



MNORN Member Meeting - May 9, 2018 6 pm - 8:45 pm

Carondelet Center, St Paul MN

Preparing for the 2019 ANA Membership Assembly Dialogue Forums. We will be discussing this year's topics, which include:

- ~ **Human Trafficking**
- ~ **The Invisibility of Nurses in the Media**
- ~ **DACA Recipients Eligibility to Take the NCLEX**
- ~ **Geriatric Care in the US**
- ~ **ANA Position Statement: Access to Vaccination Compliance**

A light dinner will be provided. Cost: \$20 for members; \$25 for non-members; \$10 for Students

Click here to register Individuals who attend the entire session will receive 2 contact hours

Open Now: Requests to observe the 2019 ANA Membership Assembly

Requests to observe the 2019 Membership Assembly, for both ANA members and non-members, are now being accepted! Requests must be submitted by **Friday, May 17, 2019 at 4:00pm**

To submit a request, click on the link: [Membership Assembly Observer Request Form](#). **NOTE:** The following information will be needed to submit a request:

- Full name
- ANA membership number (if applicable)
- Affiliation (e.g., C/SNA, IMD, other organization)
- Phone number
- Mailing address
- E-mail address

There is still time to submit names for the Nightingale Tribute at the 2019 ANA Membership Assembly

If you would like to honor a nurse who has died this past year, please notify MNORN at kkoehn@mnorn.org. Please include the nurse's full name and date of death. MNORN must submit names to ANA by May 28th. The names of those who will be honored will be added to ANA's Nightingale Tribute Book, which will be on display at the meeting.



Updates from ANA



ANA Dialogue Forum Topics

As you will remember, MNORN submitted two topics to ANA for potential dialogue forum topics. One was to update the 2008 ANA Resolution on Climate Change, the second was the Compassionate, Ethical Care of Migrants, Refugees, and Displaced Persons.

The bad news is that neither of these topics was selected. The good news is that over 60 proposals were submitted for consideration. This is terrific! Since moving to the dialogue forum format, very few topics have been submitted. Moving from 3-5 topics to over 60 is evidence of the engagement of the state nurses associations in ANA!

The other good news is that our topics still have potential "life," as ANA policy and practice staff will consider moving forward on our proposals in a different venue. They will notify us if our topic(s) is selected. MNORN has sent them the entirety of our proposals, as the format for initial submission did not allow for recommended actions or references. Hopefully they will be interested in pursuing these most relevant topics.

We will be discussing the topics that have been selected at our May Membership Meeting.

ANA Board Meeting

President, Molly Maxwell and ED, Kathi Koehn attended (via conference call) the open session of the ANA Board Meeting.

Two things from President Ernest Grant's report you may find of interest:

- Kick-off of Nursing Now USA - 3year global campaign in conjunction with the ICN and WHO - call attention to the work that nursing does globally - each country to host event - US launch April 9th National Press Club - UNC, UW (Washington) helping with this initiative - C/SNAs, Schools of Nursing, Hospitals will be asked to contribute financially and programmatically - <https://www.nursingnow.org/usa/>
- "Times Up Healthcare" launched last week - designed to end bullying - create cordial work environment - <https://www.timesuphealthcare.org>

(ANA report cont.) Future of Nursing 2020-2030

We were also reminded that a new committee is convening to begin a follow-up to the Future of Nursing report - The Future of Nursing 2020 - 2030. They held a public session on, March 20. [Click here to watch the video recording of the meeting](#)

Progress on 2018 Dialogue Forum RecommendationsSecondary Opioid Exposure in Caring for Patients with Overdose

- **New page on ANA Website:** <https://www.nursingworld.org/practice-policy/work-environment/health-safety/opioid-epidemic/>
- Lobbied successfully for inclusion of several nursing provisions of the SUPPORT for Patients and Communities Act (H.R. 6) including:
 - Enabling nurse practitioners to prescribe medication-assisted treatment (MAT);
 - Expanding MAT prescribing authority for five years to other APRN specialties; and
 - Creating student loan repayment opportunities for individuals that pursue substance use disorder treatment professions.
- ANA continues to work collaboratively and in coalitions with other nursing organizations.

ANA Presidential Endorsement Process

- Convened an ANA Presidential Task Force to develop and finalize a recommended policy. The work of the TF was informed by 2018 Membership Assembly Dialogue Forum materials on the ANA Presidential Endorsement process - Molly Maxwell is on this task force
- Consultation with the Public Affairs Council
- Access to outside consultancy with grounding in the nursing policy and political space;
- Feedback obtained during the 2018 Leadership Council meeting; Insight and direction provided by the ANA Board of Directors; and Expertise and varied perspectives of TF members on the value, benefits, and liabilities of ANA's current presidential endorsement process to both ANA and C/SNAs.
- Developed a draft policy that was submitted for consideration by the ANA Board of Directors and that will be presented to the 2019 ANA Membership Assembly for consideration.

An Ethics Debate: The Right to Die

- The ANA Center Ethics and Human Rights Advisory Board developed a draft position statement, The Nurse's Role When the Patient Requests Aid in Dying, which is posted for public comment through April 9, 2019.
- The draft position statement will be presented to the 2019 ANA Membership Assembly for consideration.



**2019 Call for Nominations for Appointive Positions
on the American Nurses Credentialing Center (ANCC) Board of Directors**

April 3, 2019

Dear Colleagues –

On behalf of the ANA Committee on Appointments (COA), it is my pleasure to announce that the call for nominations for appointed positions on the ANCC Board of Directors is now open until **May 15, 2019**.

Please see below for more information about submitting a nomination. Thank you for considering giving your time and talent in service to ANCC and please share the Call below with your fellow members!

On behalf of the ANA Board of Directors, the Committee on Appointments issues this call for qualified nominees for appointment to seats on the:

[American Nurses Credentialing Center \(ANCC\) Board of Directors](#)

- Four (4) seats open to ANA Members (C/SNA-ANA or IMD).
- One seat may be given to a non-ANA member.
- Terms of Service: January 1, 2020 – December 31, 2021.
- Competencies in credentialing, innovation, emerging business models in healthcare delivery, technology, and financial acumen are especially desired.

Please refer to the [Guide to the Appointments Process](#) and the required nomination materials:

- [Biographical Data Form for ANCC Board of Directors](#)
- Conflict of Interest Policy and Financial Disclosure Form (*available to download within the Biographical Data Forms and from the [ANA website](#)*)

Nominees may submit electronically up to three (3) letters of endorsement with the required nomination materials. All nomination materials must be submitted by **5:00 PM ET on May 15, 2019**.

C/SNAs, the IMD, Organizational Affiliates and individual members who would like to nominate a fellow member may do so by submitting a separate form. This form is available upon request by contacting leader@ana.org.

If you have any questions regarding the appointments process, please contact Bettina Falwell (301-628-5308) or Barbara Opatick (301-628-5015) via email at leader@ana.org.

Thank you.

Amanda Buechel, BSN, RN
Chair, Committee on Appointments



**OFFICE OF THE MINNESOTA SECRETARY OF STATE
Steve Simon
Notice of Vacancies in State Boards, Councils and Committees**

Health Care Homes Advisory Committee

Vacancies: 1 Seat -- Certified Health Care Home Rep

Vacancies: 2 Seats -- Consumer Or Patient

Vacancies: 2 Seats -- Health Care Professional

Minnesota E-health Advisory Committee

Vacancies: 1 Seat -- Academics and Research

Vacancies: 1 Seat -- Consumer Member

Vacancies: 1 Seat -- Health Care Purchasers and Employers

Vacancies: 1 Seat -- Professional with Expert Knowledge in Health IT

Vacancies: 2 Seats -- Rotating Professionals - Additional Health Settings (Dentists, Pharmacists, Behavior Health Laboratory, Home Health, Social Services, etc)

How to Apply:

Visit the [Open Positions page](#).

Scroll down to find the correct Agency/Board/Council.

Choose the correct seat type, and click button that says APPLY

The system will walk you through creating an application profile.

Page 2 of the application will now allow you to attach the following documents:

- Letter of Interest
- Resume or Biography

Applicants are encouraged to use the online application as the Appointing Authority will have access to your information as soon as it is submitted.

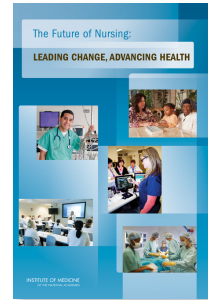
Applications submitted via downloadable application may experience some delay in reaching the Appointing Authority.

[Paper applications](#) may be submitted by email to: [Open Appointments](#) or by mail or in person to:

Office of the Minnesota Secretary of State
180 State Office Building
100 Rev. Dr. Martin Luther King, Jr. Blvd.
St Paul, MN 55155-1299

The Future of Nursing 2020-2030

A Consensus Study from the National Academy of Medicine



Description

An ad hoc committee under the auspices of the National Academies of Sciences, Engineering, and Medicine will extend the vision for the nursing profession into 2030 and chart a path for the nursing profession to help our nation create a culture of health, reduce health disparities, and improve the health and well-being of the U.S. population in the 21st century. The committee will examine the lessons learned from the Future of Nursing Campaign for Action as well as the current state of science and technology to inform their assessment of the capacity of the profession to meet the anticipated health and social care demands from 2020 to 2030.

In examining current and future challenges, the committee will consider:

- The role of nurses in improving the health of individuals, families, and communities by addressing social determinants of health and providing effective, efficient, equitable, and accessible care for all across the care continuum, as well as identifying the system facilitators and barriers to achieving this goal.
- The current and future deployment of all levels of nurses across the care continuum, including in collaborative practice models, to address the challenges of building a culture of health.
- System facilitators and barriers to achieving a workforce that is diverse, including gender, race, and ethnicity, across all levels of nursing education.
- The role of the nursing profession in assuring that the voice of individuals, families and communities are incorporated into design and operations of clinical and community health systems.
- The training and competency-development needed to prepare nurses, including advance practice nurses, to work outside of acute care settings and to lead efforts to build a culture of health and health equity, and the extent to which current curriculum meets these needs.
- The ability of nurses to serve as change agents in creating systems that bridge the delivery of health care and social needs care in the community.
- The research needed to identify or develop effective nursing practices for eliminating gaps and disparities in health care.
- The importance of nurse well-being and resilience in ensuring the delivery of high quality care and improving community health.

In developing its recommendations for the future decade of nursing in the United States, the committee will draw from domestic and global examples of evidence-based models of care that address social determinants of health and help build and sustain a culture of health.

Background

In 2009, the Robert Wood Johnson Foundation partnered with the Institute of Medicine to produce *The Future of Nursing: Leading Change, Advancing Health*, which set a vision for nursing in 2020. The authoring committee produced a set of recommendations for the field of nursing and it provided a blueprint for improving nurse education; ensuring that nurses can practice to the full extent of their education and training; providing opportunities for nurses to assume leadership positions; and improving data collection for policymaking and workforce planning.

A variety of current and emerging issues influence the field of nursing, from ongoing health care reform and integration of new technologies to patient-centered care to respect for the profession and its expertise, merit exploration and consideration in setting national priorities for the next ten years. Additionally, nurses serve in many community settings; therefore, the nursing profession is well-positioned to serve an important role in implementing the Robert Wood Johnson Foundation's vision for a Culture of Health.

Mary K. Wakefield, PhD, RN, Co-Chair
Georgetown University, University of Texas, Austin

David R. Williams, PhD, MPH, Co-Chair
Harvard University

Maureen Bisognano, MS *Institute for Healthcare Improvement*

Jeffrey Brenner, MD *UnitedHealth Group*

Peter Buerhaus, PhD, RN *Montana State University*

Marshall H. Chin, MD, MPH *University of Chicago*

Regina Cunningham, PhD, RN *University of Pennsylvania*

Jose J. Escarce, MD, PhD *University of California, Los Angeles*

Greer Glazer, PhD, RN *University of Cincinnati*

Marcus Henderson, BSN, RN *Fairmont Behavioral Health System*

Angelica Millan, DNP, RN *County of Los Angeles Department of Public Health*

John W. Rowe, MD *Columbia University*

William M. Sage, MD, JD *University of Texas at Austin*

Victoria Tiase, MSN, RN *New York-Presbyterian Hospital*

Winston F. Wong, MD, MS *Kaiser Permanente*



Nursing Now Raises the Status and Profile of Nurses

Mar 25, 2019 | *Advocacy, Blog, Career Advice*

<https://dailynurse.com/nursing-now-raises-the-status-and-profile-of-nurses/>

Barbara Stilwell, PhD, RN, FRCN, is on a mission. She wants nurses to be empowered. As the Executive Director of [Nursing Now](#), a three-year global campaign run in collaboration with the International Council of Nurses and the World Health Organization, she and all those involved want nurses' voices to be heard.

She took time to explain what Nursing Now is and what they hope to accomplish.

What is the Nursing Now campaign? Why did you start it? Why do you think it's important?

The purpose of the campaign is as follows: Nursing Now aims to improve health and health care globally by raising the status and profile of nursing, demonstrating what more can be achieved by enabling nurses to maximize their contribution to achieving universal health coverage.

Strengthening nursing will have the additional benefits of promoting gender equity, contributing to economic development, and supporting other Sustainable Development Goals. This "Triple Impact" was identified by a British All Party Parliamentary Group in 2016 which reviewed the contribution of nursing to global health and identified the triple impact—improving health, promoting gender equality, and contributing to economic growth.

The specific outcomes of the campaign are:

1. increased investment in nursing
2. changes in global policy
3. strengthened nurse leadership and influence
4. better evidence of impact
5. improved ways of sharing effective practice

The strategy for achieving these outcomes has two interconnected elements—influencing policy globally and supporting action locally. The first involves adopting a high-level influencing approach working with partner organizations and the campaign champions to influence decision makers and organizations at global and regional level to include nurses at every level of decision making.

The second involves providing support to partners locally, including professional associations and national Nursing Now groups, to influence policy nationally, and support the

development of nursing and midwifery in their countries. We want the local groups to create a social movement among nurses and midwives that will support the aims of Nursing Now and result in changes being locally sustainable.

The campaign is important because all countries face enormous challenges in improving health and providing health care due to growth in non-communicable diseases, changing demography, and the impact of emerging factors such as climate change and migration, all coupled with rising demand for health care with its associated costs. Achieving this will require massive increases in health workers.

Nursing can make an even greater contribution to health in the future. This is partly because nurses and midwives between them make up almost half the professional health workforce globally. As importantly, however, that nurses are particularly well-suited to contribute even more in the future because of the way in which the whole health environment is changing. The core arguments are:

- The burden of diseases is changing with increases in long term non-communicable or chronic diseases and—as populations age—more people with multiple morbidities who are living longer (often at home) and dying at home too. There is an increasing concern to care for those with mental health problems too, especially young people. Nurses are already central to much of this home care, and their role will continue to expand.
- These changes require new, more community-based and holistic models of care as well as greater focus on health promotion and disease prevention. Implementing new models of care will require teams that, at times, should most appropriately be led by nurses because they may be best suited to plan and manage care pathways.
- Nursing philosophy, values, and practice mean that nurses are particularly well-suited to planning, implementing, and managing patient centered, community-based care with a view to the full bio-psycho-social-environmental aspects of health. Moreover, nurses often work closely with their local communities and constitute the majority of most health teams; they are ready to step up to the challenge.

To learn more about Dr. Stilwell and the global campaign, visit www.nursingnow.org or check out the radical advocacy [special issue of *Creative Nursing*](#).



Minnesota Hospital Association joins amicus brief in support of the Affordable Care Act

ST. PAUL – The Minnesota Hospital Association (MHA) on April 1 was among 24 state hospital associations to submit an amicus brief supporting the Affordable Care Act (ACA) in the appeal of a 2018 ruling that found the ACA unconstitutional because Congress repealed the tax penalty enforcing the law's individual mandate.

“On behalf of our 141 member hospitals and health systems, we are very concerned about this case and the district court’s initial decision,” said Lawrence J. Massa, president and CEO of MHA. “While we recognize that the ACA is not perfect and can be improved upon, we supported its enactment, and experience has demonstrated its benefits. Minnesotans have benefitted from expanding access to Medicaid and additional federal funding that has supported our successful MinnesotaCare program, as well as from the ACA’s prohibition on health plans denying coverage or raising premiums due to pre-existing conditions.”

The ACA led to increased insurance coverage in Minnesota and its federal subsidies have made health insurance premiums more affordable for residents throughout the state. In addition, the ACA has allowed Minnesotans to receive preventive services without barriers of copays and deductibles.

In the decision being appealed, known as *Texas v. United States*, the district court judge ruled that because the ACA’s individual mandate was no longer in effect, the other provisions of the law were unconstitutional. The amicus brief argues that the district court ignored the ACA’s significant reforms that modernized the delivery of and payment for health care in the United States. The brief maintains that the ACA’s delivery reforms are independent of the minimum coverage provision and can be separated from the individual mandate.

“We expect that a judicial decision overturning the law would result in returning hundreds of thousands of lower-income, working Minnesotans to the ranks of the uninsured,” said Massa. “More people would rely exclusively on the emergency department for care and lose access to prevention services, and health plans could deny coverage to those with preexisting medical conditions. We are also concerned that these attacks on the ACA – which is current law – undermine enrollment in health care coverage.”

The Minnesota Hospital Association represents Minnesota’s hospitals and health systems, which provide quality care for their patients and meet the needs of their communities.



Healthy Nurse, Healthy Nation will provide simple daily tasks to help you become better equipped for the unique challenges nurses face in their 7-Day **Grow Your Resiliency Challenge**.

Grow Your Resiliency!

Resiliency, the ability to overcome adversity, is a popular term in today's culture. It seems everyone is trying to be someone who can bounce back from a setback stronger than ever.

As nurses, we may deal with moral distress daily. If we can understand and use the concepts of moral resiliency and moral courage, we can help combat the effects of moral distress: burnout, compassion fatigue, turnover, and ill health.

Over the course of this seven day challenge, we'll provide a simple task to help you become better equipped to face the unique challenges nurses encounter on a daily basis. Many of these tips and strategies have been adapted from ANA's Professional Issues Panel's *Call to Action Report, Exploring Moral Resilience Toward a Culture of Ethical Practice*.

Let's do it together! Join us by clicking "Yes," under "Ready to Join?"

READY TO JOIN?
Starts April 8. Are you ready?

Moral resilience and moral courage are concepts designed to decrease or manage moral distress. Many health care workers may experience moral distress without being able to name it. Here's a refresher on what these terms mean, so you can clearly recognize these experiences:

Moral distress is when organizational policies or procedures prevent a nurse from doing what he or she thinks is right. This dilemma, dubbed "moral distress," can make nurses feel powerless, anxious, and even depressed.

Moral courage is developing the strength to speak up about your hesitations despite the fear of repercussions.

Moral resilience is the internal capacity nurses have to restore and sustain their personal integrity in response to moral distress.



Nursing Knowledge: Big Data Science Conference June 5-7, 2019

Pre-conference: June 5
Conference: June 6-7
Minneapolis, Minnesota

The conference is open to all who have an interest in advancing the alignment and use of health data for improved health outcomes and research. Now in its seventh year, the conference brings together policy and thought leaders in health care, government, the private sector, education and advocacy organizations convening to report their progress and chart a course for the coming year.

[Register today!](#)

The keynote speaker is year is Cyrus Batheja, Ed.D., M.B.A., P.H.N., B.S.N., R.N.. Dr. Batheja is the Chief Growth Officer for myConnections™ and Medicaid Vice President at UnitedHealthcare Community & State. myConnections™ is a UnitedHealthcare program that helps low-income individuals and families access essential social services that are the gateway to better health. UnitedHealthcare Community & State proudly serves nearly 6.4 million Medicaid members in 29 states, plus Washington D.C. UnitedHealthcare is a division of UnitedHealth Group which is a diversified health and well-being company with a mission to help people live healthier



For more information or to register:

z.umn.edu/bigdata