

**At their September meeting, the MNORN Board adopted the following Value Statements to Guide the Organization**

**Respect**

**Respect** is the foundation of the nursing profession. We interact with individuals, families and environments in ways that promote **unity** and **diversity**. We seek **equity** for all people through our policies and actions.

**Integrity**

We promote **excellence** in nursing practice, education, and research. Supported by empirical evidence, we build and retain trust and credibility in the nursing profession.

**Leadership**

We are driven to advance the nursing profession and the quality of healthcare through the **empowerment** of nurses. Through **stewardship**, we manage and use resources to fulfill our mission for the benefit of all Registered Nurses.



**MNORN Elections will open on November 1st.**

This election is conducted electronically. You will receive an email from Election America when the election opens with all of the information you will need to access your ballot.

Your ballot will include information about each candidate.

There is also a question on the ballot asking you what topics you would like ANA to discuss at the 2020 Membership Assembly Dialogue Forums. Your responses to that question form the basis of MNORN's submission of possible topics to be considered. We value greatly your input into these important discussions.

The slate of candidates for the 2019 Election is on the next page. Thank you to all who are willing to serve in leadership positions for MNORN!

## Candidates for the 2019 MNORN Election

### First Vice President



**Joseph Alexander:**

I believe that the future of nursing lies in developing leadership and advancing nursing education, and that nurses are the best-positioned to be in charge of their changing profession. I envision an increasing role for professional nurses in the future of our evolving healthcare system.

### Treasurer



**Stephanie Gingerich:**

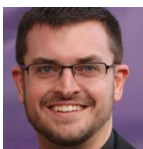
Passionate about nursing, I hope to become more heavily involved with MNORN to support the mission and impact on healthcare. I look forward to promoting partnership approaches in nursing, global interest and impact on healthcare and supporting nurses to be most successful in whatever role they may hold. As a treasurer, I would be vigilant and detailed to ensure accurate work to support MNORN. Additionally, as an active learner, I would grow within this role as a leader and bring my positive, partnership-based, and engaged personality to the board.



**Teri Hanson:**

I want to be able to network with other nurses in the area. I want to serve in a capacity that allows me to help others.

### Director



**Brett Anderson:**

I'm excited to have the opportunity to further serve MNORN in the capacity as a Director. I enjoy being an active member of MNORN and participating in our meetings. This past year I've attended many MNORN meetings and attended the ANA/ANCC Quality and Innovation Conference.

I see an opportunity for MNORN to further its reach to engage a broader subset of registered nurses including newer nurses and young professionals, members outside of academia and the acute care setting, and members from out-state Minnesota. As an active member of the board, I can plan on leveraging my experiences a young, community-based nursing leader with a large, statewide organization to help engage new members and expand our reach. I will work to further diversify and expand membership so that our advocacy, outreach, and leadership development opportunities can grow and build on previous successes.



**Sue Bell:**

I teach nursing graduate students and am interested in promoting the importance of advanced practice nurses and nurse educators.



**Chris Edmiston:**

Want to become an active member since I have moved to Minnesota. Great way to meet people and help serve the people in the state/region.



**Niki Gjere:**

I believe MNORN is a vital and growing professional organization that advocates for nurses and the community. I am impressed with the leadership of MNORN which has facilitated significant growth in membership over the past several years. I have recently been chosen as an American Nurses Advocacy Institute fellow which I feel honored to bring learning back to MNORN.

In my career I need to give back to the profession. And I believe MNORN offers an excellent opportunity to do that!



**Kecia Hayslett:**

My desire is to invest in the future of nurses and the future of people. One outcome is to work with members and non-members in creating a new nursing community for all.

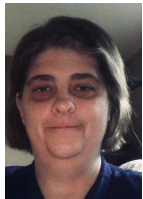
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## Nominating Committee



**Oriana Beaudet:**

To encourage and promote engagement.



**Kenya Birkle:**

I would like to be involved in nursing as more than just an educator or staff nurse. I believe this to be a good way to start my involvement as I work with both students and working RNs.



**Heidi Orstad:**

I believe strongly in the mission of MNORN and the good work they do in the community of nurses and student nurses.

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## Representative to Membership Assembly



**Kelli Greder:**

I would be honored to represent our state association at the National level. This is a great professional opportunity.



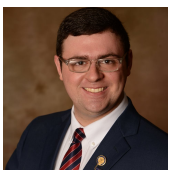
**Marshall Gunnells:**

I am interested in getting more involved in nursing on the broader level and making a larger, more meaningful impact on the profession.



**Sara McCumber:**

To continue to effectively represent MN nurses at the national level and contribute to decision making on national nursing issues.



**Wesley Osler:**

Representation matters. When I became President of the national Student Nurses' Association, I had to confront that there were multiple stakeholders in my organization, who had diverse and sometimes conflicting interests. And when the Board of Directors has only 10 members, it's natural that not every interest is representative. That's why it was my job as President to give a voice to the voiceless, to make sure the unique views of our more than 60,000 members were represented and heard by the highest levels of leadership. The position of Representative to Membership Assembly serves a similar function, to represent MNORN to the ANA in Washington DC for the next two years. If I am elected I pledge to be a leader who talks less and hears more. Because if my job is to represent, then listening is my mission. I chose this position because I value the chance to give back to nursing. As the son of two nurses, this world has always been home to me. Between my experience as a student leader and my inexperience as a nurse leader, Representative to the Membership Assembly presents a happy medium. I hope to talk more with the membership, and to be your advocate on the national stage.



**Heidi Orstad:**

I believe strongly in the mission of MNORN and the good work they do in the community of nurses and student nurses.





## Report of the September 24th Member Meeting

### “What’s in the Future for Health Care? How Do We Evaluate the Different Plans?”

#### Speakers:

- Mary Chesney is a Clinical Professor at the UMN School of Nursing. She’s been a certified pediatric nurse practitioner for more than 30 years. Her teaching, clinical, and scholarship expertise includes nursing leadership, U.S. health policy, advocacy for optimal child/youth health, APRN utilization and advocacy, pediatric primary care, and health system quality improvement. Mary’s leadership experience includes serving as Health Policy Chair (2010-2013) and President (2014-2015) of the National Association of Pediatric Nurse Practitioners. She’s served a number of Minnesota legislative and executive branch appointments on health reform and health workforce task forces. Mary co-founded the MN APRN Coalition and led the Coalition’s successful 2014 campaign to bring full practice authority to Minnesota’s APRNs.
- Erin Murphy is a former executive director of the Minnesota Nurses Association and has also worked for the organization as a lobbyist and organizer. She previously worked in state government as legislative director for former Minnesota Attorney General Hubert H. Humphrey III, and as community relations director for the Minnesota Department of Children, Families and Learning. She was also an operating room nurse at the University of Minnesota Medical Center. Murphy served on the board of directors of Citizens for a Safer Minnesota from 1999 to 2001, and as a member of the board of trustees of the American Nurses Association political action committee. She was also an executive board member of the Minnesota chapter of the AFL–CIO. Murphy was first elected to the Minnesota House of Representatives in 2006, and was reelected in 2008, 2010, 2012, and 2014. After the 2012 election she was elected by the DFL House caucus to be Majority Leader. In 2018 she ran for governor of Minnesota. Just recently she has formed “Our Stories. Our Health,” a progressive advocacy group dedicated to collecting stories from Minnesotans to promote “long-lasting, systemic change in the way we fund and receive our health care.”

#### Objectives of the meeting:

1. Explain the difference between a “Medicare for All” plan and a “Medicare Option” plan.
2. Identify advantages and disadvantages for moving to a “Medicare for All”-type healthcare system in the US.
3. Describe alternatives beyond a “Medicare for All” plan that could provide universal, affordable health care for all.

## Background

Mary and Erin began by describing the challenges of our current healthcare system, which is, for all intents and purposes, failing to provide reliable healthcare that is accessible, affordable and reliable. Current healthcare insurance is costly, both in the price of premiums and in amount of money individuals have to pay in deductibles. Employer-based insurance ties us to jobs we can't afford to lose, because we can't afford other methods of obtaining health insurance. And, the employer-based plans are becoming more and more expensive, with less coverage and higher deductibles, also. The ACA<sup>1</sup> is also costly, with high premiums and high deductibles. No matter where we get our health insurance, the fear of bankruptcy from high medical bills is a reality for far too many people.

Besides the high cost of health insurance, the cost of actual care is higher than about anywhere else in the world. According to a 2019 OECD report<sup>2</sup>, the US is highest in per capita costs amongst member countries. For example:

1. U.K - \$4,070
2. Japan - \$4,766
3. Canada - \$4,974
4. Germany - \$5, 986
5. US - \$10,586

It is important to remember that ALL Americans, except for the very wealthy, struggle with the cost of health care. The current system is effectively rationing people out of healthcare because they can't afford it - even those with insurance.

Why are other countries able to control the costs of healthcare when the US can't? In many countries, universal healthcare is a human right. To achieve this right, there are multi-pronged efforts to control costs. Education of healthcare providers is subsidized. Primary care is promoted, with primary care providers salaries similar to specialists. Salaries for providers may not be as high in other countries. Unlike the free market system in the US, regional advisory boards limit the cost of pharmaceuticals and procedures. Administrative costs are low. In many countries, insurance must be non-profit and many have a low maximum on out-of-pocket expenses.

## What are the Medicare Options Being Discussed?

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<sup>1</sup> The ACA focused on improving population health and improving patient/family experience. It did little to reduce cost; insurance premiums have doubled in the past 10 years.

<sup>2</sup> <http://www.oecd.org/els/health-systems/health-data.htm>

Current in the debate about healthcare are Medicare-for-All, Medicare Buy-In, Medicare Opt-Out and other options that are not built on the current Medicare system.

What is important to remember is that while the current Medicare system provides reliable care with an understood funding source, it is not comprehensive enough to be considered universal care. At the minimum, dental, hearing, and vision would need to be added. In the current Medicare system, private insurance is used as to supplement some of the gaps.

The question is should we move to Medicare-for-All, Medicare Buy-In as a public option, Medicare Opt-Out, or create another program? In Minnesota there has been discussion of a MinnesotaCare Buy-In as a single option. The state of Maryland has developed a value-based system, which seems to be going well. Participants of the meeting suggested that healthcare insurance should use car insurance as a model. States mandate car insurance, should health insurance be similarly mandated? Another participant talked of her experience providing care to a religious healthcare co-op.

The bottom line is that there is a feeling that we are on the edge of a system that is starting to fail us. People who need care are the ones most impacted by a system that is more and more compartmentalized. Something needs to be done.

What do Americans want? They want healthcare that's accessible - that is available everywhere, including rural and urban. They want it to be culturally sensitive for communities. they want healthcare that's reliable and comprehensive. they don't want junk plans that make it seem like you have insurance, until you need it They want healthcare that includes mental health, dental, hearing and vision. They want healthcare that's safe and that they can afford, both the insured and the uninsured. Recent polls suggest that 2/3s of Americans support a Medicare Buy-In plan. It is not surprising that Americans like options and choices that are affordable and reliable

### **How Should Nurses Evaluate the Options?**

Nurses need to be "eyes wide open" about the state of the system right now - how bad it is - not serving the people who need care. What would it mean to have an emphasis on primary care with healthy communities vs. technology-driven healthcare we seem to have today? Whatever the plan, there needs to have a strong set of benefits that are guaranteed. We need a plan that can achieve the Triple Aim of Improving the patient experience of care (including quality and satisfaction); Improving the health of populations; and reducing the per capita cost of health care. We need policies driven by evidence - and stop doing things that don't work- for example, the Choosing Wisely Campaign<sup>3</sup>. We need to figure out how to limit costs of things like insulin and epi-pens. We need to simplifying the system administratively.

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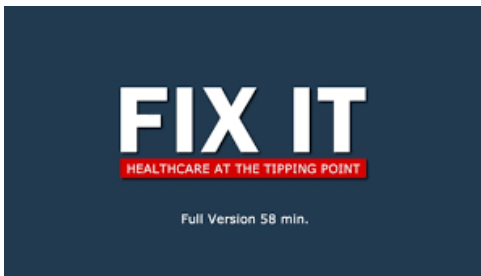
<sup>3</sup> <https://www.choosingwisely.org>

There are many questions about the affordability of Medicare for All. It is so hard to quantify the costs in healthcare spending now, so it is hard to translate those costs into a new program. Medicare for All will certainly cost something, but it could also save us something. With universal coverage, taxes might go up, but out-of-pocket might go down. Administrative costs for insurance are high. Even the ACA has a 20% administrative cost. Medicare currently has a 4-4.5% administrative cost, a savings right there. The VA Healthcare System has an administrative cost of 3%.

For nurses the most important thing to do is to read about the options, to talk with each other, and learn what we can about both the current state of healthcare in the US and what can be done to improve it.

The best thing about the MNORN Member Meeting is that it was a conversation. No one was trying to convince others about which option is the “best.” We were listening and talking to try to understand the options. Because, at the end of the day, you know that people will be asking us what we think. Nurses are truth tellers, even when we don't agree on solutions. And, the public trusts us to be just that.

### **Suggested items for more information:**



**Watch this YouTube:**  
<https://fixithealthcare.com>

[ANA Principles for Healthcare Transformation](#) which includes

The system must:

- Ensure universal access to a standard package of essential health care services for all citizens and residents.



- Optimize primary, community-based and preventive services while supporting the cost-effective use of innovative, technology-driven, acute, hospital-based services.
- Encourage mechanisms to stimulate economical use of health care services while supporting those who do not have the means to share in costs.
- Ensure a sufficient supply of a skilled workforce dedicated to providing high quality health care services.

Recent Articles:

[You've Heard of Medicare for All -- How About Medicaid for More?](#)

[Medicare-for-All Is Not Medicare, and Not Really for All. So What Does It Actually Mean?](#)

[Why is healthcare so expensive? This Johns Hopkins surgeon might have the answers](#)

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**Niki Gjere & Stephanie Gingerich are the 2019 MNORN Fellows in the American Nurses Advocacy Institute (ANAI)**

As the most trusted and largest sector of health professions in the U.S., registered nurses must have a voice in influencing the profession and health care. To that end, the American Nurses Association (ANA) is committed to growing nurses' political leadership skills formerly and informally through the **American Nurses Advocacy Institute (ANAI)**. Launched by the ANA in 2009, the program grooms each nurse to ultimately be an effective advisor to their state nurses association in establishing legislative/regulatory priorities, recommending strategies for execution in the advancement of a policy issue, and educating colleagues about the political realities and how they too can be more effective advocates.

The program is competitive, capped at 25 participants, so each individual can benefit optimally from the interactive sessions held in Washington, DC as well as the ongoing mentored support throughout the year. Since 2009, 228 members have completed the fellowship. Members from MNORN who have been ANAI fellows include Tracey Armstrong, Kathi Koehn, Molly Maxwell, Sara McCumber, Travis Moore, Heidi Orstad, Brandi Sillerud, and Mary Tanner.

The current cohort (2019-2020) is made up of 25 members representing 21 states - CA, CT, DE, IA, KS, LA, MD, MI, MN, MO, NV, NM, NY, OR, RI, TN, TX, UT, WA, WI, WV.

While in DC, nurses hear from influential nurse leaders such as Erin Murphy MA, RN, FAAN, long-standing Minnesota House State Representative who campaigned for Governor in 2018; Mary Behrens, MS, RN FNP BC former Wyoming State Legislator & Casper City Council and Mayor; and Dr. Irene Trowell-Harris, RN, Ed.D. Major General USAF, Retired, the former Director of the Department of Veterans Affairs Center for Women Veterans.

Attendees learn about navigating the legislative process based on the political environmental scan and messaging for differing audiences from leaders in the public relations arena. The experience includes visits to Congressional offices. The learning continues throughout the year with discussion of other related topics and the ability to apply at the state level.

If you are interested in being considered for the 2020-2021 ANAI Fellowship, please contact Kathi Koehn at [kkoehn@mnorn.org](mailto:kkoehn@mnorn.org).

American Journal of Nursing



## QSEN IN AN AMAZON WORLD

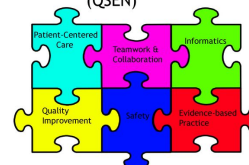
**Free Webinar October 16th at 12:00 PM**  
**Hosted by AJN**

More than an acronym, the specific knowledge, skills and attitudes of QSEN (Quality and Safety for Nurses) assist nurses and their interprofessional partners to continuously improve the quality and safety of the healthcare systems in which they work.

**Join MNORN members Jane Barnsteiner, PhD, RN, FAAN and Joanne Disch, PhD, RN, FAAN,** two of the developers of QSEN, as they discuss the competencies required for professional practice. They will compare and contrast the values and practices of Amazon, known for delivering accurate, individualized, and efficient service, with current best practices implemented by health care settings and schools of nursing to ensure high quality safe care.

**[CLICK HERE TO REGISTER](#)**

Quality & Safety Education in Nursing (QSEN)





**From ANA  
President, Ernest  
Grant: ANA's new  
and improved  
#NursesVote  
website**

With ANA's recent decision, at the 2019 Membership Assembly, to move away from endorsing a candidate in the presidential election, we invite you to explore the new website. Now you can get out the vote, educate yourself on how each presidential candidate has worked to advance the nursing profession, and volunteer and advocate for the candidate of your choice. ANA highly encourages all nurse-advocates to become politically engaged at all levels of government.

As you'll see, every candidate hoping to be on the ballot next November understands and values the importance of nurses to the American healthcare system. ANA is heartened to know it will have a partner to work with in the White House regardless of this election's outcome.

We've also included sections on the most pressing federal advocacy priorities impacting nursing, as well as a newly released comprehensive guide for those of you looking to engage with the presidential campaigns – as a volunteer or simply as a concerned citizen and nurse-advocate.

P.S. Those nurse-advocates who have signed up for our text message and email alerts got to see the website early – text ANA to 52886, join the community, and make sure you're on the list that gets you the latest updates before anyone else. Your advocacy matters – at the bedside and beyond.



### Have You Found MNORN on Facebook and LinkedIn?

MNORN has an active page on Facebook and a group on LinkedIn<sup>4</sup>

Have you found us yet?

If you haven't, look for us and join the conversation....

### Most Popular Items We Posted on Facebook and LinkedIn in September:

- [Where are we with HIV today? AJN off the charts blog](#)
- [Is Dying at Home Over-rated? NY times](#)
- [What You Need to Know About Vaping Lung Disease. NY Times](#)
- [Suicide Among Nurses: What We Don't Know Might Hurt Us. American Nurse Today](#)
- [AFIB Admissions Slashed with Back to Basics Strategy. Medpage Today](#)
- [Aging Vignette Featuring Sarah Szanton RN/We Got This# YouTube](#)
- [A Prescription for the Steep Cost of Health Care. MPR](#)
- [Averting the Nursing Shortage. Medpage Today](#)
- [Thoughts on Preventing Delirium During an ICU Stay. AJN off the charts blog](#)
- [School Nurses Put to New Tests. StarTribune](#)

Click on each link to find out what resonated with nurses last month....

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<sup>4</sup> The MNORN LinkedIn Group is closed, meaning that only nurses are in the group



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Culturally and Spiritually Responsive Healthcare

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- Speaker Bios

## Culturally and Spiritually Responsive Healthcare

Culturally responsive, whole-person care will be the defining trajectory of healthcare during the upcoming decade. This conference addresses patient, family and community-centered care to promote physical, mental and spiritual health as area health practitioners strive to provide the most capable and respectful care in serving Minnesota’s increasingly diverse communities.

- This community-based conference will attract a diverse group of 120-150 healthcare practitioners to explore best practices in culturally and spiritually responsive healthcare and building community health
- CEUs will be available in Nursing, PT, OT and Social Work professions

### Future of healthcare

By 2040, people of color, including members of indigenous, African-American and immigrant communities, will make up 30-40% of Minnesota's overall population ([mncompass.org](http://mncompass.org)). Thus far, our healthcare system has not been well-equipped to address the diverse set of cultural needs; Minnesota currently holds one of the worst records in our country for social determinants of health and health disparities.

As members of the Transcultural Nursing Society assert, cultural responsiveness in healthcare “is not just a good idea, it is a responsibility, and therefore must be an integral part of the fabric of our organizations, as it benefits our students, clients, and our health care institutions” (Standards of Practice for Culturally Competent Nursing Care, 2011).

### Conference registration

Community professionals \$40, and \$60 for those seeking CEUs in physical therapy, occupational therapy, social work and nursing. Scholarships are readily available to cover conference registration. Registration free for students and Sisters of St. Scholastica Monastery.

Register Now

### CONTACT US

**Elyse Carter Vosen**  
 Director, Interreligious Forum  
[evosen@css.edu](mailto:evosen@css.edu)  
 (218) 723-6446

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## The Faith Community Nurse Network of the Greater Twin Cities 2019 Continuing Nursing Education

### Continuing Education Symposiums (3.0 contact hours each)

Join us for our final continuing nursing education symposium of 2019!

***Legal Rights of Older Adults***  
**Wednesday, October 23**  
**St. Stephen Lutheran Church, Bloomington**

Learn more and register online at  
[www.fcnnct.org/education/continuing-education-symposiums/](http://www.fcnnct.org/education/continuing-education-symposiums/)



### Online Continuing Education (3.0 contact hours)

*The Art of Listening: Healing Ourselves, Our Clients, Our Communities*  
presented by Elizabeth Andress.

Through a series of videos and activities, learners will improve their deep listening skills, using contemplative prayer and meditation and reflecting on the interconnections between listening to God, self, clients and in the broader community for healing to happen.



**Learn more and register:** *The course is available at*  
[www.fcnnct.org/education/online-continuing-education/](http://www.fcnnct.org/education/online-continuing-education/).



475 Cleveland Avenue North, Suite 205 • St. Paul, MN 55104  
651-204-0904 • [contact@fcnnct.org](mailto:contact@fcnnct.org)  
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