MASSACHUSETTS NURSE

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Power-packed strike leads to a prized contract at UMass

After a marathon 24-hour mediation session, the registered nurses of the UMass Medical Center University Campus reached a tentative agreement with management on October 26, ending a strike that began at 6 a.m. and wrapped up at 11 a.m. The membership at UMass ratified the contract overwhelmingly on Nov. 9.

The nurses were successful in fighting off a number of contract concessions that had been sought by management throughout 11 months of difficult negotiations. Ultimately, the two key issues that became most important during the contract talks were the protection of the nurses' defined benefit pension plan and the preservation of affordable health care benefits for both part-time and full-time nurses.

"In a victory for nurses and their patients, the parties reached a fair agreement that will allow this hospital to recruit and retain the staff needed to deliver quality patient care at the region's only level one trauma center," said Kathie Logan, RN and chair of the bargaining unit. "Ultimate credit goes to our members who came together to stand up for what they believed in. It was the strength and unity of our union that allowed us to push forward to such a successful settlement. This is a win for all parties, and the biggest winners will be our patients."

The three-year agreement runs from April 2006 to April 2009. The pact includes the following key provisions:

- Maintains the current defined benefit pension for nurses currently employed. Newly hired nurses may choose the defined benefit pension or an enhanced defined contribution plan.
- Provides a health insurance premium with an 80/20 cost share for both full-time and part-time nurses.

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Cathy Logan, RN and co-chairperson of the UMMC bargaining unit, is escorted across the street by Sandy Ellis, the MNA's grassroots organizer for Region 2, to a celebrating crowd of striking nurses. The photo was taken just minutes after the negotiating committee signed the prized tentative agreement.

RNs at Brigham & Women's avert strike, reach agreement

Talks had stalled over poor staffing, union rights and wages

After a 14-hour negotiating session, the registered nurses of the Brigham & Women's Hospital reached a tentative agreement with management on Nov. 20, averting a strike that was set to begin on Nov. 29. The two-year pact includes a number of provisions nurses sought to increase the recruitment and retention of staff to ensure safe patient care, including landmark contract language to protect newly licensed nurses and the union rights of nurses. It also includes pay increases that will make the BWH nurses among the highest paid nurses in the state.

"We are proud of this agreement as it is the result of our membership's willingness to take a stand for their patients and their profession," said Barbara Norton, RN, chair of the nurses' local bargaining unit. "The nurses spoke and the hospital was forced to finally listen to us. As a result, nurses are assured that they will continue to have the legal right to advocate for their patients, our new nurses will not be forced to practice beyond their level of experience, and this hospital will have a pay scale to compete for the best nursing talent to provide the excellent care the Brigham has long been known for. We hope management continues to listen to its nurses and uses this agreement as a foundation for much needed improvements in staffing, which was always the ultimate goal of these negotiations."

The two-year agreement runs from October 2006 to October 2008. The pact includes the following key provisions:

- **Protection of union rights:** The nurses won contract language that protects union rights for nurses at the facility and their ability to advocate for patients. The language, the first of its kind in New England, prevents the hospital from exploiting a recent controversial ruling by the National Labor Relations Board, which found that charge nurses (nurses who oversee the flow of patients on a floor) or nurses who perform charge duties may be classified as supervisors, and are thereby ineligible for union membership. The new language clearly recognizes the union rights of all nurses in the union.
- **Protecting newly licensed nurses:** The nurses won landmark restrictions on the responsibilities of newly licensed and newly hired nurses, requiring that nurses have at least 18 months experience before being asked to take

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For the latest news, visit *www.massnurses.org*

Nurses' guide to single-payer reform

MNA and the Medicare for All bill

By Sandy Eaton, RN

The MNA's board recently passed a resolution endorsing the Medicare for All Bill proposed by Rep. John Conyers (D-MI; see shaded box for details) and that was backed by 77 of his Congressional colleagues, including eight out of 10 from Massachusetts.

HR.676 is now endorsed by over two hundred labor organizations across the United States, including 15 state AFL-CIOs (Kentucky, Pennsylvania, Connectiut, Ohio, Delaware, North Dakota, Washington, South Carolina, Wyoming, Vermont, Florida, Wisconsin, West Virginia, South Dakota, North Carolina). Here in Massachusetts, we work fervently on a two-pronged approach: winning a statewide, just healthcare system, and building support for a national health insurance plan.

Ever since MNA's membership overwhelmingly voted to support the commercial, insurance-free approach to real health care reform at the 1994 business meeting, we've been progressively involved in building the Massachusetts Campaign for Single Payer Health Care (MASS-CARE).

We stood firm in supporting Question 5 on the 2000 Massachusetts ballot, particularly its mandate to create a just system of universal health care by July 1, 2002.

We helped launch the campaign to amend the Massachusetts constitution to make access to affordable, comprehensive health insurance the right of all residents. Five of the original ten signers of the initiative petition that kicked off this campaign in 2003 were MNA leaders.

Last January, MNA hosted a summit of labor representatives working to pass the health care amendment.

And we continue to work, in conjunction with Jobs with Justice, to foster Massachusetts Labor for Health Care. We helped organize and build the Congressional hearing in 2005, in Boston's Faneuil Hall, and we helped build a similar hearing held on Oct. 21, at Holyoke Community College.

MNA Region 1 President Patty Healey offered the following testimony on the "quality" panel. We realize that real health care reform needs to tackle access, affordability and quality at the same time, or we simply create new problems.

Patricia Healey's testimony

"Good Afternoon. My name is Patricia Healey, and I'm a registered nurse employed by Brigham and Women's Hospital, which is a Partners facility.

"I live here in the Pioneer Valley, and I've provided nursing care in intensive care units in Massachusetts hospitals for 29 years. I'm a member of the Massachusetts Nurses Association, the largest nurses union in the northeast, and I sit on that organization's Board of Directors. I am also president of the Western Mass Regional Council of the MNA.

"The MNA has been a staunch supporter of significant health care reform and has diligently maintained support of universal single payer efforts over the years. As front line care givers, and as members of a collaborative health care team, we, as patient advocates, have first-hand knowledge of the failures of the American health care system.

"I would like to address the concept of quality healthcare delivery from the perspective of unionized caregivers—a unique perspective to consider because unionized nurses voices are protected from employer abuse. We bargain over wages, hours and working conditions. We have a voice at work and can use that voice in society, too. We need to, because society—especially legislatures—also have a say over our working conditions. Good working conditions for hospital workers directly translate into good patient care.

"Registered nurses in Massachusetts have lobbied for legislative and regulatory reforms that would mandate a minimum nurse-to-patient ratio in Massachusetts hospitals. This campaign has been waged for many years, buoyed by the multitude of peer-reviewed studies that show that poor outcomes, such as pneumonia, urinary tract infections, injuries due to falls, and even hospital deaths are preventable by reducing the workload of nurses.

"The Institute of Medicine and JCAHO, reported that med errors, responsible for 98,000 deaths a year, are directly attributable poor nurse staffing. And surveys of nurses in Massachusetts also show that many RNs would return to hospital work if guaranteed reduction in workload, thus filling the existing vacancies. So the data is clear.

"Quality of care can certainly be measured and there are dozens of reporting tools and mechanisms in place. However, the real issue for Americans is the lack of access to care, and the lack of equitable delivery. Unions have played an aggressive role in advocating against strategies employed by hospitals to reform care delivery.

"The protections unions give to workers allow its members to be whistleblowers and to counter the expensive publicity campaigns hospitals find necessary to invest in to remain competitive in the market. The competitive marketplace has produce outrageous spending of your health care dollars on union busting consultants and anti-union law firms, lobbying efforts to fight legislating a nurse to patient ratio bill which would improve quality of care and reduce inpatient days.

"Massachusetts hospitals, together with their trade organization the Massachusetts Hospital Association, spent an obscene amount of health care dollars to erect billboards, purchase newspaper ads, lobby every newspaper editorial board in the state, lobby every state legislator nearly every day for a year, with over 90 hospital and business lobbyists, bought radio and television ads, mass mailings to patients homes and even pay full day wages for hundreds and hundreds of its employees and administrators, many posing as bedside caregivers, including transportation and restaurant meals, to spend days at the State House opposing the efforts of their own caregivers who were seeking to improve the quality of care. Quality care isn't the priority in this system.

"Hospital non-profits in Massachusetts pay some of the highest salaries in the nation: Baystate Med CEO, $1.25 million; Partners CEO, $1.5 million; and UMass Medical Center CEO just received a 38 percent raise to boost his salary to $1.28 million, while the 800 UMass nurses are facing massive pay cuts, and cuts in their health insurance and pensions, RNs who work under profoundly difficult understaffed conditions. These RNs have been pushed to the brink of a strike. Every nurses' work action in this state has been due to poor staffing and high workload which has been proven to ultimately harm our patients.

"So, thank you for listening to me. Our direct care issues are one reason why organized labor in this country is campaigning for a fair and equitable health care system, with a single payer guaranteeing access for all." ■

The US National Health Insurance Act - HR.676

Expanded, improved Medicare for All

Introduced by: Reps. John Conyers, Dennis Kucinich, Jim McDermott and Donna Christensen

A brief summary of the legislation

- The United States National Health Insurance Act establishes an American-styled national insurance program. The bill would create a publicly financed, privately delivered health care program that uses the already existing Medicare program by expanding and improving it to all US residents, and all residents living in US territories. The goal of the legislation is to ensure that all Americans, guaranteed by law, will have access to the highest quality and cost effective health care services regardless of ones employment, income, or health care status.
- With over 45-75 million uninsured Americans, and another 50 million who are under insured, it is time to change our inefficient and costly fragmented health care system.
- Physicians For A National Health Program reports that under a Medicare For All plan, we could save over $286 billion dollars a year in total health care costs.
- We would move away from our present system where annual family premiums have increased upwards to $9,068 this year.
- Under HR.676, a family of three making $40,000 per year would spend approximately $1600 per year for health care coverage.
- The USNHI would allow the United States to reduce its almost $2 trillion health care expenditure per year while covering all of the uninsured and everybody else for more than they are getting under their current health care plans.
- In 2005, without reform, the average employer who offers coverage will contribute $2,600 to health care per employee (for much skimpier benefits). Under HR.676, the average costs to employers for an employee making $30,000 per year will be reduced to $1,155 per year; less than $100 per month.

Who is eligible: Every person living in the United States and the US Territories would receive a United States National Health Insurance Card and ID number once they enroll at the appropriate location. Social Security numbers may not be used when assigning i.d. cards. No co-pays or deductibles are permissible under this act.

Health care services covered: This program will cover all medically necessary services, including primary care, in-patient care, outpatient care, emergency care, prescription drugs, durable medical equipment, long term care, mental health services, dentistry, eye care, chiropractic, and substance abuse treatment. Patients have their choice of physicians, providers, hospitals, clinics, and practices. Medicare will be improved and everybody will get it.

Conversion to a non-profit health care system: Private health insurers shall be prohibited under this act from selling coverage that duplicates the benefits of the USNHI program.

Cost containment provisions/reimbursement: The National USNHI program will annually set reimbursement rates for physicians, health care providers; and negotiate prescription drug prices. The national office will provide an annual lump sum allotment to each existing Medicare region, which will then administer the program. Payment to health care providers include fee for service, and global budgets. Doctors will be paid based on their current reimbursement rates. The conversion to a not-for-profit health care system will take place over a 15 year period, through the sale of US treasury bonds.

Administration: The United States Congress will establish annual funding outlays for the USNHI Program through an annual entitlement, to be administered by the Medicare program. A National USNHI Advisory Board will be established, comprised primarily of health care professionals and representatives of citizen health advocacy groups.

Congressional co-sponsors from Massachusetts (as of July 2006) include: Reps. Michael E. Capuano, William D. Delahunt, Barney Frank, Stephen F. Lynch, James P. McGovern, Martin T. Meehan, John W. Olver, John F. Tierney.

For more information, including details on proposed funding for USNHI programs, send an e-mail message to info@healthcare-now.org. ■

"You have your choice of a weekly pay check or health insurance."

MNA Board of Directors Update

Board Update: A new monthly feature

The MNA Board of Directors meets monthly to assess the organization's goals; discuss the needs of the state's nurses and healthcare professionals; and to determine in which direction the MNA needs to move in order to successfully meet these needs.

As part of the Board's ongoing efforts to keep MNA members apprised of what is happening at these monthly meetings, the Board of Directors is now sending an itemized summary of its agenda/motions. This summary will be sent to all chairs and co-chairs at MNA bargaining units. In addition, the monthly summary will also be included in each upcoming edition of the *Massachusetts Nurse*.

What is outlined below is a summary of key topics that were discussed and decisions that were made at the Board's November 2006 meeting.

For more information on any of these points, please feel free to contact the MNA vyour elected Board members.

Summary of November meeting

At its monthly meeting in November, the Board took the following action:

- Agreed on re-filing a safe staffing bill in January.
- Agreed on re-filing a safe patient handling bill in January.
- Endorsed the UAN's federal legislation on safe patient handling.
- Decided to expand the Annual Chairs Summit to bargaining unit committee members (the tentative date is March 8, 2007).
- Discussed holding Regional Summits; will look at the feasibility and will announce dates at the Chairs Summit if they are scheduled.
- Discussed doing a summit for school nurses on a Saturday.
- Reviewed the list of bargaining unit chairs and developed a plan to have each BOD representative contact appropriate chairs to introduce themselves.

Officers and Regional Directors:

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Irene Patch, RN, Region 1
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Rosemary O'Brien, RN
Tina Russell, RN
Sandy Eaton, RN
Jeannine Williams, RN
Beth Gray-Nix, HCP ■

…Brigham

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on additional responsibilities such as being placed in charge of a patient unit, or to be asked to precept another nurse.

- **Industry-leading wages:** The new contract includes across the board pay increases of 3 percent per year for each year of the contract, with a new 5 percent step at the top of the salary scale in the first year of the contract while also increasing the starting pay for nurses by 5 percent. As a result, at the end of the agreement nurses' pay will range from $29.31 per hour at the bottom of the pay scale up to $60.98 an hour at the top, which will make the nurses the highest paid nurses in the state.
- **Protection of sick time benefits:** The hospital removed a number of proposals to restrict nurses' sick time benefits.

The 2,700 nurses of BWH, who are represented by the MNA, began negotiations on July 13, with a total of 11 negotiating sessions held before the agreement was reached. The settlement follows an historic 95 percent vote by nurses on Nov. 13 to authorize a strike, the largest nurses' strike vote in the state's history. ■

The line at BWH's informational picket was more than 1,000 nurses long and 10 nurses deep.

Nursing on Beacon Hill: Legislative Update

MNA recognizes key legislators at awards dinner

By Kate Andersen

On May 24, the Massachusetts House of Representatives took an historic vote and became the only legislative chamber in the country, outside of California, to pass a bill setting a limit on the number of patients a nurse can be forced to care for at one time.

Turner

Without the efforts of each of the legislators honored at the MNA's annual awards ceremony, that vote would not have taken place.

Moran

The legislators who received the honor of "Special Recognition for Legislative Advocacy" were critical in all phases of the process leading up to the successful House vote. From the first hearings until the last vote was recorded on the floor, each of the following legislators played a central role:

- House Speaker Salvatore DiMasi
- Majority Leader John Rogers
- Rep. Jennifer Callahan

From left, MNA President Beth Picknick, Mary Marengo, House Majority Leader John Rogers and Reps. Jennifer Callahan, Martin Walsh and Steven Walsh.

- Rep Christine Canavan
- Rep Peter Koutoujian
- Rep Martin Walsh
- Rep Steven Walsh

The three legislators who received the honor of "Freshman Legislator, Special Recognition for Legislative Advocacy" were dedicated to the cause of safe staffing even before they were elected to office. Each of the following legislators was committed to the fight for safe staffing during their campaigns and has shown initiative and leadership since their first day in elected office:

- Sen. James Timilty
- Rep Michael Moran
- Rep Cleon Turner

We applaud all of the legislators who were honored by the MNA for their leadership and dedication to the cause of patients and nurses throughout the commonwealth. ■

MNA members participate in the "Labor to Neighbor Walk" for Deval Patrick. The event was held on Nov. 4 in Worcester.

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The MNA in action

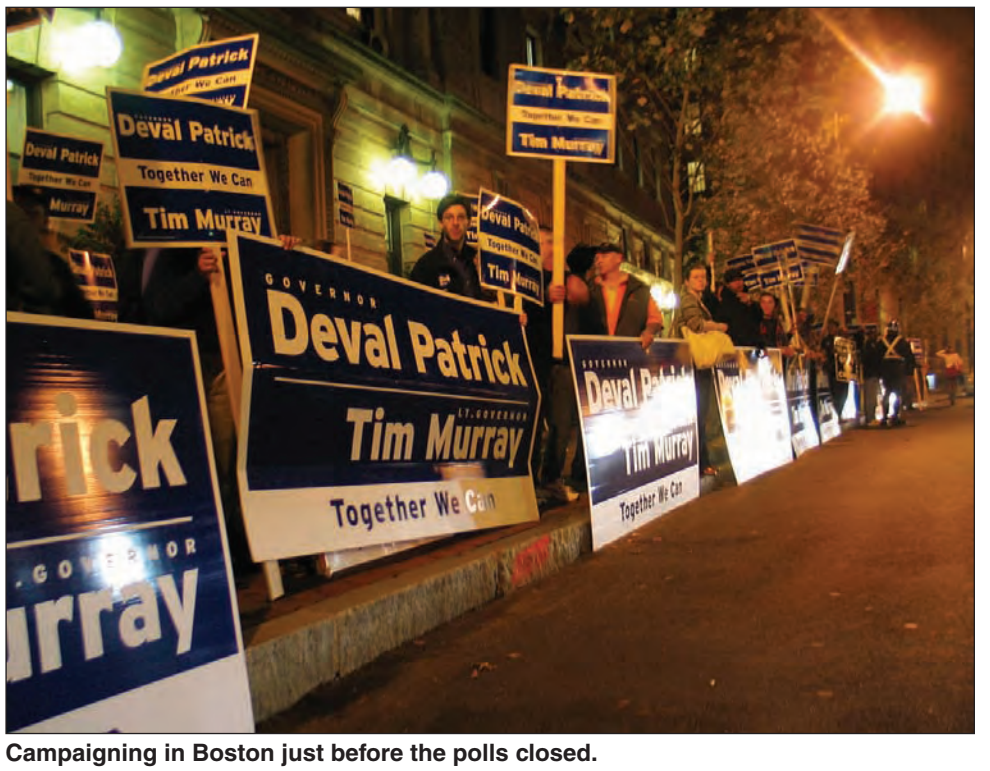
Nurses play key role in Patrick's win

MNA advocates line the streets outside of Boston-area polling places on election night.

Campaigning for Sen. Rob O'Leary on the Cape.

Campaigning on the Cape with Rep. Cleon Turner.

Worcester-area MNAers were strong supporters of the Patrick-Murray ticket and Sen. Edward Augustus.



Campaigning in Boston just before the polls closed.

Keeping nurses safe on the job: News from the Congress on Health and Safety

After 30 years in exile, thalidomide is back

By Thomas P. Fuller, ScD, CIH

Almost everyone knows the story of "thalidomide babies": the drug used widely in the early 1960's to reduce the affects of morning sickness in pregnant women. Without adequate safety testing, the drug was marketed as a sedative, hypnotic and anti-inflammatory agent in nearly 50 countries between 1957 and 1961. In the end, somewhere between 5,850[1] and 10,000[2] infants with multiple, severe physical deformities were born worldwide as a result of maternal exposure to thalidomide.

Fortunately, through the obstinacy of a Food and Drug Administration reviewer, Frances Oldham Kelsey, the German company selling the product all over the world never got the product approved in the U.S. [(3)] By the end of 1961, when thalidomide had been identified as the causative agent and was banned worldwide, only 17 American children were born with deformities.

For the next 30 years the thalidomide story had a great impact on the advent of modern regulatory authority over potential developmental toxicants. But it really never stopped being investigated for clinical use. In 1998 thalidomide was approved by the FDA to treat leprosy. It has also recently been approved for use in studies and treating multiple myeloma, AIDS, Behchet disease, lupus, Sjogren syndrome, rheumatoid arthritis, inflammatory bowel disease and macular degeneration.[4]

At this time, thalidomide may be dispensed only by licensed pharmacists who are registered in the System for Thalidomide Education and Prescribing Safety (STEPS) program. Only physicians who are registered may prescribe thalidomide to patients and those patients, both male and female, must comply with mandatory contraceptive measures, patient registration and surveys.

Thalidomide is rated as a Pregnancy Category X drug, meaning that the risk to the unborn fetus clearly outweigh any possible benefit to the pregnant mother. A single dose of 50 mg may cause birth defects.[5] With the Category X pregnancy rating, both male and female nurses should wear gloves and use standard hand-washing techniques when directly handling thalidomide capsules.

The teratogenic potential from inhalation, skin contact or eye exposures to thalidomide dust is well known. Therefore, it is not recommended that Thalidomide capsules or suspensions be crushed or mixed without well thought out protocols, training and protective equipment. As a safety precaution, all health care professionals, care givers and patients should avoid direct contact with the powder contents of thalidomide capsules. Thalidomide should only be used following well thought-out and practiced protocols by knowledgeable and well-trained staff.

The exact target organs and metabolic route of thalidomide is not known in humans, but it seems that much of it tends to undergo non-enzymatic hydrolysis in plasma to multiple products. The mean half-life of elimination ranges from approximately five to seven hours following a single dose. 0.7 percent is released in the urine as unchanged drug.[6] Thalidomide has been detected in the semen of some men treated with oral thalidomide.[7]

No data are currently available regarding the presence of thalidomide in other body fluids of treated patients. As with all patients, all health workers exposed to patient's body fluids should practice universal precautions.

The need to closely follow precautions and monitor worker exposures when working with thalidomide patients and administering medications cannot be over emphasized. Small accidental or chronic exposures to a pregnant worker could be catastrophic. In lieu of more information about metabolic pathways and processes the most extreme care should be taken at all times. Both male and female workers should be well informed of potential risks, particularly those practicing unprotected sex or attempting to conceive.

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New report: substances common in hospitals can cause or worsen asthma

Unbeknownst to many health care providers, the indoor hospital environment may be making people sick. A new report reveals that substances commonly found in hospitals—including chemicals used to clean floors and medical equipment, fumes from building materials, latex gloves, and other common substances—can trigger an asthma attack or cause the disease. This is new information in the effort to better understand what causes asthma and why occupational rates of the disease have been steadily increasing.

This first-of-its-kind report was written by Health Care Without Harm, an international coalition with 450 groups in 55 countries working to make the health care industry safer and was released by the Alliance for a Healthy Tomorrow, a statewide coalition working to reduce toxic threats to human health. The report presents rigorously researched hazard information about asthma triggers and asthmagens found in health care settings, and shows how to reduce problematic exposures.

"As places of healing, hospitals have a responsibility to protect patients and workers from harmful chemicals and practices. The good news is that safer alternatives are available. We urge hospitals to take immediate action to clean up the indoor environment," said Bill Ravanesi, spokesman for HCWH.

The key conclusions of the report include:

- There is considerable cause for concern that substances commonly used and found in health care can cause or trigger asthma.
- Among the worst exposures in health care are formaldehyde (found in chemically-treated fabrics, carpets, pressed wood and other products); cleaners, disinfectants and sterilants; natural rubber latex; tobacco smoke; and biologic allergens.
- Nurses may be among the most exposed to some hazardous chemicals identified in the report including the disinfectant gluteraldehyde and the sterilizing agent ethylene oxide.
- Hospitals can use safer alternatives to many substances or modify standard practices in order to limit peoples' exposure to asthmagens.

Asthma is a public health crisis. In the U.S., the number of people with asthma has more than doubled over the last two decades. In 2005, the MA DPH found that 9.5 percent of school children in Massachusetts have been diagnosed with asthma and according to a 2006 report by the Asthma Regional Council, nearly 15 percent of adults in New England have had asthma. Asthma now costs the nation $16.1 billion annually in health care, loss of work productivity and premature death.

Workplace exposures are a particular problem. Asthma is the most commonly reported workplace lung condition. An estimated 10 to 23 percent of all adult-onset asthma cases are due to workplace exposures, and a significant portion of those cases occur in health care workers. Furthermore, among the cases of work-related asthma reported to the Massachusetts Department of Public Health between the years of 1993-2004, the health care industry accounted for 30 percent of all work-related asthma cases.

"Many nurses have suffered from workplace asthma due to exposure to chemical sterilants, disinfectants, deodorizers, cleaning products and floor buffing and stripping chemicals," said Janice Homer, R.N. who developed asthma after being exposed to toxic cleaning products while working at a Massachusetts hospital. "Hospitals should heed recommendations in this report and carefully chose and use chemicals to reduce chemical exposures for patients and nurses," Homer said.

"Ironically many products used in health care to keep people safe from pathogens can cause or exacerbate asthma in susceptible people," said Ted Schettler, MD and science director of Science and Environmental Health Network. "Fortunately there are alternative products and practices that hospitals can use to accomplish their goals without increasing asthma risks."

In the next legislative session the Massachusetts Legislature will consider bills that would replace toxic chemicals in consumer products and in the workplace with safer alternatives, including "An Act for a Healthy Massachusetts: Safer Alternatives to Toxic Chemicals." The bill would replace toxic chemicals in common products with safer alternatives where feasible. When a safer alternative is not currently available, the bill would stimulate research and development into new technologies and solutions. In the case of hospitals and healthcare settings, safer alternatives are readily available to toxic cleaning products, latex, building materials that contain volatile organic compounds (VOCs), products made of PVC plastic (vinyl), some acrylics and pesticides.

"It doesn't make sense to continue using dangerous toxic chemicals when there are safer alternatives available," stated Lee Ketelsen, Clean Water Action New England director. "Unnecessary harm is being done to the health of workers, consumers and children. This unnecessary danger will continue until we pass the Safer Alternatives Bill and create safe products and safe workplaces," she concluded.

To obtain a copy of the report, visit www.noharm.org or call 703-243-0056. ■

Pertussis: alert to nurses and other health care workers

In response to the recent outbreak of pertussis (whooping cough) in the Worcester area and with concern about the reemergence of this disease in Massachusetts and beyond, the MNA in cooperation with other health, safety and infection control groups and organizations recommend at this time, that in the presence of patients with severe coughs, nurses and other health care workers exercise infection control procedures to prevent the spread of this disease to themselves, their patients, their families and others in the community.

- Use droplet precaution, including gloves, gowns and face barriers (surgical masks) for anyone within three feet of the coughing patient.
- Strictly adhere to hand washing protocols.
- Encourage patients to practice cough etiquette, as recommended by the CDC, including the use of masks, to reduce the amount of infectious materials becoming airborne and infecting others.
- Consider further immunization with Tdap the adult pertussis vaccine that was approved in 2005 for teens and adults.

Dr. Alfred DeMaria Jr., MD, chief epidemiologist for the Massachusetts Department of Public Health, believes that providing this vaccine to vulnerable health care workers would go a long way toward reducing the problem of illnesses among nurses and other healthcare workers who become exposed to patients with pertussis. ■

MNA Position Statement: On-call and extended work hours

Statement of the problem

Excessive work hours and on-call shifts, without enough rest before returning to a regularly scheduled shift, are a concern of the Massachusetts Nurses Association because they are recognized as factors in patients' safety; place nurses and other health care workers at an increased risk of injury and illness; and, ultimately, diminish the retention and recruitment of nurses.

The MNA Congress on Health and Safety has developed this position statement to address the following specific concerns:

- Compromised patient safety: Fatigue is a well recognized factor contributing to medical errors.
- Risk to nurses' professional licenses: The probability of errors and other adverse practice events increases with fatigue.
- Risk to nurses' personal safety: The probability of work-related injury and/or post-shift automobile accidents increases with fatigue.

According to the Association of periOperating Room Nurses (AORN), new trends in staffing, other social and economic factors and on-call hours have converged to create hazardous conditions that jeopardize patient and employee safety.

Background: on-call practices and mandatory OT

On-call practices and mandatory overtime have extended in recent years from the operating room to all areas of nursing practice. The MNA is aware of on-call requirements for nurses working in obstetrical, home care, hospice, medical/surgical, post anesthesia care and special procedures departments of hospitals.

Certain hospital scheduling practices could be labeled "defacto" mandatory overtime. It is not uncommon for hospitals to permit doctors to schedule and start cases late in a shift. Such a case would be known to require more time than remains in the scheduled shift. This forces the nurse on that case to remain to finish the case. This can occur because a hospital does not hire nurses for a shift that would cover those late hours and that would provide relief for the nurse required to remain on a case that does not finish before the scheduled end of shift.

Many nurses in Massachusetts report working long hours, with significant on-call responsibilities. A survey completed by nurses attending the MNA convention in the fall of 2005, and returned anonymously, found that on-call requirements for the nurses who responded ranged from zero to 48 hours in posted work schedules over time periods of three weeks to six months. These nurses also reported taking additional voluntary call hours, in the range of eight hours to 24 hours, during a posted work schedule. The additional mandated on-call hours were reported as high as 16 hours.

In Massachusetts, anecdotal descriptions of work schedules suggest that on-call schedules do not allow a reasonable amount of rest between shifts. After working a day shift the on-call nurse can go home, be called in and work for several hours, go home again, possibly as late as 4 a.m., and then be expected to be back at work again in three hours, at 7 a.m., to begin their regularly scheduled day shift. Such demanding on-call assignments also apply, of course, to nurses in many other specialties as well.

A study of the working hours of 2,273 nurses in two states found that more than half of the hospital staff nurses typically worked 12 or more hours per day and nearly 40 percent of the nurses surveyed had jobs with on-call requirements. The study concluded that "The proportion of nurses who reported working schedules that exceed the recommendations of the Institute of Medicine should raise industry-wide concerns about fatigue and health risks to nurses, as well as the safety of patients in their care."

Work-related fatigue and the nursing workforce

The Centers for Disease Control, National Institute for Occupational Safety and Health (NIOSH) 2004 report entitled, Overtime and Extended Work Shifts: Recent Findings on Illnesses, Injuries, and Health Behaviors, notes, "Four studies that focused on effects during extended shifts reported that the ninth to twelfth hours of work were associated with feelings of decreased alertness and increased fatigue, lower cognitive function, declines in vigilance on task measures, and increased injuries. The incidence of automobile crashes and medical errors increase with every hour worked over 10 hours.

One study revealed that the likelihood of a nurse making a mistake, such as giving the wrong medication, or the wrong dose, was tripled once a shift stretched past 12.5 hours. And yet, 40 percent of the 5,317 work shifts of the 393 nurses, from across the country, usually exceeded 12 hours. On average, the nurses worked 55 minutes longer than scheduled each day, and one third of the nurses worked overtime every day during the four weeks that were studied.

Extended work schedules (beyond the traditional eight-hour day, 35-40 hour work week) have been shown to affect nurses' fatigue, health, performance and satisfaction in nursing their risk for musculoskeletal disorders and their risk for substance use.

We know that medical interns make substantially more serious medical errors when they worked frequent shifts of 24 hours or more than when they worked shorter shifts. Limitations on the hours of work for medical interns and others as well as those who have an impact on public safety, (e.g., truck drivers, airplane pilots, and air traffic controllers) have been specified and regulated. An FAA authority recently noted that air traffic controllers do not work more than 10 operational hours in a shift, have at least an eight-hour break from the time work ends to the start of any subsequent shift, and have an off duty period of at east 12 hours following a night shift (between 10 p.m. and 8 a.m.).

The Institute of Medicine believes that long work hours worked by nurses pose one of the most serious threats to patient safety, because fatigue slows reaction time, decreases energy, diminishes attention to detail, and otherwise contributes to errors. The Institute of Medicine therefore recommends that nurses work no more than 12 hours over a 24-hour period and no more than 60 hours within a seven-day period, in order to reduce error-producing fatigue. A large body of research underscores the effect of fatigue, sleep deprivation, and circadian rhythms on alertness. After 24 hours without sleep, impaired performance is equivalent to a blood alcohol concentration of 0.10 percent and yet 24-hour call shifts are becoming more common.

A reported 10 states have prohibited mandatory overtime for nurses, 15 other states have introduced such legislation and three states have laws protecting nurses who refuse to work more than 12 consecutive hours.

Whether it is mandatory overtime, long regularly scheduled work hours, or on-call work hours without adequate rest before resuming regular schedules, the concepts inherent in work physiology, fatigue, and recovery argue for more careful planning of schedules.

Safe practices protect patients as well as nurses

In light of the well recognized dangers of fatigue associated with excessive work hours that have been identified,

The MNA believes:

- That scheduling practices must consider the effect of working long hours and working on-call before normally scheduled shifts on patients' safety, and on the safety of the nurse or other staff required to take call.
- That staffing must be adequate in areas that use on-call practices so that those who are called in are used as supplemental or additional staff.
- That nurses who are required to take call must have eight hours of rest/sleep time between call-back hours and regular work hours.
- That nurses who are required to take call must not suffer the loss of pay, earned time or other benefits because they choose to take rest time between call back hours and regular work hours.
- That nurses would benefit from education about the effects of long work hours and fatigue on their professional performance and its relation to the higher risk of litigation related to medical errors and the endangering of their nursing licenses.

The MNA believes nurses must:

- Learn about the effects of fatigue and long work hours on personal and patient safety and the impact it could have on their nursing licenses. The MNA urges nurses to assure that they are well rested and alert before any work shift.
- Address on-call hours, hours of rest and sleep and fair compensation practices in their contracts.
- Obtain adequate sleep/rest between shifts and on-call work.

The MNA believes health care facilities must:

- Incorporate into nurse staffing at least 6-8 hours of rest for nurses before any given shift or on-call period.
- Create systems to relieve nurses who have worked during their on-call hours and are scheduled to work following that on-call shift.
- Work with staff nurses to individualize their work schedules to enhance the health and safety of both nurses and patients.
- Help staff to recognize fatigue, change the culture of tolerance for fatigue, and recognize it as an unacceptable risk to patients and staff alike. ■

Update on new MNA emergency preparedness volunteer project

Thank you to the nurses who have responded to the new MNA Emergency Preparedness Volunteer project! Approximately 40 nurses from across the state—both MNA members and non members—have volunteered for the MNA's "EP Volunteer" list. We are continuing to get requests, suggestions and volunteers nearly every day.

MNA has begun to maintain a list of contact information for nurses who have expressed an interest in volunteering in an emergency or disaster situation down the road. Should there be another emergency—such as with Hurricane Katrina—where a call for volunteers comes to MNA from the Massachusetts Department of Public Health or from another agency or organization, MNA will share this list of potential nurse volunteers. There is no obligation or duty to respond but this is a way to expedite the organization of a response.

The MNA also continues to sponsor an Emergency Preparedness Task Force that meets regularly to learn from each other and share ideas about preparedness.

We are passing along a suggestion from Leslie Carabello, RN, emergency preparedness & MRC coordinator for Region 3:

"I have been a public health nurse for nine years until recently when I became the emergency preparedness coordinator for Region 3a (14 communities from the areas of Ipswich to Amesbury). I am also a medical reserve corps coordinator for five communities.

"I work with local health departments to recruit, train and retain health care professionals and lay person to offer their expertise in helping their community during times of emergency. These volunteers also help during times of non emergencies such as flu clinics, blood drives, road races and health fairs.

"I would like to encourage nurses and other health care professionals to volunteer with their community's or region's MRC. These units offer training and a community effort to support their own town's public health infrastructure, which is the core reason for the formation of MRCs. The Amesbury MRC has been in existence for about 1½ years, of which I have come on board since September. I worked in Region 4a prior to this one and that region too is growing their MRC by leaps and bounds.

"I am so excited about this corps and would encourage all health care professionals to give of their expertise and assist their own community."

To find the closest MRC to you, go to www.medicalreservecorps.gov and click "Find MRC Units."

For more information on the MNA project go to www.massnurses.org/volunteer/ or contact Mary Crotty at MNA at 781 830-5743, mcrotty@mnarn.org or Chris Pontus at MNA at 781-830-5754. ■

Worker's compensation: danger looming in the workplace

By Charles Donoghue

It was not so long ago that when a nurse was injured on the job his or her employer would make every effort to ensure that the health of that individual and their eventual return to work were of primary importance to the facility. The nurse was viewed as an invaluable asset, whose training and experience, made it critical that an injury be addressed in a compassionate manner, reflecting the respect afforded to a professional staff member.

Like so many other vestiges of the past, the manner in which a nurse now faces a work related injury and the response of his or her employer reflects the business climate of today rather than the concerns for the employee and compassion of yesterday.

There is no question that the treatment of patients and those who provide the care to the sick and injured are now subject to the growing influence of the health "industry." It would neither be fair nor accurate to blame all the woes associated with the financial crisis hospitals face today on HMOs, management or government regulations.

Clearly though, hospitals are now far more likely to follow a business model with respect to the interaction with and treatment of staff. The old system was based on a mutual expectation that an injured nurse would do everything in his or her power to get back to work as soon as possible, with the employer in turn facilitating that effort. That positive approach may have become the victim of a business model based on criteria which fails to consider the unique role the profession plays in the health care system.

Today, nurses who suffer an injury at work are likely to face a denial of their claim or be paid on a non prejudicial basis, which allows the employer or its insurer to pay benefits for up to 180 days before determining whether to accept or deny a lost time claim.

In the case of the issuance of a straight denial, an injured worker must immediately file a claim with the Department of Industrial Accidents, asking that a judge review the facts and consider all relevant medical evidence. If the claim is paid without prejudice, a procedure that is usually a fair method for handling the claim for both sides, the employer can none the less terminate benefits with a seven day notice, forcing the employee to return to work or to file a claim to establish liability and their right to the continued receipt of benefits.

Far too often, the perceived complexities of the workers compensation system, along with the time necessary to see a claim through, result in no action being taken by the injured worker. The premature return to work or the simple act of failing to pursue a claim to establish the legal responsibility of the facility may have long standing negative repercussions for the employee. There is an expectation on the part of many employers and their claims representatives that most nurses, because of their training, dedication to the profession and income, will not pursue a claim.

While a potential claim and the needs and responsibilities of each individual are unique, it is truly unwise to allow your legal rights to be taken for granted. As an example, should an injury take place at one facility, without ever establishing the liability of the employer, a subsequent event at a new job could be made far more difficult to prove if similar complaints or symptoms are involved.

The new employer could argue that the injury was chronic in nature and that no incident had occurred at that facility, forcing the injured worker to litigate two claims. With the passage of time, the evidence that would have been available to support or distinguish the initial injury may no longer exist, with medical records in storage difficult to find or possibly destroyed and witnesses often impossible to locate.

It is far easier to prove that a new incident represents an aggravation of a prior injury, than to fight two employers and their claim staffs years later. Long after returning to work, a legally established claim requires that the insurer for the employer pay all reasonable, necessary and causally related medical expenses. Relying on a health carrier to assume payment for the treatment of a work injury, either at the outset of symptoms or years later after an aggravation, is a risky course of action at best.

In a recent case that illustrates the changes the profession faces, a nurse was injured at a hospital. Her treating physician, a staff member at the same facility, stated that the patient's symptoms and complaints were the result of a work incident. Further, the doctor went on to state that a specific course of treatment was necessary and that the employee would be out of work for at least eight weeks. The employer denied that there was a lost time claim, notwithstanding the statement and opinion of a staff member.

Like so many other vestiges of the past, the manner in which a nurse now faces a work related injury and the response of his or her employer reflects the business climate of today rather than the concerns for the employee and compassion of yesterday.

Once upon a time, the hospital would not have allowed the claims staff or insurer to take that action, thereby forcing the employee to pursue a claim. Sadly, the climate has indeed changed and each worker should understand that the concern and deference afforded to the employee in the past no longer exists. Business is business and the injured nurse should pursue his or her claim to the full extent the law allows, insuring not only that their rights are preserved, but more importantly, that the facility determined to be responsible for their injury will provide any needed care well into the future.

Note: The MNA recommends that you contact an attorney to learn about your legal rights.

Charles Donoghue is an attorney whose practice includes worker's compensation claims. ■

Health care workers and back injury: it's time for Mass. to legislate some protections

By William Charney

There is an epidemic of health care worker injury in the state of Massachusetts. Voluntary programs are not keeping pace with the increasing back injury rates experienced by healthcare workers in the state. Adding all the SIC codes, hospitals, nursing homes, home health care and residential care puts health care work as one of the leading industries in the state for back injuries.

Licensed practical nurses, nurse's aides, and registered nurses account for the majority of the claims. These back injury claims have helped give the health care industry in the state of Massachusetts the ominous reputation of being one of the most dangerous industries in the state with a total recordable case rate in 2004 for hospitals of 8.0 and nursing homes of 9.4 which is higher than manufacturing (4.5), textile mills (6.7), and utilities (4.7). Case rate, as defined by the Bureau of Labor Statistics, for this particular data is the number of FTEs injury per 100 workers. So an 8.0 means eight reported injuries per 100 full-time equivalent employees. Transportation is one of the few industries in the state that is higher with a case rate of 9.5.

Practically one in 10 health care workers in Massachusetts files a claim for injury and the greater percentage of these is for a back claim. This injury rate also makes Massachusetts hospitals more unsafe for its patients by contributing the statewide nursing shortage.

A Joint Commission on Hospital Accreditation study (2002) found in 1,609 hospitals surveyed that the nursing shortage was associated with a 24 percent patient mortality rate. In this same study the nursing shortage was directly associated with nursing injury. The cause of this epidemic rate of injury is manual lifting and transferring of patients, 62 percent of whom are considered obese. Marras (1997) in his landmark study showed that manual lifting puts each health care worker in the 76 percentile for injury.

Washington, Texas and Rhode Island have all passed legislation to protect health care workers from this type of injury and to make hospitals safer for both patients and health care workers. The legislation mandates that health care delivery systems implement mechanization for patient lifts and transfers, safe patient handling committees and evaluation processes to assess programs. This is long overdue, as injury rates continue to climb in the state of Massachusetts. These programs will be cost-benefit positive and contribute toward a culture of safety in health care.

William Charney is a national consultant in health care safety. ■

MNA poster presentation heads west

'Utilizing Research to Promote Safe Practice'

MNA members Leslie Holander (left) and Terri Arthur look over Evie Bain's poster presentation entitled "Utilizing Research to Promote Safe Practice" which describes MNA activities related to nurses' exposures to hazardous drugs. The poster was presented at the September 2006 conference on "Occupational Hazards to Health Care Workers" in Seattle, Wash.

The benefits of safe patient handling

By Jan DuBose, RN

Recent legislative initiatives in states across the country, including a bill in the Massachusetts legislature (H.2662), provide a strong indication that the time has come to get serious about preventing nursing injuries that occur when lifting or repositioning patients.

When hospitals or nursing homes are considering the adoption of new safe patient handling programs, it's important to remind decision-makers that they can expect to achieve a number of benefits, both to patients and caregiver staff. These include improved clinical outcomes for patients; greater patient protection, safety and comfort; caregiver injury prevention; and improved caregiver performance and morale.

Can safe patient handling programs really help to improve clinical outcomes?

While limited evidence-based research exists on this topic, most of us would agree that patients can experience significant clinical benefits as a result of being lifted periodically to a standing position and/or being repositioned on a regular basis. Typical clinical benefits might include a combination of improvements such as better overall hygiene, improved bowel/bladder functioning, a greater sense of personal dignity, improved balance, strengthened pelvic musculature, decreased UTIs and calculi formation, maintenance of bone density, and overall acceleration of rehabilitation.

When assistive devices and equipment such as patient lifts are added to the equation, you can open up a whole new world of clinical and rehabilitative benefits. While patient lifting equipment was originally designed to assist caregivers with these straightforward lifting and repositioning tasks, we now recognize that they can be used as well to assist with basic rehabilitation and performance of clinical procedures. Not only do they ensure increased comfort for the patient, but they also help ensure greater safety through avoidance of falls and reduction in bruises and skin shearing.

Rehabilitative benefits include quicker establishment of static weight-bearing, ambulation and gait training. Avoidance of contractures or venous stasis is potential benefit as well. Additionally, by facilitating the lifting process for the caregiver, the overall quality of patient care can be enhanced and the patient's clinical outcome will often improve accordingly.

These latter improvements are largely due to nurses and caregivers being able to more easily perform toileting, skin treatment and rehabilitation tasks. For example, convenient lift straps are now available to enable nurses to hold the patient, or a limb, in a fixed position while treatments are being performed. This can be an important injury prevention aid because it avoids having an assistant bear weight while in an awkward position.

Negative effects of manual lifting

Manual lifting can have negative effects on both the patient and the caregiver, and these are sometimes underestimated or completely overlooked by caregivers and nursing managers. For example, significant injuries to the patient can result from unintended caregiver actions such as over-stressing the patient's arms or shoulders. Also, if the patient has limited range of motion due to old humeral head fractures, shoulder subluxation or arthritis, this can predispose him to pain and further injury. Skin tears or bruising can result from excessive grasping of the patient. While infrequent, even dropping of the patient can occur, with resulting head injuries, hip fractures or other traumatic injuries. Even the fear of falling by itself is an unnecessary stressor that can adversely affect patient and caregiver alike.

Other adverse effects that can result from lack of adequate mechanical lifting assistance include pressure sores caused from too infrequent repositioning, or skin shear as a result of linen friction while being dragged rather than lifted up in bed. Loss of patient dignity can also result from awkward manual lifts. In brief, injuries or significant clinical regression can result from not using available lift and transfer equipment, sometimes even causing re-injury and/or requiring costly extension of the patient's hospitalization.

Caregiver injury prevention

As we know, injury to a registered nurse or trained caregiver can be disastrous, causing significant pain, suffering and even loss of the one's professional career. Such injuries are particularly prone to occur during transfer tasks such as during toileting, bathing or moving the patient between bed and wheelchair, and often they involve unanticipated movements caused by events such as when the patient begins to slip or fall.

Fortunately, many states and health care organizations are now encouraging use of these mechanical assistive devices as part of a conscious effort to improve patient care and avoid staff injuries.

How serious should we be about this issue? In national studies, the following statistics are frequently used to justify institution of safe lifting programs:

- 52 percent of nurses and caregivers complain of chronic back pain
- 12 percent of nurses are contemplating "leaving for good" because of back pain
- 20 percent of nurses have transferred to a different unit, position or employment opportunity because of lower back pain
- 38 percent have suffered occupational-related back pain severe enough to require leave from work
- 6 percent, 8 percent and 11 percent of RNs reported changing jobs for neck, shoulder and back problems, respectively.

It's vitally important to point out one additional fact. Historically, nurses have passively resisted use of mechanical devices for patient lifting and repositioning. Yet, recent exhaustive studies have now proven, without a shadow of doubt, that lifting our patients is extremely dangerous, and further, consistent use of assistive devices can virtually eliminate musculoskeletal injuries to caregivers.

What can we do to encourage safe lifting practices? First we need to convert our passive resistance into proactive acceptance, and there are many ways to accomplish this. Step one is to encourage establishment of a safe lifting program in your individual facility.

Step two is to develop a means of ensuring that all nurses and caregivers participate in or "buy into" the program. And finally, step three is to monitor your results and compare them to previous years' injury rates and workers' compensation costs. Not only will you be gratified by the results, you'll be helping to improve patient safety as well as the lives of your peers and successors.

States that have enacted legislation are Texas and Washington. Other states considering legislation are Rhode Island, Florida, New Jersey, Ohio, New York, Connecticut, Minnesota and Hawaii. ■

The prevention of back injury is within us

By Robert P. Naparstek, MD
Medical Director,
Caritas-Good Samaritan Occupational Health Services

No one should be surprised any longer that the rate of serious back injuries among nurses and other health care workers who handle patients (HCW) is epidemic. In fact, even when looking at old data of the Bureau of Labor Statistics in 1996 one sees that the incidence of non fatal (reported) injuries in health care services was 8.5 per 100 full-time workers. It is alarming that this rate is not significantly different than that of manufacturing and construction.

These data are still relevant now because it focuses us on how predictable these injuries are and, hence, preventable. Acute back-related disorders occur in highest frequency during patient lifts, transfers and boosts. Large, non-ambulatory patients are often moved by small or average-size health care workers representing an absurd mismatch that is rarely seen in other industries.

There are significant personal risk factors that are well known to pre-dispose to back injury vulnerability as well. They are aging, obesity, smoking and previous back injury. Additionally, psychosocial issues such as job dissatisfaction, depression and various life stresses may pre-dispose nurses to a life altering back injury. These injuries commonly lead to chronic pain, depression and disability. It therefore behooves each and every nurse to maximally maintain their physical and mental health. It is clearly in their interest and fundamental contribution to prevention. If injuries are to be prevented, both the employer and employee (i.e. nurses) must embrace their share of responsibility.

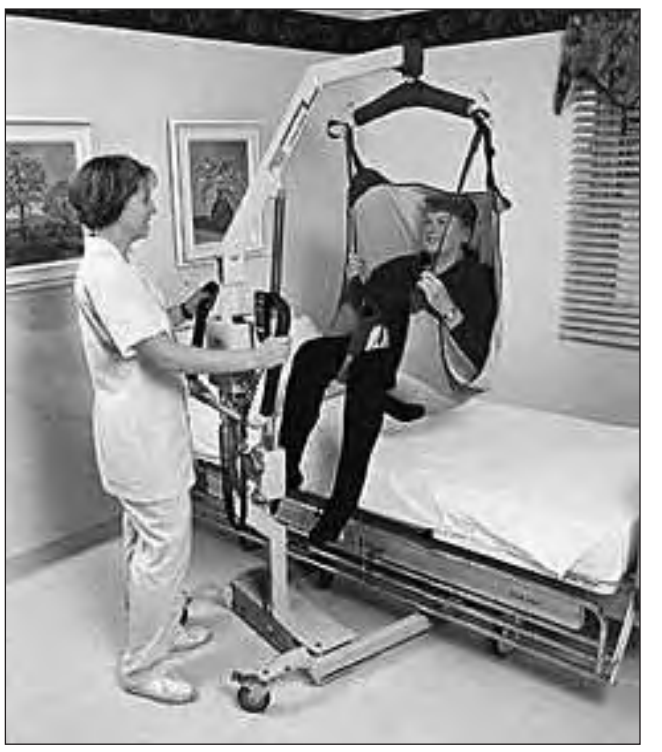
However, prevention of a back injury demands maximal efforts by the employer. In fact, the preamble of the OSHA act of 1971 states, "Every employer shall furnish to each of his employees, employment and a place of employment which are free from recognized hazards that are causing or likely to cause death or serious physical harm to his employees."

Thus, well before 1996, the preventability of back injuries in nurses and other health care workers was compelled by law. The OSHA act enshrined the legal obligation of an employer to provide work free from recognized hazards. These hazards are obvious. Additionally, where HCWs work in for-profit institutions it is a moral imperative to at least maximize workplace health and safety for those whose work provides the profit for the employer. That is the least an employer must do.

Consequently, the employer is legally and morally obligated to work to reduce injuries to zero. Ergonomic interventions are now well defined. They include an honest assessment of task related and personal risk factors for injury. The job tasks must be matched to the capabilities of the health care worker. Proactive policies that include zero lifting by nurses are feasible and proven. Other interventions are recognized. These include proper maintenance and lubrication of wheels on equipment such as medication carts, wheel chairs and dietary wagons.

Prevention of all back injuries in nurses and other health care workers is realistic and the legal and moral imperative is not subtle. It is in the employers' interest to pursue this goal. It is equally in the nurses' best interest to maximize their health as well, in pursuit of the same goal. Thus, both groups have a common interest.

Prevention happens when there is an active contribution from everyone. Only then can a spirit of benevolence and justice be fostered. Benevolence occurs when everyone acts, and intends to act, for the good of all. Justice happens when the dignity of everyone is acknowledged and respected. It



demands fidelity to promises and a lack of coercion. Justice requires our mutual interdependence which can only be fulfilled by a communal effort.

We all share an responsibility to fashion and operate institutions that fulfill our obligations to one another. In the process, we will have created justice and health. ■

Workplace heath and safety: report of PHASE/MNA focus groups

UMass Lowell project examines effect of health care restructuring on workers

By Lee Ann Hoff, RN, PhD
and Craig Slatin, ScD, MPH
University of Massachusetts Lowell
Second of two parts

The UMass Lowell PHASE in Health care research project has been a five-year study of health disparities among health care workers, funded by the National Institute for Occupational Safety and Health (NIOSH). The case study and focus group research addressed our questions about how health care system restructuring has affected worker health and safety. Our partnership with the MNA provided us the opportunity to learn about the working conditions nurses face in a range of health care settings. Nearly 50 MNA members, including elected leaders, local unit leaders, occupational health advocates and staff nurses, employed mostly in hospital environments, participated in a series of seven focus groups on the following topics: General health and safety; violence and abuse; diversity and discrimination issues; post-injury return to work experiences, and health care system restructuring.

Health care restructuring and nurse empowerment issues

Nurses described today's health care system as a business model in which hospitals function like a hotel complete with ads for patients and concierge ("instead of a health care worker") to answer questions. Entry facades resemble the "Taj Mahal... but then you enter a patient care unit and it completely drops off." Nurses perceive money as the "bottom line" in this model, hence the emphasis on keeping patient numbers up in a desperate attempt to survive financially. Staff must "speed up, work faster, work smarter, and take up more tasks in the clinical arena." In this restructured work environment, nurses experience a constant sense of urgency in a vicious cycle of ever increasing pace of work. They associate this environment to their increased stress levels, self-care neglect, and physical symptoms.

One nurse said this about the high-powered management model: "A lot of what's called restructuring has nothing to do with best practice. It doesn't have scientific evidence [to support it]. It's really someone [chief executive, the proverbial emperor with "no clothes"] sent by the Board with an idea and saying 'OK, there's some goals and here's how we'll get to those goals.' And if someone objects and says, 'wait a minute, you've got no clothes on again'...it's just too easy for them to say, OK, you're not with the team. Get out. And we'll just get some team players in here."

Nurses also cited the systematic "downsizing, reconfiguring and outsourcing" of nursing staff through restructuring, that is, "extending nurses" by hiring cheaper health aides in schools and moving home health care patients to another agency with piecemeal billing protocols in which patients get lost in the shuffle. "And when we say stop, you need to look at this person who needs more than you're offering [they say] Get into the real world. This is not how we do things now."

Other evidence of restructuring is reliance on machines vs. nurses for very sick patients, plus pressure for early discharge of these sick patients. While patient acuity level is rising, staffing levels are down. Describing the impossibility of meeting care needs of two neurology patients with ventricularostomies in their heads, and trying to explain the situation to an upset family, one nurse said: "I simply can't be in two places at one time. And they [the family] didn't buy it, so I just said to hell with this, I'm leaving."

Cost of restructuring

While citing financial incentives (e.g., hiring lower-paid direct care workers) that have "escalated dramatically with restructuring," nurses say that it's not that there is no money [for nurses' salaries], it's that "the money is simply oozing to the top" in the form of the salaries and bonuses paid to middle and upper management. Put another way, nurses say there is no shortage of nurses, just a shortage of those willing to work for low wages; and they describe the $10,000 bonuses to attract nurses as "stopgap measures." Another cost (vs. financial saving) in restructured health care is the repeated introduction of new guidelines and subsequent need for continuous re-learning.

A clinical nurse specialist cited a dramatic example of "cost" to hospitals in failing to use inside nursing knowledge (vs. high-powered sales pitches from non-nurses) in management decisions before purchasing expensive equipment. That is, after "taking the doctors to dinner" and dealing with the VP for materials, "they bring me in after the sale is closed." When she then raised questions about the item, she was told "it's a done deal." And then they fly in another nurse specialist "from Dallas or Minneapolis to teach us how to use it."

One nurse used the metaphor of the "widget" to describe the cost of the manufacturing model in staff time and quality of patient care. The software computer recording of patient care was meant to document that nurses "managed care" in an "efficient" way to bill for and not be denied payment. Nurses noted that the computer software does not allow one "to override the system to put in your assessment, what you saw. You could only do the checking off…that you had the patient turn, cough, and deep breathe"—leaving no place for "nursing judgment."

This underscores the misguided application of the manufacturing model in which "the widget is always the same," whereas in healthcare, every patient is different. One nurse stated: "We've been sold out by those nurses who became business managers" who apply the concept of the widget as though every patient is the same, thus by-passing the reality of "whole patient ambience."

Besides these costs of provider reorganization resulting from restructuring, nurses described the pain of nurse managers who must implement layoffs. In one VNA, for example, the entire home health aide Departments (mostly ethnic minority workers who lost all benefits) was eliminated because it was "a money loser." Cynicism from these actions combines with apathy: "The [nurses] who have tolerated it for a long time just accept it ... the norm is we don't speak up because you don't bite the hand that feeds you... The women are much more apathetic the longer they are in a system, and new people who won't tolerate it just leave." Contract workers—hired to replace professional and other workers who have been let go or simply quit—are thought to have no buy-in or incentive for institutional loyalty in job performance.

Injury prevention: unions and other sources of support

Nurses cited the National Institute for Occupational Safety and Health (NIOSH) as a source of support with its "guidelines" for injury prevention, although these are not enforceable. Most importantly, they singled out the MNA union for the "very powerful role" it plays in acting on behalf of injured workers and injury prevention such as through protective contracts, its legislative agenda for safe staffing, and changing legal definitions which originally excluded nurses as objects of felonious assault.

The union "gives the individual nurse and smaller groups of nurses the support of their colleagues ... the ability to say no [to effects of restructuring]. We're here to take care of patients. That's our legal responsibility...and that's why you're getting paid to resist some of these foolish changes and bring forth some things that do help patients." This nurse said being organized is a tremendous asset to the health care environment, and offers the satisfaction of being able to say "enough is enough and having the union say, this is what the agreement is."

Nurses also discussed whistle-blower protections, intimidation and the difficulty of fighting the system. A nurse who had worked with several nurse managers over 15 years said that those who "try to work with the system ... and try to prove things and stand up and advocate for nurses and patients, are the ones that ended up being pushed out the door."

Preliminary analysis

In one way, the nurses' voices about workplace health and safety speak very powerfully for themselves, providing a vivid data-based rationale for whatever action nurses and others may wish to take on behalf of themselves and fellow health care workers and—by extension—improving the quality of patient care.

Emerging from qualitative analysis is the overarching theme of health care restructuring in which health care agencies are redefined as businesses, patients are redefined as "widgets" in a factory-like line of production, and service delivered to these "widgets" is redefined as a commodity. Together, the re-definitions central to restructuring reveal that profit margins supersede concerns about and investment in basic training programs and policy implementation to protect the health and safety of health care workers. The reality of health care restructuring is often the giant invisible to workers on the ground that are faced with the grind of daily duty, engrossed in demands, rescue strategies, and survival of themselves and patients.

We learned that the health and safety of nurses and other health care workers is often disregarded as a priority in many health care agencies. Where MNA members have been able to work with concerned managers, wonderful progress has been made in health and safety of workers, for example, in one hospital system's nationally acclaimed model for violence prevention.

By and large, though, we learned that health care facility owners, the various payers who demand full health care service for reduced costs, and the workers' compensation insurers and government agency have failed to see the importance of protecting employees' health and safety, and at worst have established a system to evade the employer's legal responsibility to provide a healthy and safe workplace.

Patient safety concerns are primary, yet owners and managers fail to recognize that patient safety is dependent upon health care worker safety. Instead of implementing comprehensive health and safety programs, nurses and other workers are blamed for their injuries and illnesses, and patients are considered the unavoidable cause of injury risks–they are too heavy, too old, or have dementia, and nurses have to accept the consequences of these patients' behavior as part of the job. But fortunately, the MNA counters these arguments and beliefs and points out that increased staffing, better working conditions, making both worker and patient health and safety a system-wide priority, and giving voice to nurses' collective knowledge can and will make health care work safe and effective.

We have deep appreciation for the opportunity that the MNA and focus group participants provided us to learn about these health care issues. As our analysis is completed and we publish our findings, we hope to provide support to the movement for creating a health care system with universal access, affordability, high quality, and working conditions that reflect the dedication and commitment of nurses and all health care workers.

Acknowledgements to: MNA member focus group participants; focus group coordinator Evie Bain and PHASE team members Eduardo Siqueira, Kathy Sperrazza and Beth Wilson for their assistance with this research.

About the authors: Lee Ann Hoff is a nurse-anthropologist, has authored several books on crisis and violence and is a co-investigator of the UMass Lowell PHASE research project. Craig Slatin is principal investigator of the PHASE project and associate professor at UMass Lowell. For methodological facets of this project contact: leeann.hoff@comcast.net

To access both parts of this article go to www.massnurses.org and go to the Health and Safety Page. ■

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Division of Labor Action: Education & Training

Nursing by the numbers

Compiled by Joe Twarog

- Number of registered nurses in the United States: 2.7 million
- Active registered nurse licensees (2005) in Massachusetts: 103,222
- Active advanced practice nurses licensees (2005) in Massachusetts: 7,753
- MNA members living in:

Florida, Mass.	1
Peru, Mass.	6
Wales, Mass.	1
Holland, Mass.	6
Berlin, Mass.	8

- Percentage of U.S. registered nurses who are women: 92.5% in 2005
- Percentage of RN population that is:

Caucasian	90.0%
African/American	4.2%
Asian/Pacific Islanders	3.4%
Hispanic	1.6%
American Indian/Alaskan Native	.5%

- Between 1996 and 2000, the number of minority RNs increased at a faster rate (about 35%) than the number of non-minority RNs (2%)
- RNs under the age of 40 in 1980: 52.9%
- RNs under the age of 40 in 2000: 31.7%
- Average age of the RN population in the U.S.: 45.2 years
- Average annual earnings of registered nurses employed in nursing: $57,784 in 2004
- UMass Memorial Medical Center CEO John O'Brien per hour rate: $610.58
- Percent of nurses whose primary practice setting is a hospital: 59%
- Number of RNs per 100,000 residents in Massachusetts: 1,181
  (The highest rate for any state: the District of Columbia has a rate of 1,498.)
- Number of RNs per 100,000 residents U. S. population: 793
- Wage differential of unionized hospital RNs vs. non-unionized hospital RNs: 13%
- Union nurse wage differential for the 67 largest metropolitan areas in the United States: 28%
- Percentage of RNs represented by a union in 2003: 19.5%
- Percentage of employed RNs who have considered leaving patient care within the last two years for reasons other than retirement: 50%
- Estimated percentage of all acute care hospital nurses who left their positions in 2000: 21%
- A shortage of RN staff has been found to impact patient length of stay by up to 12% and in surgical environments risk of failure by up to 14%
- The need for RNs is predicted to continue to grow rapidly, rising by 27.3% between 2002 and 2012, compared to 14.8% during the same period for all occupations. More than 1.million openings for RNs are projected by 2012 due to growth and replacements.
- Gallup poll respondents who rated a profession's honesty and ethical standards as "very high/high" gave these ratings:

Nurses	79%
State officeholders	24%

- The 2004 Gallup annual survey on the honesty and ethical standards of various professions (including nurses, doctors, pharmacists, dentists, veterinarians, teachers, military officers, clergy, bankers, judges, lawyers, auto mechanics, business executives, Congress members, etc), the public voted nurses No. 1.
- Percentage of nurses who leave the profession because of back injuries: 12%
- Annual cost for back injuries among health care workers: $1.7 billion (estimate)
- For each additional hour of nursing care provided, injury rates for nurses and nurses' aides fell by nearly 16%
- For every unit increase in staffing, worker injury rates decrease by 2 injuries per 100 full time workers.
- Massachusetts state representatives who voted for the Safe Staffing bill: 133
- Massachusetts state representatives who voted against the Safe Staffing bill: 20
- Massachusetts hospitals, Massachusetts Hospital Association and Massachusetts Organization of Nurse Executives registered lobbyists combined (2004): 99
- MNA registered lobbyists (2004): 2
- Number of years the MNA has fought for safe staffing legislation: 10
- Massachusetts spending on lobbyists (2001): $53 million
- Number of lobbyists per Massachusetts legislator: 3 to 1 (640 to 200)
- Number of bills filed annually in the State Legislature: 8,000 (approx.)
- California hospitals that have closed due to California's RN staffing legislation: 0

Sources: U.S. Bureau of Labor Statistics/Department of Labor, Massachusetts Board of Registration for Nursing, US Census Bureau, American Association of Critical-Care Nurses, www.minoritynurse.com, Health Resources and Services Administration's National Survey, Statistical Abstract of the United States, 2004-2005, US Census Bureau, Statistical Abstract of the United States, 2004-2005, US Census Bureau, Institute for Women's Policy Research, Peter Hart & Associates, U.S. Department of Labor, The Gallup Poll, NurseWeek "Watch your back" by Connie Goldsmith, Recruitment and Retention Monthly, Keith D Jones: The Impending Crisis in Healthcare. The Internet Journal of Healthcare Administration, Federal Division of Nursing, American Journal of Public Health, MNA Membership Department

At Long Last! MNA Establishes a Labor School!

Region 4 to Pilot Program

The new MNA Labor School will begin classes in January 2007 with a pilot program based at the Region 4 office in Danvers. The Labor School will have various tracks of topics, including: floor representatives and grievance handling; collective bargaining; organizing and member mobilization; and special topics related to health and safety, political action, public speaking, and labor history.

Each track will consist of 5 or 6 classes that meet twice a month. Participants who complete each track will receive a certificate of completion. Once a participant completes two full tracks, she will be presented with a special MNA Labor School jacket.

The MNA is planning to develop two levels of tracks: basic/introductory and advanced.

Questions: Peggy O'Malley, 978-977-9200, or region4mna@aol.com

Nursing News Briefs

Congress on Nursing Practice seeks members

There are currently several open seats on the Congress on Nursing Practice that the MNA hopes to fill in the near future.

The Congress works on practice issues impacting the nursing community that can be addressed through education, policy, legislation or position statements.

Examples of previous accomplishments are programs and position statements on Medication Errors and Accepting, Rejecting and Delegating a Work Assignment.

Congress members are now working to develop a nurse mentorship program.

People interested in participating must be MNA members. The Congress meets the fourth Monday of the month 10 times per year at MNA headquarters in Canton. MNA (telephonic attendance can be arranged). Meetings are held from 5:30 p.m. to 7:30 p.m..

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

MNA Region 4 names president

Brian Zahn, RN and chairperson at Lawrence Public Health, was named president of MNA Region 4 Board of Directors on Oct. 10. Zahn has been a member of the MNA for the past 15 years and chairperson of his bargaining unit for the past seven years. ■

Dressed and ready. **RNs from UMMC arrived with their friends and families as a way of showing the bargaining unit's solidarity and total commitment to the strike.**

Delivering the news: **Kathie Logan tells a pumped-up crowd of nurses the good news: a tentative agreement was reached, and it included *everything* the nurses had fought for.**

Tears of Joy. **Nurses and supporters celebrate their victory.**

Scenes from the picket line

Striking nurses don't mince words: **As buses drove by carrying scab nurses into the UMass campus, the nurses on the picket line let their feelings be known.**

…UMass

From Page 1

- Provides a 15-step salary scale with 5 percent annual step raises, as well as a cost-of-living adjustment in each year of the contract. The starting hourly wage step at the end of the contract will be $27.23 up from $24.33 with a top wage step of $55.02 up from $49.86.
- Management withdrew proposals that would have diminished nurses' rights under new Reduction in Force language, as well language on family and medical leave benefits.

The 830 MNA nurses of the UMMC/University Campus began negotiations last December. The settlement followed an historic 94 percent vote by the nurses to authorize the strike. More than 20 negotiating sessions had been held by the time the tentative agreement was reached on Oct. 26, with a federal mediator involved in the talks from early on in the process.. ■

Mobile support: **The MNA's mobile unit was on hand to help with water/food distribution; assist with shuttling members to and from the strike office; and to provide the picket line with some motivational ear candy (Aretha Franklin's "Respect" got a lot of air time via the unit's PA system).**

MNA awards honors for nursing achievement

Elaine Cooney Labor Relations Award

"The Elaine Cooney Labor Relations Award" recognizes a Labor Relations program member who has made significant contributions to the professional, economic and general welfare of nursing. This year's recipients were Cecilia (CeCe) Buckley, nominated by Sheila Ainsworth; Joanne Hill, nominated by Gail Middleton; and Cecil Pryce, nominated by William Fyfe.

Cecelia (CeCe) Buckley has been an active member of MNA for the past twenty-two years, which has included leadership roles as co-chair of the bargaining unit at St. Elizabeth's Medical Center for twelve years and president of Region 5. Her leadership is exemplified by a supporter of her nomination who said that "in a crisis situation, Buckley provides clear no-nonsense direction and follows up with meetings that help to educate nurses about their rights on the job and how to identify solutions and, when necessary, support them in a grievance." Her most recent success, according to her nominator, was facilitating inclusion of health and safety, safe staffing and successor language in the current contract. Buckely has been able to build a strong sense of union solidarity and by effectively networking with other Caritas Christi hospitals, has better positioned them in their recent contract negotiations. She has been a force for progress at the MNA and has led the initiative to unify the MNA districts to achieve a more cohesive structure. A political activist, Buckley has fought tirelessly for safe staffing legislation.


Buckley

Joanne Hill has been an MNA leader for many years in many capacities. As chairperson of the bargaining unit at Whidden Memorial Hospital, she persevered through long and arduous contract negotiations and as stated in a letter of support of her nomination, "went head to head with legal council and through strong negotiation skills, commitment and steadfast dedication, obtained a fair and equitable contract." Hill actively and effectively campaigned with nurse leaders, politicians and hospital management and staff to save Whidden from closure. She serves on both the MNA and Region 5 Board of Directors and has held membership on the Local 5 Healthcare Coalition, executive committee of Massachusetts Nurses PAC and the Congress on Health Policy and Legislation. Hill has been a strong activist in support of MNA's legislative agenda. Her commitment to labor relations is evidenced in her attendance at classes and meetings at the Labor Guild. Her nursing practice has role modeled commitment to excellence, as seen in her achievement of nursing certification in gastroenterology and in her present enrolment in a master's program for health care and nursing leadership.


Hill

Cecil Pryce has been employed as a staff nurse and supervisor at the Erich Lindemann Mental Health Center since 1991 and has chaired the collective bargaining unit at that institution during this time. He has also been a participant on MNA's Unit 7 State Council. Characterized as soft-spoken, reserved and persuasive, his leadership is marked by thoughtful reasoning in his decision-making. He successfully mobilized his local unit members in organizing the first Unit 7 local facility contract picket in the 20 years. A committed union activist, his presence is evident at activities that address issues important to MNA and to health care professionals. He is a role model who influences others not only by his words but by his actions. A supporter of his nomination states, "Cecil provided us with our 'first step' in the mobilization of the Unit 7 membership as never before seen in our history. It is because of that mobilization and the increased involvement of our membership that we were successful in obtaining a contract agreement." Pryce has been an influential force in and contributed significantly to Unit 7's collective bargaining effort.


Pryce

MNA Advocate for Nursing Award

The MNA "Advocate for Nursing Award" recognizes the contributions of an individual, who is not a nurse, to nurses and the nursing profession. This year's recipient of the MNA Advocate for Nursing Award was Joseph Carlson, nominated by Lynne Starbard.

Joe Carlson is a strong and powerful advocate for nurses in the Worcester area, who, in the words of his nominator, "consistently makes nurses' professional issues, our legislative issues and our bargaining issues a priority, not only within the Central Labor Council, but also by using his respected position in the community to help advance nurses' agendas." He has been both visible and vocal in his support of nurses and MNA's legislative agenda, advocating strongly at the state and local level and has staunchly supported MNA's Safe Staffing legislation. Carlson's commitment to nurses emanates not only from his understanding of the collective bargaining issues nurses face, but also from his appreciation of the care. His abiding support has been a source of strength to nurses and nursing, and he is a tireless and greatly appreciated advocate for nurses, patients and bargaining units.


Carlson

MNA Excellence in Nursing Practice Award

The MNA "Excellence in Nursing Practice Award" recognizes a member who demonstrates an outstanding performance in nursing practice. This award publicly acknowledges the essential contributions that nurses across all practice settings make to the health care of our society. This year's recipient was Maureen Montague, nominated by Betsy Drane.

Maureen Montague's entire 35-year nursing career has been as a psychiatric nurse at St. Vincent's Hospital. She is recognized by nursing staff as an outstanding psychiatric nurse and a valuable resource in her field and member of the psychiatric unit's multidisciplinary health care team. Her nursing care incorporates highly developed nursing skills, insightful assessment of patients, and follow-through to assure desired patient outcomes. A role model of compassionate care, Montague is indeed a patient advocate, seeking to identify her patients' support systems and strengthen them. She not only pursues her own continued nursing education but is invested in the education of her peers, sharing new knowledge with them. Montague is a mentor to new nurses and is sought out as a resource for patient care.


Montague

MNA Human Needs Service Award

The MNA "Human Needs Service Award" recognizes an individual who has performed outstanding services based on human need, with respect for human dignity, unrestricted by consideration of nationality, race, creed, color or status. This year's recipient was Jeanine Burns, nominated by Laurie Holcomb.

Jeanine Burns has practiced nursing for 33 years and is currently a staff nurse in the emergency room at Addison Gilbert Hospital. When Hurricane Katrina devastated New Orleans and the Mississippi Gulf Coast, Burns immediately volunteered her services and was assigned to a clinic in an evaluation facility outside of New Orleans. When she arrived, she had supplies and donations she had solicited from people on Cape Ann with her. In the months to follow, Burns nursed hurricane victims in Louisiana and Mississippi, working long hours in makeshift clinics and under dire conditions. During this time, Burns was in contact with colleagues back home, seeking and receiving badly needed medical and life-sustaining supplies and funds. She was the MNA's communication source for identifying what was needed in its drive to secure and send help, both monetary and in needed supplies. Her efforts to assist continued after she returned home, and she continues to raise awareness of the ongoing needs of the victims of this disaster. Burns also personally provides support to a family in Louisiana and she has been characterized as "representing what is best about our profession and its moral and ethical commitment to provide care based on human needs, with respect for human dignity."


Burns

MNA Kathryn McGinn-Cutler Advocate for Health and Safety Award

The MNA Kathryn McGinn Cutler Advocate for Health and Safety Award recognizes an individual or group that has performed outstanding service for the betterment of health and safety and for the protection of nurses and other healthcare workers. This year's recipients are Gail Pisarcik Lenehan, nominated by Terri Arthur; and Trish Powers, nominated by Mary Anne Dillon.

Dr. Gail Lenehan is a nationally recognized expert on latex allergies. Her groundbreaking efforts to raise consciousness of the effect of latex allergy on health care workers, their patients and the population at large has been significant in protecting their health and safety. Her nominator states that, "Today, because of her formidable and tireless work in raising awareness on this important health issue, thousands of nurses can continue to work in their profession, thousand of patients can be safe and there are many hospitals, doctors' and dentists' offices and even restaurants that no longer use latex gloves." Lenehan has lectured widely and published extensively on latex allergies in both professional journals and in the popular press, as well as co-authoring the MNA's position paper on the subject. She is a fellow of the American Academy of Nursing and Academy of Emergency Nurses, and she also practices as a psychiatric clinical nurse specialist and was editor of the Journal of Emergency Nursing for 25 years. Lenehan's professional expertise and dedication personifies the covenant nursing has with humanity and has served to protect all of us.


Lenehan

Trish Powers is a senior operating room nurse at Brigham and Women's Hospital, where she has been instrumental in effectively advocating for the health and safety of nurses and other health care workers. Reconstruction accidents in the operating room led to serious contamination incidents, which Powers identified. Drawing on her 21 years of experience, she defined the scope and magnitude of the problem and proceeded to mobilize nursing and hospital administration to take definitive measures to address this serious threat and, in the process, discovered that the communication system to handle this type of emergency had not been operationalized. Powers proceeded to assume a leadership role and worked both internally and externally with MNA's Health and Safety Division, resulting in intervention by the Occupational Safety and Health Administration (OSHA). Testimony in support of her award reveals that "her tenacity, dedication and continuous articulation of the issues resulted in the development of a clear communication system, increased frequency of OR staff meetings and led to the activation of a Web site to update OR personnel regarding construction plans." As a consequence, multidisciplinary accountability was strengthened and patients and healthcare workers were protected. Trish Powers was, and is, a change agent and health and safety advocate par excellence. ■


Powers

2006 MNF scholarship award winners announced

The Massachusetts Nurses Foundation awarded the following scholarships during the MNA's 2006 awards ceremony that was held last month at the Publick House in Sturbridge.

Kate Maker Scholarship

- Denise Stone of Holliston. Stone attends the nursing program at Boston College and works part time in the Infirmary at Boston College. She also received a Regional Council 2 Scholarship.


Stone

- Ashley Majidi of Worcester. Majidi is attending nursing school at UMass Dartmouth. She also received a Regional Council 2 Scholarship.

Regional Council 5 Nursing Scholarships for Member's Children

- Meaghan Finn of Winthrop is enrolled in the Baccalaureate Degree Nursing Program at Saint Anselm College.
- Edan Grace Uy of Hyde Park is studying for her Baccalaureate Degree in Nursing at the University of Massachusetts Amherst.
- Caroline Marie Comis of Reading is in the second year of her BSN program at Quinnipiac University.
- Jessamyn Celoza of Sharon will began her studies toward her Baccalaureate Degree in Nursing at the University of Pennsylvania this semester.
- Michelle Marchand of Haverhill attends Curry College and is enrolled in the college's BSN program.
- Kristen Shea of Medfield is attending the BSN program at The Catholic University of America.
- Meghan Arington of Reading is an undergraduate student in the nursing program at Saint Regis College.

Regional Council 5 Scholarships for Members' Children in Higher Education

- Emily Tran of Sharon is enrolled at Roger Williams University and her academic interest is environmental science.
- Kathleen Williams of Arlington is a junior at Salem State College and is majoring in Spanish with a concentration in elementary education.


Williams

- Caitlin Mahoney of Tewksbury will be a resident student at Saint Anselm College majoring in Biology. She is also hoping to attend medical school.
- Jason Whittier of Waltham attends Stonehill College and is majoring in business.
- Craig Nally of Foxborough attends the University of Vermont Honors College with a major concentration in biology. He hopes to work in emergency medicine someday.

Janet Dunphy Scholarships

- Kathleen McCarthy of Weymouth is enrolled in the BSN Program at Curry College and is a psychiatric nurse at Brockton Multi Service Center.
- Donna Kelly-Williams of Arlington is enrolled in the labor studies program at UMass Boston. She has been a RN for 28 years, is employed at Cambridge Hospital and has been the chairperson for her MNA bargaining unit for 10 years. She was also awarded a Labor Relations Scholarship.


Kelly-Williams

- Patrick McDonagh of Somerville is enrolled in both the RN to BSN programs Salem State College. He is a nurse at the Cambridge Hospital on the pediatric inpatient unit and is an active member of his bargaining unit.
- Joanne Hill of Melrose is a staff RN at Whidden Memorial Hospital and is the co-chair of her bargaining unit. She is pursuing her master's degree in health care management in nursing leadership at Cambridge College. She was also awarded a Labor Relations Scholarship.


Hill

- Irina Solodar of Needham is a staff nurse of NICU at Brigham and Women's Hospital. She is enrolled in Emmanuel College BSN program.
- Timothy Finn of West Newton is enrolled in the master's program at Boston College's School of Nursing. He is a staff RN in the SICU at Boston Medical Center.


Finn

- Carla Cerrato of Arlington is a staff nurse at Whidden Memorial Hospital who is actively involved in her local bargaining unit and participates in MNA's Safe Care Campaign. She is enrolled as a master's degree student at Cambridge College and is studying health care management in nursing leadership.


Cerrato

- Lisa Valley-Shah is a charge nurse at Somerville Hospital and co-chair in her local bargaining unit. She is enrolled at Cambridge College and is pursuing a Master's degree in health care management in nursing.


Valley-Shah

- Sharon Lefebvre of Lowell is pursuing a master's degree at UMass Lowell's Gerontological Nurse Practitioner program. She is employed as an RN at Tewksbury Hospital and has served as secretary of Unit 7 and co-chair of Tewksbury Hospital's bargaining unit.

Regional Council 4 Scholarships

- Patricia Rogers Sullivan of North Andover is pursuing her Masters degree at Cambridge College. She is an RN at Lawrence General Hospital and is the chairperson of her local bargaining unit. She also received a Labor Relations Scholarship.
- Lana Muscatell of Rowley is enrolled in the University of Phoenix's MSN program in education. She is an RN at Chelsea Soldiers' Home. She also received a Unit 7 Scholarship.


Muscatell

Regional Council 3 Scholarships

- Jessica Zoino of Carver is enrolled in Endicott College's BSN program and shows exceptional academic achievements.
- Deborah Foley of Kingston is a staff RN at Jordan Hospital, is a member of her local bargaining unit committee and is the chair of her local action committee. She is enrolled in the BSN program at Curry College.
- Ann-Marie Mrozinski of Marston Mills is an ICU staff nurse at Cape Cod Hospital. She is a student in Curry College RN to BSN program and is an active MNA member.


Mrozinski

- Marion Spang of Marstons Mills is pursuing an MSN/EDU through the College of St. Joseph's distance learning program. She is an RN at Cape Cod Hospital and serves on both her local bargaining unit's executive and negotiating committees.

Regional Council 2 Scholarships

- Christine Dauphinais of Millbury is enrolled in the BSN program at Anna Maria College. She works as a staff nurse at UMass Memorial Medical Center


Dauphinais

- Michelle Henry of Worcester is enrolled in the BSN program at Fitchburg State College in their BSN program.
- Leah Ritacco of Auburn is enrolled in the nursing program at Worcester State College.
- Karyn Ruth Locke of Lancaster is pursuing her ASN at Atlantic Union College. She also works at UMass Memorial as a mental health counselor.


Ritacco

- Jessica Ann Kunar of Worcester is attending Worcester State College and is pursuing her BSN. She works at UMass Memorial as a patient care assistant


Kunar

- Tara Hannen of Worcester is pursuing her associate's degree in nursing at Becker College.
- Kelly Hannen of Worcester is attending the University of Massachusetts Amherst where she is pursuing a B.S. in nursing.


T. Hannen

Regional Council 1 Scholarship

- Mathew Poirier of Windham is attending graduate school at the University of Southern Maine where he is pursuing his master's degree. He already holds a B.A. in chemistry and biology.


K. Hannen

Unit 7 Scholarship

- Alicia Reid-Brown of North Chelmsford is enrolled in the MSN program at the University of Phoenix. Her concentration is on behavioral health and chemical dependency. She is employed as a staff RN at Tewksbury Hospital. ■


Julie Pinkham, Karen Higgins and Nora Watts during the awards ceremony

Donations Needed for MNF Annual Auction!

We Need Your Help: The Massachusetts Nurses Foundation is preparing for the annual golf tournament that is scheduled for June 2007, as well as its annual silent and voice auction to be held during the MNA's 2007 convention.

Donations are needed to make these fundraising events a big success. Your *tax-deductible* donation helps the Foundation raise funds to support nursing scholarships and research.

- ✓ Valuable Personal Items
- ✓ Gift Certificates
- ✓ Works of Art
- ✓ Craft Items
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- ✓ Vacation Packages
- ✓ Gift Baskets

Your support is appreciated

Jeannine Williams — MNF President
Tina Russell — Treasurer

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

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

MNA
PEER ASSISTANCE PROGRAM

Help for Nurses with Substance Abuse Problems

Are you a nurse who is self-prescribing medications for pain, stress or anxiety?

Are you a nurse who is using alcohol or other drugs to cope with everyday stress?

Would you appreciate the aid of a nurse who understands recovery and wants to help?

CALL THE MNA PEER ASSISTANCE PROGRAM

ALL INFORMATION IS CONFIDENTIAL
781-821-4625, EXT. 755
OR 800-882-2056 (IN MASS ONLY)
WWW.PEERASSISTANCE.COM

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

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

Boston Metropolitan Area

- Bournewood 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, 781-964-9546. Meets: Wednesdays, 5:15 p.m. & coed at 6:30 p.m.
- Caritas Good Samaritan Medical Center, Community Conference Room, 235 N. Pearl St., Brockton. Contact: Steve Nikolsky, 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, Beverly Hospital, 1st Floor, Beverly. 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, f*or 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 Member Discounts Save You Money

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

Credit Card Program
Bank of America 800-847-7378
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Term Life Insurance
Lead Brokerage Group 800-842-0804
Term life insurance offered at special cost discounts.

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

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

Long Term Disability Insurance
Lead Brokerage Group 800-842-0804
Provides income when you are unable to work due to an illness or injury.

Retirement Program
American General Financial Group/VALIC 800-448-2542
Specializing in providing retirement programs including 403(b), 401(k), IRA, NQDA, Mutual Funds, etc.

Discount Tax Preparation Service
TaxMan Inc. 800-7TAXMAN
20% discount on tax preparation services.

Home Mortgage Discounts
Reliant Mortgage Company 877-662-6623
Save on your next home loan/mortgage with discounts available to MNA members and their families. Receive discounts off mortgage applications for home purchase, refinance and debt consolidation loans. Inquire into no points/no closing costs programs and reduced documentation programs. Receive free mortgage pre-approvals.

Life & Estate Planning
Law Office of Dagmar M. Pollex 781-535-6490
10-20% discount on personalized life & estate planning.

***NEW* Blue Cross Blue Shield**
Health insurance plan details are available by calling 800-422-3545, ext. 65414

Products & Services

Auto/Homeowners Insurance
Colonial Insurance Services, Inc. ..... 800-571-7773 or 508-339-3047
MNA member discount is available for all household members. No service changes when choosing convenient EFT payment plan. Prices competitive with AAA. For a no obligation quote visit www.colonialinsuranceservices.com.

Cellular Telephone Service
Cingular Wireless ..... 800-882-2056, ext. 726
Good news! MNA members can no go to any Cingular Wireless company store for all transactions. 8% discounts on rate plans, 20% on accessories.

T-Mobile 866-464-8662
T-Mobile is offering MNA members and their families a free phone with activation, free nationwide long distance and roaming and free nights and weekends (on specific plans). No activation fee is required for members.

Verizon Wireless 617-571-4626
Receive an 8 percent discount on plans priced $34.99 and above! Receive a free Motorola G3400 on any new purchase or upgrade.

Sprint Nextel Communications 617-839-6684
Save up to 30% on equipment, up to 23% on rate plans and up to 10% on accessories. Choose from a wide selection of phones. Call Don Lynch or email Donald.Lynch@Sprint.com or visit www.nextel.com/massnurses to place an order today

Discount Dental & Eyewear Program
Creative Solutions Group 800-308-0374
Best benefits—a health care savings plan that cuts the cost of health care expenses. Discounts on dental, eyecare and chiropractic expenses.

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

Mass Buying Power 866-271-2196
Mass Buying Power is a no-cost, no-obligation benefit offered to MNA members. Before you make your next purchase visit www.massbuy.com for any new products and services. Log in as a group member (sign-in name: MBP, password, MBP)

Discount Products by Member Advantage
Member Advantage ..... 781-828-4555 or 800-232-0872
Discount prices on a broad range of products. Nationwide shipping or local pickup available. Register at mnadiscountproducts.com (member ID: 391321040).

Oil Buying Network Discount
Oil Buying Network 800-660-4328
Lower your home heating oil costs by 10–25 cents per gallon or $150 per year.

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

Sight Care Vision Savings Plan
MNA Division of Membership ..... 800-882-2056, ext. 726
Obtain your Sight Care ID card to receive discounts on eye exams, eyeglasses & contact lenses at Cambridge Eye Doctors or Vision World locations.

Health Care Apparel
Work 'n Gear Discount ..... 800-WORKNGEAR (for store locations)
Receive 15% discount off all regularly priced merchandise. Visit www.massnurses.org for a printable coupon to present at time of purchase.

Brooks Brothers Discount
Enroll online to receive 15% discount at Brooks Brothers, Adrienne Vittadini and Carolee. Visit http://membership.brooksbrothers.com. (ID=87400, PIN=97838)

Travel & Leisure

Avis Rental Care Discount
Avis 1-800-331-1212
Discounts can be used for both personal and business travel. For full benefits, the Avis Worldwide Discount (AWD) number must be given to the reservation agent: Q282414. Visit www.zvis.com to set up your own personal profile or for more information.

Hertz Car Rental Discount
Hertz 800-654-2200
MNA members discounts range from 5 – 20% mention MNA discount CDP#1281147.

Discount Movie Passes
MNA Division of Membership ..... 800-882-2056, ext. 726
Showcase Cinemas/National Amusements, $7. AMC Theatres, $5.50. Regal Cinemas (not valid first 12 days of new release), $6. Call to order by phone with Mastercard or Visa.

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

Disney Discount
Members can now take advantage of discounted tickets to Walt Disney World and Disneyland along with other Florida attractions. Begin saving by calling 800-331-6483 or check out the discounts on our Web site at www.massnurses.org.

Anheuser-Busch Adventure Parks Discount
MNA Division of Membership ..... 800-882-2056, ext. 726
Obtain Adventure Card to receive discount admission to Busch Gardens, Sea World, Sesame Place, Water Country USA & Adventure Island in Tampa, Fla.

Universal Studios Fan Club 888-777-2131
Log onto the MNA Web site at www.massnurses.org and click on the Universal Studios Link to obtain special discount prices.

Working Advantage
Members now have access to discounts for movie tickets, movie rentals, theme parks, ski tickets, Broadway shows, and much more. Register today at www.workingadvantage.com (member ID available by calling 781-830-5726).

***NEW* Boston Celtics Discount**
For information on MNA Boston Celtics discount nights, including dates and ticket information, email massnurses@celtics.com.

For more information, contact the representative listed or call member discounts at the MNA, 800-882-2056, x726. All discounts are subject to change.

Holiday wish list: give a gift to those most in need

The MNA Diversity Committee is hosting its **third annual Medical Missions trip to Honduras, Jan. 17-24, 2007**. Supplies and monetary donations are needed now for the trip. Donations can be dropped off to the MNA Headquarters Office at 340 Turnpike Street, Canton, MA 02021. Make checks payable to Mercy Ships and note MNA Medical Missions 2007 on the check.

Supplies needed

Medical supplies

- Vitamins (both adult and child all types)
- Medicine cups
- Saline eye drops
- Stethoscopes
- Tylenol (adult and children's chewable)
- Tape
- Antifungal creams
- Band-Aids
- Topical antibiotic creams
- Non-sterile gloves
- Vaginal Yeast Infection Medications
- Sterile Gloves
- Lice Medications
- Gauze wraps and sponges
- Scabies medications
- Bio-hazard bags
- Urinalysis Reagent strips
- Bio-hazard needle boxes
- Pregnancy tests
- Small zip lock bags
- Accu check devices and strips
- Tape measures
- Lancets
- Hydrocortisone cream
- Oral antibiotics (contact MNA for complete list of first-generation medications)
- Folic acid
- Benadryl
- Ferrous sulfate
- Cough lozenges

Personal Items

- Flip-flop shoes, all sizes
- "Crock-like" plastic shoes, all sizes
- Socks
- Toothbrushes
- Underwear
- Pens and paper

If you have any questions about the medical missions trips or donations, contact Carol Mallia at cmallia@mnarn.org.

Mercy Ships® Bringing Hope and Healing... Welcome aboard!

Massachusetts Nurses Association — INCREASING: Awareness • Advocacy Accountability — Developing Diversity

Open Position at the MNA: Associate Director, Division of Nursing

The MNA is seeking an associate director in the division of nursing. This position will be accountable for carrying out the activities related to the nursing practice and labor goals of the association.

Criteria for the position include documented clinical knowledge and expertise along with a familiarity of regulatory requirements related to practice issues. The candidate must have a demonstrated competence in planning, implementing and evaluating nursing education programs along with the ability to research and write articles for publication on practice issues. In addition, there must be documented collaborative skills in working with groups of direct care nurses. A master's degree is required with a preference in nursing.

Please send resumes to:
Shirley Thompson
MNA Director of Operations
340 Turnpike St., Canton MA 02021.
Fax: 781-821-4445.
E-mail: sthompson@mnarn.org.

Salary commensurate with experience.
Excellent benefits. MNA is an AA/EEO.

MNA Continuing Education Courses

Winter 2007 Courses

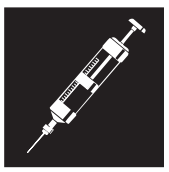
Safe Patient Handling: Protect Your Patient and Your Back

Description This program will address many of the issues and concerns as well as the current possible solutions related to the age old and ongoing problem of safe patient handling in the field of nursing.
Speakers Marthe B. Kent, New England regional administrator, U.S. Dept. of Labor/OSHA
Jennifer Callahan, RN, state representative
Carol Bates, compliance assistant specialist, OSHA
Linda Haney MPH, RN, COHN-S, CSP - Creating Cultural Change
Kathleen Nelson, physical therapist
William S. Marras, Ph.D., CPE, Ohio State University, The Downward Spiral of Low Back Pain
Robert P. Naparstek, MD, medical director, Caritas Good Samaritan Occupational Health Service
Beth Piknick, RN, President, MNA
Date Jan. 12, 2007
Snow Date: January 25, 2007
Time Registration and breakfast, 7– 8 a.m.
Program, 8 a.m. – 3:45 p.m.
Place Lombardo's, Randolph
Fee MNA Members Free
Contact Hours Will be provided.
MNA Contact Susan Clish, 781-830-5723 or 800-882-2056, x723

Interpreting Laboratory Values

Description This program will enhance the nurse's ability to evaluate and determine the clinical significance of laboratory values. Clinical case studies will be used to illustrate the relationship of laboratory values to patient conditions. Clinical management of abnormal laboratory values will be discussed.
Speaker Carol Mallia, RN, MSN
Date Jan. 23, 2007
Time 5 p.m. – 9 p.m. (light supper provided)
Place MNA Headquarters, Canton
Fee MNA Members Free; Others $95
Contact Hours 4.4
MNA Contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Diabetes 2007: What Nurses Need to Know



Description This program will discuss the pathophysiology and classification of Diabetes Types 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. The nursing management of the newly diagnosed diabetic patient, both complicated and not, will be explored. Nursing management of the diabetic patient in the pre/post operative, ambulatory care, home care and school setting will be discussed.
Speaker Ann Miller, MS, RN, CS, CDE
Date Feb. 22, 2007
Time 8 a.m. – 4 p.m. (light lunch provided)
Place MNA Headquarters, Canton
Fee* MNA Members Free; Others $195
*Requires $20 deposit which will be returned upon attendance.
Contact Hours Will be provided.
MNA Contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Mentor Program

Description This program will provide information about the mentoring role for prospective mentors who are experienced professional nurses interested in sharing their knowledge and with supporting other nurses.
Speaker Dorothy McCabe, RN, MS, MEd.
Date Feb. 26, 2007
Snow Date: March 5, 2007
Time 5-9 p.m. (light supper provided)
Place MNA Headquarters, Canton
Fee MNA Members Free; Others $95
Contact Hours Will be provided.
MNA Contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Nurse Protect Thyself … Tools to Minimize Your Legal Exposure

Description This program will provide nurses with a tool kit of information to minimize liability in nursing practice situations. The elements of negligence and how nurses are accountable through regulations, scope of practice and standards of care will be addressed. Documentation and its uses in litigation will be discussed and strategies provided to protect your nursing practice.
Speakers Legal Nurse Consultants, Southern New England Chapter of the American Association of Legal Nurse Consultants
Date March 2, 2007
Snow Date: March 9, 2007
Time 8 a.m. – 4 p.m. (light lunch provided)
Place MNA Headquarters, Canton
Fee MNA and AALNC Members $75; Others $99
Contact Hours Will be provided.
MNA Contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Oncology for Nurses

Description This program will increase knowledge in oncology nursing. The content will include an overview of cancer management, tumor physiology and staging, relevant laboratory testing and treatment strategies and safe handling of neoplastic agents. Chemotherapy administration, classification of chemotherapeutic agents, management of toxicities and adverse effects of treatments and oncological emergencies will be discussed. The program will conclude with pain and symptom management, palliative care and an overview of Hospice care. (Class size limited to 25 participants).
Speaker Marylou Gregory-Lee, MSN, RN, NP, Adult Nurse Practitioner
Date March 7, 2007
Snow Date: March 14, 2007
Time 8 a.m. – 4 p.m. (light lunch provided)
Place MNA Headquarters, Canton
Fee* MNA Members Free; Others $195
*Requires $20 deposit which will be returned upon attendance.
Contact Hours Will be provided.
MNA Contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Critical and Emerging Infectious Diseases

Description This program is designed to provide nurses with current information regarding critical infectious diseases, e.g. HIV/AIDS, Tuberculosis, Hepatitis, MRSA and emerging infectious diseases, e.g. Avian flu, Marburg virus, SARS, EBOLA, BSE and other diseases. The morning session will address specific diseases, their epidemiology, signs/symptoms, treatment and prevention. The afternoon session will address protecting nurses and others from disease exposure through the use of environmental and work-practice controls, as well as personal protective equipment.
Speakers TBA
Date March 23, 2007
Time 8 a.m. - 4 p.m. (light lunch provided)
Place MNA Headquarters, Canton
Fee MNA Members: Free; Others: $195
Contact Hours Will be provided.
MNA Contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Basic Dysrhythmia Interpretation

Description This course is designed for registered nurses in acute, sub-acute and long-term care settings to learn cardiac monitoring and dysrhythmia interpretation. Implications and clinical management of cardiac dysrhythmias will also be discussed. Course will include a text book and require study between sessions one and two.
Speaker Carol Mallia, RN, MSN
Dates March 27, 2007 – Part One
April 3, 2007 – Part Two
Time 5 p.m. – 9 p.m. (light supper provided)
Place MNA Headquarters, Canton
Fee MNA Members Free; Others $195
Contact Hours Will be provided.
MNA Contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Advanced Cardiac Life Support Certification & Recertification

Description This American Heart Association course will provide information on the clinical management of cardiac and respiratory emergencies through case study approach. Course content includes assessment, arrhythmia recognition, intubation, defibrillation and pharmacological interventions. This is a two-day certification and a one-day recertification course. Recertification candidates must present a copy of their current ACLS card at the time of registration. **Attendees of this course must be proficient in basic dysrhythmia interpretation. This challenging course requires a high degree of self study and is best suited for nurses who work in the areas of acute and critical care.**

Speaker Carol Mallia, RN, MSN and other instructors for the clinical sessions
Date April 18, 2007 and April 25, 2007 (Certification)
April 25, 2007 (Recertification)
Time 9 a.m. – 5 p.m. (light lunch provided)
Place MNA Headquarters, Canton
Fee Certification: MNA members Free*; Others $250
Recertification: MNA members Free*; Others $195
*Requires $50 deposit which will be returned upon attendance.
Contact Hours Contact Hours will be provided.
MNA Contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Compassion Fatigue

Description This program will enable nurses to identify the stresses that impact performance of professionals in health care. Methodologies to identify patterns of Compassion Fatigue and strategies to combat it will be presented.
Speaker Donna McCarten White, RN, PhD, CADAC-II, LADC-I
Date April 10, 2007
Time 5 p.m. – 9 p.m. (light supper provided)
Place MNA Headquarters, Canton
Fee MNA Members Free; Others $95
Contact Hours Will be provided.
MNA Contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Managing Cardiac and Respiratory 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 19, 2007
Time 5 p.m. – 9 p.m. (light supper provided)
Place MNA Headquarters, Canton
Fee MNA Members Free; Others $95
Contact Hours Will be provided.
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. Actions, indications, and nursing considerations will be discussed for the major categories of cardiac and pulmonary medications.
Speaker Carol Mallia, RN, MSN
Date June 26, 2007
Time 5 p.m. – 9 p.m. (light supper provided)
Place MNA Headquarters, Canton
Fee MNA Members Free; Others $95
Contact Hours Will be provided.
MNA Contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

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, Visa or Amex 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 due to extenuating circumstances. **In case of inclement weather,** please call the MNA at 781-821-4625 or 800-882-2056 to determine whether a program will run as originally scheduled. Registration 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 sensitivities. Participants are requested to avoid wearing scented personal products and refrain from smoking when attending MNA continuing education programs.

Note: All CE programs run entirely by the MNA are free of charge to all MNA members. Pre-registration is required for all programs.

MNA
Massachusetts Nurses Association

MNF raffle winners announced

Congratulations to the MNF raffle ticket winners drawn at the MNA convention in Sturbridge on Oct. 6.

Region 1	$300 Williams & Sonoma Gift Card	Joanne Caloon
Region 2	$500 Wrentham Outlet Gift Card	John Cronin
Region 3	Weekend Getaway-Chatham Bars Inn	Marty Corry
Region 4	$300 Gas Card	Mary Keohane
Region 5	$500 Cash	Sheila Ainsworth

Prizes were sponsored by each of thte MNA Regional Councils. Proceeds from this fundraiser benefits the MNF scholarship fund.

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

The MNA joins MITSS in providing support to nurses involved with 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?
- Would you like to 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

Toll-Free Number: 888-36-MITSS
MNA Referral Line: 781-830-5770
www.mitss.org

MNA

Free online courses!

NEW online Continuing Ed programs on the MNA Web site

Current program topics include:

▶ Fragrance Free! Creating a Safe Healthcare Environment

1.2 contact hours

The goal of this program is to ensure a therapeutic environment in which the patient and the nurse can interact, as well as to create a healthy workplace in which employees can practice.

▶ Workplace Violence

1.1 contact hours

The goal of this program is to provide nurses and others with an understanding of the extent and severity of workplace violence in the health care setting, the effects this violence has on nurses and other victims and learn to identify hazardous conditions that can be corrected to prevent violence.

Participating RNs and healthcare professionals have the option to complete their studies in "one sitting" or over the course of several days and/or visits—whatever is most convenient.

Visit www.massnurses.org

Travel to Europe with MNA in 2007!

Paris & the French Countryside
April 10–18, $1,999*

Our Paris and the French countryside tour begins with three nights in Rouen, and will include two full days of sightseeing, including a day in Normandy and Bayeux to see the D-Day landing beaches, the American Cemetery and a stop to see Queen Matilda's famous Bayeux Tapistry. The next day, we'll visit the Mont St. Michel, the most famous abbey in the world. After a morning tour of Rouen, including a visit to the Cathedral of Notre Dame, and some free time for shopping and browsing; we are off to Paris for a four-night stay. Our first full day in Paris, features a panoramic sightseeing tour and the afternoon at leisure for museum visits. The next day, a morning tour to the Palace of Versailles with the afternoon again free in Paris for shopping and sightseeing. The following day features a Chateau Country tour to the Loire Valley where we will visit Blois and Amboise. We'll tour the Chateau de Chambord and Chateau de Chenonceau.

Sorrento, Italy
May 26–June 3, $1,899*

Join us on a tour of one of southern Italy's premier vacation resorts. This all-inclusive nine-day, seven-night trip includes air, transfers, hotel and all meals as well as guided tours. The tour will feature Sorrento, Naples, Pompeii, the Isle of Capri and Amalfi Drive. Visits to Positano; the Cathedral of St Andrew; the Museum of Correale; orange, lemon and olive groves; vineyards; and the Castel dell'Ovo in Naples will also be arranged. Offered as an all-inclusive trip, this package is a great value.

Costa Del Sol plus Madrid
Nov. 6-14, 2007, $1,769*

This Spain tour will feature the first five nights in the beach resort of Torremolinos on Spain's Costa Del Sol with the last two evenings in Madrid. We will enjoy a sightseeing tour that includes Ronda, Grenada to see the Alhambra, Seville and Gibraltar. En route to Madrid, we'll visit Toledo, and while in Madrid, we'll have a panoramic city sightseeing tour, and visit to the Prado museum. The last afternoon will be free for individual sightseeing and shopping. This tour includes three meals daily except our last full day in Madrid where lunch is on your own while in the Costa Del Sol.

Florence, Venice & Rome
Oct. 30-Nov. 7, 2007, $1,869*

Join this wonderful nine-day/seven-night trip featuring Florence, Venice and Rome with tours included in each city as well as the beautiful Tuscan cities of Siena, San Gimignano and Assisi. The tour will include four nights in the beautiful Spa town of Montecatini. From there, day trips to Florence, Venice, Siena and San Gimignano will be arranged. The time in Rome will include a full-day sightseeing tour of the Coliseum, the Parthenon, the Spanish Steps, the Trevi Fountain, Vatican City and much more. This trip includes round-trip air from Boston and transfers to and from the hotel. Breakfast and dinner included, as well as one lunch.

Reserve Early ≈ Space is Limited

To receive more information and a flyer on these great vacations, contact Carol Mallia via email at cmallia@mnarn.org and provide your mailing address.

*Prices listed are per person, double occupancy based on check purchase. Applicable departure taxes are not included in the listed prices. Credit card purchase price is $30 higher than the listed price.

Benefits Corner

MNA member discount nights for Boston Celtics

Boston Celtic discount tickets available by calling 617-854-8064 or emailing massnurses@celtics.com. You may also call the division of membership to get a list of the upcoming games 800-882-2056 x726.

Discount movie passes are also available by calling the division of membership. AMC Theatres $5.50, Regal Cinemas $6.00, Showcase Cinemas $7.00. We accept Mastercard, Visa, American Express. check or you may pay cash at the office 340 Turnpike Street, Canton. ■

MNA membership dues deductibility for 2005

The table below shows 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
All Regions	$28.50	5.0%

Congress on Nursing Practice to launch mentorship program

A mentorship program for MNA members will begin this fall. There will be two categories of programs: one for experienced nurses who want to become mentors and the other for nurses who want to be mentored.

The mentorship program was developed with three areas of concentration:

- **Labor:** which will provide entry involvement into union-based activities in the workplace
- **Career:** which will provide information on avenues for professional growth and advancement, including specialty areas, advanced education and certification
- **Organizing/legislative initiatives**: which will provide entry into legislative activities and/or statewide initiatives.

Mentors will need to attend a three-hour workshop focused on specific aspects of mentorship. Break-out sessions for the three categories of mentorship also will be featured.

Interested members should fill out the form below and return it to the MNA. For questions, call the Division of Nursing at 781-821-4625.

Application: MNA's Mentorship Program

Name _____

Address _____

E-mail address _____

Phone _____

Years of experience _____ Area of expertise _____

☐ I want to be a mentor ☐ I am interested in being mentored

Preferred area of concentration: ☐ Labor ☐ Career ☐ Organizing/Legislative Initiatives

Return to:
MNA's Division of Nursing, 340 Turnpike Street, Canton, MA 02021

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

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

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

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

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

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

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

MNA
Massachusetts Nurses Association

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

Call The MNA Answer line for program rates and details:

1.877.662.6623
1.877.MNA.MNA3

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

OSHA Occupational Safety and Health Administration

MNA℠ Massachusetts Nurses Association

Mass. Division of Occupational Safety Consultation Program

Free Seminar

Safe Patient Handling: Protect Your Patient and Your Back

Presented by: U.S. Dept. of Labor/OSHA • Massachusetts Nurses Association • MA Division of Occupational Safety/On-Site Consultation Program

January 12, 2007 (Snow Date Jan. 25, 2007)

Lombardo's, 6 Billings Street, Randolph, MA 02368
Registration: 7:00 a.m. - 8:00 a.m.
Seminar: 8:00 a.m. - 3:45 p.m.

Description: This program will address many of the issues and concerns as well as the current possible solutions related to the age old and ongoing problem of safe patient handling in the field of nursing.

Speakers:

Marthe B. Kent, New England Regional Administrator, U.S. Dept. of Labor/OSHA

Jennifer Callahan, RN, State Representative

William S. Marras, Ph.D., CPE, Ohio State University

Linda Haney, RN, COHN, CSP, Independent Clinical Nursing Consultant

Beth Piknick, RN, President, Massachusetts Nurses Association

Robert P. Naparstek, MD, Medical Director, Caritas Good Samaritan Occupational Health Services

Kathleen Nelson, Physical Therapist/Ergonomic Specialist, Southcoast Hospitals Group

Carol Bates, Compliance Assistance Specialist U.S. Dept. of Labor/OSHA

Contact Hours: Contact hours will be 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. To successfully complete a program and receive contact hours, you must: 1) sign in, 2) be present for the entire time period of the session and 3) complete and submit the evaluation.

Fees: This program is free of charge. Lunch provided.

Support for this program has been provided by the following companies:

Breakfast provided by Guldmann, Inc.

Honorarium and expenses for one speaker provided by Diligent Services, ARJO Inc.

Registration:

Fax registration form to the attention of Susan Clish at 781-821-4445.

Registration Form: Safe Patient Handling: Protect Your Patient and Your Back

Name_____Company_____

____RN ____LPN ____APN ____Other (specify) _____

Address_____

City _____ State _____Zip_____

Telephone: Daytime _____Evening _____

Email Address_____

Please note: Once you are registered, confirmation will not be sent