
## MNORN Elections

YOU are encouraged to run for office to join the MNORN Leadership.

This is an opportunity to shape the direction of MNORN and to be part of a dynamic organization that gives voice to the nursing profession in Minnesota.

### MNORN Positions to be elected this Fall:

President

2nd Vice President

Secretary

2 Directors

2 members of the Nominating Committee

### Nominating Committee Members:

Mary Tanner, chair

Jennifer Kalenkoski

Oriana Beaudet

Kenya Birkle

Watch for your invitation via email to the next MNORN Member Meeting, to be held in September via Zoom. The topic will be on Implicit Racism, a topic brought home to Minnesotans earlier this summer. There is much that we can do, as nurses, to make a difference within our profession as well as to the health and wellbeing of the people we serve.

In this newsletter, you will see the inter-relatedness of the issues of dealing with the COVID-19 pandemic and systemic racism, both at the national and the state level.

Thank you for all you are doing each and every day to make a difference.

In the preface of the book *Under the Flaming Sky: the Great Hinkley Firestorm of 1894,* author Daniel James Brown writes: "In this age of terror, it reminds us that we have it within us to endure calamity, to rise above even the most trying circumstances, to replace fear with hope, to throw love and light back into the face of violence and darkness." He could have been writing about nurses!

## The American Academy of Nursing and the American Nurses Association Call for Social Justice to Address Racism and Health Equity in Communities of Color

**August 4, 2020—**Today, the American Academy of Nursing (Academy) and the American Nurses Association (ANA) issued the following statement on the urgent need for social justice to address prevalent racism and discrimination against communities of color, especially Black and Brown people. Nurses stand to champion equity while upholding dignity and respect of individuals as the country continues to grapple with the devastating spikes in COVID-19 cases and reckons with the compounding, longstanding, and systemic racism within health care and our society.

For far too long, communities of color have been disproportionally suffering as a result of persistent inequities and biases that exist in society. The current unrest worldwide in response to unjust killings of Black and Brown people as well as higher rates of COVID-19 within these communities, has emphasized more clearly the need for social justice reform that addresses racism and realigns structures to enable the attainment of better health regardless of race, ethnicity, gender, social group, or geography. The nursing profession, as leaders of compassionate care, upholds the highest commitment to achieving health equity and combating discriminatory actions.

"Our collective moral vision is for broad awareness and collaborative action in addressing social inequities and health disparities," said ANA President Ernest J. Grant, PhD, RN, FAAN. "Nurses have a responsibility to use our voices to call for change. The Code of Ethics obligates nurses to be allies and to advocate and speak up against racism, discrimination, and injustice."

The Code of Ethics for Nurses (Code) clearly states in provision eight that "the nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce disparities."[1] The profession's code exemplifies our promise to advocate for safe and healthy communities. This advocacy extends to all individuals as noted in the first provision of the Code which states nurses "practice with compassion and respect for inherent dignity, worth, and unique attributes of every person."

Further, we must remove areas of bias that perpetuate negative behaviors and reinforce harmful stereotypes and stigmas. This extends to those biases held by nurses and other health care providers. Working together, health professionals, public health officials, health care and industry leaders, system administrators, and policy makers, can confront and directly address these behaviors along with the unfair practices that lead to discrimination against Black and Brown individuals and communities of color. It is imperative in this time of incredible uncertainty and unrest, that we create and sustain cultures of understanding, belonging, open dialogue,

and inclusion in workplaces, within our profession, and in communities. Commitment to addressing bias is a meaningful starting point to make lasting change.

The nursing profession stands ready to ease suffering, settle confusion, and foster inclusivity while maintaining their firm commitment to the Code of Ethics for Nurses. Continued vigilance is of the utmost importance to enact policies that achieve health equity and tackle systemic racism within society, health care, and our own profession. Nurses can be change agents by responding to racism when they experience or see it occur, further their understanding of implicit and unconscious bias, and work within their own institutions to develop cultures of inclusivity. Moreover, nurses can advocate for policies at the local, state, and national level that address health equity, which will not only improve well-being now, but also continue to lay the foundation for better health in the future.

"The nursing profession advocates for social justice in the pursuit of optimal health" said Eileen Sullivan-Marx, PhD, RN, FAAN, American Academy of Nursing President. "This must extend to our own understanding of the systems and structures that block this vision from becoming a reality. As we see a dramatic rise in coronavirus cases and more deaths, the toll that this pandemic has taken on communities of color becomes more and more devastating, especially considering we have yet to determine its future ramifications. We must commit now to change, with fierce conviction, so that our profession can ease suffering and elevate health equity in our recovery."

The Academy and ANA as organizations are reviewing our own practices and policies to reduce racism and further identify ways that we can foster cultures of inclusivity, while also creating educational opportunities that support our members' growth and understanding. Additionally, we will work in partnership with each other and with stakeholder organizations to amplify our collective efforts to advance health equity policies. Addressing and responding to racism is an urgent public health crisis and nurses are vital to the solution.

For more information, visit the ANA and the Academy Websites.


## From AJN: Please join us for Nursing's Role in Addressing Racism webinar!

***Register Today***

We invite you to join us on Wednesday, August 19, 2020 from 3:00 pm to 4:30 pm EST to learn more about nursing's role in addressing racism.

As the country confronts the systemic racism that pervades our society, nursing is called on to examine racism in its own history and in the profession and practice today. What role has racism played in nursing? What is the impact of systemic racism on nursing today? And most importantly, where do we go from here? Join us to explore these urgent questions. Join *AJN* Editor-in-Chief Maureen "Shawn" Kennedy, MA, RN, FAAN and a distinguished group of presenters to explore these urgent questions.

**Host:**
Maureen "Shawn" Kennedy, MA, RN, FAAN
Editor-in-Chief, *American Journal of Nursing*

**Moderator:**
Kenya V. Beard, EdD, AGACNP-BC, CNE, ANEF, FAAN
Dean of Nursing and Health Sciences, Nassau Community College

**Panel:**
Virginia W. Adams, PhD, RN, FAAN
Nurse Education Program Consultant
Co-chair, Diversity & Inclusivity Committee, American Academy of Nursing
Vice Chair, New Hanover County Health and Human Services Board

Sheldon D. Fields PhD, RN, FNP-BC, AACRN, FNAP, FAANP, FAAN
Adjunct Professor, Long Island University-Brooklyn; Founder & CEO, The SDF Group LLC
First Vice President, National Black Nurses Association, Inc

Ann Kurth, PhD, CNM, MPH, FAAN
Dean and Lorimer Professor, Yale University School of Nursing (YSN)
Professor, Epidemiology of Microbial Diseases, Yale School of Public Health

Bernadine Lacey EdD, RN, FAAN
Founding Dean, School of Nursing at Western Michigan University
Living Legend American Academy of Nursing

Mary A. Maryland, PhD, ANP-BC, FAAN
Nurse Practitioner, Oak Street Health

Dayna Bowen Matthew
Dean and Harold H. Greene Professor of Law, George Washington University Law School

## ANA Year of the Nurse Story written by Katie Pitzl, MSN, RN, OCN
## M. Health Fairview

The complexity of health care was turbulent before this pandemic. I remember a time when we could study the absurdity of health care like an abstract piece of art. Now, we are thrown about with random waves of surging admissions, swimming in a virus we do not understand yet, and bumping into the fringes of the marginalized and dispersed without armor. How can we gain footing?

When it became clear that COVID-19 would close in fast and furious on us, essential work came sharply into focus. While strategic planning and hospital operations took shape, our Nursing Practice and Clinical Education team was already deploying small groups to make mock supplies to ready the organization for wide-spread training.

Over the last three months, our department has trained, with nuance, nearly 6,000 clinical staff on appropriate donning and doffing procedures to ensure any trace of this wicked virus stay contained. By nuance, I refer to the individual and daily adjustments to the donning and doffing procedures with interprofessional scope and evolving understanding of the pandemic. Also, adults come with their own experiences, so giving time and attention to the learner required expertise, resourcefulness, and critical thinking in the precise moment of training. All with judicious preservation of PPE.

Simultaneously, the state was beginning to put out different models for how the virus might peak. Without any certainty of when or how a patient surge might occur, Nursing Practice and Clinical Education engaged with key stakeholders to stand up a cohort hospital in less than 10 days. It required an onboarding and orientation structure, a ground up supply chain, bio-medical support, reliable operations, and point of care expertise. None of these deliverables were established. But when you have a principled Nursing Practice and Clinical Education Department, in collaboration with a trusting organization, what you get is an evidenced-based curriculum design with rapid through-put and provisioning. The fluidity of the work required nursing ingenuity and resilience moment to moment.

And now, as I write this, our work plays out within the backdrop of racism, violence, and unrest. This blow to progress only reinforces a posture of compassion and humility, knowing when to step back, reflect, and even to say, "I need a second." These are the supportive qualities of a resilient team we want for our front-line clinical staff, the essential workers. Flexing our Nursing Practice and Clinical Education department will be necessary here, too. May we, as nurses, never consider our work to be done, but better understood; and may we respond with creativity, love, and compassion to all individuals, systems, and ourselves as we

would our most beloved patients. This is the work of Nursing Practice and Clinical Education: to plot a path forward for our profession, and not one step back.

You can read many more Year of the Nurse stories at **https://anayearofthenurse.org/a-year-of-stories/**

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Off the Charts AJN American Journal of Nursing

## Every Frontline has a Backline: What Nursing Can Learn from Rugby

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Photo credit: KJ Feury

***Have you ever had a day at work that could only be fixed by an ice cream from your favorite creamery or by a hug from your best friend? Every shift during the height of the COVID-19 pandemic felt like this.***

Unfortunately, because I work as an RN in a pediatric ICU at a large hospital in northern New Jersey, social restrictions that coincide with COVID-19 forestalled my usual comfort measures. After the start of the COVID-19 pandemic and during my reassignment in the COVID-19 ICU, I could no longer truly "leave" work. Work came home and walked with me throughout my day.

Dozens of IV pumps lining hallways, countless boxes of gowns, gloves, masks, and rubber shoes scattering the unit; ventilator alarms sounding; coworkers with surgical caps and masks, only identifiable by their eyes. The once medical–surgical unit transformed into a critical care unit equipped to care for COVID-19 patients.

After donning and doffing personal protective equipment (PPE), giving medication, adjusting ventilators, and updating families, you leave your 12+ hour shift wondering if you did your best. In the chaos of an unfamiliar unit, caring for patients with an unfamiliar virus, did I do everything to create the best outcome for my patients?

***Missing patient contact in a necessarily dehumanizing environment.***

Due to personal risk of contracting COVID-19, nurses carefully coordinated care to minimize exposure. I controlled patients' medications, IVs, and ventilators, from outside a hospital door. Because I clustered care, I entered patients' rooms minimally. The patient contact that was one of my favorite parts of being a nurse had been taken away. It was difficult having

to conquer the fear of going to work . . . but then to also go without the part I enjoyed most? This was especially disappointing and hard.

Positive moments presented in different ways. One evening, the unit received a package that included a CD player and Frank Sinatra CDs. A note explained how the patient in room 14 loved Sinatra and often listened to him. This struck a special place in my heart because my grandpa, who died a few years ago, also loved Sinatra. I know that, for him as for the patient in room 14, listening to this music would have brightened his day. That evening, the family reached out to thank me for making it a priority to play the music for the patient. This experience made me realize the connection I build with patients was still there and was more important than ever.

***It's time to talk about the backline.***

When I think of a frontline, I think of the first line of defense in a sports. Playing rugby since age four, and now a member of the USA Women's National Team, I understand the importance of the frontline—those who are most visible and put themselves at personal risk for their teammates. The frontline is something or someone that protects.

There's been an outpouring of support for frontline health care workers; however, it's time to talk about the backline. The backline is every person who supported the frontline during COVID-19. Without the backline, the frontline would have fallen. It's the backline whose essential role supports the frontline.

COVID-19 coping is not easy. I've watched a wife sit outside her husband's hospital window for days. I've watched a family video chat with their loved one for the last time. I've watched a child draw chalk on hospital sidewalks outside her dad's window. I've looked patients in the eyes as they asked if they were going to be okay before we put a breathing tube in. I have watched this virus take lives of previously healthy people.

***A different kind of hero.***

Without typical coping outlets, some nights I crumbled. I sat in my car unable to drive because I couldn't keep my emotions together. The outpouring of love from my backline kept me going. Notes, coffee pick-me-ups, friends reaching out, and countless dinners I didn't have to cook all contributed to getting me through. I cannot thank my backline enough for their acts of strength that allowed me to focus on patient care.

Growing up, I had role models. But I never truly had a hero, until now. My heroes are in hospital gowns. My heroes are waiting outside hospital windows wondering if their family member will be okay. My heroes are at home, deciding to distance from loved ones to

avoid spreading this deadly virus. Heroes are around us, but it took a worldwide pandemic and two years of being an RN for me to realize this. Oddly enough, I need to thank COVID-19 for opening my eyes to what was in front of me.

COVID-19 has profoundly affected each of us. Whether you were the frontline, the backline, or one of my heroes, thank you. I encourage everyone to thank your own personal backline and to broaden your perspective to see heroes around us. Like me, you may realize you're surrounded by heroes every day. COVID-19, and actions taken by many, made a difference for me and reminded me why I am, and always will be, a nurse.

*Tess Feury, BSN, RN, is a nurse in the pediatric ICU at Morristown Medical Center, Morristown, New Jersey. Tess is also a member of the USA Women's National Rugby Team. The COVID-19 adult ICU that she was reassigned to at the height of the surge in New Jersey and New York has closed and she is now back working in a slightly more familiar place, the COVID-19 pediatric ICU.*

***https://ajnoffthecharts.com/every-frontline-has-a-backline-what-nursing-can-learn-from-rugby/#more-29395* retrieved 7-22-2020.**

## July 30, 2020 Testimony from ANA President Ernest Grant to the Senate Finance Committee Regarding Personal Protective Equipment

**Thursday, July 30, 2020 9:30AM**
**215 Dirksen Senate Office Building**

Chairman Grassley, Ranking Member Wyden, and Members of the Committee, thank you for giving me the opportunity to appear before you, on behalf of the American Nurses Association (ANA), to discuss the need to protect the reliability of the United States medical supply chain during the COVID-19 pandemic. Nurses and other health care providers in communities across the country have been on the frontlines of the coronavirus pandemic and have been negatively impacted by the shortages of Personal Protective Equipment (PPE) caused by the global impact of COVID-19.

ANA is the premier organization representing the interests of the nation's over 4 million registered nurses (RNs), through its state and constituent member associations, organizational affiliates, and individual members. ANA members also include the four advanced practice registered nurse roles (APRNs): nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs) and certified registered nurse anesthetists (CRNAs). ANA is dedicated to partnering with health care consumers to improve practices, policies, delivery models, outcomes, and access across the health care continuum.

This is one of the most difficult times nurses have ever faced. At the beginning of this crisis the United States saw nurses and other frontline health care professionals confronting a shortage of Personal Protective Equipment by making their own masks or using trash bags for make-shift gowns. Because of the unsafe working conditions, some made the difficult choice to leave their jobs to protect their families and themselves. Others developed emotional and psychological issues, suffered severe physical ailments from the coronavirus and tragically, all too many, more than 230 nurses died providing care to their communities. This is unacceptable.

Nurses must be protected and supported so they can continue to care for patients and educate the public. We must safeguard nurses' and other frontline providers' well-being and heed their invaluable insights so that the nation can recover faster and stronger. It is both a moral and strategic imperative for our nation's leaders to do everything possible to arm and protect nurses and other critical responders as we work to combat the pandemic and prepare for future public health crises.

**ANA Surveys on PPE**

Despite hopes that strong mitigation and containment actions in our communities would reduce the severity of the coronavirus outbreak, the nation is currently seeing an uptick in COVID-19 cases, causing the demand for, and pressure on nurses to only grow. **At the time of this testimony, PPE is not being provided in the quantity or quality that is required for nurses to safely care for patients.** To closely and consistently monitor nurses' access to PPE, ANA has deployed several PPE-specific surveys, including two that were conducted in March and May, as well as one that is currently in the field. The findings of these surveys are outlined below, but the top-line takeaway is that there has been little to no change in our members' access to sufficient quantities of safe and effective PPE since the beginning of the pandemic in the United States.

ANA's May survey on access to PPE received 14,000 responses. 45% of respondents reported PPE shortages in their facility, and 79% said they are required, or encouraged, to reuse single-use PPE, such as N95 masks. More than half of these respondents said they feel unsafe using decontaminated respirators. ANA does not support the use of decontamination methods as a standard practice; however, we have acknowledged this is a crisis capacity strategy. The Association recommends that Congress engage with the U.S. Food and Drug Administration regarding the need to expeditiously research the effectiveness of various decontamination methods for the reuse of PPE by nurses and other health care professionals. We also urge additional oversight to ensure a return to best practices as soon as possible.

**Stories from the Field**

ANA has requested nurses from across the country share their personal stories related to PPE. It is evident from these stories that the PPE supply chain continues to be strained. While facilities struggle to supply adequate quantities of PPE, ANA is hearing that the quality of the PPE is getting worse. Nurses in Oregon reported that a large hospital system purchased and reported an ample supply of masks. Unfortunately, likely due to supply issues, the hospital switched brands, and the current stock of masks are all too large to properly fit most staff. This can cause safety issues because if the masks are too large, there is the potential to create an opening in which the virus may enter, putting healthcare workers at an even greater risk, as there is not a reliable seal around their face, which is mandated by the wearing of isolation gear.

Nurses also reported that the quality of the masks was so poor that the wire that forms around the nose did not fit properly, causing safety concerns over the tightness of the facial seal. These are not isolated examples.

Congress and the Administration, in coordination with the states, must ensure not only that health care providers are stocked with adequate quantities of PPE, but also that it meets medical, safety, and quality criteria.

The top-line concerns that ANA has received in its surveys are as follows:

- Nurses are being asked to reuse PPE when reuse is out of alignment with manufacturers' guidelines.
- Face masks fog up resulting in various incidents (needle stick, inability to accurately take blood pressure, etc.).
- Nurses being asked to reuse PPE that cannot be disinfected.
- That some personal protective equipment is unsafe. A soft, pliable face shield may be non-medical grade, warping and fogging material. The straps cannot be disinfected.
- In some locations there is an insufficient supply of PPE. Nurses are getting small allotments of gloves, disinfectant, surgical masks and N95s. These do not meet the need of the procedures the nurses are being ordered to perform.
- Underserved and rural hospitals are being outbid by larger health systems as well as both the state and federal government, exacerbating their difficulty in obtaining supplies.

ANA has also received over 200 personal stories as part of a PPE survey that is currently out in the field.

**Strategic National Stockpile Recommendations**

While ANA understands the PPE crisis is the result of multiple factors, including shortages of raw materials, a global need for equipment, and growing PPE needs as the country and schools reopen, we believe that more must be done by both the federal and state governments to better deploy this protective equipment. While states certainly have a role in ensuring access to care, more needs to be done to enhance the federal/state partnership to ensure transparency and equitable access to safe and quality protective equipment for health care providers.

**To achieve this goal, ANA recently submitted detailed recommendations to Chairman Lamar Alexander and the Health, Education, Labor, and Pensions (HELP) Committee in response to the Chairman's white paper request, which is attached and summarized below.**

- To make sure health care providers are never again left with a PPE shortage, Congress should request an annual report on the state of the Strategic National Stockpile (SNS) with respect to PPE, vaccines, medicines, and other supplies. The report must include when items are expiring and what items need to be replaced. When items are approaching expiration, they should be donated to underserved medical facilities such as federally qualified health centers, rural hospitals, and clinics based on need.
- Health care facilities should be required to report monthly on their levels of these items so the agency in charge has up to date information on where shortages may be most acute in the early stages of an emergency. A formulary should be developed by National Academy of Sciences, Engineering, and Medicine on what levels of PPE, vaccines, and other supplies health care facilities should have in their own stockpiles. Manufacturers of these items should also be reporting on production and capabilities.
- The federal government must take appropriate steps to plan coordination efforts. Many states will not have the resources or expertise to carry out preparations or coordination without federal assistance. Hospitals and facilities with more capital will most likely benefit while rural and underserved areas will suffer. There have been instances of states and health care systems in competition with one another to procure PPE and essential supplies. The federal government needs to help states prepare by taking steps to ensure they are not pitted against each other when it comes to resources.
- The federal government needs to do more to incentivize and prioritize the manufacturing of PPE, medications, and other supplies in the United States, even if that means carrying out production itself. We cannot allow our citizens to be put at a health risk because businesses view manufacturing elsewhere better for their bottom line. More production in the United States will also help the U.S. economic recovery.

**ANA Engagement with the Federal Government Regarding PPE**

Since the beginning of this pandemic, ANA has called on federal officials to increase the supply of PPE. The Association will continue to do so because nurses, other health care professionals, and essential workers must have the proper equipment to protect themselves and take care of our communities. We have specifically urged the Administration to use the Defense Production Act more aggressively to increase the domestic production of medical supplies and equipment desperately needed by front line health care personnel. With the rise in cases as states reopen, the Administration and Congress must continue to increase and incentivize the domestic production of medical supplies and equipment that meets medical, safety, and quality criteria desperately needed by front line health care personnel.

**Conclusion**

ANA stands ready to work with the Finance Committee, the entire Congress, and the Administration to find sustainable solutions to this PPE crisis in order to protect our nation's frontline nurses and ensure that frontline providers will never experience this level of shortage and unsafe practices again.

On behalf of our patients and their families, the 4 million RNs who care for them, and the hundreds who have selflessly given their lives to safeguard the health of their communities, we must do better.

Thank you and I look forward to answering any questions that you may have.

## From ANA Capitol Beat: House LHHS-ED Appropriations Committee Recognizes Nursing Priorities in Legislation

Each spring starts the annual appropriations process in the U.S. House and Senate. Both the U.S. House and Senate Appropriations Committees have 12 subcommittees that are tasked with compiling legislative bills that provides funding for operations, personnel, equipment, and activities.

ANA monitors the entire appropriations process and advocates for nursing priorities to be inserted into the Labor Health and Human Services (LHHS-ED) legislation. The LHHS-ED Subcommittee has jurisdiction under the following: the U.S.

Department of Education; the U.S. Department of Health and Human Services; the U.S. Department of Labor; and many related agencies.
The House LHHS-ED released its Fiscal Year (FY) 2021 Report and the Full Committee Markup is this week. Upon reviewing the information, ANA was pleased to see several items, including:

- $10 million increase to Title VIII Nursing Workforce Development Programs for a total of almost $270 million.
- $1.454 million increase to National Institute of Nursing Research for a total of $170.567 million in FY 2021.
- In January 2017, the Occupational Safety and Health Administration (OSHA) committed to developing and issuing a workplace violence standard, but the agency has not yet completed a required small business review, and there is no estimated date for the issuance of a proposed or final rule. The Committee believes issuing a workplace violence standard to protect workers in health care and social services should be a top priority for the Department of Labor. It has required for OSHA to report to Congress on its progress within 90 days of passage of the appropriations legislation.
- The Committee provides $5 million to make grants to establish or expand optional community-based nurse practitioner fellowship programs that are accredited for practicing postgraduate nurse practitioner in primary care or behavioral health.
- The Committee included $41.7 million for the Mental and Substance Use Disorder Workforce Training Demonstration program – a $15 million increase. This program supports training for medical residents and fellows in psychiatry and addiction medicine, nurse practitioners, physician assistants, and others, to provide SUD treatment in underserved communities. It includes an additional $15,000,000 for new grants to expand the number of nurse practitioners, physician assistants, health service psychologists, and social workers trained to provide mental and substance use disorder services in underserved community-based settings
- The Committee asked the Substance Abuse and Mental Health Services Administration (SAMHSA), with the Department of Education, develop a standard for providing all school-based teachers and nurses with suicide prevention training to treat mental health challenges experienced by younger Americans.
- Provides funding to strengthen Historically Black Colleges and Universities (HBCUs). This program provides grants to specified colleges and universities making a substantial contribution to graduate education opportunities at the Master's level in mathematics, engineering, the physical or natural sciences, computer science, information technology, nursing, allied health, or other scientific disciplines.
- $2 million dollar increase is included for the Minority Fellowship Program (MFP), for a total of $16.169 million in both the Center for Mental Heath Services and the Center for Substance Abuse Treatment. The MFP aims to improve behavioral health care outcomes for racial and ethnic populations by growing the number of racial and

ethnic minorities in the nation's behavioral health workforce. The program also seeks to train and better prepare behavioral health practitioners to more effectively treat and serve people of different cultural and ethnic backgrounds.

As appropriations work continues in the U.S. House and Senate this summer, ANA Government Affairs staff will continue to monitor its progress and will keep you updated.

**CLICK HERE TO SIGN UP FOR ANA UPDATES ON LEGISLATIVE ISSUES**


In order to incorporate newly emerging evidence related to the COVID-19 pandemic, the release of *The Future of Nursing 2020-2030* report has been delayed until **Spring 2021**.

Meanwhile, you could attend their webinar:

## Nursing's Role in Health Equity, Public Health Emergencies, and COVID-19 – Critical Issues for The Future of Nursing 2020-2030

August 20, 2020 | 1:00 to 2:30 p.m. CT | Webinar

Topics include:

- Achieving Health Equity
- Nurses Fighting COVID-19 on the Frontline
- Nurses Role in Public Health Emergencies
- Time for Q&A


**Notice of Vacancies in State Boards, Councils and Committees**

The full list of 628 vacancies can be found on our website Open Positions. Applications may be submitted online, and must be submitted within 21 days of the "Publish Date" listed on our Open Positions page, to be assured of full consideration by the appointing authority. Appointing authorities may choose to review applications received by the Secretary of State after the 21 day application period.

**Palliative Care Advisory Council**

Vacancies: 1 Seat -- Care Coordinators
Vacancies: 1 Seat -- Health Plan Representative
Vacancies: 1 Seat -- Licensed Health Professionals
Vacancies: 1 Seat -- Member
Vacancies: 2 Seats -- Patient or Personal Caregiver
Vacancies: 1 Seat -- Physician
Vacancies: 1 Seat -- Physician Assistant
Vacancies: 1 Seat -- Registered Nurse or Advanced Practice Registered Nurse

**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