

The 2023 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.

November 16th - Virtual November MNORN Member Meeting



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

Title of Program: Nursing for Planetary Health: Calling Nurses to Co-Create the Great Transition

Presenter: Teddie Potter

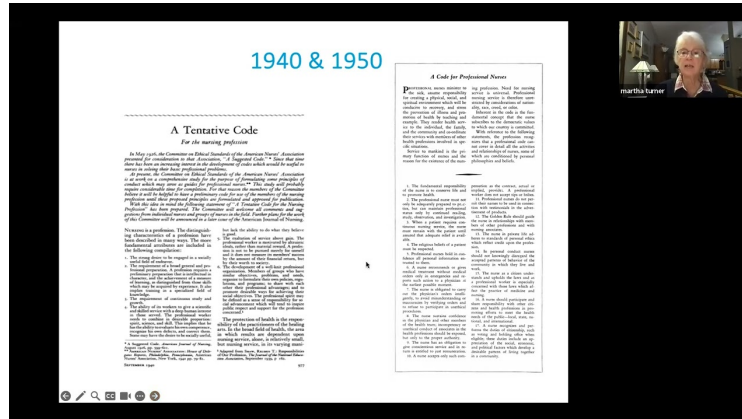
Objectives:

- Describe the interconnection of Earth's natural systems and the impact on human and ecosystem health
- Define the five core domains of planetary health
- List opportunities for nurses and health professionals to co-create the Great Transition for future generations.

To register: <http://evite.me/c6yhbwseUp>

There is no charge to attend this meeting. Attendees will receive 1 continuing education credit.

Recording and Report of the October MNORN Member Meeting: Preparing for Revisions to the Code of Ethics for Nurses: Why it Matters



Martha Turner was the presenter. She currently serves as Co-Chair for 2025 Code of Ethics revision project with 45+ nurse participants from many roles and settings. Her presentation included:

- The purpose of a professional code of ethics,
- A review of the history of the Code of Ethics for Nurses
- A review of the 2015 process
- The structure of the Code
- 2025 Nurses Revision Team structure

She made a request for "Interested Partners", nurses and others who would like to offer reviews and feedback on the revised code at intervals throughout its revision,

Nurses who are interested in being an Interested Partner may sign up by accessing

<https://surveys.nursingworld.org/s3/Code-of-Ethics-Revision-ANA>

Finally, Dr. Turner solicited ideas for possible inclusion into the revised Code. Suggestions by attendees included AI, educational cheating by nursing students, areas in which the law (federal or state) are at odds with a nurses obligation to provide health care (such as recent abortion laws) and racial and diversity issues.

Comments from the October Member Meeting:

- I appreciate the code of ethics and am interested in learning more about the future revisions
- This Code of Ethics topic is so important to all nursing roles and it is time for it to be updated
- I am a relatively new member and I value attending these education sessions
- Availability, topic, I love Martha!
- Interest in ethics and keeping current
- I am interspersed in braiding my knowledge of nursing issues and to have conversations with like-minded people
- Inquiry to learn about ethics and policy in nursing
- This is a topic of great interest to me
- Great delivery. Enjoyed the humor
- the additional email sent today will hopefully encourage lots of nurses to continue to participate in the Code and give their perspectives
- Great information and nice to identify how to contribute to the revision process. Thank you.
- This was a wonderful presentation providing related history and context regarding the evolution of the Code of Ethics for Nurses. I appreciate also the intentional effort to invite nurses and non-nurses to contribute to the next version of the Code. Thank you!
- As always, it's a good time to see everyone and to learn.



NURSING IS SO UNIQUE IT NEEDS TWO UNIQUE IDENTIFIERS

by Katheren Koehn MA, RN, FAAN; executive director MNORN

There is an age-old problem when it comes to finding the cost of nursing services in a hospital bill, because nursing is buried in the room charge. We talked about this issue in the 1970's when I became a nurse, and we are talking about it today.

This is not a subject that just a few of us are talking about. This is a subject nurses at every level are talking about. You can see some of the discussion by doing a quick google search. Enter "where is nursing in the hospital bill?" and out pops myriad articles. Among the articles I found were:

- allnurses.com - Should nursing charges be separate from the room charges? (2003)

- beckershospitalreview.com: Want to Fix the Nursing Shortage? Change this 100-year-old policy (2023)
- thefreelibrary.com - Nursing is the room rate (2012)

HISTORY

“Want to Fix the Nursing Shortage?” explained how nursing got into the room charge in the first place. In the 1920-30’s, medical science expanded. More people were admitted to hospitals and the need for 24-hour nursing care also expanded. Rather than billing patients separately for nursing care, as they had done when patients paid for their own private duty nurses, hospitals rolled the cost of nursing services into the hospital bill - where nursing has stayed for nearly 100 years. Nursing has changed greatly in the past 100 years, but billing has remained the same.

History is important to know how we got where we are. Now it is time to change.

CURRENT DEBATE

What is the best system to fix this problem and show the value of the nurse? There are two systems that can function to identify the unique impact of nursing. Medicare, Medicaid, and many private insurers require the use of the National Provider Identifier (NPI) which is administered by the Centers for Medicare and Medicaid Services (CMS). NCSBN also automatically assigns every licensed nurse an NCSBN ID number in their Nursys database.

These two systems both offer different and important pieces of the puzzle. The NPI is required for clinicians like APRNs to bill for services in most cases. While RNs cannot directly bill for services at this time, they can register for an NPI. The NCSBN ID provides the aggregate data on nurses needed for research on nursing practice impact. These two identifiers can work together to change reimbursement systems to pay transparently for nurses’ care and prove how nursing practice leads to better outcomes. This information has the potential to transform how healthcare employers engage RNs, for the benefit of patients and the nursing profession.

The ANA Position is that all nurses should enroll into the NPI Registry, so that registered nurse payment could be extracted from the room charge.

ANA - Nurse provider identifier

“Registered nurses (RNs) are integral parts of the health care team and spend significant time with patients providing clinical services. In the current health care financing system, this work is generally not accounted for, other than in the physician’s practice expense (PE) relative value unit (RVU). The lack of NPIs for nurses makes it extremely difficult to record, measure, and value the services they provide and their impact on patient outcomes.....Obtaining and recording NPIs in appropriate healthcare data systems would allow health systems, payers, and enterprise resource planning systems to extract nursing services from other providers. This then allows for a quantitative analysis and substantive demonstration of the nurse’s role and value as an integral member of a patient’s health care team.”

The NCSBN Position is that all nurses have a NCSBN identifier that uniquely identifies all nurses, which could provide aggregate data to research nursing contributions through the care continuum.

NCSBN - Unique Nurse Identifier

UNI (nurse’s NCSBN ID) allows to uniquely identify a U.S. nurse regardless of how many states in which the nurse is licensed. It is an eight-digit public identifier assigned to a nurse for life upon getting their first U.S. nurse license (LPN/VN or RN) and will never expire or be recycled, just like SSN is to an individual.

Federal, State, Non-profit, For profit, Hospital systems, Educational institutions - ALL have nurse data sets for nurses in their systems and databases. With UNI embedded in their data sets, protected nurse personally identifiable information (PII) such as SSN, DOB, etc. will no longer be needed for nurse identification and will facilitate data sharing and exchange for research, operational and important public protection work. UNI is publicly available; however, it is the responsibility of each organization to securely protect their nurse data sets. Information systems can relatively easily record nurse’s patient care contributions throughout the care continuum by simply using the UNI. Aggregate data analysis can help with meaningful evidence-based decisions. Searching for a nurse in databases can be made easy using ONLY the UNI.

NEXT STEPS

The solution is not “either or” but “both/and”! - We need to begin the process of ensuring that all nurses have both identifiers.

Since nurses are automatically enrolled in the NSCNB database, this means that we need to be encouraging all nurses to enroll in the NPI at <https://nppes.cms.hhs.gov/#/>. It is free and easy to do.

It's the first step in making sure our history does not become our future. It is time to fully show the value of nursing.

NOTE FROM KATHEREN KOEHN:

Emily Champlin (emily.champlin@ana.org) and Jonah Mainzer (jonah.mainzer@ana.org) are great resources at ANA, if you have questions. They helped me make sure I have my facts right!

REFERENCES:

An Overview and Policy Implications of national nurse identifier systems: A Call for unity and integration [https://www.nursingoutlook.org/article/S0029-6554\(22\)00180-4/fulltext](https://www.nursingoutlook.org/article/S0029-6554(22)00180-4/fulltext)

A Unique Identifier: Frequently Asked Questions (FAQ) https://www.allianceni.org/sites/allianceni/files/wysiwyg/inline-documents/Unique_Nurse_ID_FAQ_Final.pdf

NPI: What You Need to Know <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/NPI-What-You-Need-To-Know.pdf>

Position Statement: National Patient Identifier (NPI) as the Unique Nurse Identifier <https://www.nursingworld.org/~493c6b/globalassets/practiceandpolicy/nursing-excellence/ana-position-statements/nursing-practice/npi-position-statement.pdf>

Want to fix the nursing shortage? Change this 100-year-old policy <https://www.beckershospitalreview.com/want-to-fix-the-nursing-shortage-change-this-100-year-old-policy.html>

**ANA FREQUENTLY ASKED QUESTIONS ABOUT THE NPI**

What is an NPI? NPIs are unique identifiers used by providers to bill

Medicare and Medicaid for services they provide. They are currently the only identifiers allowed by the Centers for Medicaid and Medicare Services (CMS).

Why should I obtain an NPI? NPI numbers are the only numbering system currently approved for providers like APRNs to bill Medicare and Medicaid.

How do I obtain an NPI? Applications for NPIs can be found through CMS' website: <https://nppes.cms.hhs.gov/#/>.

Why is it important to have an NPI to track the care that nurses provide? As nurses, we know that our care is a crucial component of healthcare quality and health outcomes. Yet an RN's time and expertise are now completely invisible to the systems that pay for patient care. As a result, the value of RN care to the system is not quantified. Nursing care should be counted! Tracking that care with an NPI is an essential first step in changing how health systems and other practitioners view nurses and the work that they do. The ultimate goal is changing healthcare reimbursement to account for the role of RN care.

What is the cost for an NPI? There is no cost to obtain and maintain an NPI.

How long do I keep my NPI? The NPI lasts throughout your professional career and travels with you from position to position. Make sure to update the NPI system when you change employers.

How do I obtain more information from ANA on NPI? To obtain more information please contact ANA's policy team at gova@ana.org

Who administers the NPI process and why? The process is administered by CMS. Congress passed legislation requiring CMS to create a unique identifier for providers and the result of this was the NPI. CMS requires NPIs to process Medicare payments, and to support data analysis for the Medicare program.

Do private payers require NPI numbers? Most private payers require NPI numbers for billing, but it is not a legal requirement.

Does the NPI cross state lines? Yes. NPIs are nationwide and cross state lines.

I am an APRN and bill under my practice/hospital NPI, why should I get an NPI?

Unless one has an NPI, it is impossible to track the work you do versus the work done by other clinicians in the practice. Additionally, if one chooses to start their own practice, they would need an NPI to bill Medicare and Medicaid for reimbursement.

I am an RN and I don't bill separately, why should I get an NPI?

It is true that RNs do not currently bill, but we believe that nurses are not paid appropriately for the work they perform. There is currently no way to track all the work that nurses do to show their full value, but by registering for an NPI we can start building the data to show the impact of nurses.

Other organizations are requesting that I use my NCSBN ID. Does this conflict with an NPI?

This does not conflict with ANA's recommendation of obtaining an NPI. Key organizations using NCSBN IDs are doing important research that can also help show the value of nursing. They are using this ID as all nurses are automatically given an NCSBN ID. The NPI was developed specifically for billing and reimbursement purposes, which is an area of priority focus for ANA advocacy. Both identifiers are important to changing how systems value and reimburse nurses.

St. Paul, Minn., _____
Mrs Anne Corrigan

February 28 to April 27, 1938
 To **St. Joseph's Hospital**, Dr. ⁴⁴⁷329

Private Room	<i>8 weeks @ 28⁰⁰</i>	224	-
Double Room	@		
Ward	<i>2/7 " @ 24⁵⁰</i>	7	-
Anesthetic		6	50
Supplies for Operation		12	-
Medicine		13	25
Dressings		4	40
Special House Nurse	@		
Graduate Nurse Board Days	@		
Graduate Nurse Board Nights	@		
X-Ray	<i>(4)</i>	27	-
Metabolism Test			
Laboratory Exams.		11	-
Blood		30	515
Urine	<i>Paid</i>	7	50
Sputum		22	965
Smears	<i>Less 1 day</i>	4	00
Aspirated Fluid	<i>Due = 2</i>	2	0165
Feces			
Tissues	<i>Paid April 28, 1938</i>		
Cultures	<i>Sister Alicia</i>		

When Nursing became part of the room charge.

Look at this hospital bill from St Paul MN in 1938.

The patient was in the hospital for 8 weeks.

Note that the categories "special house nurse; graduate nurse board days; and graduate nurse board nights are blank.

This bill suggests the hospital had at one time billed for nursing services, then stopped.

It is time to remove nursing from the room charge!

A Message from ANA President Jennifer Mensik Kennedy about the ANA Board's Decision to Support Minimum Nurse-to-Patient Ratios

The American Nurses Association (ANA) Board of Directors recently took action to support the [Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act \(H.R.2530 and S.1113\)](#), which would establish minimum nurse-to-patient ratios for every hospital in the United States. The nurse staffing crisis remains a priority issue of ANA that we know demands national attention to reach a widespread solution. With ANA's endorsement of this federal legislation, we will continue to press for extraordinary action to address 50 years of chronic causes of cyclical work environment challenges and affecting nurses at a national scale.

ANA wants to alert you that we have expressed public support of H.R. 2530 through a national announcement on Wednesday, November 1.

This year alone, we have seen widespread and historic nurse strikes that have brought national attention to nursing's workplace environment challenges. These challenges, among them being mandatory overtime, workplace violence and inadequate training, have only been compounded by the COVID-19 pandemic. Some State laws have made attempts towards a solution, but they have made minimal progress due to lack of enforcement. This is why we support this national legislation, which is so critical to enacting necessary change.

Last year, ANA's Membership Assembly voted to support enforceable minimum [nurse-to-patient ratios](#) that reflect key factors such as patient acuity, intensity of the unit practice setting, and nurses' competency. Enforceable and minimum nurse-to-patient ratios are a pathway to achieving appropriate nurse staffing and promoting positive patient outcomes. ANA supports this bill as the voice of our nation's more than 5 million registered nurses who are battling the staffing crisis and for the betterment of our entire health care system.

[ANA has launched a grassroots campaign to help build support for H.R. 2530 and S. 1113 on Capitol Hill.](#) I encourage you to reach out to your Congressional representatives to ask them to co-sponsor and support this legislation to preserve patient's access to nurses, click [here](#).

Sincerely,

Jennifer Mensik Kennedy, PhD, MBA, RN, NEA-BC, FAAN
ANA President

MNORN Members Inducted in the American Academy of Nursing at its Fall Policy Conference



The American Academy of Nursing serves the public by advancing health policy and practice through the generation, synthesis, and dissemination of nursing knowledge. Academy Fellows are inducted into the organization for their extraordinary contributions to improve health locally and globally. With more than 2,900 Fellows, the Academy represents nursing's most accomplished leaders in policy, research, administration, practice, and academia.

Academy Fellows are nursing's most accomplished leaders in education, management, practice, and research. Fellows include association executives; university presidents, chancellors, and deans; state and federal political appointees; hospital chief executives and vice presidents for nursing; nurse consultants; researchers; and entrepreneurs. Invitation to the Fellowship represents more than recognition of one's accomplishments within the nursing profession.



Oriana Beudet is the vice president of Nursing Innovation for the American Nurses Association Enterprise. Her early work as an acute care nurse and nurse supervisor inspired Beudet to address organizational and system-level challenges faced by patients and health care staff.

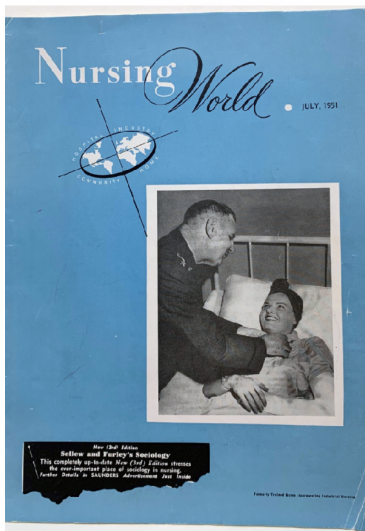


Danilo Lovinaria serves as a nurse anesthetist with University of Minnesota Physicians and Minneapolis Veterans Affairs. As a national leader in providing nurse anesthesia education and training, his significant contributions to nursing relate to leadership in expanding nurse anesthesia programs in the U.S. and globally. He led the design and implementation of the Philippines's first Anesthesia Nursing Care Training Program.

Honoring Nurses this Veterans' Day

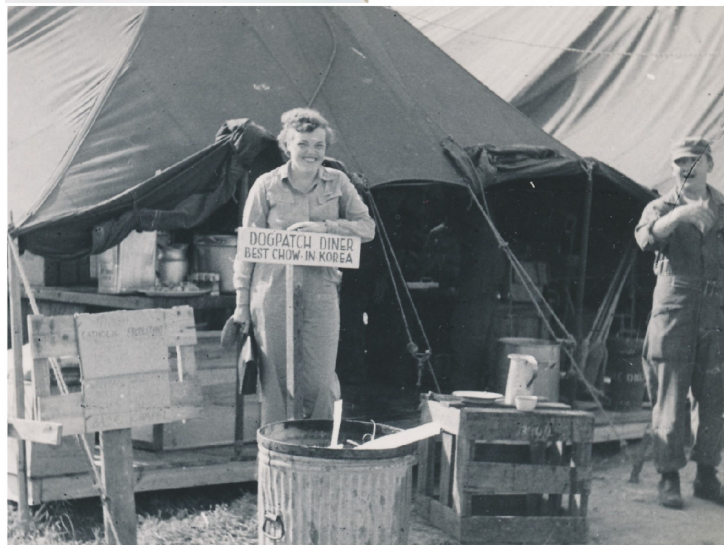


This year, in honor of the 70th Anniversary of the end of the Korean War, we would like to highlight the service and bravery of one of the women who served during "The Forgotten War."



The military nurses who served in the combat theater proved once again how essential military nurses are in war. Approximately 1,750 nurses and medical specialists such as physical therapists and dietitians served in the Korean Theater.

The Air Force Nurse Corps had only been in existence for a year when the war started in 1950. There was a severe shortage of trained flight nurses throughout war, and some were assigned evacuation duty although they did not have flight training.



The nurses served aboard flights from Korea to Japan, Japan to Guam, Midway, Hawaii and the United States. They also served at Air Force hospitals in California and San Antonio, Texas. Flight nurses were responsible for dispensing medicine and keeping patients stable and comfortable during crowded and cold flights. Flight nursing was not only demanding, it was also dangerous.

Before dawn on September 26, 1950, a C-54 carrying military personnel, including two flight nurses, crashed into the Sea of Japan, drowning many passengers, including Captain Vera

Brown. Lieutenant (later Captain) Jonita (Bonham) Bovee, although injured, assisted others and was subsequently awarded the Distinguished Flying Cross for her actions.

The official citation states: "First Lieutenant Jonita R. Bonham performed meritorious service and distinguished herself while acting as Flight Nurse in medical air evacuation flights totaling one hundred seventy (170) hours from 25 July to 26 September 1950. Lieutenant Bonham flew in unarmed cargo type aircraft. On many occasions these aircraft were operating into and out of advance airfields which were being subjected to enemy fire, transporting ammunition, rockets, bombs and other types of high explosives and inflammable material, under adverse weather conditions and over hazardous terrain. Despite these conditions, Lieutenant Bonham carried out her missions willingly and without complaint, continually comforting and caring for her patients. By her courage, ability and unselfish devotion to duty, Lieutenant Bonham has reflected great credit upon herself, her profession and the United States Air Force."

Jonita (Bonham) Bovee, a native of Bennington, Oklahoma, joined the Army Nurse Corps in 1944 and served until 1946. When the Korean War broke out, she joined the Air Force Nurse Corps. During her service, she logged over 245 flight hours and helped evacuate over 600 wounded men. She was discharged from the service in 1952. Captain Jonita (Bonham) Bovee was the first female recipient of the Distinguished Flying Cross.

On July 18, 2023, the Military Women's Memorial was honored to have Captain Bovee's children, Renee Bovee and Greg Bovee, donate their mother's Distinguished Flying Cross and other memorabilia such as service records, correspondence, photographs, handbooks, and magazines to the Military Women's Memorial Collection. It is through donations such as this that we can fully tell the story of our servicewomen's dedicated and selfless service to the United States.

[Photo, upper left: Bovee-Nursing World Magazine.jpg](#)

July 1951 issue of Nursing World magazine featuring Air Force nurse Jonita (Bonham) Bovee recovering from injuries received in a plane crash over the Sea of Japan in September 1950.

Jonita (Bonham) Bovee Collection, MWM Collection

[Photo, upper right: Jonita Bovee Donation 1.jpg](#)

Renee Bovee and Greg Bovee, children of Jonita (Bonham) Bovee, present their mother's Distinguished Flying Cross and other memorabilia to the Military Women's Memorial, July 18, 2023.

Photo by Amy Poe

[Photo, bottom: "Bonnie" Jonita Bonham at Dogpatch Diner Pusan Korea 1950 edited.jpg](#) Air Force flight nurse Jonita (Bonham) Bovee, Pusan, Korea, c. 1950.

Jonita (Bonham) Bovee Collection, MWM Collection

Mission: The Military Women’s Memorial honors and tells the stories of women, past and present, who serve our nation.

Vision: We are the leading memorial and education center honoring women’s contributions to the service of our nation.

As the only historical repository documenting all military women’s service, we educate and inspire through innovative and interactive exhibitions, our world-class collections, and engaging programs and events for all generations. We honor the commitment, contributions and experiences of every woman who serves in, or with, the Armed Forces. <https://womensmemorial.org/>



Student Loan Forgiveness Opportunity

Application Opens November 1, 2023

Are you working in one of the following eligible professions? If so you may be eligible for student loan forgiveness.

- Dental Therapist/Advanced Dental Therapist
- Dentist
- Mental Health Professional - LICSW, LADC, LPCC, LMFT, PsyD, Psychiatrist
- Advanced Practice Provider - NP, CNM, CRNA, PA
- Long Term Care Nurse - LPN, RN
- Nurse Faculty
- Pharmacist
- Physician
- Public Health Nurse

*Service area and other requirements apply

See more and apply www.health.state.mn.us keyword “Loan forgiveness”

MDH Office of Rural Health and Primary Care
MN Health Care Loan Forgiveness
health.loanforgiveness@state.mn.us
651-201-3838
www.health.state.mn.us