

the Massachusetts

nurse



THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION

Vol. 82 No. 4



ADVOCATE

**Staff Nurse Assembly:
Advocating for patients
and our practice**



June/July 2011



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Health care costs and the needless attack on public sector employees

From the April 27 edition of *Mass-Care*

In late spring, the Massachusetts House of Representatives passed a budget that would allow cities and towns to strip public employees of their right to bargain over health care benefits. This is tragic for three reasons:

First, it is not true that public employees enjoy better wages and benefits than the rest of us. Compared with private employees with the same education level, public workers have better benefits but lower wages. This trade-off turns out to apply to all of us: the economics literature has found that employers do not pay for any health care costs, but rather pass these costs on to employees in the form of lower wages. When the country goes through periods of rapidly climbing health care costs, real wages stagnate or decline. In fact, almost all of the stagnation in lower- and middle-class wages is due to our health care system producing out-of-control costs. Unionized workers just have the luxury, if you can call it that, of trading better health coverage for their families in exchange for lower wages than private sector workers receive for the same work. If the House budget were to become a reality, it is likely that municipal employees who have been sacrificing wages for years to retain health care coverage, will lose both and fall behind their private-sector counterparts.

Second, none of this is necessary. We are the only country in the world with health care costs as high, and growing as rapidly, as ours. In exchange for our high and rapidly rising costs, we actually get worse health outcomes and extraordinarily poor access to needed care. Health care is now about half of the state

budget, consumes almost all of municipalities' new revenue each year, and we are getting literally nothing for our new spending each year. A single payer plan for Massachusetts, which is not experimental and has been tried and proven around the globe, would save the state between \$1.5 and \$2 billion according to estimates from UMass economist Gerald Friedman. This would close our budget deficit. Municipalities, like all other employers, would pay a 7.5 percent payroll tax, and would not have to face rising health care premiums ever again. Almost all municipalities currently spend upwards of 15 percent of payroll on health care costs—the city of Boston, for example, spends about 20 percent.

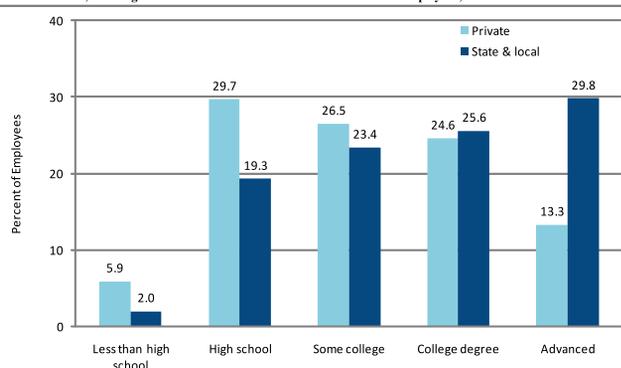
Lastly, although you have all heard a lot of rhetoric about public employees having lavish benefits paid for by taxpayers (which we have just disproven—public employees are paying for their own benefits with lower wages), remember who pays for most tax revenue: rich people! Massachusetts has a flat income tax, which means it is not as progressive as the federal income tax, but still—because income inequality is so high in Massachusetts—a very large share of our total tax revenue comes from high income households paying their share. When we shift costs from tax revenues on to patients, which is what the state is proposing by cutting coverage for public workers, we are also making our health care financing much more regressive, and letting high-income earners off the hook.

To read more about the reality of public employees' benefits and wages, visit peri.umass.edu/fileadmin/pdf/working_papers/working_papers_201-250/WP233.pdf. ■

On average, state and local government employees in New England earn more than private-sector workers. But, state and local workers are also, on average, older and substantially better educated than private-sector workers. When state and local government employees are compared to private-sector workers with similar characteristics—particularly when workers are matched by age and education—state and local workers actually earn less, on average, than their private-sector counterparts. The wage penalty for working in the state and local sector is particularly large for higher-wage workers. Taking benefits into account reduces, but does not eliminate, the wage penalty for state and local workers.

Source: "The Wage Penalty for State and Local Government Employees in New England" Political Economy Research Institute. Thompson and Schmitt; Sept. 2010.

Education Level, New England Private Sector versus State & Local Public Employees, 2005-09



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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.

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

Subscription price: \$25 per year. Foreign: \$30 per year
 Single copy: \$3.00

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

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

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

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Are you owed overtime pay?

By Julie Pinkham
MNA Executive Director

Recently you may have received a letter from the law firm of Thomas & Solomon LLP soliciting you to join a lawsuit against your employer for unpaid wages, especially those for missed meal periods.

As a member of an MNA bargaining unit, your contract provides you with the right to be paid for overtime work and work beyond your daily, regularly scheduled hours. As an hourly, non-exempt paid professional, we urge you to use the grievance and arbitration process to assert your claim for overtime pay because, if the MNA prevails on your claim, you will receive the full pay due to you. However, if you join the lawsuit any settlement will deduct attorney fees, be limited to those in the class eligible for the settlement, and you will likely receive only a portion of the wages due to you, not the full amount for non-paid wages.

Hourly, non-exempt wages require, in part, that during each shift in which you are scheduled to work more than six hours, you have the right to an *uninterrupted* 30-minute meal break. This means that you are free to leave the unit, do not have to carry a pager, or be available for work or work-related questions. If you are required to stay on the unit or have to answer questions about your work during this period, then it is not a valid meal break and you are entitled to be paid for that missed meal period. You should consult your contract and local committee about the specifics of your contract because provisions vary. For example, some RNs receive a paid meal period so the above statements may not apply. Contract language covering hourly wages may improve the payment, but it cannot lessen the

payment allowed under the law.

If there are several instances of RNs not being provided uninterrupted meal periods or not being paid for missed meal periods, then the bargaining unit should consider filing a class action grievance for missed meal breaks. This gives the MNA the right to obtain payroll information to prove the contract violation and get the RNs the pay they deserve. It is therefore important that you contact your local MNA committee if you believe you are not receiving proper overtime pay or your breaks as required by law and your contract.

It is also extremely important that you perform your work while **on duty**. You may feel direct or indirect pressure from the employer to not work beyond your scheduled shifts if it will result in overtime, yet you may need more time to complete patient care or documentation surrounding the care of your patient(s). It is **not** appropriate to sign off and then continue to perform work. Doing so may not only violate wage and hour laws, it potentially violates HIPAA (Health Insurance Portability and Accountability Act), as well as puts your nursing license at risk. Your malpractice insurance will not cover incidents that arise if you have signed out from your shift and then continued to perform work.

Hospitals facing these lawsuits are responding in a number of ways. Some, wishing to



Julie Pinkham

avoid litigation, are aiming to implement computerized time systems. As part of this effort, hospitals may propose to utilize a rarely used "in between" category of moving nurses to exempt status, but with the right to still receive overtime. This can be done for professionals who work greater than 20 hours and make more than a certain weekly amount. Currently, there are no MNA facilities using this system and as a result, it is uncharted territory in terms of its implications to bargaining unit members. Moreover, at least half of MNA hospitals currently have computerized time systems, many

We urge you to use the grievance and arbitration process to assert your claim for overtime pay because, if the MNA prevails on your claim, you will receive the full pay due to you.

of which include benefit/accrual payroll systems. These issues can be highly involved, and the MNA has countless resources for helping members navigate these waters. We encourage you to call your labor representative at any point with questions and related concerns.

At the end of the day, you need to be paid for your professional work—and your payment must be consistent with your contract and consistent with the law. In addition, while pay is your due compensation for professional work performed, it also denotes value to your role ... and if you do not value your work, management never will. ■



On the cover: From left, MNA members Juana Deschamps, Janet Rezendes and Amy DeSimone. *More photos & article, P. 9*

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Cape Cod and Falmouth Hospital nurses vote to ratify new contract

Pact provides limits on the use of mandatory overtime, staffing improvements

The registered nurses of Cape Cod and Falmouth Hospitals voted recently to ratify a new three-year contract that includes improvements in working conditions sought by the nurses to improve patient care at the facility.

“We are relieved to have completed this agreement and we are hopeful that it will lead to better care for the patients we care for every day,” said Shannon Sherman, RN, co-chair of the nurses’ local bargaining unit. “I applaud the nurses of Cape Cod and Falmouth Hospitals for standing up throughout this process for their patients and their profession.”

“In these tough economic times, we were able to achieve important gains, specifically to the quality of our working conditions, which was our primary objective,” said Nicky Powderly, chair of the Falmouth Hospital nurses’ local bargaining unit. “With this agreement, everyone is a winner, particularly our patients.”

The three-year agreement runs from Oct. 1, 2010 to Sept. 30, 2013. The pact includes the following key provisions:

Strict limits on mandatory overtime. Cape Cod Healthcare has agreed to significantly limit the use of mandatory overtime as a staffing mechanism. No nurse will be assigned mandatory overtime more than three times in a calendar quarter, and no more than once per week. The hospital also agreed to make a concerted effort to limit mandatory overtime to no more than four hours, and a union/management committee has been formed to meet regularly over the next several months to study the issue and come up with long-term solutions to address the causes of mandatory overtime.

Increased staffing to support patients on Cape Cod Hospital’s medical/surgical units. The hospital has agreed to add staff to a pool of nurses who will be assigned to cover for staffing shortages on Cape Cod Hospital’s medical/surgical floors, which will allow the hospital to beef up staffing on units where patients need more care.

Commitment to improve conditions at the CCH psychiatric unit. To address ongoing concerns about staffing and security precautions on the psychiatric unit at Cape Cod Hospital, the contract calls for the formation of a new staffing committee, which will meet two times each month to evaluate and monitor staffing levels, with the goal of assuring that patients receive the appropriate level of care, and that nurses are working in a safe environment. As part of this effort, the hospital has agreed to bring in a national expert on hospital security to evaluate and make recommendations on security measures related to the unit. The contract also allows for outside experts



on mental health issues to be consulted by the committee to assist in developing appropriate systems and policies for the unit. According to Sherman, while the nurses had hoped for more immediate improvements in the working conditions for nurses on the psychiatric unit, “This contract places the onus on management to work with us and to be accountable for making all necessary improvements.”

Wage increase. The pact includes a 2 percent bonus for all nurses, retroactive to Oct.

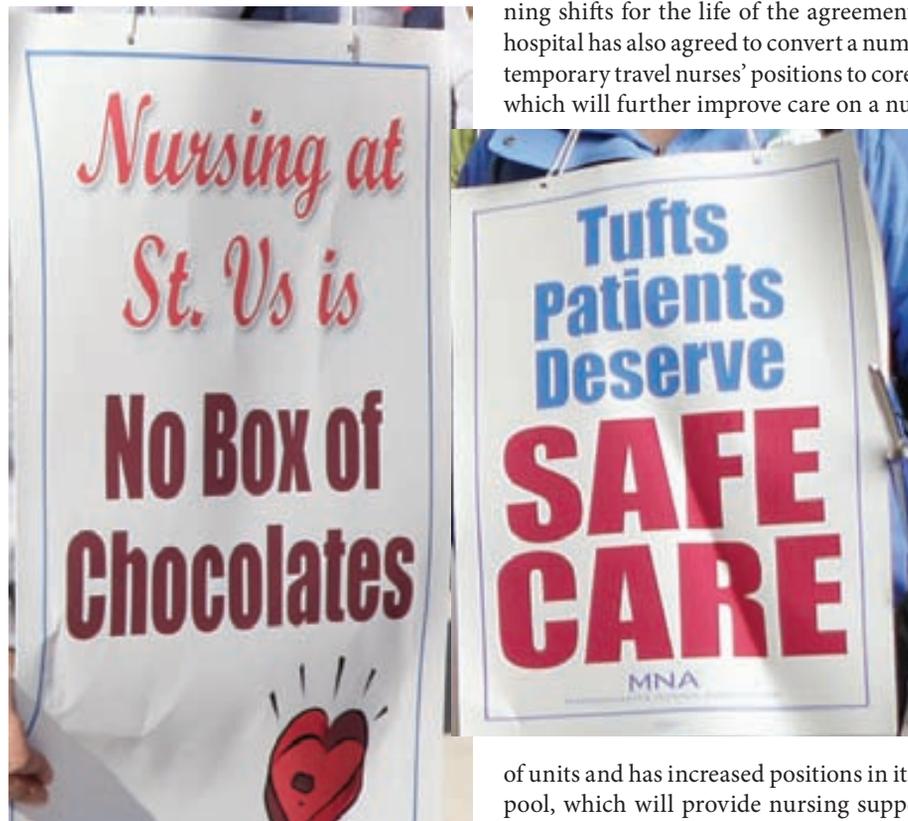
1, 2010, with a 1 percent across-the-board pay raise in 2012, the addition of a new 2 percent step to the top of the pay scale; a 1 percent raise in 2013; and the addition of a 1 percent raise to the top step on the salary scale.

The nurses began negotiations with the hospital in August 2010. For the first time, CCHC management agreed to joint negotiations with the nurses’ bargaining units at Cape Cod and Falmouth Hospitals. The tentative agreement was reached on June 1. ■

Tufts, St. Vincent RNs win staffing language, ratify contracts and avoid strikes

The registered nurses at Tufts Medical Center in Boston and at St. Vincent Hospital in Worcester both recently cast overwhelming votes in favor of ratifying their tentative agreements—Tufts for an 18-month contract and St. Vincent for a three-year contract. Key language included in both contracts includes language specific to staffing improvements, which is essential to keeping patients safe during their hospital visits.

“We are proud of our agreement and what it will mean for the patients we care for every day,” said Barbara Tiller, RN and co-chair of the nurses’ local bargaining unit. “Our



Picket signs from St. Vincent and Tufts.

nurses made a courageous stand for safe staffing and working conditions, and the hospital responded with improvements that we believe will enhance our ability to deliver the care our patients expect and deserve.”

“This is a great victory for nurses and this community,” said Marlena Pellegrino, RN and co-chair of the nurses’ local bargaining unit at St. Vincent. “It was a long process but ultimately we were able to reach an agreement that will allow the nurses of this hospital to provide high quality patient care. The credit goes to our members. Our nurses came together to stand up for what they believed. It was the strength and unity of our union that has allowed us to push forward to such a successful settlement. This is a win for all parties, and the biggest winners will be our patients.”

Highlights from Tufts

The 18-month agreement runs from May 18, 2011 to Nov. 19, 2012. The pact includes the following key provisions:

Increased staffing with limits on nurses’ patient assignments in a number of areas.

The hospital has agreed to limit patient assignments for nurses working on the medical-surgical floors to six patients on the night shift, and to no more than two patients in the intensive care units. The hospital has also agreed to language in the contract that assures they will not move to a six patient assignment for medical-surgical nurses on the day and evening shifts for the life of the agreement. The hospital has also agreed to convert a number of temporary travel nurses’ positions to core staff, which will further improve care on a number

of units and has increased positions in its float pool, which will provide nursing support to overburdened units.

The addition of charge nurses with limited assignments to a number of the hospital’s busiest medical surgical floors on day and evening shifts. These nurses will supplement core staffing on these units to coordinate the flow of patients in and out of the units, while also providing support to nurses caring for patients with complex needs.

Strict limits on mandatory overtime. The hospital has agreed to limit significantly the use of mandatory overtime as a staffing mechanism, allowing nurses to refuse forced overtime if they are too ill to provide safe patient care. No nurse will be required to work more than 16 hours in a single shift, and cannot be assigned more than 12 hours of mandatory overtime in a calendar quarter. The hospital has also agreed to post full schedules to minimize the need for mandatory overtime.

Protection from inappropriate floating.

The pact provides protections for nurses who are asked to float to other units, with guarantees that they will receive appropriate orientation and are competent to practice in those areas.

Wage increase. The pact includes a 2 percent across-the-board wage increase for all nurses upon ratification.

Highlights from St. Vincent

The three-year agreement, which includes industry-leading, contractually enforceable RN-to-patient ratios, will transform the hospital from being one of the worst staffed hospitals in the state to one of the best. It runs from Jan. 1, 2010 to Dec. 31, 2012. The pact includes the following key provisions:

Improvements to contractually guaranteed RN-to-patient ratios on all the hospital’s medical-surgical and telemetry floors. Where the nurses’ contract previously allowed patient assignments of up to six on days and evenings and up to seven patients on nights, the new contract sets a safe limit of four to five patients per nurse on days and evenings and no more than five patients on the night shift. The nurses also achieved improved RN-to-patient ratios in the hospital’s maternity unit, which is in line with established national standards for maternity care.

The addition of a “resource nurse” with a limited two-patient assignment to all medical-surgical and telemetry floors on day and evening shifts. These nurses will supplement core staffing on these units to coordinate the flow of patients in and out of the units, while also providing support to nurses caring for patients with complex needs.

A guarantee that all critical care patients will receive the accepted standard of care no matter where they are in the hospital. As the hospital is planning to close eight to nine intensive care unit beds, which may result in critically ill patients waiting for an ICU bed, the parties agreed to language which assures those patients will receive the same level of nursing care no matter where they are in the hospital.

A modest wage increase. The pact includes a 1 percent across the board increase effective Jan. 1, 2011, and an additional 1 percent across the board increase effective Jan. 1, 2012, along with a new 2 percent step at the top of the salary scale effective upon ratification.

Both ratification votes came after difficult and protracted negotiations, with the nurses at St. Vincent negotiating with Vanguard management for more than 40 sessions and the Tufts nurses for 19 sessions. In reaching their tentative agreements, both bargaining units averted strikes that were set to begin on May 6, National Nurses Day. ■

First picket in 25 years leads to settlement at Leominster Hospital



The RNs at the UMassMemorial/Health-Alliance Leominster Campus Hospital held a successful informational picket outside the hospital in late spring. Their fight for a fair and equitable contract was settled soon after the picket, and the nurses voted in favor of ratifying their new contract on May 19.



Nurses on North Shore picket as management refuses to guarantee their union rights and contract

For the first time in the bargaining unit's history, the MNA nurses at Beverly and Addison Gilbert Hospitals participated in informational picketing outside both facilities on June 15. Members of the bargaining unit, which consists of nearly 700 RNs, voted to head to the picket line after negotiating with management for six months on key issues that—if left unresolved—will threaten patient safety, as well as nurses' union rights, job security and pension benefits.

The key sticking point is management's refusal to agree to strong contract language ("successor language") ensuring that in the event of a sale, the new owner would recognize the nurses' existing union and adhere to all the provisions of their union contract. Specifically, if a new owner stepped in, all the rights, benefits and protections outlined in the nurses' current union contract would remain intact. Management is also refusing to agree to fair layoff language and wants to force RNs to self-fund their pensions.

"Management has said repeatedly that it is looking to sell this hospital system," said Marie Freeman, an RN and co-chair of the MNA bargaining unit at Beverly Hospital. "But they have said just as often at the table that they will not sign off on basic language that would protect our existing contract in the case of a sale. This is unfair to the nurses who fought long and hard to establish this bargaining unit. And it is unfair to the patients we care for, since our contract provides protections that let us advocate for our patients in a way that non-unionized nurses cannot."

In fact, research shows that patients who receive care in hospitals where RNs are unionized have significantly lower mortality rates than patients in non-unionized hospitals ("Registered Nurse Unions and Patient Outcomes," Seago and Ash. *JONA*, March 2002).

"Refusing to add successor language to our contract is tantamount to union busting," added Brit Thames, an RN at Beverly Hospital and bargaining unit co-chair, "because when we are sold, the missing successor clause will mean a new owner can disregard and disassemble the contract in any way they see fit. We are not willing to let this happen, and management should be embarrassed for turning this into such an issue."

"They say they want to make it easier to sell the hospital by not including this key piece of language," said Jeanine Burns, an RN at Addison Gilbert Hospital and secretary of the bargaining unit. "But not including it means we stand to lose our jobs, our union contract and our union voice—the very things that allow us to best protect our patients."



Nurses picket at Beverly Hospital on June 15.

Northeast Healthcare Corporation has hired Jackson Lewis LLP, one of the nation's leading union-busting law firms, as its representative at the bargaining table, and its lead negotiator has been unnecessarily steadfast in his refusal to accept the proposal on successor language. Management, via Jackson Lewis, has also been shamefully unwavering on two additional key issues: its efforts to demolish the nurses' pension plans and its refusal to come to a reasonable compromise on language specific to layoffs.

In the case of pensions, management is asking nurses to self-fund their retirement plans by adding nearly \$80 of their own money to the fund per week. This comes at a time when NHC has offered the nurses a zero percent cost-of-living pay increase. The nurses consider this offer outrageous, particularly since recent fiscal reports showed numerous NHC managers received pay increases of as much as 65 percent—including former CEO Steven Laverty, who received a 60 percent pay increase in fiscal year 2009. "This hospital system consistently

turns a profit, so this proposal is shocking to us," said Burns. "After another year of increased revenue, management wants to cut our pension benefit and then wants us to make up the difference by paying out of pocket? It's just ludicrous."

In addition, management refuses to work in earnest on a fair proposal regarding nurses' "bumping rights" in the case of a layoff. Specifically, they want an affected RN to have one choice and one choice only—to bump the least senior nurse. This means an RN will have no say and no flexibility on what position he/she moves into following a layoff, even if he/she is a 30-year veteran.

"This language is almost unheard of in the world of organized labor," added Freeman, "and management appears tied to it because they aren't interested in managing the bumping process. Instead, they'd rather dismantle the bargaining unit ... and our nurses will be left unprotected, unappreciated and utterly marginalized." ■

Nurses picket at Berkshire Medical Center fighting for equitable contract

The registered nurses of the Berkshire Medical Center held a tremendously successful informational picket at the hospital on May 16. The goal of the picket was to inform the public about serious issues affecting the quality of patient care and the nurses' struggle for an equitable and fair contract. The MNA RNs at Berkshire Medical have been in negotiations with management since July 2010.



Regina Kennedy, "MNA Day" event co-coordinator and unit secretary.

Mass. Hospital School hosts its first 'MNA Day'

MNA members at the Massachusetts Hospital School in Canton were treated to an afternoon of food, festivities and fantastic giveaways as part of their first-ever "MNA Day."

"MNA Days" are mini-events held at MNA bargaining units to educate members about the union, encourage them to utilize the union's services and thank them for the good work they do as nurses and health care professionals.

More than 60 percent of the Mass Hospital School's bargaining unit participated in the May 18 event and dozens of prizes were given away as part of the festivities, including a Garmin navigational system, a set of luggage and numerous creatively-designed gift baskets.

For details on how to host an "MNA Day" at your facility, contact your bargaining unit chairperson. ■



Kennedy with MNA president Donna Kelly-Williams.



JoAnne Whynot-Butler, chairperson.



NNU Staff Nurse Assembly: This is democracy!

From June 6-8 in Washington, D.C., 140 MNA nurses from across Massachusetts traveled to the nation's capitol to join hundreds of RNs from all over the country. Their mission: to advocate for their patients and their practice at this year's NNU Staff Nurse Assembly.

The 800-plus nurse attendees participated in panels that helped them share their victories from the past year as well as the challenges they face in their ongoing fight to improve working

conditions for bedside nurses and ensure high quality patient care.

After sharing their stories, the RNs went right back to advocating for patients, as well as for Americans everywhere, via the NNU's budding "Main Street Contract for America" campaign (details to come in the next edition of the *Massachusetts Nurse*) by descending on the Chamber of Commerce and promoting related legislative initiatives.

They then rallied at the Capitol for safe RN staffing and went on to speak directly to their members of Congress about these important issues. Massachusetts RNs had productive meetings with staff of many members of the delegation, and met with Congressman Jim McGovern personally.

RNs found the experience rewarding and empowering, and many have already pledged to return for the 2012 Staff Nurse Assembly. ■



Congressman Jim McGovern (D-Worcester) met with MNA members who traveled to Washington for the NNU Assembly.

MNA member offers testimony at hearing on payment reform

On May 23, RN and MNA activist Marie Ritacco participated in a legislative hearing with the Joint Committee on Health Care Finance regarding H.1849, An Act Relative to Improving the Quality of Health Care and Controlling Costs by Reforming Health Systems and Payments. What follows is her powerful, expert testimony.

“Good morning. My name is Marie Ritacco, and I am a registered nurse. I live in Auburn, and I am a post anesthesia care nurse at St. Vincent Hospital in Worcester. I am here today with some of my sister nurses from Central Massachusetts. I do want to thank the Committee for conducting these hearings all over the state. This is obviously an important topic, and I think it is great that you are making the debate on this process so accessible.

“I do not pretend to understand the complexity of payment systems, but I do understand what is happening to patients at the hospital bedside. I have been a nurse for more than 25 years, and I have had a bedside view of how the hospital industry has responded to the changing environment. In addition, what I can tell you is that every time there has been any kind of change in health policy, the hospital industry has always responded in the same way. They have consistently attempted to cut costs by reducing the level of nursing care in their facilities. Specifically, they have assigned more and more patients to every nurse, they have increased the use of mandatory overtime to staff their facilities, and they have tried to delegate nursing duties to staff people who might not be qualified to perform them.

“There are two problems with these strategies. The first is that they are dangerous for patients. All of these practices result in compromised patient care. This leads to the second problem, which is that they do not save money,



Marie Ritacco, an RN at St. Vincent Hospital in Worcester, testifies before the Joint Committee on Health Care Finance on May 23. Seated, from left, Rep. Carolyn Dykema, D-Holliston; Rep. Denise Garlick, D-Needham; committee staff member; Senate Chairman Richard Moore, D-Uxbridge; House Chairman Steven Walsh, D-Lynn.

at least not in the long term. All of these strategies result in preventable medical errors and complications, and treating those complications is expensive. As the legislature debates a bill expressly designed to reduce costs, I fear, and I know my sister nurses fear, that the hospital industry will respond to this round of reform in the same old way—they will cut nursing care.

“In fact, as you may know the nurses at my facility—St. Vincent Hospital—just finished a round of extremely difficult and contentious negotiations for a new contract. Throughout those negotiations, we heard repeatedly from the hospital administration that they had to cut nursing costs and could not staff the hospital safely in anticipation of payment reform. If hospitals like mine are already cutting nursing services in anticipation of payment reform

legislation, I can only imagine what they are going to do when such legislation passes.

“I agree with the governor and with the committee that the problem of escalating health care costs has to be addressed. However, I am equally concerned that the trends of the last two decades—assigning more and more patients to every nurse, extensive use of mandatory overtime, and delegating clinical nursing duties to unlicensed personnel—will be further accelerated unless this bill includes some specific provisions to improve and protect quality standards. For a nurse like me, working at the hospital bedside, that means limits on RN patient loads, a prohibition on mandatory overtime, and maintaining the scope of nursing practice. Thank you for this opportunity to weigh in on this important legislation.” ■

MNA member runs for mayor of Revere

George Rotondo, RN, a longtime MNA member and activist, is running for mayor of Revere. A longtime Revere resident, Rotondo has been energetically engaged in his community for many years. As a city councilor for more than six years, Rotondo has worked tirelessly on behalf of the residents of Revere ensuring accountability, efficiency and innovation in city hall.

After graduating and passing the state nursing boards, Rotondo was hired as a staff nurse who has worked in thoracic surgery, the float pool and the bone marrow transplant ICU. He now works as a cardiac surgical intensive care nurse at Brigham and Woman’s Hospital. Previously, Rotondo served as a member of the MNA’s Congress on Health Policy and Legislation. Rotondo continues to work for his colleagues as a delegate at the Greater Boston Labor Council and is a member of the MNA STAT team.

In February, the Mass Nurses PAC endorsed Rotondo’s candidacy for mayor. “We are always thrilled when an MNA member runs for office, and we are fortunate to have outstanding advocates both in legislative and municipal offices. We believe that George is the best candidate for this office and that he will be an excellent advocate for the residents of Revere,” said Donna Kelly-Williams, RN and MNA president.

Members interested in helping to elect George Rotondo for mayor should contact him at 781-289-5185 or info@georgerotondo.org. ■



George Rotondo

Save the date: Legislative hearings on important MNA bills

On Tuesday, Sept. 20, the Massachusetts Legislature's Joint Committee on Public Health will conduct a public hearing at the State House on several critically important MNA bills. This hearing will include testimony on:

S.543/H.1469, An Act Relative to Patient Safety (Sponsors: Sen. Marc Pacheco/Rep. Christine Canavan). The Patient Safety Act will protect patients and strengthen our health care system by requiring the Department of Public Health to set a limit on the number of patients a nurse is forced to care for at one time in an acute care hospital. There is no single intervention that would more immediately and significantly improve the quality of care that patients receive in the hospital. Setting a limit on how many patients a nurse is assigned at one time will reduce costly medical errors and accidents, hospital-acquired infections, and hospital readmissions, which will, in turn, save precious health care dollars.

H.1506, An Act Prohibiting the Dangerous Practice of Mandatory Overtime (Sponsors: Sen. Jack Hart/Rep. Jim O'Day.) Nurses working at the bedside across the Commonwealth have seen employers drastically increase the use of mandatory overtime as their primary staffing strategy. Forcing nurses and other health care professionals to work when they are exhausted endangers patients and leads to costly and preventable medical errors and complications. The practice of mandatory overtime is indefensible by any patient safety standard, and yet hospitals continue to escalate their use of this practice. This legislation would put an end to it.

S.1076/H.1484, An Act Relative to Safe Patient Handling (Sponsors: Sen. Harriette Chandler/Rep. Denise Garlick). Frequent heavy



lifting and transferring of patients is causing skeletal injuries that are debilitating nurses and driving them from the bedside. Shockingly, the cumulative weight lifted by a nurse in one typical eight-hour shift is equivalent to 1.8 tons. Twelve percent of nurses leave the profession annually due to back injuries and greater than 52 percent complain of chronic back pain. This bill would require health care facilities to develop and implement an injury prevention program to protect caregivers and patients from lifting-related injuries. The plan would require providers to supply necessary patient handling equipment or lifting teams, as well as specialized training for health care workers on safe patient handling techniques and the use of handling equipment.

Please save the date, and if you would like

to participate in activities associated with the hearing, please contact MNA political organizer Riley Ohlson at 781-830-5740 or rhlson@mnarn.org. ■

Save the Date!



Call 781-830-5740 for details

MNA helps elect another strong nurse advocate to the Legislature

John Lawn elected to 10th Middlesex District

By Riley Ohlson
Associate Director

When state Rep. Peter Koutoujian was appointed Middlesex County sheriff in January, the MNA lost a legislator who really understood nurses' issues, having voted for Safe RN Staffing twice. So it was important to elect a new representative who would be a strong advocate for quality patient care. Luckily for the MNA, John Lawn threw his hat into the ring to be the next representative from the 10th Middlesex which includes parts of Waltham, Newton and Watertown.

Lawn is a Watertown city councilor who owns a small business in Waltham. He comes from a family of RNs; his wife is an MNA

member at Tufts Medical Center and his sister, mother and mother-in-law are all RNs. Consequently, Lawn really understands the crises RNs face today from the dangerous practices of unsafe staffing and mandatory overtime to workplace violence.

"My wife's experience at the bedside gives me valuable perspective when it comes to nursing issues and how important safe RN staffing is to



John Lawn

patient safety," Lawn said. "I saw how RNs were willing to go to the brink of a strike at Tufts Medical Center to make sure their patients stay safe, and I want to do everything I can to pass legislation so nurses can spend their time on the bedside and not on the picket line. I look forward to going to Beacon Hill to work hard for my communities and for the health care issues important to the RNs and patients of this state."

Lawn ran a strong campaign in a tough field and the MNA was proud to stand beside him, helping to get his message out. We are excited about working with him as we carry on the fight to improve the quality of patient care in the commonwealth. ■

Making connections: MNA members bring your concerns to Washington and Beacon Hill



More than a dozen MNA members from the 10th Congressional District met with their new congressman, Bill Keating, at the Region 3 office in Sandwich. Members from Boston Medical Center, Quincy Medical Center, Jordan Hospital, Tobey Hospital, Brockton Hospital, Falmouth Hospital and Cape Cod Hospital discussed the challenges they face in their facilities to provide safe patient care and federal legislation the MNA is working on through National Nurses United.



MNA members from Taunton State Hospital met with Rep. Patricia Haddad (D-Somerset) to discuss adequate funding for Department of Mental Health facilities. From left, Melissa McDonald, Bill Fyfe, Ellen Farley, Haddad, Paulette Moulding and Michael Moulding.



MNA members met with newly-elected Rep. Donald Wong (R-Saugus) to discuss the MNA legislative agenda. From left, Jessica Souza, Cambridge Health Alliance; Donna Kelly-Williams, MNA President, Wong, Cathy Evlog, retired from Chelsea Soldier's Home; and Brian Costin, North Shore Labor Council delegate.



On May 12, MNA members met with freshman Rep. Ryan Fattman (R-Sutton) to discuss the MNA's legislative agenda. From left, Bill Swallow, RN, UMass-Memorial; Peg Robbins, RN, UMass-Memorial; Fattman; Beth Brennan, RN, St. Vincent Hospital; and Lucy Ann Swenson, RN, UMass-Memorial.



Sen. Jen Flanagan (D-Leominster), a strong MNA ally and legislative leader on issues relating to school nurses and the protection of in-patient psychiatric services, joined MNA members at the Region 2 office for a fun-filled event on April 25. From left, Pat Mayo, RN; Beth Amsler, RN; Flanagan; and Lynne Starbard, RN.

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REGION 1



A Social Networking Media: Implications for the Nurse

Description: This program will discuss the implications for the nurse related to the use of social networking sites such as Facebook, Twitter and blogs. The presenter will use current cases in which the use of social media resulted in HIPAA violations, employee discipline and background searches of prospective employees.

Presenter: James A.W. Shaw, Esq.

Date: Oct. 18, 2011

Time: 5 – 6 p.m., Registration/Dinner/Annual Meeting
6 – 8:30 p.m., Program

Location: Log Cabin, 500 Easthampton Road, Holyoke; 413-535-5077, logcabin-delaney.com

Fee (by check only): Member/Associate Member, free*; Non-member, \$95.

*Requires a \$25 placeholder fee, which will be returned upon attendance.

Contact Hours: Will be provided

Managing Conflict: The Verbal Solution

Description: This program will provide nurses with an understanding of how to effectively manage conflict in the workplace. Specific approaches/skills learned will enable attendees to successfully handle conflicts with co-workers/others.

Presenter: Joe-Ann Fergus, RN, BSN, MA, PhDc

Date: Nov. 9, 2011

Time: 5:30 – 6 p.m., Registration/Dinner
6 – 8 p.m., Program

Location: The Hotel Northampton, 36 King Street, Northampton; 413-584-3100, hotelnorthampton.com

Fee (by check only): Member/Associate Member, free*; Non-member, \$95.

*Requires a \$25 placeholder fee, which will be returned upon attendance.

Contact Hours: Will be provided

Morning Session:

Cardiac and Pulmonary Pharmacology

Description: This program will provide the nurse with an updated knowledge and better understanding of how cardiac medications work. The actions, indications and nursing considerations will be discussed for all major categories of cardiac medications.

Presenter: Carol Mallia, MSN, RN

Date: Dec. 6, 2011

Time: 7:30 – 8 a.m. Registration/Continental Breakfast
8 a.m. – Noon, Program
Noon – 1 p.m., Lunch

Afternoon Session:

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.

Presenter: Mary Sue Howlett, MS, FNP-BC, CEN

Date: Dec. 6, 2011

Time: 1 – 4:30 p.m., Program

Location: Log Cabin, 500 Easthampton Road, Holyoke; 413-535-5077, logcabin-delaney.com

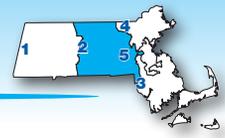
Fee (by check only): Member/Associate Member, free*; Non-member, \$195.

*Requires a \$50 placeholder fee, which will be returned upon attendance.

Contact Hours: Will be provided

To register: complete the Regional Registration Form located on page 18 and submit to the MNA Region 1 Office. For questions, please contact Region 1 at 413-584-4607 or email region1@mna.org

REGION 2



First Aid to 911

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

Presenter: Lindsey Elliott, BSN, RN, CPN, CPST

Date: Sept. 19, 2011 (Note: this is a Monday class)

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

Location: 5400 Computer Drive, Westborough; 508-366-5511, boston-westborough.doubletree.com

Fee (by check only): Member/Associate Member, free*; Non-member, \$95.

*Requires a \$25 placeholder fee, which will be returned upon attendance.

Contact Hours: Will be provided

A Social Networking Media: Implications for the Nurse

Description: This program will discuss the implications for the nurse related to the use of social networking sites such as Facebook, Twitter and blogs. The presenter will use current cases in which the use of social media resulted in HIPAA violations, employee discipline and background searches of prospective employees.

Presenter: James A.W. Shaw, Esq.

Date: Oct. 25, 2011

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

Location: Hilton Garden Inn, 35 Major Taylor Boulevard, Worcester; 508-753-5700, hiltongardeninn.com

Fee (by check only): Member/Associate Member, free*; Non-member, \$95.

*Requires a \$25 placeholder fee, which will be returned upon attendance.

Contact Hours: Will be provided

Coping with Stress: The Mind/Body Connection—A Program for Nurses

Description: This program focuses on mindfulness and tools of resiliency for nurses in diverse environments of practice, with the commonality that nurses everywhere are dealing with unprecedented stress. The presenter will offer strategies for creating calmness in crisis circumstances through mindfulness techniques.

Presenter: Pam Ressler, RN, BSN, HNC

Date: Dec. 6, 2011

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

Location: American Legion Dudley-Gendron Post, 158 Boston Road, Sutton; 508-865-2995, legion.org

Fee (by check only): Member/Associate Member, free*; Non-member, \$95.

*Requires a \$25 placeholder fee, which will be returned upon attendance.

Contact Hours: Will be provided

To register: complete the Regional Registration Form located on page 18 and submit to the MNA Region 2 Office. For questions, please contact Region 2 at 508-756-5800 or email region2@mna.org

REGION 3



Surgical Complications: Nursing Management

Description: This course will discuss the nursing implications for the different types of anesthesia. The nursing management of respiratory, cardiac and hemodynamic post-operative complications will be described. Post-operative pain management and symptom management will also be explored.

Presenter: Pat Rosier, RN, MS, APRN-BS

Date: Oct. 20, 2011

Time: 5:30 – 6 p.m., Registration/Dinner
6 – 8:30 p.m., Program

Location: Trowbridge Tavern and Canal Club (located behind the hotel) 100 Trowbridge Road, Bourne; 508-743-9000, trowbridgetavern.com

Fee (by check only): Member/Associate Member, free*; Non-member, \$95. *Requires a \$25 placeholder fee, which will be returned upon attendance.

Contact Hours: Will be provided

Diabetes: What Nurses Need To Know

Description: This program will discuss the pathophysiology and classification of Diabetes – Types 1 and 2. Oral pharmacological agents and a comprehensive update on insulin therapy will be presented. Nursing management of the newly diagnosed patient and diabetic patients in the pre/post operative, ambulatory and homecare settings will be addressed.

Presenter: Ann Miller, ANP, MS

Date: Nov. 17, 2011

Time: 8:30 – 9 a.m., Registration and Breakfast
9 a.m. – 4:30 p.m., Program (lunch will be provided)

Location: Trowbridge Tavern and Canal Club (located behind the hotel) 100 Trowbridge Road, Bourne; 508-743-9000, trowbridgetavern.com

Fee (by check only): Member/Associate Member, free*; Non-member, \$195. *Requires a \$50 placeholder fee, which will be returned upon attendance.

Contact Hours: Will be provided

Your Best Defense: Lowering Your Legal Risks with Documentation and More

Description: This program addresses the common reasons for suits against nurses. The nurse's responsibility in relation to standards of care, documentation and communication will be discussed in the context of malpractice, its prevention and occurrence. Case studies will be utilized.

Presenters: Barbara Levin, BSN, RN, ONC, LNC;

Tammy Murphy, ASN, RN, LNC

Date: Dec. 6, 2011

Time: 5:30 – 6 p.m., Registration/Dinner
6 – 9 p.m., Program

Location: Trowbridge Tavern and Canal Club (located behind the hotel) 100 Trowbridge Road, Bourne; 508-743-9000, trowbridgetavern.com

Fee (by check only): Member/Associate Member*, free; Non-member, \$95. *Requires a \$25 placeholder fee, which will be returned upon attendance.

Contact Hours: Will be provided

To register: complete the Regional Registration Form located on page 18 and submit to the MNA Region 3 Office. For questions, please contact Region 3 at 508-888-5774 or email region3@mnam.org

REGION 4



Wound Care: Dressing for Success

Description: This program will provide a comprehensive overview of the factors effecting wound care and the strategies for managing complex wounds. A thorough review of the wound product categories will enable the attendee to select the optimal wound product based on clinical findings.

Presenter: Carol Mallia, MSN, RN

Date: Sept. 21, 2011

Time: 5 – 5:30 p.m., Registration/Dinner
5:30 – 9 p.m., Program

Location: Crowne Plaza Boston-North Shore, 50 Ferncroft Road, Danvers; 978-777-2500, cpbostonns.com

Fee (by check only): Member/Associate Member, free*; Non-member, \$95. *Requires a \$25 placeholder fee, which will be returned upon attendance.

Contact Hours: Will be provided

A Social Networking Media: Implications for the Nurse

Description: This program will discuss the implications for the nurse related to the use of social networking sites such as Facebook, Twitter and blogs. The presenter will use current cases in which the use of social media resulted in HIPAA violations, employee discipline and background searches of prospective employees.

Presenter: James A.W. Shaw, Esq.

Date: Oct. 19, 2011

Time: 5 – 6 p.m., Registration/Dinner
6 – 8:30 p.m., Program

Location: Danversport Yacht Club, 161 Elliot Street, Danvers; 978-774-8621, danversport.com

Fee (by check only): Member/Associate Member, free*; Non-member, \$95. *Requires a \$25 placeholder fee, which will be returned upon attendance.

Contact Hours: Will be provided

Acute and Chronic Kidney Disease: A Nurse's Perspective

Description: This program will provide a comprehensive overview of the major components and complications of chronic kidney disease. Nursing management strategies for chronic kidney disease will also be discussed along with acute kidney injury.

Presenter: Lisa Dumouchel, MSN, APRN

Date: Nov. 8, 2011

Time: 5 – 6 p.m., Registration/Dinner
6 – 8:45 p.m., Program

Location: Michael's Function Hall, 12 Alpha Street, Haverhill; 978-373-1991, michaelshfunctionhall.com

Fee (by check only): Member/Associate Member, free*; Non-member, \$95. *Requires a \$25 placeholder fee, which will be returned upon attendance.

Contact Hours: Will be provided

To register: complete the Regional Registration Form located on page 18 and submit to the MNA Region 4 Office. For questions, please contact Region 4 at 781-584-8012 or email region4@mnam.org



Post Traumatic Stress Disorder: Nursing Implications

Description: This program will address the characteristics, signs, symptoms, therapeutic approaches to and nursing management of patients experiencing post traumatic stress disorder. Considerations relative to traumatic events through the life span and cultural barriers will be included.

Presenter: Ronald Nardi, MSN, APRN

Date: Sept. 22, 2011

Time: 5 – 5:30p.m., Registration/Dinner
5:30 – 9 p.m., Program

Location: MNA Headquarters, 340 Turnpike St, Canton

Fee (by check only): Member/Associate Member, free*; Non-member \$95.
*Requires \$25 placeholder fee, which will be returned upon attendance.

Contact Hours: Will be provided

Medical Mistakes and Mishaps

Description: This program will provide nurses with information on the legal aspects of professional nursing practice, including elements of malpractice (what gets nurses into trouble), preventive measures and paths of a lawsuit. How the Board of Registration in Nursing approaches alleged violations of the Massachusetts Nurse Practice Act vs. the legal interpretation of negligence in nursing practice will be considered. Case studies will exemplify practice issues.

Presenters: Barbara Levin, BSN, RN, ONC, LNCC;
Tammy Murphy, ASN, RN, LNC

Date: Oct. 27, 2011

Time: 5:30 – 6 p.m., Registration/Dinner
6 – 9 p.m., Program

Location: X&O Restaurant, 217 Washington Street, Stoughton;
781-344-1800, www.xoonline.net

Fee (by check only): Member/Associate Member, free*; Non-member \$95.
*Requires \$25 placeholder fee, which will be returned upon attendance.

Contact Hours: Will be provided

Your Best Defense: Lowering Your Legal Risks with Documentation and More

Description: This program addresses the common reasons for suits against nurses. The nurse's responsibilities in relation to standards of care, documentation and communication will be discussed in the context of malpractice, its prevention and occurrence. Case studies will be utilized.

Presenters: Barbara Levin; BSN, RN, ONC, LNCC;
Tammy Murphy, ASN, RN, LNC

Date: Nov. 1, 2011

Time: 5:30 – 6 p.m., Registration/Dinner
6:00 – 9 p.m., Program

Location: MNA Headquarters, 340 Turnpike St, Canton

Fee (by check only): Member/Associate Member, free*; Non-member \$95.
*Requires \$25 placeholder fee, which will be returned upon attendance.

Contact Hours: Will be provided

To register: complete the Regional Registration Form located on page 18 and submit to the MNA Region 5 Office. For questions, please contact Region 5 at 781-821-8255 or email region5@mnarn.org

Trauma Day

Morning Session

The Kinetics and Initial Assessment of a Multi-System Trauma Patient

Description: This program will provide a better understanding of the mechanism of injury and the initial nursing assessment of the adult and pediatric multi-trauma patient.

Afternoon Session

Case Studies in Trauma: Considerations for Nurses

Description: This program will highlight the considerations nurses must give patients who will be cared for in a variety of hospital settings. Both the adult and pediatric patient will be followed through a hospital admission process and specific clinical concerns for each area will be addressed.

Presenters (for both sessions): Joseph S. Blansfield, RN, MS, ANP-BC;
Michael Frakes, APRN, CCNS, CFRN, CCRN, EMT-P

Date: Aug. 16, 2011

Time: 8:30 – 9 a.m., Registration
9 a.m. – Noon, Morning Session
Noon – 1 p.m., Lunch (provided)
1 – 4 p.m., Afternoon Session

Location: MNA Headquarters, 340 Turnpike St, Canton; 781-821-4625

Fee: Member/Associate Member, free*; Non-member, \$195. *Requires a \$50 placeholder fee, which will be returned upon attendance.

Contact Hours: Will be provided

MNA Contact: Theresa Yannetty, 781-830-5727

Hematologic Malignancies: An Overview for Nurses Caring for Oncology Patients in a Non-Oncology Setting

Description: This program is designed to provide nurses caring for oncology patients in a non-oncology setting with information about blood cancers, including causes, pathologies, treatments and nursing-care standards. Myeloma, lymphoma, leukemia and myelodysplastic syndromes will be addressed.

Presenter: Marylou Gregory-Lee, MSN, APN-BC, OCN, ANP

Date: Sept. 7, 2011

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

Location: MNA Headquarters, 340 Turnpike St, Canton; 781-821-4625

Fee: Member/Associate Member, free*; Non-member, \$95. *Requires a \$25 placeholder fee, which will be returned upon attendance.

Contact Hours: Will be provided

MNA Contact: Liz Chmielinski, 781-830-5719

Basic Dysrhythmia Interpretation

Description: This three-part course is designed for registered nurses working with cardiac monitoring. Implications and clinical management of cardiac dysrhythmias will be discussed. Course will include a textbook and requires study between the sessions.

Presenters: Mary Sue Howlett, MS, FNP-BC, CEN; Carol Mallia, MSN, RN

Dates: Sept. 12, 2011 (Part 1); Sept. 19, 2011 (Part 2); Sept. 26, 2011 (Part 3)

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

Location: MNA Headquarters, 340 Turnpike St, Canton; 781-821-4625

Fee: Member/Associate Member, free*; Non-member, \$195. *Requires a \$50 placeholder fee, which will be returned upon attendance.

Contact Hours: Will be provided

MNA Contact: Phyllis Kleingardner, 781-830-5794

Diabetes: What Nurses Need to Know

Description: This program will discuss the pathophysiology and classification of Diabetes-Types 1 and 2. Oral pharmacological agents and a comprehensive update on insulin therapy will be presented. Nursing management of the newly diagnosed patient and diabetic patients in the pre/post operative, ambulatory and homecare settings will be addressed.

Presenter: Ann Miller, ANP, MS

Date: Oct. 13, 2011

Time: 8 – 8:30 a.m., Registration

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

Location: MNA Headquarters, 340 Turnpike St, Canton; 781-821-4625

Fee: Member/Associate Member, free*; Non-member, \$195. *Requires a \$50 placeholder fee, which will be returned upon attendance.

Contact Hours: Will be provided

MNA Contact: Liz Chmielinski, 781-830-5719

Advanced Cardiac Life Support (ACLS)—Certification and Recertification

Description: This AHA course will provide information on the clinical management of medical emergencies through a case study approach. This is a two-day certification and a one-day re-certification course. This challenging course is best suited for nurses working in acute or critical care areas. Attendees must be proficient in dysrhythmia interpretation.

Presenters: Carol Mallia, MSN, RN; Mary Sue Howlett, MS, FNP-BC, CEN; and other instructors for the clinical sessions

Dates: Oct. 21, 2011 and Oct. 28, 2011 (certification)

Oct. 28, 2011 only (recertification)

Time: 8:30 – 9 a.m., Registration

9 a.m. – 5 p.m., Program (light lunch provided)

Location: MNA Headquarters, 340 Turnpike St, Canton; 781-821-4625

Fee: Certification: Member/Associate Member, free*; Non-member, \$250
Recertification: Members/Associate Member, free*; Non-member, \$195
*Requires \$75 placeholder fee, which will be returned upon attendance.

Contact Hours: Will be provided for first-time certification only. Contact hours are not provided for recertification.

MNA Contact: Liz Chmielinski, 781-830-5719

Domestic Violence: Its Multiple Dimensions— A Comprehensive Program for Nurses

Description: Participants attending this program will learn how to recognize risk factors for domestic violence as they relate to diverse populations/cultures (e.g. gender specific; pregnancy; teens; disabled; elderly; military personnel; minority groups) and how nurses can facilitate a victim's ability to develop a plan for his/her safety. Nursing interventions will be addressed through case studies and role-play. Nurses' understanding of the impact of domestic violence on the individual, children and families and society will be enhanced.

Presenters: Susan Butler, RN, MSN, CS, PhD; Ruth Karacek, RN, MPH, CCM; Karen Hetzel, RN, PhD, PMHCNS-BC; Shawn MacMaster, BA; Marian Ryan, JD; and others to be announced

Date: Nov. 4, 2011

Time: 8 – 8:30 a.m., Registration

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

Location: MNA Headquarters, 340 Turnpike St, Canton; 781-821-4625

Fee: Member/Associate Member, free*; Non-member, \$195. *Requires a \$50 placeholder fee, which will be returned upon attendance.

Contact Hours: Will be provided

MNA Contact: Phyllis Kleingardner, 781-830-5794

Addictions: A Comprehensive Approach for Nurses

Description: This program will provide nurses with a comprehensive overview of addictive disorders. Presentations encompass current research of the etiology, pharmacological treatments and lifestyle changes required to affect recovery. Evidence-based interventions will be described.

Presenters: Donna White, PhD, RN, CS, CADAC; Deidre Houtmeyers, MS, RN, CAS, LADC-1; Colleen LaBelle, MSN, RN, CARN; and Michael Botticelli, MEd

Date: Nov. 16, 2011

Time: 8 – 8:30 a.m., Registration

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

Location: MNA Headquarters, 340 Turnpike St, Canton; 781-821-4625

Fee: Member/Associate Member, free*; Non-member, \$195. *Requires a \$50 placeholder fee, which will be returned upon attendance.

Contact Hours: Will be provided

MNA Contact: Liz Chmielinski, 781-830-5719

Vaccine Preventable Diseases Update: Measles, Pertussis, Herpes Zoster and Human Papillomavirus

Description: A comprehensive overview of the principles of epidemiology and prevention of vaccine preventable diseases such as measles, pertussis, herpes zoster and human papillomavirus. Disease specific information, vaccines, and current immunization guidelines will be discussed.

Presenter: Patricia A. Halon, DNP, MS, FNP-BC

Date: Dec. 5, 2011

Time: 5 – 5:30 p.m., Registration (light supper provided)

5:30 – 9 p.m., Program

Location: MNA Headquarters, 340 Turnpike St, Canton; 781-821-4625

Fee: Member/Associate Member, free*; Non-member, \$95. *Requires a \$25 placeholder fee, which will be returned upon attendance.

Contact Hours: Will be provided

MNA Contact: Liz Chmielinski, 781-830-5719

Psychological Effects of Chronic Illness

Description: This program will address the psychological effects experienced by chronically ill patients and related nursing management. Patient responses will include the grieving process, body image changes, self-image, self-esteem, loss of independence/powerlessness, emotional responses, effects on relationships and adaptive coping mechanisms.

Presenter: Lee Murray, RN, MS, CS, CADAC

Date: Dec. 8, 2011

Time: 5 – 5:30 p.m., Registration (light supper provided)

5:30 – 9 p.m., Program

Location: MNA Headquarters, 340 Turnpike St, Canton; 781-821-4625

Fee: Member/Associate Member, free*; Non-member, \$95. *Requires a \$25 placeholder fee, which will be returned upon attendance.

Contact Hours: Will be provided

MNA Contact: Phyllis Kleingardner, 781-830-5794

REGIONAL REGISTRATION

Registration Directions: Registration will be processed on a space available basis. All programs are free to members, however, there is a place holder fee of \$25 for all evening programs and \$50 for all full day programs. This fee will be returned upon attendance at the program. Program fees for non-members are \$95 for evening programs and \$195 for all full day programs. If registrants do not attend the program or call to cancel, the fee will NOT be refunded. Please submit a separate check for each program and mail to the appropriate region office. If registering for programs in more than one region, please duplicate the registration form or download from www.massnurses.org and submit registration forms to the appropriate region offices with the specified fee.

Payment: Payment may be made by mailing a separate check for each course to the appropriate regional headquarters. At this time regional offices are unable to process credit card information for this purpose. Thank you for your understanding on this matter.

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 Region Office registration contact telephone number to determine whether a program will run as originally scheduled. Registration fee will be reimbursed for all cancelled programs.

Contact Hours: Contact hours will be awarded by the Massachusetts Nurses Association for all programs.

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

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

Chemical Sensitivity: Scents may trigger responses in those with chemical sensitivities. Please avoid wearing scented personal products when attending MNA continuing education programs.

Disability Help: Please contact the MNA Regional Council Office with any questions about special needs accessibility.

Please print. Mail this completed form along with a separate check for each course to appropriate region. Please make copies of this form for courses at multiple regions or download this brochure at www.massnurses.org.

Name: _____ Phone: _____ Email: _____

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

Place of Employment _____

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

Region 1 Make check payable to: MNA Region 1 Office and mail to MNA Region 1 Office, 241 King Street, Suite 226, Northampton, MA 01060.

- A Social Networking Media: Implications for the Nurse** Non Member: \$95 • Member/Associate Member: \$25 placeholder fee
- Managing Conflict: The Verbal Solution** Non Member: \$95 • Member/Associate Member: \$25 placeholder fee
- Cardiac and Pulmonary Pharmacology & Interpreting Laboratory Values** Non Member: \$195 • Member/Associate Member: \$50 placeholder fee

Region 2 Make check payable to: MNA Region 2 and mail to MNA Region 2 Office, 365 Shrewsbury Street, Worcester, MA 01604.

- First Aid to 911** Non Member: \$95 • Member/Associate Member: \$25 placeholder fee
- A Social Networking Media: Implications for the Nurse** Non Member: \$95 • Member/Associate Member: \$25 placeholder fee
- Coping with Stress: The Mind/Body Connection-A Program for Nurses** Non Member: \$95 • Member/Associate Member: \$25 placeholder fee

Region 3 Make check payable to MNA Region 3 and mail to MNA Regional Council 3, PO Box 1363, Sandwich, MA 02563.

- Surgical Complications: Nursing Management** Non Member: \$95 • Member/Associate Member: \$25 placeholder fee
- Diabetes: What Nurses Need To Know** Non Member: \$195 • Member/Associate Member: \$50 placeholder fee
- Your Best Defense: Lowering Your Legal Risks with Documentation & More** Non Member: \$95 • Member/Associate Member: \$25 placeholder fee

Region 4 Make check payable to: MNA Regional Council IV and mail to MNA Regional Council 4, 10 First Avenue, Suite 20, Peabody, MA 01960.

- Wound Care: Dressing for Success** Non Member: \$95 • Member/Associate Member: \$25 placeholder fee
- A Social Networking Media: Implications for the Nurse** Non Member: \$95 • Member/Associate Member: \$25 placeholder fee
- Acute and Chronic Kidney Disease: A Nurse's Perspective** Non Member: \$95 • Member/Associate Member: \$25 placeholder fee

Region 5 Make check payable to: MNA Region 5 Office and mail to MNA Region 5, 340 Turnpike Street, Canton, MA 02021.

- Post Traumatic Stress Disorder: Nursing Implications** Non Member: \$95 • Member/Associate Member: \$25 placeholder fee
- Medical Mistakes and Mishaps** Non Member: \$95 • Member/Associate Member: \$25 placeholder fee
- Your Best Defense: Lowering Your Legal Risks with Documentation & More** Non Member: \$95 • Member/Associate Member: \$25 placeholder fee

MNA HEADQUARTERS REGISTRATION

Registration Directions: Registration will be processed on a space available basis. All programs are free to members, however there is a placeholder fee of \$25 for all evening programs and \$50 for all full day programs (except for ACLS). This fee will be returned upon attendance at the program. Program fees for non-members are \$95 for evening programs and \$195 for all full day programs (except for ACLS). If registrants do not attend the program or call to cancel, the fee will NOT be refunded.

For courses offered at MNA headquarters, registration/payment of fees is available online. Visit our Web site at www.massnurses.org and register for the course of your choice from our Events Calendar.

Payment: Payment may be made with a Master Card, Visa, Discover or AMEX by calling the MNA contact person listed or by mailing a **separate check for each program** to the MNA, 340 Turnpike St., Canton, MA 02021.

Program Cancellation: MNA reserves the right to change speakers or cancel programs due to extenuating circumstances. In case of inclement weather, please call the MNA at 781.821.4625 or 800.882.2056 to determine whether a program will run as originally scheduled. Registration fee 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 Ocean State Educational Seminars.

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.

Contact hours for ACLS certification are awarded by Ocean State Educational Seminars, which is a provider of contact hours through the Florida State Board of Nursing FBN2534.

Chemical Sensitivity: Scents may trigger responses in those with chemical sensitivities. Please avoid wearing scented personal products when attending MNA continuing education programs.

Disability Help: Please contact the MNA Division of Nursing with any questions about special needs accessibility.

Due to heavy traffic volume on major roadways, please allow extra travel time.

Directions to MNA Headquarters

From Logan International Airport: Take the Ted Williams Tunnel. Follow signs to I-93 S/Southeast Expressway. Stay on I-93 S for approximately 15 miles. Take Exit 2A/Route 138 S/Stoughton. Follow directions from Route 138 below.

From Boston: Take I-93 S/Southeast Expressway. Stay on I-93 S to Exit 2A/Route 138 S/Stoughton. Follow directions from Route 138 below.

From Cape Cod/South Shore: Take Route 3 N. Merge onto US-1 S/I-93 S via exit number 20 on the left toward I-95/ Dedham. Take Exit 2A/ RT-138 S/Stoughton. Follow directions from Route 138 below.

From the North: Take I-93 S/ RT-128 S to I-93 N/ US-1 N. You will see a sign reading "I-93 N to Braintree/Cape Cod." Continue onto I-93 N/ US-1 N for 1.2 miles. Take Exit 2A/ Route 138 S/Stoughton. Follow directions from Route 138 below.

From the West: Take Mass. Pike East to I-95 S/Route 128 S. Take I-95 S/Route 128 S to I-93 N/US-1 N. You will see a sign reading "I-93 N to Braintree/Cape Cod." Continue onto I-93 N/ US-1 N for 1.2 miles. Take Exit 2A/Route 138 S/Stoughton. Follow directions from Route 138 below.

From Route 138 (Turnpike Street): Drive approximately 2 miles (you will pass through two traffic lights). Take a left at the billboard which reads 320-348 Turnpike Street. Follow the road, which curves to the right. You will see the brick Massachusetts Nurses Association building. The MNA is on the second floor.



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Address: _____ City: _____ State: _____ Zip: _____
Place of Employment _____
_____ RN _____ LPN _____ APN _____ Other (specify) _____

Please mail this completed form with check made payable to MNA at: Massachusetts Nurses Association • 340 Turnpike St. • Canton, MA 02021

Payment may also be made by: VISA MasterCard American Express Discover

Account #: _____ Expiration Date: _____

For Credit Card registrations you may fax this form to: 781-821-4445; please call to verify receipt, 781-821-4625.

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

- Trauma Day: The Kinetics and Initial Assessment of a Multi-System Trauma Patient & Case Studies in Trauma: Considerations for Nurses** Non Member: \$195 • Member/Associate Member: \$50 placeholder fee
- Hematologic Malignancies** Non Member: \$95 • Member/Associate Member: \$25 placeholder fee
- Basic Dysrhythmia Interpretation** Non Member: \$195 • Member/Associate Member: \$50 placeholder fee
- Diabetes: What Nurses Need to Know** Non Member: \$195 • Member/Associate Member: \$50 placeholder fee
- ACLS Certification and Recertification** Certification Non Member: \$250 • Certification Member/Associate Member: \$75 placeholder fee
Recertification Non Member: \$195 • Recertification Member/Associate Member: \$75 placeholder fee
- Domestic Violence: Its Multiple Dimensions** Non Member: \$195 • Member/Associate Member: \$50 placeholder fee
- Addictions: A Comprehensive Approach for Nurses** Non Member: \$195 • Member/Associate Member: \$50 placeholder fee
- Vaccine Preventable Diseases Update** Non Member: \$95 • Member/Associate Member: \$25 placeholder fee
- Psychological Effects of Chronic Illness** Non Member: \$95 • Member/Associate Member: \$25 placeholder fee

Bios of candidates for MNA office, 2011

Editor's Note: All biographies are printed exactly as they were submitted by individual nominees.

President, Labor

Donna Kelly-Williams, RN

Arlington, MA

Employment: Cambridge Hospital

Education: MA, Cambridge College, 2009; Certificate, Harvard Law School Trade Union Program, 2009; BA, University of Massachusetts, 2007; AD/RN Lasell College, 1978

Present/Past MNA Offices: President 2009-present, MNAVP, Regional Council 5 VP, Former chair Cambridge Hospital MNA Bargaining Unit.

Candidate Statement: As a practicing registered nurse and full time staff nurse, I continue to be humbled by the trust and confidence patients and our communities have in our profession. We have a tremendous obligation to protect ourselves, our fellow nurses, healthcare professionals and the patients entrusted to our care every day. Over the past decade MNA's commitment to have a limit set on the number of patients a nurse would care for at one time has brought unprecedented recognition for the MNA's devotion to the care of all patients' of the commonwealth. Nurses across the state are in contentious negotiations with staffing, layoffs, retirement and healthcare benefits, and restructuring, and I have been there, attending membership meetings, walking picket lines, and meeting with state and local legislators to support these and all nurses and healthcare professionals across the state. I have also embraced the opportunity to travel to many states across the country representing MNA and NNU as unionized nurses have stood up for their rights. I truly know what MNA members are experiencing across the state and am fully committed to continuing to serve, support, and promote all Members of the Massachusetts Nurses Association.

Secretary, Labor

Ellen Farley, RN-BC

Middleborough, MA

Employment: Taunton State Hospital

Education: AD, Bristol Community College, 1979

Present/Past MNA Offices: MNA Board of Directors, Center for Ethics and Human Rights, By-Laws Committee, STAT Team, Region 3 Board of Directors, Local Taunton State Hospital Secretary, Unit 7 Executive Board Secretary.

Candidate Statement: I am an active member

in the MNA attending meetings and participating in many events such as our annual Convention, Leadership Summits, State Council, and pickets supporting others in their time of need. I work politically helping with Legislative meetings/drops at the Statehouse and in their districts, and have testified at the Statehouse on behalf of our bills. I have also worked closely with the District Attorney to ensure we have a safe work environment.

I feel being unified, well organized, and having the ability to see the big picture for the future of staff nursing is very important. I have supported joining NNU so we have a voice in Washington DC to promote those things we as staff nurses need in order to deliver good nursing care.

I have been an advocate for my colleagues promoting the goal of MNA to address workplace violence, documenting assaults on staff and supporting employees who have been victims of workplace violence. I have addressed workplace violence in several forums. I was instrumental in the establishment of a "Safety for All" Committee at my hospital which was comprised of three unions and administration to evaluate workplace violence issues. I have also promoted contract language surrounding issues related to safety in the workplace to the Commonwealth during negotiations, and am extremely active on my local level. I have spoken nationally sharing my story and promoting workplace violence prevention and programs.

Director, Labor

Region 1

Ann Lewin, RN

Turner Falls, MA

Employment: Baystate Franklin Medical Center

Education: BSN, BU School of Nursing, 1982; BA, Grinnell College, 1972 Major: Russian language

Present/Past MNA Offices: BU, Junior Chair, BU, Senior Chair, MNA Board Member, NNU founding convention alternate, participant DC trip 2009 & 2011, participant Region 1 meetings.

Region 2

Patricia Mayo, RN

Fiskdale, MA

Employment: St. Vincent Hospital

Education: Nursing, Worcester City Hospital School of Nursing, 1965

Present/Past MNA Offices: Board of Directors, Executive Council, Finance Committee,

Region 2 Council, Region 2 Treasurer.

Region 3

Karen Gavigan, RN

Berkley, MA

Employment: Steward Good Samaritan

Education: BSN, Curry College, 2000; Diploma, Massachusetts School of Nursing, 1975

Present/Past MNA Offices: Co-chair Good Samaritan, BOD 2009-2011, Mass Nurse Editorial Committee.

Candidate Statement: I have been in nursing for 36 years; I began as diploma nurse graduating from Mass General Hospital. I went on to obtain a BSN at Curry College. I have been involved in MNA for many years I believe that it's so important to have representation from bedside nurses on the Board of Directors at the MNA. We are in the trenches with the patients and we need to advocate for their safety and for quality care.

I have been the Co-chair at Good Samaritan for 6 years and feel that we have made progress within our facility making our voice heard. I do feel that in this for profit, corporate environment we need to be more vigilant in our quest for appropriate RN staffing to deliver the best care that our patients deserve. I'm glad that MNA is part of the National Nurses Union and I believe that there is strength in numbers. I also believe that we have an obligation to new nurses to educate them about the improvements that we have won by being part of a union and working for strong contracts. Nurses have power in our hospitals and our union gives us a voice at the workplace. I have been on the Board of Directors for the last 2 years and am involved with the editorial committee for the Mass Nurse and the Mass Nurses Foundation. I have been committed to working hard and learning about the concerns of nurses around the region and the state. I would like to continue to work on the Board and am asking for your vote for the Region 3 Director of Labor.

Region 4

Kathleen "Kay" Marshall, RN

Newton Junction, NH

Employment: Anna Jaques Hospital

Education: ADN, Columbia Presbyterian Hospital, 1980; LPN, Edna McConnell Clark School of Practical Nursing Princeton Hospital, 1977; North Andover High School, 1973

Present/Past MNA Offices: Bylaws Committee
Candidate Statement: I have been an active member in MNA since 1981, and currently sit on the negotiating team at Anna Jaques Hospital and have for many years. I am

proud to say that I was fortunate enough to have been a delegate at the founding convention of NNU and I believe that both MNA and the NNU share my concerns and beliefs concerning Safe Staffing/Patient Care/and the Bedside Nurse.

I have always strived to continue and improve care for my patients and for those with whom I work. I am concerned with the status of our health care system and the workload of nurses at the bedside and feel very strongly about "Safe Staffing Ratio's" and have worked toward this goal which I share with MNA.

If elected I would continue to work to obtain said "Safe Staffing Ratio's", continue to do what I can to improve health care system, and continue to focus on improving conditions of the bedside nurse. It is my belief that with these goals in mind the care of the individual patient will greatly improve. We are all our patient's Advocate which is one of our greatest roles.

In being a member of the Board I feel I can be most effective in promoting and obtaining these goals.

Patricia Rogers Sullivan

North Andover, MA

Employment: Lawrence General Hospital

Education: BSN, Thomas Edison State College, 2011; Masters, Cambridge College, 2008; ADN, Lowell General Hospital/ Middlesex Community College, 1983

Present/Past MNA Offices: MNA BOD, MNA Policy Committee, Region 4 Regional Council

Region 5

Dan Rec, RN

Bridgewater, MA

Employment: Faulkner Hospital

Education: BSN, Northeastern University, 1985

Present/Past MNA Offices: Board of Directors, Director, Labor Region 5, Regional Council 5

Candidate Statement: I started my nursing career in 1985. I have always been an active member in MNA and my bargaining unit of Faulkner Hospital. Currently I hold the offices of Board of Directors of MNA, Region 5 Council and Convention Committee. I have also participated in multiple subcommittees at the MNA as well. I strongly believe that unity and solidarity will contribute to making positive changes in my profession as MNA and NNU move forward.

I am asking to be reelected to another term so I can continue to advocate for registered nurses in our state and country by taking action in strengthening our commitment in safe patient care.

Michael Robinson, RN

Dorchester, MA

Employment: Brigham & Women's Hospital

Education: Diploma, Brockton Hospital School of Nursing, 1982

Candidate Statement: After graduating from the Brockton Hospital School of Nursing and starting my nursing career, I became actively involved in the MNA at Jordan Hospital as a MNA negotiating committee member. I later joined the staff at the Brigham and Women's hospital where I have been a staff nurse for the past twenty-five years. Twenty of those years I've served as an elected member of the negotiating committee, most recently as is Vice Chair.

I have a long history of putting the safety of the patients and staff at the forefront because of its paramount importance to the best outcomes for the patients we care for and the working conditions and practice of the nurses the MNA represents. The membership of the MNA is the key to our Association's future and the voice of all the Associations' nurses is needed to show the direction that the MNA needs to go.

I am dedicated to advocating for the profession, our Union and the democratic fiber that is the essence of our Association. I believe achieving retiree health benefits, pension plan language, patient staffing legislation, and organizing the unorganized are all achievable goals for the Association. Goals I look forward to helping make come true. -Respectfully, Michael Robinson

Director At Large, Labor

Carolyn Fahey, RN

Middleboro, MA

Employment: Jordan Hospital

Education: BSN, Jacksonville University, Attending; Associates, Labore College, 1995

Present/Past MNA Offices: Jordan Hospital Bargaining Committee

Kathy Metzger, RN

Taunton, MA

Employment: Signature Health Care Brockton

Education: Diploma, Boston Children's Hospital, 1978; BA Legal Ed, UMass Boston, 2003

Present/Past MNA Offices: Chair Signature Healthcare, Region3 Board member, BOD, Congress on Health Policy and legislations, Workplace Violence Task Force, Executive Board member Plymouth Labor Council AFL-CIO.

Candidate Statement: I have been an active MNA member for many years. I was there when we took the vote to disaffiliate with ANA and I was there when we voted to be part of the NNU. Both were historical moments for bed side nurse and I was proud to have been part of both.

As a MNA member I have spent many hours at the State House lobbying for the

passage of our Safe Staffing bill, Workplace Violence bill, Assault bill and Safe Patient handling bill. I have worked diligently towards improving working conditions for myself and my fellow nurses. I have been part of panels which gave testimony to legislative committees and had a part in the passage of our Assault bill which the Governor signed into law last summer.

I held a seat on the Council for Health Policy, workplace Violence Task force. I currently hold a seat on the Region 3 Council and Plymouth-Bristol Labor Council. Currently I am the Chair of my local bargaining unit at Signature HealthCare Brockton Hospital.

In 2001 my hospital went on strike for 103 days for mandatory overtime language in which we were successful I have also supported my fellow nurses during their labor actions by walking their picket lines. I have been part of demonstrations at the State House and attended a rally in New Bedford to support workers and their collective bargaining rights.

I attend the leadership summit each year and value the time I spend networking with fellow nurses across the State. At this years summit was part of a discussion to create networks of hospitals to strengthen our voices and work together to improve work conditions and patient safety.

I presently honored to hold a seat on the Board of Directors and am seeking to retain that seat so I can be a part of the good work being done to ensure quality health care for our patients, safe working conditions and to continue to meet the needs of the bedside nurse.

Trish Powers, RN

Boston, MA

Employment: Brigham & Women's Hospital

Education: Diploma, New England Baptist School of Nursing, 1985

Present/Past MNA Offices: BWH Negotiating team member, 1993-present

Candidate Statement: I started my nursing career at the old Boston City Hospital in 1985 after graduating from New England Baptist SON. I got my first taste of how powerful a group can be when unified when I as a 20yr old G.N. went on strike after working at BCH for only two weeks. We were out for three days and returned to better and fair wages as well as improved staffing and safety practices. The last nineteen years I have been a staff nurse at Brigham and Women's Hospital in the OR Trauma unit,seventeen of those years I have been a MNA representative/committee member. I have been lucky enough to be part of a strong committee at BWH as we have successfully gotten the first

Kentucky River language in the country as well as the first to get staffing ratio language. I was part of the team who were successful in getting the 3300 nurses at BWH to take a strike vote a few years ago, the highest in the history of MNA 95%. We fortunately did not go on strike and were successful in maintaining our benefits and creating stronger staffing and safety language. I was honored to receive the MNA Kathryn McGinn-Cutler award in 2006 for my efforts in ensuring that the nurses at BWH have a safe working environment, air quality, personal protection ie. "garb", education etc.. If elected I will work vigorously for the issues I am passionate about including one voice one vote, keeping members informed as well as encouraging members to get involved, safe and rational staffing for ALL MNA facilities. Staffing language must be strong for both the Urban hospital as well as the community setting. Tip O'Neill said he credited his many victories for elective office to the fact that he asked the people to vote for him....so I am asking that you vote for me Trish Powers R.N a proud MNA member and Brigham nurse.

Michael Savoy

Dartmouth, MA

Employment: Brigham & Women's Hospital

Education: BSN, UMass Boston, 1996

Present/Past Offices: At Large Committee Brigham & Women's Hospital

Candidate Statement: I have been a Union Emergency Department staff nurse for 14 years, for the last 9 of those years I have been an At Large Representative on the Brigham and Women's Hospital MNA Negotiating Committee.

I am a staunch advocate of safe and sane staffing and working conditions. Conditions that allow the bedside nurse to provide the very best care for their patients. Every day I am impressed by the dedication of nurses to their patients in sometimes difficult circumstances. Consequently, I am dedicated to advocating for the profession and our Union. I will continue to support and advocate for the democratic roots of our association and I believe that together we can actually achieve: improved retiree health benefits, improved pension plan language, safe and rational patient staffing legislation, a ban on mandatory OT and that we will further the drive to organize the unorganized nurses in Massachusetts. The involvement of all members of the MNA is the key to our Association's future and the voice of the all the Associations' nurses is needed to guide the direction of the MNA. With your support I will endeavor to carry out these goals and to be your advocate on the Board of Directors.

Thank you for your vote.

Colleen Wolfe, RN

Charlton, MA

Employment: UMass Memorial

Education: ADN, Quinsigamond Community College, 1995

Present/Past MNA Offices: BOD 09-11(at Large-Labor), Finance Com 09-present, Co-chair UMass Memorial BU, Regional 2 Council member

Candidate Statement: It has been a true privilege to serve on the MNA Board of Directors over the two years. I have walked with many of you on picket lines from around Massachusetts, Chicago and Washington DC. I have witnessed universal determination to ban the practice of mandatory overtime, strengthen workplace violence laws and insist on safe staffing on every unit in every hospital. On your behalf, I have met with legislatures informing them of the dangers of understaffing and mandatory overtime and stressing the need for regulatory relief. I have written to my local Worcester newspaper in support of the nurses at St. Vincent who, along with the nurses at Tuff's, took the ultimate stand against corporate tyranny which ultimately led to landmark maximum staffing ratio's. I have served on committees dedicated to patient and nurse advocacy.

There is much more to do to protect and advocate for our patients and our profession but we can do it. We are the nurses and yes we have an agenda! If re elected, I pledge to continue working on your behalf for safe staffing, protected health care and pension benefits, and advocate for our patients and nursing licenses at the local, regional, state and national levels. --In Unity, Colleen Wolfe RN

Nora A Watts, RN

Westborough, MA

Employment: Newton Wellesley Hospital

Education: BSN, Northeastern University, 1975

Present/Past MNA Offices: BOD-2009-present, MNA representative to NNU PAC, MNA BOD 1999-2008, MNA Treasurer 2004-2008, Cabinet of Labor Relations, MNA PAC, Past MNA PAC chairperson, Newton Wellesley Hospital nurses/collective bargaining committee member, past co-chair, past negotiating team member.

Candidate Statement: I have been a proud Union nurse/MNA member for 28 years. I've spent most of that time as an activist. I've been a local unit chairperson and served MNA members statewide in many capacities. We may have met on your picket line, at the statehouse, at convention, or at a leadership conference. I'm very proud of

the organization that our MNA members have built. It was an honor to serve as one of the delegates in Arizona when nurses from around the nation gathered to form the National Nurses Union.

Having come so far, the aggressive attack on labor unions this year has come as quite a shock. Nationally our sisters and brothers in the labor movement are being stripped of their bargaining rights on a wholesale level. Locally aggressive discipline is being used in an effort to silence nurses' voices. Bargaining is tougher. Strikes have loomed as possibility.

As labor works through our current challenges, I'm very glad to be a member of MNA/NNU. Our union does not sit silently by while corporate healthcare tries to undermine our ability to advocate for patients and provide safe care. We continue to achieve good contract language and to organize more nurses to take up the fight for safe patient care. We must remember that our progress was not made in isolation but by working collectively in support of one another. Today more than ever nurses need to look beyond the boundaries of our individual bargaining units. We must act in unity. Our future depends on it.

It has been an honor to serve on the MNA Board of Directors. I ask for your vote so that I may continue to work on your behalf.

Director At-Large, General

Kathlyn Logan

Spencer, MA

Employment: UMass Memorial University

Education: Associate, Quinsigamond Community College

Present/Past MNA Offices: Negotiating team, Staffing Advisory, Bargaining unit rep, Region 2 Board of Director, Central Mass Labor Counsel Vice President, Bargaining unit Vice Chair, Bargaining Unit Chair, Labor Management Chair, MNA Management Chair, MNA Leadership Fellow receipt, Elaine Cooley Award, Susan Gagne Nurse Addiction Award, MNA Board of Directors-General Labor, NNU Delegate

Candidate Statement: I have been a staff nurses for over 33 years. During my career I have seen many changes in health care, but the one change that needs to be done is safe patient staffing and the elimination of mandatory overtime. My goal for nursing is to be able to have working conditions that eliminates the threat of poor patient outcome, unsafe staffing and to have the ability to mentor new nurses into this wonderful profession.

I have been a member of the board of directors since 2005 and I want to be able continue to work with the members of the board so that we can achieve the goals we

have set forward. to do. I believe in a democratic membership that works with all nurses through the State, the Nation and the World. In Unity we can achieve anything.

Paula Ryan, RNC

Norwell, MA

Employment: Quincy Medical Center

Education: Diploma, Quincy Hospital School of Nursing, 1967

Present/Past MNA Offices: Director at Large-General

Candidate Statement: I have been proud member of MNA since 1967 when Quincy City Hospital was the first to be organized by MNA. I have served as a committee member for over thirty-five years. As Chair for almost twenty years, I have had the opportunity to lead and advocate for nurses at the local level. It has been an interesting and valuable experience.

In this fast changing and challenging health care environment it is evident that our high standard of practice is being negatively impacted. We are seeing a subtle erosion of our profession and standard of care. Ones that set these standards are now ignoring their importance. The policies that guide our practice are disregarded in order to facilitate leadership and managements' alternative goals. Our concerns regarding our practice and the lack of resources needed are minimized and not valued. The recognition of labor and the act of bargaining in good faith is becoming non existent. The greed for power and profits of enterprise has impacted our ability to provide high quality and safe care to our patients and community. This is not acceptable. We are the guardians of patient care and advocates for their well-being!

We have much to accomplish. We can succeed with defined goals and a clear vision. Do not underestimate our power.

Having served on the BOD this past year, I have gained further insight into the inner structure of MNA. I would like to continue to be involved in the process of decision-making and directing a successful future for our practice and profession.

MNA is your voice. United we can make a difference.

Please consider me when you vote.--In Unity, Paula Ryan

Meredith Scannell, RN

Hudson, MA

Employment: Brigham & Women's Hospital

Education: Diploma, St. Elizabeth's School of Nursing, 1995; Master's Public Health, Boston University, 2006; Master's Nursing, UMDNJ

Candidate Statement: I am an Emergency Department staff nurse working at the

Brigham and Women's Hospital with an extensive interest in patient healthcare and I have been a nurse advocate since the beginning of my nursing career. After graduating from St. Elizabeth's Hospital School of Nursing and starting my first nursing position I soon found myself imbedded and winning in a National Labor and Relation's Lawsuit. This lawsuit was nationally recognized and instrumental in passing legislation for whistle blower protection for all nurses in Massachusetts. Having an advance nursing degree as a certified nurse-midwife and Master's degree in Public Health from Boston University I have a comprehensive understanding of what is needed in healthcare to ensure that patients are given the best care without compromising the safety of the nurse. Every day I am impressed by the dedication that nurses have continued to express for their patients even in the most difficult of circumstances. I am dedicated to continue my advocacy for nursing profession and our Union. I will continue to support the democratic roots of our association and I believe that together we can actually achieve: improved retiree health benefits, improved pension plan language, safe and rational patient staffing legislation, a ban on mandatory OT and further the drive to organize the unorganized nurses in Massachusetts. The involvement of all members of the MNA is the key to our Association's future. The voice of all Associations' nurses is needed to guide the direction of the MNA.

Susan Wright Thomas, RN

Hull, MA

Employment: Cambridge Hospital

Education: Diploma, Brockton Hospital School of Nursing, 1993; MS, University of Massachusetts-Amherst -Public Health, 1982; BA, Chatham College, 1972

Present/Past MNA Offices: Cambridge Hospital Bargaining unit Secretary, Awards Committee, Labor Education Committee, Convention subcommittee

Candidate Statement: We are living and working in difficult times. Our rights to negotiate fair and reasonable working conditions are being assaulted. Our knowledge and professional judgement and disrespected and denigrated by "experts" who assert that they know what we need to do and say to give care. Many of these experts have never provided direct care to patients. At times I get discouraged, but I have decided to put that aside and work harder to protect myself, my family, my friends, and my patients from elements that would have us give in. The Nurses are not broken and we will not be. Staff Nurses are the true experts. I believe the MNA/NNU presents the strongest front

and the best opportunity to affect the working lives of nurses and the safety of patients. I choose to run for the Board of Directors in order to help make decisions that promote the progressive courses of action that move the MNA forward as a national leader in the protection of the rights of working families and the right of all of us to safe and effective health care.

Labor Program Member

Gloria Bardsley, OTR/L

N. Grafton, MA

Region 2

Employment: DDS Glavin Regional Center

Education: Associate's (Occup. Therapy), Quinsigamond Community College, 1978; BA, (O.T.), Worcester State College, 1998

Present/Past MNA Offices: Board of Directors 12/2009-present, Unit 7 Executive Board 3/2009-present, attended Reg 2 activities, participated in STAT events

Candidate Statement: My name is Gloria Bardsley and I work as an Occupational Therapist at the Glavin Regional Center/Department of Developmental Services (D.D.S.).

Since 1999, I have served the Massachusetts Nurses Association in various roles including Chapter Chairperson at the Glavin Regional Center, Unit 7 Executive Board Member and member of the Massachusetts Nurses Association Board of Directors.

As a health care professional, I believe it is important that all disciplines be represented and heard. Throughout my career, I have advocated for all members of the M.N.A., regardless of discipline.

I hope you will support me so I can continue to represent you.

Thank you for your consideration when you vote, --Gloria Bardsley OTR/L

Nominations Committee

Lynne Demoura, RN, BSN

Taunton, MA

Employment: Taunton State Hospital

Education: BSN, University of Massachusetts-Dartmouth, 1998; BS, Bridgewater State College, Major: Psychology, 1992

Candidate Statement: I am interested in initiating active participation with the Massachusetts Nurses Association. I am currently employed with the Department of Mental Health at Taunton State Hospital as an RN III. I am well educated holding BS in Psychology and a BS in Nursing. I am committed to providing quality compassionate holistic nursing care. I have a variety of work experiences including age specific, psychiatric and medical surgical nursing. I am passionate about the issues nurses face in their day-to-day work environments as well as performance improvement initiatives

for the patients we care for. I am committed to the continued pursuit of maintaining excellent nursing practices and coordinating efficient quality nursing care within the sometimes challenging and difficult confounds provided. I am proudly submitting a consent to serve for the MNA 2011 Elections for the Nominations Committee.

Mary Ann Gillan, RN

Brookline, MA

Employment: Cambridge Health Alliance

Education: Associates, Bunker Hill Community College, 2006

Patricia Mayo, RN

Fiskdale, MA

Employment: St. Vincent Hospital

Education: Nursing, Worcester City Hospital School of Nursing, 1965

Present/Past MNA Offices: Board Directors, Executive Council, Finance Committee, Region 2 Council, Region 2 Treasurer

Beth Piknick

Centerville, MA

Employment: Cape Cod Hospital

Education: BS, Lesley University, 1999; Diploma, Faulkner Hospital School of Nursing, 1971

Present/Past MNA Offices: Congress Nursing Practice, MNA President

Candidate Statement: During my 40 year history of involvement in MNA, I have met many members on picket lines, at region meetings, at legislative fund raisers and walkthroughs at the state house. I have met many nursing advocates and many patient advocates. My practice has changed dramatically over the past couple of decades. Health care has changed dramatically as well during that time. I have supported leaving a national nurses organization that does not speak for me as a nurse at the bedside. I have supported the joining of a new national nurses that does speak for me as a nurse at the bedside. I am watching as nurses all over the country and our state are being pushed to the wall to successfully gain contracts that protect their patients via staffing language and mandatory overtime language. They have fought back against concessionary bargaining and won these victories.

I believe I have a strong sense of those who support the philosophy of the MNA as an entire organization. I feel that with your support and vote, I will be able to encourage other members to participate and run for the various boards and committees which are vacant and open for our election process. Thank you.

Meredith Scannell, RN

Hudson, MA

Employment: Brigham & Women's Hospital

Education: Diploma, St. Elizabeth's School of Nursing, 1995; Master's Public Health, Boston University, 2006; Master's Nursing, UMDNJ

Candidate Statement: I am an Emergency Department staff nurse working at the Brigham and Women's Hospital with an extensive interest in patient healthcare and I have been a nurse advocate since the beginning of my nursing career. After graduating from St. Elizabeth's Hospital School of Nursing and starting my first nursing position I soon found myself imbedded and winning in a National Labor and Relation's Lawsuit. This lawsuit was nationally recognized and instrumental in passing legislation for whistle blower protection for all nurses in Massachusetts. Having an advance nursing degree as a certified nurse-midwife and Master's degree in Public Health from Boston University I have a comprehensive understanding of what is needed in healthcare to ensure that patients are given the best care without compromising the safety of the nurse. Every day I am impressed by the dedication that nurses have continued to express for their patients even in the most difficult of circumstances. I am dedicated to continue to support the democratic roots of our association and I believe that together we can actually achieve: improved retiree health benefits, improved pension plan language, safe and rational patient staffing legislation, a ban on mandatory OT and further the drive to organize the unorganized nurses in Massachusetts. The involvement of all members of the MNA is the key to our Association's future. The voice of all Associations' nurses is needed to guide the direction of the MNA.

Bylaws Committee

Linda Condon, RN, BSN

Brockton, MA

Employment: Morton Hospital/ Norwood Hospital

Education: BSN, UMass Dartmouth, 1982

Present/Past MNA Offices: Nominations Committee, Testified for MNA before Commonwealth of MA Legislature on Workplace Violence and Safe Staffing, MNA- Brockton Hospital Negotiations Committee 1991-2005, MNA Brockton Hospital Negotiations Co-chair 1997-2005

Candidate Statement: Throughout my career my focus has always been quality patient care by promoting my profession and it's intrinsic value. I have actively engaged in promoting my nursing profession and will continue to do so in order to address the challenges facing us. A strong, organized active association is the key to our success in protecting our patients and promoting our profession. I respectfully request your vote. In Unity,

Linda Condon

Patricia Healy, RN

Florence, MA

Employment: BWH

Education: BSN, University of Mass, 1977

Present/Past MNA Offices: Board of Directors, Congress on Health Policy, Bylaws Committee, Awards Committee, Pres-Reg I

Betsy Prescott, RN, BSN

Newton, MA

Employment: SEMC

Education: BSN, Framingham State College, 2008; Diploma, St. Elizabeth's School of Nursing

Present/Past MNA Offices: PAC-Region 5, Delegate for Boston Labor Council, Region 5 Secretary, Chair SEMC

Candidate Statement: I have had the honor of being an MNA member since 1979, the start of my career at SEMC. I love to be part of the profession that is most entrusted and admired by the public. I have grown professionally and so has my active participation in MNA. As a leader for SEMC I strive everyday to protect our patients and their families. Nurses must be able to practice safely and I will fight for what the staff and patients need. To enable them, to want to be part of the SEMC family. My MNA career started as a floor representative, as a committee member, then an officer. I have participated in 4 contract negotiating sessions. I am the current chair. I am a proud Region 5 member, the secretary and attend all region 5 meetings. As an officer, I participate in the regional summits. I am an active PAC member and hold a region 5 seat, as well as a delegate for the Greater Boston Labor council. I am also a proud member of NNU, attending the first Organizing Institute and participating in the Staff Nurse Assembly. I have spoken on behalf of Steward nurses in Michigan and Minnesota and traveled to FL to help organize new NNU facilities. I am currently volunteering at Holy Family to support our brothers and sisters to help them learn what could be, a member of MNA. I will continue to serve Region 5 and MNA/NNU if elected.

Congress on Nursing Practice

Linda Barton, RN,CCRN,BS

Stoughton, MA

Employment: Norwood Hospital

Education: BS, Curry College, 2007; AD, Mass Bay Community College, 2001

Present/Past MNA Offices: Congress on Nursing Practice

Candidate Statement: I am pleased to submit my name for re-appointment to a position on the Congress of Nursing Practice. I understand that my commitment is for 2 years.

I am a member of the Practice Coun-

cil at Norwood Hospital. As such, I strive to improve the process by which nursing delivers excellent care to the patient. I am committed to providing education in Advanced Directives/End-of-Life Planning to both healthcare providers and the community, in the effort to improve the healthcare delivery system overall. I teach ACLS and BLS at the hospital and am proud to make the educational experience one of the quality infused with some humor. I also teach ACLS on a regular basis at the MNA.

I believe I can continue to support the nursing profession in Massachusetts by serving on the MNA Congress of Nursing Practice. Thank you, Linda Barton

Mary Doyle Keohane, RN

Abington, MA

Employment: MEEI

Education: Diploma, St. Elizabeth's Hospital School of Nursing, 1977

Present/Past MNA Offices: Congress on Nursing Practice, Domestic Violence Education Planning Comm

Maureen F Mogan, RN

North Weymouth, MA

Employment: University of Massachusetts-Boston

Education: MSN, University of Texas, 1974; BSN, Fitchburg State College, 1976; Diploma, Children's Hospital School of Nursing, 1972

Elizabeth Sparks, RN, CNOR

Norwood, MA

Employment: Newton Wellesley Hospital

Education: Associate, Massasoit Community College, 1991

Present/Past MNA Offices: Cabinet, MNA PAC-Vice Chair, BOD, Bylaws Committee Chair, Emergency Preparedness-Chair

Candidate Statement: My name is Betty Sparks and I am an RN at Newton Wellesley Hospital. I am running for the Congress on Nursing Practice. I have been very active on the MNA PAC and am currently serving as it's Vice Chair. I am very concerned with the direction in which our hospitals are going. They are forcing us to practice nursing as if we are on an assembly line and our patients are the products being produced. Picture Lucy and Ethel at the candy factory and the conveyor belt speeding up and the candy falling off and being misplaced, only our conveyor belts (stretchers) are full of patients not peppermint patties! We need to speak up and slowdown those belts or our patients who rely on us to take care of them will be the ones hurt. We need to be the ones at the table with our elected officials when health care bills come across their desks. We are the ones who do the work everyday and we need to be there to tell them how to improve the quality of healthcare. We need to make sure

that quality healthcare is not sacrificed in order to increase profits for the hospitals and the insurance companies. We need to make sure that our patients get the best care that we can provide. We need to make sure that the hospitals and insurance companies support the care that our patients need and deserve. I have deployed in many disasters, including Hurricane Katrina and the earthquake in Haiti, I have seen first hand what happens when the system does not take care of it's people. We need to hold our elected officials, the hospitals and the insurance companies accountable! Good quality healthcare starts with RN's at the bedside practicing nursing as only they know how to do..

Leann Tibets, RN, BSN, CMSRN

Dedham, MA

Employment: Steward St. Elizabeth's Medical Center

Education: BSN, Curry College, 2004; ADN, Laboure College, 1980

Present/Past MNA Offices: Congress on Nursing Practice

Candidate Statement: My Nursing career has spanned over 30 years, the majority of which have been at the bedside. Advances in technology and documentation requirements to name a few, further remove RN's from direct patient care. Demands are constantly made of our time; prioritizing is a strategy for survival. Multi-tasking becomes necessary.

Nurses wear many hats, and all our jobs hold gravity. Frail elders are often in our care. We find ourselves relying on the assistance of ancillary help to be our "eyes" and "ears", hoping to keep that elder out of fall statistics. We must be an advocate for them. Assessing pain, as well as re-assessing after dosing is another important intervention. Patient teaching and communicating with families are important for outcomes.

The Health Care Industry is affected by our current economic climate. This year, I was witness to my first 'reduction in force', which had a direct impact on five of my co-workers. The unit where I work, Heme/Onc, has been closed several times due to low census, requiring staff to float to other units for days on end.

RN's all have a story to share. Themes are similar. I have learned so much through the years from my patients and their families. I have also learned by example of my fellow Nurses. Resilience is a trait common to most Nurses.

Through my current service to the Congress for Nursing Practice, I have grown to understand about the workings of the MNA more fully. I have become a more active member. I have engaged with my colleagues at Congress meetings and addressed issues

that directly impact our practice. Work accomplished on this committee is vital and impacts us all in our day-to-day practice.

Congress on Health and Safety

Meredith Scannell, RN

Hudson, MA

Employment: Brigham & Women's Hospital
Education: Diploma, St. Elizabeth's School of Nursing, 1995; Master's Public Health, Boston University, 2006; Master's Nursing, UMDNJ

Candidate Statement: I am an Emergency Department staff nurse working at the Brigham and Women's Hospital with an extensive interest in patient healthcare and I have been a nurse advocate since the beginning of my nursing career. After graduating from St. Elizabeth's Hospital School of Nursing and starting my first nursing position I soon found myself imbedded and winning in a National Labor and Relation's Lawsuit. This lawsuit was nationally recognized and instrumental in passing legislation for whistle blower protection for all nurses in Massachusetts. Having an advance nursing degree as a certified nurse-midwife and Master's degree in Public Health from Boston University I have a comprehensive understanding of what is needed in healthcare to ensure that patients are given the best care without compromising the safety of the nurse. Every day I am impressed by the dedication that nurses have continued to express for their patients even in the most difficult of circumstances. I am dedicated to continue to support the democratic roots of our association and I believe that together we can actually achieve: improved retiree health benefits, improved pension plan language, safe and rational patient staffing legislation, a ban on mandatory OT and further the drive to organize the unorganized nurses in Massachusetts. The involvement of all members of the MNA is the key to our Association's future. The voice of all Associations' nurses is needed to guide the direction of the MNA.

Mary Havlicek Cornacchia, RN, BSN

Westborough, MA

Employment: Tufts Medical Center

Education: BSN, Fitchburg State College, 1988

Present/Past MNA Offices: Currently serving as Vice Chair of Bargaining Committee at Tufts

Candidate Statement: My name is Mary Havlicek Cornacchia and I have been employed at Tufts Medical Center for 23 years with experience in clinical research and med-surg nursing. It is only in the last two years that I have become an "active" member of the MNA. Serving as vice chair of the Tufts bargaining unit has been an

eye-opening experience on all levels-locally, statewide, and nationally. Previously I had been content to go to work, do my shift, and go home- now I am excited to tackle the health and safety issues that face each and every nurse on a daily basis. The nursing profession today is in a constant state of flux...it is both exhilarating and challenging. It is difficult to stay on top of things as an individual but the MNA provides amazing resources. I bring an enthusiasm and strong need to be involved in addressing the health and safety issues that nurses face in their practice each and every day. Having sustained a work related injury myself, I am very interested in raising awareness and working toward resolution of problems on all levels. If I am elected to the Congress on Health & Safety I will commit to raising awareness, researching issues, educating members-nurses, the community, and legislators. It is my hope to help empower individual nurses and to work towards a healthier and safer environment for one and all.

Congress on Health Policy

Tina Russell, RN

East Bridgewater, MA

Employment: Retired

Education: Diploma, Brockton Hospital School of Nursing, 1962

Present/Past MNA Offices: Congress on Health Policy, MNA Finance Committee, Convention Planning & Safe Patient Care Task Force

Katherine Sandell, RN, BSN

Boston, MA

Employment: Boston Medical Center

Education: MSN-CNS, UMass-Boston, Present; BSN, UMass-Boston, 2006; BS, UMass-Amherst, 2003

Candidate Statement: Currently healthcare and healthcare policy is undergoing major changes. I feel that nursing should have one of the biggest seats at the table when it comes to creating and passing new healthcare policies and laws. There is a definite need for healthcare reform in our society due to the high costs of healthcare in this country, but it needs to be done correctly and with input from all members of the health care delivery team. Nursing is one of the major members of this team and by becoming a part of the Congress on Health Policy I hope to give nurses a voice at the table on what we think would work and be beneficial during this reform.

I am currently a nurse at Boston Medical Center in the CCU and have been an MNA member my whole nursing career. I am pursuing my master's degree in nursing at

the University of Massachusetts, Boston to become a Clinical Nurse Specialist in acute/critical care. I value education and feel that nurses should teach other nurses and hope to become a nurse educator.

Lynne Starbard, RN

Worcester, MA

Employment: UMass Memorial

Education: Associates, Quinsigamond Community College, 1977; LPN, David Hale Fanning Health Occupations, 1977; Anna Maria College- Paxton, 1971-1972

Present/Past MNA Offices: Congress Health Policy, Secretary PAC, STAT Team, Awards Committee, Convention Committee, chairperson Region 2, Co-chair Memorial/Hahnemann Home Health & Hospice

Candidate Statement: I ask for your vote in the upcoming election for reelection to the Congress on Health Policy and Legislation. I am currently the Chairperson of Region 2 and Co-chair of my Bargaining Unit. I am secretary of the PAC Committee and have worked on many campaigns for MNA endorsed candidates along with literature drops and visits to our elected officials in Boston and Washington DC. I am an active member of the STAT team, Congress on Health Policy, and a member of the Awards and Convention Committees. I serve as a Vice President on the Central Ma Labor Council for the last 8 yrs. I am seeking reelection to this Congress to continue the work started on new and impending legislation pertinent to the MNA and the NNU which impact our nursing care.

At-Large Regional Council

Region 1

Patricia Healey, RN

Florence, MA

Employment: Brigham & Women's Hospital
Education: BSN, University of Massachusetts-Amherst, 1977

Present/Past MNA Offices: BOD-Labor 1998-2009, Bylaws Committee, Awards Committee, Congress on Health Policy, President Reg 1

Region 2

Susan Mulcahy, RN

Shrewsbury, MA

Employment: UMass Memorial
Education: Diploma, Worcester Hahnemann School of Nursing, 1970
Present/Past MNA Offices: PAC, Region 2 Board, Region Treasurer, Region Secretary

Region 3

Colette Kopke

Plymouth, MA

Employment: Jordan Hospital
Education: ASN, Northeastern University,

1968; Post Grad courses, Northeastern University, Curry College

Present/Past MNA Offices: BOD At-large Director, Labor, PAC Jordan Committee

Candidate Statement: Having been involved in MNA, since the 70's, I have a strong connection to this organization. Our nursing profession is an integral team member of our healthcare system, which is in crisis..

We as nurses, are advocates; need to continue our roles, not only for patients; their families, but for ourselves. A myriad of issues face us- safe patient handling- safe staffing with RN-patient ratios- violence in the workplace; six sigma-lean staffing.

Now, more than ever, we are fortunate to not only be involved at our local, regional; state levels, but at the national level through NNU; now is the time to come together

and continue our work, as individuals, but more importantly as a stronger collective bargaining union.

I remain grateful for our visionary leaders at many levels; I feel honored to work with them at PAC, BOD; my local unit at Jordan Hospital.

As a newer member of BOD, I have been energized by our leadership, fellow board members; MNA staff; remain hopeful for our future. I would appreciate your vote, to follow through on our work in progress.

I feel I have not only the experience, but most of all my ongoing commitment to work for you; continue to support and advocate for MNA and NNU.-- THANKYOU, Colette C. Kopke, RN

Rosemary O'Brien, RN

S. Harwich, MA

Employment: Retired

Education: RN, Catherine Laboure School of Nursing, 1960; BS, BC School of Nursing UMass, Ongoing; AD, Massasoit Community College, Ongoing

Present/Past MNA Offices: Secretary BOD, At-Large Director, BOD Policy Committee, Sec Reg 3 Council

Candidate Statement: I have been active in the nursing profession for more than fifty years. For the past eight years you have given me the opportunity to represent you as a member of the MNA Board of Directors. I am seeking an at-large position in Region Three so that I can better communicate to the members of the Region, the goals and objectives of the NNU/MNA and more importantly to convey to both our National and State organizations, the needs and concerns of its rank and file members.

Region 5

Joan Ballantyne, RN

Mansfield, MA

Employment: Norwood Hospital

Education: RMN, Greater Glasgow Western District College of Nursing, 1980; RGN, Greater Glasgow Western District College of Nursing, 1982

Present/Past Offices: Co-chair local bargaining unit, active member Region 5 committee, convention committee 2011, STAT team

Candidate Statement: I have been a proud union member since attending nursing school in Glasgow. The confidence of being a union member gave me the strength to stand up for my patients and colleagues even then as a lowly nursing student in such a powerful hierarchy that health care institutions were at the time. Today I still feel the power of our union at the local level and enjoy working within the bargaining unit experiencing the strength in solidarity and unity it provides. If you vote for me I promise not only to attend the "One meeting a month and eat the obligatory light supper" but will lend my continued full support to strengthen

the relationships the individual bargaining units have within Region 5; which in turn can only further strength our union.

Betsy Prescott, RN, BSN

Newton, MA

Employment: SEMC

Education: BSN, Framingham State College, 2008; Diploma, St. Elizabeth's School of Nursing

Present/Past Offices: PAC-Region 5, Delegate for Boston Labor Council, Region 5 Secretary, Chair SEMC

Candidate Statement: I have had the honor of being an MNA member since 1979, the start of my career at SEMC. I love to be part of the profession that is most entrusted and admired by the public. I have grown professionally and so has my active participation in MNA. As a leader for SEMC I strive everyday to protect our patients and their families. Nurses must be able to practice safely and I will fight for what the staff and patients need. To enable them, to want

to be part of the SEMC family. My MNA career started as a floor representative, as a committee member, then an officer. I have participated in 4 contract negotiating sessions. I am the current chair. I am a proud Region 5 member, the secretary and attend all region 5 meetings. As an officer, I participate in the regional summits. I am an active PAC member and hold a region 5 seat, as well as a delegate for the Greater Boston Labor council. I am also a proud member of NNU, attending the first Organizing Institute and participating in the Staff Nurse Assembly. I have spoken on behalf of Steward nurses in Michigan and Minnesota and traveled to FL to help organize new NNU facilities. I am currently volunteering at Holy Family to support our brothers and sisters to help them learn what could be, a member of MNA. I will continue to serve Region 5 and MNA/NNU if elected. ■

MNA Final Ballot, 2011

President, Labor*

1 for 2 years

Donna Kelly-Williams

Secretary, Labor*

1 for 2 years

Ellen Farley

Director, Labor*, 5 for 2 years

(1 per Region)

Region 1

Ann Lewin

Region 2

Patricia Mayo

Region 3

Karen Gavigan

Region 4

Kathleen "Kay" Marshall

Patricia Rogers Sullivan

Region 5

Dan Rec

Michael Robinson

Director At-Large, General

3 for 2 years

Kathlyn Logan

Paula Ryan

Meredith Scannell

Susan Wright Thomas

Director At-Large, Labor

4 for 2 years

Carolyn Fahey

Kathy Metzger

Trish Powers

Michael Savoy

Colleen Wolfe

Nora Watts

Labor Program Member who is a non-RN Health Care Professional

1 for 2 years

Gloria Bardsley

Nominations Committee, 5 for 2 years (1 per Region)

Region 1

Region 2

Patricia Mayo

Region 3

Lynne Demoura

Beth Pickett

Region 4

Meredith Scannell

Region 5

Mary Ann Gillan

Bylaws Committee

5 for 2 years

Linda Condon

Patricia Healey

Betsy Prescott

Congress on Nursing Practice

5 for 2 years

Linda Barton

Mary Doyle Keohane

Maureen Mogan

Elizabeth Sparks

Leann Tibets

Congress on Health Policy

5 for 2 years

Tina Russell

Katherine Sandell

Lynn Starbard

Congress on Health and Safety

5 for 2 years

Mary Havlicek Cornacchia

Meredith Scannell

Center for Nursing Ethics & Human Rights

2 for 2 years

At-Large Position in Regional Council

2 for 2 years (2 per region)

Region 1

Patricia Healey

Region 2

Susan Mulcahy

Region 3

Collette Kopke

Rosemary O'Brien

Region 4

Region 5

Joan Ballantyne

Betsy Prescott

**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.*

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MNA membership dues deductibility in 2010

This shows the percentage of MNA dues paid in 2010 that may **not** be deducted from federal income taxes. Federal law disallows the portion of membership dues used for lobbying expenses.

Region	Percent
All Regions	5.0%

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