

# MASSACHUSETTS NURSE

THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION ■ [www.massnurses.org](http://www.massnurses.org) ■ VOL. 78 No. 4

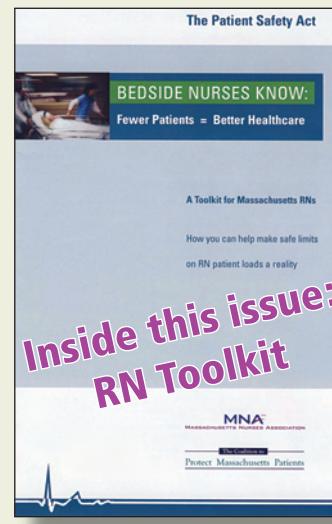
## National Nurses Week is coming. What do we want? Safe staffing!

As National Nurses Week approaches, the best thing you can do for your profession is to call your legislator and ask them to pass H.2059, the safe nurse staffing bill.

Last year, we got closer than ever. To win the fight this session once and for all, we must get the bill through the House fast.

As we wait for this bill to be passed, staffing conditions have continued to deteriorate. A survey of hospital staffing released last September found that there has been no increase in RN staffing in Massachusetts' hospitals in the last two years, even in the wake of the hospital industry's "Patients First" initiative. We need to tell the legislators what it is like for our patients. We need to let them know that despite the hospitals' promises for change, staffing is not getting better. Patients need a law to ensure that they receive the care they deserve.

You can help. Call your state representatives today and tell them to pass H.2059. ■



## Turning fear into action: standing together in strength

By Jeanine Hickey, RN  
MNA Organizer

We have all experienced fear throughout the course of our lives. Some of us face our fears head on and do not let them consume our lives. Some of us let fear overwhelm our lives and infringe on our daily routines. Sometimes our fears are so strong that it forces people to seek medical intervention. We would not be human if we were not fearful of things that happen in our lives. It is what we do with those fears that ultimately determines how they affect our lives.

Fear plays a significant role in a nurse's life. Fear of caring for your first patient in nursing school. Fear of giving your first injection. Fear of your instructors. Fear of taking your licensing boards. Fear of your first day as a full-fledged registered nurse. Fear of your first day in charge. Fear of making a mistake.

Fear of not having enough staff. Fear of speaking up for your nursing practice and working conditions. Fear of organizing a union.

Every day nurses face these and numerous other fears in the work place. These situations cause apprehension and anxiety. It is how a nurse handles this fear that ultimately helps her overcome her anxiety and apprehension over the day-to-day situations that arise in the work place.

**"I have learned over the years that when one's mind is made up, this diminishes fear; knowing what must be done does away with fear." —Rosa Parks**

Over time, nurses develop the critical thinking skills necessary to face patient care

See **Fear** Page 7



## West Springfield school nurses ratify new contract

The West Springfield school nurses have voted to ratify, and the school committee has subsequently approved, a new three-year contract that provides wage increases, establishes a number of important workplace safety measures and provides important provisions to protect the professional practice of nurses for the benefit of all children in the school system.

"We are satisfied that we have finally reached a fair agreement that begins to recognize the professional role school nurses play in keeping our children healthy and ready to learn," said Laurie Scripter, RN, a nurse at the John Ashley Kindergarten and Early Childhood Center and co-chair of the nurses' local bargaining unit of the Massachusetts Nurses Association. "While we had hoped to reach an agreement that would provide the school nurses with full parity with all other professionals in the system, we believe



Ratified! The West Springfield school nurses recently ratified a contract that includes salary increases, professional practice protections and job sharing opportunities.

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**New contract for  
Dana-Farber nurses  
makes them highest paid  
in New England  
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For the latest news, visit  
[www.massnurses.org](http://www.massnurses.org)

## Nurses' guide to single-payer reform

### Is the health insurance law a success?

By Bill Walczak

We've just passed the one year anniversary (April 12) of the signing of Chapter 58, the health insurance reform bill that is the subject of this blog. The bill was signed by Governor Romney with a phalanx of leaders from both Democratic and Republican parties and celebrated not only as the solution for keeping federal funds flowing into Massachusetts to care for the uninsured (a major reason for the bill), but also as the solution to the mess we call the health care system. Media reports have mostly been celebratory since then, and there have been dozens of stories across the country of other states mimicking Massachusetts' solution to the problem of the uninsured.

But is it successful?

Well, that depends on who you are with regard to health care. The system to reimburse institutions for providing health care to the uninsured is based on income and family size, and a few other factors like residency and citizenship status. The old system of reimbursement for the uninsured, the so-called Free Care Pool, was a formulaic system in which hospitals and health centers would verify income and family size of uninsured people who came in for care, and submit information on the cost of services provided to a state agency. Families up to 200 percent of the federal poverty line (FPL) had no copayments or deductibles. There was some reimbursement from the Free Care Pool for people with incomes up to 400 percent of the FPL. Hospitals were reimbursed for care based on a complex formula that took into consideration the cost of providing the care and other factors such as the percentage of low income people served by the institution. Certainly there were problems with this system – patients often didn't know if they'd be covered, and arranging for things such as prescription drugs could be very difficult. And if you weren't in Boston or another city with a good safety net system that was well prepared to deal with the Free Care Pool system, it could be very difficult to get the care you needed.

Chapter 58 is attempting to solve those problems by pushing hundreds of thousands of the people formerly getting care reimbursed through the Free Care Pool into an insurance system. Reimbursement is still based on family size and income, but the

system of care depends on the uninsured enrolling in an insurance product. And the products can be complex. So let's look at the results by the various categories that were set up.

First off, Chapter 58 expanded Medicaid eligibility (state health insurance for the poor), which resulted in 50,000 additional people getting onto Medicaid, and it reinstated some services (like adult dental care) that had been cut during the last budget crisis. Chapter 58 also created free health insurance, called Commonwealth Care, for poor residents under 100 percent of FPL who for various reasons don't qualify for Medicaid. To get this insurance, you need to be very poor. The insurance products are provided by insurance companies that were largely created to act like Medicaid insurance.

**There is near unanimous agreement that this first phase of health insurance reform has worked well. It's the second phase of Commonwealth Care which has policy makers and health care providers nervous.**

Through the creation of these new insurance products, 50,000 people formerly covered by the Free Care Pool have been converted to insurance.

There is near unanimous agreement that this first phase of health insurance reform has worked well. It's the second phase of Commonwealth Care which has policy makers and health care providers nervous. You see, it's not that difficult to give people free health insurance. When the expectation changes so that working poor and working class people, of whom many have been receiving free health care through the Free Care Pool, will now be expected to pay monthly premiums and co-payments and deductibles for care, we are in uncharted territory.

The biggest problem with the next phases of health insurance reform is that it tests the idea of "affordability," which is a requirement of Chapter 58. Is it affordable to have a person making \$20,000 a year pay \$70 a month for insurance, then pay co-payments and deductibles on top of that, when that person qualified for free care prior to Chapter

58? Is it affordable for a 57-year-old making \$30,000 a year to pay \$4,000-\$6,000 a year for health insurance plus co-payments and deductibles? Or, more important, will s/he pay that? Will s/he pay that if the state starts fining him/her (first year penalty is loss of income tax personal exemption, second year penalty is a fine up to half the cost of the insurance)? What will happen if the person refuses to pay? What happens if s/he stops sending monthly checks? Then there's the issue of what happens to the health care providers. With the free care pool, hospitals and health centers would get some payment for most visits by the working poor, but in the new system, if the working poor person stops paying insurance premiums, will the health center and/or hospital be expected to turn the person away from health care?

These issues will need to be dealt with in 2007. Phase 2 will be considered successful if a large percentage of the 73,000 who received invitations to join the Phase 2 plan actually join, send in their checks and continue to make monthly payments. You see, it's very important that a high percentage join, since a low enrollment could indicate that only the sicker individuals are joining—and that could dramatically increase the cost of the state subsidy for the plans, so the well and young need to join and pay for this to be successful.

And the next phase, Commonwealth Choice, the mandatory health insurance for those with incomes over 300 percent of poverty (over \$30,000 a year for an individual, over \$50,000 for a married couple with a child) is going to be a huge test of the new system. The Connector announced to great fanfare that they were able to get premiums down to \$175 per month. But that was for 37 year olds, and doesn't include what could be significant deductibles and co-payments, though not necessarily as bad as has been reported. As mentioned above, a 57-year-old would pay \$4,000-\$6,000 a year plus deductibles and co-payments.

The Connector has several other problems to contend with. Under the old Free Care Pool system, the average cost of care per free care

pool recipient was \$1,691 per year. The shift to an insurance system is clearly going to cost a lot more. And there is very little new money to balance the books. The Federal money in the mix is actually the same money that previously floated the Free Care Pool, and it is slated to run out in July 2008, unless it is renewed. The state put in an additional

**Under the old Free Care Pool system, the average cost of care per free care pool recipient was \$1,691 per year. The shift to an insurance system is clearly going to cost a lot more. And there is very little new money to balance the books.**

\$125 million. The business mandate has holes throughout and won't produce much money for the new system. And so, nearly all the new money needed to make this system work comes from the requirement that uninsured individuals buy health insurance.

GBIO (the faith group that has been a major advocate for Chapter 58) wants to stop the individual mandate and waive the penalty, as they have determined that the cost is unaffordable. If the state doesn't waive the penalty, will it force the uninsured to pay? Will the uninsured comply, will they just not pay, or will they just move out of state? Will the state protect the safety net system that has provided care to these 500,000 uninsured residents so that the providers of care can stay afloat?

So back to the question: Is Chapter 58 successful? The first 100,000 enrolled clearly was, but the jury will be out for several more months on the next 400,000. Meanwhile, those of us in the safety net are hoping that the cure for the problem of uninsurance isn't worse than the disease.

*Bill Walczak is the CEO of Codman Square Health Center in Dorchester. This article was posted on the WBUR blog "CommonHealth," March 14, 2007. ■*

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"Before we get started, who's your health-care provider?"

### Health care champions honored at Ben Gill awards

On March 24, health care advocates gathered at Ryles Jazz Club in Cambridge to honor two champions who've been fighting for a comprehensive universal health care system.

The first recipient of the Dr. Benjamin Gill Memorial Award was Barbara Sullivan, a graduate of the Quincy City Hospital School of Nursing who retired from state service in 1989. For many years Sullivan chaired the Health Care Committee of the Massachusetts League of Women Voters, providing testimony and leading delegations to Beacon Hill.

Grace Ross—the former gubernatorial candidate who advocated tirelessly for a single-payer system—was also honored. Her campaign continues unflaggingly as she works with MASS-CARE and legislators to craft and bundle pieces of legislation that complement the Massachusetts Health Care Trust bill, our single-payer focus, and seek to address cost-containment issues not dealt with by Chapter 58.

Cambridge Mayor Kenneth Reeves and state Rep. Alice Wolf joined in the evening's festivities, as did leaders from Jobs with Justice, the Massachusetts Senior Action Council, Physicians for a National Health Program and the MNA. ■

**President's Column**

## As National Nurses Week approaches, we celebrate nurses & nurse activism

**By Beth Piknick, RN**  
MNA President

As we approach National Nurses Week, the MNA is proud to salute and acknowledge the tremendous contributions that all nurses make in protecting the health, safety and well-being of Massachusetts citizens—whether those citizens are in a hospital, a long term care facility, a community-based locale or at home.

Nurses are the lynchpin of the entire health care system. We know more, see more, provide more clinical care, and have more contact with patients and families than any other provider in the system. Yet we are not always provided with the resources, support and recognition that we deserve for the job that we do.

For more than 100 years, the Massachusetts Nurses Association has been dedicated to ensuring that nurses have the recognition, the support and the resources they need to provide the highest quality care possible. The MNA is responsible for the creation of the RN designation; for the development of the first uniform curriculum for nurse education in the commonwealth; and for the creation of the first code of ethics for nurses in the state. Over the years, the MNA has been the primary or driving force behind virtually every law and regulation governing the practice of nursing.

Today, our efforts continue. In the past year alone, the MNA's department of nursing has provided continuing education to more than

6,000 nurses in the state while continuing to expand its online CE course—including some dedicated to dealing with health and safety issues for nurses.

On May 18, the MNA will hold an all-day clinical conference for more than 1,000 nurses. And on June 7 and 8, we will hold a similarly sized conference on health and safety issues for nurses. For more information on this conference, or to register, turn to the back page of this month's newsletter.

The MNA also sets the standard for pay and benefits for nurses through the negotiations of its local bargaining units. The nurses at Dana Farber Cancer Center just completed a negotiation granting them top pay of \$67 per hour, making them among the highest paid nurses in the nation. Nurses at St. Vincent Hospital waged a contract fight that won important staffing improvements. And the UMass Memorial nurses put themselves on the line in a five-hour strike to win protection of their defined benefit pension plan—something few employees have been able to do in this so-called “ownership” society.

On the legislative front, the MNA is fight-



**Beth Piknick**

ing for the protection of all patients and all nurses in hospitals through its promotion of the Patient Safety Act (H.2059), legislation to set a safe limit on the number of patients assigned to a nurse at one time. This landmark legislation almost passed last year and is destined to become law this year if and only if all nurses join us in pushing for its passage. This issue of the *Massachusetts Nurse* includes an invaluable “RN Toolkit” on the bill, which provides nurses with all the facts, information, research and arguments they will need in order to advocate for H.2059. The tool kit also includes specific instructions on what you can do to take action in support of the Patient Safety Act.

In addition to the Patient Safety Act, the MNA is proposing a trio of bills that could dramatically improve the health and safety of nurses:

- **An Act Providing for Safe Patient Handling** (H.2052) would set acceptable standards for the lifting and handling of patients to curb the high rate of injuries incurred by RNs who perform such activities.
- **An Act Requiring Health Care Employers to Develop and Implement Programs to Prevent Workplace Violence** (Senate Document 243) would require health care employers to annually perform a risk assessment and, based on those findings, develop and implement programs to minimize

the danger of workplace violence to employees.

- **An Act Relative to Assault and Battery on Health Care Providers** (H.1700) would punish those patients/clients who assault any health care provider who is treating, transporting or otherwise performing their duties.

And the MNA continues its effort to make nurses and nursing front-page news in the commonwealth. MNA members and issues supported by the MNA have been in nearly every newspaper in the state, and our members have been on a host of radio and television talk shows.

In all our activities, the strength of the MNA is you: the nurses on the frontlines who bring their commitment, their passion and their courage to the defense of the profession.

To all MNA members, I say thank you for your work on behalf of our profession. And for those who are not members, I invite you to join us in our fight to make a difference in the future of health care in the commonwealth.

Take the RN toolkit and start advocating for better patient care. If you don't have a union at your workplace, call the MNA's organizing department at 781-830-5777 to learn more about how to organize a union with the MNA.

Working together, we will continue to make positive changes for the patients we care for and the profession we all cherish. ■

## Huge win in fight to save Fernald Center

*Taken in part from the COFAR Voice,  
April 2007*

On March 7—almost four years after the fight to save the Fernald Developmental Center began—advocates for the mentally retarded received some long overdue news: that a court appointed U.S. Attorney had weighed in on the potential closing of Fernald and had strongly recommended keeping it open. The recommendation could put an end to the state's efforts to close Fernald's doors on the nearly 200 profoundly retarded residents who currently reside on the campus.

U.S. Attorney Michael Sullivan, who was asked by U.S. District Judge Joseph L. Tauro to review the Fernald situation and to help resolve the related debate as to whether or not the facility should be closed, has also recommended that the focus on the facility's future shift—at least temporarily—to Gov. Deval Patrick.

The Massachusetts Coalition of Family and Advocates for the Retarded (COFAR) recently reported that, to date, Patrick has yet to make a specific statement about whether he will reverse the course the Department of Mental Retardation has followed for the past four years, which has been to close the Fernald Center followed by the five other remaining state facilities for persons with mental retardation.

“We've been encouraged thus far by the governor's statements on the need for facility care for those with the most severe and profound forms of mental retardation,” said COFAR President David J. Hart. “Now that the U.S. Attorney has explicitly recommended that the facility stay open, we are

quite hopeful that the governor will take that recommendation to heart.”

The MNA, which represents the dedicated nurses and health care professionals who work with the Fernald residents, has been actively involved with COFAR since the state's department of mental retardation (DMR) originally announced the facility's proposed closing four years ago.

“This news from Attorney Sullivan represents great things for the profoundly retarded who are living in state-operated facilities and their families,” said Beth Piknick, RN and president of the MNA. “Community-based care is important, but it doesn't mean that it is the best setting for everyone. Fernald needs to stay open for those who can not be safely cared for in the community.”

### The history: working to save Fernald

In February, Tauro appointed Sullivan as court monitor in the landmark Ricci v. Okin lawsuit, and asked him to review the transfers by DMR of 49 residents from Fernald since 2003. He also issued a moratorium on further transfers, pending Sullivan's review of the process. These decisions came on the heels of then-Gov. Mitt Romney's announcement in 2003 to shut down the Fernald Center and the five other remaining facilities in Massachusetts.

The Ricci case played an important role in how the former governor's proposed plans then played out, because the case ultimately led to a ruling that said any residents who were transferred from facilities like Fernald must receive equal or better care elsewhere. In the meantime, Tauro formally disengaged

from the case, maintaining that improvements in care and conditions at the facilities had made them “second to none anywhere in the world.”

In 2004, the Fernald plaintiffs in the case urged Tauro to step back in and reopen the litigation, arguing that the Romney administration's facility closure plans coupled with budget cuts in community-based line items made it unlikely that equal or better care would be provided to the transferred residents.

Approximately 215 residents remain at the Fernald Center, including 26 at a skilled nursing facility on the campus. More than 1,000 residents remain at all six facilities, which include Wrentham Developmental Center, Templeton Developmental Center in Baldwinville, Monson Developmental Center in Palmer, Hogan Regional Center in Danvers, and Glavin Regional Center in Shrewsbury.

### Sullivan backs ‘postage stamp’ plan

In an apparent endorsement of the “postage-stamp” proposal that has been put forth by COFAR and The Fernald League, Sullivan maintained in his report that it may be possible to “condense” the Fernald campus by grouping the homes and work sites of the current facility residents together. The commonwealth could then sell the remainder of the land for residential development. DMR could also build new residential homes on the land and keep support services for those residents at Fernald, Sullivan said.

In recommending that Fernald remain open, Sullivan maintained in his report that while the level of care there might be able to

be duplicated elsewhere, the loss of familiar surroundings and people “could have devastating effects [on the residents] that unravel years of positive, non-abusive behavior.”

Sullivan determined that DMR, through its Fernald facility director, did certify that services for the 49 individuals transferred previously would be equal or better than at Fernald. However, he told Tauro that he found two areas of “significant concerns” in community-based care. One involved the delivery of medical services in the community and the second involved the potentially higher risk of abuse and neglect in community-based residences than in the facilities and other state-operated residences. Also, obtaining medical care in the community system takes much longer than the process at Fernald and is more difficult to coordinate, Sullivan's report stated. In addition, staff turnover in some community residences visited approached 100 percent every year and a half.

While he has reserved judgment on Sullivan's report until the end of May, Tauro appeared during a March 7 hearing to place great weight on the U.S. Attorney's recommendations.

“If they (the remaining Fernald residents) want to move, and they've pressed all the right buttons, they can move,” Tauro stated during the hearing. “If they don't want to move and are worried about the consequences, the U.S. Attorney has addressed this. It's a matter of common sense. If they don't want to go, they ought to be allowed to stay, and we ought to hold off before making house lots of the [campus acreage].” ■

## MNA statement regarding the treatment of immigrant families during ICE raid

On March 29, the MNA issued the following public statement expressing its outrage over the inhumane treatment of 361 immigrant workers and their families as a result of the raid by the U.S. Immigration and Customs Enforcement agency at the Michael Bianco Inc. leather factory in New Bedford.

We decry this action and its aftermath as an unseemly violation of basic human rights that is unacceptable in any society that deems itself enlightened and civilized.

As an organization of health professionals who work every day to provide compassionate care to all who need it in our state, regard-

less of their alleged immigration status, we are appalled by the actions of any officials, whether federal, state or local, who would allow families to be so callously ripped apart and for vulnerable children to be subject to emotional turmoil, injury and illness as was the case in this misguided endeavor.

As a union that fights every day to guarantee fair pay and benefits, along with safe working conditions for all workers, we are sickened that our system—and all those agencies and officials who are responsible for regulating it—would allow these workers (and the millions of others like them

across this state and nation) to be subjected to the conditions and ill treatment they were forced to endure. They are U.S. workers. Their immigration status, or the question thereof, does not sanction unjust and unsafe working conditions.

We, as a society, cannot continue to turn a blind eye and remain silent while employers continue to erode the rights of workers, particularly those in low wage jobs.

Regardless of one's views on the issue of immigration, no person or family deserves to be treated as these families have been treated. We can and must do better as a society. ■

## MNA statement regarding the health care for our service personnel and veterans

On April 5 the MNA, on behalf of its 23,000 members, issued a public statement regarding recent reports of outrageous conditions, bureaucratic barriers and inadequate services provided for our returning service personnel and veterans. The statement, in its entirety, follows.

While investigations into the causes and extent of these practices are ongoing, we call on all elected and appointed officials at the federal, state and local levels to do all in their power to pursue the following goals:

1. Put an end to the privatization and outsourcing of necessary medical and support services within both the

armed services and Veteran's Administration. These practices have led to substandard care, higher costs and allegations of widespread fraud and abuse. We cannot allow our troops and our veterans to continue to suffer at the hands of private corporate interests who, the evidence shows, are placing a focus on profits ahead of the interests of our service personnel.

2. Streamline access to the full range of medical, mental health and rehabilitative benefits in the transition from military to civilian life. If someone is found to be injured or disabled while

in the service, there should be no delay in the delivery of all necessary services while entering the ranks of veterans.

3. Restore the practice of full access for all veterans to the VA system for all necessary care. While the MNA advocates for comprehensive, quality care for all in our society, veterans cannot wait for that worthy social goal to be achieved. Those who sacrifice so much to protect the well being of all in our society, deserve an immediate guarantee of all appropriate care to restore their health and well being to the fullest extent possible. ■

## MNA member receives top award from N.E. Regional Black Nurses Assn.

Cambridge Health Alliance (CHA) recently announced that MNA member Louise Yvette Charles, RN, was the recipient of the 2007 Excellence in Nursing Award from the New England Regional Black Nurses Association (NERBNA).

The award, bestowed upon members by their peers, recognizes individuals for their contributions and meritorious efforts in the field of nursing. Charles was honored Feb. 9, at a ceremony at the Boston Marriott Copley Place celebrating both NERBNA's 35th anniversary and National Black Nurses Day.

Charles, a native of Haiti, graduated from nursing school in Port-au-Prince in 1977, emigrated to the United States in 1989, and earned her bachelor of science degree at Emmanuel College in 2004. She started her employment with CHA in 1997 at the Zinberg Clinic—a multidisciplinary AIDS center at The Cambridge Hospital campus.

Charles is currently a public health nurse with the Cambridge Public Health Department, which is part of the CHA network. She has dedicated her career for patients who are fighting against HIV, AIDS and tuberculosis.

NERBNA is a chapter of the National



**Louise Yvette Charles**

Black Nurses Association and is part of a national effort to unify, educate and recruit African-American nurses into the profession. The organization provides health services

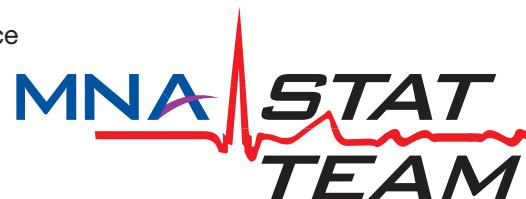
to the community and offers mentorship, scholarship and educational opportunities to African-American nurses and nursing students throughout New England. ■

## Let your voice be heard — STAT!

The MNA STAT TEAM is a network of nurses and health care professionals who can be called upon to respond quickly to MNA visibility events and other urgent actions.

Being a member of this mobilization task force does not require attendance at regular meetings, but instead offers opportunities for activists to participate in events throughout the year that require a strong MNA presence. These actions may include bargaining unit pickets, legislative actions, leafleting and other visibility events.

Join with other MNA activists in this exciting venture. For details, call Eileen Norton at 800-882-2056, x777 or via email at ENorton@mnarn.org.



# MASSACHUSETTS NURSE

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

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## **Division of Labor Action: Education & Training**

## **Test your labor IQ: A quiz**

The following multiple choice questions are primarily taken from information that appeared in labor education column from that were published in previous editions of the Massachusetts Nurse. Please try your hand at answering them correctly.

The reader(s) who submits the most correct answers will be randomly drawn from among the correct submissions. He/she will win a 30GB iPod. All responses must be received by the MNA no later than May 25, 2007. Please use the form below to mail in your answers. The winner and the correct answers will be published in an upcoming *Massachusetts Nurse*.

- 1. The country that provides the most generous paid family leave benefits is:**
    - (a) United States
    - (b) Australia
    - (c) Japan
    - (d) Guatemala
  - 2. The Massachusetts Small Necessities Leave Act (SNLA) provides for:**
    - (a) 24 hours of unpaid leave annually for specific family obligations
    - (b) 24 hours of paid leave annually for specific family obligations
    - (c) 12 weeks of unpaid leave for family or medical reasons
    - (d) 12 weeks of paid leave for family or medical reasons
  - 3. The current president of the AFL-CIO is:**
    - (a) Andy Stern
    - (b) John Sweeney
    - (c) Jimmy Hoffa
    - (d) Lane Kirkland
  - 4. In the 2005 hospital financial records, John O'Brien, the chief executive of UMass Memorial Medical Center was receiving the following annual compensation:**
    - (a) \$107,000
    - (b) \$707,000
    - (c) \$907,000
    - (d) \$1.27 million
  - 5. The U. S. President that fired 11,350 professional air traffic controllers in 1981, after promising to address their issues (staffing levels, modern equipment, public safety) as a presidential candidate was:**
    - (a) Jimmy Carter
    - (b) Ronald Reagan
    - (c) Gerald Ford
    - (d) Richard Nixon
  - 6. The individual who single handedly blocked a vote in the state Senate on the MNA's safe staffing legislation in 2006 was:**
    - (a) Mitt Romney
    - (b) Sal DiMasi
    - (c) Robert Travaglini
    - (d) Ron Hollander
  - 7. The union wage differential (advantage) for the 67 largest metropolitan statistical areas (MSAs) in the United States is:**
    - (a) 28%
    - (b) 12%
    - (c) 7%
    - (d) 21%
  - 8. The percent of employers that hire union-busting "consultants" to help defeat union organizing drives, (according to a survey by Peter D. Hart Research Associates):**
    - (a) 28%
    - (b) 50%
    - (c) 65%
    - (d) 75%
  - 9. Which of the following is not a mandatory subject for collective bargaining:**
    - (a) shift differentials
    - (b) work schedules
    - (c) pensions
    - (d) floor representative elections
  - 10. The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) is a federal law that protects the employment rights of individuals who:**
    - (a) Voluntarily or involuntarily leave employment to undertake military service or certain types of service in the National Disaster Medical System
    - (b) Voluntarily or involuntarily leave employment to undertake police work
    - (c) Only involuntarily leave employment to undertake military service
    - (d) Only voluntarily leave employment to undertake service in the National Disaster Medical System
  - 11. With the passage of the Patriot Act in 2001 and the Homeland Security Act of 2002, employers or the internet service provider (ISP) may be required to comply with governmental search warrants of:**
    - (a) Employee's e-mail
    - (b) Employee's voice mail

- (c) The contents of all electronic communications and be required to disclose information to law enforcement  
(d) All of the above

2. In private sector health care facilities, a written 10 day notice to the employer and federal mediation is not required for which of the following activities:

  - (a) Informational picketing
  - (b) Informational leafleting
  - (c) A strike
  - (d) Rally and march in front of the facility

3. Chapter 150(e) of the Massachusetts General Laws covers the collective bargaining rights of which of the following facilities:

  - (a) Cape Cod Hospital
  - (b) New England Medical Center
  - (c) Mercy Hospital
  - (d) Massachusetts Unit 7

4. Which of the following hospitals is not a Magnet hospital:

  - (a) Winchester Hospital
  - (b) Tobey Hospital
  - (c) Jordan Hospital
  - (d) Massachusetts General Hospital

5. The Health Insurance Portability and Accountability Act (HIPAA) provides for:  
*(select all that apply)*

  - (a) The improved portability and continuity in health insurance coverage
  - (b) Efficiency in healthcare delivery by standardizing electronic data interchange
  - (c) To protect the confidentiality and security of health care data by setting and enforcing of standards
  - (d) The restriction of employers from supplying information of employment records to a union upon request

6. The federal minimum wage is currently set at \$5.15 per hour or \$10,712/year for a full-time worker. The 2006 federal poverty guidelines established the annual income poverty level for a household of two at:

  - (a) \$9,000
  - (b) \$10,712
  - (c) \$12,000
  - (d) \$13,200

7. The director of the Region 1 office of the National Labor Relations Board is:

  - (a) Robert Battista
  - (b) Rosemary Pye
  - (c) Ronald Meisburg
  - (d) Wilma Leibman

8. Both the National Labor Relations Act and Chapter 150(e), provide the following:

  - (a) Paid release time by the employer for the union negotiating team members
  - (b) The union to receive information as requested from the employer for investigating grievances and bargaining
  - (c) Union leaves of absences
  - (d) Time to orient new employees to the union

9. Which of the following elements are needed to establish a past practice in the workplace: *(Select all that apply.)*

  - (a) The practice has a patterned occurrence over a considerable length of time
  - (b) The practice or benefit is clear and consistent
  - (c) Knowledge and acceptance of the practice by the employer and union
  - (d) Contract language

10. A contract provision that requires, as a condition of employment, that all bargaining unit employees join the union is called:

  - (a) An agency fee shop
  - (b) A union shop
  - (c) An open shop
  - (d) A closed shop

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Employed at: \_\_\_\_\_

## Quiz Answers:

1.\_\_\_\_ 2.\_\_\_\_ 3.\_\_\_\_ 4.\_\_\_\_ 5.\_\_\_\_ 6.\_\_\_\_ 7.\_\_\_\_ 8.\_\_\_\_ 9.\_\_\_\_ 10.\_\_\_\_ 11.\_\_\_\_

12.\_\_\_\_ 13.\_\_\_\_ 14.\_\_\_\_ 15.\_\_\_\_ 16.\_\_\_\_ 17.\_\_\_\_ 18.\_\_\_\_ 19.\_\_\_\_ 20.\_\_\_\_

Please mail the completed form to:  
Massachusetts Nurses Ass.

Massachusetts Nurses Association  
Attention: Joe Twarog

Attention: Joe Twarog  
340 Turnpike St., Canton, MA 02021

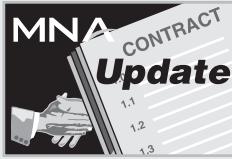
## Bargaining unit updates

VNA & Hospice of Cooley Dickinson, Inc. continues to hold dinner meetings in order to prepare for contract negotiations.

The Worcester School Nurses have started negotiations for a successor agreement. They are also paying close attention to a move by the community clinics to obtain more state funding despite the fact that they see fewer students and cannot administer over-the-counter medications. The MNA's department of legislation is actively involved with this situation.

The MNA nurses at Mercy Hospital recently held elections for new officers. A nurse who had her termination overturned by an arbitrator has returned to work this month after much maneuvering by the hospital to prevent her return. After recent reports of problems in the med/surg units, the MNA and the hospital jointly sponsored a seminar focused on preventing violence in the workplace. The seminar was open to all employees at Mercy and it was well attended.

The committee at Providence Hospital continues to meet regularly and also attends monthly labor/management meetings. ■



## Spanish for Healthcare Providers

Sept. 12, 19 & 26 and Oct. 10, 17 & 24

5:30–8:45 p.m.

MNA headquarters, Canton

- This six-week program is designed to help nurses and other healthcare providers communicate more effectively with Spanish-speaking patients and families.
- Learn/refine your Spanish language skills.
- Only 3 Spots Open
- A hands-on technique in learning and practicing will be utilized.
- Call 781-830-5794 to register

**Fee for MNA members:** A deposit of \$95 is required, but will be refunded upon completion of the program.

**Fee for all others:** \$225

**Important notes:** Participants will be required to order one textbook that costs \$40. The textbook is non-returnable. Participants are expected to attend all sessions. The deposit will be returned in full to MNA members who attend all six sessions. There will be no refund for those who attend only part of this program. This program does not award continuing nursing education hours.

**Enrollment limited to 15 participants**

## Dana-Farber nurses highest paid in N.E. after ratification

The registered nurses represented by the MNA at the Dana-Farber Cancer Institute voted to ratify a new three-year contract that provides wage increases of 9 to 23 percent, which will make them the highest paid nurses in New England, if not the nation. It also includes new contract language designed to protect nurses' union rights.

"We are pleased to have reached an agreement that recognizes the value of registered nurses and the vital role we play in delivering first-rate care to the patients at Dana-Farber," said Kathleen McDermott, RN, a staff nurse at the hospital and chair of the nurses' local bargaining unit.

The three-year agreement runs from April

17, 2007 to April 17, 2010. The pact includes the following key provisions:

- Salary increases:** Provides an 8 percent salary increase across the board (2 percent for 2007; 3 percent in 2008 and 3 percent in 2009). It also provides a new top step to the nurses' salary scale, which means nurses' pay will increase between 9 and 23 percent over the life of the agreement depending on years of service. The starting hourly wage at the end of the contract will be \$29.57 up from \$27.32 with a top wage step of \$67.78 up from \$59.64.

- Protection of union rights:** The nurses won contract language that protects union rights for nurses at the facility and their ability to advocate for patients. The language prevents the hospital from exploiting a recent controversial ruling by the National Labor Relations Board, which found that charge nurses (nurses who oversee the flow of patients on a floor) or nurses who perform charge duties may be classified as supervisors, and are thereby ineligible for union membership. The new language clearly recognizes the union rights of all nurses in the union.

The Dana-Farber nurses began negotiations on the new contract on Feb. 21, with a tentative agreement reached on April 4. There were just five negotiating sessions needed to reach an agreement. ■

## Quincy Medical Center nurses ratify new contract

The registered nurses represented by the MNA at Quincy Medical Center (QMC) voted on April 3 to ratify a new two-year contract that provides wage increases of 12 to 16 percent, while calling for additional nursing positions to improve the quality of patient care. It also includes new contract language designed to protect nurses' union rights.

"We are pleased to have reached an agreement that will provide a competitive pay scale with other area hospitals, while also recognizing the need to add nursing staff to ensure our patients get the care they deserve," said Paula Ryan, RN, a staff nurse at the hospital and chair of the nurses' local bargaining unit. "The nurses at this hospital have been working extremely hard under strenuous conditions to ensure the highest quality care during times of financial difficulty. This agreement strikes a responsible balance, providing the hospital with the resources it needs while also recognizing the fact that recruiting and retaining qualified nurses is the key to the hospital's future success."

The two-year agreement runs from Jan. 1, 2007 to Nov. 31, 2008. The pact includes the following key provisions:

- Salary increase:** Provides an 8.5 percent salary increase across the board (2 percent retroactive to Jan. 21, 2007; 2 percent in Oct. 2007; 2 percent in Aug. 2008 and 2.5 percent in Oct. 2008). In addition, the contract provides a 16-step salary scale where most nurses will receive an additional 4 percent increase on their anniversary date of hire for each of the two years of the agreement. As a result, nurses' pay will increase between 12 and 16 percent over the life of the agreement depending on years of service. The starting hourly wage at the end of the contract will be \$26.72 up from \$24.57 with a top wage step of \$50 up from \$44.68.

- Creation of new resource nurse positions:** The contract also includes a provision creating new "resource nurse" positions to be added to the emergency department, same day surgery, medical/ surgical and telemetry floors. These nurses will augment the exist-

ing staff on these floors and be charged with coordinating the flow of patients on the units, assisting with the admission and discharge of patients, and assisting nurses with more difficult cases.

- Protection of union rights:** The nurses won contract language that protects union rights for nurses at the facility and their ability to advocate for patients. The language—the first of its kind for hospitals on the South Shore—prevents the hospital from exploiting a recent controversial ruling by the National Labor Relations Board, which found that charge nurses (nurses who oversee the flow of patients on a floor) or nurses who perform charge duties may be classified as supervisors and are thereby ineligible for union membership. The new language clearly recognizes the union rights of all nurses in the union.

The Quincy Medical Center nurses began negotiations on the new contract on Aug. 1, 2006, with a tentative agreement reached on March 26. ■

## ...West Springfield

*From Page 1*

this agreement provides an important step towards that goal, and we hope to achieve full parity in our next round of negotiations."

The three-year agreement runs from Sept. 1, 2005 to Aug. 31, 2008. The pact includes the following key provisions:

**Salary increase:** To start off, the entire salary scale increased by \$1,000, effective Aug. 31, 2005. The contract also provides across the board increases of 2.25 percent in 2005; 3.5 percent in 2006 and 3.5 percent in 2008. In addition, the nurses have negotiated a new salary scale that eliminates seven bottom steps from the previous scale while adding five new steps to the top of the scale. At the end of the contract, the starting annual wage will be \$43,715 up from \$32,518 with a top wage step of \$47,318 up from \$38,128.

**Professional practice protections:** The agreement includes important provisions the nurses had sought to protect their ability to provide first-rate nursing care to the students in the system. This includes language that ensures only nurses in the school system can provide school health services, language to prevent school nurses from being assigned non-nursing duties that might detract from their care of children, and the creation of a labor/management committee, which calls for representatives of the nurses' union and representatives of the school administration

to meet biannually to discuss and resolve concerns regarding school health and workplace issues that arise.

**Health and safety protections:** The contract also includes important provisions to protect the health and safety of nurses from hazards in the workplace, including specific language to protect nurses from exposure to blood-borne pathogens, including the provision of Hepatitis B vaccines for nurses upon request. The pact also includes important language to prevent and respond to incidents of violence in the schools, including contract language requiring the prompt reporting of such incidents and the right of nurses to seek immediate police assistance by calling 911.

**New job sharing opportunity:** For nurses seeking greater flexibility in their work life, the contract allows for nurses to approach the school administration to allow two nurses to job share to provide school nursing coverage.

The nurses, who opted for representation by the MNA in July 2005, have been in negotiations for their new contract with the school system since October 2005. After only 10 negotiating sessions, the parties went to mediation over the issue of pay equity with other professionals in the system. A tentative agreement between the parties was reached in December 2006. The school committee

voted to approve the agreement March 13.

The 10 school nurses are responsible for providing full nursing coverage to eight school buildings, as well as the early childhood center, housing a total population of more than 4,000 students.

According to Scripter, today's school nurses are highly-trained professionals who care for a population of students with varied and complex health needs. In fact, the professional requirements to be a school nurse are higher than those required of nurses in any other setting, including hospitals. These skills include first aid and emergency care; psychiatric nursing; chronic-disease management; triage nursing; management of numerous medications; counseling; and medical device management.

More than 82 school systems in the state offer some form of pay equity with other professionals, including 21 school systems in Western Massachusetts. This includes Westfield and Ludlow, two systems that have recently recruited away members of the West Springfield school nurse staff.

"This new agreement will help close the gap and puts us on the road to pay equity, which is essential if this school system is to be able to compete for and retain the quality nursing staff our population of students need and deserve," Scripter concluded. ■

## MNA celebrates the successes of its first labor school grads

The MNA's new labor school, which was piloted in Region 4 (Essex County) in January, recently certified its first graduates of "Track I: Responsibilities of the Floor Representative and Grievance Handling." Most of those students are continuing on now with "Track II: Collective Bargaining," which started in late March. Students who are taking second-track classes will be finishing up their studies in early June.

All participants to date have responded with overwhelming enthusiasm to the school's curriculum, referring to it as "tremendously relevant and helpful."

While the concept of such a program had long been discussed at the MNA, it was Peggy O'Malley—MNA member, RN and the office manager for Region 4—and region's education committee who were instrumental in getting the pilot program off the ground. Based on this initial success, other MNA regions are in the process of establishing labor schools in their respective areas.

The MNA's labor educator, Joe Twarog, was on hand to teach each of the Region 4-based classes. O'Malley said that the students benefited greatly from the exchange of ideas that evolved from Twarog's relaxed teaching style. "We had MNA union leaders from all over the North Shore at this program and—across the board—they recognized the value and importance of not only the school, but of Joe's expertise."

For information on MNA labor school programs in your area, contact Joe Twarog at 781-830-5757 or via e-mail at jtwarog@mnarn.org. ■



**Congratulations to the MNA's Labor School Grads.** Standing, from left: Paul Corkum and Frank Bruno, Chelsea Soldiers Home; Holly Rakip, North Shore Medical Center; Sandy Murray and Marie Freeman, Northeast Health Systems; John Trainor, North Shore Medical Center; Joe Twarog, MNA Labor Educator. Seated, from left: Rose Ann DiCato, Chelsea Soldiers Home; Phyllis Berg, North Shore Medical Center; Patty Comeau, Methuen School Nurses; Diane Barrett, Merrimack Valley Hospital; and Brian Zahn, Lawrence Public Health Department. Not pictured: Mary Sue Howlett, MNA; Kim Paskalis and Julia Rodriguez, North Shore Medical Center.

### ...Fear

*From Page 1*

problems that cause them to be apprehensive and fearful. Through experience and with the support of mentors, nurses conquer their anxieties about giving new medications, dealing with changes in a patient's condition and taking charge. Experience gives nurses the knowledge and skills to see what needs to be done and to do it. There is not enough time to let fear overcome you when your patient is crashing. You have to act and you learn by doing. Eventually the apprehension diminishes.

**"Fear defeats more people than any other one thing in the world." —Ralph Waldo Emerson**

Nurses who have formed a union in their workplace know the initial fear, apprehension and anxiety that comes with the process. They learned early on that in order to be successful at obtaining a legally protected voice for their nursing practice and working conditions they would have to stand together to face down the employer's anti-union campaign. They did not let fear and intimidation stop them from doing what they felt was right in order to protect their patients and their nursing practice.

Yes, they were scared but they understood that organizing a union in their workplace was the most professional thing they could do to insure the safety of their patients and their nursing practice. They overcame the fear. They organized a union.

**"You can discover what your enemy fears most by observing the means he uses to frighten you." —Eric Hoffer**

In non-unionized facilities both the nurses and the employer are fearful of any attempt to organize a union at their facility, but for very different reasons. The employer's fear is very simple: The employer does not want nurses to have a seat at the table or an equal say in their working conditions. The employer wants to maintain the power of unilateral

decision making. The employer does not want to lose the power they have to change policies and benefits at a moments notice. That is why employers will spend millions of dollars on anti-union consultants and campaigns.

Nurses' fears are different. Nurses are fearful of losing their jobs in their attempt at organizing a union in their workplace. Nurses are faced with an employer's attempt to intimidate them through captive audience meetings and aggressive middle management coercion. Managers will be required to conduct one-on-one anti-union meetings telling nurses they will lose their flexibility in scheduling, that nurses will be unable to have a say in staffing and patient care, and that they will have no power in negotiating their own contract. All of which are untrue.

**"If you want to conquer fear, don't sit at home and think about it. Go out and get busy." —Andrew Carnegie**

Nurses who work under conditions that are detrimental to the safe care of their patients and their practice really only have a few choices:

- They can decide to stay and continue to work under the present conditions, placing their patients and licenses at risk and letting management make all of the decisions.
- They can leave and go work someplace else.
- They can stay and help build a union.

Nurses who have organized a union will tell you that, yes, it is hard work. But by building unity and working together they were able to face the fears and apprehensions of management's intimidation schemes. If you are tired of struggling to give your patients the safe care they deserve, if you are tired of unfair working conditions, or if you are tired of putting your license on the line then you need to go out and get busy. Unity and strength can only be gained by talking to each other and forming a strong, unified front.

### Your rights to organize

The National Labor Relations Act (NLRA) is a comprehensive law that protects the rights of employees to form, join or assist labor organizations, to bargain collectively through representatives of their own choosing, and to engage in concerted activities for the purpose of collective bargaining or other mutual aid or protection. Congress amended the NLRA in 1974 with special provisions covering all private, nonprofit health care institutions.

#### Rights of employees

The law says **YOU MAY:**

- Help to organize a union.
- Distribute MNA materials in nonpatient-care areas during nonworking hours.
- Discuss the benefits of unionizing in nonpatient-care areas during nonworking hours.
- Protest, picket, strike, or engage in other concerted activity with co-workers.
- Act with co-workers to improve working or safety conditions.

#### Employer unfair labor practices

The NLRA prohibits employers from interfering, restraining, or coercing employees in the exercise of their rights to organize. They may not discriminate against employees in order to discourage membership in a union. Employers must bargain in good faith with the employees' representative.

Your employer **MAY NOT:**

- Fire, demote, reprimand, threaten, or otherwise discipline you.
- Conduct widespread anti-union interrogations.
- Threaten the loss of benefits should you unionize.
- Promise benefits to employees for anti-union activities.
- Interfere with employee communications through unduly restrictive rules.
- Spy on union meetings.
- Grant wage or benefit increases timed to defeat union organizing.
- Engage in bad faith bargaining once the union represents you.

The National Labor Relations Board (NLRB) regional office is located at 10 Causeway St., Room 601, Boston. The NLRB is responsible for enforcing your rights to organize.

If you would like to learn more about organizing a union in your workplace, call Eileen Norton at 781-830-5777 or email ENorton@mnarn.org. ■

**"We should not let our fears hold us back from pursuing our hopes."**  
—John Fitzgerald Kennedy

If your hope is to have a legally protected voice in your facility, then you have to commit to forming a union. Yes, it takes work. But with a unified front you will make it known that you are serious about the effort to unionize. More importantly, the more upfront and unified you are the easier it will be to send a

message to management that you are taking a stand to protect your patients and your practice.

If your hope is to have a say in how you care for your patients, then you need to work with your colleagues to build unity and strength. If your hope is to have a say in how you practice your profession, then you need to face those apprehensions and anxieties and form a union. 23,000 other registered nurses and health care professionals have taken that step. Why not join them? ■

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

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*Speakers Bureau*

**The MNA Speaker's Bureau provides experts to assist nursing school faculty in their efforts to bring important and topical information to students. Below is a listing of topics and speakers available free of charge to speak to your class.**

- **Safe Staffing Saves Lives—The Case for RN-to-Patient Ratio Legislation**

An analysis of the causes and impact of the current staffing crisis in Massachusetts on nurses and patients, review of research to support legislation, detailed explanation of the current safe staffing bill with a discussion of its benefits to the profession and patient care.

*Presented by Andi Mullin, MNA Director of Legislation and Governmental Affairs*

Contact: [amullin@mnarn.org](mailto:amullin@mnarn.org); 781-830-5716

- **The Role of Political Action in Protecting Nursing Practice**

A review of the impact of politics and government regulation on nursing practice and health care with an emphasis on how nurses can and should use the political process to protect their profession and improve care for their patients

Contact: [amullin@mnarn.org](mailto:amullin@mnarn.org); 781-830-5716

- **No Time for Silence—Using Public Opinion to Protect Nursing Practice**

A program promoting the need for nurses to be more visible and vocal in the media, in their communities and other forums to help shape public opinion to protect issues important to the profession. Includes a rationale for action, specific communications strategies and case histories.

*Presented by David Schildmeier, MNA Director of Public Communications*

Contact: [dschildmeier@mnarn.org](mailto:dschildmeier@mnarn.org); 781-830-5717

- **Medication Errors: Focus on Prevention**

This program describes the complexity of the medication system in acute care facilities. It is designed to assess and review medication administration systems to improve their safety.

*Presented by Dorothy McCabe, MNA Director of Nursing*

Contact: [dmccabe@mnarn.org](mailto:dmccabe@mnarn.org); 781-830-5714

- **A Primer on Accepting, Rejecting and Delegating a Patient Assignment**

This program provides a framework for decision making based on the Nurse Practice Act and other regulatory agencies to safeguard nursing practice and patient care.

Contact: [dmccabe@mnarn.org](mailto:dmccabe@mnarn.org); 781-830-5714

- **Obtaining Your First Position: A Primer**

A program for senior nursing students to provide practical information on how to secure their first position in the field, including job search, resume preparation and interviewing tips.

Contact: [mhowlett@mnarn.org](mailto:mhowlett@mnarn.org); 781-830-5793

- **Forensic Nursing and Care of the Sexual Assault Patient**

A discussion on sexual assault and the prevalence of assault across the lifespan, options for medical care, forensic medical examinations, prophylaxis and counseling resources.

Contact: [mhowlett@mnarn.org](mailto:mhowlett@mnarn.org); 781-830-5793

- **The Role of the Mass. BORN and Its Relationship to Your Practice**

A program covering the BORN'S regulatory authority in the state, rules and regulations governing the practice of nursing, the BORN disciplinary process, and the need for nurses to maintain professional liability insurance.

*Presented by Mary Crotty, RN, MNA Associate Director/Nursing Research*

Contact: [mcrotty@mnarn.org](mailto:mcrotty@mnarn.org); 781-830-5743

- **The MNA—Who We Are and What We Do**

A program describing the role, mission, organization and activities of the MNA, with a review of key issues and accomplishments of the organization.

Contact: [dschildmeier@mnarn.org](mailto:dschildmeier@mnarn.org); 781-830-5717

- **Unions and Nursing—The Power of Collective Bargaining**

This program covers the history of unionization in nursing, what unions do, the benefits of union representation, as well as information on the process for forming a union.

Contact: [enorton@mnarn.org](mailto:enorton@mnarn.org); 781-830-5777

- **History of Nursing in Mass.—100 Years of Caring for the Commonwealth**

This program traces the history of professional nursing and the MNA in the commonwealth, from its birth in 1903 through establishment of the RN role under law, its growth and development up until today.

Contact: [dschildmeier@mnarn.org](mailto:dschildmeier@mnarn.org); 781-830-5717

- **Managing Conflict: The Verbal Solution**

This program is designed to provide the nurse with the basic skills for managing conflict in the workplace environment. Conflict resolution strategies, including situational analysis and effective listening and communication skills will be addressed. The program will conclude with an interactive discussion of case scenarios related to conflict management.

Contact: [jfergus@mnarn.org](mailto:jfergus@mnarn.org); 781-830-5714

- **Recognizing and Supporting Colleagues with Substance Abuse Problems**

The disease of addictions, affects 10-15 percent of the nursing profession. This program will discuss the risk factors for nurses as well as the occupational signs and symptoms.

Contact: [cmallia@mnarn.org](mailto:cmallia@mnarn.org); 781-830-5755

- **Menu of Occupational Health and Safety Programs**

- **Bloodborne Pathogens—Your Legal Rights:** Addresses OSHA regulations related to the Bloodborne Pathogens Standards.

- **Ergonomics—No More Aching Backs:** Addresses the myths around musculo-skeletal injuries, the regulatory guidelines to reduce such injuries and an overview of the types of patient lifting and moving equipment that are available in the marketplace today.

- **Fragrance-Free—Creating a Safe Health Care Environment:** Addresses the scientific evidence of the toxicity of chemical components of fragrances and the adverse health effects these products are known to cause in patients and workers.

- **\* How Safe is Your Hospital? Recognizing Hazards in Your Work Environment:** Provides an introduction to the types of hazards that are present in hospitals and other health care settings and methods to reduce and eliminate those hazards.

- **Latex Allergy:** Addresses the extent of the problem, the signs and symptoms of latex allergy and methods to eliminate exposure to natural rubber latex in health care settings.

- **Smallpox - A Brief Introduction:** Utilizes materials from the CDC and Massachusetts Department of Public Health to provide nurses with tools to recognize the signs and symptoms of smallpox and to become familiar with the plan to be implemented in the event of an outbreak.

- **The Adverse Health Effects of Environmental Cleaning Chemicals:** Addresses the scientific evidence of the toxicity of chemical components of many environmental cleaning chemicals and the adverse health effects these products cause in patients and workers.

- **Workplace Violence - Recognition, Intervention and Prevention:** Addresses the frequency and risk factors associated with workplace violence in health care settings. The program also identifies strategies to reduce risk factors and provide effective interventions for nurses and other health care workers physically injured and psychologically affected by violence at work. There is an emphasis on the importance of reporting such violence and reporting tools are supplied to participants.

Contact Evie Bain, [EvieBain@mnarn.org](mailto:EvieBain@mnarn.org); 781-830-5776 or Chris Pontus, [cpointus@mnarn.org](mailto:cpointus@mnarn.org).

## Keeping nurses safe on the job: News from the Congress on Health and Safety

### Newton Wellesley RNs address hazards of environmental cleaning chemicals

*Process covered in bargaining unit's newsletter*

**By Nora Watts, RN**

So the floor on the unit is being stripped, and suddenly you can't quite catch your breath ...

Been there? Done that? You are not alone. Last fall bargaining unit members from Usen 4 contacted their MNA representative to report headaches and wheezing during floor stripping and waxing procedures. Both patients and nurses were experiencing symptoms during the procedure. The nurses had made several attempts to get help from the supervisor and nurse manager prior to contacting the MNA, and on one particular evening the cleaning procedure was halted.

After the contact was settled, I met with occupational health and members of management to discuss the nurses' concerns. At that meeting the hospital agreed to require HEPA filter fans to absorb fumes during stripping and waxing procedures. They did not agree to provide time off to nurses affected by the restripping process, and they also did not agree to change any of the products that were used.

It was stated that the stripper used the same ingredients as contained in recommended "green products." It was also stated that other "green products" that had been tried by the hospital were less effective, required more manpower and needed to be repeated more often. Management added that a number of cleaning products in use at NWH have been

reduced in an effort to reduce hazardous exposure.

Occupational asthma is listed as a high priority concern by the National Institute of Occupational Safety and Health (NIOSH). It is implicated in about 15 percent of all disabling cases of asthma according to the government agency. Health care workers are listed as one of the major groups affected by occupational asthma. Latex has been implicated as a causative agent in reactive airway disease, particularly in the health care setting. As a result, legislation to limit latex use has been pursued.

Environmental concerns within our bargaining unit are not new. Since hearing from Usen 4, nurses from the ED, OB, Tanger 4 West, Pain Service and the Infusion Center have come forward to report longstanding concerns.

What should you do if you experience a problem? First, if you have an acute episode at work, immediately



notify the charge nurse and supervisor. Obviously, if you can't breathe get out of the area. Even in instances where you do not go to employee health or the ED, notify employee health and your union rep. The only way to get the hospital to address the problem is to *report, report, report!* Fill out incident reports and send them to the occupational health department. Report to anyone who will listen (and, actually, you should also report to those who WON'T listen)! Be sure to note any ill affects from these exposures that you identify in patients or that your patients and visitors may have mentioned to you.

The collective bargaining committee has regularly placed environmental issues on its meeting agendas, and the nurses at Newton Wellesley recommend that other bargaining units do the same. Contact from members and documentation are essential in the efforts to protect the health and safety of our colleagues and patients.

An excellent resource for more information on hazardous environmental cleaning agents—as well as how they can be replaced with safer alternatives—is the publication *Risks to Asthma Posed by Indoor Health Care Environments: A Guide to Identifying and Reducing Problematic Exposures*. It is available at [www.noharm.org](http://www.noharm.org). ■

### Honor your peers with a nomination for 2007 MNA awards

One of the greatest honors one can achieve is the recognition of one's peers. In this fast-changing health care system in which nurses strive daily to carry out their duties to their patients, there is very little time for them to acknowledge their own professional accomplishments and those of their peers.

The MNA awards are established by the membership with the approval of the MNA Board of Directors. They offer all members an opportunity to recognize nurses who, by their commitment and outstanding achievements, have honored us all. These are often nurses and other individuals who accomplish extraordinary things and who challenge us all to achieve excellence.

**Elaine Cooney Labor Relations Award:** Recognizes a Labor Relations Program member who has made a significant contribution to the professional, economic and general welfare of nursing.

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

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

**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.

**MNA Image of the Professional Nurse Award:** Recognizes a member who demonstrates outstanding leadership in enhancing the image of the professional nurse in the community.

**MNA Nursing Education Award:** Recognizes a nurse educator who has made significant contributions to professional nursing education, continuing education and/or

staff development.

**MNA Excellence in Nursing Practice Award:** Recognizes a member who is a role model by contributing innovative, progressive ideas that serve to improve and enhance clinical nursing practice, including precepting students or new staff nurses.

**MNA Research Award:** Recognizes a member or group of members who have effectively conducted or utilized research in their practice.

**Kathryn McGinn Cutler Advocate for Health & Safety Award:** This award recognizes an individual or group that has performed outstanding service for the betterment of health and safety for the protection of nurses and other health care workers.

For detailed information on selection criteria and to receive a nomination packet, call Liz Chmielinski, MNA division of nursing, 781-830-5719 or toll free, 800-882-2056, x719. The nomination deadline is June 15, 2007. ■



### Scholarship funding available through the Massachusetts Nurses Foundation

**Deadline: June 1, 2007**

**Printable applications with instructions and eligibility requirements are available at [www.massnurses.org](http://www.massnurses.org).**

**You can request that an application be mailed to you by calling the MNF at 781-830-5745.**

## Hazardous drug awareness and control survey results

By Thomas P. Fuller, Sc D, CIH

The results of a survey on hazardous drugs sent to over 3,000 MNA nurses have been analyzed, resulting in some very interesting findings.

In 2004 the National Institute of Occupational Safety and Health (NIOSH) issued an ALERT to increase awareness of health care workers and their employers about the risks of working with hazardous drugs. However, since that time there is little indication that hospitals have expanded their hazardous drug safety programs.

A study was undertaken in 2006 to evaluate to what extent a sample of 3,000 MNA nurses was aware of their hospitals' hazardous safety programs and controls. Close to 400 surveys were returned and the results are as follows:

- Despite a major NIOSH recommendation for hospitals to develop written hazardous drug programs and procedures, only 54 percent of MNA nurses were aware of such programs at their hospitals (as shown on Figure 1). Beyond that, only 30 percent of the nurses who responded to the survey had read their programs.
- Although 87 percent of nurses stated that they handled or administered hazardous drugs, only 12 percent had ever had classroom training and only 6 percent had hands-on training on safe handling techniques. 56 percent of the nurses indicated that no special engineering controls were ever taken when they worked with hazardous drugs (as shown by Figure 2).
- None of the nurses surveyed indicated that they were aware of any NIOSH recommended exposure assessment strategies such as evaluation of equipment; workplace monitoring; analysis of volumes and frequency of drug use; decontamination techniques; waste handling; and equipment used to minimize exposures.

Other findings showed that proper engineering controls such as ventilation and special drug handling equipment had not been implemented in most locations. Nurses who had attended hazardous drug safety training were significantly more likely to wear personal protective equipment (PPE)

but it was still alarming that 36 percent of all nurses responding used no special controls or PPE when working with patients receiving hazardous drugs. In addition, fewer than 35 percent indicated that hazardous drug spill kits were available to them, and fewer than 22 percent considered warning patients' families or other workers in the treatment areas about the presence of hazardous drugs.

Due to weaknesses in this study, such as low survey response rates and lack of detailed data about the study population set, it was not possible to make correlations about exposures and health effects here. However, the health effects from exposure to hazardous drugs are well documented in other studies. There are hundreds of hazardous drugs used throughout the hospital and new ones being developed continuously. Millions of health care workers are exposed every day. Based on this information the subsequent health effects can be expected to continue despite government warnings.

While formal institutional hazardous drug programs are being developed, nurses and other workers are encouraged to learn as much as possible about the hazards and the appropriate controls for the drugs they administer to patients. Material Safety Data Sheets (MSDS), which are supposed to be provided by the employer, should be consulted. However, since pharmaceutical company MSDS are often lacking information and direction, additional sources of information should be sought and precautionary practices utilized to minimize exposures wherever possible. These practices would include the use of appropriate protective gloves, face shields and gowns, the availability of spill kits, and contamination control techniques particularly where drugs are mixed or prepared.

To learn more about hazardous drugs that you may be exposed to at work, go to the NIOSH ALERT, available at [www.cdc.gov/NIOSH](http://www.cdc.gov/NIOSH).

The MNA Congress on Health and Safety is working to prevent nurses' exposures to hazardous drugs in several ways. Periodically articles appear in the *Massachusetts Nurse* to increase the recognition of hazardous drugs and the methods that nurses should utilize in order to prevent exposures.

In addition, at an upcoming conference in

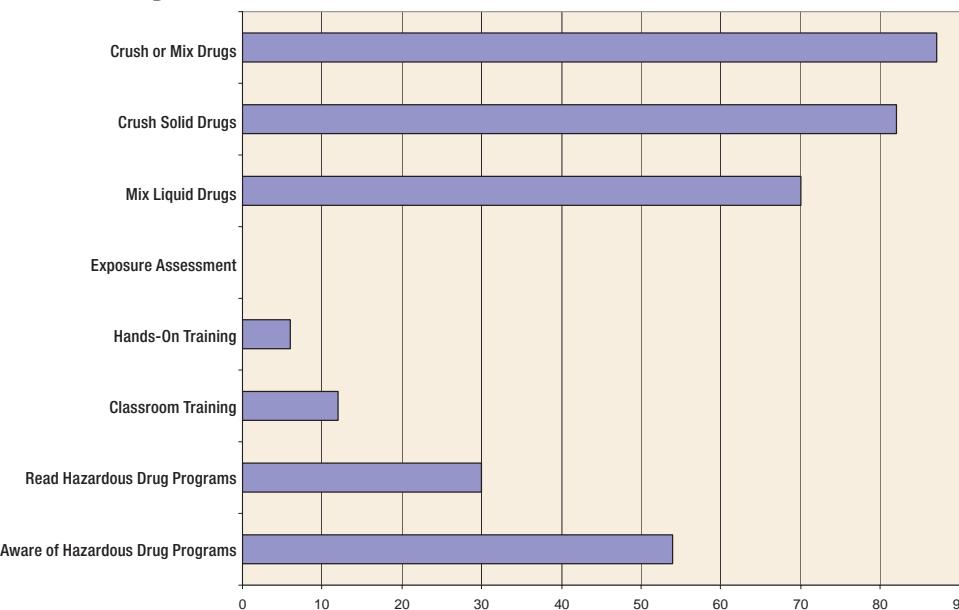


Figure 1. Percent of Responders Performing Hazardous Drug Activities and Aware of Safety Programs

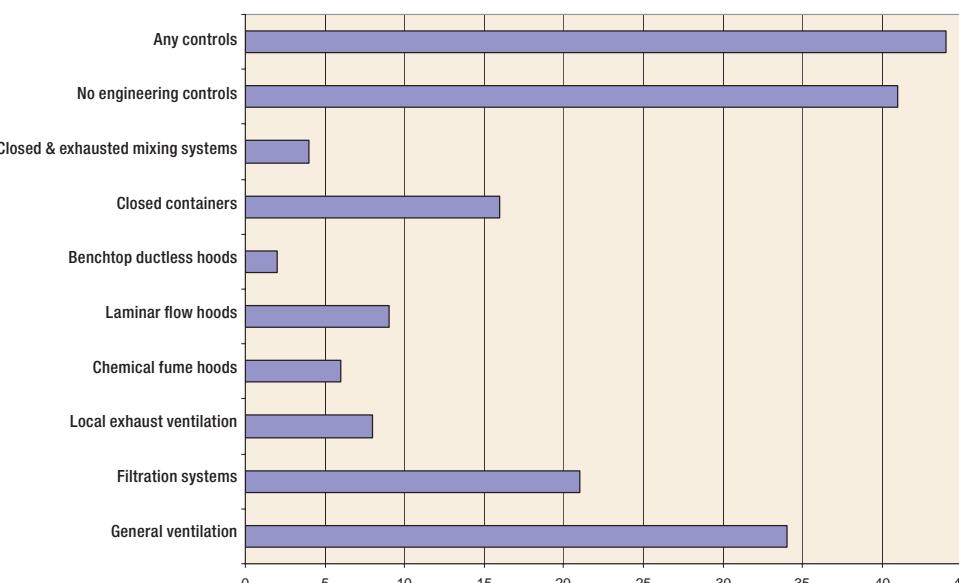


Figure 2. Percent of Nurse Responders Practicing Engineering Controls

June (*Workplace Hazards to Nurses and other Healthcare Workers: Promising Practices for Prevention*) a breakout session entitled, "Preventing Exposure to Hazardous Drugs" will be presented by Kathleen Sperrazza, RN, MS on June 8. (See Page 20 for details.)

### Selected references:

- Connor, T., Sessink, P., Harrison, B., Pretty, J., Peters, B., Alfaro, R., Bilos, A., Beckmann, G., Ring, M., Anderson, L., DeChristoforo, R., Surface contamination of chemotherapy drug vials and evaluation of new vial-cleaning techniques: Results of three studies, Am. J. Health-Syst. Pharm., Vol. 62 (March 1, 2005).
- Connor, T., External contamination of antineoplastic drug vials, Hosp. Pharm. Eur. (2005) Nov:52,54.
- McDiarmid, M., Chemical hazards in health care high hazard, high risk, but low protection, Ann. N.Y. Acad. Sci. 1076:601-606 (2006).
- Polovich, M., Safe handling of hazardous drugs, Online Journal of Issues in Nursing, Vol. 9, No. 3, (September 30, 2004), accessed 9/4/2006.
- NIOSH, Department of Health and Human Services, Centers for Disease Control, National Institute of Occupational Health and Safety, NIOSH Alert: Preventing occupational exposures to antineoplastic and other hazardous drugs in health care settings (September 2004) DHHS (NIOSH) publication number 2004-165.
- Harrison, B., Risks of handling cytotoxic drugs. In: Perry MV ed., The chemotherapy source book, 3<sup>rd</sup> ed. Philadelphia, Lippencott, Williams and Wilkins, pp. 566-582. ■

## Health & Safety Contacts

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

■ **Evie Bain, MEd, RN, COHN-S**  
Associate Director/Coordinator,  
Health & Safety  
781-821-4625  
[eviebain@mnarn.org](mailto:eviebain@mnarn.org)

■ **Christine Pontus, MS, RN,**  
COHN-S/CCM  
Associate Director, Health & Safety  
781-821-4625  
[cpontus@mnarn.org](mailto:cpontus@mnarn.org)

## SAVE THE DATE

MASSPRO and the Massachusetts Adult Immunization Coalition present

### The 12<sup>th</sup> Annual Adult Immunization Conference

**Keynote Speaker:**  
**William L. Atkinson, MD, MPH**  
Medical Epidemiologist  
Centers for Disease Control and Prevention

**Tuesday, May 1, 2007**

8:00 a.m. to 3:00 p.m.  
DCU Center, Worcester, MA

CEUs will be offered for nurses and nursing home administrators.

More information will be posted to our Web site, [www.masspro.org](http://www.masspro.org), as it becomes available.

**MASSPRO**



This material was prepared by MassPro, the Medicare Quality Improvement Organization for Massachusetts, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily represent CMS policy.  
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# MNA nominations & election policies & procedures

## 1. Nomination process and notification of nominees

### Revised policy

- A. All candidates for office, submitting papers to the Nominations & Elections Committee, shall be notified in writing upon receipt of materials by the MNA staff person assigned to the Nominations & Elections committee. The letter of acknowledgement will identify the office sought. All notifications will be sent by MNA no later than June 15 of each year. If no acknowledgment has been received within 7 days of sending the consent to serve form, it is the nominees' responsibility to contact MNA regarding the status of their nomination.
- B. All candidates must be an MNA member or a Labor Program member in good standing at the time of nomination and election.
- C. A statement from each candidate, if provided, will be printed in the *Massachusetts Nurse*. Such statements should be limited to no more than 250 words.

## 2. Publication of ballot

- A. Preliminary Ballot: All candidates who are members in good standing shall have their names printed on the ballot provided the nomination papers have been received by the Nominations & Elections Committee or designee by the deadline date established by the committee and communicated in the *Massachusetts Nurse*. The order names are listed on the ballot is determined by random selection.
- B. Final Ballot: All candidates who are members in good standing, shall have their names printed on the ballot provided the nomination papers have been received by the Nominations & Elections Committee by the deadline date established by the committee and communicated in the *Massachusetts Nurse*. The order names are listed on the ballot is determined by random selection by the Nominations & Elections Committee or their designee.

All candidates will receive a draft copy of the Final Ballot prior to the Election Mailing for verification purposes. Confirmation/request for corrections to the ballot should be made in writing to the Nominations and Elections Committee or their designee postmarked within seven days of receipt of the draft ballot.

For uncontested positions the Nominations & Elections Committee may solicit candidates, accept late applications, and add to the ballot after the final ballot deadline with approval of the majority of members of the Nominations & Elections Committee present and voting.

- C. Ballot Information: All inquiries related to deadlines, status, policies, eligibility to vote and receipt of ballots are to be addressed to the staff person to the Nominations & Elections Committee or a designee.

## 3. Publication of policies/ procedures/campaign practice

All policies, procedures and campaign

practices related to the MNA elections shall be distributed to candidates upon receipt of their nomination papers. Notice to all members of availability shall be published in the *Massachusetts Nurse* annually.

## 4. Campaign practices

- A) All candidates shall have access to the following: membership lists/labels; structural unit rosters; bargaining unit rosters; and MNA on-site mailboxes. Candidates may also have access to campaign space in the *Massachusetts Nurse* and may request time on structural unit and bargaining unit agendas. The following conditions must be met.
  1. Request for labels/lists/rosters\* must be in writing and signed by the candidates. All requests will be honored provided they comply with the MNA information/label request policies.
  2. Requests from the candidate for time on structural unit or bargaining unit agendas must be in writing and directed to the appropriate chair. The staff person for the group must also be notified of the request. All candidates for a specific office must be provided with equal access and time.
  3. Structural units and bargaining units may invite candidates to speak at a meeting. All requests must be in writing with a cc to staff. All candidates for a specific office must be provided with equal access and time.
  4. All costs for labels/space in the *Massachusetts Nurse*, and mailing shall be the responsibility of the candidates. Labels will be provided at cost. Ad space in the *Massachusetts Nurse* will be at a specific advertising rate.
  5. Records of requests received, the date of the request, as well as distribution of materials shall be kept by the Membership Department.
  6. All campaign mailings utilizing MNA membership labels shall be sent through a mailing house designated by the MNA. Mailing utilizing rosters may be done directly by the candidates.
  7. The membership list shall be available for review/inspection, by appointment with the Membership Department. Lists or records must remain on the premises.
- B) All candidates must follow acceptable practices in the acceptance of goods, services and contributions. This includes
  1. Employers shall not provide money, supplies, refreshments or publication of and "endorsement" on behalf of a candidate.
  2. Candidates may not use MNA, Region or employer stationary to promote their candidacy.
  3. Candidates may not use postage paid for by MNA, Region or an employer to mail literature to promote their candidacy.
  4. Neither MNA its structural units or bargaining units may use dues money for a function to promote the candidacy of a particular candidate. MNA may sponsor a function at which all candidates for a particular office are invited and no candidate is shown preference over another.

invited and no candidate is shown preference over another.

5. Individual members may make voluntary contributions of money, goods or services to a candidate.
6. The amount that a candidate may expend in campaigning is not limited by MNA.
7. MNA elected and appointed officials may endorse candidates. In the event that the endorsement is to appear in the *Massachusetts Nurse*, then and only then, the endorsements must be verified on the official MNA Campaign Endorsement Form and must accompany ad copy. However, no endorsements may carry identification as to the MNA office held by the endorser (see attachment A).
8. MNA staff shall not wear promotional materials of any candidate or in any manner promote the candidacy of any individual.
9. Candidates shall not use the MNA corporate logo on campaign materials.
10. Campaigning or campaign materials are not allowed on MNA premises with the following exceptions:
  - When invited to a MNA structural unit or bargaining unit meeting.
  - Meeting attendees may wear promotional material.

## 5. Ballot/voting instructions

- A. Ballot will be mailed at least 15 days prior to the date which it must be mailed back (postmarked).
- B. Complete area (as per instructions on form) next to the name of the candidate of your choice. You may vote for any candidate from any Region.
- C. Do not mark the ballot outside of the identified area.
- D. Write-in votes shall not be considered valid and will not be counted.
- E. Enclose the correct and completed voting ballot in an envelope (marked Ballot Return Envelope), which does not identify the voter in anyway, in order to assure secret ballot voting. ONLY ONE BALLOT MAY BE PLACED IN THE ENVELOPE.

All mailing envelopes will be separated from the inner envelope containing the ballot before the ballots are removed, to assure that a ballot can in no way be identified with an individual voter. (At the discretion of the Nominations & Elections Committee, mailing envelopes containing the voter's name and address may be checked off on a master membership list. This process may be of the total membership list, or randomly selected envelopes.)

If the mailing envelope has been misplaced, another envelope can be substituted. This envelope must be addressed to:

MNA Secretary, c/o Contracted Election Administrator (address)

In the upper left-hand corner of this envelope you must:

- a. Block print your name
- b. Sign your name (Signature required)
- c. Write your address & Zip

If this information is not on the mail-

ing envelope, the secret ballot inside is invalid.

- F. The ballot must be received no later than \_\_\_\_\_ AM/PM on (Day) (Date) in order to be counted.
- G. The ballots must be mailed to : \_\_\_\_\_ MNA Secretary  
Contracted Election Administrator  
(Address)

## 6. Observation

- A. Each candidate or their designee who is a current MNA and/or Labor Relations Program member is to be permitted to be present on the day(s) of the opening and counting of the ballots. Notification of intent to have an observer present must be received in writing or electronic message from the candidate 5 working days prior to the ballot counting date.
- B. Each observer must contact the MNA staff person assigned to the Nominations & Elections Committee 5 working days prior to the day in question for space allocation purposes only.
- C. The observer must provide current MNA membership identification to election officials and authorization from the candidate.
- D. No observer shall be allowed to touch or handle any ballot or ballot envelope.
- E. During all phases of the election process, the single copy of the voter eligibility list will be present for inspection.
- F. All observers and candidates will keep election results confidential for 72 hours after the ballot procedure is completed and certified.

## 7. Candidate notification

- A. Results of the MNA Election will be made available to candidates (or their designee) within 72 hours after completion of the ballot counting. Only the names of those elected will be posted on the MNA website when all candidates have been notified after the ballot procedure is completed and certified. Hard copies of the election results shall be sent to each candidate.
- B. Results of the MNA election will be kept confidential until all candidates are notified. Notification of all candidates will occur within 72 hours of certification of the election.
- C. Results will include the following:
  - Number of total ballots cast for the office in question
  - Number of ballots cast for the candidate.
  - The election status of the candidate (elected/not elected)
- D. Any MNA member may access these numbers by written request.
- E. Election results will be posted at the annual meeting.

## 8. Storage of election materials

- A. Pre Election: All nomination forms and all correspondence related to nominations shall be stored in a locked cabinet at MNA headquarters. The Nominations & Elections Committee and staff to the committee shall have sole access to the cabinet and its contents.

*See Election policies, Next Page*

## ...Election policies

From Previous Page

B. Post Election: All election materials including ballots (used, unused and challenged), envelopes used to return marked ballots, and voter eligibility lists shall be stored in a locked cabinet at MNA headquarters for one year. The Nominations & Elections Committee Chairperson and staff to the committee shall have sole access to the cabinet and its contents.

### 9. Post-election press release

The Department of Public Communications shall check the information on file/CV data for accuracy/currency with the elected candidate prior to issuing a press release.

\*Member List—a computer listing of the total MNA membership eligible to vote, including name, address, billing information, etc.

\*Membership Labels—computer-generated labels of the total MNA membership eligible to vote, provided in keeping with MNA Label Sales Policies.

\*Rosters—computer-generated list of the Board of Directors of MNA and all MNA structural units. List includes names and addresses.

Approved by Board of Directors: 5/16/02, 8/21/03, 3/17/05

## Regional Council election

Pursuant to the MNA Bylaws: Article III, Regional Councils, Section 5: Governance

The governing body within each region will consist of:

- a. (1) A Chairperson, or designee, for each MNA bargaining unit.
- (2) One Unit 7 representative on each regional council, to be designated by the Unit 7 President.
- (3) Seven at-large elected positions. General members, labor members, and labor program members are eligible to run for these at-large positions. At-large members serve a two year term or until their successors are elected.
- b. At-large members shall be elected by the Regional Council's membership in MNA's general election. Four at-large members shall be elected in the even years for a two year term and three at large members shall be elected in the odd years for a two year term.

# MASSACHUSETTS NURSE

Massachusetts Nurse accepts unsolicited articles, photography and press releases for consideration as editorial material. While we do not guarantee publication, all items will be carefully evaluated. All submissions and ideas should be sent to:

Editor, Massachusetts Nurse  
340 Turnpike Street  
Canton, MA 02021  
781-830-5718 or 800-882-2056, x718  
email: jjohnson@marn.org

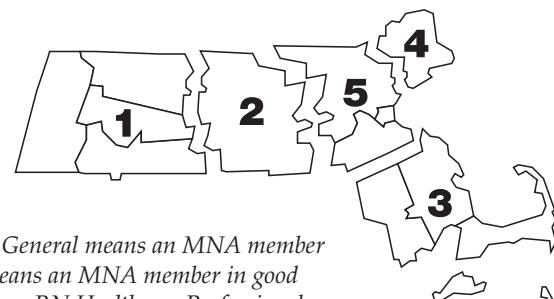
## Consent to Serve for the MNA Regional Council 2007

I am interested in active participation in MNA Regional Council

At-Large Position in Regional Council

*I am a member of Regional Council*

Region 1  Region 2  Region 3  Region 4  Region 5



*General members, labor members and labor program members are eligible to run. General means an MNA member in good standing and does not have to be a member of the labor program. Labor means an MNA member in good standing who is also a labor program member. Labor Program Member means a non-RN Healthcare Professional who is a member in good standing of the labor program.*

*Please type or print — Do not abbreviate*

### Name & credentials

*(as you wish them to appear in candidate biography)*

Work Title \_\_\_\_\_ Employer \_\_\_\_\_

MNA Membership Number \_\_\_\_\_ MNA Region \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Educational Preparation

School	Degree	Year

### Present Offices/Association Activities (Cabinet, Council, Committee, Congress, Unit, etc.)

MNA Offices	Regional Council Offices

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

MNA Offices	Regional Council Offices

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

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Signature of Nominator (leave blank if self-nomination)

**Postmarked Deadline:** Preliminary Ballot: March 31, 2007  
Final Ballot: June 15, 2007

Return completed forms to:  
MNA Nominations & Elections Committee  
340 Turnpike Street  
Canton, MA 02021

## Consent to Serve for the MNA 2007 Election

I am interested in active participation in the Massachusetts Nurses Association

### MNA General Election

- |  |  |
|--|--|
| <input type="checkbox"/> President, General*, 1 for 2 years<br><input type="checkbox"/> Secretary, General*, 1 for 2 years<br><input type="checkbox"/> Director, Labor* (5 for two years) [1 per Region]<br><input type="checkbox"/> Director At-Large, General (3 for 2 years)<br><input type="checkbox"/> Director At-Large, Labor (4 for 2 years)<br><input type="checkbox"/> Labor Program Member who is a non-RN health-care professional (1 for 2 years) | <input type="checkbox"/> Nominations Committee, (5 for 2 years) [1 per region]<br><input type="checkbox"/> Bylaws Committee (5 for 2 years) [1 per region]<br><input type="checkbox"/> Congress on Nursing Practice (6 for 2 years)<br><input type="checkbox"/> Congress on Health Policy (6 for 2 years)<br><input type="checkbox"/> Congress on Health & Safety (6 for 2 years)<br><input type="checkbox"/> Center for Nursing Ethics & Human Rights (2 for 2 years) |
|--|--|

*\*General means an MNA member in good standing and does not have to be a member of the labor program. Labor means an MNA member in good standing who is also a labor program member. Labor Program Member means a non-RN health care professional who is a member in good standing of the labor program.*

Please type or print — Do not abbreviate

Name & credentials

(as you wish them to appear in candidate biography)

Work Title \_\_\_\_\_

Employer \_\_\_\_\_

MNA Membership Number \_\_\_\_\_

MNA Region \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Educational Preparation**

School	Degree	Year

**Present Offices/Association Activities (Committee, Congress, Regional Council, Unit, etc.)**

MNA Offices	Regional Council Offices

**Past Offices/Association Activities (Committee, Congress, Regional Council, Unit, etc.) Past 5 years only.**

MNA Offices	Regional Council Offices

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

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Signature of Nominator (leave blank if self-nomination)

**Postmarked Deadline:** Preliminary Ballot: March 31, 2007  
Final Ballot: June 15, 2007

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

- Hand delivery of material must be to the MNA staff person for Nominations and Elections Committee only.
- Expect a letter of acknowledgment (call by June 1 if none is received)
- Retain a copy of this form for your records.
- Form also available on MNA Web site: [www.massnurses.org](http://www.massnurses.org)

## MNA 2007 Election Preliminary Ballot

President, General*, 1 for 2 years	Beth Piknick
Secretary, General*, 1 for 2 years	No Candidate
Director, Labor*, 5 for 2 years (one per Region)	Region 1 No Candidate Region 2 No Candidate Region 3 No Candidate Region 4 No Candidate Region 5 No Candidate
Director At-Large, General, 4 for 2 years	Director At-Large, General, 4 for 2 years No Candidate
Director At-Large, Labor, 3 for 2 years	No Candidate
Nominations Committee, 5 for 2 years (one per Region)	Region 1 No Candidate Region 2 No Candidate Region 3 No Candidate Region 4 No Candidate Region 5 No Candidate
Bylaws Committee (5 for 2 years) (one per Region)	Region 1 No Candidate Region 2 No Candidate Region 3 No Candidate Region 4 No Candidate Region 5 No Candidate
Congress on Nursing Practice (6 for 2 years)	No Candidate
Congress on Health Policy (6 for 2 years)	Donna Dudik, RN Kathy Metzger, RN Julia Rodriguez, RN
Congress on Health and Safety (6 for 2 years)	No Candidate
Center for Nursing Ethics & Human Rights (2 for 2 years)	No Candidate
At-Large Position in Regional Council	Region 1 Region 2 Patricia Mayo Susan Mulcahy Lynne Starbard
Region 3	Region 3
Region 4	Region 4 Marji Foxon
Region 5	<i>*General means an MNA member in good standing &amp; does not have to be a member of the labor program. Labor means an MNA member in good standing who is also a labor program member. Labor Program Member means a non-RN Healthcare Professional who is a member in good standing of the labor program.</i>

## 2007 scholarships available for MNA members

### Kate Maker Scholarship

This scholarship was established to honor the memory of Kate Maker, RN, and a great leader and powerful activist. Kate's primary focus as an activist was with the MNA. Kate was a long-time member of the MNA Board of Directors, and she served two terms as the chairperson of her bargaining unit at UMass Memorial Health Care's University Campus in Worcester. Kate participated in pickets and strikes for nurses at several Worcester-area hospitals and was particularly effective when it came to explaining the connections between safe-RN-staffing ratios and their immediate impact on patient safety.

The scholarship will be awarded to a student (entry level or practicing RN) pursuing an associate's or bachelor's degree in nursing. Preference will be given to students living in or working in the Worcester area first, and then to other towns in MNA's Region 2. If the applicant is a practicing RN pursuing a degree, she/he must be an MNA member.

### Janet Dunphy Scholarship

Funded by a scholarship established by Regional Council 5, these scholarships are given to an MNA member in good standing in Region 5 and who is pursuing a bachelor's, master's or doctoral degree. Second preference will be given to those seeking advanced degrees in public health policy or labor relations at any level. If the applicant is an MNA member in a collective bargaining unit, an additional reference is required from the local unit representative/committee member attesting to distinguished service within the local unit. Anyone who is known to have

crossed a picket line cannot be considered.

### Regional Council 5 Scholarship

*(Child of member under the age of 25 who is in a nursing program)*

Funded by Regional Council 5, these scholarships will be awarded to a family member of an MNA member in good standing from Region 5 and enrolled in an NLN accredited program in nursing.

### Regional Council 5 Scholarship

*(Child of member under the age of 25 in a higher education program)*

Funded by Regional Council 5, these scholarships will be awarded to a family member of an MNA member in good standing from Region 5 and enrolled in an accredited program in any course of study.

### Regional Council 5 Scholarship

*(Spouse/domestic partner in a nursing program; second preference will be given to those pursuing degrees in public health policy, health care professional tract or labor relations)*

Funded by Regional Council 5, these scholarships will be awarded to a spouse/domestic partner of an MNA member in good standing from Region 5 and is accepted in an accredited nursing program. If applicant is a practicing RN they must be an MNA member.

### Regional Council 4 Scholarship

Funded by Regional Council 4, five \$1,000 scholarships will be awarded to active Region 4 MNA members to assist with their studies for a bachelor's, master's or doctoral degree in nursing.

### Regional Council 3 Scholarship

Funded by Regional Council 3, scholar-

ships are being offered to an MNA member in good standing and active in Region 3 to assist with his/her studies for associate's, bachelor's, master's or doctoral degree.

### Regional Council 3 Scholarship

*(Child of member in nursing program)*

Funded by Regional Council 3, scholarships are being offered to a child of an MNA member in good standing and active in Region 3 to assist with his/her studies in an accredited associate or baccalaureate nursing program.

### Regional Council 2 Scholarship

Funded by Regional Council 2, scholarships will be awarded to an active Region 2 member in good standing to assist with his/her studies in an accredited bachelor's, master's or doctoral program in nursing or a family member continuing their education in nursing.

### Regional Council 2 Scholarship

*(Child of member in nursing program)*

Funded by Regional Council 2, scholarships will be awarded to a child of an active Region 2 member in good standing to assist with his/her studies in nursing.

### Regional Council 1 Scholarship

Funded by Regional Council 1, this scholarship is offered to a child of a Region 1 member, or a student sponsored by a Region 1 member pursuing a degree in nursing.

### Labor Relations Scholarship

Two scholarships are funded annually by a grant established by the MNA Division of Labor. The scholarships are for an RN or health care professional who is also an MNA member in good standing. Applicants must

also be enrolled in a bachelor's or master's degree program in nursing, labor relations or related field. Additional reference is required from your local unit representative identifying your involvement in labor relation/collective bargaining activities.

### MNA Unit 7 Scholarship

Two scholarships are being offered to a member of Unit 7 State Chapter of Health Care Professionals who is pursuing a degree in higher education. One will be awarded to a registered nurse and one will be awarded to a health care professional.

### MNA New England Nurses Scholarship

One scholarship is being offered to a member of MNA in good standing. Applicants must be enrolled in an accredited degree program in nursing, labor relations or related field.

### Faulkner Hospital School of Nursing Alumnae Memorial Scholarship

Funded by a sustaining scholarship established by the Faulkner Hospital School of Nursing Alumnae Association, this scholarship is offered by the Massachusetts Nurses Foundation. The primary purpose is to promote and encourage individuals to enter the professional nursing field, and annually funds the educational pursuits of student attending an entry level nursing program or an RN pursuing a BSN or MSN. First preference will be given to applicants who are lineal descendants of alumnae of the Faulkner Hospital School of Nursing. (Include name of Faulkner ancestor, year of graduation, address if known and relationship to applicant.) Second preference will be given to all others. ■

## Position descriptions for MNA elected offices

**R**unning for and winning election to MNA offices is one of the most important ways for you to have an impact on your profession.

An orientation is given to each elected member prior to assuming positions. An MNA staff person is assigned to each group to assist members in their work. Travel reimbursement to the MNA headquarters for elected members is provided. As stated in the MNA bylaws, absence, except when excused in advance by the chairperson, from more than two meetings within each period of twelve months from the date of assuming an elected or appointed position of the Board of Directors or a structural unit of the MNA shall result in forfeiture of the right to continue to serve and shall create a vacancy to be filled.

### Board of Directors

The specific responsibilities and functions of the Board of Directors are to:

- 1) Conduct the business of the Association between annual meetings;
- 2) Establish major administrative policies governing the affairs of the MNA and devise and promote the measures for its progress;
- 3) Employ and evaluate the executive director;
- 4) The Board of Directors shall have full authority and responsibility for the Labor Program;
- 5) Adopt and monitor the association's operating budget, financial development plan, and monthly financial statements;
- 6) Assess the needs of the membership;
- 7) Develop financial strategies for achieving goals;
- 8) Monitor and evaluate the achievement of goals and objectives of the total Association;
- 9) Meet its legal responsibilities;
- 10) Protect the assets of the association;
- 11) Form appropriate linkages with other organizations; and

12) Interpret the association to nurses and to the public.

*Meets 10 times per year, usually a full day meeting held on the third Thursday of the month. Board members are expected to attend the annual business meeting held during the MNA Convention in the fall.*

### Center for Nursing Ethics

The Center for Ethics and Human Rights focuses on developing the moral competence of MNA membership through assessment, education and evaluation. It monitors ethical issues in practice; reviews policy proposals and

### Consent-to-Serve Form, Page 14

makes recommendations to the Board of Directors; serves as a resource in ethics to MNA members, districts and the larger nursing community; works with MNA groups to prepare position papers, policies and documents as needed; and establishes a communication structure for nurses within Massachusetts and with other state and national organizations. *Meets eight to 10 times per year at MNA for two to three hours.*

### Congress on Health and Safety

The Congress on Health and Safety identifies issues and develops strategies to effectively deal with the health and safety issues of the nurses and health care professionals. *Meets eight to 10 times per year at MNA for two to three hours.*

### Congress on Health Policy and Legislation

The Congress on Health Policy and Legislation develops policies for the implementation of a program of governmental

affairs appropriate to the MNA's involvement in legislative and regulatory matters influencing nursing practice, health and safety, and health care in the commonwealth. *Meets eight to 10 times per year at MNA or MNA's District 2 office in West Boylston for two to three hours.*

### Congress on Nursing Practice

The Congress on Nursing Practice identifies practice and safety issues impacting the nursing community, which need to be addressed through education, policy, legislation or position statements. *Meets eight to 10 times per year at MNA for two to three hours.*

### Bylaws Committee

The Bylaws Committee receives or initiates proposed amendments to the bylaws and reports its recommendations to the Board of Directors and the voting body at the annual business meeting; reviews all new, revised, or amended bylaws of constituent districts for approval of conformity; reviews all MNA policies for congruency with existing bylaws; interprets these bylaws. *Meets eight to 10 times per year at MNA for two to three hours.*

### Nominations and Elections Committee

The Nominations and Elections Committee establishes and publicizes the deadline for submission of nominations and consent-to-serve form; actively solicits and receives nominations from all constituent regions, Congresses, Standing Committees and individual members; prepares a slate that shall be geographically representative of the state with one or more candidates for each office; implements policies and procedures for elections established by the Board of Directors. *Meets two to three times during the year for one to two hours at MNA headquarters. Limited conference call options are available. All updates and correspondence from the committee are conducted by email whenever possible.* ■

# Donations Needed for MNF Auctions!

The Massachusetts Nurses Foundation is preparing for the Golf Tournament on July 16 and its annual voice and silent auction to be held at the MNA 2007 Convention.

Donations are needed to make these fundraising events a big success! Your **tax-deductible** donation helps the foundation raise funds to support nursing scholarships & research.

Simply donate your tax-deductible item, product or service and we will include it in the annual auction. Some ideas for auction donations include:

- |   |                              |
|---|------------------------------|
| ✓ Valuable Personal Items                 | ✓ Craft Items                |
| ✓ Gift Certificates for Items or Services | ✓ Memorabilia & Collectibles |
| ✓ Works of Art                            | ✓ Vacation Packages          |
|   | ✓ Gift Baskets               |

Contact the MNF at 781-830-5745 to obtain an auction donor form or simply mail or deliver your donation to the Massachusetts Nurses Foundation, 340 Turnpike St., Canton, MA 02021.

Our mission is only accomplished through donations. Your donation provides the meaningful difference in what the foundation can do! Your support is appreciated.

*Jeannine Williams*  
MNF President

*Tina Russell*  
MNF Treasurer

## About the Massachusetts Nurses Foundation

The Massachusetts Nurses Foundation is a non-profit organization, established in 1981, which supports scholarship and research in the nursing and health care professions. The primary goal of the MNF is to advance the profession of nursing and health care by supporting the education of nurses. The foundation provides:

- Scholarships and grants to nurses, nursing students and health care professionals
- Support of research, which is significant to the nursing profession and the public
- Administration of scholarship funds for alumni associations, schools of nursing, organizations, foundations and individuals.

The MNF raises funds and dispenses scholarships and grants to qualified candidates who have applied for assistance to further their careers or study clinical issues that are essential to the improvement of health care.



**Save the date!**

## MNF Golf Tournament

### Monday, July 16, 2007

**Register now!**

**Ask about sponsorship opportunities**

**LeBaron Hills Country Club**  
**Lakeville, MA**

**Contact Cindy Messia**  
**781-830-5745**  
**cmessia@mnarn.org**

**MNA**

MASSACHUSETTS NURSES ASSOCIATION

THIS MNA CONTINUING EDUCATION PROGRAM IS HOSTED BY MNA REGION 1

## Oncology for Nurses

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

**DATE:** Wednesday, May 23, 2007

**TIME:** 8 a.m.-4 p.m.

**LOCATION:** Springfield Marriott, 2 Boland Way, Springfield, MA 01115

**FEE:** Members \$15; Non-Members \$35; Nursing Students/Retired \$10

**Lunch and a continental breakfast are included.**

**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 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.

**Chemical Sensitivity:** Scents may trigger responses in those with chemical sensitivities. Men and women are requested to avoid wearing scented personal products when attending this meeting/program.

**Contact Hours:** Will be 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. 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.

**To Register:** Contact Heather LaPenn at the Region 1 MNA office  
413-584-4607 or email [region1@mnarn.org](mailto:region1@mnarn.org)

## Travel to Europe with MNA in 2007!

### Sorrento, Italy

**May 26-June 3, \$1,899\***

Join us on a tour of one of southern Italy's premier vacation resorts. This all-inclusive nine-day, seven-night tour includes transfers by bus and boat to Sorrento, the Isle of Capri and Pompeii. Visits to Positano; the Cathedral of St Andrew; the Museum of Correale; orange, lemon and olive groves; vineyards; and the Castel dell'Ovo in Naples will also be arranged. Offered as an all-inclusive trip, this package is a great value.



### Costa Del Sol plus Madrid

**Nov. 6-14, 2007, \$1,769\***

This Spain tour will feature the first five nights in the beach resort of Torremolinos on Spain's Costa Del Sol with the last two evenings in Madrid. We will enjoy a sightseeing tour that includes Ronda, Grenada to see the Alhambra, Seville and Gibraltar. En route to Madrid, we'll visit Toledo, and while in Madrid, we'll have a panoramic city sightseeing tour, and visit to the Prado museum. The last afternoon will be free for individual sightseeing and shopping. This tour includes three meals daily except our last full day in Madrid where lunch is on your own while in the Costa Del Sol.



### Florence, Venice & Rome

**Oct. 30-Nov. 7, 2007, \$1,869\***

Join this wonderful nine-day/seven-night trip featuring Florence, Venice and Rome with tours included in each city as well as the beautiful Tuscan cities of Siena, San Gimignano and Assisi. The tour will include four nights in the beautiful Spa town of Montecatini. From there, day trips to Florence, Venice, Siena and San Gimignano will be arranged. The time in Rome will include a full-day sightseeing tour of the Coliseum, the Parthenon, the Spanish Steps, the Trevi Fountain, Vatican City and much more. This trip includes round-trip air from Boston and transfers to and from the hotel. Breakfast and dinner included, as well as one lunch.



**For more information and a flyer on these great vacations, contact Carol Mallia at [cmallia@mnarn.org](mailto:cmallia@mnarn.org) with your mailing address.**

\*Prices listed are per person, double occupancy based on check purchase. Applicable departure taxes are not included in the listed prices. Credit card purchase price is \$30 higher than the listed price.

## Learn how nurses make a difference in developing nations: short term medical missions trips

Members of the MNA Diversity Committee's Medical Missions team will talk about their experiences during a recent Mercy Ships trip to Honduras. Learn how this team of nurses and health care professionals provided medical care to impoverished communities. The team will describe the challenges of working in this environment and how they were able to make a positive change in the community.

**To learn more and discover how you can be involved in a future mission trip, attend an upcoming informative program at the MNA:**

**May 8, 2007**

**6:00-8:00 p.m.**

**MNA headquarters, Canton, MA**

This program is free and a light supper will be provided. Please contact Theresa Yannetty at 781-830-5727 or [tyannetty@mnarn.org](mailto:tyannetty@mnarn.org) to register.



**Memorial@  
coffee break after a long shift.**

### Get your nursing degree on your own time

If the challenges of work, life or distance are preventing you from getting the quality education you want, **Memorial@Home** offers nurses the flexibility to make it happen.

Memorial University of Newfoundland is one of Canada's top comprehensive universities, with 40 years of history as a leader in distance education. And, our students benefit from the mutual recognition agreement on accreditation between the Commission on Collegiate Nursing Education (CCNE) and the Canadian Association of Schools of Nursing (CASN/ACESI).

Visit [www.distance.mun.ca/nursing](http://www.distance.mun.ca/nursing) or call 1-866-435-1396 to learn how completing a Bachelor of Nursing (Post RN) completely at a distance through **Memorial@Home** can open doors for you.



## Discounts Corner

### Enjoy Six Flags at huge savings

Discount tickets to Six Flags New England in Agawam are now available to MNA members at a discounted price.

The MNA price for a one-day pass is \$25 (half the regular price of a one-day pass). Season passes are now available for \$64.99, which is a \$10 savings. Prices are subject to change and good only while supplies last.

Please call the MNA at 800-882-2056, x726 to order your passes. ■



### MNA membership dues deductibility for 2006

The table below shows the amount and percentage of MNA dues that may not be deducted from federal income taxes. Federal law disallows the portion of membership dues used for lobbying expenses.

Region	Amount	Percent
All Regions	\$35.55	5.0%

### Nursing Skills, Legal Skills—A Winning Career Combination



#### You have always thought about it... now do it!

When you combine your nursing degree with a legal education, you're opening new doors to opportunity—in hospital administration or in the practice of law where your medical knowledge can help people in new and different ways.

**Massachusetts School of Law at Andover**

500 Federal Street, Andover, MA 01810  
Tel: (978) 681-0800

Call or email us now for a school catalog.  
email: [mslaw@mslaw.edu](mailto:mslaw@mslaw.edu)

**Massachusetts School of Law at Andover**

Auto • Home • Business • Life

## Colonial Insurance Services, Inc.

Just for being a MNA member, you and all household members are entitled to savings on your Automobile Policies. This includes all household members, including Young Drivers!

**Call Colonial Insurance Services today for a no-obligation cost comparison 1-800-571-7773 or check out our website at [www.colonialinsuranceservices.com](http://www.colonialinsuranceservices.com)**



**Automobile Savings**  
Automobile discount of 6%.  
Convenient fee free EFT available.



**Homeowners Policy**  
12% discount when we write your automobile. 3% renewal credit after 1 year the policy has been in effect.



### Congress on Nursing Practice to launch mentorship program

A mentorship program for MNA members will begin this fall. There will be two categories of programs: one for experienced nurses who want to become mentors and the other for nurses who want to be mentored.

The mentorship program was developed with three areas of concentration:

- **Labor:** which will provide entry involvement into union-based activities in the workplace
- **Career:** which will provide information on avenues for professional growth and advancement, including specialty areas, advanced education and certification
- **Organizing/legislative initiatives:** which will provide entry into legislative activities and/or statewide initiatives.

Mentors will need to attend a three-hour workshop focused on specific aspects of mentorship. Break-out sessions for the three categories of mentorship also will be featured.

For questions, call the Division of Nursing at 781-830-5714.

**MNA**

MASSACHUSETTS NURSES ASSOCIATION

### Tewksbury — Andover Nursing & Allied Health Career Fair!

**Wednesday  
May 2, 2007**

**1 to 8 pm  
4 Highwood Drive  
Tewksbury, MA**



*Meet the Merrimack Valley Region's leading healthcare employers and see all of their great new career opportunities at once!*

#### Who should attend?

- All professional nurses
- Recent graduates of nursing
- All related healthcare professionals in fields such as: respiratory care, laboratory science, radiology, occupational therapy, diet & nutrition, etc.

#### Have you ever asked yourself...

- Do I really fit in at my current workplace?
- Can I specialize in another area of healthcare?
- What specialties might be right for me?
- Can I get a better offer closer to home?
- Should I change facilities?

**...then this Career Fair is for YOU!!**

- Free gourmet coffee
- Free tea & snacks
- Free "History of Boston" book to first 100 attendees

**Come in with or without a resume.**

**Go to: [www.healthcareworkfair.com](http://www.healthcareworkfair.com) for directions or to email your resume.**

In case of snow emergency check website.

# INTRODUCING THE NEW MNA HOME MORTGAGE PROGRAM

*A new MNA family benefit*



*As an MNA member, you and your family are entitled to receive free mortgage pre-approvals, and credit analysis.*

**MNA**  
MASSACHUSETTS NURSES ASSOCIATION

Reliant Mortgage Company is proud to introduce the **Massachusetts Nurses Association Home Mortgage Program**, a new MNA benefit that provides group discounts on all your home financing needs including:

- Purchases & Refinances
- Home Equity Loans
- Debt consolidation
- Home Improvement Loans
- No points/no closing costs
- Single & Multifamily Homes
- Second Homes
- Condos
- No money down
- Investment Properties

**Group discounts:** As the only MNA-endorsed mortgage lender, we provide qualified members and their families with low rates and group discounts. Take advantage of free mortgage pre-approvals, free credit analysis, and free review of purchase and sale agreements for homes financed through the program.

**Expert advice:** Whether you're a first-time or experienced homebuyer, choosing the right mortgage is important business. Reliant mortgage consultants are available to MNA members and their families to answer your questions, and walk you through the mortgage process.

We can advise you with options for refinancing your current mortgage to reduce your monthly payments, change the term of your loan, or put the equity in your house to work to consolidate debt or pay for home improvements. And if less than perfect credit (including bankruptcy or foreclosure) is a problem, ask us about practical "make-sense" underwriting. Whatever your needs, we're here to help. Give us a call at **877-662-6623**. It's toll free.

- **\$275 Off Closing Costs**
- **1/8 Point Discount off Points Incurred**
- **Free Pre-Approvals**
- **Low Rates & Discounts**
- **No Point/No Closing Cost Programs Available**
- **Also Available to Direct Family Members**

**CALL THE MNA ANSWER LINE FOR PROGRAM RATES AND DETAILS:**

**1.877.662.6623**  
**1.877.MNA.MNA3**





# Workplace Hazards to Nurses and Other Healthcare Workers: Promising Practices for Prevention

**June 7 & 8 • Best Western Hotel & Trade Center • Marlboro, MA**  
**This conference is co-provided by the Massachusetts Nurses Association and the University of Massachusetts Lowell, School of Health and Environment**

## Thursday, June 7

**7:30AM - 8:30AM**

*Registration, continental breakfast and exhibitors*

**8:30AM - 8:40AM**

*Welcome and Introduction, MNA-UML*

**8:40AM - 10:00AM**

**Plenary: Panel One**

Craig Slatin, ScD  
 Aiat Koren, PhD, RN  
 Carole Pearce, PhD, RN  
 Laura Punnett, ScD

**10:00AM - 10:30AM**

*Break and Exhibits*

**10:30AM - 12:00PM**

**Plenary: Panel Two**

Lee Anne Hoff, PhD, RN  
 Barbara Maun, PhD, RN

**12:00PM - 1:00PM**

*Lunch and Exhibitors*

**1:00PM - 3:00PM**

*Breakout Sessions: Limited to 50*

► Preventing Latex Allergy

Linda Coulombe, RN, BS, CNOR,  
 CRCST

► Preventing Workplace Asthma:  
**Consider the Cleaning Products**

Elise Pechter, MPH, CIH  
 Anila Bello, MS

► Preventing Injuries to Nurses in Home Care Settings

Pia Markkanen, ScD  
 Margaret Quinn, ScD

► Preventing Needlestick/Sharps Injuries in Acute Care Settings

Angela K. Laramie, MPH

**3:00PM - 3:30PM**

*Break and Exhibits*

**3:30PM - 4:30PM**

*Breakout Reports*

## Thursday Evening Buffet & Musical Entertainment

by Jonathan and Annie Rosen of "Annie & the Hedonists"

**6:30PM - 9:30PM**

## Friday, June 8

**7:30AM - 8:30AM**

*Registration & continental breakfast*

**8:30AM - 8:40AM**

*Welcome and Introduction*

**8:40AM - 10:00AM**

**Plenary  
*Nurses at Risk: Infectious Diseases***

Kate McPhaul, PhD, MPH, BSN

**10:00AM - 10:15AM**

*Break*

**10:15AM - 12:15PM**

**Breakout Sessions: Limited to 50**

► Protecting Staff through Pandemic Flu Planning

Robert Naparstek, MD

► Preventing Exposure to Hazardous Drugs

Kathleen Sperrazza, RN, MS

► Preventing Infectious Disease Transmission

Thomas Fuller, ScD, CIH

► Preventing Workplace Violence

Jane Lipscomb, PhD, RN

**12:15PM - 1:15PM**

*Lunch*

**1:15PM - 2:00PM**

*Breakout Reports*

**2:00PM - 2:15PM**

*Closing Comments*

Jonathan Rosen, CIH

**2:15PM - 2:30PM**

*Evaluations*

## Important Information

### Fees

Free to MNA members and staff and students of UMass Lowell; all others \$150 for two-day registration, \$95 for one-day registration. Registrations limited to 225. There will be a \$35 charge to everyone wishing to attend the Thursday evening buffet.

### Registration & Questions

Contact Susan Clish in the MNA Division of Health and Safety at 1-800-882-2056, ext. 723 or fax registration form to 781-821-4445. Include check off for breakout sessions; please indicate first, second and third choices for breakout sessions. Breakouts are limited to 50 participants each. If registering with a credit card, please call Susan Clish at 1-800-882-2056, ext. 723.

### Contact Hours

Continuing nursing education contact hours will be 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.

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

### Program Cancellation:

MNA reserves the right to change speakers or cancel programs for extenuating circumstances.

### Chemical Sensitivity

Attendees are requested to avoid wearing scented personal products when attending this conference. Scents may trigger responses in those with chemical sensitivity.

### Hotel Information

Oversized accommodations are available at the Best Western Hotel and Trade Center in Marlboro at the rate of \$92 plus tax, per night. For hotel accommodations, call 508-460-0700 and ask for the Massachusetts Nurses Association room rate for June 7 and 8, 2007. To be sure of this rate, you must call before June 1, 2007. There is no charge for parking at this facility.

## REGISTRATION FORM: WORKPLACE HAZARDS IN HEALTHCARE CONFERENCE • JUNE 7 & 8, 2007

Name \_\_\_\_\_

\_\_\_\_\_ RN \_\_\_\_\_ APN \_\_\_\_\_ Other (specify) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Place of employment \_\_\_\_\_

Fees:  MNA/UML (free)  Full Conference \$150  Day One \$95  Day Two \$95

Thursday Evening Buffet \$35 each Make checks payable to MNA

### OFFICE USE ONLY

CHG CODE: \_\_\_\_\_ AMT. \_\_\_\_\_

V/MC/AMX \_\_\_\_\_

CK# \_\_\_\_\_ CK DATE \_\_\_\_\_

INT. \_\_\_\_\_ DATE: \_\_\_\_\_

Please indicate your "1st," "2nd," and "3rd" choice for the following Thursday, June 7 breakout sessions:

\_\_\_\_\_ Latex Allergy \_\_\_\_\_ Workplace Asthma \_\_\_\_\_ Home Care Injuries \_\_\_\_\_ Needlestick/Sharps Injuries

Please indicate your "1st," "2nd," and "3rd" choice for the following Friday, June 8 breakout sessions:

\_\_\_\_\_ Pandemic Flu \_\_\_\_\_ Hazardous Drugs \_\_\_\_\_ Infectious Disease \_\_\_\_\_ Workplace Violence

Breakout Sessions limited to 50. Every effort will be made to accommodate your selections.