the Massachusetts
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THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION ■ VOL. 80 NO. 8

MNA goes green(er)

September 2009

MNA
For the latest news:
massnurses.org

Nurses' Guide to Single Payer Health Care

An advocate at the pro-health care reform rally in Peabody Square that was held outside of Rep. John Tierney's office. The rally was called for by progressive groups in response to a Republican challenger to who is running against Tierney and who is opposed to any serious reforms.

MNA member Patricia Healey, RN, speaks at the Massachusetts Democratic Convention on June 6 in support of a single payer health system.

the Massachusetts nurse

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

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Super union update: Membership readies for historic vote on Oct. 1


Beth Piknick

As we close in on Oct. 1 and the historic vote on the MNA affiliation with a new national nurses union and the vote on the new dues structure to support the MNA and the proposed national, members are becoming more interested in the process and looking for information to help them make this momentous decision. We have already held five regional meetings and have five more planned for September. With each meeting, we have seen attendance rise, and the MNA continues to field calls and emails from members with questions.

To help answer those questions, this issue of the Massachusetts Nurse features answers to the most commonly asked questions from our members.

As with any significant proposed change, members will have different opinions. As indicated by the motion brought by members at last year's convention, the members have asked the Board to fill the void caused by the lack of a national staff nurse organization. The Board is confident that in affiliating with the National Nurses United that void will be filled and we will be able to seize this key moment in nursing history. With health care the number one issue in Washington, with sweeping labor reforms also on the political agenda, and with this—the potential to organize unorganized nurses throughout the nation—now is the time for the MNA to join this national movement of RNs.

As with any national organization the dues necessary to support those efforts must be addressed. We understand that any change in dues is difficult, particularly now. But as you can see from our answers about the new dues structure, we believe this change is fair and equitable, and will provide us with the ability to maintain the organization both locally and nationally going forward. There is no one method that will address every legitimate perspective; the Board's proposal was designed to address the greatest number of concerns in the most balanced fashion possible.

We are also extremely cognizant of the herculean efforts undertaken to remove MNA from the American Nurses Association, which was a national organization dominated by managers which took positions that reflected that dominance. I, as well as every MNA leader, was involved in that effort. Having learned from that experience, we will not place the autonomy or sovereignty of the MNA you built at risk in exchange for the long-desired and overdue national voice. In recognition of this, we have crafted a relationship with the new national that provides us with all the autonomy and protection members have asked for, which allows us to exit the organization with 30 days written notice as well as provide the continued independence of our organizations actions and positions. This ensures that members can aggressively become active in the national while protecting MNA's interests. This is also important to ensure that if national dues were increased by delegates in the future the members of MNA can withdraw from the national if we do not wish to increase our dues in order to continue the relationship with the national.

Let me be clear about this. In joining the new national, MNA and its local bargaining units will see NO changes on the local and state level. More importantly, by adding the new national component, we are able to focus our voice and our power on the local level, while being part of an organization that simultaneously can address issues on the national level

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A dissenting opinion

Why I am walking away from the new national

By Jim Moura

On the day we voted to leave the American Nurses Association I spoke to you about why we needed to disaffiliate and form a strong and independent union. You answered my call. Through that historic vote, we affirmed our desire to model a staff nurse revolution where our concerns were central in the organization. It was the proudest day of my professional life. In part, our stated goal was to form a strong, staff nurse driven national organization.

On our instructions, the MNA's Board of Directors has explored the development of a national union. However, I have reached the conclusion that the proposed national, called the National Nurses United, will compromise our financial autonomy and threaten the sustainability of the MNA over time. The cost to this membership will be $2.7 million in the first year and comprise 14 percent of the MNA budget. In four years time it will rise to over $3 million because of the national's dues automatic escalator clause of 2.5 percent per year, something the MNA has previously opposed. Our previous national, the ANA, cost us $1.2 million per year.

Presently the MNA membership requires a right to ratify and approve all dues increases proposed by our MNA Board including any proposed national dues; this however will change with the MNA's Board proposal. What I would like to have seen was a proposal where members authorize any proposed national dues ahead of the national's convention. Our elected national delegates would then abide by our members majority vote at the national convention. The MNA Board would be required to withdraw from the national if the national proceeded with a dues increase not ratified by our members ahead of the national convention. At this time the MNA Board has failed to change its proposal to include these protections for our membership. If the national's dues rise to an unsustainable level will they act swiftly to disaffiliate or withdraw? What if they believe the cost is sustainable and necessary as they do now? Must we mount a grass roots movement to sever our ties with a national over a future MNA Board's objections or desire to remain in the national organization? I believe the MNA Board should safeguard these rights in our bylaws.

It is alleged a new national will improve MNA's ability to protect our contracts, I respectfully disagree. A national of 150,000 members is not going to persuade Congress to pass mandatory RN ratios in health care. We could not accomplish this in Massachusetts despite spending millions and mobilizing the entire MNA these past eight years. California accomplished this without a national. The political atmosphere existing in California then does not exist nationally, nor does it in Massachusetts presently. We must challenge ourselves to find new approaches to accomplish our goals of safe staffing.

Furthermore, if the Employee Free Choice Act passes, the MNA will not need a national to improve union density in Massachusetts and New England. We will be able to do that for a lot less than the $2.7 million that we would be giving the national to accomplish that goal while maintaining our autonomy and control. We must weigh the cost of the national with the concrete benefits it will provide our members. Much of the stated benefits for the new national are speculative, rather than concrete, in nature.

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Frequently asked questions about the national nurses union

Below you will find answers to commonly asked questions concerning the National Nurses Union and the proposed dues change. Please continue to visit the RN Super Union page on the MNA Web site over the coming weeks as we will be adding questions and answers based on feedback we receive from members.

What are some benefits of being in the National Nurses Union?

The new national nurses union will:

- Provide a strong and powerful voice of direct care nurses. Without a National Voice for direct care nurses, the vacuum is currently being filled by ANA and others who do not represent the views of front-line nurses.
- Move and defend labor law reform that protects RNs' ability to remain organized or to make it easier for nonunion nurses to organize.
- Be a stakeholder in the debate over our core issues such as; health care reform, RN staffing, mandatory overtime, and whistle blower protection.
- By increasing the number of unionized nurses throughout the U.S. we push back the agenda of the health industry on important issues such as UAPs, nurse compact, care and redesign.
- Create a national multi-employer (Taft-Hartley) pension for union RNs. A multi-employer pension is a union/employer run defined benefit pension with the union having equal votes with the employer. Many unions currently enjoy this benefit, but nurses do not due to their fragmentation.
- The participating organizations have already begun working on an aggressive national legislative agenda, which includes supporting a number of important pro-nurse, pro-patient bills that would provide access to quality care for all, provide nurses with safe working and practice conditions, while improving patient outcomes. These include:
  - A bill to set safe staffing limits for all the nation's hospitals which account for patient acuity.
  - A bill to require employers to provide mechanical lift devices and lift teams to nurses to prevent injuries and promote safe patient handling.
  - National whistleblower protection for nurses who speak out against unsafe care practices.
  - Legislation to prohibit the use of mandatory overtime as a staffing mechanism.
  - Support for H.R.676, real health care reform that would create a single payer health care system providing "Medicare for All."

Will anything change with my local bargaining unit or with my MNA representation?

MNA remains your union and professional association. You will have the leadership you elect, with the same staff, resources and representation. In addition, we will have national allies and a stronger national voice to protect our contracts, advance our agenda and promote our patient advocacy role.

How many nurses in how many states would be represented by the new National Nurses Union?

As currently constituted, the new national nurses union would have more than 150,000 members in 23 states, as well as Washington, D.C and the U.S. Virgin Islands. States with nurses represented by the new national will include: Alabama, Alaska, California Colorado, Florida, Georgia, Hawaii, Illinois, Iowa, Kansas, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Nevada, North Carolina, Ohio, Pennsylvania, Texas, Utah, West Virginia and Wyoming. Since the announcement of the formation of the new national, a number of other local nurses' unions from other states have inquired about affiliating with the new national, so we anticipate continued expansion for the organization once it has been established.

When we vote on whether or not to join the National will it require a majority or two-thirds vote?

It will require a majority vote.

How will members have input in the policies and positions of the new national organization.

Under the constitution, the MNA will send as many as 22 delegates to the organizations' annual convention, where all policies and positions of the national will be debated and voted on. Also, we appoint one of three presidents to the national, as well as a vice president who will sit on the governing executive council. This representation will provide us with the ability to shape the decisions and positions of the new national.

How will the 22 delegates to the national organization be selected?

The MNA Board of Directors will be discussing this at its September meeting, and will be developing a preliminary process for the appointment of delegates to the founding convention in December; while also developing a more formalized process for the election of delegates for subsequent years. We will update the answer to this question following the meeting in September.

Who is eligible to be a delegate to the national organization?

You must be a member of an MNA local bargaining unit to serve as a delegate to the national organization.

How much of MNA dues will be going to the National per year. Is it a lump sum or a "per capita" amount?

The national dues are a per capita amount based on the size of the organization participating. For MNA,

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based on our current membership roster, our national dues would represent approximately 14 percent of our annual budget.

Will MNA still hold its own convention each year for members?

Absolutely. It is important to remember that in joining the national, the MNA will remain as is for our members. We will provide all of the services we currently provide, we will continue to represent you and advocate for you as we always have with no changes. We will continue to have complete autonomy to develop our own polices and positions on the state level, and those policies and positions will be debated and decided on at the business meeting of our annual convention as they have for more than 100 years.

If things don't work for the National Nurses Union, can we get out easily or do we have to do what we did for disaffiliation from the ANA?

MNA can withdraw from the National Nurses Union by giving 30 days notice to the Executive Council. The decision to disaffiliate would be by a majority vote of the membership.

After the constitution is adopted how will future national dues decisions be made?

National dues decisions will be made by the national delegates, 22 of them will be from the MNA. The national dues are paid out of the existing MNA dues.

Will the National Nurses Union be able to raise MNA dues?

No, changes in MNA dues will be made by MNA members at the annual MNA business meeting as they are now. If MNA dues are insufficient to cover National dues increases then MNA members would have to decide whether to raise dues or disaffiliate.

What is the difference between the ANA and the National Nurses Union?

The ANA is a management dominated organization that does not reflect the views of direct care nurses. The Proposed New National Nurses Union is a union created and run by direct care nurses reflecting their views and needs.

How many nurses belong to ANA compared to the new national?

ANA has approximately 75,000 to 80,000 members while the new National will have more than 150,000 members

What is the AFL-CIO?

The AFL-CIO is a voluntary federation of 56 national and international labor unions. The UAN and the CNA-NNOC already belong to the AFL-CIO. It is not a labor union. The new national organization would belong to the AFL-CIO. Its mission is to improve lives of working families, bring economic justice to the workplace and social justice to the nation.

What is the advantage of being in the AFL-CIO?

By joining with over 11 million other union members, our labor voices will be more powerful, especially in Washington, D.C. At the state level, many of our bargaining units already participate through the labor councils, but their participation is limited because we are not members of the AFL-CIO. In cases of strikes or job actions, the AFL-CIO provides support on the picket line as well as expertise to assist nurses in securing unemployment benefits and other resources. As full members of the AFL-CIO, our legislative agenda will be supported.

Will we have to pay dues to the AFL-CIO also?

The national AFL-CIO dues will be included as part of the new MNA dues structure.

What happens if the MNA dues proposal is amended or changed at the convention?

The Board of Directors has calculated the amount that is needed for the MNA to join the National and to maintain MNA's current level of representation, programming and services to our members built through the five-year plan adopted by the membership in 2004. If the proposal is amended to decrease the dues amount, then the funds would be insufficient to support our joining the National.

What are dues for non-bargaining unit members?

They will be the minimum rate, which is currently $65/month (minus the $12 labor program assessment fee).

What are the dues for health care professionals?

They will be 75 percent of the current minimum. This is unchanged from present dues, however, as the minimum increases (the average of all MNA scales for step 1) your dues would be adjusted, but you will always pay 75 percent of the minimum rate.

What happens to associate membership?

The associate membership stays the same, $20/month or $240/year.

For per diems who work minimal hours, what will the minimal dues rate be?

To be qualified for reduced dues under the minimal hours category you must have been paid for less than 988 hours (which is equivalent to 19 hours or less per week) in a given year. Individuals who qualify for reduced dues based on minimal hours paid would be charged 75 percent of their applicable rate. The time line

for applying for reduced dues is January 1 to April 1 of each year. Applications must be renewed each year.

I am per diem but do not work steady hours; do I have to pay dues by payroll deduction?

No, you can pay union direct.

If I make $50/hour, will I have to pay $100/month in dues?

No. Any hourly rate over $39 will be capped at the maximum rate for 2010 of $78/month (the maximum rate is determined by the average of all MNA scales for step 7).

How do I pay these dues?

The easiest option is the payroll deduction. The $52 per year administrative charge for payroll deduction will be eliminated due to the structural changes. You may still choose other methods of payment such as credit card, monthly or yearly payment.

If dues are deducted from payroll, will the deduction be made "pre-tax"?

Pre tax deductions are limited by law – union dues are not eligible for pre-tax deduction. However, union dues are tax deductible on your annual tax filing.

Will members have a choice of payroll deduction or paying in lump sum(s), i.e., quarterly or annually?

Due to the structural change, members will move to a payroll deduction system but, members will also be given the option of union direct as well as all of the options available now in addition to a weekly option.

I am currently paying an extra $52/year for payroll deductions, am I still going to pay the extra $52/year?

No, due to the structural change, the MNA will eliminate the administrative charge for payroll deductions.

When will the dues increase go into effect?

If passed, the dues change will go into effect on July 1, 2010. Members whose hourly rate is $32.50 or less will see no change on July 1, 2010. Some members already on payroll deduction may see a slight reduction. For others, the increase of varying amounts will be effective July 1, 2010 but will not exceed $78 per month.

When will I know if the proposed dues change passes?

No later than November, after the mail ballots are counted.

What is the current average step 1 and step 7 wages?

Step 1 is $31.36. Step 7 is $39.68. The MNA Board of Directors has elected to set the initial rates as no less than the current dues of $65/month and $78/month maximum. Thereafter, each July the minimum (average of all MNA scales for step 1) and maximum rate (average if all MNA scales for step 7) will be determined.

Are the minimum and maximum rates set on the hourly increase of my individual facility?

No. The minimum and maximum rates are based on the average of all MNA salary scales. In January of each year the MNA will look at all MNA salary scales in effect, take the average of step 1 for the minimum rate and step 7 for the maximum rate. The minimum and maximum will be two times the averages for those steps but not less than the prior year (effective July of that year).

In these tough economic times, has the board considered a temporary increase in dues, with a set end date when the dues would be adjusted downward?

In crafting the dues proposal, the board of directors looked carefully at two overarching objectives: first, to provide the funding to fulfill the membership's long-standing goal of forming a new national nurses union; and second, to maintain the current level of services and resources that our membership has come to value and expect from their membership in the MNA. A temporary dues change would not allow us to meet the membership's objectives. The cost of doing the work of the MNA has continued to increase and will continue to increase as do costs for all of us. Most, if not all unions of our size and complexity of work already incorporate a formula that allows dues to escalate over time to keep pace with cost inflation. Without a sustainable change in dues at this time, the MNA cannot participate in the new national, nor can it sustain the current level of services the members both value and demand. It is in tough economic times that employers attempt to cut pay and benefits and employ practices that can compromise nursing practice. In this climate our members, need a strong and viable MNA (both locally and nationally) to protect your interests.

By having a minimum and maximum, aren't the nurses in the teaching hospitals subsidizing the nurses in the community hospitals?

No. All nurses regardless of where they work will see the same effect under the proposed dues structure. Nurses at teaching hospitals below the max will pay less than the max just as nurses in the community who make more than the max will be capped at the max. All community nurses do not fall below the max just as all teaching hospital nurses do not make the max.

Under the new dues structure younger nurses will continue to pay what they already pay for dues, yet more experienced nurses will pay a higher amount. While we all have the same benefits, how is it that more experienced nurses pay higher dues.

In crafting the new dues structure, the Board worked hard to craft an equitable system that was fair and bal-

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anced, while still meeting the organization's objectives of joining a new national nurses union, and preserving the current level of MNA services. While it is true that younger nurses at the bottom of the pay scale pay a lower dues rate than those at the top half of most pay scales, it is also true that those nurses are making significantly less money than the nurses paying the maximum rate ($67,000 per year at the average of all step 1 scales for MNA contracts vs. $81,000 for nurses making $39 per hour). For full time nurses, the proportion of dues paid at the minimum and the maximum rate is nearly identical. However as a nurse moves beyond the cap, that proportion decreases. Having said this, the board also strived to cap the amount at a level in which all members will still see significant salary increases beyond the cap. For example, most MNA salary scales go well beyond step 7 to step 14, but the cap will occur at the average of step 7.

How will dues be set for members, like school nurses, who are not paid an hourly rate but, instead, are paid yearly salaries based on the 180-day school year?

In calculating the dues rate for school nurses, their salaries would be annualized over a 12 month period. For example, a school nurse making $46,000 per year (the average school nurse salary for MNA contracts) would be calculated to have an hourly wage of $22.50 per hour and as such would pay the minimum dues rate. There would be very few school nurses in the MNA who would pay more than the minimum.

The new national constitution incorporates a 2.5 percent annual increase each year to account for cost inflation. Does the new MNA dues structure account for this, or will we need to increase dues again in the near future?

The new dues structure was specifically designed with this in mind, as such, the MNA will be able to meet the requirements of the national dues going forward, while also providing our organization with the ability to sustain services in the wake of typical cost inflation. In the event that our dues structure cannot meet our obligations to the national, the Board would be required to put forth a proposal to increase dues, which the members would be able to approve or reject.

Why is the convention being held in Brewster this year?

The convention location is set up two to three years in advance, so this was set prior to the national affiliation discussions. Each year the convention is held in a different region (last year the convention was held in Region 4 in Burlington).

Who is eligible to vote on this issue?

All members in good standing are eligible to attend and vote at the business meeting and there is no cost to attend. You must be in attendance to vote to approve the MNA's participation in the new national. However, under a bylaw change adopted by the members last year, the vote for a change in dues policy will allow members to request a secret mail ballot prior to the meeting, provided they cannot make the business meeting because of either religious obligations or due to their work requirement.

How do I know if I'm eligible to vote for a change in dues policy by supplemental secret mail ballot?

To be eligible to vote for a change in dues policy by supplemental secret mail ballot you must:

(1) be a member in good standing (no outstanding dues balance as of October 1).

(2) have worked a shift which ends after midnight on Oct. 1, 2009 or began prior to midnight on Oct. 2, 2009, or have a religious obligation during the business meeting preventing your participation.

How do I request a secret mail ballot?

To register to vote for a change in dues policy by supplemental secret mail ballot you must submit a supplemental secret mail ballot request form. Your mail ballot request form must be returned to: Massachusetts Nurses Association, 340 Turnpike Street, Canton, MA, 02021 or faxed to 781-821-4445 c/o Joe-Ann Fergus, Director, Division of Membership no later than Sept. 24, 2009. Supplemental secret mail ballot request forms can be downloaded from the MNA Web site at www.massnurses.org.

How will MNA audit mail ballots to determine whether a nurse actually worked on Oct. 1?

We will audit mail ballots the same way we audit applicants for reduced hours. Employers will be asked to send conformation for nurses paid to work the day of the convention. Our intention is to audit everyone who votes by secret ballot.

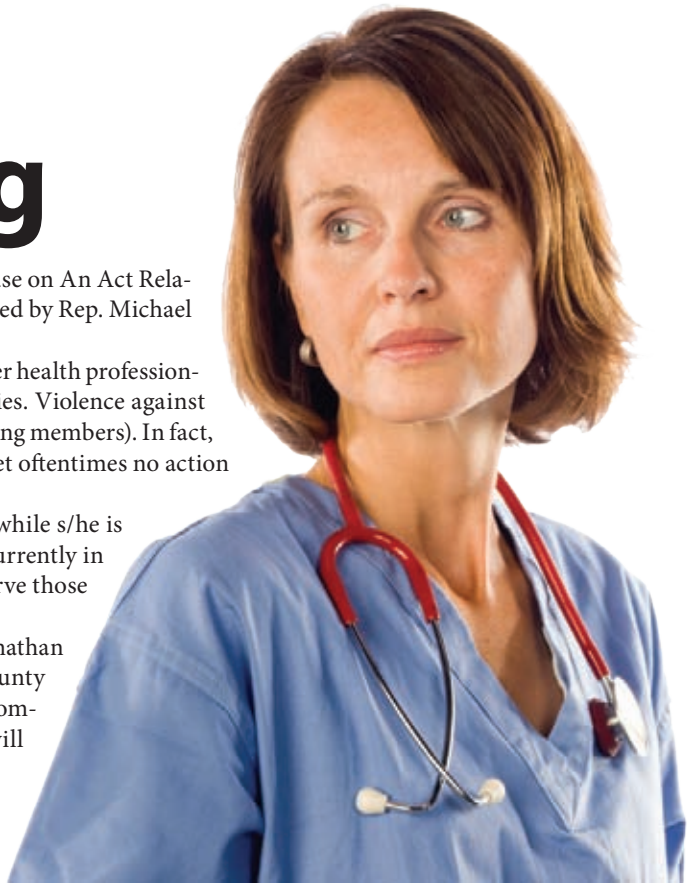
Do I need to pre-register for the business meeting?

No, however, to avoid long waiting lines to get into the meeting, and to assure we provide sufficient space, pre-registration for the business meeting is strongly encouraged. While on-site registration is allowed, those who pre-register will be assured seating in the main meeting hall. To pre-register for the business meeting, contact Robin Gannon by phone, 781-830-5724; by fax, 781-821-4445; or by e-mail at rgannon@mnarn.org.

Does my MNA Convention registration include registration for the business meeting where the vote takes place?

No. Your convention registration does not register you for the business meeting.

A nurse is NOT a punching bag



On July 14 the Joint Committee on Judiciary held a hearing at the State House on An Act Relative to Assault and Battery on Health Care Providers (S.1753/H.1696), sponsored by Rep. Michael Rodrigues (D-Westport) and Sen. Michael Moore (D-Millbury).

This bill addresses the growing crisis in the health and safety of RNs and other health professionals, who suffer violent assaults at a rate 12 times higher than in other industries. Violence against nurses can be perpetrated by patients, families, friends or visitors (including gang members). In fact, nurses are assaulted at work on a par with police officers and prison guards, yet oftentimes no action is taken against those who attack nurses.

The bill would enhance the penalties against anyone who assaults a nurse while s/he is providing health care. These enhanced penalties would match the penalties currently in place for someone who assaults an EMT or an ambulance driver. Nurses deserve those same protections.

Several law enforcement officials including Essex County District Attorney Jonathan Blodgett, Worcester County District Attorney Joseph Early and Norfolk County District Attorney William Keating testified in favor of this legislation. The committee also heard from MNA nurses from all over the commonwealth. We will let their comments speak for themselves.

"At Brockton Hospital, where I work, in the 12 month period ending in May of 2007, there were three calls per day to 911 from inside the hospital. After two years of aggressively pressuring management to address this problem, the situation at Brockton is now somewhat better, but we are still averaging between one and two calls to the police per day from inside my hospital."

— Kathy Metzger, RN

"You must understand that we as emergency room nurses have no control over who comes through our doors. Patients and their families have a host of illnesses, injuries, grief, anger and anxiety. Nurses need every protection possible and currently have little to none. After my assault, many people called me a victim. I refuse to accept that title. I am a survivor."

— Tina DeMar, RN

"I have been a victim of workplace violence. A client who towered over me at 6'4" and weighed approximately 275 pounds attempted to assault me. He had already assaulted another client on the unit, and had set off locked door alarms. That night, I was in fear of my life, and I believe that if I had not had called for extra staff to be on the unit, I would not be here."

—Karen Coughlin, RN

"Two years ago I was assaulted by a patient. The patient had approached the nurses' station where I was working to ask if she could be given her knitting needles. My colleague at the desk said that she could not knit at that particular time. The patient responded in an explosive rage. She charged around the desk right at the moment when I happened to be coming out of a supply closet behind the nurses' station. I backed up in an effort to protect myself from the charging patient, but she managed to grab a handful of my hair and throw me to the floor under the nurses' station desk."

—Jennifer Fitzgerald, RN

"I love my job, and I want everyone to know that part of my job does not include being punched, slapped, kicked or spit on. The passage of this bill will, at the very least, give warning to the public, many of whom do feel that it is acceptable to assault their nurse, that it is not and that there are strict penalties for doing so."

—Carol McGuane, RN

"It is time for these individuals to be held accountable for their behavior and time for health care workers to have some recourse regarding our safety."

—Ellen Farley, RN

"I cannot stand idly by while my colleagues and I are constantly in fear for our safety or those that we care for. I have been kicked, punched, spit at, sworn at and intimidated. This is not why I went into nursing. I wanted to make a difference in the life of someone."

—Maria Cormier, RN

"I was attacked by a 40-year-old male patient brought in by ambulance with police on scene. The patient was angry, difficult to control and had severe bleeding from his neck wound. As the trauma team began to assess the wound the patient sat up and turned in my direction and punched me in the face. Stunned and shaken, I was brought into another room for treatment. No broken bones just badly bruised. I did not think to press charges, nor was I encouraged to do so."

—Linda Condon, RN

"I have been a nurse for over 19 years and two years ago I was physically assaulted and now my outlook has totally changed. As a nurse, I have given 150 percent but in return I received nothing: no support whatsoever. Under no circumstances does a patient ever, ever have a right to put a hand on a nurse."

— Kathy Gill, RN

"I am a nurse and a Boston firefighter and EMT. I don't understand why, if attacked, I receive protection and support outside on the street but when I enter a hospital as an ER nurse none of that protection follows me."

— Julia Rodriguez, RN

"In 2003, I was brutally, viciously beaten by a patient. It took 16 months to indict him. The hospital that I worked for strongly encouraged me to not pursue charges because the patient was a customer."

— Charlene Richardson, RN

Kathy Gill, left, Julia Rodriguez and Charlene Richardson (behind).

Karen Coughlin provides her testimony.

Advocate for safe RN staffing

The Patient Safety Act, H.3912/S.890, will have a public hearing before the Joint Committee on Public Health on Tuesday, Nov. 3 at 10 a.m. at the State House. The Patient Safety Act is sponsored by Rep. Christine Canavan (D-Brockton) and Sen. Marc Pacheco, (D-Taunton).

The Patient Safety Act will set a safe limit on the number of hospital patients a nurse can be forced to care for at one time. The bill is critical to patient safety, and will end the common hospital industry practice of understaffing nurses in the commonwealth's acute care hospitals.

The MNA is planning a variety of activities leading up to and on the day of the hearing to bring attention to this important issue and to lobby for the Patient Safety Act. Many of these activities will be held near your own community. Others will be held at the State House. If you would like to participate, please call the organizer assigned to your region.

Region 1 (Western Mass.)
Leo Maley: lmaley@mnarn.org or 781-520-1483

Region 2 (Central Mass.)
Sandy Ellis: sellis@mnarn.org or 508-756-5800, x103

Region 3 (Southeastern Mass.)
Barbara "Cookie" Cooke: bcooke@mnarn.org or 508-345-9219

Region 4 (North Shore and Merrimack Valley)
Riley Ohlson: rohlson@mnarn.org or 781-830-5740

Region 5 (Greater Boston)
Maryanne McHugh: mmchugh@mnarn.org or 781-830-5713.

MNA members meet congressmen on their home turf

A delegation of MNA nurses recently traveled to Washington, D.C., to meet with the Massachusetts congressional delegation to discuss a variety of issues, including RN staffing legislation, the Employee Free Choice Act, health care reform, the RESPECT Act, the current fight over DMR facilities and conditions at other local facilities. This trip was a continuation of the MNA's goal to build stronger relationships with our federal elected officials and establish and maintain a presence in Washington as a critical voice in the health care arena.

At Congresswoman Niki Tsongas' office, April Torname discussed the importance of the Employee Free Choice Act in giving nurses a voice through collective action to advocate for her patients and Tricia Nicoloro spoke about her concerns around safe RN staffing. At Congressman Michael Capuano's office, Selina Tinsley discussed the adverse impact some of the Massachusetts health reforms have had on her facility and her concerns about what shape health care reform would take nationally. And at Congressman John Olver's office Michele Miola discussed the issue of safe nurse staffing and Unit 7 President Michael D'Intinosanto explained how critical the services provided at DMR facilities around the state are to our state's most vulnerable patients.

The group met personally with Congressman James McGovern. In addition to these critical legislative issues, Carolyn Moore and Marie Ritacco gave the congressman an update on the campaign opposing patients being placed in hallways at St. Vincent's; Tami Hale discussed the problems facing school nursing departments like hers in Worcester in the current climate. Olivia Peters explained the critical functions served by the Worcester Public Health Department; and Vicki Emerson let him know about some of the issues that had arisen at Metrowest Medical Center.

The group also met with representatives from Senator Kennedy's office to discuss this wide range of issues affecting RNs in Massachusetts.

Throughout the meetings MNA President Beth Piknick of Cape Cod Hospital and MNA Vice President Donna Kelly-Williams of Cambridge Hospital provided additional information on legislative issues as well as on the mission of the MNA and its pending national affiliation. Joining the contingent were MNA staffers Sandy Ellis, RN, and community organizer from Worcester, Jeanine Hickey, RN and organizer from Haverhill, and Riley Ohlson.

"It was an honor for me to travel to Washington to speak on behalf of nurses and patients in my region and in the state," Marie Ritacco, RN, remarked when discussing why she chose to make the trip. "To be able to speak with our legislators regarding safe staffing was very rewarding. It is important for nurses to stand up and tell their stories and I feel it is our professional and moral responsibility to do so. The experience was exciting and it gave me a renewed sense of excitement over how powerful and respected we are as a professional group."

Tami Hale, also an RN, added that she "found the trip to be a tremendous learning experience" and that she has "a new appreciation of the camaraderie that common goals and ideas can bring to a group of people."

The MNA is now planning its next trip to Washington. If you are interested in participating or learning more, contact Riley Ohlson at rohlson@mnarn.org or at 781-830-5740. ■

Michele Miola RN, Leominster Hospital; Carolyn Moore, RN, St. Vincent Hospital; April Torname, RN; Patricia Nicoloro, RN, Cambridge Hospital; Olivia Peters RN, Worcester Public Health; Marie Ritacco, RN, St. Vincent Hospital; Vicki Emerson, RN, MetroWest Medical Center – Leonard Morse Campus; Beth Piknick, RN, MNA president.

A group of MNA members from UMass Memorial and University hospitals traveled to Washington to meet with Congressman James McGovern (D-Worcester) to talk about contract negotiations and retirement security. The two bargaining units are working at the table to secure their employer's participation in a multi-employer pension plan (also referred to as a Taft-Hartley plan).

Legislators hear from front-line nurses on safe patient handling needs

MNA nurses and supporters testified before the Joint Committee on Public Health in June in support of a bill that would establish a safe patient handling program at all health care facilities in the state.

An Act Providing for Safe Patient Handling, (H.2026/S.803) would require all health care facilities to establish a program to set acceptable standards for the handling of patients to curb the high rate of injuries incurred by RNs and other health care workers when lifting or moving patients. In addition, the bill would require health care facilities to develop and implement a health care worker back injury prevention plan to protect nurses and other caregivers, as well as patients, from injury. The development and submission of this bill was entirely spearheaded by the MNA and, specifically, the MNA's Safe Patient Handling Task Force.

Very often for health care professionals, back disorders develop as a result of cumulative injuries incurred by repetitive activity over a number of years. Spinal damage is a predictable outcome of repeatedly bending forward and lifting large amounts of weight. As an internal injury, this condition is often overlooked. Symptoms are hidden because the damage occurs over a period of time. According to national statistics six out of the top ten professions at greatest risk for back injury are: nurse's aides, licensed practical nurses, registered nurses, health aides, radiology technicians and physical therapists.

MNA nurses attended the hearing at the State House and described how they were injured on the job. Beth Piknick, president of the MNA and co-chair of the MNA's safe Patient Handling Task Force, described her ordeal to the committee. For 21 years, Piknick was a nurse in the intensive care unit and was an active person who enjoyed bicycling, water-skiing and whitewater rafting trips with her family. During her career she would routinely push, pull and transfer patients from their bed to a stretcher until one day, after a long weekend of taking care of two difficult patients, she felt a sharp, stabbing pain. Thus began a long road away from her career and towards countless appointments with chiropractors, physical therapists, radiologists, neurosurgeons and orthopedic surgeons. "My goal was always to get back to the job I loved in the ICU, but after surgery and major rehabilitation that was and continues to remain impossible" said Piknick.

Dominique Muldoon, a nurse at St. Vincent Hospital, described a typical day in the life of a nurse. She spoke about starting her day with six surgical patients who have mobility problems and who during the course of the day need to be lifted or repositioned frequently for a variety of medical reasons. "After seven years of providing direct bedside care, I can already feel the muscle strains in my body," said Muldoon.

Tina Russell, a retired nurse, spoke about working at the bedside providing direct care to patients for over 40 years. Even though she never had an acute injury, "I have to seriously consider where I sit because if the seat is too low, I might not be able to stand up again. There are so many small things I cannot do, and it really puts limits on my life. This is the result of the small, continuous injuries that happen while lifting and repositioning patients. They are not even noticed when they happen" said Russell.

Terry Donahue, a nurse consultant at a number of Boston area hospitals and the owner of Safe Patient Moves, Inc., shed light on the effectiveness of safe patient handling equipment when she said to the committee that "the size of the average patient is unfortunately getting bigger. Imagine having to lift a 500-pound patient?" Donahue has seen many nurses who have injured their backs, shoulders, knees and necks by either lifting or moving patients.

Stephanie Stevens, an OR nurse at Jordan Hospital, testified about the hospital's use of OR HoverMatts, a lateral transfer device that reduces the physical exertion required to move patients. Stevens explained how the HoverMatt is an inflatable mat that transfers a patient on a cushion of air. Stevens went on to tell the committee that "as a nurse in the OR, lifting and transferring heavy loads are part of my responsibilities. We love these HoverMatts but we don't have enough of them. It is a shame if we don't get any more of these mats, because they could save countless backs and shoulders and we could keep dedicated health care professionals in their jobs."

Jamie Tessler, an occupational ergonomist and researcher, also testified in support of this legislation. Tessler spoke about the large body of scientific evidence that describes what happens internally to a nurses' body when patients are manually lifted, why patient handling injuries are so common, and how these painful and costly injuries can be prevented. Everyone knows that nurses are reticent to report their injuries. The very high numbers of injuries reported in the commonwealth are the tip of the iceberg. "Most nurses suffer privately," testified Tessler.

In addition to the MNA members at the hearing, 1199 SEIU collaborated on the Safe Patient Handling bill and had a member testify in support. Nurses and activists interested in helping move H.2026/S.803 through the legislature are encouraged to contact their local legislators and ask them for a favorable report from the Joint Committee on Public Health. To find your legislator's contact information, visit capwiz.com/massnurses and enter your zip code.

For more information on this legislation or to get involved, contact Maryanne McHugh at 781-830-5713. ■

Workplace Violence

Facts

- The National Institute for Occupational Safety and Health with the Centers for Disease Control and Prevention defines workplace violence as "violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty."
- Bureau of Labor Statistics data show that in 2002, 43 percent of all non-fatal injuries from occupational assaults and violent acts occurred in the health care sector.
- In health care settings workplace violence can be perpetrated by patients, families, friends, visitors, co-workers, physicians, supervisors and managers.

Some of the major factors that contribute to violence in health care settings…

- Prevalence of and access to weapons
- Increased use of hospitals for criminal holds and care for acutely disturbed, violent individuals
- Increase in numbers of acute and chronic mentally ill patients being released from services without follow-up care
- Availability of drugs and/or money at hospitals or clinics
- Increased presence of gang members, substance abusers, trauma patients or distraught family members
- Low staffing levels or working alone
- Lack of staff training to be able to recognize and manage escalating hostile and assaultive behaviors
- Poorly lit hallways, parking lots and other areas

Being informed is your best line of defense

Greatest risk occurs during patient transfers, emergency responses, mealtimes, change of shifts and at night. Risks are present in all health care settings. Nurses and aides who have direct contact with patients are at higher risk.

Recognize the signs of impending violence…

- Red face, distended neck veins, heavy breathing, and/or huffing and puffing
- Pacing or agitation
- Body language such as threatening postures (making a fist with a hand) and gestures
- Verbal expression of anger and/or frustration
- Loud, pressured speech
- Signs of alcohol or drug use
- Actual threats of harm
- Presence of a weapon

Be prepared to intervene in the situation…

- Stay calm and present a calm, respectful, caring attitude
- Avoid using "threatening" body language (moving rapidly, crossing your arms, getting too close or touching the person) that can make a person think you are angry and a danger to them
- Speak soft and slowly
- Acknowledge the person's feelings
- Do not give orders. Do not engage in threatening exchanges

And, most of all, keep yourself safe…

- Evaluate all encounters for potential violence
- Do not isolate yourself with a potentially violent person
- Maintain distance from the violent person
- Always keep an open path for exiting a room—do **NOT** allow the person to block your exit
- Call security for help as soon as you sense a threat
- Move near an exit, such as a door or stairs

When all else fails…

- Remove yourself from the situation
- Call for help as soon as possible
- Report all violent situations to management and the police, if indicated

What you can do…

- Advocate for violence prevention programs—use NIOSH resources
- Recognize risk factors that cause or contribute to violence and/or assaults
- Recognize signs that indicate escalating behaviors
- Develop strategies to prevent or diffuse volatile situations occurring with patients and/or visitors
- Contact the MNA for programs to become informed about current issues

10 actions a nurse should take if assaulted at work

1. Get help. Get to a safe area
2. Call 911 for police assistance, (it is your civil right to call police)
3. Get relieved of your assignment
4. Get medical attention
5. Report the assault to your supervisor and union
6. Get counseling for critical incident stress debriefing to address concerns related to post traumatic stress disorder
7. Exercise your civil rights: file charges with the police
8. Get copies of all reports and keep a diary of events
9. Take photographs of your injuries
10. Return to work only when you feel safe and supported

Nurses: You

- Nursing has the second highest incidence of al
- Underreporting of injuries is widespread amon
- An estimated 75 to 95 percent of all injuries am

Some risks to nurses' health include:

Workplace Violence	The National Crime Victimiz the amount of assaults whe
Musculoskeletal Disorders	Nursing is the riskiest occup double the rate of musculo combined
Infectious Diseases	Health care providers are e the known (the common co current time

Common threads

- Educate yourself
- Take care of yourself—your health is most i
- Access available resources: health & safety c
- Inform management of concerns
- Get involved. Become a member of facility c your health
- Document occurrences. Reports provide da

Musculoskeletal Disorders (MSD's)

Facts

- During the 1992–2003 period, musculoskeletal disorders for women
- Disabling back injuries and pain affect 38 percent of nursing staff w
- Musculoskeletal disorders refers collectively to a group of injuries a
  - Back • Wrists • Shoulders • Knees • Elbows
- Studies of MSD worker's compensation claims reveal that nursing p

Occupational risk factors

- Patient Handling
  - Transferring, lifting, boosting and positioning patients* day
  - Lifting alone or with help
- No mechanical lifts
- Moving heavy equipment
- Nursing shortage
- Heavier patients
- Aging workforce—with prior cumulative injuries

*It is estimated that the average cumulative weight a nurse lifts is 1

What you can do…

- Advocate for
  - Mechanical lift equipment and/or lift teams
  - Friction reducing devices
- Keep yourself healthy
- Use equipment that is provided
- Report all injuries, no matter how small
- Encourage co-workers to report injuries

Increase your odds – stay strong

Assess the situation

Regularly perform strengthening exercises

- Stomach
- Lower back
- Back and leg muscles

Utilize proper body mechanics

- Bend your knees to get up and down
- Pivot: don't twist
- Respect your limits

ur Health & Safety Risks at Work

ll non-fatal work related injuries in the U.S.
ng health care workers
hong nurses go unreported

zation Survey revealed RNs had almost double en compared to all other workers
pation for musculoskeletal disorders with skeletal disorders of all other industries
xposed to multiple sources of infection from old) to the unknown (H1N1 or swine flu) of the

mportant
officer, OSHA, NIOSH, CDC, MNA Web site

ommittees on issues effecting your practice and

ata for change. No report = No data

n were the primary source of nonfatal injuries and illnesses.
ith more than 52 percent of nurses suffering from chronic pain.
nd illnesses that affect the musculoskeletal system, to include:
• Ankles
ersonnel have the highest claim rates of any occupation or industry.

y after day, causing repetitive motion injuries

.8 tons in every eight-hour shift.

Infectious Diseases

Facts

- The Centers for Disease Control and Prevention (CDC), estimate that each year 385,000 needlestick and sharps-related injuries are sustained by hospital-based health care personnel. (Many occurrences go unreported)
- Exposure to infectious diseases is inherent with almost any occupation in health care. The list of pathogens continues to expand as do the variations and mutations of some organisms.

How pathogens are transmitted in health care settings

- Direct contact – handshake
- Bloodborne
- Airborne – talking, singing, coughing and sneezing
- Vector borne – carriers from animals to humans

How the pathogen enters the new host

- Inhalation
- Ingestion
- Injection – skin breaks

Risk Factors

The risk of transmission varies, dependent on a number of factors:

- Mode of transmission
- Pathogen involved - known or unknown
- Type of exposure
- Amount of pathogen involved in the exposure
- Concentration of pathogen the patient is experiencing at the time of exposure
- Individual health status
- Failure to use effective personal protective equipment (PPE)
- Not complying with standard and/or expanded precautions
- Lack of training

What you can do…

- Practice proper hand hygiene
- Attend training programs
- Wear PPE appropriate to the situation
- Get fit tested for a surgical N95 respirator
- Use safety sharps products and dispose properly
- Disinfect areas and sterilize equipment per protocol
- Do not work if you are sick
- Practice and teach others about cough etiquette
- Isolate infected patients
- Put the mask on the coughing patient!

Proper use of personal protective equipment

- Think of how the pathogen travels and what is needed to prevent its path to you
- Learn what to wear and when to wear it – follow CDC guidelines
- Learn the sequence of putting on and taking off PPE
  - Putting on: Gown ➞ Mask or Respirator ➞ Goggles or Face Shield ➞ Gloves
  - Taking off: Gloves ➞ Goggles or Face Shield ➞ Gown ➞ Mask or Respirator
  - During times of uncertainty, use a second pair of gloves for extra protection
  - For example:
  - Putting on: Gown ➞ Mask or Respirator ➞ Goggles or Face Shield ➞ Gloves ➞ Gloves
  - Taking off: Gloves ➞ Goggles or Face Shield ➞ Gown ➞ Mask or Respirator ➞ Gloves

By Peg Tayler Careau, MEd MS RN
Developed during graduate practicum experience with the MNA Division of Nursing
Worcester State College, Spring 2009

When social networking enters the workplace

By Tom Breslin
Associate Director, Labor Education

I will be the first to admit that I know next to nothing about Facebook, MySpace and the many other social networking sites that are out there. I do, however, know that millions of people participate regularly and that, lately, more and more people who post regularly to these sites have been disciplined and even terminated by their employers for what they say on these sites.

A quick Internet search verified that employees in all occupations including teachers, health care workers, even registered nurses have been terminated for posts ranging from seemingly completely innocent (like complaining about a difficult shift) to borderline criminal (like posting patient pictures on the nurses' own web sites). For those nurses who post patient pictures, termination is likely the least of these nurses' issues once their state licensing board takes action. That's for another day, though.

Employees have been fired for saying that their "job is boring." Job offers have been rescinded for comments made on social networking sites. Workers have been fired for calling in sick to work and then having their picture taken at a concert or a party and having that picture posted on the Internet.

How many of us have complained about our job to a co-worker, friend or spouse? We do this with the expectation of privacy and that our conversation will never go any farther. When we do this using one of these social networking sites, however, the traditional safe line between public and private communication becomes less and less safe to the point that it is completely blurred. For all practical purposes, there no longer is any private information, especially when it comes to Internet sites. No longer can we have the right to expect that what we say is going to stay between us and the person(s) we are speaking with. Think, for example, of the amount and type of personal information available on the Internet about just about anyone.

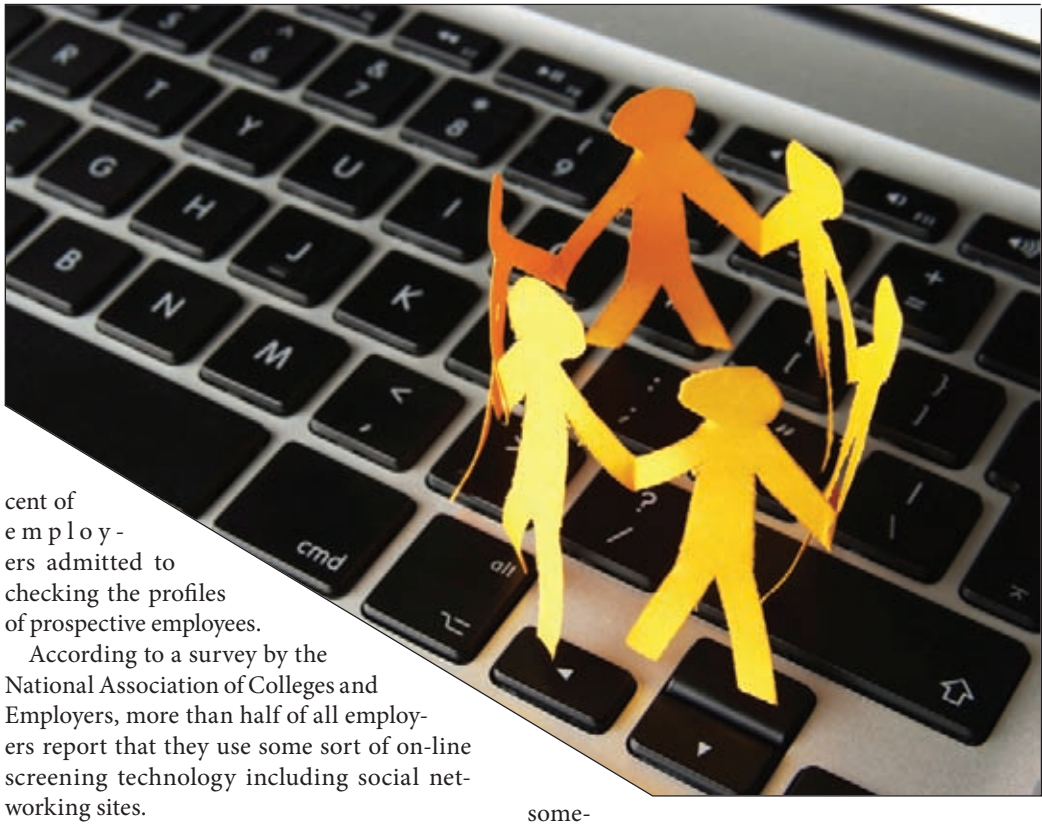
There are those who will say, "What about my right of free speech?" Or, "How can my employer discipline me for what I say or do after working hours?" Finally, "Isn't this an invasion of my privacy?"

While the issue of discipline as relating to Internet posting has not been tested in arbitration by the MNA, there are many documented cases of employees being disciplined and terminated for such postings. The fact is that employees can be and are disciplined for off-duty behavior provided that certain criteria are met—

Tom Breslin

the most important being whether the reputation of the employer has been damaged by the posting. There are arbitrable standards that apply here and employees can be disciplined for off-duty conduct. Employers have the right to hold employees responsible for such conduct if the postings are used to "attack the company" or "harass co-workers." This even applies when the posting containing the comment or picture required a password to access it.

We need to be aware that employers are increasingly checking these sites for a variety of reasons, including screening applicants for employment. According to a survey by Vault.com, 44 percent of employers admitted to checking the profiles of prospective employees.



According to a survey by the National Association of Colleges and Employers, more than half of all employers report that they use some sort of on-line screening technology including social networking sites.

What all this means is that when we post something on a Web site or a social networking site, we are doing the electronic equivalent of placing it on a billboard in the middle of Times Square. Any expectation of privacy is lost and you may be accountable for anything you write, provided those arbitrable standards are met, no matter how innocent it may seem to you at the time. Whatever you write is captured forever, even if you delete if from your Web site or networking page. It is as if it is being broadcast over the world without a way to stop it.

With these things in mind, here are some rules to live by when it comes to the Internet and social Web site postings:

- Assume that anything you post will be read by everyone, especially by those you don't want to read it.
- If there's something you would not want your employer to read or to know about you, don't write it.
- Don't write anything you would not want your spouse, children, mother or employer to read.
- Restricting access to "friends" is far from a guarantee that the wrong person will not read it. This happened to some people who posted and then were fired after their employer read the comments.
- What you post can be read long after you posted it. You may not even remember posting something. That, however, may not matter to your employer, especially if the posting reflects on your attitude toward the employer.

In short, like with most things, you will need to use your judgment and common sense when you decide you want to complain about your shift or your employer. While it may feel good to vent on-line, in the long run, it may not be worth it. ■

Buprenorphine treatment: a nurse's story

By Meredith Hogan Pond

"The greatest day of my life was when we were able to get rid of our waiting list," said Colleen LaBelle, R.N., CARN, program director for the Boston Medical Center's Office-Based Opioid Treatment (OBOT) program and state director for the Department of Public Health's OBOT sites.

"People shouldn't be waiting for buprenorphine treatment. If patients are ready to start their recovery from addiction to heroin or other opiates, we want to be ready to help," LaBelle said.

Currently, at the Boston Medical Center, 375 patients are managed through their varying levels of opioid addiction treatment with the medication buprenorphine. The "nurse care management model" is an important part of this expanded availability of treatment services at the center.

"This model has allowed us to provide buprenorphine treatment to a large number of patients without adding more work for the physicians. The nurse does the majority of the upfront assessment, education management, and paperwork to get a patient into care," said LaBelle. That frees up physicians—who have received waivers from the federal Substance Abuse and Mental Health Services Administration to prescribe buprenorphine—to manage a larger group of patients.

Background

Approved by the Food and Drug Administration in 2002 and available in pharmacies in 2003, buprenorphine allows opioid-dependent patients to bypass specialized methadone clinics and seek treatment in the privacy of their own doctor's office or local clinic. The medication alleviates drug cravings and eases the withdrawal of patients addicted to heroin, prescription narcotics and other opioid drugs.

Each specially trained physician received a waiver and was allowed to serve no more than 30 patients at a time.

"This was a very big deal," said LaBelle. "We were getting calls for treatment information from across the state, from politicians, from nurses, from lawyers, from CEOs, from people from all walks of life, she said. The Boston pilot program was funded by the Massachusetts Bureau of Substance Abuse Services to see if using this model in an academic-medical setting would allow for the expansion of treatment for patients with opioid dependence.

Buprenorphine allows opioid-dependent patients to bypass specialized methadone clinics and seek treatment in the privacy of their doctor's office or local clinic.

The pilot program's goal was to get more patients into care for their opioid addiction by using the nurse care management model with waivered physicians ready to see patients, to identify the patients appropriate for this treatment and to be their prescriber of record.

"Even with that program, we had a waiting list of more than 300 people. People were literally dying on our waiting list because there wasn't enough treatment," said LaBelle. "Imagine asking for someone who has come up on your waiting list and hearing from her mother on the other end of the phone that she recently died from a heroin overdose."

In December 2006, the situation improved. At that time, the FDA approved certain physicians who met the criteria to serve 100 patients at a time.

"In August 2007, we had two full-time nurses, and I oversaw that project, along with another grant award from the state to provide training and technical support for 19 health centers modeled after our pilot program," said LaBelle. The goal of the 19 sites was again to expand treatment, provide training and support, and build a network for nurses across the state who were doing addiction work.

"I provided day-long buprenorphine trainings, specific to nurses, modeled after the American Society of Addiction Medicine's waiver trainings." In addition, LaBelle provided quarterly training on topics of interest related to addiction, along with conference calls, site visits, networking, and more.

"Ms. LaBelle is a pioneer in the nurse care management model for buprenorphine treatment," said Sara Azimi-Bolourian, M.S.N., M.H.A., M.B.A., a public health advisor in SAMHSA's Division of Pharmacologic Therapies, Center for Substance Abuse Treatment. "Her knowledge made her a key person to provide expert nurse review for SAMHSA's Technical Assistance Publication 30." ■

New national adopts new name, sets date for founding convention

The interim provisional council for the new national nurses union last month decided on "National Nurses United" as the new name.

MNA President Beth Piknick and Board member Karen Higgins attended the August meeting. The council adopted the affiliation/constitution documents as approved by the three organizations' boards for votes by their respective memberships. The MNA's vote to approve affiliation will be Oct. 1. The council planned a founding convention for Dec. 7 and 8 in Scottsdale, Ariz., pending affiliation approval by the respective organizations' memberships.

Minnesota hosted the provisional council meeting, which coincided with its bargaining unit summit. The chairs sent a "hello" to Massachusetts and said they are looking forward to working directly with the MNA in the years to come. ■

…Walking away

■ *Continued from Page 3*

I have come to value the MNA's independence and our autonomy which few unions have. The current proposal as it stands does not protect these values and threatens to raise our dues to an unaffordable level in the worst recession since the great depression. I respectfully submit that now is not the time to do this and we must remain independent.

We are all MNA. Let us debate this with the conviction that no one is the enemy. We may have differences in opinion but we are brothers and sisters united whether or not we are in a national organization. ■

…Super union update

■ *Continued from Page 3*

that impact our bargaining units and our members. Issues such as the supervisory concerns that threatened our units and made organizing nurses almost impossible, and the Taft-Hartley pension fund.

The Board has worked with deliberate effort and believes that this new opportunity fulfills the directive that you, the membership, gave us, which was to build a truly national voice for direct care RNs. As members of MNA please learn as much as you can about this opportunity, and we wholeheartedly recommend securing the future of nursing by voting yes on Oct. 1. ■

MNA goes green(er)!

Installation of solar panels compliments existing energy efficiency/recy

Let the sun shine: Solar panels on the roof the MNA headquarters in Canton will produce 35,000 kilowatt-hours of electricity annually.

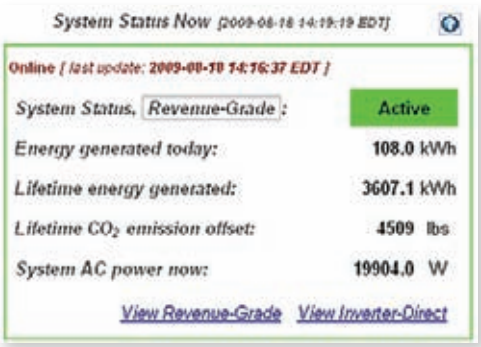
The MNA—an organization that has long been environmentally aware and active—recently completed installation of 165 solar panels on the rooftop of its Canton-based headquarters. The newly installed system, which was funded in part by Commonwealth Solar through the Massachusetts Renewable Energy Trust, is expected to produce over 35,000 kilowatt-hours (kWh) of electricity per year.

"This is an extremely beneficial way to help the organization keep costs controlled while always being thoughtful about the environment," said Julie Pinkham, the MNA's executive director.

The installation

Solar panels use light energy (photons) from the sun to generate electricity through photo-voltaic (PV) effect. The sunlight that the MNA's PV system is converting seamlessly supplies power to its Canton office. Any excess electricity is fed back into the power grid to be reused by the MNA whenever the organization's needs exceed the output of the solar-panel system. The system will offset approximately 61,250 pounds of carbon per year and it will increase the dependability of the power grid by generating electricity at the MNA offices rather than having to purchase it from conventional sources.

In terms of make-up, the MNA's PV system consists of 165 solar panels manufactured by Evergreen Solar, a Marlborough-based company that manufactures and markets solar powered products. The panels are mounted on the roof of MNA headquarters with a ballasted mounting system that requires no penetrations of the roof membrane. Additionally, the "inverters"—which converts the direct current electricity from the solar panels to alternating current, synchronized to the power grid—were manufactured by Solectria Renewables, Inc. of Lowell. "Not only were we able to do our part to improve the environment, but installing this system has allowed us to support our local economy," said Pinkham.



A summary of the MNA's solar efficiency.

"We enjoyed making this project a reality for the MNA," said Herb Aikens, president of Lighthouse Electrical Contracting, Inc., the organization that managed the project. "It was an ideal installation, one that can be used as a model for any office building in the commonwealth."

"We couldn't be more pleased with the system and the installation," said Shirley Thompson, director of the MNA's division of operations. "We just wish that we had a larger area on our roof so that we could produce even more power."

Working closely with Thompson was Roz Feldberg, an associate director in the MNA's division of labor action. Feldberg brought considerable expertise to the project, having had supported numerous green initiatives in the past.

Active on all fronts

The MNA is also actively involved with an internal recycling program that includes the responsible recycling of several thousand pounds of paper waste and dozens of toner cartridges each month. Its preferred vender of office supplies, Staples, keeps the MNA updated on how its purchases make a difference in the fight to protect the environment via an annual environmental report. Additionally, the MNA recently installed automatic sensors in place of traditional light switches in each office at its Canton headquarters as a way of helping to conserve energy (funded in part by a grant from NSTAR). ■

How you can make a difference in the future of nursing

It's easy—make a contribution to the MNF

As a member of the MNA, it's easy to make a contribution to the Massachusetts Nurses Foundation (MNF) and help nurses study clinical issues essential to the improvement of health care. Your help is as easy as …

Writing A Check

Through your tax-deductible donation, you can make a difference in what the foundation can do. Funds are directed toward nursing scholarships & research. Any donation big or small helps us make a difference. Are you renewing your MNA membership? You can make a donation at the time of renewal by simply completing the MNF donor form and including your donation with your dues payment to the MNA.

Donating Honorariums or Travel Reimbursements

Have you received an honorarium for a speaking engagement? Consider donating your honorarium to the Foundation. Are you currently serving on an MNA Congress, Committee or Task Force? Consider donating your travel reimbursement—simply check off the MNF box on your MNA travel reimbursement form & the amount of your travel reimbursement will be donated directly to the MNF!

Arranging a Memorial Gift

A donation can be made in memory of family members, friends and associates or to acknowledge a special event. An acknowledgement will be made to the family of the person being honored.

Arranging for Planned Giving

As you consider your tax planning—we hope you will consider making a tax-deductible donation to the MNF through wills, endowments or legacies.

Participating in MNF Fundraising Events

Whether it's the MNF Auction, Raffles or Golf Tournament—your participation in MNF fundraising events helps us raise funds to support nursing scholarships & research. Watch for announcements of upcoming fundraising events. Your support is always appreciated.

For More Information

Our mission is accomplished only through donations. You can make a difference in the future of nursing. Your gift provides the meaningful difference in what the foundation can do! For more information about the MNF or any of our giving programs, please contact us at (781) 830-5745.

MNF

Make a donation in honor or memory of a loved one or friend to the scholarship fund. When a gift is received, the MNF will send a personalized letter to the person or family indicated notifying them of your thoughtful donation but not revealing the amount of the donation. Every gift is tax-deductible and the donor receives an acknowledgement for their donation. Please make checks payable to the Massachusetts Nurses Foundation.

Massachusetts Nurses Foundation
340 Turnpike Street
Canton, MA 02021

Notes from the chair at Franklin Medical Center

Greetings Everyone,

Recently, Donna Stern, our MNA Vice-Chair made an interesting analogy. She was talking about a situation where a person might pay for a course and then fail to attend any classes or do the required work and still be surprised and indignant about not doing well. Guess what? This is a lot like our situation with the MNA, a service where you have to play your part to benefit. If you went to a doctor only in an emergency and then didn't provide him or her with much information, didn't get lab work and x-rays that were ordered, didn't take medicine that was prescribed, didn't follow a recommended exercise program, etc., then the doctor couldn't do much for you, no matter how terrific he or she might be. I really liked what Donna said and wanted to pass it on.

The services are yours to make use of, just as a college course is, essentially. There are a lot of ways you can make the union work for you. Taking an active part in our next negotiations is going to be major. I'll write more about that in a separate article, because the importance of it is a topic all its own.

You might just look through the contract. You might contact your rep if you think a situation is out of line with the contract. You might consider asking a committee member if theres something you could help out with, if your life allows that. You might suggest a topic for the newsletter or write an article. Anyway, just know that some courses are fun and some are not. You might feel OK about a doctor's appointment or you might not want to go, but even if it isn't all fun, you do it because it's what you need to do in order to take care of yourself and keep yourself going in the right direction.

A certain amount of care and work is needed, using the resources of the MNA, to maintain good working conditions. It needs to be done in a timely, on-going way, because just as with these analogous situations, waiting too long can mean running out of time. It doesn't just happen after you pay your dues. The nature of a union is that you continually have to make it work, and what you've paid for is the means and support to make that possible. It is one of those things that nobody can do for us but it is what we have to do to take care of ourselves.

Sincerely,

Ann Lewin

Bargaining unit update

Mercy Hospital

Elections for new officers have occurred. The committee is busy with numerous grievances and arbitrations. Negotiations will commence this fall.

Providence

Negotiations will begin this fall.

West Springfield School Nurses

The contract has been settled and the nurses have received their retroactive monies and raises.

Worcester School Nurses

Negotiations continue. The nurses have filed two grievances over staffing issues and the MNA has filed an unfair labor practice charge against the school committee resulting from a dispute arising from the last contract over health insurance.

Jordan Hospital

The tentative agreement between the hospital and the MNA has been ratified. Members will be getting information soon from the hospital about the enrollment in the Blue Cross/Blue Shield health insurance plan. If any problems arise during the transition, members are asked to contact the bargaining unit's elected officials. ■

Unit 7 members from Quincy Mental Health Center (QMHC) picketed outside the facility on July 28 to draw attention to the state's decision to close the center in an effort to help balance the commonwealth's budget. Unit 7 members at QMHC had a clear message to convey as they walked the picket line: Balancing the budget on the backs of those struggling with mental illness is bad for everyone—especially for those who depend on the center's services.

◂ Pat O'Neill, RN, QMHC chair

MNA℠ LABOR SCHOOL

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	C O M P	C O M P
Week 2: Legislative and Governmental Affairs Division: Political Activity	L E	L E	L E	L E	L E
Week 3: Nursing Division/Health and Safety	T	T	T	T	T
Week 4: Public Communications	E	E	E	E	E
Week 5: Organizing Division	D	D	D	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	7/14	C	C	6/18	C
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	7/28	O M P L	O M P L	7/7	O M P L
Week 3: How to file grievances How to write a grievance Investigation/identifying sources of information Right to information Information requests Constructing the case	8/11	E T	E T	7/23	E T
Week 4: Presenting the grievance Dealing with management Settling the grievance	8/25	E	E	8/13	E
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	9/1	D	D	8/27	D

Track 3: Collective Bargaining

Region	1	2
Week 1: Negotiations and the Legal Basis Process overview Bargaining ground rules	10/7	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	10/14	1/14
Week 3: Committee Decision Making Conduct at the table Dates, location, etc Open bargaining. Pros & cons. Opening statements Proposal exchange	10/21	1/28
Week 4: Table Tactics/Reading Signals Implementing the contract campaign The contract action team Writing contract language	10/28	2/11
Week 5: Costing the Contract Bargaining video Picketing and strikes Bargaining unit job actions Impasse/contract extensions	11/4	2/25
Week 6: Use of the Media Reaching agreement, writing final language Committee recommendation Ratification process Midterm bargaining	11/18	3/10

Track 4: Computer Training

Region	1	2
Week 1: Excel 1	COMPLETED	TBA
Week 2: Excel 2		TBA
Week 3: Excel 3 graphs & application		TBA
Week 4: Word 1		TBA
Week 5: Word 2		TBA
Week 6: Publisher 1		TBA

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 certificate 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 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. **Classes in red will be held from 10 a.m.– noon.**

3	4	5
11/17		C
12/1		O
12/15		M
1/5/10		P
1/19/10		L
2/2/10		E
		T
		E
		D

3	4	5
9/8	C	2/9
	O	2/23
9/22	M	3/2
10/6	P	3/16
10/13	L	3/30
	E	4/13
	T	
	E	
	D	

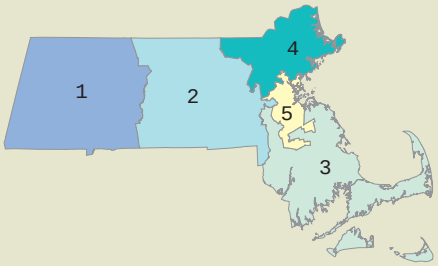
Track 5: Building the Unit, Building the Union

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	10/14	10/7		C O	9/15
Week 2: Organizing the Workplace Mapping the workplace Using contract action teams outside of bargaining Organizing around grievances	10/21	10/14		M P	9/29
Week 3: Attacking Member Apathy Effective union meetings Internal communication structure Member feedback	10/28	10/28		L	10/13
Week 4: Strategic Planning Developing Plan Assessment Intervention	11/4	11/4		E T	10/27
Week 5: Workplace Action Identifying Action Plan, preparation and calendar Pressure tactics/Work to rule Strikes	11/18	11/11		E D	11/10

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	12/1				
Week 2: Fair Labor Standards Act Overtime rules Labor-Management Reporting and Disclosure Act Union officer elections	12/16				
Week 3: Workers Compensation Occupational Safety and Health Act	1/6/10				
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	1/13/10				
Week 5: NLRB & the Kentucky River/ Oakwood cases Nurse supervisor issues	1/27/10				

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

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

Boston Metropolitan Area

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

Central Massachusetts

- Professional Nurses Group, UMass Medical Center, 107 Lincoln Street, Worcester. Contacts: Laurie, 508-853-0517; Carole, 978-568-1995. Mondays, 6–7 p.m.
- Health Care Support Group, UMass School of Medicine, Outside Room 123, Worcester. Emory, 508-429-9433. Saturdays, 1–2 p.m.
- Adcare Hospital of Worcester, 107 Lincoln Street, Worcester Contacts: Lorraine, 508-410-0225 Mondays, 6–7 p.m.

Northern Massachusetts

- Baldpate Hospital, Bungalow 1, Baldpate Road, Georgetown. 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.

Patient Safety Act hearing on Nov. 3

The Patient Safety Act will have a public hearing before the legislature's Joint Committee on Public Health on Tuesday, Nov. 3 at 10 a.m.

The Patient Safey Act (H.3912/S.890, sponsored by Rep. Christine Canavan and Sen. Marc Pacheco respectively) will set a safe limit on the number of hospital patients a nurse is forced to care for at one time.

Save the date so you can join us on Nov. 3 and advocate for safe patient care!

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%

MNA Member Discounts Save You Money

Log onto "myMNA," the new members-only section of the Web site

Personal & Financial Services

Professional Liability Insurance
Nurses Service Organization 800-247-1500
Leading provider of professional liability insurance for nursing professionals. www.nso.com.

Credit Card Program
Bank of America 800-847-7378
Exceptional credit card at a competitive rate.

Term Life Insurance
Lead Brokerage Group 800-842-0804
Term life insurance offered at special cost discounts.

Long Term Care Insurance
William Clifford.....800-878-9921, x110
Flexible and comprehensive long-term care insurance at discount rates.

Short Term Disability Insurance
Insurance Specialist LLC 888-474-1959
Six-month disability protection program for non-occupational illnesses & accidents.

Long Term Disability Insurance
Lead Brokerage Group 800-842-0804
Provides income when you are unable to work due to an illness or injury.

Retirement Program
American General Financial Group/VALIC 800-448-2542
Specializing in providing retirement programs including 403(b), 401(k), IRA, NQDA, Mutual Funds, etc.

Discount Tax Preparation Service
TaxMan Inc. 800-7TAXMAN
20% discount on tax preparation services.

Home Mortgage Discounts
Reliant Mortgage Company.....877-662-6623
Save on your next home loan/mortgage with discounts available to MNA members and their-families. Receive free mortgage pre-approvals.

Life & Estate Planning
Law Office of Dagmar M. Pollex.....781-535-6490
10-20% discount on personalized life & estate planning.

Blue Cross Blue Shield
For details on health insurance plans, call 800-422-3545, ext. 65414

Products & Services

Auto/Homeowners Insurance
Colonial Insurance Services, Inc.....800-571-7773
MNA discount available for all household members. No service changes with convenient EFT payment.

Cellular Telephone Service
AT&T Wireless.....800-882-2056, ext. 726
MNA members can now go to any AT&T Wireless company store for all transactions. 8% discounts on rate plans, 20% on accessories.
T-Mobile 866-464-8662
Get a free phone, free nationwide long distance and roaming and free nights and weekends (on specific plans). No activation fee for members.

Discount Dental & Eyewear Program
Creative Solutions Group 800-308-0374
Best benefits—a health care savings plan that cuts the cost of health care expenses. Discounts on dental, eyecare and chiropractic expenses.

Discount Products by Member Advantage
Member Advantage..... 781-828-4555 or 800-232-0872
Discount prices on a broad range of products. Register at mnadiscountproducts.com

Oil Buying Network Discount
Oil Buying Network.....800-660-4328
Lower home oil heating costs by 10–25 cents/gallon or $150 per year.

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

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

Health Care Apparel
Work 'n Gear Discount.....800-WORKNGEAR
Receive 15% discount off all regularly priced merchandise. Visit www.massnurses.org for a printable coupon to present at time of purchase.

Brooks Brothers Discount
15% discount at Brooks Brothers, Adrienne Vittadini and Carolee. http://membership.brooksbrothers.com.

Travel & Leisure

Car Rental
Avis Car Rental 1-800-331-1212
Discounts can be used for both personal and business travel.
Hertz Car Rental.....800-654-2200
MNA members discounts range from 5 – 20%. (For MNA discount CDP, call 781-830-5726.)

Exclusive Travel Deals
MNA Vacation Center.....www.mnavacations.com
Powered by TNT and Goahead tours. Get exclusive access to travel specials at prices not available to the public.

Discount Movie Passes.....781-830-5726
Showcase Cinemas/National Amusements, $7.75. AMC Theatres, $6. Regal Cinemas (not valid first 12 days of new release), $6.

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

Anheuser-Busch Adventure Parks Discount
Obtain Adventure Card to receive discounts to Busch Gardens, Sea World, Sesame Place, Water Country USA & Adventure Island in Tampa, Fla.

Universal Studios Fan Club.....888-777-2131
Log onto the MNA Web site at www.massnurses.org and click on the Universal Studios Link to obtain special discount prices.

Working Advantage
Discounts for movies, theme parks, ski tickets, Broadway shows. www.workingadvantage.com.

Six Flags New England
One day pass only $25. Contact MNA's Division of Membership at 800-882-2056, x726.

For more information call member discounts at the MNA, 800-882-2056, x726. All discounts are subject to change.