

the Massachusetts

nurse



THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION

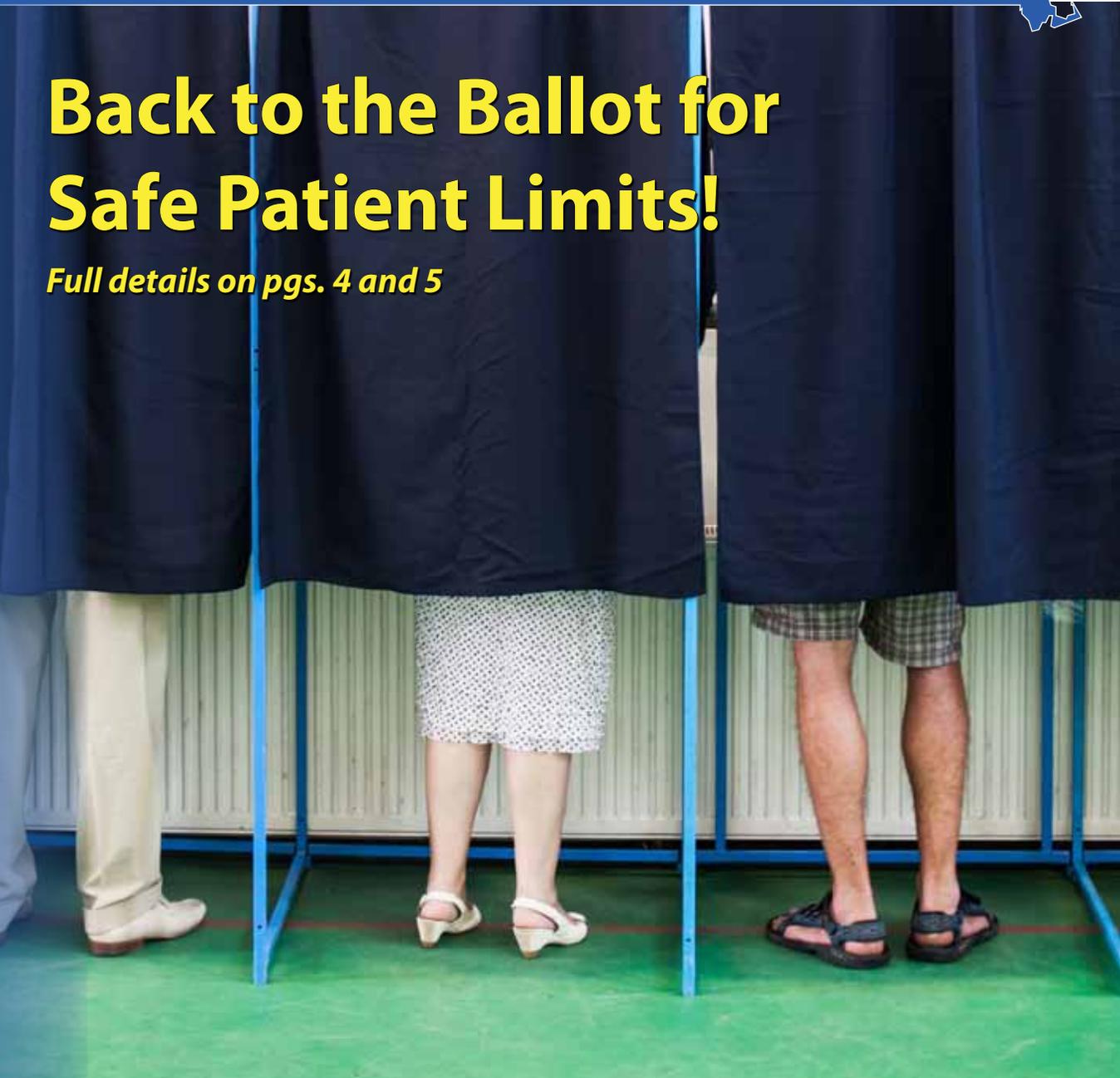
Vol. 86 No. 5



ADVOCATE

Back to the Ballot for Safe Patient Limits!

Full details on pgs. 4 and 5



December 2016



Massachusetts
Nurses
Association

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MNA President Applauds 2016 Successes during Convention Address, Calls for Continued Collaboration in Upcoming Ballot Campaign for Hospital-Wide Safe Patient Limits



Donna Kelly-Williams

The following remarks were given by MNA president Donna Kelly-Williams at the start of this year's annual business meeting.

“Good afternoon fellow activists,

“The theme of this year's convention is ‘All Hands on Deck for Your Health Care’ and nothing captures that theme more than the work we've done

for members and patients alike over the last 12 months. From our strike authorization votes at the Brigham, Newton Wellesley, and Steward Morton Hospital, to our statewide campaign to fight back dangerous changes at the BORN that would have affected our practice, we stood together, flexed our collective muscle and WON!

“Winning took — and does take — work! In all these cases, our leaders worked very hard with MNA staff to communicate with the members of their bargaining units. They used mapping, email, and texting. And many bargaining units created Facebook groups, all in an effort to inform, educate and mobilize members to do *what* was needed *when* it was needed.

“Our members also worked with the MNA's lobbyists and community organizers to win the support of elected leaders and grassroots advocacy groups. In the case of the Brigham strike, we were able to involve Boston Mayor Marty Walsh, Sen. Elizabeth Warren, Attorney General Maura Healey and many others to help us win that fight. At Morton Hospital, the nurses recruited the city's mayor, Sen. Marc Pacheco, and numerous city counselors to their cause to help in their fight against Steward.

“This is what ‘all hands on deck’ looks like, and it does not happen by accident. It takes hard work and thousands of hours by the MNA's highly talented staff including our labor directors, community organizers, our lobbyists, members of our nursing division, and our top notch communications team all working with members to win these victories. It takes ‘all hands on deck’ supporting our political action committee, and our community and political organizers to donate and provide support to candidates for office who share our values and are willing to fight for our cause. And we have earned their support through the sweat equity of our members who were willing to hold signs, make phone calls, attend rallies, and to stand up and be counted.

“It's been said it takes a village to raise a child, and it is also true that it takes a village, or in our case, an entire organization — with all hands on deck — to win a contract, to pass a law, to rewrite a dangerous regulation, to stop a gas pipeline, or to prevent workplace violence.

“At today's business meeting we will be discussing moving forward with the second phase of a ballot initiative to win safe patient limits in all units, in all hospitals in the commonwealth. In order to pursue that overarching interest of our membership and in light of changes in the NNU's position regarding the terms of our affiliation with them, the Board voted to disaffiliate from the NNU.

“While we have gained great benefit from our membership in the NNU, the Board of Directors has carefully reviewed our options and made the firm determination that it is time to

disaffiliate from the NNU and to utilize those resources for a ballot initiative to finally win safe patient limits. It is you, the membership — the MNA's highest governing body — who has the final say on whether the analysis of the Board is the best decision at this time for the membership of the MNA.

“If you share the view that staffing limits are the highest priority and that the terms of our agreement to join NNU were a condition of our continued involvement, then we move forward with the plan. And if that is the case, then the work to build the ballot initiative for all other units begins. Then, like never before, we will need all hands on deck to educate our members about this issue and the ballot initiative process, and to mobilize them to work with us to gather signatures and to work within their communities to educate and mobilize the public to vote in favor of this initiative.

“Yes, it will require all of us to invest our time and energy in this initiative for it to succeed. We learned a great deal in the first initiative that led to the passage of the ICU law. Now we have an opportunity to rectify enforcement weaknesses for the ICU law and to utilize our knowledge for the rest of the units.

“If we build on that foundation, if we do the work, and if all hands are on deck for safe patient limits, we can all take pride in having set a safer standard of care for our patients, for our clinical practice, and for the health of the commonwealth. As always, I am so proud to be standing before you and with you as we undertake this worthy challenge. I, for one, am eager to do the work. But, in finishing my remarks, I have just one question to ask you: Will you join me?” ■

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nurse
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Thinking of getting your MSN?

Programs and Discounts Available to MNA Members

The MNA is proud to partner with the following institutes of higher education that offer discounts on tuition and other related fees to MNA members. For complete details, review the information below and contact the schools accordingly.

Please note: In order to receive any of these discounts you must contact the schools via the numbers or emails listed below and identify yourself as an MNA member. Applying online to these schools, other than for Walden University at the link included in its description, will NOT result in you being able to access the listed discount; direct phone calls/emails are required.

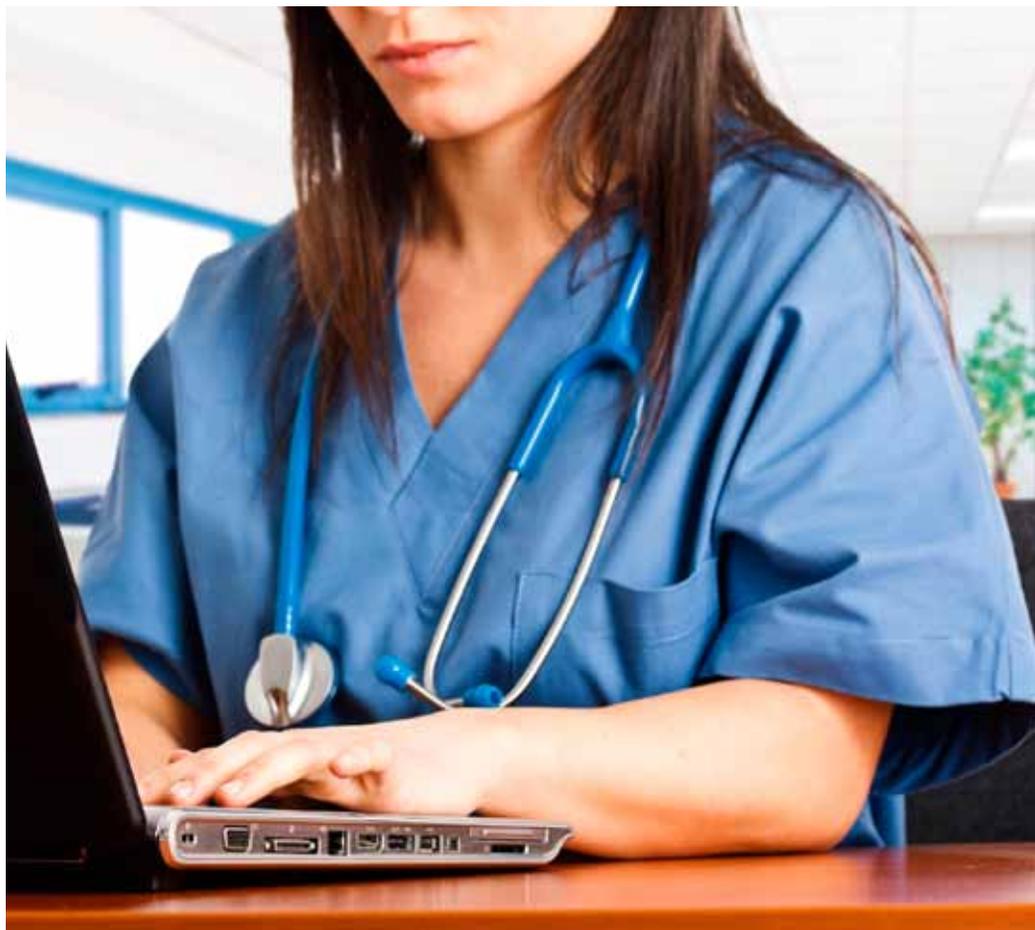
For other questions, contact the MNA's nursing division at 781-821-4625.

Becker College

Becker College's MSN program distinguishes itself by offering a blended learning strategy with an emphasis on the use of technology to support the health care needs of vulnerable populations. This learning strategy incorporates face-to-face and online coursework and offers busy graduate nurses the accessibility and flexibility to organize their own learning. The school waives its enrollment fee and offers members a 15 percent discount when they enroll in the school's MSN program. Call 508-373-9784 or email Judith.pare@becker.edu for more information.

Emmanuel College

Emmanuel's MSN program offers two distinctive tracks — Nursing Education and Nursing Management — to prepare you for evidence-based practice. Both tracks begin with a solid foundation in nursing theory, ethics, research, diversity, information technology and health care



policy through a set of core classes. Then, you'll take an additional four courses in your selected track to earn your degree. The school waives its enrollment fee and offers members a 10 percent discount when they enroll in the school's MSN program. Call 617-735-9810 or email muterpeh@emmanuel.edu for more information.

Southern New Hampshire University

Southern New Hampshire University's online Master of Science in Nursing program prepares nurses for numerous advanced degree positions thanks to the school's focus on critical-thinking and leadership skills that are patient-care centered. The school waives its enrollment fee for MNA members and also offers them a 10 percent discount. Call 603-851-5423 or email m.harris@snhu.edu for more information.

Saint Joseph's College

Maine's Saint Joseph's College offers an online graduate nursing degree that prepares practicing nurses and others in the health care community for leadership nursing roles in education or administration. The school waives its enrollment fee for MNA members and also offers them

a 10 percent discount. Call 207-893-7769 for more information or email Sbriggs@sjcme.edu.

Walden University

Walden University, an accredited online school with students in over 145 countries, is pleased to offer MNA members who are new MSN students an enrollment fee waiver and a 20 percent reduction in tuition. Walden also offers a 20 percent tuition reduction to all MNA members who enroll as new students in ANY of Walden's bachelor's, masters, or doctoral degree programs. Contact Kim LaMontagne, the area's local Walden University representative, at 603-479-2415 or kimberly.lamontagne@walden.edu for more information.

Important Notes

In order to receive these discounts you must contact the school via the appropriate numbers or emails listed above and identify yourself as an MNA member. In addition, we encourage you to visit <http://bit.ly/MSNdiscounts> for a complete list of program details and links to the various course curriculums. ■

Members Vote to Affirm Decision to Leave NNU, Focus Resources on New Ballot Initiative for Safe Patient Limits in All Units

At the annual business meeting held in October, the membership cast a nearly unanimous vote to affirm the Board of Director's decision to disaffiliate from National Nurses United and to utilize the MNA's resources to support a ballot initiative in 2018 that will ensure safe patient limits for nurses working in all units of our state's acute care hospitals.

In 2014, the MNA led the fight to pass a ballot initiative to set safe patient limits for Massachusetts nurses. That effort ultimately resulted in a decision to accept an initial compromise that established ground-breaking patient limits for nurses working in hospital ICUs. We did so with the commitment that we would move to establish safe patient limits for all hospital units in the legislative session that ended on July 31, 2016 with the option of pursuing another ballot initiative should the Legislature fail to act.

What is a ballot initiative and why would we be doing one?

A ballot initiative is a process that empowers the voters to propose legislation and to enact or reject that legislation at the polls. It is a process that is independent of the state Legislature and its lawmaking power, which means that it is a type of election that is commenced and carried out by the people.

The purpose of a ballot initiative is to permit registered voters to resolve questions their elected representatives have failed to address or to make changes to laws, changes that are desired by the public but ignored by lawmakers.

Safe patient limits is a solution the public wants to a problem the Legislature refuses to resolve. Patient care conditions have continued to deteriorate in Massachusetts hospitals. Every day, nurses struggle with excessive patient assignments that put patients at risk. We brought these concerns to the Legislature once again during the most recent legislative term, and once again lawmakers failed to act. Our compromise on safe patient limits in the ICU was just a first step. The vote at the business meeting launches an effort to finish what we started. We will not let up until we have a law that protects all of our patients.

The research and data specific to safe patient care entirely support the MNA's efforts on this front. For example:

- Higher nurse workloads are associated with more patient deaths, complications, and medical errors (*AHRQ Healthcare Innovations Exchange*, September 2012).
- Patients who suffer a heart attack while in the hospital are more likely to survive in those facilities where nurses have safe patient assignments and higher RN staffing levels. For every patient added to a nurse's workload, the likelihood of a patient surviving cardiac arrest decreases by five percent per patient (*Medical Care*, January 2016).
- Overcrowding and understaffing have had a negative effect on patient safety and quality of care, evidenced by the flourishing of health care-acquired MRSA infections (*Lancet Infectious Disease*, July 2008).

- A national study on the rate of death from cardiac arrest in hospitals found that the risk of death from cardiac arrest in the hospital is nearly 20 percent higher on the night shift. The authors highlight understaffing during the night shift as a potential explanation for the death rate (*JAMA*, February 2008).

Equally compelling are the following statistics:

- Nearly eight in 10 RNs agree that the quality of patient care in Massachusetts hospitals is suffering due to unsafe patient assignments; nearly one in four report patient deaths directly attributable to having too many patients to care for at one time.
- Each and every time the MNA membership is surveyed, the need for safe patient limits is identified as *the number one issue* affecting patients and their safety.
- Likewise, members consistently identify safe patient limits as the issue that the MNA should be investing its time and resources in to resolving.

For an outline of the specific steps in the initiative process, see the related story on page 5.

Will there be a compromise this time around?

In planning this ballot campaign, the Board is committed to going all the way to Election Day, when the voters will decide the issue. First, we don't expect the Legislature could offer a compromise on limits that would be acceptable to us. Second, having seen how the industry has attempted to undermine the ICU law, we need to pass a law that has monetary fines attached to violations. We will push for a law that punishes hospitals for violating safe patient limits in any hospital unit and contains ironclad language that protects your nursing license.

If for some reason we are presented with a compromise measure that looks at all viable, we now have the ability to conduct a telephone town meeting where all members can participate and cast a vote on whether we move forward or not.

How can I learn more and become involved?

Having been through this process once before, we are well aware of what needs to be done to win this fight. The most important element of our plan is member participation. In the coming weeks and months, we will be reaching out to members throughout the state to educate them about this process, to solicit your ideas, and to ask for your support as our campaign moves forward.

The first opportunity to learn about this process will occur in January, when we will hold two telephone town meetings, on Thursday, Jan. 19 and Wednesday, Jan. 25, both at 5:30 p.m. On those dates, you will receive a call from the MNA and be able to dial in to the town meeting, where you will learn about the campaign and be able to ask questions.



This will be followed by a series of meetings in the different regions of the state, as well as in your local bargaining units. At every stage of this education process we will be asking members to sign on to this campaign. We intend to use email, social media and texting to keep you informed and engaged.

You may have seen or even been involved with the intense campaign by the Massachusetts public school teachers, with strong support from the MNA, to defeat Question 2 during the most recent election cycle. Question 2 would have allowed an unlimited expansion of charter schools. Those promoting the ballot initiative spent many millions of dollars on paid advertising, much more than the teachers spent. But the “No on 2” campaign and its supporters succeeded because teachers, parents and other activists were out in their communities, holding signs, knocking on doors, and talking to their friends, neighbors and family members about the issue.

If we are to win our own ballot campaign we will need to duplicate that effort, as we will never be able to match our opposition — the hospital industry — dollar for dollar. But we have something they do not have. We have the credibility of nurses and the trust of the public, something that no other worker in any industry or business sector possesses. That is why our campaign will be focused not just on gathering the signatures needed to get this question on the ballot, but also toward building an army of nurses who can fan out in their neighborhoods to mobilize the votes we need to win safe patient limits.

For more information about this campaign, please email Eileen Norton at enorton@mnarn.org. ■



The Ballot Initiative Process

Summer of 2017

The ballot question must be signed by 10 voters and submitted to the Attorney General by the first Wednesday in August (August 2, 2017).

Fall/Early Winter of 2017

By early September, the Attorney General determines whether the submitted measure meets all the necessary legal requirements. If so, the measure is filed with the Secretary of State who then provides us with blank petitions so that the required signature gathering can get underway.

MNA members and supporters must then *gather tens of thousands of signatures from registered voters. These signatures are filed with local election officials by late November of 2017 and then with the Secretary of State in early December.

Winter/Spring of 2018

If enough valid signatures are gathered, the measure is sent to the Legislature in January of 2018.

Between January and early May of 2018, the Legislature can either approve or disapprove the ballot measure, propose a substitute, or take no action on the measure.

Summer of 2018

Unless the Legislature has enacted the measure before the first Wednesday in May of 2018, the MNA and its supporters will be required to *gather additional signatures by early July of 2018. Those additional signatures are also delivered to the Secretary of State.

Fall of 2018

If the Secretary of State determines that the MNA has gathered enough valid signatures, then the MNA's question will be placed on the November 2018 ballot. A vote by the citizens of the commonwealth will determine the outcome of the question.

*How Many Signatures?

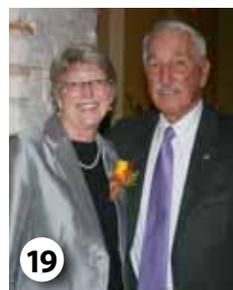
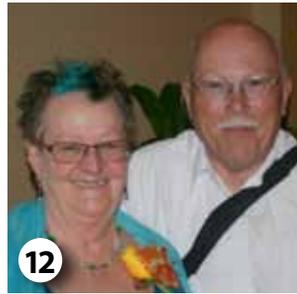
Upwards of 70,000 valid signatures of registered Massachusetts voters will be needed for this campaign, which means you and our army of nurse activists and supporters will need to be proactive and gather as many as 100,000 signatures. This larger goal will allow us to accommodate for signatures that are deemed invalid during the Secretary of State's review process. Signatures, however, are only a small portion of this campaign. Just as important will be the work we do on the ground: talking to friends and neighbors, calling voters, canvassing, and door knocking.

In other words, there is an opportunity for every MNA member to find a role and be involved in this campaign! We are looking forward to helping you find your role and to winning this campaign together.

Out & About at Con



vention 2016



1. Michael D'Intinosanto, president of Unit 7, at the podium after receiving the Judith Shindul-Rothschild Leadership Award.
2. Unit 7's Neville Francis, Esi Korsah, and Junior Nevins.
3. MNA president Donna Kelly-Williams with her Cambridge Health Alliance colleagues: Suzanne Dailey, winner of the Elaine Cooney Labor Relations Award; Lizete Barbosa, winner of the Elaine Cooney Labor Relations; and Jean Mazzola, co-chair at Cambridge Hospital.
4. Award winner and former MNA staff member, Roslyn Feldberg (right) with her husband, Ross Feldberg, and MNA executive director Julie Pinkham. Roz received the MNA Advocate for Nursing Award.
5. Bronwyn Mastrangelo (center), winner of the MNA excellence in Nursing Practice Award, with her family.
6. Convention attendees had the opportunity to learn about the Flint Michigan water crisis and what community leaders, educators, and researchers are doing to fight back against the broken system that led to this disaster. Shown left to right: Pan Ji, a Virginia Tech post-graduate student; Stephen Etses-Smargiassi, director of planning and sustainability with the Massachusetts Water Resources Authority; Nayyirah Sharriff, a community organizer with Flint Rising; Donna Kelly-Williams; and John Sullivan, chief engineer with the Boston Water and Sewer Commission; and John Armelagos, president of the Michigan Nurses Association.
7. Michelle Alexis-Telfort accepting the Human Needs Service Award on behalf of Nurses Care for Haitian Children.
8. Dan Rec, MNA board member, and Kay Marshall, recipient of the Elaine Cooney Labor Relations Award.
9. A trio of MNAers enjoying the cocktail hour before the awards dinner.
10. Donna Kelly-Williams and Elizabeth Dalton, winner of the Kathryn McGinn Cutler Advocate for Health and Safety Award
11. Tony Antonelli, MNA labor AD, and Natalie Pereira, chairperson at Leominster Hospital and winner of the Labor Relations Award
12. Susan Morris-Smith, winner of the Elaine Cooney Labor Relations Award, with her husband.
13. UMass University's Laurie Budnick and Cheryl Troy.
14. Region 4's Brian Zahn, David Guiney, Patty Comeau, Peggy O'Malley, and Kay Marshall.
15. Regina Kennedy, Donna Connaughton, Dawn Beaulieu from the Pappas Rehabilitation Hospital.
16. Fran Karaska, co-chair at Steward's Nashoba Valley Medical Center and recipient of the MNA Bargaining Unit Rookie of the Year Award.
17. Joanne Peterson, winner of the Human Needs Services Award, with MNA staff member Charlene Richardson.
18. Donna Stern, MNA board member and winner of the MNA Image of the Professional Nurse Award.
19. Margaret Jones, winner of the MNA Nursing Education Award, and her husband.
20. Award winner Karen Ash (right, seated) with friends and colleagues from Cambridge Hospital. Karen was awarded the Elaine Cooney Labor Relations Award.

Not shown: Paula Ryan, winner of the MNA Mentor Award, and David Sullivan, district attorney for Massachusetts' Northwest District and winner of the Human Needs Service Award.

Photo credits to the MNA's Debra Hickey and Joe Markman.

Patient Satisfaction Madness

By Edith Brous, Esq. PC

I just hate it when a waiter or waitress follows a script instead of simply relating to me naturally as a person. When, instead of asking me if everything is all right or if I need anything else, they recite memorized lines like, “Is everything tasting delicious?” I just want to smack them. If I want a Disney, “Have a Magical Day” experience, I will go to Orlando or Anaheim. But I don’t. I didn’t come to a restaurant to watch people playing roles in tightly scripted plays. I just want a meal and a normal conversation with the server. Similarly, when patients in hospitals are sick, injured, scared, in pain, nauseated, thirsty, or otherwise uncomfortable, they don’t want nurses with their fake Miss America smiles dutifully reciting, “Hi. I am Edie and I am here to deliver excellent care!” They want real people relating to them like real human beings.

Under its Hospital Value-Based Purchasing Program, the Centers for Medicare & Medicaid Services (CMS) began withholding 1 percent of Medicare reimbursement to hospitals as of October 1, 2012 (by 2017 it will be 2 percent). It then restores that percentage to institutions that meet quality performance metrics — 30 percent of which is based upon how hospitals score on Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores.

HCAHPS surveys were thought to represent patient satisfaction. Nursing care is the cardinal experience of hospitalization so it is not surprising that HCAHPS questions are largely related to nursing care. Professional nurses will tell you that the best way to improve patient satisfaction is to improve nursing satisfaction. As Dr. Hazan notes, “If nurses are dissatisfied at work, patients will inevitably be dissatisfied with their experience.”

Safe staffing levels, adequate equipment, decent working conditions and management support for its front-line providers will result in better care, lower morbidity and mortality, and less patient displeasure. Yet,

with \$850 million dollars at stake, hospitals seemed to interpret patient satisfaction as meaning patients are to be evaluated in the same manner as hotel guests. In attempts to raise HCAHPS scores, they have hired overpriced consultants like Press Ganey or others to “transform the patient experience through integrated data, advanced analytics, and strategic advisory services.”



The resultant pressure for nurses to bear this burden causes patients to actually receive less safe care. Placing the focus on what patients want instead of what they need compromises nursing care and endangers the very patients hospitals are trying to satisfy. “Satisfied” patients have greater costs, higher hospitalization rates, and are more likely to die. Providers who are concerned about satisfaction scores are less likely to discuss unpleasant topics with their patients. While hospital administrators focus on hotel-like amenities such as loyalty programs, VIP lounges, room service, or valet parking, nurses continue to work in dangerous systems. Because hospital administrators require nurses to spend unnecessary time and energy being trained in rehearsing scripts for their interactions with the “customers,” their nurses are unable to honestly relate to their patients as actual people. A particularly egregious

example of this was recently highlighted by the Illinois Nurses Association (INA). St. Joseph Medical Center responded to poor patient satisfaction scores by forcing their nurses to attend a “boot camp” which was described by the INA:

According to the INA, boot camp activities included requiring nurses to drink water without access to bathrooms, sitting on a patient care bed in a public hallway while wearing goggles to mimic poor vision and headphones to simulate a patient with poor hearing, all while on top of a bedpan for 30 minutes.

This insanity demonstrates how little responsibility organizations take for their poor administrative decisions. If you want the patients to be happy, you have to create an environment in which nurses can find meaning and pride in their work. Nurses are human beings who deserve to be treated with dignity and respect. Demeaning and abusing them because they cannot meet unrealistic or inappropriate metrics that the organization itself makes impossible by its management decisions, only perpetuates the exodus of experienced providers from the workplace.

This further endangers patients. It is impossible to achieve any measure of patient satisfaction if the nursing staff is demoralized and mistreated. More importantly, it is impossible to achieve patient safety if nurses do not work in supportive systems with appropriate priorities. How about a NURSES satisfaction survey once in a while?

Nurses are not robots. They are highly educated and trained professionals who need to be treated as such. Patients are not hotel guests. They are sick and injured people. Treating them like business consumers can have grave consequences.

Reprinted with permission from Edith Brous. Copyright © 2016. Edith Brous, Esq., PC, is a registered nurse with an MS in Critical Care Nursing and an MPH in Public Health, both from Columbia University, and she is a zealous advocate of the interests of practicing nurses and nursing students. ■

What are the Tufts RNs fighting for?

After several contract extensions over a period of years, the MNA leadership and negotiating committees at Tufts Medical Center in Boston are 16 sessions deep into negotiating a new contract.

In those 16 sessions, however, very little progress has been made and, as a result, the RNs are turning up the heat on management and spreading the news about what they are fighting for — and against! — in these high-stakes negotiations. This has involved the MNA leaders at Tufts handing out informational leaflets on negotiations immediately following each and every bargaining session, as well as holding regular open meetings for the membership. In addition, they've implemented a hugely successful "Wear Black on Wednesdays" campaign, which sends a clear message to Tufts management about how the members feel about the state of these negotiations.

So what are our sisters and brothers at Tufts fighting for and against exactly?

The safety of their patients!

- They want safe patient limits in all of their units
- They want more charge nurses, more IV nurses, and more CRNs
- They want the robust float pool that

they were promised years ago in a previous contract

- And they want an end to the chaotic system of clusters, reassignments, and floating that has management moving them from unit to unit without enough consideration of their training, skills, and competencies

The integrity of their union and their contract!

- From health insurance and pensions, to sick time and their ability to use it to care for family members or to take a meaningful maternity leave, the Tufts bargaining unit and the contract they worked so hard for is under attack

For wages and pension benefits that are market competitive!

- Of all the RNs at the city's teaching hospitals, Tufts RNs are the lowest paid
- Trying to recruit and retain new nurses with these uncompetitive wages in place is a constant struggle
- The new nurses who are recruited and hired regularly leave for better paying positions after they have been trained and have enough experience

What are Tufts nurses fighting against?

- Management's use of "just in time nursing," which is a strategy that allows them to understaff the hospital so that they can then opt to reassign nurses whenever and wherever they want
- Management's plan to have members subsidize their own wage increases by forcing them to take on premium cost increases for health insurance of between 10 and 17 percent
- Management's insistence that nurses move to a subpar "paid time off" (PTO) system
- Management's divisive proposal to end contributions to the defined benefit pension plan and to move those members into the 403(b) plan at varying rates

CCU does black Wednesday



N6 Strong!



ED on WBW!



MICU is "BACK IN BLACK"



WBW strong on North 4!!!



Proger 7 WBW Strong!!



Berkshire Medical Center Negotiations

The MNA nurses at Berkshire Medical Center are back at the table and working tirelessly to negotiate a successor contract! Their key proposals include:

- Safe patient limits that build on their 2015 staffing numbers
- Charge nurses or clinical leaders on each unit and shift who are not required to carry a patient assignment
- Inclusion of the ICU safe patient limits law in the contract and agreement by BMC not to discipline nurses who advocate for enforcement of the ICU law
- Comprehensive improvements to workplace safety and health insurance



Proposed takeaways that the nurses are fighting against include:

- Increases in health insurance premiums by 10 percent
- A 10 percent lower pay scale for newly hired RNs in MD practices or those with associate degrees

- Requiring RNs with less than 20 years of seniority to rotate shifts
- Expansion of management's ability to change RNs' master schedules while also reducing nurses' ability to get approval for their own schedule changes

Important Notice to all RNs and LPNs!

BORN to End Mailing of License Renewal Reminders, Paper Nursing Licenses

Effective with the 2018 renewal cycles for registered nurses and the 2019 renewal cycles for licensed practical nurses, license renewal reminders and nursing licenses in paper format will no longer be mailed via the U.S. Postal Service to Massachusetts nurses. Instead, the Board will use email to send updates to nurses who maintain a current email address in the Board's database.

Log onto the "Mass. Department of Public Health Online Licensing" site to update email or mailing addresses. Please note that the mailing and email addresses for

each license held must be updated individually. For example, those with both an RN license and Advanced Practice Registered Nurse (APRN) authorization will be required to maintain current addresses for both categories.

After the current renewal cycle, nurses will be expected to initiate renewal of their nursing license without a paper reminder by logging on to <http://onlineservices.hhs.state.ma.us>.

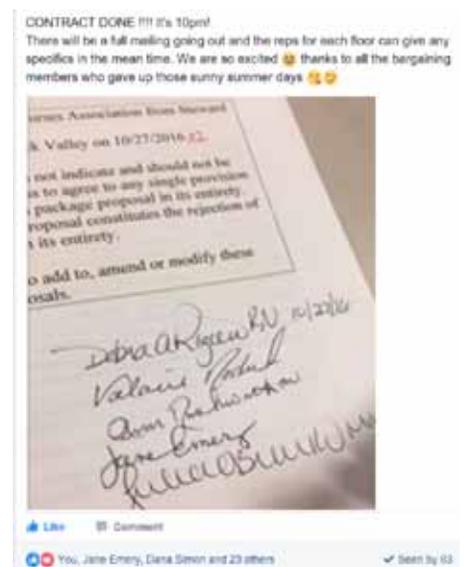
And remember: If your license expires you cannot work until it is renewed!



Members at Merrimack Valley Hospital ratify new contract



Congratulations to the MNA members at Steward's Merrimack Valley Hospital who settled a new contract in late October and went on to ratify that contract with a 92 percent "yes" vote on November 17. Their negotiations, which lasted more than eight months and involved the filing of more than one unfair labor practice charge with the NLRB, resulted in a three-year contract that includes countless workplace protections and improvements, including an agreement by management to move the MVH into a Taft-Hartley defined benefit pension fund beginning in January of 2018.





NORTHEAST NURSES ASSOCIATION

Notice of Open Delegate Position

What is NENA

The Massachusetts Nurse Association is the founding organizational member of the Northeast Nurses Association (NENA). NENA was created in response to the increasing calls from nurses and health care professionals in the Northeast who wanted to organize and strategize collectively. NENA's primary goals are the advancement of the nursing profession; the promotion of the best practices in the provision of patient care; the representation of nurses and other health care professionals in collective bargaining; and the support

of legislation and other governmental initiatives designed to advance the interests of its members and the patients for whom they care.

Governance

The governing body of NENA is the Board of Delegates (BOD). The NENA BOD is comprised of one delegate for every two thousand members or part thereof of each organizational and direct member. The delegates are elected by their respective organizational members, and are elected for a three-year term.

As an organizational member, the MNA currently holds nine delegate seats in NENA.

Delegate Duties & Responsibilities

Delegate responsibilities include, but are not limited to, establishing organizational goals, directing the pursuit of

organizational goals, directing necessary expenditures of organizational resources, appointing an executive director, establishing committees, filling vacancies in any office between elections, facilitating the resolution of disputes between organizational and/or direct members and interpreting the NENA bylaws.

The NENA BOD meets at least once every calendar quarter. However, special meetings may be called at the request of any organizational member.

Call for Volunteer to Serve

Eligible MNA members interested in serving should submit a volunteer consent to serve form. The form can be found at <http://bit.ly/MNAVolunteerForm>.

Submit via fax to 617-821-4445 or membership@marn.org. Submission deadline is Jan. 18, 2017. ■

Remembering Jeanine Williams

This past October, just days before the annual convention got underway, the MNA was saddened to hear of the passing of one its most beloved members and former leaders: Jeanine Williams. As outlined in her obituary, Jeanine, who retired in 1996 from the former Westboro State Hospital, was a hardworking member of the Massachusetts Nurses Association and held a position on the board of directors for several years. She had also served as president of the Massachusetts Nurses Foundation where she worked tirelessly to raise scholarship dollars for students in nursing and health care programs.

While accomplishing all of this, she was presented with many accolades including, the 2007 Judith Shindul Rothschild Award and the 2012 MNA Retired Member of the Year Award. Jeannine also spent several years playing in the MNA Rosemary Smith Scholarship golf tournament with her son and friends and was crowned champion several times.

She will be missed, but she will be remembered and celebrated for her commitment to both nursing and the MNA for years to come.



Members and Staff Mourn the Passing of Shirley Astle

In October, the MNA was saddened to hear that Shirley Astle — one its longest serving staff members and a true champion of workplace democracy — had passed away. Shirley Astle was an Associate Director for the MNA for more than 30 years, serving as a chief negotiator for local bargaining units throughout Western Mass. She was also a nurse who loved her work and was a pioneer in nurse mobilization.

Shirley was one of the first associate directors to employ open negotiations, inviting the entire bargaining unit to attend negotiations. At North Adams Regional Hospital,

where she was the MNA labor AD for many years, she negotiated one of the first MNA contracts that included RN to patient limits and then later went on to win a nationally publicized arbitration over the hospital's violation of that language.

Shirley always pushed her members and her committees to discuss and even argue their positions amongst themselves, and helped them to come to a consensus, and once that consensus was formed, to mobilize the membership and the community to get behind their position. She was a model for all of us, and she will be sorely missed.



Shirley Astle, center



MNF
Rosemary Smith RN
**Memorial Golf
 Tournament**

When the Weather is Cold and Snowy, Think Golf!
 And think "MNF Golf Tournament" in Particular

July 2016 Rosemary Smith Annual Golf Tournament a Success!

The Massachusetts Nurses Foundation — a non-profit organization whose mission is to support scholarship and research in nursing — held its twenty-first annual golf tournament on July 11, 2016 and was successful in raising over \$20,000 for its scholarship programs.

Approximately 100 participants enjoyed the 18-hole, Florida scramble style tournament held at the Indian Pond Country Club in Kingston, MA. After the tournament, a buffet-style, awards luncheon was served and numerous tournament prizes and awards were presented.

For the third year in row, the exciting "Helicopter Ball Drop" event was part of the tournament and was sponsored by Aflac. For this event, participants and supporters purchased pre-assigned golf ball numbers and a helicopter then flew a filled-to-the-brim container of pre-numbered golf balls above one of the greens and dropped all the balls down at once. The ball closest to the hole wins 20 percent of the earnings from the event's sales. This year's winner, with ball number 175, was Kay Marshall who won \$1,396.

The MNF thanks all of its sponsors for helping to make this year's tournament a success.

May 2017 Rosemary Smith Annual Golf Tournament Planned and Scheduled!

The date for the MNF's 2017 tourney is now officially booked and planning is well underway. Save this date, and watch the MNA's web and Facebook pages for information on tournament registration:

2017 Rosemary Smith Annual Golf Tournament

Monday May 15, 2017

New Location! Blue Hills Country Club in Canton, MA; bluehillcc.com

Golf ball numbers for the 2017 "Helicopter Golf Ball Drop" are on sale now. Visit <http://bit.ly/2g0Nsb1> to buy yours today!

Questions? Contact Cindy Messia at cmessia@mnarn.org or 781-830-5720



**Thank you to all of our
 July 2016
 Rosemary Smith Golf
 Tournament Sponsors**



Massachusetts Nurses Association

**Regional Council 5
 Greater Boston**



*Curtin, Murphy
 & O'Reilly, P.C.*
 Counsellors at Law



Tina Russell, RN



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 the 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 _____

at the following MNA facility(s) of employment for the year of application (*list each MNA facility separately*):

1. _____
2. _____
3. _____

Signed _____

Date _____

Personal Email Address: _____

Eligibility for the Reducation is verified by MNA with each Employer Confirmation of receipt of this application will be emailed to your MNA email account within 72 hours of receipt.

MNA will set up your email to be forwarded to your home email.

Contact Division of Membership, 781-821-4625, if you need assistance accessing your member email.



Massachusetts
Nurses
Association

**Safe Limits
Save Lives**

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

Fax: 781-821-4445 • Email: membership@mnarn.org

Spring 2017

CE

continuing education

PREVIEW

A full list of upcoming spring CE classes will be made available to members in the early part of 2017, but the MNA wanted to share the following March dates and details with members now so that shift scheduling and other plans can be taken into consideration.

Please note that signup options for these classes are not yet available; signup will be official and accessible when all classes are announced in the early part of 2017.

CE classes are free to all MNA members, although most require a small placeholder fee that is returned upon attendance. And attendance is not restricted to a single region; members are invited to attend any session that is convenient and of interest. Contact hours are provided for all classes.

Region 1

Morning Session: The Golden Hours for Surviving Sepsis

Description: This program will describe the recently updated definitions for sepsis and septic shock and the SOFA (Sequential Organ Failure Assessment) criteria. An improved understanding of sepsis pathophysiology will be reviewed. Case studies will be utilized to highlight the application of these guidelines for bedside clinical assessment and management.

Presenter: Carol Daddio Pierce, RN, MS

Date: March 28, 2017

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

Afternoon Session: The ABCs of Cardiac Medications

Description: This program will take a physiological approach to understanding cardiac medications commonly utilized in managing patients with cardiovascular disease. Specific pharmacologic agents to be reviewed include Anti-arrhythmics, ACE inhibitors, Angiotension receptor blockers, Beta blockers and Calcium channel blockers. Implications for administering and evaluating the effectiveness of these medications will also be highlighted.

Time: 1 - 3:30 p.m., Program

Location: Cranwell Resort, 55 Lee Road, Lenox; 413-637-1364; www.cranwell.com

Region 2

Post-Trauma Stress Disorder: Trauma and Survival

Description: The purpose of this activity is to enable the nurse to enhance the nursing care of patients diagnosed with Post-Traumatic Stress Disorder, understand the risks to the provider, and the importance of self-care.

Presenter: Mary Linda O'Reilly, MS, APRN, BC

Date: March 13, 2017 (Please note: this is a Monday)

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

Location: Beechwood Hotel, 363 Plantation Street, Worcester; 508-754-5789; www.beechwoodhotel.com

Region 3

Nursing Care of the LGBTQ Community

Description: Health outcomes for members of the LGBTQ community are affected by the provision of culturally competent care. Identification of barriers to care and an understanding of correct terminology related to gender and sexuality will be discussed. Nursing care of the transgender community, including best practices and emerging issues, will be explored.

Presenter: Kaitlin Nichols, BSN, RN, ACRN

Date: March 9, 2017 (snow date of March 16)

Time: 5 - 5:30 p.m., Registration/Dinner
5:30 - 7:30 p.m., Program

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

MNA Headquarters

Basic Dysrhythmia Interpretation

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

Presenters: Mary Sue Howlett, PhD©, RN/FNP-BC, CEN; Carol Mallia, MSN, RN

Dates: March 9, 2017 (Part One)
March 16, 2017 (Part Two)

Time: 8:30 - 9 a.m., Registration
9 a.m. - 3 p.m., Program/Light Lunch

Location: MNA Headquarters, 340 Turnpike Street, Canton



Save the date

for the MNA's 12th Annual Clinical Conference on May 5!

Held each year at the DCU Center in Worcester, MA from 8 a.m. to 4:15 p.m., this is an excellent way for members to earn several CEs at no cost. Additional details coming soon.

The MNASM to EUROPE & BEYOND Traveler 2017

in collaboration with



Cruise to Cuba: March 24- 31, 2017. Prices starting at \$2739*

Join this amazing 7 night cruise from Montego Bay to Cuba, featuring two days in Havana, Santiago de Cuba, Punta Frances, Isle of Youth, and Cienfuegos before returning to Montego Bay. Cruise aboard Celestyal's Crystal for an all-inclusive People-to-People program featuring lectures, tours cultural experience, films and meet and greets. Twenty-first century Cuba promises to be like nowhere else you've ever visited. This beautiful island is economically poor, but culturally rich and architecturally magnificent. Cuba continues to amaze travelers from around the globe with its beaches, bays and mountains. The exuberant music and exquisite art lends to the charm of Cuba. Trip will include Crystal's "Blue" Drink Package This trip will fill fast, so book early. Price includes air from Boston.



Best of Sorrento - All New Itinerary & Includes an Italian Cooking Class: May 15-23, 2017, \$3099*

Join us on a tour of one of southern Italy's premier vacation resorts. This all-inclusive 9 day/7 night trip includes air, transfers, hotel, and all meals as well as guided tours. The tour will feature Sorrento, Isle of Ischia, Positano, the Isle of Capri, Ravello, Pompeii and the Amalfi Drive. We will enjoy a cooking class as we prepare our own lunch overlooking the beautiful coastline in Ravello. Offered as an all-inclusive trip, this package is a great value. Don't miss the opportunity to visit this spectacularly beautiful part of Italy.



Highlights of Italy – Tuscany, Venice, Florence, Cinque Terre and Rome! September 20-28, 2017, \$2999

Enjoy a trip to Italy's finest areas. This trip will begin with a four night stay in the spa town of Montecatini, located in the heart of Tuscany. We will spend a day in Venice another in Florence and then another day in Cinque Terre. On our hotel transition day we will visit Siena and San Gimignano in route to Rome. We will stay in Rome for three nights and have a city tour with all the Rome highlights the first full day and tour the Vatican City and St. Peters Basilica on the last day. This tour includes all breakfasts and dinners and most lunches. Wine and water is included with dinners. This is an amazing trip at an unbeatable price.



Best of Ireland: September 14- 21, 2017, \$2739

We are pleased to offer this wonderful 9 day/7 night tour of the best of the Emerald Isle. You will visit Bunratty Folk Park, Adare before checking into your first hotel in Killarney. The next day you are off to Dingle Peninsula to enjoy the majestic coastal view and mountain scenery. On day four you will excursion to the Ring of Kerry. On day 5 you will transition to Waterford and visit the Blarney Castle and a Whiskey Distillery. After check out on Day 6 you will visit the Waterford Museum and the scenic drive through the Wicklow Mountains before arriving in Dublin. The last two days of the tour will highlight Dublin. This is a sought-after destination, so don't delay in registering.

Trips include air from Boston, 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 change). Credit card purchase price is slightly higher than listed price. For more information on these great vacations and/or to sign up to receive email notifications of specials and yearly program flyers, contact Carol Mallia at cmallia@mnarn.org with your mailing and email address.

save the date

January 19 & 25

Two Telephone Town Meetings Scheduled to Discuss MNA's 2018 Ballot Initiative to Win Safe Patient Limits in All Units of Acute Care Hospitals

In October, at the MNA's annual business meeting, the MNA membership cast a nearly unanimous vote affirming the Board of Director's prior decision to disaffiliate from National Nurses United and to utilize those resources to support a ballot initiative in 2018 aimed at winning safe patient limits in all units of our Massachusetts' acute care hospitals (see pages 4 and 5 for full details).

Member education and mobilization will be essential to winning this fight at the ballot box. To that end, the MNA is holding two "telephone town meetings" in January where members will have the opportunity to learn about the ballot initiative, to ask related questions, and to share ideas and insights.

Telephone Town Meeting Dates and Details

- **Thursday, Jan. 19 at 5:30 p.m.**
- **Wednesday, Jan. 25 at 5:30 p.m.**

On both dates, you will receive a call directly from the MNA. We look forward to having you join one of these calls so that you can learn more about this all-important initiative.

