

# MASSACHUSETTS NURSE

THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION ■ www.massnurses.org ■ VOL. 75 No. 9

## Members approve five-year plan and modified dues funding at annual business meeting

After more than three hours of intense debate and discussion among the membership gathered at the annual business meeting of the MNA in Boston, a vote was cast in favor of a five-year plan with a modified dues increase. The plan and funding to support the plan is designed to position the MNA as the voice on health care in Massachusetts, as well as a model of professional and union activism.

The debate focused on the details of a dues increase that was needed to fund the vision for the organization that was put forth by the Board of Directors, which was based on the input of the members. It had been 10 years since the last increase in MNA dues. Below is a table detailing the proposed dues increase, along with the final version passed by the membership following a series of amendments presented by the members at the business meeting.



Inside Boston's Hyatt Harborside Hotel during the MNA's annual business meeting where members approved the five-year plan and a modified program for dues funding.

vision," said Karen Higgins, RN and president of the MNA. "There was a healthy debate over how to structure a dues increase that in the end meets the needs of the membership.

to the dues proposal, the timeline for implementation of the five-year plan will need to be reworked based on the timing of the changes in dues. The Board will reconfigure the plan accordingly.

In addition to the five-year plan and dues increase, Higgins emphasized an earlier decision by the Board to convene a task force to explore the idea of lesser dues for members working minimal hours, and/or nurses who are not members of a collective bargaining unit. The task force will meet over the coming months to explore options for alternative dues structures for these situations, which will then be considered by the Board and brought before the membership at

See *Meeting*, Page 20

Proposed Dues Increase	Approved Dues Increase
Dues increase to \$55/month in Jan. 2005	Dues increase to \$45/month in Jan. 2005; to \$50/month on June 30, 2005
Dues increase to \$65/month in July 2006	Dues increase to \$65/mo. in July 2006
Annual cost of living increase of 3 percent beginning in Jan. 2008	Cost of living increase deleted

"We were pleased that the membership endorsed the vision laid out by the Board of Directors and that they recognized the need to provide the funding to support that

It is now up the organization to implement and follow through with the vision we have put forth."

Higgins added that with the modifications

## MNA position statement on the magnet recognition program for nursing services and other consultant-driven quality improvement projects

In recent years, registered nurses, health care providers, citizens and policy makers have become increasingly concerned with the quality and safety of nursing care in America's hospitals. A number of influential reports and studies show a dramatic rise in medical errors, poor patient outcomes and an alarming number of preventable patient deaths directly attributable to inadequate RN staffing levels; poor RN-to-patient ratios; dangerous working conditions, such as the use of mandatory overtime; dangerous administrative practices, such as utilizing unlicensed personnel to provide care that only RNs should provide; and floating nurses to units where they are ill-prepared to practice competently and safely.

These conditions have stimulated intense debate within the health care community as to how to deal with this crisis. The vast majority of front-line nurses—nine out of 10 in Massachusetts and eight out of 10 nationally—who deliver patient care are calling for

the implementation of new laws to regulate RN staffing ratios in hospitals.

For its part, the hospital industry has fought any attempt to impose legally enforceable requirements for improving care, and instead has been promoting voluntary solutions and strategies to deal with this crisis. The latest of these is the Magnet Recognition Program, which is run by the American Nurses Credentialing Center (ANCC)—a for-profit subsidiary of the American Nurses Association. In fact, the Magnet program is yet another in a series of consultant-driven "quality improvement" projects the industry has proposed and implemented in the last decade, including total quality management (TQM), shared governance and patient focused care. None of these programs have succeeded in their intended goal, and most resulted in fostering the conditions that have created the crisis nurses and patients now face.

The Magnet program confers the designa-

tion "Magnet Nursing Services Recognition" on hospitals that are able to pass a lengthy credentialing inspection by a team of surveyors, in very similar fashion to JCAHO's (Joint Commission on Accreditation of Healthcare Organizations) inspection and credentialing process.

Magnet evaluation criteria are based on quality indicators and standards of nursing practice as defined in the ANA's *Scope and Standards for Nurse Administrators* (1996). The criteria are similar to JCAHO standards. To obtain Magnet status, health care organizations must apply and pay a fee to the ANCC; submit extensive documentation that demonstrates their compliance with the ANA standards; and undergo an onsite evaluation to verify the information in the documentation submitted and to assess the presence of the "forces of magnetism" within the organization.

According to the ANCC, as of July 30, See *Magnet*, Page 10

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visit the  
MNA Web site,  
[www.massnurses.org](http://www.massnurses.org)

## Nurses' guide to single-payer reform

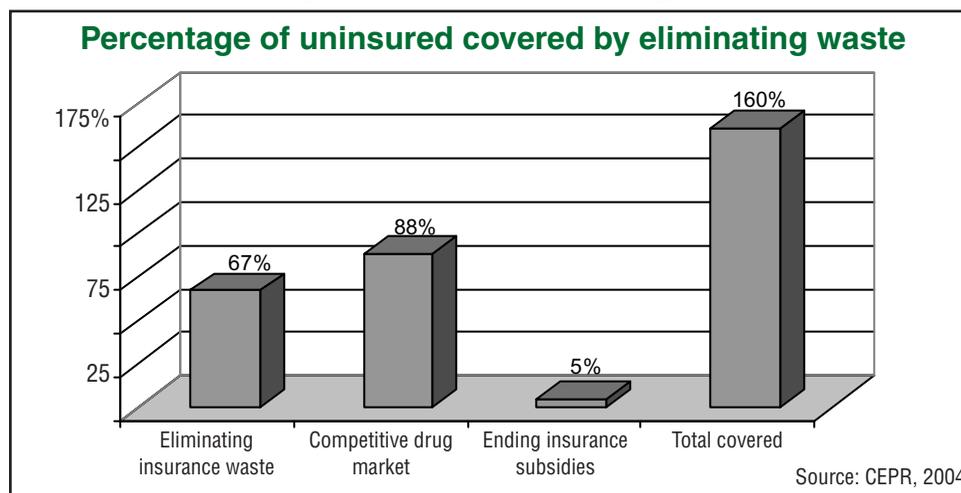
### Study shows \$245 billion savings from cutting insurance and drug waste

Massachusetts Jobs with Justice released a report on Oct. 7 showing that \$245 billion is wasted on private insurance red tape and protecting drug company super-profits each year. The study concludes that by providing insurance more efficiently and making drug companies sell in a more competitive market, the savings could be used to provide secure, affordable health care for all.

The report, *Waste Not, Want Not: How Eliminating Insurance and Pharmaceutical Industry Waste Could Fund Health Care For All in Massachusetts*, focuses on how three reforms to the current health care system could prevent billions of dollars in waste and yield enough savings to guarantee secure and affordable health care for all. Specifically:

The fragmented system of nearly 1,300 private health insurance companies creates unnecessary red tape and administrative waste. The national Medicare program has a proven track record of providing insurance at slightly less than one-tenth the cost of private plans. Adopting Medicare's standard of efficiency, and improving and expanding it to cover everyone, would save more than \$94 billion on health care every year.

- In Massachusetts, that approach could save \$2.7 billion—enough to insure more than 1.2 million of the 1.4 million state residents who were without insurance at some point last year.
- Although the federal government and other public sources already pay half the cost of research and development, drug companies receive long-term



patent protections that discourage competition and guarantee super profits. If the federal government paid for all of the R&D, it could eliminate the patent protections, encourage competition and generic drugs, and save \$140 billion in health care costs every year.

- In Massachusetts, this prescription drug reform could save \$4.2 billion—enough to insure all of the 1.4 million state residents who were without insurance at some point last year.
- The Bush administration's recently-enacted Medicare prescription drug bill gave additional subsidies for private insurers because they can't compete with the efficiency of Medicare. Reversing these and other devastating

changes to Medicare could save \$83.6 billion—or \$11 billion a year—over the next eight years.

- In Massachusetts, reversing the changes to Medicare could save \$220 million—enough to insure another 88,000 state residents.

Together, these savings would be more than enough to provide insurance coverage for all of the 81.8 million people who went without health insurance for all or part of last year. In Massachusetts, the total savings of \$7.1 billion would be enough to cover 210.5 percent of the uninsured.

"Too much of the discussion regarding the health care crisis is about the problem, not about the solution," said state Sen. Steven Tolman, lead sponsor of a state uni-

versal health insurance plan. "This report addresses a possible solution by showing that streamlining administrative waste and reforming drug pricing rules would allow everyone in Massachusetts to have accessible and affordable health care."

"So many politicians say they support the concept of health care for all, but then hide behind the question of how a universal plan would be financed," said Paul Cannon, president of Teamsters Local 122, and co-chair of Jobs with Justice's Health Care Action Committee. "Our study shows that health care for all isn't an economic problem; it's a question of political will. We're building a movement to force politicians to stand up to the special interests and pass laws for secure and affordable health care."

Former state senator and gubernatorial candidate Warren Tolman led a special forum on Oct. 10 at the Old West Church in Boston to highlight the failures of the current health care system and present visions for change based on the report's findings.

*Waste Not, Want Not* is based on an analysis of government census and economic data done by the Center for Economic and Policy Research (CEPR), located in Washington, DC. The report was funded by six unions in conjunction with Health Care Action Week, which recently ran from October 3 - 10. It was sponsored by 11 unions and nine national health care reform organizations.

Copies of the state report are available on the Massachusetts JWJ Web site at [www.massjwj.net](http://www.massjwj.net). ■

### More money and less care

By Mary Crotty

Associate Director of Nursing

The Washington Post<sup>1</sup> recently reported findings on the crisis in health care that are appalling and measurably worse than previously thought. Specifically:

- In 2003-2004, about 85 million persons were uninsured for some period of time—a nearly 18 percent increase over the past four years. Uninsured rates for Hispanics jumped from 50 to 61 percent.

Since the current population of the U.S. is nearly 300 million, the number of those uninsured for at least part of the past year is 28 percent of the population—approaching one-third of the country.

Other recent research findings include:

- The number of Americans without health insurance for the entire year 2003 hit a record 45 million, or 15.6 percent of the population, the Post reported.
- The cost of family health insurance is rapidly approaching the gross earnings of a full-time minimum-wage worker, according to Drew Altman, president and CEO of the Kaiser Family Foundation.
- The number of Americans spending more than a quarter of their income on medical costs climbed from 11.6 million in 2000 to 14.3 million this year, according to data from the Kaiser Family Foundation<sup>2</sup>.
- The increase in health care inflation is four times the rate of general inflation, according to Mercer Human Resource Consulting.
- The average cost of health insurance pre-

miums for a family of four is now nearly \$10,000 a year according to Families USA.

- Nationwide, workers' costs for health insurance have risen by 36 percent since 2000, while earnings increased only 12.4 percent on average (Families USA).
- Only 61 percent of all workers now have health care coverage in the workplace (down from 65 percent three years ago), according to Kaiser.

Workers—including health care workers—can expect to see their own health insurance coverage dropping, with fewer benefits and greater deductibles imposed by their employers. At the same time that the public is paying for impossibly expensive care, frequent reports of avoidable medical errors, injuries and deaths that continue to make the news.

The huge burden imposed by out-of-control health care costs on families will continue to be one of the major factors forcing millions into the ranks of the uninsured or personal bankruptcy. Spokespersons on both sides of the political spectrum are in agreement that the current health care system is unsustainable—that the industry is out of control. The MNA expects to see the call for a major revamping of the health care system back on the national political agenda shortly. ■

<sup>1</sup> "Higher Costs, Less Care," Ceci Connolly, *Washington Post*, Sept. 28, 2004.

<sup>2</sup> The Kaiser Family Foundation is one of the nation's largest healthcare foundations and a well-respected independent source of research and information on healthcare in the U.S.

### Spread the word

#### Support a constitutional right to health care

Nurses are the frontline when it comes to patient care and nurses have been at the forefront of the fight for the right of affordable access to health care for all.

Six nurses were key in starting the Health Care for Massachusetts Campaign. They're looking for 10,000 more to join them to let our elected officials know that nurses want the right to universal health care to be the law in Massachusetts. They're asking you to join the campaign as an endorser and they're hoping that you'll spread the word and sign up your co-workers (see page 7).

The Health Care for Massachusetts Campaign is a citizen-led initiative to guarantee every resident access to affordable, comprehensive and fairly financed health and mental health care including prescription drugs and devices by making it part of our state constitution. The MNA was one of the first organizations to endorse the campaign and the work of many, many nurses has brought the amendment half-way to ratification by the voters in 2006.

Once ratified every Massachusetts resident will have a right to affordable, comprehensive health care just the way every child in the commonwealth now has a right to a public education. It makes our elected officials responsible for finding everyone can get coverage for the care they need to prevent and treat illness and injury. It sets a clear goal and clear standards but leaves it to stakeholders—nurses, doctors, patients, hospitals, employers and our elected officials to figure out the best way to fix our broken health care system and to keep it fixed.

With your help and the help of your co-workers, the campaign collected the signatures of more than 71,000 registered voters last fall to send the Amendment for Affordable Health Coverage to the Legislature.

With your help and the help of your co-workers, the campaign successfully fought to bring the amendment up for a vote in the Constitutional Convention.

With your help and the help of your co-workers, 153 legislators—three times the number needed—voted FOR a right to affordable health coverage for every Massachusetts resident. It was an historic vote, making Massachusetts the first state in the nation to take even a preliminary step toward eliminating one of the fundamental injustices of our society—a health care system that excludes people based on their ability to pay.

Please help keep the momentum going. Endorse today and sign up your colleagues at work. Join us and help make history! ■

With the 2004 MNA Convention over, the members have debated and decided the course for the future. The five-year plan was embraced and the funding provided through a modified approach as dictated by the members. Members amended the proposal on the floor to stagger and lower the initial phase-in of the dues increase (*see front page for breakdown*) and while adopting the 2006 rate, the membership voted to delete the 3 percent annual inflation factor from this proposal.

The Board of Directors and finance committee will review and adjust the five-year plan on the basis of the modifications members made to the funding plan.

Now that the membership has determined the overall financing structure, the primary goal will be to increase the resources to the labor program. Specifically, the funding will be used to provide staff-to-unit assignments to ensure the bargaining units are well-organized, well-educated and have an effective communication system in place. The first priority is to add staff to ensure assignments that will improve members' access to MNA staff. Additionally, and in conjunction with this effort, further expansion of our labor education program will occur as will increased education on occupational health and safety. All these initial changes are designed to make bargaining units stronger and more responsive to members so you are more powerful in your workplace.

From the standpoint of direct communication and support among and between bargaining units, the regions are now structured in a way to support the needs of the local units. Each unit has a designated seat at the regional level where their unit is located and the region receives yearly funding based on the total number of members residing within the region. The region has the abil-

ity to allocate that money directly as it determines. I strongly encourage chairs or their designees to utilize this forum. It provides an unmatched venue for communication regarding contract bargaining and evolving issues with the bargaining units as well as the ability to coordinate strategies by bargaining units within the networks. Ideas and decisions and funding to implement can be approved within a single meeting. Community and legislative links can be fostered with the region improving the ability to resolve contract disputes or other matters more favorably with wider support.



Julie Pinkham

not. Without passage of a safe RN standard it is likely those who have seen improvements will see staff disappear.

The momentum for passage is more in our favor – we will need to execute strategies that build to our strengths, namely the credibility of nurses and our organizational numbers. With more than 22,000 members, 90 percent favorability among all Massachusetts nurses for this bill and 86 percent favorability by the public for this bill, our efforts may not require great efforts by a few—but rather smaller efforts by many.

The industry is already pursuing a predictable approach. The double-digit vacancies they clamored about are decreasing—not because they hired more nurses or that your assignment has necessarily lessened. Rather they've simply not filled the positions and declared their vacancy rates reduced. Hospitals that previously claimed double-digit vacancy rates will now claim they are solving the problem and claim vacancy rates less than 10 percent or 5 percent or even 0 percent!

Yet your assignment remains unchanged and the numbers just don't add up to increased RNs at the bedside. We can also expect the industry to begin calling in consultants for re-engineering and re-design solutions, aka, "alternative staffing methods."

Smoke and mirrors will not change reality. If you are on a med/surg floor caring for more than four patients on any shift, the research shows your patients are in harm's way. With five patients they are at a 7 percent risk for mistake, injury and even death; at six they are at a 14 percent risk; at seven they are at 21 percent risk; and at eight it's over a 31 percent risk. Which morbidity or mortality rate is your hospital advocating? We know what we are advocating: minimum, RN-to-patient ratios. Now. ■

*While the near passage of safe RN staffing last session pressured some hospitals to improve their staffing, many have not.*

Clearly, the primary goal of creating a legislated standard for safe RN staffing in acute care hospitals will move forward beginning in December, in preparation for the new legislative session that starts the following month. While the ongoing efforts and near passage of the bill last session has pressured some hospitals to improve their staffing, many have

### Executive director's message

## Raising the bar in the battle for safe RN staffing

## Monitoring the BORN: It's your nursing license that's at stake

By Mary Crotty

Associate Director of Nursing

The Massachusetts Board of Registration in Nursing (the "BORN" or "Board") is the legal entity charged with the application of the statutes and regulations<sup>1</sup> governing nursing practice and nursing education in the commonwealth. This includes investigating and taking disciplinary action against nurses for whom complaints are made to the Board.

Close monitoring of the BORN will be a priority of the Massachusetts Nurses Association in coming months. It is imperative that we bring to your attention the importance of the BORN to your professional career—as well as the fact that actions taken by the BORN can lead to discipline and loss of your nursing license.

In situations where errors or omissions by nurses are caused by system problems or deficiencies, or where retaliatory action by a supervisor or, less frequently, a patient, is the source of a complaint to the BORN, the members of the BORN have not been addressing root problems or system deficiencies. They frequently make a pass at meeting their legal obligation to investigate the merit of the complaints by cursory review without complete facts

or expert witness assessments of what likely occurred. They scrutinize and punish the nurse who is in the line of fire. BORN staff have quite clearly stated and demonstrated to the MNA that the BORN's charge does not include an exploration of the culpability of anyone other than the targeted nurse. They do not search for facts beyond those presented to them. This works to the advantage of those nurses who are informed, proactive and who seek professional guidance in the process of responding to a charge filed against them with the BORN.

It is the intention of the MNA to scrutinize BORN activities closely and to engage in whatever action might be called for to ensure more appropriate regulation of the practice of nursing in the commonwealth.

Members of the MNA's nursing department attend every BORN meeting and we are strongly encouraging nurses to attend



Mary Crotty

as well—even to drop in for part of the meeting day. Your presence will be noted and will leave an impression on the BORN. The meetings are public (with the exception of the adjudicatory portion of the meeting), and upcoming meeting dates are posted on its Web site at [www.mass.gov/dpl/Boards/rn/](http://www.mass.gov/dpl/Boards/rn/) (under "Calendar").

Upcoming BORN meetings are scheduled for Dec. 8, Jan. 12, 2005 and Feb. 9, 2005. Meetings begin at 9 a.m. and run until about 4:30 p.m., but you have the flexibility to come and go during the meeting. Guests sit along the wall and may not speak at the proceedings, but have an opportunity to engage BORN members—as well as MNA staff—during breaks or before or after the meeting. The BORN meeting site is their office near the Fleet Center at 239 Causeway Street, Suite 500 (2<sup>nd</sup> floor) Boston. The building is located within two blocks of North Station and within a few blocks of the T's Orange line/Haymarket stop. Parking is available in nearby lots.

In the last several months, no nurse observers (other than MNA staff) have been apparent at the meetings, and very few nurses appear to be represented at the disciplinary hearings by legal counsel. Those few nurses who have sought

legal representation generally appear to receive the appropriate due process required to respond to charges that might be capricious or arbitrary. They also appear more likely to benefit from lengthier, more detailed presentations of the facts to the BORN, and as a result receive more reasoned outcomes from the BORN. Attorneys often seek an expert RN witness who can clarify for the BORN the nature of the facts behind a case. Counsel can also explain to nurses the importance of getting letters of support from colleagues to accompany the "facts" of the case as BORN investigators present them, and how to challenge, question and refute unfair, unreasonable—or untrue—charges.

If you have any questions or concerns about attending meetings or about other BORN activities, please contact Mary Crotty, RN, MBA, JD, and associate director of nursing at 781-830-5743 or at [mcrotty@mnarn.org](mailto:mcrotty@mnarn.org). ■

<sup>1</sup> Massachusetts General Laws, Chapter 13, sections 13, 14, 14A, 15 and 15D and Chapter 112, sections 74 through 81C authorize the Board of Registration in Nursing to regulate nursing practice and education. View the relevant laws online at [www.mass.gov/legis/laws/mgl/gl-13-toc.htm](http://www.mass.gov/legis/laws/mgl/gl-13-toc.htm).

## Labor Relations News

### Top pay climbs to \$39.01

## Good Samaritan Medical Center ratifies two-year contract

The nurses and health care professionals at Caritas Good Samaritan Medical Center overwhelmingly ratified a new two-year contract on Sept. 16. Two-thirds of the bargaining unit voted at three different sites to affirm the hard work of the bargaining committee. The committee itself represented the variety of professionals covered by the contract, including RNs, pharmacists, physical therapists, social workers and medical technologists. A large and hard working group, the committee worked through the different interests of the group to arrive at a fair and equitable settlement.

The committee set three goals at the beginning:

1. The team was only interested in a two-year contract, coming off of a three year deal that left nurses' wages lagging far behind their counterparts in the greater-Brockton area.
2. The team knew that a wage settlement

had to include fairness for the group as a whole, while acknowledging that certain titles needed additional attention, due to the changing market salaries.

3. The team wanted to make sure that any member at the top of the pay schedule for at least one year move to any additional added steps on the same date.

The final settlement included across-the-board-increases of 8 percent over the two years for all members; added a new 3 percent step in the second year for pharmacists and care coordinators and created two new steps for RNs. All members who were at the top of the pay schedule will move to their new steps on a common date and not on their anniversary dates, which were previously scattered throughout the year. Top pay climbed from \$33.73 to \$39.01 during the life of the contract. The agreement also included a new weekend package and a new Insurance

Advisory Committee which will include the Chief Operating Officer on the management side and will provide an opportunity for union input into insurance decisions before they are completed.

The committee used a newsletter to keep members informed throughout the bargaining process. Beginning in March, 10 newsletters were produced and distributed. The feedback to the committee since has all been positive, with members feeling informed and involved in the union.

"We achieved our goals" said first-time bargaining team member and RN Karen Gavigan. "The committee developed an excellent relationship with each other. Representatives of every department attended all the meetings and worked very hard to bring back the best contract for our members. I think that we accomplished a lot and I think that we've made, and will continue to make, a difference in our future." ■

## Sense of union solidarity expands following ratification vote at Cambridge Hospital

"I am delighted with the vote, and I believe that it reflects the member-driven contract which the negotiating committee worked so hard at achieving!"

This is how Donna Kelly Williams, chapter chairperson, described the unanimous ratification vote for a two-year contract with Cambridge Hospital on Sept. 21. There was a huge turnout of nurses—many coming in on their day off—to cast their vote of support for the efforts of their bargaining committee.

When asked about the contract negotiating process, Williams stated, "The membership input throughout the 43 all-day bargaining sessions was the driving force behind this successful contract effort. After each day of negotiations, the bargaining committee

would meet with the members to get feedback and direction. They were fully informed throughout the process."

The bargaining team was made up of both newer nurses and senior nurses with many years of dedicated service at Cambridge Hospital. For some of the team, this was their first bargaining experience. The team truly represented all of the interests of the bargaining unit: from specialty areas, to midwives, to school health nurses. The team worked hard to speak for all of the nurses covered by the contract, and each member brought insight and expertise that helped to make the bargaining process better and more representative of the members as a whole.

Williams is hopeful that this new union spirit will carry on into local chapter elections, which are scheduled for this fall. "It is my hope and desire that new members become involved in the MNA, and that we give them the support and information they need so that they provide effective representation for the nurses at Cambridge Hospital."

An MNA training for nurse representatives will be held in late October to provide nurses with the foundation to become knowledgeable union representatives. The new activism exhibited throughout the almost two-years of bargaining will continue to make nurses a strong and respected voice at Cambridge Hospital. ■

## Nurses at VNA and Hospice of Cooley Dickinson ratify contract

On October 1, the nurses at the VNA and Hospice of Cooley Dickinson, Inc. in Northampton ratified a new three-year agreement that provides across-the-board pay increase of 6 percent in the first year, 3.5 percent in the second year and 3.5 percent in the third year. The contract also provides one new 3 percent step at the top of the pay scale.

Other highlights of the agreement include:

- A new per diem differential.
- Improvements in differentials for nurses who have a BSN.
- Increases for weekend and shift differentials.
- Increase for mileage to the prevailing federal rate which is in effect on January 1 of each year.
- A bonus vacation week for nurses attaining their fifteen years of continuous service.
- Improved vacation benefits, including: 15 days for one to three years of service; 20 days for four to 19 years; and 25 days after 20 years of service.
- Two new important pieces of health and safety language that provide for regular training for personal safety/violence prevention at no cost to the nurse and on work time. The agency also will provide measures such as escorts for nurses in need of assistance. ■



www.washingtonpost.com/wp-srv/health/vitalstats/vitalstats\_102699.htm

## MASSACHUSETTS NURSE

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**MNA**  
MASSACHUSETTS NURSES ASSOCIATION



## Past practice: can the employer change the rules in the middle of the game?

By Joe Twarog

Associate Director of Labor Education

An often overlooked or misunderstood concept in labor relations is that of "past practice." It is an invaluable tool for the enforcement of rights that nurses may have that are not explicitly stated in the collective bargaining agreement. In the case of an established and legitimate past practice, the employer *does not* have the right to change such a practice unilaterally. The practice has become, by its nature, an unwritten part of the contract.

A legitimate past practice is as enforceable as any written article or provision of the contract. Therefore, the union can compel the employer to comply with a past practice that benefits the employee even though it is not expressly written or if the contract is silent on the issue. Arbitrators will recognize and uphold bona fide past practices if they can be proven and established, even if the contract states that a grievance must be a violation of the written agreement. But the burden of proof is on the union to confirm and validate the practice. The union must research and document as much as possible about the existence of the practice.

Basically, a past practice is any long-standing, recurring practice that both the union and the employer know about and accept—either implicitly or explicitly. The practice must deal with the same type of situation over a substantial period of time. A past practice is binding on the parties to the collective bargaining agreement just as any written contract language would be. The practice has become an "implied agreement" (also referred to as an agreement by conduct) between the parties. However, past practice cannot supercede clear and unambiguous contract language.

A practice is not binding on the employer if it involves a method of operation or direction of the workforce, and has no effect on benefits for the employee. Also, a practice that does not meet the four tests listed below also does not rise to the level of an enforceable "past practice." Two examples of incidents or conditions that do not qualify as past practices are:

- The hospital clerical staff has for years used *typewriters* to conduct their work, record patient records and fill out forms. With the advent of new technology such as computers, it is appropriate and within the rights of management to change the basic work tool.
- The hospital celebrates a milestone in its history (i.e., 100 years anniversary) and provides all the employees with a free meal.

### Past practice tests

There are four critical tests to determine if there is an existing past practice. These are elements that must all be met for a condition to qualify as a genuine past practice.

#### 1. The practice has a patterned occurrence over a considerable length of time

The practice has to have recurred with regularity over a significant period of time. Some arbitrators favor a period of three to five years, meaning that the practice continued to occur over the course of at least two collective bargaining agreements.

A practice probably does not qualify if it



Joe Twarog

has occurred irregularly or sporadically over the course of years or, conversely, the practice has occurred repeatedly, but for a very short time in unusual circumstances (i.e., the hospital is under construction and free parking is provided for a six month

period to ease congestion).

A practice may exist if the employer has consistently acted in the same manner over the years even if the occasion occurs infrequently each year. An example of such a practice could be when the hours change from daylight-saving time, to standard time and back.

#### 2. The practice or benefit has been clear and consistent

The practice must be a clearly defined one that is clear, certain and unequivocal. It must be something that the union can point to without qualification. Some minor variations or deviations may be acceptable.

An example might be that for the last 20 years at Thanksgiving, the hospital has given each employee a holiday turkey. If the hospital changes the practice to one of providing a grocery certificate to each employee for a turkey, that deviation is acceptable because the basic benefit remains. The turkey has become a part of the benefit package that employees enjoy and cannot be unilaterally changed or stopped by the employer.

#### 3. The practice does not conflict with any specific contract language

Past practices can never supercede clear and unambiguous contract language that directly addresses the same issue. If a long-standing practice has occurred over time—but clearly conflicts with existing contract language—it is most likely **not** enforceable. But if the contract is moot or ambiguous on an issue, the practice can serve to define the meaning of the provision.

An example is: A voluntary sick leave bank exists in the contract that allows employees to annually contribute sick leaves days. The contract does not specify how many days an employee may contribute annually. The practice established over many years has been that individual employees have contributed as many sick days per year as they liked. Therefore, that clear practice—that each employee is unrestricted in how many sick days they voluntarily contribute to the sick bank—cannot be unilaterally changed, modified or limited by the employer.

If the employer seeks to change the unwritten but clear practice, they would have to explicitly raise the issue at the next round of contract bargaining.

#### 4. Both the union and employer have known about the practice and accepted it

Management and the union must be aware of the practice and have accepted it. The practice cannot simply be between two individuals, but has to be at the level of senior management and the union leadership.

For instance, if a nurse supervisor on a particular unit of the hospital has allowed those unit employees to take extended lunch periods or a grace period for reporting late

to work—but the hospital's upper management is unaware of the arrangement—the practice most likely will not be considered to be legitimate.

### Other issues involving past practice

If the employer has been lax in enforcing a particular work rule that is clearly a management right or one that is referenced in their policies, they may enforce the work rule once they give notice to the employees. This would be management's right despite a period of laxness on their part and would not be considered a change in past practice.

Similarly, if a condition changes—or if there is an abuse of a practice—an arbitrator would most likely rule against the union if a change in the practice was challenged. Examples of this would be:

- Free parking shuttles for employees to distant lots may be discontinued if a new and closer parking structure is built and available to the employees. The condition that created the practice has changed and management would be within its rights to make a change.
- The allowance for RNs to switch shifts among themselves without supervisory approval might be modified if such changes begin to incur overtime costs for the hospital. The employer might claim an abuse of the practice.

### What if a past practice is changed?

If the employer changes or ends an established past practice, the union should grieve the matter just as it would any other grievable matter. The union may cite the article violated

as "Management Rights." The union can also file an unfair labor practice charge with the National Labor Relations Board or the state labor commission (for the public sector) since the change constitutes a unilateral change of a mandatory issue (wages, hours and/or working conditions). The union should also send a letter to the employer putting them on notice that the union is challenging the change, and demand that the practice be restored as it was before.

Time is of the essence though. The union cannot wait for months if it is aware that a change in a practice has occurred. A delay in formally responding to the change imposed by management may be interpreted by the arbitrator as the union's acquiescence. Also, the union has to be aware of the contractual timelines to file a grievance under the grievance procedure. Both the NLRB and the labor commission have guidelines for filing an unfair labor practice charge that is a firm six months from the date of occurrence. If the union files an unfair labor practice regarding a change that was made beyond six months, the charge will be dismissed as being untimely.

Finally, if there is a past practice that management seeks to modify or eliminate, it can raise it as a proposal at the next negotiations for a successor contract. The practice is treated as any other contract provision that either party can negotiate to change. But the change has to be negotiated between the parties to be effective and must not be unilaterally imposed.

For more information or for questions, contact Joe Twarog at 781-830-5757. ■

## 2004 MNA election results

The Committee on Nominations presents the following positions elected for 2004:

#### Vice President, Labor

Patricia Healey, RN (Region 1)

#### Treasurer, Labor

Nora Watts, RN, BSN, (Region 2)

#### Director, Region, Labor

##### Region 1

Diane P. Michael, RN

##### Region 2

Mary Marengo, RN

#### Director At-Large, Labor

Sandy Ellis, RN (Region 2)

Nancy Gilman (Region 5)

#### Director At-Large, General

Joanne Bartoszewicz, RN, BSN, CGRN

(Region 5)

Donna Kelly-Williams, RN, CPN (Region 5)

#### Nominations Committee

Stephanie Stevens, RN, CNOR (Region 3)

#### Congress on Nursing Practice

Jeanne B. Carey, RN, Esquire (Region 5)

Marianne Chisholm (Region 5)

Ann Mullen, BSN, RN (Region 5)

Marian M. Nudelman, BSN, RN (Region 2)

Linda Winslow, RN, BSN, IBCLC (Region 5)

Margaret Wiley, BSN (Region 5)

#### Congress on Health Policy & Legislation

Marilyn Crawford, RN, C, CLNC, BSHCA

(Region 3)

Donna Dudik (Region 5)

#### Congress on Health & Safety

Mary Anne Dillon, RN, BSN (Region 5)

Janet Butler, RNC, BSC (Region 3)

Terri Arthur, RN, BS, MSM (Region 3)

Kathy Sperrazza, RN, BSN, MSLR (Region 5)

Sandra LeBlanc, RN, CNOR (Region 5)

#### Center for Nursing Ethics & Human Rights

Ellen M. Farley, RNC (Region 3)

Kelly W. Shanley, RN (Region 3)

#### At-Large Position in Regional Council

##### Regional Council 1

Sandra Hottin, RN

Patricia Healey, RN

Mary Kay Kasuba, RN, MSN

Barbara Stringer, RN, BS

##### Region Council 2

Susan Mulcahy

Ellen T. Smith, RN

Patricia Mayo, RN

Debra A. Rigiero

Jeannine Williams

Sandra Ellis, RN

Mary Marengo, RN

##### Region Council 3

Cheryl A. Lane, RNC

Marilyn Rouette, RN

Gertrude E. Bull, RN

Peggy C. Kilroy, RN

Ann-Marie Mrozinski, RN, CCRN

Lauren Johnson-Lavender, RN

Beth Piknick, RN

##### Region Council 4

Monica Hicks, RN

Lesley Atwater

##### Region Council 5

Donna Kelly-Williams, RN, CPN

Sandy Eaton, RN

Joanne Bartoszewicz, RN, BSN, CGRN ■



## MNA on Beacon Hill

# MNA-backed candidates score big on Election Day

## Power of RNs at the ballot box continues to rise

In one of the most hotly contested state legislative elections in history, MNA endorsed candidates won in 96 percent of the races.

Coming off the heels of an extremely successful Primary Election, registered nurses won 70 out of 73 legislative races in the General Election. The MNA made endorsements in 21 Senate races and 52 House races and only lost in three: one Senate race and two House races. MNA members across the commonwealth played active and visible roles in many of these legislative races. In doing so, the MNA has continued to prove itself as a political force to be reckoned with.

In addition to seeing every safe RN staffing co-sponsor seeking re-election win re-election, several candidates for open seats won with MNA backing, including Rep. Karen Spilka, Ed Augustus and James Timilty, all running for the state Senate. Open seat candidates in the House Denis Guyer and Patrick Natale won with MNA backing.

Every candidate that co-sponsored the safe RN staffing legislation was re-elected

### Kerry falls short in race for White House

Senator John Kerry fell short in his campaign for the presidency, making his concession speech at Faneuil Hall nearly 24 hours after the last polls closed in the West Coast. Close vote counts in Ohio led the Kerry campaign to continue to watch the vote tabulation before conceding.

Nurses played an important role in the presidential election over the past year. Since endorsing Kerry in late 2003 because of his continued commitment and work with RNs in the Bay State, Massachusetts nurses worked with Iowa nurses during the January caucuses and traveled north to New Hampshire for the country's first primary. Over the past several months, nurses have traveled to the granite state to campaign for Kerry. New Hampshire voted for Kerry, the only state to switch from Bush in 2000 to Kerry in 2004. ■

to office. "Nurses came out and supported those who supported them," said Karen Higgins, MNA president. "Issues of patient safety and quality care are issues the public cares about."

Nurses were successful in electing candidates who support pro-nurse initiatives including minimum registered nurse-to-patient ratios.

Across the state—from Northampton to Boston, from Newburyport to Sandwich—registered nurses demonstrated their political strength. Nurses held "Nurse for . . ." campaigns signs, made phone calls, displayed lawn signs in their front yards, attended campaign events and rallies and hosted coffee parties in their homes for candidates. MNA members were highly active

in the political process throughout the election cycles.

The MNA has gained strong allies in the legislature through our hard work in the past two election cycles. Nurses worked vigorously for legislators who are directly involved in the political decision making process. Considering the many changes in the landscape of the state Legislature and the effectiveness of our campaign efforts, MNA's political footing is stronger than ever. Additionally, nurses had an impact on legislative races for members of the health care committee and the ways and means committee, both of which are integral in passing safe staffing legislation.

Let us remember – our work has just begun! Now that we have helped elect and re-elect pro-nurse legislators, we must pass our safe staffing legislation. Our continued work for these legislators has created a foundation for us to build from. Let us use this foundation and pass safe staffing legislation. ■



**Ed Augustus**  
Elected to Senate



**William Galvin**  
Representative



**Denis Guyer**  
Elected to House



**Robert O'Leary**  
Senator



**Mark Pacheco**  
Senator



**Pam Resor**  
Senator



**Karen Spilka**  
Elected to Senate



**James Timilty**  
Elected to Senate



**Richard Tisei**  
Senator



**Marian Walsh**  
Senator

## Safe staffing starts at the ballot box

### Every legislative co-sponsor of safe RN staffing is re-elected

Election Day was a clean sweep for sponsors of safe RN staffing, as every state representative and senator that supported MNA on this important legislation was re-elected.

#### Representatives

- Cory Atkins
- Demetrius Atsalis
- Ruth Balsler
- John J. Binienda
- Deborah D. Blumer
- Garrett Bradley
- Jennifer Callahan
- Christine E. Canavan
- Gale Candaras
- Mark Carron
- Edward G. Connolly
- Michael A. Costello
- Robert Coughlin
- Geraldine M. Creedon
- Robert DeLeo
- Paul Donato
- Joseph Driscoll
- Jamie Eldridge
- Mark V. Falzone
- Michael E. Festa
- Barry R. Finegold
- Gloria Fox

- David Flynn
- John Fresolo
- William C. Galvin
- Colleen M. Garry
- Anne Gobi
- Emile Goguen
- Shirley Gomes
- Brian Golden
- Mary Grant
- Lida E. Harkins
- Kevin Honan
- Frank M. Hynes
- Patricia Jehlen
- Louis Kafka
- Jay Kaufman
- Rachel Kaprielian
- Thomas P. Kennedy
- Brian Knuuttila
- Peter Kocot
- Robert M. Koczera
- Peter Koutoujian
- Paul Kujawski
- James B. Leary

- Stehen LeDuc
- David P. Linsky
- Barbara L'Italien
- Paul Loscocco
- Elizabeth Malia
- Ronald Mariano
- Jim Marzilli
- Robert Nyman
- Thomas J. O'Brien
- Marie Parente
- Anne Paulsen
- Vincent Pedone
- Alice Peisch
- Douglas W. Petersen
- Susan W. Pope
- Kathi-Anne Reinstein
- Michael Rodrigues
- Michael Rush
- Byron Rushing
- Jeffrey Sanchez
- Frank Smizik
- Robert Spellane
- Joyce Spiliotis

- Karen Spilka (elected to Senate)
- Thomas Stanley
- Ellen Story
- Benjamin Swan
- Kathleen Teahan
- Walter Timilty
- Timothy Toomey
- Philip Travis
- James Vallee
- Anthony Verga
- Joseph Wagner
- Martin Walsh
- Steven Walsh
- Alice Wolf

#### Senators

- Robert A. Antonioni
- Stephen Baddour
- Stephen Brewer
- Harriette Chandler
- Cynthia Creem
- Susan Fargo
- John A. Hart
- Robert Hedlund
- Brian A. Joyce
- Michael R. Knapik
- Joan Menard
- Mark Montigny
- Rob O'Leary
- Marc Pacheco
- Pam Resor
- Charles E. Shannon
- Bruce Tarr
- Richard R. Tisei
- Steven Tolman
- Susan Tucker
- Marian Walsh
- Dianne Wilkerson



## So you think it's safe at work? Notes from the Congress on Health and Safety

### Avian flu: a dreadful possibility on the horizon

By Chris Pontus

Recently, I attended a flu workshop focused on increasing employee participation and deliverance of influenza vaccine in the workplace.

The program leader asked an interesting question: What is the difference between an epidemic and a pandemic? A nurse in the audience answered that an epidemic was a local incident and a pandemic episode was a global event.

The thought of a pandemic episode has not yet entered into most of our immediate and or long term planning efforts. As stated in a recent executive summary of the Department of Health and Human Services, the possibility of "an influenza pandemic has a greater potential to cause rapid increases in death and illness than virtually any other natural health threat."

Influenza generally results in seasonal epidemics causing 36,000 deaths annually. A pandemic or global epidemic occurs when there is a major change in the influenza virus so that most or all of the world's population has never been exposed previously and is thus vulnerable to the virus.

The influenza "A" virus known to affect domesticated birds does not usually infect people. However, a subtype of the virus "H5N1" is responsible for the first recorded case

of virus transferred to humans by direct bird-to-human transmission. Ability of the virus to change creates a real potential threat for most of the world's population simply because they have not yet been exposed.

The World Health Organization (WHO) compared a report on the recent outbreaks of avian flu with previous ones. The WHO stated that avian flu, until recently, was considered to be a rare disease and that most countries have had little or no experience with it, making it harder for them to currently deal with the disease.

The Occupational Health and Safety Administration recently posted *Guidance for Protecting Workers Against Avian Flu* on its Web site at [www.hhs.gov/nvpo/pandemicplan/exec\\_summ.html](http://www.hhs.gov/nvpo/pandemicplan/exec_summ.html). The page also has links to the Centers for Disease Control and the World Health Organization. The following information was pulled from these aforementioned resources.

#### Background on the current outbreak

An outbreak of influenza A (H5N1), also known as "avian flu" or "bird flu," has been reported in several countries throughout Asia. Cases of avian influenza A (H5N1) in birds have been confirmed in Cambodia, China, Hong Kong, Indonesia, Japan, Laos, Pakistan, South Korea, Thailand, and Vietnam. Human

cases of avian influenza have been reported in Thailand and Vietnam. During this outbreak investigation, it has not been determined that avian flu is spread from person to person. This strain of avian influenza A (H5N1) currently affecting Asia has not been found in the United States. The current outbreak of avian influenza has prompted the killing of more than 25 million birds in Asia.

In February 2004, different strains of avian flu were detected among several flocks of birds in the U.S. and state officials ordered the destruction of hundreds of thousands of birds. The avian influenza strain found in Delaware was (H7N2), in Pennsylvania the strain was (H2N2), and the (H5N2) strain was found in Texas. The strain found in Texas has been determined to be "highly pathogenic" to birds. However, the strain of avian influenza in Texas is not the same as the strain that is affecting Asia. There does not appear to be any connection between the illness in the flocks on the East Coast and the flock in Texas. Wild birds are the natural hosts for the virus. Avian flu viruses circulate among birds worldwide and are highly contagious among birds. It is also important to note that the United States annually imports an estimated 20,000 birds from countries with current avian influenza outbreaks, according to the U.S. Fish and Wildlife Service.

#### Background on influenza, avian flu

Influenza is a category of viruses associated with acute (short), usually self-limited infections, whose symptoms are most commonly fever, muscle pain or aches, and cough. However, illness can be more severe based upon the properties of the virus, the patient's age, pre-existing immunity status, or pre-existing medical conditions.

The influenza virus is described by a three-part naming system that includes the virus type, subtype and strain. There are three major types (A, B, C) and a number of subtypes which are classified based upon the surface coatings of the virus. These surface coatings determine whether the virus will affect humans, pigs, horses or birds, or more than one type of animal. Within a specific type and subtype of influenza, there are also important differences in the particular strain of virus. For example, the strain of influenza A (H5N1) that has affected birds and humans in much of Asia is not the same strain that is affecting birds in the U.S. or Pakistan.

Influenza viruses also change or mutate over time. "Scientists know that the avian and human influenza viruses can exchange genes when a person is simultaneously infected with viruses from both the common human influenza virus and the avian type.

See *Flu*, Page 9

### 2003/2004 annual report from the Congress on Health and Safety

Group members: Terri Arthur, chairperson thru 2/04; Sandra LeBlanc, chairperson beginning 02/04; Rosemary O'Brien, vice chairperson; Janet Butler; David Denno; Janice Homer; Elizabeth O'Connor; Janet Reeves; Maryanne Dillon; Mike D'Intinosanto; Gail Lenehan; Mary Bellistri; Evie Bain, MNA staff support person.

#### Accomplishments 2003 - 2004:

- Restructured to eliminate the position of secretary/treasurer from the Congress.
- Were addressed in monthly meetings by MNA member Sandra Hottin who shared an incident of bullying/harassment in the workplace, and Karen Dempsey, Massachusetts Office of Victim Assistance, who described the rights and benefits afforded victims and witnesses of crimes.
- Participated in four focus groups held by the PHASE research project at UMass Lowell which addressed issues of workplace violence; workers compensation;

return to work following injuries; and overall issues of workplace health and safety.

- Approved the 2004 research project related to Workplace Violence and Abuse to be coordinated by UMass Amherst research professor Stephanie Luce. Surveys to be developed by Workplace Violence and Abuse Prevention Task Force members and distributed to MNA members at Boston Medical Center, Brockton Hospital and Beverly Hospital.
- Submitted nominations to the 2004 MNA Awards Committee for Kathryn McGinn Cutler, Advocate for Health and Safety Award.
- Agreed to provide financial and/or operational support to the Annual Toxics Actions Conference, Boston, MassCOSH Annual meeting, MassCOSH and Western MassCOSH, UMass Lowell, PHASE research project, SEAK: Workers' Compensation Conference.
- Participated in Massachusetts Department of Health Needlestick Advisory Board (Elizabeth O'Connor) and Asthma Network (Janice Homer).
- Participated in OSHA 10-hour General Industry Outreach Training, with a focus on the healthcare industry (classes in Dec. 03, Jan. and Feb. 04). Participants included Rosemary O'Brien, Terry Arthur, Mary Bellistri, Kathy Sperrazza, Janice Homer, Liz O'Connor, David Denno, Mike D'Intinosanto. Also attending were Kate Opanasets and Marcia Robertson from the Workplace Violence and Abuse Prevention Task Force.
- Filled vacant positions on the Congress by recommending to the MNA Board of

Directors the appointments of MaryAnne Dillon, Rosemary O'Brien and Janice Homer.

- Promoted the concept of CE sessions online for worker Health and Safety education. Terri Arthur presented to the MNA Board of Directors and the MNA Finance Committee and won approval for this process to proceed.
- Recommended to the Board of Directors that MNA form an alliance with OSHA Region I. This was approved and was announced at MNA Convention.
- Supported H.1282, MNA's safe staffing legislation through attendance at MNA Lobby Day, repeatedly sending postcards and making phone calls to legislators.
- Participated in Suffolk University Law School "Bullying in the Healthcare Industry" focus groups.
- Provided letters of support for the UMass Lowell research project related to needlestick injuries in the home care industry, and to the Mass. Dept. of Public Health research proposal for funds to continue needlestick injury and asthma surveillance.
- Provided testimony for the "Alliance for a Healthy Tomorrow" to reduce childhood exposure to pesticides and other toxic chemicals (Janice Homer), and reduction of methyl-mercury (Kathy Sperrazza).
- Supported application to MA Dept. of Industrial Accidents for a grant to promote the use of engineering controls for patient handling; grant not funded. Proposal forthcoming to develop this program within the Health and Safety Program and present it within the MNA Regional Council structure.

- Supported the activities of the Health and Safety related task forces, emergency preparedness, workplace violence and abuse prevention and safe patient handling, including the educational programs "Workplace Violence and Abuse: Changing the Culture that Allows it to Continue" and "Bombs, Clean and Dirty."

#### Goals for 2004 - 2005:

- Support activities to enact legislation proposed by the Safe Patient Handling Task force to reduce the frequency and severity of musculo-skeletal injuries to nurses and other healthcare workers.
- Develop a position statement related to health and safety issues for on-call nurses and on-call requirements for OR nurses and others.
- Provide input and oversight in the continued development of the MNA Health and Safety Program within the department of nursing.
- Assist in the promotion of health and safety programs in individual bargaining units. Create opportunities to present four programs during the 2004/2005 program year.
- Assure the continuation of CE online programs related to worker health and safety in the healthcare industry.
- Support other educational programs developed within the health and safety program.
- Continue to support the MNA's efforts to pass safe staffing legislation.
- Continue to promote health and safety language in MNA contracts.
- Implement the activities agreed to in the OSHA/MNA alliance. ■

#### Health & Safety Contacts

For questions, comments or concerns related to health & safety issues, contact:

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[ebain@mnarn.org](mailto:ebain@mnarn.org)

■ **Christine Pontus, MS, RN,**  
**COHN-S/CCM**  
Associate Director, Health & Safety  
781-830-5754  
[cpontus@mnarn.org](mailto:cpontus@mnarn.org)

## OSHA, MNA and Mass. Division of Occupational Safety sign alliance to protect nurses

Improving workplace safety and health for nurses and other health care workers is the goal of an alliance between the U.S. Labor Department's Occupational Safety and Health Administration (OSHA) and the Massachusetts Nurses Association (MNA). Representatives from the organizations signed the alliance agreement at a ceremony during the MNA's annual convention held in early October.

"This alliance is an example of OSHA's commitment to foster compliance assistance for workers and employers to improve health and safety for health care workers," said Marthe B. Kent, OSHA's regional administrator for New England. "This alliance focuses on how to prevent

worker exposures to hazardous drugs and chemicals, workplace violence, as well as ergonomic injuries in health care settings."

MNA, with more than 22,000 members working in 85 health care facilities, is the largest union and professional association of registered nurses and health professionals in the commonwealth and is recognized as a leader in improving workplace safety and health conditions in the health care industry. The MNA is only the second state nurses association in the nation to establish an OSHA alliance, the other being the New York State Nurses Association.

Through the statewide alliance, OSHA and the MNA will develop workplace safety

and health "best practices guides" and provide members and others in the industry with information, guidance, training and access to resources that will protect employees' health and safety. Specific activities will include the development of seminars, workshops and conferences, development of web-based education tools, and dissemination of print materials to educate both employers and employees.

"Nurses and other health care workers are exposed to serious hazards every day, under working conditions that increase the likelihood of injury," said MNA president Karen Higgins, RN. "Nurses suffer musculo-skeletal injuries on a par with construction workers and injuries from

workplace violence equal to workers in law enforcement. This alliance is yet another step in our organization's effort to educate the health care workforce to mitigate the dangers in their workplace, and to learn how to take steps to improve their work environment to prevent injuries from occurring."

A joint OSHA, MNA and Mass. Division of Occupational Safety implementation team made up of representatives from each organization will develop a plan of action, determine working procedures, and identify roles and responsibilities of the participants. They will meet regularly to share information on activities and results in achieving the goals of the alliance, which will remain in effect for two years. ■



MNA members who are active in promoting health and safety at work and members of the MNA staff gather with OSHA representatives following the signing the historic alliance that will assure meeting training and educational goals related to hazardous conditions that nurses face on the job every day between OSHA and the MNA. MNA members from left: Michael D'Intinosanto; Terri Arthur; Rosemary Connors; Sandy LeBlanc, chairperson of the MNA's Congress on Health and Safety; Kate Opanasets; Noreen Hogan; Rosemary O'Brien, chairperson of the MNA's Workplace Violence and Abuse Prevention Task Force; Evie Bain, coordinator of the MNA's health and safety program; Richard Fazio, Methuen area director; Robert Prezioso, commissioner, Massachusetts Division of Occupational Safety; Brenda Gordon, Braintree area director and Ronald Morin, Springfield area director; Marthe Kent, OSHA New England regional administrator; Karen Higgins, MNA president; Liz O'Connor; Kathleen McDonald; Mary Anne Dillon; and Julie Pinkham, MNA executive director.



OSHA and MNA representatives gather around the table to sign the alliance document. From left, Richard Fazio, Methuen area director; Brenda Gordon, Braintree area director; Ronald Morin, Springfield area director; Robert Prezioso, commissioner, Massachusetts Division of Occupational Safety and Health; (hidden) Marthe Kent, OSHA New England regional coordinator; Julie Pinkham, MNA executive director; and Karen Higgins, MNA president.

### ...Flu

From Page 8

This process of gene swapping inside the human body can give rise to a completely new subtype of the influenza virus to which few, if any, humans would have any natural immunity...If the new virus contains sufficient human flu virus genes, transmission directly from one person to another (instead of from birds to humans only) can occur." Some previous outbreak investigations documented limited human-to-human transmission of avian influenza. It is believed that most cases of avian influenza in humans have resulted from contact with infected poultry or contaminated surfaces.

In particular, influenza A (H5N1) has a documented tendency to acquire genes from viruses infecting other animals. There is particular cause for concern because this strain of influenza A (H5N1) is now spreading from birds (e.g., chickens, ducks, turkeys) to humans, and scientists are trying to determine if the virus is also spreading from human to human. Since this strain of influenza virus does not commonly infect humans, the general population may not have natural immunity to the virus. The current strain of influenza A (H5N1) that is transmitted from birds to humans is considered to be "highly pathogenic."

#### Routes of exposure to avian flu

Most human influenza infections are spread by virus-laden respiratory droplets that are expelled during coughing and sneezing. Influenza viruses range in size from 0.08 to 0.12 micrometers. They are carried in respiratory secretions as small-particle aerosols (less than 10 micrometers in diameter).

In an agricultural setting, animal manure containing influenza virus can contaminate dust and soil, causing infection when the contaminated dust is inhaled. Contaminated farm equipment, feed, cages, or shoes can carry the virus from farm to farm. The virus can also be carried on the bodies and feet of animals, such as rodents. The virus can survive, at cool temperatures, in contaminated manure for at least three months. In water, the virus can survive for up to four days at 72° F and more than 30 days at 32° F. For the highly pathogenic form (of influenza A), studies have shown that a single gram of contaminated manure can contain enough virus to infect one million birds.

In a food handling/preparation setting, there is also some concern that avian influenza could be transmitted from uncooked birds or bird products. The World Health Organization has also reported a study that

found avian influenza A (H5N1) in imported frozen duck meat. Eggs from infected poultry could also be contaminated with the virus.

#### Additional sources of information

There are other federal agencies and international organizations that have further resources on avian flu.

- The U.S. Centers for Disease Control and Prevention (CDC) has established avian flu public hotlines: Public 888-246-2675; Spanish 888-246-2857; and for clinicians 877-246-4625. The CDC has additional online resources at [www.cdc.gov/flu/avian/index.htm](http://www.cdc.gov/flu/avian/index.htm).
- The World Health Organization has information on avian flu online at [www.who.int/csr/disease/avian\\_influenza/en/](http://www.who.int/csr/disease/avian_influenza/en/).
- Physicians, employers and employees should contact their state or local health department ([www.cdc.gov/mmwr/international/relres.html](http://www.cdc.gov/mmwr/international/relres.html)) to notify them of any symptomatic employees or suspected exposure incidents.

Sources: [www.osha.gov/dsg/guidance/avian-flu.html](http://www.osha.gov/dsg/guidance/avian-flu.html) ■

#### Health and Safety at Work: OSHA training

- An OSHA 10-hour general industry outreach training with a focus on the health care industry
- This program is being offered in two parts at UMass Memorial Hospital 119 Belmont Street, Worcester
- Part 1, Thursday, Nov. 18, East One - Classroom
- Part 2, Thursday, Dec. 16, Knowles Hall
- Classes from 8:30 a.m. to 3:30 p.m.
- No charge to MNA members; all others \$45 for the OSHA Standards Textbook
- To be run by OSHA authorized trainer, Evie Bain
- Contact hours provided by the Greater Boston Chapter of the American Association of Occupational Health Nurses
- OSHA certificate available to those who attend both classes

MNA members: For information and to register contact Evie Bain at 781-821-4625, x776 or via e-mail at [eviebain@mnarn.org](mailto:eviebain@mnarn.org). GBAOHN members: For information and to register contact Terry Donahue at 781-784-5158 or via e-mail at [tadhfd@comcast.net](mailto:tadhfd@comcast.net). For directions visit [www.umhmc.org](http://www.umhmc.org). ■

## ...Magnet

From Page 1

2004, there were a little over 100 Magnet-designated facilities in the country. Currently, two hospitals in Massachusetts—Massachusetts General Hospital and Winchester Hospital—have been designated as Magnet facilities, both in late 2003.

Once designated a “Magnet Hospital,” the facility then markets itself as a preferred employer of nurses and can use its magnet status as a “seal of approval for quality care.” The industry is also seeking to use magnet status as a justification for higher rates of reimbursement from third-party payers.

Here in Massachusetts, interest in and applications for participation in the Magnet program has increased—causing staff nurses inside and outside of the MNA to request MNA’s position on the “Magnet process.” Here we present our position on the Magnet process as a concept, as well as provide key principles to help nurses in determining if and how they wish to participate in this or any similar process.

### MNA position on Magnet program

The Massachusetts Nurses Association Board of Directors is opposed to the concept of the Magnet Recognition Program for the following reasons:

- **Magnet recognition is being used as a marketing ploy to increase market share by trading on the trust and credibility nurses have with the public.**

One of our most important reasons for opposing the Magnet program is that the primary selling point of the ANCC-sponsored program, and the key motivation for an institution’s participation in the process, is to utilize Magnet recognition as a marketing ploy to garner greater market share—and to do so by trading on the respect and credibility of nurses (particularly staff nurses) in the eyes of the public.

The process is structured around the formation of “Nursing Councils,” which give the illusion of shared governance and nurse empowerment without granting nurses equal power with management and the ability to shape and modify the decisions made through the process. Nurses have no legally protected veto power in the process, and all decisions are still ultimately left to senior administrators. However, when the final decisions are made—because staff nurses participated in the process—the mere fact of their participation will be used to substantiate and validate the process.

Nurses have been down this road many times before. We believe Magnet recognition is yet another, top-down process like TQM, patient-focused care, and so many other high-priced, consultant-driven programs that provide no real guarantee of quality patient care or of the creation of conditions that will protect nursing practice.

- **Excellence in nursing services must be a condition of licensure.**

Providing quality nursing care and establishing standards of quality care for nursing services should not be a matter of choice by a particular institution—but should be a basic legal requirement and condition of licensure by the Department of Public Health. All hospitals should be held accountable for having positive patient outcomes. All hospitals should be accountable for providing safe staffing

and a satisfactory work environment for its nurses.

- **Money spent on consultants is better spent on direct patient care.**

The Magnet program is another expensive program, requiring many thousands of dollars in fees to consultants and thousands of dollars in staff time. This money would be better spent on improving staffing conditions or on nursing salaries. It is also important to understand just who is behind this program. The Magnet program was created by the American Nurses Association as a profit-making venture. Not only does ANCC collect fees to conduct the Magnet evaluation, it also provides consultants—for a fee—to assist in achieving the designation. The ANA is firmly opposed to nurses’ having the right to mandatory RN-to-patient ratios.

- **Voluntary credentialing/accreditation programs don’t work.**

The nursing community has had many years of experience in evaluating the effectiveness of voluntary credentialing programs such as the JCAHO accreditation process. The JCAHO program is universally condemned by nurses as a farce and as providing no true evaluation of the quality of care in the hospitals it surveys. In fact, this has been substantiated by two exhaustive governmental reports on the process: one in 1999 by the Inspector General of the United States and another by the Government Accounting Office, which found that many JCAHO accredited hospitals were found to have significant patient safety problems undetected by the surveyors. The Inspector General’s report criticized JCAHO because there was too collegial of a relationship between the surveyors and the surveyed in the process. We see the same problems being duplicated by the Magnet program.

- **Magnet recognition fails to include any requirement for safe RN-to-patient ratios.**

In numerous studies—and in every credible survey of nurses—the most important solution to the problems of providing quality patient care and of creating conditions to retain nurses is the need to establish safe, minimum RN-to-patient ratios, or, in the absence of minimum ratios, to grant front-line nurses the right to refuse patient assignments that prevent the delivery of quality patient care. The Magnet program provides no specific recommendations for the establishment of safe staffing standards, nor does it grant nurses the protected right to refuse an unsafe patient assignment. The MNA cannot support a program that purports to provide a “seal of approval on quality of care for the public” that does not include a guarantee of safe staffing standards.

- **In the unionized setting, the Magnet process undermines the collective bargaining process and true workplace democracy.**

In a hospital where nurses are unionized, the collective bargaining process conducted through the existing labor/management relationship is the established, legally-protected forum for addressing all issues impacting nurses’ working conditions. Any program that purports to seek and utilize staff nurses’ input—and any program that proposes changes in policies and practices to

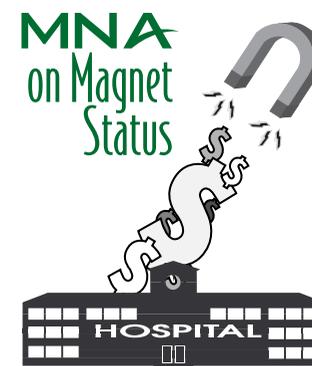
boost retention and recruitment of staff—is treading on union ground, and all such decisions can only be decided by the union as a matter of law. Further, if the hospital is serious about working in partnership with nurses as equals to arrive at standards they are willing to stand behind and truly endorse, then they should be willing to engage in good faith negotiations over those changes and to codify them through enforceable language as part of a union contract.

### MNA principles of participation

While the MNA, as an organization, is opposed to the Magnet program for the reasons provided above, we recognize many non-unionized nurses without self governance will have limited ability to stop their employer from seeking Magnet status. Other nurses may already be engaged in this or another process where they believe their efforts and credibility will result in better patient care.

The MNA Board of Directors wanted to provide nurses with some guidance as to the key principles for participation in any institutional process that seeks to utilize nurses’ expertise and credibility with the public. We strongly urge nurses to consider these principles prior to their entering into the process. These include:

- Front-line nurses should have the power to select, among themselves, who will represent them in the Magnet or any other process.
- Front-line nurses elected or appointed by their peers to participate in the process must have the right to recommend



and approve changes in the criteria for Magnet status based on the needs of their particular institution.

- In a unionized setting, any and all proposals that impact the working conditions of nurses are subject to review, negotiation and ratification by the union.
- The result of the Magnet process should result in a written, legally binding document that guarantees nurses a voice and a real choice in all decisions impacting their work and obligating the institution to adhere to the standards arrived at for the life of the Magnet recognition designation—which is four years.
- Nurses participating in the process should have access to all information and material (financial documents, consultant’s studies, vendor contracts, merger or restructuring plans) that will assist them in making informed decisions.

The process recognized in the workplace that must adhere to these principles is the employee governance process authorized and protected by law – collective bargaining. ■

## Holiday savings for MNA members

*Save on your holiday shopping by taking advantage of the money-saving benefits offered to our members.*

### Wrentham Village Premium Outlet

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

### Work ‘n Gear

Save 15 percent on a huge selection of top brand apparel, shoes and accessories. Simply present your valid MNA membership card at any Work ‘n Gear location to take advantage of the discount.

### Discount movie passes

Discount movie passes make great gifts! Order discount passes for Showcase/Entertainment Cinemas, Regal Cinemas and AMC Theatres by contacting the MNA membership department at 800-882-2056, ext. 726.

### Home entertainment

Before purchasing high priced electronic equipment contact Home Entertainment Distributors—a distributor of thousands of electronic products at wholesale prices—for a price quote to save money: 800-232-0872 in Massachusetts or nationwide at 800-356-5619.

### Mass Buying Power

A consumer referral service, Mass Buying Power offers members discounts on a number of products and services. Visit their Web site at [www.massbuy.com](http://www.massbuy.com)

### Cellular phones

MNA members can shop and compare discounts from four cellular phone carriers: **Cingular** (800-894-5500), **T-Mobile** (508-369-2200), **Verizon** (617-571-4626) and **Nextel** (617-839-6684). Each carrier offers exclusive MNA discounts on service and equipment, so compare to find which program best suits your needs.

For information on these or any MNA benefits contact Chris in the MNA’s membership department at 800-882-2056, ext. 726 or visit the MNA website at [www.massnurses.org](http://www.massnurses.org)

## Statehouse ceremony honors nurse killed in combat in during World War II

Sixty years from the week she died in World War II after her field hospital tent was shelled, the Massachusetts Legislature honored a Boston nurse and MNA member on Oct. 18 during a ceremony in Nurses' Hall of the Statehouse. Lt. Frances Y. Slanger, the daughter of a Jewish fruit peddler, was the first nurse to die in combat after the landings at Normandy.

Oregon newspaper columnist Bob Welch, author of *American Nightingale: The Story of Frances Slanger, Forgotten Heroine of Normandy*, offered the keynote address.

*American Nightingale* was released last June and has been featured on such programs as "Good Morning America" and "Chronicle." Plans for a plaque in Slanger's honor were announced by state Rep. Bill Galvin (D-Canton) who, along with Rep. Lou Kafka (D-Stoughton), assisted in getting official recognition for Slanger in a process that's taken more than a decade. "Sometimes, our heroes lie hidden in the shadows," said Welch "This amazing women's memory will now be brought to light."

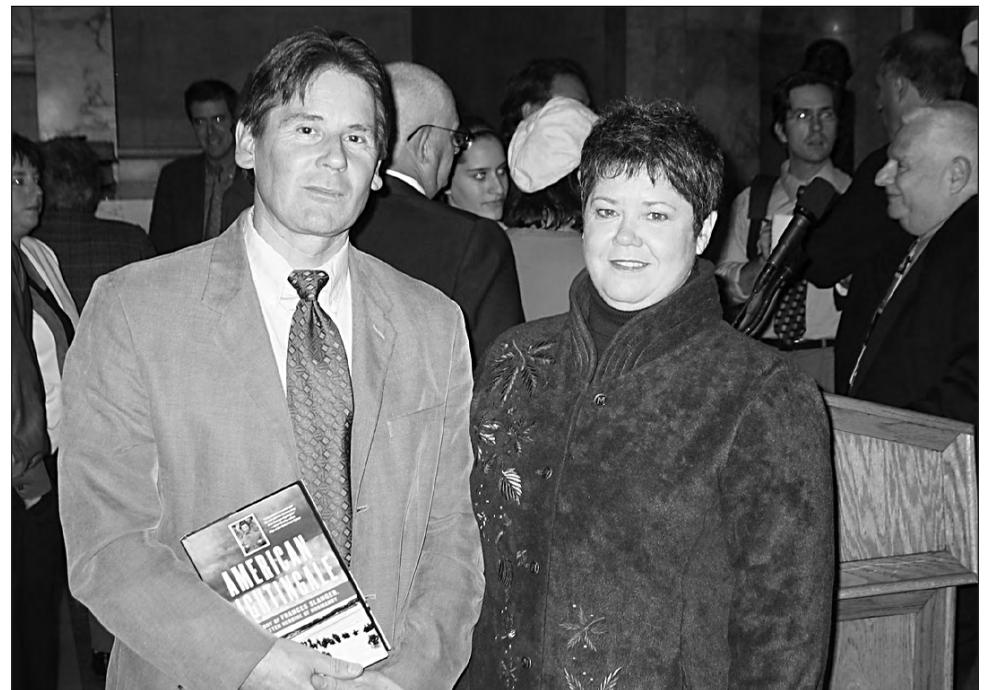
What made her death so notable was a letter she'd written that paid tribute to the American GIs of World War II. She wrote it by flashlight from a tent and mailed it to *Stars and Stripes* newspaper the next morning. The following night she was killed when the field hospital was shelled by German troops. When *Stars and Stripes* published the letter not knowing Slanger had died, and her words

triggered scores of letters from grateful GIs. More came later when the newspaper reported her death.

"She wrote as a GI Jane to a GI Joe deeply involved in a bloody business called war, asking not for understanding and expecting no mercy, but giving to her limits in both," wrote David McClure, a soldier serving in Belgium at the time. "We knew there wasn't a false word in the letter and we grinned in appreciation, knowing that we read the letter of a girl already dead and her words fixed beyond alteration. They were sealed with her blood."

Slanger was born in Wodz, Poland. At the age of 7, she landed at Ellis Island with her mother and sister, her father having settled in Roxbury, his family unable to join him due to World War I's freeze on immigration. Against her parent's wishes, Frances enrolled in Boston City Hospital's School of Nursing where she earned her degree in 1937. With dozens of other nurses from the Army Nurse Corps, Slanger splashed ashore from a landing craft four days after D-Day, her 5' 1" frame burdened by men's fatigues and a 3 pound helmet. She nearly drowned. Once ashore, these first nurses to land in France were greeted by 17 truckloads of wounded soldiers; more wounded would join them daily as their makeshift hospitals followed the front lines east into Germany.

Just miles short of the German border, as an October storm howled and shells thudded in the distance, Slanger penned her letter. Soldiers had been praising the nurses in print, but Slanger said the GIs had it wrong. "We wade ankle deep in mud, you have to lie in it . . . sure we rough it, but in comparison to the way you men are taking it, we can't complain, nor do we feel that bouquets are due to us. To you we doff our helmets . . . but after taking care of



MNA president Karen Higgins meets with Bob Welch, author of *American Nightingale: The Story of Frances Slanger, Forgotten Heroine of Normandy*, following the Statehouse event.

some of your buddies; seeing them when they are brought in bloody, dirty with the earth, mud and grime, and most of them so tired . . . somebody's brothers, somebody's fathers and somebody's sons."

Slanger compared the lives of the wounded to the fire in the tent's potbelly stove. "If it is allowed to run down too low and if there is a spark of life left in it, it can be nursed back . . . so can a human being. It is slow, it is gradual, and it is done all the time in these

field hospitals."

The soldiers' concern for each other touched her. "The wounded do not cry. Their buddies come first . . . the courage and fortitude they have is sometimes awesome to behold. It is we who are proud to be her. Rough it? No. It is a privilege to be able to receive you."

Lt. Frances Y. Slanger died the next night, one of three people killed during the shelling. She was 31 years old. ■

## Diversity Committee to host medical missions trip to the Dominican Republic in spring 2005

In April 2004, the MNA's diversity committee had the distinct privilege of hearing from Kendra Polefka, a nurse who had recently spent eight years serving as a surgical nurse on board the *Anastasia*—a 522-foot floating hospital ship that cruises Africa and provides medical care to impoverished people. She made the group both laugh and cry with her stories of how the work of the Mercy Ships had impacted the lives of those in need. As a result of this program, we had many participants asking if the Diversity Committee would consider hosting a nursing mission outreach trip.

Those requests got the wheels turning within the committee, and the group is currently exploring a short-term, seven day "missions challenge" for May 2005. When we wrote to all the attendees of the program we were awestruck by the response of 15 individuals willing to donate their time and resources to the project. It was explained to the participants that they would need to raise their own funds to the tune of approximately \$1,500 and that the committee would put forth a fundraising plan to help support the team.

The final details of this health care proj-



ect are still to be determined, but at present we are planning on setting up a dock-side clinic to address the medical needs of the people of the Dominican Republic. The reason the Diversity Committee selected to work with Mercy Ships is because of its proven track record of setting up both short and long term health care missions. The Mercy Ships are currently working with the ministry of health in the Dominican Republic to arrange for our seven-day clinic sometime in May.

The committee is still looking for volunteers, those who are willing to go on the trip and/or those who are able to help with the fundraising efforts. We will accept donations of any amount to the support the team. For more information, please do not hesitate to contact Carol Mallia at 781-830-5744 or via e-mail at [cmallia@mnarn.org](mailto:cmallia@mnarn.org). ■

## MNA: On the Cutting Edge



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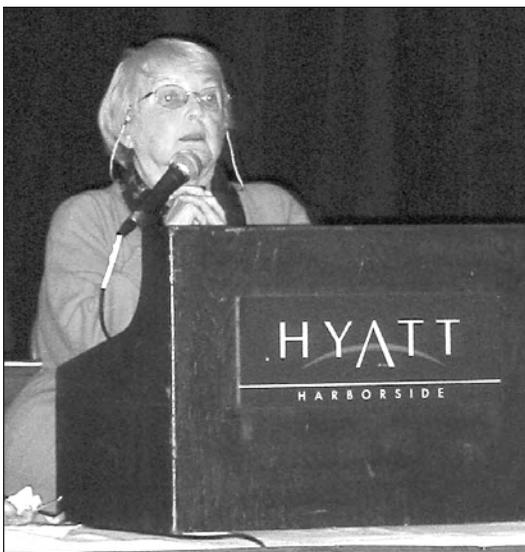
# MNA: On the



Liz Joubert receives a standing ovation from her peers as she heads to the podium to receive the MNA's "Image of the Professional Nurse Award."



Members of the MNA's Health and Safety Committee: Rosemary O'Brien, Denise Garlic, Catherine...



Doris Gagne, RN, delivering the convention's keynote presentation, "Addictions in Nursing: A Population at Risk."



Dr. Frederick Van Pelt and Linda Kenney during their presentation of the MITSS Program, a partnership program between the MNA and a nonprofit organization that supports, educates, trains, and offers assistance to individuals affected by medically induced trauma.



Rep. John Scibak, a 2004 recipient of the Frank M. Hynes Award, with MNA members and constituents after the annual awards ceremony.



Beth George, RN, MNA member and self-

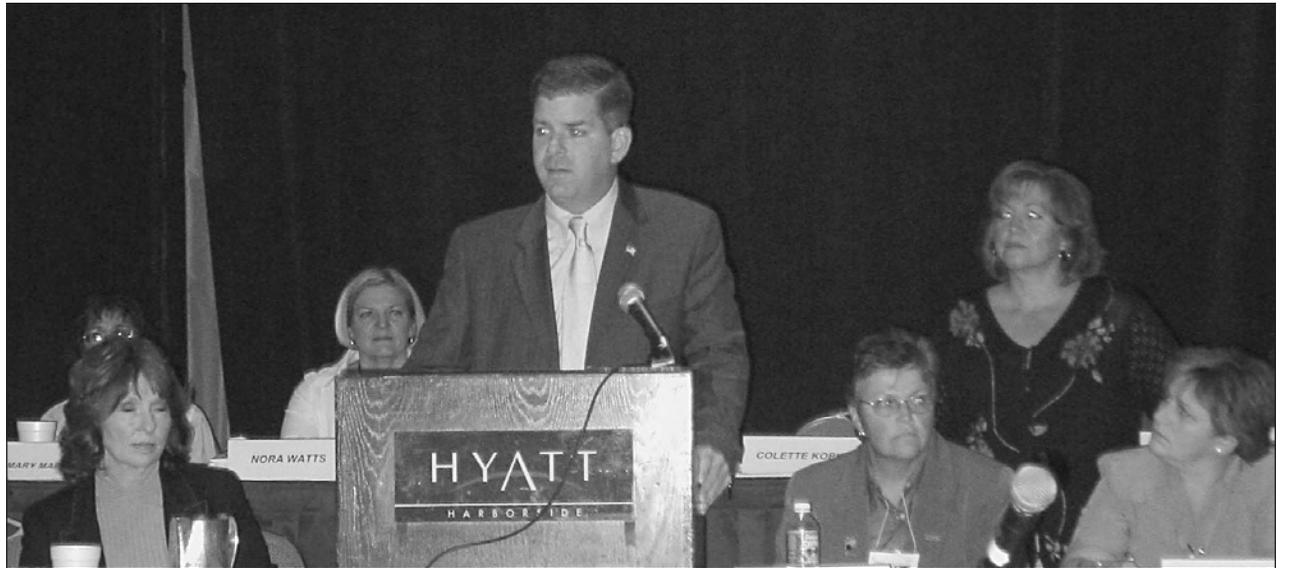
# On the Cutting Edge



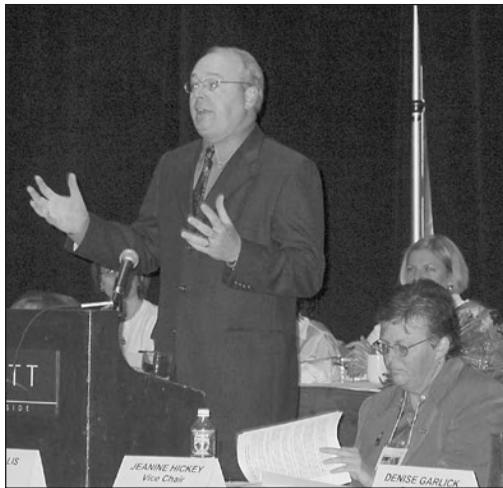
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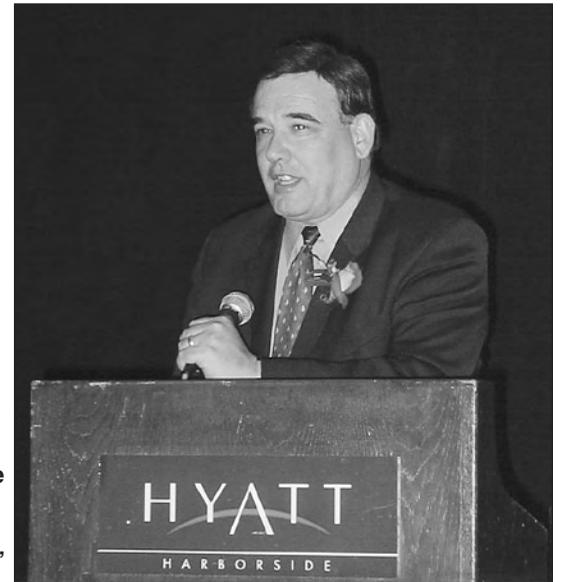
Committee, including (from left): Peggy O'Malley, [Name], [Name] and Evie Bain.



Rep. Martin Walsh (D-Dorchester) addresses the audience at the NursePLAN meeting.



Rep. Steven Tolman (D-Brighton) talks about the importance of political activism by nurses during the NursePLAN business meeting.



Sen. Marc Pacheco addresses the audience after being presented with the MNA's "Legislator of the Year Award."



Self-defense expert, gets the crowd warmed up for a plenary session entitled "Self Defense for Nurses."



Rep. Barbara L'Italien, recipient of the 2004 Frank M. Hynes Award, recognizing the contributions of a deserving freshman state legislator who clearly demonstrates exceptional contributions to nursing and healthcare.

## MNA annual awards: celebrating the work and dedication of nurses

### MNA ADVOCATE FOR NURSING AWARD

DR. GEORGIANNA DONADIO

*The MNA Advocate for Nursing Award recognizes the contributions of an individual who is not a nurse to nurses and the nursing profession.*

**Dr. Georgianna Donadio** began her health care career as a licensed practical nurse. Subsequently, she received a master's degree in clinical nutrition, a doctorate in chiropractic medicine, and doctorate in philosophy. She is a nominated member of the New York Academy of Science; a member of the International Academy of Applied Nutrition; and a recipient of many awards. For almost 40 years, Dr. Donadio has worked to advance the profession of nursing. She is the founder and director of the New England School of Whole Health Education, which offers nurses transformational educational programs. She also founded and operates the only nurse-focused radio station in the country—NurseRadio.org. An expert in whole health, she has educated nurses locally and nationally through her numerous presentations and publications. A fellow member of her board of directors states that, "Her passion for the important role that nurses play in patient care is one that everyone who comes in contact with her is immediately aware of." Donadio is on track to become only the fourth Florence Nightingale Scholar in the country.



**G. Donadio**

### ELAINE COONEY LABOR RELATIONS AWARD

PAULA RYAN AND DEBORA R. WALSH

*The Elaine Cooney Labor Relations Award recognizes a labor relations program member who has made significant contributions to the professional, economic and general welfare of nursing.*



**Paula Ryan**

**Paula Ryan** has provided nursing care at Quincy Medical Center since 1968 in a variety of positions, including staff nurse, charge nurse, assistant head and head nurse. She is currently a staff nurse in the post-anesthesia care unit. A 20-year member of the bargaining unit and its current chair, colleagues value Ryan as a strong leader with excellent communication skills and the ability to "maintain a positive relationship with her colleagues on both sides of the table." She positively influences new bargaining unit members as well as those with experience, thus impacting the effectiveness of the bargaining unit. Paula is seen as a strong role model who is committed to professional nursing practice.

**Debora Walsh** has provided nursing care in Falmouth Hospital's maternity department for the past 30 years, working as a staff nurse, charge nurse, preceptor and currently as clinical coordinator. Her leadership of the collective bargaining unit, serving



**Debora Walsh**

as chair for most of the past 25 years, has helped it to grow from a "fledgling" unit to one that has achieved one of the best contracts for nurses in Massachusetts in terms of wages, benefits, education and protection of RNs' rights. Contract negotiations are facilitated by her knowledge, expertise and communication skills. Walsh's bargaining unit colleagues attest that she has "enabled the voice of nursing in how care is delivered" to be heard on many committees throughout the hospital. Her availability to nursing staff 24 hours a day during the year staff was downsized, to "offer support and to intervene for nurses and for safe patient care on the nursing unit" exemplifies her commitment to the bedside nurse and to patients.

### MNA EXCELLENCE IN NURSING PRACTICE AWARD

CAROL CAREY

*The MNA Excellence in Nursing Practice Award recognizes a member who demonstrates an outstanding performance in nursing practice. This award publicly acknowledges the essential contributions that nurses across all practice settings make to the health care of our society.*



**Carol Carey**

**Carol Carey's** 40 years of professional practice includes providing care as a staff nurse and charge nurse in a variety of clinical settings, including as a private duty nurse and substance abuse counselor. She currently is a charge nurse in the Substance Abuse Unit at Faulkner Hospital. Carey is a recognized resource in the field of addictions nursing, both in her facility and in the community. She has educated her professional colleagues, engendering understanding of substance abuse, its causes, prevention and treatment and the recovering nurse's journey. As current chairperson of MNA's Addictions Nursing Council, she directs the MNA's Peer Assistance Program, to which she has contributed over the years as an educator and facilitator in its affiliated training program. She is the recipient of CASA's (Community Association Serving Alcoholism) Nurse Recognition Award. Carey's tireless advocacy, enhanced by her clinical expertise and dedication, has not only contributed to strengthening nurses in recovery but also to the nursing profession as a whole.

### MNA HUMAN NEEDS SERVICE AWARD

ELAINE L. CARTER AND MARYANNE FRANGULES

*The MNA Human Needs Service Award recognizes an individual who has performed outstanding services based on human need, with respect for human dignity, unrestricted by consideration of nationality, race, creed, color or status.*

As the care manager for high risk pregnant inner city teens, adults and children at Brigham and Womens Hospital's Asthma Center, **Elaine Carter** serves an inner city population that is often at risk for development of asthma due to socioeconomic and environmental conditions.



**Elaine Carter**

She integrates her in-depth knowledge of

asthma with her understanding of the patient's physical, psychological, social, spiritual and environmental needs in her care of patients—focusing on empowering each person to act as a change agent in their own health while supporting them in the process. She has developed and implemented an asthma disease management program and also runs asthma support groups. As a certified Asthma Educator, Carter educates nurses and other professionals/consumers in the Boston area about asthma, its effects on the whole person, and its management. Her role as researcher includes being the point person for a new asthma drug study and coordinator of the Anti-IgE study. Carter's commitment and constant effort to improve life for asthma patients is evidenced in her widespread activities to increase understanding of this disease and facilitate optimum care for those experiencing it. She is the recipient of a Partners in Excellence award from Brigham and Womens Hospital for her outstanding work in asthma research and patient care.



**M. Frangules**

**Maryanne Frangules**—a licensed mental health counselor, certified alcohol and drug abuse counselor and master addiction counselor—is executive director and project coordinator for the Massachusetts Organization for Addiction Recovery (MOAR), which is a grassroots effort to support a system of treatment for individuals and families in the commonwealth. She is also a participant in a New England-wide effort for addiction recovery. Frangules has professionally practiced in her field at many hospitals in the greater Boston area. A colleague describes her as "working tirelessly in her efforts to promote access to addictions healthcare, and with the community, families, recovering persons and agencies to address the needs of the public seeking recovery and sobriety." Frangules organized 12 recovery-month celebrations at the Statehouse to demonstrate the positive attributes of addictions recovery to society. She has received six major awards for her outstanding work in addictions treatment.

### MNA IMAGE OF THE PROFESSIONAL NURSE AWARD

LIZ JOUBERT

*The MNA Image of the Professional Nurse Award recognizes a member who has demonstrated outstanding leadership in enhancing the image of the professional nurse in the community.*

**Liz Joubert's** distinguished 38-year nursing career has included professional practice in surgical nursing, intensive care, coronary care, post anesthesia care and as a leukemia research nurse and clinical supervisor. Recognized by her colleagues as a role model of excellence in nursing care, she was sought out for her extensive nursing knowledge, cardiac nursing expertise and sophisticated assessment ability. A colleague states that, "Liz is ever vigilant. Nothing pertaining to the patient ever goes



**Liz Joubert**

unnoticed. She sees the whole patient and is a patient advocate—even if it means upsetting the status quo." As a member, chair and co-chair of the bargaining unit at Carney Hospital, her leadership has inspired the nurses to work for quality patient care and professional and economic advancement. Joubert has been able to accomplish all of this despite, as one colleague put it, "facing a lion at the door" as she met the challenge in 1987 of breast cancer and a continuing journey of treatment, remissions and recurrences. She continued to nurse patients, teach and support nurses and establish a breast cancer support group at Carney to extend help to other women in the community. Although Joubert retired from bedside nursing in 2001, she continued to participate in her profession as a member of MNA's Board of Directors and currently serves as a member of its finance committee.

### FRANK M. HYNES AWARD

REPS. BARBARA L'ITALIEN AND JOHN W. SCIBAK

*The Frank M. Hynes Award recognizes the contributions of deserving Massachusetts freshman state legislators or municipal official who clearly demonstrates exceptional contributions to nursing and healthcare.*



**Barbara L'Italien**

her voice has been strong in support of the MNA's safe staffing legislation, accompanied by efforts to convince her colleagues on the Joint Health Care Committee to release the bill favorably. L'Italien was one of the first to cosponsor Rep. Jennifer Callahan's initiative to include the safe staffing legislation in the House version of the budget. Committed to enabling patients to receive quality care, she continues to work toward moving this legislation forward. L'Italien's concern for nursing and healthcare of the commonwealth's citizens is attested to by her actions.

State Rep. **John Scibak** represents the 2nd Hampshire District, and he also serves on the board of directors of the Greater Holyoke Chamber of Commerce. He is a member of the Joint Committee of State Administration and the Joint Committee of Human Services and Elder Affairs, Scibak has advocated for veterans' benefits, disabled persons, infant and youth services, senior programs, the mentally retarded and health care employees. As a former health care administrator, former practicing psychologist and member of MNA's Unit 7 collective bargaining group—and currently as a member of the board of directors of Mont Marie Health Care Center, Inc.—Scibak well understands nursing and health care issues. He has supported the MNA's safe staffing legislation, and that support has been invaluable.

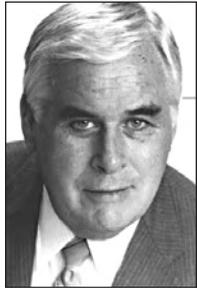


**John Scibak**

**MNA LEGISLATOR OF THE YEAR AWARD**

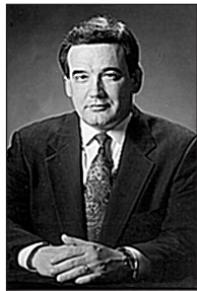
REP. EDWARD G. CONNOLLY &  
SEN. MARC R. PACHECO

The MNA Legislator of the Year Award recognizes the contributions of Senior Massachusetts State Legislators or Federal Legislators who have clearly demonstrated exceptional contributions to nursing and healthcare.

**Edward Connolly**

**Edward Connolly** represents the 28th Middlesex District, which is the city of Everett and part of Malden. He chairs the House Special Committee on Veterans and serves on the House Rules, House Ways and Means and the Banks and Banking Committee. A public servant for almost 50 years, he has served as alderman, councilor, mayor and state representative. His long-term commitment to assuring dignity and quality care for veterans is evidenced by his work on the Veterans Affairs Committee and his service to the Chelsea Soldiers Home. Connolly has also fought hard—and successfully—to save Whidden Hospital in order to maintain access to healthcare for the surrounding communities, and he has championed MNA's Safe Staffing legislation in the House Ways and Means Committee. Rep. Connolly is the recipient of the Award for Excellence from Massachusetts Home Care and the Distinguished Service Award from the Massachusetts Association of Veterans' Service Agents.

**Marc R. Pacheco** is currently serving his sixth Senate term representing the 1st Plymouth and Bristol District. A resident of Taunton, he serves as a member of the Senate Ways and Means Committee, Joint Committee on Natural Resources and Agriculture, and Public Safety Committee. As a member of the Senate Committee on Post Audit and Oversight, he conducted investigations and made recommendations to prevent further nursing home closures and to protect the unemployment benefits of the state's workers. He has helped win passage of MNA's whistleblower protection and needlestick prevention legislation, and has worked to protect our most vulnerable patients in the Departments of Mental Health and Mental Retardation by limiting the expansion of the Medication Administration Program. Pacheco spoke out for the Brockton nurses and walked the picket line during their strike in their fight to protect their patients, and was also instrumental in arranging a meeting with Sen. John Kerry to broker an agreement. Since filing safe staffing legislation in 1996, Pacheco has been a supporter of MNA's efforts to guarantee that patients receive safe and quality nursing care. He has fought hard to keep the MNA's legislation alive despite hard opposition, strongly advocating for its release from the Joint Committee on Health Care and influencing his colleagues to vote for its attachment to the state budget. He has been and continues to be a champion for nurses, patients and healthcare.

**Marc Pacheco****MNA KATHRYN MCGINN-CUTLER ADVOCATE FOR HEALTH AND SAFETY AWARD**

CATHERINE DICKER AND ELAINE MAUGER

The MNA Kathryn McGinn Cutler Award recognizes an individual or group that has performed outstanding service for the betterment of health and safety and for the protection of nurses and other healthcare workers.

**Cathy Dicker**

**Cathy Dicker**, an emergency room staff nurse for 18 years, suffered a work-related illness caused by exposure to toxic substances in her work environment. As she dealt with her illness and journeyed through the occupational health system, she realized the great void in nurses' and other healthcare workers' understanding of the health and safety risks existing in the work environment; how to deal with them; and how to effectively negotiate the occupational health system. Dicker's concern led her to fully research occupational health issues and become a change agent. She established a subcommittee on Health and Safety in her bargaining unit, which surveyed employees to determine the extent of problems inherent in their workplace. She educated nurses and other healthcare employees, as well as her hospital's administration and employee health department about environmental risks to health and safety in their workplace. Her efforts led not only to consciousness raising but also to positive changes in her hospital's workplace. Dicker has educated and counseled nurses individually about their injuries; rights as an injured worker; how to work to change their environment; and has formed a support group for employees injured in the workplace. She has lectured at the local, state and national level and authored informational literature on occupational health and safety. Her nominator stated that, "Cathy has shown incredible courage and unwavering commitment to make nursing a safer profession."

**Elaine Mauger's** nursing career has spanned more than 35 years. Her professional practice has included positions as a staff nurse; supervisor and director of nursing; instructor in a school of nursing; and, prior to her recent retirement, 15 years as associate director and educator in the labor relations department at the MNA. Mauger's concern about the health and safety of nurses in the workplace was actualized in the educational programming she brought to nurses in the bargaining units, providing them with education on health and safety issues—including latex allergy, ergonomics, blood borne pathogens, and workplace violence. She worked with MNA's Congress on Health and Safety and Task Force on Workplace Violence to help identify workplace environmental risks to nurses and then set out to help nurses to protect themselves and their coworkers by planning strategies to approach these problems with their peers, other healthcare workers, human resource personnel and hospital administrators. Committed to empowering nurses to be change agents, she helped her bargaining

**Elaine Mauger**

unit members develop contract language and negotiation strategies. Examples of Mauger's success are evidenced in groundbreaking contract language that addressed musculoskeletal disorders; ready availability of lift devices; and prevention of workplace violence. Committees on health and safety, infection control and latex allergy also became a reality in some institutions. A supporting statement to her nomination attests that, "Mauger believed that the nurses' health and safety was a vital element in the contract and she made sure we valued it as well." Her commitment to the wellbeing of nurses has resulted in helping them create a healthier and safer workplace.

**MNA NURSING EDUCATION AWARD**

HELEN STACK AND MARY-ANNE BENEDICT

The MNA Nursing Education Award recognizes a member who is a nurse educator and has made significant contributions to professional nursing education, continuing education and/or staff development.

**M. Benedict**

**Mary-Anne Benedict** is a continuing education specialist; independent education consultant; accreditation consultant; staff development specialist; and expert orthopedic nurse. Committed to patients receiving compassionate and quality care, Benedict has worked throughout her career to creatively implement nursing practice standards. As an educational consultant, she works with a number of healthcare organizations—including the Veterans Administration Hospital—to implement such standards. Benedict's career as a nurse educator has included the role of instructor in a basic nursing program, director of a staff education department, media consultant, author and co-producer of nursing and healthcare educational videos, consultant to nursing organizations and the healthcare industry and to national television. She is a frequent speaker, interviewed by the media, and legal expert on nursing education, staff development and orthopedics. She has developed a comprehensive and effective patient education program as well as self-paced learning programs for nurses. Nationally, Benedict is one of only nine nurses in the country serving on the board of directors of the American Nurses Credentialing Center Commission on Accreditation, which sets national standards for nursing continuing education. As a valued member of MNA's Education Committee, she is directly involved in helping assure the provision of quality continuing education to nurses. Locally, she chairs the advisory board for the New England School of Whole Health Education. Her prolific and wide-reaching contributions to nursing education have been instrumental in providing nurses relevant continuing education designed to assure nurse competency and ultimately quality patient care.

**Helen Stack** is the nurse educator and staff development coordinator at the Soldiers' Home in Chelsea. Her nursing experience has included positions in acute and long term care. Due to healthcare system budget cuts, she has provided education to staff for the past three years single-handedly. In addition to providing in-depth orientation to and mentoring new nurses, she has assessed

**Helen Stack**

education needs and provided education to assure competency on all shifts—educating nurses to meet the changing needs of their patients. Knowing the importance of staff development to quality patient care, she has collaborated with nurse educators outside her institution to bring in continuing education programs. Many RNs have pursued a degree in nursing as the result of Stack's encouragement. She has had a leadership role as long term care network site coordinator to facilitate educational programs for nurses through televised media. She also was site coordinator for the Dana Farber Breast Cancer Education Research Project. She has chaired and served on numerous education committees and has contributed to her community by providing CPR education in many local communities. In an effort to recruit high school students into the nursing profession, Stack initiated a high school nursing assistant program. Her nominator described her as "a solid support and an outstanding role model for nurses." She is a respected, highly effective professional nurse educator—valued by her nurse colleagues, administrators and the community.

**JUDITH SHINDUL ROTHSCHILD LEADERSHIP AWARD**

SANDY EATON AND ANN ELDRIDGE MALONE

The Judith Shindul Rothschild Leadership Award recognizes a member and nurse leader who speaks with a strong voice for the nursing community.

**Sandy Eaton**

**Sandy Eaton** has professionally practiced as a staff nurse in critical and progressive care at Quincy Hospital/Medical Center since 1981, where, as chair of his bargaining unit, he spearheaded a successful effort to help keep that hospital open. In the words of his nominator, "Sandy's tireless work as a member of his bargaining unit; dedicated member of MNA's Board of Directors and Diversity Committee; delegate to the National American Association of Registered Nurses; and as an articulate speaker in venues ranging from the Statehouse to sidewalk picket lines during a nurses' strike are examples of the many leadership roles he has taken on." As chairperson of MNA's former Cabinet on Labor Relations, he helped organize and co-chaired the statewide Safe Care Campaign and continues to passionately work for passage of MNA's safe staffing legislation. Eaton served on the National Staff Nurses Summit board, and he is nationally recognized in the nursing community. He has been a committed and powerful force in the effort to make a single payer healthcare system a reality in Massachusetts and is Treasurer of the Ad Hoc Committee to Defend Health Care. Eaton recently participated in organizing a march on the Statehouse to "Stop the Cuts" in health care. His authorship of the electronic publication *Seachange Bulletin*, provides up-to-date state, national and international information on nurses' issues and strategic

Continued on Page 16

## Massachusetts Nurses Foundation scholarship winners

### CAROL FLYZIK SCHOLARSHIP

KATHLEEN POTHIER, NICOLE CAREDEO, MICHAELA MAIONE, ERICA LUPI AND JAMIE POTHIER



**Kathleen Pothier**

**Kathleen Pothier** of Haverhill has been accepted into the baccalaureate degree nursing program at Salem State College. She will be attending nursing school along with two of her daughters. She is currently employed as a wellness nurse at Senior Housing in Haverhill. Pothier is

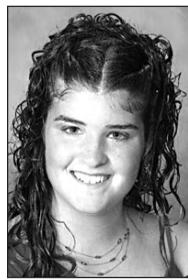
on the board of directors for the Counsel on Aging where she assists in planning valuable programs for the large senior population in Haverhill.

**Nicole Caredeo** of North Andover is enrolled at Salem State College. She recently graduated with a bachelor of arts degree at Saint Anselm College and has chosen to continue her education in nursing. Her interest in nursing began during an internship program at Holy Family Hospital in Methuen.



**Nicole Caredeo**

**Michaela Maione** of Georgetown is attending the School of Nursing at Boston College. She graduated from Georgetown Middle/Senior High School.



**Erica Lupi**

**Erica Lupi** of Bradford was the recipient of 2004 Entry Level Carol Flyzik Scholarship. She began the nursing program at Saint Anselm College this fall. Lupi is a graduate from Haverhill High School where she was elected into the National Honor Society during her senior year.

**Jamie Pothier** of Haverhill is in her junior year in the nursing program at Salem State College. She was ranked on the dean's list of her university in 2003, and she is employed at Sarah's Place Adult Day Health Center in Haverhill.



**Jamie Pothier**

### REGIONAL COUNCIL 3 SCHOLARSHIP

JOANNE F. WENHOLD AND MARY VIRGINIA STEVENS



**Joanne Wenhold**

lege.

**Mary Virginia Stevens** of Sandwich will begin her studies toward her baccalaureate degree in nursing at UMass Boston in the fall. Steven's mother is a Regional Council 3 member and has been involved with the MNA for many years as a unit chairperson of her local bargaining unit and as an MNA Board Member.



**Mary Stevens**

an MNA Board

### REGIONAL COUNCIL 4 SCHOLARSHIP

DENISE DRISCOLL-RYAN

**Denise Driscoll-Ryan** of Salisbury was the recipient of the 2004 Regional Council 4 Scholarship as well as the Labor Relations Scholarship. She works at Anna Jaques Hospital as a staff nurse and has served on that facility's nursing committee and negotiation team. Driscoll-Ryan is politically active regarding patient and nurses rights. She is enrolled in the RN-BSN program at Salem State College.

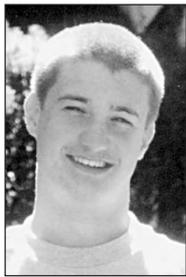


**D. Driscoll-Ryan**

### REGIONAL COUNCIL 5 SCHOLARSHIPS

JOHN ANDERSEN, JASON MATTHEW, ERIN KRISTEN SMYTH AND KILEY KATHARINE MORRISON

**John Andersen** of Holliston is a student at Cornell University enrolled in the baccalaureate degree program in engineering. He expresses his interest in making a difference in the world through the scientific community.



**John Andersen**



**Jason Nichols**

**Jason Matthew Nichols** of Waltham is the recipient of the 2004 Regional Council 5 Scholarship for a member's child pursuing higher education. Nichols recently graduated from Waltham High School where he was an honors-level student all four years. He will further his education in the liberal arts program at Hampshire College and continue his education in the health science field. Nichols' mother is an active Regional Council 5 member and works at Fernald Developmental Center.

**Erin Kristen Smyth** of Abington is the recipient of the 2004 Regional Council 5 Scholarship for a member's child pursuing a nursing degree. Smyth is attending Northeastern University and is pursuing her baccalaureate degree in nursing. Her mother is a Regional Council 5 member and her sister is also a nurse.



**Erin Smyth**



**Kiley Morrison**

**Kiley Katharine Morrison** of Winthrop is the 2004 recipient of the Regional Council 5 Scholarship for a member's child pursuing a nursing degree. Morrison graduated from Savio Preparatory High School and held one of the highest academic ranks in her class. She has been accepted in the nursing program at Boston College and Northeastern University, and is also employed at Brigham & Women's Hospital as a research assistant where her mother is a nurse.

### LABOR RELATIONS SCHOLARSHIP

ELIZABETH PRESCOTT AND DENISE DRISCOLL-RYAN

**Elizabeth Prescott** of Newton—along with **Denise Driscoll-Ryan**—is a 2004 recipient of the MNF's Labor Relations Scholarship. Prescott has been employed at Saint Elizabeth's Medical Center as a staff RN since 1979. She has been a representative for her local bargaining unit and assisted with recent negotiations. She is enrolled in the BSN program for RN's at Framingham State College and hopes to continue toward the master's level.



**E. Prescott**

### JANET DUNPHY SCHOLARSHIPS

ERIN WHALEN AND PATRICIA BARTZAK



**Erin Whalen**

**Erin Whalen** of Revere, is in the master of science in nursing (nursing education) program at Salem State College. She is employed as an RN in the OR at Brigham & Women's Hospital, and she is also a member of AORN—the Association of periOperative Registered Nurses.

**Patricia Bartzak** of Ashland is enrolled in the master of science in nursing program at Saint Joseph's College and is employed at St. Elizabeth's Medical Center as a staff RN. She has been a floor rep for her local bargaining unit and is eager to help with union activities. Bartzak loves being a bedside nurse but specialty areas that are of interest to her include adult neurology and oncology.



**Patricia Bartzak**

### FAULKNER HOSPITAL ALUMNAE SCHOLARSHIP

MEREDITH BURROWS AND KIMBERLY MARIE CULBERT



**M. Burrows**

**Meredith Burrows** of Everett is a lineal descendant of alumnae of Faulkner Hospital. She completed her first year at Northeastern University in the School of Nursing. She is described as having the determination, motivation, intelligence and respect for others to contribute to the nursing profession.

**Kimberly Marie Culbert** of Marshfield has been accepted at several universities' nursing programs, including Salve Regina, Sacred Heart University and Quinnipiac University. She is described as being articulate, intelligent and a motivated young woman. Culbert states, "The only positive attribute of the nursing shortage is being able to fill the void with more able nurses who will show their dedication, ability and skill in the near future." ■



**Kimberly Culbert**

## ...Awards

activities—thus fostering informed nurse participation as change agents. The MNA, nursing and the citizens of the commonwealth have benefited from Eaton's nursing leadership and public advocacy for nursing, patients, social justice, workers' rights and political equality.

**Ann Eldridge Malone** is a community health nurse for the Boston Visiting Nurses Association and clinical instructor in community health nursing at the Massachusetts General Hospital Institute of Health Professions. Her previous nursing practice roles include nurse educator, nurse clinician in a medical respite unit for the homeless, and staff oncology nurse. Malone's baccalaureate education in human services

management, with a concentration in health policy, has enhanced her professional nursing and public policy advocate roles. Malone is a founder and leader of the Ad Hoc Committee to Defend Health Care and has been instrumental in placing MNA's safe staffing campaign on its Web site. She has also organized Nurses for a National Health Program and was a coordinator, leader and principle spokesperson for the campaign to reform health care in



**A. Malone**

the commonwealth through question five on the 2000 ballot which aimed to define access to health care as a basic human right. She has frequently appeared on television and before live audiences, participating in interviews, debates and speaking as an advocate for healthcare for all. Malone has also lectured broadly and published professionally. From the Nurses March on Washington for Patient Staffing in 1995 to working on the MNA's steering committee of the Statewide Campaign for Safe Care, Malone has been a powerful role model of nurse advocacy. Her influence facilitated the work of the MNA's Congress on Health Policy and Legislation during her three-term tenure. ■

## New study shows hospital charges are increasing, fueling inflation

According to a new study released Sept. 8, high hospital markups across the nation can be blamed for fueling the national health care crisis and the rate of medical inflation. The study was conducted at 4,184 hospitals by The Institute for Health & Socio-Economic Policy (IHSP)—a non-profit policy and research group with a focus on health care. IHSP has a prestigious advisory board with scholars from Boston University, Harvard University and the University of California.

Key findings included the following:

- The national average hospital price markup, known as the “total charge to cost ratio,” was 232.4 percent in fiscal year 2002-2003. This was a 13 percent inflationary increase over the previous year, at 205.84 percent.
- Massachusetts hospitals ranked in the middle of all states (at 25) with charges coming in at 203.49 percent of costs. Massachusetts hospitals cited in the study included:
  - Partners HealthCare System at 227.45 percent
  - UMass Health System, at 215.29 percent
  - Caritas Christi Health care at 209.5 percent
  - Baystate Health System at 205.52 percent
- The average share-to-cost ratio was highest for hospitals with 232-330 beds (and an average of 277 beds) at 295.91 percent. Hospitals in this category generated an average charge per patient discharge of \$31,652.53, and the average net income for these hospitals was \$7.56 million per year.

Interestingly, Maryland—the most regu-

lated state—had the lowest average hospital charge ratio despite the frequent charge that public oversight, or regulation, reduces profit and harms the public interest. The number Maryland hospitals making profits is right at the national average.

Higher charges correlated to higher profits and were associated with large hospitals, hospital networks and for-profit hospitals.

How high is a 232% markup?

In an article in a California newspaper<sup>1</sup>, it was noted that the typical markup recommended by auto manufacturers to their dealers is about a 10 percent margin for a dealer. Using that example, a new car costing a dealer \$25,000 would be sold to a buyer for \$27,500. Selling a \$25,000 car at the average hospital profit margin of 232.4 percent would cost the buyer a shocking \$83,100.

### What the hospitals say

The hospital industry contends that charges don't matter—that they do not equate with payment. However, charges are very important in determining reimbursement to a hospital. Charges are the starting point for negotiations with HMOs and other insurers and the higher the charge, the higher the eventual payment to the hospital.

Charges are also a financial tool to trigger what are referred to as “Medicare outliers” or HMO “Stop Loss” payments—payments to reimburse a hospital above the flat rate DRG compensation that are intended for unusually costly or complicated cases. The study found that some hospitals appear to be exploiting the outlier program to increase their reimbursement from Medicare or HMOs. ■

<sup>1</sup>“Hospitals Got to Make a Profit, Sure, But Let's Be Reasonable,” Jeff Jardine, Sept. 16, 2004.



# MNA

## PEER ASSISTANCE PROGRAM

### Help for Nurses with Substance Abuse Problems



**Are you a nurse who is self-prescribing medications for pain, stress or anxiety?**



**Are you a nurse who is using alcohol or other drugs to cope with everyday stress?**



**Would you appreciate the aid of a nurse who understands recovery and wants to help?**

**CALL THE MNA PEER ASSISTANCE PROGRAM**

**ALL INFORMATION IS CONFIDENTIAL**

**781-821-4625, EXT. 755**

**OR 800-882-2056 (IN MASS ONLY)**

**WWW.PEERASSISTANCE.COM**

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

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

### Boston Metropolitan Area

- Bournwood Hospital, Health Care Professionals Support Group, 300 South St., Brookline. Contact: Donna White, 617-469-0300, x305. Meets: Wednesdays, 7:30–8:30 p.m.
- McLean Hospital, DeMarmeffe Building, Room 116. Contact: LeRoy Kelly, 508-881-3192. Meets: Thursdays, 5:30–6:30 p.m.
- Peer Group Therapy, 1354 Hancock Street, Suite 209, Quincy. Contact: Terri O'Brien, 781-340-0405. Meets: Tuesdays & Wednesdays, 5:30 p.m. & coed Wednesdays, 7 p.m.
- Caritas Good Samaritan Medical Center, Community Conference Room, 235 N. Pearl St., Brockton. Contact: Eleanor O'Flaherty, 508-559-8897.

- Meets: Fridays, 6:30-7:30 p.m.
- Health Care Professional Support Group, Caritas Norwood Hospital, Norwood. Contact: Jacqueline Sitte, 781-341-2100. Meets: Thursdays, 7–8:30 p.m.

### Central Massachusetts

- Professional Nurses Group, UMass Medical Center, 107 Lincoln Street, Worcester. Contacts: Laurie, 508-853-0517; Carole, 978-568-1995. Meets: Mondays, 6–7 p.m.
- Health Care Support Group, UMass School of Medicine, Room 123, Worcester. Contact: Emory, 508-429-9433. Meets: Saturdays, 11 a.m.–noon.

### Northern Massachusetts

- Baldpate Hospital, Bungalow 1, Baldpate Road, Georgetown. Facilitator: Joyce Arlen, 978-352-2131, x19. Meets: Tuesdays, 6–7:30 p.m.
- Nurses Recovery Group, Center for Addiction Behavior, 27 Salem Street, Salem. Contact: Jacqueline Lyons, 978-697-2733. Meets: Mondays, 6–7 p.m.

- Partnership Recovery Services, 121 Myrtle Street, Melrose. Contact: Jay O'Neil, 781-979-0262. Meets: Sundays 6:30–7:30 p.m.

### Western Massachusetts

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

### Southern Massachusetts

- Professionals Support Group, 76 W. Main St., Suite 306, Hyannis. Contact: Kathy Hoyt, 508-790-1944. Meets: Mondays, 5–6 p.m.
- PRN Group, Pembroke Hospital, 199 Oak Street, Staff Dining Room, Pembroke. Contact: Sharon Day, 508-375-6227. Meets: Tuesdays, 6:30–8 p.m.

- Substance Abuse Support Group, St. Luke's Hospital, New Bedford, 88 Faunce Corner Road. Contact: Michelle, 508-947-5351. Meets: Thursdays, 7–8:30 p.m.

### Other Areas

- Maguire Road Group, for those employed at private health care systems. Contact: John William, 508-834-7036. Meets: Mondays
- Nurses for Nurses Group, Hartford, Conn. Contacts: Joan, 203-623-3261, Debbie, 203-871-906, Rick, 203-237-1199. Meets: Thursdays, 7–8:30 p.m.
- Nurses Peer Support Group, Ray Conference Center, 345 Blackstone Blvd., Providence, R.I. Contact: Sharon Goldstein, 800-445-1195. Meets: Wednesdays, 6:30–7:30 p.m.
- Nurses Recovery Group, VA Hospital, 5<sup>th</sup> Floor Lounge, Manchester, N.H. Contacts: Diede M., 603-647-8852, Sandy, 603-666-6482. Meets: Tuesdays, 7–8:30 p.m. ■

# MNA CONTINUING EDUCATION COURSES

Winter 2004/Spring 2005

## Advanced Dysrhythmia Interpretation

**Description** This course is designed for nurses who have had a basic course in monitoring patients for cardiac rhythm disturbances and wish to enhance that knowledge base with more complex monitoring of advanced dysrhythmias. The course will describe the EKG changes related to ischemia, injury and infarct. The EKG abnormalities associated with toxic drug levels and electrolyte imbalances will also be described. The course will conclude with an overview of pacemakers and common pacemaker rhythm disturbances.

**Speaker** Carol Mallia, MSN, RN

**Date** Nov. 30, 2004

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

**Place** MNA Headquarters, Canton

**Fee** MNA members, \$45; all others, \$65

**Contact Hours\*** 3.2

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



## Emergency Medical Response to Hazardous Materials and Acts of Terrorism

**Description** The Massachusetts Emergency Management Agency (MEMA) is sponsoring this program on emergency medical services in response to hazardous materials and acts of terrorism. The program is specifically designed for physicians, nurses, EMTs, and hospital support staff to provide education in the treatment of individuals exposed to chemical and biological agents. The program will include identification of hazardous materials, toxicological and biological effects of chemicals and biological acts of terrorism. The chemical profile of common agents, decontamination procedures and personal protective equipment will be discussed. CDC guidelines for surveillance of exposed nurses and other health care workers and nursing interventions for patient care will be identified. Class size is limited to 25 participants per session. Please reserve your space early.

**Speakers** Anthony Fucaloro, EMT  
Capt. Lawrence P. Ferazani  
Christine Pontus, MS, RN, COHN-S

**Dates** Feb. 15, 2005

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

**Place** MNA Headquarters, Canton

**Fee** MNA members, \$45; all others, \$65

**Contact hours\*** 6.9

**Special notes** Class limited to 25.

**MNA contact** Susan Clish, 781-830-5723 or 800-882-2056, x723



## Psychophysiology of Mind / Body Healing: Placebos and Miracles

**Description** This program will provide nurses with evidence-based knowledge, in-depth information and insight into the whole person, based on a whole-health concept that is relationship centered.

**Speaker** Georgianna Donadio, D.C., M.Sc., Ph.D.

**Date** Dec. 1, 2004

**Time** 5:30 – 9 p.m. (*Light supper provided*)

**Place** MNA Headquarters, Canton

**Fee** MNA members, \$65; all others, \$95

**Contact Hours\*** Will be provided

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

## Oncology for Nurses

**Description** This program will increase knowledge in oncology nursing. The content of the program will include an overview of cancer management, tumor physiology and staging, relevant laboratory testing and treatment strategies and safe handling of neoplastic agents. Chemotherapy administration, classification of chemotherapeutic agents, management of toxicities and adverse effects of treatments and oncological emergencies will be discussed. The program will conclude with pain and symptom management, palliative care and an overview of hospice care.

**Speaker** Marylou Gregory-Lee, MSN, RNCS, OCN, Adult Nurse Practitioner

**Date** March 9, 2005

**Time** 8:30 a.m. – 4 p.m. (*Lunch provided*)

**Place** MNA Headquarters, Canton

**Fee** MNA members, \$125; all others, \$150

**Contact Hours\*** 7.8

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



## Clinical Update 2004

**A.M. Session** **Cardiac and Pulmonary Emergencies.** This morning program is designed for registered nurses in acute, sub-acute and long-term care settings to learn the clinical management of cardiac and respiratory emergencies. Clinical management of chest pain, brief EKG interpretation and ABG interpretation will be discussed, as well as clinical management of respiratory distress.

**Speaker** Carol Mallia, MSN, RN

**P.M. Session** **Cardiac and Pulmonary Pharmacology.** This afternoon program will provide nurses from all clinical practice settings with a better understanding of how cardiac and pulmonary medications work. The actions, indications and nursing considerations will be discussed for the major categories of cardiac and pulmonary medications.

**Speaker** Carol Mallia, MSN, RN

**Dates** Dec. 9, 2004

**Time** 8:30 a.m. – noon: Cardiac and Pulmonary Emergencies  
12:45 p.m. – 4 p.m.: Cardiac and Pulmonary Pharmacology  
8:30 a.m. – 4 p.m.: Combined, all-day program

**Place** Crowne Plaza, Pittsfield, MA

**Fee** Per session: MNA members, \$15; all others, \$15  
All day: MNA members, \$20; all others, \$20

**Contact Hours\*** 3.6 per session  
7.2 for the combined, all-day program

**Special Notes** Lunch provided.

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



## Basic Dysrhythmia Interpretation

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

**Speaker** Carol Mallia, RN, MSN

**Date** March 15 and 22, 2005

**Time** 5:00 p.m. – 9:00 p.m. (*light supper provided*)

**Place** MNA Headquarters, Canton

**Fee** MNA members \$90; all others \$125

**Contact Hours \*** 9.0

**MNA Contact** Theresa Yannetty, 781-830-5727 or 800-882-8056, x727



## Pulmonary Pharmacology

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

**Speaker** Carol Mallia, RN, MSN

**Date** Jan. 11, 2005

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

**Place** Region 3 office, 449 Route 130, Sandwich

**Fee** MNA members, free; all others, \$25

**Contact hours\*** 2.4

**Contact** MNA Region 3, 508-888-5774 or 877-888-5774

## Diabetes: What Nurses Need to Know

**Description** This program, designed for nurses from all clinical practice settings, will discuss the pathophysiology and classification of Diabetes Type 1 and 2; nursing implications of blood glucose monitoring; non-pharmacological interventions such as exercise and meal planning; and a discussion of oral pharmacological agents. A comprehensive review of insulin therapy as well as nursing management of the diabetic patient will be explored.

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

**Date** TBA

**Time** TBA

**Place** MNA Headquarters, Canton

**Fee** MNA members \$65; all others \$95

**Contact Hours \*** 3.6

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

## The Real Nursing World—Transition from Student to RN

**Description** Don't miss one of these unique programs offering you an opportunity to address questions or concerns to a panel comprised of recent graduates from various schools of nursing and experienced nurses with knowledge in nursing education, nursing administration, labor relations, political action and career counseling. Area hospitals and other health care facilities will be available before and after the program to discuss employment opportunities.



**Speaker** Carol Mallia, RN, MSN  
Panel TBA

**Date** March 31, 2005: Marriot, Springfield  
April 5, 2005: Crowne Plaza, Worcester  
April 7, 2005: Lombardos, Randolph

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

**Place** (see above)

**Fee** Free to senior nursing students and faculty

**MNA Contact** Theresa Yannetty, 781-830-5727 or 800-882-8056, x727

## Advanced Cardiac Life Support (ACLS)

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



**Speaker** Carol Mallia, RN, MSN  
Other instructors for clinical sessions

**Date** April 26, 2005 and May 3, 2005

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

**Place** MNA Headquarters, Canton

**Fee** Certification: MNA members \$155; all others \$195 others

Recertification: MNA members \$125; all others \$165

**Contact Hours \*** 16 for certification only

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

## Cardiac and Pulmonary Emergencies

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



**Speaker** Carol Mallia, RN, MSN

**Date** June 7, 2005

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

**Place** MNA Headquarters, Canton

**Fee** MNA members \$45; all others \$65

**Contact Hours \*** 3.6

**MNA Contact** Theresa Yannetty, 781-830-5727 or 800-882-8056, x727

## Cardiac and Pulmonary Pharmacology

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



**Speaker** Carol Mallia, RN, MSN

**Date** June 14, 2005

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

**Place** MNA Headquarters, Canton

**Fee** MNA members \$45; all others \$65

**Contact Hours\*** 3.6

**MNA Contact** Liz Chmielinski, 781-830-5719 or 800-882-8056, x719

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## CONTINUING ED COURSE INFORMATION

**Registration** Registration will be processed on a space available basis. Enrollment is limited for all courses.

**Payment** Payment may be made with MasterCard or Visa by calling the MNA contact person for the program or by mailing a check to MNA, 340 Turnpike St., Canton, MA 02021.

**Refunds** Refunds are issued up to two weeks before the program date minus a 25% processing fee. No refunds are made less than 14 days before the program's first session or for subsequent sessions of a multi-day program.

**Program Cancellation** MNA reserves the right to change speakers or cancel programs when registration is insufficient. **In case of inclement weather**, please call the MNA at 781-821-4625 to determine whether a program will run as originally scheduled. Registration and fees will be reimbursed for all cancelled programs.

**\*Contact Hours** Continuing Education Contact Hours for all programs except "Advanced Cardiac Life Support" are provided by the Massachusetts Nurses Association, which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Contact hours for "Advanced Cardiac Life Support" are provided by the Rhode Island State Nurses Association, which is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

**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 session and**
- 3) **complete and submit the evaluation.**

**Chemical Sensitivity** Scents may trigger responses in those with chemical sensitivity. Participants are requested to avoid wearing scented personal products and refrain from smoking when attending MNA continuing education programs.

## Region 3 offers two-part pulmonary series at new office in Sandwich

### Nov. 16, 2004

Managing Pulmonary Emergencies

6:30–8:30 p.m.

Speaker: Carol Mallia RN, MSN

2.4 contact hours will be provided

### Jan. 11, 2005

Pulmonary Pharmacology

6:30–8:30 p.m.

Speaker: Carol Mallia RN, MSN

2.4 contact hours will be provided

Region 3 office, 449 Route 130, Sandwich

For more information or to register, call 508-888-5774 or 877-888-5774.

## ...Meeting

From Page 1

the 2005 annual business meeting. Anyone interested in participating on this task force should contact Julie Pinkham via e-mail at [jpinkham@mnarn.org](mailto:jpinkham@mnarn.org).

The five-year plan approved by the membership includes the following goals and objectives:

- Winning final passage of RN staffing legislation.
- Enhancing service, effectiveness, support and internal organizing of local bargaining units by establishing a high staff-to-bargaining unit ratio, recognizing the continuous nature of the work in this health care environment.
- Fostering strong leadership within the bargaining units through the creation of a first-rate Leadership Institute, featuring ongoing and comprehensive continuing education.
- Expanding the power of unionized nurses by "organizing the unorganized" in Massachusetts and throughout New England, thus adding clout, not only in local contract negotiations, but also by expanding our power base within the greater labor movement, on Beacon Hill and on Capitol Hill.
- As the nursing community ages, the MNA is committed to protecting the long-term security of its members through an intensive program that provides the organizational resources needed to secure long-overdue retiree health and pension benefits for nurses.
- Protecting the health and safety of nurses through continued expansion and development of the MNA's Occupational Health and Safety Department, including expanded continuing education programming, online education, local bargaining unit education and support, and support for regional and national initiatives.
- Creating a statewide force of nurses involved in the political process on health care issues, including increased grassroots organizing on the regional level and efforts to build strong alliances and coalitions with non-nurse communities, labor and political organizations.
- Establishing a real political presence in New England and in Washington, D.C., through further development of regional and national nursing organizations, i.e. the American Association of Registered Nurses and the New England Nurses Association.
- Making the MNA the primary resource for improving and protecting nursing practice through increased education, outreach and MNA-generated research to underpin MNA positions and concerns.
- Improving and amplifying the MNA's internal and external communications through expansion of its local, regional and national media relations program, and expansion of the MNA's Web site. ■

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### MNA membership dues deductibility 2003

Below is a table showing the amount and percentage of MNA dues that may not be deducted from federal income taxes. Federal law disallows the portion of membership dues used for lobbying expenses.

District	Amount	Percent
Region 1	\$17.20	4.9%
Region 2/3	\$17.20	5.0%
Region 4	\$17.20	4.8%
Region 5	\$17.20	4.7%
State Chapter	\$19.34	5.2%

## More exciting MNA group trips to Italy in 2005!

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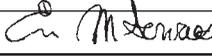
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To receive more information and a flyer on these great vacations, contact Carol Mallia at 781-830-5744 or via e-mail at [cmallia@mnarn.org](mailto:cmallia@mnarn.org)

\* Prices listed are per person, double occupancy based on check purchase. Applicable departure taxes are not included in the listed prices above.

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(1) Paid outside-county mail subscriptions	18,920	19,075
(2) Paid in-county subscriptions	0	0
(3) Sales through dealers, vendors	0	0
(4) Other classes mailed through USPS	0	0
c. Total paid and/or requested circulation	18,920	19,075
d. Free distribution by mail	0	0
e. Free distribution outside the mail	220	220
f. Total free distribution	220	220
g. Total distribution	19,140	19,295
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No charge to MNA members

Fee for all others: \$45 for the OSHA Standards textbook

MNA members: For information and to register call Evie Bain at 781-821-4625, x 776 or via e-mail at [eviebain@mnarn.org](mailto:eviebain@mnarn.org)

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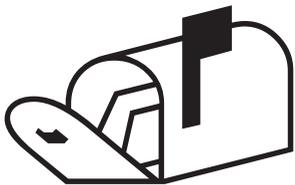
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