

the Massachusetts **nurse** Advocate

THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION ■ VOL. 79 NO. 2



February 2008



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Department
overcrowding,
diversions &
boarding**

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MNASM

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Insurers whack elderly to celebrate new year

What better way to start the new year than to sock it to grandma and grandpa with big price increases? That may not have been the exact nature of the conversation at the insurance companies that participate in the Medicare prescription drug plan, but it sure was the outcome, as premiums are scheduled to rise by an average of almost 25 percent in 2008. The sharp price hikes for 2008 could mark the beginning of the end of the relatively good news in the drug plan's first two years of existence.

The first two years could be viewed as reasonably successful, since most seniors were covered by the plan. According to the Centers for Medicare and Medicaid Services (CMS), nearly 80 percent of the eligible population either signed up for the plan directly or are covered indirectly through an employer-sponsored plan. While enrollment is 10 percent less than had been projected, and many of those enrolled had already been covered by employers or Medicaid, Part D still provided benefits to more than 10 million seniors who previously had to pay for their drugs out of pocket.

The cost of the plan in the first years has also been somewhat lower than had been projected by either the CMS or the Congressional Budget Office. Based on lower than expected costs, both agencies have revised downward their projections for the program's cost by more than \$100 billion over its first ten years.

Of course, even this good news is relative. The program still leaves many seniors with hefty drug bills. A recent study by the Kaiser Family Foundation found 8 percent of Part D beneficiaries had drug bills of more than \$300 a month and nearly one-fifth reported either delaying or not a filling a prescription due to the cost. Among beneficiaries with three or more chronic conditions, nearly a quarter either delayed filling a prescription or did not fill it due to the cost. In other words, for a very substantial portion of the elderly, Medicare Part D is proving insufficient to allow them to get the drugs they need.

This is especially unfortunate, because the program could have been far more efficient and effective if Congress had designed it to serve seniors instead of the insurance and pharmaceutical industries. The whole idea of stand-alone prescription drug insurance is an invention of Congress.

Stand-alone prescription drug insurance is like rear-end accident collision auto insurance. Such policies don't exist in the private sector for an obvious reason: They create needless complications and waste. It was a historic oversight not to have Medicare include prescription drug coverage when it was created in 1965. Congress

could have rectified this mistake by simply adding the money appropriated for Part D to the existing program and have it now include prescription drugs. The private plans that operate within Medicare could have also received this additional payment.

However, instead of creating a simple, efficient program, Congress wanted to stack the deck in favor of the insurance industry. Therefore, they required tens of millions of seniors to buy stand-alone drug plans, which would only be offered by the insurance industry, if they wanted assistance in paying for their drugs. This fragmentation process also pleased the drug industry, since it prevented Medicare from using its bargaining power, like the Veteran's Administration, to push down the cost of drugs. The unnecessary administrative costs, combined with high drug prices, are the reasons so many seniors still have difficulty paying for their drugs.

And the situation is about to get worse. It seems the insurers repeated the bait-and-switch approach from the mid-90s. When the Republican Congress created the "Medicare Plus Choice" program, many insurers entered the Medicare market with low prices in order to capture market share. They soon raised their prices to levels that allowed them to hit profit targets, or left the market.

The same process seems to be taking place with the insurers in the Medicare Part D program. It is not easy for seniors to change drug plans. In fact, they are locked into a plan for most of the year. They can change plans for the following year, during the last six weeks of the prior year. Most people had difficulty selecting their plan initially, with the typical enrollee taking more than eight hours to choose a plan. It is understandable most do not want to go through this process again, especially since they cannot be guaranteed they will end up with a better plan.

This explains the 25 percent premium increases we're seeing for 2008 and which we might see again in future years. Betting that beneficiaries are pretty much stuck with their existing plans, the insurance companies have adopted the whack-granny strategy. It might not be pretty, but it's healthy for the bottom line. At least someone can look forward to a good year.

With attribution to Dean Baker, co-director of the Center for Economic and Policy Research; article first appearing in the Jan. 7 issue of Truthout.

To find out more about HR.676, the proposal for improved and strengthened Medicare for All, visit www.healthcare-now.org.

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ISSN 0163-0784

USPS 326-050

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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.

Published 10 times annually, in January, February, March, April, May, June, July/August, September, October and November/December by the Massachusetts Nurses Association, 340 Turnpike Street, Canton, MA 02021.

Subscription price: \$20 per year

Foreign: \$28 per year

Single copy: \$3.00

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

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

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

www.massnurses.org

MNA
MASSACHUSETTS NURSES ASSOCIATION



Your role and responsibility as a union member

By Beth Piknick

Having been a union activist for decades, and now as president of the MNA, I have attended hundreds of union meetings. I am always taken aback when a member asks me, "What is the MNA doing for me?" My first reaction is "you have it all wrong, YOU are the MNA; the right question is what are *you* doing as a member of the MNA for yourself and your colleagues?"

My answer arises from the fact that MNA is a member-driven democratic organization where local bargaining units have complete control over every decision of their union and its priorities. While the Board of Directors works hard to provide the resources and support our local bargaining unit needs—including providing our bargaining units with the best staff-to-bargaining unit ratio of any nurses union in the country—the power of the MNA lies with the membership. You can best exercise that power by being informed, involved and active in your union.

While not everyone can invest the time to be a member of the negotiating team, or even to serve as a floor or unit rep, every member can take a number of simple steps to make their union a more powerful and effective vehicle—a vehicle that will drive and advance their interests and the interests of their colleagues. Those steps include:

- **Read your contract and keep it handy.** The contract delineates your rights and benefits at work and represents the focus of your union's activity. You need to read it, refer to it and understand it so you can use it to your benefit, as well as to understand what it doesn't address so you can advocate for changes to improve it.
- **Submit ideas for contract proposals.**

When contracts come up for renegotiation, members have the opportunity to submit proposals to be considered for inclusion in the negotiation. This is your opportunity to propose changes or new ideas to improve your workplace. If you don't know how to draft a proposal, take note of the item below that addresses how to communicate with your local leaders.

- **Go to your union leadership if you have a question.** If you are unclear about what your contract says, or what your union is doing to address an issue, go to one of your elected leaders and ask. The names of your leaders are usually posted on bulletin boards, listed in newsletters and other communications. Do not hesitate to speak with them; they are there to represent your interests.
- **Attend meetings.** If you can't make a meeting, send a surrogate from your floor that you trust – someone who can express your views and help you stay informed.
- **Read newsletters, e-mails, etc.** The MNA and all the bargaining units have stepped up efforts through the production of local newsletters, contract updates (and for some web pages and email blasts) to keep members informed of ongoing issues. Review this material so you know



Beth Piknick

what is going on. If something is happening that you don't understand or agree with, let a member of your committee know about it.

- **Be politically informed and involved.** Because nursing is highly regulated and sensitive to changes in public policy, you need to stay tuned to state and national issues affecting health care. Also, you need to develop and maintain a relationship with your state legislators through e-mails and phone calls. This is easily accomplished by visiting the MNA web site and reading this newsletter.
- **Participate in and vote in the election of your unit leaders.** Every bargaining unit has bylaws that dictate a process for holding elections of its leadership and negotiating team. If you have the time, run for election. If you don't have time, find out who is running and learn about them. If you know of a member who shares your views and is a strong leader, encourage them to run for election. And, of course, make sure you vote in all union elections.
- **Participate in the activities of the bargaining unit.** As your union does its work on your behalf, it will engage in a number of activities, including leafleting, member surveys, petition drives, picketing and, if necessary, strike votes and even strikes. The success of any and all of these activities depends on broad participation by the membership. If your union is engaged in an activity, participate.

Remember, *you* are the union. By engaging in some or all of these activities you can guarantee that the union is successful in representing your interests. ■

MNASM

3rd annual
Clinical Nursing
Conference

May 23, 2008
DCU Center, Worcester



Free & exclusive to MNA members
Enrollment limited to 900!

RNs make their presence felt on Beacon Hill **Fighting for safe RN staffing and quality patient care**

Throughout the fall, RNs from across the commonwealth headed to the State House to distribute literature and speak to legislators about why Massachusetts needs safe RN staffing. These informational visits from MNA members were an important part of our successful mobilization for the public hearing on H.2059, An Act Relative to Patient Safety, which was held on Oct. 24.

RNs first visited the State House on Sept. 12 to give legislators information about the studies that have come out in just the last year making the case for safe RN staffing. It was a very successful day. RNs were able to speak to legislators about what they see on the front-lines of patient care in their facilities and also to reinforce those firsthand experiences with the litany of peer-reviewed studies included in the packet.

RNs followed up by distributing information about the ratios that exist for children in daycare centers, information about the affordability of safe RN staffing and information about Massachusetts' adequate supply of nurses to meet the requirements of the legislation. RNs also dropped a piece discussing the success of legislation similar to H.2059 in California.

They were excited to distribute yet another piece of literature showing the many substantive changes to the safe RN staffing bill agreed to by the MNA. This highlighted how reasonable, yet dedicated to quality patient care, our members have been throughout this campaign.

"I think it really struck a chord with many of the legislators and their staff to see how willing we were to work with House leadership and the concerned parties to reach a fair



Newly elected state Sen. Anthony Galluccio (D-Cambridge), left, with MNA Vice President Donna Kelly-Williams, Susan Wright Thomas, secretary of the MNA bargaining unit at Cambridge Hospital and John McCormack, co-chair of the Patient Safety Coalition.

and equitable compromise that protected our patients," commented Tina Russell, a recently retired RN from Brockton Hospital and MNA board member who participated in a number of the State House visits. "These visits put the face of RNs who work at the bedside on this issue and I feel that is invaluable."

After the public hearing, RNs again visited the State House to drive home messages from the testimony given on Oct. 24. And then on Nov. 14, RNs, seniors and community members distributed a piece with photos from

the hearing showing the breadth and depth of support for H.2059. On Nov. 20 they let legislators know about the significant profits the hospital industry saw in the third quarter of FY 2007.

More visits to the State House are planned for the winter and spring as the fight for quality patient care continues. If you would like to participate, please contact the MNA's political organizer Riley Ohlson at 781-830-5740 or via e-mail at rohlon@marn.org. ■

The Patient Safety Act: Next steps **Representatives need to hear from you!**

H.2059, the Patient Safety Act hearing was held on Oct. 24 before the Joint Committee on Public Health and has not moved

Call your state representative and ask that H.2059, the Patient Safety Act be moved in the House of Representatives now! To find out who your elected official is go to www.capwiz.com/massnurses

We need your help! Please call your representative and urge him/her to make this a priority and go to the Speaker of the House and ask him to get this bill on the floor of the House this month. The most important thing is to make the call today! Patients are suffering and dying! It's time to act.

Lobbying for patient safety



A group of community leaders and MNA members from Central Massachusetts met recently with state Sen. Stephen Brewer, D-Barre, far left, to discuss H.2059—the Patient Safety Act—and the importance of passing this legislation on behalf of the commonwealth's citizens.

Supporting a colleague

Co-workers, friends and family members recently held a well-attended rally for Cindy Bernard, an RN at Northeast Health/Beverly Hospital who is going through some difficult times at the hospital.



Nurses from multiple hospitals, police officers, firefighters, physicians, EMTs, and paramedics were in attendance at the Nov. 16 event, all showing their support for Cindy as she faces wrongful discipline/termination charges from Northeast Health/Beverly Hospital. The MNA is fighting the charge as poor staffing has created a sub-par bad system of care—there are not enough nurses to care for the hospital's patients. In addition, a systemic problem with documentation exists as nurses are working in a grossly unsafe and understaffed environment. ■

Special Nurses Day Event

May 6, 2008

10 a.m. – 2 p.m.

Hynes Convention Center, Boston



The MNA is planning a special event on May 6 to honor nurses and their contributions to quality patient care.

Save the date, watch for future mailings and issues of the Massachusetts Nurse Advocate and check online at www.massnurses.org.

Unit 7 state-employed RNs and Health Professionals ratify contract extension

The State chapter of Health Care Professionals, Unit 7 of the Massachusetts Nurses Association ratified a one-year contract extension with the commonwealth of Massachusetts on December 21, 2007. The contract extension:

- Provides a 3.3 per cent general wage increase for all bargaining unit members;
- Provides a \$1 per week per full time equivalent increase to the Health & Welfare Trust Fund;
- Adds the title of Psychological Assistant to the recognition clause; and

- Extends all other terms of the contract through December 31, 2008.

This extension provides a wage increase to all members and provides the opportunity to negotiate for a new contract prior to expiration of the current contract.

The Unit 7 contract was set to expire as of Dec 31, 2007. MNA approached the state in September of 2007 to negotiate an extension after learning that other unions had received extensions. The new agreement was reached after just three sessions.

Unit 7 of MNA consists of more than 1,800 state-employed health professionals. They

include registered nurses, physicians, pharmacists, psychologists, occupational therapists, physical therapists, dentists, speech and hearing therapists and podiatrists. They work in state-run soldiers' homes for disabled veterans; state hospitals for the mentally ill; and residential facilities for developmentally disabled adults. They also work at centers for HIV and drug-affected mothers and children; group homes for those who cannot live independently; and high-security wards for violent adolescents or suicidal/homicidal residents, mentally ill prisoners, and clients sent for pre-trial evaluations. ■

Bargaining unit updates

Franklin Medical Center

The bargaining unit at Baystate/Franklin Medical Center in Greenfield has been in negotiations since Halloween. The process has not been easy. Baystate chose to bring in an attorney from Jackson Lewis, the infamous anti-union law firm. Management has put a series of take-aways on the table. These go from backward steps in health insurance and on-call language to instituting a clinical ladder and censoring what material we can post about the MNA on hospital bulletin boards. While the bargaining unit has withdrawn a number of proposals to move the process along, so far management has made proposal withdrawals only with the acceptance of an unacceptable total package.

Mercy Medical Center

The Mercy Hospital nurses are involved in a tough round of negotiations. The hospital has put a series of language changes that would have a very serious effect on RNs ability to deliver quality health care. Management is proposing almost unlimited floating, cross training in various areas and the ability to "flex" (i.e. send nurses home) once a week. On top of this Mercy has placed a very poor wage proposal on the table.

Cooley Dickinson Hospital

The bargaining unit at Cooley Dickinson in Northampton made a decision this year that the negotiating committee should be paid for their time at the table. While in the past this has not been the case the nurses feel it's a matter of respect. After two sessions, management has refused to pay the nurses. The RNs look forward to settling these issues so they can get on to the business of gaining an equitable contract.

Cooley Dickinson VNA & Hospice

The negotiations with the Cooley Dickinson VNA & Hospice have been moving along slowly since August. There is a completely new management team at the agency and at the table. The committee is

hopeful that some of the positive discussions at recent sessions will lead to a new contract.

Baystate VNA & Hospice

The Baystate VNA & Hospice in Springfield opened negotiations for a new contract earlier this month. The primary issues on the table are wages and how the work is carried out. Management is proposing that all patient charting is completed by the end of the shift, while the nurses have a proposal to continue the longstanding practice of completing the charting within a day of the visit.

Whidden Hospital

Whidden Hospital in Everett has been in negotiations since October. The hospital is part of the Cambridge Health Alliance which recently announced it is on a pace to lose \$27 million this year. This announcement has slowed the process and the focus is now shifting to working together with the other Cambridge Health Alliance bargaining units at Cambridge Hospital and Somerville Hospital. The Whidden committee plans to meet with the other units and the other unions in the hospital sometime in the near future to work out a coordinated effort.

Worcester School Nurses

The Worcester School Nurses carry on their fight to secure a new contract and have continued with mediation as a result. The issues of salary for nurses with degrees and national certification and finding a fair way to address health insurance are currently the bargaining unit's biggest concerns.

West Springfield School Nurses

The city finally adjusted the salary for one nurse who had been "left behind" so to speak. She is now in line with her other colleagues in terms of salary. ■

Congress on Nursing Practice seeks additional members

The Congress on Nursing Practice is responsible for identifying issues and practices impacting the nursing community, and it is currently working to develop a mentorship program for members and a position statement specific to the compact legislation filed by the Board of Registration in Nursing.

The Congress meets on the fourth Monday

of each month, from 5:30–7:30 p.m., at MNA headquarters in Canton.

If you are interested in joining the Congress on Nursing Practice, please contact Dorothy McCabe, director of the MNA's divisions of nursing and health and safety, at 781-830-5714 or via e-mail at dmccabe@mnarn.org. ■

Medford school nurses file for mediation, reach out to public as contract talks

The Medford school nurses have been forced to file for mediation and fact finding with the State Board of Conciliation and Arbitration as the nurses and administration have been unable to come to terms on a new contract that would bring the nurses up to parity with the teachers and other professionals in the school system.

Under the school system's last proposal, the nurses would still be paid 20 percent less than teachers and other professionals in the school system (such as librarians and adjustment counselors).

"We feel we have a strong case to make in mediation given the vital role of school nurses in our school system, and in view of the fact that school nurses have the exact same level of education and certification requirements as other professionals in the system, yet are not paid as professionals," said Karen Roberto, RN, chair of the nurses' local bargaining unit and a nurse at the Columbus Elementary School. "The 10 school nurses are responsible for providing full nursing coverage to 10 schools, housing a total population of more than 5,000 students who depend on the professional health services we deliver to be safe, stay well and be prepared to learn."

The nurses, who are represented by the MNA, have been in negotiations for their new contract with the school system since May 29, 2007. To date, six sessions have been held. The nurses filed for mediation in December after talks stalled over the issue of salary, specifically after the school committee rejected a compromise proposal by the nurses that would have delayed movement by the nurses to the teacher's salary scale until the third year of the agreement. Instead, the city made a final salary offer which would leave the nurses far below their goal of pay equity with the teachers and other professionals.

"We found the school committee's position to be both surprising and discouraging given that we just held a productive session where we were given the opportunity to present our case for professional equity and that case had been well received by our counterparts across the table," Roberto explained. "They acknowledged our professional status and they appeared to recognize the vital role we play in keeping children safe, healthy and ready to learn."

In addition to taking their case to mediation, the nurses also plan to begin reaching out to the public, particularly parents of the students in the Medford school system.

"Parents need to know that if we can't recruit and retain quality school nurses to take care of

their children, it is their children who will be placed in jeopardy," Roberto said.

The case for professional pay equity

According to Roberto, today's school nurses are highly-trained professionals who care for a population of students with varied and complex health needs. School Nursing is a specialized field. In fact, the professional requirements to be a school nurse are higher than those required of nurses in any other setting, including hospitals. These skills include first aid and emergency care; psychiatric nursing; acute and chronic-disease management; triage nursing; public health; management of numerous medications; medication counseling and medical device management. The school nurse is required to have knowledge of pre-school to adult nursing care. In addition, the



Medford school nurse Karen Roberto, with students.

Department of Education requires the exact same licensure requirements for both school nurses and teachers.

According to the State Department of Public Health, at least one in 12 Massachusetts students is actively limited or suffering from fair or poor health. In Medford the population of children with special health needs is higher than the staff average. In fact, one in five children (1,000 out of 5,000 students) has special health care needs that require the care and monitoring of the 10 professional school nurses. Children not only have asthma, attention deficit disorder, migraine headaches, epilepsy, heart conditions, diabetes, life threatening allergies, arthritis, hemophilia, cystic fibrosis and other chronic illnesses, but students are also coming to school needing colostomy care, catheterization, intravenous medications, naso-gastric feeding and other complex procedures.

"We administer and monitor a host of medications to students every day. In addition, we also provide health education to students to try and teach them healthy lifestyles as well as how to manage their illnesses. And of course, the school nurse is on-hand to provide acute and episodic emergency care should your child suffer a serious injury or unexpected illness on school grounds," Roberto said.

For example, last year Medford school nurses averaged more than 370 office visits per day and administered an average of 125 medications per day.

A recent front-page story in USA Today on school nursing highlighted the ultimate value of school nurses and the argument for professional parity with teachers. It reported that if a teacher makes a mistake or an error in their lessons, it can "have a negative impact on the child's future." However, if a nurse makes a mistake or error in judgment, "maybe a child doesn't have a future."

Treated as second class citizens

According to the nurses, as their job has become increasingly complex and more demanding the school system has failed to provide a salary scale commensurate with their professional level and their contributions to the school system. Bachelor's-prepared school nurses in Medford at the top of the salary scale make just over \$51,000 per year; while teachers, with comparable education and experience, make \$61,000 plus per year.

More than 82 school systems in the state offer some form of pay equity, including a number of school systems in the area. This includes Arlington, Cambridge, Boston, Malden, Minuteman Vocational, Winchester and Woburn.

"The lack of a professional salary for registered nurses is not only unfair, it has proven to be a barrier to the recruitment and retention of staff," Roberto said. "In recent years, we've had a hard time convincing nurses to work here given the low salary scale, especially when they can go to neighboring school systems where they can be paid like professionals, or to hospitals where they can make significantly more money."

Roberto points out that the impact of the salary increase the nurses are seeking is minimal given the number of nurses and the size of the Medford school budget. "The entire cost of our wage proposal represents an increase of \$31,000 to a total budget of \$44 million. That's less than one-tenth of one percent, and under our proposal, that wouldn't happen until the third year of our contract." ■

MNA • VNA Alert!



The Federal Government is in the process of implementing cuts to Medicare-funded Home Health Services (VNAs)

Over the next five years, legislative and regulatory provisions have proposed reducing Medicare home health services rates by \$8.63 billion. The Centers for Medicare and Medicaid Services (CMS) have proposed a 2.75% across the board rate reduction for home health services for 2008, 2009, and 2010 as well as a 2.71% reduction for 2011. These rate reductions total almost 11%.

In addition, H.R. 3162, the Children's Health and Medicare Protection Act of 2007, includes a provision that reduces Medicare home health services funding for calendar year 2008.

Take Action!

You can take action to change this! With the Democrats in control of Congress for the first time in many years, our Congressional delegation should lead the way to correcting this problem. Here's what to do:

Call your elected officials. Go to www.capwiz.com/massnurses to find the phone numbers of both your U.S. Senators and member of Congress.

Points to emphasize:

- Across the country, these unprecedented cuts will end access to valuable home health services.
- Nationwide, more than 50% of home health agencies project they will be unable to cover the cost of care with these reduced rates.
- In some states as many as 90% of home health agencies will be unable to cover their costs with the reduced payment rates.

Urge your U.S. Representative and Senators to:

- Remove the VNA funding cut in H.R. 3162, The Children's Health and Medicare Protection Act of 2007.
- Co-sponsor H.R. 3865, The Home Health Care Access Protection Act of 2007. This would establish a reliable and transparent process for determining whether the payment rate cuts are needed. **Passage of H.R. 3865 could prevent these cuts.**

These phone calls are the best thing you can do to protect home health services.

Thank you for making them!





The Emergency Department staff at Martha's Vineyard Hospital holds a celebration at the Oyster Bar in Oak Bluffs after receiving the prestigious Press Ganey Summit Award. From left, Helen Green, Marsha Valentzas, Carol Goudey, Dagmar Dockery, Betsy Van Landingham, ER/ICU clinical coordinator, Rick Lambos, interim ER/ICU clinical coordinator, Ann Chalifoux, Prudy Carter-Donovan, Beth Smith, Nina Thayer and Lorraine Eldridge.

Martha's Vineyard Hospital Emergency Dept. wins prestigious award

ER team throws own party after management declares honor a hospital-wide award

Getting credit where credit is due was what the Emergency Department staff at Martha's Vineyard Hospital was looking for from management after being chosen for Press Ganey's most prestigious honor—the Summit Award.

Selected from among 800 EDs nationwide that treat 20,000 patients or less annually and one of 12 to win the coveted award, the Martha's Vineyard emergency room staff took home the Press Ganey Summit Award for 2007 for having a 95 percent or greater patient satisfaction rate for three consecutive years. The award was announced in ceremonies at the Press Ganey National Client Conference, held in November in Florida.

Although Press Ganey, whose mission is to measure and improve the quality of care in our nation's hospitals, bestows awards in the five categories of ambulatory surgery, inpatient services, outpatient services, medical practice and emergency department, MVH was honored for its ED alone. The eight-bed emergency department was selected in part for several noteworthy physical changes and programs.

In addition to triage space to improve privacy during patient evaluation, a fast track system

for those with minor injuries, a concierge program whereby volunteers keep patients abreast of time frames while they are waiting to be seen, the MVH ED was also honored for its beeper program which provides patients and family members with more flexibility within the waiting areas. These improvements were instituted to manage the impact of having more than 30 percent of the hospital's annual 14,000 ED visits during the months of July and August, when the island of Martha's Vineyard is most heavily populated.

So far, so good, but what should have been a time for celebration among the ED staff turned into time for consternation after hospital management decided to assimilate the award as a hospital-wide honor, making note of the fete only during an informal ceremony in the hospital lobby, a gathering the ER nursing staff wasn't formally invited to.

"We really felt that everybody that assists the ED, including peripheral departments, should be recognized for this top award and we were disappointed that Dr. Timothy Tsai, our director of emergency medicine wasn't invited to Florida to receive the award," said Rick Lambos, interim clinical coordinator

for ER and ICU at MVH. "And while we also felt the award should be shared by everyone in the hospital we felt a real celebration—a party—was in order to share this honor with everyone involved with the ED."

On Jan. 6, with input from both MNA headquarters and MNA Region 3, that plan came together when 75 people, representing the hospital ED, x-ray department, laboratory, respiratory therapists, housekeeping, maintenance, EMS, pharmacy and personnel from the Island counseling and substance abuse agency gathered at the Oyster Bar in Oak Bluffs.

"We were pleased that two members of senior management joined us for the celebration," said Lambos, who serves as chairman of the local MNA bargaining unit, adding that MNA President Beth Piknick attended the dinner and honored the Emergency Department's RNs in a well-received speech.

"Beth Piknick's presence was greatly appreciated and the entire event was a good morale booster," said Lambos. "Awards like this don't just happen; as individuals we're all good, but together we're excellent. I'm proud to be a player on the MVH ED team ... an award-winning team." ■



Scholarship funding available through the Massachusetts Nurses Foundation

Printable applications with instructions and eligibility requirements will be available next month at www.massnurses.org.

If you need an application mailed, call the MNF voice mailbox at 781-830-5745.



Layoff of public health nurses in Lawrence jeopardizes public health program

The recent decision by the city of Lawrence to lay off two of its public health nurses was a shortsighted and dangerous decision that will leave the already understaffed public health department with only one nurse to serve a city of more than 77,000 residents, with an undocumented population that pushes the total population to more than 100,000 people. The public health nurses serve all the people of Lawrence, providing vital preventive services to immunize against, track and manage a variety of infectious diseases, including tuberculosis, the flu and West Nile virus.

Three years ago, there were three nurses to serve the city. Two nurses have been doing the job, as one of those positions was left unfilled. Currently, there is just one nurse overseeing the public health of the entire city, as well as other surrounding communities who are impacted by programs the department provides. This includes a chest clinic to monitor TB-exposed patients which serves a number of communities.

The decision to lay off one nurse and to eliminate the unfilled position represents a savings of \$35,000 in salary out of a budget of more than \$198 million. According to the nurses, this savings comes at the expense of the health and safety of the entire population

of the city. "There is no way that one nurse can manage the public health mandate of a city this size," said Brian Zahn, the lone remaining nurse in the department and the chair of the local bargaining unit of the MNA which represents the nurses. "One nurse cannot provide the services of this department and, as a result, residents of this community are being placed at risk for harm."

Fact Sheet on Public Health Nurses

- A public health nurse is a special type of registered nurse who focuses on providing health promotion and protection to an entire community or population. There are currently just two public health nurses serving a population of more than 77,000 residents in Lawrence.
- Public health nurses are on the front lines of infectious disease surveillance, control and prevention. They are a vital link in the monitoring, control and prevention of the spread of more than 20 communicable diseases such as: the flu, tuberculosis, salmonella, hepatitis, lyme disease, and West Nile virus.
- In preventing the spread of disease, public health nurses are responsible for

immunization of vulnerable segments of our population against the spread of disease. For example, more than 1,800 flu vaccines are administered to city residents each year.

- The nurses also provide all varieties of childhood immunizations to those who can not afford them, such as children living in family homeless shelters, etc.
- The nurses track at least 120 residents each month that may have been exposed to TB and are now living in the community, and they make a number of visits each month to the homes of those residents with active TB to ensure they are receiving proper care and are taking their medication. In so doing, they prevent the spread of this highly infectious disease while at the same time assist those infected in getting well.
- Lawrence public health nurses also provide a health care safety net for the city's elderly and disabled residents. For example, they offer blood pressure monitoring, blood sugar screenings for possible diabetics, weight monitoring and nutrition counseling as well as medication counseling. ■

ARE YOU A NURSE STRUGGLING AFTER A BAD PATIENT OUTCOME? WE UNDERSTAND — WE CAN HELP.

MITSS support team members are aware of the difficult emotional, social and professional issues a nurse has to deal with following an adverse event.

Nurses may experience:

- Feelings of loss
- Shame and guilt
- Depression
- Anxiety
- Feelings of isolation and being alone
- Doubts about professional competence
- Difficulties at work and at home

MITSS provides confidential:

- Telephone "hotline" support
- Short-term individual counseling
- Support groups for nurses led by a licensed clinical psychologist
- Referral services for emotional support

**You chose a caring field.
Maybe it's time to take care of yourself.**

MITSS services are available to any nurse and are not restricted to MNA members. Call us toll free at 888-36MITSS or visit www.mitss.org.



Emergency Department overcrowding, diversions and boarding

Q: Can they be controlled?

A: Yes ... theoretically



By Mary Crotty

Huge safety problems for nurses and patients arise from the related issues of emergency department (ED) overcrowding, ED diversion and patient boarding in inpatient units. There has been an assumption for all too long that these problems are inevitable. Hospitals have argued that they cannot predict demand—for any given shift or day. As a result, the industry has long claimed they cannot be held accountable for staffing appropriately, since ‘patterns cannot be predicted’ and they ‘cannot afford to staff to “peak” volume around the clock.’ Nurses in turn point out that avoidable errors, morbidity and mortality are most likely to occur during the staffing ‘lows’ – which is not acceptable. One obvious potential solution is to determine how to control the peaks and lows, and by doing so, smooth out the resulting demand for beds and services so that available resources more closely match the need.

Experts in what is termed “managing demand” (the concept comes from the world of manufacturing) in Boston are showing that theoretically at least, demand for hospital services can be smoothed out and managed significantly. Local leaders in this field of research, operating out of Boston University’s Management of Variability in Health Care Delivery program, funded by the Massachusetts Department of Public Health and other private sources, have labeled the strategies emerging from their research as “patient flow” technology. Their ultimate goal is to help hospitals learn how to smooth or manage demand, minimize the ‘demand peaks’ for ED beds, for tests, for ICU beds, and to thereby

make care safer by matching resources (staff, beds, test times, OR availability, etc.) with the demand for those resources. As Professor Eugene Litvak, co-founder and director of the BU program points out, “Hospital census is not handed down from on high by God. It is a variable that can be controlled.”

The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), possibly recognizing the link between the emergency department crisis and strategies known to control demand, issued a new standard that went into effect on Jan 1, 2005 that directs hospitals to manage patient flow in order to address ED overcrowding and consequent problems. Unfortunately, it’s not yet apparent that the techniques and strategies that could be used by hospitals are being tested or put into use. However, it does appear that they have significant potential.

Briefly: there are two different types of variation in demand. One is “natural”—largely outside the control of health care managers. For example, patients differ in the type and severity of disease; similar patients respond differently to treatment; patients arrive for treatment randomly over time; different providers treat similar patients in different ways, etc. However, even these sources of “natural” variability can be managed through various “operations management” tools and techniques adapted from other industries.

There are also “artificial” sources of variability that can be reduced and even completely eliminated. Much of this arises from poor management processes. The Boston University Management of Variability Program (MVP)

has developed, implemented, and evaluated methods to (1) reduce this type of artificial management variability, and (2) better manage “natural” variability at a number of hospitals across the country.

Examples of strategies that researchers think can be successful when implemented appropriately and managed over time include smoothing of vascular and cardiac surgery schedules by changing block time distribution, eliminating block scheduling from one OR suite, designating an other OR suite for emergent cases and others for orthopedic cases, and going to an “open” scheduling system for other OR suites. Many of the strategies center around control of elective procedures. Unfortunately, elective procedures frequently generate significant profit for institutions and surgeons in particular, and as a result, hospital administrators are reluctant to require physicians to alter their admitting and OR scheduling practices. If we are to seriously control variable admissions and address this crisis, it may well be that regulators (i.e. Department of Public Health) will need to be forceful with hospitals, in view of their responsibility for public safety.

For more information, go to www.bu.edu/mvp/ or contact Brad Prenney or Dr. Eugene Litvak via www.bu.edu/mvp/people/index.html.

Due to the interest in this subject, an outgrowth of the research has been the development of a private company called PatientFlow Technology. Case studies and more information is available online at <http://www.patientflowtech.com/>.

You may also contact Mary Crotty, RN, MBA, JD, MNA associate director of nursing, at mcrotty@mnarn.org or 781-830-5743. ■

Union busting is disgusting

By Joe Twarog

“Union busting is a field populated by bullies and built on deceit. A campaign against a union is an assault on individuals and a war on the truth. As such, it is a war without honor. The only way to bust a union is to lie, distort, manipulate, threaten, and always, always attack.”

—Confessions of a Union Buster
by Martin Jay Levitt

Union busting is unfortunately alive and well in Massachusetts. Of course, the employers that we deal with on a daily basis would never publicly use the term “union busting,” but would rather use sanitized versions as “management consultants” or “union avoidance specialists.”

These union busters do not carry billy-clubs or look like thugs (as did the Pinkertons) but are usually extremely well dressed, carry briefcases and use modern technology and videotaping instead of blackjacks. But it all comes down to the same thing – instead of dealing with the real problems and concerns that health care professionals and nurses have in the workplace, their sole goal is to bust the union and control the workforce. And these union busters get paid obscenely well for their dirty work. It is a highly lucrative yet dishonorable “profession.”

Union busters of this ilk usually operate behind the scenes, and so are not easily visible to the nurse on the floor. Management will carefully insulate the consultants from having any direct contact with workers, and will even deny that union busters are working for them. Union busters will use supervisors and department managers as their tools. However, overtly, the MNA also regularly deals with national law firms that specialize in “union avoidance” hired by management to negotiate contracts.

Their calling cards are simple. They carefully plan and prepare a focused campaign to weaken and destroy the union built on the fol-



Joe Twarog

lowing elements:

- Division, confusion and discord
- Half-truths and misleading statements
- Fear and frustration.

It is not uncommon for these union busters to cross the line of legality. Yet they know that

the NLRB process is currently stacked against labor.

Jackson Lewis is a law firm with 25 offices nationally and a payroll of more than 325 attorneys. It regularly conducts “union avoidance” briefings and seminars for managers. The Sept. 24, 2007 edition of *In These Times* magazine features an article about one such seminar entitled “Unionbusting Confidential.” The two-day seminar costs \$1,595 at the Las Vegas Westin. The author writes that seminar leaders, Michael J. Lotito and Michael Stief III, focused on the threat of unions and ways in which to beat them. They spoke about the importance of appearing respectful of labor’s concerns while at the same time feeling free to lie since, to quote the article “The labor board (NLRB) doesn’t really care if people are lying.” The seminar also focused on how to undermine the union by rejecting all of the union’s bargaining demands while at the same time maintaining the appearance of good faith bargaining and operating on the edge of the law.

Another outfit grandiosely calling itself the Executive Enterprise Institute regularly offers costly seminars on how management can take a hard-ball aggressive approach to bargaining in order to control and frustrate the union. Clifton Budd & DeMaria is a New York-based law firm whose partner Alfred De Maria writes such titles as: “Management Report, a Newsletter for Union-Free Employers,” “The Process of De-Unionization,” and “Supervisor’s Handbook on Maintaining Non-Union Status.” In

anti-union campaigns he states, “You can get nasty all you want, you just don’t have to get illegal.” Yet he argues that firing pro-union employees is the most effective management weapon.

The symptoms/tactics that an employer is determined to get rid of the union by the use of union busters include:

- firing and disciplining key union activists
- harassing and intimidating the rank-and-file around minor issues
- cancellation and delays at the bargaining table
- constant roadblocks and massive demands for concessions in bargaining
- use of constant scare tactics and threats
- luring employees into toothless power sharing schemes
- unilaterally instituting new employee policies

The irony of union busters is that management is extremely fearful of “losing control” of the workplace and sharing power with its workforce in the form of a union. Yet they happily hand over control of the workplace to the union busters they hire who do exactly that—directing the entire campaign and in effect taking control of the workplace by telling management and supervisors what to say, what to do and how to act. The money that management squanders on these union busters would be much better spent on dealing with the real workplace issues.

The union must remain vigilant and aggressively challenge these tactics while continuing to educate the members and fight for improved working conditions.

Union busting schemes can be effectively controlled and defeated by union members who organize together and confront management’s poor labor relations methods. ■



6th Annual
MNASM
CHAIR SUMMIT

Thursday, March 13, 2008

- Reception – Wednesday, March 12, 2008
- Doubletree Westborough

Please register by contacting Dolores Neves, Ext. 722 or Cindy Messia, Ext. 720 at the MNA – 1-800-882-2056.



Keynote Speaker: David Rosenfeld, author of “Offensive Bargaining”

David Rosenfeld, a partner at Weinberg, Roger & Rosenfeld in Alameda, California, has been practicing law on behalf of unions since 1973. He has argued many important cases before the United States Supreme Court, the California Supreme Court, various federal and state courts of appeal and the National Labor Relations Board. He takes particular pride in developing creative and unusual tactics, both in the courts as well as outside of the courts. His book entitled “Offensive Bargaining” published by the National Labor College and the strategies he has developed have been used by unions throughout the country as an effective weapon against anti-union employers.

Biosafety Level 4 research laboratory hits stumbling block

Federal and state courts have intervened to scuttle Boston University's plans to open a BSL-4 laboratory in Roxbury this year, on a site located next to Boston Medical Center.

The original intention for the Level 4 component of the lab was to allow scientists to work with the world's deadliest incurable pathogens, including Ebola, plague, West Nile virus and anthrax.

The MNA has actively opposed the laboratory's opening and for nearly three years has testified at numerous hearings before the Boston City Council, National Institutes of Health (NIH) and in community settings against plans to site it in such close proximity to Boston Medical Center. The fundamental concern of MNA is allowing a Biolevel 4 laboratory to operate in an urban, densely populated area, where the accidental or deliberate release of a deadly biological agent could have a devastating impact on a large population of residents.

On Dec. 13, 2007 the Massachusetts Supreme Judicial Court unanimously ruled that the state's environmental approval process for the biolab project had been deeply flawed. The state's top court agreed with a 2006 ruling from Massachusetts Superior Court Judge Ralph Gants that the state's original environmental analysis was "arbitrary and capricious." In its decision, the SJC court ruled that the review conducted by the state environmental affairs secretary during the administration of former Gov. Mitt Romney "lacked a rational basis."

Legal counsel for community residents opposing the laboratory is of the opinion it is highly unlikely a repeat environmental analysis will pass muster with the courts.

The SJC ruling came two weeks after an independent panel of scientists found that the federal review of the lab was "not sound and credible" and failed to adequately address the consequences of highly lethal germs escaping from the project.

Unfortunately, the court ruling will not halt construction of the facility, which is nearly complete. But it will require the university to complete another safety review in order to receive the needed work permits. At this point it seems unlikely that the Level 4 laboratory component will ever pass a rational environmental analysis or permit research, in effect thwarting efforts for it to move forward. But it is still possible.

Given that the laboratory is nearly completed, MNA urges that an adequate regulatory framework is put in place for components of the laboratory that are permitted to operate in the future. As it now stands, only "guidelines" for regulation of the BSL-4 laboratory exist and these rest with the Boston Public Health Commission. This method of supervision is clearly an inadequate regulatory scheme. BPHC's experience is in handling issues such as lead paint initiatives, domestic violence, and mosquito control. The BPHC lacks both the experience and resources to either understand

BU image plummets

In an interesting development that appears related to the problem-plagued BU lab, Boston University's image among Massachusetts leaders plummeted this year, according to a recent corporate reputation poll conducted by Opinion Dynamics in Cambridge, while Boston College saw its prestige rise to the top of the rankings.

BU dropped to 20th place from sixth place and BC rose to number one from fourth place the previous year.

"The glitches they had with the biolab may have put a small nick in the university's reputation," said Peter Morrissey, president and CEO of Morrissey & Co., a public relations instructor at BU's College of Communications.

The view from here is the fall from sixth to 20th was a huge drop—more than a small nick—but BU staff apparently feels the need to watch their words.

—Mary Crotty

or monitor DNA research. Moreover, it has little or no knowledge of the vast complexity of work done in a high security laboratory—one that requires highly expert monitoring and regulation.

The security and safety of all, particularly the disparate community of Roxbury, is clearly at stake. ■

MNA hosts free continuing education programs

Free CE in Connecticut through NENA!

Wound Care

Trumbull Marriott Merritt Parkway
180 Hawley Lane
Trumbull, CT
March 4, 2008 • 6:30 – 9:00 p.m.
Register by Feb. 21, 2008

Details: A comprehensive overview of wound care and strategies for managing complex wounds. A discussion of products will showcase the optimal dressing based on clinical findings. Newer modalities of wound management, such as growth factors, hyperbaric oxygen, electrical stimulation, cultured skin replacements and vacuum-assisted closure devices will also be discussed. *Beverages and snacks provided.*

Speaker: Carol Mallia, MSN, RN
Contact Hours: 2.0

Post Traumatic Stress Disorder

Hilton Garden Inn Glastonbury
85 Glastonbury Boulevard
Glastonbury, CT
April 1, 2008 • 6 – 8:30 p.m.
Register by March 20, 2008

Details: This program will address the characteristic signs, symptoms, therapeutic approaches and nursing management of patients experiencing post traumatic stress disorder. Considerations relative to traumatic events throughout the life span and cultural barriers will be included. *Beverages and snacks provided.*

Speaker: Ronald Nardi, MSN, APRN
Contact Hours: 1.9

Contact hours will be provided. Continuing nursing education contact hours are provided for all programs by the Massachusetts Nurses Association. To successfully complete a program and receive contact hours you must 1) sign in 2) be present for the entire time period of the session and 3) complete and submit the evaluation.

The Massachusetts Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

These CE courses are offered free of charge, but registration is required. To register, call 800-882-2056, x777.



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

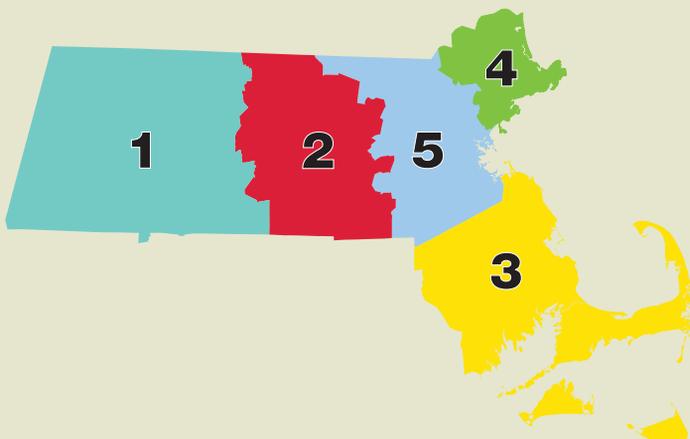
60 Route 6A
Sandwich
508.888.5774

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 Bargaining		
Regions	3	5
Week 1 Welcome and Introduction Negotiations and the Legal Basis Process Overview Bargaining Team and Internal Ground Rules	12/6 Thursday	11/26 Monday
Week 2 Contract Surveys Formulating Proposals Priorities, Goals and Themes Researching the Employer and the Union	12/20 Thursday	12/10 Monday
Week 3 Committee Decision Making At the Bargaining Table Getting Dates, Sites, etc. Roles and Conduct at the table Proposal and Counter-Proposal Exchange	1/17/08 Thursday	1/7 Monday
Week 4 Table Tactics and Reading Signals Contract Campaigns Developing a Contract Action Team Writing Proposals	1/31/08 Thursday	1/21 Monday
Week 5 Contract Costing Picketing, Workplace Actions and Strikes Impasse and Contract Extensions MNA Collective Bargaining Video	2/12/08 Tuesday	2/4 Monday
Week 6 Media and Public Relations Reaching Agreement Committee Recommendation & Ratification The Contract Document Mid Term Bargaining	2/26/08 Tuesday	2/25 Monday

Program completed in Regions 1, 2 & 4.

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

Track 3: Building the Union & Computer Skills Training*					
	1	2	3	4	5
Week 1 Member Participation Structure of the MNA and typical bargaining unit Organizing and mapping the workplace Contract Action Teams – Mobilization/Activists Structure	1/29 Tues.	12/12/07 Wed.	3/19 Wed.	C O M P L E T E D	3/10 Mon.
Week 2 The Community and the Media Media Training and Working with the Press	2/12 Tues.	1/9 Wed.	4/1 Tues.		3/24 Mon.
Week 3 Computer Training to Build the Union Hands-on Training in Use of Computer Spreadsheets (Excel) Useful for Mapping Facilities, Costing Contracts, Tracking Member Participation	2/27 Wed.	1/23 Wed.	4/15 Tues.		4/7 Mon.
Week 4 Strategies of Action and Work Place Actions Running Effective Union Meetings Escalating Pressure Tactics Strikes and Work Stoppages	3/11 Thurs.	2/13 Wed.	4/29 Tues.		4/21 Mon.
Week 5 Excel Spreadsheet Training Continued	TBA	3/5 Wed.	5/13 Tues.		5/5 Mon.
Track 4: Labor Laws & Special Topics					
	1	2	3	4	5
Week 1 Family Medical Leave Act Massachusetts Small Necessities Leave Act	3/25 Tues.	3/18 Tues.	9/9 Tues.	1/10 Thurs.	5/19 Mon.
Week 2 Fair Labor Standards Act Overtime Rules Labor-Management Reporting and Disclosure Act (LMRDA) Union Officer Elections	4/1 Tues.	4/2 Wed.	9/23 Tues.	1/24 Thurs.	6/2 Mon.
Week 3 Workers Compensation OSHA American with Disabilities Act	4/16 Wed.	4/23 Wed.	10/7 Tues.	2/14 Thurs.	6/16 Mon.
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 Tues.	5/7 Wed.	10/21 Tues.	2/28 Thurs.	6/30 Mon.
Week 5 The NLRB and Kentucky River/Oakwood Cases Nurse Supervisor Issues	5/27 Tues.	5/28 Wed.	11/5 Tues.	3/13 Thurs.	7/14 Mon.

*Due to the availability of instructors for the Track 3 segments, each week's material may vary by Region (i.e. the subject matter for Week 2 in one region may differ from that of Week 2 in another region). Participants are urged to check with their respective regions for training content in each week of Track 3.

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

Consent to Serve for the MNA 2008 Election

I am interested in active participation in Massachusetts Nurses Association.

MNA General Election

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

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

Please type or print — Do not abbreviate

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

Work Title _____ Employer _____

MNA Membership Number _____ MNA Region _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Educational Preparation

School	Degree	Year

Present or Past MNA Offices/Association Activities (Cabinet, Council, Committee, Congress, Unit, etc.) Past 5 years only.

MNA Offices	Regional Council Offices

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

 Signature of Member

 Signature of Nominator (leave blank if self-nomination)

Postmarked Deadline: Preliminary Ballot: March 31, 2008
 Final Ballot: June 16, 2008

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

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

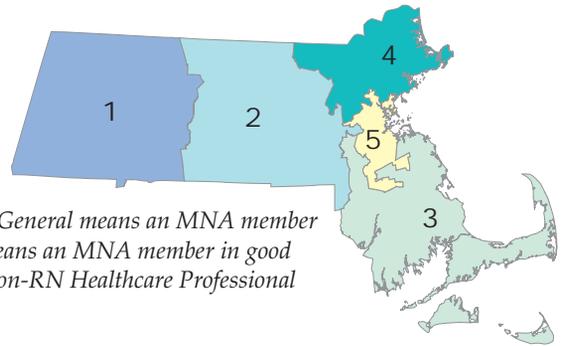
2008 Consent to Serve for the MNA Regional Council

I am interested in active participation in MNA Regional Council

At-Large Position in Regional Council

I am a member of Regional Council

Region 1 Region 2 Region 3 Region 4 Region 5



General members, labor members and labor program members are eligible to run. General means an MNA member in good standing and does not have to be a member of the labor program. Labor means an MNA member in good standing who is also a labor program member. Labor Program Member means a non-RN Healthcare Professional who is a member in good standing of the labor program.

Please type or print — Do not abbreviate

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

Work Title _____ Employer _____

MNA Membership Number _____ MNA Region _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Educational Preparation

School	Degree	Year

Present or Past MNA Offices/Association Activities (Cabinet, Council, Committee, Congress, Unit, etc.) Past 5 years only.

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Final Ballot: June 16, 2008

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

MNA CONTINUING EDUCATION COURSES

Winter/Spring 2008

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 \$25 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

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



Nurse 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 9

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: Carol Mallia, MSN, RN

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: This program will provide a comprehensive overview of the factors effecting wound care and strategies for managing complex wounds. A thorough review of wound products will enable the attendee to select the optimal dressing based on clinical findings. Newer modalities wound management, such as growth factors, hyperbaric oxygen, electrical stimulation, cultured skin, replacements and vacuum-assisted closure devices will also be discussed.

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

Registration information, next page

MNA incumbent office holders

Board of Directors

President

Beth Pisknick (2007–09)

Vice President

Donna Kelly-Williams (2006–08)

Secretary

Rosemary O'Brien (2007–09)

Treasurer

Nora Watts (2006–08)

Directors Labor

Region 1

Vacant (2007–09)

Diane Michael (2006–08)

Region 2

Pat Mayo (2007–09)

Mary Marengo (2006–08)

Region 3

Judy Rose (2007–09)

Stephanie Stevens (2006–08)

Region 4

Fran O'Connell (2007–09)

Vacant (2006–2008)

Region 5

Barbara Norton (2007–09)

Ginny Ryan (2006–08)

Directors (At-Large/Labor)

Karen Coughlin (2007–09)

Patty Healey (2007–09)

Karen Higgins (2007–09)

Richard Lambos (2007–09)

Kathie Logan (2007–09)

Nancy Gilman (2006–08)

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Tina Russell (2007–09)

Ellen Farley (2006–08)

Helen Gillam (2006–08)

Sharon McCollum (2006–08)

Vacant (2007–09)

Labor Program Member

(Non-RN, Health Care Professional)

Beth Gray-Nix (2007–09)

Congress on Health Policy and

Legislation

Melissa Croad

Ann Eldridge Malone

Nancy Pitrowski

Kathy Metzger

Julia Rodriguez

Donna Dudik

Sandra Hottin

Chris Folsom

Kathleen Charette

Congress on Health and Safety

Terri Arthur

Mary Bellistri

Maryanne Dillon

Sandra LeBlanc

Gail Lenehan

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Regional Council election

Pursuant to the MNA Bylaws: Article III, Regional Councils, Section 5: Governance

The governing body within each region will consist of:

- a. (1) A Chairperson, or designee, for each MNA bargaining unit.
- (2) One Unit 7 representative on each regional council, to be designated by the Unit 7 President.
- (3) Seven at-large elected positions. General members, labor members, and labor program members are eligible to run for these at-large positions. At-large members serve a two year term or until their successors are elected.
- b. At-large members shall be elected by the Regional Council's membership in MNA's general election. Four at-large members shall be elected in the even years for a two year term and three at large members shall be elected in the odd years for a two year term.

Proviso: This election commences in 2006

Please note the consent to serve form for the Regional Council at-large positions is on Page 17. Three members will be elected this year to serve a two-year term. ■

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:** Contact hours will be provided as specified in the program description. Continuing nursing education contact hours for all programs are provided by the Massachusetts Nurses Association. 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.
- The Massachusetts Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
- 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.



Solving the Puzzle: Differentiating Depression, Dementia and Delirium

Program Description: This program will enable the nurse to positively impact care through an understanding of depression, dementia and delirium, including common etiologies, treatments and intervention strategies for each.

Presenter: Susan S. Brill, APRN, BC

Date: March 5, 2008 (snow date March 12, 2008)

Time: Registration 5:00 p.m. – 5:30 p.m.

Dinner will be served 5:30 p.m. – 6:30 p.m.

Presentation 6:30 p.m. – 9:00 p.m.

Location: Holiday Inn Hotel and Suites

1 Newbury Street, Route 1 North, Peabody, MA 01960

phone: 978-535-4600

A Focus on Pediatrics, is an all-day event held in two sessions. Please join us for both.

Location: Angelica's Restaurant, 49 South Main Street, Route 114, Middleton, MA; phone: 978-750-4900

Date: April 5, 2008

First Aid to 911

Program Description: This program will address the nursing care and management of school-aged children who sustain a variety of traumatic injuries. Assessment, treatment and transfer considerations will be discussed.

Presenter: Melissa Twomey, MS, RN

Time: Registration 9 a.m. – 9:30 a.m.

Presentation 9:30 a.m. – 12:35 p.m.

Lunch will be served 12:35 p.m. - 1:30 p.m.

Getting High in and Around School – Toxicology in the School Aged Child

Program Description: This program will expand the nurses' knowledge of both over-the-counter and prescription medications commonly used and misused by school-aged children today. Nursing assessment of physical and behavioral responses to toxic substances will be considered as well as resultant legal consequences.

Presenter: David J. Weber, EMT-P, Esq.

Time: Presentation 1:30 p.m. – 2:45 p.m.

Closing Remarks 2:45 p.m.

Registration: Registration will be processed on a space available basis. There is a placeholder fee of \$25 for each evening class for all MNA members, which will be returned when you attend the class. There is a fee of \$95 for each evening class for all non-MNA members. For all-day classes, the placeholder fee is \$50 for MNA members; a full \$195 fee for non-members. In each case, if you do not attend the program or call to cancel, the fee will NOT be refunded.

To register for these programs, mail the registration form below with a check for each date to:

MNA Regional Council 4

10 First Avenue, Suite 20

Peabody, MA 01960

Please include your email address. For more information, contact the MNA Regional Council 4 office at 978-977-9200 or region4mna@aol.com

Contact Hours: Contact hours will be provided. Continuing nursing education contact hours are provided for all programs by the Massachusetts Nurses Association. *To successfully complete a program and receive contact hours, you must: 1) sign in; 2) be present for the entire time period of the session; and 3) complete and submit the evaluation.*

The Massachusetts Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Chemical Sensitivity: Scents may trigger responses in those with chemical sensitivities. Men and women are requested to avoid wearing scented personal products when attending this 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 Regional Council 4 office at 978-977-9200 to determine whether a program will run as originally scheduled. Registration fees will be reimbursed for all cancelled programs.

Region 4 CE Registration Form

Name _____ Email _____

____ RN ____ LPN ____ APN ____ Other (specify) _____

Address _____

City _____ State _____ Zip _____

Telephone: Daytime _____ Evening _____

Place of Employment _____

Class(es) attending: Solving the Puzzle A Focus on Pediatrics
\$25 member / \$95 non-member \$50 member / \$195 non-member

Please include a check for the appropriate fee for each course, made payable to MNA Region 4, and mail to:

MNA Regional Council IV; 10 First Avenue, Suite 20; Peabody, MA 01960

For more information, call the MNA Regional Council 4 Office at 978-977-9200, email: region4mna@aol.com

These classes are **FREE** for all MNA members

After you attend the class we'll refund your placeholder fee.

Chris Pontus honored by MassCOSH for public sector OSHA coalition work

Chris Pontus RN, MS, COHN-S, CCM, associate director, health and safety division, was honored at the annual meeting of MassCOSH in November at the IBEW Local 103 Hall in Dorchester. Along with other union representatives who advocate for and represent workers in the Massachusetts public sector, Chris is engaged in establishing an executive order that will extend OSHA protection to state and municipal workers in the commonwealth.



This action, once accomplished, will benefit all MNA Unit 7 members as well as nurses in school and public health agencies by providing safety and health protections that currently are not available to them.

Congratulations, Chris. ■

MNA membership dues deductibility for 2007

The table below shows the amount and percentage of MNA dues that may not be deducted from federal income taxes. Federal law disallows the portion of membership dues used for lobbying expenses.

Region	Amount	Percent
All Regions	\$35.55	5.0%



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@mna.org. MNA is an AA/EEO.

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

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

Boston Metropolitan Area

- Bournwood Hospital, Health Care Professionals Support Group, 300 South St., Brookline. 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 Support Group, UMass School of Medicine, Outside Room 123, Worcester. Emory, 508-429-9433. Saturdays, 1-2 p.m.

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, St. Luke's Hospital, New Bedford, 88 Faunce Corner Road. Michelle, 508-947-5351. Thursdays, 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, 7:00-8:00 p.m.





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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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It's Time...

- To Utilize Your Experience
- To Make Fulfilling Career Choices
- To Help Children & Adolescents
- To Become a Leader in:



Attend our Open House on Wednesday, March 19, 2008,
from 6:00 to 7:00 pm at Northeastern's Boston Campus

Northeastern University School of Nursing was awarded a HRSA grant to expand the **Masters in Nursing** specializing in child and adolescent mental health nursing, focusing on psychopharmacology and underserved populations. To learn more, visit www.childpsychiatricnursing.neu.edu or contact us at 617.373.5587 or capnursing@neu.edu



BOUVÉ COLLEGE OF
HEALTH SCIENCES

360 Huntington Avenue
Boston, MA 02115-5000

Child & Adolescent Mental Health Nursing

TRAVEL TO EUROPE WITH MNA IN 2008



Paris and the French Countryside

April 23 - May 1 • \$2,059
This wonderful 7-night tour of Paris, Normandy, Brittany, and the French countryside. Highlights of Paris, Normandy, Brittany, and the French countryside. Includes a wonderful 7-night tour of Paris, Normandy, Brittany, and the French countryside. Includes a wonderful 7-night tour of Paris, Normandy, Brittany, and the French countryside.

SOLD OUT



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@mnaun.org with your mailing address.**

DISCOUNT MORTGAGE PROGRAM

Purchasing or Refinancing a Home? 1-877-662-6623

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
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Call the MNA Mortgage Line for rates and details.



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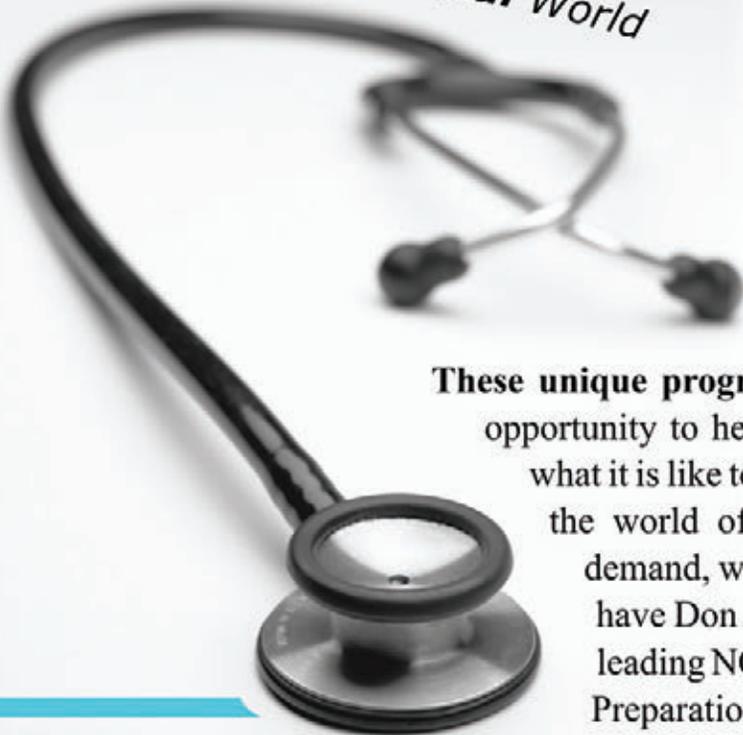
MA Lic. MC1775; NH Lic. # 8503-MBB; CT Lic. 10182; RI Lic. #20011277LB; ME Lic. #SLM5764. Not every applicant will qualify for these programs.

Transitions

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Welcome to the **Real World**

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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.