
Thursday, March 21st - Virtual MNORN Member Meeting



AMERICAN ACADEMY OF NURSING

EDGE RUNNERS

6:30- 7:00 PM: Social/Networking
7:00 - 8:00 PM: Program

Title of Program: The EdgeRunners

Presenter: Joanne Disch, PhD, RN, FAAN

Edge Runners are [nurse-designed models of care](#) that reduce cost, improve health care quality, advance health equity, and enhance consumer satisfaction. Their purpose is to recognize new and innovative ideas that transform health and underscore the leadership, ingenuity, and determination of nurses. EdgeRunner models demonstrate significant clinical, financial, community, and policy outcomes that are sustained and replicated. They are one of the three major initiatives of the American Academy of Nursing.

This session will trace the origin of the EdgeRunner program, provide some powerful examples of the work – and outcomes they are achieving, and launch a discussion on **how nurses working together in Minnesota can achieve this recognition.**

Objectives:

1. Describe the impetus of the program.
2. Cite the 3 key components.
3. Describe the concept of the nursing lens.
4. Identify 2 steps that nurses can take to begin pursuing the EdgeRunner journey.

Attendees will receive 1.0 continuing education credit
There is no charge for attendance.

[Link to Register](#)

zoom link will be sent the week of the meeting

Recording and Report of the February Member Meeting: Found in Translation: Lessons Learned from Using Partnership Principles When Working in Multiple Languages

IJPS Interdisciplinary Journal
of Partnership Studies

Found in Translation: Lessons Learned From Using Partnership
Principles When Working in Multiple Languages

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Clinical Assistant Professor
Specialty Coordinator, DNP in Health Innovation and Leadership
University of Minnesota School of Nursing

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Editor of *Creative Nursing Journal*
Developmental/Copy Editor, *Interdisciplinary Journal of Partnership Studies*
Affiliate Faculty, University of Minnesota School of Nursing

[CLICK HERE TO ACCESS THE RECORDING](#)

Stephanie and Marty's presentation was about publishing an English translation along side of the original Cuban research paper, with equal attention to and standards for peer review and copy editing in both versions. The partnership principles they used have implications far beyond the editing and publishing world. They presented the history behind and the process for this translation.

Background: IJPS (Interdisciplinary Journal of Partnership Studies) is the journal that published the article that Stephanie and Mary based their presentation on. The article is entitled "Perspectives on Gender: An Investigative Study of Gender Equity in Children [Espejuelos para el género: Apuestas investigativas por la equidad en la infancia]."

The purpose of scholarly publishing is to share relevant information to a particular audience - in this case, nursing. There are many definitions of scholarly publishing. Marty was able to provide a detailed definition as a frame of reference for the presentation. Culture of English is the default language in scholarly publishing. There are pros and cons to this and the presenters reviewed both sides in detail.

There are various translation methods in literature such as forward and retro-translation. Considerations for scholarly translation include translators, content experts, context, validation, and language direction. Highlights of an article from a Hispanic culture perspective—differences in gender, culture, dialects and awareness of bias.

Lessons learned include:

- The integrity and nuances of the culture of the original article must be honored.
- A model was presented for ways to support multilingual scholarly publications.
- Articles in any language are potentially worthy of publication and relevance. We should

not discount a scholarly publication just because it is not in English.

Stephanie and Mary hope that by their work, they can minimize the marginalization of articles that are not published in English. Their next steps involve continuing the process of including articles originally written in other languages. Looking for opportunities to expand this work and challenge the mainstream idea the only English articles are valid.

Comments from Attendees:

- Eye opening. Never thought about issues of things getting lost in translation.
- Keep up the good work on timely topics.
- Such a unique objective (#1) to relate this topic to nursing.
- It made me realize how important it is to consider how patients and staff relate differently if not using our method of speaking or learning
- This talk was great! It's such a relevant issue and I loved the focus on partnership and respectful/inclusive discourse--at the end of the day, we're caring for human beings, and these principles are fundamental to providing (and publishing research that helps shape) holistic, efficacious care. While I take for granted that most research I consume is published in English, I'd never thought much about, critically, what the cons AND pros of that are, and how we can address its limitations proactively. Well done!

Note: Stephanie Gingerich received a stipend from MNORN to help support her attendance at the International Society of Nurse Editors meeting. [CLICK HERE](#) if you would like information about how to apply for a stipend for attending a conference.

Press Release from ANA: Alabama Supreme Court's Ruling: A Harmful and Dangerous Decision for Access to Reproductive Rights



The American Nurses Association (ANA) is deeply concerned by the implications of Alabama Supreme Court's recent [decision](#) which asserts that embryos are the legal equivalent of minor children and are protected under the state's [Wrongful Death of a Minor Act](#). ANA is considering the negative impacts this ruling will have on access to essential reproductive health in Alabama, particularly for families working to overcome infertility with methods like in-vitro fertilization (IVF). An IVF clinic is the only place where embryos can exist outside of the human body, and because of fear of potential legal repercussions posed by this ruling, many clinics have begun halting operations.

"Not only does this decision further restrict the rights of all people to access high-quality reproductive health care, but it has a negative impact on [nurses](#) and their relationships with

patients and families” said Director of the ANA Center for Ethics and Human Rights, Liz Stokes, PhD, JD, RN. “Nurses at IVF clinics play an essential role in patient care, from conducting patient interviews, discussing treatment options, patient education, and supporting procedures like intrauterine insemination and embryo transfers. This ruling puts these nurses at direct risk of legal consequences for providing services that support their patients in determining their reproductive options.”

As the largest group of health care professionals, nurses have for decades assisted their patients with weighing available options, including the choice of IVF, when discussing sexual health issues and pregnancy. ANA firmly believes that no nurse should be subject to punitive or judicial processes for upholding their ethical obligations to their patients and profession. ANA advocates for reproductive access and sexual health that supports a patient's decision and rights in a just society.

“ANA will continue to advocate for the right to reproductive care. While we are disheartened that Alabama's Supreme Court ruling further restricts decisions that should only ever be between a patient and their health care provider, we will use this as momentum to continue advocating for access to care and reproductive rights,” said ANA President Jennifer Mensik Kennedy, PhD, MBA, RN, NEA-BC, FAAN. “ANA is also considering the impact this ruling will have on patients with cancer as, for many who have gone through chemotherapy, their only option for building a family may rest on their access to IVF and the nurses who work in these clinics.”



ANA 2024 Regulatory and Policy Priorities

The American Nurses Association (ANA) looks forward to advancing the nursing profession and well-being of nurses through its regulatory advocacy in 2024 by promoting to federal policymakers the value of the nation's over 5 million registered nurses (RNs).

Policy priorities

- Ensuring and protecting a robust nursing workforce,
- Advancing and addressing health equity,
- Removing practice barriers for advance practice registered nurses (APRNs), and
- Shaping payment strategies to highlight nursing's direct impact on optimal patient outcomes.

Robust Nursing Workforce

Nursing shortages persist across the country, leading to dissatisfaction, burnout, and nurses leaving vital bedside roles. Federal policymakers must take meaningful action both to address current challenges and ensure the workforce is ready to meet future challenges. We continue to call on HHS, and its subagencies, to engage with nurses and stakeholders across the health care delivery system to identify and implement measures that will promote and protect a robust nursing workforce.

Additionally, sufficient staffing levels are critical to reducing workplace violence in health care. We continue to advocate for the DOL to issue regulations requiring situation-specific prevention programs in every setting and size of organization. A federal standard is necessary so every nurse across the nation can receive the strongest protections at work against threat and violence. If these issues remain unaddressed there cannot be a robust nursing workforce.

HHS Must Convene Stakeholders to Identify Short- and Long-Term Solutions to Staffing Challenges

ANA urges HHS to convene all stakeholders for a robust discussion of staffing challenges and potential solutions. These challenges are not restricted to the nursing profession, especially as health care delivery evolves into a more integrated system. As such, the agency must bring together nurses, hospitals, physicians, other health care personnel, state and federal government officials, and key stakeholders to examine and implement real solutions to the nursing shortage. The discussions will focus on identifying current challenges and both short- and long-term solutions.

Key Agencies

- Department of Health and Human Services (HHS)
- Centers for Medicare and Medicaid Services (CMS)
- Health Resources and Services Administration (HRSA)
- Department of Labor (DOL)
- Occupational Safety and Health Administration (OSHA)

CMS Must Finalize Rules for Nurse Staffing in Long-term Care (LTC) Facilities and Ensure Safe Staffing in all Care Settings

CMS initiated rulemaking in September 2023 to set minimum staffing standards for healthcare personnel in LTC facilities, including a requirement for an onsite RN around the clock. ANA has long advocated for the need of an onsite RN and submitted public

comments in November 2023 urging the agency to finalize the proposed rule with some refinements and without delay. Safe nurse staffing is too critical to delay the implementation of minimum standards.

ANA also urges CMS to use its existing oversight authority to ensure safe staffing in all care settings and hold health care facilities accountable for safe work environments that allow nurses to provide the level and extent of care needed for their individual patients. ANA is ready to work closely with the agency to identify and implement appropriate approaches to nurse staffing standards.

OSHA Must Release a Standard for Workplace Violence Prevention in Health Care and Social Assistance

Workplace violence is a growing, life-threatening crisis for health care professionals. In a 2022 ANA survey of nurses, 29 percent reported experiencing a violent incident at work in the previous year. OSHA, the federal agency charged with protecting health care professionals from workplace violence, issued guidelines for employers in 2016, began its rulemaking process in early 2023 with a Small Business Advocacy Review of a proposed standard.

ANA submitted comments underscoring the need for this standard and for flexibility to allow different sized entities and setting of care to build effective tailored prevention programs.

We urge OSHA to release a proposed rule for public comment without further delay and continue holding employers accountable under the General Duty Clause when their prevention programs fail to protect nurses at work. CMS Must use its Enforcement Authority to Ensure Hospitals Within their Purview are Complying with Safety Requirements.

In November 2022, CMS released enforcement guidance to State Survey Directors announcing that: "CMS believes that healthcare workers have a right to provide care in a safe setting."

CMS stated that Medicare Conditions of Participation require Medicare certified hospitals to provide care in a safe setting and establish emergency preparedness protocols. The interpretation in this guidance requires that nurses and all staff also enjoy a safe environment which includes safety from violence. Citation have previously, and should continue to be, levied when safety requirements are not met to prevent violence and harm in these hospitals.

Health Equity

By the very nature of their role, nurses see the challenges some patients face firsthand and stand ready to find sustainable solutions that address and reduce health care disparities across the nation. Federal agencies need to work closely with nurses and stakeholders to identify approaches to addressing health

Workplace Violence Statistics

- 1 in 4 nurses reported being assaulted at work in 2019
- Health care and social assistance workers face nearly six times the risk of workplace violence than other industries

CMS Must Identify Solutions to Ensure High-Quality Care for All

ANA calls on CMS to identify evidence-based policy interventions to ensure the best possible care for all patients. CMS should also work within HHS to document and support the nurse's role in designing and delivering that care. This step is key for health care policymakers and providers to meet patient needs, respond to changing patient demographics, and move the needle on health disparities.

We encourage CMS to collaborate closely with nurses to identify approaches to addressing health equities. Along with other federal agencies, CMS must convene nurses and key stakeholders to identify research areas and develop approaches to like quality and performance measures that examine nursing services' impact on patient health and nurses' role in improving access for patients.

Practice Barriers for Advanced Practice Registered Nurses (APRNs)

Restrictions on APRNs limit access to care and result in fewer choices of qualified providers for beneficiaries. Federal agencies need to allow APRNs to practice at the top of their license.

CMS Must Remove Barriers to APRN Practice.

Medicare payment rules restrict APRN practice above and beyond their state scope-of-practice rules in various ways. Examples include unnecessary supervision requirements as well as payment restrictions for Medicare services provided by APRNs. ANA calls on CMS to address these restrictions through both regulatory action and leadership as the largest purchaser of health care in the United States. CMS must put forth regulations implementing the federal provider nondiscrimination law, enacted by the Affordable Care Act of 2010, also known as section 2706. Regulations should explicitly bar all forms of discrimination,

including contracting, payment, value-based incentives, and unnecessary requirements like physician supervision and prior authorization. CMS should use its full administrative authority to remove regulatory barriers to APRN practice

in Medicare and work diligently with Congress to ensure that legislative barriers are rescinded.

ANA urges CMS to leverage its Medicaid waiver authorities to incentivize state Medicaid and CHIP programs to cover and encourage APRN care to the extent of state licensing provisions.

Shaping Payment Strategies

Payment for nursing services must recognize the critical role of nurses in the healthcare system to ensure a resilient nursing workforce ready and able to meet future needs. The care that nurses provide is vital to positive patient experience and quality outcomes.

HHS Must Support Strategies to Account for the Value of Nursing Care in Payment Methods.

APRNs and RNs in virtually every setting are indispensable in the care that patients need now and in the future. APRNs represent an increasing share of the primary care workforce, especially in rural and other underserved areas. RNs are responsible for a wide array of direct care and care coordination services in Importance of APRNs

- APRNs are prepared at the masters or doctoral level to provide primary, acute, chronic, and specialty care
- Roughly 40% of Medicare beneficiaries received care from an APRN in 2020 community settings as well as hospitals and long-term care facilities.

This care is a component of access and critical to addressing health inequity. However, current federal reimbursement and quality reward systems do not incentivize care delivery that recognizes nurses and enhances their well-being on the job. It is long overdue for Medicare to value nursing services as clinical care, rather than a component of hospital “room and board” or provider labor cost. ANA urges HHS to work with CMS on payment innovation that aims to align reimbursement and quality rewards with the provision of high-value nursing care.

American Nurses Association Department of Policy
and Government Affairs
8515 Georgia Avenue, Suite 400 | Silver Spring, MD



Project ECHO® on Racism in Nursing Series

The [National Commission to Address Racism in Nursing](#) (the Commission) is pleased to announce the fourth installment in their [Project ECHO® on Racism in Nursing series](#) starting March 6, 2024. Series 4.0 invites participants to partake in a **free, eight-part interactive webinar series** that will explore the root causes of racism and identify strategies for taking action toward health equity in everyday practice.

Using brief lectures, case-based learning, and discussion, the fourth installment in this series will touch on a variety of topics from subject matter experts. Speakers and topics for Series 4.0 include:

- March 6: Bart Bailey, MBA – The Power and Influence to Address Structural and Systemic Racism
- March 20: Danica Sumpter, PhD, RN, CNE – Exposing the Civilized Oppression Preventing Authentic Social Justice
- April 3: Blake K. Smith, MSN, RN – The Journey of Allyship: From Self-Awareness to Co-conspiracy
- April 17: Anna Valdez, PhD, RN, PHN, CEN, CFRN, CNE, FAEN, FAADN – Barriers to Achieving Health Equity
- May 1: Roy A. Thompson, PhD, MSN, RN – Erecting Systemic Barriers for Black and African Americans from Slavery to Present Day: What Should Nurses Do?
- May 15: Tyonne D. Hinson, DrPH, MSN, RN, NE-BC – Dignity and Cultural Humility in Care: Setting the Foundation for Achieving Equity
- May 29: Julia Chan, BSN – Balancing the Scales: Moving Toward Health Equity
- June 12: Margaret P. Moss, PhD, JD, RN, FAAN [Hidatsa/Dakhóta] – Addressing Anti-Indigenous Racism

The Commission's Project ECHO® on Racism in Nursing aims to increase nurses' knowledge about how racism "shows up" in healthcare, improve their skills needed to confront systemic racism, and empower all nurses to become allies. Nurses who choose to participate will earn 1.5 CNE credits per session attended.

Project ECHO® on Racism in Nursing is being conducted as part of the ongoing work of the Commission, a multi-organizational collaborative committed to examining the issue of racism within nursing nationwide and the impact on nurses, patients, communities, and healthcare systems to motivate all nurses to confront systemic racism. To join the Commission in confronting racism in nursing, [register for Project ECHO on Racism in Nursing](#) today.

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The [National Commission to Address Racism in Nursing](#) (the Commission) examines the persistent problem of racism within nursing and describes the impact on nurses, patients, communities, and health care systems to motivate all nurses to confront systemic racism. The work is urgent to create safe and liberating environments for all nurses as well as profession that exemplifies inclusivity, diversity, and equity. The Commission is comprised of leading nursing organizations that represent a broad continuum of nursing practice, ethnically diverse groups, nationally and in regions across the country and who have for years raised their individual voices to condemn all forms of racism within our society.



A Real 'Voice' or 'Lip Service'? Experiences of Staff Nurses Who Have Served on Staffing Committees.

With all the emphasis on staffing committees being part of the solution for appropriate nurse staffing, have you ever wondered what makes a staffing committee successful? Nurse staffing committees have been around for more than a generation, and still, we have issues with safe staffing. As we move to more and more state statutes requiring these committees, it seems appropriate to determine which ones work - and which ones don't. Is it the make up of the committee (over 50% staff nurses), administrative support? What is the 'secret sauce?'

Marissa P Bartmess, PhD, RN, Carole R Meyers, PhD, RN, FAAN, Sandra P. Thomas, PhD, RN, FAAn, Pamela D. Hardest, PhD, RN and Kate Atchley, PhD wondered the same thing. They conducted a qualitative research project explore the experiences of direct care nurses who have served on nurse staffing committees, and to better understand how such committees operate. Their findings were published in the February 2024 AJN.

[CLICK HERE TO ACCESS THE ARTICLE](#)

For the purposes of their article, they defined a nurse staffing committee as "a committee, council, or group where nurse staffing is the primary purpose of or is central to the group's functioning."

States involved in this project all have staffing committees in legislation fro at least three years. These states are Connecticut, Illinois, Nevada, Ohio, Oregon, Texas and Washington. Current state laws give nurses advisory capacities and a role in shared decision-making.

Based on their findings, the researchers found that "When nurses are empowered to make decisions about patient care processes and nursing work environments, patient care

improves, nurses are more satisfied with their work environments, and hospital receive improved patient safety scores."

Hospital administrators and nurses associations (including unions) often follow different metrics when it comes to nurse staffing. Administrators often prioritize "staffing flexibility and support of operating margins," while nurses associations (including unions) prioritize the need for "consistent staffing conditions that ensure the safety of both patients and direct care nurses". This leads to a conflict of what decisional power participants feel they have - "whether participants felt that the evidence and recommendations they recommended were perceived as valued or if the budget was finite and unable to be adjusted according to need."

The researchers found the following issues in achieving adequate staffing via nurse staffing committees:

- Adequate staffing dependent on several factors: nurse-patient ratios, patient acuity and care intensity, and nurses' expertise. Often a single metric was used to determine staffing, not all of these.
- No guarantee that recommendations would be accepted.
- "Shifting to a perspective to one that values nurses as "human capital" with richly diverse skills, training and experience - and asking how this larger perspective relates to patient outcomes and healthcare costs - is essential."
- Committees offer an opportunity, rather than a guarantee, for nurse empowerment: "shared governance can support nurse empowerment, but only to the extent that governance is truly shared, and nurses can see that their perspectives are valued." - with leadership that is perceived as authentic and transformational.

Policy and Practice Recommendations:

- Mandate the collection of nursing-sensitive metrics related to staffing, patient outcomes, and costs by the Centers for Medicare and Medicaid Services and accreditation bodies.
- Evaluate the effectiveness of nurse staffing committees, including implementation and operational specifics; modify policies as needed, based on evidence. Evaluation should be done systematically by multiple stakeholders (staff nurses, administrators, and managers, among others).
- Employ more advanced financial analyses that examine and reveal nursing's contributions to improved patient outcomes and reduced overall costs.
- Empower staff nurses via the implementation of authentic, evidence-based shared governance practices

Note: the Decisional Involvement Scale by Havens and Vasey was referenced in the article. It is available in the JONA June 2003 article, "Measuring Staff Nurse Decisional Involvement: The Decisional Involvement Scale"

https://www1.villanova.edu/villanova/nursing/Dean/decisionalinvolvementscale/articles/_jcr_content/pagecontent/collapsecontent_v2_1_231/collapsepar-v2/download/file.res/Article - Measuring Staff Nurse Decisional Involvement.pdf

Resources:

ANA Webpage on Nurse Staffing <https://www.nursingworld.org/practice-policy/nurse-staffing/>

Nurse Staffing Task Force Imperatives, Recommendations, and Actions <https://www.nursingworld.org/~49df86/contentassets/568122c62ddc44bea03b11a71f240a50/nurse-staffing-task-force-imperatives-recommendations-and-actions-1.pdf>

Nurse Staffing Think Tank: Priority Topics and Recommendations <https://www.nursingworld.org/~49940b/globalassets/practiceandpolicy/nurse-staffing/nurse-staffing-think-tank-recommendation.pdf>



Register for MDH Project Firstline Trainings

Make March Matter! Join the MDH Project Firstline team in recognizing March's National Patient Safety Awareness Week with a new series on Multi-Dose Vials.

Patient Safety Awareness Week is March 10-16, 2024, and is a great opportunity to assess and improve infection control in your health care facility. Project Firstline wants to ensure that all health care workers who administer vaccines understand the importance of safe injection practices, and that they use multi-dose vaccine vials safely and correctly.



Live Training Series: Make March Matter Multi-Dose Vials Series

Register now to attend the MDH Project Firstline Table Talk three-part series on Multi-Dose Vials. Training sessions are followed by optional Q&A and are designed to benefit those that interact with patients/residents/clients and/or their environment.

Multi-Dose Vials Part 1: Why Injection Safety Matters (30 minutes)

- [Register for Table Talk with MDH Project Firstline: 11 a.m. Tuesday, Mar. 12, 2024](#)
- [Register for Table Talk with MDH Project Firstline: 1 p.m. Tuesday, Mar. 19, 2024](#)

Multi-Dose Vials Part 2: Injection Safety Steps (30 minutes)

- [Register for Table Talk with MDH Project Firstline: 11 a.m. Wednesday, Mar. 13, 2024](#)
- [Register for Table Talk with MDH Project Firstline: 1 p.m. Wednesday, Mar. 20, 2024](#)

Multi-Dose Vials Part 3: Review (15 minutes)

- [Register for Table Talk with MDH Project Firstline: 10 a.m. Tuesday, Mar. 26, 2024](#)
- [Register for Table Talk with MDH Project Firstline: 1 p.m. Wednesday, Mar. 27, 2024](#)



View Now: What's Wrong with This Picture Nurses Station **20-minute recorded training session**

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2024 Nursing Research Day Conference

The University of Minnesota's School of Nursing will be hosting the [2024 Nursing Research Day conference](#) on **Friday, April 12**.



This year's theme is *Nursing Research: A Catalyst for Health Equity*. Throughout the day, faculty, students, and community partners will lead concurrent oral presentation breakout sessions along with poster presentations that showcase findings from innovative research and evidence-based projects that improve health and quality care.

We are planning for an in-person event with selected online options. [Registration is now open.](#) The event is free.

This year's keynote speaker is [Heather M. Young, PhD, RN, FAAN](#), a nurse leader, educator, scientist and nationally recognized expert in gerontological nursing and rural health care. She is national director of the Betty Irene Moore Fellowship Program for Nurse Leaders and Innovators, professor, and dean emerita for the Betty Irene Moore School of Nursing at University of California Davis. Young researches healthy aging with a particular focus on the interface between individuals, family and formal health care systems. She co-leads the Healthy Aging in a Digital World initiative at UC Davis Health and co-directs the Family Caregiving Institute and is a Senior Policy Fellow with the AARP Public Policy Institute focusing on policy and systems **supports** for family caregivers. Her research has played an instrumental role in shaping long-term care policies in Washington state and beyond and she conducted several longitudinal studies of family caregiving in the context of cognitive and functional decline associated with Alzheimer's Disease. Her systems research includes use of technology, such as telehealth, and community-based strategies to promote healthy aging and management of chronic conditions.

MNORN is a proud sponsor of Nursing Research Day! [Registration is now open.](#)

Welcome to the 2024 Nursing Knowledge: Big Data Science Conference!



The Nursing Knowledge Big Data Science Conference brings together nurse leaders and informaticists from public and private institutions and organizations across the United States and beyond to discuss the improvement of health and healthcare by using nursing knowledge empowered by informatics. This year, the conference will explore artificial intelligence, nursing innovations, and the social/ethical implications of using technologies for nursing care.

Along with the year-round efforts of the NKBDS Initiative's workgroups, the conference's mission is to generate and enable nursing insights and evidence to support individuals, families, communities, and populations in the promotion of health and the delivery of health care and to leverage informatics and data to redefine and magnify the value of nursing in all settings. Make your plans to join us June 5-7.

Keynotes:

Thursday, Peter Klein: AI, Your Social Mirror to Your Data

Friday, Oriana Beudet: Where is Healthcare's Heartbeat in Our Hi-Tech Future?

[For More Information and to Register](#)



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Summer Camp is not possible without the dedicated health professionals who volunteer on the Medical Team. Medical Teams maintain the health and well-being of campers and volunteers by administering medications, delivering first aid, and providing emotional support.



Application Requirements

- Complete online application process and submit all required paperwork.
- Hold an active license in the state the Summer Camp is held.

Contact Information

Recreation Programs Team
camp@mdausa.org
(800) 572-1717

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