque Terre, Carrara, Pisa, Sarzana, Pontremoli, Lerici, San Terenzo and Vernazza. The area's mild climate permits visits to these places all year long and our itinerary features short daily excursions throughout the magnificent countryside and along the beautiful coastal region. Don't miss this grand tour of the picturesque Riviera region.



To receive more information and a flyer on these great vacations, contact Carol Mallia at 781-830-5744 or via e-mail at cmallia@mnarn.org

* Prices listed are per person, double occupancy based on check purchase. Credit card purchase is \$30 more. Prices include air fare, hotel, transfers, tours and all meals. Applicable departure taxes are not included in the listed prices above.



Support the MNA Diversity Committee's Medical Missions Team

The MNA Diversity Committee is planning a Healthcare Missions trip, May 11–18, 2005 to the Dominican Republic. The plan is to work with Mercy Ships to set up and run a community based clinic that addresses a multitude of basic health needs and to also work alongside the ships' efforts.

The Diversity Committee is currently seeking nurses interested in joining the healthcare team. No experience is required and training will be offered. Interested individuals must raise their own funds for the trip, at a cost of approximately \$1,500 per person.

In addition to interested volunteers, the committee is seeking donations to cover the costs of the project. Those costs include medications and supplies. Donations of any amount will be gratefully accepted. For more information on becoming a volunteer or to donate, please complete this form:

- Please send more information about becoming a volunteer
- I am unable to volunteer but would like to assist the committee in fundraising
- Please accept my donation (make check payable to Mercy Ships)

Name _____

Address _____

City/State/Zip _____

Telephone _____

Email _____

Return to: MNA, c/o Carol Mallia, 340 Turnpike St., Canton, MA. 02021
For more information or questions, contact Carol Mallia at 781-830-5744 or cmallia@mnarn.org

MNA

MASSACHUSETTS NURSES ASSOCIATION

The Massachusetts Nurses Association joins MITSS to provide support for nurses as a result of an adverse medical event.

"To Support Healing & Restore Hope"

Program Mission/Philosophy

- We believe that nurses have a professional responsibility to support colleagues who have been affected by unexplained medical outcomes or adverse patient events.
- We believe that early support can lessen the emotional effects on the nurse clinician provider.
- **Are you a nurse who has been impacted emotionally by an experience associated with an adverse medical outcome?**
- **Would you like to talk confidentially to a MITSS therapist?**
- **Join in a peer-led support group?**
- **Would you like to join or participate in a structured support group led by an experienced psychologist?**

Medically Induced Trauma Support Services (MITSS), Inc. is a non-profit organization that supports, educates, trains, and offers assistance to individuals affected by medically induced trauma.

MITSS supports clinicians using the following resources:

- One-on-one interaction via phone
- Group sessions led by a professional facilitator
- Training for fellow survivors who would like to help others

MITSS Toll-Free Number 888-36-MITSS
MNA MITSS Referral Line 781-821-4625, x.770
MITSS Web Site <http://mitss.org>

This service is available to any R.N. in Massachusetts.



MNA Region 5 Notes

MNA Region 5: What is my money going to anyway?

Great question, let's answer it! Region 5 Council was created to promote professional development, support collective bargaining and engage in member advocacy on issues which members have deemed important. The council is composed of the elected local union leadership. Each Region 5 MNA union has a voice and vote on the council. Not all committees are sending representatives. Each Region 5 member pays \$30 a year to support Region 5. So where did it go in 2005?

We funded the following:

1. Building coalitions and member advocacy to pass An Act To Ensure Patient Safety, the right to health care under our state constitution and promotion of universal health care in the commonwealth by donating to:
 - Massachusetts Nurse PAC, \$15,000.
 - Campaign for Massachusetts Health, \$3,000.
 - Universal Health Care Education Fund, \$3,000.

- An Opinion Dynamics Research Study for the MNA Legislative Department to hone a message to the voters in 2005 to pass An Act to Ensure Patient Safety (safe staffing bill), \$21,000.
 - Massachusetts Ad Hoc Committee to Defend Health Care, \$3,000.
 - Massachusetts Senior Action Council, \$3,000.
2. Professional development and member support;
 - Massachusetts Nurses Foundation scholarships to benefit Region 5 members or their families, \$42,000.
 - Massachusetts Nurses Foundation 2005 Golf Tournament (Region 5 members and family golf for free, why aren't you going?), \$5,000.
 - Massachusetts Nurses Foundation 2005 Convention raffle, \$500.
 - MNA Nursing Department free CEU programs for Region 5

- members, \$30,000.
- Professional certification and non-MNA CEU program reimbursement for all MNA Region 5 RN and health care professional members up to \$30,000 in total for fiscal years 2005 and 2006. A limit of \$500 per member per year until the budget amount is exhausted.
- St. Elizabeth Hospital MNA local union sponsored CEU and dinner program in April 2005 open to all Region 5 members on addictions in the profession, \$1,000. (Any committee can get this assistance for a solidarity or member appreciation activity.)
- Cambridge Health Alliance MNA union committee CEU offering in May 2005 open to all Region 5 members, \$500.
- Boston VNA MNA union committee CEU program and breakfast \$1,200.

- A donation to the MNA Diversity Committee to defray the costs of Region 5 members participating in the Mercy Ship program overseas, \$3,000.
- Reimbursement for Region 5 members attending MNA Convention in 2005 \$12,500. (Why aren't you going?)

So the next time you hear someone say their union does nothing for them, hand them this article. Make sure your union committee sends a representative to the MNA Region 5 Council meeting so your dues can be used for what matters to you locally. For information call the MNA Region 5 office in Canton, leave a message and we will get back to you. If you don't know whether you are a Region 5 member, call MNA membership at 1-800-225-8076 to see if you qualify for any of these benefits.

And don't forget—all CE courses are free of charge to Region 5 members. ■

Free money available to MNA Region 5 members

Ever ask what your MNA Region 5 dues can do for you or your family? A great deal actually. The MNA membership created us to support professional development and collective bargaining. The Region 5 Council, composed of the elected chairs of each of Region 5's union committees, voted on February 16, 2005 to put the following money at your disposal and use. All you have to do is contact the Massachusetts Nurses Foundation (781-830-5745) to apply for one of the following scholarships (application deadline is June 1; scholarships are awarded at Convention in September):

Janet Dunphey Scholarship

- Five \$2,000 scholarships shall be granted for Region 5 members pursuing a BSN. Preference shall be granted to those pursuing a BSN, but those seeking advanced degrees in public health policy or labor relations shall be considered also.
- Three \$2,000 scholarships shall be granted to those

Region 5 members pursuing a MSN. Preference shall be granted to those pursuing a MSN, but those pursuing an advanced degree in public health policy or labor relations shall be considered also.

- Two \$2,000 scholarships shall be granted to Region 5 members pursuing a PhD in nursing or any advanced degree in public health policy or labor relations at any level. A preference shall be granted to the PhD applicant in nursing.

Regional Council 5 family scholarships

- Five \$2,000 scholarships for the child of a Region 5 member who is below the age of 25 and pursuing a BSN or nursing degree in an accredited AD program.
- One \$2,000 scholarship to the spouse of a Region 5 member pursuing a BSN or nursing degree in an accredited AD program. Degrees in public health

policy, health care professional tracts or labor relations shall be considered with a preference given to the nursing degree candidates.

- Five \$2,000 scholarships offered to the child of a Region 5 member who is below 25 years of age and pursuing any college degree program at any level in any course of study in an accredited program.

Apply to the Region 5 Council (781-821-8255) for reimbursement of CEU programs required for professional licensure renewals in the Commonwealth. MNA Region 5 member RNs and MNA Region 5 Health Care Professionals will be reimbursed 100 percent up to \$500 a calendar year in 2005 and 2006 until the budgeted \$25,000 is exhausted. Apply early.

Call the MNA Nursing Department (781-821-4625) to enroll in any one of the many MNA CEU/ACLS programs held in Canton or throughout the commonwealth for free if you are a Region 5 member. This benefit shall be offered until the \$30,000 is exhausted in fiscal 2005 and 2006. Enroll early. ■

Honor your peers with a nomination for 2005 MNA awards

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

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

For detailed information on selection criteria and to receive a nomination packet, call Liz Chmielinski, MNA Department of Nursing, 781-830-5719 or toll free, 800-882-2056, x719.

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

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

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

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

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

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

MNA Excellence in Nursing Practice Award: Recognizes a member who is a role model by contributing innovative, progressive ideas that serve to improve and

enhance clinical nursing practice, including precepting students or new staff nurses.

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

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

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

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

The nomination deadline is June 15, 2005. ■

Consent-to-Serve for the MNA 2005 Elections

I am interested in active participation in the Massachusetts Nurses Association

MNA General Election

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

**General means an MNA member in good standing and does not have to be a member of the labor program. Labor means an MNA member in good standing who is also a labor program member. Labor Program Member means a non-RN 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 31, 2005
Final Ballot: June 15, 2005

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 1 if none is received)
- Retain a copy of this form for your records.
- Form also available on MNA Web site: www.massnurses.org

MNA CONTINUING EDUCATION COURSES

Spring 2005

The Real Nursing World—Transition from Student to RN

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



Facilitator Carol Mallia, RN, MSN
Panel TBA

Date March 31, 2005: Marriot, Springfield
April 5, 2005: Crowne Plaza, Worcester
April 7, 2005: Lombardos, Randolph

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

Place (see above)

Fee Free to senior nursing students and faculty

Contact Hours * None

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

Diabetes 2005: What Nurses Need to Know

Description This program will discuss the pathophysiology and classification of Diabetes Type 1 and 2. Nursing implications of blood glucose monitoring and non-pharmacological interventions such as exercise and meal planning will be addressed. Oral pharmacological agents and a comprehensive update on insulin therapy will be presented. 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

Date April 14, 2005

Time 8:30 a.m. - 4 p.m. (*Lunch provided*)

Place MNA Headquarters, Canton

Fee MNA members \$125; all others \$150

Contact Hours * 7.2

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

Advanced Cardiac Life Support (ACLS)

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 class and a one-day recertification class. Recertification candidates must present a copy of their current ACLS card at the time of registration.



Speaker Carol Mallia, RN, MSN

Other instructors for clinical sessions

Date April 26, 2005 and May 3, 2005

Time 9 a.m. – 5 p.m. (*light lunch provided*)

Place MNA Headquarters, Canton

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

Contact Hours * 16 for certification only

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

Cardiac and Pulmonary Emergencies

Description This program 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 and ABG interpretation will be covered. Clinical management of respiratory distress will also be discussed.



Speaker Carol Mallia, RN, MSN

Date June 7, 2005

Time 5–9 p.m. (*light supper provided*)

Place MNA Headquarters, Canton

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

Contact Hours * 3.6

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

Cardiac and Pulmonary Pharmacology

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



Speaker Carol Mallia, RN, MSN

Date June 21, 2005

Time 5–9 p.m. (*light supper provided*)

Place MNA Headquarters, Canton

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

Contact Hours * 3.6

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

Congress on Nursing Practice

Offers free programs to regions, bargaining units, schools of nursing

Accept, reject and/or delegate an assignment: A guide for nurses

One hour, 1.2 contact hours

Medication errors: focus on prevention

Two hours, 2.4 Contact hours

For further information: Contact Dorothy McCabe, Director,
Department of Nursing. 781-830-5714 or dmccabe@mnarn.org

CONTINUING ED 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" 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" 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.

All MNA programs are free of charge to Region 5 members.

Scholarship funding available through the Massachusetts Nurses Foundation

Printable applications are available at www.massnurses.org. Application deadline is June 1, 2005.

For further information or to request an application, call the MNF Voice Mail at 781-830-5745 and leave your name (please spell), address and name of the scholarship application you would like mailed to you.

Janet Dunphy Scholarship

Funded by a scholarship established by Regional Council 5, scholarships are being offered to an active member in Regional Council 5 as follows:

- ◆ Five \$2,000 scholarships to those pursuing a BSN. Second preference to those seeking advanced degrees in public health policy or labor relations.
- ◆ Three \$2,000 scholarships to those pursuing a MSN. Second preference to those seeking advanced degrees in public health policy or labor relations.
- ◆ Two \$2,000 scholarships to those pursuing a PhD in Nursing. Second preference to those seeking advanced degrees in public health policy or labor relations at any level.

Regional Council 5

Funded by Regional Council 5, family scholarships:

- ◆ Five \$2,000 scholarships to a child of a member of Regional Council 5 who is below the age of 25 and pursuing a BSN,

or nursing degree in an accredited AD program in nursing.

- ◆ One \$2,000 scholarship to a spouse of a Regional Council 5 member pursuing a BSN or nursing degree in an accredited AD program in nursing. Second preference will be given to those pursuing a degree in public health policy, health care professional tracts or labor relations.
- ◆ Five \$2,000 scholarships to a child of a member of Regional Council 5 below the age of 25 and pursuing higher education at any level in any course of study in an accredited program.

Regional Council 4

Funded by Regional Council 4

- ◆ One \$500 scholarship is being offered to a registered nurse who is a member of Regional Council 4 to continue studies for a baccalaureate, masters or doctoral degree in nursing.

Regional Council 3

Funded by Regional Council 3, scholarships will be offered to an MNA member active in Regional Council 3, the awards are as follows:

- ◆ One \$1,500 scholarship to a Regional Council 3 member pursuing an associates degree in nursing.
- ◆ Two \$2,500 scholarships to a Regional

Council 3 member pursuing a BSN.

- ◆ One \$1,500 scholarship to a Regional Council 3 member pursuing a MSN or doctoral degree.
- ◆ One \$2,500 scholarship to a child of a member of Regional Council 3 pursuing a BSN.
- ◆ One \$1,000 scholarship to a child of a member of Regional Council 3 pursuing an associate's degree in Nursing.

Regional Council 2

Funded by Regional Council 2, four (4) scholarships will be awarded to a Regional Council 2 member as follows:

- ◆ One \$1,000 scholarship to those pursuing a BSN, MSN or Doctoral Degree.
- ◆ Two \$1,000 scholarships to a child of a member of Regional Council 2 pursuing a nursing degree.
- ◆ One \$1,000 scholarship to a family member of Regional Council 2 for continued education in nursing.

Regional Council 1

Funded by Regional Council 1, scholarships will be awarded as follows:

- ◆ One \$1,500 scholarship to a family member of Region 1 member, or a student sponsored by a Region 1 member pursuing a degree in nursing.

Unit 7 Scholarship

Funded by Unit 7 State Chapter of Health Care Professionals:

- ◆ Two \$1,000 scholarships are being offered to a member of Unit 7 State Chapter of Health Care Professionals who are pursuing a degree in higher education. One will be awarded to a registered nurse and one will be awarded

to a health care professional.

Labor Relations Scholarship

Scholarships are funded annually by a grant established by the MNA.

- ◆ Two \$1,000 scholarships for an RN or health care professional, member of MNA, attending a baccalaureate or masters program in nursing, labor relations or related field.

Kate Maker Scholarship

This scholarship was established to honor the memory of Kate Maker, RN, a great leader and powerful activist. Kate's primary focus as an activist was with the Massachusetts Nurses Association. Kate was a long-time member of the MNA Board of Directors, and she served two terms as the chairperson of her bargaining unit at UMass Memorial Health Care's University Campus in Worcester. Kate participated in pickets and strikes for nurses at several Worcester area hospitals and particularly effective when it came to explaining the connections between safe-RN-staffing ratios and their immediate impact on patient safety.

The scholarship will be awarded to a student (entry level or practicing RN) pursuing an Associates Degree or Bachelors Degree in nursing. Preference will be given to students living in or working in the Worcester area first, and then to other areas of MNA Regional Council II. If the applicant is a practicing RN pursuing a Bachelors 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 that meets all other criteria as determined by the MNF scholarship committee. ■

Donations needed for MNF Auction!

We Need Your Help

The Massachusetts Nurses Foundation is preparing for its 22nd Annual Silent & Live Auction to be held at the MNA 2005 Convention. 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.

- ✓ 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 mail or deliver your donation to the Mass. Nurses Foundation, 340 Turnpike Street, Canton, MA 02021.

Join the Bargaining Unit Challenge MNF Golf Tournament Brookmeadow Country Club Thursday, JUNE 23 Canton, Massachusetts

- ⊙ Compete in the Bargaining Unit Challenge - an award will be given to the unit with the best score!
- ⊙ Cash Awards & Prizes for Men's, Women's & Mixed.
- ⊙ Hole-In-One Prizes!
- ⊙ Raffle and Awards!

FOR MORE INFORMATION OR
TO REGISTER A FOURSOME
781-830-5745

A great way to raise funds for nursing scholarships

Correction

The mailing statement that was published in the November/December issue of the *Massachusetts Nurse* was incorrect. The line i. was incorrectly submitted and published incorrectly as 19,618 under average no. of copies which should have been published as 19,398. It is being corrected and appears below.

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a. Total number of copies (net press run)	19,398	19,475
b. Paid and/or requested circulation		
(1) Paid outside-county mail subscriptions	18,920	19,075
(2) Paid in-county subscriptions	0	0
(3) Sales through dealers, vendors	0	0
(4) Other classes mailed through USPS	0	0
c. Total paid and/or requested circulation	18,920	19,075
d. Free distribution by mail	0	0
e. Free distribution outside the mail	220	220
f. Total free distribution	220	220
g. Total distribution	19,140	19,295
h. Copies not distributed	258	180
i. Total	19,398	19,475
j. Percent paid and/or requested circulation	98.8%	98.8%
16. Publication of Statement of Ownership. <input checked="" type="checkbox"/> Publication required. Will be printed in Nov/Dec 2004 issue.		
17. Signature and Title.	 Production Manager	Date: 10/12/04



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?



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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

- Bourne Hospital, Health Care Professionals Support Group, 300 South St., Brookline. Contact: Donna White, 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 & Wednesdays, 5:30 p.m. & coed Wednesdays, 7 p.m.
- Caritas Good Samaritan Medical Center, Community Conference Room, 235 N. Pearl St., Brockton. Contact: Eleanor O'Flaherty, 508-559-8897.

Meets: Fridays, 6:30-7:30 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, UMass Medical Center, 107 Lincoln Street, Worcester. Contacts: Laurie, 508-853-0517; Carole, 978-568-1995. Meets: Mondays, 6–7 p.m.
- Health Care Support Group, UMass School of Medicine, Room 123, Worcester. Contact: Emory, 508-429-9433. Meets: Saturdays, 11 a.m.–noon.

Northern Massachusetts

- Baldpate Hospital, Bungalow 1, Baldpate Road, Georgetown. Facilitator: Teri Gouin, 978-352-2131, x15. Meets: Tuesdays, 5–6 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

- Professionals Support Group, 76 W. Main St., Suite 306, Hyannis. Contact: Kathy Hoyt, 508-790-1944. Meets: Mondays, 5–6 p.m.
- 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. Contact: Michelle, 508-947-5351. 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, VA Hospital, 5th Floor Lounge, Manchester, N.H. Contacts: Diede M., 603-647-8852, Sandy, 603-666-6482. Meets: Tuesdays, 7–8:30 p.m. ■

MNA membership dues deductibility 2004

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.

Region	Amount	Percent
Region 1	\$16.63	5.0%
Region 2	\$16.63	5.0%
Region 3	\$16.63	5.0%
Region 4	\$16.63	5.0%
Region 5	\$16.63	5.0%

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Benefits Corner

MNA offers valuable insurance programs

As a member of the MNA, you are fortunate to have access to a number of insurance programs to protect your medical and financial health. From Health Insurance to Long Term Care, your MNA benefit program is a valuable resource for personal and financial services. Some of the programs offered to members include:

Portable Health Insurance Plans offering managed care and comprehensive indemnity plans to members who are self-employed, unemployed, working part-time or per diem. This provides access to health insurance for those members who are not otherwise covered by an insurance plan. Contact Ellen Kaplan, Group Health Specialists at (800) 604-3303.

Short Term Disability protection is available to protect member's income in the event of an illness or accident, enabling you to have an independent source of income during or following a period of disability. Contact Nathan Gardner, ISI New England Insurance Specialists, LLC at (800) 959-9931.

Long Term Disability protection is accessible to members for coverage for 1, 2, or 5 years or up to age 65. Our members receive the most competitive rates in the industry. Contact Paul Bouchard, Lead Brokerage Group at (800) 842-0804.

Long Term Care Insurance is a flexible and comprehensive plan through John Hancock offering solutions to meet almost any need. Contact William Clifford, John Hancock Financial Services at (800) 878-9921 ext.110.

Term Life Insurance is available to members for coverage up to \$250,000 at special discounted rates. Contact Paul Bouchard, Lead Brokerage Group at (800) 842-0804.

Simply contact the representative listed for specific plan information and options. These individuals are familiar with the MNA negotiated discounts and are able to work with you to meet your specific needs. ■

Tsunami relief assistance needed

Several humanitarian organizations are currently conducting relief efforts for victims of the devastating Indian Ocean tsunami. Those interested in assisting these efforts are encouraged to visit www.usafreedomcorps.gov and find out how best to help. ■



Auto • Home • Business • Life

Just for being a MNA member, you and all household members are entitled to savings on your Automobile Policies. This includes all household members, including Young Drivers!

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MASSACHUSETTS NURSE

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

Editor, Massachusetts Nurse
340 Turnpike Street
Canton, MA 02021
781-830-5717 or 800-882-2056, x717
email: dschildmeier@mnarn.org

NURSE PLANNER

Nonprofit nursing association has an opportunity for a Nurse Planner in its Education Department. Reporting to the Education Manager, this position will be responsible for planning and implementing continuing nursing education activities in compliance with American Nurses' Credentialing Center criteria. Duties include, but are not limited to, planning development, and implementation of educational programs, and the development of research-based publications. Experience in education program development required. The successful candidate will be a Master's-prepared RN. One of the candidate's academic degrees—either Bachelor's or Master's—must be in nursing. The candidate must possess excellent verbal, written, and communication and presentation skills, and will be proficient in Microsoft Office software. Experience in infusion nursing is a plus. Full benefits package.

No phone calls please. EOE

Mail or fax cover letter, resume, and salary requirements to:
Attn: Human Resources
Infusion Nurses Society
220 Norwood Park South
Norwood, MA 02062
OR e-mail: jill.matusow@ins1.org

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:

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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.

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1.877.662.6623
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LOWELL: JAMES L. COONEY INSURANCE AGENCY 978-459-0505
WOBURN: LENNON INSURANCE AGENCY 781-937-0050
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Obtain your Sight Care ID card to receive discounts on eye exams, eyeglasses & contact lenses at Cambridge Eye Doctors or Vision World locations.

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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@universallorlando.com.

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.