Report of the December MNORN Member Meeting/Annual Meeting

2020 the Year of the Nurse Meets COVID-19

The October MNORN Board meeting began with a reflection of the first 10 months of 2020. What had started as the Year of the Nurse had quickly pivoted to become the never-ending Year of the Pandemic.

As you will remember, 2020 was designated the *Year of the Nurse and Midwife* by the World Health Organization, a celebratory year to call out the importance of our profession on the 250th anniversary of the birth of Florence Nightingale. It was also a time to address the worldwide shortages of nurses. COVID pretty much derailed most plans including anything that might be considered celebratory.

Board members talked about whether there would be anything we could do at our December member meeting to commemorate the end of the *Year of the Nurse and Midwife* as well as the experience our nurse members have had during the pandemic.

In the words of one board member "For nurses we need to look at what the *Year of the Nurse* has been. And we need to remind each other that "We see you, We value you!" As board members shared their own stories of the year, what emerged were amazing challenges coupled with amazing innovations. We tried to capture this dichotomy through the creation of a video of Minnesota nurses, mostly board members, telling their stories. And, then we began planning to have a Member Meeting for others to share their own personal experiences with COVID-19.

While the stories in the media about nurses and COVID tend to be "heroic" nurses working in acute care, mostly ICUs, we knew that there are important stories wherever nurses work. Our members work in diverse settings - from acute care, to long term care, to community care, to education, policy makers, insurance providers…. and they all have stories to tell.

The December Member Meeting began with a video of Minnesota nurses telling their stories of working through the pandemic.

Nurses in the video include:

- Jason Concannon - nurse manager
- Jennifer Naegle - staff nurse
- Hans De Ruiter - educator
- Sara McCumber - APRN, geriatrics

- Brett Anderson - long term care leader
- Stephanie Gingerich - educator

After viewing the video, participants shared their reflections. The video was filmed in October, before the November/December surge in the intensity of the pandemic in Minnesota. This made the video feel almost like a time capsule. Participants spoke about the effectiveness of shoes and an empty chair as symbols of the impact.

Discussion during the remainder of the meeting focused around these three questions:

1. How has your workday changed since COVID-19?
2. What strategies are you using to take care of yourself?
3. What changes in the healthcare system and health policy should we advocate for in order to be more prepared for the next pandemic?

Question #1 - How has your workday changed since COVID-19?

- Wearing more gear - can't hug patients
- Physical complaints - Zoom meeting
- Remote work, IT issues
- Challenges with effective communication over Zoom
- Reuse of N95's - not enough PPE
- Working more - traveling less - sitting more (not enjoyable!)
- Some things didn't change - education had already been online for some - it may have improved.
- Retired - unable to spend retirement time as planned
- Furloughed, so decided to retire
- How to prioritize work to be done - priorities changed
- Teaching from home
- Somethings may not look that different, but would like more equipment for student nurses to be able to participate more fully
- Trying to keep patients invested in community clinic - coming back to clinic when it was safe. Difficulty doing patient education over the phone.
- Change in insurance claims
- In acute care, managing information, trying to keep it current

- Retired nurses keeping in contact with colleagues near retirement, retired nurses note doing better without the stress of the workplace
- Things were turned topsy-turvy, just struggling to do what you need to do
- Issues for nurses considering coming out of retirement to work. Health issues may impact ability to go back to work. Retirees tend to be very careful, avoiding contact, avoiding exposure. Some retirees will be doing COVID vaccine administration.
- Rural health - able to connect settings virtually
- Media coverage of nurses - what is happening where "the rubber meets the road?" - visibility of nurses very positive

What strategies are you using to take care yourself?

- Get outside - garden - for those who have time
- Going for walks outside in daylight
- Try not to do email on weekends
- Importance of being outside
- Reading mysteries
- Cry a lot - lack of social connectedness
- Online learning opportunities (courses)
- Wine
- Knitting
- Exercise
- Cooking
- Mediation, wellness cart at work
- Online concerts, gallery tours, etc.
- Exercise as a release - intentional, to maintain strength
- Finding support system
- Establish and maintain routine
- Routine of scrubbing hands, showering, changing clothes after taking care of COVID patients - then watching movies and playing with kids
- Employee Assistance, NAMI
- Mindfulness, gratitude practices
- Spiritual health - mental health
- Nutrition

- Time together, alone time
- Nurses' need for selfceare - rejuvenation, capacity to do the work

What changes in the healthcare system and health policy should we advocate for in order to be more prepared for the next pandemic?

- Promote/teach/educate public health principles
- PPE maintenance: PPE in the stockpile had expired. Need to establish a routine process of use and replenishment of PPE from the stockpile
- Systems in place for good communication during emergencies - straight line of communication
- Student nurses as nurse extenders - create effective strategies
- As nurses, hope we take the time to evaluate what worked and what didn't work. Identify best practices
- Ensure diverse members of the community are at the tables where decisions are being made - try to decrease the lack of trust
- For the geriatric population: issues include advanced care planning, end-of-life care, futile care - issues that weren't addressed enough for this pandemic
- Rules that can be followed
- Enough PPE
- From the national perspective: clear understanding of the roles of the CDC, FDA, WHO - authority of each organization, who is in charge?
- ANA's role in supporting candidates for elective office
- Payment structure: flexibility in what is covered, e.g. telehealth

COVID-19 Support Resources:

- ANA COVID-19 RESOURCE CENTER
- CENTER FOR SPIRITUALITY & HEALING, U of MN
- TIPS from the American Psychiatric Nurses Association
- RESOURCES from the National Academy of Medicine
- RESOURCES FROM THE ASSOCAITION OF WOMEN'S HEALTH, OBSTETRIC AND NEONATAL (AWHONN)
- RESOURCES FROM THE AMERICAN ACADEMY OF NURSES
- FOR the FRONTLINES - free crisis conseling

NPSNetwork
Nurses Peer Support Network

The Nurses Peer Support Network has suspended all face-to-face in-person meetings until it is safe to resume them. In the interim NPSN provides several options for peer support using an online platform called InTheRooms (ITR) which meets every Tuesday evening at 7:00 PM (group name for the ITR meeting is NURSES HELPING NURSES). Full instructions on connection with the ITR meetings are located on the NPSN website npsnetwork-mn.org

NPSN also offers a selection of Zoom Peer Support Meetings. The meeting days and times are listed below. To receive zoom connection information please email: minnesotanpsnetwork.gmail.com

1st Monday of every month at **10:00 AM**

1st Monday of every month at **6:00 PM**

3rd Monday of every month at **10:00 AM**

3rd Monday of every month at **6:00 PM**

2nd Tuesday of every month at 6:00 PM (this meeting is especially for individuals living in southeastern MN (Rochester, Winona, Albert Lea, Austin, Owatonna and area).

4th Tuesday of every month at **6:00 PM** (this meeting is especially for individuals living in southeastern MN (Rochester, Winona, Albert Lea, Austin, Owatonna and area).

2nd Wednesday of every month at **7:00 PM**

1st Thursday of every month at **6:30 PM** (this is a replacement meeting for the Minneapolis Meeting that used to meet on the 2nd and 4th Monday of the month).

3rd Thursday of every month at **6:30 PM** (this is a replacement meeting for the Minnesota Meeting that met on the 2nd and 4th Monday of the month).

In addition to the online meetings listed above NPSN will provide one-to-one peer support via telephone. If you are interested please contact us at: minnesotanpsnetwork@gmail.com

NURSOLOGY

Be careful what you wish for…[1]

January 5, 2021 / Leslie

2020 was the year that… "Be careful what you wish for," once again became imprinted in my brain as truth.

In early 2019, the World Health Organization (WHO) announced that 2020 would be the "International Year of the Nurse and Nurse Midwife." Among colleagues, there was lots of excitement about this. What would we do to recognize and celebrate this recognition? I heard many ideas—editorials, articles, museum displays, seminars, webinars—maybe we'd even get a stamp! The last time we had a commemorative nurse stamp in the US was 1961, almost 60 years ago. Seems like we were overdue for one.

And then, two months into our memorable year, COVID-19 hit. The world started locking down before the US, but for me, my unforgettable day was March 13 (a Friday, of course) when a symptomatic friend tested positive for the virus. Suddenly, everything changed. We all went into lockdown and remote work became the norm. I tried to figure out how to run a free clinic by phone and email (believe me, it's not easy). I experienced two weeks of panic, followed by three months of bewilderment, and then settled in for the long haul, which is still ongoing.

Meanwhile, nurses were everywhere. The evening news was flooded with images of nurses in ICUs, EDs, nursing homes, and more. There were interviews with nurses crying, their faces bruised from their PPE googles, mourning their dying and dead patients, wondering if they could have done more. They worried about having enough PPE, their families, and their own health. At the same time, we were celebrated with impromptu parades, celebrations, signs on the street: "Heroes Work Here!". I was offered a 50% discount at the car wash, but I declined. I figured that as a small business, they needed the money more than I needed a modest saving on washing my car.

We even got a TV show, creatively named **NURSES** with this tantalizing description: *"The series follows five young nurses working on the frontlines of St. Mary's hospital dedicating their lives to helping others, while figuring out how to help themselves."* Will those nurses be nursologists? Time will tell.

[1] https://nursology.net/2021/01/05/be-careful-what-you-wish-for/

On the other side of the coin, the virus was taking its toll in multiple ways. As of the end of October 2020, the WHO presented an analysis that 1500 nurses worldwide had died of COVID-19, although they admitted that this figure was probably grossly underestimated. The White House put together a coronavirus task force in January that included (according to the New York Times) "internationally known AIDS experts; a former drug executive; infectious disease doctors; and the former attorney general of Virginia" but no nurses. President-elect Biden also put together a task force that seemed more diverse but once again, nurses are conspicuously absent from the membership. At a meeting of nurses in the Oval Office to commemorate National Nurses Day in May, Sophia Thomas, President of the American Association of Nurse Practitioners was rebuked by Donald Trump when she stated that there was sporadic access to PPE throughout the US. "Sporadic for you, but not sporadic for a lot of people," Trump said. "Because I've heard the opposite. I have heard that they are loaded up with PPE now." Thomas was bullied into politely agreeing and backing down from her original statement. This is not the first time I've seen this happen, and it makes me angry every time.

Where is the correct middle ground? Do we want to be "angels," "heroes," and members of the "most trusted profession" (according to Gallup, 15 years and running)? Or do we want to be nurses at the table, nurses setting policy, nurses seen as leaders, decision makers, and agents of transformation through research, practice, and education? In other words, nursologists? 2020, our "year" gave us lots of the former, not so much of the latter. And thus I say, "Be careful what you wish for." I worry that our year of recognition will ultimately reinforce stereotypes and not result in meaningful change. To those in our ranks who have sacrificed their lives, and to others who are dealing with ongoing health issues from COVID-19, both direct and indirect, I hope that is not the case. Maybe with the spotlight off, we can get back to business and work to make incremental, but lasting change, which seems to be what nurses do best. *That* is my wish for 2021—but I'll be honest—I would still like a stamp!

Social Isolation and Loneliness: Imperatives for Health Care in a Post-COVID World

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The importance of social determinants of health has been gaining traction in the health care sector during the last decade. Social determinants of health have been found to be responsible for 80% to 90% of health outcomes, and an abundance of research has

demonstrated that no matter the advancements in medicine and health care, the health of the individuals and communities will not improve if these root-cause social factors are not addressed. The coronavirus disease 2019 (COVID-19) pandemic is highlighting one of these factors: social isolation.

Social isolation, defined as an "objective deficit in the number of relationships with and frequency of contact with family, friends, and the community," is associated with increased rates of loneliness and suicide, hypertension, and other physical health effects that may be mediated by neurohormonal-immunological pathways. Demonstrated to be as dangerous to health as smoking 15 cigarettes per day, social isolation has been identified as worthy of being a public health priority.

In 2017, the AARP reported that only 14% of older adults in the US were socially isolated, but accounted for $6.7 billion in additional Medicare spending. In a national survey in August 2020, 61% of those aged 50 years or older reported experiencing social isolation since the pandemic began. The isolation is compounded for those living in rural areas. Nonetheless, the US health care system seldom screens for or discusses social isolation with patients.

A 2019 National Academies of Science, Engineering, and Medicine report, "Integrating Social Care Into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health," noted that being able to screen for patients' social needs requires valid and reliable tools and the systems for routinizing their use. In addition to social isolation, screening tools should also include a focus on loneliness, which is different from social isolation. Loneliness arises from a discrepancy between desired and actual level of social connection, and is itself associated with detrimental health effects.

The UK has begun to include social isolation in its policies and approaches. In 2018, then Prime Minister Theresa May included social isolation and loneliness as strategic priorities, appointing a Minister of Loneliness, dedicating funds to address the issue, and joining with tech companies to innovate creative solutions. This national focus has led to significant innovations, such as the city of Leeds equipping frontline city workers with an app that allows them, when they are out in the community, to document possible signs of isolation at an address (such as closed curtains or piles of mail); the app then creates heat maps that inform the city's community outreach in a more efficient way. In 2020, current Minister of Loneliness, Baroness Barran, announced the awarding of £5 million (about $6.7 million US dollars) to nonprofit organizations for initiatives to reach out to the growing numbers of people who are at risk for loneliness.

If the COVID-19 pandemic has taught the health care community and others anything, it is that there is a capacity to adapt and change course. Rush University Medical Center in Chicago (where 2 of the authors work) has added a social connection question in its

standard social determinants of health screening tool ("In a typical week, how many times do you talk with family, friends, or neighbors?") and have referral pathways to interventions such as a friendly caller initiative in which volunteer community members, Rush employees, students, and AmeriCorps members make weekly socialization calls to older adults who request them. To date, more than 600 friendly calls have been completed. To improve upon the approach, a co-design process is underway, engaging individuals who have reported isolation or loneliness.

Consumer groups looking at the effects of loneliness and isolation on those in long-term care facilities during the pandemic have recommended ways to expand socialization and visitation policies, while continuing to uphold infection control strategies. For instance, peer mentoring programs between residents help to maintain social connections and have demonstrated additional benefits for the resident who volunteers as a mentor. An increasing number of states are providing guidance for long-term care facilities to allow flexibilities for "essential caregivers" to visit residents in an effort to minimize the unintended consequences of isolation on resident health and well-being.

Moving forward, there must be continued acknowledgement of the inherent connection between social isolation and the other social determinants of health, as well as leveraging of relationship-based care and community-level supports to address social needs. Public Health Solutions, a public health nonprofit organization that focuses on improving the health and well-being of vulnerable families and communities in New York City, determined that older adults living in public housing were experiencing heightened social isolation during COVID-19, in part because they were unable to access and use the internet to connect for medications, health visits, access to food, and social support. This organization is working with the New York City Housing Authority to bring the internet to older adults in one public housing building in East Harlem, provide the hardware and software to connect virtually, and the necessary instruction on its use. If successful, it will be expanded to other senior housing complexes. Initiatives of this nature will inform discussions of treating access to broadband and the internet as public utilities.

Similar innovations are happening elsewhere, but not yet at a large enough scale. Although structural changes in society can provide upstream approaches to preventing social isolation, there are 2 significant barriers for health care systems: the lack of time available as a part of routine care to screen for and discuss isolation and loneliness during visits, and the lack of direct reimbursement for such discussions under fee-for-service payment systems. Although capitated payment does create an incentive to invest in preventive care, most health systems and payers have a plethora of population health and quality improvement initiatives underway. This makes it difficult to pinpoint the return on investment of initiatives focused specifically on loneliness and isolation and thus to secure ongoing resources.

Connection to others is a fundamental piece of what it means to be human. It provides meaning and purpose in life and creates safety nets of supports that individuals turn to during adversity. Yet, to the detriment of the most vulnerable fellow humans, society has consistently prioritized values like self-reliance and independence over connection and interdependence. The pandemic is highlighting that this must change now and continue during the postpandemic era.

Article Information

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Congratulations to MNORN Member Christine Mueller on her appointment to a National Academy of Medicine committee

Christine Mueller, PhD, RN, FGSA, FAAN, professor, senior executive associate dean for Academic Programs and Long Term Care Professor in Nursing, was appointed to the National Academies of Sciences, Engineering, and Medicine Committee on the Quality of Care in Nursing Homes.
The Committee on the Quality of Care in Nursing Homes will examine how our nation delivers, regulates, finances and measures quality of nursing home care, with particular emphasis on the long-standing challenges brought to light by the COVID-19 pandemic.

The committee will develop a set of findings and recommendations to delineate a framework and general principles for improving the quality of care in today's nursing homes, delivering high quality care in a consistent manner, and ensuring the safety and well-being

of residents and staff in nursing homes. The committee may also consider the relevance of their findings and recommendations to other long-term care settings, if applicable. Mueller's career has focused on improving the care of elders living in nursing homes, specifically on factors that can influence quality of nursing home care such as nurse staffing, care delivery systems, and the role of the nurse and nursing home culture change. She worked on the project team for the HCFA Multistate Nursing Home Case-Mix and Quality demonstration project that developed the Minimum Data Set (MDS) Plus (now the MDS 3.0), quality indicators, and the Resource Utilization Group case-mix classification system for nursing homes. She was a team lead for the state of Minnesota to design a case-mix classification system for Minnesota nursing homes and a set of quality indicators that have been used for quality payment incentives and a public report card.

Call for Nominations for ANA Offices

Nomination Period: December 7, 2020 – January 15, 2021 at 11:59 pm Eastern Time

On December 7, 2020, the ANA Nominations and Elections Committee has issued a Call for Nominations for a slate of candidates to be presented to the Membership Assembly in 2021. The following positions will be elected in 2021:

ANA Board of Directors
Officers
- Vice-President
- Treasurer

The term of service for both officer positions is January 1, 2022 – December 31, 2023.

Directors-at-Large
- One (1) Director-at-Large
- One (1) Director-at-Large, Recent Graduate

The term of service for both director-at-large positions is January 1, 2022 – December 31, 2023.

ANA Nominations and Elections Committee
- Four (4) Member Positions

The term of service for all four (4) Nominations and Elections Committee member positions is January 1, 2022 – December 31, 2023.

ANA places high priority on diversity and seeks to encourage/foster increased involvement of minorities and staff nurses at the national level.

Nominations must be submitted via the online nomination form by 11:59 pm Eastern Time on Friday, January 15, 2021. A second Call for Nominations will be conducted for those elective positions with insufficient nominations

If you think you might be interested in running for an ANA office and would like to discuss it, contact kkoehn@mnorn.org

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The 2020 MNORN Board of Directors established a process to help provide financial support through stipends for MNORN members to attend conferences.

Application for Financial Support to Attend a Conference

Name:

Address:

Preferred Phone:

Preferred Email:

Name of Conference:

Sponsoring Organization/ Registration Fee

Why do you want to attend this conference?

Please describe how you will disseminate information you learn to MNORN members?

- Article for Newsletter
- MNORN Program
- Other

FAITH COMMUNITY NURSE NETWORK
of the Greater Twin Cities
Bridging Faith & Health

2021 Continuing Education Symposium Series

The Faith Community Nurse Network of the Greater Twin Cities invites you to join us for our Continuing Education Symposium Series in 2021. Our affordable programs are designed by faith community nurses to meet the needs of FCNs and other RNs interested in spiritual care. We strive to equip attendees with relevant information and practical resources for their nursing practice. While our symposiums focus on FCN practice, all are welcome.

The new virtual format of our symposiums is interactive and provides opportunities to network with your colleagues. Each program is valued at 3.0 contact hours.

Register today:

Human Trafficking & Exploitation | Thursday, January 28 9:30 AM – 12:30 PM
(via Zoom)
Presented by: Jessica Bartholomew, Executive Director of A.C.T. United and Stacy Schultz, Safe Harbor Program Regional Navigator. Attendees will receive an overview of the issue, including local prevalence, trends, and current statistics. Practical examples of prevention and response approaches for FCNs to use in their communities will also be provided.

Save the date:

Emergency Preparedness | Thursday, April 22 ***(via Zoom)***

Food as Medicine | Thursday, June 17 (likely via Zoom)

Culturally Congruent Practice | Thursday, October 21
(via Zoom)

Learn more and register at

www.fcnntc.org/education/continuing-education-symposiums/

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