The 2022 MNORN election is open until November 30th.

How to Vote:

If you have already voted, THANK YOU!

If you still need to vote, instructions were emailed to you on November 1st from MNORN Election Admin.

If you can't find the email, notify Kathi Koehn at kkoehn@mnorn.org for assistance.

Polling Question:

Remember that included in your ballot is a polling question asking what you would like ANA to talk about during the Dialogue Forums at Membership Assembly next June. The MNORN Board will propose a topic to ANA based on your responses.

Recording of the November MNORN Member Meeting Now Available

A Huge Thank You to Mary Jo Kreitzer for her presentation on November 1st

"Pandemic Recovery: Balancing Reality with Reimagining Our Future"

You can find the recording of the meeting on the MNORN Homepage

Save the Date for the Next MNORN Member Meeting

The December MNORN Member Meeting/Annual Meeting will be on December 13th via Zoom. Watch for an evite to the meeting later this month.

Heidi Orstad will be the presenter. Her topic will be **"Social Determinants of Health: Is Inequality Making Us Sick?"**

Heidi is a clinical consultant for Marsh McLennan. She describes her role as a "Data storyteller. She develops and executes on strategies to help employers control health care costs. Improves health outcomes and promotes employee engagement through analytic-based state of the art innovations and reporting. Lead clinical market resource for client engagement. Supports key clinical relationships with payors, providers and employers." Heidi is also the current MNORN president.

The meeting will be held from 6:30 - 8:00 PM.

- 6:30 - 7:00 PM - social/networking
- 7:00-7:10 PM - brief annual meeting
- 7:10 - 8:00 PM - program

Attendees will receive 1 continuing education credit

There is no cost for attending the meeting.

Recent MNORN Board Actions

MNORN has signed onto a letter to Congress in support of HR 8812, the Improving Care and Access to Nurses (ICAN) Act. This legislation would remove barriers to care and increase access to healthcare services provided by APRNs under the Medicare and Medicaid programs.

The letter is directed to the Chairs and Ranking Members of the House Ways and Means Committee and the House Energy and Commerce Committee. (MN Representative Angie Craig is on the House Energy and Commerce Committee.)

The letter begins: "On behalf of the undersigned organizations, we write to express our support for H.R. 8812, The Improving Care and Access to Nurses (ICAN) Act. This bill would increase patient access to care by removing outdated and unnecessary federal barriers on services provided by advanced practice registered nurses (APRNs) under the Medicare and Medicaid programs."

Click here to read the entire letter

The Improving Care and Access to Nurses (ICAN) Act Section-by-Section

MNORN has also joined the Free the Pill Coalition, a group of reproductive health, rights, and justice organizations, research and advocacy groups, youth activists, health care providers, prominent medical and health professional associations, and other professionals who share a commitment to ensuring more equitable access to safe, effective, and affordable birth control to people of all ages, backgrounds, and identities in the United States. Coalition members support over-the-counter birth control pills that are affordable, fully covered by insurance, and available to people of all ages in the United States.

Free the Pill Statement of Purpose

Click Here to Learn More about the Free the Pill Coalition

MNORN Member Inducted into the American Academy of Nursing

Cheri Friedrich
DNP, APRN, CPNP-PC, IBCLC, FNAP

Cheri Friedrich is a Clinical Professor at the University of Minnesota School of Nursing.

Dr. Friedrich is a national leader in interprofessional health education through her creative and innovative educational approaches to developing interprofessional competencies for health professional students. She led the development and implementation of interprofessional healthcare escape rooms, developed an innovative virtual interprofessional education (IPE) curriculum for experiential rotation learners, and co-developed the Workplace Interprofessional Learning and Development continuing education series that allows preceptors to develop knowledge and skills around interprofessional competency areas that can be applied in the clinical learning environment. She has had the opportunity to transform IPE through collaborative internal and external partnerships.

She also co-created and serves as the co-director for the University of Minnesota Center for Interprofessional Health that sparks innovations in IPE and practice, collaborates across sectors to promote the health of communities, and engages in research and dissemination to advance interprofessionalism in MN and beyond. Dr. Friedrich continues to support IPE as a practicing Pediatric Nurse Practitioner (PNP) and preceptor in a Federally Qualified Health Center.

Dr. Friedrich received her BSN, MSN and DNP from the University of Minnesota, and her PNP certificate from the College of St. Catherine.

From the ANA Ethics Advisory Board

The ANA Ethics Advisory Board seeks public comment on the proposed position statement, *Privacy and Confidentiality.*

Please use this opportunity to contribute to ANA's focus on transparency and recognition of the important insights of public examination of its products. Please share this announcement with, colleagues, students, healthcare consumers, and other stakeholders. For questions regarding this position, please contact ethics@ana.org

The deadline for comments is December 13, 2022, at 5 pm ET.

NOTE: The proposed position statement is linked **within** the form above as 'Privacy and Confidentiality'

Notice of Vacancies in State Boards, Councils and Committees

- **Medical Services Review Board**

  Vacancies: 1 Seat -- Registered Nurse – Alternate

- **Palliative Care Advisory Council**

  Vacancies: 1 Seat -- Registered Nurse or Advanced Practice Registered Nurse

To see other open positions, click here

HOW TO APPLY

Visit the Open Positions page.
Scroll down to find the correct Agency/Board/Council.
Choose the correct seat type, and click button that says APPLY
The system will walk you through creating an application profile.

Page 2 of the application will now allow you to attach the following documents:
• Letter of Interest
• Resume or Biography

Applicants are encouraged to use the online application as the Appointing Authority will have access to your information as soon as it is submitted.

Applications submitted via downloadable application may experience some delay in reaching the Appointing Authority.
Paper applications may be submitted by email to: Official.Documents@state.mn.us

or by mail or in person to:

Office of the Minnesota Secretary of State
180 State Office Building
100 Rev. Dr. Martin Luther King, Jr. Blvd.
St Paul, MN 55155-1299

Unfinished Nursing Care: A Warning Sign for Our Profession

An Essay by Linda Blizzard PhD
reprinted with permission by the New Mexico Nurse

A phenomenon called "unfinished nursing care" has been identified and studied by nurse researchers over the past 16 years. Unfinished nursing care is common, reported by 55-98% of nurses internationally in acute care hospitals and linked to poor patient outcomes (Jones et al., 2015). Most studies have looked at reports of unfinished nursing care among nurses on medical-surgical nursing units.

I first noticed routine nursing care was not always being done when I began teaching nursing students on medical-surgical hospital units in 2001. I had been working as a nurse on outpatient hospital nursing units for several years and so was surprised we were not routinely providing baths, bed changes, oral care, ambulation, turning patients every couple of hours, not securing urinary catheters, and other things. Over the next few years, I would sometimes ask staff nurses at facilities why certain tasks seemed to not be done and got various responses such as "it is bad for their skin to secure catheters" and "all we do is give medications."

I described these observations as a research interest to my professors in my doctoral program. They steered me towards work on this phenomenon by nurse researchers like Beatrice Kalisch and Maria Schubert. I was amazed other nurses were noticing this problem, doing studies, and developing instruments to measure unfinished nursing care. I was surprised it was being observed around the world.

Jones et al. (2015) define unfinished nursing care as a problem with resources and time scarcity, leading to a clinical decision made by the nurse to ration care, resulting in care left undone. Other terms for the phenomenon are: nursing care left undone, tasks undone, care

left undone, task incompletion, unmet nursing needs, implicit rationing of nursing care, and missed nursing care. Unfinished nursing care is an umbrella term for these other phrases (Bryant & Yoder, 2021).

Examples of common unfinished nursing care include failing to assist patients with activities of daily living, incomplete patient assessments, missed medications, inability to provide emotional or psychosocial support, inability to monitor safety, and being unable to complete documentation (Schubert et al., 2008). In one large study, nearly half of RNs reported being unable to complete all the necessary nursing care on their last shift because of lack of time (Aiken, Cerón, et al., 2018).

While unfinished nursing care has been described and quantified to some extent, discovering probable causes of it is in early stages. There are several studies that have linked staffing to unfinished nursing care (Aiken, Sloane et al., 2018; Ball et al., 2018; Cordeiro et al., 2020; Griffith et al., 2018; Mandal et al., 2019; Thomas-Hawkins et al., 2020; Von Fosson et al., 2016). These studies indicated the higher the number of patients a nurse was assigned to care for, the higher the level of unfinished nursing care reported by those nurses. Blizzard and Woods (2020) found associations between the perceptions of the nurse leadership style in the nursing work environment and perceptions of amounts of implicit rationing of nursing care, another term for unfinished nursing care. A medium significant effect was found of emotionally intelligent leadership on implicit rationing of nursing care. A large effect of an association between nurses' perceptions of implicit rationing of nursing care and nurses' reports of quality of care was found. Nurses were more satisfied with their work environment, and reported higher perceptions of quality of care on their units when they perceived less unfinished nursing care. This points to the obvious: when nurses are treated better and feel heard they get more work done and are more satisfied with their work environment.

Unfinished nursing care has been found to have significant negative effects on patient outcomes (Carthon et al., 2019; Thomas-Hawkins et al., 2020). Unfinished nursing care has been found to significantly contribute to higher rates of hospital inpatient mortality and overall poorer patient outcomes (Schubert, et al., 2012). There is a definite need for more studies that will discover other matters in the nursing work environment that might trigger unfinished nursing care to transpire.

Direct-care nurses are sensitive about discussing unfinished nursing care due to fear of retribution and guilt (Jones, et al., 2015; Papastavrou et al., 2014). One nurse from Australia, attending a conference where unfinished nursing care was a topic, remarked that unfinished nursing care is the canary in the coal mine of nursing, a dire warning that we must heed.

When I was collecting data for my dissertation that intended to measure amounts of implicit rationing of nursing care, most hospital nurse administrators did not want to permit me to survey their nurses due to fear of poor publicity. Some nurse executives said they were interested in my findings, but did not think they had unfinished nursing care at their hospital. The studies so far indicate it is common and may be underestimated. Most nurses feel uncomfortable talking about unfinished nursing care, and sometimes the topics we find most uncomfortable to discuss openly are the most important ones.

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Four Reasons We Need School Nurses Now More Than Ever

Robin Cogan
posted 9/15/2022 https://www.rwjf.org/en/blog/2022/09/four-reasons-we-need-school-nurses-now-more-than-ever.html

Students Have Urgent and Growing Needs

One of my most vivid memories is discovering that a 4-year-old pre-school student wasn't eating her school lunch. Instead, we noticed her stuffing food into her pockets, day after day. Her family was new to our country and had endured a grueling journey on foot from El Salvador to get here. When we asked why she wouldn't eat, the child shared that she felt responsible for feeding her family. Our school came together and provided a food pantry to support the family and other families in similar circumstances.

That is just one example of how school nurses advance health equity within schools and communities. We are the chief wellness officers, the care coordinators, the people who know what resources are available in our communities. We recognize emerging problems and mitigate the struggles children and families face. We eliminate barriers by connecting families to resources. We get eyeglasses for children who can't see well, and do tube feedings for medically-fragile children, which allows them to be in school.

We also deal with life-and-death situations. Twenty-five percent of students with an undiagnosed food allergy have their first anaphylactic event at school. Students have asthma attacks at school that can be deadly. Some are medically fragile. Some are newly diagnosed with diabetes. Up to 30 percent have chronic health conditions. COVID remains with us, and now monkeypox.

Ultimately school nurses are an investment in student wellness and achievement because health happens in the community and at school. So having a school nurse democratizes healthcare. But just 40 percent of schools have a full-time student nurse and 25 percent have no school nurse at all.

Stressed Communities Create Stressed Children

A few years ago, I heard from a former student who I had known when he was 8 or 9 years old. Now a grown man, he reminded me that I had once invited him to sit with me in my office when I noticed that he wasn't having a good day. He disclosed that he had been contemplating suicide that day, and my words and presence saved his life. He is now a thriving adult and father to three boys.

You never know the impact you have. One caring adult in a child's life is a protective factor. Often that caring adult is a school nurse.

We know that no dysregulated child ever calms down because you tell them to, that a stomachache is often a sign of anxiety, depression, or a problem at home. We can encourage a child to identify emotions and connect her or him to a school counselor or psychologist. We can open communication with parents.

Prior to COVID, we were spending up to 34 percent of our time on mental health issues. These mental health needs escalated with COVID and the resulting isolation. We even faced a divisive election season and may be heading for another. All of this turmoil seeps into what happens at school. Children observe adults and absorb stress and conflict within communities which ultimately affects their ability to learn.

I sometimes say that school nurses are population health gold. We are the epicenter of every concern a child brings to school, be it racism, hunger, homelessness, threats to undocumented families, opioids, or something else.

COVID Exacerbated Challenges

For school nurses, COVID added a second full-time job on top of the full-time job we already had. Many of us became the de facto community health department, engaging in intense COVID-related duties. We conduct contact tracing and testing; we track students who are quarantining. We put mitigation strategies in place in schools. We monitor outbreaks, run school-based vaccine clinics, and are responsible for reporting new cases, which is complex and time-consuming when it involves a city, county, and state. We inform parents when their child is symptomatic or exposed to contagion.

Many school nurses have been so preoccupied with protecting children from COVID that we are terrified we'll miss a more typical health problem.

As challenging as facing COVID has been, it's also transformed public perceptions of school nursing. Suddenly, headlines acknowledged our role on the frontlines of the pandemic. That has been gratifying.

Diverse School Nurses Deliver Culturally Sensitive Care

I am inspired by the remarkable trailblazer, Charity Collins—the first Black school nurse. She served a segregated, underserved Black Atlanta school community in the early 1900s. Still, today, school nurses are currently 90 percent white and trend older. We need school nurses who reflect the communities they serve.

I work in a community that is largely Black and Brown, and I am White. My urban school district is 13 miles from my house, but there's a 10-year life expectancy gap between where I live and where I work. That's the difference between privilege and poverty. I don't reflect the community I serve, so I walk in cultural humility.

We don't just have a shortage of school nurses; we have a diversity problem among school nurses and a failure to pay a livable wage. Some school nurses are paid on a teacher scale, starting at an entry level that may ignore decades of nursing experience in another, non-school setting. It varies from locality to locality, but nearly all school nurses take a huge pay cut when they leave the acute care setting. One school nurse told me she donated plasma twice a week to make up for it.

And we don't have an infrastructure for upward mobility for school nurses. I've been in the same job for 22 years. We need a place to grow.

We need more diversity, better pay, better mobility—and making that happen starts with doing a better job sharing the true story of who we are and what we do. School nurses care for other people's children. It doesn't get more consequential than that.

Explore stories about school nurses from across the nation on Robin Cogan's blog, The Relentless School Nurse.

Information About This Year's Flu Season, including COVID, Flu, & RSV

NIHCM FOUNDATION DATA INSIGHTS

This Year's Flu Season

This Flu Season:

The cumulative hospitalization rate is **higher** than the rate in week 43 during every previous flu season **since 2010-2011**

CDC estimates that so far there have been at least **1,600,000 illnesses**, **13,000 hospitalizations**, and **730 deaths** from the flu

Flu Vaccine Uptake

21.2% of adults have already received a vaccine this season, similar to this time last year

24.8% of children have already received a vaccine this season, similar to this time last year

Need to Address Inequities

During the 2021–2022 season, flu vaccination coverage was:

- **54%** among White and Asian adults
- **42%** among Black adults
- **38%** among Hispanic adults
- **41%** among AI/AN* adults

Compared to White adults, hospitalization rates from 2009-2022 were nearly:

- **80%** higher among Black adults
- **30%** higher among AI/AN adults
- **20%** higher among Hispanic adults

Sources:
- Weekly U.S. Influenza Surveillance Report, CDC, November 4, 2022
- Weekly Flu Vaccination Dashboard, CDC, November 4, 2022
- Inequities Found in Flu Vaccine Uptake, CDC, October 18, 2022

*American Indian/Alaska Native

Cases of COVID, the flu, and respiratory syncytial virus (RSV) are expected to rise this winter, potentially creating a 'tripledemic.' Scientists say the pandemic 'immunity gap' is probably behind the surge in viruses. Experts advise Americans to get vaccinated against COVID and the flu to prevent their local hospitals from overflowing. RSV vaccines are currently in development and Pfizer has begun studying a combination vaccine for COVID and the flu.

- **COVID-19:** Coronavirus-related hospitalizations are rising and at least half a dozen Omicron subvariants are competing to be the next dominant strain in the US. New data from Pfizer suggests that the updated booster provides four times stronger protection against more recent Omicron variants than the original vaccine.
- **The Flu:** So far, this flu season has been earlier and more severe than it has been in 13 years, according to data from the Centers for Disease Control and Prevention (CDC). Inequities have been found in flu vaccine uptake. Black, Hispanic, and Indigenous

adults are more likely to be hospitalized with the flu and less likely to be vaccinated against it.

- **RSV:** RSV is a common respiratory virus that can be serious for young children and older adults. Children's hospitals are being overwhelmed by the nationwide surge in RSV cases. The unusually early and drastic spike in RSV cases has increased wait times and is straining health care resources.

Resources & Initiatives:

- See the CDC's resource on protecting yourself from COVID, the flu, and RSV.
- Learn about the symptoms, treatment, and what parents should know about RSV in children.
- Wellmark shares information on how to protect yourself against the flu and what to know about RSV in children.
- CDC advisors voted to add COVID-19 vaccines to the childhood, adolescent, and adult immunization schedules.