

MASSACHUSETTS NURSE

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THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION ■ www.massnurses.org ■ VOL. 78 No. 1

RNs at St. Vincent Hospital picket for safe nurse staffing

Carrying signs that read "Safe Staffing Now" and "Nurses Put Patients Before Profits," hundreds of RNs from St. Vincent Hospital, along with nurses from surrounding hospitals and other members of local labor and community groups, conducted an informational picket for safer nurse staffing levels and a fair contract outside of the main entrance to the Worcester-based facility on Dec. 7.

For over a year the nurses, who are represented by the Massachusetts Nurses Association, have been attempting to negotiate their first contract with Vanguard Health Systems, Inc., the newest for-profit owner of the hospital.

The nurses, who conducted an historic 49-day strike in 2000 against Tenet Healthcare over the issues of staffing and mandatory overtime, are once again locked in a protracted dispute with the new owners over similar concerns.

"Every day patients in this hospital are placed at an increased risk for harm because nurses are forced to care for too many patients at once," said Carolyn Moore, RN, a nurse at the hospital and chair of the nurses' local bargaining unit. "In addition, we face increased pressure to speed up the delivery of care and a lack of appropriate ancillary staff to support nurses in delivering quality care."

"Hospitals are not factories; our patients trust us with their lives," added Moore. "Vanguard's practices are appalling and dangerous and we are seeking the public's support in convincing management to place concern for patients ahead of profits."

Specific issues in dispute include the nurses' desire to:

- Set safer staffing levels in the hospital
- Establish a prohibition on routinely



A winding line of nurses from St. Vincent Hospital picketed in early December over their stalled contract talks.

assigning nurses additional non-nursing tasks that detract from their ability to provide safe patient care

- Secure protection of their health insurance benefits
- Secure pay parity with nurses at UMass Memorial
- End management's attempts to strip nurses' contract rights

As part of their ongoing struggle a delegation of nurses also hand delivered a petition signed by 560 nurses—80 percent of the nurses at the hospital—to CEO John Smith-hisler on Dec. 19.

Poor staffing, working conditions jeopardize patient safety

Maintaining appropriate staffing levels is a constant struggle at St. Vincent, which is causing nurses on a number of units to take on excessive patient assignments. The nurses have pointed to concrete evidence of a rapid deterioration in staffing conditions that jeopardize the safety of patients every day:

- In the last year, nurses have filed more than 400 official reports of incidents when staffing levels jeopardized the

See *St. Vincent*, Page 7

MNA re-files safe staffing legislation

Comprehensive set of additional health care bills also submitted

This past legislative session resulted in historic progress on the MNA's bill to ensure safe RN staffing. The Massachusetts House of Representatives voted overwhelmingly, 133-20, in favor of compromise legislation that would have directed the Department of Public Health to create ideal standards and limits on how many patients a registered nurse would have to care for at one time. In addition, a majority of senators signed on as sponsors of H.2663, the original version of the MNA's safe RN staffing bill. But despite this resounding victory in the House, broad backing in the Senate and comprehensive research supporting the bill, Senate leadership would not allow the bill on the floor for a vote.

We now look to the next legislative session as we plan to continue our pursuit of safe RN

staffing legislation. We are encouraged by our successes in the previous session, by the overwhelming re-election and election rates of supporters of the legislation in both the House and Senate as well as the election of Deval Patrick as governor and Tim Murray as lieutenant governor.

Over 97 percent of the 147 candidates endorsed by the MNA took the oath of office in early January. Tim Murray has been a strong ally and supporter of the nurses during his tenure as a city councilor and mayor of Worcester, and Deval Patrick has publicly declared his support for our compromise legislation. Governor Patrick has stated:

"I do support the compromise bill that won passage in the House, but failed to win passage in the Senate. I look forward to working

with the Massachusetts Nurses Association, legislators and others to revive it."

It is your work that has enabled this critical legislation to advance this far. And it will be your continued dedication to this issue that ensures its passage in the upcoming session. Our coalition has grown to over 100 health care, consumer and labor groups. More RNs than ever are communicating with their fellow RNs, their communities and their legislators about how essential this bill is to ensuring the quality of patient care in the commonwealth. We will be mounting a significant grassroots campaign in key districts and will once again need your help lobbying legislators.

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Clinical Nursing Conference

Free to MNA members
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For the latest news, visit
www.massnurses.org

Nurses' guide to single-payer reform

Massachusetts Health Care Trust bill revised for new legislative session

Revised and Filed on Jan. 10, 2007

What this bill does

This legislation guarantees every Massachusetts resident first class health care coverage by replacing the current patchwork of public and private health care plans with a uniform and comprehensive health plan. It creates a single public entity called the Health Care Trust to replace all existing public and private bureaucracies.

Why a single-payer law is needed

No country or community in the world has been able to even approach universal, quality health care coverage without a single-payer system. This is because having many private insurers is actually much more expensive, and creates more waste, than covering all residents under the same program. Private insurers have much higher overhead costs—so a large chunk of our premium dollars is wasted on advertising, high executive salaries and unnecessary bureaucracy. Furthermore it costs hospitals, health centers, and physicians billions of dollars to deal with dozens of insurers, each with a different system and each imposing different requirements on health care providers.

Having a single system that all residents benefit from dramatically reduces discrimination and inequalities in access to and quality of care. Disparities in the health care system have actually been growing rather than diminishing in the United States. Depending on your age, ethnicity, gender, geographic location, sexual orientation, and many other factors, you will face different barriers to receiving the care you need. A system based on private insurance is designed to offer different levels of coverage and access to different groups of people—and insurance companies actually have an incentive to avoid social groups with statistically higher rates of health problems. So long as we have different tiers of coverage for different people, discrimination will plague our health care system.

Single-payer systems allow patients to choose from any doctor, hospital, or other provider; allow continuity of care; and promote preventive care. Almost all plans under private insurers in the United States today place severe limitations on where patients may receive care. What's more, when residents change jobs or health care plans, they will often be forced to change provider as well—undermining the continuity of care, which medical professionals consider crucial. Most importantly, single payer systems give all residents access to primary care, which helps to catch dangerous conditions at an early stage and actually saves money in the long run.

How does the Health Care Trust relate to the recently enacted Massachusetts health care law?

The recently passed law attempts to address only one element of the health care crisis: the uninsured. However, over three-fourths of Americans who have trouble paying their medical bills have health insurance. Medical costs account for over half of personal bankruptcies in the country—and most of these households had health insurance at the time they ran into health problems. Sky-rocketing costs are destroying municipal and state budgets, while both employers and workers are being asked to pay more than they can afford just to keep their coverage. Seniors spend an extraordinary percentage of their income on medical costs not covered by Medicare. Rising costs are causing not just a growing number of uninsured, but are creating crises for families, governments and employers across the state that do pay for some form of insurance.

Similar bills attempting to cover the uninsured have had little success in shrinking the uninsured population, because rising health care costs make this so expensive. Without the sort of cost controls that a single payer system brings, it will be extremely difficult to slow the crisis of the uninsured, the underinsured, and the employers and residents breaking the bank to pay for quality insurance.

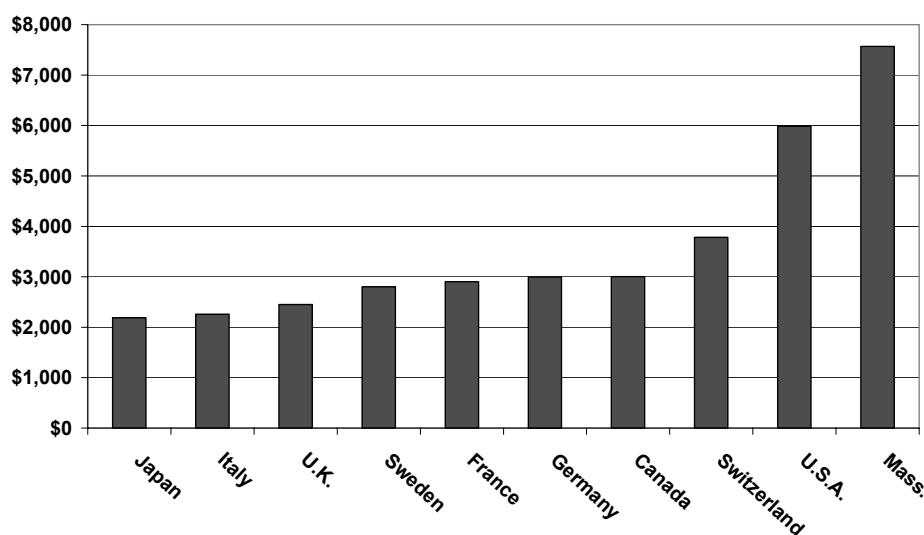
Support for the bill

Massachusetts voters have consistently supported a universal single payer health care system. A 1986 referendum directing the State Legislature to call on the US Congress to enact a national health care program was approved by more than 66 percent of the voters statewide. A subsequent universal single payer referendum in 1994 was approved by over half of the voters in eight voting districts. In 1998, the voters in three legislative districts overwhelmingly approved a referendum question calling for a single payer health care system. Another local referendum was overwhelmingly approved in 1999, and three in 2000. Two studies commissioned by the Massachusetts Medical Society and another commissioned by the Commonwealth of Massachusetts in recent years have shown that a system such as proposed by the Health Care Trust would be the best option for Massachusetts, and a viable solution to our health care crisis.

More than 90 organizations in the state have formally endorsed the Massachusetts Health Care Trust bill. They include the AARP, the Huntington's Disease Society of America, the Latin American Health Institute, the Massachusetts Coalition for the Homeless, Massachusetts Jobs with Justice, the Massachusetts Nurses Association, the Massachusetts Public Health Association, Massachusetts Senior Action Council, the Massachusetts Teachers Association, the National Association of Social Workers, Physicians for a National Health Program, UNITE-HERE, the Service Employees International Union, and the Women's Health Institute.

To learn more about the Massachusetts Health Care Trust, or to receive the full text of the bill, contact Mass-Care at info@masscare.org or call 617-723-7001. The bill's lead sponsors are Rep. Frank Hynes (617-722-2552) and Sen. Steve Tolman (617-722-1280). ■

Health care spending per person: Comparing Mass. with selected wealthy nations, 2003



Source: Alan Sager, PhD, *Cape Care: Real Opportunities—Hard Work Required*

Celebration of Health Care Leaders 2007

Community leaders nomination form now available

Health Care For All's Community Leader Award honors health leaders who have made an impact in their communities. Please nominate individuals, organizations, or groups in Massachusetts that best exemplify achievements in:

- Outstanding health care leadership or advocacy; or
- Significant improvements in health care for the underrepresented and/or underserved.

The honoree must be present to accept this award at Health Care For All's annual celebration, For the People, A celebration of Health Care Leaders 2007. The event will be held in the evening on Monday, May 7, at The Westin Copley Place Boston. If you have any questions, contact Marla Stein at stein@hcfama.org or 617-275-2926. ■



President's Column

New year promises major gains for nurses and the MNA on Beacon Hill

By Beth Piknick

As we begin the New Year, the MNA is poised to make a strong and final push for passage of important pieces of legislation that will make nursing safer for you and your patients.

At the top of that agenda is the re-filing of our safe RN staffing bill, legislation that would set a safe limit on the number of patients assigned to a nurse. The bill will also prohibit mandatory overtime; put an end to floating without orientation; and create a number of provisions to increase the recruitment of nurses and nursing faculty.

This year's bill is based on the compromise bill fashioned by the House of Representatives and that passed last year by a greater than 6-1 margin (133-20). This compromise bill, which—in addition to winning broad legislative support—has also won the approval of our new governor, Deval Patrick, includes minor modifications that clarify and tighten existing language. This measure continues to receive significant support from a broad and growing coalition of leading health care and consumer groups. Currently, more than 104 organizations have signed on to support this important patient safety measure.

In recent weeks, yet another study has come out demonstrating that hospitals with better RN-to-patient ratios have better outcomes for patients. We have also learned that the hospital industry has once again posted record profits for the previous year, with surpluses of more than \$1 billion. The research is clearer than ever before: Patients are being harmed by the hospital industry's staffing practices, and their own financial reports clearly show that hospitals have plenty of money to

address the crisis and protect their patients.

The fact that the hospital industry has chosen to invest so many resources in blocking legislation that would keep patients safe shows you where its priorities lie ... and it's not with the patients.

We must pass this legislation and finally create a safe standard of care for nurses and for patients in the commonwealth. We've been fighting the issue of poor working conditions and dangerous staffing for more than a decade now. In a number of contract fights—at Cape Cod Hospital last spring, at Brigham & Women's Hospital in October and right now at St. Vincent Hospital in Worcester—the issue of safe staffing remains a major bone of contention.

While we can and will fight these battles through our local bargaining units, the final and ultimate solution lies in legislation that takes this issue out of the hands of administrators. If staffing is a problem where you work, get involved in the legislative process and help us fix it.

In addition to the safe staffing bill, the MNA has re-filed two other important bills that are designed to make the workplace safer for nurses. Nurses are injured on the job more than construction workers. Too many nurses are being disabled and deprived of their abil-



Beth Piknick

ity to practice their profession because the industry refuses to provide the most basic level of lifting support. No warehouse worker in America can move a box over 40 pounds without the assistance of some kind of lifting device, but every day in our hospitals nurses are expected to move 200- to 300-pound patients with no help whatsoever.

This month, the MNA hosted a landmark conference on safe patient handling legislation, with our new bill as the center piece of the discussion. A number of states have passed legislation to require hospitals and other providers to supply safer systems to assist nurses in handling patients and to prevent injuries. Last year this bill made it out of committee and, this year, we feel confident that we have the support and resources to have Massachusetts join other states that are taking the issue of workplace safety seriously.

The MNA is also re-filing legislation to deal with the growing problem of workplace violence for nurses. Nurses are assaulted on the job as often as police officers and prison guards. Too often, nurses are placed in dangerous situations, while hospitals refuse to take basic steps to reduce the possibility of workplace violence. And when nurses are

assaulted, too many hospitals fail to provide the proper treatment and support to the victim of an attack.

The MNA has filed one bill to require all hospitals to develop a system to prevent workplace violence, as well as provide proper support to those who are attacked on the job. A second bill would make it a felony to assault a health care worker.

There are a number of other bills we've filed that are designed to address a number of specific issues and problems for nurses. Please check out our legislative agenda in this issue of the *Massachusetts Nurse* or on our Web site. Once you identify bills that are important to you, help us in getting them passed—especially since more and more of our members are getting involved in the legislative process.

There is an old adage that all politics is personal, and for those of us in nursing this is particularly true. What happens on Beacon Hill in the coming year is critical to your professional practice.

I urge each of you to become educated and motivated, and to join us in making a real difference in the lives of our patients and in your own lives in this coming year. ■

MNA Board of Directors Update

Board update: December 2006 meeting

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 is sent to all chairs and co-chairs at MNA bargaining units. In addition, the monthly summary is included in each 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 December 2006 meeting.

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

Summary of December meeting

At its monthly meeting in December, the Board took the following actions:

- The MNA continues to support and endorse the re-filing of the safe staffing legislation.
- To establish a task force, including representatives of the five regional councils, to consider the merits of realigning the regions by zip code. The task force shall submit a report of their findings to the Board of Directors by March 2007.
- To expand the motion to look not only at the boundaries but look at the regional structure as a whole and come forward with recommendations for March 2007.
- To review the pros and cons of affiliation with the AFL-CIO under its new

guidelines and bring their recommendation back to the members at either a special meeting or at, and no later than, the 2007 MNA Convention. The review and recommendation must include the provision that any monetary implications, if any, of such affiliation would be taken from the existing MNA dues.

Officers and Regional Directors:

Beth Piknick, RN, President
 Donna Kelly-Williams, RN, VP
 Nora Watts, RN, Treasurer
 James Moura, RN, Secretary
 Diane Michael, RN, Region 1
 Irene Patch, RN, Region 1
 Mary Marengo, RN, Region 2
 Kathie Logan, RN, Region 2
 Stephanie Stevens, RN, Region 3
 Judy Rose, RN, Region 3
 Fran O'Connell, RN, Region 4
 Connie Hunter, RN, Region 5
 Ginny Ryan, RN, Region 5

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 Nancy Gilman, RN
 Karen Higgins, RN
 Rick Lambos, RN
 Barbara Norton, RN
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 Rosemary O'Brien, RN
 Tina Russell, RN
 Sandy Eaton, RN
 Jeannine Williams, RN
 Beth Gray-Nix, HCP ■

Red Cross nurses settle contract



After more than five months at the negotiating table, the unionized MNA nurses at the American Red Cross Blood Services – New England Region settled and ratified a new two-year contract. The issue of replacing highly skilled and licensed registered nurses with non-licensed technicians to oversee blood drives was at the heart of the ongoing contract dispute between the unionized RNs and management. Had the agency's demands been accepted, it would have meant that qualified RNs would not have been on hand to assess most donors or to respond to potential problems and complications. The new contract includes key language that assures RNs will remain in charge during the Red Cross' local blood collection programs. The unit's negotiating committee is pictured above and includes, from left, Barbara Jackson, Eileen Johnson, Tina Holman and Tammie Vaillancourt.

Nursing on Beacon Hill: Legislative Update

Fall elections a success for nurses and patients

RN involvement in races helps push agenda, build relationships with legislators

In 144 of the 147 legislative races, both primary and general, that the MNA was involved with during this fall's election cycle, MNA endorsed candidates won.

More than 60 of these endorsed candidates had contested general or primary elections, and these stunning election results would not have been the same had it not been for the hard work of the MNA's Political Action Committee and the many RNs and health care professionals who gave their time and energy to the cause.

Because of this work, the state Legislature is well educated on and aware of the issues facing today's health care workers. Thank you to everyone who was able to give their time and energy to this effort.

The outcomes

In addition to supporting election efforts for Deval Patrick and Tim Murray, the MNA spent considerable time, energy and resources on several key legislators who had challenges in the general election. Below is a sample of the legislators whom the MNA helped in their re-election campaigns:

House:

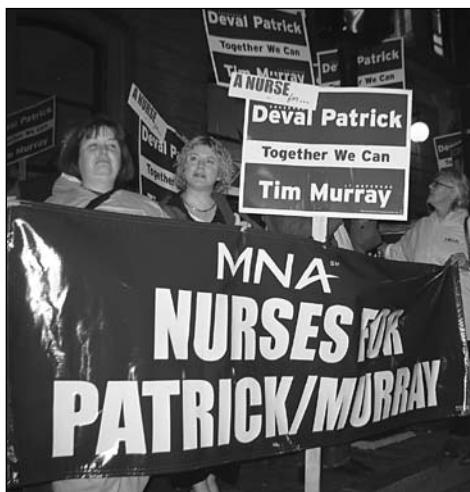
Antonio Cabral, New Bedford
 Stephen Canessa, New Bedford
 Sean Curran, Springfield
 Jennifer Flanagan, Leominster
 Anne Gobi, Spencer
 Tom Golden, Lowell
 Lou Kafka, Stoughton
 Rachel Kaprielian, Watertown
 Peter Koutoujian, Waltham
 David Linsky, Natick
 Barbara L'Italien, Andover
 Michael Moran, Boston
 James Murphy, Weymouth
 Robert Nyman, Rockland
 Joyce Spiliotis, Peabody
 Cleon Turner, Dennis

Senate:

Ed Augustus, Worcester
 Jarrett Barrios, Cambridge
 Harriette Chandler, Worcester
 Susan Fargo, Lincoln
 Robert Hedlund, Weymouth
 Brian Joyce, Milton
 Mark Montigny, New Bedford



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



Supporting the Patrick/Murray campaign.

Rob O'Leary, Cape Cod
 Jim Timilty, Walpole
 Marian Walsh, Dedham

The MNA-endorsed candidates for open seats who were successful in the general election were:

House:

Geraldo Alicea, Southbridge
 William Brownsberger, Belmont
 Linda Campbell, Methuen
 Steven D'Amico, Seekonk
 Allen McCarthy, Bridgewater
 Sarah Peake, Provincetown
 Pam Richardson, Framingham
 Rosemary Sandlin, Agawam

Senate:

Ben Downing, Pittsfield

The MNA looks forward to working with these elected officials in the coming session on legislative initiatives specific to health care and nursing practice.

Moving ahead

Registered nurses will need to continue their work educating elected officials on issues critical to patient care. If you are interested in becoming involved with this effort, please contact our political organizer Riley Ohlson at rohlson@mnarn.org or 781-830-5740. ■

MASSACHUSETTS NURSE

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Region 2: Kathlyn Logan, '05-'07; Mary Marengo, '06-'08

Region 3: Judy Rose, '05-'07; Stephanie Stevens, '06-'08

Region 4: Fran O'Connell, '05-'07; Vacant, '06-'08

Region 5: Connie Hunter, '05-'07; Ginny Ryan, '06-'08

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

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

www.massnurses.org

MNASM

STAT TEAM

Join the 'team' – STAT!

MNA forms rapid response 'STAT TEAM'

The mission of this mobilization group is to have a network of nurses and health care professionals who can be called upon to respond quickly to MNA visibility events and other urgent actions.

Being a member of this mobilization task force does not require attendance at regular meetings, but instead offers opportunities for activists to participate in events throughout the year that require a strong MNA presence. These actions may include bargaining unit pickets, legislative actions, leafleting and other visibility events.

Join with other MNA activists in this exciting new venture. For details, call Eileen Norton at 800-882-2056, x777 or via email at ENorton@mnarn.org.

MNA
 MASSACHUSETTS NURSES ASSOCIATION



...Legislative agenda

From Page 1

Other 2006 successes

This past legislative session also saw tremendous progress on a number of other issues advocated for by our nurses and health care professionals.

H.1087, the school nurse parity bill, was passed in both the House and Senate and the governor's veto was overridden on July 24. This legislation gives school nurses professional status that will provide them with due process and professional recognition.

The Sexual Assault Nurse Examiner (SANE) program was also written into law during this past session. The SANE program helps victims of sexual assault obtain medical services, utilizing nurses who are specially trained to deal with the emotional and physical state of victims in this process. By codifying SANE into law, legislators and the former governor made this program a permanent resource in assisting those victimized by sexual assault.

Looking ahead and re-filing

The MNA also filed a number of other pieces of legislation in early January, including:

Safe Patient Handling/Lifting Legislation: H.2662, legislation aimed at ensuring safe patient handling, was reported out of the House Public Health Committee favorably this past session but no further action was taken. The MNA looks forward to re-filing this critical legislation that would set acceptable standards for the lifting and handling of patients to curb the high rate of injuries incurred by the RNs and health care

professionals who perform such activities. According to The Bureau of Labor Statistics, direct patient care RNs get injured from lifting, moving and repositioning their patients at a higher injury rate than that of laborers, movers and truck drivers. Work-related lifting injuries, in turn, lead many nurses to leave the profession, with 52 percent of all nurses suffering chronic back pain and 38 percent of nurses experiencing pain severe enough to cause them to leave work at some point.

This issue has become particularly problematic in Massachusetts. Back injury claims have contributed to giving the health care industry in the state of the ominous reputation of being one of the most dangerous industries, with a total recordable case rate in 2004 of 8.0 for hospitals and of 9.4 for nursing homes—statistics that are notably higher than those found in the manufacturing, textile and utility industries.

Practically one health care worker in 10 in Massachusetts files a claim for injury, and the greater percentage of these claims are related to back injuries. This rate also makes Massachusetts' hospitals more unsafe for patients by contributing to the statewide loss of nurses from the bedside. At a time when we are trying to retain and recruit more nurses, this legislation is critical in order to ensure that we do not lose quality nursing staff to otherwise preventable injuries. The bill also features a component that would provide financial incentives to hospitals to aid in costs incurred due to compliance.

An Act Relative to a Patient's Report Card of Nursing: This bill would require

hospitals, nursing homes, clinics etc., licensed or registered by the Department of Public Health and health maintenance organizations to report appropriate data. This would include, but would not be limited to, measures which differentiate between severity of patient illness; readmission rates; lengths-of-stay; patient/family satisfaction; indicators of the nature and amount of nursing care directly provided by licensed nurses; the number of patients (on average) cared for by a nurse; and documentation of defined nursing interventions and patient safety measures. This would enable purchasers of group health insurance policies/health care services and the public to make meaningful financial and quality-of-care comparisons.

An Act to Ensure Safe Medication Administration: This bill would prohibit unlicensed personnel from distributing medications for which they have not received sufficient education and training as approved by the state.

An Act Relative to Improvements in Private Duty Nursing Care for Developmentally Disabled Children: This bill would provide expert nursing care to all developmentally disabled children eligible to receive private duty nursing care.

An Act Relative to a Nurse Deputy Commissioner at the Department of Public Health: This bill would direct the Department of Public Health to appoint a registered nurse to be nurse deputy commissioner responsible for statewide planning, policy development and the coordination, communication and resource management for programs and district health officers within the department.

An Act Relative to a Registered Nurse Seat on the Public Health Council: This bill would add an additional seat on the Public Health Council for a registered nurse from the state's largest organization of RNs.

An Act Requiring Health Care Employers to Develop and Implement Programs to Prevent Workplace Violence: This bill would require health care employers to annually perform a risk assessment, and based on those findings, develop and implement programs to minimize the danger of workplace violence to employees.

An Act Relative to Assault and Battery on Health Care Providers: This bill would punish those patients/clients who assault any health care provider treating, transporting or otherwise performing their duty. The punishment would be imprisonment in the house of correction for between ninety days and two and one half years, or by a fine between \$500 and \$5,000 dollars, or both.

An Act Relative to Group 4 for Health Care Professionals: This bill would include in Group 4, for purposes of retirement, state employees whose duties require them to be licensed health care professionals for ten or more years and who care for prisoners or the mentally ill, mentally retarded, chronically psychologically impaired or those with chronic infectious diseases.

An Act Relative to Group 2 Employees (state): This bill would include in Group 2, for purposes of retirement, state employees who care for the mentally ill, mentally retarded, chronically psychologically impaired or those with chronic infectious disease.

An Act Related to Interest Arbitration for Health Care Professionals: This bill would make arbitration for a bargaining unit employed by the commonwealth of Massachusetts binding, provided that the scope is limited to wages, hours and conditions of employment.

An Act to Include Certain Municipal Employees of the Commonwealth in Group 2 of the Contributory Retirement System for Public Employees: This bill would entail classifying licensed nursing care employees of cities and towns in Group 2 of the Public Employees Retirement System.

An Act Regarding Insurance Equity for Registered Nurse First Assistants: This bill would require insurance coverage for registered nurse first assistant services in insurance policies and health service contracts issued in the Commonwealth.

An Act Authorizing the Sale of "RN" Distinctive Registration Plates: This bill would direct the Registrar of Motor Vehicles to issue distinctive license plates whose proceeds would establish a fund for the future of nursing.

An Act Relative to Creating a Difficult to Manage Unit within the Department of Mental Health: This bill would create a "Difficult to Manage" unit for women within the Department of Mental Health that would be equivalent to the "Difficult to Manage" unit already in place for men.

If you have any questions or would like to become involved in the MNA's legislative, community action and/or government affairs work, please contact the MNA's political organizer Riley Ohlson at rohlon@mnarn.org or by phone at 781-830-5740. ■

A gala night with the new governor



A big night out for MNA supporters and Gov. Deval Patrick. From left, Nora Watts, Governor Patrick, Lynne Starbard and Kathy Charette. See next month's edition of *Massachusetts Nurse* for more photos of the Inaugural Gala in Worcester.

Division of Labor Action: Education & Training

The Employee Free Choice Act: strengthening union organizing rights

By Joe Twarog

In the last session of Congress, a bill was introduced called the Employee Free Choice Act (S 842 and HR 1696). It was co-sponsored by Sens. Edward Kennedy (D-Mass.) and Arlen Specter (R-Penn.) and Reps. George Miller (D-Calif.) and Peter King (R-N.Y.). It has further bipartisan backing with 207 representatives and 41 senators signing onto the bill.

This bill strengthens union organizing rights and also helps to restore some of the imbalance that resulted from anti-union appointments during the current administration. The U.S. culture has strayed very far from the initial intent of the National Labor Relations Act (also known as the Wagner Act), passed in 1935. Sen. Robert Wagner stated that, "The struggle for a voice in industry through the process of collective bargaining is at the heart of the struggle for the preservation of political as well as economic democracy in America."

In fact, it was the express policy of the United States to encourage the practice of collective bargaining. In addition to legally recognizing and establishing workers' right to form and join a union and to engage in the process of collective bargaining, the NLRA created an atmosphere conducive to organizing. The NLRA states, in part:

It is declared to be the policy of the United States to eliminate the causes of certain substantial obstructions to the free flow of commerce and to mitigate and eliminate these obstructions when they have occurred by encouraging the practice and procedure of collective bargaining and by protecting the exercise by workers of full freedom of association, self-organization, and designation of representatives of their own choosing, for the purpose of negotiating the terms and conditions of their employment or other mutual aid or protection.

This proactive policy has been undermined, weakened and diluted over the years to such an extent that it is no longer recognizable. This depressing history includes: passage of anti-union legislation beginning with the Taft-Hartley Act of 1947; anti-worker decisions/policies emanating from the politicized NLRB and a radicalized Supreme Court; a president who proudly broke a union and another who rammed through NAFTA; and a rampant industry of union-busting consultants.



Joe Twarog

All of this has had the cumulative effect of making it increasingly difficult to organize a union in the workplace. Employees wanting to form a union are threatened as employers use all tactics available, and then some, to delay, harass and intimidate workers to vote and act against their own interests. Achieving a free and fair union election in such a climate is virtually impossible.

Some 57 million U.S. workers indicate that they would join a union if they could, according to a survey by Peter D. Hart Research Associates. But, according to the Communications Workers of America:

- Each year, more than 20,000 workers are illegally fired or discriminated against for exercising their labor rights.
- At least one out of every four organizing efforts results in an employer firing a worker for supporting a union.
- 75 percent of employers hire union busting "consultants" to help defeat organizing drives.

This bill strengthens union organizing rights and also helps to restore some of the imbalance that resulted from anti-union appointments during the current administration.

- 92 percent of employers compel their workforce to attend "captive audience" meetings to hear anti-union propaganda.
- In one-third of all union election victories, workers still do not have a collective bargaining agreement two years after the election.

The Employee Free Choice Act seeks to reverse and repair much of the damage done to worker's rights over the years. Its key components are:

- **Card check.** If a majority of employees in a workplace sign union cards, they have formed a union.

- **First contract mediation and arbitration.** An important provision, because currently, even if workers win a union election, all too often they remain without a contract after a year of bargaining because employers often stall such efforts in an attempt to break the union.
- **Stiffer penalties for labor law violations.** Currently violations usually

result in a slap on the wrist. And in the unusual case when an employer has a monetary penalty, they treat it simply as another cost of doing business.

With a new Congress in place in 2007, this bill will be at the top of labor's agenda. It could become the first significant piece of labor legislation passed in many, many years—hopefully restoring real free choice for workers who want to form a union. ■

Summary of Employee Free Choice Act

1. **Certification on the basis of signed authorizations.** Provides for certification of a union as the bargaining representative if the National Labor Relations Board finds that a majority of employees in an appropriate unit has signed authorizations designating the union as its bargaining representative. Requires the board to develop model authorization language and procedures for establishing the authenticity of signed authorizations.
2. **First-contract mediation and arbitration.** Provides that if an employer and a union are engaged in bargaining for their first contract and are unable to reach agreement within 90 days, either party may refer the dispute to the Federal Mediation and Conciliation Service (FMCS) for mediation. If the FMCS has been unable to bring the parties to agreement after 30 days of mediation the dispute will be referred to arbitration and the results of the arbitration shall be binding on the parties for two years. Time limits may be extended by mutual agreement of the parties.
3. **Stronger penalties for violations while employees are attempting to organize or obtain a first contract.** Makes the following new provisions applicable to violations of the National Labor Relations Act committed by employers against employees during any period while employees

are attempting to organize a union or negotiate a first contract with the employer:

- a. **Mandatory applications for injunctions:** Provides that just as the NLRB is required to seek a federal court injunction against a union whenever there is reasonable cause to believe that the union has violated the secondary boycott prohibitions in the act, the NLRB must seek a federal court injunction against an employer whenever there is reasonable cause to believe the employer has discharged or discriminated against employees, threatened to discharge or discriminate against employees or engaged in conduct that significantly interferes with employee rights during an organizing or first contract drive. Authorizes the courts to grant temporary restraining orders or other appropriate injunctive relief.
- b. **Treble back pay:** Increases to three times back pay the amount an employer is required to pay when an employee is discharged or discriminated against during an organizing campaign or first contract drive.
- c. **Civil penalties:** Provides for civil fines of up to \$20,000 per violation against employers found to have willfully or repeatedly violated employees' rights during an organizing campaign or first contract drive.

At Long Last! MNA Establishes a Labor School!

Region 4 to Pilot Program

The new MNA Labor School will begin classes this month 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 five or six 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

Bargaining unit update

Providence Hospital

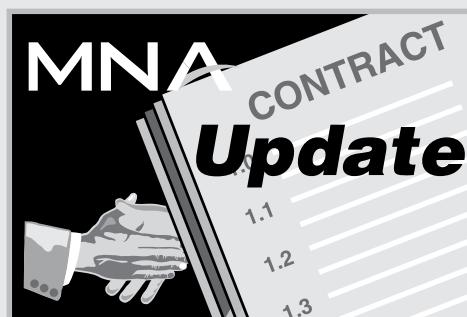
The committee has met several times for contract negotiations; many issues are still being discussed.

Mercy Hospital

Elections of local officers will take place in the New Year. In response to discussions in labor-management, Evie Bain and the hospital will be sponsoring three sessions of "Workplace Violence: A Plan to Protect Nurses."

VNA & Hospice of Cooley Dickinson, Inc.

The membership at Cooley Dickinson continues to hold lively meetings, and always with an educational component and a great dinner. ■



RNs at Brigham & Women's ratify new two-year contract

The registered nurses at Brigham & Women's Hospital (BWH) voted on Dec. 12 to ratify a new two-year contract that includes a number of provisions, including landmark contract language to protect newly licensed nurses, language to protect the union rights of nurses, and pay increases that will make the BWH RNs among the highest paid nurses in the state.

The bargaining unit expects that these new provisions will help the hospital with both the recruitment and retention of nurses—issues that were having a significant impact on the hospital's staffing levels prior to the contract's ratification.

"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 and 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 nurse 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 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 among the highest paid in Massachusetts.

- **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, 2006 with a total of 11 negotiating sessions held before a tentative agreement was reached during a 14-hour negotiating session on Nov. 20. The settlement followed an historic 95 percent vote by nurses to authorize a strike, the largest nurses' strike vote in the state's history. ■

...St. Vincent

From Page 1

safety of their patients.

- Staffing is particularly dangerous on the surgical/telemetry floor—a floor for patients recovering from cardiothoracic procedures, such as cardiac bypass and lung surgeries. These are acutely ill patients, requiring multiple nursing interventions and constant electronic monitoring to identify potential complications. These patients are transferred from the intensive care unit where they share a nurse with only one other patient to the telemetry floor where they now share their nurse with up to six other patients—a staffing level that research shows places them at a 14–21 percent increased risk of death.
- Last January, Vanguard significantly increased the capacity of the emergency department and doubled the nurses' workload without adding a single nurse. Around the same time, Vanguard laid off 25 nurses and closed a medical/surgical floor specifically designed to accommodate admissions from the emergency department. This has caused longer waits for patients, and in many of these instances, jeopardized the safety of patients seeking emergency care.
- In addition to cutting back on nursing staff, the hospital has also cut back on non-nursing support staff such as unit secretaries, patient transporters, nurses' aides, etc. Patients have not only lost access to the valuable services this staff provides, but, as a result, nurses have also been routinely assigned a number of these non-nursing duties, which detracts from the time they have to provide clinical nursing care, such as monitoring a patient's condition and intervening to address problems and complications.
- While cutting back on patient care resources, the hospital is attempting to reap higher profits by increasing the volume of surgeries. Vanguard has instituted a speed up of the turnover of patients entering and leaving surgical suites and the recovery room, forcing nurses and support staff to move out

one patient and prepare the room for the next patient in just 15 minutes. The process has placed an enormous strain on all staff in these areas and has limited registered nurses' ability to properly monitor and administer pre and postoperative care.

The nurses have been complaining about the poor staffing and patient care conditions for months and the hospital has taken little or no action.

"We have had monthly meetings with management where we have highlighted a number of specific instances where patients were harmed or suffered preventable complications due to these practices. In nearly every case, nothing was done," said Marie Ritacco, an RN in the recovery room and a leading patient safety advocate on the nurses' negotiating team.

According to Ritacco, Vanguard management has refused to restore or add staff to ensure the appropriate expert nursing care patients deserve. For example, Vanguard has increased the practice of closing floors and transferring patients to areas of the hospital where the nurses do not specialize in the care the patients' require. They have reduced patients' access to nurses who are experts in inserting and monitoring intravenous lines. Vanguard's reduction in staffing has also caused an increase in patient falls because nurses and support staff can't be on hand to prevent at-risk patients from falling. Management's only response to the problem was to state they might consider purchasing beds lower to the floor.

To address the staffing crisis, the nurses are asking management to improve staffing guidelines that were negotiated with the nurses following the strike in 2000. The nurses want to improve RN staffing ratios on the medical/surgical, cardiac telemetry, and maternity units, as well as add staff to the emergency department. The nurses also want to add a resource nurse to each floor and each shift, who would be responsible for overseeing the safety and appropriate flow of patients throughout the hospital and to be on hand to assume patients assignments when census increases unexpectedly.

The nurses are also seeking contract

language that prohibits the hospital from routinely assigning non-nursing duties to nursing staff to ensure nurses can focus on providing the care patients deserve.

Limit sought on "flex" staffing plan

Like Tenet before it, Vanguard has continued to hire and staff the hospital utilizing predominantly "flex staff." Flex staffing is a system that allows the hospital to send staff home when the hospital determines they are not needed, forcing the employee to either opt to go without pay or use vacation time to ensure a full paycheck. The process is based on the application of factory models of "just in time" production to the delivery of nursing care. The problem is the demand on hospital units vary and flex staffing actually exacerbates the staffing crisis. A nurse may be sent home in the beginning of what appears to be a low census day, only to find that the unit has a sudden influx of unexpected patients. Once the nurses are sent home they are not brought back, and the nurses on the unit are left with unacceptable patient assignments.

"This is another example of Vanguard's attempt to run this hospital like a factory, forgetting that it is a place where we need to have resources at a moment's notice to respond to emergencies of every kind," Moore explained. "The only way to safely care for patients is to have a full complement of nurses on the floor who are ready to meet all the needs of patients."

Lack of competitive pay, benefits

In addition to poor staffing and working conditions, the patient safety crisis at St. Vincent Hospital has been further compromised by significantly lower wages and less attractive benefits for the nurses at St. Vincent Hospital in comparison with the facility's cross-town rival—UMass Memorial Medical Center. The St. Vincent nurses are paid between 15 and 28 percent less than nurses at UMass, depending on years of experience.

Nurses at St. Vincent also have significantly inferior pension and health insurance benefits. One of the key issues currently in dispute is the nurses' efforts to protect the existing health insurance benefit.

The St. Vincent nurses are proposing a



salary increase that will place them at parity with the UMass nurses, while the hospital's wage proposal would continue to leave senior nurses at least \$5 per hour below their counterparts at UMass.

"As long as St. Vincent Hospital continues to pay its nurses below market wages, St V's will continue to be the training ground for nurses looking to gain some experience and then move on to other better paying facilities such as UMass Memorial," Moore said.

The St. Vincent nurses are outraged by the hospital's lack of effort to negotiate a fair settlement with the nurses in light of the fact that Vanguard Health Systems has turned a significant profit since assuming ownership of the hospital in 2005. The hospital made more than \$4.3 million in 2005, and has already quadrupled its profits this year, posting a \$17.3 million profit through the first three quarters of 2006. The hospital's profit margin of 6.6 percent is among the highest in the state.

"We are angered by hospital management, which every day expects us to do more with less while they reap millions in profits at the expense of the health and safety of the patients we care for," said Moore. "Nurses deserve better and so do our patients."

The St. Vincent Hospital nurses and management have been negotiating their contract since November 2005. To date, more than 30 sessions have been held, with the last three sessions involving a federal mediator. The contract expired on Dec. 31, 2005 and was extended through Jan. 11. ■

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

Annual report from the Congress on Health and Safety

Group members

Sandra LeBlanc, Chairperson; Elizabeth O'Connor, Vice Chairperson; Terri Arthur; Maryanne Dillon; Gail Lenehan; Mary Bellistri; Kathy Sperrazza; Lorraine McDonald; Evie Bain, MNA Staff Support Person; Thomas P. Fuller, PhD, CIH, Industrial Hygiene consultant to the Congress.

Activities and accomplishments

- Supported and participated in the development of the educational program "OSHA Compliance with Hazardous Drugs" in cooperation with staff of the partners in the OSHA Alliance. Programs attracted 32 participants in Tewksbury, 42 participants in Canton and 26 participants in Providence, R.I.
- Approved the safe patient handling position statement as presented by the Safe Patient Handling Task Force.
- Approved and supported the activities of the Workplace Violence and Abuse Prevention Task Force in collaboration with District Attorney William R. Keating to develop a document addressing workplace violence prevention in health care settings.
- Held a joint meeting with task force members from emergency preparedness, workplace violence and abuse prevention and safe patient handling in place of the December 2005 meeting.
- Re-elected Sandy LeBlanc as chairperson and Liz O'Connor as co-chair for 2006.
- Approved and participated in developing the questionnaire for the 2006 Congress on Health and Safety member survey. The survey was related to nurses' knowledge of, exposure to and training in handling hazardous drugs.
- Approved presenting a 12-hour rape defense training at MNA headquarters in March 2006.
- Prepared a survey related to work hours for MNA members to complete at the 2005 convention to be utilized within the position statement related to on-call and extended work hours.
- Developed a position statement on on-call and extended work hours and sent it to the MNA BOD for approval.
- Hosted a joint meeting with the Workplace Violence and Abuse Prevention Task Force for a presentation by attorney Charles Donoghue on Massachusetts Workers' Compensation law.
- Several members attended the SEAK, Workers' Compensation conference in Hyannis. Members attended the educational sessions at no charge in return for their assistance during registration and other administrative activities.
- Updated MNA health and safety contract language models for local MNA units. Distributed this language to MNA staff and local unit chairs.
- Agreed to nominate Gail Lenehan for the Kathryn McGinn Cutler, Advocate for Health and Safety Award for 2006.
- Approved sending Rosemary O'Brien to the safe patient handling seminar in Tampa, Fla., along with staff member Chris Pontus and MNA President Beth Piknick.
- Approved sending Terri Arthur to the "Hazards to Healthcare Workers Seminar" in Seattle along with MNA staff member Evie Bain. ■

Health & Safety Briefs

Vacancies on the MNA Congress on Health and Safety

The Congress on Health and Safety has several vacancies for the 2006/2008 term. Members with an interest in workplace health and safety for nurses are urged to call Evie Bain at 781-821-4625 or at eviebain@mnarn.org. The Congress members would love to have you come to a meeting and learn more about the plans and projects we're working on and then, if you are still interested, your name can be submitted to the MNA's Board of Directors for an appointment to fill a vacant term.

The Congress meets on the second Wednesday of each month, at MNA headquarters in Canton, from 6:30 – 8:30 p.m. A light supper is provided at each meeting and mileage is reimbursed.

Members of the Congress are available to talk with you about what we do and what

we have accomplished. An annual report summarizing the Congress' happenings is also available in this issue of the *Massachusetts Nurse*.

New free online CE program: latex allergy

Latex allergies continue to concern the MNA and the Congress on Health and Safety. Thanks to the assistance of Congress member Gail Pisarsik Lenehan, Ed.D, RN, the latex allergy on-line education program will be available by the end of January.

This online course can be accessed through the MNA's Web site at www.massnurses.org. Simply scroll down on the right side of the home page to the CE online section.

Since February 2006, when the online programs went live, close to 1,000 nurses have completed MNA programs. ■



Nurses at Franklin Medical Center took part recently in an education session on workplace violence prevention. From left, Diane Hill, Carol McGrath, Joanne Caloon, Charlotte Gordon, Delanie Duprey and Jan Laferriere.

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. Arrangments can be made for conference call attendance at meetings when personal attendance is not possible. 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. ■

Health & Safety Contacts

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

- **Evie Bain, MEd, RN, COHN-S**
Associate Director/Coordinator, Health & Safety
781-830-5776
eviebain@mnarn.org
- **Christine Pontus, MS, RN, COHN-S/CCM**
Associate Director, Health & Safety
781-830-5754
cpontus@mnarn.org

What consumers need to know about getting emergency contraception without a prescription

The MNA endorsed legislation sponsored by the EC (Emergency Contraception) Network this past year. The result is action by the FDA to make the emergency contraception pill, Plan B, available without a prescription. This over-the-counter access is critical to ensure the timely availability of this medication for women. There was a great deal of political opposition and foot dragging from a number of parties, including the FDA, along the way at both state and federal levels. As a result, the compromise regulation still requires showing proof of age and, for women under age 18, a prescription.

Starting last November, Plan B became available in local pharmacies without a prescription to women and men ages 18 and older.

However, consumers can't expect to find Plan B in the condom aisle. Instead, they will need to go to the pharmacy counter and show ID to confirm their age. Women under 18 can still get Plan B with a prescription. Women can talk to their doctors or go to www.massECnetwork.org to find a specially trained pharmacist who can sell Plan B to women of all ages.

The next time you are in a pharmacy, please thank them for carrying Plan B and/or encourage your pharmacist to participate in the Massachusetts EC Pharmacy Access Law. That way, your pharmacist can provide expanded access for women who are not eligible to buy it over the counter.

The MNA has been asked to spread the word. Please let your friends, co-workers, or clients know about Plan B and how to get it.

Women can buy a package now to keep on hand in case they need it later. ■

Plan B

What is Plan B (emergency contraception)?

- A type of birth control pill that you can take to prevent pregnancy after sex
- Sometimes called the "morning-after" pill
- Safe and effective. It is more effective the sooner you use it.

How does Plan B differ from birth control?

- Plan B should not take the place of other types of birth control like "the pill," condoms, the birth control shot, etc. Plan B is about 89% effective.
- Plan B is not the abortion pill or RU-486. It will not work if you are already pregnant. It will not hurt your body or your pregnancy if you took it before you knew you were pregnant.
- Plan B will not protect you against sexually transmitted diseases (STDs), including HIV/AIDS. Use condoms every time you have sex to protect yourself against STDs and HIV/AIDS.

Where can I get Plan B?

Women ages 18 and older with ID:

- Can buy Plan B without a prescription from a local pharmacist at the pharmacy counter (not on the shelves).
- Can get Plan B from a doctor or health care provider. Go to www.massECnetwork.org/wheretogot or call 617-624-6060 (during business hours) for a list of family planning clinics in Massachusetts.

Women under 18 or women without ID:

- Can get Plan B from a specially trained pharmacist participating in the EC pharmacy access program. Go to www.massECnetwork.org for a list of participating pharmacies.
- Can get Plan B from a doctor or health care provider. Go to www.massECnetwork.org/wheretogot or call 617-624-6060 (during business hours) for a list of family planning clinics in Massachusetts.
- Teens in Massachusetts are guaranteed confidential, low-cost family planning services, including Plan B.

Men:

- Men ages 18 and older can buy Plan B without a prescription from their pharmacists. Men under 18 can not get a prescription for Plan B, even through pharmacy access.

What does over-the-counter mean?

- Over-the-counter means you can buy Plan B from a pharmacy without a prescription. The FDA has decided that it is safe enough to use without talking to a doctor or health care provider first. In this case, the FDA decided to make Plan B available over-the-counter only to women and men ages 18 and older. You will need to show ID at the pharmacist counter to get Plan B.

Is Plan B on the shelf with other over-the-counter products, like condoms?

- No. Plan B is kept behind the pharmacist counter. Consumers need to show ID to prove they are over 18 to get Plan B.

Is Plan B covered by insurance?

- MassHealth will help pay for Plan B, but only if it is bought with a prescription from a doctor or specially trained pharmacist. Consumers with other insurance should ask their pharmacists if their insurance will help pay for Plan B.

What is the Massachusetts pharmacy access law and how is it different from over-the-counter access?

- Specially trained pharmacists can provide Plan B to women who do not qualify for over-the-counter access, including women under 18, women without ID and women who need a prescription for insurance coverage
- The Massachusetts pharmacy access law allows a specially-trained pharmacist to decide if Plan B is right for a particular woman. She does not need to visit her doctor or health care provider first, but Plan B will be provided as a prescription product. For a list of participating pharmacies in Massachusetts, go to www.massECnetwork.org.
- Over-the-counter access allows all women and men ages 18 and older to buy Plan B without a prescription.

Is Plan B safe for teens under 18?

- Yes. Plan B is safe for women of all ages.
- Research shows that easier access to Plan B does not increase sexual risk-taking and does not reduce the use of regular on-going birth control.

Adapted in part from the Pharmacy Access Partnership (www.pharmacyaccess.org).



Responding to sexual assault: recognizing legal issues

By Michelle Harper, Staff Attorney, VRLC and Mary Sue Howlett, RN, SANE

It's 10 p.m. and the charge nurse asks you to pick up a patient from the triage area who has reported a sexual assault. The patient, Mary, is a 19-year-old college student brought to the hospital by campus police.

She tells you that the night before she attended a fraternity party. She tells you that she had two drinks and smoked a small amount of marijuana over the course of the night and explains that she has no memory of what occurred after midnight. She tells you that at 4 a.m. this morning, she woke up naked and in the bed of a fraternity member whom she knew only as an acquaintance. She believes that she was drugged and sexually assaulted.

She tells you that she reported the incident to her resident assistant—who notified campus police—but she has not yet decided whether to report the rape to local law enforcement. When you ask about family contacts, you learn that Mary is from Ireland and is in the United States on a student visa. In the course of the medical interview, Mary also discloses that she is currently taking medication for depression.

From a nursing perspective, you know the protocols to follow in collecting evidence for the rape kit, including the toxicology screen. You inform the patient that the comprehensive toxicology test (Step 3 of the Massachusetts Sexual Assault Evidence Collection Kit) is comprehensive. The results will likely include the marijuana and antidepressants. It is Mary's decision to have the testing done and to give informed consent for it. If she

does not report the assault to the police, she will still be able to obtain the results of this test six weeks after the exam by calling the hotline number on her discharge form in the MSAECK.

But after listening to the patient, you may also recognize that she has several potential legal issues. In Mary's case, for instance, she may need legal advocacy navigating her university's disciplinary process now that she has reported the assault. She may also want to talk to an attorney about the process of reporting the assault to local law enforcement and the privacy concerns she may have, specifically related to her mental health, underage drinking and drug use on the night in question.

Furthermore, because her legal status in this country depends on her ability to maintain her student status, she may need assistance with potential immigration issues and also advocacy with her university regarding changes to her schedule and other accommodations to allow her to feel safe from the perpetrator and to remain in school.

In Massachusetts, victims of sexual assault like Mary can turn to the Victim Rights Law Center for free legal assistance with all of these issues. As part of your discharge plan for a sexual assault victim, you can inform him/her about the VRLC and provide him/her with a VRLC pamphlet so s/he can access

the legal advocacy s/he needs.

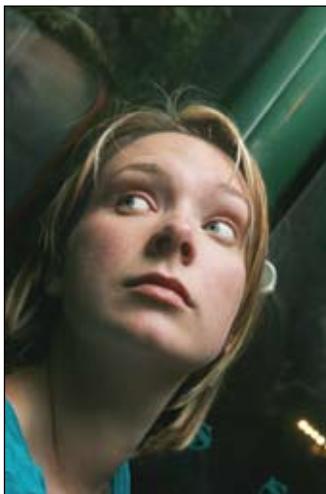
The VRLC works on behalf of victims of sexual assault in civil areas of the law to help victims restore their sense of physical safety,

preserve their privacy rights and stabilize their employment, education, housing and immigration status following an assault. The VRLC staff, with the assistance of pro bono attorneys and paraprofessionals, provides free civil legal assistance to more than 300 rape survivors annually in Massachusetts. Prior to its establishment as an independent law center in October 2003, the VRLC operated as a division of the Boston Area Rape Crisis Center, which has served the needs of Massachusetts rape victims for

over 30 years.

The VRLC is now available statewide. Survivors are served by staff members fluent in English, Spanish, French, Creole, Portuguese and Arabic or with the assistance of translators for other languages.

For more information about the VRLC, visit www.victimrights.org, which was designed as a resource for sexual assault victims and their advocates. You may also contact the VRLC with questions and referrals or to request literature to distribute to your patients regarding the services provided by the VRLC at 18 Tremont Street, Suite 220, Boston, MA 02108, phone 617-399-6720. ■



Donna White receives award from International Nurses Society on Addictions

By Carol Mallia

The MNA Addictions Council and MNA Board of Directors are proud to announce that one of its long-standing members, Donna White, RN, Ph.D, CS, CADAC, was the recipient of the 2006 International Nurses Society on Addictions award for peer assistance.

White has been a recognized leader in the field of addictions nursing for more than 25 years. Her professional dedication



and commitment to her patients and fellow nurses has gained her the respect of her nurse colleagues.

White has enhanced the image of the professional nurse in the community through her years of service to the MNA's Peer Assistance Program, as well as her clinical devotion to the field of addictions nursing. She is currently the chairperson of the MNA Addictions Council and has given tremendous time and support to strengthening the Peer Assistance Program. In addition, White facilitates a weekly support group that is focused on helping healthcare professionals recover from addictive disorders and related behaviors.

White has lectured extensively on the local, state and national level. Her commitment to the profession of addictions nursing is demonstrated by her unending devotion to patients and nurses in recovery. She has published a number of articles and continues to promote the field of addictions nursing, and she is active in a number of community associations including the Mass. Organization of Americans in Recovery (MOAR), Mass. Association of Alcohol and Drug Abuse Counselors (MAADAC), Community Association Serving Alcoholism (CASA) and Mass. Mental Health Nursing Association (MMHNA).

Her understanding and compassion to patients and nurses, combined with her brilliant sense of humor, make her a leader and role model to all nurses. The MNA Addictions Council is proud and honored to work with her on the issues that impact nurses in recovery and the field of Addictions Nursing. ■

Save the date!

MNF Golf Tournament
Monday, July 16, 2007

Register now!

Ask about sponsorship opportunities



LeBaron Hills Country Club
Lakeville, MA

Contact Cindy Messia
781-830-5745
cmessia@mnarn.org

NEED A SPEAKER FOR YOUR CLASS?



Call the

MNA

Speakers Bureau

The MNA Speaker's Bureau provides experts to assist nursing school faculty in their efforts to bring important and topical information to students. Below is a listing of topics and speakers available free of charge to speak to your class.

- **Safe Staffing Saves Lives—The Case for RN-to-Patient Ratio Legislation**
An analysis of the causes and impact of the current staffing crisis in Massachusetts on nurses and patients, review of research to support legislation, detailed explanation of the current safe staffing bill with a discussion of its benefits to the profession and patient care.
Presented by Charles Stefanini, MNA Director of Legislation and Governmental Affairs
Contact: cstafanini@mnarn.org; 781-830-5716
- **The Role of Political Action in Protecting Nursing Practice**
A review of the impact of politics and government regulation on nursing practice and health care with an emphasis on how nurses can and should use the political process to protect their profession and improve care for their patients
Contact: cstafanini@mnarn.org; 781-830-5716
- **No Time for Silence—Using Public Opinion to Protect Nursing Practice**
A program promoting the need for nurses to be more visible and vocal in the media, in their communities and other forums to help shape public opinion to protect issues important to the profession. Includes a rationale for action, specific communications strategies and case histories.
Presented by David Schildmeier, MNA Director of Public Communications
Contact: dschildmeier@mnarn.org; 781-830-5717
- **Medication Errors: Focus on Prevention**
This program describes the complexity of the medication system in acute care facilities. It is designed to assess and review medication administration systems to improve their safety.
Presented by Dorothy McCabe, MNA Director of Nursing
Contact: dmccabe@mnarn.org; 781-830-5714
- **A Primer on Accepting, Rejecting and Delegating a Patient Assignment**
This program provides a framework for decision making based on the Nurse Practice Act and other regulatory agencies to safeguard nursing practice and patient care.
Contact: dmccabe@mnarn.org; 781-830-5714
- **Obtaining Your First Position: A Primer**
A program for senior nursing students to provide practical information on how to secure their first position in the field, including job search, resume preparation and interviewing tips.
Contact: dmccabe@mnarn.org; 781-830-5714
- **Forensic Nursing and Care of the Sexual Assault Patient**
A discussion on sexual assault and the prevalence of assault across the lifespan, options for medical care, forensic medical examinations, prophylaxis and counseling resources.
Presented by Mary Sue Howlett, RN, Training Coordinator, SANE Program
Contact: mhowlett@mnarn.org; 978-687-4262
- **The Role of the Mass. BORN and Its Relationship to Your Practice**
A program covering the BORN'S regulatory authority in the state, rules and regulations governing the practice of nursing, the BORN disciplinary process, and the need for nurses to maintain professional liability insurance.
Presented by Mary Crotty, RN, MNA Associate Director/Nursing Research
Contact: mcrotty@mnarn.org; 781-830-5743
- **The MNA—Who We Are and What We Do**
A program describing the role, mission, organization and activities of the MNA, with a review of key issues and accomplishments of the organization.
Contact: dschildmeier@mnarn.org; 781-830-5717
- **Unions and Nursing—The Power of Collective Bargaining**
This program covers the history of unionization in nursing, what unions do, the benefits of union representation, as well as information on the process for forming a union.
Contact: dschildmeier@mnarn.org; 781-830-5717
- **History of Nursing in Mass.—100 Years of Caring for the Commonwealth**
This program traces the history of professional nursing and the MNA in the commonwealth, from its birth in 1903 through establishment of the RN role under law, its growth and development up until today.
Contact: dschildmeier@mnarn.org; 781-830-5717
- **Managing Conflict: The Verbal Solution**
This program is designed to provide the nurse with the basic skills for managing conflict in the workplace environment. Conflict resolution strategies, including situational analysis and effective listening and communication skills will be addressed. The program will conclude with an interactive discussion of case scenarios related to conflict management.
Contact: jfergus@mnarn.org; 781-830-5714
- **Recognizing and Supporting Colleagues with Substance Abuse Problems**
The disease of addictions, affects 10-15 percent of the nursing profession. This program will discuss the risk factors for nurses as well as the occupational signs and symptoms.
Contact: cmallia@mnarn.org; 781-830-5755
- **Menu of Occupational Health and Safety Programs**

 - **Bloodborne Pathogens—Your Legal Rights:** Addresses OSHA regulations related to the Bloodborne Pathogens Standards.
 - **Ergonomics—No More Aching Backs:** Addresses the myths around musculo-skeletal injuries, the regulatory guidelines to reduce such injuries and an overview of the types of patient lifting and moving equipment that are available in the marketplace today.
 - * **Fragrance-Free—Creating a Safe Health Care Environment:** Addresses the scientific evidence of the toxicity of chemical components of fragrances and the adverse health effects these products are known to cause in patients and workers.
 - * **How Safe is Your Hospital? Recognizing Hazards in Your Work Environment:** Provides an introduction to the types of hazards that are present in hospitals and other health care settings and methods to reduce and eliminate those hazards.
 - **Latex Allergy:** Addresses the extent of the problem, the signs and symptoms of latex allergy and methods to eliminate exposure to natural rubber latex in health care settings.
 - **Smallpox - A Brief Introduction:** Utilizes materials from the CDC and Massachusetts Department of Public Health to provide nurses with tools to recognize the signs and symptoms of smallpox and to become familiar with the plan to be implemented in the event of an outbreak.
 - **The Adverse Health Effects of Environmental Cleaning Chemicals:** Addresses the scientific evidence of the toxicity of chemical components of many environmental cleaning chemicals and the adverse health effects these products cause in patients and workers.
 - **Workplace Violence - Recognition, Intervention and Prevention:** Addresses the frequency and risk factors associated with workplace violence in health care settings. The program also identifies strategies to reduce risk factors and provide effective interventions for nurses and other health care workers physically injured and psychologically affected by violence at work. There is an emphasis on the importance of reporting such violence and reporting tools are supplied to participants. .
Contact Evie Bain, EvieBain@mnarn.org; 781-830-5776 or Chris Pontus, cpontus@mnarn.org.

Consent to Serve for the MNA 2007 Election

I am interested in active participation in the Massachusetts Nurses Association

MNA General Election

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

*General means an MNA member in good standing and does not have to be a member of the labor program. Labor means an MNA member in good standing who is also a labor program member. Labor Program Member means a non-RN health care professional who is a member in good standing of the labor program.

Please type or print — Do not abbreviate

Name & credentials _____

(as you wish them to appear in candidate biography)

Work Title _____

Employer _____

MNA Membership Number _____

MNA Region _____

Address _____

City _____

State _____

Zip _____

Home Phone _____

Work Phone _____

Educational Preparation

School	Degree	Year

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

MNA Offices	Regional Council Offices

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

MNA Offices	Regional Council Offices

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

Signature of Member _____

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

Postmarked Deadline: Preliminary Ballot: March 31, 2007
Final Ballot: June 15, 2007

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

- Hand delivery of material must be to the MNA staff person for Nominations and Elections Committee only.
- Expect a letter of acknowledgment (call by June 1 if none is received)
- Retain a copy of this form for your records.
- Form also available on MNA Web site: www.massnurses.org

Book profile

The Complexities of Care: Nursing Reconsidered

Edited by Sioban Nelson and Suzanne Gordon

In a series of provocative essays, *The Complexities of Care* rejects the assumption that nursing work is primarily emotional and relational. The contributors—international experts on nursing—all argue that caring discourse in nursing is a dangerous oversimplification that has in fact created many dilemmas within the profession and in the health care system.

Edited by Sioban Nelson and Suzanne Gordon

THE COMPLEXITIES OF CARE

NURSING RECONSIDERED



This book offers a long-overdue exploration of care at a pivotal moment in the history of health care. The ideas presented will foster a critical debate that will assist nurses in better understanding the nature and meaning of the nurse-patient relationship; confront challenges to their work and their profession; and deliver the service patients need today and will need in the future.

Essay contributors include: Sanchia Aranda, University of Melbourne and Peter MacCallum Cancer Centre; Rosie Brown, University of Melbourne; Sean Clarke, University of Pennsylvania and Université de Montréal; Suzanne Gordon; Marie Heartfield, University of South Australia; Tom Keighley, Royal College of Nursing; Diana J. Mason, *American Journal of Nursing*; Lydia L. Moland, Babson College; Sioban Nelson, University of Toronto; Dana Beth Weinberg, Queens College, CUNY.

About the editors: Sioban Nelson is dean and professor on the faculty of nursing at the University of Toronto. She is the author of *Say Little, Do Much* and *A Genealogy of Care of the Sick*.

Suzanne Gordon is visiting professor at the University of Maryland School of Nursing. She is an award-winning journalist and assistant adjunct professor at the University of California, San Francisco, School of Nursing. She is the author of *Nursing Against the Odds: How Health Care Cost Cutting, Media Stereotypes, and Medical Hubris Undermine Nurses and Patient Care* and the coauthor of *From Silence to Voice: What Nurses Know and Must Communicate to the Public*, and *Life Support: Three Nurses on the Front Lines*. ■

Donations Needed for MNE Annual Auction!

The Massachusetts Nurses Foundation is again preparing for its annual voice and silent auction to be held at the MNA convention in October. This is a major fundraiser for the foundation and enables us to continue to support RNs and health care professionals as they continue their education.

The auction is an easy way for supporters to make a contribution to the MNE and help fund nursing scholarships. Simply donate your tax-deductible item, product or service and we will include it in the annual auction. Some ideas for auction donations include:

- ✓ Antiques
- ✓ Artwork
- ✓ Craft Items
- ✓ Holiday Items
- ✓ Jewelry
- ✓ Vacation Getaways
- ✓ Collectibles
- ✓ Gift Certificates
- ✓ Books
- ✓ Nursing Items

Any donation will be appreciated and will help make this year's auction a success. Please call the MNE voice mail to request an auction donor form at 781-830-5745.

Our mission is only accomplished through donations. Your donation provides the meaningful difference in what the foundation can do! Your support is appreciated

Jeannine Williams
MNE President



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

CALL THE MNA PEER ASSISTANCE PROGRAM

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

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

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

Boston Metropolitan Area

- Bournwood Hospital, Health Care Professionals Support Group, 300 South St., Brookline. Contact: Donna White, 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, for those employed at private health care systems. Contact: John William, 508-834-7036 Meets: Mondays.
- Nurses for Nurses Group, Hartford, Conn. Contacts: Joan, 203-623-3261, Debbie, 203-871-906, Rick, 203-237-1199. Meets: Thursdays, 7–8:30 p.m.
- Nurses Peer Support Group, Ray Conference Center, 345 Blackstone Blvd., Providence, R.I. Contact: Sharon Goldstein, 800-445-1195. Meets: Wednesdays, 6:30–7:30 p.m.
- Nurses Recovery Group, VA Hospital, 6th Floor Lounge, Room E10, Manchester, N.H. Contacts: Janet, 978-975-5711, Sandy, 603-666-6482. Meets: Tuesdays, 7–8:30 p.m. ■

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

William S. Marras, Ph.D., CPE, Ohio State University, The Downward Spiral of Low Back Pain

Linda Haney MPH, RN, COHN-S, CSP - Creating Cultural Change

Beth Piknick, RN, President, MNA

Robert P. Naparstek, MD, medical director, Caritas Good Samaritan Occupational Health Service

Kathleen Nelson, physical therapist

Carol Bates, compliance assistant specialist, OSHA

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 March 1, 2007

Snow Date March 8, 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 role of prospective mentors who are experienced professional nurses and who are interested in sharing their knowledge and 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, co-sponsored by the Southern New England Chapter of the AALNC, 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

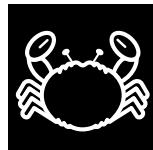
Fee MNA and AALNC Members \$75; Others \$99

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 Alfred DeMaria, MD

Maureen Spencer, RN, MEd, CIC

Thomas P. Fuller, ScD, CIH, MSPH, MBA

Evelyn Bain, MEd, RN, COHN-S

Date March 23, 2007

Time 8 a.m. - 4 p.m. (light lunch provided)

Place MNA Headquarters, Canton

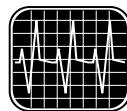
Fee MNA Members: Free; Others: \$195

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

Scholarship funding available through the Massachusetts Nurses Foundation

Deadline: June 1, 2007

Printable applications with instructions and eligibility requirements will be available in February at www.massnurses.org.

You can request that an application be mailed to you by calling the MNF at 781-830-5745.



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 Tapestry. 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.



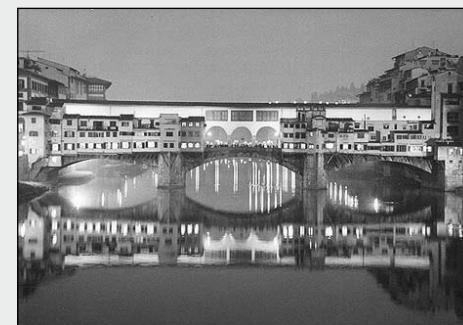
Costa Del Sol plus Madrid Nov. 6-14, 2007, \$1,769*

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, Granada 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.

MNA Member Discounts Save You Money

Personal & Financial Services

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
 Exceptional credit card at a competitive rate.

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 888-474-1959
 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 charges 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 401-633-4509
 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 mnadiscounproducts.com (Company code: MNA2006).

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 or call 617-854-8068.

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

Discounts Corner

MNA members save on electronics, appliances

Did you know that you can purchase televisions, DVDs and VCRs, photo and camcorders, optics, audio equipment, appliances, home goods, tools, handbags and luggage and home office equipment at great discount prices. Check it out by logging on to: mnadiscountproducts.com. The company code is: MNA2006.

Save with the TaxMan

Receive a substantial discount on tax preparation services. For information, call 800-7-TAXMAN. ■

MNA membership dues deductibility for 2006

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	\$35.55	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

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When you combine your nursing degree with a legal education, you're opening new doors to opportunity—in hospital administration or in the practice of law where your medical knowledge can help people in new and different ways.

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Colonial Insurance Services, Inc.

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

Call Colonial Insurance Services today for a no-obligation cost comparison 1-800-571-7773 or check out our website at www.colonialinsuranceservices.com



Automobile Savings

Automobile discount of 6%. Convenient fee free EFT available.



Homeowners Policy

12% discount when we write your automobile. 3% renewal credit after 1 year the policy has been in effect.



MNA Baseball Caps



Adjustable baseball caps featuring the MNA logo are \$4.99 each, plus \$3.95 shipping and handling if mailed

To order, contact the MNA's Division of Membership, 781-830-5726, or send checks to: MNA Division of Membership, Attn: MNA baseball hats, 340 Turnpike Street, Canton, MA 02021.

INTRODUCING THE NEW MNA HOME MORTGAGE PROGRAM

A new MNA family benefit



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

MNA
MASSACHUSETTS NURSES ASSOCIATION

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

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

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

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

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

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

CALL THE MNA ANSWER LINE FOR PROGRAM RATES AND DETAILS:

1.877.662.6623
1.877.MNA.MNA3





2nd Annual MNA Clinical Nursing Conference

May 18, 2007 ■ DCU Center ■ Worcester

Free to MNA Members!

Limited to 1,000 participants

Important Information

Chemical Sensitivity

Attendees are requested to avoid wearing scented personal products when attending the conference.

Contact Hours

Continuing nursing education 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 sessions, and
- 3) complete and submit the evaluation.

Questions

Call MNA's Division of Nursing at: 800-882-2056, x727, x719 or x723.

Conference Schedule

7:00–8:30 a.m.	Registration and Continental Breakfast
8:30–10:00 a.m.	Keynote Address: <i>All Nurses Can Do Research and Publish</i> , Annie Lewis O'Connor, PhD, MPH, APRN Every nurse has the skills to conduct research and publish. Most nurses just need a jump start and some structure to take the journey. This lecture will provide the learner with the why, how and what of research and publishing.
Breakout Sessions	
10:30–12:00 p.m.	<i>New Advances in Cancer Therapy</i> , Sharon Lane, RN, MS, AOCN The care of the cancer patient changes daily with the advent of new treatment modalities. Emphasis on the recent advances in breast, lung and colorectal therapies will be explored along with shifts in cancer therapy and new drugs in the development phase.
10:30–12:00 p.m.	<i>When Almost is Not Enough: Care of the Late Preterm Infant</i> , Terry Sue Johnson, ARNP, RNC The near-term infant has a significant risk of developing a number of neonatal conditions. Identification of this at-risk population will be explored as well as the emerging research and policy regarding nursing care practice.
10:30–12:00 p.m.	<i>Sexual Violence: What Nurses Need to Know</i> , Annie Lewis O'Connor, PhD, MPH, APRN Every day a nurse comes into contact with a victim or survivor of sexual violence—yes, every day! This lecture will provide an overview of sexual violence and raise the awareness of nurses who care for victims and survivors of sexual abuse.
10:30–12:00 p.m.	<i>Diabetes: Present and Future Nursing Implications</i> , Ann Miller, MS, RN, CS, ANP, CDE Nurse practitioner, Joslin Clinic. This program will address current nursing practice relative to the care and management of the diabetic patient in 2007; look forward to outcomes of ongoing diabetes research; and discuss what nurses can expect relative to nursing implications of diabetic care in the future.
12:00–1:15 p.m.	Lunch
Breakout Sessions	
1:15–2:45 p.m.	<i>Perinatal Causes of Cerebral Palsy</i> , Terry Sue Johnson, ARNP, RNC Cerebral Palsy continues to occur in spite of rigorous assessment, acute monitoring and aggressive intervention in labor and delivery units. Compelling new evidence proposes new constructs for understanding and, in time, hopefully preventing this devastating neurologic injury.
1:15–2:45 p.m.	<i>Crossing the Bridge — the Passage to Menopause</i> , Dr. Georgina Donadio DC, MSc, PhD This presentation explores physical, emotional, nutritional, environmental and spiritual aspects related to perimenopausal, menopausal and post-menopausal whole health. This course information is especially pertinent for women age 40 and above.

Registration Form: 2nd Annual MNA Clinical Nursing Conference May 18, 2007

Name _____

RN APN Other (specify) _____

Address _____

City State Zip _____

Telephone: Daytime _____

Evening _____

Place of employment _____

Fees: MNA Members: free

Please make your 1st & 2nd choices for the morning sessions:

Cancer Therapy Preterm Infant Care Sexual Violence Diabetes

Please make your 1st & 2nd choices for the afternoon sessions:

Cerebral Palsy Menopause Respiratory Distress Syndrome Psychotropic Drugs

To register call the MNA Nursing Department at 781-821-4625 or 800-882-2056, x727, x719 or x723.

Registration is on a space-available basis. Registration closes once seating capacity is reached.

Program cancellation: MNA reserves the right to change speakers or cancel programs for extenuating circumstances.

1:15–2:45 p.m.	<i>A Critical Care Challenge: Improving Outcomes in Acute Respiratory Distress Syndrome</i> Mary Pennington, RN, MSN, CCRN, CNRN This session will review the pathophysiologic processes seen in ARDS. Key management principles will be reviewed. Current research will be examined with an emphasis on new modalities. The focus will be on decision making and interventions.
1:15–2:45 p.m.	<i>Psychotropic Drugs: Implications for Today's Nurse</i> Carol Glod, PhD, RNCS, FAAN, Professor of Nursing, Bouve College of Health Sciences, Northeastern University, Director of Nursing Research and Developmental Studies, McLean Hospital This program will address the indications and effectiveness of the major classes of psychotropic medications including common, uncommon and potentially dangerous adverse effects. The role of today's nurse in managing patients receiving psychotropic medications in respect to patient response, adherence to the medication plan and psychoeducation will be discussed.
2:45–3:00 p.m.	Break
3:00–4:00 p.m.	Closing Plenary Address <i>What Every Nurse Should Know About Stress Reduction</i> Dr. Georgina Donadio, DC, MSc, PhD This program will provide the bigger picture of stress; its relationship to immune function, chronic disease and aging. The specific effects of stress on nutritional needs and the psychophysiology of mind/body/adrenal pathology will be discussed.