

the Massachusetts

nurse



THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION

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ADVOCATE

'No Diversion Policy'
putting strain on
Massachusetts hospitals



April 2009

MNASM

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Include single payer in healthcare reform

The Obama administration's recent decision to exclude advocates of single payer healthcare reform from its "Health Care Summit" drew a sharp response from labor leaders around the country last month.

"President Obama indicated that his administration is committed to the passage of a new 'universal' national health care program for all Americans, and he wants it done this year," said Mark Dudzic, National Coordinator of the Labor Campaign for Single Payer Healthcare. "For working people, and particularly the 48 million Americans currently without health insurance, this was welcome news. We also applaud the President's efforts to provide immediate relief to the growing number of unemployed workers faced with the loss of their health insurance."

"At the same time," he continued, "we are deeply concerned by the apparent failure of the administration to include a single supporter of H.R.676 among the 120 invited participants to [last month's] Health Care Reform Summit. We are calling on our supporters to call and write the White House and demand that our voice be heard."

H.R.676, the "expanded and improved Medicare for All" Act, was re-introduced this year by Congressman John Conyers and has 59 congressional co-sponsors. Because it eliminates the private insurance industry from profiting from people's misfortunes and, like Medicare, establishes the federal government as the "single payer" of everyone's medical bills, H.R.676 can provide healthcare for all with no co-pays or deductibles in a fiscally prudent manner. H.R.676 has the endorsement of hundreds of state and local labor federations and local unions as well as many other civic and religious organizations.

Leaders of the Labor Campaign for Single Payer were urging Obama to consider alternatives which, like Medicare, would not rely on private, for-profit insurance companies to ration health care to the American people. "Proposals which funnel our precious healthcare dollars into the pockets of the for-profit insurance industry and other special interests will do nothing to contain and control costs or improve the quality of care," said Fernando Gapasin, president of the West Central Oregon Central Labor Council.

Labor leaders from Massachusetts have been particularly concerned that their state's law requiring all individuals to purchase private health insurance is being touted as a model for the nation. "Last month 40 of my fellow union leaders wrote to President Obama to urge him to reject a Massachusetts-style plan that would

Massachusetts labor leaders have been particularly concerned that their state's law requiring all individuals to purchase private health insurance is being touted as a model for the nation.

leave private insurance companies at the center of the system through an individual mandate and expensive public subsidies supported by taxes for plans that still don't provide enough coverage. The Massachusetts plan is widely recognized as unsustainable and now that we are facing an economic crisis, it is even more problematic," said Peter Knowlton, president of the northeast region of the United Electrical Workers Union.

"If anyone should have been excluded from this summit," said Ray Stever, New Jersey State Industrial Union Council president, "it should have been the representatives of the health insurance industry. Those are the very people who caused the crisis in the first place. They will move heaven and earth to continue to deny Americans the healthcare justice that citizens of all other industrialized countries enjoy."

The Labor Campaign for Single Payer Healthcare joined other single payer advocates and organizations in demanding that their views be represented in the growing debate over health care reform. These included the Leadership Conference for Guaranteed Healthcare, Healthcare-NOW, the All Unions Committee for Single Payer, the Physicians for a National Health Program and the California Nurses Association/National Nurses Organizing Committee whose co-president, Geri Jenkins, RN, recently warned, "Any reform premised on expanding the insurance-based system will likely fail, frustrate the public desire for a real solution to our healthcare crisis, and undermine the political capital the administration has earned for reform." ■

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nurse

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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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MNA^{BM}
MASSACHUSETTS NURSES ASSOCIATION



In these tough times, you need a strong voice

In these tough economic times, the need for a united and powerful voice in your workplace has never been more important. As financial pressures mount, hospitals too often attempt to cut costs on the backs of their nurses and at the expense of the quality and safety of patient care.

We have heard from nurses, particularly non-union nurses, about numerous concerns that impact your clinical practice and satisfaction with your work, including:

- Chronic short staffing on certain units
- Widespread floating of nurses without regard for standards of nursing practice and without proper orientation and competencies
- Mandatory overtime and mandatory on-call policies as an alternative to providing adequate staffing
- Mandatory cancellation of shifts, or flexing down, to save the hospital money, regardless of your needs, and the needs of your patients
- Reductions in benefits, including increases in health insurance costs, cuts to earned time benefits, etc.

These decisions have been made in the wake of years of many hospitals in Massachusetts making millions of dollars in profits from your hard work, after investing hundreds of millions of dollars in new buildings and after paying your CEOs and upper management exorbitant salaries and benefits. In good times and bad, it is the nurses who provide 90 percent of the clinical care, and according to the best scientific research, nurses have a positive impact on hospitals financial performance. Yet when times get tough, nurses too often are thrown under the cost-cutting bus.

Right now, without a union, individual nurses have little or no power to combat changes in

your practice or in your workplace that negatively affect you or your patients. However, by forming a union with the MNA nurses can enjoy the power and protection of collective bargaining and collective action.

The right to organize a union is protected activity under both state and federal laws. Once unionized, members create a democratic workplace. You elect your own leaders, you determine the issues you want to address and, through legally protected collective action and contract language, you have the power to secure benefits and working conditions that promote quality patient care and foster professional growth.

MNA: the power behind your practice

Since its founding in 1903, the Massachusetts Nurses Association has been the most powerful and effective voice on nursing and health care issues in the state. Today, the MNA is the largest union and professional association of registered nurses in the commonwealth and the third largest in the nation, representing more than 23,000 members, working in 85 health care facilities, including 51 acute care hospitals (70 percent of the acute care market). The MNA is also expanding its power by forging a preliminary agreement with the United American Nurses and the California Nurses Association/National Nurses Organizing Committee to form the largest national union of nurses in the history, with 150,000 nurses coast to coast.



Beth Piknick

MNA union members are the highest paid nurses in the state and among the highest paid in the nation, with a host of industry leading benefits and protections guaranteed by their union contract.

In organizing with the MNA, you are joining an organization with the experience, power and expertise to help you work with other nurses at your facility, as well as in your region, state and across the nation to enhance your professional practice, as well as to improve your pay, benefits and working conditions.

For example, MNA union members at other facilities have already negotiated landmark contract language that addresses many of the issues you now face, including union contract language to:

- Prevent or limit floating and, when floating is necessary, to ensure nurses are competent and have been oriented to practice safely
- Prohibit or severely limit mandatory cancellation of shifts or flexing down of nurses
- Place strict limits or outright prohibiting of shift cancellation
- Prevent mandatory overtime and mandatory on-call
- Regulate the introduction of new technologies
- Mandate regularly scheduled labor-management meetings where nurses' issues can be addressed

If you want to claim your power as a nurse and as a professional to improve the conditions at your hospital, you can begin the process by calling the MNA today for more information or to schedule a meeting with an MNA representative about organizing with MNA. Please call the MNA's division of organizing at 781-830-5777 or via e-mail at enorton@mna.org. ■

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Legislative co-sponsors of the Patient Safety Act

On Jan. 14, and in continuing response to the ongoing staffing crisis in the commonwealth's hospitals, the MNA refiled the Patient Safety Act for the new legislative session. This bill passed the House of Representatives in 2006 and 2008, and would require the state's Department of Public Health to set a limit on the number of hospital patients a nurse can be forced to care for at one time.

Below, is a list of House and Senate co-sponsors of the bill. If your state rep/senator is listed as a co-sponsor, be sure to call and thank them. To find out the names of your legislators go to www.capwiz.com/massnurses.



Rep. Christine Canavan (D-Brockton)



Sen. Marc Pacheco (D-Taunton)

House of Representatives

Rep. Christine Canavan (D-Brockton), lead House sponsor

Rep. Kevin Aguiar (D-Fall River)
Rep. Geraldo Alicea (D-Charlton)
Rep. Willie Mae Allen (D-Boston)
Rep. Cory Atkins (D-Concord)
Rep. Carlo Basile (D-Boston)
Rep. Jen Benson (D-Lunenburg)
Rep. John Binienda (D-Worcester)
Rep. Michael Brady (D-Brockton)
Rep. Antonio Cabral (D-New Bedford)
Rep. Jen Callahan (D-Sutton)
Rep. Thomas Calter III (D-Kingston)

Rep. Linda Dean Campbell (D-Methuen)
Rep. Steve Canessa (D-New Bedford)
Rep. Katherine Clark (D-Melrose)
Rep. Geraldine Creedon (D-Brockton)
Rep. Michael Costello (D-Newburyport)
Rep. Steve D'Amico (D-Seekonk)
Rep. Stephen DiNatale (D-Fitchburg)
Rep. Jim Driscoll (D-Braintree)
Rep. Jim Dwyer (D-Woburn)
Rep. Mark Falzone (D-Saugus)
Rep. David Flynn (D-Bridgewater)
Rep. John Fresolo (D-Worcester)
Rep. Bill Galvin (D-Canton)
Rep. Sean Garballey (D-Arlington)

Rep. Anne Gobi (D-Spencer)
Rep. Mary Grant (D-Beverly)
Rep. Patricia Haddad (D-Somerset)
Rep. Lida Harkins (D-Needham)
Rep. Kevin Honan (D-Boston)
Rep. Louis Kafka (D-Sharon)
Rep. Peter Kocot (D-Florence)
Rep. Robert Koczera (D-New Bedford)
Rep. Paul Kujawski (D-Webster)
Rep. David Linsky (D-Natick)
Rep. Barbara L'Italien (D-Andover)
Rep. Allen McCarthy (D-East Bridgewater)
Rep. Paul McMurtry (D-Dedham)
Rep. Mike Moran (D-Boston)
Rep. Robert Nyman (D-Hanover)
Rep. Jim O'Day (D-West Boylston)
Rep. Matt Patrick (D-Falmouth)
Rep. Sarah Peake (D-Provincetown)
Rep. Vincent Pedone (D-Worcester)
Rep. Denise Provost (D-Somerville)
Rep. Angelo Puppolo (D-Springfield)
Rep. Kathi-Anne Reinstein (D-Revere)
Rep. Robert Rice (D-Gardner)
Rep. Pam Richardson (D-Framingham)
Rep. John Rogers (D-Norwood)
Rep. Richard Ross (R-Wrentham)
Rep. Michael Rush (D-Boston)
Rep. Rosemary Sandlin (D-Agawam)
Rep. John Scibak (D-South Hadley)
Rep. Carl Sciortino (D-Medford)
Rep. Frank Smizik (D-Brookline)
Rep. Robert Spellane (D-Worcester)
Rep. Joyce Spiliotis (D-Peabody)
Rep. William Straus (D-Mattapoisett)
Rep. Ellen Story (D-Amherst)
Rep. Ben Swan (D-Springfield)
Rep. Walter Timilty (D-Milton)
Rep. Steve Tobin (D-Quincy)
Rep. Tim Toomey (D-Cambridge)
Rep. Cleon Turner (D-East Dennis)
Rep. Brian Wallace (D-Boston)
Rep. Marty Walsh (D-Boston)
Rep. Steven Walsh (D-Lynn)
Rep. Daniel Webster (R-Hanson)
Rep. Alice Wolf (D-Cambridge)

Senate

Sen. Marc Pacheco (D-Taunton), lead Senate sponsor

Sen. Sonia Chang-Díaz (D-Boston)
Sen. Ken Donnelly (D-Arlington)
Sen. Jamie Eldridge (D-Acton)
Sen. Jen Flanagan (D-Leominster)
Sen. Anthony Galluccio (D-Cambridge)
Sen. Jack Hart (D-Boston)
Sen. Tom Kennedy (D-Brockton)
Sen. Michael Moore (D-Millbury)
Sen. Jim Timilty (D-Walpole)
Sen. Marion Walsh (D-Boston) ■



May 15, 2009

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Registered nurses continue their patient advocacy in Washington

Last month, over a dozen registered nurses from around Massachusetts traveled to Washington, D.C. to advocate on behalf of their colleagues and their patients.

The nurses met with Congressmen John Tierney (D-Salem), Edward Markey (D-Malden), Stephen Lynch (D-Boston) and William Delahunt (D-Quincy) or their aides as well as Senator John Kerry's (D-Boston) staff.

Advocating for the patient

With a debate looming on the Employee Free Choice Act—which would allow a fair process for nurses to organize into unions—a number of nurses spoke about how important it is to have a union. Judi Gross and Jeanine Burns, RNs from Gloucester, described the uneven playing field they experienced while organizing Northeast Health Systems and the vast improvement in working conditions and compensation since the successful organizing drive. Susan McCoy, an RN from Middleboro, described what it was like to be part of a 2003 organizing drive of support staff in Brockton—a drive that was successfully busted by management.

Unionization not only brings benefits to nurses, it also gives RNs protections to advocate vigorously for their patients. Stephanie Stevens explained how the union gave her a voice she would not have had without the protections and reassurances provided by her contract. Marcia Pennington discussed how she could more effectively advocate inside and outside of her hospital on behalf of her patients and for safe RN staffing because of her membership in the MNA.

Beth Piknick, president of the MNA and an RN at Cape Cod Hospital, brought up the NLRB's Kentucky River decision that allows hospital management to classify charge nurses as "managers," essentially forcing them out of the union.

Piknick stressed how critical it is that nurses not lose their voice at work as a result of this NLRB decision and described how the MNA supports the RESPECT Act, proposed legislation that would dramatically limit which workers the National Labor Relations Act classifies as supervisors.

Looking ahead to single payer

With health care reform on the horizon, the MNA also wanted to make sure elected officials knew how the current, jumbled health insurance system adversely affects nurses' ability to provide quality patient care.

Mary Jane McGowan, Eileen Agranat and Barbara Tiller, RNs from Quincy, Needham and Wrentham respectively, spoke about how their own facility, Tufts Medical Center, has started receiving lower reimbursements than



MNA members in Washington with Congressman Ed Markey (above) and John Tierney (below).



other facilities for equivalent procedures. They also described instances where they saw patients' health adversely affected by a lack of insurance or by being underinsured.

Donna Kelly-Williams, an RN from Arlington, discussed the devastating affects the state reform has had on her facility, Cambridge Hospital of the Cambridge Health Alliance, and asked that such negative consequences be avoided in any national reform. And Sandy Eaton, an RN from Quincy, spoke very effectively about the need for single-payer universal health insurance, similar to the current Medicare system, not only for its economic efficiency but for the improvement in health outcomes that would follow its implementation.

Bringing it around to safe staffing

While discussing health care reform the issue of quality and cost control came up often. Jenny Reynolds, an RN from Natick, tied this conversation into the MNA's fight over safe

staffing, explaining how the understaffing of nurses hurts not only the quality of patient care but also increases the price of that care.

Kris Kenyon, RN of Carver, discussed how budget constraints have led to the standard of four patients being replaced at times by five or six patients to a nurse, which makes providing a high level of care increasingly difficult. Kenyon volunteered to travel to D.C. to advocate for safe staffing because she felt "the D.C. trip meant the opportunity for me to continue my commitment to be an advocate for my patients in the best way that I know how and to empower the patients that I care for and their families through my voice."

While in D.C. the nurses also attended a hearing on the recent Massachusetts experience with health care reform. Sandy Eaton provided testimony on this issue, explaining some of the adverse effects that health care reform in Massachusetts has had on community hospitals and health centers. ■

Employee **FREE CHOICE** ACT

What you need to know

The Employee Free Choice Act will be debated in Washington, D.C. in the next year. This bill will make it easier for you to have a voice in your workplace to improve your working conditions and to advocate for your patients. Here's what you need to know about how the Employee Free Choice Act could affect you and your practice.

What happens when nurses decide they want to unionize?

Right now, when employees attempt to unionize—or “organize” as it is known in the labor movement—employers frequently engage in aggressive anti-union campaigns. In over 90 percent of organizing drives employees are forced into one-on-one meetings with managers who provide a one-sided, usually inaccurate and often intimidating take on what unionization would mean. In over half of workplaces employers resort to illegal coercion, and in a quarter of organizing drives an employee is illegally fired. The Employee Free Choice Act is designed to replace this unfair, employer-dominated system with a system that truly gives workers a free choice. Here's how:

Organizing: it's the employees' choice, not the employer's

Current System

- Once the workers have collected enough cards, the employer then chooses to agree to the election or not. Employers often engage in lengthy appeals to draw out the process and use the tactics mentioned above to sap union support before a long delayed vote.

If the Employee Free Choice Act passes

- The Employee Free Choice Act puts the decision over whether to have an election into the hands of the workers. The workers sign cards and can indicate if they would like to join a union through an election or through majority sign-up. Majority Sign-Up gives the workers the union they want once a majority of workers have signed a card indicating their preference for the union.

Enhanced penalties for illegal conduct by employers

Current system: a slap on the wrist

- When an employer is convicted of illegally firing an employee, the employer must only pay back lost wages minus what the worker has earned at another job while waiting for reinstatement.
- When an employer is convicted of illegally coercing employees it must only post a notice saying it will not do so again in the future.

But if employee free choice passes: real penalties for illegal conduct

- Employers would have to pay victims of illegal firings three times the amount of back pay owed to them.
- Employers would be fined up to \$20,000 for illegal acts committed during organizing or first contract campaigns.

To get involved or for more information on the Employee Free Choice Act, contact Riley Ohlson at rohlon@mnarn.org or 781-830-5740.

Negotiating: a real path to a first contract

Current system

- Despite the current uneven playing field and all of the illegal/unethical tactics employers may use during an organizing drive, many workers still vote to join a union. But even then employers do not always stop their anti-union campaigns. Some will choose to simply not recognize the union while others will use lengthy appeals processes to delay negotiations.

But if the Employee Free Choice Act passes:

- Either employers or employees can request mediation if they are unable to negotiate a first contract after 90 days of bargaining. If a contract is not reached within 30 days after mediation, the dispute goes to binding arbitration. This guarantees workers achieve a first contract within a reasonable period of time.

Why nurses need a union

1. A union gives registered nurses a voice in their workplace to advocate for better wages and benefits.
 - Unionized workers earn 28 percent higher wages on average than their non-union counterparts. In Massachusetts this equates to an average of \$8,900 more per year.
 - Unionized workers are 62 percent more likely to have health insurance benefits and 386 percent more likely to have guaranteed pensions.
2. A union gives registered nurses a voice in their workplace to advocate for better working conditions and to improve the quality of patient care.
 - A study comparing union and non-union hospitals in California found that hospitals with RN unions had 5.7 percent lower mortality rates for acute myocardial infarctions after accounting for other variables.
 - Unionized RNs are better able to advocate for language to ensure better patient care.
3. A union gives registered nurses a voice in the state and in Washington D.C.
 - RNs can collectively advocate for legislation that would improve the quality of patient care, lobby for increased funding for important health programs that are dependent on state and federal monies, and fight legislation that would erode your ability to keep your patients safe.
 - RNs from the MNA are often asked to provide testimony on important health care issues being deliberated by the commonwealth's elected officials.

What can you do to help?

- **Make a phone call!** Although our entire congressional delegation has signed onto support the Employee Free Choice Act, we need to encourage them to continue championing this cause.
- **Speak to friends** and relatives from other states about this bill and ask them to call their elected officials.

When times are tough too many people opt for union bashing

By Tom Breslin
Associate Director,
Labor Education Program

By now, MNA members know about the need for involvement in the political process. This is nothing new. You have done an excellent job in your local city halls and at the State House in the past working on legislation, working for candidates for election and for contract campaigns.

There is, however, a new issue in the political arena that MNA members and all other union members will have to confront. It is an increase in the number, frequency and severity of attacks on unions in both the public and private sector in this country by elected officials in the U.S.

The public sector under fire

One would think that we are back in the days prior to the National Labor Relations Act when union activity was not “protected” the way it is supposed to be today. What really seems to be protected today are the attempts by employers and elected officials to attack the rights of union members and to force working people to give up benefits that they negotiated over the years. Whether it is the product of a faltering economy or opportunistic attempts on the part of employers to insist on givebacks, it really doesn't matter; it's out there and it's growing.

Teachers in the Washington, D.C., public schools system are facing proposals from the city to give up teacher tenure as the city and union try to negotiate a new contract. The city's new school chancellor has crafted this proposal—like others before it—to include a two-tier wage structure in an effort to split the union. To make matters worse, in exchange for giving up tenure, the school system is offering higher wages. To their credit, the teachers have rejected this proposal and responded that it will be hard to earn these higher wages if experienced teachers lose one of their only job protections.

In Chicago, public school teachers are facing public school privatization on an unprecedented scale as Mayor Richard Daley's administration announced plans to close 20 schools and designated 12 more schools for “turnarounds,” a code word for privatization which includes firing teachers and hiring new staff. The teachers' union, the CTU, has already lost 6,000 members and more layoffs are coming.

To make matters worse, as the current recession continues every state in the country is facing layoffs of public sector employees as services are cut or eliminated altogether. MNA members in the public sector know this all too well.

Unions under attack

The attacks on unions, however, take center stage in the U.S. Congress. As you may recall from the debate on the U.S. automaker bridge loan legislation in December, leaders of the opposition made comments like: “This is the Democrats' first opportunity to pay off organized labor after the election . . . Republicans should stand firm and take their first shot against organized labor, instead of taking their first blow from it.” Jim DeMint, a Republican senator from South Carolina, is on record as saying that Congress “has given unions too much power and now is the time to fix it.”

One of the issues he was referring to was an attempt by a portion of Congress to force the United Auto Workers members to take additional pay and benefit cuts; this on top of concessions they had already agreed to in 2005 and 2007 in attempts to save their industry.

Why is it that the success or failure of an entire industry is dependent on the workers/union members being required to take cuts in the wages, pensions and health care benefits that had been negotiated over the years by the union and management? Why is it that the U.S. Senate, while looking for victims in these loans, looks to workers for givebacks and not the management who “managed” these

companies into the positions they currently find themselves? Why are working people the “enemy” in all these discussions?

The answers

An easy answer might be because we have allowed it to happen. We get the kind of government we deserve, which means we get the kind of representatives at the state and federal level that we deserve. People like Senator DeMint feel free to demonize labor and working people because no one forces him to stop.

If you think these comments directed toward auto workers were bad, imagine what he and others like him will say when Congress gets around to discussing health care reform or possible federal legislation around safe staffing. Be assured that the anti-union animus directed toward auto workers and teachers will be directed toward other groups as well, including registered nurses and health care professionals.

A strong national voice in Washington is going to be necessary to counter the arrogance and anti-union sentiment that exists in certain circles and only a strong national lobbying effort representing all unionized nurses can stop it. If we are to be effective in this economic climate and with this type of political opposition, all nurses are going to have to speak with one voice. It will no longer be acceptable to have nurses from a variety of unions and from various other groups talk to Congress about what is best for nursing.

It will need to be done on a national level with one clear message. It will take the same passion, dedication and drive in Washington that you have shown in Massachusetts. If nurses are to be successful in their efforts to advocate for their profession and patients, they will need to unite—and fight—in a way that they have never fought before. ■

Let Your Voice Be Heard in Washington, D.C.!

There is a new administration, a new Congress, and many daunting challenges facing our nation. President-Elect Obama and the Democratic-controlled Congress will address a variety of issues that affect workers and health care in the coming year.

As registered nurses and health care professionals we have dedicated ourselves to caring for and advocating for patients. We need to make sure that our experience and expertise is heard during the discussion in D.C.

This spring we will be sending a contingent of members to Washington to provide our perspective on the Employee Free Choice Act, Health Care Reform and Safe Nurse Staffing to several of our elected officials in Congress.

If you would like to participate, or to learn more about our efforts, please contact Riley Ohlson at 781-830-5740 or rohilson@mnarn.org.

MNA membership dues deductibility for 2008

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

Region	Amount	Percent
All Regions	\$39.00	5.0%

State's 'no diversion policy' is putting strain on Massachusetts hospitals

Nurses in the commonwealth are sounding the alarm about the quality and safety of patient care in the state's acute care hospitals—a problem that has been exacerbated by the January implementation of a “no ambulance diversion” policy by the Department of Public Health.

In response to the policy, the MNA conducted a media blast calling on members of the nursing community to share their thoughts and experiences on how the new DPH policy is affecting patient care. A significant number of nurses responded and MNA staff members also met with numerous nurses throughout the state—both union and non union—to gather additional input.

The responses show that, while some hospitals are taking appropriate steps to address the policy change, many are not. Some hospitals are taking steps that make the problems related to the new policy even worse. And still other hospitals had already voluntarily avoided diversion for over a year.

What follows are some of the common themes and issues identified by nurses in response to the current situation.

Wait times on the rise

Many nurses across the state reported that their emergency department wait times were increasing, some significantly. According to one respondent from a Partners-owned facility, when she came into work at 11 p.m., “The waiting

room was packed. There were 17 patients waiting to be seen and those actually in the department had been waiting an average of four hours to be seen.”

Another nurse from a hospital on the South Shore reported wait times of 10 hours, which decreased to seven hours after the implementation of a new hospital patient-flow project.

Others report that psychiatric patients are waiting even longer for care. “We also see a large number of psychiatric patients and do not have a ‘dedicated area’ for them,” said a nurse from a suburban hospital outside Boston. “While these psychiatric patients wait for bed placement they stay in the ED, taking up beds which could be used for other patients. As

there are limited psych beds in the state, we've had psych patients in the ED as long as three days—hardly therapeutic.”

Another nurse from a North Shore hospital reported, “Many nurses are exhausted and have been in tears because they are afraid someone will die on their watch. Patients wait with significant pain in the waiting room because there isn't an open space in the ED. A myocardial infarction went undiagnosed for hours because the ED doctor was called to the intensive care unit twice to intubate another patient.”

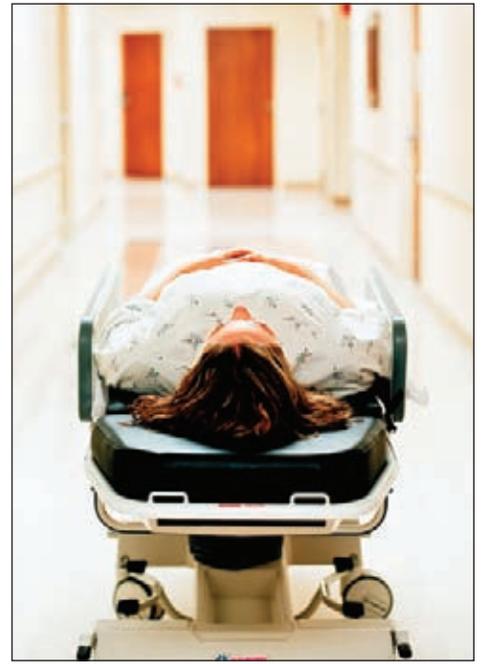
Here's another story from a Boston area nurse: “There were stretchers up against the nurse's station with patients on them. Our department has only one bathroom. I had to hold a sheet up around a gentleman so he could use a urinal because the bathroom was occupied. One of the patients was hypotensive and being treated right there in the hall because there wasn't anywhere else for him to go. We had two ICU patients waiting to be transferred out of our hospital because our ICU didn't have enough staff to accommodate two more patients. These critically ill patients tied up three nurses and two physicians, leaving a nurse and a physician's assistant to deal with all of the others. We were extremely lucky nobody died.”

Policies push patients out of the ED

In establishing the no diversion policy, the DPH had expressed the hope that hospitals will develop policies and procedures to move patients out of the ED and into other areas of the hospital. Suggestions DPH has given for doing this includes, opening new beds, expediting discharge policies, adopting “balanced admitting policies” (including management of elective surgeries) and adopting other patient flow procedures. Unfortunately, while many hospitals are attempting to implement policies to decompress the ED, few are doing so with a comprehensive, well-thought out strategy. And many are doing so in ways that do not work, or simply shift the problem to other departments.

At some hospitals, patients are moved out of emergency departments with arbitrary time limits. For example, nurses in other units are told that they have thirty minutes to turn-around a room to receive a patient—whether or not they are prepared to do so. The MNA has received other reports of hospitals admitting patients to floors without orders.

According to a nurse, “We are forced to take the patient without medical orders and to call the respective house officer to have orders written within 15 to 30 minutes of patients arriving on the floor. This is an extremely dangerous practice for both the RN and the house offi-



cer. One patient was on the floor for five hours before a nurse was able to conduct an assessment.”

Inadequate staffing to deal with policy

The MNA received no reports of efforts to increase staffing to compensate for the new policy. In fact, the MNA recently conducted a separate survey of Massachusetts hospitals and found that more than 20 have cut staffing, implemented hiring freezes or have chosen to leave positions unfilled. This is on top of drastic cuts in ancillary staff, including transporters secretaries, technicians and aides.

One nurse from a South Shore hospital reported that “The hospital has not increased ED nurse staffing . . . there isn't a holding area . . . and there isn't any staff to care for patients waiting to go to a room; they remain the responsibility of the ED nurses.”

According to a nurse from a community hospital in Western Mass., “The staffing levels have not improved in the least . . . actually, we may have less staff on the evening shift as there are very frequent time holes to fill.”

Excessive floating to cover EDs

Across the state, we are hearing from nurses who report that floating nurses to the ED is the primary means of covering for excessive patient volume in hospitals. In addition, the MNA, through its contract negotiations across the state, has seen nearly every hospital seek to negotiate the right to dramatically increase the floating of nurses as an alternative to providing appropriate staffing.

Here is a comment from a nurse at Boston's Faulkner Hospital about the practice. “We frequently are floated to the ED and the ICU, and



we are expected to take on full assignments. We have never been oriented to the ED, and do not have access to the computerized documentation system (we're told to write it down and the charge nurse will enter it). I have to add that none of us have been trained in critical care, and we are certainly not what a prudent nurse would consider experienced critical care nurses."

Patients held in recovery

To get patients out of the emergency department they are being moved to other units until an appropriate bed opens up, but this is being done to the detriment of the unit to which they are being moved.

"I work as a hospital RN in a busy Level I PACU. Since this new law has passed, I have seen an increase in patients 'boarding' in the recovery area," said one local nurse. "Just last night, our ER was in 'red' status which means beds that were originally for post-surgical patients were taken away and given to ED patients who were awaiting admission. I understand that the ED gets overcrowded, but I feel that it is unsafe for patients to hold in recovery while other patients are coming out of the operating room and they are recovering from anesthesia. When I am responsible for a patient who just had major surgery, it is a policy of one nurse to one patient. It can be *very* unsafe to care for a post-operative patient and to have boarders that need your attention as well."

Patients in hallways of inpatient units

The MNA has received reports of non-union hospitals that are admitting patients to hallways of inpatient units and, most recently, two hospitals represented by the MNA have implemented this dangerous policy. This occurred after one of the hospitals cut its nursing staff and increased its patient assignments for nurses by 25 percent.

According to one nurse, "There are screens around the patient's bed but this affords no privacy really ... it's like using the bed pan in the middle of Grand Central Station with cleaning carts, food carts, and people going by your bed ... you are either on display for the world to see or stuck behind curtains that are around your bed. There is no suction or oxygen, so portables must be used and they are noisy ... there are no call bells so the patient has to ring a little hand bell and hope someone hears them. They said the patients in the halls would be 'less acute,' but this isn't the case. We had a patient experience grand mal seizures in the corridors along with elderly patients who are disoriented and patients with internal bleeding. Patients who are waiting in the halls have experienced complications and have fallen. It is a horror show."

Luckily the nurses at the hospital have a

Why patients do not belong in hallways

According to the MNA, the boarding of patients in hallways of inpatient units:

- Endangers patients and results in degrading and substandard care
- Forces nurses with a full complement of patients to take on the care of additional patients in an unsafe setting (hallways)
- Violates patients' rights to dignity and privacy protections under HIPAA
- Increases the risk of infections and other serious complications

union and have been advocating against the policy, and the practice has ended and changes have been made.

The story at St. Vincent Hospital

Months ago, the nurses at St. Vincent Hospital in Worcester fought the good fight against hospital management's attempts to implement a hallway admission program ... and they won, or so they thought. After running a successful campaign dubbed "Hall No, We Won't Go" hospital management stepped back from its proposal—for a short time that is. Last month, and to the outrage of its nurses, hospital management at St. Vincent chose to board a patient in the hallway of an in-patient floor.

Since that time the hospital RNs have been alerting the public to their strong opposition to hospital management allowing patients to be cared for and boarded in hallways and corridors on inpatient units as a way of dealing with the problem of emergency department overcrowding. Their activities have included public leafleting outside the facility; the placement of ads detailing the RNs opposition to the policy and its risks to patients; and community outreach to senior centers and other groups who have an interest in the quality and safety of patient care at the hospital. Hundreds of nurses have signed petitions opposing the practice, and many are wearing buttons that say, "Hall No, We Won't Go." The leaflet and ads advise patients to refuse placement in a hallway and to call their physician and insurer to demand care in a patient room.

"The nurses of St. Vincent Hospital are outraged by this decision and are committed to informing the public and all responsible officials of the dangers posed by this practice," said Marie Ritacco, RN, a recovery room nurse and member of the MNA local bargaining unit at St. Vincent. "As professionals, we are personally accountable for the safety of our patients, and we are obligated under our license to advocate for our patients. We will not allow the safety

of our patients to be needlessly jeopardized by shortsighted practices.

Increase in workplace violence

At a time when the system is forcing more people into emergency departments, when they are waiting longer for care, or being cared for in inappropriate locations such as hallways, the industry has exacerbated the problem by making dramatic cuts in their security departments—making EDs a breeding ground for frustration and assaults against nursing staff.

According to Evelyn Bain, who leads the MNA's occupational health and safety program, "As reports of violent events in emergency departments escalate, a recurrent theme is emerging across the state. The theme is that security personnel are not available to assist in the 'show of force' that is required to quell an incident or subdue a perpetrator. In some hospitals the security force have been reduced in numbers due to lay-offs, at a time when violence is on the rise or they have been assigned desk duties that require them to stay in specific locations. One hospital in Western Massachusetts utilizes maintenance staff to assume the security role for which they have not been trained. Often, those who are available have not been trained in the specific skills that are required to respond appropriately to these events."

Hospitals must be held accountable

In surveying the hospital landscape, the MNA is concerned that this major change in policy has occurred without holding hospitals accountable for making the changes that are necessary to make the policy a safe and effective means of delivering care.

"Forcing hospitals to accept all patients without expecting them to do those things that can make it work is not a solution, it is window dressing," said Beth Piknick, MNA president. "If the hospitals had appropriate staffing, if they implemented balanced admitting policies that acknowledge the workload of nurses and the resources available to take care of fluctuations in ED volume, if they had the courage to manage their physicians instead of abusing their nurses, then we wouldn't need to worry about 'no diversion' policies. Until they do, this policy is doomed to fail, and as a result, patients and nurses will continue to be placed in jeopardy.

As one nurse from a Western Mass hospital put it, "I personally feel the 'no diversion' policy is dangerous to patients and unsafe, for both patients and nurses. We need to have that buffer when things get out of control to bring things back into a safe range. I guess it is going to take a very public death to occur before anyone will open their eyes to how very bad this policy is for everyone involved." ■

Kids and car seats

How nurses can help save lives miles away from the bedside

By Jennifer Johnson

Ask anyone over the age of 30 to describe what car rides with Mom and Dad were like back in the good old days and here is a smattering of what you might hear:

“We all used to pile into the way-back of the station wagon and play back there, and we’d just kind of roll back and forth across the floor when Dad would go around corners.”

—Erin, age 42

“I used to sit underneath the dashboard on the passenger’s side and pretend that I was the radio. I’d be singing and doing my own intros.”

—Jennifer, age 36

“We’d drive the family truck to Maine each year for vacation, and this is how my Dad would pack the truck: put a mattress down on the truck bed, pack all of our vacation gear around the mattress, and then pile the kids on top of the mattress with pillows and some snacks. And then we’d drive three hours to our camp site in Maine.”

—Matt, age 39

Stories like these make the grown-ups who tell them laugh all while marveling at how they survived childhood at all. But the sad truth is that too many children never made it to adolescence due to motor vehicle crashes and the fact that they were not restrained in an appropriate car seat.

Thankfully, things are different today. States have rules and regulations about what types of car seats are safe for children depending on their age, height and weight and there is a whole business sector dedicated to offering consumers a wide range of appropriate car seats.

It’s all in the installation

But even with plenty of rules, regulations and products in place there are still too many children being hurt or killed in auto-related crashes. Why? Because it is common for child restraint systems to be installed and used incorrectly.

In fact one study found that a shocking 72 percent of nearly 3,500 inspected car and booster seats were misused in a way that could be expected to actually increase a child’s risk of injury during a crash.

It was statistics like these that led the state of Massachusetts to implement an important public safety program: The Massachusetts Child Passenger Safety Program (www.mass.gov/childsafetyseats).

According to Kym Craven, the director of the program, the goal of the program is three-fold. “We want to bring educational training to parents, caregivers and advocates about child passenger safety law, the ins and outs of car seat selection, and the specifics of car seat installation—all with the goal of keeping children safe as they travel the commonwealth’s roadways.”

The 32-hour course, which runs over four consecutive days, is offered at various locations throughout the state on an ongoing basis and is available free of charge to anyone interested. “Absolutely anyone can participate in this program,” said Craven. “Public safety officials, teachers, health care providers, parents—anyone. And at the end of the program participants are certified as [child passenger safety] technicians.”

Craven went on to explain that the involvement of nurses and other health care professionals in the program—and in the wider community after they have become certified technicians—has been key to the

success of the Massachusetts Child Passenger Safety Program. “Nurses are quite often the first and last people who help new families as they’re leaving the hospital with their infants and, as a result, they have a unique opportunity to help families understand the importance of car seat safety,” said Craven. “We’d love to see more nurses become involved with the program.”

Why this program? Why now?

In 2005 1,335 children ages 14 years and younger died as occupants in motor vehicle crashes, and approximately 184,000 more were injured. That’s an average of four deaths and 504 injuries each day. For advocates of child passenger safety laws, that number is unbearable. “Those numbers shrink as our [car seat] technicians bring their newfound expertise back to the commonwealth’s communities,” explained Craven.

The program’s coursework has been described as intense but invaluable. “We’ve had so many technicians tell us that they were surprised by both the amount of and variation in content that is covered in this program,” added Craven. “But we also always hear how invaluable the program is for both the student and the community they are aiming to serve.”

Topics that are covered in the program’s coursework include the myths and realities of car collisions; a thorough review of the different types of seat belts, latch plates, etc.; an overview of crash dynamics; a comprehensive review of all of the car seats that children will eventually use (i.e., infant seats, toddler seats, booster seats); and a complete primer on how to organize and hold a “check-up event” (an event where the public is invited to have their car seats installations reviewed).

From there, the course work gets very hands on. In one instance students will be asked to select (and install . . . and then evaluate) the correct car seat for a child based on their age, height and weight. Next up, students need to “inspect” a variety of sample seats that have been incorrectly stalled in a vehicle. Students then have a chance to test their car seat expertise by fielding questions from a [mock] caregiver. And lastly, students must organize and host a check-up event. “The check-up event is key,” said Craven. “It is just a great way to reach the general community.”

How and why to get involved

Why should you get involved? Because among children under the age of 5, in 2006, an estimated 425 lives were saved by car and booster seat use. That’s a lot of lives, and the more involvement there is from nurses and others the more likely it is that number will increase by leaps and bounds.

Not sure if you are up for becoming a technician? According to Craven there are numerous ways to get involved. “Not everyone can be a technician,” she explained, “but we’re about building partnerships. As a result, we can find a role for anyone who may be interested in supporting us.”

To learn more, visit mass.gov/childsafetyseats or send an e-mail to cps@fisher.edu. Be sure to label the subject line as “cps tech training” and to include your first and last name within the text of your message. ■



Bargaining unit updates

Jordan Hospital nurses reject hospital's 'final offer'

In response to hospital's "final offer" for a contract settlement, the nurses at Jordan voted "No" by an overwhelming majority on April 7. The final offer had called for no across-the-board salary increase, along with a sharp increase in nurses' costs for health insurance at a time when nurses are working harder and faster with a 25 percent increase in their patient assignments.

Now that the vote has been cast, the negotiating committee will contact a federal mediator to schedule another negotiating session with management. The negotiating committee hopes to hammer out an agreement that is fair and equitable.

The vote was the largest turnout in recent history of the MNA at Jordan Hospital. The committee, which had recommended a "no" vote, applauds the nurses' commitment and will continue to work for a contract that represents their position. The nurses are seeking a 2 percent across-the-board wage increase over two years, no change in the health insurance premium and regulation of floating (agreed).

Cape Cod Hospital RNs Reach Two Year Agreement

The nurses at Cape Cod Hospital ratified a new two-year contract that will grant a 2 percent annual increase to nurses at the top of the pay scale. The agreement also maintains a stepped salary scale, granting all nurses below the top step a 4 percent increase on their hiring anniversary each year. Other key provisions: a new health insurance plan that will keep the same premium contributions while maintaining the quality of the overall benefit; maintaining the staffing ratios negotiated two years ago; and restoring staffing that had been cut from the psychiatric unit a few months ago.

Tufts Medical Center

Nurses at Tufts Medical Center continue negotiating a new contract. In April the nurses began circulating a petition highlighting the key issues in the dispute including: salaries that are competitive with other Boston hospitals; a contractual commitment to meet monthly with nurses to address staffing and patient safety concerns to ensure optimum patient care; strict limits on the floating of nurses to ensure the complex patient population receives care from nurses oriented to, and experienced in delivering the specialized care patients need; and removal of management demands for concessions from the nurses, including a call for mandatory cancellation of shifts and cuts to health insurance benefits.

Worcester Public Health Nurses

The city of Worcester recently announced the layoff of nearly all the MNA nurses who provide public health protection to the state's second largest city. This group of nurses has provided vital preventive services to immunize against, track and manage over 150 infectious diseases, including tuberculosis, hepatitis, salmonella, the flu and West Nile Virus. The cuts in services and staff leave the city vulnerable to the unwarranted spread of infectious diseases. It will also deprive the city's most vulnerable children and adults of access to immunizations and other health screening services. "While everyone understands we are in a fiscal crisis, this decision places hundreds, if not thousands, of our residents at risk for harm and leaves the most vulnerable in our city stranded without necessary care," said Anne Cappabianca, chair of the MNA bargaining unit.

Unit 7 joins with families to protect DMR patients

The 1,800 RNs and other healthcare professionals who make up Unit 7 are working with the families to protect the quality of care for the state's most vulnerable patients. Unit 7 members supported the annual lobbying day by the Coalition of Families and Advocates for the Retarded in April. This year's event was particularly significant in light of the recently announced plans of the Patrick administration to shut down four DMR facilities at Fernald, Glavin, Monson and Templeton. COFAR says these closings would cause a painful disruption for the patients for cost savings that the DMR commissioner has admitted would be negligible. The Unit 7 leadership is trying to help educate the public on these issues and continues to speak out about the importance of funding for the state facilities and the important care they deliver every day.

Brockton Hospital

After many months of talks it has become clear that the primary issue is the pension plan. Management wants to discontinue the defined benefit plan and replace it with a defined contribution plan. The nurses have pointed out to management that this action would place all the liability on the nurses. The nurses made a counter proposal that the Brockton Hospital-MNA bargaining unit become part of the MNA Taft Hartley pension plan that the MNA is currently forming. Management continues to say that even this plan exposes them to too much liability. The nurses' negotiation committee has called an open meeting to explain the situation to the members and seek their advice. ■

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MNA Position Statement: On-call and extended work hours

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

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

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

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

On-call practices and mandatory overtime have extended in recent years from the operating room to all areas of nursing practice. Many nurses in Massachusetts report working long hours, with significant on-call responsibilities. Anecdotal descriptions of work schedules suggest that on-call schedules do not allow a reasonable amount of rest between shifts.

Work-related fatigue and nurses

A 2004 report from National Institute for Occupational Safety and Health that looked at the effects of extended shifts found that the 9th to 12th hours of work were associated with feelings of decreased alertness and increased fatigue, lower cognitive function, declines in vigilance on task measures and increased injuries. The incidence of automobile crashes and medical errors increase with every hour worked over 10 hours.

One study revealed that the likelihood of a nurse making a mistake, such as giving the wrong medication, or the wrong dose, was tripled once a shift stretched past 12.5 hours. And yet, 40 percent of the 5,317 work shifts of the 393 nurses, from across the country, usually exceeded 12 hours.

Extended work schedules (beyond the traditional 8 hour day, 35-40 hour work week) have been shown to affect nurses' fatigue, health, performance and satisfaction in nursing their risk for musculoskeletal disorders and their risk for substance use.

Limitations on the hours of work for medical interns and others as well who have an impact on public safety, (e.g., truck drivers, airplane pilots and air traffic controllers) have been specified and regulated.

The Institute of Medicine believes that long work hours worked by nurses pose one of the most serious threats to patient safety, because fatigue slows reaction time, decreases energy, diminishes attention to detail, and otherwise contributes to errors. Research underscores the effect of fatigue, sleep deprivation, and circadian rhythms on alertness. After 24 hours without sleep, impaired performance is equivalent to a blood alcohol concentration of 0.10% and yet 24-hour call shifts are becoming more common.

Safe practices protect patients too

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

- scheduling practices must consider the effect of working long hours and working on-call before normally scheduled shifts on patients' safety, and on the safety of the nurse or other staff required to take call.
- staffing must be adequate in areas that use on-call practices so that those who are called in are used as supplemental or additional staff.
- nurses who are required to take call must have eight hours of rest/sleep time between call-back hours and regular work hours.
- nurses who are required to take call-back must not suffer the loss of pay, earned time

or other benefits because they choose to take rest time between call-back hours and regular work hours.

- nurses would benefit from education about the effects of long work hours and fatigue on their professional performance and its relation to the higher risk of litigation related to medical errors and the endangering of their nursing licenses.
- nurses address on-call hours, hours of rest and sleep and fair compensation practices in their contracts. Health care facilities must:
- Incorporate into nurse staffing at least six to eight hours of rest for nurses before any given shift or on-call period.
- Create systems to relieve nurses who have worked during their on-call hours and are scheduled to work following that on-call shift.
- Work with staff nurses to individualize their work schedules to enhance the health and safety of both nurses and patients.
- Help staff to recognize fatigue, change the culture of tolerance for fatigue, and recognize it as an unacceptable risk to patients and staff alike.

AORN has called for a "change in culture ... to recognize exhaustion as an unacceptable risk to patients and peri-operative personnel safety." That change of culture is necessary in all areas of nursing practice. There is a new emphasis, begun by the Institute of Medicine, placed on patient safety, and rightly so.

Ensuring that all nurses are alert and vigilant in their critically important functions is in keeping with this emphasis. ■



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Lost in 'Bizarro World'

By Deb Rigiero, RN

Associate Director of Organizing

My husband says that there is a Seinfeld episode that addresses every issue in life. I am beginning to believe him. For those of you old enough to have seen a Seinfeld episode, I am talking about the 1996 episode called The Bizarro Jerry, where everything is the opposite. Journey with me to Bizarro World where nothing is what it seems.

In Bizarro World:

- "Go-lightly" really means "go a lot" (colonoscopy humor)
- The "No Child Left Behind Act" leaves many children left behind
- The Clean Air Act allows industries to "dirty" the air
- The Healthy Forest Restoration Act opened up more logging in our national forests
- A "Right to Work State" is actually a state where workers have no rights at work
- "American Rights at Work" are pro-worker rights that support unionization, where "National Rights to Work" are pro-management "rights" that allow for the take-away of workers' rights to unionize
- Health care workers cannot afford their own health care.
- The "Patients First" initiative means the solution to unsafe staffing is to tell the nurse to "do the best they can."
- Amidst today's "shortage of nurses" very few nurses are hired to work 40 hours per week while other facilities have hiring freezes in place. To top it off, hospitals don't want to hire new nurses until they get a year of nursing experience.
- A CEO who runs his company into the ground gets millions in bonuses, keeps his job and gets more bail out money to try again. Meanwhile a worker who tries to organize a union at work can be fired illegally.
- Auto company CEOs take private jets to meet with Congress. But auto workers—whose salaries are 10 percent of the company's total budget—are blamed for the auto crisis.
- Bank of America and AIG—both of whom have taken millions in bail out money—participated in a telephone conference with other corporate giants to strategize about how to fight the Employee Free Choice Act. The Employee Free Choice Act would protect workers' rights to unionize. The question is, did they use the bail out money provided by the tax payers and the very workers whose rights they want to stifle? Talk about hypocrisy.

Escape from Bizarro World

How do we escape this crazy bizarro world? The solution is easier than you think.

- We need to question authority (don't tell my children I said this)
- Don't be afraid to ask questions
- Get your information from different sources
- Become an educated consumer
- Be a good neighbor; no man is an island
- Be a participator not a spectator; get involved and get informed
- Most importantly, don't give up hope

I hope, believe and will work hard so that the future will be better for my children. I hope and believe that they will be able to make it on their own without having to live with me until they are middle-aged or that I will have to live with them in my golden years.

I can see the sign: "You are now leaving Bizarro World." Let's try to escape together. ■

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Consent to Serve for the MNA 2009 Election

I am interested in active participation in Massachusetts Nurses Association.

MNA General Election

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

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

Please type or print — Do not abbreviate

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

Work Title _____ Employer _____

MNA Membership Number _____ MNA Region _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Educational Preparation

School	Degree	Year

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

MNA Offices	Regional Council Offices

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

 Signature of Member

 Signature of Nominator (leave blank if self-nomination)

Postmarked Deadline: Preliminary Ballot: March 31, 2009
 Final Ballot: June 16, 2009

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

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

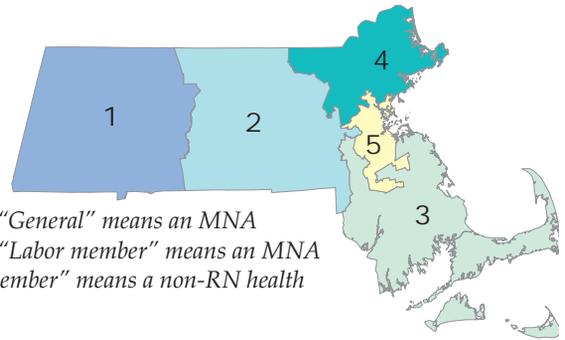
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At-Large Position in Regional Council (2-year term; 2 per Region)

I am a member of Regional Council

Region 1 Region 2 Region 3 Region 4 Region 5



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Please type or print — Do not abbreviate

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

Work Title _____ Employer _____

MNA Membership Number _____ MNA Region _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Educational Preparation

School	Degree	Year

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

MNA Offices	Regional Council Offices

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

Signature of Member

Signature of Nominator (leave blank if self-nomination)

Postmarked Deadline: Preliminary Ballot: March 31, 2009
 Final Ballot: June 16, 2009

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

MNA nominations & election policies & procedures

1. Nomination process & notification of nominees

Revised policy

- A. All candidates for office, submitting papers to the Nominations & Elections Committee, shall be notified in writing upon receipt of materials by the MNA staff person assigned to the Nominations & Elections committee. The letter of acknowledgement will identify the office sought. All notifications will be sent by MNA no later than June 15 of each year. If no acknowledgment has been received within 7 days of sending the consent to serve form, it is the nominees' responsibility to contact MNA regarding the status of their nomination.
- B. All candidates must be an MNA member or a Labor Program member in good standing at the time of nomination and election.
- C. A statement from each candidate, if provided, will be printed in the Massachusetts Nurse. Such statements should be limited to no more than 250 words.

2. Publication of ballot

- A. Preliminary Ballot: All candidates who are members in good standing shall have their names printed on the ballot provided the nomination papers have been received by the Nominations & Elections Committee or designee by the deadline date established by the committee and communicated in the Massachusetts Nurse. The order names are listed on the ballot is determined by random selection.
- B. Final Ballot: All candidates who are members in good standing, shall have their names printed on the ballot provided the nomination papers have been received by the Nominations & Elections Committee by the deadline date established by the committee and communicated in the Massachusetts Nurse. The order names are listed on the ballot is determined by random selection by the Nominations & Elections Committee or their designee.

All candidates will receive a draft copy of the Final Ballot prior to the Election Mailing for verification purposes. Confirmation/request for corrections to the ballot should be made in writing to the Nominations and Elections Committee or their designee postmarked within seven days of receipt of the draft ballot.

For uncontested positions the Nominations & Elections Committee may solicit candidates, accept late applications, and add to the ballot after the final ballot deadline with approval of the majority of members of the Nominations & Elections Committee present and voting.

- C. Ballot Information: All inquiries related to deadlines, status, policies, eligibility to vote and receipt of ballots are to be addressed to the staff person to the Nominations & Elections Committee or a designee.

3. Publication of policies/procedures/campaign practice

All policies, procedures and campaign practices related to the MNA elections shall be distributed to candidates upon receipt of their nomination papers. Notice to all members of availability shall be published in the Massachusetts Nurse annually.

4. Campaign practices

- A) All candidates shall have access to the following: membership lists/labels; structural unit rosters; bargaining unit rosters; and MNA on-site mailboxes. Candidates may also have access to campaign space in the Massachusetts Nurse and may request time on structural unit and bargaining unit agendas.

The following conditions must be met.

1. Request for labels/lists/rosters must be in writing and signed by the candidates. All requests will be honored provided they comply with the MNA information/label request policies.
2. Requests from the candidate for time on structural unit or bargaining unit agendas must be in writing and directed to the appropriate chair. The staff person for the group must also be notified of the request. All candidates for a specific office must be provided with equal access and time.
3. Structural units and bargaining units may invite candidates to speak at a meeting. All requests must be in writing with a cc to staff. All candidates for a specific office must be provided with equal access and time.
4. All costs for labels/space in the Massachusetts Nurse, and mailing shall be the responsibility of the candidates. Labels will be provided at cost. Ad space in the Massachusetts Nurse will be at a specific advertising rate.
5. Records of requests received, the date of the request, as well as distribution of materials shall be kept by the Membership Department.
6. All campaign mailings utilizing MNA membership labels shall be sent through a mailing house designated by the MNA. Mailing utilizing rosters may be done directly by the candidates.
7. The membership list shall be available for review/inspection, by appointment with the Membership Department. Lists or records must remain on the premises.
- B. All candidates must follow acceptable practices in the acceptance of goods, services and contributions. This includes
 1. Employers shall not provide money, supplies, refreshments or publication of and "endorsement" on behalf of a candidate.
 2. Candidates may not use MNA, Region or employer stationary to promote their candidacy.
 3. Candidates may not use postage paid for by MNA, Region or an employer to mail literature to promote their candidacy.
 4. Neither MNA its structural units or bargaining units may use dues money for a function to promote the candidacy of a particular candidate. MNA may sponsor a function at which all candidates for a particular office are invited and no candidate is shown preference over another.
 5. Individual members may make voluntary contributions of money, goods or services to a candidate.
 6. The amount that a candidate may expend in campaigning is not limited by MNA.
 7. MNA elected and appointed officials may endorse candidates. In the event that the endorsement is to appear in the Massachusetts Nurse, then and only then, the endorsements must be verified on the official MNA Campaign Endorsement Form and must accompany ad copy. However, no endorsements may carry identification as to the MNA office held by the endorser (see attachment A).
 8. MNA staff shall not wear promotional materials of any candidate or in any manner promote the candidacy of any individual.
 9. Candidates shall not use the MNA corporate logo on campaign materials.
 10. Campaigning or campaign materials are not allowed on

MNA premises with the following exceptions:

- When invited to a MNA structural unit or bargaining unit meeting.
- Meeting attendees may wear promotional material.

5. Ballot/voting instructions

- A. Ballot will be mailed at least 15 days prior to the date which it must be mailed back (postmarked).
- B. Complete area (as per instructions on form) next to the name of the candidate of your choice. You may vote for any candidate from any Region.
- C. Do not mark the ballot outside of the identified area.
- D. Write-in votes shall not be considered valid and will not be counted.
- E. Enclose the correct and completed voting ballot in an envelope (marked Ballot Return Envelope), which does not identify the voter in anyway, in order to assure secret ballot voting. **ONLY ONE BALLOT MAY BE PLACED IN THE ENVELOPE.** All mailing envelopes will be separated from the inner envelope containing the ballot before the ballots are removed, to assure that a ballot can in no way be identified with an individual voter. (At the discretion of the Nominations & Elections Committee, mailing envelopes containing the voter's name and address may be checked off on a master membership list. This process may be of the total membership list, or randomly selected envelopes.) If the mailing envelope has been misplaced, another envelope can be substituted. This envelope must be addressed to: MNA Secretary, c/o Contracted Election Administrator (address) In the upper left-hand corner of this envelope you must:
 - a. Block print your name
 - b. Sign your name (Signature required)
 - c. Write your address & Zip

If this information is not on the mailing envelope, the secret ballot inside is invalid.

- F. The ballot must be received no later than 5 p.m. on Aug. 22, 2008 in order to be counted.
- G. The ballots must be mailed to MNA Secretary, c/o Contracted Election Administrator, LHS Associates 13 Branch St., Methuen, MA 01844

6. Observation

- A. Each candidate or their designee who is a current MNA and/or Labor Relations Program member is to be permitted to be present on the day(s) of the opening and counting of the ballots. Notification of intent to have an observer present must be received in writing or electronic message from the candidate 5 working days prior to the ballot counting date.
- B. Each observer must contact the MNA staff person assigned to the Nominations & Elections Committee 5 working days prior to the day in question for space allocation purposes only.
- C. The observer must provide current MNA membership identification to election officials and authorization from the candidate.
- D. No observer shall be allowed to touch or handle any ballot or ballot envelope.
- E. During all phases of the election process, the single copy of the voter eligibility list will be present for inspection.
- F. All observers and candidates will keep election results confidential for 72 hours after the ballot procedure is completed and certified.

See **Election**, Next Page

Position descriptions for MNA elected offices

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

An orientation is given to each elected member prior to assuming positions. An MNA staff person is assigned to each group to assist members in their work. Travel reimbursement to the MNA headquarters for elected members is provided. As stated in the MNA bylaws, absence, except when excused in advance by the chairperson, from more than two meetings within each period of twelve months from the date of assuming an elected or appointed position of the Board of Directors or a structural unit of the MNA shall result in forfeiture of the right to continue to serve and shall create a vacancy to be filled.

Board of Directors

The specific responsibilities and functions of the Board of Directors are to:

- 1) The President shall preside as chairperson of the business meetings of the MNA, the Board of Directors, and the Executive Committee; and be an ex officio member of structural units of the MNA except the Nominations Committee.
- 2) The Secretary shall be accountable for record keeping and reporting of all meetings of the MNA.
- 3) Conduct the business of the Association between annual meetings;
- 4) Establish major administrative policies governing the affairs of the MNA and devise and promote the measures for its progress;
- 5) Employ and evaluate the executive director;
- 6) The Board of Directors shall have full authority and responsibility for the Labor Program;
- 7) Adopt and monitor the association's operating budget, financial development plan, and monthly financial statements;

- 8) Assess the needs of the membership;
- 9) Develop financial strategies for achieving goals;
- 10) Monitor and evaluate the achievement of goals and objectives of the total Association;
- 11) Meet its legal responsibilities;
- 12) Protect the assets of the association;
- 13) Form appropriate linkages with other organizations; and
- 14) Interpret the association to nurses and to the public.

Meets 10 times per year, usually a full day meeting held on the third Thursday of the month. Board members are expected to attend the annual business meeting held during the MNA Convention in the fall.

Center for Nursing Ethics

The Center for Ethics and Human Rights focuses on developing the moral competence of MNA membership through assessment, education and evaluation. It monitors ethical issues in practice; reviews policy proposals and makes recommendations to the Board of Directors; serves as a resource in ethics to MNA members, Regional Councils and the larger nursing community; works with MNA groups to prepare position papers, policies and documents as needed; and establishes a communication structure for nurses within Massachusetts and with other state and national organizations. Meets eight to 10 times per year at MNA for two to three hours.

Congress on Health and Safety

The Congress on Health and Safety identifies issues and develops strategies to effectively deal with the health and safety issues of the nurses and health care professionals. Meets eight to 10 times per year at MNA for two to three hours.

Congress on Health Policy and Legislation

The Congress on Health Policy and Legislation develops policies for the implementation of a program of governmental affairs appropriate

to the MNA's involvement in legislative and regulatory matters influencing nursing practice, health and safety, and health care in the commonwealth. Meets eight to 10 times per year at MNA or MNA's District 2 office in West Boylston for two to three hours.

Congress on Nursing Practice

The Congress on Nursing Practice identifies practice issues impacting the nursing community, which need to be addressed through education, policy, legislation or position statements. Meets eight to 10 times per year at MNA for two to three hours.

Bylaws Committee

The Bylaws Committee receives or initiates proposed amendments to the bylaws of the MNA from the Board of Directors, Regional Councils and structural units of the MNA. Reports its recommendations to the Board of Directors and the voting body at the annual business meeting and any special business meeting at which the membership will vote on any proposed bylaw amendment(s); reviews all MNA policies for congruency with existing bylaws; interprets these bylaws. Meets eight to 10 times per year at MNA for two to three hours.

Nominations and Elections Committee

The Nominations and Elections Committee establishes and publicizes the deadline for submission of nominations and consent-to-serve form; actively solicits and receives nomination from all Regional Councils, Congresses, Standing Committees and individual members; prepares a slate that shall be geographically representative of the state with one or more candidates for each office; implements policies and procedures for elections established by the Board of Directors; announce results of the elections at the MNA annual business meeting and publicizes the results in the *Massachusetts Nurse* following the convention. Meets two to three times during the year for one to two hours at MNA headquarters. ■

... Election policies

7. Candidate notification

- A. Results of the MNA Election will be made available to candidates (or their designee) within 72 hours after completion of the ballot counting. Only the names of those elected will be posted on the MNA website when all candidates have been notified after the ballot procedure is completed and certified. Hard copies of the election results shall be sent to each candidate.
- B. Results of the MNA election will be kept confidential until all candidates are notified. Notification of all candidates will occur within 72 hours of certification of the election.
- C. Results will include the following:
 - Number of total ballots cast for the office in question
 - Number of ballots cast for the candidate.

- The election status of the candidate (elected/not elected)
- D. Any MNA member may access these numbers by written request.
 - E. Election results will be posted at the annual meeting.

8. Storage of election materials

- A. Pre Election: All nomination forms and all correspondence related to nominations shall be stored in a locked cabinet at MNA headquarters. The Nominations & Elections Committee and staff to the committee shall have sole access to the cabinet and its contents.
- B. Post Election: All election materials including ballots (used, unused and challenged), envelopes used to return marked ballots, and voter eligibility lists shall be stored in a locked cabinet at MNA headquarters for one year. The Nominations & Elections Committee Chairperson and staff to the committee

shall have sole access to the cabinet and its contents.

9. Post-election press release

The Department of Public Communications shall check the information on file/CV data for accuracy/currency with the elected candidate prior to issuing a press release.

*Member List—a computer listing of the total MNA membership eligible to vote, including name, address, billing information, etc.

*Membership Labels—computer-generated labels of the total MNA membership eligible to vote, provided in keeping with MNA Label Sales Policies.

*Rosters—computer-generated list of the Board of Directors of MNA and all MNA structural units. List includes names and addresses.

Approved by Board of Directors: 5/16/02, 8/21/03, 3/17/05 ■

2009 MNF scholarships available



- ▶ Scholarship
- ▶ Research
- ▶ Education

Massachusetts Nurses Foundation, Inc.

- **New:** Rosemary Smith Memorial Scholarship for MNA members seeking advanced degree in nursing, labor studies or public health policy
- **New:** School Nurse Scholarships for MNA members enrolled in an accredited program related to school health issues
- Unit 7 RN pursuing higher education
- Unit 7 HCP pursuing higher education
- Regional Council 5 Scholarship for child of an MNA member pursuing higher education (other than nursing)
- Regional Council 5 Scholarship for child of an MNA member pursuing a nursing degree
- Regional Council 5 Scholarship to an MNA member's spouse/significant other pursuing nursing degree
- Regional Council 4 Scholarship for MNA member pursuing nursing degree/higher education
- Regional Council 3 Scholarship for MNA member pursuing BSN
- Regional Council 3 Scholarship for MNA member pursuing MSN/PhD
- Regional Council 3 Scholarship for MNA member's child pursuing BSN
- Regional Council 2 Scholarship for MNA member pursuing nursing degree/higher education
- Regional Council 2 Scholarship for MNA member's children pursuing nursing degree
- Carol Vigeant Scholarship for entry level nursing student in Worcester area
- Kate Maker Scholarship for entry level nursing student in Worcester area
- Janet Dunphy – MNA Regional Council 5 member pursuing baccalaureate degree
- Janet Dunphy – MNA Regional Council 5 member pursuing master's degree
- Janet Dunphy – MNA Regional Council 5 member pursuing doctoral degree
- Regional Council 1 MNA member's children pursuing nursing degree
- Faulkner Hospital School of Nursing Alumnae Memorial Scholarship

Printable applications with instructions and eligibility requirements are available at www.massnurses.org. To have an application mailed, call the MNF voice mail at 781-830-5745.

- Application Deadline: June 1, 2009 •

MNA incumbent office holders

Board of Directors

President

Beth Piknick (2007–09)

Vice President

Donna Kelly-Williams (2008–10)

Secretary

Rosemary O'Brien (2007–09)

Treasurer

Ann Marie McDonagh (2008–10)

Directors Labor

Region 1

Patty Healey (2007–09)

Sandra Hottin (2008–10)

Region 2

Pat Mayo (2007–09)

Ellen Smith (2008–10)

Region 3

Judy Rose (2007–09)

Stephanie Stevens (2008–10)

Region 4

Fran O'Connell (2007–09)

Vacant (2008–10)

Region 5

Barbara Norton (2007–09)

Ginny Ryan (2008–10)

Directors (At-Large/Labor)

Karen Coughlin (2007–09)

Karen Higgins (2007–09)

Richard Lambos (2007–09)

Kathie Logan (2007–09)

Diane Michael (2008–10)

Marie Ritacco (2008–10)

Directors (At-Large/General)

Fabiano Bueno (2008–10)

Donna Dudik (2008–10)

Sandy Eaton (2007–09)

Ellen Farley (2008–10)

Gary Kellenberger (2008–10)

Tina Russell (2008–10)

Barbara Tiller (2008–10)

Labor Program Member

(Non-RN, Health Care Professional)

Beth Gray-Nix (2007–09)

Congress on Health Policy and

Legislation

Melissa Croad

Ann Eldridge Malone

Nancy Pitrowski

Kathy Metzger

Julia Rodriguez

Donna Dudik

Sandra Hottin

Chris Folsom

Kathleen Charette

Congress on Health and Safety

Terri Arthur

Mary Bellistri

Maryanne Dillon

Sandra LeBlanc

Gail Lenehan

Elizabeth O'Connor

Kate Opanasets

Kathy Sperrazza

Nominations & Elections

Committee

Janet Spicer

Center for Nursing Ethics &

Human Rights

Ellen Farley

Sarah Moroney

Lolita Roland

Kelly Shanley

Congress on Nursing Practice

Mary Amsler

Linda Barton

Marianne Chisholm

Ellen Deering

Mary Keohone

Susan Lipsett

Marian Nudelman

Lee-Ann Tibets

Linda Winslow

Bylaws Committee

Jane Connelly

Elizabeth Kennedy

Sandra LeBlanc

Susan Mulcahy

Elizabeth Sparks

Kathryn Zalis

Regional Council election

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

- a. The governing body within each region will consist of:
 - (1) A Chairperson, or designee, for each MNA bargaining unit.
 - (2) One Unit 7 representative on each regional council, to be designated by the Unit 7 President.
 - (3) Four at-large elected positions. General members, labor members, and labor program members are eligible to run for these at-large positions. At-large members serve a two year term or until their successors are elected.
- b. At-large members shall be elected by the Regional Council's membership in MNA's general election. Two at-large members shall be elected in the even years for two-year terms and two at-large members shall be elected in the odd years for two-year terms. *Proviso: This election commences in 2009.* ■

**Consent-to-serve forms,
See Pages 14 & 15**

MNA CONTINUING EDUCATION COURSES

Critical and Emerging Infectious Diseases

Description: This program will provide nurses with information regarding critical infectious diseases, e.g., MRSA, C. Difficile and emerging infectious diseases, e.g., influenza, Ebola, BSE. 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. Fung, ScD, CIH, MSPH, MBA; Kate McPhaul, PhD, MPH, BSN, RN; Kathleen Spill, RN, Med, CIC

Date: April 17

Time: Registration: 8:00-8:30 a.m.

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

Place: MNA Headquarters, Canton

Fee: MNA Members/Associate 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

FULL

Compassion Fatigue

Description: This program will enable the nurse to identify the common stressors of the health care provider and strategies to combat compassion fatigue.

Speaker: Donna M. White, RN, PhD, CS, CADAC

Date: May 7

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

Place: MNA Headquarters, Canton

Fee: MNA Members/Associate Members, free*; Others, \$95

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

Contact Hours: Will be provided.

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

De-escalation Techniques—Protecting Nurses and Patients

Description: This program will address behavior that threatens the welfare of patients, staff and others. Participants will learn how to recognize and manage aggressive and out-of-control behavior and its escalation, as well as influencing its presentation.

Speaker: Ronald Nardi, MSN, APRN

Date: May 28

Time: Registration: 5–5:30 p.m.

Program: 5:30–8:30 p.m. (*light supper provided*)

Place: MNA Headquarters, Canton

Fee: MNA Members/Associate Members, free*; Others, \$95

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

Contact Hours: Will be provided.

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

Interpreting Laboratory Values

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

Speaker: Mary Sue Howlett, BSN, RN, CEN

Date: June 17

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

Place: MNA Headquarters, Canton

Fee: MNA Members/Associate Members, free*; Others, \$95

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

Contact Hours: Will be provided.

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

Wound Care

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

Speaker: Carol Mallia, RN, MSN

Date: June 23

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

Place: MNA Headquarters, Canton

Fee: MNA Members/Associate Members, free*; Others, \$95

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

Contact Hours: Will be provided.

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

Updates to Regional CE classes

Region 2

April 28: "Infectious Diseases: TB and Hepatitis," presented by Linda O'Reilly, MS, APRN, BC, will replace the "Chemotherapy: What Nurses Need to Know" program previously scheduled.

Call 508-756-5800 for details.

Region 5

June 16: "Managing Cardiac and Pulmonary Emergencies" (previously scheduled for March 3) at the X&O Restaurant in Stoughton.

Call 781-821-8255 for details. ■

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 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. 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.

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: CE programs provided solely by the MNA are free of charge to all MNA members. Pre-registration is required for all programs.

MNASM

LABOR SCHOOL



Track 1: MNA Overview and Structure						
	Region	1	2	3	4	5
Week 1: Overview of the MNA			C		C	C
Divisions			O		O	O
By-laws	11/18		M	11/19	M	M
How policies, decisions are made			P		P	P
One member, one vote			L		L	L
Week 2: Legislative and Governmental Affairs			E		E	E
Division: Political Activity	12/2		T	1/7/09	T	T
Week 3: Nursing Division/Health and Safety	12/16		E	12/10	E	E
Week 4: Public Communications	1/6/09		D	1/21/09	D	D
Week 5: Organizing Division	1/20/09			2/4/09		

Track 2: Role of the Floor Rep., Grievances and Arbitration						
	Region	1	2	3	4	5
Week 1: Role of the MNA rep						C
Identifying grievances						O
What is grievable	2/3/09	4/22/09	3/18/09	12/11		M
Grievances vs. complaints—how to tell the difference, how to work with the member						P
Week 2: Components of the grievance procedure						L
Time lines and steps						E
When/how to settle grievances						T
Discipline vs. contract interpretation grievances						E
Burden of proof, just cause, due process, seven tests of just cause	2/24/09	5/6/09	4/1/09	12/18		D
Past practice						
• Definition						
• Difficulty in proving a practice						
• Burden in proving a practice						
Week 3: How to file grievances						
How to write a grievance						
Investigation/identifying sources of information	3/10/09	5/19/09	4/15/09	1/8/09		
Right to information						
Information requests						
Constructing the case						
Week 4: Presenting the grievance						
Dealing with management	3/24/09	6/3/09	4/29/09	1/22/09		
Settling the grievance						
Week 5: Arbitration						
Why it's good for the members						
Why it's bad for the members	4/7/09	6/16/09	5/13/09	2/5/09		
Unfair labor practices						
Weingarten rights						
Organizing around grievances						

Track 3: Collective Bargaining			
	Region	1	2
Week 1: Negotiations and the Legal Basis			
Process overview	4/14/09	12/3	
Bargaining ground rules			
Week 2: Preparing for Bargaining			
Importance of internal organizing			
Contract action team			
Contract calendar, planning events	4/28/09	1/14/09	
Surveys, meetings, other methods of gathering proposals from members			
Setting priorities			
Developing a campaign			
Week 3: Committee Decision Making			
Conduct at the table			
Dates, location, etc	5/12/09	1/28/09	
Open bargaining. Pros & cons.			
Opening statements			
Proposal exchange			
Week 4: Table Tactics/Reading Signals			
Implementing the contract campaign	5/26/09	2/11/09	
The contract action team			
Writing contract language			
Week 5: Costing the Contract			
Bargaining video			
Picketing and strikes	6/16/09	2/25/09	
Bargaining unit job actions			
Impasse/contract extensions			
Week 6: Use of the Media			
Reaching agreement, writing final language	6/30/09	3/10/09	
Committee recommendation			
Ratification process			
Midterm bargaining			

Track 4: Computer Training			
	Region	1	2
Week 1: Excel 1		2/2/09	
Week 2: Excel 2		2/17/09	
Week 3: Excel 3 graphs & application		3/12/09	
Week 4: Word 1		3/26/09	
Week 5: Word 2		4/9/09	
Week 6: Publisher 1		4/27/09	

After a very successful first year, the MNA Labor School has been expanded and restructured. It now consists of six separate tracks of classes in each Region running five to seven weeks each, depending on the track. Two new tracks have been added. One focuses on the MNA structure and divisions, and the second track on computer training (Excel, Word and Publisher). Classes are standardized, so if one particular class is missed in one region, it can be picked up in any other region.

At the conclusion of each track, participants receive a certifi-

cate of completion. Any MNA member who completes **any two** tracks will receive an MNA Labor School blue jacket. There are no prerequisites to attend any track—members are free to attend any track they choose and need not follow them in order. Each track is self-contained, focusing on a specific area of interest.

Preregistration through the respective Regional office is necessary. Classes generally run from 5–7:30 p.m., with a light meal included. All courses are free and open to any MNA member.

3	4	5
	3/4/09	4/20/09
	3/18/09	5/4/09
	4/13/09	5/18/09
	4/23/09	6/8/09
	5/6/09	6/15/09
	5/21/09	6/29/09

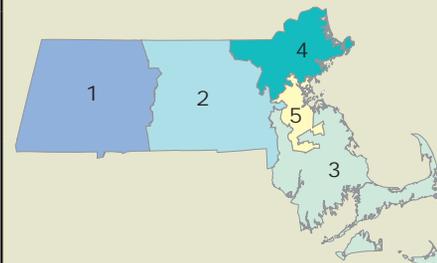
3	4	5
	2/12/09	2/9/09
	2/26/09	2/23/09
	3/19/09	3/2/09
	4/6/09	3/16/09
	4/16/09	3/30/09
	4/30/09	4/13/09

Track 5: Building the Unit, Building the Union						
	Region	1	2	3	4	5
Week 1: Member Participation/Basic Foundation Purpose of a union Bargaining unit structure & officers By-laws, why they're important Organizing model, internal organizing		7/14/09			6/18/09	
Week 2: Organizing the Workplace Mapping the workplace Using contract action teams outside of bargaining Organizing around grievances		7/28/09			7/7/09	
Week 3: Attacking Member Apathy Effective union meetings Internal communication structure Member feedback		8/11/09			7/23/09	
Week 4: Strategic Planning Developing Plan Assessment Intervention		8/25/09			8/13/09	
Week 5: Workplace Action Identifying Action Plan, preparation and calendar Pressure tactics/Work to rule Strikes		9/1/09			8/27/09	

Track 6: Labor Law and Special Topics						
	Region	1	2	3	4	5
Week 1: Family and Medical Leave Act Massachusetts Small Necessities Leave Act						
Week 2: Fair Labor Standards Act Overtime rules Labor-Management Reporting and Disclosure Act Union officer elections						
Week 3: Workers Compensation Occupational Safety and Health Act						
Week 4: Americans with Disability Act Age Discrimination Act Worker Adjustment & Retraining Notification Act Employment Discrimination HIPAA Uniformed Services Employment and Reemployment Rights Act of 1994						
Week 5: NLRB & the Kentucky River/Oakwood cases Nurse supervisor issues						

Dates to be scheduled for all Regions.

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



Labor School Locations

Region 1, Western Mass.

241 King Street
Northampton
413.584.4607

Region 2, Central Mass.

365 Shrewsbury St.
Worcester
508.756.5800

**Region 3, South Shore/
Cape & Islands**

60 Route 6A
Sandwich
508.888.5774

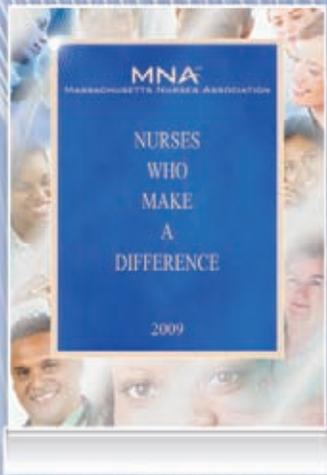
Region 4, North Shore

10 First Avenue, Suite 20
Peabody
978.977.9200

Region 5, Greater Boston

MNA Headquarters
340 Turnpike Street, Canton
781.821.8255

2009 MNA ANNUAL AWARDS



You know nurses who have made a difference. You can identify individual contributions that go beyond the ordinary. You recognize excellence in nursing practice, education, research and service.

Now it's your turn to make a difference! You can nominate candidates for a 2009 MNA Annual Award. Help give MNA the opportunity to reward and applaud outstanding individuals. Let them know that you care about their important contributions to the profession of nursing.

Deadline for submission of nominees to the MNA Awards Committee is May 13, 2009.

Completed forms and other requested materials must be received by the Awards Committee by the deadline; late or incomplete applications will not be reviewed by the Committee.

To receive nomination papers for any of the MNA Annual Awards or for additional information or questions regarding the 2009 MNA Annual Awards, please contact Liz Chmielinski, Division of Nursing, at 781-830-5719; or toll free in MA at 1-800-882-2056, x719 or via email at EChmielinski@mnarn.org.

- **Doris Gagne Addictions Nursing Award:** Recognizes a nurse or other healthcare provider who demonstrates outstanding leadership in the field of addictions.
- **Elaine Cooney Labor Relations Award:** Recognizes an MNA Labor Relations Program member who has made a significant contribution to the professional, economic and general welfare of nursing.
- **Judith Shindul Rothschild Leadership Award:** Recognizes a member and nurse leader who speaks with a strong voice for the nursing community at the state and or national level.
- **Kathryn McGinn-Cutler Advocate for Health and Safety Award:** Recognizes an individual or group that has performed outstanding service for the betterment of health and safety for the protection of nurses and other health care workers.
- **MNA Excellence in Nursing Practice Award:** Recognizes a member who demonstrates an outstanding performance in nursing practice. This award publically acknowledges the essential contributions that nurses across all practice settings make to the health care of our society.
- **MNA Human Needs Service Award:** Recognizes an individual who has performed outstanding services based on human need, with respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status.
- **MNA Advocate for Nursing Award:** Recognizes the contributions to nurses and the nursing profession by an individual who is not a nurse.
- **MNA Image of the Professional Nurse Award:** Recognizes a member who has demonstrated outstanding leadership in enhancing the image of the professional nurse in the community.
- **MNA Nursing Education Award: Professional Nursing Education:** Recognizes a member who is a nurse educator and who has made significant contributions to professional nursing education/continuing education and/or staff development.
- **MNA Nursing Education Award: Continuing Education/Staff Development:** Recognizes a member who is a nurse educator and who has made significant contributions to formal nursing education/continuing education or staff development.
- **MNA Research Award:** Recognizes a member or group of members who have effectively conducted or utilized research in their practice.
- **MNA Bargaining Unit Rookie Of The Year Award:** Recognizes a Labor Relations Program member who has been in the bargaining unit for five or less years and has made a significant contribution to the professional, economic and general welfare of a strong and unified bargaining unit.

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



360 Huntington Avenue, Boston, Massachusetts 02115-5000

4TH ANNUAL Deb Walsh OB/GYN LECTURE SERIES



PRESENTED BY
MNA REGION 3

Obstetric and Newborn Challenges

Program Description: This program will address the key obstetrical emergencies challenging peri-natal nurses today. The issues of nursing care and support for families and staff related to an intra-uterine fetal demise will be discussed. The program will conclude with an overview of the nursing care related to neonatal stabilization.

Date: June 4, 2009

Time: 8:00 a.m. – 3:00 p.m.

Location: Canal Club Function Facility
100 Trowbridge Rd, Bourne, MA 02532
Phone: 508-743-9000 • Hotel: 508-759-0800
www.canal-club.com

Registration: Registration will be processed on a space available basis. There is a **non-refundable** fee of \$50 for this class. If you do not attend the program or fail to call to cancel, the fee will NOT be refunded.

To register for this program, please contact the MNA Regional Council 3 office at 508-888-5774 or region3@mnarn.org.



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

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

Nurses may experience:

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

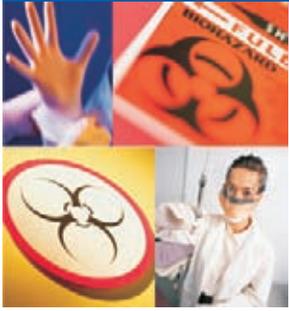
MITSS provides confidential:

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

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

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





WORKPLACE HAZARDS

to Nurses & Other Healthcare Workers

Beyond the Salary: Safety at Work

June 4 & 5, 2009

Hoagland Pincus Conference Center
222 Maple Avenue
Shrewsbury, MA 01545

This conference is co-provided by the Massachusetts Nurses Association and the University of Massachusetts Lowell, Center for Health Promotion and Research



Program Description

This two day conference will present the latest research findings on work environment issues related to cause and prevention of Musculo-Skeletal Injuries, Needlestick Injuries, Workplace Violence and Abuse, Infectious Disease Transmission, Exposure to Hazardous Drugs, and Injuries in the Home Care setting. The environmental health concerns of improper disposal of medications and strategies for safer disposal will also be addressed. Additionally issues of workers' compensation, injury frequency and severity and nurses stress in healthcare settings will be addressed.

Chemical Sensitivity

ATTENDEES ARE REQUESTED TO AVOID WEARING SCENTED PERSONAL PRODUCTS WHEN ATTENDING THIS CONFERENCE. SCENTS MAY TRIGGER RESPONSES IN THOSE WITH CHEMICAL SENSITIVITY.

Contact Hours

Continuing nursing education contact hours will be provided.

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

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

Registration Information

No charge for MNA Members and Associate Members. A placeholder fee is required and will be returned the day of the program to those who attend. Please return the completed registration form with a check payable to MNA for \$75.00 for the full conference or \$50.00 for single day attendance. For more information contact Susan Clish, Division of Health and Safety at 781-830-5723 or 800-882-2056 x 723.

Non-Members: Conference fee of \$75.00 for full conference and \$50.00 for a single day.

Overnight Accommodations

The Beechwood Hotel, 363 Plantation Street, Worcester, MA, 01605, 508-754-5789. Ask for the MNA Overnight rate - Rooms Double Occupancy \$135.00 plus tax.

Program Cancellation

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

Schedule

Thursday, June 4, 2009

7:30 a.m. to 4:30 p.m. (registration 7:30 a.m. to 8:30 a.m.)

- ▶ **Nurses' Safety at Work: A Global Perspective**
Susan Wilburn, RN, MPH, World Health Organization.
- ▶ **Workers' Compensation: What Nurses Need to Know**
Sarah Gibson, Attorney, Law Office of Sarah Gibson
- ▶ **Who is Really Getting Injured and How** *Jon Boyer, ScD, U Mass Lowell*

• **Lunch**

• **Breakout Sessions:**

Home Care Safety *Pia Markkanen, ScD*

Sharps Safety – What Devices Are You Using? *Angela Laramie, MPH*

Stress in Healthcare Settings *Nicole Champagne, EdD*

Ergonomics and Lifting *Jamie Tessler, MPH*

• **Repeat Breakouts**

4:15 to 4:30 p.m. • **Evaluation and Closing**

Thursday Evening • 7:00 to 9:00 p.m.

Buffet Dinner and Entertainment • The Beechwood Hotel, Renaissance Room • 363 Plantation Street, Worcester, MA 01605 • **Musical Entertainment:** Jonathan and Annie Rosen • Cost: \$50.00 per person

Friday, June 5, 2009

7:30 a.m. to 3:30 p.m. (registration 7:30 a.m. to 8:30 a.m.)

- ▶ **Environmental Health – Safe Drug Disposal** *Stephanie Chalupka, EdD, APRN*
- ▶ **Technical Advances in Violence Prevention** *Kate McPhaul, PhD, RN*

• **Breakout Sessions:**

Protecting Yourself from Infectious Disease *Tom Fuller, ScD*

Staying Safe Around Hazardous Drugs *Kathy Sperrazza, ScD (c.), RN*

Fragrance Free Work Environments *D. Paxson Barker, BS, RN*

Workplace Violence Prevention *Rosemary O'Brien, RN*

• **Lunch**

• **Repeat Breakouts**

• **Closing Session**

- ▶ **Next Steps** *Jonathan Rosen, CIH*

3:20 to 3:30 p.m. • **Evaluations and Closing**

Workplace Hazards Conference • Beyond the Salary: Safety at Work • June 4-5, 2009

Name _____

_____ RN _____ APN _____ Other (specify) _____

Address _____

City _____ State _____ Zip _____

Telephone: Daytime _____ Evening _____

Place of employment _____

Please indicate your two choices for the following Thursday Breakout sessions: (seating limited to 30)

_____ Home Care Safety _____ Sharps Safety _____ Stress in Healthcare _____ Ergonomics

Please indicate your two choices for the following Friday Breakout sessions: (seating limited to 30)

_____ Protecting from Disease _____ Staying Safe _____ Fragrance Free _____ Workplace Violence

Every effort will be made to accommodate your selections. To register please return the completed form with your check(s) for the appropriate fee payable to MNA to:

MNA • Attn. Susan Clish • 340 Turnpike Street • Canton, MA 02021

Please check:

Full Conference
\$75 fee

Thursday only
\$50 fee

Friday only
\$50 fee

Placeholder fee will be returned at registration for members only.

Entertainment & Dinner at Beechwood on June 4th

Please enclose a separate check for \$50 made payable to MNA with memo line: Dinner at Beechwood