

the Massachusetts

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THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION ■ Vol. 80 No. 1



ADVOCATE

**Safe Staffing:
Still RN's top
legislative
priority in 2009**

January 2009

MNASM

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Huge victory for single payer ballot question

In 2008, we witnessed an unprecedented outpouring of grass-roots political activity in Massachusetts, as well as across the nation. Activists in 10 state representative districts across the commonwealth placed a non-binding question on their ballots to press the case for a just health care system. On Nov. 4, the local ballot initiative supporting single payer health care and opposing individual mandates passed by landslide margins in all districts where it appeared. The measure passed with margins ranging from 65 percent in the 5th Middlesex district to 83 percent in the 3rd Hampshire district. With almost all precincts tallied, roughly 73 percent of over 187,000 voters in the 10 districts voted "yes" to the following:

"Shall the representative from this district be instructed (1) to support legislation that establishes health care as a human right regardless of age, state of health or employment status, by creating a single payer health insurance system that is comprehensive, cost effective, and publicly provided to all residents of Massachusetts, and (2) to oppose any laws penalizing the uninsured for failing to obtain health insurance."

Here are the numbers and winning percentages for all of the voting districts where the question was on the ballot:

District	No	Yes	% in favor
1st Barnstable	6,252	13,341	68
4th Barnstable	6,897	17,262	71
Barnstable, Dukes, Nantucket	5,702	15,816	74
2nd Franklin	4,162	12,471	75
1st Hampshire	4,085	16,395	80
3rd Hampshire	2,571	11,437	82
5th Middlesex	6,263	11,896	66
12th Middlesex	4,384	11,556	72
4th Plymouth	5,312	15,381	74
10th Suffolk	5,221	19,757	79
Total	49,423	132,472	72.8

Swelling support for "Medicare for All"

With the tremendous ferment leading to and growing out of the coming changes in Washington, increasingly serious debate and action on health care are the order of the day.

The United States National Health Insurance Act, HR.676, introduced by Representative John Conyers, establishes a

unique American national universal health insurance program. The bill would create a publicly financed, privately delivered healthcare system that uses the already existing Medicare program by expanding and improving it to all US residents and all residents living in US territories. HR.676 currently has 93 co-sponsors in addition to Conyers. H.R.676 has already been endorsed by 474 union organizations in 49 states including 20 national unions, 117 central labor councils and 39 state AFL-CIOs.

Delegates to the Massachusetts AFL-CIO's annual COPE convention in Andover voted in September to endorse H.R.676. John Horgan, IBEW Local 2222 steward at Verizon, had made a presentation on H.R.676 to the state COPE Committee which voted to endorse H.R.676. The COPE Committee's endorsement was approved by the state federation's executive board and passed unanimously by the convention upon a motion by Robert Haynes, state federation President. Horgan had earlier been responsible for several endorsements of H.R.676 by a number of Massachusetts Central Labor Councils. MNA officially endorsed "Medicare for All" in 2007.

The Leadership Conference on Guaranteed Health Care met in November at the AFL-CIO's Washington headquarters. Massachusetts was represented by Mass-Care's Benjamin Day. This national coalition will unite all single payer groups who sign on to its statement of purpose, and work through an executive committee of leading national organizations and a number of sub-committees on which any member organization can sit. The California Nurses Association has agreed to match every dollar that any other organization raises to staff a national office. The co-conveners of the conference—the CNA, Physicians for a National Health Program, Healthcare-NOW and Progressive Democrats of America—are responsible for getting this organization off the ground initially.

Parallel to this, Labor for Single Payer will be launched at a conference in St. Louis on Jan. 10 and 11. All labor organizations that support the passage of H.R.676 are invited to attend and participate in launching a dynamic campaign for the only workable solution to today's healthcare crisis, working within and through the labor movement. MNA is sending a delegation to St. Louis. ■

the Massachusetts nurse

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Breaking the link to employer-based health insurance

By Julie Pinkham

By the end of December, many of you probably happily took down your 2008 calendar and swapped it out for a brand new 2009 version. 2008, after all, was a pretty tough year given that we were sideswiped with an economic meltdown that, for the most part, resulted in fallout that we couldn't possibly have imagined.

There was some good news in 2008 though: the nation's elected leaders and economic experts seem to have acknowledged the fact that economic trends don't just affect a single socio-economic group. If left unattended, unchecked or unresolved, dangerous economic trends will—in essence—go viral. Today, thankfully, we are making some strides in balancing a previously unbalanced system.

But the financial meltdown of 2008 is not the only current relevant example of an essential system that has been left unattended, unchecked and unresolved. As nurses you can see this same example at work every day in your hospitals. The question in this scenario though is when and how the system will be attended to, checked on and repaired.

Health care in the United States is one of the greatest failures of the 20th century. We grew an economy in which health care—unlike any other industrialized nation—was a benefit to be negotiated with the employer. We carved out some exceptions of course: the elderly, the poor, the disabled and children. But we left the vast majority of our citizens to deal with health care in the context of the employee/employer relationship.

As global competition grew, health care benefit costs became a noose around employer's necks. But instead of moving to resolve the

issue as a flaw in our social fabric, employers opted to cut costs and benefits. Now—as the economy implodes and the automakers look for the taxpayer bailout, we need to ask ourselves whether or not this fundamental flaw can go unaddressed.

But what are some of the components that we most want for ourselves in a health insurance program—whether that program is a single payer program or not? Well, freedom of choice, both in terms of clinicians and facilities, would be nice. I'd like to know that once I've established a relationship with my primary care practitioner (not one from a list supplied by my insurer) that I can then stay with that individual . . . unlike today when the employer decides that the insurance is too expensive and forces you to switch plans.

I'd like to see medical testing, prescriptions management and treatment plans centralized and made available to clinicians working with me.

I'd like to spread the health risk across everyone so that the cost to each of us is more affordable as opposed to insurance industries carving out populations to diminish risk and adjust premiums to make a profit.

I'd like clinical data for clinical research usable so that we could all benefit from the best practices available.

I'd also like to pay for health care in a fair



Julie Pinkham

Health care in the U. S. is one of the greatest failures of the 20th century, requiring most people to deal with it in an employee/ employer relationship.

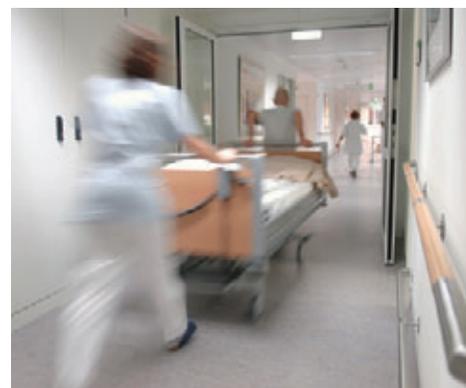
manner. And I'd like to adopt a system for doing so that has already been successful rather than create new bureaucracies so insurance industries can maintain the cash cow of American health care.

I'd like a health system that allows our economy to grow—to encourage the small start up groups and small businesses, the backbone of our economy, to recruit and retain talent without their employees having to leave to find better health benefits as they start their families or find themselves with an illness or medical issue for which they had no control over.

In short, I'd like to have Medicare now. I'll pay for it. I'm already paying for it for when I'm 65. I'd like to just go ahead and pay for it now and have it now. As far as the insurance industry, I'm sure they'll find something to sell me—insurance for dental care, eye care, private rooms, cosmetic care—no doubt the list will grow. I'm thinking they'll survive and likely make a hefty profit elsewhere, but for me I'd like to have the best chance at a long healthy life. I think my best shot—Medicare for all. It's time to raise our expectations. ■

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On the cover: Safe staffing again tops this year's MNA legislative agenda. Page 5.

MNA opposes state plan to close four developmental centers

The MNA, which represents registered nurses and health professionals who provide clinical care to the clients, residents and patients at state-operated health care facilities, joined with Coalition of Families and Advocates for the Retarded (COFAR), in registering strong opposition to the Patrick administration's plan to close four of the six developmental centers serving the most vulnerable citizens in the commonwealth.

The Patrick administration announced last month it would close the Fernald Developmental Center in Waltham, the Glavin Regional Center in Shrewsbury, the Monson Developmental Center in Palmer and the Templeton Developmental Center in Baldwinville.

The Wrentham Developmental Center and the Hogan Regional Center in Hathorne will remain open.

About 900 people live in the six institutions. The Department of Mental Retardation said about 316 people - including 180 who live at the Fernald facility in Waltham - will be transferred to community settings or one of two remaining state institutions during the next four years.

The facilities provide a wide range of medical, dental and psychiatric services to the residents, as well as physical, respiratory and occupational therapy services, speech and communications services, and adaptive technologies, such as wheelchairs retrofitted with switching devices.

"These residents are the most severely and profoundly disabled in the state. Many are on respirators and have a variety of severe medical problems in addition to their mental disabilities. If one doesn't take into account the actual makeup of the population at these facilities, one might assume the residents could be cared for in

the community. But that is not who these people are," said Michael D'Intinosanto, RN chair of the MNA Unit 7 and a nurse at the Templeton Developmental Center. "These individuals will be unable to find employment opportunities or enjoy the community living experience without high levels of support. To misrepresent who these people are and what they truly need is not only bad policy, it is life threatening. And the assumption that most, if not all, of these residents could be moved out into the community is a false and dangerous one."

D'Intinosanto added, "We are also concerned that the closing of these facilities will create a shortage of beds for severely disabled residents who made need this high level of care in the future. "

"This is an unacceptable attack on the minority of people with MR/DD who are the most disabled, medically fragile, and behaviorally complicated—the most in need of state supports," said COFAR Executive Director Colleen M. Lutkevich. "It violates the spirit of the 1993 court settlement, the Supreme Court's Olmstead decision, and HHS Secretary JudyAnn Bigby's personal promise a year ago to Fernald families that their loved ones could move to another facility, and if they did so would not be forced to move again. By guaranteeing the future of only one facility, in the Southeast corner of the state, Governor Patrick has denied many families any meaningful choice. A safe placement too far to visit, versus a riskier one closer to home is not a full set of options."

COFAR President David J. Hart added, "Federal law regulates the six developmental centers as Intermediate Care Facilities/Mental Retardation. By DMR decision, no group homes are allowed to apply to meet this standard, which includes 24-hour nursing care and

concentrated programs of active and secure treatment. ICF/MR placement is a legal option under Medicaid, and most of the residents of the four centers have rights to stay in an ICF or 'equal or better' under the 1993 disengagement agreement. Thousands of others now in the community resident system have a right to return, which some aging people will want to use. I have to come back to the issue of family choice. Moving a loved one into the community system might be a death sentence; but moving them far from family who can now often visit them at Fernald, Monson, Templeton, or Glavin (Shrewsbury) might be another kind of death sentence. And Hogan families have four years of sitting on pins and needles. It just isn't fair," concluded Hart.

COFAR Vice President Thomas J. Frain pointed out, "The federal court monitor looked at case files two years ago, and found a 30 percent greater chance of abuse and neglect in the community residential system. This is even more of a risk with the highly disabled residents who remain in developmental centers now. Advocates for one-size-fits-all promise to do better, but haven't facility residents endured enough in the bad old days without being forced into risky experiments in privatization now?" asked Frain.

According to D'Intinosanto, the MNA will work closely with COFAR and other unions at the facilities to ensure the population served by DMR is provided with fair treatment, and if and when closings occur that all residents and their families/guardians receive equal or better care that preserves their health and dignity. "We will be watching closely to make sure the family's wishes are honored and that our disabled citizens receive the care they need and deserve," he concluded. ■

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 winter 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 rohlon@mnarn.org.



The MNA sets legislative agenda for 2009–2010

By Andi Mullin

Director of the Division of Legislation and Governmental Affairs

The MNA is welcoming the New Year by gearing up for the beginning of a new legislative session at the State House. Our legislative agenda addresses core issues such as nurse staffing, the nursing shortage, protections against workplace violence and much more.

Included below is a comprehensive outline of the MNA's legislative agenda for the 2009-2010 session. To learn more about these bills and to become involved in supporting these critical pieces of legislation, please contact the MNA Division of Legislation and Governmental Affairs.

The Patient Safety Act

The MNA will again file our bill to require the Department of Public Health to set a limit on the number of patients a hospital nurse is required to care for at one time. The issue of understaffing of nurses in acute care hospitals remains the top issue facing our membership (*see related story on Page 6*), and we remain committed to addressing this problem through a statewide, legislative solution. Although the struggle to pass this legislation has been long and difficult, we have made progress each and every year in moving the legislation forward. We will continue to push the legislature to address this important patient safety issue.

An Act Providing for Safe Patient Handling

This bill would set acceptable standards for the lifting and handling of patients to curb the high rate of injuries incurred by RNs doing such activities. Direct patient care RNs get injured from lifting, moving and repositioning their patients at a higher rate than that of laborers, movers and truck drivers according to The Bureau of Labor Statistics. At a time when we are trying to retain and recruit more nurses to the bedside, this legislation is critical to ensure that we do not lose quality nursing staff to preventable injuries.

An Act Requiring Health Care Employers to Develop and Implement Programs to Prevent Workplace Violence

This bill would require health care employers to annually perform a risk assessment and, based on those findings, develop and implement programs to minimize the danger of workplace violence to employees.

An Act Relative to Assault and Battery on Health Care Providers

This legislation would enhance penalties for patients/clients who assault any health care provider treating, transporting or otherwise performing health care responsibilities.

An Act Relative to a Patient's Report Card of Nursing

This legislation would require hospitals, nursing homes, clinics, etc., to report data, including but not limited to: measures of the severity of patient illness, readmission rates, lengths-of-stay, patient/family satisfaction, indicators of the nature and amount of nursing care directly provided by licensed nurses, the number of patients on average cared for by a nurse, and documentation of defined nursing interventions and patient safety measures. This would enable purchasers of group health insurance policies and health care services and the public to make meaningful financial and quality of care comparisons.

An Act to Ensure Safe Medication Administration

This legislation would prohibit unlicensed personnel from distributing medications for which they have not received sufficient education and training as approved by the state.

An Act Relative to Improvements in Private Duty Nursing Care for Developmentally Disabled Children

This legislation would provide expert nursing care to all developmentally disabled children eligible to receive private duty nursing care.

An Act Relative to a Nurse Deputy Commissioner at the Department of Public Health

This legislation would direct the Department of Public Health to



appoint a registered nurse to be nurse deputy commissioner responsible for statewide planning, policy development and the coordination, communication and resource management for programs and district health officers within the department.

An Act Relative to a Registered Nurse Seat on the Public Health Council

This legislation would add an additional seat on the Public Health Council for a registered nurse from the state's largest organization of registered nurses.

An Act Relative to Group 4 for Health Care Professionals

This legislation would include in group 4, for purposes of retirement, state employees whose duties require them to be licensed health care professionals for ten or more years who care for prisoners, the mentally ill, mentally retarded, chronically psychologically impaired or those with chronic infectious disease.

An Act Relative to Group 2 Employees

This legislation would include in Group 2, for purposes of retirement, state employees who care for the mentally ill, mentally retarded, chronically psychologically impaired or those with chronic infectious disease.

An Act Related to Interest Arbitration for Health Care Professionals

This legislation would make arbitration for a bargaining unit employed by the Commonwealth of Massachusetts binding, provided that the scope is limited to wages, hours and conditions of employment.

An Act to Include Certain Municipal Employees of the Commonwealth in Group 2 of the Contributory Retirement System for Public Employees

This legislation would entail classifying licensed nursing care employees of cities and towns in Group 2 of the Public Employees Retirement System.

An Act Regarding Insurance Equity for Registered Nurse First Assistants

This legislation would require insurance coverage for registered nurse first assistant services in insurance policies and health service contracts issued in the Commonwealth.

An Act Relative to Creating a Difficult to Manage Unit within the Department of Mental Health

This legislation would create a "Difficult to Manage" unit for women within the Department of Mental Health and reinstate the "Difficult to Manage" unit for men.

An Act Authorizing the Sale of "RN" Distinctive Registration Plates

This legislation would direct the Registrar of Motor Vehicles to issue distinctive license plates whose proceeds would establish a fund for the future of nursing.

MNA members report loud and clear: unsafe staffing remains the greatest patient care concern

In late October, Opinion Dynamics Corporation, a leading national consulting firm specializing in market and opinion research, conducted a poll of MNA members to learn more about their thoughts regarding the organization's efforts to pass the Patient Safety Act. The Patient Safety Act, filed by the MNA for the past several legislative sessions, would require the Department of Public Health to set a limit on the number of patients a nurse can be forced to care for at one time.

In both 2006 and 2008, this legislation passed the state House of Representatives by overwhelming margins. The House bill, however, continues to face opposition in the Senate. Consequently, the MNA Board of Directors felt strongly that we should hear more from MNA members about where to go from here.

Accordingly, Opinion Dynamics surveyed 400 MNA members by telephone in late October. Results have a maximum margin of error of 4.9 percent.

Members overwhelmingly continue to identify understaffing as the most important difficulty they face at work. When asked an open-ended question about the biggest problem or negative thing members face while on the job, 41 percent identified understaffing. This issue dwarfed any other problem raised by members, with the next biggest problem earning only a 9 percent response rate.

When asked what issue the MNA should focus on in the state legislature, 68 percent

Key findings

- ◆ 80% said safe staffing is the most critical issue for MNA to address
- ◆ 61% reported having too many patients caused medical complications
- ◆ 40% said they knew of patient deaths caused by understaffing
- ◆ 40% said they want to leave bedside nursing, primarily because of poor staffing and workload stress

of members said staffing levels. When asked to identify which legislative issue was most important from a list of several such issues, 80 percent of members said staffing was the most critical issue.

Members also said that understaffing is clearly leading to negative outcomes for patients. Fully 61 percent of members reported that having too many patients caused complications for their patients and a shocking 40 percent reported being aware of patient deaths caused by understaffing.

These findings are truly alarming. Understaffing is also hampering attempts to retain nurses at the bedside. The survey found that 40 percent of nurses report a desire to leave bedside nursing, with the majority identifying poor staffing/workload stress as the primary

reason. There is just no doubt about it: Understaffing remains the most significant issue faced by registered nurses working in acute care hospitals.

The survey also revealed an astonishing level of legislative activism among MNA members. Almost half of MNA members (48 percent) have participated in some type of legislative advocacy during the past four years, whether it was calling their elected officials, attending a meeting with legislators to lobby them directly, or attending a rally or press event on safe staffing. This is a remarkable level of activism, and the survey also showed a significant capacity for growth, as over 80 percent of members expressed a willingness to engage in these kinds of activities in the future.

Finally, members felt strongly that the Legislature remains the best forum for addressing the problem of understaffing. Despite what a long and difficult fight this has been, members continue to have faith in the legislative process and believe that a statewide patient safety standard is the best way to keep patients safe. Fully 86 percent of members feel that we should continue to pursue legislation to address this problem.

The results of the Opinion Dynamics survey will be very helpful to the Board of Directors as they make decisions about how to proceed strategically on the Patient Safety Act.

Thanks to all members who participated in the survey. ■

Caritas Carney honors Penny Connolly at annual awards dinner

Penny Connolly, RN and an MNA member at Caritas Carney Hospital, recently received the President's Award at the hospital's 24th Annual Awards Dinner at the Seaport Hotel in Boston.

The President's Award was presented to Connolly for her compassion, accountability, respect and excellence in service to Caritas Carney Hospital. Since 1969, she has been involved with Carney. She began her career at the hospital as a high school student where she worked as a ward clerk and a nursing assistant. After completing her nursing degree at Boston City Hospital School of Nursing, she worked at Carney and then moved to Boston City Hospital. After five years, she returned to Carney where she has been an integral part of the hospital's nursing team ever since.

Connolly currently serves as a clinical resource nurse where she facilitates the admission process of many patients who are in the emergency department. In this role, she is the person who becomes the patient's guide to



Penny Connolly

moving from the busy ER to their inpatient room. Connolly also serves as a member of the hospital's ethics committee and nurse practice council.

In 2008 however, Connolly's work for Carney expanded beyond the walls of the hospital. She was instrumental member of a group called "The Coalition to Strengthen Caritas Carney Hospital" which was formed to highlight the issues that the hospital faced, including the facility's proposed closure. She made numerous public appearances at groups around Dorchester to garner support for the hospital.

"The nurses at Carney know the value this hospital brings to the care of our patients. Because we are a community hospital and

because the majority of our nurses have been practicing here for decades, we know our patients—particularly those with chronic conditions. You are not just a number to us at Carney, you are a neighbor. You are like family," Connolly said recently. "When you consider the services Carney provides, the population we care for and the broader impact we have in propping up an already fragile hospital system in the state, the loss of Carney would be devastating—not only for Dorchester, but for the entire health care system."

Ultimately the efforts of Connolly and her fellow advocacy group members paid off. In May of 2008, Ralph de la Torre—the new Caritas CEO—announced at a community meeting that Carney would stay open.

Several local community leaders and state legislators attended the awards ceremony, including Rep. Marty Walsh, Rep. Linda Dorcea-Forry and Boston City Councilor Maureen Feeney. ■

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

Pact includes improvements in RN staffing levels to ensure high quality care

The registered nurses of the Brigham & Women's Hospital (BWH) recently voted to ratify a new contract. The one-year pact includes long-sought improvements in RN staffing levels to ensure the highest quality of patient care. It also includes pay increases that will make the BWH nurses among the highest paid nurses in the state.

"We are pleased that the hospital and the nurses have reached an agreement and we look forward to its successful implementation to ensure the highest levels of compassionate, quality care for our patients," said Barbara Norton, RN and chair of the nurses' local bargaining unit. "While other hospitals in Massachusetts are making shortsighted decisions to cut RN staffing in these uncertain economic times, this agreement recognizes the valuable role nurses play in keeping patients safe in the hospital."

The agreement runs from Oct. 1, 2008 to Sept. 30, 2009, and includes a 2 percent across-the-board pay increase with a new 2.5 percent step at the top of the pay scale. As a result, at the end of the agreement nurses' pay will range from \$29.90 per hour at the bottom of the pay

Contract highlights

- ◆ New step at top of pay scale, with top salary of \$63.75 an hour
- ◆ Improvements in RN staffing levels to ensure highest quality of patient care
- ◆ Pilot program of resource nurses to ease overcrowding in emergency department

scale up to \$63.75 an hour at the top, which will make the nurses among the highest paid nurses in the state.

Staffing improvements

The pact also includes a number of improvements in nurses staffing levels, including:

- The hiring of additional staff to improve the nurse-to-patient ratios on the hospital's busiest units, including those providing critical care to cardiac patients.
- A commitment to increase staffing in the labor, delivery and postpartum depart-

ments to meet national professional standards of care for mothers and newborns.

- A pilot program calling for the addition of resource nurses to improve the flow of patients throughout the hospital, to ease overcrowding in the emergency department, and to decrease the extended delays that some patients experience while waiting to be transferred to an appropriate bed.
- A pilot program calling for the posting of additional nurse shifts to account for increases in patient volume and acuity.
- A commitment to meet monthly with the union to review staffing and patient care issues, with the goal of identifying opportunities to further improve care.

"The nurses of the Brigham & Women's Hospital are proud to work for this premier institution and, through the voice and protection afforded to us by our union representation, we remain committed to using that voice to meet our primary objective—to ensure that every patient under our care receives the best care possible," said Norton. ■

BMC nurses ratify contract that includes pay hike, benefit enhancements and language to protect nurses' union rights

The registered nurses represented by the MNA at the East Newton Campus of Boston Medical Center have ratified a new three-year contract that provides a cost of living increase of 9 percent, a bonus and a new step at the top of the salary scale. It also includes new contract language to protect nurses' union rights. In addition, the nurses were successful in preventing inclusion of new language sought by the hospital to force nurses to work on unfamiliar units, as well as the right to unilaterally cancel nurses' shifts

"We are relieved to have reached an agreement that will provide a more competitive pay scale with other hospitals in our region, while also maintaining important contractual rights to ensure the safest care for our patients," said Ann Driscoll, RN, a staff nurse at the hospital and chair of the nurses' local bargaining unit. "This contract also includes new language to protect and enhance our union rights and the ability of our nurses to have a strong voice to advocate for patients."

The three-year agreement runs from Feb. 2, 2008 to Feb. 2, 2010. The pact includes the following key provisions:

- **Salary increase:** Provides a 9 percent salary increase across the board (5 percent in 2008; 2 percent in 2009 and 2

percent in 2010) while adding a 1 percent bonus in 2009 and a new 2 percent step in 2010 for nurses at the top of the salary scale.

- **Benefits enhancements:** Improvements were made to the nurses' bereavement, military leave, vacation, earned time cash out and tuition reimbursement benefits.
- **Protection of union rights:** The nurses won contract language that protects union rights for nurses at the facility and their ability to advocate for patients. The new language clearly recognizes the union rights of all nurses in the union and closes a loop hole created by the controversial ruling of the National Labor Relations Board, which raised concerns about the union status of nurses performing charge duties (overseeing patient flow on a unit).

The nurses were also able to fend off onerous management proposals: one which would have allowed the hospital the unilateral right to cancel nurses' shifts; and another that would have given the hospital greater latitude to "float" nurses from one area of the medical center to another where they may be unfamiliar with the equipment or procedures and may not be

able to provide appropriate care.

"We are proud of what we have achieved in this negotiation, not only in the gains we made, but also in how we were able to use our union power to protect our existing rights," Driscoll said.

The 600 nurses of Boston Medical Center/East Newton Campus began negotiations on the new contract in December 2007, with a tentative agreement reached on Nov. 3, 2008. ■

Bargaining unit update

MetroWest/Leonard Morse Hospital

The MNA nurses at MetroWest Medical Center/Leonard Morse Hospital recently overwhelmingly rejected the management's proposal to not be paid overtime for the first hour after eight hours in a day from Jan. 4, 2009 through July 4, 2009.

During negotiations on this issue, the MNA committee counter-proposed that if hospital management agreed to no further layoffs during that same period of time then the unionized RNs would agree to the overtime pay proposal.

The hospital rejected that counter proposal and offered no other proposal. ■

Welcome change expected with Obama pick as labor secretary

By Joe Twarog

Associate Director, Labor Education

Barack Obama has nominated California Congresswoman Hilda Solis as the new secretary of labor, selecting a woman with deep union roots and a proven track record supporting working men and women.

After eight years of Republican rule marked by a hostile attitude toward labor, this pick offers to labor the same hope and optimism that President Obama did for the country.

Fellow California Congresswoman Lois Capps called Solis, 51, “a wonderful fit” for the job of labor secretary. “Her whole background has been working families. She knows what everyday Americans are living through,” Capps said. “She will bring to the table so many concerns that she’s lived with her whole life in the working class areas of East L.A.”

A member of Congress since 2001, she was recognized as a staunch environmentalist and ardent feminist, as well as a friend of working men and women.

She has deep labor roots. Both of her immigrant parents (Mexican and Nicaraguan) were proud union members. Her father was a steward in the Teamsters and her mother was a member of the United Rubber Workers. She has been an outspoken critic of President Bush’s labor policies.

She has stated that “When union people get paid good wages, that money stays in the community, it helps to provide a vibrant economy, it helps to also even send their children like me ... to college and eventually run for office.” She has been described as both a coalition builder as well as a tenacious advocate for her positions.

In her years as a California assemblywoman, state senator and congresswoman, Solis has: successfully fought for a higher minimum wage, picketed with striking janitors; campaigned against domestic abuse; worked to rid the neighborhoods of air-borne carcinogens; fought to clean up rivers running through her district; co-sponsored legislation to limit carbon emissions across the board; and, co-authored the Green Jobs Act designed to provide funds to retrain workers in environmentally friendly jobs.

Upon the announcement of her selection, AFL-CIO President John Sweeney stated “We’re confident that she will return to the labor department one of its core missions—to defend workers’ basic rights in our nation’s workplaces.”

Her appointment will be a welcome change at the Labor Department from the last eight years of Secretary Elaine Chao’s reign. Chao was appointed by Bush and is the only origi-

nal member of his cabinet serving throughout his two terms. She is married to Sen. Mitch McConnell of Kentucky, the Republican Senate minority leader – whose re-election was her top priority this year, and not that of her job as labor secretary.

Chao’s tenure was marked by hostile decisions toward working men and women. Even as her term wound down, her attacks on workers continued, as reported by the *Washington Post* on July 23, 2008.

“Political appointees at the Department of Labor are moving with unusual speed to push through in the final months of the Bush administration a rule making it tougher to regulate workers’ on-the-job exposure to chemicals and toxins.”

One has to ask: Is this the appropriate role of the secretary of labor? Or is this just a reflection of a politically driven agenda to suppress workers’ rights at the workplace?

And the *New York Times* added in an opinion piece on Aug. 8, 2008:

“Under the Bush administration, the Department of Labor has shirked its responsibility to upgrade workplace safety. In seven years, it has issued but one major rule change protecting workers against a chemical toxin—and that was forced on it by court order.

“Now, it’s taken a giant step beyond benign neglect. Political appointees at the agency have been discovered in a rush to duck public disclosure and jimmy into place a pro-industry rule making it more difficult to limit workers’ exposure to poisonous chemicals.”

The mission statement of the Department of Labor, as on its website states:

The Department of Labor fosters and promotes the welfare of the job seekers, wage earners, and retirees of the United States by improving their working conditions, advancing their opportunities for profitable employment, protecting their retirement and health care benefits, helping employers find workers, strengthening free collective bargaining, and tracking changes in employment, prices, and other national economic measurements. In carrying out this mission, the department administers a variety of federal labor laws including those that guarantee workers’ rights to safe and healthful working conditions; a minimum hourly wage and overtime pay; freedom from employment discrimination; unemployment insurance; and other income support.

Under Chao almost none of this happened.



Hilda Solis

In fact, quite the opposite occurred. For example, under her “leadership” there was lax mine safety enforcement. Her department found 208 “serious and substantial” safety violations at the Sago Mine in West Virginia and they did nothing about it and 13 miners lost their lives in January 2006. This was followed just over two weeks later with a mine fire at the Alma Mine also in West Virginia with another two miners dead and by another five miners’ deaths in May 2006 at the Darby Mine in Kentucky. Chao’s corporate connections aligned her with the interests of the mine owners rather than with the safety interests of the miners.

When he announced the appointment last month, Obama said, “If jobs and incomes are our yardstick, then the success of the American worker is key to the success of the American economy. For the past eight years, the Department of Labor has not lived up to its role either as an advocate for hardworking families or as an arbiter of fairness in relations between labor and management. That will change when Hilda Solis is secretary of Labor. Under her leadership, I am confident that the Department of Labor will once again stand up for working families.”

There is nowhere to go but up with a new administration and a new secretary of labor. But one has to be hopeful and optimistic when a person of Solis’ stature is appointed. She has her work cut out for her, in repairing and reversing all of the damage done in the past eight years. ■

Why it is called the Employee Free Choice Act

What is the Employee Free Choice Act? Well, it is a piece of proposed legislation that would, in a nutshell, restore workers' freedom to form unions and bargain without interference from management.

Specifically, the Employee Free Choice Act would:

- Establish stronger penalties for violation of employee rights when workers seek to form a union and during first-contract negotiations.
- Provide mediation and arbitration for first-contract disputes.
- Allow employees to form unions by signing cards authorizing union representation.

But if you've recently seen the television commercials against the Employee Free Choice Act—the ones that stereotype union organizers as “mobsters”—then your impression could be that this legislation is bad for workers.

In fact, the opposite is true.

Why the Employee Free Choice Act? Why now?

In order to really understand the importance of Employee Free Choice Act, you should first ask yourself why so many employers are so willing to spend so much money to keep nurses from forming a union and negotiating a contract.

Typically most employers try to stay competitive with union wages and benefits in order to keep the “unionization possibility” out of the mix, so it's not about the money.

What employers are really trying to avoid is sitting down at the table with their employees and negotiating over wages, hours and working conditions. They are willing to spend exorbitant amounts of money to keep you from forming a union because they don't want to relinquish any power to “their” employees.

In the current environment of labor law, if a majority of employees sign union cards stating they want a union, they have to ask their employers to recognize what a majority of workers want. At this point, the employer decides if they will recognize the union or force the workers to have an election overseen by the National Labor Relations Board. The vast majority of employers choose the second option—even though it is more costly—because it gives the employer more opportunity to run a successful anti-union campaign.

Aiming for a balance in power

If the Employee Free Choice Act is enacted, then the employees decide if management will recognize the union when a majority of workers sign union authorization cards. This act will balance the scales of the employer/employee relationship.

In addition, the proposed legislation would strengthen penalties against offending employers and require mediation and arbitration to help parties reach a first contract in a reasonable period of time.

For more information on the Employee Free Choice Act, contact the MNA's Division of Organizing at 781-830-5777. ■

MNA Region 3 unveils AEDs for Life program

The MNA's Regional Council 3 was happy to kick off its new “AEDs for Life” program with a \$500 donation to Martha's Vineyard VFW Post 9261—a donation that put the organization over the top in its fund raising efforts.

The new program was started by the MNA to help purchase AEDs for nonprofit organizations with 25 or more members. It was initiated after an event at the Vineyard's VFW Post last summer when a patron suffered cardiac arrest. It was the third time that such an event had occurred at the post, and the VFW leadership felt that it was time to have an AED on site. They purchased an AED and started a fund raising drive to offset the cost.

Rick Lambos—an ER staff nurse, MNA bargaining unit chairman at Martha's Vineyard Hospital, MNA Board member and MNA Regional Council 3 treasurer—was at the VFW Post on that terrible day last summer and he assisted with the resuscitation. When he found out the post was raising money for an AED, he thought that the MNA might be able to help.

He brought his idea to MNA's Regional Council 3, which is made up about 4,700 members from across Southeastern Massachusetts, Cape Cod and the Islands, and he secured approval to move ahead. Lambos then went one step further and moved to involve the rest of the MNA Regions from across the state. Currently, three of the other four Regions in the state are participating in the program.

“It is a documented fact that early intervention with CPR and/or electrical defibrillation



MNA member Rick Lambos, center, presents the Martha's Vineyard VFW with a check for an AED.

increases a cardiac arrest victim's survival rate dramatically, and that is why nurses across the state wanted to participate in this effort,” said Lambos. “The MNA, which is the state's leading professional nurses association and labor organization, is honored to be involved in this community health effort.”

If you know of a nonprofit organization that could benefit from this program, contact your local Regional office and request to have an application and related criteria sent via mail, email, or fax.

- **MNA Regional Council 1 (Western Mass.)**
413-584-4607

- region1@massnurses.org
- **MNA Regional Council 2 (Central Mass.)**
508-756-5800
region2@mnarn.org
- **MNA Regional Council 3 (South Shore/ Cape & Islands)**
508-888-5774
region3@massnurses.org
- **Regional Council 4 (North Shore)**
978-977-9200
region4mna@aol.com
- **Regional Council 5 (Greater Boston)**
781-821-8255
region5mna@earthlink.net

Flu vaccination: an occupational health and patient safety issue

By Donna Lazorik, MS, APRN, BC
with the Massachusetts Department of
Public Health

Influenza is not the common cold. Every year in Massachusetts, influenza causes an estimated 2,600 hospitalizations and 800 deaths. While we have safe and effective vaccines to protect us from influenza, these vaccines are less effective in people who are most at risk for complications from influenza, including the very young, the elderly and people with chronic medical conditions. These vulnerable patients—even when they are vaccinated—rely on their health care providers to not expose them to influenza.

Did you know that:

- As a health care worker, you are more likely than the general public to become infected with influenza because of your exposure to ill people.
- If you become infected, you can be infectious for 24 hours before you develop symptoms, infecting people around you even before you know you

are sick.

- Documented transmission of influenza from unvaccinated health care workers has occurred in organ transplant units, long-term care facilities and neonatal intensive care units, resulting in patient deaths, according to the National Foundation for Infectious Diseases.

Our patients rightfully expect that their health care providers will do whatever is necessary to prevent nosocomial infections, from handwashing to taking advantage of vaccines when they are available. As health care providers, we have a responsibility to base our decisions on scientific evidence, and the body of scientific evidence supports influenza vaccination of health care workers as both an occupational health and patient safety issue.

For more information visit, www.mass.gov/dph/flu, or call the Massachusetts Department of Public Health at 617-983-6800.

Become informed. Protect yourself, your family and your patients. Get vaccinated. ■

Flu vaccine: you can decline, no documentation necessary

As outlined in last month's newsletter, the MNA has made it clear to its members that, in acute care hospital settings, nurses are not required to sign any form and/or document regarding their decision to decline a flu vaccination. In addition, nurses are not required to give any rationale, either verbally or in writing, regarding their decision to decline. At this time, the only exception is at long-term care facilities.

While legislation was initiated last year requiring health workers to be vaccinated, the legislation was not passed.

The MNA also confirmed with The Joint Commission that signed declination forms for refusal and/or requiring a rationale for refusal are not a condition or standard for hospital accreditation.

For more information, contact the MNA's Division of Health and Safety at 781-821-4625.

Thank You

The Massachusetts Nurses Association gratefully acknowledges the generous support of the exhibitors at the Second Annual Safe Patient Handling Conference November 21, 2008.

AliMed, Inc.

BAL Medical, Inc.

Beacon Health Care Products, LLC

EZ Way, Inc.

Guldman, Inc.

McAuley Medical, Inc.

**Mass. Division of Occupational Safety/
OSHA**

Patient Lifts of New England

Sizewise

U.S. Dept. of Labor – OSHA

The Massachusetts Nurses Foundation seeks candidates to join the Board of Trustees

The Massachusetts Nurses Foundation is seeking volunteers to join the MNF Board of Trustees. Established in 1981, the MNF supports scholarship and research for nurses in the commonwealth. Each year the foundation has increased the support given to nurses. Over the years, we have provided thousands of dollars in scholarship awards—this year alone \$80,000 was awarded in scholarship funds.

In the past year, the foundation has undertaken a strategic plan directed to continue the development and growth of the foundation's endowment. As a result of this effort, membership on the board of trustees will be expanded to include both nurses and other individuals from throughout the state.

As an outcome of that work, we are seeking qualified candidates to join the MNF Board of Trustees. As a member of the MNF Board of Trustees you will contribute to improving health care through your support of the profession of nursing. Your background and expertise will enhance the mission and goals of the foundation.

Responsibilities of trustees are:

- ◆ Attendance at MNF Board of Trustee meetings approximately four times per year.
- ◆ Chairing or co-chairing a committee.
- ◆ Contribution of your expert knowledge to achieving the mission of the foundation.
- ◆ Assume the responsibilities for conduct of the foundation as a trustee of the organization.

To apply, send a letter of interest to Jeannine Williams, President, Massachusetts Nurses Foundation, 340 Turnpike Street, Canton, MA 02021, or send an e-mail message to Cindy Messia at cmessia@mnarn.org if you have questions.



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 2008.* ■

**Consent-to-serve forms,
See Pages 12 & 13**

Responding to the Public Health Advisory on Domestic Violence: The Role of Massachusetts Health Care Providers

A series of three forums for health care providers

These forums will be held regionally and are appropriate for physicians, nurses, social workers, physician assistants, nurse practitioners and others working within medical settings. Registration is free and light refreshments will be provided.

Topics covered:

- Domestic violence: prevalence and presentation
- Domestic violence homicide: what we know and how to respond to patients at high risk
- Creating a trauma informed practice and responding to disclosures of abuse
- Making connections to local domestic violence programs

Dates, locations and times:

Jan. 28, 2009	Massachusetts Medical Society (Waltham)	9 a.m. – noon
Feb. 4, 2009	YWCA of Western Massachusetts (Springfield)	9 a.m. – noon
Feb. 12, 2009	Massachusetts Hospital School (Canton)	1 – 4 p.m.

Registration information: Priority will be given to teams of staff attending from the same facility/practice. Register at www.janedoe.org/Training%20Institute.htm. Questions: email Training@janedoe.org or call Jane Doe Inc. at (617) 557-1829.

Co-Sponsors: Massachusetts Department of Public Health and Jane Doe Inc., the Massachusetts Coalition Against Sexual Assault and Domestic Violence

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 (6 for 2 years) |
| <input type="checkbox"/> Director At-Large, General*, (3 for 2 years) | <input type="checkbox"/> Congress on Health Policy (6 for 2 years) |
| <input type="checkbox"/> Director At-Large, Labor*, (4 for 2 years) | <input type="checkbox"/> Congress on Health & Safety (6 for 2 years) |
| <input type="checkbox"/> Labor Program Member*, (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

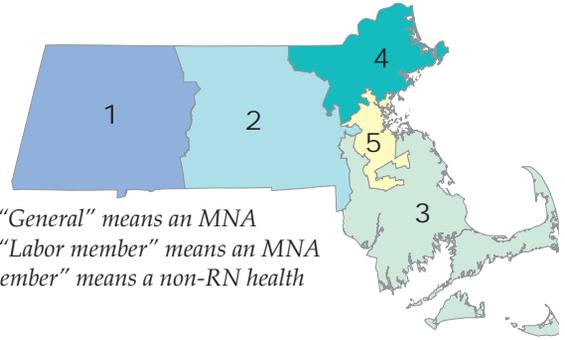
2009 Consent to Serve for the MNA Regional Council

I am interested in active participation in MNA Regional Council

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



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

Please type or print — Do not abbreviate

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

Work Title _____ Employer _____

MNA Membership Number _____ MNA Region _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Educational Preparation

School	Degree	Year

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

MNA Offices	Regional Council Offices

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

Signature of Member

Signature of Nominator (leave blank if self-nomination)

Postmarked Deadline: Preliminary Ballot: March 31, 2008
Final Ballot: June 16, 2009

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



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

Track 2: Role of the Floor Rep., Grievances and Arbitration						
	Region	1	2	3	4	5
Week 1: Role of the MNA rep Identifying grievances What is grievable Grievances vs. complaints—how to tell the difference, how to work with the member		2/3/09	3/25/09	3/4/09	12/11	11/24
Week 2: Components of the grievance procedure Time lines and steps When/how to settle grievances Discipline vs. contract interpretation grievances Burden of proof, just cause, due process, seven tests of just cause Past practice • Definition • Difficulty in proving a practice • Burden in proving a practice		2/24/09	4/8/09	3/18/09	12/18	12/8
Week 3: How to file grievances How to write a grievance Investigation/identifying sources of information Right to information Information requests Constructing the case		3/10/09	4/22/09	4/1/09	1/8/09	1/5/09
Week 4: Presenting the grievance Dealing with management Settling the grievance		3/24/09	5/6/09	4/15/09	1/22/09	1/20/09
Week 5: Arbitration Why it's good for the members Why it's bad for the members Unfair labor practices Weingarten rights Organizing around grievances		4/7/09	5/19/09	4/29/09	2/5/09	2/2/09

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

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.

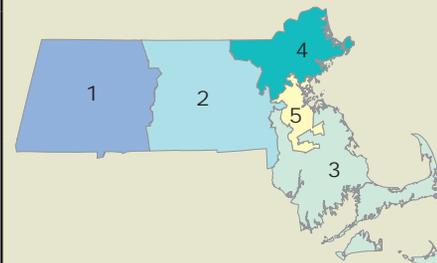
3	4	5
	3/4/09	
	3/18/09	
	4/13/09	
	4/23/09	
	5/6/09	
	5/21/09	

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						
Week 2: Organizing the Workplace Mapping the workplace Using contract action teams outside of bargaining Organizing around grievances	<i>Dates to be scheduled for all Regions.</i>					
Week 3: Attacking Member Apathy Effective union meetings Internal communication structure Member feedback						
Week 4: Strategic Planning Developing Plan Assessment Intervention						
Week 5: Workplace Action Identifying Action Plan, preparation and calendar Pressure tactics/Work to rule Strikes						

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 (OSHA)	<i>Dates to be scheduled for all Regions.</i>					
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						

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

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

Notification of reduced dues application window

MNA unionized RNs who work minimum hours (designated as 988 hours or less in the prior calendar year, subject to verification) may apply for the reduced dues category. This application is an annual application and must be submitted to the MNA by April 1 of each year for the prior calendar year. MNA calculates its dues on a fiscal year that begins July 1. To qualify for the dues reduction, RNs must have worked fewer than 988 hours in calendar year 2008 (Jan. 1 through Dec. 31).

The application for this category is printed below and may be sent to MNA by April 1 to the Membership Division, 340 Turnpike St. Canton MA 02021. Additional forms are available from the MNA membership division or can be found on the MNA Web site at massnurses.org.

For questions contact the Division of Membership, 800-882-2056. ■

Full member (75%) reduced dues: who qualifies*

■ Limited hours program members

- A labor program member represented for purposes of collective bargaining by the MNA
- Those who were paid for no more than an average of 19 hours per week (988 hours annually) in the prior calendar year
- Subject to verification
- Must submit application annually by April 1
- Reduced dues rate is effective the following fiscal year (July 1 through June 30)

■ Health care professionals

- Regardless of the hours worked
- No application required

*Can only qualify for one category at a time



Application for Minimum Hours Reduced Dues Category

Please print clearly and submit to the Membership Division of MNA by April 1.

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Telephone: Daytime _____ Evening _____

This is to certify the I _____, RN
was paid for a total of _____ hours in the year January 1, _____ through December 31, _____*
at the following MNA facility(s) of employment for the year of application:

Please list each MNA facility

I certify under penalty of perjury that the information herein is true and complete to the best of my knowledge.

Signed, _____ Date: _____

* MNA reserves the right to verify this information to determine eligibility

MASSACHUSETTS NURSES ASSOCIATION • 340 TURNPIKE STREET • CANTON, MA 02021

MNASM

Peer

Assistance

Program

*Help for Nurses
with Substance
Abuse Problems*



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

Please call us at
781-821-4625, ext. 755
or 800-882-2056 (in Mass. only)
peerassistance.com

All information is confidential

The MNA Peer Assistance Program is a confidential program provided by the MNA to assist chemically dependent nurses.

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

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

Boston Metropolitan Area

- Bournwood Hospital, Health Care Professionals Support Group, 300 South St., Brookline. Donna White, 617-469-0300, x305. Wednesdays, 7:30–8:30 p.m.
- McLean Hospital, DeMarmeffe Building, Room 116. LeRoy Kelly, 508-881-7889. Thursdays, 5:30–6:30 p.m.
- Caritas Good Samaritan Medical Center, Community Conference Room, 235 N. Pearl St., Brockton. Steve Nikolsky, 508-238-8024. Thursdays, 6:30–7:30 p.m.
- Health Care Professional Support Group, Caritas Norwood Hospital, Norwood. Jacqueline Sitte, 781-341-2100. Thursdays, 7–8:30 p.m.

Central Massachusetts

- Professional Nurses Group, UMass Medical Center, 107 Lincoln Street, Worcester. Contacts: Laurie, 508-853-0517; Carole, 978-568-1995. Mondays, 6–7 p.m.

- Health Care Support Group, UMass School of Medicine, Outside Room 123, Worcester. Emory, 508-429-9433. Saturdays, 1–2 p.m.
- Adcare Hospital of Worcester, 107 Lincoln Street, Worcester. Contacts: Lorraine, 508-410-0225. Mondays, 6–7 p.m.

Northern Massachusetts

- Baldpate Hospital, Bungalow 1, Baldpate Road, Georgetown. Dana Fogerty, M.A., 978-352-2131, x57. Tuesdays, 5–6 p.m.
- Nurses Recovery Group, Beverly Hospital, 1st Floor. Jacqueline Lyons, 978-697-2733. Mondays, 6–7 p.m.
- Partnership Recovery Services, 121 Myrtle Street, Melrose. Jay O'Neil, 781-979-0262. Sundays 6:30–7:30 p.m.

Southern Massachusetts

- Peer Group Therapy, 1354 Hancock St., Suite 209, Quincy. Chris Sullivan, 617-838-6111. Tues. 5:15 p.m., Wed., 5:15 p.m. & coed at 6:30 p.m.
- PRN Group, Pembroke Hospital, 199 Oak St., Staff Conference Room, Pembroke. Sharon Day, 508-667-2486. Tuesdays, 6:30–8 p.m.
- Substance Abuse Support Group, AdCare Michelle, 508-965-2479. Mondays, 7–8:30 p.m.

Western Massachusetts

- Professionals in Recovery, Baystate VNAH/EAP Building, Room 135, 50 Maple St., Springfield. Marge Babkiewicz, 413-794-4354. Meets Thursdays, 7:15–8:15 p.m.
- Professional Support Group, Franklin Hospital Lecture Room A, Greenfield. Contacts: Wayne Gavryck, 413-774-2351, Elliott Smolensky, 413-774-2871. Wednesdays, 7–8 p.m.

Other Areas

- Maguire Road Group, for those employed at private health care systems. John William, 508-834-7036 Mondays.
- Nurses for Nurses Group, Hartford, Conn. Contacts: Joan, 203-623-3261, Debbie, 203-871-906, Rick, 203-237-1199. Thursdays, 7–8:30 p.m.
- Nurses Peer Support Group, Ray Conference Center, 345 Blackstone Blvd., Providence, R.I. Sharon Goldstein, 800-445-1195. Wednesdays, 6:30–7:30 p.m.
- Nurses Recovery Group, VA Hospital, 6th Floor Lounge, North 650, Manchester, N.H. Contacts: Janet K., 978-975-5711 Sandy, 603-391-1776. Tuesdays, 7:00–8:00 p.m.



MNA CONTINUING EDUCATION COURSES

Winter/Spring 2009

Basic Dysrhythmia Interpretation

Description: This course is designed for registered nurses in acute, sub-acute and long-term care settings to learn cardiac monitoring and dysrhythmia interpretation. Implications and clinical management of cardiac dysrhythmias will also be discussed. Course will include a text book and require study between sessions one and two.

Speaker: Mary Sue Howlett, BSN, RN, CEN; Carol Mallia, MSN, RN

Dates: Jan. 22 – Part 1; Jan. 29 – Part 2; Snow Date: Feb. 5

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

Place: MNA Headquarters, Canton, MASS.

Fee*: MNA Members/Associate Members, free*; Others, \$195

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

Contact Hours: Will be provided.

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

Work Related Asthma: What Nurses Need to Know

Description: This program will provide nurses with information and skills to recognize and associate work related asthma with chemical, pharmaceutical and biological products that are commonly used in healthcare settings.

Speakers: Amy Nuernberg, MD: Recognizing Work-Related Asthma
Elise Pechter, CIH: Consider the Cleaning Chemicals
Evelyn I. Bain, M Ed, RN: Fragrance-Free Work Environments
Carol Westinghouse: "Green Seal": What Does it Mean in 2009?

Date: Feb. 26

Time: Registration: 8–8:30 a.m.

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

Place: MNA Headquarters, Canton

Fee*: MNA Members/Associate Members, free*; Others, \$50

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

Contact Hours: Will be provided.

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

Oncology for Nurses

Description: This program will provide an overview of cancer management, tumor physiology and staging, relevant laboratory testing and treatment strategies and safe handling of neoplastic agents. Chemotherapy administration, classification of chemotherapeutic agents, management of toxicities and adverse effects of treatments and oncological emergencies will be discussed. The program will conclude with pain and symptom management, palliative care and an overview of hospice care. **Class size limited to 25 participants.**

Speaker: Marylou Gregory-Lee, MSN, RN, NP, Adult Nurse Practitioner

Date: March 4

Snow Date: March 11

Time: Registration: 8–8:30 a.m.

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

Place: MNA Headquarters, Canton

Fee*: MNA Members/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

Pain Management 2009: What Nurses Need to Know!

Description: This program will address the four stages in the pathophysiology of pain, how to categorize pain to determine treatment goals, and how to type pain in order to critically think through the appropriate drug and non-drug therapies. Assessing patients with various levels of cognitive intactness and treating patients with the co-morbid condition of an addiction disorder will also be presented.

Speaker: Cathy Schutt, MS; ALM; APRN-BC; APRN, BC; CHPN

Date: March 20

Time: Registration: 8–8:30 a.m.

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

Place: MNA Headquarters, Canton

Fee*: MNA Members/Associate Members, free*; Others, \$195

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

Contact Hours: Will be provided.

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

Surgical and Neurological Complications 2009

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

Speaker: Patricia Rosier, RN, MS, CCRN

Date: March 24

Time: Registration: 8–8:30 a.m.

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

Place: MNA Headquarters, Canton

Fee*: MNA Members/Associate Members, free*; Others, \$195

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

Contact Hours: Will be provided.

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

Diabetes 2009: What Nurses Need to Know

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

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

Date: April 2

Time: Registration: 8–8:30 a.m.

Program: 8:30 a.m.–4 p.m. (*light supper 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: Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

ACLS Certification and Recertification

Description: This American Heart Association course will provide information on the clinical management of cardiac and respiratory emergencies through case study approach. Course content includes assessment, arrhythmia recognition, intubation, defibrillation and pharmacological interventions. This is a two-day certification and a one-day recertification course. Recertification candidates must present a copy of their current ACLS card at the time of registration. *Attendees*



of this course must be proficient in basic dysrhythmia interpretation. This challenging course requires a high degree of self study and is best suited for nurses who work in the areas of acute and critical care.

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

Dates: April 6 (Certification); April 13 (Recertification)

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

Place: MNA Headquarters, Canton

Fee*: MNA Members/Associate Members, free*; Others, \$250 for certification; \$195 for recertification

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

Contact Hours: Will be provided.

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

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 (diseases listed as examples are subject to change). 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: TBA

Date: April 17

Time: Registration: 8–8:30 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

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

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 except for ACLS Certification. Contact hours for ACLS Certification are awarded by the Rhode

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 effecting wound care and strategies for managing complex wounds. A thorough review of wound products will enable the attendee to select the optimal dressing based on clinical findings 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

Island State Nurses Association. To successfully complete a program and receive contact hours or a certificate of attendance, you must: (1) sign in; (2) be present for the entire time period of the program; and (3) complete and submit the program evaluation.

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

The Rhode Island State Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

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.

MNA REGIONAL CE COURSES

Region 1

End of Life: Considerations for Care

Description: This program will enable nurses to positively impact patients' final days or hours.

Speaker: Suzana Makowski, M.D.

Date: Feb. 4

Snow date: Feb. 11

Time: Registration: 6–6:30 p.m. (light supper provided)
Program: 6:30–8:30 p.m.

Place: Hotel Northampton, Northampton

Fee: \$25 placeholder fee* for members; \$95 fee for non-members

***Will be returned upon attendance at the program.**

Contact Hours: Will be provided.

Registration: Send check to MNA Region 1, 241 King Street, Suite 212, Northampton, MA 01060 or call 413-584-4607.

Diabetes 2009: What Nurses Need to Know

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

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

Date: March 5 (Snow date: March 12)

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

Place: Cranwell Resort, Lenox

Fee: \$50 placeholder fee* for members; \$195 fee for non-members

***Will be returned upon attendance at the program.**

Contact Hours: Will be provided.

Registration: Send check to MNA Region 1, 241 King Street, Suite 212, Northampton, MA 01060 or call 413-584-4607.

What to Do When the Mass. BORN Comes Knocking

Description: This program will enhance the nurse's professional practice and the quality of patient care by providing continuing nursing education sessions that address clinical nursing knowledge and skills, nursing research, and strategies to effectively respond to professional practice issues. This session addresses strategies to respond to professional practice issues.

Speaker: Janet E. Michael, RN, MS, JD

Date: April 8

Time: Registration: 5:30–6 p.m. (light supper provided)
Program: 6–9 p.m.

Place: Sheraton Springfield, Springfield

Fee: \$25 placeholder fee* for members; \$95 fee for non-members

***Will be returned upon attendance at the program.**

Contact Hours: Will be provided.

Registration: Send check to MNA Region 1, 241 King Street, Suite 212, Northampton, MA 01060 or call 413-584-4607.

Region 2

Differentiating Depression, Dementia and Delirium

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

Speaker: Susan S. Brill, APRN, BC

Date: March 11

Time: Business meeting: 5–5:30 p.m.

Dinner: 5:30–6:30 p.m.

Program: 6:30–8:30 p.m.

Place: Sheraton Four Points, Leominster

Fee: \$25 placeholder fee* for members; \$95 fee for non-members

***Will be returned upon attendance at the program.**

Contact Hours: Will be provided.

Registration: Send check to MNA Region 2 Office, 365 Shrewsbury Street, Worcester, MA 01604 or call 508-756-5800.

Chemotherapy: What Nurses Need to Know

Description: This program will provide the nurse with an updated knowledge base regarding chemotherapy for cancer patients and related nursing management, thus enhancing nursing care of oncology patients receiving this treatment modality.

Speaker: Marylou Gregory-Lee, MSN, APRN, NP, BC, ANP

Date: April 28

Time: Business meeting: 5–5:30 p.m.

Dinner and program: 5:30–7 p.m.

Place: Dudley-Gendron American Legion, Sutton

Fee: \$25 placeholder fee* for members; \$95 fee for non-members

***Will be returned upon attendance at the program.**

Contact Hours: Will be provided.

Registration: Send check to MNA Region 2 Office, 365 Shrewsbury Street, Worcester, MA 01604 or call 508-756-5800.

Wound Care: Dressing for Success

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, MSN, RN

Date: June 9

Time: Business meeting: 5–5:30 p.m.

Dinner: 5:30–6:30 p.m.

Program: 5:30–9 p.m.

Place: Sheraton Tara Framingham, Framingham

Fee: \$25 placeholder fee* for members; \$95 fee for non-members

***Will be returned upon attendance at the program.**

Contact Hours: Will be provided.

Registration: Send check to MNA Region 2 Office, 365 Shrewsbury Street, Worcester, MA 01604 or call 508-756-5800.

Region 3

What to Do When the Mass. BORN Comes Knocking

Description: This program will enhance the nurse's professional practice and the quality of patient care by providing continuing nursing education sessions that address clinical nursing knowledge and skills, nursing research, and strategies to effectively respond to professional practice issues. This session addresses strategies to respond to professional practice issues.



Speaker: Janet E. Michael, RN, MS, JD

Date: Jan. 27 (Snow date: Feb. 3)

Time: Registration: 5:30–6 p.m. (*light supper provided*)
Program: 6–9 p.m.

Place: Canal Club in Bourne

Fee: \$25 placeholder fee* for members; \$95 fee for non-members

***Will be returned upon attendance at the program.**

Contact Hours: Will be provided.

Registration: Send check to MNA Region Council 3, P.O. Box 1363, Sandwich, MA 02563 or call 508-888-5774.

Region 5

What to Do When the Mass. BORN Comes Knocking

Description: This program will enhance the nurse's professional practice and the quality of patient care by providing continuing nursing education sessions that address clinical nursing knowledge and skills, nursing research, and strategies to effectively respond to professional practice issues. This session addresses strategies to respond to professional practice issues.

Speaker: Janet E. Michael, RN, MS, JD

Date: Jan. 14 (Snow Date: Jan. 21)

Time: Registration: 5–6 p.m. (*light supper provided*)
Program: 6–8:30 p.m.

Place: X&O Restaurant, Stoughton

Fee: \$25 placeholder fee* for members; \$95 fee for non-members

***Will be returned upon attendance at the program.**

Contact Hours: Will be provided.

Registration: Send check to MNA Region 5 Office, 340 Turnpike Street, Canton, MA 02021 or call 781-821-8255.

[Details on CE course information, Page 19](#)

Cardiac and Pulmonary Pharmacology

Description: This program will provide nurses from all clinical practice settings with a better understanding of how cardiac and pulmonary medications work. The actions, indications and nursing considerations for the major categories of cardiac and pulmonary medications will be discussed.

Speaker: Carol Mallia, MSN, RN

Date: Feb. 3

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

Place: X&O Restaurant, Stoughton

Fee: \$25 placeholder fee* for members; \$95 fee for non-members

***Will be returned upon attendance at the program.**

Contact Hours: Will be provided.

Registration: Send check to MNA Region 5 Office, 340 Turnpike Street, Canton, MA 02021 or call 781-821-8255.

Cardiac and Pulmonary Emergencies

Description: This program is designed for registered nurses in acute, sub-acute and long-term care settings to learn the clinical management of cardiac and respiratory emergencies. Clinical management of chest pain, brief EKG interpretation and ABG interpretation will be covered. Clinical management of respiratory distress will also be discussed.

Speaker: Carol Mallia, MSN, RN

Date: March 3 (Snow date: March 9)

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

Place: X&O Restaurant, Stoughton

Fee: \$25 placeholder fee* for members; \$95 fee for non-members

***Will be returned upon attendance at the program.**

Contact Hours: Will be provided.

Registration: Send check to MNA Region 5 Office, 340 Turnpike Street, Canton, MA 02021 or call 781-821-8255.

Thank You

The Massachusetts Nurses Association gratefully acknowledges the generous support of the sponsors and exhibitors at our 2008 Convention.

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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%



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2009



Florence, Venice & Rome – March 23 - 31, 2009 • \$2199

Join this wonderful 9-day/7-night tour featuring Florence, Venice and Rome with tours included in each city as well as the cities of Siena, San Gimignano and Assisi. **Deadline Past**



Paris and the French Countryside - April 22 - 30, 2009 • \$2199

This trip is back by popular demand. A wonderful 7-day tour of France that takes in all the highlights of Paris, Normandy, the Loire Valley, the Champagne Country, and the Chateau Country. **Deadline Past**



Ireland Circle Tour - Oct. 15 - 23, 2009 • \$1999

This 9 day/ 7 Night grand tour will showcase many of the great destinations of Ireland. The tour will feature: Shannon, Tralee, Killarney, Blarney, Tramore, Wicklow Mountains, Ring of Kerry, Glendalough, Dublin, Galway, and the Cliffs of Moher. Air, transfers, hotel, breakfast daily, most meals as well as full sightseeing tours daily are included in this tour package.



Costa Del Sol, Spain - Oct. 28 - Nov. 5, 2009 • \$2149

This Spain tour will feature the first 5-nights in the beach resort of Torremolinos on Spain's Costa Del Sol with the last 2 evenings in Madrid. We will enjoy a sightseeing tour including Ronda, Toledo, Grenada to see the Alhambra, Seville, and Gibraltar. This tour includes 3 meals daily except our last full day.

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

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

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- 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

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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:

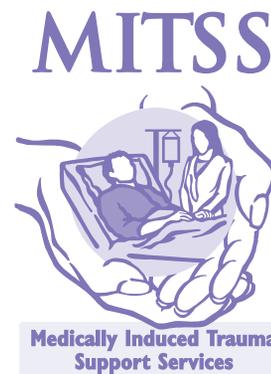
- Feelings of loss
- Shame and guilt
- Depression
- Anxiety
- Feelings of isolation and being alone
- Doubts about professional competence
- Difficulties at work and at home

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.**

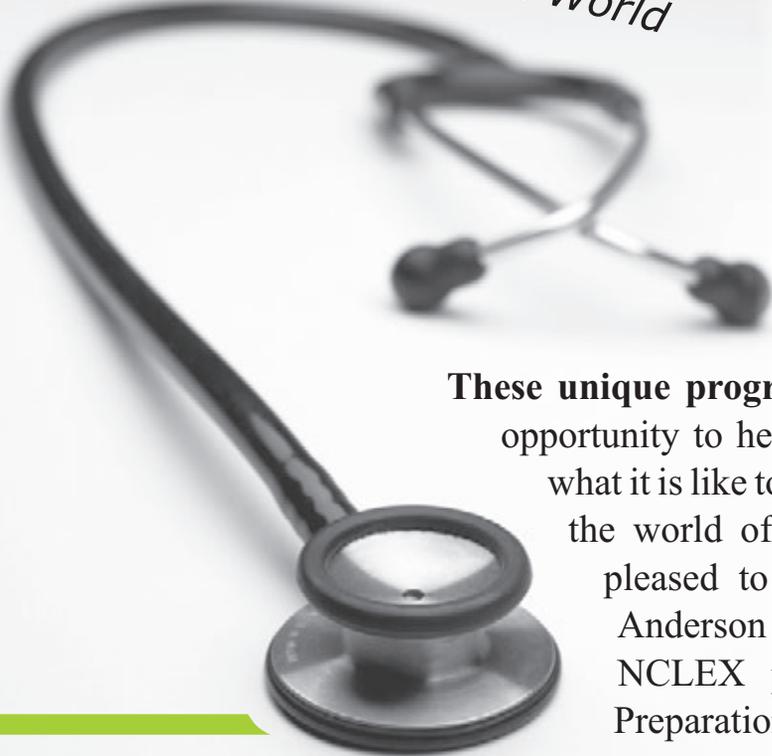
MITSS services are available to any nurse and are not restricted to MNA members. Call us toll free at 888-36MITSS or visit www.mitss.org.



Transitions

for Senior Nursing Students

Welcome to the **Real World**



FREE
programs to
senior nursing
students and
nursing faculty.

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

Topics will include:

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

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

Locations & Dates:

April 2, 2009 • 5:30 - 9:00 PM Lombardo's Function Facility, Randolph, MA

April 7, 2009 • 5:30 - 9:00 PM Crowne Plaza Hotel, Worcester, MA

April 16, 2009 • 5:30 - 9:00 PM Springfield Marriott, Springfield, MA

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