

the Massachusetts **nurse** Advocate

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Easy-to-understand national health insurance

Amid the tragic mass unemployment of the mid-1930s, American Federation of Labor president Bill Green quipped that "the American worker does not want the dole," railing against the call to establish unemployment insurance. Yet, one by one, 3,000 local unions passed resolutions demanding the establishment of just such a system, and this overwhelming grassroots movement prevailed. Today, it would be unheard of for working families not to have such a protection against the ebb and flow of the economy.

And so too today, as employment-based health insurance becomes more and more costly for workers and retirees through profiteering and cost-shifting, or dropped altogether, a similar movement is fermenting within the ranks of labor.

The U.S. National Health Insurance Act, H.R. 676, legislation introduced by Rep. John Conyers (D-Mich.) which would create expanded and improved Medicare for all, has been endorsed by 335 union organizations in 48 states, including 93 Central Labor Councils and 27 state AFL-CIOs.

This bill would institute a single-payer healthcare system in the U.S. by expanding greatly improved Medicare to every resident. It would cover every person in the U.S. for all necessary medical care, including prescription drugs, hospital, surgical, outpatient services, primary and preventive care, emergency services, dental, mental health, home health, physical therapy, rehabilitation (including for substance abuse), vision care, chiropractic and long-term care. H.R. 676 ends deductibles and co-payments and would save billions annually by eliminating the high overhead and profits of the private health insurance industry and HMOs.

In Massachusetts, two Congressional hearings have been held to explore the current injustices and to highlight the urgent need for systemic healthcare reform, such as Medicare for all. The first was held in Boston's historic Faneuil Hall in 2005 and the second at Holyoke Community College in 2006, both with MNA's full participation.

In addition to MNA, Bay State labor groups

that have endorsed H.R. 676 include: International Brotherhood of Electrical Workers (IBEW) Local 2222 (Greater Boston), Local 2313 (Hanover), Local 2321 (North Andover), Local 2322 (Middleboro), Local 2324 (Springfield) and Local 2325 (Northborough); Service Employees International Union/1199; Massachusetts State CAP Council, United Auto Workers (UAW) and United Auto Workers (UAW) Local 2322 (Holyoke).

The Pioneer Valley Labor Council worked hard to build the Holyoke hearing and supports H.R. 676. And the Greater Boston Labor Council unanimously backed H.R. 676 at its October 2nd meeting. Council Executive Secretary-Treasurer Rich Rogers said his council "is proud to join the growing movement for single-payer healthcare." The Boston council has 145 union affiliates representing 90,000 union families in Greater Boston.

Jobs with Justice, a labor-community coalition in which MNA is active, recently sent a letter to 400 Massachusetts unions asking them to endorse H.R. 676. Signers included MNA President Beth Piknick; Myles Calvey, business manager, IBEW Local 2222; Mike Grunko, president, SEIU Local 509; Willie Desnoyers, chairman, UAW Massachusetts CAP Council; Peter Knowlton, president, UE District 2; Ron Patenaude, president, UAW Local 2322; Jeff Crosby, president, IUE/CWA Local 201; and Jon Weissman, president emeritus, NALC Branch 46.

Two local unions, the 15,000-member UFCW Local 1445 in Dedham and Carpenters Local 40 in Cambridge, have already responded to the letter with endorsements. Local 1445 is the first UFCW local to endorse H.R. 676.

Thanks to the swelling surge of support, H.R. 676 currently has 85 Congressional co-sponsors in addition to Conyers, including Massachusetts Reps. William Delahunt, Barney Frank, Stephen Lynch, James McGovern, John Olver and John Tierney.

For further information on labor movement support for healthcare justice, contact Kay Tillow, All Unions Committee for Single Payer Health Care at nursenpo@aol.com. ■



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Mission Statement: The Massachusetts Nurse Advocate 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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MNA
MASSACHUSETTS NURSES ASSOCIATION



Union solidarity, workplace safety and safe staffing

The following remarks were taken from the opening address that MNA President Beth Piknick provided at the organization's annual convention in Springfield this past October.

Good afternoon. Abraham Lincoln once said, "To stand in silence when they should be protesting makes cowards out of men." As I stand before you today, at this, the 100th anniversary of this annual gathering of the membership of the MNA, I can proudly say that I see only brave women and men in this room. As we celebrate 100 years of activism at this convention, I stand before you proud to be among the bravest, strongest, most powerful and most progressive nurses in the United States of America.

I look out and see the brave nurses of UMass Medical Center, who just after last year's convention, waged the shortest strike in nursing history—five hours that rocked the nursing world in Massachusetts, and put the MNA on the map once again for being one of the few unions to make a stand and win a fight to protect nurses' rights to a defined benefit pension plan.

I see the nurses of Brigham & Women's Hospital and St. Vincent Hospital, who took their own historic votes to authorize a strike, and out of that process and as a result of their resolve, negotiated groundbreaking agreements.

I see representatives from Lawrence General Hospital, Salem Hospital, Northeast Health Systems, the nurses of the American Red Cross, the West Springfield School nurses and other bargaining units who have also stayed strong and won important agreements by not being silent.

I see Kathy Metzger from Brockton Hospital, who has shown the ultimate bravery by taking on the most oppressive management team and CEO in the state, leading to the negotiation of a good contract, but more importantly, she took her administration to the woodshed with OSHA, securing important oversight and protection for her members from an epidemic of workplace violence.

I see the nurses of North Adams Regional Hospital, Berkshire Medical Center and the Baystate VNA who are, as we speak, engaged in pitched battles for new contracts. The nurses of North Adams are taking their own strike vote on Oct. 11. Yesterday, many of you here joined the nurses of the Baystate VNA in a protest here in Springfield in their struggle for a first contract.

When I look at this gathering and I consider the work that we do I see an organization that has achieved its successes because of its ability to bring nurses together to speak

with one powerful voice. I see an organization that embraces the concept that one nurse working alone can become a victim, but many nurses working together can change the world.

I see a brave organization that is never silent and always ready, willing and able to raise its unified voice to protest any wrong at any a time.

On the legislative front, we continue to protest the fact that patients in our hospitals are suffering and dying needlessly from lack of access to the nursing care they deserve. Over the last several weeks, a number of brave nurses, from all regions of the state, along with citizen supporters from the Coalition to Protect Massachusetts Patients, have been engaged in meetings with legislators in their districts to tell their stories and to finish the job of making the passage of H. 2059, the Patient Safety Act, a reality. Later this month, on Oct. 24, brave nurses from throughout the commonwealth will be at the State House for the critical hearing for this bill. And believe me, we will make safe staffing a reality this legislative session.

During the summer, I watched a number of courageous nurses, each victims of workplace violence, tell their stories and make our case for passage of the workplace violence protection bill. This included an appearance in a nationally televised news story on CNN.

As I complete my first term and begin my second as President, I look back on two years of continued growth and development of our organization driven by our five-year plan, now in its third year, and the dues increase that made it possible.

Ask any of the nurses in the bargaining units I have just cited if their dues money has been well spent and I am confident you will receive a resounding endorsement for the work we have been able to do.

The MNA's ability to expand its power and effectiveness took a quantum leap in the past year with the addition of grassroots community organizers from the division of legislation in each MNA region. These organizers have helped our members build broader and deeper bonds with their communities, not only bringing greater community support to our bargaining units, but also having our bargaining units become more deeply imbedded into



Beth Piknick

their own communities and the struggles of those communities.

A perfect example is Region 2, where that Region was just recognized by the AFL-CIO Central Labor Council with an award for the community services members of the bargaining units have performed. For example, when the St. Vincent nurses held a picket for their contract, they combined it with a Christmas toy drive, generating more donations of toys and goods than any group in the city.

And this brings me to the one important point I wanted to raise today as we move into the next two years of MNA activism. It is my hope and my goal as your president to foster the expansion of MNA activity and MNA consciousness to assist all members to see the value of not only belonging to and becoming active in their local bargaining unit—which is central to all that we do—but also to become active and involved in broader issues and initiatives that in the end, enhance their bargaining unit work, while improving our entire society.

We all need to know and understand that while it is great to work on contract language to address an issue in the workplace, there is also benefit in working on a legislative solution to the same problem for all nurses. This is especially true given that the NLRB, the enforcement arm of the collective bargaining process has become so weak and unfriendly to workers after so many years of Republican rule.

For example, we can work hard to negotiate great language on staffing or safe patient handling or workplace violence, but if management violates that contract language, it can take years to address the problem, and with the current state of the NLRB, there is no guarantee that we will win in the end. We must work on both fronts—the local bargaining unit level and the legislative level.

As we confront the challenges of the growing health reform movement in our state, the MNA and our members must be actively involved in this process on a number of levels, both in their bargaining unit and in their communities.

So I stand before you today proud and humbled to have been given the honor of serving as president these last two years for such brave and honorable members of my profession. I stand before you today grateful for having had the privilege and good fortune to work with the most talented staff of any union in America. I also stand here energized and excited to work with you over the next two years as we continue to nourish the continued growth of the MNA into the next century of MNA activism.

I thank you. ■



Advocates head to Beacon Hill to support H.2059

Hundreds of patient safety advocates headed to the State House on Oct. 24 for the committee hearing on H.2059, the MNA's safe staffing bill.

RN and MNA member Patty Healey speaks at a Western Mass. news conference prior to boarding a packed bus for the State House.

A burgeoning crowd of supporters across from the State House.

Sterling Allam, a former member of the Mass. Senior Action Council, addresses the Public Health Committee in the Gardner Auditorium.

Nursing students from Becker College board a bus with Rep. James O'Day and head up the Pike to Boston.

Patient advocates urge passage of H.2059 at State House hearing

New survey reveals a third of patients say they've felt the effects of understaffing

Armed with new statistics on patients' increased concern over quality care in Massachusetts hospitals as well as evidence linking disease and deaths to poor patient oversight, hundreds of elderly Massachusetts residents, mothers and children, nurses, and other consumer and health-care advocates from across the state converged on the State House on October 24 to urge passage of the Patient Safety Act, H.2059, at a hearing before the Joint Committee on Health Care. The bill would set limits on the number of patients a nurse can be forced to care for at one time.

For more than a decade, bedside nurses in Massachusetts have been sounding an alarm that patients are being harmed because nurses are being forced to care for too many patients at one time.

Since the bill's initial introduction, hospital-acquired infections and medical errors have soared, with the Centers for Disease Control (CDC) now reporting that 2,000 people, or 6 people per day, are dying because of them every year in Massachusetts. Nationally, 2 million people are harmed by hospital-acquired infection and medical error, and nearly 100,000 of

them die each year. As of today, more patients are killed each year by hospital-acquired infections than by AIDS and breast cancer combined.

A statewide survey conducted by Opinion Dynamics Corporation (ODC) and released in conjunction with the Oct. 24 hearing indicates that more than one-quarter (28 percent) of Massachusetts hospital patients and their families say that their safety, or a family member's safety, was compromised by nurse understaffing. Based on the total number of hospital stays in the Commonwealth as tabulated by the state's Department of Health Care, Finance and Policy, this translates into more than 235,000 Massachusetts patients annually whose safety is compromised by a lack of available nurses.

In addition, nearly three-quarters (73 percent) of past patients agree that the overall quality of patient care in Massachusetts hospitals is suffering because nurses are forced to care for too many patients at once. And more than one-third (35 percent) of these past patients and their families say that their nurse had too many patients to care for during a recent hospital stay.

"Massachusetts patients are saying loudly

and clearly that they are concerned about the impact that the persistent understaffing of nurses in Massachusetts hospitals is having on the safety of their care during their hospital stay," said John McCormack, the co-chair of the Coalition to Protect Massachusetts Patients, which comprises more than 120 leading health-care and consumer organizations. "My baby daughter, Taylor, died in 2000 at the age of two in a Boston hospital because she didn't get the care she needed. When I carried her to the hospital morgue, I promised her that I would fight my hardest so that this wouldn't happen to another child."

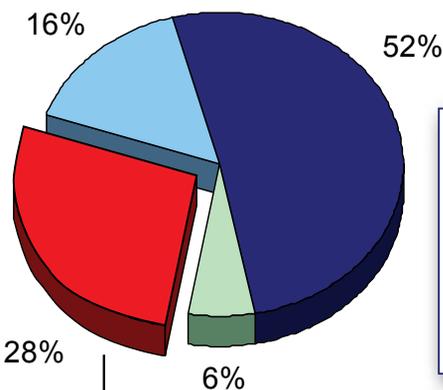
The elderly and the parents of young children have coalesced around the issue of setting safe limits on nurses' patient loads because those populations (seniors and children) are most at risk of contracting hospital-acquired infections.

John Bennett, president of the Massachusetts Senior Action Council, is disturbed by the fact that so many of the state's elderly are at risk for injury or harm in the hospital as a result of understaffing.

See **Patient Advocates**, Next Page

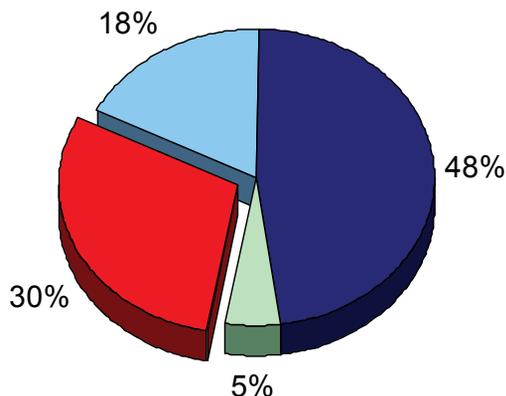
Over 1/4 of Patients Think Safety Was Compromised by Lack of Nurses

To what extent do you feel that patient safety was compromised by a lack of available nurses during this hospital experience?



46% in cardiac units felt safety was at least somewhat compromised

To what extent do you feel that the quality of patient care was compromised by a lack of available nurses during this hospital experience?



...Patient advocates

“As an older citizen and leader of a grassroots organization of seniors, I have been continually hearing complaints from our members about problems they and their family members have experienced as a result of nurse understaffing,” Bennett said. “Members of my own family have been hospitalized and over the years I have watched the care they received deteriorate—not because nurses don’t care or aren’t working hard, but precisely because they are working too hard, running from patient to patient doing what they need to do. The suffering the lack of nursing care causes is unacceptable.”

A number of studies link the rise in hospital-acquired infections and other medical complications to understaffing of nurses, including one published in the July issue of the journal *Medical Care* that found that safer RN staffing levels could reduce hospital acquired infections by 68 percent.

“The hospital industry’s mantra every year for more than a dozen years has been, ‘Leave it to us to fix this problem. We know best,’” said Karen Higgins, co-chair of The Coalition

to Protect Massachusetts Patients. “While we have waited for the hospitals to ‘fix it,’ thousands of patients have died and continue to die throughout the commonwealth. The time for waiting is over. The commonwealth’s hospital patients and their families can’t afford to wait any longer.”

The Patient Safety Act (H.2059) would improve hospital conditions by setting a rational, safe limit on the number of patients a nurse can be forced to care for at one time, while also creating initiatives to increase nursing faculty and nurse recruitment. Similar legislation to set safe patient limits was passed in California and was implemented in 2004. Testimony about the bill’s success in California was presented by a panel of frontline nurses from California and by Karin Berntsen, RN, BSN, a California nurse administrator and one of the nation’s leading patient safety experts.

Endorsement from national expert

Contradicting assertions by the hospital industry that the bill is inflexible and the wrong approach to improving patient safety, Berntsen

testified about the success of the California law and said that the Patient Safety Act introduced in Massachusetts is even better than the California legislation.

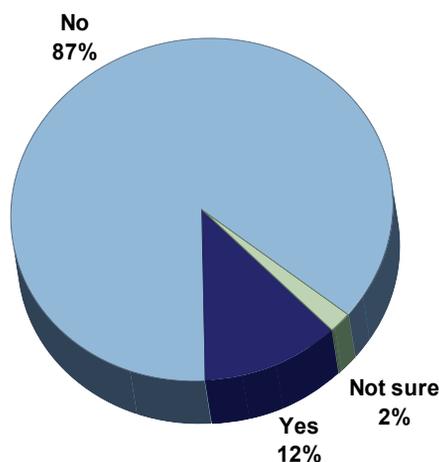
Ms. Berntsen, the author of the books *The Patients Guide to Preventing Medical Errors* and *Fatal Care*, testified that she observes a “Massachusetts understaffing crisis,” and that

first six months of 2007—a 35 percent increase over the previous year’s second quarter profits. If the trend continues, the hospital industry is poised to record its third straight year of profits in excess of \$1 billion.

Instead of investing in safer nursing care, the Massachusetts hospital industry’s response to the mounting death toll has been to create a

Just 12% of Patients Had Time to Research Staffing Levels Prior to Hospital Visit

Before (you/your family member) went into the hospital, did you have time to research information regarding staffing levels at the hospital (you/they) were going to?



Massachusetts hospitals “approach is counterproductive and dangerous to patients.”

“One of the nation’s leading organizations on patient safety, the Agency for Healthcare Research and Quality, examined over 90 studies on nurse staffing and reported that reducing the number of patients a nurse cares for at one time is associated with reduced hospital mortality and reduced adverse patient events,” she said. “Furthermore, the Patient Safety Act has been well thought out and builds in the principles of improved safety and efficiency, including a balanced approach to nurse staffing, ramping up of the staffing requirements, and supporting nurse recruiting to assist with the bedside nursing shortage,” Ms. Berntsen added. “The legislation is flexible, and promotes staffing plans that are balanced for all hospitals,” she concluded.

Questioning the industry’s ‘solutions’

At a time when patient safety is being increasingly endangered by RN understaffing, the state’s hospitals continue to post record profits of nearly a half-billion dollars for the

“Patients First” Web site that posts proposed nurse staffing “plans” with no guarantee that the staffing plans are accurate, and with no uniform standard of care that patients can expect in all hospitals.

The patients who responded to the ODC survey said the Web site is of little or no value to them.

Nearly 90 percent of recent hospital patients report that they did not have the time to research staffing levels prior to their hospital visits. In fact, only 14 percent were aware of the Web site, and only 4 percent used it.

Audrey Heath, a senior from Worcester, said she was insulted by the assumption that she would be able to check a Web site to safeguard her hospital stay. “You think I have time to look at a Web site when I’m on my way to the hospital? Most people my age are in serious condition when they arrive at the hospital. They’re not thinking about the internet.”

The Patient Safety Act is co-sponsored by Sen. Marc Pacheco (D-Taunton) and Rep. Christine Canavan (D-Brockton). ■

Panel from California wows crowd and committee at hearing

Even as the wildfires in Southern California threatened their homes, a group of nurses and health care executives from California testified before the Joint Committee on Public Health on Oct. 24 about how well safe nurse staffing limits are working in that state.

California is the only state in the country that has instituted limits on the number of patients a nurse must care for at one time. The limits were implemented about three years ago. Since that time, the number of actively licensed RNs in California has increased by over 60,000.

California's experience with a similar law. First to testify was Karin Berntsen, RN and patient-safety expert, who is the director of quality, risk and care management at Alvarado Hospital in San Diego.

Berntsen offered the committee a unique perspective on the issue as she is not from the union side—she is a health care executive, and looks at the staffing problem both as a manager and as someone concerned about patient safety.

“The hospital industry’s practice of increasing patient loads is a counterintuitive approach and it is dangerous for patients,” Berntsen testified.

Joining Berntsen on the panel was Michael Jackson, an emergency department nurse also from the San Diego area. He reported that staffing limits in California have actually made EDs

“Our patients move quickly through the system because the RN can focus on accessing services for patients immediately. Patients can be admitted to the floors sooner because there are always nurses available.”

—Michael Jackson,
RN from California at hearing on H.2059

work more efficiently by ensuring that there is enough staffing to move patients through tests and procedures more quickly.

Also testifying was Melroy Green, a radiology technician from the Los Angeles area. Green reported that before the limits in California, he and other ancillary staff were forced to provide nursing services to patients because the nurses were stretched so thin. This was dangerous for everyone—patients, ancillary staff, and nurses. Now, he says he can actually do the job he was trained to do because there are enough nurses to care for patients.

Finally, Jill Furillo, an RN and the Southern California director of the California Nurses Association testified. She encouraged legislators to take the hospital industry’s predictions of chaos and disaster with a grain of salt.

“We heard the same predictions in California, and it was all just scare tactics,” she said. “Hospitals haven’t closed because of our law and ER wait times for ambulance crews transferring their patients to the hospital have improved. Ambulances are actually getting back out into the field more quickly. Furthermore, California’s nursing shortage was far worse than the Massachusetts’ shortage, and with the improvement in working conditions, nurses are flocking back to the bedside in California.”

Furillo also encouraged legislators to challenge hospital administrators on-site who were wearing stickers with the word “Ratios” with a circle and line through the word. “What that sticker means,” Ms. Furillo said, “is that they think there should be no limit. They want the freedom to assign a nurse 25 patients if they want to. No ratios translates into no limits, and that’s just not safe for patients.”

All of the testimony from this panel was particularly poignant given the wildfire situation in California. Berntsen’s husband and son had been evacuated the day before the hearing, and even as she testified, she was waiting to hear that her house had survived the wildfires. ■



California nurses on Beacon Hill: From left, Jill Furillo, Michael Jackson, Karin Bernstein, Melroy Green.

Furthermore, the California Health and Human Services agency reports that hospitals in the state have not had difficulty meeting the new requirements. “Our data shows that hospitals have been able to meet the lower ratios. Hospitals had to follow the new rules and discovered they were not as burdensome as they had feared.” (*Los Angeles Times*, 2005)

At the public hearing in Boston on H.2059, The Patient Safety Act, Public Health Committee members got to hear firsthand about

“The evidence is clear: Reducing the number of patients a nurse cares for at one time is associated with reduced hospital mortality and reduced adverse patient events.”

Berntsen acknowledged that there was resistance from hospitals in California when the safe staffing legislation was passed. “Hospitals resisted this legislation quite vigorously,” she said, “and predicted disaster if it passed. But despite this initial resistance, the results of California’s staffing law are actually quite positive.” She went on to testify that H.2059 “has the potential to be even more effective [than California’s law]. It has been well thought out—it is extremely flexible and it promotes staffing plans that are balanced for all hospitals.”

For video coverage of the hearing
and panel presentations,
visit www.massnurses.org.

The Patient Safety Act: Now what?

Urge Public Health Committee members to vote for a favorable release of H.2059

H.2059

The Patient Safety Act hearing was held on Oct. 24 before the Joint Committee on Public Health

Contact members of the Joint Committee on Public Health and urge them to release H.2059 with a favorable report

We need your help! At right is a list of members of this Committee, along with information about the districts they represent.

If you live in one of these districts, it is imperative that you let your elected officials know that you need them to support this legislation. Please call your representative and senator and ask them for a quick and favorable release of H. 2059, the Patient Safety Act. If you are not sure who your representative is, visit www.capwiz.com/massnurses and type in your address. Please call your legislator today!

Don't know your legislator?
Go to www.capwiz.com/massnurses and enter your address.



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Support the Baystate VNA nurses in Greenfield

Holding the line against a company that is putting profits before patients

After a prolonged contract struggle, Baystate Health management recently announced that it is closing the Greenfield office of the Baystate Visiting Nurse and Hospice (VNAH). They also announced that there would be lay-offs at the VNA office in Springfield and at the Baystate Franklin Medical Center. According to Baystate Health officials, they are closing the VNAH in Greenfield and reducing staff at the main office in Springfield due to rising costs and deficits caused by cuts in Medicare reimbursement for home care. But Baystate is posting a record surplus for the current fiscal year! Baystate Health Systems total profits for the second quarter were \$35.1 million, compared to \$21.7 million for the same period in 2006. This constitutes a roughly 60 percent increase! The VNAH in Greenfield employs 55 people and provides home care to about 150 patients, and the hospice program serves between 18 to 23 patients on a daily basis. Given how well Baystate is doing financially, how can they be cutting these important services to sick and dying people in Greenfield?

Is this the Baystate Health System that cares about the community and their employees, or is this a company who clearly puts profits before patients? ■



VNA nurses from Greenfield and their labor brothers and sisters at a picket earlier this year.

Nurses! Call your legislator today and ask them to help keep Greenfield open

Call your legislators and urge them to call Trish Hannon (senior vice president for health care operations) at 413-794-5516 and Mark Tolosky (CEO of Baystate) through his executive assistant at 413-794-5890.

Keep Baystate VNA & Hospice in Greenfield open! Call your legislator!

Sen. Edward Kennedy

2400 John F. Kennedy Federal Building
Boston, MA 02203
617-565-3170

Sen. John Kerry

Springfield Federal Building
1550 Main Street, Suite 304
Springfield, MA 01101
413-785-4610

If you live in Franklin or Hampshire County, call:

Congressman John Olver

57 Suffolk Street Suite 310
Holyoke, MA 01040
413-532-7010

If you live in Hampden County, call:

Congressman Richard Neal

1550 Main Street, Suite 309
Springfield, MA 01103
413-785-0325

If you live in Northampton, Amherst, Belchertown, Hadley, Hatfield, Pelham and South Hadley, in the county of Hampshire; and Bernardston, Buckland, Colrain, Deerfield, Erving, Gill, Greenfield, Leverett, Leyden, Montague, New Salem, Northfield, Shelburne, Shutesbury, Sunderland, Wendell and Whately, in the county of Franklin call:

Sen. Stanley Rosenberg

1 Prince Street
Northampton, MA 01060
413-584-1649

If you live in the towns of Erving, Gill, Greenfield, Orange and Warwick, all in the county of Franklin; and the town of Athol, in the county of Worcester, call:

Rep. Christopher J. Donelan

186 Walnut Hill Rd
Orange, MA 01364
978-544-2180

If you live in the towns of Easthampton, Hadley and South Hadley, all in the county of Hampshire, call:

Rep. John Scibak

P.O. Box 136
South Hadley, MA 01075
413-539-5855

If you live in the towns of Amherst and Granby, both in the county of Hampshire, call:

Rep. Ellen Story

State House Room 147
Boston, MA 02133
617-722-2575

If you live in the towns of Conway, Deerfield, Leverett, Montague, New Salem, Shutesbury, Sunderland, Wendell and Whately, all in the county of Franklin; and precincts A and D, of the town of Belchertown, and the towns of Chesterfield, Goshen, Huntington, Pelham, Williamsburg and Worthington, all in the county of Hampshire, call:

Rep. Stephen Kulik

1 Sugarloaf Street
South Deerfield, MA 01373
413-665-7200

If you live in the towns of Hatfield, Montgomery, Southampton and Westhampton, and the city of Northampton, all in the county of Hampshire, call:

Rep. Peter Kocot

State House Room 473F
Boston, MA 02133
617-722-2210

Bargaining Unit Updates

Worcester School Nurses

The MNA school nurses in Worcester continue to work on securing a successor contract; the big hurdle remaining is in reaching an agreement around the school committee's proposed changes to their health insurance. There are also many other professional and economic issues that the nurses are committed to obtaining in this contract.

Mercy Medical Center

The registered nurses at Mercy Medical Center have started negotiations and they are pressing management on creating a Retiree Medical Savings Plan in addition to staffing language and improvements in other professional and economic areas.

Wachusett Regional School District

The RNs in the Wachusett Regional School District (WRSD) recently celebrated a huge victory after they ratified a new three-year agreement that—finally—puts them on par with other area school nurses in terms of both pay and benefits.

The agreement, which was ratified in October, will result in salary increases that will earn each nurse an additional \$11,000 to \$12,000 annually—based on where they are located on the salary steps—by the time the agreement expires in 2010. These increases will help put the WRSD nurses' salaries on par with their area colleagues, most of whom have been earning a professional wage of almost 42 percent more annually.

In addition to their success in achieving a professional pay scale, the nurses also secured contract language that:

- Increases the number of sick days that the nurses earn annually
- Transfers any unused personal days to unused sick days at the end of the school year.
- Provides them with bereavement leave
- Provides fair monetary compensation for the time nurses spend in professional development courses
- Offers reimbursement to all WRSD nurses who successfully complete the National Certification for School Nurse Test
- Allows two bargaining unit members to be released from work to attend the MNA's annual Chairs Summit

The 14 nurses who make up the WRSD bargaining unit worked tirelessly to this secure this contract, and their fight spanned more than three years and two separate negotiations. With a professional pay scale and contract now in

place the Wachusett Regional School District will now be able to retain—and recruit—the expert school nurses that the region's children have come to depend on.

Merrimack Valley Hospital

The 150 nurses of Merrimack Valley Hospital in Haverhill have begun negotiations for a new contract, seeking a competitive wage scale and differentials that will allow the hospital to compete with other facilities in the region. The nurses are paid as much as 30 percent below nurses at other facilities on the North Shore and Essex County, and have lost more than 40 nurses—nearly a third of their bargaining unit—in the last year.

As a result, nurses are working excessive on-call and mandatory overtime, and they are being floated at an alarming rate. The hospital is seeking to compound the problem by demanding contract language to allow them to send nurses home and use their benefit time during low census periods. In addition to seeking a competitive wage, the nurses want language to limit on-call, prohibit mandatory overtime if a nurses feels it is unsafe for his or her patients, as well as language to limit inappropriate floating.

The hospital is demanding dramatic changes in the nurses' health insurance benefit, including tripling co-pays under the plan, while also instituting deductibles for in-patient and out-patient services. It had also had imposed a deadline for negotiating an agreement on the issue, and had threatened to implement changes if an agreement is not reached by Jan. 1. However, after the MNA filed an unfair labor practice charge against the hospital for bad faith bargaining, the hospital withdrew its deadline and agreed to negotiate any health insurance changes in the context of the entire agreement.

Newton Wellesley Hospital

The nurses of Newton Wellesley Hospital are attempting to negotiate a new contract that features an important debate over protections for newly licensed nurses, specifically, providing a year moratorium on the assignment of charge duties to these novice nurses to allow them to develop their skills and experience before taking on this complex role.

They are also seeking language to require negotiations with the union to ensure safe and reasonable introduction of new technology to their practice.

The nurses are also seeking a competitive wage with other hospitals in the region and the Partners system to ensure there are enough nurses to deliver quality patient care.

And they are also hoping to convince the hospital to make a real commitment to staff the hospital with regular full time and part time nursing staff. Hospital management has engaged in an expensive effort to use internationally-recruited temporary nursing staff and 18 month travelers as an alternative to providing adequate core staffing. The nurses are committed to placing limits on the use of temporary nursing staff.

Northeast Health Corp.

The nurses of Northeast Health Corp (Beverly Hospital, Addison Gilbert Hospital) are using their union rights to combat recent efforts by hospital management to target nurses for unwarranted discipline. The nurses have instituted a petition drive within the hospital and are mobilizing the membership to stand up to the unsavory management practices. They are also rallying to the aide of nurses who have been the target of management abuses.

Caritas Carney Hospital

In light of recent reports of a potential closure of Caritas Carney Hospital, a decision that would be devastating to the Dorchester community, as well as the entire Greater Boston health care system, the nurses and the MNA have begun an effort to mobilize support—in the hospital community, the community at large, and within the legislature and city council—to ensure Carney's survival.

Falmouth Hospital

A new patient care unit has opened at Falmouth Hospital (part of Cape Cod Health Care). It is a step-down unit that has been dubbed a CICU. It is comprised of eight separate rooms (i.e., eight beds).

These rooms were originally part of Med-Surg 4, so now that floor is "overstaffed" with RNs. Sue Wing, R.N., C.O.O., is committed to no lay offs as a result of the new unit opening, so RNs have been floated from M/S 4 to other patient-care areas where they are qualified to work.

Falmouth Hospital's interpretation of the contract's salary scale—as it applies to those nurses reaching the top of the scale during the contract's duration—was challenged. The resolution is that those RNs will step up to whatever the current top step is and then will not receive additional raises until they have been at the top step for a year. They will have retroactive monies distributed.

Falmouth Hospital administration and the MNA nurse committee continue to work together to assure that safe, quality care is delivered to its patients. ■

After successful picketing, Marlborough Hospital nurses win new contract

Pact includes pay hike pushing top step to \$50 per hour

The MNA nurses at Marlborough Hospital ratified a new two-year contract that will provide a competitive pay increase to allow the nurses to recruit and retain staff to maintain quality patient care. The agreement was reached shortly after the nurses held a successful picketing outside the entrance to the facility.

The picketing was accompanied by publicity and paid advertisements in the local media which drew the public's attention to the impact below-market wages were having on the nurses' ability to recruit and retain staff at the facility. At the first negotiating session following the picketing, a settlement was reached with a federal mediator.

Under the agreement nurses will receive across the board pay increases, as well as adjustments to the top of the pay scale that will result in an increase in the starting salary from \$27.37 to \$29.04; and from \$46.19 to \$50 at the top of the pay scale as of April of 2009. ■

Standing together: A group of RNs from Marlborough Hospital stopped quickly for a photo during their successful informational picket in the fall.



Metzger honored by the Labor Councils of Southeastern Mass.

Kathy Metzger, RN and co-chair of the MNA bargaining unit at Brockton Hospital, was presented with the Harry Dunham Award at the Labor Councils of Southeastern Massachusetts annual awards ceremony.



The annual ceremony, which was held at the Venus DeMillo in Swansea, honored political and local labor leaders who have helped area rank-and-file workers and union brothers and sisters achieve fair and safe working conditions, benefits and salaries.

Gov. Deval Patrick made a surprise appearance to honor award winners Suzanne Bump, state secretary for workforce and labor, and Senate President Therese Murray.

Metzger received her award for her work with the Brockton nurses fighting for a safer work environment and a workplace violence prevention program. ■



MNA Region 2 volunteers (from left Susan Mulcahy, RN, Mike D'Intinosanto, RN, and Lynne Starbard, RN) participating in the United Way of Central Massachusetts Day of Caring 2007 which took place on Sept. 18. Day of Caring is an annual community-wide event that engages volunteer teams from across Worcester County to complete one-day service projects that benefit local non-profit organizations and the clients that those agencies serve. Working together to improve our community, Team MNA, joined by members of USW 2936, provided a much needed paint job to the gymnasium of Friendly House, a neighborhood drop-in center in Worcester.

Interstate licensure of nurses

Important information about proposed Compact legislation

By Mary Crotty, RN

The MNA is strongly opposed to a bill, S.1288, which would require Massachusetts to change its model of nursing licensure and become a “Compact” state.

“Compact” refers to an agreement by a number of states to a common professional license for nurses. Compact is fraught with potential to endanger patients and to increase red tape and the chances of data security problems for nurses.

Compact is being promoted by the National Council of State Boards of Nursing (NCSBN)—which is seen as the “mother board” for state boards of registration in nursing, although NCSBN is actually not a regulatory entity itself. It is more akin to a trade association.

The subject is complex. Unfortunately NCSBN has been simplistically promoting Compact as a “driver’s license” for nurses: just zoom across state lines with your license and never worry about passing another state board.

This is NOT true, however. The reality under Compact is that you *still* would need to change your licensure if you move out-of-state—even if you don’t change jobs. Your nursing license becomes dictated by where you live rather than where you work.

Following the announcement in early October that the commonwealth accidentally distributed confidential licensure information—including social security numbers—to people who should not have received it, MNA’s concern about broadening the legally permissible scope of data sharing (i.e. of nurse licensure information), which Compact would require, is now of even greater concern. The Massachusetts Division of Professional Licensure has launched an internal probe and announced plans to review its protocols after data for about 450,000 licensed professionals, including nurses, were inadvertently released on computer discs mailed out to agencies across Massachusetts as well as to New Hampshire, Pennsylvania and California. Under Compact, licensure data that should be guarded under top-level security would be shared among all Compact states and the potential for security breaches would be magnified enormously.

The primary reasons why Compact is a bad idea for both nurses and patients are described below. If you would like more detailed information, please contact Mary Crotty at MNA, at 781-830-5743 or via e-mail at mcrotty@mnarn.org. ■



Nine reasons nurses oppose compact

Interstate licensure of nurses, as proposed under legislation (S.1288, An Act Adopting the Nurse Licensure Compact), is a new model of licensing registered nurses that allows a nurse licensed in one state to cross state borders and practice in any other state that has adopted similar legislation allowing mutual recognition of nurse licensure. Referred to as “Compact,” interstate licensure is a bad idea that promises to adversely weaken public safety by decreasing our state’s ability to adequately regulate the practice of nursing.

Compact is an attempt to fix a non-existent problem. Moreover it has the potential to cause new problems.

- 1 Who really benefits from Compact?** The big beneficiaries—and the biggest proponents of Compact—are insurance companies and multistate hospital corporations that want to facilitate telehealth. Telehealth saves the insurance industry money on preventative care by having a nurse on the telephone rather than providing direct care. In addition, Telehealth benefits multistate hospital corporations because it allows hospitals the ability to move nurses across state lines.
- 2 How easy is it to get a license in another state?** Proponents claim that Compact will allow nurses to move their practice easily from state to state. They claim this will make it easier to bring more nurses into Massachusetts. However, a nurse can currently get a temporary license to practice nursing in Massachusetts within 48-72 hours. How much easier could it be? Again, this is a solution in search of a problem.
- 3 What are the patient protection concerns about Compact?** Shifting the license requirements from state of practice to state of residency doesn’t make common sense. Furthermore, licensure in the state of practice rather than the state of residence is more logical for complainants and more conducive to investigatory procedures. Follow-up investigations of negligence, incompetence or fraud are very difficult for respondents located across the country.
- 4 Will Massachusetts lose its ability to require its licensed nurses to have up-to-date nursing education?** Yes. Approximately half the states in the country, unlike Massachusetts, do not require continuing education (CE) for nurses. In 1994, the board of nursing in Colorado, a new Compact state, removed CE as criteria for renewal of licensure. Closer to home, Maine does not require continuing education credits. The practice of medicine is changing all of the time. Do we really want nurses practicing here who aren’t required to continue their education or update their skills in any way?

See **Compact**, Next Page

...Compact

5 Will the Commonwealth lose revenue from implementing Compact? The National Council of State Boards of Nursing (NCSBN) acknowledges that there will be a cost to any state joining Compact. The Virginia Board of Nursing conducted a financial analysis which estimated that Virginia would lose \$250,000 annually in license fees from out-of-state nurses because of its proximity to nurses living in a multistate area. This is similar to Massachusetts, with its proximity to other states. We estimate that the Massachusetts Board of Registration in Nursing's loss of revenue would be between \$250,000 to \$300,000 annually, or 15-18 percent of its budget.

6 What is the impact of Compact on disciplinary issues for nurses? Nurses will be subject to disciplinary action in multiple states. Compact requires immediate posting to all Compact member boards of what they describe as "significant investigatory information" about a nurse. This amounts to sharing concerns about alleged practice issues, prior to formal investigation, hearing or final action. The licensee would incur costs related to investigation and legal representation in multiple states, and under Compact she/he will also be responsible for the costs of the investigation incurred by each state. The nurse would then have to work to remove any inaccurate or unsubstantiated information from their record in multiple states. Anyone who has tried to remove information from their credit report knows how

difficult this can be. Imagine trying to do it in multiple states simultaneously!

7 Could nurses who speak up for their rights be hurt by Compact? Yes! Nurses who speak up for their patients and/or their own labor rights are often targeted by management for retaliatory disciplinary action. Compact would allow such intimidation on a much wider scale. Employers under Compact can block a nurse from working in any other Compact state by posting "significant investigatory information" on her/his record.

8 Will there be an increased cost to nurses for liability coverage under Compact? It seems very likely that the increased exposure to multi-state discipline will result in an increase in the cost of liability premiums. One of the major insurers, the Nurses Service Organization (NSO), raised this question as the cover story of its recent newsletter.

9 Are Advanced Practice Nurses (APRNs) included in Compact? What about physicians? No. A Compact arrangement for APRNs is not considered feasible. And the medical profession is simply ignoring any attempts to come up with a physician-equivalent of the nursing Compact. In fact the National Federation of State Medical Boards seems to be moving in the opposite direction. If this isn't a good idea for Advanced Practice Nurses and physicians, why is it a good idea for registered nurses? ■

MNA holds its first school nurse summit

The MNA convened its first School Nurse Summit in Westborough on Saturday, Oct. 20. It was well attended and enthusiastically received.

Numerous speakers addressed issues specific to school nurses, including their collective bargaining rights; contract clauses and wage comparisons; and political activism.

Kathleen Hassey, president of the Massachusetts School Nurses Organization, and Maryalice "Mimi" Stamer, president-elect of the Massachusetts School Nurse Organization, spoke about pending legislation that could affect school nurses.

A panel of labor-savvy nurses was also on hand to tell attendees about their first-hand experience at the negotiation table. This panel included Patti Comeau of the Methuen Public Schools; Melinda Johnson of the Wachusett Regional School District; Cathy Watterson of the Worcester Public Schools; and Karen Tremblay of the Taunton Public Schools.

The day-long program also featured Dana D. Lecsese, J.D., from the Middlesex County District Attorney's Office. Lecsese, who works as the office's coordinator for the cyber enforcement program, delivered a thought provoking CE presentation entitled "Internet Crimes Against Our Youth." ■

Grassroots lobbying in Western Mass.



A group of community leaders and MNA members from Western Massachusetts met with state Sen. Stanley Rosenberg last month at his Amherst office to discuss H.2059, the Patient Safety Act. Shown here, back row, from left, are Peter Vickery, Patty Healey, Leo Maley and Jon Weissman. Front row, from left, Susan Dorazio, Ferd Wulkan, Miriam Dayton and Bill Ames.

Annual MNA awards honor the best in nursing

IMAGE OF THE PROFESSIONAL NURSE AWARD

YVONNE KOELSCH-BROWN
LYNNE STARBARD

This award recognizes a member who has demonstrated outstanding leadership in enhancing the image of the professional nurse in the community.

Yvonne Koelsch-Brown, RN, is a veteran nurse who serves as a patient advocate and exemplary role model. In her role in the post-operative setting at the Faulkner Hospital, Yvonne witnesses firsthand the impact of breast cancer on her patients and the community.

Lynne Starbard is a nurse whose influence and leadership has impacted her nursing community at University of Massachusetts Memorial Medical Center, where she has been an advocate for nursing safety and fair practice, effective clinician, mentor to new and experienced nurses, and a highly effective co-chair of her bargaining unit.

JUDITH-SHINDUL ROTHSCHILD LEADERSHIP AWARD

JEANNINE WILLIAMS

This award recognizes an MNA member who speaks with a strong voice for the nursing community at the state and/or national level.

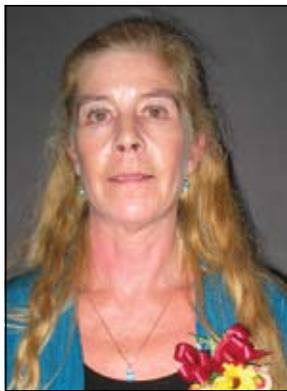
Mentor, friend, tireless advocate for patients, for nurses, for the elderly, for citizens and all humanity, there are not enough ways to describe the contributions **Jeannine Williams** has made to advance the health and well being of us all. She has been instrumental in bringing Central Massachusetts to the forefront in the labor and legislative arenas, has mentored numerous active members of Unit 7 at Westboro State Hospital and was instrumental in bringing in the MNA for the state when Unit 7 was created and served as chair and secretary until her retirement.

NURSING EDUCATION AWARD CONTINUING ED/STAFF DEVELOPMENT

SUZANNE CARCHEDI

This award recognizes a member who is a nurse educator and who has made significant contributions to professional nursing education/continuing education or staff development.

Suzanne Carchedi, nurse educator for the emergency department at Jordan Hospital brings many years of experience and dedication to her role. She has been instrumental in nurturing and educating nurses new to the Emergency Department, while guiding more experienced staff through changes and standards in patient care.



Lynne Starbard



Jeannine Williams



Suzanne Carchedi



Rosemary O'Brien

KATHRYN MCGINN CUTLER FOR HEALTH AND SAFETY AWARD

MARY DENISE GLIDDEN
ROSEMARY O'BRIEN
ELIZABETH O'CONNOR

This award recognizes an individual or group that has performed outstanding service for the betterment of health and safety for the protection of nurses and other health care workers.

Mary Denise Glidden, with more than 40 years at the Providence Behavioral Health Hospital, has served tirelessly and consistently as an unwavering voice for nursing, especially in the area of health and safety.

Rosemary O'Brien, chair of the MNA Workplace Violence and Abuse Prevention Task Force, has been at the forefront of the movement to recognize and prevent workplace violence. Under her strong, tireless, and insightful leadership, the taskforce undertook the daunting task to develop and counter such pejorative concepts that workplace violence is just "a part of the job."

Elizabeth O'Connor is an MNA activist and powerful advocate for the health and safety of nurses and their co-workers. She has been influential in nearly eliminating latex gloves in the nursing units at Brigham and Women's Hospital and has played a significant role in moving the facility towards a needleless system. She is chair of the MNA Congress on Health and Safety.

HUMAN NEEDS SERVICE AWARD

ROBERTA GATELY

This award recognizes an individual who has performed outstanding services based on human need, with respect for human dignity, unrestricted by consideration of nationality, race, creed, color or status.

Roberta Gately, a nurse in the infectious disease department at Boston Medical Center, provides care to HIV infected and affected children as well as medically fragile infants and children in therapeutic daycare/afterschool programs.

Carol Armstrong demonstrates excellence in nursing practice daily as the clinical coordinator of Jordan Hospital's Emergency Room where she readily accepts and expertly manages the challenges of the emergency room setting.

Traci A. Mather, an emergency department nurse at Beverly Hospital, serves as preceptor for new employees. Because of her clinical expertise and philosophy of teaching and mentoring skills, Traci helps to develop well-guided and skilled nurses who are able to practice competently in their role and maintain a high standard of care.



Roberta Gately



Carol Armstrong



Traci Mather



Mary Burgoyne

ADVOCATE FOR NURSING AWARD

REP. MARTIN WALSH

This award recognizes the contributions of an individual, who is not a nurse, to nurses and the nursing profession.

Rep. Martin Walsh has been a strong advocate for patients and nurses throughout Massachusetts. Walsh has advocated for patients and nursing bills and has been a committed supporter of the Safe Staffing Bill, not only to his colleagues in the Legislature, but also the media.

ELAINE COONEY LABOR RELATIONS AWARD

This award recognizes a Labor Relations Program member who has made a significant contribution to the professional, economic and general welfare of nursing.

Mary Burgoyne was instrumental in securing the union at Caritas Norwood Hospital after two unsuccessful attempts. Her efforts continued to make the union work by tirelessly helping nurses to truly understand their rights and how the union could help them and their patients.

Joanne Caloon, RN, has long been an active member of the Baystate Franklin Medical Center (BFMC) bargaining unit. She has served as senior chair, junior chair, unit representative, vice chair of the bargaining unit, and coordinator of the Legislative Action Committee in addition to serving as a contract negotiations team member for numerous years.

Cheryl Cochran actively pursues the advancement of the professional nurse and fights tirelessly to uphold their contract at Cape Cod Hospital. Cheryl's understanding of the collective bargaining contract and leadership skills are an asset to the bargaining unit as is her unique ability to provide strength and counsel to her peers on union issues.

Peter Lancette has been a strong advocate and source of inspiration and support for his fellow nurses at the University of Massachusetts Medical Center University Campus. During a very bitter and tumultuous time, Peter showed great courage and commitment to a fair work environment when he reassured his colleagues of the decision to strike.

Marie Ritacco has been an active member of the MNA bargaining unit at St. Vincent's Hospital in Worcester for many years. As co-chair of the negotiation team, she exerted a strong leadership role in supporting nursing steps during 15 months of contract negotiations, enabling the achievement of staffing improvements in the contract.



Joanne Caloon



Cheryl Cochran



Marie Ritacco



Susan Wright Thomas

Richard James Spezzaferro has been a strong advocate and source of inspiration and support for his fellow nurses at the University of Massachusetts Medical Center University Campus. During a very bitter and tumultuous time, Richard showed great courage and an abiding commitment to achieve a fair work environment as he reassured and affirmed his colleagues in the decision to strike.

Susan Wright Thomas has been an active and influential member of the MNA bargaining unit at the Cambridge Hospital where she serves as secretary and is a valued member of the negotiation team. Her consistent supportive and enthusiastic efforts to improve the nursing work atmosphere and in addressing union issues is valued by her nurse colleagues.

FRESHMAN LEGISLATOR, SPECIAL RECOGNITION FOR LEGISLATIVE ADVOCACY

REP. JAMES O'DAY, 14TH WORCESTER DISTRICT

REP. GERALDO ALICEA, 6TH WORCESTER DISTRICT

The two legislators honored with the Freshman Legislator Award were dedicated to the cause of Safe Staffing even before they were elected to office. They committed to safe staffing during their campaigns and have demonstrated initiative and leadership from before their first day in elected office. We appreciate the assistance they've rendered to MNA bargaining units and their commitment to quality patient care. We applaud the legislators honored for their leadership and dedication to patients and nurses throughout the commonwealth. ■



From left, Andrea Fox, Diane Michael, Denny Glidden and Evie Bain.



From left, MNA Vice President Donna Kelly Williams, Rep. Martin Walsh, Rep. Geraldo Alicea, Rep. James O'Day and MNA President Beth Pknick.



MNA President Beth Piknick and Vice President Donna Kelly-Williams with Lt. Gov. Timothy Murray.

MN
2007
CONVE

October
Springfield

Over 100 Years



A convention attendee shows off her T-shirt from Region 1.



CONVENTION

Nov 3-5
Sheraton



of Activism



Dozens of nurses packed onto a bus that was headed to a local picket in support of the VNA nurses in Greenfield.

Taking time out for a photo during a keynote presentation.

Members head to the microphone to debate proposals during the business meeting.



MNA Bylaws changes approved at Convention 2007

Health professionals, qualified RNs working minimal hours to pay reduced dues

Rationale of original proposal

The goal of this policy proposal was to better serve current MNA members (meaning those unionized through the MNA at an organized health care facility) who are either health professionals and/or RNs working minimal hours by creating a new, reduced dues category.

In the case of MNA bargaining unit members who are health professionals, the reduced dues would address the fact that their professional, clinical and educational needs cannot be met exclusively by the MNA—meaning that they have to go elsewhere at times for access to information and resources specific to their clinical field.

In the case of MNA bargaining unit members who are working a minimum number of hours, the reduced dues would address the fact that their annual salary is generally far smaller than a full-time RNs'. Despite this monetary difference, nurses who work a minimum number of hours have historically paid dues at the same rate as all other MNA members.

In both cases, members' dues would be reduced by a total of 25 percent

The voting result: Yes.

A "yes" vote at convention on this policy proposal has resulted in a 25 percent reduction in the cost of dues for current MNA bargaining unit members who are either:

- RNs who work a minimum number of hours (i.e., 19 hours or less per week, or 988 hours or less per year)
- Health professionals (as opposed to registered nurses) regardless of the number of hours they work

Q&A

Q. Who is eligible for inclusion in this new dues category?

A. Registered nurses—subject to verification—who are paid for no more than an average of 19 hours per week (988 hours annually) in the prior year; and health care professionals regardless of the hours they work.

Q. When will this new dues category go into effect?

A. July 1, 2008.

Q. If I'm a nurse working minimal hours, what is the maximum number of hours I can work annually and still qualify for this reduced dues category?

A. 988 paid hours a year.

Q. What do I need to do in order to qualify for this reduced dues category?

A. To qualify for the reduced dues as an RN you will need documentation of all hours paid in 2007. Documentation must be submitted to the division of membership between January 1 and April 1 each year. To receive the reduction on July 1st an RN must be a current member in good standing.

Q. What type of documentation do I need to present to the MNA in order to qualify for this reduced dues category?

A. There will be a form to complete that is not finalized at this time.

Q. How often do I need to show proof of my minimal-hour status to the MNA?

A. Annually between January 1 and April 1 to receive the reduced dues, July 1 thru June 30.

Q. If I am a health professional unionized with the MNA, what do I need to do to transition into this new dues category?

A. Nothing. The plan is to automatically change you on July 1, 2008.

Q. When will this new dues category go into effect?

A. The new dues rates will go into effect July 1, 2008.

Q. Will I be getting a rebate?

A. No, unless you paid the annual dues beyond July 1, 2008 then a rebate would be prorated.

Q. Who do I contact should I have questions or need more information?

A. Contact the Division of Membership at 800-882-2056.

"Yes" vote enables MNA Board to change regional boundaries

Rationale of original proposal

A "yes" vote on this bylaw proposal at convention has given the MNA's Board of Directors the ability to change Regional boundaries as needed, independent of feedback/votes from the Regional Councils.

Since the bylaw proposal passed in early October, the Board of Directors voted to change the MNA's Regional boundaries so that they reflect the Legislature's senatorial districts. The aim of this change is two-fold:

- To better align the MNA's Regions, and thereby its members, with the state legislature's senatorial districts. This will allow members to be more strategic and precise in any legislative initiatives/campaigns.
- Subsequently, the MNA will be able to address the long-standing issue of the financial discrepancies that have existed between the MNA's five various Regions (with the exception of Region 1, although this change will be an equalizer in terms of member population).

Membership in a specific MNA Region was previously determined by zip code, with members having the ability to request a transfer from one Region to another.



Q&A

Q. Can I still request a transfer from one Region to another?

A. Each member shall be assigned to the Regional Council in which the member resides within the state, or, in the case of an out-of-state resident, to a Regional Council in which the member works, unless the member petitions the MNA's division of membership to be assigned to another Regional Council. Such requests may be granted providing the balance and integrity of the Regional system is not compromised.

Q. Will this change result in the elimination of the MNA's "common fund?"

A. No.

Q. Will the individual Regions still be able to manage all of their own incoming dues monies?

A. Yes. And pursuant to the MNA bylaws, the Regional Councils are responsible for establishing and maintaining Regional Council offices and office managers.

Q. Will these boundary changes affect the legal relationship that the MNA currently has with each individual Region?

A. No.

Q. Who do I contact should I have questions or need more information?

A. The MNA's divisions of membership or finance 800-882-2056.

Non-MNA RNs can now join the MNA—at a reduced rate—via ‘associate membership’

Rationale of original proposal

The goal of this bylaw proposal was to make it appealing and affordable for non-MNA RNs (i.e., those who do not get the rights, protections and benefits associated with being in an organized MNA-affiliated bargaining unit) to become involved with the MNA, thereby adding a new level of innovation and excitement to the organization, as well as expanding the MNA's access to a more diverse population of nurses. Most importantly, these new associate members will pay dues at a reduced rate that is structured and specific.

The voting result: Yes.

The “yes” vote at convention on this bylaw proposal has resulted in the creation of a new category of membership, a category that defined as “associate membership.”

Q&A

Q. Who is eligible to be an associate member?

A. Any registered nurse who is not covered by an MNA collective bargaining agreement.

Q. Will associate members have a separate dues structure?

A. Yes.

Q. What is the dues rate for an associate member?

A. Subject to verification members who qualify for Associate Membership may elect to pay \$20 per month or \$240 per year as their annual dues.

Q. Do I have options in how/when I pay my dues as an associate member?

A. Monthly dues are done by electronic funds transfer either by setting up with a voided check or a credit card number. Monthly dues are pulled on the 15th of each month. The annual dues would be payable once a year covering a twelve month period. There is

a charge of \$25 for insufficient funds.

Q. What benefits am I entitled to as an associate member?

A. You will: receive the MNA membership card; receive the *Massachusetts Nurse Advocate*; be able to attend annual and special MNA meetings, but without voting privileges; be able to be a member of Massachusetts Nurses PAC (the political arm of MNA); be able to be appointed to any congress, committee, task force or the Center for Ethics and Human Rights; have access to all of the discount offers available to full members; be able to take advantage of the MNA's free CE programs. In essence, associate members would have a voice but would not be able to vote as a member.

Q. What benefits/rights are NOT available to me as an associate member?

A. You cannot vote on issues; serve as an office or on the Board of Directors of the MNA; or run for an MNA office.

Q. When will this new category of membership go in to effect?

A. July 1, 2008.

Q. If I join the MNA, but decide later to leave, could I get a refund of the dues I paid?

A. You would be entitled to a refund for the remainder of your annual payment, providing you give notice 30 days in advance. In other words, you paid the annual fee and six months later you decide to leave, the refund would be for the unused portion of your dues, six months.

Q. Can I still join as a full member if I'd rather?

A. Yes.

Q. Who do I contact should I have questions or need more information?

A. The MNA's division of membership at 800-882-2056, ext. 741.

Thank You

The Massachusetts Nurses Association gratefully acknowledges the generous support of the sponsors and exhibitors at this year's Convention.

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Reliant Mortgage
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University of Massachusetts Amherst
School of Nursing
University of Delaware
University of Phoenix

2007 MNF scholarship recipients announced

The Massachusetts Nurses Foundation awarded more than \$70,000 in scholarships to the following students during the MNA's annual awards dinner on Oct. 3.

- **Allison Longvall** of Paxton—*The Kate Maker Scholarship*
- **Jessamyn Celoza** of Sharon—*Region 5 Nursing Scholarship for a Member's Child*
- **Michelle Marchand** of Haverhill—*Region 5 Nursing Scholarship for a Member's Child*



Allison Longvall



Michelle Marchand

- **Leah Richards** of Woburn—*Region 5 Nursing Scholarship for a Member's Child*
- **Alyssa Dewey** of Sharon—*Region 5 Nursing Scholarship for a Member's Child*
- **Nicole Cote** of Medford—*Region 5 Nursing Scholarship for a Member's Child*
- **Craig Nally** of Foxborough—*Region 5 Scholarship for a Member's Child in Higher Ed*
- **Holly Andersen** of Holliston—*Region 5 Scholarship for a Member's Child in Higher Ed*
- **Chris Malone** of Centerville—*Region 5 Scholarship for a Member's Child in Higher Ed*
- **Julie Murphy** of Stoughton—*Region 5 Scholarship for a Member's Child in Higher Ed*



Nicole Cote



Donna Kelly-Williams

- **Benjamin Oven** of Belmont—*Region 5 Scholarship for a Member's Child in Higher Ed*
- **Donna Kelly-Williams** of Arlington—*Janet Dunphy Scholarship*
- **Patrick McDonagh** of Somerville—*Janet Dunphy Scholarship*

- **Timothy Finn** of West Newton—*Janet Dunphy Scholarship*
- **Joe-Ann Fergus** of Mattapan—*Janet Dunphy Scholarship*
- **Cecilia Buckley** of Belmont—*Janet Dunphy Scholarship*
- **Richard Arrington II** of North Reading—*Janet Dunphy Scholarship*
- **Lucia Bastianelli** of Newton—*Janet Dunphy Scholarship*
- **Nicole Ashton** of Roslindale—*Janet Dunphy Scholarship*
- **Deborah Henderson** of Millis—*Janet Dunphy Scholarship*
- **Brian Del Grosso** of Newton—*Janet Dunphy Scholarship*



Deborah Henderson



L. Johnson-Lavender

- **Kristen McDonough** of Melrose—*Janet Dunphy Scholarship*
- **Patricia Rogers Sullivan** of North Andover—*Regional Council 4 Scholarship*
- **Rita Russett** of Peabody—*Regional Council 4 Scholarship*
- **Mary Sue Howlett** of North Andover—*Regional Council 4 Scholarship*
- **Regina Martino** of Bradford—*Regional Council 4 Scholarship*
- **Christine Powers** of Haverhill—*Regional Council 4 Scholarship*
- **Danielle Amaral** of Mansfield—*Regional Council 3 Scholarship*
- **Kelley Ries** of Plymouth—*Regional Council 3 Scholarship*
- **Marin Curley** of Plymouth—*Regional Council 3 Scholarship*
- **Kimberly Quirk** of South Yarmouth—*Regional Council 3 Scholarship and the Faulkner Hospital School of Nursing Alumni Scholarship*
- **Jillian Kelley** of North Dighton—*Regional Council 3 Scholarship*
- **Suzan Scharr** of East Falmouth—*Regional Council 3 Scholarship*
- **Janine O'Donnell Stephens** of East Falmouth—*Regional Council 3 Scholarship*
- **Lauren Johnson-Lavender** of Mashpee—*Regional Council 3 Scholarship*

- **Rosalinda Hulse** of Plymouth—*Regional Council 3 Scholarship*
- **Renee Lovell** of Duxbury—*Regional Council 3 Scholarship*
- **Laura Maguire** of Oakham—*Regional Council 2 Member Scholarship*
- **Susan Charest** of Auburn—*Regional Council 2 Member Scholarship*



Laura Maguire



Nicole Cornelius

- **Nicole Cornelius** of Clinton—*Regional Council 2 Member Scholarship*
- **Heather Hagen** of Worcester—*Regional Council 2 Member Scholarship*
- **Denise Stone** of Holliston—*Regional Council 2 Member Scholarship*
- **Ashley Majidi** of Worcester—*Regional Council 2 Member Scholarship*
- **Aimee Cormier** of Gardner—*Regional Council 2 Member Scholarship*
- **Caitlin Connolly** of Pepperell—*Regional Council 2 Member Scholarship*
- **Meghan Donohue** of Worcester—*Regional Council 2 Member Scholarship*
- **Jillian Ochner** of Florence—*Regional Council 1 Scholarship*
- **Donna Kelly-Williams** of Arlington—*2007 Labor Relations Scholarship*
- **Lisa Valley-Shah**—*2007 Labor Relations Scholarship*
- **Rosemarie Barker** of Cambridge—*Unit 7 Scholarship for RNs*
- **Lana Muscatell** of Rowley—*Unit 7 Scholarship for RNs* ■



Lisa Valley-Shah



The importance of union meetings

Regularly scheduled Union meetings are a sign of a vibrant, democratic and organized union. The union meeting has many purposes. It provides members the opportunity to regularly: meet as a group, learn about the union, exchange ideas, meet the leaders and fellow members, debate and make decisions, air gripes and argue, make proposals and have input, get updated on events, socialize, etc. Yet, the most common refrain that is heard is “no one comes.” The regularly scheduled meeting establishes that the union as an organization exists and has structure. And, as with any democracy, it allows the members to attend and participate or not to attend.



Joe Twarog

Union meetings need to be planned in advance by the officers. It is preferable to have a set agenda that allows for the free flow of information. Also, meetings need to be advertised well in advance so that members know about them, and can schedule to attend. People are less inclined to come to a gathering where they will be “preached to” with no input of their own. Formal agendas are helpful so that all in attendance are aware of what to expect.

Union meeting: typical agenda

1. Call to Order
2. Secretary Minutes and Report/
Approval of Minutes
3. Treasurer’s Report
4. Report of Officers/Committees
5. Old or Unfinished Business
6. New Business
7. Good and Welfare
8. Adjourn

Some sample bylaw provisions from MNA bargaining units

Article VII. Meetings.

1. Regular meeting of this unit shall be held once a month, the 4th Thursday of the month at 3:30 P.M., excluding June, July and August.
2. The annual meeting of this unit shall be held in March.
3. Special meetings may be called by the chairman.

—Cambridge Hospital Professional Nurses Unit

Article VIII. Meetings.

1. Regular meetings of this unit shall be held on the first Monday of every month (except June, July, and August) at the discretion of the Membership Services Committee.
2. The annual meeting of the unit shall be held at the discretion of the committee, but no sooner than April of each year.
3. Special meetings may be called by the Chairperson.

—Clinton Hospital

Article VII: Meetings.

- A. Regular meetings of the organization shall be held on the 2nd Thursday of the month at the time and place decided on by the group and are open to all MNA members.
- B. The annual meeting shall be held on the 2nd Thursday in January of each year.
- C. Special meetings may be called by the chairs at any time.
- D. 2 Officers and 4 members shall constitute a quorum at any meeting of this organization.
- E. A majority shall carry the vote at any membership meeting at any committee meeting.
- F. We will use the conflict resolution guidelines we created to deal with any conflict.

—Professional Chapter of Franklin Medical Center Registered Nurses

The frequency and dates of the membership meetings are usually established and set forth in the bargaining unit’s bylaws. But, regularity indicates stability. It projects a firm and positive message about the organization. Employers often like to think that the union, if pushed hard enough, will simply go away. Regular meetings help to establish the opposite, as well as providing a regular and dependable forum for the membership. It is another indicator of permanence.

The location of union meetings is also an issue to carefully consider. There are numerous options available, all with differing pros and cons. Options include meeting at: the worksite, a nearby location (library or church hall), at the MNA Regional Council’s office, at another union’s hall, at a paid facility (hotel or conference center) and at a club (VFW, Elks, YWCA).

Finally, meetings should always be kept as positive as possible. Participation should be encouraged. The meetings must stay focused, orderly, efficient and short. ■

Labor advocate Father Ed Boyle dies

Labor movement loses true champion

On Nov. 13, Father Ed Boyle died of cancer, leaving the labor movement in Massachusetts with the loss of one of its great advocates and champions. Father Boyle was a true champion of human rights, workers rights and the dignity of all in our society, as well as a true friend to nurses and the MNA.

Whenever MNA nurses found themselves in a struggle, Father Boyle could be counted on to stand with us and to use his influence and voice to support our cause. When the nurses of Carney Hospital waged their strike in 1986 Father Boyle was there, supporting them on the picket line and advocating for them in the community. It was the same for the St. Vincent Hospital nurses in 2000 and for the Brockton Hospital nurses in 2001 when they waged

their historic strikes for safe patient care.

When nurses at Pembroke Hospital were attempting to organize a union and held a candlelight vigil, Father Boyle was there to hold vigil with them. If you speak with any union and any groups fighting for worker justice, you will no doubt here similar stories about this great and courageous leader. Father Boyle was the second born of six children, all surviving; Jack & Dolores Boyle, Suzanne (Boyle) Doherty, Marylee (Boyle) & Bob Pelosky, Patricia (Boyle) & Jack Coughlan, and



Father Boyle

Gerard & Barbara Boyle. His surviving nuclear family in addition incorporates 21 nieces & nephews, who with spouses and children total 71 immediate loving and appreciative persons. Father Boyle grew up in Belmont and was a 1949 graduate of Belmont High School. He earned a B.A. in economics from Dartmouth in 1953 and MBA from Amos Tuck School in 1954.

Having attended Dartmouth on a “Hollaway Plan National Navy Scholarship,” he was obligated to the U.S. Navy for three years and served as a supply officer stationed principally off the Antarctic in Dunedin, New Zealand. Following the Navy, Ed worked for two years in New York City, leaving to enter the Jesuits. ■



The MNA has now scheduled dates in all five MNA Regions for the first two tracks of its new Labor School.

The school aims to educate members—soup to nuts—on a wide variety of union issues. The courses are organized into “tracks” with a specific overall focus. Five or six classes make up each track, and each class is two to three hours long. A certificate of completion is awarded to members at the end of each track. In addition, members who complete any two tracks will be given an MNA Labor School jacket. Members may choose which tracks and at what location they would like to participate. There is no commitment to attend all tracks. Classes run from 5–7:30 p.m.

For more information, contact your local Regional office or the MNA division of labor education at 781-830-5757.

Labor School Locations

Region 1, Western Mass.

241 King Street
Northampton
413.584.4607

Region 2, Central Mass.

365 Shrewsbury St.
Worcester
508.756.5800

Region 3, South Shore/Cape & Islands

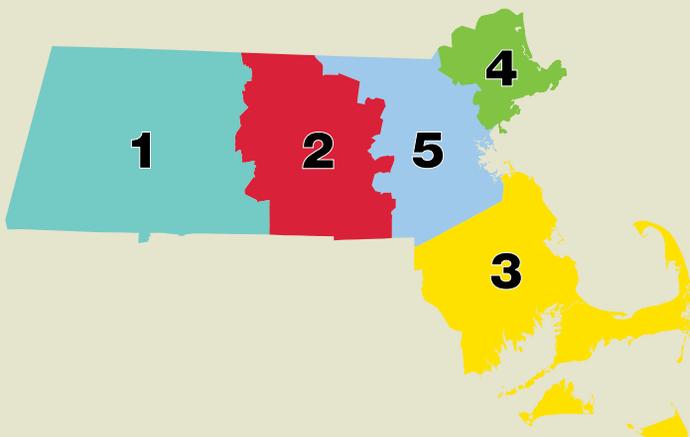
60 Route 6A
Sandwich
508.888.5774

Region 4, North Shore

10 First Avenue, Suite 20
Peabody
978.977.9200

Region 5, Greater Boston

MNA Headquarters
340 Turnpike Street, Canton
781.821.8255



Track 2: Collective Ba		
Regions	1	
Week 1 Welcome and Introduction Negotiations and the Legal Basis Process Overview Bargaining Team and Internal Ground Rules	9/25 Tuesday	
Week 2 Contract Surveys Formulating Proposals Priorities, Goals and Themes Researching the Employer and the Union	10/9 Tuesday	
Week 3 Committee Decision Making At the Bargaining Table Getting Dates, Sites, etc. Roles and Conduct at the table Proposal and Counter-Proposal Exchange	11/6 Tuesday	
Week 4 Table Tactics and Reading Signals Contract Campaigns Developing a Contract Action Team Writing Proposals	11/20 Tuesday	
Week 5 Contract Costing Picketing, Workplace Actions and Strikes Impasse and Contract Extensions MNA Collective Bargaining Video	12/4 Tuesday	
Week 6 Media and Public Relations Reaching Agreement Committee Recommendation & Ratification The Contract Document Mid Term Bargaining	12/18 Tuesday	

Regions 2 and 5 soon will be scheduling dates for Tracks 3 and 4.
Region 4 soon will schedule new dates for Tracks 1 and 2.

For further details:
www.massnurses.org
781-830-5757

Bargaining			
2	3	4	5
C	12/6 Thursday	C	11/26 Monday
O	12/20 Thursday	O	12/10 Monday
M		M	
P	1/17/08 Thursday	P	1/7 Monday
L	1/31/08 Thursday	L	1/21 Monday
E		E	
T	2/12/08 Tuesday	T	2/4 Monday
E		E	
D	2/26/08 Tuesday	D	2/25 Monday

Track 3: Building the Union/Member Participation			
	1	2	4
Week 1 Purpose of a Union/Involvement & Participation Structure of the MNA and a Typical Bargaining Unit Defining Member Participation/Mobilization and Internal Organizing Organizing Model vs. Service/Business Model	1/15/08 Thurs.	12/12 Wed.	C
Week 2 Organizing the Workplace Mapping the Workplace Contract Action Teams—Mobilization/Activists Structure Union Elections and the Law	1/29/08 Tues.	1/9/08 Wed.	O
Week 3 Newsletters, Bulletin Boards, Phone Trees Surveying the Membership Running Effective Union Meetings	2/12/08 Tues.	1/23/08 Wed.	M
Week 4 Community, Labor and Religious Coalitions Legislative and Political Outreach Regulators, Vendors and the Public Working the Press	2/27/08 Wed.	2/13/08 Wed.	P
Week 5 Identifying a Range of Actions Plan, Preparation and Calendar Pressure Tactics: Petitions, Picketing, Rallies, Work to Rule Strikes and Work Stoppages	3/11/08 Thurs.	3/5/08 Wed.	L
Track 4: Labor Laws & Special Topics			
	1	2	4
Week 1 Family Medical Leave Act Massachusetts Small Necessities Leave Act	3/25/08 Tues.	3/18/08 Tues.	1/10/08 Thurs.
Week 2 Fair Labor Standards Act Overtime Rules Labor-Management Reporting and Disclosure Act (LMRDA) Union Officer Elections	4/1/08 Tues.	4/2/08 Wed.	1/24/08 Thurs.
Week 3 Workers Compensation OSHA American with Disabilities Act	4/16/08 Wed.	4/23/08 Wed.	2/14/08 Thurs.
Week 4 Employment Discrimination and Title VII/Federal Civil Rights Act Age Discrimination in Employment Act (ADEA) The Worker Adjustment and Retraining Notification Act	5/6/08 Tues.	5/7/08 Wed.	2/28/08 Thurs.
Week 5 The NLRB and Kentucky River/Oakwood Cases Nurse Supervisor Issues	5/27/08 Tues.	5/28/08 Wed.	3/13/08 Thurs.

All scheduled Track 1 sessions have been completed. New Track 1 sessions, for all Regions, will be announced soon.

MNA's Health & Safety Division shares conference findings

In June 2007, more than 150 MNA and the UMass Lowell's School of Health and Environment held a two-day conference in Marlboro entitled "Workplace Hazards to Nurses and Other Healthcare Workers: Promising Practices for Prevention."

One of the goals of the conference was to assist participants to work with others in improving work conditions by eliminating

or minimizing the hazards they face on the job each day.

Eight breakout sessions were held, with each addressing these hazardous conditions. Follow-up reports were developed after each session in order to share pertinent findings with conference attendees at the end of each of the conference days.

These findings will be published in the

Massachusetts Nurse Advocate over the next few months. In addition, all conference documents are available online at www.massnurses.org. (Click on the "Health and Safety" link, and then click on the "Research" link.)

What follows is the first of several finding summaries that will be shared over the next few months.

Workplace Hazards to Nurses and Other Healthcare Workers: Promising Practices for Prevention

Program: Preventing Latex Allergy

Date: June 7, 2007

Speaker: Linda Coulombe RN, BS, CNOR, CRCST

MNA Facilitators: Gail Lenehan EdD, RN, Terri Arthur RN, Mary Anne Dillon RN

Statement of the problem

With more widespread use of natural rubber latex (NRL) gloves, there has been an increase in reported NRL allergies, among patients as well as among workers, notably health care workers. Rarely, these allergies can be fatal. In addition to reports from the dermatology, allergy and pulmonary literature of severe skin and respiratory symptoms, life threatening reactions to NRL products have been noted in pediatric patients with spina bifida who had undergone numerous surgical procedures, resulting in repeated NRL exposure. In additions, the US Food and Drug Administration (FDA) received reports of numerous severe allergic reactions, including several deaths, associated with exposure to NRL enema cuffs in providing care to sensitized patients.*

*OSHA *Technical Information Bulletin – Potential for Allergy to Natural Rubber Latex Gloves and Other Natural Rubber Products*, 1999

JCAHO Regulation that relates to this topic: EC.1.10 Hospitals must manage safety risks, EC 1.20 Hospitals must maintain safe environments

OSHA Guideline that address this topic: OSHA Technical Information Bulletin, Latex Allergy, General Duty Clause OSHA 5(a)(1). Employers must furnish a place of employment free from recognized hazards.

OSHA recommended steps to provide a safe work environment — A. Management support and worker involvement, B. Hazard assessment, C. Training and education, D. Program evaluation

Items discussed by breakout session participants

How are patients, visitors or others affected?

- When latex gloves are used, patients, visitors and staff are all exposed to airborne latex particles (powder), thereby increasing the potential for becoming sensitized
- Those already affected may experience reactions
- Powder stays airborne for long periods of time exposing everyone
- Powder adheres to surfaces and gets transferred by touching

What are some good practices that you have seen in your workplace?

- Latex-free kits and carts
- Pharmacies, including satellite pharmacies, mixing drugs in a latex-free environment
- Asking every patient if they have a latex allergy
- Describing symptoms to patients and staff in case they are not aware

What are some of the barriers and opportunities associated with change?

Barriers:

- Surgeons refuse to change to latex-free gloves and equipment
- Management states that it costs too much to use synthetic alternatives
- Belief that latex-free (synthetic) gloves are not safe
- Don't want to be labeled a trouble maker if you advocate for change
- Belief that there are not enough people affected to require change
- Belief that there are too many products to change
- Minimizing the reactions as "only" a rash

Opportunities:

- Participate in safety committees and raise the issue of latex-free health care
- Utilize the Web site www.sustainablehospitals.org to bring suggestions for synthetic alternative gloves.

What are some concrete steps that could be taken to address this problem?

- Educate all health care workers, including doctors, dentists and nurses, of the symptoms and prevention of latex allergies
- Educate the general public as well
- Obtain information on latex-free products from vendors
- Get figures on how latex-free gloves and equipment actually save money. For example, using poly-propylene gloves in dietary settings.
- Encourage nurses and other to say "NO TO LATEX" in their personal health and dental care
- Include latex-safe environments in contract language.

Who are the management people at your workplace who are responsible for worker health and safety and who are five people in your workplace who would help to address the issue?

- People in the work setting who have responsibility for health and safety for patients as well as nurses and other staff
- Risk management
- Occupational/employee health
- Materials management
- Infection control
- Safety officer
- Nursing supervisors
- Human resources
- Patient advocates
- Union (MNA) representatives and staff who are affected by latex allergy or others who are concerned about becoming latex allergic can work together on this issue through labor/management committees, hospital safety and other materials and purchasing committees ■

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 understands addiction and the recovery process. Many nurses with substance abuse problems find it therapeutic to share their experiences with peers who understand the challenges of addiction in the health care profession.

Boston Metropolitan Area

- Bournewood Hospital, Health Care Professionals Support Group, 300 South St., Brookline. Donna White, 617-469-0300, x305. Wednesdays, 7:30–8:30 p.m.
- McLean Hospital, DeMarmeffe Building, Room 116. LeRoy Kelly, 508-881-3192. Thursdays, 5:30–6:30 p.m.
- Peer Group Therapy, 1354 Hancock St., Suite 209, Quincy. Terri O'Brien, 781-964-9546. Wednesdays, 5:15 p.m. & coed at 6:30 p.m.
- Caritas Good Samaritan Medical Center, Community Conference Room, 235 N. Pearl St., Brockton. Steve Nikolsky, 508-559-8897. Fridays, 6:30–7:30 p.m.
- Health Care Professional Support Group, Caritas Norwood Hospital, Norwood. Jacqueline Sitte, 781-341-2100. 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. Mondays, 6–7 p.m.

- Health Care Support Group, UMass School of Medicine, Room 123, Worcester. Emory, 508-429-9433. Saturdays, 11 a.m.–noon.

Northern Massachusetts

- Baldpate Hospital, Bungalow 1, Baldpate Road, Georgetown. Teri Gouin, 978-352-2131, x15. Tuesdays, 5–6 p.m.
- Nurses Recovery Group, Beverly Hospital, 1st Floor. Jacqueline Lyons, 978-697-2733. Mondays, 6–7 p.m.
- Partnership Recovery Services, 121 Myrtle Street, Melrose. Jay O'Neil, 781-979-0262. Sundays 6:30–7:30 p.m.

Southern Massachusetts

- Professionals Support Group, 76 W. Main St., Suite 306, Hyannis. Kathy Hoyt, 508-790-1944. Mondays, 5–6 p.m.
- PRN Group, Pembroke Hospital, 199 Oak St., Staff Conference Room, Pembroke. Sharon Day, 508-667-2486. Tuesdays, 6:30–8 p.m.
- Substance Abuse Support Group, Adcare, New Bedford. 88 Faunce Corner Road. Michelle, 508-947-5351. Mondays, 7–8:30 p.m.

Western Massachusetts

- Professionals in Recovery, Baystate VNAH/EAP Building, Room 135, 50 Maple St., Springfield. 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. Wednesdays, 7–8 p.m.

Other Areas

- Maguire Road Group, for those employed at private health care systems. John William, 508-834-7036 Mondays.
- Nurses for Nurses Group, Hartford, Conn. Contacts: Joan, 203-623-3261, Debbie, 203-871-906, Rick, 203-237-1199. Thursdays, 7–8:30 p.m.
- Nurses Peer Support Group, Ray Conference Center, 345 Blackstone Blvd., Providence, R.I. Sharon Goldstein, 800-445-1195. Wednesdays, 6:30–7:30 p.m.
- Nurses Recovery Group, VA Hospital, 6th Floor Lounge, North 650, Manchester, N.H. Contacts: Janet K., 978-975-5711 Sandy, 603-391-1776. Meets: Tuesdays, 6:30–7:30 p.m.



MNASM

PEER ASSISTANCE PROGRAM

Help for Nurses with Substance Abuse Problems

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

CALL THE MNA PEER ASSISTANCE PROGRAM

ALL INFORMATION IS CONFIDENTIAL

781-821-4625, EXT. 755 OR 800-882-2056 (IN MASS. ONLY)

WWW.PEERASSISTANCE.COM

MNA CONTINUING EDUCATION COURSES

Winter/Spring 2008

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: Jan. 22, 2008

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

Place: MNA Headquarters, Canton

Fee: MNA Members, Free*; Others, \$95

***Requires \$25 deposit which will be returned upon attendance.**

Contact Hours: Will be provided

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



Diabetes 2008: What Nurses Need to Know

Description: This program will discuss the pathophysiology and classification of Diabetes-Types 1 and 2. Nursing implications of blood glucose monitoring and non-pharmacological interventions such as exercise and meal planning will be addressed. Oral pharmacological agents and a comprehensive update on insulin therapy will be presented. The nursing management of the newly diagnosed diabetic patient, both complicated and not, will be explored. Nursing management of the diabetic patient in the pre/post operative, ambulatory care, home care and school setting will be discussed.

Speaker: Ann Miller, MS, RN, CS, CDE

Date: Feb. 28

Snow Date: March 6

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

Place: MNA Headquarters, Canton

Fee: MNA Members, Free*; Others, \$195

***Requires \$50 deposit which will be returned upon attendance.**

Contact Hours: 6.0

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 5

Snow Date: March 12

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

Place: MNA Headquarters, Canton

Fee: MNA Members, Free*; Others, \$195

***Requires a \$50.00 deposit which will be returned upon attendance.**

Contact Hours: 6.0

MNA Contact: Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x794

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.

Speakers: Mary Sue Howlett, BSN, RN, CEN, Carol Mallia, MSN, RN

Dates: March 11 – Part One

March 18 – Part Two

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

Place: MNA Headquarters, Canton

Fee: MNA Members, Free*; Others, \$195

***Requires \$50 deposit which will be returned upon attendance.**

Contact Hours: 6.7

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; Kathleen McPhaul, PhD, MPH, BSN, RN

Date: March 21

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

Place: MNA Headquarters, Canton

Fee: MNA Members, Free*; Others, \$195

***Requires \$50 deposit which will be returned upon attendance.**

Contact Hours: 6.0

MNA Contact: Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x794



Prevention and Management of Disruptive Behavior

Description: This broad-based program of violence prevention for nurses and other health care providers is based on the Department of Veterans Affairs' newly revised national training program. The four levels of stress and assessment, interpersonal and preventive intervention skills specific to each level will be addressed. Participants will learn how to effectively respond to disruptive behavior and deescalate potentially violent behavior, with the goal of achieving a positive and safe outcome for patients, staff, and others involved.

Speaker: Carol Dacey, BSN, RN

Date: March 27

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

Place: MNA Headquarters, Canton

Fee: MNA Members, Free*; Others, \$195

***Requires \$50 deposit which will be returned upon attendance.**

Contact Hours: Will be provided.

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

ACLS Certification and 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.

Speakers: Carol Mallia, RN, MSN; Mary Sue Howlett, BSN, RN, CEN and other instructors for the clinical sessions

Dates: April 1 and April 8 (Certification)
April 8 (Recertification only)

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 \$75 deposit which will be returned upon attendance.**

Contact Hours: Will be provided.

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

Preparing for Pandemic Flu

Description: This program will provide information on the similarities and differences of previous influenza epidemics. The necessity and value of emergency preparedness training will be presented by the Mass. Department of Public Health. The U. S. Department of Labor OSHA will discuss the requirements of preparing healthcare settings to meet the demands an epidemic, including the need for written preparedness plans, the use of engineering controls (ventilation), appropriate personal protective equipment, other work practice controls and training and education for all staff to increase safety and health protections for nurses, others, patients and the community at large.

Speaker: TBA

Date: April 4

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

Place: MNA Headquarters, Canton, MA

Fee: MNA Members, Free*; Others, \$195

***Requires \$50 deposit which will be returned upon attendance.**

Contact Hours: Will be provided.

MNA Contact: Susan Clish, 781-830-5723 or 800-882-2056, x723

Protect Thyself: Tools to Minimize Legal Exposure

Description: This program, which is co-provided by the MNA and the Southern New England Chapter of the American Association of Legal Nurse Consultants, will provide nurses with 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: May 8

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

Place: MNA Headquarters, Canton

Fee: MNA and AALNC Members, \$95; Others, \$125

Contact Hours: Will be provided.

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

Interpreting Laboratory Values

Description: This program will enhance the nurse's ability to evaluate and determine the clinical significance of laboratory values. Clinical case studies will be used to illustrate the relationship of laboratory values to patient conditions. Clinical management of abnormal laboratory values will be discussed.

Speaker: Mary Sue Howlett, BSN, RN, CEN

Date: June 10

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

Place: MNA Headquarters, Canton

Fee: MNA Members, Free*; Others, \$95

***Requires \$25 deposit which will be returned upon attendance.**

Contact Hours: Will be provided.

MNA Contact: Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x794

Wound Care

Description: A comprehensive overview of the factors affecting wound care and strategies for managing complex wounds. A thorough review of wound products will enable the nurse to select the optimal dressing based on clinical findings and new dimensions of wound care.

Speaker: Carol Mallia, MSN, RN

Date: June 24

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

Place: MNA Headquarters, Canton

Fee: MNA Members, Free*; Others, \$95

***Requires \$25 deposit which will be returned upon attendance.**

Contact Hours: Will be provided.

MNA Contact: Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x794

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. The Massachusetts Nurses Association 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. The Rhode Island State Nurses Association 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 Member Discounts **Save You Money**

Personal & Financial Services

PROFESSIONAL LIABILITY INSURANCE

NURSES SERVICE ORGANIZATION 800-247-1500
Leading provider of professional liability insurance for nursing professionals. 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.

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Flexible and comprehensive long-term care insurance at discount rates.

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Six-month disability protection program for non-occupational illnesses & accidents.

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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 free mortgage pre-approvals.

LIFE & ESTATE PLANNING

LAW OFFICE OF DAGMAR M. POLLEX 781-535-6490
10-20% discount on personalized life & estate planning.

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
MNA discount available for all household members. No service changes with convenient EFT payment. www.colonialinsuranceservices.com.

CELLULAR TELEPHONE SERVICE

AT&T WIRELESS 800-882-2056, EXT. 726
MNA members can now go to any AT&T Wireless company store for all transactions. 8% discounts on rate plans, 20% on accessories.

T-MOBILE 866-464-8662
Get a free phone, free nationwide long distance and roaming and free nights and weekends (on specific plans). No activation fee for members.

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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. www.nextel.com/massnurses.

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.

JEFFY LUBE DISCOUNT

Obtain an MNA discount card to receive 15% discount on automobile products & services.

CONSUMER REFERRAL SERVICE

MASS BUYING POWER 866-271-2196
Before you make your next purchase visit www.massbuy.com for any new products and services. (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. Register at mnadiscountproducts.com (Company code: MNA2006).

OIL BUYING NETWORK DISCOUNT

OIL BUYING NETWORK 800-660-4328
Lower home oil heating costs by 10–25 cents/gallon or \$150 per year.

WRENTHAM VILLAGE PREMIUM OUTLETS

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

SIGHT CARE VISION SAVINGS PLAN

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

HEALTH CARE APPAREL

WORK 'N GEAR DISCOUNT 800-WORKNGEAR
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

15% discount at Brooks Brothers, Adrienne Vittadini and Carolee. <http://membership.brooksbrothers.com>. (ID=87400, PIN=97838)

Travel & Leisure

CAR RENTAL

AVIS CAR RENTAL 1-800-331-1212
Discounts can be used for both personal and business travel. Avis Worldwide Discount (AWD) number Q282414.

HERTZ CAR RENTAL 800-654-2200
MNA members discounts range from 5 – 20% mention MNA discount CDP#1281147.

DISCOUNT MOVIE PASSES

Showcase Cinemas/National Amusements, \$7. AMC Theatres, \$6. Regal Cinemas (not valid first 12 days of new release), \$6.

DISNEY DISCOUNT

Discounted tickets to Walt Disney World and Disneyland along with other Florida attractions. Call 800-331-6483 .

ANHEUSER-BUSCH ADVENTURE PARKS DISCOUNT

Obtain Adventure Card to receive discounts 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

Discounts for movies, theme parks, ski tickets, Broadway shows. www.workingadvantage.com (Member ID available from MNA, 781-830-5726).

BOSTON CELTICS

For information on MNA Boston Celtics discount nights, email massnurses@celtics.com or call 617-854-8068.

Choose a financial advisor who puts your interests first

By William R. Clifford, ChFC

Given that your future depends on how well you save and invest your money, you may recognize the need for professional help. But whom should you turn to? Do you need a financial advisor or a stockbroker? An investment advisor or a financial planner? And do those initials after the person's name mean anything?

There are good reasons to seek help from a professional who will not only make investments for you, but help you plan your finances.

Stockbrokers may have more in-depth knowledge of the stock market than the typical financial advisor, but they do not offer financial planning. If you want help planning your finances, you will need a financial planner or a financial advisor.

Financial planners and advisors typically provide retirement planning, college planning, estate planning and sometimes tax planning. They develop investment portfolios for their clients based on each client's financial goals, tolerance for risk and the number of years they have to achieve each goal.

Financial planners also typically review insurance needs to make certain you are not only accumulating the wealth you need, but are protecting your wealth.

Narrowing your search

All investment professionals should have the same objective—achieving your financial goals with the least amount of risk. To achieve this objective, the professional who manages your money must put your interests first. Once you have a general idea of the type of professional you want, you can narrow your search based on these criteria.

Trust. If you are giving someone your life savings, your top priority will be to ensure that you trust that person. Ask for references, not only from clients, but from other professionals. Ask whether he or she has ever been cited for regulatory violations.

Experience. You don't want to retain someone to learn to invest with your money. Look for designations such as Certified Financial Planner (CFP) or Chartered Financial Consultant (ChFC). Study for these designations concentrates on the key knowledge needed to develop a comprehensive financial plan.

Fees. Most financial professionals make their money from commissions. Some charge fees, and others charge a combination. Fees may be based on a flat fee, an hourly fee or a percentage of assets.

Even if you are charged a fee for managing your investments, there may be other fees, so be certain to ask about all costs. Additional expenses may include trading commissions, mutual fund fees, custody fees and even hidden charges that kick in if you move your account elsewhere.

Suitability. Whoever you retain should typically work with individuals whose financial circumstances are similar to yours. Some advisors work only with "high-net-worth" clients; others work with investors of more modest means.

William R. Clifford, ChFC is a financial advisor with John Hancock Financial Network, 462 Plain St., Marshfield, MA 02050 and can be reached at 800-878-9921, ext 110 or bclifford@jhnetwork.com.

The information presented is for informational purposes only. It is not intended to replace the need for independent tax, accounting or legal review. Individuals are advised to seek the counsel of such licensed professionals to review their personal situation. ■

Sporting Events Discounts

Boston Celtics discounts

Avoid fees and taxes while getting discounts to games during December. E-mail mass-nurses@celtics.com or call 617-854-8064.



Boston Bruins and TD Banknorth Garden events

For more information on discount tickets call 617-624-1829 or send an e-mail to cspano@dncboston.com. Tickets now available for Ringling Bros. and Barnum & Bailey Circus, Disney's Finding Nemo on Ice and Disney's High School Musical the Ice Tour.



Worcester Sharks at the DCU

Deeply discounted tickets available to MNA members and friends. Call 508-929-0554 or e-mail kkohutanycz@sharksahl.com.



These discounts are available only to MNA members. For more information call the MNA, 800-882-2056, x726.

Discount Corner

Colonial Insurance Services, Inc.

Get a 6 percent discount on your Mass. automobile policy with Colonial Insurance, and a 20 percent discount on your homeowners insurance when you use Colonial to write both your home and auto policies.

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Just for being an MNA member, you and all household members are entitled to savings on your automobile policies, this includes newly licensed drivers!

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Discounts of 6%. Convenient fee free EFT available.

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20% discount when we write your home and automobile policy.
3% renewal credit after one year the policy has been in effect.



MASSACHUSETTS NURSES ASSOCIATION

Associate Director, Division of Labor Action (Full Time)

The MNA is looking for an associate director within its division of labor action who can conduct activities related to labor relations and collective bargaining matters on behalf of the association. This person will assist organizing local units and arbitrations, will participate in staff meetings and will serve on staff committees. Experience not necessary; a registered nurse preferred. **The MNA is willing to train qualified candidates.**

The Massachusetts Nurses Association (MNA) represents over 23,000 registered nurses & health care professionals. Salary commensurate with experience. Excellent benefits, position available immediately. To apply send resume to Shirley Thompson, Massachusetts Nurses Association, 340 Turnpike St., Canton, MA 02021 Tel: 781-821-4625 x711, Fax: 781-821-4445 or e-mail Sthompson@mnarn.org. MNA is an AA/EEO.



MASSACHUSETTS NURSES ASSOCIATION

The MNA Seeks an Associate Director, Division of Nursing

Proven educator with extensive current clinical practice in acute care. Requirements for the position include knowledge of clinical practice and the regulatory issues related to nursing practice. Documented experience in planning, presenting, implementing and evaluating nursing education programs. Experience in researching and writing articles for publication related to nursing practice. Collaborative skills in working with nursing and other health related groups. Documented collaborative skills. Experience in working with direct care nurses. Accountable for carrying out activities related to the labor goals of the Association. Master's degree in nursing required.

The Massachusetts Nurses Association (MNA) represents over 23,000 registered nurses & health care professionals. Salary commensurate with experience. Excellent benefits, position available immediately. To apply send resume to Shirley Thompson, Massachusetts Nurses Association, 340 Turnpike St., Canton, MA 02021 Tel: 781-821-4625 x711, Fax: 781-821-4445 or e-mail Sthompson@mnarn.org. MNA is an AA/EEO.

TRAVEL TO

EUROPE

WITH MNA IN 2008



Paris and the French Countryside

April 16 – 23 • \$2,099

This trip is back by popular demand. A wonderful 7-night tour of France that takes in all the highlights of Paris, Normandy, Brittany, wine country and chateau country.



Sorrento Italy

April 23 – May 1 • \$2,059

Join us on a tour of one of southern Italy's premier vacation resorts. This all-inclusive 9-day/7-night trip will feature Sorrento, Naples, Pompeii, the Isle of Capri and the Amalfi Drive. During this tour we will visit Positano, the Cathedral of St Andrew, Museum of Correale, orange, lemon and olive groves, vineyards and the Castel dell'Ovo in Naples. This all-inclusive trip package is a great value.



British Panorama

October 17 – 25 • \$1,859

This 8-night tour of England, Scotland and Wales will feature: London, Bath, Cardiff, Wrexham, Stratford-on-Avon, Chester, York Rotherham and Edinburgh.



Grand Tour of Sicily

October 30 – November 7 • \$1,769

Tour the highlights of Sicily on this 7-night grand tour. The featured tours will include Palermo, Segesta, Marsala, Sciacca, Agrigento, Valley of the Temples, Piazza, Armerina, Taormina, Catania, Mount Etna and Siracusa.

Prices include air, transfers, hotel, all tours and most meals. A fabulous value! Space fills fast, reserve early.

* Prices listed are per person, double occupancy based on check purchase. Applicable departure taxes, fuel tax and travel insurance are not included in the listed prices. Credit card purchase price is \$30 higher than listed price. **For more information on these great vacations and to be placed in a database to receive yearly flyers, contact Carol Mallia at cmallia@mnarn.org with your mailing address.**

DISCOUNT MORTGAGE PROGRAM

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Take advantage of **low mortgage rates and discounts** on **points and closing costs** provided by the MNA Discount Mortgage Program.

Program Discounts:

- \$275 Discount Off Closing Costs
- 1/8% Discount Off Points Incurred
- 10% Discount On Owner's Title Insurance
- 10% Discount On Homestead Act
- Free Pre-approvals and Credit Analysis
- Free Review of Purchase & Sales Agreement
- Program Available to Direct Family Members

About the MNA Discount Mortgage Program

The Massachusetts Nurses Association has partnered with Reliant Mortgage Company to create a discounted home loan program for MNA members and their direct families. As the only MNA-endorsed mortgage lender, we provide low rates, group discounts, straight-forward advice, and quick results for MNA members and their families.

Programs are available for single-family homes, condos, multi family, second homes, and investment properties.

Before you purchase or refinance a home, please call for a free consultation.



Ask about our:

- No points/No closing cost programs
- No money down purchases
- Second Mortgages and Equity Loans Available!

Low Rates • Discounts • Quick Approvals

Call the MNA Mortgage Line for rates and details.



THE CALL IS FREE.

1-877-662-6623

1-877-MNA-MNA3



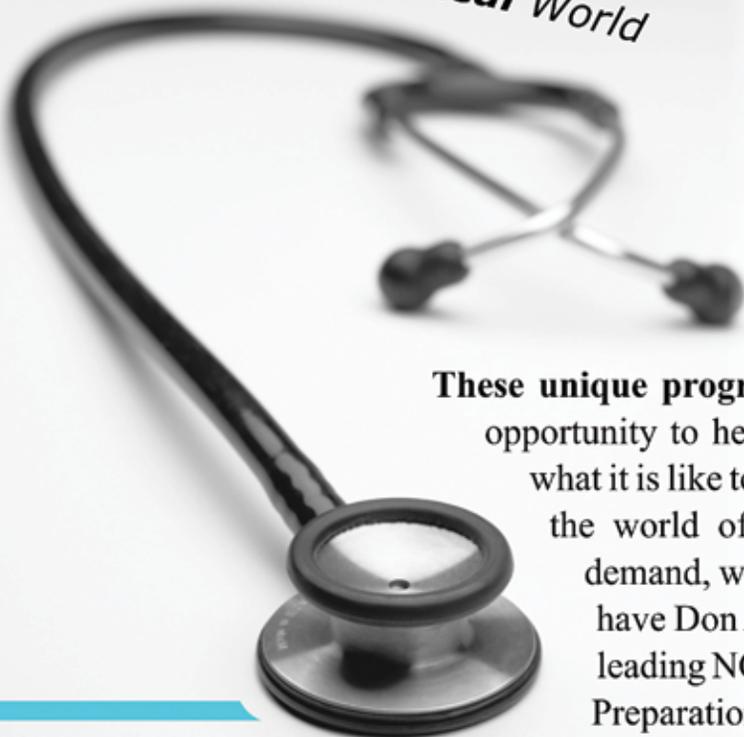
MA Lic. MC1775; NH Lic. # 8503-MBB; CT Lic. 10182; RI Lic. #20011277LB; ME Lic. #SLM5764. Not every applicant will qualify for these programs.

Transitions

for Senior Nursing Students

Welcome to the **Real** World

FREE
programs to
senior nursing
students and
nursing faculty.



These unique programs provide senior nursing students the opportunity to hear first-hand from recent graduate nurses what it is like to transition from the school environment to the world of professional nursing. Back by popular demand, we are pleased to announce that we will also have Don Anderson CMS, RN, MSN, Ed D, who is a leading NCLEX preparation expert and owner of Test Preparations Specialist as one of our key panelist.

Topics will include:

- Suggestions for NCLEX Preparation
- How to best manage a job search in today's nursing environment
- Interview strategies to ensure a new graduate orientation and preceptorship for successful transition to the RN role

Representatives from area hospitals and other healthcare facilities will be available before the formal program to discuss employment opportunities. All attendees are encouraged to bring copies of their resumes. A light supper will be served.

Locations & Dates:

March 26, 2008 • 5:30 - 9:00 PM Crowne Plaza Hotel, Worcester, MA

April 3, 2008 • 5:30 - 9:00 PM Springfield Marriott, Springfield, MA

April 9, 2008 • 5:30 - 9:00 PM Lombardo's Function Facility, Randolph, MA

These programs are **FREE** to senior nursing students and nursing faculty. Space will fill quickly! You must pre-register for the program by contacting Theresa Yannetty at the MNA at 800-882-2056 x727 or emailing her at tyannetty@mnarn.org.