

Thursday, February 15th - Virtual MNORN Member Meeting



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

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

Presenter: Stephanie Gingerich

Stephanie and Marty Lewis-Hunstiger published an English translation along side of the original Cuban research paper, with equal attention to and standards for peer review and copy editing in both versions. The partnership principles they used have implications far beyond the editing and publishing world.

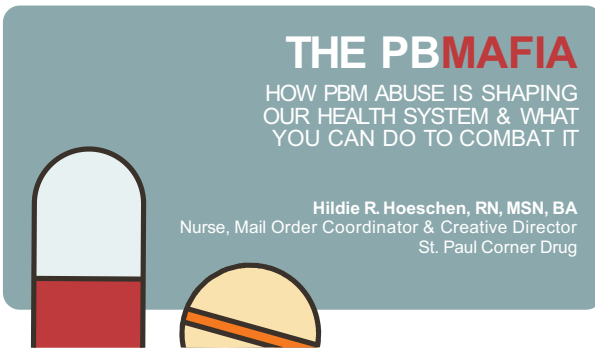
[Their article can be found](#) in the Interdisciplinary Journal of Partnership Studies, an on-line journal whose vision is to share scholarship and create connections for cultural transformation to build a world in which all relationships, institutions, policies and organizations are based on principles of partnership.

Stephanie and Marty presented their process to the International Academy of Nursing Editors in Dublin in 2023 in a session entitled “*Publishing a Scholarly Article in Two Languages: Process Challenges and Rewards.*” MNORN provided a stipend to assist in Stephanie’s attendance at the meeting.

<http://evite.me/3h5m21GaPw>

Attendees will receive 1.0 continuing education credit
There is no charge for this meeting

Recording and Report of the January Member Meeting: PBM practices - What's Happening to Your Neighborhood Pharmacy?



[CLICK HERE TO ACCESS THE RECORDING](#)

Presenter: Hildie R. Hoeschen, RN, MSN, BA

Hildie has first hand experience of the impact of pharmacy benefit managers on neighborhood pharmacies. Her family owns St Paul Corner Drug, a fifth-generation family business. What is happening to this neighborhood pharmacy is happening to pharmacies throughout the state - both rural and urban.

WHAT IS A PBM?

Pharmacy Benefit Managers (PBMs) are "companies that manage prescription drug benefits on behalf of health insurers, Medicare Part D drug plans, large employers, and other payers" (The Commonwealth Fund, 2019).

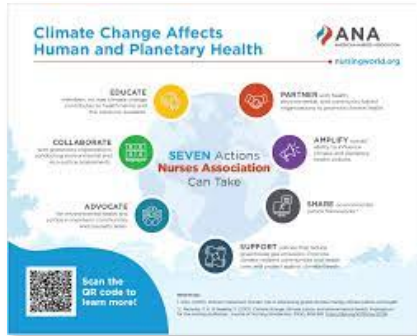
In the American healthcare system, they're responsible for handling:

- The automated processing of Rx claims (i.e., they're the reason the billing of your prescriptions is increasingly convoluted, putting greater logistical burden on patients, providers, and payers)
- Creating the "formulary" of covered drugs for payers (i.e., they're the reason your medication is covered, your prescription requires a PA, or why you have to take the expensive brand-name version of a medication when a cheaper generic version exists)
- Negotiating rebates with drug manufacturers (i.e., they have a financial incentive to create formularies that include those manufacturer's drugs)
- Creating pharmacy networks
- Reviewing drug utilization
- Managing mail order specialty pharmacies

Comments from Attendees:

- The topic was featured recently on MPR so wanted to hear more and learn the impact on the pharmaceutical industry
- Curious - did not know what a PBM was or what their role was. Then heard part of Public Radio today talking about a similar topic!
- Topic, continuing education credits
- I work for a health plan with pharmacy carveouts
- Interesting topic
- I knew of this role but not the extent of it, well done in explanation of it
- This was one of the most eye opening topics we've ever had for a MNORN presentation. I did not know this was a concern at all. I am sad for the situation but glad to no longer be in the dark.
- Love these varied, unique speakers and topics.
- Thanks for this excellent program

ANA has a new webpage on their website focusing on Environmental Health!



Included on the webpage are:

- Link to the ANA position statement, Nurses' Role in Addressing Global Climate Justice and Health
- A two-page infographic on what nursing associations and individual nurses can do
- Links to additional resources.

<https://www.nursingworld.org/practice-policy/work-environment/health-safety/environmental-health/>

Nursing has lost two remarkable leaders.....



Eddie Bernice Johnson was the first Black woman to win elected office from Dallas, the first Black state senator from the city since Reconstruction and a 15-term member of Congress.

According to President Biden "Eddie Bernice Johnson was a dedicated nurse, state legislator, and longtime US Congresswoman with immense courage and commitment to the promise of

America.....Eddie Bernice turned a childhood dream to work in medicine to a lifetime of service, fighting for millions of Americans access to health care, education, and opportunity.....Early on as the chief psychiatric nurse at VA Hospital in Dallas, she helped our nation to fulfill its most sacred obligation, to care for the troops we sent into harm's way when they're home. And in the Texas statehouse and over 30 years as the first Black American elected to Congress from Dallas, she fought to expand civil rights, to create jobs, to combat climate crises, and much more. Recently, her leadership was crucial to passing

our Bipartisan Infrastructure Law and CHIPS and Science Act in 2022, creating tens of thousands of good-paying jobs and making sure America leads the industries of the future."

One of her notable efforts on behalf of the nursing profession was her sponsorship of the National Nurse Act of 2011 which would have created the National Nurse for Public Health within the Office of the Surgeon General. The proposed legislation had bi-partisan support and the endorsement of some major nursing organizations. It would have been responsible to identify national health priorities, encourage volunteerism of nurses, strengthen the relationship between government agencies and health related organizations, and promote the dissemination of evidence-based practice in educating the public on health promotion and disease prevention activities. However, it did not advance in that session nor in subsequent sessions (2019). We need more nurses in all elective offices.

When asked how she wanted to be remembered, Eddie Bernice Johnson said "I want to be known as someone who did the work."

[Click here to read Eddie Bernice Johnson's obituary](#)



Claire M. Fagin, PhD, RN, FAAN, Former Dean of the University of Pennsylvania School of Nursing, Passes Away at Age 97

She will be remembered for myriad accomplishments, including the distinction of being one of the first women to lead an Ivy League institution and being the first female interim president of Penn, in 1993-94. "Today the Penn Nursing community and the wider

nursing, University, and health care community remembers a transformational leader and celebrates her incredible life and accomplishments," said Penn Nursing Dean Antonia M. Villarruel, PhD, RN, FAAN. "Claire Fagin's impact cannot be understated. She was a friend, mentor, teacher, and inspiration to me, our students, our faculty, and so many others. As we mourn her loss, we also remember her kindness, humor, and generosity. She touched generations of lives, and her impact and legacy live on in each of us."

A native New Yorker, Fagin received her higher education from schools in New York. Her Bachelor of Science was from Wagner College School of Nursing in Staten Island; her Master of Arts was from Teacher's College at Columbia University; and her Doctor of Philosophy was from New York University. She served as the director of the graduate program in Psychiatric Mental Health Nursing at New York University from 1965 to 1969. She then served as chair

and professor of the Department of Nursing at the Herbert Lehman College of the City University of New York from 1969 to 1977, during which time she developed a new baccalaureate nursing program that prepared nurses for primary care practice.

Fagin's career blended an interest in consumer health with professional health and nursing issues, and she was known for her efforts to create a new paradigm for access and quality. Among her many accomplishments were her appointments as director of the Health Professions Institute of Lehman College and the Montefiore Hospital and Medical Center in 1975, president of the American Orthopsychiatric Association, member of the Institute of Medicine, advisor for the World Health Organization, and as the first female board member of Provident Mutual Life Insurance Company.

Fagin served as the first director of the John A. Hartford Foundation National Program, Building Academic Geriatric Nursing Capacity. This program supports Centers of Geriatric Nursing Excellence, schools and institutions looking to enhance their geriatric expertise, and pre-doctoral and post-doctoral scholars. As a result of her expert leadership and guidance, the program generated a ground swell of interest in geriatric nursing, made a difference in geriatric health care, and changed the face of geriatric nursing faculty.

Fagin became dean of Penn Nursing in 1977 and set the school on a course of excellence in teaching, research and clinical practice. She developed landmark education programs, including the Doctor of Nursing Science, the first nursing doctorate in the Ivy League, and a PhD program. She opened the first center for nursing research in the country in 1980, drawing millions of dollars in external grants.

Under her leadership, Penn Nursing had more faculty in the American Academy of Nursing and the Institute of Medicine than any other nursing school. She challenged paradigms and opened new frontiers to nursing students, practitioners, and scientists.

Fagin was a member of the Institute of Medicine, the American Academy of Nursing, the Century Association and the American Academy of Arts and Sciences. She served on the Board of Trustees of the Visiting Nurse Service of New York. Fagin was also the editor of several acclaimed books in the fields of psychiatric and pediatric nursing, including *Family Centered Nursing in Community Psychiatry: Treatment in the Home* and *Nursing in Child Psychiatry*. She wrote numerous scholarly articles and papers.

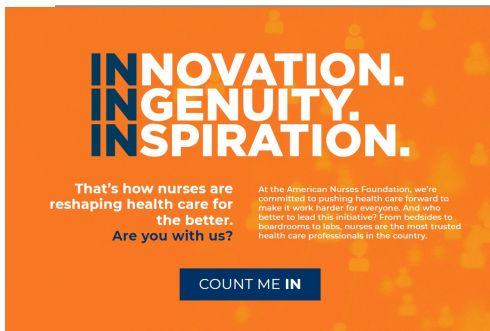
Fagin had extensive and progressive experience in nursing, and in health care and educational administration. Through teaching, practice, consultation, and participation in the formation of health policy Fagin had a vital impact in both public and private sectors. Her 1996 dissertation, "The Effects of Maternal Attendance during Hospitalization on the Behavior of Young Children" (also known as rooming in), received national attention. It helped to permanently change attitudes and rules about parental visitation in pediatric

facilities. Later research surveyed changes in hospital visitation, studied cost effectiveness of nursing research and nurse practitioners, and investigated nursing home reform.

During her career, Fagin received fifteen honorary doctoral degrees as well as the prestigious Honorary Recognition Award of the American Nurses Association. She was an Honorary Fellow of the UK Royal College of Nursing, was inducted into the American Nurses Association Hall of Fame in 2010 and was named a Living Legend by the American Academy of Nursing in 1998. She was also named the 2012 honoree for the Guggenheim Honor Cup by the Penn Club of New York.

Claire Fagin was a fierce advocate for nurses and nursing. She said, "I have found in life one must be visible in fighting for what one is passionate about, and hope the rest will follow." What a role model she was for all of us! We must continue the fight!

[Click here to read Claire Fagin's obituary in the NY Times](#)



American Nurses Foundation Launches New Campaign to Reshape Healthcare Through the Power of Nursing

The American Nurses Foundation (the Foundation) has launched **Count Me In**, a national campaign with a clarion call to join nurses in reshaping health care through the power of nursing. **Count Me In** supports the nurse-led

Reimagining Nursing Initiative, which is leveraging the innovation, ingenuity, and inspiration of 10 programs that are tackling everything from predictive early diagnoses to dementia care to collaborative robots. With a simple click to **Count Me In**, an individual can demonstrate to those with the resources to provide ongoing funding that their support today is crucial for current and future nurse-led projects.

"Genuine support of this nurse-led movement is a simple and impactful way to join nurses across the country in repairing our broken health care system," said American Nurses Foundation Executive Director Kate Judge. "Through sheer numbers, clinical expertise, and an unmatched perspective on what works and what doesn't work, nurses are best positioned to solve some of the most pressing challenges of health care. **Count Me In** allows us all to be part of the solution and embark on a transformative journey alongside nurses who are leading the way."

In 2022, the American Nurses Foundation awarded \$14 million over three years through its Reimagining Nursing Initiative to projects impacting 20 states. Housed at various universities, nonprofit hospitals, and startup companies that serve diverse communities across the country, these projects are presenting unique opportunities for large-scale, replicable change that maximize health and patient outcomes while also minimizing the strain put on nurses. One pilot is using robots equipped with artificial intelligence that can predict and deliver what nurses need based on a patient's electronic health records. Another pilot makes it possible for patients and people living with dementia to receive home-based, nurse-led primary care. One is using new predictive tools to better detect early organ failure and other critical conditions in hospitalized patients.

"The Foundation is forever grateful for the generosity of our funders and their commitment to nursing," said Judge. "Now, we urge anyone that says they know and trust a nurse to rally with us. Nurses must have ongoing investment to bring new ideas to practice that can reshape health care for the better today, and in the future."

Are you with us? All it takes is a simple click to send a powerful message that you genuinely care about reshaping health care for the better. Join the American Nurses Foundation's **Count Me In**.

The Reimagining Nursing Initiative is made possible through generous the generous support of the Kaiser Permanente National Community Benefit Fund at East Bay Community Foundation, AMN Healthcare, Omnicell, and the Salka Impact Fund.

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About the American Nurses Foundation

American Nurses Foundation is the charitable and philanthropic arm of the American Nurses Association (ANA), with the mission to transform the nation's health through the power of nursing. The Foundation supports research, education, and systems-transforming programs, which improve health, wellness, and patient care. For more information visit www.nursingworld.org/foundation.



2023 nursing trends and salary survey results: some improvements, but challenges continue

by David J Gilmartin and Cynthia Saver, MS, RN
MyAmericanNurse.com January 2024

The more than 3,500 nurses who took part in the American Nurse Journal's seventh annual Trends and Salary Survey helped paint a slightly more hopeful portrait of nursing in 2023 with regard to turnover rates, higher salaries, and personal safety. However, challenges still exist. For example, although a smaller percentage of nurse managers report more open positions in the past 12 months, they told us that recruiting to fill those vacancies has been harder this year than last. And most nurse managers say turnover increased in the past 12 months, though at a lower percentage than in 2022.

Job satisfaction (flat for nurse managers at 63% but up from 65% to 70% for clinical nurses) may play a role in the slight improvement in turnover. A contributing factor to the job satisfaction rise could be improved staffing levels, with 56% of clinical nurses reporting that staffing levels at their organization met patient needs at least 80% of the time—an increase from 49% the year before.

Most nurse managers and clinicians report that their workload has increased in the past year, but the percentage is lower than in 2022 (59% vs. 66%). The percentage who said their salary increased in the past 12 months fell 1.5%, but more nurses are moving into the top tiers of the salary range; however, this year's cohort skewed toward longer-tenured nurses.

TOPICS INCLUDED IN THE REPORT:

- Nurse manager's perspectives: staffing and job satisfaction
- Clinical nurses' perspectives: driving change, staffing assignments
- Salary and job choices: staying vs. leaving
- Assault and bullying from patients and colleagues: violence and abuse
- Diversity, Equity and Inclusion at work

A DIFFICULT JOB THAT MOST WOULD CHOOSE AGAIN

Despite all of the challenges reflected in the survey results, most respondents rated their mental health as healthy or very healthy in this year's survey, although a smaller percentage

chose that top category compared to 2022. We also saw a small increase in the percentage who described their well-being as not mentally healthy. In the end, however, when asked if they would choose to be a nurse if they had to do it over again, 79% said yes, slightly lower than the 82% who gave that affirmation the year before.

Many nurses may feel inspired by the words of wisdom they've received over the years. We asked them to share the best of that advice, and more than 1,500 did. Here's a sampling:

- "Be like a duck (swimming like crazy under the water, calm appearing on the surface)."
- "As a nurse manager, the best advice I've received is to hold people accountable, even when it involves tough conversations."
- "Empower those you lead to be leaders so that they can function effectively when you are not in the building."
- "Find the specialty you love, then get an advanced degree in it and get certified in it."
- "Take the time required to do the task correctly no matter how far behind."
- "Save your back and take your breaks no matter what."
- "You're the last person in line before a patient error is made or a patient is harmed. It is your responsibility to speak up."
- "You are competent before you are confident."

To read the full report and comments: <https://www.myamericannurse.com/wp-content/uploads/2023/12/an1-Special-Report-SALARY-24-1215-2.pdf>

retrieved 1-16-2024

AJN Off the Charts. AI and Nursing: Are We Ready? Three considerations about nursing and AI.

Lisiane Pruinelli, PhD, MS, RN, FAMIA, 2024-01-16T10:45:15-05:00

In my role as a nursing professor under the University of Florida Artificial Intelligence Initiative (ai.ufhealth.org) and in leading several national and international efforts, I apply what I've learned in years of clinical and educational experience to articulate the implications of AI for the nursing profession.

Doing so, I see three broad considerations that will affect the profession's future. 1) The need to take into account the history of the nursing profession and the fact we are the most



trusted profession in the US, 2) The question of how we can best incorporate new technologies and/or ideas into the care we deliver every day, and 3) The issue of how we can build the new generation of nurses while also training current nurses in order that they can play a role at the forefront of the AI/health care revolution while continuing to be strong advocates for safe and ethical care.

THESE THREE CONSIDERATIONS ARE ELABORATED BELOW:

- **Nursing is the most trusted profession in the United States.** Since the early conception of nursing as a profession, nurses have been and still are the ones standing by every patient/client 24/7. Nurses go to war to care for people; nurses are in every hospital, clinic, school; nurses are the first ones present when good news arrives (a new baby is born) and when bad news is delivered (diagnosis, pain, death). We are there—for the good and the bad—standing by the patient to support them, support their caregivers, and most of all, to advocate for care that is safe and ethically sound for every individual.
- **That leads me to the second thought: How do we embrace new technology (and changes in general)?** Nurses are at the front lines of care more than any other health care providers. Nurses are the first ones to identify needs and to lead change when doing so is the best strategy for delivering better care. With the rise of technology, there is no difference. Over recent years, we have embraced the transition from paper to electronic documentation, smart pumps (and all the list of smart devices directly or indirectly touching patients), virtual visits during the COVID-19 pandemic, apps that can provide better evidence and better resources for ourselves and patients, and so on. But how do we manage and prepare ourselves for these amazing—and challenging—opportunities to be agile practitioners? This leads me to my third thought.
- **The new AI-driven nursing generation.** Here I would like to emphasize the need for us, as nurses, to take ownership of the tools and resources we use to mediate care delivery. How do we do that? And why?
 1. *Nurses need to be involved in the entire process of technology development, from start to end.* If we don't understand the technology we use, how will we advocate for safe and ethical care delivery? That comes back to my first and second thoughts: how to guarantee that patients keep trusting us, and how we keep leading meaningful change. We need to take ownership of our actions, and that includes "owning" the technologies (that is, understanding they are there to serve nurses' purposes) while providing care. For example, we nurses provide wound care and, based on that, we document our findings. How can we work with builders to develop a technology that can automatize

this process? Could we work together to develop, for example, a wearable such as eyeglasses so that while we perform the dressing change, we can voice-activate pictures, measurements, and characteristics of this wound in a way that would be uploaded directly to the EHR? That technology would not just provide more precise documentation, but also help in decreasing the burden of documentation, a common problem faced by all. I'm sure you could come up with your own examples.

2. *All nurses and non-nurses concerned with the nursing profession need to acquire technology knowledge.* When I say technology, it can be from a simple smart pump to a complex algorithm, such as AI, including decision-support tools, predictive models, ChatGPT-based models, and so on. We need to understand what these technologies mean, how we read them, how we interpret their outputs, how we translate these outputs to a patient-friendly language, and how we identify if the technology is not reading well. For example, when I worked at the bedside, when the blood pressure reading seemed not to reflect the patient's state, I used to ask myself, "Does this blood pressure cuff need calibration?" That was a very common first question. Now, thinking about the current state of AI and technology a nurse might interact with every day, do we have enough knowledge to raise questions like: "Is this AI hallucinating?"; "Is this patient really not septic, even if the computerized clinical decision support tool is not flagging it while the patient has all the signs and symptoms for sepsis?" We need to build interdisciplinary collaborations to help us close that knowledge gap through developing and refining educational materials, mobile applications, workshops, and other means.
3. *I believe AI and technology can make our nursing profession better. But it's up to us to make that happen.* We need to take advantage of the state of technology development to release us from "heavy-lifting" tasks, such as lifting/moving/transporting patients from one location to other or keeping the nursing station storage filled, and use that time and effort to deliver better decision-making care to patients. We need to build a strong knowledge foundation that will make us feel comfortable in using these technologies and asking for more technological solutions to solve our nursing problems.

KEEPING PUBLIC TRUST DEPENDS ON UNDERSTANDING TECHNOLOGY.

The nursing profession has built a strong presence over the decades and won widespread trust from our patients and the wider public. We need to come together to keep this trust inherent to us. With uses of AI already part of our current work and these uses likely to increase in the future, we need to build knowledge that can help us to understand enough

of the technology to be able to advocate for patients regarding that technology. Starting this preparation during nursing school and throughout subsequent training, nurses will gradually acquire the foundational knowledge that will prepare them to interact with (and absorb) new AI knowledge all along the career path.

RESOURCES AND INITIATIVES.

Several initiatives and publicly available resources are available (see below) for nurses to learn about the topic and get involved, and we need more. Several publications are also in preparation related to the use of generative AI. We need to build this AI-based knowledge in such a way that it brings the nursing profession together, because together we can go farther and faster.

AI-based knowledge resources to keep in the loop:

1. **Nursing and Artificial Intelligence Leadership (NAIL) Collaborative:** This website provides information about past, current, and future efforts related to AI and nursing. This group has been continuously leading or involved with international efforts to discuss at firsthand the developments of AI and nursing.
2. **Nursing Knowledge Big Data Science (NKBDS) Initiative.** This initiative “brings together nurse leaders and informaticists from public and private institutions and organizations . . . to utilize their unique knowledge to solve critical problems in health care.” Several efforts related to AI, raising the value of nursing, and building nursing data literacy are on the way.
3. American Nurses Association (ANA) **Position Statement; The Ethical Use of Artificial Intelligence in Nursing Practice.**
4. International Council of Nurses (ICN) **[position statement on the future of nursing and the use of digital health and AI.](#)**
5. Just published: **The ChatGPT Effect and Transforming Nursing Education with Generative AI:** The authors conclude that “[u]sing . . . ChatGPT . . . to educate nurses and support the documentation process is time-efficient, but it still requires a certain level of human critical-thinking and fact-checking.”
6. LinkedIn: **<https://www.linkedin.com/in/lisianepruinelli/>**. My LinkedIn account is usually is a good resource for learning about new publications or about an ongoing discussion related to this topic.



Lisiane Pruinelli, PhD, MS, RN, FAMIA, is an associate professor and clinical informatics researcher at the University of Florida College of Nursing and College of Medicine. She is part of an inter-college network of experts in AI under the UF AIHealth Initiative.

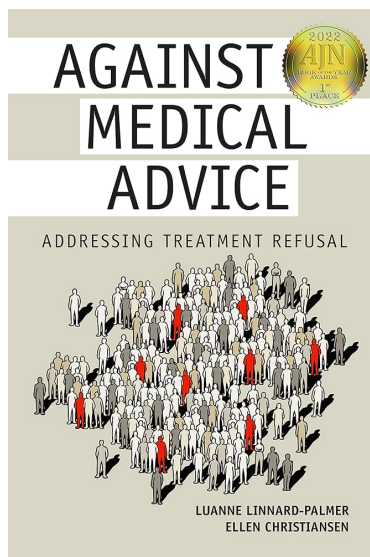
retrieved 1-16-2024 <https://ajnofthecharts.com/author/guest-author/>

AJN Book of the Year First Place Awards for 2022 and 2023 in the Nursing History and Public Policy Category

I have had the privilege of being the judge for AJN's Book of the Year Award in the Nursing History and Public Policy Category. While there are many remarkable books submitted for consideration in this category every year, there are sometimes books that stand out as books I wished every nurse would read. The following two books are among these "standouts." Neither book is laborious to read, both are practical and important in our current environment.

—Kathi Koehn

2022 First-place winner: **Against Medical Advice: Addressing Treatment Refusal**

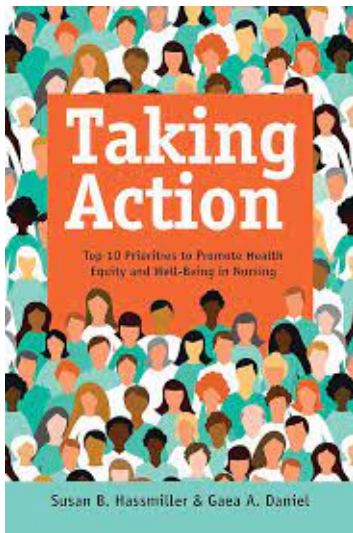


By Luanne Linnard-Palmer and Ellen Christiansen. 2nd edition. Indianapolis, IN, Sigma Theta Tau International.

This book is a practical guide to addressing some of the most challenging situations health care workers face. The authors discuss several contexts: vaccine refusal or delay, the possible causation of a patient "going AMA," parents refusing medical advice for their children, and adults refusing or delaying medical advice. These contexts are especially important as we address social determinants of health and racism in health care. The practicing nurse will appreciate this book's clear information, guidance for thoughtful conversations, and suggested interventions.

I wish I had read this book before the COVID-19 vaccines were rolled out. I would have been more informed about the personal, legal, political, and ethical factors affecting debates over vaccination and the individual's right to choose, and I would have been more prepared for discussions on this topic. This is a book for our times.

2023 First-place winner: Taking Action: Top 10 Priorities to Promote Health Equity and Well-Being in Nursing



By Susan B. Hassmiller and Gaea A. Daniel. Indianapolis, IN, Sigma Theta Tau International.

This book is also practical, identifying strategies to promote health equity and well-being that are achievable by nurses in every level and setting—from students and direct care nurses to nurses in education and administration. There are 66 essays written by a diverse cadre of thought leaders who were asked to stay under 1,000 words; the writing is conversational, crisp, and understandable. The essays include calls to action for all nurses to be change agents in whichever arena they are most interested in. *Taking Action* has an optimistic tone—while the issues of racism, health equity, and barriers to changing our profession can seem overwhelming, the essays are filled with hope for a better future. Light and filled with color, the book also includes inspirational quotes and poems. The authors give us a great starting point to move to action



Register for MDH Project Firstline Trainings

Live Training Session: Enhanced Barrier Precautions - Back by popular demand!

The MDH Project Firstline team is offering additional training dates for **Enhanced Barrier Precautions**. Register now to attend the next MDH Project Firstline Table Talk.

This is a 30-minute training session followed by an optional 10-minute Q&A designed to benefit those that interact with residents and/or their environment.

- [Register for Table Talk with MDH Project Firstline: 10 a.m. Tuesday, Feb. 6, 2024](#)
- [Register for Table Talk with MDH Project Firstline: 1 p.m. Wednesday, Feb. 21, 2024](#)

Participant resources:

- [CDC: Implementation of Personal Protective Equipment \(PPE\) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms \(MDROs\)](#)
- [CDC: Frequently Asked Questions \(FAQs\) about Enhanced Barrier Precautions in Nursing Homes](#)

View Now: Hand Hygiene 20-minute recorded training session.

Complete the registration form, and after viewing, submit the feedback form to receive your *Proof of Attendance*.

Register for this recorded training:

[Project Firstline Refresher: Hand Hygiene](#)

Click here to [subscribe to the Project Firstline mailing list](#) to receive the latest updates on training and resources!

Website: [Project Firstline \(health.mn.gov/projectfirstline\)](https://health.mn.gov/projectfirstline)

Subscribe for PFL updates: [Minnesota Department of Health \(govdelivery.com\)](https://govdelivery.com)

Email: Project.Firstline.MDH@state.mn.us

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Project Firstline (PFL) is a partnership between the Centers for Disease Control and Prevention (CDC) and the Minnesota Department of Health (MDH) that aims to provide engaging and effective infection prevention and control training to frontline workers, staff, and members of the public health workforce.