

the Massachusetts

nurse



THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION

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ADVOCATE

**Holy Family
RNs hold vigil
in Methuen**



November–December 2012/January 2013



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MNA steps up to help N.Y. nurses affected by Hurricane Sandy



In late November, the MNA shipped two large loads of much-needed supplies to New York for those struggling to recover from Hurricane Sandy. Since then, the MNA has received word that what is needed now are monetary donations. If you would like to make monetary donations we are suggesting the NYSNA Disaster Relief Fund.

About the NYSNA Disaster Relief Fund

New York nurses are on the front lines of the response to Hurricane Sandy, taking heroic measures to care for their patients. Some of these same nurses lost everything. Many nurses who lost their homes, or suffered in other ways, are still on the job, caring for their patients. We have established the NYSNA Disaster Relief Fund to help give direct aid

to nurses who were hurt by the storm. If you would like to help nurses who have suffered losses, you can make a donation today. The fund will be administered by the NYSNA Board of Directors and staff, so that 100 percent of donations will go directly to help nurses in need. The fund will be dissolved after the resources have been distributed.

If you would like to help nurses who have suffered losses due to Sandy, you can make a donation to the NYSNA Disaster Relief Fund. Make your check out to "Disaster Relief Fund" and mail it to NYSNA Disaster Relief Fund, 11 Cornell Rd., Latham, NY 12110, or go to www.nysna.org/news/hurricaneSandy/donate.htm to complete a safe, secure online donation.

Donations made to the Disaster Relief Fund are not tax deductible. ■



MNA members Betty Spark, RN, Nora Watts, RN, and Beth Amsler, RN, celebrate with state Rep. Denise Garlick, left, and newly elected Congressman Joe Kennedy III.

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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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Massachusetts Nurses Association



National Nurses United

Time to act now to restore ravaged mental health care system

This call for national action to restore our crumbling mental health care system reverberates in Massachusetts. Here in the commonwealth, years of budget cuts for mental health services, the closing of state facilities, an underfunded and poorly run community-based care system, and lack of appropriate social services have left our mentally ill residents languishing without proper care and services. It is nothing short of a travesty. Every day our emergency departments are overcrowded with mentally ill patients who can't access any services. The time to act is now, the time for further budget cuts is over.

By Deborah Burger, RN

Co-president, National Nurses United

Registered nurses across the country mourn the loss of life marked by the shooting of innocents in Connecticut last month. This should be a clear wake up call for the White House, Congress, and state and local legislators to take action to address causes of such violence, including restoring the devastating cuts that have occurred to mental health services across the U.S.

Every day a massive tragedy is being played out on a smaller scale in emergency rooms, in mental health facilities, and on the streets across our country, where, with sometimes devastating consequences, mental health is underfunded to a shocking and deadly degree.

Members of National Nurses United, the nation's largest organization of nurses, say it is time to act with both short term and long term responses. It is incumbent on all of us to:

- Demand private health care systems reverse the pervasive cuts to mental health services, especially by profit-focused institutions that view mental health as an easy target

for cuts because it is less profitable and has fewer public advocates.

- Increase federal, state and local funding of public mental health programs and public health clinics, which play a crucial role in identifying people with potentially violent mental health problems.
- Require health insurance companies to provide full coverage for mental health services, and require parity in mental health coverage with other health services.
- Restore school nurses and counselors who are frequently a first target of school budget cuts.
- Challenge the stigma of mental health that undermines mental health programs and harms people who need mental health care, the overwhelming majority of whom are not violent.
- Guarantee health care for everyone, including mental health services that are based on a patient's need, not their ability to pay, as in improving and expanding Medicare to cover everyone.

Sadly, this growing emergency comes as no surprise to America's nurses who are on the front line of our nation's mental health crisis. Why must it take such a catastrophe to convene a serious dialogue about the state of our nation's mental health system? In communities from Maine to California, nurses deal with the fallout that comes from hospitals, schools and clinics, who have cut their mental health services to the bone.

Evidence is in on the crisis

Budget cuts to safety net programs and fundamental care services—from schools to health

facilities—have a crucial impact on communities. In 2011, the National Alliance on Mental Illness documented deep cuts to mental health services that led to significant reductions in both hospital and community services for vulnerable individuals with serious mental illness.

Across the country, as noted in this AlterNet commentary, states cut \$4.35 billion in public mental health spending from 2009 to 2012—the most massive cut in funding since de-institutionalization in the 60s and '70s. More than \$840 million of that occurred in 31 states in 2012 alone.

A 2010 National Institute for Mental Health study asserted that one in every three to four children suffers from a mental disorder and that about one in 10 has a serious emotional disturbance, with few affected youth receiving adequate mental health care. It emphasized that common mental disorders among adults first emerge in childhood and adolescence further stressing the need for early intervention and prevention.

The National Health Council for Community Behavioral Healthcare reports that 60 percent of juvenile detention inmates have at least one mental disorder. Although home and community-based services are more cost effective than warehousing youth in the juvenile justice system while they await treatment, the council notes that these home and community services are "inadequately supported."

According to the National Survey on Drug Use and Health, Think Progress reported after the Connecticut shooting just 7.1 percent of U.S. adults receive mental health services. Out-of-pocket costs for inpatient and outpatient

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The MNA Facebook page is an excellent source for the latest news and information about the organization, nursing/health care and our ongoing activities and campaigns. This page is all about community. We invite you to get involved and welcome members' thoughts, comments, links, photos, questions and opinions.

Facebook.com/massnurses.





Holy Family RNs & supporters hold candlelight vigil for safe patient care

RNs from Holy Family Hospital, as well as local supporters, friends and labor advocates, joined together on Dec. 11 in Methuen for a candlelight vigil in support of the Holy Family RNs and their ongoing struggle to secure safe patient care standards in their first contract.

The family-friendly event was also intended to educate the community about how safe patient care standards benefit more than just the individual patient: they benefit families and the greater Methuen community overall.

“As both nurses and as members of the greater Methuen community, this issue is close to our hearts,” said Gayle Burke, RN and co-chairperson of the MNA bargaining unit at Holy Family. “We are here tonight as tribute to this: that safe patient care is our concern, and that safe patient care is the best thing we can offer this community.”

The Holy Family RNs joined the MNA in July 2011 and have been in contract negotiations with management since last December. The issue of safe patient care has been at the heart of many negotiation sessions and the RNs have made countless proposals aimed at improving things. Management has rejected all such proposals, counter offering with proposals that would likely worsen the situation.

According to Burke, nurses on every floor and in every unit of Holy Family are being forced to care for too many patients at once, a practice that has been proven dangerous by countless research groups and studies over the last two decades. “Yet, management continues



to push the envelope when it comes to staffing and patient safety is regularly jeopardized as a result,” she said. “Adding insult to injury, management is reluctant at best to have a legitimate, proactive conversation with us about how to improve this situation.”

“We want management to understand the gravity of this issue, as well as the effect it could have on the greater community if left unresolved,” said Burke. “Caring for too many

patients at one time is dangerous, and it is wrong. As a result, we’re here tonight to inform the public of where things stand in our efforts to keep them safe and healthy.”

In the spirit of the season, and in keeping with their message that caring for the greater community matters, the nurses also collected donations of non-perishable food items. All donations were delivered to local food pantries for the holidays. ■

RNs at MetroWest Medical Center picket for safer staffing levels



The RNs of MetroWest Medical Center's Leonard Morse Hospital campus conducted an informational picket in front of the Natick-based facility in November to call for desperately needed improvements in patient care conditions at the for-profit community hospital.

"The primary reason you are in a hospital is because your condition is so serious you require around-the-clock attention by one of these nurses, who are specially trained to monitor your condition from minute-to-minute and take immediate action to save your life," said Lynn Shaw, co-chair of the MNA local bargaining unit for the 189 nurses who work at MetroWest/Leonard Morse Hospital. "Right now the hospital is failing to provide appropriate staffing levels, which hampers our ability to be at our patients' bedside when they need us most. The signs on this picket line tell the story, we need safe staffing and we need it now."

According to official staffing plans posted on the Mass. Hospital Association's "Patient Care

Link" web site, MetroWest Medical Center has the worst RN staffing levels in the region, and among the worst staffing in the state. It is not uncommon for MetroWest nurses to have six to eight patients at a time, which according to the latest medical research, places those patients at a 14 – 30 percent increased risk for injury or death.

"When nurses have too many patients to care for at one time, complications are more likely, and here at MetroWest we have been warning management about these conditions for months. Yet they refuse to address this growing patient safety crisis," said Vicki Emerson, RN, the other co-chair of the bargaining unit.

The owner of the hospital, Vanguard Health Care, is a multi-billion dollar, for-profit corporation that also owns St. Vincent Hospital in Worcester, where Vanguard has negotiated a contract with those nurses that includes safe RN-to-patient staffing levels to ensure high quality patient care. The nurses at MetroWest Medical Center are in negotiations for a new union contract and are simply asking Van-

guard to provide its patients in the MetroWest region with the same safe standard of care they are providing patients in Worcester.

The other sticking point in the negotiations is the hospital's demand that those nurses who work overtime no longer receive overtime pay for the first hour they work beyond their scheduled shift.

"This is clearly a case of Vanguard adding insult to injury. Because they don't provide enough staff, nurses are rarely able to finish their extensive documentation and their patients' care by the end of the shift, forcing them to work longer while already exhausted," Shaw explained. "Now they want to penalize us financially for putting us in that situation. They should be ashamed of themselves. This is no way to treat patients or nurses."

The nurses and management began negotiations for a new union contract in November 2011, with 15 negotiation sessions held to date. The nurses' contract officially expired on Dec. 31, 2011. ■

Grinchmas! UMass RNs stand up for safe RN staffing



As the UMass Medical Center nurses' negotiations for a new contract dragged on into the holiday season, and UMass management continued to refuse to heed nurses' concerns about poor staffing conditions at the facility, the RNs began daily picketing from Dec. 10 through Dec. 21 as part of what they called "The 12 Days of UMass Grinchmas!" The daily picketing was conducted for one hour each day outside the front entrance at the Memorial campus, with nurses from both campuses participating. Turnout for the events was stellar, and community members and other supporters joined the picket line to hold signs and candles, as well as sing some special Grinchmas carols.



Region 3 nurses hold food and diaper drive

On Nov. 10, Regional Council 3 held a successful food and diaper drive to benefit Independence House, the only community-based resource on Cape Cod that provides free and confidential services for survivors of domestic and sexual abuse (services are also provided to children of survivors).

The drive resulted in more than \$4,000 worth of food and diapers being collected, as well as \$450 in Stop and Shop gift cards. The donations were delivered to very grateful staff members at Independence House the week after the drive.

Regional Council 3 has committed to supporting Independence House long term, and it will hold two major food drives over the next year as part of this commitment. Members attending meetings, classes and events at the Region 3 office in Sandwich are also invited to bring donations.

To learn more about Independence House, visit indhouse.net. ■



Taunton school nurses give back to their community

The Taunton School Nurses held a successful food drive in support of the Taunton-based Saint Vincent DePaul Food Pantry on Saturday, Oct. 27. The event was held at the Shaw's supermarket on Route 44 in Taunton.

“As school nurses we understand the importance of good nutrition for families and children,” said Christine Kimball, RN and chair of the MNA/Taunton School Nurses’ local bargaining unit. “Good nutrition plays a particularly important role in how well children do in school. But in these tough economic times, good nutrition is often a luxury. By sponsoring this food drive, we hoped to change these tides a little.”

And change the tides they did, with an enormous truckload of food delivered to the Saint Vincent DePaul Food Pantry in Taunton the following day.

Both food drives aligned with the MNA/NNU’s ongoing “Main Street Campaign,” which is dedicated to restoring the middle class by: offering sustainable nutrition and housing programs; guaranteeing health care via a single-payer system; making quality, public education accessible to all; providing jobs at living wages; and



providing retirees with a secure, dignified future. The U.S. Robin Hood Tax is directly connected to the Main Street Campaign in that, if passed, it

will produce the revenue needed to help reach the goals outlined above. Visit nationalnursesunited.org for more. ■

MNA/NNU opposes hospital industry policies to mandate masking of healthy nurses and staff as part of flu prevention program

As the state prepares for the upcoming influenza season, the MNA strongly opposes a new policy being implemented by a number of hospital and health care employers calling for mandatory masking of health care workers as a component of a flu prevention program, and threatens to fire nurses who don't wear the mask throughout the hospital all day.

"Rather than focus on systems and policies that actually prevent flu transmission, many institutions are now focused on setting a misguided and ineffective policy which mandates that healthy health care workers wear a mask for eight to twelve hours while on duty if unvaccinated," said MNA President Donna Kelly-Williams, RN. "We encourage nurses to become educated on the risks and benefits of the influenza vaccine and decide whether to vaccinate, but there is no medical evidence that the masking of nurses or healthy workers prevents the transmission of influenza."

"No one cares more about protecting the public health than nurses as we are on the frontlines in protecting our patients from all types of illnesses, including the flu, every day," added Kelly-Williams. "But we cannot and will not support useless policies, especially policies that are only designed to coerce nurses into doing something against their better judgment and policies that may cause them personal harm, with absolutely no benefit for any patients."

"The medical evidence shows that surgical masks are designed to prevent dispersion and are not designed to prevent inhalation of airborne particles containing virus, therefore masks would be more effective if placed on people who are coughing or sneezing, whether patients or workers," said Margaret O'Connor, an occupational health & safety specialist with the MNA/NNU. "Masking an asymptomatic nurse is neither preventive in the spread of infection nor appropriate."

O'Connor added. "Under hospital masking policies, patients, visitors and vendors, who are more likely to be vectors of illnesses, are free to walk around facilities unmasked while nurses and others are forced to wear masks, with no benefit to the patient population." The MNA/NNU position is strongly supported by a nationally recognized expert on the issue. "Mandatory masking in lieu of vaccination of health care workers as is being implemented in Massachusetts makes no sense and will do little to stop the spread of infection," said William Buchta, MD, MPH, who is a fellow with the American College of Occupational and Environmental Medicine, and a medical director of Employee Occupational Health Services at the Mayo Clinic, and who was in Massachusetts two weeks ago to speak about flu prevention and vaccination programs. "There are a number of proven means of reducing hospital infections that need to be implemented, but this is not one of them."

Boston Medical Center nurse, former president of MNA/NNU suffers serious reaction after being coerced into vaccination

In the last month, a number of hospitals have implemented the mandatory masking policy, including Anna Jaques Hospital in Newburyport, UMass Memorial Medical Center in Worcester, Lawrence General Hospital, Boston Medical Center to name a few. Since the policy has been implemented, the MNA/NNU has received dozens of calls and emails from nurses raising concerns about the policy. The organization has also received reports of nurses who have had negative reactions to the vaccine.

A case in point occurred a few weeks ago after the implementation of the mandatory masking policy at Boston Medical Center. Karen Higgins, RN, a critical care nurse with a history of asthma who has had negative reactions in the past to the flu vaccine, wrestled for days with the decision to take the vaccine or, if she refused, to be forced to wear a mask all day every day.



"I know that with my asthma, there was no way I could withstand wearing a mask for that long without compromising my health," Higgins explained. Higgins is a former president of the MNA/NNU and is the current co-president of National Nurses United, the nation's largest nurses union. "I was placed in an untenable situation. I decided to take the vaccine or face disciplinary action. The results were disastrous."

The day after taking the vaccine, Higgins began to feel ill, the following day, while at work she developed severe respiratory distress and was sent to the emergency department, and later she was admitted to her own intensive care unit, this time as a patient to restore her breathing. She was out of work for the next four days.

"I was incensed," Higgins said. "I was just lucky that I was in the hospital when I had the reaction. If I was at home alone, I could have died. This never should have happened, and no nurse should be forced to make this choice, especially when we know that masking provides no real benefit to our patients."

What is behind the masking policy?

Health care facilities throughout the country are required to meet a 90 percent influenza vaccine rate among employees or risk losing a portion of Medicare reimbursement. The MNA/NNU believes that the practice of mandating a mask is a punitive, coercive way of bullying workers into vaccination to avoid being penalized for failure to reach the required vaccination threshold.

The MNA recommends that all health care workers become educated about the benefits and risks of the influenza vaccine and consider immunization unless contraindicated for health or personal reasons. The organization supports the current voluntary influenza immunization program as directed by the Massachusetts Department of Public Health which has proven to be highly successful, increasing rates of flu vaccination in health care facilities.

In response to the masking policies, the MNA/NNU has been demanding to meet with management of facilities considering the policy to try and convince them to take a more balanced approach to flu prevention. In cases where hospitals have refused to discuss nurses' concerns, the MNA/NNU has filed grievances, pursued arbitration over the issue (in the case of the policy implemented at Anna Jaques Hospital), and pursued unfair labor practice charges with the National Labor Relations Board.

This week, the MNA/NNU filed a charge against Lawrence General Hospital, which unilaterally changed its policy, moving from a highly successful voluntary masking policy to a mandatory policy.

"There was absolutely no reason to move to the more punitive approach," said Patricia Rogers-Sullivan, RN, a nurse at LGH and chair

of the nurse's local bargaining unit. "We had a 95 percent vaccination rate already with a voluntary policy. But now they want to intimidate our nurses into doing something that has no value to them or to their patients."

Controlling the spread of flu needs a multipronged approach to infection prevention!

In opposing the masking policy, the MNA/NNU position statement outlines a number of steps hospitals can and should be taking to protect against the flu and many other infections.

Those processes should include:

- Ensure safe and appropriate RN and support staff levels that allow for proper care of patients and infection control procedures. In fact, inadequate staffing is a major cause of all types of hospital acquired infections. Understaffing of RNs and other staff makes it more difficult to maintain appropriate hand washing and infection control procedures. Cuts in housekeeping staff make it more difficult to maintain sanitary conditions that will prevent the spread of infection in hospitals.
- Educate all staff to appropriate infection prevention practices.
- Practice good hand hygiene.
- Educate all patients, employees, vendors and visitors about the flu vaccine.
- Voluntary Flu Vaccination -- The influenza (flu), vaccine is partially protective against three viruses. The published effectiveness rate of this vaccine gives individuals approximately a 50 percent chance of contracting the flu, but there are other influenza like illnesses, for which there are no vaccines. The current flu vaccine protects against the three viruses that are highly virulent. The vaccine helps protect high risk patients, health care workers and the community.
- Establish and enforce guidelines by environmental services (housekeeping and food service staff), to include cleaning surfaces and disinfecting patient rooms. The staff need education on when, where and how to clean to prevent the transmission of influenza.
- Screen patients in the emergency department and mask patients who are positive for influenza. After appropriate treatment, they

may be well enough to be sent home to recover. If patients require admission, they need an isolation room with appropriate precautions.

- Isolate infected patients in private rooms, with air filters to prevent the spread of infection.
- Restrict visitors and vendors from close patient contact, or have them wear personal protective equipment when visiting a patient.
- Create better illness prevention policies! Nurses and health care workers need to be allowed to utilize sick time and stay home if they are ill, as recommended by the Centers for Disease Control and Prevention. Nurses should not be disciplined for taking the time necessary to recover.

"With proper staffing and a commitment to many of the strategies recommended by infection control experts that we have included in our position statement, hospitals could really protect our patients and we support all those measures," said Kelly-Williams. "It's time for the industry to stop bullying nurses and to start listening to them so that our patients receive the care they deserve." ■

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... Time to act is now

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mental health services are staggeringly high.

While there is a national focus, rightly so, on the tragedy in Newtown, today millions of people and their families in our country continue to suffer from mental illness and post traumatic stress from domestic and sexual violence who do not receive support or counseling.

These millions are the hidden face of mental trauma in the U.S., and the disgrace of a health care industry in particular that is focused on short term profit rather than therapeutic healing. Nurses will continue to advocate for the support and early intervention patients and all Americans deserve.

NNU nurses have been speaking out about the mental health crisis for a long time.

"My first reaction when I heard the news was that he sounded like someone with an untreated mental illness," said Adelena Marshall, RN who has worked in the mental health unit of the Chicago Veteran Affairs Hospital for the last 20 years.

Last May, Chicago VA RNs with the support NNU had to threaten to hold an informational picket with the Iraq Veterans against the War to decry the appalling staffing conditions on the mental health unit. A couple of weeks later, 20 positions were posted.

"Nurses are on the front line of this issue and need to be part of the policy conversation," said Michigan RN Jeanette Hokett who works in a 14-bed child and adolescent psychiatric inpatient unit. "They spend the most time at the bedside with the patients and families, and offer a perspective others, such as doctors, don't have."

Earlier this year, nurses' concerns about access to mental health prompted NNU to convene a roundtable on mental health. "Often, the emergency room is where desperate people end up," said one participant, Diane Fagan, a Kaiser Permanente ER RN in Oakland, Calif. "In the eight years I have worked there, I have seen more and more untreated mental health patients coming into the emergency department and spending long hours waiting to see a psychiatrist because so many of our outpatient services have closed."

Says Hockett, "The reality is there are not enough treatment options and they are not always available for families because of financial constraints. If there was better access to mental health care, we would be able to improve the outcome for these patients and improve their lives."

Ultimately, effectively challenging the mental health crisis is an integral part of solving our overall, ongoing healthcare emergency in the U.S. ■

Landmark lawsuit could greatly expand homecare & improve treatment options for Medicare patients

By Mary Crotty, RN JD

A national class action lawsuit is ending with a settlement expected to have widespread positive repercussions for thousands of chronically ill and the home care industry. Glenda Jimmo* of Lincoln, Vt., was the lead plaintiff in a national class-action lawsuit filed after Medicare denied her coverage for nurses and home health aides, saying her condition was unlikely to improve.

A settlement filed in October with Christina C. Reiss, chief judge of the U.S. District Court in Vermont indicates that Centers for Medicare and Medicaid and Services has agreed to begin paying more often for skilled nursing and home health care for large numbers of the chronically ill. The court filing calls for the government to revise its Medicare manual to make benefits available even when care would only “maintain the patient’s current condition or ... prevent or slow further deterioration.” Essentially, in the future, Medicare cannot deny skilled nursing care and various forms of therapy for beneficiaries, regardless of their prognosis. If Judge Reiss approves the settlement, as expected, she would have authority to enforce it for up to four years.

The outcome means that patients with disabilities and chronic conditions like Alzheimer’s disease, multiple sclerosis and Parkinson’s disease, who in the past were unable to get access to care, should benefit. The changes will apply to the traditional Medicare program and to private Medicare Advantage plans. They apply to people 65 and older, as well as to people under 65 who qualify for Medicare because of disabilities.

Home care agencies appear to be anticipating an expansion of clientele and MNA is hearing reports of new hiring in the home care sector.

The suit was filed against the U.S. Health & Human Services, which initially urged the judge to dismiss the lawsuit. Medicare officials denied that they had a formal policy requiring beneficiaries to show their conditions would improve. However, in a separate lawsuit in Pennsylvania, Medicare officials argued the reverse. In order for Medicare to cover skilled nursing care, they said in a legal brief, “there must be an expectation that the beneficiary’s condition will improve materially in a reasonable and generally predictable period of time.”

The administration has agreed to settle, but the final specific terms of the settlement await approval by the federal judge in Vermont. However some reports are that it could be a year before Medicare contractors get their final revised and clarified manuals – meaning that nurse and patients need to be aware of the change and push back on denials. Several patient advocates recommend that people should demand coverage that maintains their condition or slows deterioration right now, given that Medicare was supposed to be paying for it all along. “We will be urging beneficiaries and advocates to bring the agreement to the attention of contractors,” said Gill Deford, the director of litigation for the Center for Medicare Advocacy.

The lawsuit alleged that HHS, Medicare contractors and administrative review boards across the country rolled out a “clandestine” policy to limit Medicare coverage for nursing and therapy services even though official CMS rules say those benefits should be covered. The settlement clarifies what was supposed to be the “law of the land,” that Medicare ought to cover any reasonable treatment prescribed by a doctor even if it only aims to slow a person’s deterioration or maintain the current level of health.

Plaintiffs argued that Medicare has allowed the contractors that process its claims to use a so-called “improvement” standard over the last few decades. To the Center for Medicare Advocacy and the many other organizations, like the Parkinson’s Foundation, that joined the lawsuit, that standard allowed for cutting off physical, occupational and speech therapy and some inpatient skilled nursing services for patients who had plateaued.



The lawsuit alleged that Medicare contractors and administrative review boards across the country rolled out a “clandestine” policy to limit Medicare coverage for nursing and therapy services even though official CMS rules say those benefits should be covered. The settlement clarifies what was supposed to be the “law of the land,” that Medicare ought to cover any reasonable treatment prescribed by a doctor. Home care agencies appear to be anticipating an expansion of clientele and MNA is hearing reports of new hiring in the home care sector.

Medicare is supposed to pay for reasonable treatment prescribed by a physician for any illness or injury. For the home care patients that this settlement is thought to affect the most, a doctor must have certified that a patient is homebound and must have prescribed treatment that only a skilled practitioner can provide. (The “skilled practitioner” rule keeps Medicare from paying for assistance with everyday activities like bathing and dressing.) Providers will still have to document that the services provided are “reasonable and necessary” for the diagnosis or treatment of a medical condition. They will also have to justify why skilled care is required. But it appears that the focus on the skills needed to provide care rather than the need for improvement will expand the number of Medicare beneficiaries eligible for post-acute care services.

The Parkinson’s Action Network was instrumental in arguing that for patients with degenerative diseases, holding steady or degenerating more slowly than one might otherwise is often the definition of success. Others argued that payment practices led to physicians changing their practice patterns, as doctors decided prescribing treatment that would not be covered would be pointless.

The settlement specifies that skilled care can qualify for Medicare coverage even if it merely serves to maintain someone’s current condition or prevents or slows further deterioration. Certain patients who have had claims rejected will be able to resubmit them. Various patient



The lead plaintiff, Glenda R. Jimmo, 76, of Bristol, Vt., has been blind since childhood. Her right leg was amputated below the knee because of blood circulation problems related to diabetes, and she is in a wheelchair. She received visits from nurses and home health aides who provided wound care and other treatment, but Medicare denied coverage for those services, saying her condition was unlikely to improve.

advocacy groups have expressed hope that Medicare will soon pay for many forms of therapy that it has not covered previously. One example cited is cerebral palsy patients, for whom physical therapy to maintain muscle mass is one possibility. For multiple sclerosis patients, there may be more approval for treatments for spasticity and gait training to prevent falls.

At this point there are no specifics on the cost of the increased coverage of nursing home, home care and physical therapy bills for patients previously denied coverage. One of the major winning arguments of plaintiffs was that the cost of therapy services would be offset by the savings benefit of reducing even more costly hospitalizations for complications as well as reducing readmissions and preventing the deterioration of someone with a chronic condition that can accompany a hospitalization.

Problems and question remain

Two big remaining questions that patient advocates are still asking are how many people may benefit from the clarification of the regulations, and how quickly. A separate issue is that Medicare does have individual annual limits in certain areas; this settlement will not affect those benefit limits.

While the proposed settlement would expand coverage to additional patients, Medicare still restricts the use of home health and care coordinating services to a limited set of Medicare patients. Only homebound Medicare patients are eligible to receive home health care benefits—about 10 percent of all patients. However, virtually all spending in the Medicare program is associated with chronically ill patients, homebound and non-homebound.

Non-homebound patients with multiple chronic health care conditions in the traditional fee-for-service Medicare program would be the only patients not eligible for any care coordination services. Patients with hypertension, diabetes, hyperlipidemia, hypertension, asthma, pulmonary disease, back problems, and depression are common patient profiles in the Medicare program. Yet, unless they are homebound, they are still not eligible for any type of home health or care coordination services. We still need evidence-based prevention and care coordination programs for the 90 percent of Medicare patients that are not homebound in order to further cut costs of caring for Medicare patients. ■

For more information:

View the proposed settlement, Glenda Jimmo et. al. v. Kathleen Sebelius, Secretary of Health & Human Services, at: www.medicareadvocacy.org/wp-content/uploads/2012/11/Proposed-Settlement-Agreement.101612.pdf

The Center for Medicare Advocacy is a non-partisan, education and advocacy organization working for fair access to Medicare and quality health care for seniors and persons with disabilities. Contact info: www.ct.gov/agingservices/lib/agingservices/manual/advocacy/centerformedicareadvocacyfinal.pdf

They have a great deal of information on their website, for example: “Settlement Reached to End Medicare’s “Improvement” standard at www.medicareadvocacy.org/hidden/highlight-improvement-standard/

For a summary of the case, see www.medicareadvocacy.org/2012/11/01/jimmo-v-sebelius/

For self help info, see www.medicareadvocacy.org/take-action/self-help-packets-for-medicare-appeals/

The Parkinson Foundation study which provided key evidence for plaintiffs:

“Management of the hospitalized patient with Parkinson’s disease: current state of the field and need for guidelines.” Aminoff MJ, et al.; National Parkinson Foundation Working Group on Hospitalization in Parkinson’s Disease. *Parkinsonism Relat Disord.* 2011 Mar;17(3):139-45. Epub 2010 Dec 14. www.ncbi.nlm.nih.gov/pubmed/21159538

“Medicare and Chronic Ills,” Letter to the Editor. Peter Schmidt and Michael Akun, October 24, 2012 (respectively, V.P. of programs and National medical Director, National Parkinson Foundation). www.nytimes.com/2012/11/01/opinion/medicare-and-chronic-ills.html?ref=opinion

“Settlement Eases Rules for Some Medicare Patients.” Robert Pear, October 23, 2012. www.nytimes.com/2012/10/23/us/politics/settlement-eases-rules-for-some-medicare-patients.html

“What Medicare Will Cover Even if You’re Not Likely to Get Better.” Ron Lieber, October 26, 2012. www.nytimes.com/2012/10/27/

your-money/health-insurance/medicare-expected-to-pay-more-costs-of-chronic-conditions.html?scp=2&sq=Medicare+cms&st=nyt

“Assuring Post-Acute Care Treatment for Medicare Beneficiaries.” Ken Thorpe, October 31, 2012. healthaffairs.org/blog/2012/10/31/assuring-post-acute-care-treatment-for-medicare-beneficiaries/

Medicare limits how much it pays for a patient’s medically-necessary outpatient therapy services in one calendar year. These limits are called “therapy caps.” For specific examples, see their booklet “Medicare Limits on Therapy Services” at <http://www.medicare.gov/Pubs/pdf/10988.pdf> Note: CMS says this information only applies to patients with “Original Medicare,” not to Medicare Advantage Plans (e.g., an HMO or PPO) and recommends check with the plan for information about their coverage rules on therapy services.

“Settlement Proposed for Medicare Coverage of Home Health Care.” October 23, 2012. www.californiahealthline.org/articles/2012/10/23/settlement-proposed-for-medicare-coverage-of-home-health-care.aspx

Kaiser Health News, “Obama administration to relax Medicare benefit rules.” Kaiser Health News, October 25, 2012. www.kaiserhealthnews.org/Daily-Report.aspx?reportdate=10-24-2012#Medicare-0

“Settlement Proposed to Broaden Medicare Coverage.” McClatchy Newspapers, October 25, 2012. www.governing.com/news/state/Settlement-Proposed-to-Broaden-Medicare-Coverage.html#

Proposed lawsuit settlement will alter home health Medicare reimbursements.” Chris Anderson, October 24, 2012. www.healthcarepayernews.com/content/proposed-lawsuit-settlement-will-alter-home-health-medicare-reimbursements

“Proposed CMS settlement expands Medicare coverage for chronic patients.” Karen Cheung-Larivee, October 25, 2012. www.fiercehealthcare.com/story/proposed-cms-settlement-expands-medicare-coverage-chronic-patients/2012-10-25

For more information or to discuss, contact Mary Crotty, RN JD at mcrotty@mnarn.org or 781-830-5741.

Bios of candidates for NENA 2012 Delegate Election

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

Beth Amsler, RN

Ashland, MA

Employment: Newton-Wellesley Hospital

Education: Diploma, The Jewish Hospital School of Nursing, 1969

Present/Past MNA Activities: Board of directors 2008-2012, Congress on Nursing Practice, Vice Chair-NWH Bargaining Unit

Maggie Browne, BS, RN

Hancock, MA

Employment: Berkshire Medical Center

Education: BS, Nursing, College of Our Lady of the Elms, 2014; AS, Nursing, Columbia Greene Community College, 2007; BS, Business, College of Saint Rose, 1999

Present/Past MNA Activities: Committee Representative for Surgical Services Region 1 Berkshire Medical Center

Candidate Statement: The focus of my nursing practice is to improve and make better the situation at hand. My nursing foundation is emergency care, and currently, post anesthesia recovery. Bedside care is the external system of my nursing practice, which in turn, is controlled by a very complicated enormous system, imposed by government, and ultimately dictated by my voting power. It is paramount to speak the truth as I understand it aloud without malice. I will not feed a self-imposed sense of powerlessness with silence. This remains true whether I am discussing care with a doctor, a patient, a family member, a colleague, or a manager. This remains true whether

I am challenging a hospital protocol, a federal regulation, a union precedent, or the position of an elected official. I am open to the continual possibility that I may be wrong and I strive to be teachable.

I am an enthusiastic and vocal supporter of National Nurses United. I firmly believe that uniting nurses nationally and internationally is the solution to the health care crisis dictated by a broken political process controlled by corporate interests. The community hospital will be saved by union strong nurses uniting management and advocating for the communities we serve.

If elected, I will speak the message of National Nurses United coherently and passionately. I envision writing legislation, addressing politicians, and being the face of change for our united profession. I embrace the clear and poignant Main Street contract. Nurses will lead the change the country seeks.

Michael D'Intinosanto, RN

Winchendon, MA

Employment: Comm. of Mass DDS

Education: Harvard Trade Union, 2010; BS, Fitchburg State College, 1999; AD, Labourer' Jr College, 1984

Present/Past MNA Activities: President Unit 7 State chapter, Mass Nurses PAC, Congress on Health Policy & Legislation

Julie S. Gordon, RN

Medway, MA

Employment: Newton Wellesley Hospital

Education: AD-Nursing, Mass Bay Community College, 2003; BS-Biology, Framingham State University, 1993; Holliston High School, 1988

Mary Havlicek Cornacchia, RN, BSN

Westborough, MA

Employment: Tufts Medical Center

Education: BSN, Fitchburg State College, 1988

Present/Past MNA Activities: Vice Chair-Tufts Medical Center Bargaining Committee-2nd term, Congress on Health and Safety,

Patty Healey, RN

Florence, MA

Employment: Brigham & Women's Hospital

Education: BSN, University of Massachusetts-Amherst, 1977

Present/Past MNA Activities: Past BOD-MNA, Director, MNA Awards Committee, MNA Congress on Legislation and Health Policy past member, Bylaws Committee, Past President, Region Council 1, Current Board Member Region 1, Bargaining unit Member of BWH, MNA Delegate NNU

Gary Kellenberger, RN

Blackstone, MA

Employment: Worcester Recovery Center & Hospital

Education: ASN, Quinsigamond Community College, 1994

Present/Past MNA Activities: MNA Board of Directors, MNA Finance Committee

Elizabeth Kendrick, RN

Roslindale, MA

Employment: Tuft's Medical Center

Education: Bachelor's Science, Nursing, University of MA-Boston, 2006

Present/Past MNA Activities: Tufts Medical Center Bargaining Committee Rep 2011-2012

Mary Marengo, RN

Worcester, MA

Employment: St. Vincents Hospital/ Newton Wellesley Hospital

Education: BSN, Fitchburg State College, 1992;

AD, Quinsigamond Community College, 1978

Present/Past MNA Activities: President U7, MNA BOD

Marie E. Ritacco, RN

Auburn, MA

Employment: St. Vincent Hospital

Education: ADN, Q.C.C., 1983

Present/Past MNA Activities: Grievance Chair-St. Vincent Hospital, MNA BOD-2 terms

Ginny Ryan, RN

Marshfield, MA

Employment: Faulkner Hospital

Education: ADN, Mass Bay Community College, 1985; BSN, Simmons College, 2011; MSN, Framingham State College, Present

Present/Past MNA Activities: MNA BOD 2006-2012, Convention Committee 2006-present, Vice-chair Region 5

Ellen T. Smith, RN

Douglas, MA

Employment: UMass- University

Education: ADN, Cape Cod Community College, 1994

Present/Past MNA Activities: Vice Chairperson-Reg 2, BOD 2008-2012, Co-chair UMass University, Delegate NNU

Lynne P. Starbard, RN

Worcester, MA

Employment: UMass Memorial-Memorial

Education: Associates, Quinsigamond Community College, 1977; Anna Maria College 1971-1972

Present/Past MNA Activities: Chair, Congress on Health Policy & Legislation, Secretary PAC-MNA, Stat Team Member, NNU Delegate, Chairperson Region 2, Co-chair UMass Memorial Hahnemann

Candidate Statement: I am asking for your vote to represent you as a delegate. I am very active in MNA activities, chair of region 2, secretary of the PAC, chair of congress on legislative policies, cochair of my bargaining unit UMass Memorial and a member of the awards committee and stat team. Elected as a delegate to NNU, I would like to bring back information to the NENA committee mtgs as we promote our profession of Nursing. We need to be strong standing together to promote fair pay, safe working conditions to give our patients the care they need, and a good retirement after years of serving the many that come under our care. Thank you for your consideration.

Donna Stern, RN

Hadley, MA

Employment: Baystate Franklin Medical Center

Education: BSN, UMass Amherst, 2005; MSN, Boston College, 2002; BS, U.Maine Farmington, 1992

Present/Past MNA Activities: Co-chair Bargaining unit, Vice-chair BFMC, Statewide Awards Committee since 2011, 2009 NNU Alternante, 2011 NNU Alternate then Delegate, 2012 NNU Delegate

Barbara S. Tiller, RN, BSN

Wrentham, MA

Employment: Tufts Medical Center

Education: BSN, Alfred University, 1986

Present/Past MNA Activities: Board of Directors 2008-2012, NNU Delegate 2009-2012,

Chair TMC Barg Unit 2010-present

Candidate Statement: I have been a nurse for 26 years working at the bedside in the Acute Care Setting. I have been active in MNA at the bargaining unit, regional, state and national level. Currently I serve as the bargaining unit chairperson at Tufts Medical Center in Boston, MA. I have worked as a MNA Director on local campaigns at the statehouse for legislation to improve working conditions for nurses and also at our nation's Capitol on a national level as an NNU Delegate. It has been gratifying to meet nurses across our state and country and to share in their passion and energy for what we do everyday in caring for our patients. Together we can get things done and be a voice that will be heard and represent what every nurse needs to properly take care of patients in a

safe, effective and compassionate manner. As a NENA delegate I will continue to work with other nurses from the Northeast to connect and work on a vision for our region in support of our particular needs and goals and also to strategize on building our numbers and strengths in a regional sense for the promotion and protection of our profession.

Brian Zahn, RN

Lawrence, MA

Employment: City of Lawrence

Education: ADN, Northern Essex Community College, 1993

Present/Past MNA Activities: Vice Chair Reg Council IV present, Chair Reg Council IV past

Retired?

**Do you miss staying connected?
Stay active with MNA!**

Understanding that retired nurses still have much to contribute to the profession of nursing, the MNA Board of Directors is forming a "retired nurses group" for those who want to stay connected to and involved with the MNA/NNU. "Our retirees are underutilized," said Donna Kelly-Williams, RN and president of the MNA/NNU. "They are an untapped resource in terms of both input and participation. We want to change that—we want our retirees actively contributing to our successes."

The specific mission and goals of the group will be determined by the membership of the group in conjunction with the Board of Directors. The first step in this process, however, is identifying nurses who are interested in joining this exciting group of seasoned activists.

If you are a retired nurse and are interested in joining this group, contact Eileen Norton at enorton@mnarn.org or at 781-830-5777. ■



We're Going Green ...

**ATTENTION, MNA
Region 5 Members!**



***Paper copies of the R5 newsletters will no longer be sent to members via U.S. Mail.**

Go to www.massnurses.org/region5/newsletters

Massachusetts Nurses Association



National Nurses United

Massachusetts Nurses Association

**Regional Council 5
Greater Boston**



www.massnurses.org/region5

Massachusetts Nurses Association

Full member (75 percent) of applicable dues rate

Subject to verification, members who qualify for one of the following categories may elect to pay 75 percent of the annual dues:

1. Health professional labor program member—any health care professional, other than a registered nurse, who is represented for purposes of collective bargaining by MNA;
2. Limited hours labor program member—any labor program member who is represented for purposes of collective bargaining by MNA and who has 988 or fewer hours paid in the preceding calendar year.

It is the responsibility of any registered nurse and/or other health care professional to verify to the satisfaction of MNA on an annual basis his/her eligibility for 75 percent dues category within any of the foregoing categories by April 1 of each year. Upon receipt of such verification of eligibility in the prior calendar year, the member shall receive the reduced dues rate effective the following July 1 through June 30.

Application for Minimum Hours Reduced Dues Category

Please print clearly and submit to the Membership Division of MNA by April 1.

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

This is to certify that I _____, RN
was paid for a total of _____ hours in the year January 1, 2012 through December 31, 2012*
at the following MNA facility(s) of employment for the year of application (*list each MNA facility separately*):

1. _____
2. _____
3. _____

I certify under penalty of perjury that the information herein is true and complete to the best of my knowledge.

Signed _____

Date _____

* MNA reserves the right to verify this information to determine eligibility

**Confirmation of receipt of this application will
be emailed to your MNA email account.**

Contact Division of Membership (781-821-4625) if you need assistance accessing your member mail.



Massachusetts Nurses Association • 340 Turnpike Street • Canton, MA 02021



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National
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continuing education

Winter/Spring 2013



MNA is proud to provide **FREE** continuing nursing education programs to foster professional growth for its members. Offering the programs locally to its members improves access and convenience. We hope you appreciate this service and find these courses are helpful.

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Morning Session:

Detecting the Diverter: It's Not Who You Think

Description: This program will discuss the important issue of narcotic diversion. Diversion prevalence, recognition and methods will be explored. The best practice standards for safe handling of narcotics will be presented. The program will conclude with a discussion of resources to support a nurse with a substance use problem as well as the nurse's role in safeguarding patient care.

Presenter: Carol Mallia, MSN, RN

Date: March 6, 2013

Time: 9 – 9:30 a.m., Registration/Continental Breakfast
9:30 a.m. – 12 p.m., Program; 12 – 1 p.m., Lunch

Afternoon Session:

Hostile Work Environment: Recognition and Response in the Health Care Setting

Description: The purpose of this program is to provide information designed to enable nurses and other health care workers to recognize and respond to some of the common behaviors, themes and negative patterns often found in and around hostile work places that place both health care providers and patients at risk.

Presenters: Peg O'Connor, MMHC, RN, COHN, HRM

Date: March 6, 2013

Time: 1 – 1:30 p.m., Afternoon Registration
1:30 – 3:30 p.m., Program

Location: Cranwell Resort, Route 20, Lenox; 413-637-1364; www.cranwell.com

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

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

Contact hours: Will be provided.

The Economics of Health Care

Description: This program will provide nurses with information regarding new health care legislation, cost containment and reimbursement changes, all of which are contributors to a difficult work environment for nurses.

Presenter: Sarah Kemble, MD, MPH

Date: April 3, 2013

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

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

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

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

Contact hours: Will be provided.

The Kinematics and Initial Assessment of a Multi-System

Trauma Patient

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

Presenter: Joseph S. Blansfield, RN, MS, ANP-BC

Date: April 23, 2013

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

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

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

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

Contact hours: Will be provided.

To register: Complete the Regional Registration Form located on page 20 and submit to the MNA Region 1 Office, 241 King Street, Suite 226, Northampton, MA 01060. For questions, please contact Region 1 at 413-584-4607 or email region1@mnarn.org



How to Protect Yourself from the Complexities of Computerized Healthcare

Description: With the emergence of Healthcare Information Technology applied to patient records (electronic medical records, or EMR), nurses are experiencing new documentation problems and resulting patient safety issues. Several specific instances as well as potential safeguards for nurses will be discussed.

Presenters: Tammy Murphy, RN, ASN, LNC, CAP III; Barbara Levin, BSN, RN, OCN, LNCC

Date: March 12, 2013

Time: 5 – 5:30 p.m., Business Meeting
5:30 – 6 p.m., Registration/Dinner
6 – 8:15 p.m., Program

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

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

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

Contact hours: Will be provided.

What's Bugging You? Nursing Considerations in Insect and Tickborne Illness

Description: This program will provide nurses with information regarding tick-borne illness including risk factors, symptoms, assessment, diagnostic indicators, and treatment recommendations. Mosquito-borne illnesses will also be explored.

Presenter: Alfred DeMaria, Jr., MD

Date: April 9, 2013

Time: 5 – 5:30 p.m., Business Meeting
5:30 – 6 p.m., Registration/Dinner
6 – 8:15 p.m., Program

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

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

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

Contact hours: Will be provided.

Child Abuse and Its Mimics

Description: This program will provide nurses with information on the assessment of unusual physical examination findings vs. potential abusive injury, review laws and regulations, including reporting requirements related to children's health in Massachusetts, and provide guidance in the nursing management of the family and child in such situations.

Presenter: Alice Newton, MD

Date: May 21, 2013

Time: 5 – 5:30 p.m., Business Meeting
5:30 – 6 p.m., Registration/Dinner
6 – 8:15 p.m., Program

Location: U.S. Marine Corps League, 181 Lake Avenue, Worcester; 508-797-0141; www.worcestermcl.org

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

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

Contact hours: Will be provided.

To register: Complete the Regional Registration Form located on page 20 and submit to the MNA Region 2 Office 365 Shrewsbury Street, Worcester, MA 01604. For questions, please contact Region 2 at 508-756-5800 or email region2@mnarn.org

REGION 3



Childhood Mental Health: Implications for Nursing

Description: This program will provide an overview of psychiatric and mental health disorders in children and adolescents, including anxiety, depression, PTSD, and ADHD. Assessment and implications for care in medical, hospital, and school settings will be presented.

Presenter: Ann Polcari, Ph.D., PMHCNS-BC

Date: March 14, 2013 (Snow Date: March 21, 2013)

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

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

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

Contact Hours: Will be provided.

What's Bugging You? Nursing Considerations in Insect and Tickborne Illness

Description: This program will provide nurses with information regarding tick-borne illness including risk factors, symptoms, assessment, diagnostic indicators, and treatment recommendations. Mosquito-borne illnesses will also be explored.

Presenter: Alfred DeMaria, Jr., M.D.

Date: April 11, 2013

Time: 5:30 – 6 p.m., Registration/Dinner
6 – 8:15 p.m., Program

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

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

Contact Hours: Will be provided.

Addictions: A Comprehensive Approach for Nurses

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

Presenters: Donna White, PhD, RN, CS, CADAC; Deidre Houtmeyers, RN, MS, CAS, LADC-1; Jake Nichols, Pharm. D., MBA, BCPS; Hilary Jacobs LICSW, LADCI

Date: May 1, 2013

Time: 9 – 9:30 a.m., Registration/Breakfast
9:30 a.m. – 5 p.m., Program (light lunch provided)

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

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

Contact Hours: Will be provided.

To register: Complete the Regional Registration Form located on page 20 and submit to the MNA Region 3 Office, PO Box 1363, Sandwich, MA 02563. For questions, please contact Region 3 at 508-888-5774 or email region3@mnarn.org

REGION 4



Accepting, Rejecting and Delegating a Work Assignment

Description: This program will provide a framework for decision-making based on the Nurse Practice Act and other regulatory agencies, to safeguard nursing practice and patient care.

Presenter: Dorothy Upson McCabe, MS, MEd, RN

Date: March 19, 2013

Time: 5 – 6:15 p.m., Registration/Dinner
6:15 – 8:15 p.m., Program

Location: Danversport Yacht Club, 161 Elliot Street, Danvers; 978-774-8620; www.danversport.com/contact.htm

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

Contact hours: Will be provided.

What's Bugging You? Nursing Considerations in Insect and Ticketborne Illness

Description: This program will provide nurses with information regarding tick-borne illness including risk factors, symptoms, assessment, diagnostic indicators, and treatment recommendations. Mosquito-borne illnesses will also be explored.

Presenter: Alfred DeMaria, Jr., MD

Date: April 24, 2013

Time: 5 – 6 p.m., Registration/Dinner
6 – 8:15 p.m., Program

Location: Angelica's Restaurant and Functions, 49 S. Main Street, Route 114, Middleton; 978-750-4900; www.angelicas-online.com

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

Contact hours: Will be provided.

Nursing Management After Traumatic Brain Injury

Description: This program will address the management of the patient in the acute phase of Traumatic Brain Injury (TBI) and the common difficulties experienced by the patient with TBI in childhood, adolescence and early adulthood. Important considerations for the development of a plan of care to support the young patient with mild TBI (concussion) at home and in school will be addressed.

Presenter: Michelle Parker, RN, MS, PNP

Date: May 21, 2013

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

Location: Salvatore's Function Facility, 354 Merrimack Street, Lawrence; 978-291-0220; www.salvatoresrestaurant.com/#lawrence-riverwalk

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

Contact hours: Will be provided.

To register: Complete the Regional Registration Form located on page 20 and submit to the MNA Region 4 Office, 50 Salem Street, Building A, Lynnfield, MA 01940 For questions, please contact Region 4 at 781-584-8012 or email region4@mnarn.org



Cardiac and Pulmonary Pharmacology

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

Presenter: Carol Mallia, MSN, RN

Date: March 28, 2013

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

Location: MNA Headquarters, 340 Turnpike Street, Canton, MA; 781-821-4625, www.massnurses.org

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

Contact Hours: Will be provided.

Difficult Conversations in End of Life Care

Description: Good communication is key to helping patients and families navigate care at the end of life, yet it is something that most health care providers are not taught during their training. This program will provide an outline and model for end of life communication and provide scenarios for its application.

Presenter: JoAnne T. Nowak, MD

Date: April 10, 2013

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

Location: Emerald Hall, 120 Bay State Drive, Braintree, MA; 781-848-8080; www.emeraldhall.com

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

Contact Hours: Will be provided.

Psychological Effects of Chronic Illness

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

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

Date: May 15, 2013

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

Location: MNA Headquarters, 340 Turnpike Street, Canton, MA; 781-821-4625, www.massnurses.org

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

Contact Hours: Will be provided.

To register: Complete the Regional Registration Form located on page 20 and submit to the MNA Region 5 Office, 340 Turnpike Street, Canton, MA 02021. For questions, please contact Region 5 at 781-821-8255 or email region5@mnarn.org

Basic Dysrhythmia Interpretation

Description: This three-part course is designed for registered nurses working with cardiac monitoring. Recognition, implications, and clinical management of cardiac dysrhythmias will be discussed. Course will include a text book and require study between the sessions.

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

Dates: February 26, 2013 (Part One); March 5, 2013 (Part Two);
March 12, 2013 (Part Three)

Snow Date: March 19, 2013

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

Fee: Member/Associate Member, free*; Non-member, \$195. *Requires a \$50 placeholder fee which will be returned upon attendance. There is a non-refundable cost of \$30 for the caliper and workbook.

Contact Hours: Will be provided.

MNA Contact: Theresa Yannetty, 781-830-5727

Advanced Cardiac Life Support (ACLS): Certification and Recertification

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

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

Dates: April 1, 2013 and April 8, 2013 (certification)
April 8, 2013 only (recertification)

Time: 8:30 – 9 a.m., Registration
9 a.m. – 5 p.m., Program (light lunch provided)

Fee: Certification: MNA Members/Associate Members, free*; Non-member, \$250

Recertification: MNA Members/Associate Members, free*; Non-member, \$195

***Requires \$100 placeholder fee which will be returned upon attendance. There is a non-refundable cost of \$25 for the workbook.**

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

MNA Contact: Liz Chmielinski, 781-830-5719

Diabetes: What Nurses Need to Know

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

Presenter: Ann Miller, ANP, MS, CDE

Date: April 25, 2013

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

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

Contact Hours: Will be provided.

MNA Contact: Liz Chmielinski, 781-830-5719

MNA HEADQUARTERS

What's Bugging You? Nursing Considerations in Insect and Tickborne Illness

Description: This program will provide nurses with information regarding tick-borne illness including risk factors, symptoms, assessment, diagnostic indicators, and treatment recommendations. Mosquito-borne illnesses will also be explored.

Presenter: Alfred DeMaria, Jr., MD

Date: April 30, 2013

Time: 5:30 – 6 p.m., Registration (light supper provided)
6 – 8:15 p.m., Program

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

Contact hours: Will be provided.

MNA Contact: Phyllis Kleingardner, 781-830-5794

Interpreting Laboratory Values

Description: This program will enhance the nurse's ability to evaluate and determine the clinical significance of laboratory values. Clinical case studies will be used to illustrate the relationship of laboratory values to patient conditions. Clinical management of abnormal laboratory values will be discussed.

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

Date: May 22, 2013

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

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

Contact Hours: Will be provided.

MNA Contact: Theresa Yannetty, 781-830-5727

The Environment and Its Impact on Nurses

Description: The purpose of this program is to provide nurses with an understanding of how the environment affects patient outcomes and the health and safety of nurses in the workplace. The practices addressed in this program include: preventative immunizations, safe work practices, engineering controls and personal protective equipment.

Presenters: Christine Pontus, RN, MS, COHN-S, CCM; Peg O'Connor, MMHC, RN, COHN, HRM

Date: May 23, 2013

Time: 5 – 5:30 p.m., Registration (light supper provided)
5:30 – 8 p.m., Program

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

Contact Hours: Will be provided.

MNA Contact: Susan Clish, 781-830-5723

A Multidisciplinary Approach to Caring for Sexual Assault Patients: The Kit, the Care, and the Follow-up

Description: This program will provide a comprehensive overview of the multidisciplinary approach to caring for sexual assault patients. It will include the key elements of rape definition and discuss the important considerations for evidence collection using proper technique utilizing the Massachusetts Sexual Evidence Collection Kit (MSAECK). The program will also review the importance of chain of custody, and nursing management regarding emergency contraception, sexually transmitted disease risk factors and treatment and documentation. The importance of involving rape crisis for the traumatized patient will also be reviewed.

Presenters: Asha Stenquist, BA;

Lt. George Juliano, Boston Police Sexual Assault Unit;

Karen Hazard, RN, S.A.N.E.;

Laurie Ferguson, RN, S.A.N.E.;

Claire Shastany, RN, S.A.N.E.;

Jill Cote, MSN, RN, PNP, S.A.N.E

Date: June 5, 2013

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

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

Contact Hours: Will be provided.

MNA Contact: Theresa Yannetty, 781-830-5727

Alcohol Withdrawal: Nursing Management

Description: This program will enhance nurses' assessment and management of the acutely ill hospitalized patient and alcohol withdrawal. The actions, indications and nursing considerations and management regarding pharmacological treatments will be described.

Presenters: Donna White, Ph.D., RN, CS, CADAC; Deidre Houtmeyers, RN, MS, LADC1, CARN

Date: June 12, 2013

Time: 5 – 5:30 p.m., Registration (light supper provided)
5:30 – 8:30 p.m., Program

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

Contact Hours: Will be provided.

MNA Contact: Liz Chmielinski, 781-830-5719

To register: Complete the MNA Headquarters Registration Form located on page 21 or register online at massnurses.org. Credit card payment is available for CE courses offered at MNA headquarters.

REGIONAL REGISTRATION

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

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

Program Cancellation: MNA reserves the right to change speakers or cancel programs due to extenuating circumstances. In case of inclement weather, please call the MNA Region Office registration contact telephone number to determine whether a program will run as originally scheduled. Registration fee will be reimbursed for all cancelled programs.

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

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

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

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

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



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

Name: _____ Phone: _____ Email: _____

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

Place of Employment _____

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

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

- Detecting the Diverter: It's Not Who You Think & Hostile Work Environment: Recognition & Response in the Health Care Setting**
Non-member: \$195 • Member/Associate Member: \$50 placeholder fee
- The Economics of Health Care** Non-member: \$95 • Member/Associate Member: \$25 placeholder fee.
- The Kinematics and Initial Assessment of a Multi-System Trauma Patient** Non-member: \$95 • Member/Associate Member: \$25 placeholder fee.

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

- How to Protect Yourself from the Complexities of Computerized Healthcare** Non-member: \$95 • Member/Associate Member: \$25 placeholder fee
- What's Bugging You? Nursing Considerations in Insect and Tickborne Illness** Non-member: \$95 • Member/Associate Member: \$25 placeholder fee
- Child Abuse and Its Mimics** Non-member: \$95 • Member/Associate Member: \$25 placeholder fee

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

- Childhood Mental Health: Implications for Nursing** Non-member: \$95 • Member/Associate Member: \$25 placeholder fee
- What's Bugging You? Nursing Considerations in Insect and Tickborne Illness** Non-member: \$95 • Member/Associate Member: \$25 placeholder fee
- Addictions: A Comprehensive Approach for Nurses** Non-member: \$195 • Member/Associate Member: \$50 placeholder fee

Region 4 Make check payable to: MNA Regional Council 4 and mail to MNA Regional Council 4, 50 Salem St., Building A, Lynnfield, MA 01940.

- Accepting, Rejecting and Delegating a Work Assignment** Non-member: \$95 • Member/Associate Member: \$25 placeholder fee
- What's Bugging You? Nursing Considerations in Insect and Tickborne Illness** Non-member: \$95 • Member/Associate Member: \$25 placeholder fee
- Nursing Management After Traumatic Brain Injury** Non-member: \$95 • Member/Associate Member: \$25 placeholder fee

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

- ICardiac and Pulmonary Pharmacology** Non-member: \$95 • Member/Associate Member: \$25 placeholder fee
- Difficult Conversations in End of Life Care** Non-member: \$95 • Member/Associate Member: \$25 placeholder fee
- Psychological Effects of Chronic Illness** Non-member: \$95 • Member/Associate Member: \$25 placeholder fee

MNA HEADQUARTERS REGISTRATION

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

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

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

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

Contact Hours: Contact hours will be awarded by the Massachusetts Nurses Association for all programs except for ACLS certification. Contact hours for ACLS certification are awarded by Ocean State Educational Seminars.

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

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

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

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

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

Directions to MNA Headquarters

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

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

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

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

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

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

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

Please print. You may make copies of this form or download a brochure at www.massnurses.org.

Name: _____ Phone: _____ Email: _____

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

Place of Employment _____

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

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

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

Account #: _____ Expiration Date: _____ Security Code: _____

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

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

- Basic Dysrhythmia Interpretation** Non-member: \$195 • Member/Associate Member: \$50 placeholder fee. There is a non-refundable cost of \$30 for the caliper and workbook.
- ACLS Certification and Recertification** Certification Non-member: \$250 • Certification Member/Associate Member: \$75 placeholder fee
Recertification Non-member: \$195 • Recertification Member/Associate Member: \$75 placeholder fee
There is a non-refundable cost of \$25 for the workbook for all attendees.
- Diabetes: What Nurses Need to Know** Non-member: \$195 • Member/Associate Member: \$50 placeholder fee
- What's Bugging you? Nursing Considerations in Insect-borne Illness** Non-member: \$95 • Member/Associate Member: \$25 placeholder fee
- Interpreting Laboratory Values** Non-member: \$95 • Member/Associate Member: \$25 placeholder fee
- The Environment and Its Impact on Nurses** Non-member: \$95 • Member/Associate Member: \$25 placeholder fee
- A Multidisciplinary Approach to Caring for Sexual Assault Patients** Non-member: \$195 • Member/Associate Member: \$50 placeholder fee
- Alcohol Withdrawal: Nursing Management** Non-member: \$95 • Member/Associate Member: \$25 placeholder fee

Standing at the Intersection of **Main St.** & **Sherwood**



How to Save Main St. America with a Progressive 'Robin Hood' Tax



The MNA/NNU's "Main Street Contract for the American People" and associated "Robin Hood Tax" aim to restore the American dream and rebuild a society that offers opportunities and protections to all.

What is the Main Street Contract?

The Main Street Contract is a campaign dedicated to restoring the middle class by:

- Providing jobs at living wages
- Making quality, public education accessible to all
- Guaranteeing healthcare via a single-payer system
- Providing all retirees with a secure, dignified future
- Offering sustainable, quality housing and nutrition programs
- Protecting the environment and developing green jobs

What is the Robin Hood Tax?

The U.S. Robin Hood Tax (HR 6411; filed in Sept. 2012) is directly connected to the Main Street Campaign in that, if passed, it will produce the revenue needed to help reach the goals outlined above. It includes a 0.5% tax on the trading of stocks, and 50 cents on every \$100 of trades (as well as lesser rates on trading in bonds, derivatives and currencies). It is estimated that the Robin Hood Tax will raise up to \$350 billion in revenue annually.

**That revenue has the power to breathe new life into
Main Street communities across America.**



Visit www.robinhoodtax.org to learn more and to get involved.

Call for Nomination/Consent to Serve for the MNA 2013 Election

I am interested in active participation in Massachusetts Nurses Association, general elections.



MNA General Election

- | | |
|--|---|
| <input type="checkbox"/> President, Labor*, 1 for 2 years | <input type="checkbox"/> Bylaws Committee, (5 for two years) [1 per Region] |
| <input type="checkbox"/> Secretary, Labor*, 1 for 2 years | <input type="checkbox"/> Congress on Nursing Practice (4 for 2 years) |
| <input type="checkbox"/> Director, Labor*, (5 for two years) [1 per Region] | <input type="checkbox"/> Congress on Health Policy (4 for 2 years) |
| <input type="checkbox"/> Director At-Large, General*, (3 for 2 years) | <input type="checkbox"/> Congress on Health & Safety (4 for 2 years) |
| <input type="checkbox"/> Director At-Large, Labor*, (4 for 2 years) | <input type="checkbox"/> Center for Nursing Ethics & Human Rights (2 for 2 years) |
| <input type="checkbox"/> Labor Program Member*, (1 for 2 years) | <input type="checkbox"/> At-Large Position in Regional Council
(2-year term; 2 per Region) |
| <input type="checkbox"/> Nominations Committee, (5 for 2 years) [1 per region] | |

*"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 or Past MNA Offices/Association Activities (Cabinet, Council, Committee, Congress, Unit, etc.) Past 5 years only.

MNA Offices	Regional Council Offices

Candidates may submit an **emailed** 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 as a delegate and in particular to the position which you seek. This statement will be used in the candidate biography and published on the Massachusetts Nurses Association website. Statements, if used, must be emailed to mnaelections@mnarn.org, subject: elections.

Signature of Member

Signature of Nominator (leave blank if self-nomination)

Received Deadline: All nominations/consent forms must be received by 4:30 p.m. on May 31, 2013

**Return To: Nominations and Elections Committee
Massachusetts Nurses Association
340 Turnpike Street, Canton, MA 02021
fax: 781-821-4445/ email: mnaelections@mnarn.org**

- Material must be mailed, faxed or emailed to the attention of the MNA staff person for Nominations and Elections Committee
- Acknowledgment of receipt of your submission will be emailed to your MNA webmail account within 48 hours of receipt
- Retain a copy of this form for your records.
- Form also available on MNA Web site: www.massnurses.org, under applications and forms



Health



Program Requirements

To successfully complete a program and receive contact hours, you must read the entire program, take and pass the Post-Test and complete the Program Evaluation. To pass the Post-Test, you must achieve a score of 80% or above. Your certificate of completion will be available immediately, from the "My Account Page", upon successful completion of the program.

Accreditation

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

All programs are free of charge to MNA members and others.

Contact Hours

Contact hours will be awarded by the Massachusetts Nurses Association.

www.massnurses.org

Click on **MNA CE ONLINE** on the home page under **Professional Development**.



CONTINUING EDUCATION ONLINE



Current program topics include:

Preventing Workplace Violence in Healthcare Settings

The purpose of this program is to provide information and resources for nurses and other healthcare workers to recognize and address workplace violence that affects nurse's health and safety and the well being of their patients. Continuing Nursing Education Contact Hours for this activity, Preventing Workplace Violence in Healthcare Settings, will be awarded until February 17, 2014.

Accepting, Rejecting or Delegating an Assignment: A Guide for Nurses

This program provides a framework for decision making based on the Massachusetts Nurse Practice Act and other regulatory agencies to safeguard patient care. Program is available until July 1, 2013.

Safe Patient Handling

The goal of this program is to provide nurses and others with knowledge and skills to address many of the issues and concerns as well as the current solutions related to the ongoing problem of safe patient handling in the field of nursing. Program is available until June 30, 2013.

Work-Related Asthma in Nurses and Their Co-workers

This program will enable nurses and others to recognize signs and symptoms of work-related asthma and other health effects from exposure to chemicals and other products in the healthcare environment as well as advocate for safer products to protect the health of nurses, other healthcare providers and their patients. Continuing Nursing Education Contact Hours for this activity, Work Related Asthma in Nurses and Their Co-workers, will be awarded until June 15, 2013.

SAVE THE DATE

Friday, May 10, 2013

DCU Center, Worcester, MA

8th annual

Watch for details in the next few weeks.

Check the next issue of the MassNurse or go to MassNurses.org.



Clinical Nursing Conference



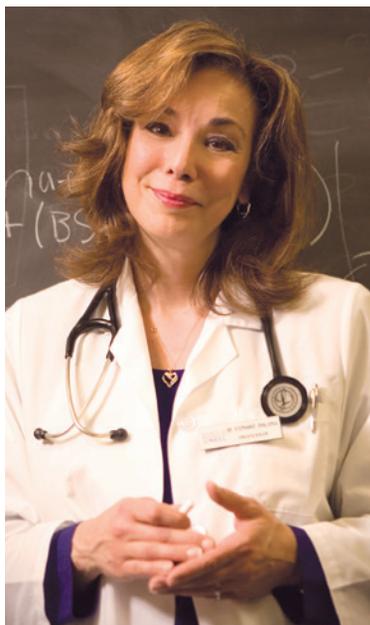
Be the next WSU graduate to change the way nursing works.



WORCESTER STATE UNIVERSITY
GRADUATE SCHOOL

CHANGE THE WAY THE WORLD WORKS

Earn a Master of Science in Nursing from Worcester State University



Dr. Stephanie Chalupka

The Master of Science in Nursing Program (M.S.N.) at Worcester State University offers an engaging and affordable educational experience, taught by world-class faculty from diverse disciplines.

Two tracks are available, both preparing graduates to assume leadership roles in healthcare:

- **Community/Public Health Nursing**
- **Nursing Education**

The program offers convenient and flexible scheduling, blended learning which combines face-to-face with online, and three routes of entry:

- **Traditional:** For students with a B.S. degree in Nursing
- **Bridge Program:** For Registered Nurses with a Non-Nursing B.A. or B.S. degree
- **RN-to-M.S.N. Fast Track:** For associate-degree or diploma-prepared Registered Nurses seeking to proceed directly to the Master of Science in Nursing Degree

To learn more, please contact the Program Coordinator Stephanie Chalupka, EdD, RN, PHNCNS-BC, FAOHN at schalupka@worcester.edu, call our Graduate Admissions office at 508-929-8127 or visit our website:

www.worcester.edu/gradnursing

MNA Board of Directors meeting highlights November 15, 2012

- This was the first meeting of the new Board of Directors seated after Convention. This meeting was a scheduled retreat.
- Donna Kelly-Williams, President, reviewed the motions passed at Convention. The focus of the retreat was on the following motion that was passed: "We the members direct our BOD to move a ballot initiative on safe patient limits for nurses immediately and utilize all resources at our disposal to successfully place the question on the ballot and pass it so that our patients receive the care they deserve."
- David Schildmeier, Director of Public Communications, and Maryanne McHugh, Director of Legislation, reported on the MNA safe staffing campaign to date.
- Dana Simon, Director of Strategic Campaigns, reported on what happened in California – what were the similarities and differences.
- Roland Goff, Director of Strategic Campaigns, and Maryanne McHugh reviewed the ballot initiative process for BOD members. Mike Fadel, Director of Strategic Campaigns, and Eileen Norton, Director of Organizing, reported on what organizing a ballot campaign in Massachusetts would look like.
- BOD members went into small break-out groups and discussed how to move this initiative effectively and reported back to the full BOD to discuss the next steps.
- Under new business, the BOD voted in favor of sending a \$10,000 donation out of the strike fund to NYSNA's disaster relief fund for victims of Hurricane Sandy.
- Eileen Norton updated the BOD on the donations collected for the victims. The first load was sent down to New York with the steelworkers on Monday. Donations are still coming in so we will coordinate another delivery.

NURSE / HEALTH PROFESSIONAL DISCOUNT MORTGAGE PROGRAM

Call today and save \$\$\$ on your next mortgage!

877-662-6623



Low Mortgage Rates

	Rate	Points	APR
15 Year Fixed	2.875%	0.00	3.04%
30 Year Fixed	3.500%	0.00	3.60%
5/1 Arm	2.625%	0.00	2.82%

Mortgage Discounts

- Reduced closing costs (\$275)
- Discounts on points incurred (1/8 point)
- Discounts on title insurance
- FREE pre-approvals and credit analysis
- No points / No closing cost programs
- Local based lender
- Low mortgage rates

MNA Members and direct family - EXCLUSIVE BENEFITS PROGRAM!

CALL: 877-662-6623

EMAIL: mna@mnalend.com



MA Lic MC1775; NH Lic#8503-MBB; CT Lic 10182; RI Lic #20011277LB; ME Lic# SLM5764

Not every applicant will qualify for these programs.

* APR based on a \$250,000 loan as of 7/18/2012.



Call 877-662-6623

Visit www.mnalend.com

Transitions

for Senior Nursing Students

Welcome to the **Real** World



FREE
programs to
senior nursing
students and
nursing faculty.

These **unique programs** provide senior nursing students the opportunity to hear first-hand from recent graduate nurses what it is like to transition from the school environment to the world of professional nursing. We are pleased to announce that we will also have Don Anderson CMS, RN, MSN, Ed D, who is a leading NCLEX preparation expert and owner of Test Preparations Specialist as one of our key panelists.

Representatives from area hospitals and other healthcare resources will be invited to discuss employment opportunities. A light supper will be served.

Locations & Dates:

April 3, 2013 • 5:30 - 9:00 p.m.

Lombardo's Function Facility • Randolph, MA

April 9, 2013 • 5:30 - 9:00 p.m.

Publick House • Sturbridge, MA

These programs are **FREE** to senior nursing students and nursing faculty. Space will fill quickly! You must pre-register for the program by contacting Phyllis Kleingardner at the MNA at 800-882-2056 x794 or emailing her at pkleingardner@mnarn.org with all the information listed below.

Register online at www.massnurses.org.
Click on the *Continuing Education* calendar.

Prices
Now Include
ALL
Taxes & Fees

in collaboration with



Florence, Venice & Rome: May 13-21 or 16-24, 2013 \$2,899*

Join this wonderful 9-day/7-night tour 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 (just outside of Florence). From Montecatini, we will have day trips to Florence, Venice, Siena and San Gimignano. On the day we travel south to Rome, we will visit the picturesque city of Assisi. The remaining three nights will be in Rome where we will have full day sightseeing tour of the Colosseum the Parthenon, the Spanish Steps, the Trevi Fountain and much more. On the other day in Rome, we will include a tour of Vatican City. This trip includes round trip air, transfers to and from the hotel and all daily tours. Breakfast and dinner (with complimentary wine and mineral water) daily and five lunches are included. Don't miss this grand, all inclusive tour of Italy's key historic cities.



Germany with Oktoberfest and Austrian Lakes: September 13 – 21, 2013 \$2,499*

Join this 9 day, 7 night trip to Germany and Austria in the beautiful autumn season. The hotel is located in the historic city of Innsbruck, Austria. On the tours we will discover the beauty of Lake Konigsee, Eagles Nest and Garmish Partenkerchen (home of the Passion Play, Oberammergau). While in Munich, we will enjoy a panorama tour and attend the Oktoberfest festival. We will tour Innsbruck, and Salzburg. The tour will take us through the magnificent Dolomite Mountains to Vipiteno. While in Bavaria, we will visit the fairytale castle of Neuschwanstein. This trip includes round trip air, transfers to and from the hotel and daily tours. Breakfast and dinner daily are included as well as one lunch. Don't miss this grand tour of this beautiful region at its most picturesque time of year.



Italian and French Rivieras - featuring San Remo, Italy: September 20-28, 2013 \$2649*

Join this 9 day, 7 night tour to the beautiful Mediterranean Riviera, both French and Italian side. We will use the picturesque town of San Remo, Italy as our home base at a 4 star hotel. From San Remo, we will day trip it to Nice & Cannes, Monaco & Menton, Genoa & Portofino, Piedmont and Torino as well as some of the spectacular towns of Cinque Terre. This tour will highlight the magnificent countryside of the region and the beautiful coastal towns. Prices include round trip air, transfers to and from the hotel and daily excursion tours. Breakfast and dinner (with complimentary wine and mineral water) are included as well as one lunch. You will not want to miss this tour of the stunningly beautiful area of the French and Italian Riviera.

Trips include air, transfers, hotel, all tours and most meals. A fabulous value! Space fills fast, reserve early. *Prices listed are per person, double occupancy based on check purchase. Applicable departure taxes are included in the listed prices (subject to chage). Credit card purchase price is lightly higher than listed price.

For more information on these great vacation and to be placed in a database to receive yearly flyers, Contact Carol Mallia at cmallia@mnarn.org with your mailing address.