the Massachusetts nurse ADVOCATE

THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION ■ VOL. 88 NO. 1

Front-to-back coverage on all things Question 1

July/August 2018

MNA℠ Massachusetts Nurses Association

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On the web: massnurses.org

President's Column

THIS IS OUR TIME

Dear friend and fellow MNA member,

I know you've been watching the news, following social media, and talking to your nursing colleagues about the ballot initiative for safe patient limits. I know that your friends have asked for your opinion, that some of your managers have tried to intimidate you with dire predictions, and that you have received phone calls from nurses like me telling you the truth and asking for your help and support.

The question — which will appear on the ballot as Question 1 — is almost two decades in the making. Nurses say it is needed (https://bit.ly/NursesSay), it is based on dozens of proven research studies (https://bit.ly/TheScientificResearch), and it draws from the proven success that the state of California had when it implemented safe patient limits (https://bit.ly/CaliforniaProves) 14 years ago.

Simply put, nurses support and want safe patient limits. The research supports safe patient limits. And California proves that safe patient limits work.

Yet, here we are. Heading into what is a make-or-break fight for both our patients and our practice. All this because a few hospital and nursing executives insist they know the most about patient care and bedside nursing, and that they deserve to have the final say on how many patients we can safely care for at once.

Let's face it. They've had the final say for years, and the only things that have happened are our patients have grown sicker, our assignments have grown larger, and our ability to provide our patients with the care they deserve has suffered as a result.

We know we hold the higher ground in this fight. As I said earlier, the statistics, research, and history are all on our side. But winning this fight involves more than holding the higher ground. Winning requires that you get involved … that we all get involved.

As long as I have been in a leadership role with the MNA, nurses have been rated — year after year — the most trusted professionals in a poll held annually by Gallop. We come in ahead of teachers, ahead of firefighters, and ahead of physicians. And we sure as hell come in ahead of hospital executives! Technically speaking, this should be a slam-dunk win for us. But a slam dunk becomes much harder when the opposition is spending millions against us in an attempt to confuse voters into believing that a yes vote will harm patients and nurses.

Which is why I want to personally ask you to do the following three things for our ballot campaign:

1. Do not be thrown off course by anything the hospital industry or ANA have to say about our ballot campaign. Those organizations are made up of executives whose exorbitant salaries are dependent on maintaining the status quo. We know this with certainty, and we also know that the public already distrusts hospital executives (vs. implicitly trusting us).
2. Get involved. Get involved. Get involved. And, oh yes, get involved! Because although the public trusts us more than hospital executives, they are also desperate to hear from us directly on this matter—be that through door-knocking in local neighborhoods, participating in local, easy-to-do phone banking sessions, or standing out at local polling sites in the fall and encouraging folks to "vote yes on Question 1."
3. Make a donation to the campaign at https://bit.ly/Donate2SPL. Whether large or small, each donation matters.

The remainder of this newsletter focuses entirely on the ballot campaign, from who to call/email locally when you are ready to volunteer (page 10), to a thorough "truth vs. lie" article (page 6) that will help you in the conversations we know you will be having with your friends, family, and neighbors about the campaign.

This is how we will win: by each of you taking part at the ground level. Because when it comes to convincing voters of what it is like to be a nurse, or patient, under today's hospital conditions, you know who wins each and every time, don't' you?

NURSES!

And PS – Be sure to keep your eyes open for "Vote Yes on Question 1" lawn signs, buttons, lanyards, and more. Each will be coming to a meeting/office/breakroom/event near you soon. I'm looking forward to seeing lawn signs everywhere across the commonwealth and buttons on the scrubs of all 23,000 MNA members, as well as your friends, neighbors, and families!

In solidarity,

Donna Kelly-Williams, RN

the Massachusetts nurse ADVOCATE ISSN 0163-0784: USPS 326-050

Published quarterly by the Massachusetts Nurses Association, 340 Turnpike Street, Canton, MA 02021.

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

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

Massachusetts Nurses Association

CONVENTION 2018

THIS IS OUR TIME

October 4-5
Sheraton Framingham

Wednesday, October 3, 2018

6:30-9 p.m. Reception and shopping stroll

Thursday, October 4, 2018

8:30-9:30 a.m. *Labor Solidarity on Ice: Fighting for Gender Equality, Respect, and Fair Pay in the Workplace*, presented by Meghan Duggan, Captain of the US Olympic Gold Medal Ice Hockey Team

11 a.m.-12:30 p.m. *The Effects of Violence on Nursing Practice* (CE program) presented by Donna Sabella, PhD, MSN, Med, CRNP, PMHNP-BC • Seedworks, Endowed Associate Professor of Social Justice, UMass Amherst

2 p.m. Business meeting

5-6 p.m. THIS IS OUR TIME: Stand-Up/Stand-Out/Get Out the VOTE

6:30-9 p.m. Awards dinner

Friday, October 5, 2018

9:-15-10:30 a.m. *Marijuana & Massachusetts: Where do we go from here?* (CE program) presented by Heather Stephen Selby, MSN, RN, ARNP-BC

10:45 a.m.-12:15 p.m. *How Can I Continue to Love a Job That is Trying to Kill Me?* (CE program) presented by Linda Honan, PhD, MSN, CNS-BC, RN, ANEF, FAAN, Professor, Graduate Entry Pre-specialty in Nursing, Yale University School of Nursing

Go to massnurses.org to register online

"Talking Points" to Use in Your Conversations about Question 1 for Safe Patient Limits

Our polling shows that you, as a registered nurse, are the most trusted messenger on this issue, which puts you in a perfect position to speak to people about voting "yes" on Question 1 for safe patient limits this November. In every conversation you have about the ballot question, the most important starting point is to say, "I am a registered nurse and I support Question 1 for safe patient limits"

What it does

- Improves, based on the experiences of and input from Massachusetts RNs, the quality and safety of patient care in the commonwealth's hospitals.
- Sets a safe maximum limit on the number of patients assigned to RNs working in all acute care hospitals in Massachusetts.
- Provides hospitals with the flexibility necessary to adjust patient assignments based on the specific needs and care requirements of each patient.
- Requires the creation of an acuity system to evaluate patients' needs for care, and for hospitals to adjust patient assignments should that patient require closer monitoring to stay safe.
- Empowers frontline nurses to use their professional judgement to adjust patient assignments based on patient needs.
- Explicitly prohibits the reduction of other members of the health care team (aides, techs, secretaries, LPNs, respiratory and physical therapists, etc.) to meet the requirements of the law.

What it is based on

- Extensive medical research — more than 70 studies in fact, each presented in respected medical journals — shows this law will dramatically improve patient care and save millions of dollars by preventing costly complications, infections, and medical errors.
- Input from Massachusetts RNs, who were directly involved in writing the ballot question.
- Accepted standards of professional practice.
- The experience of California nurses, who have been practicing with very similar patient limits in place since a state law passed there 14 years ago.
- The limits for each unit were developed and evaluated in consultation with hundreds of nurses in hospitals across the commonwealth.

Why it is needed

- In this day and age, you are only admitted to a hospital if your medical condition is so severe that you require around-the-clock medical attention from a registered nurse.
- Studies show the most important factor affecting your safety during your hospital stay is the number of other patients your nurse is caring for while he/she is also caring for you.
- With a manageable patient assignment, as proposed in this initiative, nurses will have the time and attention needed to keep you safe. But if your nurse is assigned too many patients at once, your risk of injury or harm increases.
- Unfortunately, outside of Massachusetts' intensive care units, there is no law and there are no standards for the number of patients that can be assigned to a nurse at one time.
- RNs in Massachusetts are sometimes forced to care for six to eight patients at a time. According to a study in the Journal of the American Medical Association that is double the number that is safe for you, the patient.

Hospitals can already afford safe patient limits

- Recent studies show that hospitals with safer patient limits are more profitable than hospitals that have fewer nurses per patient.
- Our hospitals already have the money for this:
  - — They post profits of more than a billion dollars a year
  - — They pay enormous seven-figure salaries to their top executives
  - — They stash hundreds of millions of dollars in offshore accounts
- Under Medicare and insurance regulations, hospitals are penalized for poor patient care. In fact, Massachusetts hospitals are among the most penalized hospitals in the nation, paying millions of dollars in penalties for preventable readmissions, infections, and other complications — all of which are directly linked to nurses having too many patients to care for at one time. The implementation of safe patient limits will stem this flow resulting in millions of dollars in savings.
- In California, where a safe patient limits law has been in place for more than a decade, the profitability of the state's hospitals has increased every year since the law was implemented, and no hospital has closed because of the requirements for safe patient limits.

Yes, it's appropriate to regulate hospitals this way

- Consider this: If you place your perfectly healthy child in daycare, there is a law that sets a safe limit on the number of children your daycare provider can care for at one time. But if your child suffers an injury or illness and requires hospitalization? There is no limit on the number of acutely ill children assigned to your child's nurse. Does this make any sense? No.
- There is a law that specifies the number of staff needed in an ambulance to safely care for and transport a patient to the hospital. But once that patient gets to the hospital? Again, there is no limit or law in place to ensure the nurses in the emergency department can safely care for that patient. Does this make sense? No. ■

TRUTH vs. LIE:

Dispelling the Campaign Lies of Hospital Executives

Below is factual information about our ballot campaign for Safe Patient Limits that you can use in your "vote yes" discussions with your family, friends, neighbors, and colleagues. Almost all of the truths highlighted here are in direct response to lies and rumors that the hospital industry and ANA have been spreading about the campaign.

LIE #1: "This is only supported by one nurses union."

TRUTH #1: This effort is supported by 90 percent of the nurses in Massachusetts as well as more than 100 organizations whose missions are focused on health care, social justice, local politics, and working families. Our list of supporters is available at safepatientlimits.org/who-we-are/.

LIE #2: This law will prevent hospitals from having the flexibility to adjust care based on the specific needs of patients.

TRUTH #2: The Patient Safety Act will create only a safe MAXIMUM limit on how many patients a nurse can be assigned at any one time, NOT a minimum limit.

For example, this law makes it so a med/surge nurse never cares for more than four patients at once, although hospital managers and nurses managers are absolutely required to REDUCE that same nurse's assignment if the acuity of his/her patients makes it necessary. See page 9 for a summary of the proposed limits by floor/unit.

These limits are based on 1) scientific research, 2) the input and experiences of frontline nurses, and 3) the differing kinds of care that are delivered to patients on each unit/floor.

It is important to note that in arguing against safe patient limits with the false claim of needing "more flexibility," hospital executives are really saying that they want the flexibility to endlessly INCREASE your patient assignment … something they have been doing already for years, and at the expense of both your patients and your practice.

LIE #3: This measure would take vital decision-making abilities away from bedside nurses.

TRUTH #3: With safe patient limits in place, nurses will have more time and greater ability to make decisions about patients' needs. Nurses will also have more time to effectively implement those decisions, more time to monitor patients, and more time to educate patients about their conditions and how to manage those conditions long term.

Further, the law empowers bedside nurses by requiring the development of acuity tools for their unit in order to assist in determining the acuity of their

patients, and then to access greater resources to meet the changing needs of their patients.

The law also states that it is frontline nurses — not hospital or nursing executives — who have the final say as to if and when patient assignments need to be reduced. Currently there is no requirement for hospital executives to respond to nurses' decisions about what patients need in order to be safe.

LIE #4: There is no scientific evidence that supports the need for safe patient limits.

TRUTH #4: There are more than 70 peer-reviewed scientific studies — spanning more than three decades — that support the need for safe patient limits. What does this research show time and time again? That unsafe patient assignments negatively affect the quality and safety of patients' hospital care. To be more precise, these studies find that when nurses have too many patients to care for at one time, patients are more likely to: 1) suffer complications in care, 2) wait longer for care, 3) stay longer in the hospital, and 4) be readmitted.

Conversely, these same studies show that with safe patient assignments, like those proposed in the Patient Safety Act, all of these negative outcomes are significantly reduced. For a comprehensive list of these studies visit http://bit.ly/TheScientificResearch.

LIE #5: "Hospitals will not be able find the nurses to meet these new requirements."

TRUTH #5: Fortunately, there is no shortage of nurses in Massachusetts as our state ranks near the top for the number of nurses per capita. Each year more than 3,000 RNs graduate from Massachusetts nursing schools.

There is also a large pool of nurses who left the bedside due to the fact that hospital managers have long refused to provide them with safe patient assignments. Surveys of Massachusetts nurses reveal that many RNs would return to bedside nursing when safe patient limits go into effect. Similarly, over 60 percent of nurses are part time. Surveys reveal these nurses would increase their hours if enforceable limits are in place.

LIE #6: If a hospital cannot provide enough nurses to fulfill these limits every minute of the day, it will be forced to reduce services and programs."

TRUTH #6: First, please refer back to Truth #5, because there are already enough nurses in Massachusetts. Second, it is important to note that in California, where this law has been in effect since 2004, more than 100,000 additional nurses flocked to the state within the first two years of the law's implementation in order to practice with safe patient limits in place.

It should also be noted that not a single California hospital has closed due to safe patient limits becoming law. That will be the case in Massachusetts as well.

LIE #7: "This expensive, unfunded law would cost more than a billion dollars each year, costs that will be passed along to consumers through higher insurance premiums, copays, deductibles, and taxes."

TRUTH #7: The MNA rejects these cost estimates, which have been promulgated by the hospital industry and the ANA.

Recent studies found that the costs incurred by hospitals to increase nursing care and provide safer patient limits are offset by savings achieved through better care — including shorter hospital stays, lower readmissions, and fewer complications.

The hospital industry in California made these exact claims 14 years ago when that state passed its safe patient limits law, and none of their dire predictions came to pass. In fact, the results in California have been nothing but positive:

- Health care costs are lower in California than in Massachusetts
- Californians paid $179 less per year than the national average for health care premiums
- Californians also paid $524 less per year than their Massachusetts counterparts for health care premiums
- For family plans, employers in California paid nearly $1,274 less in health care premiums per employee than employers in Massachusetts

Again, no hospital has closed due to this law; patient outcomes in California are better than in Massachusetts; and California has lower personnel costs than Massachusetts despite having significantly more nurses on staff and paying their nurses higher wages.

Continued on page 13

NURSES SAY 1 YES ON 1

What Nurses Say...

FACT

Higher patient assignments are associated with more patient deaths, complications, medical errors, and readmissions. It is not uncommon for a nurse in Massachusetts to be assigned twice as many patients as they can safely care for at one time.

36%

36% of nurses report **patient deaths** directly attributable to having too many patients to care for at one time.

86%

86% of nurses report they **don't have the time** to educate patients and provide **adequate discharge planning.**

90%

90% of nurses report they **don't have the time to properly comfort and care** for patients and families due to unsafe patient assignments.

"Imagine being a new mother with a vulnerable infant. Or a son taking care of an elderly parent. Or the sibling of a young man who overdosed on opiates. Your medical emergency is already overwhelming, and then you can't get a response to a call button because your nurse is trying to help a half dozen other new moms, or sons, or siblings. It's unsustainable, and it's heartbreaking for us as your nurses."

- Jacqui Fitts, RN

DUE TO UNSAFE PATIENT ASSIGNMENTS:

64% REPORT	66% REPORT	72% REPORT	77% REPORT
injury + harm to patients	longer hospital stays for patients	readmission of patients	medication errors for patients

Data from "The State of Nursing in Massachusetts" (May 2017), a biennial survey of all nurses in Massachusetts.

The Medical Research Says

An analysis of all the scientific evidence linking RN staffing to patient care outcomes found "every additional patient assigned to an RN is associated with a 7% increase in the risk of hospital-acquired pneumonia, a 53% increase in respiratory failure, and a 17% increase in medical complications.

Robert L. Kane, MD., et al, Evidence Report/Technology Assessment for Agency for Healthcare Research and Quality, AHRQ Publication No. 07-E005, May. 2007

Mass. Nurses Say:

90% of RNs report they don't have the time to properly comfort and care for patients and families due to unsafe patient assignments.

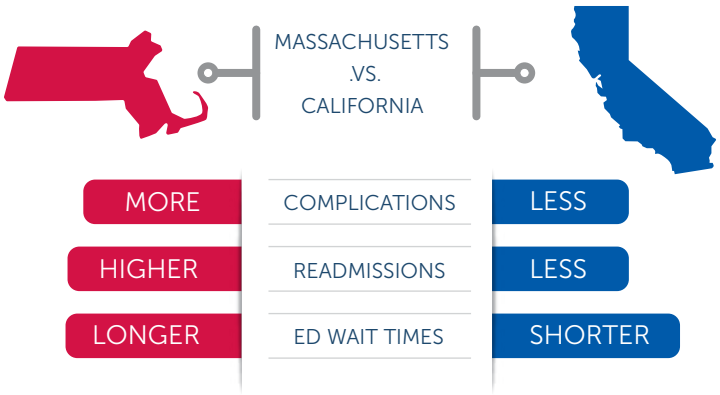
Anderson/Robbins Survey of Massachusetts RNs, May 2017

The Experience in California

Two studies that make a direct link between patient assignment limits in California and Massachusetts hospitals found that patients in Massachusetts receive 3.5 hours less nursing care than patients in California hospitals, resulting in higher rates of complications for our patients, including preventable cases of pneumonia (*Journal of Nursing Administration*, 2016) and heart failure (*Journal of Nursing Care Quality*, 2014).

Limits Work: Proven Results

California set safe patient limits in 2004 and the results have been universally positive, with better outcomes for patients. In Massachusetts, patients get less time with their nurses, leading to:



Independent Studies Show: Safe Patient Limits Save Lives

1. For every patient added to a nurse's workload, the likelihood of a patient surviving cardiac arrest decreases by 5% per patient.
2. For children recovering from basic surgeries, each additional patient assigned to a nurse increased the risk of readmission by a shocking 48%.
3. There is a 20% higher risk that a patient will die within 30 days of having general surgery at hospitals that don't have patient limits.

Predictors of Excess Heart Failure Readmissions: Implications for Nursing Practice; Journal of Nursing Care Quality; April/June 2014
Implications of the California Nurse Stang Mandate for Other States; Health Services Research; August 2010
Better Nurse Stang and Nurse Work Environments Associated with Increased Survival of In-Hospital Cardiac Arrest Patients, Medical Care, Jan. 2016
An Observational Study of Nurse Stang Ratios and Hospital Readmission Among Children Admitted for Common Conditions, BMU Quality & Safety, May 2013
Comparison of the Value of Nursing Work Environments in Hospitals Across Dierent Levels of Patient Risk, JAMA Surgery, Jan. 2016

Limits from the Patient Safety Act

Below are the nurse-to-patient limits established by the Patient Safety Act. These limits are based on the latest medical and nursing research.

Patient Care Area	RN-to-Patient Limit
Intensive/critical care	1:1*
Neonatal intensive care	1:1*
Step Down/intermediate care	1:3
Operating room	1:1
Post anesthesia recovery	1:2
Labor & Delivery	1:1
Antepartum	1:2
Post partum couplets	1:3
Pediatrics	1:4
Emergency Room	1:3
ICU patients in the ER	1:1*
Trauma patients in the ER	1:1
Non urgent patients	1:4
Medical, surgical, telemetry	1:4
Observation/Outpatient	1:4
Rehabilitation/transitional care	1:5
Psychiatric	1:5

*For critical care patients, the nurse may accept a second critical care patient if that patient is stable.

All patient assignments listed are maximum limits. The law also provides hospitals with the flexibility to increase staffing based on actual patient needs.

We need you to …

VOLUNTEER.

Our campaign for safe patient limits is like all other political campaigns in that personal interactions with voters by trustworthy and likeable campaign supporters will greatly contribute to our success. And, as mentioned elsewhere in this edition of the MassNurse, nurses are considered the most trusted professionals by the public, which puts each of us in the ultimate position to speak with voters on the importance of passing the Patient Safety Act.

Between now and Nov. 6, we are focusing on three key volunteer activities, all of which are outlined below. Please take a moment to review each opportunity, select one — or more! — that interests you, and then make a commitment to volunteer in that capacity by either signing up online at http://bit.ly/Volunteer4SPL.

#1: Canvassing

Canvassing is the term used in political campaigns that refers to the act of going door-to-door and soliciting support for a cause or candidate, which, in our case, is the Patient Safety Act or "Question 1." Canvassing is always done in pairs and in neighborhoods or areas that are either local or familiar to you so that you have established credibility above and beyond your superior credibility as a nurse. MNA members who participate in canvassing are also given printed literature known as "door hangers" that can be handed to local residents after speaking with them or left on resident's doorknobs if they are not home. Some canvassing schedules are already established; others can be created based on your interest and availability.

#2: Phone Banking

Phone banking is a tool used to educate registered voters about a political campaign and to ask for their "yes" vote on Election Day. It, quite literally, involves making phone calls to a list of registered voters that has been given to you by the campaign managers and engaging them in brief conversation about Question 1. The MNA's phone-banking tool is both well established and easy to use, and it includes a script to help guide your conversations. At least a dozen phone banks are already scheduled, several of which are in your MNA Region. Phone banking can also be done independently from the comfort of your home; the field organizer who works in your area (see pg. 11) can help set that up for you.

#3: Standouts at the Polls

On Sept. 4 (Primary Day) and Nov. 6 (Election Day), the MNA has the opportunity to gain considerable visibility for our Safe Patient Limits campaign. How? By having nurses — in scrubs of course! — holding "Vote Yes on Question 1" signs outside each and every polling location in the state. This is an easy lift that only requires a few hours of time. Beyond holding a sign, we only ask that you smile, wave, and remind people to vote "yes" on Question 1 for safe patient limits as they head in to mark their ballots. Although both Sept. 4 and Nov. 6 are important dates, it is the latter that takes priority as it will be the last opportunity we will have to encourage our families, friends, and neighbors to vote yes. ■

Interested? Go to http://bit.ly/Volunteer4SPL

Meet Your Field Organizer

Field organizers, or FOs, make up a very important part of the MNA ballot-campaign team. Currently there are 12 FOs working on the campaign and their job is to work in specific regions/communities across the commonwealth with the goal of unifying volunteers and voters around voting "yes" for Question 1.

There is at least one FO working within your town or region now, and they are available to both help you find the volunteer opportunity that is right for you (see page 10) as well as to provide you with the materials and support you will need as you move forward in that volunteer work.

Contact the field organizer(s) working in your area from the list below and begin your volunteerism on our "Yes on Question 1" campaign.

Region 1

Allyson Garcia has worked at the MNA for the past five years, is a graduate student at the Labor Center at UMass Amherst, and lives in South Hadley with her husband and two daughters. She covers Stan Rosenberg's former Senate district and Senator Lesser's district, which includes Hampshire, Franklin, and parts of Hampden county. **agarcia@mnarn.org**

Diane Jensen-Olszewski is an educator, an active unionist, and previously a Senate District Coordinator for the Massachusetts Teachers Association. **djensen-olszewski@mnarn.org**

Region 2

Dante Comparetto is a MNA field organizer for Central Mass. He has been a community and political organizer for the past 15 years and is the newest member of the Worcester School Committee. **dcomparetto@mnarn.org**

James L. Bedard is a former children's mental health counselor and case manager. He has 15 years of experience leading progressive organizations and campaigns across New England. James is currently the field organizer for the senate districts of Anne Gobi and Mike Moore. He shares Worcester with FO Aimee Dupont. **jbedard@mnarn.org**

Aimee Dupont has years of progressive organizing experience in Central Mass. and is the field organizer for West Worcester and north through Leominster and Fitchburg. **adupont@mnarn.org**

Region 3

Walker Adams only recently arrived in Massachusetts after serving time in the Peace Corp. He is the field organizer for Brockton and south through Taunton. **wadams@mnarn.org**

Lucas Benjamin is a recent graduate of Brown University and field organizer for Quincy and south through Canton and east to Weymouth. **lbenjamin@mnarn.org**

Ross Berry grew up in Brewster, MA and has been involved in state and local politics since 2010. He has organized with facilities workers, food service workers, and adjunct faculty. He comes to the Safe Patient Limits campaign after seeing firsthand the affect unsafe patient assignments have on nurses and patients alike. **rberry@mnarn.org**

Before joining the MNA ballot team, ***Zach Boyer*** worked on the Bernie Sanders campaign and the "No On 2" campaign. He is the FO for senate districts belonging to Sen. Michael Rodrigues and Sen. Mark Montigny. **zboyer@mnarn.org**

Region 4

Jean Dorce is the field organizer for areas including greater Lynn and greater Salem. Jean is a graduate of UMass Boston and is originally from Haiti. **jdorce@mnarn.org**

Matt Karlin is the field organizer for Lowell and south through the Merrimack Valley. **mkarlin@mnarn.org**

Ben Weilerstein has worked for several environmental and public-health nonprofits as a community organizer. He also was a fellow with JOIN for Justice, a Jewish organizing program, where he further developed his organizing skills. **bweilerstein@mnarn.org**

Region 5

Katherine McCormick is a recent college graduate from UMass Boston and is excited and grateful for the opportunity to be working on such an impactful campaign. She completed SEIU's "New Organizer Training Program" last summer and is ready to mobilize around workers' rights, immigrant rights, animal rights, LGBTQ+ rights, climate change, and of course Safe Patient Limits. **KMcCormack@mnarn.org**

One-on-one Conversations the Key to Winning at the Ballot

MNA nurse volunteers and their field organizers are already out and about in nearby cities, towns, and neighborhoods talking with residents about why they should vote "yes" for Safe Patient Limits in November. Nurses overall takeaway? These one-on-one conversations are THE BEST way to get voters to understand the issue and commit to voting yes. It's easy. It's fun. And it's happening near you! See pages 10 and 11 to learn more and to volunteer.

 continued from page 7

LIE #8: Hospitals just do not have the money for this.

TRUTH #8: While hospitals claim they cannot afford to provide patients with safe care, it is important to know that this is an industry that generates more than $28 billion in revenue each year, and that hospitals in Massachusetts post surpluses in excess of $1.1 billion annually. This is in addition to the $902 million that hospitals have stashed in the Cayman Islands and other offshore tax havens, while spending several more billion dollars on new construction projects and/or purchasing hospitals in other states and in other countries.

Children's Hospital is spending more than $1 billion on a new expansion of facilities, Beth Israel is spending more than $500 million to build a new 10-story patient care tower, and UMass is spending $47 million on its mother ship facility in Worcester. Partners is spending millions to purchase hospitals in New Hampshire and Rhode Island, as well as building new clinics in both Foxboro and Westwood, and Steward Health Care is purchasing entire health care networks in a number of states as well as an entire health care system in Malta.

LIE #9: This would dramatically increase both ED wait times and boarding of patients, and would delay services throughout the hospital.

TRUTH #9: It is the opposite. The limits for ED nurses will actually reduce wait times and, with better staffing on other units, patients will be moved out of the ED faster. A recent study of Massachusetts hospital EDs found the number of patients an ED nurse cares for is directly related to how long patients wait for treatment (Journal of Emergency Nursing, 2017):

- Wait times in trauma EDs for diagnostic evaluation double for every three patients an ED nurse cares for in a 24 hour period.
- Three patients added to a non-trauma ED nurse's assignment means an extra 15 minutes waiting for evaluation.

"The findings in this study suggest that lowering the number of ED patients cared for by emergency nurses is the single best solution to improve patient flow and minimize ED crowding," the authors concluded. In California, where they have safe patient limits, ED wait times are 47 percent shorter than in Massachusetts.

From a common sense standpoint we would ask, "How would having more nurses in the ED in any way make things worse for nurses or patients?" Put another way, "How does maintaining the status quo improve the situation?" The answer to both questions is it won't. Safe limits will only improve conditions for nurses and improve the care our patients receive.

LIE #10: Safe patient limits will result in layoffs of support staff.

TRUTH #10: The law explicitly prohibits the reduction of support staff as a way of meeting safe patient limits. The exact language regarding this aspect of the law is as follows:

"Each facility shall implement the patient assignment limits established by Section 231C. However, implementation of these limits shall not result in a reduction in the staffing levels of the health care workforce [which includes nurses' aides, unit secretaries, orderlies, transporters, technicians]."

This language was drafted in consultation with SEIU 1199, the union that represents thousands of non-RN health care workers. Likewise, this language is so strong that the Massachusetts Hospital Association went to court to try to stop the measure from going to the voters because of this very provision. Last month, the State Supreme Court ruled in favor of the MNA and found that this provision was an essential component of Question 1.

Lie #11: Hospitals, particularly community hospitals, will be forced to close vital services — or entire hospitals — when safe patient limits become law.

Truth #11: These same claims were made in California when the law passed there 14 years ago, and no hospitals or services closed as a result of the law. California hospitals have thrived since limits have been in place, posting significantly higher profits than Massachusetts hospitals with lower costs and better patient outcomes. Again: No hospitals have closed since safe patient limits became law in California 14 years ago! ■

THIS IS OUR TIME

CONVENTION 2018

MNA℠ Massachusetts Nurses Association

October 4-5 Sheraton Framingham

1657 Worcester Rd, Framingham, MA 01701

SCHEDULE

Wednesday, October 3

6:30-9 p.m.	Reception/Entertainment/Pre-holiday Shopping Stroll

Thursday, October 4

7:30-8:15 a.m.	Breakfast, registration, exhibits & silent auction opens
8:15-8:30 a.m.	MNA Announcements and Updates, Donna Kelly-Williams, RN
8:30-9:30 a.m.	*Labor Solidarity on Ice*, Meghan Duggan, captain of the US Olympic gold medal ice hockey team
9:30-10:30 a.m.	Bargaining Unit Reports
10:30-11 a.m.	Break, exhibits, and silent auction
11 a.m.-12:30 p.m.	*The Effects of Violence on Nursing Practice*, Donna Sabella, PhD, MSN, Med, CRNP, PMHNP-BC
12:30-2 p.m.	Lunch, exhibits, silent auction
12:30-2 p.m.	Unit 7 Annual Meeting and lunch
2 p.m.	Business Meeting
5-6 p.m.	**Stand-Up/Stand-Out/Get Out the VOTE**
6:30-9 p.m.	Awards Dinner
9-11 p.m.	Nurses' Fun Night: DJ/glass painting

Friday, October 5

7-8:30 a.m.	Registration, breakfast
8:30 a.m.	Silent auction closes
8-9 a.m.	MNA PAC Meeting
8-9 a.m.	Massachusetts Student Nurses Association Meeting
9-9:15 a.m.	MNA announcements & speaker introduction, Donna Kelly-Williams, RN
9:15-10:45 a.m.	*Marijuana & Massachusetts: Where do we go from here?*, Heather Stephen Selby, MSN, RN, ARNP-BC
10:45-11 a.m.	Break
11 a.m.-12:30 p.m.	*How Can I Continue to Love a Job That is Trying to Kill Me?*, Linda Honan, PhD, MSN, CNS-BC, RN, ANEF, FAAN

INFORMATION:

Hotel Accommodations at Sheraton

The reduced room rate of $155 per night, plus tax, is available until September 3, 2018. Please call 508-879-7200 and mention the MNA Fall Convention or book online at: www.starwoodmeeting.com/Book/mna2018

Chemical Sensitivity

Attendees are requested to avoid wearing scented personal products when attending the 2018 MNA Convention. Scents may trigger responses in those with chemical sensitivities.

Contact Hours

Contact hours will be provided for three of the educational sessions for this two-day conference (*Impact of Violence, Marijuana & Massachusetts,* and *How can I love my job*). These programs meet the requirements of the Massachusetts Board of Registration in Nursing for a total of 5.1 contact hours for relicensure. In terms of specialty certification, these programs will provide a total of 4.25 contact hours. MNA is accredited, as a provider of nursing education by the American Nurses' Credentialing Center's Commission on Accreditation.

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

Questions: Call MNA's Division of Nursing at: 800-882-2056 x727.

REGISTER ONLINE: www.massnurses.org

Registrations can also be made by phone. Call Theresa at 781-830-5727.

THIS IS OUR TIME

CONVENTION 2018

Massachusetts Nurses Association

October 4-5 Sheraton Framingham

1657 Worcester Rd, Framingham, MA 01701

REGISTRATION FORM

Registration is available online. Go to www.massnurses.org.

Day Ph: _____

Name (please print): _____ Night Ph: _____ Email: _____

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

❑ RN ❑ APN ❑ Other (specifiy): _____

I am a(n): ❑ MNA Member/Associate Member ❑ Non-member

❑ Full-time student/Unemployed/Retired*
❑ MASNA students (free), call to register: 1-781-830-5727
❑ Check here if you require special assistance during the convention, and please call 800-882-2056 x727.

Check here if you need a special diet:
❑ vegan ❑ gluten free ❑ other _____

Three Convenient Packages/Business Meeting

Thursday-Only Package: Includes events on Thursday: keynote, plenary session, all meals, exhibits
❑ MNA Members **$40** ❑ Reduced Members* **$35** ❑ All Others **$50** ❑ MASNA students **n/c** $ _____

Friday-Only Package: Includes events on Friday: keynote, plenary session, breakfast
❑ MNA Members **$35** ❑ Reduced Members* **$30** ❑ All Others **$50** ❑ MASNA students **n/c** $ _____

Two-Day Convention Package — Thursday and Friday:
Includes events on Thursday and Friday
❑ MNA Members **$75** ❑ Reduced Members* **$65** ❑ All Others **$100** ❑ MASNA students **n/c** $ _____

❑ Business Meeting Registration (only) • Thursday, 2 p.m. **n/c**

* includes full-time students (minimum 12 credits), unemployed and retired.

Optional Events

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

❑ Reception • Wednesday, October 3 • 6:30 - 9 p.m. _____ **n/c**

❑ Unit 7 Annual Meeting/Lunch (Unit 7 members only) • Thursday, 12:30 - 2 p.m. _____ **n/c**

❑ Awards Dinner • Thursday, 6:30 - 9 p.m. _____ **n/c**

❑ Nurses' Fun Night • Thursday, 9 - 11 p.m. _____ **n/c**

Total Convention Fees: $ _____

Payment

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

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

Account # _____ Expiration Date: _____ Security Code: _____

For credit card registrations you may fax this form to: 781-821-4445; please call to verify receipt at 781-830-5727.

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

MNA℠ Massachusetts Nurses Association

CE continuing education

Save the dates for Fall 2018

Contact Hours are provided for all programs, pre-registration is required

For full program details and registration information go to www.massnurses.org.

MNA Headquarters – Canton MA

Advanced Cardiac Life Support (ACLS): Certification & Recertification
Dates: August 14, 2018 (Certification) and August 21, 2018 (Recertification) or October 19, 2018 (Certification) and October 26, 2018 (Recertification)
Time: 8:30 a.m. - 5 p.m. (lunch provided)

Basic Dysrhythmia
Date: September 10, 2018 (part-one) and September 17, 2018 (part-two)
Time: 8:30 a.m-3 p.m. (lunch provided)

Understanding the Complexities of Impaired Practice in Health Professionals
Date: November 7, 2018
Time: 9 a.m. – 4 p.m. (lunch provided)

Region 1 – Western MA

Cannabis ("Medical Marijuana") and Endocannabinoid System: What Every Nurse Needs to Know
Date: October 16, 2018
Time: 5:30 p.m. – 8 p.m. (dinner provided)
Location: Tavern at the A, Pittsfield, MA

LGBTQ Nursing Care: Opening Hearts and Minds
Date: November 13, 2018
Time: 5 – 7:45 (dinner provided)
Location: Hadley Farms, Hadley, MA

Two-Part, All Day Event:
Morning Session: Drug Abuse and Addiction: Nobody's Immune
Afternoon Session: 2018 Learn to Cope: The Family Perspective
Date: December 4, 2018
Time: 9 a.m.– 3:30 p.m. (lunch provided)
Location: Delaney House, Holyoke, MA

Region 2 – Central MA

Autism: What Nurses Need to Know
Date: September 25, 2018
Time: 5:30 p.m. – 8 p.m. (dinner provided)
Location: Doubletree, Leominster, MA

The Nurse's Role in Suicide Prevention: Shifting the Perspective from Despair to Hope
Date: October 29, 2018
Time: 5:30 p.m. – 8 p.m. (dinner provided)
Location: Beechwood Hotel, Worcester, MA

Strategies for Pain Management in Challenging Populations: A Nursing Perspective
Date: November 27, 2018
Time: 5:30 p.m. – 8:15 p.m. (dinner provided)
Location: Doubletree, Westborough, MA

Region 3 – Southeastern MA

STABLE Training - Deb Walsh 13th Annual Obstetrical Nursing Program
Date: September 18, 2018
Time: 8:30 a.m. – 5:30 p.m. (continental breakfast and lunch provided)
Location: Holiday Inn Taunton, Taunton, MA

Domestic & Sexual Violence Training: What Nurses Need to Know (Program meets BORN requirement)
Date: October 18, 2018
Time: 4:45 p.m. - 8:30 p.m. (no meal provided)
Location: Mass Maritime Academy, Admirals Hall, Buzzards Bay, MA

Optimizing Home Safety for Persons with Progressive Memory Loss
Date: November 15, 2018
Time: 5 p.m. – 8 p.m. (dinner provided)
Location: Mass Maritime Academy, Beachmoor Room, Buzzards Bay, MA

Region 4 – Northeastern MA

Domestic and Sexual Violence Training: What Nurses Need to Know (Program meets BORN requirement)
Date: September 12, 2018
Time: 5 p.m. – 8:30 p.m. (no meal provided)
Location: Methuen High School, Auditorium, (Please enter through Auditorium entrance), Methuen, MA

Optimizing Outcomes for Hospitalized Patients with Autoimmune Disease: Rheumatoid Arthritis and Lupus
Date: October 16, 2018
Time: 5 p.m. - 8:15 p.m. (dinner provided)
Location: Danversport Yacht Club, Danvers, MA

Nurse Burnout: That Ain't Just Smoke, That's YOU! How to Avoid Becoming the Human Flashpoint
Date: October 30, 2018
Time: 5 p.m. – 8:15 p.m., Program (dinner provided)
Location: Danversport Yacht Club, Danvers, MA

Region 5 – Greater Boston Area

Domestic & Sexual Violence Training: What Nurses Need to know (Program meets BORN requirement)
Seating is limited!
Date: October 24, 2018
Time: 7:30 a.m. – 11:00 a.m. Morning session or 11:30 a.m. – 3 p.m. Afternoon session (no meal provided)
Location: The Bank of Canton, Canton, MA
Parking in rear of building only!

Human Trafficking: The Nursing Implications of Trauma and Survival
Date: November 14, 2018
Time: 5 p.m. – 7:45 p.m. (dinner provided)
Location: MNA Headquarters, Canton, MA

Prediabetes, Insulin Resistance, Type 3 Diabetes and the Connection to Alzheimer's Disease
Date: December 5, 2018
Time: 5 p.m. – 7:45 p.m., Program
Location: MNA Headquarters, Canton, MA

Now Available
☛ Online registration for ALL courses
Go to www.massnurses.org.

Notice to members and non-members regarding MNA agency fee status

In private employment under the National Labor Relations Act

This notice contains important information relating to your membership or agency fee status. Please read it carefully.

Section 7 of the National Labor Relations Act gives employees these rights:

- To organize
- To form, join or assist any union
- To bargain collectively through representatives of their choice
- To act together for other mutual aid or protection
- To choose not to engage in any of these protected activities

You have the right under Section 7 to decide for yourself whether to be a member of MNA. If you choose not to be a member, you may still be required to pay an agency fee to cover the cost of MNA's efforts on your behalf. If you choose to pay an agency fee rather than membership dues, you are not entitled to attend union meetings; you cannot vote on ratification of contracts or other agreements between the employer and the union; you will not have a voice in union elections or other internal affairs of the union and you will not enjoy "members only" benefits.

Section 8(a)(3) of the National Labor Relations Act provides, in pertinent part:

It shall be an unfair labor practice for an employer –

(3) by discrimination in regard to hire or tenure of employment or any term or condition of employment to encourage or discourage membership in any labor organization: Provided, that nothing in this Act, or in any other statute of the United States, shall preclude an employer from making an agreement with a labor organization … to require as a condition of employment membership therein on or after the thirtieth day following the beginning of such employment or the effective date of such agreement, whichever is the later. If such labor organization is the representative of the employees as provided in Section 9(a), in the appropriate collective bargaining unit covered by such agreement when made…

Under Section 8(a)(3), payment of membership dues or an agency fee can lawfully be made a condition of your employment under a "union security" clause. If you fail to make such payment, MNA may lawfully require your employer to terminate you.

This year, the agency fee payable by non-members is 95 percent of the regular MNA membership dues for chargeable expenditures. Non-members are not charged for expenses, if any, which are paid from dues which support or contribute to political organizations or candidates; voter registration or get-out-the-vote campaigns; support for ideological causes not germane to the collective bargaining work of the union; and certain lobbying efforts. MNA has established the following procedure for non-members who wish to exercise their right to object to the accounting of chargeable expenditures:

1. When to object

Employees covered by an MNA union security clause will receive this notice of their rights annually in the *MassNurse*. If an employee wishes to object to MNA's designation of chargeable expenses, he or she must do so within 30 days of receipt of this notice. Receipt shall be presumed to have occurred no later than three days after the notice is mailed to the employee's address as shown in MNA's records.

Employees who newly become subject to a contractual union security clause after September 1, or who otherwise do not receive this notice, must file any objection within 30 days after receipt of notice of their rights.

MNA members are responsible for full membership dues and may not object under this procedure. MNA members who resign their membership after September 1 must object, if at all, within 30 days of the postmark or receipt by MNA of their individual resignation, whichever is earlier.

Objections must be renewed each year by filing an objection during the appropriate period. The same procedure applies to initial objections and to renewed objections.

2. How to object

Objections must be received at the following address within the 30-day period set forth above:

Massachusetts Nurses Association
Fee Objections
340 Turnpike Street
Canton, MA 02021

Objections not sent or delivered to the above address are void.

To be valid, objections must contain the following information:

- The objector's name
- The objector's address
- The name of the objector's employer
- The non-member's employee identification number
- Objections must also be signed by the objector

Objections will be processed as they are received. All non-members who file a valid objection shall receive a detailed report containing an accounting and explanation of the agency fee. Depending on available information, the accounting and explanation may use the previous year's information.

3. How to challenge MNA's accounting

If a non-member is not satisfied that the agency fee is solely for chargeable activities, he or she may file a challenge to MNA's accounting. Such a challenge must be filed within 30 days of receipt of MNA's accounting. Receipt shall be presumed to have occurred no later than three days after the notice is mailed to the employee's address as shown in MNA's records.

Challenges must be specific, and must be made in writing. Challenges must be received by MNA at the same address listed above in section 2 within the 30-day period to be valid. Challenges not sent or delivered to that address are void.

Valid challenges, if any, will be submitted jointly to an impartial arbitrator appointed by the American Arbitration Association. MNA will bear the cost of such a consolidated arbitration; challengers are responsible for their other costs, such as their travel expenses, lost time, and legal expenses, if any. Specifically challenged portions of the agency fee may be placed in escrow during the resolution of a challenge. MNA may, at its option, waive an objector's agency fee rather than provide an accounting or process a challenge. ■

Notice of Dues Increase to Members

This notice is to inform all MNA members and Agency Fee payers that per MNA dues policy the maximum and minimum rates of dues have been reviewed for adjustment. Based on this review effective July 1, 2018, the new minimum monthly dues rate will be $69.42. The maximum monthly dues rate will be $89.62. All associated dues categories or fees will be adjusted based on these new rates. For more information, contact the MNA's Division of Member Services at 781-821-4625 or send email to membership@mnarn.org.

It all comes down to this moment...

THIS IS OUR TIME

Vote YES ON QUESTION 1

Coming just a month before the Nov. 6 vote on Safe Patient Limits, this year's annual MNA convention will prove to be one of our most important events ever. Be sure to join in so that you can help us push through the finish line with an overwhelming "YES" vote! Learn more pgs. 14 and 15.

MNA℠ Massachusetts Nurses Association