
January MNORN Member Meeting (virtual)

January 24, 2023



DEI: Moving Forward With Cultural Humility

Presenters: Linda Lindeke PhD and Mary Benbenek PhD

Objectives:

1. Define cultural humility
2. Examine barriers to implementing cultural humility
3. Explore how cultural humility can improve patient care, safety and experience
4. Review the new ANCC Essentials relative to diversity, equity and inclusion (DEI)
5. Discuss how cultural humility might support strategies to enhance DEI within the nursing profession and within healthcare systems

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

- **6:30 - 7:00 PM - social/networking**
- **7:00 - 8:00 PM - program**

Attendees will receive 1 continuing education credit

There is no charge for this meeting

[CLICK HERE TO REGISTER](#)

Nursing Leadership in Decarbonizing the US Health Sector

January 20, 2023 - 12:00 - 1:30 PM CT

Virtual Policy Dialogue Hosted by the Expert Panel on
Environmental and Public Health



Purpose Statement



The US health sector contributes 8.5% of the total greenhouse gasses produced by the US. These greenhouse gasses produce climate change which adversely impacts the health of individuals, especially vulnerable and economically challenged communities. In September 2021, the National Academy of Medicine (NAM) launched the Action Collaborative to Decarbonize the US Health Sector (National Academy of Medicine, 2021). In addition, at the most recent UN sponsored Congress of the Parties (COP 26), 50 nations pledged to develop climate-resilient and low-carbon health systems (World Health Organization, 2021). From making operational decisions about energy sources, food, and products to educating patients and advising policy makers, nurses play a key role in advancing decarbonization. This policy dialogue will briefly review the health and environmental impacts of climate change and the urgent need for action, introduce attendees to the sources of greenhouse gasses generated by the health sector (the three scopes of decarbonization), and promote dialogue about priority policy recommendations that nursing can champion and lead to expedite decarbonization.

Breakout Sessions: When registering for this event, participants will have the option to choose one of the following breakout sessions:

- Health Care Systems and Decarbonization Policy
- Federal Policy in Decarbonization
- Professional Organizations and Decarbonization Policy

Learning Outcomes: As a result of participating in this event, attendees will:

- Analyze the impact of the US health care sector's contributions to greenhouse gas emissions including operations (scope 1), purchased energy (scope 2); and the supply chain of services and health care products (scope 3).

- Identify opportunities for nursing leadership in reducing carbon emissions generated by the health care sector.
- Recommend policies that nurses can lead to quickly advance decarbonization of the health sector in the four priority areas- health care supply chain, health care delivery, health professional education, and policy, financing, and metrics.

Personalized links will be sent to registrants the morning of the dialogue.

[CLICK HERE TO REGISTER](#)

Registration is open to Academy Fellows at no additional cost, students at \$25, and non-members at \$80. Nursing continuing professional development contact hours will be available for purchase at \$25 (1.5 contact hours). Registration is required to attend and a recording will be available for registrants after the event.



Important Virtual Event: Climate Change & Environmental Health



Hosted by Minnesota Holistic Nurses Association and Minnesota Holistic Medicine Group

Saturday, January 21, 2023

9:00 AM – 12:00 PM CT

Virtual via Zoom



In this online event, perspectives on the comprehensive effects of climate change and environmental toxins on health will be presented. Environmental justice/injustice will also be a focus. Organizations and research projects supporting policies and actions needed will be identified.

Presenters:

Karen Clark, MPA, RN

Teddie Potter, PhD, RN, FAAN, FNAP

Everyone is welcome.

\$10 to register

\$5 for Minnesota Holistic Nurses Association members

3 contact hours for nurses

[CLICK HERE TO REGISTER](#)

Jennifer Mensik Kennedy became the new president of the American Nurses Association on January 1st. Read this interview with her, published on January 9th in Becker's Hospital Review, to learn more about Jennifer and her vision for nurses and nursing.

**Interview with ANA's new president:
What healthcare leaders get wrong about resiliency**



Jennifer Mensik Kennedy, PhD, RN, the newest president of the American Nurses Association, twitches when she hears the word resiliency.

"For work environments where nurses don't have a say in their mandatory overtime, they're short staffed, there's not enough resources. We say, 'Well, you just need to be more resilient.' Well, you shouldn't have to," Dr. Mensik Kennedy told Becker's. "How can we justify the fact that we let them go through bad stuff? No one should have to go through bad stuff or bad things or experience that thing to get a pat on the shoulder and say, 'Oh, thank you, you're resilient.'"

Dr. Mensik Kennedy has been a part of the ANA for more than a decade, but on Jan. 1, she became the organization's president after replacing Ernest Grant, PhD, RN, who has been at the helm since 2018.

She has more than 25 years of leadership experience in healthcare, including her most recent role as director of Oregon Health & Science University's nursing school in Portland.

Becker's caught up with Dr. Mensik Kennedy to talk about her priorities for the year, her angst about the word "resiliency," solutions for the ongoing nursing shortage, whether APRNs should have more responsibilities and thoughts on the rise of workplace violence.

Editor's note: Answers have been lightly edited for clarity and brevity.

Question: With so many differing agendas from chief nursing officers and various requests from nurses across the nation, how are you prioritizing it all on your fourth day on the job?

Dr. Jennifer Mensik Kennedy: I think what we see is we've had a lot of very long-standing issues. And a lot of the issues that we're dealing with today are the same ones we've dealt

with for decades. It really is about going back and looking at what's going to make a difference in the lives of the nurses who are providing our direct patient care, and really what's going to be best for the community and patients in the public. From a prioritization perspective, that's how I filter through what should be worked on.

Q: So what's at the top of the list after the filtering?

JMK: I would say, pretty much together in a way, is clinician well-being along with staffing in the work environment. This is not just hospitals but really all settings in which nurses and advanced practice nurses practice. I think that a lot of times we default to thinking about hospitals, but so many nurses don't work in hospitals. We really do need to ensure that everyone can be taken care of well and safely with quality in every venue that care is provided.

Q: With clinician well-being, what specifically are you focusing on?

JMK: It does need to be more than just resiliency training or, "How do we make nurses more resilient?" We had issues in the work environment where there were areas that were understaffed, didn't have the proper resources, and the COVID-19 pandemic really shone a light and helped people realize how bad it was. We could see better when we were really struggling, where all those areas were. Going back and saying, "We just need to make staff more resilient," or, "They just couldn't handle it," is kind of the whole wrong perspective. Or, "How do we make people stronger to deal with bad stuff?" isn't the solution alone. It really is about providing support, counseling, mental health awareness, allowing individuals to be able to take time off and take care of themselves. Nurses are notoriously bad about taking care of themselves and will take care of others, so they get to that point where they burn themselves out because they're doing so much for everyone else. We really do need to go back and provide training, education and resources for clinicians to be able to take care of themselves and to help them with their well-being.

Q: Do you see a problem with the word "resiliency"? Do you flinch a little bit when you hear that word?

JMK: [laughs] I do. I twitch when I hear resiliency. Resiliency is a good word, but when I see it being used as a bandage for other underlying issues, such as for work environments where nurses don't have a say in their mandatory overtime, they're short staffed, there's not enough resources. We say, "Well, you just need to be more resilient." Well, you shouldn't have to. I think the reason why I don't like the word resiliency is often we say, "Oh, this person's resilient because they went through a lot of bad stuff and they're OK." Well, how can we justify the fact that we let them go through bad stuff? No one should have to go through bad stuff or bad things or experience that thing to get a pat on the shoulder and say, "Oh, thank you, you're resilient." That's where my angst around the word resiliency comes from, is that we want to train people so that they can deal with more bad stuff as opposed to, can't it be both? Can we not have, say, some resiliency and a place for resiliency, but we also

need to go upstream, figure out the problems and solve the problems that are causing the bad things that we think we need people to be more resilient on.

Q: So starting at the root issue rather than applauding someone getting through something?

JMK: "Oh, you got through really bad times, you know, pat on the shoulder, pizza party, great job. Let's make more people like you." No. That has a long-term negative impact on someone's health, as well. [...] It's not only resiliency training. Resilience is important, but often I see hospitals [and] organizations focus on, "Oh, let's just make them more resilient." It's the thing to talk about as opposed to dealing with the issues that have been going on for decades.

Q: With hospitals launching a number of programs focusing on giving nurses support, whether it be scheduling flexibility or well-being, what aspects do you think are missing? Or, where do you think efforts are falling short for these decades long issues?

JMK: As I applaud organizations for doing those things — I want to see organizations continue to do this. In a year, as two, three, four, five years go on, these things shouldn't fall by the wayside. We have a tendency to apply something and think we've fixed everything and then we remove some of the support and continue on with something. That's the flavor of the month from a management perspective. I've been a manager, I've been a leader, I've been an administrator. I understand there's so much going on that, "OK, how can we fix the solution?" And then as soon as we think it's fixed after six months, then we have all these other pressing issues we need to get to and so we kind of forget about this. Then we move on and the wheels fall off again. We're in this constant cycle. What I want to see is organizations continue this. This is just who you should be [as an organization]: focusing on the well-being of all your clinicians. We have known for decades, even if you're not a Magnet organization, you could still have those Magnet-like principles.

We know that nurses like control over their practice, they like autonomy, they want to be involved in decisions. And so, how do we give them flexible scheduling and do all these other things but really [give] them a seat at the table where they haven't been in their practice? They're looking at policies, making decisions on supplies, what new supplies or changes in supplies we're having, what that workflow should look like, as opposed to having individuals say, "Here's what you're gonna do now." We really need to embody it as a profession. For me, any discipline is being able to control their practice. It's not enough to do pizza parties or play recognition. I do also think, though, a lot of organizations during COVID-19, we were "rah, rah rah, the clinicians are amazing and wonderful." And then that support kind of died off again. Like I mentioned, we get really involved in something and then we move on to the next thing because we think it's fixed. So I would want organizations to make sure that they continue to make this. This is something that doesn't go away, and it's always important because the types of things that clinicians face, that nurses face, are hard. It's not just COVID, it's every day.

Q: By the end of 2023, what progress do you hope to see in the nursing workforce? Are there any metrics or specific action items to point to?

JMK: What I would like to see is that nurses feel less stress. What I'd like to see is a decrease in nurses feeling overwhelmed, a decrease in nurses looking to leave the profession, looking to leave their position. Those are some of the first metrics I would also like to see, and I don't know if we have too much data on this anywhere, but of nurses who did leave the profession or took a break, I'd like to know or see, I'd like to have people come back. I think nurses left during some very stressful and very hard times and we need to welcome them back. Organizations need to reach out to nurses and say, "We're going to welcome you back and we'd like you to come back." So I'd like to see organizations, a metric or something around nurses coming back in after the break. I want to make sure that nurses don't feel that because they left or they felt like they needed to leave because they were a bad nurse or they couldn't make it or maybe because people thought they didn't have enough resiliency. Again, from a well-being perspective, it's OK to take breaks and to leave. You're not a bad nurse, and you need to do what you need to do for your person. I would like to see metrics of people who are coming back now into the profession after taking a break.

Q: What do you feel like healthcare settings can do to bring back those nurses?

JMK: This might be from a unit and a department level, where when nurses left, what I heard from their system is that they feel like they failed their unit. Or that they left for more money or they left for personal reasons to go travel. I think the units and the managers need to reach out to those individuals, welcome them back and ask them to come back. The unit and departments need to be able to say, "We want you back, we don't harbor bad feelings." I think a lot of nurses who left are afraid to go back to their units or the hospitals that they used to work at because they're afraid they're going to be seen as a failure or being someone who left their team. I think the units or teams are really going to need to reach out and have some conversations amongst themselves to welcome those individuals back.

Q: On the long-standing debate of whether to expand the role of APRNs, how do you think this debate or conversation will continue this year given ongoing primary care shortages and healthcare access issues?

JMK: Oh my gosh. Yeah, I think APRNs should be able to practice at the full level of education. We have had research for decades that says that, for instance, a family nurse practitioner provides equal if not better care in hypertension. I think it's very important that we allow advanced practice registered nurses to practice to their full extent. Personally, when I moved to where I currently live, it has taken me over one year to get a new primary care provider because there were no APRNs and no physicians available in our very medium-sized town. The fact that we want to limit individuals from practicing really is a negative impact for the health of the community. We just see provider shortages growing,

we see nursing shortages growing. We need to really work together to say, "We want patients to be able to get good quality patient care." There are way more patients than there are providers. So, how do we make sure we move forward and allow patients to get care without burdens that are completely unnecessary?

Q: Are you hoping for a national consensus on this or do you think it should continue to be a state-by-state decision?

JMK: I would hope that each state would make the decision to allow full practice authority for all APRNs and just move that direction. I respect the rights but I also think that each state should move toward full practice authority with no restrictions and barriers for those advanced practice providers based on their education.

Q: From your view, what are the top one, two or three solutions working to combat the nation's nursing shortage?

JMK: First would be the work environment. Second would be enrollment faculty. We have way too many individuals trying to get into nursing school and there's not enough in the faculty. So the faculty shortage, you know, pay, compensation for faculty is important. For sure, those two. So the work environment includes staffing and all of those components, whatever setting that is and then the faculty piece.

Q: You mentioned earlier you want to see nurses less stressed, less overwhelmed by the end of this year. How does the rise in workplace violence involving nurses kind of interplay with all this?

JMK: We absolutely need to take care of this issue around workplace violence. You may or may not know, we had a home health nurse shot and killed in Spokane, Wash., in December. Shortly before that, at the end of November, we had a nurse practitioner stabbed to death by a patient outside the clinic. We really do need to have federal and state-level protections for clinicians to help and monitor the number of acts that are happening against clinicians. We really do need to focus on this. So not only [are] people taking care of very sick patients, but they have to worry about whether someone's going to bring a gun to work or stab someone.

Page Tweeter

<https://www.beckershospitalreview.com/nursing/anas-new-president-what-healthcare-leaders-get-wrong-about-resiliency.html>

2022: The Year of the Value of the Nurse



Molly McTaggart December 22, 2022

This year was a busy and turbulent time for all of us as we continued to navigate life under the COVID-19 pandemic—and nobody knows this more than nurses and healthcare workers. While nurses across the country continued to provide valuable care to their patients, the Policy and Government Affairs team at American Nurses Association focused 2022 on highlighting the **value of the nurse** in our health care delivery system.

So, what do we mean when we talk about the value of the nurse? This takes a multitude of forms under our legislative and regulatory advocacy. We urged lawmakers to look at workplace challenges faced by nurses such as safety and staffing, advocated for the removal of barriers to practice, and the need to increase reimbursements for nursing services—all to strengthen and bolster the future of the profession. In a tumultuous year, we advocated for nurses and made important progress that will carry us into the new legislative session in 2023.

Legislative Recap

A Successful Spring

In March, President Biden signed the *Dr. Lorna Breen Health Care Provider Protection Act* into law. This law will identify and disseminate best practices to reduce and prevent mental and behavioral health conditions, suicide, and burnout, as well as increase access to evidence-based treatment for nurses and other health care professionals. Over **7,500** nurses like yourself sent a letter to Congress urging them to pass this bill, and we want to **thank you** for your help getting this bill signed into law.

March proved to be a successful month for ANA, as there were some key pieces of legislation for nurses passed in the omnibus appropriations bill.

- Title VIII Nursing Workforce Development Programs received \$280.472 million dollars. This is **\$16 million more** than these programs received in 2021.

- The National Institute of Nursing Research received \$180.862 million. This is a nearly **\$6 million increase** over the fiscal year enacted levels!
- The Sexual Assault Nurse Examiners Program received \$13 million, which is an **increase of \$4 million dollars**. This funding will directly impact the Advanced Education Nursing program to expand training and certification of RNs, APRNs, and Forensic Nurses to practice as sexual assault nurse examiners.
- Nursing also received nearly \$5 million for Nurse Education, Practice, Quality and Retention efforts to address the RN shortage. The agreement directs Health Resources Service Administration (HRSA) to give priority in new funding announcements to public entities for training of additional RNs, specifically for acute care settings. In addition, it directs HRSA to give priority to applicants in States listed in the HRSA publication "Supply and Demand Projections of the Nursing Workforce 2014-2030" as having the greatest shortages.

An Auspicious Autumn

ANA has made meaningful progress on several vital pieces of legislation that we will continue to advocate for in 2023 and the 118th Congress.

This year, ANA worked with Congress on the *Improving Access to Workers' Compensation for Injured Federal Workers Act*. This legislation would improve the Federal Employees Compensation Act and close a loophole negatively impacting Nurse Practitioners (NPs) and their ability to provide care to federal employees who are injured at work. This common-sense legislation passed in bipartisan fashion in the U.S. House, and in 2023 ANA will continue our work on this bill.

In September, ANA worked with several other nursing organizations and Congressional Representatives Lucille Roybal-Allard (D-CA) and Dave Joyce (R-OH) to introduce the *Improving Care and Access to Nurses*, or #ICAN Act, in the U.S. House. If enacted, this bill will remove practice barriers for advanced practice registered nurses (APRNs), improving access to care for Medicare and Medicaid patients. Read more about the #ICAN Act [here](#).

In December, ANA worked closely with Senator Jeff Merkley (D-OR) to introduce the #ICAN Act in the Senate – a huge step forward to get the bill passed into law. Nearly **3,000** nurse advocates have written to their elected officials in support of this important legislation. You can join them, [here](#).

Also in December, we continued our work with Senator Merkley, and worked with him to introduce the *Nurse Overtime and Patient Safety Act* in the U.S. Senate. As you know, many

nurses have been forced to work overtime to alleviate staffing shortages. Substantial use of mandatory overtime can jeopardize patient safety and nurse well-being. A recent ANA survey found that nearly 60% of nurses reported being required to work beyond their shift on a weekly or even daily basis. This is unacceptably high, and Congress must rectify the issue. The trucking and aviation industries have federal mandatory overtime protections—nursing and health care are long overdue for the same safeguards. Learn more and email your senators, [here](#).

Regulatory Recap:

A Strong Summer

Every year, CMS issues proposed rules related to Medicare reimbursement for services provided to patients. ANA uses this opportunity to comment on provisions that impact the nursing profession, highlight staffing and workforce challenges, and continue the drumbeat of the value of the nurse.

CMS also issued Requests for Information (RFI) throughout the year, allowing additional opportunities for ANA to share the nursing perspective on several topics. We weighed in on the impact of COVID-19, workforce challenges, rural health and health equity—all top priorities for ANA. In our comments, ANA asked CMS to remove barriers to practice, urged the agency to make the COVID-19 waivers permanent, and to continue to focus on workforce challenges and health equity. Read ANA's comments, [here](#), and learn more about our response to the Make Your Voice Heard RFI on the [ANA Capitol Beat Blog](#).

In November, CMS released a [memorandum](#) on workplace violence in hospitals, reiterating that they will hold hospitals accountable for workplace safety. ANA is encouraged by this action, which signals that the administration is hearing our concerns around this critical issue.

A Winning Winter

In November, ANA's Chief Nursing Officer, Debbie Hatmaker, and members of the Policy and Government Affairs team, met with Centers for Medicare and Medicaid Services (CMS) Administrator Chiquita Brooks-LaSure to discuss nurse staffing concerns, workplace environment and retention challenges, and the value of the nurse in today's health care delivery system.

ANA staff also met with Center for Medicaid and CHIP Services Director and Deputy Administrator Daniel Tsai to discuss the Medicaid program once the COVID-19 PHE ends. We

also discussed Director Tsai's greater vision for the program as they work closely with states to expand coverage and access.

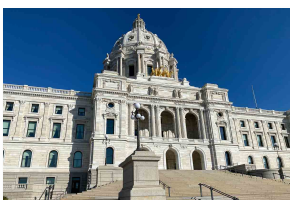
Rounding out the year, ANA staff attended a Department of Health and Human Services (HHS) event focused on maternal health and mortality. This event showcased the agency's plan to tackle this important, pressing issue. ANA staff used this opportunity to articulate to agency staff the important role nurses play in addressing maternal health and the need for nurses to be included in any agency-led approaches.

ANA staff will continue its dialogue with HHS, CMS, and other subagencies in the New Year to ensure the nursing perspective is not only heard but incorporated. We also will continue to seek opportunities for engagement as our regulatory advocacy focuses on advancing the value of the nurse.

The Policy and Government Affairs Team is excited about the progress made legislatively and implemented through regulation in 2022 but we know our work on behalf of nurses and the nursing profession is never done. We look forward to 2023 and new opportunities to advocate for nurses and advance the nursing profession. ANA knows the value of the nurse, but we will make sure Washington does, too.

SAVE THE DATE

The February MNORN Member Meeting will be on February 24th. Watch your email for more information about this meeting



Mary Chesney and Colleen Quesnell will be the presenters, talking about Political Advocacy

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

- 6:30 - 7:00 PM - social/networking
- 7:00 - 8:00 PM - program

Free the Pill

Dear MNORN,

Thank you for joining the [Free the Pill \(FTP\) coalition](#) by signing on to our [statement of purpose](#).

We are excited to have your support as we work to advance our shared vision of over-the-counter (OTC) birth control pills that are affordable, fully covered by insurance, and accessible to people of all ages in the United States! As a new coalition member, you will begin to receive our monthly newsletter and will be featured in our December edition, which will be going out today. You will also receive regular email communications with opportunities to engage in activities and events. Below you will find key resources about our movement-driven work, important updates, and upcoming opportunities to support our work.

You are now listed on our Free the Pill Coalition Statement of Purpose as:

Minnesota Organization of Registered Nurses

New coalition member resources

We invite you to [review our welcome materials](#) for new coalition members including FTP fact sheets and coalition statements, recent press and media relevant to OTC birth control pills, past webinars, and research materials.

Important Updates In July 2022, it was [announced that the first-ever application for an over-the-counter progestin-only birth control pill had been submitted to the United States Food and Drug Administration \(FDA\)](#) and an advisory committee meeting, a key moment in the regulatory process for public testimony, was [scheduled for November 18](#). However, the FDA has [postponed the meeting](#) without a rescheduled date or updated timeline on the process. For more information, and how to get involved with next steps, please [view coalition resources here](#).

Thank you again for joining our coalition of over 170 members and for your support at this important time in our movement. If you know of organizations or individuals with direct work or interest in the issue that may be interested in joining us as we look forward to the key moments to come, feel free to share [this sign-on form](#) with them. Also, if you have any questions, please feel free to [email us](#) at any time.

We look forward to connecting with you soon!

Warmly,
Jess on behalf of the Free the Pill team

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Jessica Sanchez
She, Her, Hers
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