

DECEMBER MNORN ANNUAL MEETING/MEMBER MEETING

DECEMBER 17TH AT THE CARONDELET CENTER IN ST PAUL,
6-9 PM



Topic: Nursing Drawdown: Nurses Taking Action to Co-create a Healthier Future

Speaker: Teddie Potter

Teddie has recently been named the first Director of Planetary Health at the University of Minnesota School of Nursing

Teddie will be talking about a new initiative for nurses to co-create a healthier future by embracing the actions of Nurses' Drawdown.

Nurses across the globe will be invited to participate in Nurses' Drawdown. Since the earliest days of professional nursing, nurses have understood that optimal health requires good nutrition, adequate mobility, a healthy environment, and social support. Through commitment to Nursing Drawdown actions, nurses will improve the health of individuals and communities, while also taking steps to heal the planet.

In partnership with [Project Drawdown](#), nurses from all specialties and in all practice settings will be encouraged to take action in four key areas: Food, Mobility, Gender Equity and Natural Climate Solutions. At the heart of nursing is the understanding that when we create the right environment, nature can heal itself. As the most numerous and most trusted health profession in the world, nurses can co-create a healthier future by embracing the actions of Nurses' Drawdown

Individuals who attend the entire session will receive 2 contact hours

Registration:
Member \$20.00
Non-Member \$25.00
Student \$10.00

Register at <http://evite.me/HWFuPPxdsE>

Exciting News About MNORN Members:



ANA Enterprise Appoints Dr. Oriana Beaudet as Vice President of Nursing Innovation

Dr. Beaudet will collaborate across the ANA Enterprise to cultivate and disseminate nurse-led innovation that increases the recognition and value of nursing, drives transformational improvements across health care delivery, and positions nurses as integral partners in consumers' health and health care journeys.

Reporting to Chief Operating Officer/Executive Vice President Gregory Dyson, Dr. Beaudet will work closely with ANA Enterprise Acting Chief Executive Officer Debbie Hatmaker, PhD, RN, FAAN, and other members of the Enterprise Leadership Team. This work will be achieved through collaborative partnerships with industry, academia, health health care systems and organizations – across the U.S. and internationally.

According to Beaudet, “In this Enterprise-wide role, I will work with nurses and nursing leaders across our country to develop a strategic national framework for innovation. This work will include building an inclusive and transparent space to ensure the ability for nurses to lead at all levels of society – thereby transforming practice and the health of people across the continuum of care. Nursing has a rich history of creativity and inventing solutions to meet the needs of the people and communities they serve. Innovation is a catalyst and keystone between our profession's past and future. It's my sincere belief that nurses can create solutions to some of the greatest challenges of our time.”

Dr. Beaudet has been leading innovative change for more than 15 years through strategic, operational and change management work for nurses, nursing executives, and health systems looking to innovate across their organizations nationally. Most recently she served as Vice President of Transformation with Array Advisors, where she led strategic change management and business development for national health system clients focused on business, technology, and care delivery solutions. Dr. Beaudet completed her doctorate in nursing practice with an emphasis in Health Innovation Leadership and Design from the University of Minnesota School of Nursing.

More Exciting News About MNORN Members:



Ecumen Vice President Brett Anderson Receives Minnesota State Mankato Distinguished Alumni Award

Mankato, Minn. – Brett Anderson of Eagan, Minn., a 2006 graduate of Windom High School, was recently awarded the Young Alumni Award from Minnesota State University, Mankato at the University's 2019 Distinguished Alumni Awards ceremony.

Anderson, currently vice president of health and clinical services with Shoreview, Minn.-based Ecumen, is one of three 2019 alumni award winners. He was honored at a Nov. 2 ceremony hosted by the Minnesota State Mankato Office of Alumni Relations.

Distinguished Young Alumni Awards go to graduates who have reached professional achievements early in their careers and have positively impacted their communities.

Anderson graduated from Minnesota State Mankato in 2011 with a bachelor's degree in nursing. He later earned a master's degree in nursing from Metropolitan State University. He is a registered nurse, a certified public health nurse and board-certified nurse executive.

In his current position at Ecumen, Anderson leads Ecumen-wide health care services, with responsibility for ensuring quality of care, clinical outcomes, customer satisfaction, cost of care efficiency and regulatory compliance.

Anderson began his career at Ecumen in 2014 as the clinical director at Ecumen Centennial House in Apple Valley (after serving as an Ecumen graduate student intern). In 2016, he was promoted to the role of regional nurse consultant, supporting new business development and national management contracts.

Before joining Ecumen, Anderson served as an adjunct instructor at Minnesota State Mankato and as an instructor at Saint Paul College. He also previously owned and operated CareLogix Nursing Solutions and provided clinical and operational consulting and support to area health care organizations.

Former Minnesota Governor Mark Dayton appointed Anderson to serve on the Board of Trustees for the Minnesota State system from 2011-2013.



More on the Cadet Nurse Corps from Marie Manthey and Joanne Disch....

Marie and I really enjoyed the comprehensive piece on the Cadet Nurse Corps, particularly because Katharine Densford and the nurses in Minnesota took such a leadership role in assuring its success. There's one piece of background that we thought we'd share with you that your readers might enjoy -

Although KJ Densford was successful in helping launch the Cadet Nurse Corps, a little known fact is that she was instrumental in the very idea of the Cadet Nurse Corps. At the time, there was discussion in Congress that nurses should be drafted because the need was so great. Densford supported the idea of nurses serving, but was opposed to a specific class of women being drafted. So she, along with some colleagues, came up with an alternative idea that would achieve the goal but not use a strategy that she opposed. She worked to establish a Cadet Nurse Corps that would be so appealing that nurses would volunteer rather than be drafted. While there was skepticism that allowing nurses to volunteer would provide the necessary numbers, she knew that nurses would step forward and want to serve - and as Claire Fagin, former dean at the University of Pennsylvania School of Nursing noted, "those uniforms and capes were quite a draw too." Thousands of nurses volunteered and were essential contributors to the war effort.

The leadership lesson here: Sometimes a leader supports a goal but opposes a particular strategy. Rather than being obstructive, identify an alternative strategy that meets the goal - and sometimes exceeds it. That's an innovative leader!

Marie Manthey, PhD (hon), MA, FRCN, FAAN
President Emerita, Creative Health Care Management

Joanne Disch, PhD, RN, FAAN
Professor ad Honorem, U of Minnesota School of Nursing
Former Director, Katharine J Densford Int'l Center for Nursing Leadership



Year of the Nurse: ANA Enterprise Gears up for Global "Year of the Nurse" in 2020.

The ANA Enterprise announces its intent to elevate and celebrate the essential, robust contributions of nurses as the world recognized 2020 as the "Year of the Nurse".

Given the wide range of nursing roles in the U.S., ANA Enterprise will promote inclusivity and wide engagement of all nurses throughout the year. As an example, the Enterprise will expand national Nurses Week to a month-long celebration in May to expand opportunities to elevate and celebrate nursing.

The World Health Assembly, the governing body of the World Health Organization, also declared 2020 the International Year of the Nurse and Midwife, in honor of the 200th anniversary of Florence Nightingale's birth. This celebration offers a platform to recognize past and present nurse leaders globally, raise the visibility of the nursing profession in policy dialogue and invest in the development and increased capacity of the workforce.

Nurses are encouraged to use #yearofthenurse and follow [ANA Enterprise](#) on social media as we celebrate nurses in 2020.



From the World Health Organization: Working closely with key partners including, the International Confederation of Midwives (ICM), International Council of Nurses (ICN), Nursing Now and the United Nations Population Fund (UNFPA), we will:

- Celebrate the contributions of health workers, with particular focus on nurses and midwives, in improving health globally,
- Acknowledge, appreciate and address the challenging conditions nurses and midwives face while providing care where it's needed most
- Advocate for increased investments in the nursing and midwifery workforce

The year-long global focus on nurses and midwives —
is a unique opportunity to get involved!



Nurse-Specific Trauma: Let's Give It a Name

NOVEMBER 12, 2019 /

<https://nursology.net/2019/11/12/nurse-specific-trauma-lets-give-it-a-name/>

Karen J. Foli PhD, RN, FAAN

When I was earning my PhD, my cognitive world opened up. I learned about how discourse not only reflects reality, it *creates* reality. In my estimation, The Influence of Psychological Trauma in Nursing allows

us to see a reality that eluded us before. Decades later, I find my work in nurse-specific trauma reflecting truth and creating a reality that nurses experience, but couldn't name. Therefore, their reality of it didn't exist.

We often hear about compassion fatigue. Its etiology is linked with secondary or vicarious trauma, created by seeing others suffer and experience traumatic events. Conversations abound about how nurses need to be resilient and use resiliency as a buffer to mitigate secondary trauma and secondary traumatic stress. The issue of individual versus organizational culpability in nurse-specific trauma is one that is needed, and for another time...

In addition to secondary trauma, there are six additional nurse-specific and nurse-patient-specific traumas that I have named, described, and provided context for (Foli & Thompson, 2019): historical or intergenerational trauma; workplace violence, system-induced or medically induced trauma, second-victim trauma related to medical errors, trauma from disaster work, and insufficient resource trauma. This final type of trauma is one that I have recently coined based on a current study, the findings of which I will present at the upcoming American Academy of Nursing conference as an e-poster (Foli, 2019).

Insufficient resource trauma. Now that's a new reality. Every single nurse I have spoken to quickly nods their head in affirming its existence. It's the trauma that occurs when nurses do not have the knowledge/expertise, personnel, accessibility to other professionals, supplies, and tangible and intangible resources to fulfill their ethical, professional, and organizational responsibilities.

As a nurse... think of being placed in an unfamiliar patient situation with no one to call for help. Think of the shift you are working with an overload patient assignment and two of your patients "go bad." Think of the phone incessantly ringing on your day off to come in because of short staffing and the guilt experienced because there is no way you can work

another shift and be safe. Think of the medication that will be late because pharmacy made an error and the physician on call hasn't answered the page and you need an answer stat. Think of going into a supply room for the dressing kit and the shelf is empty. But most of all, think of the patients' call lights that go unanswered because there aren't enough nurses to render care.

It's not just a shortage of resources that cause insufficient resource trauma. It's the push to do more in the time we have, including tackling the electronic health record and as we've known for years, sicker patients. In a recently published letter to the editor, "Decline of the American Nursing Profession," Vignato (2019) describes the decreasing time spent with patients: "... changes in our health care system are transitioning nurses away from a therapeutic relationship...With these time constraints, nurses are left to complete scripted tasks" (p. 255).

As a result, patients don't obtain the care they need and deserve. The tendency to see them as tasks to do increases. Nurses leave the units at the end of their shifts feeling guilty, anxious, and isolated. It's the stuff that kills our spirits.

A common metaphor used in understanding trauma, the iceberg, symbolizes the large mass of "stuff" that's underneath what is visible. The proportion is such that what is above the water is a fraction of the frozen ice beneath the water's surface. In the hidden, murky depths lies our processing of trauma, our feelings, needs, desires. Above the surface, for all to see are our behaviors that are born from trauma.

While I believe this metaphor is useful, I also assert that nurse-specific trauma, as events and habitual occurrences, are readily visible to others (Foli & Thompson, 2019). We have an audience watching most of our traumas day in and day out. But are we, our peers, our leaders paying attention? Let's give these traumas a name, let's build reality, and then, let's get to work on preventing what we can prevent and fixing what we can fix.

Welcome to Karen J. Foli, PhD, RN, FAAN who is joining theNursology.net blogging team! Karen is the author of *the Middle Range Theory of Nurses'-Psychological Trauma*, *the Middle Range Theory of Parental Postadoption Depression* and co-author of the recently published book, *The Influence of Psychological Trauma in Nursing*

References

- Foli, K. J. (Accepted; 2019). Nurses' trauma: "They leave me lying awake at night." E-poster. American Academy of Nurses 2019: Transforming Health, Driving Policy Conference, Washington, DC, October 24-26, 2019.
- Foli, K. J., & Thompson, J. R. (2019). *The influence of psychological trauma in nursing*. Indianapolis, Indiana: Sigma.
- Vignato, J. (2019). Letter to the editor: Decline of the American nursing profession. *Journal of the American Psychiatric Nurses Association*, 25(4), 255-256. doi: 10.1177/1078390319826702



Principles for Nurse Staffing

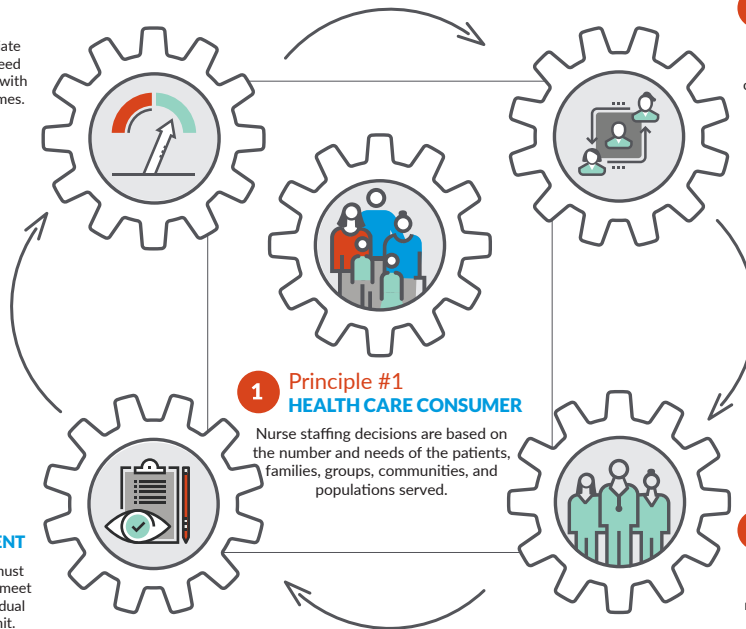
Nurse staffing is an asset to ever-evolving health care systems. Appropriate nurse staffing, with sufficient numbers of nurses, improves the health of the populations. Nurses at all levels within a health care system must have a substantive and active role in staffing decisions.

5 Principle #5 EVALUATION

Organizations must have appropriate nurse staffing plans. All settings need well-developed staffing guidelines with measurable nurse-sensitive outcomes.

2 Principle #2 INTERPROFESSIONAL TEAMS

Optimal care is achieved through individual actions and collaboration with other health care team members. Nurses are full partners in the delivery of safe, quality health care.



1 Principle #1 HEALTH CARE CONSUMER

Nurse staffing decisions are based on the number and needs of the patients, families, groups, communities, and populations served.

4 Principle #4 PRACTICE ENVIRONMENT

All nursing care delivery systems must provide the necessary resources to meet each health care consumer's individual needs and the demands of the unit.

3 Principle #3 WORKPLACE CULTURE

Organizational leaders must create a workplace environment that values nurses as critical members of the health care team.

You can find more information about ANA's Principles for Nurse Staffing and download a free ebook at:

<https://www.nursingworld.org/practice-policy/nurse-staffing/staffing-principles/>



From the Irish Times, Tuesday November 26, 2019

Healthcare must change wasteful ways with lower carbon footprint: If health sector were a country, it would be fifth-largest emitter on planet

Dr Pat Harrold Mon, Nov 25, 2019, 06:01

I try to reduce my carbon footprint and live in an environmentally friendly way at home, but I worry about the impact of my day job on the planet. Like most doctors I live in a working world of single-use plastic, diagnostic tests, outpatient appointments, hospital admissions, chemical medicines and immediate transport of goods and people. They all have their effect, and I suppose I did not see how my work could ever be much different. But I found out two encouraging things this week. One is that I am not alone, and the other is that something can be done about these problems in my workplace.

A recent survey by the Royal College of Physicians in [Ireland](#) highlights doctors' concerns about climate change. It shows that doctors working in the Irish health system are deeply concerned about the effect of climate change and pollution on the health of our population and want to play an active role in addressing these challenges (Medical Independent, November 5th, 2019).

A survey of the doctors who are members of the RCPI of Ireland found that 97 per cent of respondents are concerned about climate change and its impact on health. They are particularly concerned about high volumes of medical waste, and see single-use plastics and food waste within the hospital system as issues they want to see tackled. Some 95 per cent of the doctors surveyed say they would like to take a leadership role in creating a sustainable healthcare system.

On that note, it is very encouraging that the Irish Doctors for the Environment Organisation, reformed this year, now has over 400 members and is a strong advocacy group. (When I was a founder member of the first IDE 25 years ago, the whole membership could have fitted into a taxi.) If you want to see their many excellent ideas, they have a very good website and newsletter. One of their initiatives is the carbon-neutral conference. I saw this in action at the recent Dot Md conference in which there was absolutely no waste and everything was either reusable or recyclable.

Clinical waste

I don't see any specific plans for dealing with the problems of the healthcare system's waste of resources in the recent "Ireland's Climate for Change" document. If HSE leaders and politicians need any guidance, they could should read the UK's Academy of Medical Royal College's *Protecting Resources, Promoting Value: A Doctor's Guide to Cutting Waste in Clinical Care* (2014), quoting the World Health Organisation's observation that "climate

change is the largest threat to human health in the 21st century and the NHS remains the largest single contributor of greenhouse gases in the public sector". Most of these emissions, say the academy, did not come from heating or lighting hospitals, but directly from clinical practice. The document shows simply how, by reducing waste, healthcare systems reduce carbon and save money. It

demonstrates that by over-testing, over-prescribing and admitting patients to hospital unnecessarily, we waste resources that could be diverted elsewhere.

By over-testing, over-prescribing and admitting patients to hospital unnecessarily, we waste resources. It also shows what we have known for a long time, money spent wisely in primary care saves more money down the line.

The cultural shift required will need to value the targeted use of clinical resources to provide greatest benefit to the patient.

Health Care Without Harm published Health Care's Climate Footprint: How the Health Sector Contributes to the Global Climate Crisis and Opportunities for Action (September 2019).

Chemicals and plastic

It says "The global healthcare climate footprint is equivalent to the annual greenhouse gas emissions from 514 coal-fired power plants. If the health sector were a country, it would be the fifth-largest emitter on the planet." Clearly, there has to be a change.

It is hard to imagine a hospital being anything other than a giant carbon sink where everything is drenched in chemicals, wrapped in plastic and churning out pollution. But does it have to be like this? And is it really necessary or desirable for everything in a hospital to be used once and then discarded? Science writer [George Winter](#) in "Environmentalism is a cry from the soul" (Medical Independent, October 22nd, 2019) cites hospitals in [Asia](#) that are just as clean and efficient as American hospitals but far less expensive and using far fewer resources. It would be good to see hospitals with recycling policies, with solar panels and waste reduction policies. Meetings could be run as conference calls and workers could be encouraged to share transport. Basically, the health service needs a change of ethos and culture from top to bottom.

Dr [Ina Kelly](#), the chair of the Public Health Medicine Environment and Health Group says climate change is likely to have many health impacts so is of concern to doctors and other healthcare providers. The RCPI survey demonstrated much concern, interest and motivation to contribute to solutions. "Sustainability is essential but insufficient," says Dr Kelly. "We all need to adapt to change before it is too late."

<https://www.irishtimes.com/life-and-style/health-family/healthcare-must-change-wasteful-ways-with-lower-carbon-footprint-1.4088338>



Updates from the Committee on the Future of Nursing 2020-2030

The committee on the Future of Nursing 2020-2030 held a technical panel and discussion with health care industry leaders about how their organizations or members prioritize efforts to promote health equity into delivery and care models.

Speakers:

- Tricia McGinnis, Executive Vice President and Chief Program Officer, Center for Health Care Strategies
- Angela Patterson, Chief Nurse Practitioner Officer, CVS MinuteClinic and Vice President, CVS Health
- Elizabeth Mitchell, President and CEO, Pacific Business Group on Health (presentation by Zoom)
- Priya Bathija, Vice President of The Value Initiative, American Hospital Association, and Robyn Begley, Senior Vice President, American Hospital Association, and Chief Nursing Officer, American Organization for Nursing Leadership

Following the panel, Lori Melichar, Senior Director – Program, Robert Wood Johnson Foundation, presented and discussed future trends and implications for nursing. These trends included:

- Increasing prevalence and severity of climate-change related illnesses.
- Increasing variation in local and state legislation and regulation that affects health.
- More demand for “on-demand” health care.
- More information from algorithms for nurses to consider in care decisions.
- AI powered algorithms increasingly being used by government agencies to determine eligibility and prioritize resource allocation.
- Increasing amount of information being shared by and about people without their consent.

- More opportunities for nurses to make decisions that have ethical implications..More/ emerging vaping-related health complications to address.
- Increasing use of robots in care delivery.
- Decreasing reliance on traditional institutions.

There was no time for public comments during this open session but the committee always welcomes written input via FutureofNursing2030@nas.edu.

For more information about the study, please visit [nam.edu/
FutureofNursing2030](https://nam.edu/FutureofNursing2030).

To Watch the YouTube of the Proceedings:

<https://nam.edu/event/future-of-nursing-2020-2030-technical-panel-webinar/>