MINNESOTA ORGANIZATION OF REGISTERED NURSES

CALL FOR CANDIDATES FOR THE 2020 MNORN ELECTIONS

Put Your Leadership into Action - Serve in a MNORN Elected Position! Deadline September 30th!

By deciding to run for a MNORN elected position, you make a choice to invest in your future and the future of nursing.

MNORN members have the capacity to influence public policy, professional nursing standards and the advancement of the association. In a leadership position, you will help MNORN and the nursing profession remain strong.

MNORN members will vote for the following positions in this Fall's election:

- ★ President
- ★ Second Vice President
- ★ Secretary
- ★ Director(s) - 2
- ★ Nominating Committee - 2

How to Become a Candidate:
To be eligible as a candidate for any of the elected positions, you must be a MNORN member and complete a Consent to Serve form and return it, with your photo, to MNORN by email - kkoehn@mnorn.org by September 30th, 2020.

The Candidate information for elected positions is available on the MNORN website and will be available by email upon request.

Voting instructions will be emailed to each MNORN member for online voting and the results of the elections will be announced to members online.

For more information, please contact MNORN ED, Kathi Koehn at kkoehn@mnorn.org or 651-271-5863.

Position Descriptions and Consent to Serve forms

Virtual MNORN Member Meeting: Addressing Implicit Bias in Nursing

When: Thursday, September 17th

Time: 7:00 - 9:00 PM

Presenter: Marie Manthey

At the end of this program, participants will be able to:

1. Describe implicit bias and why it is important for nurses to understand them.
2. Identify individual factors (such as our own experiences, culture, friends, childhood, memories, etc) that lead to the development of implicit bias.
3. Describe the negative impacts of Implicit bias on the nursing profession and the patients we serve.
4. Develop one way in which implicit bias can be identified or addressed within your workplace/practice setting.

CLICK Here to Register

Individuals who attend the entire session will receive 2 contact hours

About Implicit Bias in Nursing:
An article in AJN focused on addressing implicit bias in health care noted the following:

In the late 1800s, Sigmund Freud popularized the idea that the unconscious mind—that is, the attitudes and feelings of which we are unaware—can have a powerful influence on our behavior. Today, unconscious attitudes that precipitate unintentional discriminatory behavior are called "implicit bias."

Not surprisingly, implicit biases exist among people of all professions. But when nurses and other health care providers harbor implicit biases, they may contribute to the health care disparities experienced by members of racial, ethnic, or religious minorities and other groups that face discrimination because of such factors as sexual orientation, gender identification, disability, or stigmatized diagnoses. Fortunately, there are strategies we can use to recognize unconscious negative attitudes we may have toward various groups of patients. And with awareness comes the possibility of overcoming our implicit biases, so we can consistently adhere to the first principle in the Code of Ethics for Nurses with Interpretive Statements: "The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person."1

https://journals.lww.com/ajnonline/pages/articleviewer.aspx?year=2019&issue=07000&article=00027&type=Fulltext

About Marie Manthey:
Marie Manthey PhD (hon), MNA, FAAN, FRCN, President Emeritus
The founder and president emeritus of CHCM, Marie has long been able to bridge the world of ideas and the real world of patient care in health care workplaces. She's taught thousands of nurses in seminars and workshops throughout the world. No matter what other subjects she addresses, she never fails to come back to the key to good patient care: "You have to see what supports the patient-clinician relationship and what interferes with it, then enhance what helps and minimize what hurts."

Marie is known for her capacity to bring new ideas into reality in a way that is easy to understand and universally applicable. She has spent her career developing, outlining, and explaining Primary Nursing practices and developing and refining processes that help nurses excel and grow.

Marie is also a multi-award-winning author. In 2002, she won the AJN Book of the Year Award for The Practice of Primary Nursing. In 2004, she was again an AJN Book of the Year Award winner, as a contributing author for Relationship-Based Care: A Model for Transforming Practice. And in 2016, Primary Nursing: Patient-Centered Care Delivery System Design, co-authored with Susan Wessel, also won AJN Book of the Year.

Marie is a founding member and chair of the Minnesota Nurses Peer Support Network (NPSN), an organization whose two-fold mission is to provide meaningful peer support for nurses with substance use disorder and to provide education to nurses and the public on this very important topic.

In 2015, Marie was presented with the American Academy of Nursing Living Legend Award.

ANA Survey on PPE: What Nurses in Minnesota are Saying

Many of you may have read the article in the StarTribune this past weekend about the findings of the most recent ANA Survey on PPE. In part, here is what the article said about the survey findings (CLICK HERE TO READ THE FULL ARTICLE):

> "Hospitals across Minnesota resumed elective medical procedures May, but nurses say their employers still aren't giving them enough N95 masks to protect them from COVID-19.
>
> A survey of Minnesota nurses conducted by the American Nurses Association in late July and early August found 49% of respondents felt unsafe with the N95 reuse policies in place where they work, which typically require wearing a single-use mask for five to seven days.
>
> "They are still rationing them, just like they were back in March," said one nurse at a Twin Cities hospital, who is leaving her "dream job" until the pandemic recedes because she doesn't feel safe. "We have a stockpile somewhere in the state. But the hospitals aren't requesting it."
>
> About 85% of the 277 Minnesota nurses surveyed said they were required to reuse disposable N95 masks, and 10% more said they were encouraged to do so. Before the pandemic, nurses could have been reprimanded for reusing single-use masks.
>
> "It feels like a contaminated, dirty rag that I'm putting on my face," said the Twin Cities nurse, who did not want to be identified because she fears permanently losing her job.
>
> Minnesota's reuse practices exceeded national averages. Nationwide, 88% of 14,664 nurses surveyed by the ANA said reuse of single-use masks was either mandated or suggested by employers. The number of nurses reporting mandatory reuse increased 6% since May.

"Re-use and decontamination of single-use PPE as the 'new normal' is unacceptable," registered nurse and ANA President Ernest Grant said in a statement, "given the lack of standards and evidence of safety."

Here are the survey responses from Minnesota nurses

Minnesota Survey - 227 responses

Question: Have you treated a patient who tested positive or is suspected of having COVID-19 in the past two weeks?

Answer: 41% yes; 48% no; 11% not sure

Question: What is your experience relative to PPE availability and accessibility at your facility over the past two weeks?

Answer: widespread shortages 16%; Intermittent shortages 24%; occasional shortages 19%; rarely experienced shortages 19%; never experienced shortages 22%

Question: Comparing your PPE availability and accessibility experience now to the situation that existed in May 2020, how have things changed at your facility?

Answer: more available 54%; less available 9%; availability about the same 31%; not sure 7%

Question: What is the status of specific PPE items at your facility?

Answer:

	Out of PPE	Short of PPE	Moderately able to get	Fully able to get	Do not typically use
Surgical Masks		15%	21%	61%	3%
N95 Respirators	9%	27%	26%	21%	18%
Gowns	2%	16%	25%	52%	6%
Face Shields	3%	14%	23%	54%	5%
Goggles	7%	12%	21%	41%	19%
Elastomeric Respirator	8%	5%	6%	9%	72%

Question: Did the N95 masks you were given fit appropriately?

Answer: yes 66%; no 22%; not sure 12%

Question: Are you required to re-use single use items such as N95 Respirators?

Answer: It is required by facility policy 85%; encouraged, but not required 10%; neither encouraged or required 3%; not sure 2%

Question: If you are re-using N95 respirators, do you feel safe with the approach in place to manage the re-use process?

Answer: Feels very safe 7%; feels somewhat safe 23%; feels neither safe nor unsafe 7%; feels somewhat unsafe 29%; feels very unsafe 30%; not sure 4%

Question: If you are re-using N95 respirators, what is the number of days that you are required to re-use the same respirator?

Answer: 1-2 days 12%; 3-4 days 8%; 5-7 days 45%; 8-10 days 4%; 11-14 days 4%; 15 or more days 13%; not sure 14%

Question: Is your facility decontaminating N95 respirators?

Answer: Yes 36%; no 44%; not sure 20%

Question: If your facility is decontaminating N95 respirators, do you feel safe using a decontaminated respirator?

Answer: Feels very safe 11%; Feels somewhat safe 23%; Feels neither safe nor unsafe 9%; feels somewhat unsafe 20%; feels very unsafe 30%; not sure 7%

Question: If your facility is decontaminating N95 respirators, which decontamination method is being used?

Answer: UV light 60%; vaporized hydrogen peroxide 6%; moist heat (steam sterilization) 1%; other method 2%; not sure 30%

Question: Are you willing to share your recent experience with PPE in your work environment and how this experience impacts your ability to practice safely?

Answer: Yes 29%; No 71%

Question: What is the description of your facility?

Answer:

- Acute care, large - 27%
- Acute care, medium - 22%
- Acute care, small - 12%
- Long term care - 13%
- Psychiatric/mental health facility - 7%
- Ambulatory care/outpatient - 15%
- Community/public health - 5%
- Military/VA - 2%
- Other - 7%
- School of nursing - 1%
- Home health - 7%
- Hospice - 5%
- Non-healthcare facility - 1%

Question: What is your Primary Role in Nursing?

Answer:

- Clinical nurse/staff nurse - 70%

- Nurse Manager/Nurse executive (including director/CNO) - 11%
- APRN - 10%
- Nurse Educator/Professor - 3%
- Other - 6%
- Not currently working in nursing - 1%

Question: If you are willing, please share your recent experience below.

- We get one face shield that we have to use until it is no longer useable. For N95's we re-use masks for 5 days and for surgical masks we have to use the same mask throughout the day whether this be with COVID or non-covid pt's. We are given sanitizing wipes based on our point status. Full time gets a container, 0.6 get 20 wipes.
- We are required to re-use N95s. Nurses have been using N95s with broken seals because they think they HAVE to have it decontamination 5 times. Nurses are also using surgical masks regardless of if they get wet or dirty because they think they have to keep the same one all shift, and also continue to wear torn surgical masks. We were told several weeks ago that PAPRs have to be shared, I refused this, it is absolutely disgusting, there is no way to fully clean the inside of a PAPR. Educators said you fully submerge it in soapy water, but we have no way to do that and if we do it then they are wet and can not be used again until dry. We have re-usable gowns so have had no problems with those. Several staff have to use different hand sanitizer because of reactions to hospital sanitizer, myself included, I have not been able to get more and have no plan in place for when my last bottle, currently using, runs out.
- We are asked to reuse basic face masks as long as possible. I have purchased my own face shield due to the one provided to me is heavy, fogs up and fits in a manner I will get a headache using it. N95s are only provided when resident tests positive and we are to place in a paper bag with our name on it when we don/doff outside the positive resident room.
- I feel safe providing care to covid positive patients and feel I have the correct PPE.
- We are required to use out N-95 masks for 5 days. They are decontaminate with UV between each day. Between uses throughout the day, we store the masks in a brown paper bag. The brown paper bag method feels unsafe because there is no way to guarantee that part of mask that touches your face stays clean inside of bag that is being used for an entire day.
- We wear the same mask for days.

- I work for a company that has made sure we have the right PPE to continue to do our jobs safely. We are well supported and receive updates regularly.
- We have to reuse N95s and goggles/face masks. Pre and post-op RNs wear regular protection when working with unsymptomatic patients with unknown COVID stats, while the OR staff and ER staff have access to full PPE with these patients.
- We are told to wear the same surgical mask for our entire shift. We do not have the white N95 masks we only have the round teal color masks that do not fit. We were told our facility cannot get the white N95 masks but there would be a new white mask available for us!
- I currently work in SNF and we do not have positive Covid 19 patients yet. Even though we are now provided with surgical masks we are encouraged to use a mask for 3 days. We are provided with a pair of googles for each employees. Its responsibility of the employee to clean and keep their googles. If lost or forgot to bring the googles visors are provided by the facility. Visors are cleaned by facility.
- I am an NP, see patients in SNF. My clinic provides mask/face shield/gowns/gloves/oxyvir wipes to bring with me so I do not have to deplete the nursing home's supplies for staff.
- I have not experienced a lack of PPE. Of more concern is the potential lack of nurses in our oncology center should one of the RNs become infected or exposed.
- I am a Care Coordinator and I am asked to NOT go in rooms where they are Covid positive.
- I haven't. I am not working much now, per se, but I have helped treat a friend's grandmother. That is about it, because I am on-call now. I also volunteer for hospice, and have PPE if I need it. I am VERY concerned about COVID-19, and keep up with every single thing I hear or read about, I have tried to stay away from going back to work on a COVID unit because my husband and my brother, (both living here) are both 81, and my husband has a HUGE history of heart disease and my brother has COPD. I can't dare to bring that home.
- We only take COVID recovery patients, not active COVID. We have stopped using precautions all together on COVID recovery patients. We use our surgical masks for 1 week (usually 3 shifts) and N95 for a week but we don't use very many anymore. We also took other patients off of other precautions if the infection is colonized to save on PPE (MRSA, C.Diff, etc)
- I work in an oncology clinic. We currently are reusing our masks, until they break or until they are soiled. Other than that, I haven't noticed a lack of PPE.

- We have ample PPE, but are expected to re-use our N95's and wear a face shield over the top of them or another surgical mask over the top. We have not been hit as hard in southern MN as other areas and we feel fortunate.

- It has been difficult to coordinate getting a new supply of the fitted N95. When my facility first was hit with COVID, they fit tested us and gave us 3 N95 masks with instructions to rotate by dating when used and letting the mask sit unused in a paper bag for 72 hours. We were supposed to reuse each mask 15 times or until it was difficult to breathe through. I am due for new N95s because of the time factor and they are hard to breathe through now. I have only gotten one new mask that fits properly. Two non-fitted N95 masks were given to me but do not fit properly/don't seal. Other PPE is in good supply, although we keep the same surgical mask throughout a day/shift.

- I don't feel safe that we are reusing our N95 masks - no matter how safely we don and doff our masks, the "contaminated" parts of the masks still come in contact with the other part of the masks (example the straps touching the inside of the masks) and then we put our mouths on it. Or imagine having the masks on and having sweat soak onto the mask and then reusing it. It doesn't matter if it goes cleaned with UV light, for example, if you had dirt on the mask, the UV light doesn't remove the dirt, it supposedly just kills the bacteria but it's still dirty.

- It has been difficult to get from the facility I work it. We are a smaller home care company. The efforts from the MDH and my coalition to receive PPE needed for my staff.

- My facility's policy was unpredictable about policy. We were once required to reuse mask until it is soiled but was later changed to once daily. It's still unusual to reuse mask. The policy makes me think of infection control as bring under fire. I wonder if I contacted COVID-19 in May.

- Our reuse program is set for us to reuse N95 masks, after they have been cleaned using a UV light. We use them once every 5 days and only 2-3 times each N95. Supply services has changed our PPE, though they have kept us supplies. When N95s have changed we have been refit tested to assure correct fit. I am not saying this has not been confusing, and complex, but we have had the supplies we needed to safely care for patients and our staff.

- Required to wear single use surgical masks throughout shift from patient to patient. Face shields to be worn until damaged.

- I work as a parish nurse at a church. My in-person contacts with coworkers and members are infrequent, except last week when we sponsored a blood drive. I am currently able to obtain the PPE I need.

- We do not have approved PPE other than those of us screening others, just wear home made masks.
- I work in a small residential LTC center where PPE need to be monitored and reused.
- The facility I work at has remained COVID free.
- We have boxes that we store 5 N95s in. We use each N95 up to 5 separate shifts. We use them only for the COVID rooms and frequently take them off and put them back on. During the shift, when we are not wearing them, we store them in brown lunch bags. We do not decontaminate them at any time. After we have used them for 5 separate shifts, we get a new one. If they are visibly soiled or we break them, we can get a new one. We have to sign out N95s when we get new ones. Face shields are available, but my hospital does not offer goggles. The face shields often cause a glare and fog up while wearing them. Some staff buy goggles out of their own money. Management states that if they do not approve of the eyewear and we are infected, our hospital will not pay for our sick leave. Surgical masks are readily available and we no longer have to sign them out. I do not wear a PAPR, but I know my hospital only has a couple of them.
- I do not work in a high exposure environment but do have full access to masks which I wear all the time in clinic.
- N95 must be worn once every 5 days up to 5 times, then can throw.
- We wear N95 masks until they are not usable-break or become smelly and gross. We did not have access to those supplies initially, it was just surgical masks. In last month they added N95 masks, goggles or face shield, and gown (reused-take home and wash). I work in homecare, though, and have not had a positive patient yet.
- I work in a birth center. I don't wear an N95 very often and when I need to it is for very short periods of time. I have access to surgical masks. The "goggles" we are given are very 'cheap' and I don't feel very safe with them. I do have access to full face shield.
- I work on a medical hospital unit. We do not care for COVID patients hardly ever at this time. No issues with getting PPE at this time.
- Since the Pandemic my hospital has not experienced any shortages. We received PPE from the National Strategic Stockpile in March, April and May. Then we were receiving regular shipments. I do not see this as a problem in the future once we manufacturer everything in the USA.
- Gowns reused for the day instead of with each use. One mask daily. Same goggles daily cleaning at end of day and reusing tomorrow. Face shields encouraged to clean and reused but have been offered a new face shield daily. Never been offered N95, even with positive patients. Wearing surgical masks.

- N95 respirators are now locked in the Omni-cell and if we grab one we need an appropriate reason (ie. Soiled mask, used for 5+ days, etc). This way they can track N95 use. Feels a bit like big brother is watching all the time.
- I need a PAPR for proper protection. These are unavailable to me in my current role as a float nurse. I work in mental health. We have patients transfer from ERs who have refused COVID testing prior to admission and come to the inpatient facility anyway. They do not social distance nor do they wear masks. We are sitting ducks.
- We don't have to use N95 with unknown patients. They recommend surgical mask and face shield. I find this very unsafe as it is only because of the COVID. We would never of done this with TB or other air born infections.
- We have PPE, but the facility keeps everything locked up. I work the night shift and I am not able to access N95s for myself or the staff that works for me because the management will not allow us to have access to the PPE that they do have. We are also required to reuse gowns every time we work.

The ANA Center for Ethics and Human Rights has released its 2019 Report

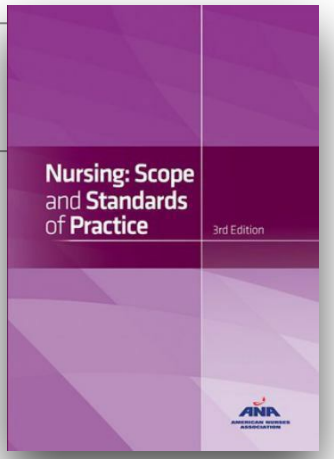
The American Nurses Association Center for Ethics and Human Rights was established in 1990 to help nurses obtain a better understanding of ethical issues in practice in a rapidly changing landscape. The Center formed a collaboration of nursing ethics experts who pushed ethics and human rights to the forefront of nursing practice and has continued to do so for over 25 years. The ANA Ethics Advisory Board, under the auspices of the Center, is a team of 12 nurse ethicists from around the country who shape nursing policy. For the Center, 2019 was an exciting year with the release of new educational videos that accompanied position statements which were critical to nursing practice. The Center also celebrated a newly released position on the The Nurse's Role When a Patient Requests Medical Aid in Dying, which was featured in the New York Times. The Center continued national advocacy efforts to increase ethics in nursing curriculum across schools of nursing in the United States. This report provides a summary of 2019 activities including hyperlinks to content where available.

This is a remarkable resource for all nurses! Download the full report here.

Download The Nurse's Role When a Patient Requests Medical Aid in dying here.

MNORN member Eileen Weber, DNP, JD, BSN, PHN, RN is a member of the ANA Center for Ethics and Human Rights Ethics Advisory Board. Thanks for all your work on this important position!

ANA Call for Public Comment: Nursing Scope and Standards of Practice, 4th ed.



Please review and provide comments and recommendations during the just opened public comment period for the ***Draft Nursing: Scope and Standards of Practice, Fourth Edition.***

The working group has revised the definition of nursing, extensively reorganized the scope of practice statement and included a new representation of the nursing process and two new models, added new Standard 8 Advocacy and its accompanying competencies, and reordered the Standards of Professional Performance.

Your input on all the changes intended to enhance readability and usability will provide critical guidance for the final revision of this foundational nursing publication.

You may access the draft document here.

Please provide comments and recommendations by the closing date of **September 16, 2020.**

MNORN member, Colleen L. Quesnell, DNP, RN, WHNP-BC, ANP-BC, CNM, was a member of the 2019-2020 Nursing Scope and Standards of Practice Workgroup.

About the Nursing Scope and Standards:
Nursing: Scope and Standards of Practice, Fourth Edition, describes a competent level of nursing practice and professional performance common to all registered nurses. The scope of practice statement presents the framework and context of nursing practice. The standards of professional nursing practice and their associated competencies identify the evidence of the standard of practice and care. "The Scope of Nursing Practice describes the "who," "what," "where," "when," "why," and "how" of nursing practice. Each question must be answered to provide a complete picture of the dynamic and complex practice of nursing and its evolving boundaries and membership."

Register today for the ANCC Virtual Summit

ANCC is bringing together the best of its programming for a unique even this fall which brings you seven program tracks with more than 40 educational sessions and up to 36 CNE credits.

This will be an interactive, informative, and inspirational event. Registration for MNORN members is discounted to $295, rather than the regular price of $369.

CLICK HERE TO LEARN MORE AND TO REGISTER

Bonus: All sessions are available on demand for 90 calendar days after the Virtual Summit. View all sessions and earn more CNE credits. Now you don't have to miss one session for another – you will have time to view them all!

MINNESOTA STATE UNIVERSITY, MANKATO
SCHOOL OF NURSING

Making a Difference: Connect, Engage, Influence

DATE AND TIME:

Thursday, October 15, 2020

6:30 PM – 8:00 PM CDT

About this Event

Status quo has to go!

In times of COVID-19 and increasing awareness of inequities, nurses need to use their influence to drive change. The American Nurses Association Code of Ethics calls for social justice in nursing and health policy.
Where do we begin?

Our panel of experts have a wide range of nursing experience. **Dr. Sandra Eggenberger** will speak about connecting with patients, families and nurses through storytelling. **Amber Charleville** will present on Engagement through Emancipatory Knowing and Empowerment. **Ryannon Frederick** will share how nurses as leaders can create change in their practice and workplace.

Our goal is for you to feel empowered and have actionable steps in your professional life.

CLICK HERE TO REGISTER

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MAYO CLINIC

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