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MNA activism in Western Mass.

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Most doctors support national health insurance, new study shows

Part one in a two-part series

Editor's note: This article first appeared as an e-Alert from Physicians for a National Health Program, a non-profit research and education organization of over 15,000 physicians, medical students and health professionals who support single-payer national health insurance.

Reflecting a shift in thinking over the past five years among U.S. physicians, a new study shows a solid majority of doctors—59 percent—now supports national health insurance.

Such plans typically involve a single, federally administered social insurance fund that guarantees health care coverage for everyone, much like Medicare currently does for seniors. The plans typically eliminate or substantially reduce the role of private insurance companies in the health care financing system, but still allow patients to go to the doctors of their choice.

A study published in the April issue of *Annals of Internal Medicine*, a leading medical journal, reports that a survey conducted last year of 2,193 physicians across the United States showed 59 percent of them “support government legislation to establish national health insurance,” while 32 percent oppose it and 9 percent are neutral.

The findings reflect a leap of 10 percentage points in physician support for national health insurance (NHI) since 2002, when a similar survey was conducted. At that time, 49 percent of all physician respondents said they supported NHI and 40 percent opposed it.

Support among doctors for NHI has increased across almost all medical specialties, said Dr. Ronald T. Ackermann, associate director of the Center for Health Policy and Professionalism Research at Indiana University's School of Medicine and co-author of the study.

“Across the board, more physicians feel that our fragmented and for-profit insurance system is obstructing good patient care, and a majority now support national insurance as the remedy,” he said.

Support for NHI is particularly strong among psychiatrists (83 percent), pediatric sub-specialists (71 percent), emergency medicine physicians (69 percent), general pediatricians (65 percent), general internists (64 percent) and family physicians (60 percent). Fifty-five percent of general surgeons support NHI, roughly doubling their level of support since 2002.

Doctors have often expressed concern about lack of patient access to care due to rising costs and patients' insufficient levels of insurance.

An estimated 47 million Americans currently lack health insurance coverage and another 50 million are believed to be underinsured. At the same time, health care costs in the United States are rising at the rate of about 7 percent a year, twice the rate of inflation.

The health care issue continues to rank high among voter concerns in the 2008 elections, placing third in a recent poll after the economy and Iraq.

The current study by the Indiana University researchers is the largest survey ever conducted among doctors on the issue of health care financing reform. It is based on a random sampling of names obtained from the American Medical Association's master list of physicians throughout the country.

In addition to measuring attitudes toward NHI, the survey also asked doctors about their views regarding “more incremental reform,” often interpreted as state- or federal-based programs requiring or “mandating” that consumers buy health insurance from private insurance companies, legislative measures providing tax incentives to businesses to provide coverage for their employees, or similar steps.

Fewer physicians (55 percent) were in support of “incremental” reform. Moreover, virtually all those opposed to national health insurance also opposed incremental reform to improve access to care. In fact, only 14 percent of physicians overall oppose national health insurance but support more incremental reforms. Ironically, many medical organizations and most politicians have endorsed only incremental changes.

Dr. Aaron E. Carroll, director of Indiana University's Center for Health Policy and Professionalism Research, and lead author of the study, said, “Many claim to speak for physicians and reflect their views. We asked doctors directly and found that, contrary to conventional wisdom, most doctors support the government creating national health insurance.”

Other signs indicate that attitudes among doctors are changing. The nation's largest medical specialty group, the 124,000-member American College of Physicians, endorsed a single-payer national health insurance program for the first time in December.

For more information on single payer health care visit the Physicians for a National Health Program Web site at pnhp.org.

Part two of this series will run in the November edition of the Massachusetts Nurse, or visit massnurses.org for Web access. ■

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

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Is your hospital canceling shifts? Maybe you need a union

By Beth Piknick
MNA President

Do you work at a hospital that regularly cancels your shifts or reduces your hours (also known as flexing down, or variable hours) and then forces you to use your own vacation or earned time to compensate for the loss of pay?

If so, you are not alone. In fact the April issue of the *American Journal of Nursing* features a report on the subject entitled, "The Other Side of Mandatory Overtime: Flexing 'Down' Means Nurses are Losing Money and Patience."

Our unionized facilities have been doing battle against these short-sighted, unfair practices and, in most cases, we have succeeded in severely limiting how they are used.

The MNA is seeing the same trend. Our unionized facilities have been doing battle against these short-sighted, unfair practices and, in most cases, we have succeeded in severely limiting how they are used or have prevented them from being implemented at all.

We believe nurses are entitled to a set schedule and guaranteed hours. We consider

mandatory cancellation as a "rolling lay off" that deprives nurses of their livelihood and that is harmful to morale and patient safety. We think it might be a good idea if hospitals kept their staffing intact on so-called "low census" days so that nurses have the ability—heaven forbid—to have a decent shift where they can provide patients with some much needed education ... or maybe spend more time planning their care ... or perhaps mentor some new grad nurses.

If you have ever wondered why you need a union, dealing with issues like "mandatory cancellation" is exhibit A. Consider the nurses at MetroWest Medical Center, which has two campuses: Framingham Union (non-unionized) and Leonard Morse Hospital (an MNA-represented facility in Natick). Nurses on the Framingham campus are subject to mandatory cancellation and nurses are hired into "variable hours" positions. However, when management wanted to force the same practice onto the unionized nurses at Leonard Morse, it had to negotiate that change. We are happy to report that the nurses stood up against the practice and, through a long negotiation with management, were successful in preventing the hospital from utilizing mandatory cancellation or to establish variable hours positions. This example demonstrates why unions matter and

what unions can achieve.

Nurses at Boston Medical Center, though still in negotiations over their contract, have been successful in forcing the hospital to withdraw their proposal to implement the practice there. This spring, the nurses at Merrimack Valley Hospital in Haverhill also prevented the policy. Nurses from Franklin Medical Center in Greenfield just reached an agreement that severely restricts the hospital from canceling nurses' shifts to no more than three times a year. At the same time, non-unionized nurses at Baystate Medical Center in Springfield have no such limitations or rights to oppose the practice.

This is the power of a union. You have the right to say no to dangerous and unfair policies and procedures. You have a say. You have a voice.

For information on forming a union at your facility, contact the MNA's organizing department at 781-830-5777 or send an e-mail to Eileen Norton at enorton@mnarn.org. ■



Beth Piknick

Region 4 position in favor of mail ballot for dues increases

Regional Council 4 believes that all members of the MNA should have the right to vote yes or no when any increase in MNA dues is proposed.

Therefore, we have submitted a proposal to change the MNA bylaws to require a secret mail ballot to approve MNA dues increases. To pass, this proposal needs approval by *two-thirds of those present* at the annual meeting.

In the previous issue of the *Massachusetts Nurse*, the Board of Directors issued a statement of opposition to this proposal. **We respectfully ask members to also consider the following:**

1. **The present policy denies too many members a vote on a matter of utmost importance to them.** At present, MNA bylaws allow an increase in dues to be approved only by the small number of members attending the MNA's annual meeting. Historically, less than 300, of 22,000, members attend. It is true that more members should attend. However, even if every member who could possibly go was present at that meeting, a large portion of our members would always be excluded because they are working, are in school, are caring for kids, etc. **Even**

under the best case scenario, too many members are always excluded.

2. **There is a simple remedy so that no member who wants to vote is excluded:**

A mail ballot. The MNA already conducts an annual election in which a ballot is sent to the home of every MNA member, giving each of us the opportunity to register our choices, by mail, for candidates for the Board of Directors and other leadership bodies of the Association.

3. **This proposal is not a vote on the value of the dues we currently pay.** The accomplishments of the MNA over the past five years have been tremendous. All of us have benefited from the expansion of the MNA's staff and services which our dues have financed.

4. **This proposal is a call for MNA leaders to make a convincing case to the entire membership if and when dues need to be increased in the future.** The MNA has a variety of tools to communicate with members. Our proposal adds another by requiring the MNA Board, when it believes a dues increase is necessary, to hold at least one open hearing in

each of the five MNA Regions to share information and engage our members in discussion so amendments can be made and members can be fully informed before they vote.

5. **MNA members deserve a right held by members of other unions: A secret ballot for dues increases.** Other unions recognize that a decision about dues affects each member so significantly that the decision must be made democratically and in a way that protects the identity of the individual voter. The time has come for the MNA to guarantee this right to its members.

Please come and vote at the annual meeting on Thursday, Oct. 2 from 2–6 p.m. at the Burlington Marriott Hotel. Members do not need to pre-register or pay to attend the MNA's annual meeting. Your membership status will be checked at the door.

Submitted by MNA Regional Council 4: Brian Zahn, Patty Comeau, Fran O'Connell, Tammy Normand, Jeanine Burns, Cathy Evlog, Valerie Gosselin, Judi Gro ss, Noreen Hogan, Sandy Murray, Joanne Raby, Kathy Renzi, Maureen Travis, Mary Wignall. ■

Progress made to prevent boarding patients on inpatient units

The MNA continues to take a leadership position in actively opposing the dangerous policy of permitting boarding of patients on inpatient units. As early as April 2005, during the administration of former Gov. Mitt Romney, the Department of Public Health—with the support of the hospital industry—first approved a boarding policy. This is an unsafe practice that the MNA Board of Directors immediately opposed and continues to counter due to its negative implications for patient care and nursing practice. Unfortunately, some decision-makers in the DPH continue to pursue boarding as a means of dealing with the problem of emergency department overcrowding and ambulance diversion.



The MNA believes that boarding patients in inpatient units is not an acceptable solution to overcrowding and that instead it creates more problems and raises serious issues relative to the safety of patient care. As such, it generates a larger crisis than the one it was designed to resolve. Furthermore, there are effective mechanisms available to predict and manage patient flow which preclude the need for such hasty, unwise and unsafe measures.

In response to the DPH move, MNA developed a position statement opposing the policy of allowing boarding and care of patients in the corridors of inpatient units, describing the dangers posed by “corridor care” and recommending alternative solutions to overcrowding of hospitals EDs. Since issuing its position statement in 2005, the MNA has actively advocated on behalf of safe solutions.

Hope springs eternal, as they say. The practice of boarding is becoming widely recognized as unsafe and intolerable. The Joint Commission has developed standards which address strategies and solutions to address hospital overcrowding. MNA’s grave reservations about corridor care and its advocacy for the use of appropriate patient flow methodologies rather than boarding are being echoed by many. Patient safety advocates, whose communications on the National Patient Safety Foundation

(NPSF) list serve are followed by MNA, generally discourage if not condemn boarding now. Also, a new generation of local emergency department physician managers, trained in contemporary ED management, appears to be embracing alternative approaches and rethinking the earlier rush to free up ED capacity by boarding patients on inpatient units. The issues of ED overcrowding, diversion and boarding on inpatient units are naturally intertwined.

Update on diversion and boarding

The DPH Boarding and Diversion Task Force (“Diversion Group”) was reactivated after a series of articles in the *Boston Globe* depicting the issues in Massachusetts Hospital emergency rooms. The group is chaired by John Auerbach, Massachusetts commissioner of public health with assistance from Paul Dreyer, DPH director of the Bureau of Health Care Safety and Quality. A number of hospital emergency room chiefs of service attend. MNA director of nursing Dorothy McCabe has participated in initial meetings and has shared the Joint Commission’s recent regulations on patient flow and the DPH statement on patient flow from the Joint Commission Manual “Managing Patient Flow.”

Diversion

From recent Diversion group discussions of (a) diversion of patients to other hospitals when emergency rooms (ERs) are deemed full and (b) boarding of patients awaiting admission in ERs, it appears that most hospitals at this time are not diverting patients unless the ER is in crisis. There are multiple reasons for hospitals to not divert. Many are financial (the hospital does not want to lose patient revenue), but also compelling is the desire by hospitals to meet their patients’ demands, especially patients with complex problems being treated by a specific institution. Increasingly it is recognized that diverted patients with serious medical histories are often transferred back to their “home” hospitals due to quality of care issues directly related to lack of knowledge concerning care requirements.

The group has conducted multiple studies on diversion in Eastern Massachusetts. These studies indicate that diversion peaked as recent as February. Several hospitals are recognized as high diverters, which has affected the ERs of hospitals in their region.

MNA leadership on prevention of boarding on inpatient units

- ◆ Consultation with experts on patient flow
- ◆ Development of position statement
- ◆ MNA “Hall No! We Won’t Go!” public relations campaign
- ◆ Articles in *Massachusetts Nurse*
- ◆ Discussions with Mass. DPH
- ◆ Advocacy on NPSF list serve and other forums

The “good news” is that there is wide agreement among ER physicians that diversion and boarding is directly related to patient flow and that hospitals must look at their own systems and concentrate on appropriate scheduling of elective surgery and cardiac procedures and early discharge to address overcrowding. Hospitals with high diversion rates will be notified of their effect on other hospitals and directed to look at their own systems.

Boarding

Of additional concern to the ED group is the boarding of patients in hallways on patient units. The vast majority of contemporary ER physician chiefs appear to embrace the need to use a systems approach and apply sound operations management principles to address patient flow problems. CMS (Centers for Medicare and Medicaid Services, or “Medicare”) has conditions of participation which require all health care providers who receive Medicare reimbursement to meet minimal standards of care for their provider group. This Medicare “parity of care” legal requirement could conceivably be used as a formidable financial threat for hospitals that persist in the substandard, unsafe practice of boarding patients on inpatient units.

MNA staff recently spoke to Charlotte Yeh, MD, former Newton Wellesley ED chief and the current administrator of CMS Region 1 (New England) about the new approach by CMS to penalize providers by withholding payment for preventable inpatient complications, errors, injuries and infections. Dr. Yeh acknowledged that Medicare is upping the ante and that where firm data exists, future similar actions will be “in the arena for consideration” as tools to hit hospitals in the pocketbook to force change. Dr. Yeh would not confirm concrete plans to CMS to alter payment to hospitals for boarded patients on the basis of inequitable care but did indicate that the problem falls into the arena (her term) of steps for future action.

For more information contact Mary Crotty, RN, JD at MNA, 781-830-5743, or mcrotty@mnarn.org. ■

MNA nurses know the joys and sorrows of foster care

Need for medical foster homes at all time high

By Sharon Nery

Five years ago, Carminda Jimenez worked full-time as a school nurse, part-time as a home care nurse and had two biological children. Busy as both she and her husband were, when her mother—a foster care parent for many years—went on vacation, Jimenez didn't blink an eye when asked to take care of a small boy with large disabilities.

"I ended up keeping him for three years," said Jimenez, an MNA member and Southeast Region Nurse for the Commonwealth of Massachusetts Department of Social Services.

It was a trio of years filled with love and challenges, particularly when Jimenez discovered that her foster son was afflicted with Fragile X, a genetic condition that can present itself in numerous ways, including learning disabilities and characteristic physical and behavioral features.

"The DSS was very supportive and put in place services that allowed us to keep this child in our home," said Jimenez, noting the need for "medical foster homes."

"Nurses who are foster parents really get it—they know what to look for and how to navigate the medical system to get what is needed," she said. "And as RNs we know how to manage – it's like being on a hospital floor, taking care of several patients, doling out medications, answering call bells. We know how to get things done."

With 8,000 children in foster care in Massachusetts due to abuse and/or neglect and an additional 13 children entering the program

daily, the need for foster families has never been greater—and in particular for families where there is a professional health care provider.

"It is 100 times harder to place a foster child when there are medical issues," said Jimenez. "But as more people become aware of the need for medical foster homes, more of those children will have a chance to thrive and grow in a positive atmosphere."

Elaine Goldrick, adoption and foster care recruitment supervisor for the Massachusetts Department of Social Services said the difficulty placing children from infancy through adolescence is enormous.

"A shortage of foster families means children coming into care may move night to night until a suitable foster care placement is found," said Goldrick. "The need for foster parents who are health care providers is enormous; they know firsthand the traumatic impact of abuse and neglect on a child because they encounter it on a regular basis in their professional roles."

Sue Madden concurs with that assessment, describing her past 15 years as a foster parent as both "heart warming and heart wrenching."

An MNA member who works in orthopaedics at Jordan Hospital and in pediatrics for a home care agency, Madden and her family have opened their home to more than 50 foster children since 1993.

"We are in the process of adopting two brothers," said Madden, noting that while the challenges have been many over the years as a foster parent, so have the rewards.

"These children come from different, often violent backgrounds and while your first reaction is a desire to save every child, you learn quickly that is not an attainable goal," she said. "You come to learn that expectations must be redefined and that the most you can do is to show these children a different path."

"When you become a foster parent you provide a chance for a child to live a different life—one free of violence, drugs and neglect," said Madden, who earlier this year participated in the MNA Mercy Ships mission to Honduras. "Being part of this vital program has changed my life."

While many come from violent or abusive backgrounds, there are also a significant number of children and infants with more conventional upbringings who for any number of reasons are not easily placed, said Goldrick.

"Many nurses have the skills and expertise to foster parent our medically involved children, but they may also have demanding nursing jobs and their own family responsibilities to balance," said Goldrick. "However, nurses as caregivers have so much to offer all our children who need foster care, and there many ways in which they can help a child in need."

Nurses who can't be foster parents due to their own busy lives can also help in different ways; providing entrée for recruitment at their workplace and through other professional affiliations, for example.

To learn more about the Massachusetts DSS Foster Parent program, call 1-800-KIDS-508 or visit dsskids.org. ■

MNA defeats potential health insurance increase for Unit 7 members

The MNA, working with the Massachusetts State Employee Labor Coalition, successfully fought Governor Patrick's proposal to increase the share that state employees pay for their health insurance coverage. This coalition represents more than 250,000 state workers and their families.

The coalition scheduled in-district meetings with key members of the House of Representatives and a diverse delegation of their constituents opposed to the governor's proposal. MNA staff took responsibility for scheduling meetings with the House majority whip, Rep. Lida Harkins (D-Needham), and with Rep. Vincent Pedone (D-Worcester), chairman of the Joint Committee on Municipalities and Regional Government. At all of these meetings, MNA Unit 7 members were there in force, along with members from a diverse group of other state workers—including engineers, social workers and educators.

At these meetings, legislators heard directly from their constituents regarding the governor's proposal and its impact on their families. Members who attended these meetings are to be commended—which is, without doubt, the MNA's most effective form of lobbying.

Thanks to all the members who helped defeat this proposal. ■



Face-to-face: Nurse practitioner Jane McCue, MNA Regional Council 2 Unit 7 member, explained to state Rep. Vincent Pedone (D-Worcester) how the governor's proposed increase in health insurance costs for state employees would affect her family.

Health and safety among Massachusetts home care nurses: bloodborne pathogen exposures

By Pia Markkanen, ScD

Over the past four years, UMass Lowell researchers—in collaboration with the Occupational Health Surveillance Program at Massachusetts Department of Public Health, the MNA, eight home healthcare agencies and one additional healthcare union—have been working on Project SHARRP (Safe Homecare and Risk Reduction for Providers) to examine the problem of exposure to bloodborne pathogens in home health care settings. The study characterized sharps injuries and other blood/body fluid exposures in the home health care setting; evaluated the availability and use of devices with safety features; and identified barriers to reporting sharps injuries.

In 2006-2007, the Project SHARRP survey was sent to 1,772 clinicians working in home health care setting throughout central and eastern Massachusetts; 1,225 completed surveys were returned.

The respondents, including 787 nurses, described their experiences with sharps injuries and other blood/body fluid

exposures. The average nurse was 48 years old and worked in home health care for 11 years. Over their entire careers, nurses experienced at least one sharps injury. During the 12 months prior to the survey, 4.3 percent of the nurses sustained at least one sharps injury while in a home health care setting.

The survey results revealed several notable points:

- The sharps injury rate for home health care nurses is actually in the same range as the overall sharps injury rate in hospitals¹. The survey compared the two settings by looking at the number of sharps injuries per 100 full-time equivalent employees—which corrects for the number of hours worked.
- Work schedule and tenure matter when it comes to sharps injuries. Per-diem and part-time nurses had higher rates than full-time nurses. Also, nurses with shorter home health care tenure—less than five years—had about three times the sharps injury rate as those with more than five years of experience.
- Most sharps injuries involved two groups of medical devices: the majority of injuries occurred with hollow-bore needles,

Schedule	Sharps injuries (per 100 FTE)
Full-time	2.9
Part-time	9.1
Per-diem	13.4

in particularly with syringes and blood drawing devices, followed by cutting blades (such as lancets). Nurses were more likely to be injured when performing the following procedures: administering injections, putting sharps into disposal containers, venipuncture, and fingersticks/heelsticks.

- Most sharps injuries occurred while using sharps devices without safety features (details to be presented in a future edition of the *Massachusetts Nurse*).
- Nurses reported a number of factors that contributed to their most recent sharps injuries. These included lack of work space; clutter; distractions from other persons in the home; and poor lighting. Aggressive or uncooperative patients were also reported by some participants to have contributed to their injuries, and almost 25 percent of nurses said time pressures were a contributing factor.
- Home health care nurses indicated that the most common reasons for not reporting a sharps injury to their employer were lack of time, fear of being blamed (or “getting in trouble”) and the perception of low risk of infection.

The SHARRP survey findings confirm that bloodborne pathogen exposure is a significant hazard in home health care settings. The survey also illustrates the need to provide guidance for injury/exposure prevention.

In the coming months, Project SHARRP and the MNA will continue to explore and propose specific strategies for reducing sharps injuries and other blood/body fluid exposures in health care settings.

Pia Markkanen is a research professor at the Department of Work Environment and Lowell Center for Sustainable Production at University of Massachusetts Lowell. ■

¹ Dement et al. (2004). Blood and Body Fluid Exposure Risks Among Health Care Workers: Results From the Duke Health and Safety Surveillance System. *American Journal of Industrial Medicine*. Vol 46, pp. 637-648.

N95 respirators and toxic gases or vapors

By Thomas P. Fuller, ScD, CIH

There is a common misunderstanding in health care that the N95 respirator can protect workers from gases and vapors. This is completely false. The N95 offers no protection from exposure to any chemical odors, gases or vapors that one would typically experience in a hospital or health care setting.

N95 respirators use a filter of densely woven fibers that can stop aerosol particles through impaction, interception and diffusion as the air being breathed in passes the mesh. They are 95 percent efficient in stopping particles down to about 0.1 micrometers (microns) in diameter. So they work well on tubercu-

gets “trapped” in the constituent molecules, atoms and ions of the structure. Adsorption is a phenomenon where the gas or vapor interacts with the outer surface of a solid structure through either van der Waals attraction or a combination of chemical interactions.

Workers in

respirator.

Any employer with hazardous airborne working conditions is required by the Occupational Safety and Health Administration (OSHA) to have a written respiratory protection program. The program requires that only knowledgeable and competent professionals implement the program, to include assessment of the specific hazards, selection of the respirator appropriate to protect the workers, medical clearance, fit-testing, and worker training.

Just like

losis, and other bacteria, that range in size from about 0.3 to 20 microns.

Gas molecules, however, range in size from only 0.0003 - 0.006 microns. As a result, gases like oxygen, chlorine, hydrogen sulfide and ammonia can all pass freely in the spaces between the fibers in an N95 mask.

The recommendation to use an N95 respirator to reduce the impact of a chemical gas exposure is comparable to the use of a placebo in patient care. Any improvements in conditions are only perceived and are not real.

In order to remove gases from the air they must be either absorbed or adsorbed by a filter media. Absorption occurs when a gas or vapor penetrates a solid structure (like charcoal) and

different industries are exposed to thousands of different airborne agents. The selection of the appropriate respirator for the hazardous airborne agent is a complex process and should only be done by a qualified industrial hygienist who thoroughly understands the toxic properties of the agents, the workplace levels and safe or regulatory limits of exposure, and the protective capabilities of the

only certain glove materials are protective for only certain chemicals, respirators must be selected in accordance with the airborne hazards and concentrations in the workplace. And just like physicians and nurses have the responsibility to prescribe and administer medicines safely and competently, industrial hygienists have the responsibility to assess workplace exposures and specify appropriate respiratory protection.

For more information visit the Web site of the American Industrial Hygiene Association at aiha.org or contact Dr. Thomas P. Fuller by email at tpfuller@aol.com. ■



The real cost of working off-the-clock

By Deb Rigiero

As organizers we get the chance to talk to many non-unionized nurses about their working conditions. The issues they bring up frequently include:

- Unsafe staffing
- The lack of a real voice at work
- Inequity in pay and treatment
- Lack of respect
- No break/lunch or, if they do get to take a break or lunch, it is on the unit and often interrupted
- The lack of time to chart during their shift

For this article, I want to focus on the no break/lunch and charting issues. Please take a few minutes to answer the questions below and then refer to the chart that outlines the real cost of working off the clock.

1. Are you punching out or signing out and then completing your



charting on your own time?

2. Have you been threatened with discipline for overtime use?
3. Are you denied overtime for charting?
4. During your lunch break (probably on your unit) are you frequently interrupted or expected to be available?

If you answered yes to any of these questions you are not alone. Below is a chart for your consideration as to how much it actually costs to work off the clock. While looking at this, think of the MasterCard commercial.

The chart below is based on a wage of \$30 per hour.

ACTION	COST
Working "off-the-clock" one hour per week.	Weekly: \$45 Yearly: \$2,340
Savings of overtime costs to employer if 100 nurses work one hour "off-the-clock."	Weekly: \$4,500 Yearly: \$234,000
Savings to employer because they do not need to hire more nurses to do the work.	Yearly: \$62,000 per nurse <i>(does not include benefits)</i>
Manager bonus for keeping overtime costs under budget.	Varies <i>(but have heard of managers getting up to \$10,000 bonus)</i>
Loss of nurse's credibility as witness for falsifying time records.	Immeasurable
Nursing license.	Priceless

Your life, your livelihood, your license: Priceless

Did any of the items in the graph above strike a chord with you? Maybe you're a non-union nurse working without a protected voice, so there is the "fear factor" that keeps you quiet about such working conditions.

If that is the case, take a moment to think about the stress that is put on you and your family when you are often late or working from home. Think about the legalities of charting when you are not actually working. Think about the money you are willing to donate to your employer instead of having it to pay your bills.

And think about protecting your license ... your livelihood. ■

MNA members question Governor Patrick at town meetings

Cathy Craig, an RN in the operating room at New England Medical Center and an MNA member, (far right, with her daughter Shelby) questioned Gov. Deval Patrick during a town meeting in Hull on July 14.

The meeting, held at Hull's Bernie King Pavilion, provided Craig with a chance to ask the governor about his position on the MNA's safe staffing legislation.

Governor Patrick held similar town meetings across the state and MNA members attended each, including those in Salem, Athol, Webster and Rehoboth. At the meetings, MNA members and coalition partners challenged the governor to take up the cause of patient safety with or without the state legislature by instructing the Department of Public Health to regulate staffing in the state's hospitals. ■



Re-printed with the permission of the *Hull Times*. Photographer: Roger Jackson.

Question 1 plays Russian roulette with the health of patients across the state

A question on the November ballot will completely repeal the state personal income tax. If it passes, this initiative will cost the state more than \$12 billion a year in revenues, equal to 40 percent of the entire state budget.

A reckless, dangerous proposal

Passage of Question 1 will:

- Put the health care system and patients at risk by cutting funding for hospitals, public health and school nursing
- Drive up local property taxes by further shifting the burden for essential services to cities and towns
- Put the education system at risk by cutting teaching positions, leading to larger class sizes
- Put the public safety at risk by cutting critical fire, police and emergency personnel
- Have a devastating impact on our economy

If passed, this measure will force local communities to further raise property taxes to maintain local services. But even with significant property tax hikes, passage of this question will still lead to drastic cuts to local services, like emergency personnel, teachers, police, nurses and firefighters.

“Question 1 plays Russian roulette with the health and well being of patients across this state,” stated MNA President Beth Piknick, RN. “Most hospitals receive significant state money. If this question were to

Vote NO on Question 1
It's a reckless idea. VoteNoQuestion1.com



pass it would have a devastating impact on state facilities, public health departments, teaching and community hospitals and school nursing—not to mention how destructive it would be to the teachers, firefighters, emergency personnel and police officers with whom we work.”

Take action

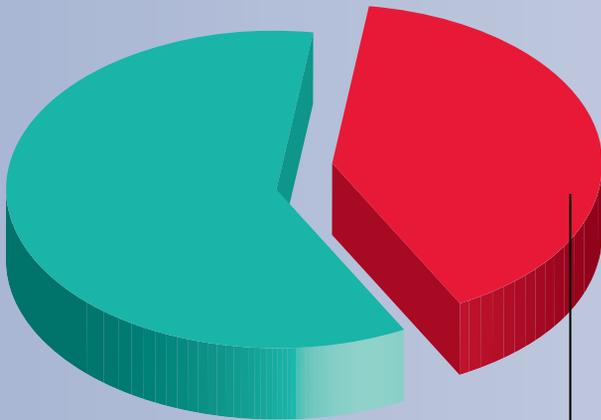
In response to this threat, concerned citizens, service providers and health care and educational organizations have joined together as the “Coalition for our Communities” to educate people about the harm such an irresponsible proposal would cause. Here’s how you can help:

1. Pledge to VOTE NO on Question 1
2. Sign up for e-mail from VoteNoQuestion1.com to stay informed. As volunteer opportunities arise we will contact you.
3. Tell your friends, colleagues and family to VOTE NO on Question 1. Let them know you think this is a reckless proposal. Send them to VoteNoQuestion1.com and ask them to learn more and sign up to help as well.
4. Get involved directly with MNA’s efforts to defeat this reckless proposal. Contact organizer Riley Ohlson at 781-830-5740 or rohlsn@mnarn.org. ■

www.VoteNoQuestion1.com

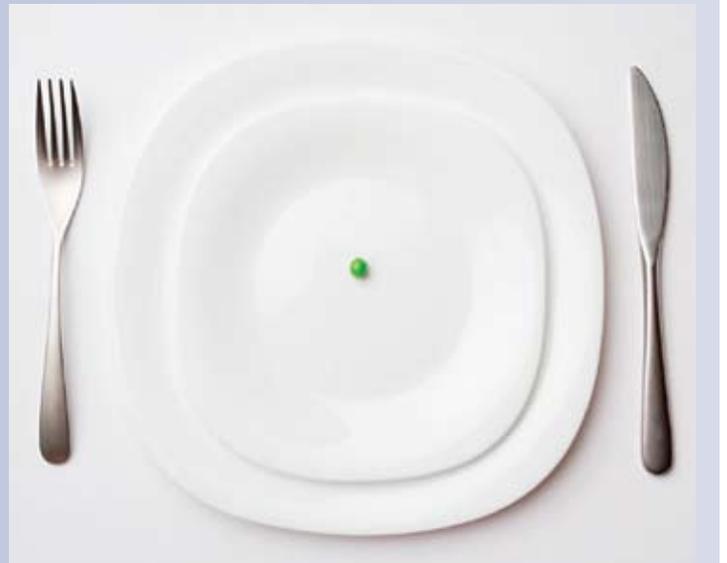
What will happen if Question 1 passes?

What we know:



- 40 percent of state budget eliminated
- \$12.7 billion in lost revenue

Imagine if ...



You were faced with a 40 percent reduction in your own household budget ...

Boston Medical pickets over staffing, floating and wages

Hundreds of registered nurses from Boston Medical Center's East Newton Street campus conducted an informational picket outside the entrance to the facility on Aug. 13 as contract talks continued to stall over inadequate staffing, oppressive management practices and below market wages, issues the nurses believe compromise their ability to recruit and retain staff needed to safely care for patients.

"We are picketing today to seek the public's support in our effort to create conditions that restore this facility's respect for professional nurses and that will allow us to deliver the first-rate care our patients have come to expect," said Ann Driscoll, RN, a nurse at Boston Medical Center and chair of the nurses local bargaining unit of the MNA. "In recent years, changes in administrative practices and the issues in dispute today have led to a dramatic decline in staff morale and the loss of valuable nursing talent. There is more at stake today than a union contract, the quality and safety of patient care at Boston Medical Center is on the line."

Staffing/floating policies

The lack of sufficient staff to provide optimum care is at the center of the current contract dispute. To compensate for the lack of staff, the hospital has demanded the unrestricted right to "float" nurses from one area of the medical center to another where they may be unfamiliar with the equipment or procedures and may not be able to provide appropriate care.

"It is akin to asking a math teacher to also teach French. In a hospital setting, such practices can be dangerous," Driscoll said. "Hospitals are not factories, patients are not widgets and nurses are not interchangeable parts. Management's floating proposals fail to acknowledge that nursing, like medicine, is highly specialized and no nurse should be forced to care for patients unless he or she is qualified and properly trained to care for those patients"

Retiree health insurance

In addition to staffing improvements, the nurses are seeking a retiree health insurance benefit at a time when competing in-town hospitals are providing the benefit to their nurses. A recent national study by Fidelity Investments found that nearly 70 percent of nurses are concerned that they will need to retire early due to health issues. "Retiree health insurance is an important benefit for the nursing profession. It was the number one issue identified by our members going into these negotiations," said Driscoll. "They work at a frantic pace in an intensely stressful and strenuous work environment. They should be shown the respect of knowing they'll have this benefit in their retirement. Without



BMC picket: MNA members (top) walk the line outside of BMC. Boston City Councillors Michael Flaherty, above left, and Sam Yoon came out in support of the picketing BMC nurses.

this benefit, it is very likely many of BMC's more experienced RNs will explore options at hospitals where this benefit is offered."

Wages

The other key issue for the nurses is their desire for a competitive wage scale. The hospital has proposed a wage offer that will leave the nurses salary behind those in other Boston teaching hospitals. In fact, the proposal will leave the majority of the BMC nurses on the East Newton Street campus as much as four percent behind their counterparts who work on the Harrison Avenue campus.

The BMC nurses are outraged by the hospital's lack of effort to negotiate a fair settlement with the nurses in light of the fact that BMC is one of the busiest and most profitable hospitals in the state, with state-of-the-art services catering to a patient population with complex needs and who require the most sophisticated

nursing care. BMC has posted record profits of more than \$74 million in the last 18 months and recently awarded CEO Elaine Ullian a 46 percent pay increase.

"Registered nurses deliver most of the clinical care patients receive in the hospital and numerous studies have shown that the most important factor contributing to patients' health and safety is access to appropriate nursing care," Driscoll explained. "By shortchanging nurses, this hospital is shortchanging our patients. Our nurses deserve better and so do our patients"

The 600 BMC nurses, who are represented by the MNA, recently filed for mediation in an attempt to break the logjam in negotiations for a new union contract. The first negotiation session with a Federal mediator was held Aug. 18. Since negotiations began in December 2008, 23 sessions have been held. The contract expired in February 2008 but has been extended. ■

Bargaining unit updates



Cooley Dickinson Hospital: MNA members along Route 9 in Northampton during an Aug. 11 informational picket.

Cooley Dickinson Hospital

The Cooley Dickinson Hospital bargaining unit held a very successful informational picket on Aug. 11. The negotiation committee was encouraged by the great turnout of nurses and supporters and the nurses received loud support from many motorists who were traveling in front of the hospital on Route 9. Outstanding issues include management's proposal to remove language that protects the union status of charge nurses, management's proposal to make Veteran's Day a "floating" holiday and the lack of a competitive wage offer.

Baystate VNA and Hospice

The nurses of the Baystate VNA and Hospice in Springfield recently ratified a new-three contract. The approval followed many months of contentious negotiations. The committee feels that they were able to complete the negotiations because of the outstanding support of the members. More than half the members attended negotiating sessions during the process.

Franklin Medical Center

The registered nurses at Baystate Franklin Medical Center held an informational picket line on Aug. 6. More than 100 nurses and supporters walked the line in front of the hospital. The negotiations, which have been made much more difficult due to Baystate's hiring of a Jackson Lewis anti-union lawyer, have dragged on now for 10 months. Issues still in dispute at the time of the picket included management's proposed take-aways and an inadequate wage offer.



Walking the line at FMC.

Cooley Dickinson VNA and Hospice

The bargaining unit of Cooley Dickinson VNA and Hospice recently ratified a new-three year contract. The agreement came after close to a year of negotiations that included a very successful informational picket. In the agreement the nurses gained advancements in wages, steps, scheduling and on-call, vacation days, union representation, and health insurance. ■



Members of the negotiating team at the Cooley Dickinson VNA and Hospice.



MNA news from here, there and everywhere

BMC administrators earn big "thumbs down"

The MNA wants to give management at Boston Medical Center (BMC) a big "thumbs down" for unfairly disciplining nurses who voluntarily shared information with administration on incidents that have occurred.

In one particular case, management issued a one-day suspension to an OR nurse after she voluntarily approached her manager and explained that she had accidentally thrown away a piece of hospital equipment. The nurse, who had no training specific to the new equipment, was helping a colleague clear the operating room after a procedure and ended up accidentally throwing the equipment away with other disposables items. But instead of conducting a systems review to prevent the problem from occurring again, management suspended the nurse.

This example is just one in a long line of unfair disciplinary actions recently issued by BMC administrators.

Thumbs down, way down, to BMC management.

New e-mail address for Region 3

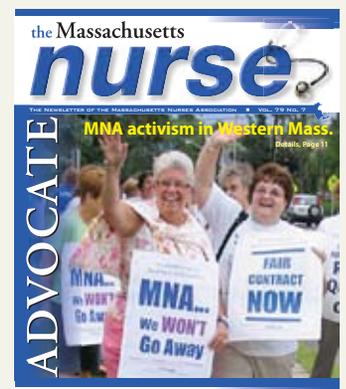
Please note that Region 3's e-mail address has changed to region3@massnurses.org.

Nurses at MetroWest sign tentative agreement

The MNA nurses at MetroWest Medical Center in Framingham signed a tentative agreement on Aug. 14. Updates and details to come in the October edition of the *Massachusetts Nurse*.

OSHA training in Region 4

Nurses and safety professionals attended the recent June and July sessions of the OSHA General Industry 10-Hour Outreach Training with a focus on the Healthcare Industry. The sessions, which were sponsored cooperatively by the MNA and the Massachusetts Association of Occupational Health Nurses, were held in MNA Region 4 in Lawrence. ■



On the Cover: MNA nurses Nancy Lech, RN, left, and Maryanna Foster, RN, take part in the informational picket at Cooley Dickinson Hospital in Northampton.



Track 1: MNA Overview and Structure

	Region	1	2	3	4	5
Week 1: Overview of the MNA Divisions By-laws How policies, decisions are made One member, one vote		11/18	9/3	11/19	9/25	9/15
Week 2: Legislative and Governmental Affairs Division: Political Activity		12/2	9/17	12/10	10/16	9/29
Week 3: Nursing Division/Health and Safety		12/16	10/8	1/7/09	10/30	10/14
Week 4: Public Communications		1/6/09	10/22	1/21/09	11/13	10/27
Week 5: Organizing Division		1/20/09	11/12	2/4/09	11/20	11/10

Track 2: Role of the Floor Rep., Grievances and Arbitration

	Region	1	2	3	4	5
Week 1: Role of the MNA rep Identifying grievances What is grievable Grievances vs. complaints—how to tell the difference, how to work with the member		2/3/09	12/3	3/4/09	12/11	11/24
Week 2: Components of the grievance procedure Time lines and steps When/how to settle grievances Discipline vs. contract interpretation grievances Burden of proof, just cause, due process, seven tests of just cause Past practice • Definition • Difficulty in proving a practice • Burden in proving a practice		2/24/09	1/14/09	3/18/09	12/18	12/8
Week 3: How to file grievances How to write a grievance Investigation/identifying sources of information Right to information Information requests Constructing the case		3/10/09	1/28/09	4/1/09	1/8/09	1/5/09
Week 4: Presenting the grievance Dealing with management Settling the grievance		3/24/09	2/11/09	4/15/09	1/22/09	1/20/09
Week 5: Arbitration Why it's good for the members Why it's bad for the members Unfair labor practices Weingarten rights Organizing around grievances		4/7/09	2/25/09	4/29/09	2/5/09	2/2/09

Track 3: Collective Bargaining

	Region	1	2
Week 1: Negotiations and the Legal Basis Process overview Bargaining ground rules			2/25/09
Week 2: Preparing for Bargaining Importance of internal organizing Contract action team Contract calendar, planning events Surveys, meetings, other methods of gathering proposals from members Setting priorities Developing a campaign			3/4/09
Week 3: Committee Decision Making Conduct at the table Dates, location, etc Open bargaining. Pros & cons. Opening statements Proposal exchange			3/25/09
Week 4: Table Tactics/Reading Signals Implementing the contract campaign The contract action team Writing contract language			4/8/09
Week 5: Costing the Contract Bargaining video Picketing and strikes Bargaining unit job actions Impasse/contract extensions			4/29/09
Week 6: Use of the Media Reaching agreement, writing final language Committee recommendation Ratification process Midterm bargaining			5/13/09

Track 4: Computer Training

	Region	1	2
Week 1: Excel 1			
Week 2: Excel 2			
Week 3: Excel 3 graphs & application			
Week 4: Word 1			
Week 5: Word 2			
Week 6: Publisher 1		8/7	
Week 7: Publisher 2 & application		8/14	

MNA CONTINUING EDUCATION COURSES

Summer & Fall 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: Sept. 10, 2008 – Part One
Sept. 17, 2008 – 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: Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x794

Workplace Violence and Domestic Violence

Description: This program, *Workplace Violence and Domestic Violence: Similarities and Differences*, is designed to provide nurses and others with information and skill to recognize and address workplace violence in the settings where they work and domestic violence that may occur to their patients, co-workers and others. Recognizing violence, reporting violent incidents, holding perpetrators accountable and assuring that post traumatic care is provided to all survivors of any violence will be addressed. Additionally, this program gives participants an opportunity to learn about prevention strategies and assist survivors of these unfortunate events.

Speakers: Jonathan Rosen, MS, CIH, New York State Professional Employees Federation; Ronald Nardi, MSN, APRN, Veterans Administration, Newington, Conn; Annie Lewis O'Connor, PhD(c), MPH, APRN; Thomas Kirkman, Assistant District Attorney, Cape & Islands District Attorney's Office

Date: Sept. 11, 2008

Time: 8:30 a.m. – 4 p.m. (*light lunch provided*)

Place: Resort and Conference Center at Hyannis, 35 Scudder Ave., Hyannis

Fee: MNA members free*; others \$50

***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

Differentiating Depression, Dementia and Delirium

Description: This program, *Solving the Puzzle: Differentiating Depression, Dementia and Delirium*, will enable the nurse to positively impact care through an understanding of depression, dementia and delirium, including common etiologies, treatments and intervention strategies.

Speaker: Susan S. Brill, APRN, BC

Date: Sept. 22, 2008

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: 2.1

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



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 study and is best suited for nurses who work in the areas of acute and critical care.**

Speaker: Carol Mallia, RN, MSN, CEN and other instructors for 12-hour sessions

Dates: Oct. 8 & Oct. 15, 2008 (Certification)
Oct. 15, 2008 (Recertification)

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

Place: MNA Headquarters, Canton

Fee: **Certification:** MNA members free*; others \$250

Recertification: MNA members free*; others \$195

***Requires \$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

Holistic Nursing—The Art and Science of Care

Description: Learn how holistic nursing can help you renew your commitment to nursing and prevent burnout. Various healing arts will be explored. Experiential sessions allow you to experience the art and science of self-care and transpersonal caring. Learn how you can become more present while experiencing increased joy and satisfaction in your nursing role and how to become a part of a healing environment where everyone benefits—you, your patients, your colleagues and your employer. Expand your vision of nursing while increasing self-awareness.

Speaker: Amanda Murphy, RN, BA, HNC, CCAP

Date: Oct. 17, 2008

Time: Registration: 8–8:30 a.m.

Program: 8:30 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: 6.2

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

Diabetes 2008: What Nurses Need to Know

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

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

Date: Oct. 30, 2008

Time: Registration: 8–8:30 a.m.

Program: 8:30 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: Nov. 5, 2008

Time: Registration: 8–8:30 a.m.

Program: 8:30 a.m. – 4 p.m. (light lunch provided)

Place: MNA Headquarters, Canton

Fee: MNA members free*; others \$195

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

Contact Hours: 6.0

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

Advanced EKG Interpretation

Description: This course is designed for nurses who have a basic understanding of EKG interpretation and wish to enhance that knowledge base. The course will include a discussion of axis deviation, hypertrophy and bundle branch block determination; ventricular tachycardia versus aberrant conduction will be discussed. The course will conclude with EKG changes related to ischemia, injury and infarction seen in ACS and EKG abnormalities associated with electrolyte disturbances, hypothermia and conditions that affect QTc.

Speaker: Janet Eagan, RN, MS

Dates: Oct. 20, 2008 – Part 1

Oct. 27, 2008 – Part 2

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: Will be provided.

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

Critical and Emerging Infectious Diseases

Description: This program will provide nurses with current information regarding critical infectious diseases—e.g., MRSA, C. Difficile and emerging infectious diseases—e.g., Influenza, Ebola, BSE (Diseases listed as examples are subject to change as current healthcare events dictate.) The morning session will address the epidemiology, signs/symptoms, treatment and prevention of specific diseases. 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; Thomas P. Fuller, ScD, CIH, MSPH, MBA; Kate McPhaul, PhD, MPH, BSN, RN; Maureen Spencer, RN, MED, CIC

Date: Nov. 14, 2008

Time: Registration: 8–8:30 a.m.

Program: 8:30 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: Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x794

Safe Patient Handling

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

Speakers: Jennifer Callahan, RN, state representative; Jonathan Rose, MS, CIH; William Marras, PhD., CPE; Terry Donahue, RN; Kathleen Nelson—physical therapist/ergonomic specialist; William Charney, national consultant in healthcare safety; Phyllis Thomason, MS, RD, LDN, clinical coordinator; Carol Bates, compliance assistance specialist

Date: Nov. 21, 2008

Time: Registration and continental breakfast: 7–8:45 a.m.

Program: 8:45 a.m. – 4 p.m. (light lunch provided)

Place: Lombardo's, Randolph, Mass.

Fee: MNA members free*; others \$50

***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

Mechanical Ventilation

Description: This course will provide an overview of mechanical ventilation types, modes and therapies. Course will also discuss the nursing management of a patient on mechanical ventilation.

Speakers: Carol Daddio Pierce, RN, MS, CCRN, ACNP

Date: Nov. 25, 2008

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: 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: Dec. 4, 2008

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.**

Contact Hours: 3.7

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

Addictions 2008: A Comprehensive Approach for Nurses

Description: This program will provide nurses with a comprehensive overview of addictive disorders. Presentations encompass current research on the etiology, pharmacological treatments and lifestyle changes required to effect positive long-term outcomes. Evidence-based interventions will be described. Presenters are advanced practice nurses, family members and leaders in the field of addictions treatment.

Speakers: Donna White, PhD, RN, CS, CADAC; Deidre Houtmeyers, RN, MS, CAS, LADC-I; Colleen LaBelle, RN, ACRN, CARN; Michael Botticelli, Director, Mass. Bureau of Substance Abuse Services

Date: December 3, 2008

Time: Registration: 8–8:30 a.m.

Program: 8:30 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.**

Contact Hours: Will be provided.

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

**MNA Region CE offerings,
registration details: next pages**

MNA REGIONAL CE COURSES

Region 1

Drug Resistant Infectious Diseases

Program Description: This program will update the nurse's knowledge of current drug-resistant infectious diseases in the hospital and the community.

Presenter: Maureen Spencer, RN, MEd, CIC.

Date: Oct. 15, 2008.

Time: Registration 5 p.m. for Region 1 meeting and buffet supper. Program 6:30-8:30 p.m.

Location: Springfield Sheraton Hotel, Springfield

Note: Held in conjunction with the Region 1 annual meeting.

Placeholder fee for MNA members will be \$25 which will be returned upon program attendance.

Contact Hours: Will be provided

Region 1 Contact Information: 413-584-4607

Psychiatric Nursing for the Medical Surgical Nurse

Program Description: The full day program will feature Lee Murray, RN, MS, a professor of Nursing at Holyoke Community College. She will review the common disorders seen in psychiatric patients and their treatment modalities. This program will enable the nurse to impact care for these patients when hospitalized for non psychiatric illnesses.

Presenter: Lee Murray, RN, MS.

Date: Nov, 12, 2008.

Time: 8 a.m. - 4:30 p.m. Registration 8:00 - 8:30 a.m., Program 8:30 - 4 p.m. Continental breakfast and buffet lunch will be served.

Location: Cranwell Resort, Lenox

Placeholder fee for MNA members will be \$50 which will be returned upon program attendance.

Contact Hours: Will be provided

Region 1 Contact Information: 413-584-4607

Wound Care: Dressing for Success

Program Description: A comprehensive overview of wound care and strategies for managing complex wounds. A review of products will showcase the optimal dressings based on clinical findings. Newer modalities of wound management, such as growth factors, hyperbaric oxygen, electrical stimulation, cultured skin replacements and vacuum-assisted closer devices will also be discussed.

Presenter: Carol Mallia, RN, MSN.

Date: Dec. 4, 2008

Time: 5-9 p.m. Registration 5-5:15 p.m. Light supper will be provided.

Location: Hotel Northampton, Northampton.

Placeholder Fee for MNA members will be \$25 which will be returned upon program attendance.

Contact Hours: Will be provided

Region 1 Contact Information: 413-584-4607

Region 2

Drug Resistant Infectious Diseases

Program Description: This program will update the nurse's knowledge of current drug-resistant infectious diseases in the hospital and community, e.g. MRSA, HIV.

Presenter: Maureen Spencer, RN, MEd, CIC.

Contact Hours: will be provided.

Placeholder Fee for MNA members will be \$25 which will be returned upon program attendance.

Date: Tuesday, Sept. 9, 2008

Time: Business Meeting: 5 - 5:30 p.m. Dinner: 5:30 - 6:30 p.m. Program: 6:30 - 8 p.m.

Location: Dudley-Gendron American Legion Hall, 158 Boston Road, Sutton

Placeholder fee for MNA members will be \$25 which will be returned upon program attendance.

Contact Hours: Will be provided

Region 2 Contact Information: 508-756-5800, ext. 100

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

Program Description: This program will expand the nurse's 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.

Date: Oct. 14, 2008

Time: Business Meeting: 5 - 5:30 p.m. Dinner: 5:30 - 6:30 p.m. Program: 6:30 - 8 p.m.

Location: Dudley-Gendron American Legion Hall, 158 Boston Road, Sutton

Contact Hours: Will be provided

Region 2 Contact Information: 508-756-5800, ext. 100

Surgical Complications: Nursing Management

Program Description: This program will update the nurse's knowledge of the principles of anesthesia and the surgical complications related to respiratory, cardiac post-operative hypotension, and their management.

Presenter: Pat Rosier RN, MS

Date: Dec. 2, 2008

Time: Business Meeting: 5:00 - 5:30 p.m. Dinner: 5:30 - 6:30 p.m. Program: 6:30 - 8:00 p.m.

Location: Dudley-Gendron American Legion Hall, 158 Boston Road, Sutton.

Note: If you would like to participate in the Yankee Swap after this program, please bring a wrapped \$10 gift and join the fun!

Placeholder Fee for MNA members will be \$25 which will be returned upon program attendance.

Contact Hours: Will be provided

Region 2 Contact Information: 508-756-5800, ext. 100



Region 3

Surgical Complications: Nursing Management

Program Description: Update the nurse's knowledge of the principles of anesthesia and the surgical complications. Program will include discussion of respiratory and cardiac complications. Clinical management of post operative complications will be addressed.

Presenter: Pat Rosier RN, MS

Date: Sept. 16, 2008

Time: 5:30 - 9 p.m.

Location: Canal Club, Bourne

Placeholder Fee for MNA members will be \$25 which will be returned upon program attendance.

Contact Hours: Will be provided

Region 3 Contact Information: 508-888-5774

Violence Against Women and Children – Then and Now

Program Description: This program will discuss the last three decades of services to victims of sexual assault and domestic abuse from a socio-ecological perspective. We will discuss the need for future policy, programs and research. Program will conclude with discussion forum.

Presenter: Annie Lewis-O'Connor, PhD, MPH, NP-BC

Date: Oct. 14, 2008

Time: 5:30 – 8:30 p.m.

Location: Region 3 Office, Sandwich

Placeholder Fee for MNA members will be \$25 which will be returned upon program attendance.

Contact Hours: Will be provided

Region 3 Contact Information: 508-888-5774

Emerging Infectious Diseases – 2008

Program Description: This program will update the nurse's knowledge of two emerging infectious diseases in the hospital and community. The incidence, transmission rates and preventive measures for MRSA and C-difficile will be discussed.

Presenter: Maureen Spencer, RN, MEd, CIC

Date: Nov. 12, 2008

Time: 5:30 – 8:30 p.m.

Location: Region 3 Office, Sandwich

Placeholder Fee for MNA members will be \$25 which will be returned upon program attendance.

Contact Hours: Will be provided

Region 3 Contact Information: 508-888-5774

Region 4

Surgical and Neurological Complications: Nursing Management 2008

Program Description: This program will enhance professional practice and quality patient care by updating and providing nurses with updated information on the care of patients with surgical and neurological emergencies.

Presenter: Patricia Rosier, RN, MS, CCRN

Date: Oct. 23, 2008

Time: Registration 8 – 8:30 a.m. Program 8:30 a.m. – 4:15 p.m.
Continental breakfast and buffet lunch will be served.

Location: Sheraton Ferncroft Hotel, 50 Ferncroft Rd., Danvers

Contact Hours: ANCC: 6.25, BORN: 7.25

Region 4 Contact Information: 978-977-9200

Addictions and Related Behaviors in the Elderly: Taking a Closer Look

Program Description: This program will enhance nurses' understanding of the risk factors for addictions in the elderly and the problems associated with health issues in the elderly that are compounded by use of mind-altering substances.

Presenter: Donna White, RN, Ph.D., CADAC-II

Date: Nov. 18, 2008

Time: Registration: 5 – 5:30 p.m.

Dinner: 5:30 p.m.

Program: 6 p.m.

Location: DiBurro's Function Facilities, 887 Boston Road, Ward Hill, MA

Contact Hours: ANCC: 2.5, BORN: 3.0

Region 4 Contact Information: 978-977-9200

Region 5

Post Traumatic Stress Disorder – Nursing Implications

Program Description: 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.

Presenter: Ronald Nardi, MSN, APRN, Director, Intensive Outpatient Treatment Program, Veterans Administration Medical Center, Newington, Conn.

Placeholder Fee: MNA members: \$25, to be returned upon completion of the program. Non-members fee: \$95.

Date: Oct. 23, 2008.

Program Time: 5 – 9 p.m.

Location: MNA Headquarters, Canton

Contact Hours: Will be provided

Region 5 Contact Information: 781-821-8255

Continuing Education 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. 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 awarded by the Massachusetts Nurses Association for all programs except for ACLS Certification and Holistic Nursing. Contact hours for ACLS Certification are awarded by the Rhode Island State Nurses Association. Contact hours for Holistic Nursing are awarded by the American Holistic

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 program; and (3) complete and submit the program evaluation.

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

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.

The American Holistic Nurses Association is accredited as an approver 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.

Multigenerational nurses – it's a family affair

By Sharon Nery

Daughters at the bedside

When Kelly Williams was a child and watched her mother prepare for work as an RN, she “was fascinated.”

“I never had a doubt in my mind as to what I wanted to be when I grew up. I wanted to be a nurse,” said Williams, whose mother Donna-Kelly Williams, vice-president of the Massachusetts Nurses Association, has been a practicing RN for the past 31 years. “And although I know I will face many challenges as a nurse, my mom has supported me in my decision to follow in her footsteps—she has been a real role model.”

Presently in the nursing program at Middlesex Community College, Williams is looking forward to a career as an RN in either pediatrics or an ER setting, despite concerns about short staffing and adverse working conditions.

“I would not work in a hospital that was not represented by a union,” said the college freshman. “And honestly, I don't believe I would encourage a child of mine to become a nurse unless safe staffing legislation is passed.”

It is the structure of the job, rather than the work itself, that sometimes negatively affects nurses—a structure that veteran nurse Donna Kelly-Williams is all too familiar with and one she hopes her daughter will be able to surmount by the time she is a practicing RN.

“The ability to be a good nurse is becoming more difficult,” said Donna Kelly-Williams, a pediatric clinical nurse at Cambridge Hospital, who is currently in a masters in nursing leadership and healthcare administration program. “Situations require more critical thinking; standards are being set by outside agencies; and there is constant technology that must be kept up with—and yet I am passionate about continuing in the field.”

While she has concerns that her daughter and other fledgling nurses will face unique challenges that include “too many patients to care for fully,” Donna Kelly-Williams is confident that her daughter will find the profession to be “a great privilege and a great responsibility, just as I do.”

“I'm proud that my daughter is taking this path,” she said. “To be in a position to help people at their most critical time of need is incredibly rewarding. And although there are many issues to overcome as a nurse today, I know Kelly will be one of many voices for positive change.”

Siblings follow mom's example

In her first full year as a practicing nurse, Kari Locke is one of three in her immediate family to embrace the profession's beckon.

“My mother and older sister are both RNs, so nursing is in my blood,” said Locke, who received her ASN from Atlantic Union College last year. “It's true that I was influenced in my choice of career by having nurses in the house, but I have always thought like a nurse. Critical thinking is one of my strong points.”

That ability to evaluate and act quickly is presently serving Locke well in her work in the general surgery, transplant and telemetry unit at the UMass Memorial Medical Center in Worcester.

“The days are busy, some so busy that you feel you're not fully caring for patients and don't have the time to bond with them sufficiently,” said Locke, noting that the difference between caring for five or three patients at a time is “overwhelming versus just right.”

“When you have five it's bad; four is manageable and three is optimum,” she said. “Staffing level numbers may work on paper, but when you have too many patients to care for at one time the paperwork doesn't really tell the tale.”

Still, Locke said, she wouldn't trade in her nurses' credentials for any other profession.



Donna-Kelly Williams, left, with her daughter, Kelly Williams.

“The variety of career opportunities is incredible,” she said, noting that she is presently working on her bachelor's degree in psychology. “Nursing has so much to offer; I wouldn't discourage my children from pursuing a career in this industry because you can go anywhere with a nursing degree.”

Kari Locke's mother Judy began her career in the health care industry “when team nursing was the system of care on the floors” and she says that she more than encouraged Kari and her older daughter Kristin Safford to get their nursing degrees, knowing that careers as health care professionals would be fulfilling.

But she too shares some of Kelly-Williams' worries.

“Safe staffing,” said Locke, “is something we absolutely must see implemented and maintained. Patients' safety depends on it, as does the future of nursing.”

Her daughter Kari agrees. “I hope that one day soon I will go to work and be able to take care of my patients in the way they should be cared for.”

Pointing to the enormous load nurses carry today and its trickle-down effect on the health care industry's future, Locke said she would like to see RNs in management, “especially at the highest levels of management,” speak to nurses individually and listen to what they have to say.

“Management really needs to know what these young nurses are dealing with day after day,” she said.

Safford says her work as an RN on the 4th floor (ortho/neuro/trauma) at UMass Medical Center “has changed tremendously in my 15 years here.”

While Safford unhesitatingly noted that the best aspect of her job is “I get to do what I love, which is making people feel better,” she pointed to days so hectic there is often no time to eat over the course of a 12-hour shift.

“The fact is, the busier you are, the more likely you are to make a mistake,” she said. “Literally, 10 people will ask you for things at the same time—the potential is there to miss something because you don't have the time to perform the type of assessment you would have liked.”

Despite demanding days and the constant challenge to fill patients' needs, Safford has already encouraged her own children to consider nursing as their profession.

Said Safford, “My ultimate hope for nurses is for them to have a strong voice in leading their practice; I hope that when we advocate for our patients that our concerns are heard and our observations and opinions about patient care are taken into consideration.” ■

2008 MNF Rosemary Smith, RN Memorial Golf Tournament a big success

The Massachusetts Nurses Foundation—a non-profit organization whose mission is to support scholarship and research in nursing and healthcare—held its annual golf tournament on July 21 and was successful in raising over \$20,000 for its scholarship programs. This year the tournament was held in memory of Rosemary Smith, RN and a longtime leader and advocate for the nursing community. Smith was also a tenacious fundraiser for and supporter of the MNF.

More than 130 participants enjoyed the 18-hole Florida scramble-style tournament at the LeBaron Hills Country Club in Lakeville. The day's events included a buffet-style awards luncheon, raffle prizes giveaways and an awards presentation that recognized the female, male and mixed foursomes with the lowest scores.

Female winners: Katy Kelley, Sandra Leo-Clark, Kristen Murray, Barbara McGrath.

Male winners: John Gordon, Richard Curtin, Bill Allen, John Aughavin.

Mixed winners: Jeannine Williams, Mary Krumsiek, Jim Mitchell, Jon-Gary Williams.

The 50/50 raffle prize was among the largest yet with \$1,735 won by Kathy O'Donnell, RN, of Boston Medical Center. Many 50/50 raffle tickets were sold by the MNA's local bargaining unit chairpersons. The MNF would like to thank everyone who sold these tickets and helped to make this fundraiser a success.

Special thanks to the many volunteers who helped during the tournament: Andy Ferris, Tony Antonelli, Charlene Hills, Charlie Rasmussen, Chris Doucette, Cindy Messia, Barbara "Cookie" Cooke,



On course: Evie Bain, left, and Terry Donahue.

Dayana Ocasio, Deb Hickey, Ginny Ryan, Jennifer Marshall, Jim Kane, Joe-Ann Fergus, John Gordon, Jon Neale, Marguerite Sousa, Nancy Byrne, Pat Conway, Phyllis Sheldon, Rose Hargett, Rosie Mahoney, Sharon DeCosta, Shirley Thompson, Theresa Yannetty, Tom Lent, Tonia King, and William Salazar. ■



Male foursome winners: From left, William Allen, John "Jack" Gordon, John Aughavin and Richard Curtin.



Mixed foursome winners: From left, Mary Krumsick, Jim Mitchell, Jeannine Williams, Jon-Gary Williams.



Female foursome winners: In no order, Katy Kelley, Sandra Leo-Clark, Kristen Murray, Barbara McGrath.

Thank you to this year's tournament Sponsors & Donors

Sponsors:

Arbella Insurance
Colonial Insurance
ISI New England
McDonald, Lamond & Canzoneri, Attorneys
Mindshift Technologies
MNA Home Mortgage Program
MNA Regional Council 3
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Renovation Services, Inc.
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Saltus Press
Siena Construction Corporation
Staples Business Advantage
Unit 7 Healthcare Professionals

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, 508-881-7889. Thursdays, 5:30–6:30 p.m.
- Caritas Good Samaritan Medical Center, Community Conference Room, 235 N. Pearl St., Brockton. Steve Nikolsky, 508-238-8024. Thursdays, 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, Outside Room 123, Worcester. Emory, 508-429-9433. Saturdays, 1–2 p.m.
- Adcare Hospital of Worcester, 107 Lincoln Street, Worcester. Contacts: Lorraine, 508-410-0225. Mondays, 6–7 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

- Peer Group Therapy, 1354 Hancock St., Suite 209, Quincy. Chris Sullivan, 617-838-6111. Tues. 5:15 p.m, Wed., 5:15 p.m. & coed at 6:30 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 Michelle, 508-965-2479. 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. Tuesdays, 7:00–8:00 p.m.



Volunteers Needed!

*MNA Nurses Make A Difference
In Developing Nations:
Short Term Medical Missions Trips*

**The MNA Diversity Committee
is hosting it's fifth annual
Medical Missions Trip to
Honduras, January 21-28, 2009.**

We are actively seeking nurse volunteers to form the MNA Team. Please contact Carol Mallia at cmallia@mnarn.org to request an application packet.



**Supplies and monetary donations
are also needed for the trip.**

Contact Carol Mallia in the MNA Nursing Division at 781-830-5744 or email cmallia@mnarn.org for details.



SAVE THE DATE

11 • 1 • 08

The 2nd Annual

SCHOOL NURSE
SUMMIT

To be held at the
Doubletree Hotel, Westborough
Saturday, November 1, 2008
8:00 a.m. - 3:30 p.m.

TOPICS

**A Discussion on School Nursing
Practice Liability Issues**

Mary Crotty, RN JD and Roland Goff, Esq.

**The Invisible Casualties of War at
Home – The Impact on School-Aged
Children**

*Elizabeth Slater, Ph.D. and Muriel
Weckstein, MA*

**The Marc Pediatrics Project:
collaborating to improve responses to
bullying situations**

Elizabeth Englander, Ph.D.

**Free to Members; Non-members \$95.
Call Dolores Neves at 781-830-5722
to register before October 22.**

**For more details, go to
www.massnurses.org**



Are you ready?

Learn from the Past

Plan for the Future

MNASM
2008 CONVENTION
OCTOBER 1 - 3
Burlington Marriott

Schedule

Tuesday, September 30

5:00 - 9:00 PM Region 4 Hospitality Event
 Light Supper & Cash Bar

Wednesday, October 1

9:00 - 9:30 AM Registration
 9:30 AM - 12 PM General Labor Program
 12 PM - 1 PM Lunch
 1:00 - 3:30 PM Labor Program
 6:00 - 7:00 PM Awards Dinner Registration
 7:00 - 10:00 PM Awards Dinner at Café Escadrille

Thursday, October 2

7:00 - 8:30 AM Registration, Exhibits,
 Continental Breakfast
 8:30 - 10:00 AM Keynote: Claire Aspen-
 Sullivan & Jolieanne
 Driscoll, A Personal Story,
 "Living With A Transplant"
 10:45 - 11:45 AM Plenary: Edie Brous, RN,
 Esq., "Why Nurses Need
 Malpractice Insurance:
 Myths and Reality"
 12:00 - 2:00 PM Unit 7 Annual Meeting &
 Luncheon
 1:00 - 2:00 PM Region 5 Annual Meeting

Thursday cont.

1:00 - 2:00 PM Parliamentary Update
 2:00 PM MNA Business Meeting
 6:30 - 8:30 PM MNA Hosted Reception

Friday, October 3

7:00 - 8:00 AM Registration
 8:00 - 9:00 AM MNA PAC Breakfast
 9:30 - 11:00 AM Keynote: Joseph Blansfield,
 RN, MS, NP "A Year in Iraq"
 11:15 AM - 12:30 PM Closing Plenary: Donna
 White, RN, Ph.D., CS,
 CADAC, "The Spirit of
 Nursing"

Registration Form

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone, Day: _____ Telephone, Night: _____

I am a(n): MNA Member *Full-time student/Unemployed/Retired Non-member

* includes full-time students (minimum 12 credits), unemployed, retired and student nurse association members

Check here if you require vegetarian.

Check here if you require special assistance during the convention,
 and please call 800-882-2056 x727.

Check here if you require gluten-free.

Three Convenient Packages:

Thursday-Only Package: Includes ALL events on Thursday: keynote, plenary session, all meals, exhibits, silent auction & reception

MNA Members **\$45** All Others **\$60** Reduced Members* **\$35** \$ _____

Friday-Only Package: Includes ALL events on Friday: keynote, plenary session, breakfast & silent auction

MNA Members **\$35** All Others **\$50** Reduced Members* **\$30** \$ _____

Thursday & Friday: Includes ALL events on Thursday and Friday

MNA Members **\$75** All Others **\$100** Reduced Members* **\$70** \$ _____

Optional Events:

Please register below if you plan to attend the following events:

- Region 4 Reception • Tuesday, 5:00 PM - 9:00 PM _____ n/c Region 5 Business Meeting • Thursday, 1:00 - 2:00 PM _____ n/c
 General Labor Program • Wednesday, 9:30 AM - 3:30 PM _____ n/c Unit 7 Business Meeting/Lunch • Thursday, 12:00 - 2:00 PM _____ n/c
 Awards Dinner at Café Escadrille • Wednesday, 7:00 PM - 10:00 PM **\$50** MNA Hosted Reception • Thursday, 6:30 - 8:30 PM _____ n/c

Total Convention Fees: \$ _____

Payment

Please mail this completed form with check made payable to MNA at:

Massachusetts Nurses Association • 340 Turnpike Street • Canton, MA 02021 Telephone: 800-882-2056 x727.

Registration forms postmarked prior to Sept. 15, 2008 will be entered in a drawing to win a free convention registration.

Payment may also be made by: VISA MasterCard American Express

Account #: _____ Expiration Date: _____

For Credit Card registrations you may fax this form to: 781-821-4445; please call to verify receipt.

For office use only: Chg code: _____ Amt: _____ Date: _____ Ck#: _____ Ck.Date: _____ Init: _____

Donations Needed for MNF Annual Auction!

The Massachusetts Nurses Foundation is preparing for its annual voice and silent auction to be held at the MNA 2008 Convention on Oct 1-3 at the Burlington Marriott Hotel.

Donations are needed to ensure this fundraising event is a success! Your **tax-deductible** donation helps the foundation raise funds to support nursing scholarships & research.

Simply donate your tax-deductible item, product or service and we will include it in the annual auction.

Contact the MNF at 781-830-5745 to obtain an auction donor form or simply mail or deliver your donation to the Mass. Nurses Foundation, 340 Turnpike St., Canton, MA 02021.

Jeannine Williams
MNF President

Tina Russell
MNF Treasurer



Some ideas for auction donations:

- ✓ Valuable Personal Items
- ✓ Gift Certificates for Items or Services
- ✓ Works of Art
- ✓ Craft Items
- ✓ Memorabilia & Collectibles
- ✓ Vacation Packages
- ✓ Gift Baskets

It's Time...

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



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

Child & Adolescent Mental Health Nursing



BOUVÉ COLLEGE OF
HEALTH SCIENCES

360 Huntington Avenue, Boston, Massachusetts 02115-5000

MNASM Board of Directors **OPEN HOUSE**

Join Us on September 18th and see how *your* organization is run

Would you like to...

- Establish major policies governing the Massachusetts Nurses Association
- Assess the needs of the membership
- Conduct the business of the Association between annual meetings
- Monitor and evaluate the goals and objectives of the Association

The MNA Board of Directors invites you to attend an Open House at the MNA Headquarters at 340 Turnpike Street, Canton, MA on Thursday, September 18th from 9 a.m. to 1 p.m. to learn more about becoming a Board member.

- Take a tour of the MNA building
- Attend the morning session of the Board's monthly meeting
- Enjoy lunch with the Board of Directors
- Mileage will be reimbursed

Running for and winning election to the MNA Board of Directors is one of the most important ways to have an impact on your profession.

Come and join us on September 18th to learn more about becoming a member of the MNA Board of Directors and see how the association works first hand.

RSVP to Robin Gannon by September 10th at 781-821-4625 x724 or rgannon@mnarn.org.

For directions visit the MNA website at www.massnurses.org and click on "Contact Us."



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
- 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.



YOU'RE INVITED



The MNA is offering an exciting new opportunity for you to join the largest professional registered nurse organization in Massachusetts.

The New MNA Associate Member Program opens the door for you to become involved and work with other nurses to make a difference today and for future generations of nurses.

Who is eligible to be an associate member?

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

What benefits am I entitled to as an associate member?

- You will receive the MNA's newsletter, *the Massachusetts Nurse*, and other information about issues affecting your profession.
- You can collaborate with other nursing professionals through MNA committees in an effort to solve problems facing the profession. This includes groups dealing with: clinical nursing practice, occupational health & Safety, workplace violence, nursing ethics, diversity, emergency preparedness and legislative/political action.
- You will have access to MNA's free CE programs:
 - » Includes full-day, half-day and evening CE programs
 - » Provides access to free online CE offerings

You can take advantage of MNA's member-only discounts, some of which include:

- MNA Endorsed Nursing Malpractice Insurance
- Entertainment Discounts: Disney, Discount Movie Passes, Six Flags New England Discounts
- Travel Discounts
- Discounts on Cell Phone Service Plans: AT&T, Sprint, T-Mobile
- Discounts on Household Needs: Auto/Homeowners Insurance, Oil Network Discounts

What is the dues rate for an associate member?

Subject to verification, nurses who qualify for associate membership may elect to pay \$20 per month or \$240 per year as their annual dues.

For more information on how to become an associate member, call the MNA membership department at 800-882-2056 x726 or e-mail jfegrus@mnarn.org.

You may also visit the MNA Web site at www.massnurses.org.

WE LOOK FORWARD TO HEARING FROM YOU.