



## 2020 ANA Membership Assembly

### 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

Heidi Orstad

Rather than a week filled with meetings in DC, Membership Assembly week had two virtual meetings - the ANA Board Meeting and a 3-hour Membership Assembly. Day on the Hill became a virtual event the following week. While the ANA Board Meeting seemed pretty much business as usual, Membership Assembly and Day on the Hill were definitely not the robust meetings/events that we have when we are able to be face-to-face.

**Agenda for the Membership Assembly:**

- ANA President's Address
- COVID-19 discussions from the perspective of a few states
- Nightingale Tribute - reading of the poem
- Report of the ANA Treasurer
- Report of the Acting Chief Executive Officer
- Report of the Professional Policy Committee
- Statement on Racial Justice
- Voting Instructions for the Election of Officers and Directors on the ANA Board of Directors, Members of the Nominations/Elections Committee and Dues Escalator Motion
- Final remarks for the ANA President

410 people attended the virtual Membership Assembly.

MNORN members who attended:

- Molly Maxwell, representative
- Sara McCumber, representative
- Kelli Greder, representative
- Heidi Orstad, alternate, non-voting
- Marshall Gunnels, alternate, non-voting
- Kathi Koehn, executive director, non-voting

## Highlights

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**During the President's address**, Dr Grant spoke about the challenges of 2020 and the need to find innovative ways to connect and collaborate during the pandemic. And, he spoke eloquently about the impact of the murder of George Floyd. "To remain silent, is to be complicit." Included in his comments:

- ☆ Social determinants of health impact of COVID on people of color
- ☆ Obligation to speak up is non-negotiable
- ☆ Year of the Nurse has been a pivot from celebration to recognition
- ☆ "Imagine a world where equity was a priority"

[CLICK HERE TO LISTEN TO DR GRANT'S FULL ADDRESS](#)

### COVID-19 Discussion themes:

- Impact on nursing and necessary changes to nursing education
- Increased focus on community health and primary care
- Impact on the future of organizations, especially those with history of large face-to-face conferences. Change in what meaningful engagement looks like
- Elevated awareness of the expertise of the nursing association amongst the public

- Pandemic raises issues of racism/health disparities
- Science-based infection control practices, effectively implemented, now at the forefront

### **Report of the ANA Treasurer:**

While ANA has had a robust increase in members in the past couple of months, the budget has been challenged by the lack of revenue that ANCC brings to the organization through certification and large face-to-face meetings (Magnet has more than 10,000 attendees; Pathway has nearly 1,000). ANA is not projecting any income from ANCC this year.

ANA is working with staff to control budget expenses and is hopeful that deficits will be minimal. Their investment portfolio has been rebalanced, which has been helpful to reduce early losses.

Discussion of challenges and steps taken seemed to be quite candid during the Treasurer's report to the Board of Directors and the Membership Assembly.

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## **The ANA Membership Assembly adopted this Resolution: Racial Justice for Communities of Color**

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The American Nurses Association (ANA) 2020 Membership Assembly condemns the brutal death of George Floyd and the many other Black, Indigenous, and People of Color who have been unjustly killed by individuals within law enforcement. Such cruelty and abject racism must not go unchallenged.

Racism is a public health crisis that impacts the mental, spiritual, and physical health of all people. The Code of Ethics for Nurses with Interpretive Statements obligates nurses to be allies and to advocate and speak up against racism, discrimination, and injustice. Consistent with this obligation, ANA has taken positions against racism, discrimination and health care disparities and advocating for human rights.

ANA, along with nurses everywhere, are again called to action. Collectively, we must emerge from silence and speak with one strong voice as leaders and role models of compassion and empathy for our patients, families, communities and most importantly, towards one another. Our voice is our commitment to making a difference in all that we do for those we serve.

ANA, along with the Constituent/State Nurses Associations and the ANA Individual Member Division, pledges to:

- Oppose and address all forms of racism and discrimination.
- Condemn brutality by law enforcement and all acts of violence.
- Champion the Code of Ethics for Nurses which calls on us to recognize human dignity regardless of race, culture, creed, sexual orientation, ethnicity, gender, age, experience, or any aspect of identity.
- In partnership with nurses everywhere educate, advocate, and collaborate to end systemic racism, particularly within nursing.
- Advance institutional and legislative policies that promote diversity, equity, inclusion, and social justice for all.
- Advocate for the ending of health inequities within communities and health care systems that stem from systemic racism.
- Promote deliberate and respectful dialogue, effective listening and commitment to change as a means to improve the health of all individuals and the communities where they live and work.

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## Elections/Voting

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The ANA Board elections have resulted in perhaps the youngest Board of Directors in ANA's history. It is a talented group of individuals who will help us move ANA into a robust future.

Dr Grant's reflection on his reelection as president of ANA: *"It is with great pride, duty and purpose that I serve nurses, represent nurses, and advocate on behalf of nurses nationwide. Throughout history, nurses have responded to every public health crisis, marched for civil rights and provided patients and communities optimal care. As our nation grapples with the COVID-19 pandemic, racism and health inequities, nurses are once again demonstrating the resolve, compassion and undisputed skill that defines our distinguished profession. Undoubtedly, the "Year of the Nurse" looks much different than we had expected. We have experienced tremendous loss, but we are resilient, and we will emerge even stronger. I'm am forever proud to be a nurse and to serve our profession in the company of other great leaders."*

**These ANA members were elected to serve on the Board of Directors:**

- President Ernest Grant, PhD, RN, FAAN, of the North Carolina Nurses Association
- Director-At-Large Brienne Sandow, MSN, RN, NEA-BC, of the Idaho Nurses Association
- Director-At-Large, Staff Nurse Amanda Buechel, BSN, RN, CCRN, of ANA-Illinois

**The following ANA board members were re-elected:**

- Secretary Stephanie Pierce, PhD, MN, RN, CNE, of the Louisiana State Nurses Association
- Director-At-Large Jennifer Gil, BSN, RN, of the New Jersey State Nurses Association

**Those continuing their terms on the ANA board in 2021 are:**

- Vice President Susan Y. Swart, EdD, MS, RN, CAE of ANA-Illinois
- Treasurer Jennifer Mensik Kennedy, PhD, MBA, RN, NEA-BC, FAAN of the Oregon Nurses Association
- Director-at-Large Jeff Watson, DNP, RN, NEA-BC, of the Texas Nurses Association
- Director-at-Large, Recent Graduate Marcus Henderson, MSN, BSN, RN of the of the Pennsylvania State Nurses Association.

**Elected to serve on the Nominations and Elections Committee are:**

- Amanda Foster, BSN, RN, of the Arizona Nurses Association
- Tonisha Melvin, DNP, CRRN, NP-C, of the Georgia Nurses Association
- Marylee Pakieser, MSN.RN.FNP-BC, of ANA-Michigan.

Revisions to the ANA Dues Policy were adopted by vote of the representatives. There will not be a dues increase for 5 years, according to the proviso to this policy.

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### Virtual Day on the Hill

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ANA and nurses from around the country asked their Members of Congress, as they begin negotiations on the next round of COVID-19 relief, for inclusion of measures that appropriately address public health infrastructure and workforce:

- Provide \$100 million to fund infrastructure development for community-based care, including teaching health centers and mental health centers.
- Provide \$500 million to the Centers for Disease Control and Protection (CDC) to improve the capabilities of the agency and public health departments relating to information technology, data, and data systems.
- Improve core public health infrastructure at CDC and public health departments, which includes; workforce capacity and competency, laboratory systems, health information systems, communications, financing, and other relevant components.

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## Nightingale Tribute Names, Minnesota, 2020

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**The following Minnesota nurses were included in the Nightingale Tribute this year:**



*Theodore Adams, Susan Jordan, Stanley Bargfrede, Sandra Johnson, Rebecca Koch, Paul Loveday JR, Patricia Wick, Michael Muster, Maxine Akkert, Mary Lou Boxrud, Karen Lowers, Judith Krause, Jeorld "Jerry" Peterson, Janice Anderson, Janese Bantley, Ila Barnes, Helen Mundahl, Harriet Hanson, Greta Verdick, Gayle Kylo, Doreen Strand, David Capps, Connie Peterson, Mavis Rauch, Martha Campbell, Margaret Treuer, Judith "Judy" Ponto, Gladys Born, Ellen Gill, Dorothy Gasner, Dixie Larson, Deborah Fritsche, Barbara Moulton*

<https://www.nursingworld.org/ana/about-ana/nightingale-tribute/>

### **The Nightingale Tribute Reading**

*Nursing is a calling, a lifestyle, a way of living. Nurses here today honor our colleagues who are no longer with us and their lives as nurses.*

*They are not remembered by their years as nurses, but by the difference they made during those years by stepping into people's lives, by special moments.*

### *S/he Was There*

*Duane Jaeger, RN, MSN ©2004*

*When a calming, quiet presence was all that was needed, She was there.  
 In the excitement and miracle of birth or in the mystery and loss of life, He was there.  
 When a silent glance could uplift a patient, family member or friend, She was there.  
 At those times when the unexplainable needed to be explained, He was there.  
 When the situation demanded a swift foot and sharp mind, She was there.  
 When a gentle touch, a firm push, or an encouraging word was needed, He was there.  
 In choosing the best one from a family's "Thank You" box of chocolates, She was there.  
 To witness humanity—its beauty, in good times and bad, without judgment, He was there.  
 To embrace the woes of the world, willingly, and offer hope, She was there  
 And now, that it is time to be at the Greater One's side, He is there.*

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### **We Are Nurses by Lisa Rosindale, a nurse & member of NCNA and ANA**

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Indeed, all these years, I thought I understood. I really believed that I was doing good.  
 In 2020, there is much healthcare distress.  
 Covid-19 & George Floyd protests, are not showing our country at its best.  
 Black men are being killed disproportionately by guns and disease. Immigrants to our  
 Nation, have been asked to leave.  
 People who live in this Country with a different tongue, both poor and wealthy, Must have  
 their important beliefs observed, in order to stay healthy.  
 Families without means and those who are unique  
 Have suffered disparities in healthcare, some have become weak.  
 The events of recent are exposing our great Nation's wrongs. Nurses are the solution, we  
 must get started, we cannot prolong.  
 We must endlessly listen, learn, and hear. We have to alleviate the downtrodden fear.  
 The solution starts with us; yes, we are nurses. We can solve our health care curses.  
 We listen, we hear, we learn  
 The trust of our patients, we will earn.  
 We are Nurses.

*"Do the best you can until you know better. Then when you know better, do better."*  
 - Maya Angelou



## Have you explored the free resources offered by the Well-Being Initiative?

Every day, across the nation, millions of nurses are experiencing extraordinary stress and other impacts to their mental health and well-being as the coronavirus pandemic progresses.

The American Nurses Foundation's new [Well-Being Initiative](#) offers free tools and resources designed to help care for nurses like you as you tirelessly care for others. The American Nurses Association is a proud partner of the Initiative, along with the American Association of Critical-Care Nurses, the American Psychiatric Nurses Association, and the Emergency Nurses Association.

Available resources:

- [Nurses Together](#): a virtual, judgment-free space to connect with your nursing peers via voice and video calls
- [Moodfit](#): an app for setting and tracking personal health and wellness goals
- [Happy](#): a platform providing 24/7, one-on-one access to support team members
- [Narrative Expressive Writing](#): a five-week guided narrative writing program to process your experiences

We hope you'll visit the [Well-Being Initiative](#) page and make use of the resources.

We appreciate all you do every day to keep our communities safe during this time. Thank you.





**ANA**  
AMERICAN NURSES ASSOCIATION  
Quality and  
Innovation  
Conference

## 2021 ANA QUALITY AND INNOVATION CONFERENCE

MAY 1-3, 2021 ATLANTA GEORGIA

### CALL FOR ABSTRACTS!

**Dates for Submission:** Submissions will be accepted beginning Monday, June 29th, 2020. The deadline for submission is 11:59 Eastern on Monday, August 10, 2020. The 2021 ANA Quality and Innovation Conference will be held in Atlanta, GA, May 1-3, 2021. Exciting News! Next year's conference will be trio-located with the ANCC Pathway to Excellence Conference and the ANCC National Magnet Conference!

**Notification:** If your abstract is accepted, you will be notified in Oct/Nov 2020. If you have not heard from us by the end of November 2020, please send an email inquiry to conference staff at [conf@ana.org](mailto:conf@ana.org).

**Judging Criteria:** Abstracts will be considered based on how well they fulfill the goals of the 2021 ANA Quality and Innovation Conference. All selections are made based on merit, with additional consideration given to those with a strong innovation focus. There is no limit to the number of abstracts that may be submitted by a person or organization.

**Conference Goals:** Through participating in the 2021 ANA Quality and Innovation Conference, the nurse will be able to:

1. Examine the outcomes of shared governance, effective leadership, and interprofessional partnerships that exemplify workplace excellence.
2. Evaluate safety initiatives and evidence-based quality improvements for integration in the delivery of care across all practice settings and specialties.
3. Assess organizational and staff-driven initiatives to foster a culture of health and safeguard staff and community well-being.
4. Appraise the values of lifelong learning and empowerment on organizational outcomes.

Abstracts submitted should relate to one or more of these conference goals.

#### **Educational Tracks:**

- Technology
- Clinical Practice
- Work Environment

#### **[CLICK HERE FOR FULL LIST OF TRACT DESCRIPTIONS](#)**

**Who may submit?** Any submitter who has nursing related projects related to the conference goals. Submissions may not be from groups or persons with commercial interests.

**How do I apply?** Submitters must complete submissions through the online submission website. The website details all abstract submission information and walks submitters through the process step-by-step. ANA will review only completed applications.

**[CLICK HERE FOR MORE INFORMATION AND TO SUBMIT](#)**



July 6, 2020

An open letter to the American public,

Since the beginning of the COVID-19 pandemic, we have urged the American people to protect themselves, their neighbors and their loved ones amidst the worst global health crisis in generations. After months of physical distancing and staying at home, infections and deaths began to decline.

But in the weeks since states began reopening, some of the steps that were critical to the progress we made were too quickly abandoned. And we are now watching in real-time as a dramatic uptick in COVID-19 cases is erasing our hard-won gains. Hospitals in some states are at or nearing their ICU capacity. Shortages of personal protective equipment and testing supplies continue to pose a dire threat to health care workers and patients alike. And last week, Dr. Anthony Fauci told Congress that the U.S could see 100,000 new coronavirus cases each day if we do not take more precautions.

This is why as physicians, nurses, hospital and health system leaders, researchers and public health experts, we are urging the American public to take the simple steps we *know* will help stop the spread of the virus: wearing a face mask, maintaining physical distancing, and washing hands. We are not powerless in this public health crisis, and we can defeat it in the same way we defeated previous threats to public health—by allowing science and evidence to shape our decisions and inform our actions.

The toll of this pandemic is already staggering, and it will take many more months, perhaps years, to truly understand its impact on our country and our way of life. But what is certain – and what the science and evidence are telling us – is that COVID-19 is not behind us and we must resist confusing re-opening with returning to normalcy. Doing so will escalate this crisis and result in more suffering and death.

To those of you who are doing your part in helping turn the tide of this pandemic – thank you. Your actions are critical to stopping the spread of COVID-19. Moving forward, we must all remain vigilant and continue taking steps to mitigate the spread of the virus to protect each other and our loved ones. There is only one way we will get through this – together.

Your continued partners in health,

American Hospital Association  
American Medical Association  
American Nurses Association

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## Joint AJN/OVID webinar: In the Aftermath of COVID-19: Helping Clinicians in Crisis

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Date: Tuesday July 14th

Time: 1:00-2:00 CT

Audience: all schools, government and healthcare systems that support clinicians

Description: Last October, the National Academy of Medicine (NAM) released a report (see screenshot above) on the pervasiveness of burnout among nurses and physicians. The ongoing COVID-19 pandemic has greatly heightened the distress our clinicians are experiencing and accelerated the need to address the mental and emotional health of these caregivers.

These presenters, both of whom were members of the NAM Consensus Study Committee on System Approaches to Improve Patient Care by Supporting Clinician Wellbeing, will identify how individuals and health care systems can reduce burnout and improve clinician wellbeing particularly within a pandemic.

Panelists: Both panelists were members of the NAM Consensus Study Committee

*Sharon H. Pappas, PhD, RN, NEA-BC, FAAN*

*Chief Nurse Executive, Emory Healthcare;*

*Professor, Nell Hodgson Woodruff School of Nursing, Emory University*

*Cynda Hylton Rushton PhD, RN, FAAN*

*Anne and George L. Bunting Professor of Clinical Ethics*

*Johns Hopkins University Berman Institute of Bioethics and School of Nursing*

**[TO REGISTER AND FOR MORE INFORMATION](#)**

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## Nurses lack representation in media: recognize them for the leaders that they are

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Diana J. Mason, Opinion contributor

Published 7:00 a.m. ET June. 26, 2020. USA Today

Though nurses are the 'backbone' of health systems, in a worldwide coronavirus pandemic the media still doesn't represent them as vital leaders

When the United Nations declared 2020 the Year of the Nurse and Midwife, their intent was to spotlight our role as the "backbone" of health systems around the world. How ironic — and fitting — that it took a global pandemic and not some bureaucratic declaration to drive home that point and bring nurses into focus.

You see our raw, mask-reddened faces staring out from newspapers, magazines, and nightly news programs. You see us, shoulders hunched, tired, and spent in hospital hallways. You see us, comforting and competent, at the bedsides of our dying patients, while also loudly and angrily protesting the loss of our colleagues.

You see more of us now, but we have been here all along. Where was the media?

### Nurses absence in news

According to the 2017 Woodhull Revisited study I conducted with colleagues, nurses were cited as sources in only 2% of the health news stories and never cited in policy-related health stories. Despite having highly-relevant expertise and perspectives, nurses were less likely to be mentioned in articles about research, policy, or the Affordable Care Act. Before this pandemic, we were lucky if the media even identified nurses' actual names in images. While journalists and the public seem to respect our physical courage, they do not seem to care about what nurses might actually have to say.

It's possible that gender bias plays a role in nurses not being viewed as experts in health care, even when we do speak out. Women are already underrepresented in the media, and women make up nearly 90% of the nursing workforce. It's also possible that journalists seldom highlight nurses as the extraordinary, everyday clinical, administrative, and research leaders that they are because these do not fit longstanding and outdated stereotypes of nurses, even as our leadership has been hugely consequential during our current health crisis.

For example, much of the science behind hand hygiene — evidence we rely on to save our lives during the pandemic — comes from the research of Elaine Larsen, a nurse and professor emeritus at the Columbia University schools of nursing and public health. At one large health system in New York City, it was the nurses who started to put patients with serious respiratory distress on their stomachs (called pronation) to better ventilate the base of their lungs. When numerous COVID-19 patients were dying each hour, it was nurses who called for a post-mortem team to provide care with the dignity that their expired patients deserved.

It was a nurse who implemented “The Pause” when a patient died: the team takes up to 60 seconds to reflect on the humanity of the patient or breathe deeply in a meditative way or simply gather their reserves to move to the next crisis. This is not some touchy-feely custom; it is evidence-based to reduce moral distress and support the resiliency of the care team.

It was also a nurse who helped diagnose USA Today founding editor Nancy Woodhull with lung cancer, after which Woodhull became an advocate for nurses' representation in health news.

We cannot put sole blame on journalists, though, for the lack of representation in health care stories. Universities and hospitals must do better at offering their nurses as sources for journalists, instead of always turning to physicians. More importantly, more of our nurses should be sitting at decision-making tables in health care — yet in 2018 only 4% of hospital boards included a nurse.

Across the board, we ignore nurses and their insights at our peril. Long before COVID-19, bedside nurses have been protesting unsafe working conditions and poor staffing. Overwhelming evidence shows that nurse staffing is a powerful variable in mortality rates and complications. Nurses have long had a unique perspective on the monumental disparities in our health care system, including why there persists a lack of diversity in our own workforce.

We didn't go into this profession to be heroes or media darlings. But we have the expertise to know what matters for the health of patients, families, and communities and we want to be able to share it, be heard, and lead the changes that are needed in health care. Even Florence Nightingale — everyone's archetypal idea of a nurse whose 200th birthday coincides with the UN's Year of the Nurse and Midwife — was one of the leading statisticians of her time. Her insights transformed both military health care and the entire British health care system.

When COVID-19 wanes, I hope the media — and the nation — will recognize today's Nightingales as the thought leaders they are and continue seeking us out.

Diana J. Mason is a registered nurse and Senior Policy Service Professor at the Center for Health Policy and Media Engagement, George Washington University School of Nursing. The 2017 Woodhull Revisited Study was a follow-up to a similar study conducted in 1997, the Woodhull Study on Nursing and the Media: Health Care's Invisible Partner.

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During these times, it is important to stay in the know....

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Follow MNORN on [FACEBOOK](#) and [LINKEDIN](#)

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[ANA LEGISLATIVE & REGULATORY ADVOCACY INFORMATION](#)

[ANA RN ACTION](#) - get involved with federal advocacy efforts

[ANA CAPITOL BEAT](#) - nurse advocacy blog

[ANA COVID-19 FREE WEBINAR SERIES](#) - currently 7 webinars, free to members and non-members

[ANA NURSES VOTE](#) - information about the Presidential Candidates and nurses' issues

**ANA HELPS PROTECT OUR NURSES.**

ANA continues to fight on behalf of our nation's nurses. ANA ensured your priorities were adopted in recent Federal legislation passed to address the COVID-19 pandemic, including:

- The National Academies must develop plans that strengthen the domestic manufacturing supply chain of PPE and other medical supplies.
- The Strategic National Stockpile must include the PPE required to test for, treat, and vaccinate against infectious diseases like COVID-19.
- Enabling U.S. Public Health Service Modernization – Ready Reserve Corps to respond to public health and national emergencies.
- Reauthorization of Title VIII Nursing Workforce Development Programs.
- Permitting NPs and CNS' to certify home health care for their patients.