

## January MNORN Member Meeting (Virtual)

### Newly Elected MNORN Board Members

#### President

Cami Peterson-DeVries

#### First Vice President

Christy Waltz

#### Second Vice President

Patrick Soria

#### Secretary

Linda Zarrett

#### Directors

Sarah Simons

Melissa Gleaves

### Newly elected Nominating Committee Members

Alexandra Bates

Rachel Schickling

Mary (Berg) Ellenberger



**Thursday, January 23rd**

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

7:00- 8:00 PM: Program

**Program: THRIVE: a Healthy Work Environment Project in a Pediatric Intensive Care Unit**

**Presenter: Sunita Arrell**

**About Sunita:**

I am a dedicated pediatric intensive care nurse at the Mayo Clinic, deeply committed to fostering healthy work environments in healthcare settings. I graduated in May 2024 with a Doctorate in Nursing Practice (DNP), specializing in Health Innovation and Leadership. As part of my advanced studies, I also earned a healthcare design certificate, underscoring my holistic approach to improving workplace conditions.

In February 2024, I secured grant funding for my groundbreaking project, T.H.R.I.V.E. (Teamwork, Harmony, Resilience, Innovation, Values, Empowerment). This initiative has already supported over 160 healthcare providers, promoting a collaborative and resilient work culture. The project is set to run for 18 months, concluding in July 2025, and aims to create sustainable improvements in workplace dynamics and provider well-being.

I completed a fellowship with the American Nurses Advocacy Institute, where I honed skills in policy advocacy and leadership. My global perspective, shaped by study abroad experiences in Iceland, Cuba, and India, enrich my approach to healthcare innovation and leadership.

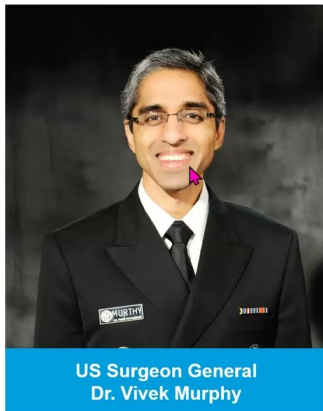
**Attendees will receive 1.0 continuing education credit  
There is no charge for this meeting.**

[click here to register](#)

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Recording & Report of the December Member Meeting: Annual Meeting, followed by the program: “The Loneliness Epidemic, the impact on health and wellbeing, and what some communities are doing to reduce social isolation”

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Just as we need food and water, we need social connection to be healthy. Research shows that connection can lead to better health and well-being—it protects us against serious issues like heart disease, stroke, dementia, and depression.\*

Over half of the US Surgeon General’s key priorities call out risks associated with social isolation

[Current Priorities of the U.S. Surgeon General | HHS.gov](https://www.hhs.gov/press/2023/special-report/03-23-current-priorities-of-the-u-s-surgeon-general)

**Presenter:** Heidi Orstad

[Slideshow](#)

In March 2023, Surgeon General Dr. Vivek Murthy Called for Action to Address Loneliness as a Public Health Crisis, He laid out a framework for a national strategy to advance social connection.

“Our epidemic of loneliness and isolation has been an under- appreciated public health crisis that has harmed individual and societal health. Our relationships are a source of healing and well-being hiding in plain sight – one that can help us live healthier, more fulfilled, and more productive lives,” said U.S. Surgeon General Dr. Vivek Murthy. “Given the significant health consequences of loneliness and isolation, we must prioritize building social connection the same way we have prioritized other critical public health issues such as tobacco, obesity, and substance use disorders. Together, we can build a country that’s healthier, more resilient, less lonely, and more connected.”

**Evaluations from attendees:**

What factors influenced your decision to attend?

- I prioritize attending the monthly MNORN member meetings. I am also interested in the topic discussed.

- The meeting was held at a convenient time.. also being able to attend via zoom is such a great benefit.
- A new topic for me to hear about, but very important for nurses to understand. And very important to think about this topic in terms with my friends and associates.
- Networking and topic
- Topic
- Heidi is an excellent speaker and very knowledgeable. I knew it would be an informative presentation.
- Important topic, held by zoom.
- Content
- Topic is interesting to me
- Love being a part of the group and learning and networking.
- topic, speaker and CEU
- I enjoy joining monthly meetings to stay updated
- Contact hours, topic, opportunity for networking
- Regular attendee. great opportunities for networking.

Other comments:

- Thank you for a wonderful meeting! I appreciate the knowledge and resources shared as well as the discussion that ensued.
- I'm glad that participants can share their experiences and ideas too, as the speaker goes on!
- Very interesting and great discussion
- Thank you for another great meeting
- Thanks for continuing to offer value-added presentations. I learn new things with every one. Broad depth of topics.
- Thank you!

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## We have lost a nursing legend.... Marie Manthey

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Marie Ellen Manthey passed away peacefully at her home on December 12, 2024. She is preceded in death by her parents Carl and Kate Schuber and sister Loretta Henry, and is survived by her son Mark Manthey, daughter Claire Stokes, granddaughter Rachel Haukkala, niece and nephews Kath, Mike and Joe, plus friends and associates too numerous to mention.

Marie was a nurse. She was born in Chicago, IL on July 17th, 1935, and came to Minnesota to get her advanced degree in nursing, and to eventually build a consulting practice that helped to

revolutionize the field of nursing around the world. In the late 1960s, Marie was one of the originators of Primary Nursing, a care delivery model that allowed nurses to put the nurse-patient relationship (not tasks) first. Her focus on protecting the dignity and acknowledging the worth of every patient and every practitioner was central to all of her work.

Marie authored and co-authored many books and book chapters as well as countless journal articles, and she is the founding editor of the still-thriving *Creative Nursing*, a peer-reviewed journal in its fourth decade of publication.

Marie was honored with dozens of awards in her career, including being named a Living Legend of the American Academy of Nursing in 2015.

In her long career, Marie learned from everyone she encountered, and she shared her own wisdom generously. Her commitment to equality and social justice made her an outspoken advocate for any person or group she saw being marginalized.

Marie's professional legacy lives on in the thousands of nurses she has inspired over the years. She was fond of saying that "like-minded people taking gentle action" could positively influence any work culture and even the world at large. That means you don't have to be in a position of power to be a powerful force for good in the world.

Marie found recovery from alcohol addiction in the late 1970s, at the same time that she was starting her consulting business. In her early days, she was sponsored by one of the first woman members of AA. She would go on to integrate recovery principles within her work and her business. More than that, she sponsored countless women throughout the years who henceforth sponsored even more women, and an incredible web of sobriety extended throughout the country for decades to come. Marie contributed her time to many recovery-based initiatives, including serving on the board of The Retreat in Wayzata, MN.

One of Marie's proudest achievements was the co-founding of the Nurses Peer Support Network, which provides support for nurses working toward sobriety and re-entry into the nursing workforce.

Marie was active, engaging and bright until the moment she passed. She will be missed dearly by so many.

Her memorial service will be on April 26th in Minneapolis. Details about time and place will be announced soon. In lieu of flowers, memorials can be sent to the following:

- Marie Manthey Nursing Professorship in Innovative Practices, University of Minnesota Foundation. PO Box 860266 Minneapolis, MN 55486-0266 <https://makingagift.umn.edu/give/fund.html?id=2292>

- Nurses Peer Support Network. Box 181, 8362 Tamarack Village, Suite 119 Woodbury, MN 55125 [www.npsnetwork-mn.org](http://www.npsnetwork-mn.org)
- The Retreat. 1221 Wayzata Blvd East, Wayzata, MN, 55391 <https://www.theretreat.org>

The MNORN Board voted in their December Board meeting to make a donation of \$1000.00 to the Nurses Peer Support Network in Marie's memory. Marie was a champion of all things nursing, including MNORN. She will be sorely missed.

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## AI in the ED...The Vital Role Nurses Play

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Deena Brecher MSN, RN, ACNS-BC, CEN, CPEN, FAEN  
Chief Nursing Officer, Mednition, Inc

Artificial intelligence (AI) is ever present in our daily lives. It suggests items to purchase that might be of value, enhances traffic management, provides directions for the fastest route to a destination, and makes it easier (or harder) to receive customer support. In healthcare, AI is being used to accurately analyze radiology images, provide differential diagnosis support, and reduce administrative burden on providers. We are also starting to see AI used in nursing in the development of predictive analytics, analysis of data from the electronic health record to identify patients whose condition is deteriorating, automation of administrative tasks, and even fall prevention in an inpatient setting. AI promises to revolutionize healthcare, reduce the burden on clinicians and improve patient outcomes. Almost sounds too good to be true. The reality is effective, accurate and practice enhancing AI cannot be successful without the voice of the nurse being part of the process. Nurses who will be using the product must be part of the evaluation and decision-making process.



**Here are a few points to consider when evaluating AI to be used in a clinical setting.**

### **WHAT PROBLEM DOES THE AI PRODUCT ATTEMPT TO SOLVE?**

As experts in clinical workflow and practices, we know where the actual problems exist. Assess whether the problem this technology is trying to solve exists in your practice environment. Solutions that are looking for a problem may create barriers to providing clinical care, while those aimed at assisting nurses while they do their work may not.

Products that make the most significant impact often had front line nurses involved in the technology design and development process.

### **HOW DO I KNOW IF AI PRODUCTS ARE ACCURATE?**

While many AI products come with claims about efficiency, effectiveness and workflow enhancement, some may not be transparent about how their AI model is trained or the accuracy of the model at doing what it is advertised to do. As someone evaluating an AI-based product, it is crucial to ask questions about how the model was trained. If the product is expected to make a clinical impact, questions about how the “correct answer” was identified by the product. For example, if the product you are evaluating is meant to provide early recognition of patients with sepsis, asking “how was the model trained to identify sepsis?” is a great place to start. Information about the sensitivity and specificity of the product, how the company measures the accuracy of the model, and how the model is improved over time are all important questions to ask. The best practice is an honest and transparent discussion of the accuracy and reliability of the product. If the company is not transparent about how its product was trained, be wary of the outcomes being shared.

### **HOW IS THIS AI PRODUCT GOING TO IMPACT MY DAILY WORK?**

As nurses, we struggle at times to complete all our care responsibilities on a shift. Technology should complement our workflows and processes, not add to them. For example, a great product design is one that works in the background and notifies the nurse only if clinically warranted, without the RN having to click any additional buttons or provide new documentation. If a product requires the nurse to double document, click additional buttons, work around processes, or deviate from their standard work, it is necessary to evaluate whether these changes are in alignment with the goal of the product and the problem trying to be solved.

### **DOES THE PRODUCT ENHANCE PATIENT OR NURSE SAFETY?**

If we could accurately recognize patients with sepsis on arrival to the ED, what would be the impact on patient safety? Does this product really improve patient outcomes, or does it increase the burden on nursing? Drawing a direct line between implementation of the product and improvement in outcomes should be clear based on the discussion. We do not have the time, resources, or capacity to add projects or products that do not add value to our clinical practice or patient care.

### **HOW ARE WE GOING TO BE TRAINED TO USE THE NEW PRODUCT?**

Asking a vendor what their clinical implementation process looks like is key. A product that is easy to use and improves patient outcomes or nursing satisfaction should not require an 8-hour class to train the nursing team. Will the vendor provide the education, or does that fall to the leadership team? As new nurses are onboarded to the unit, how do they receive education about the new product? What happens when an update is implemented? How will we know if the nurses are using the product or not? The answers to these questions are an important part of the evaluation process.

### HOW MUCH DOES IT COST AND WHAT IS THE RETURN ON INVESTMENT (ROI)?

While true innovation does not always have a clear ROI in the beginning, understanding the financial and operational impact of the product being considered is an important part of the evaluation process. AI can reduce workload, improve processes and throughput, improve patient outcomes, increase nursing satisfaction, and promote more efficient time management. A product that delivers on its promise has a clearly defined ROI which is clear to the nurse who will be using the product. If the goal of the product is to increase revenue, the calculations used to create the ROI should be readily available to the team evaluating the product. If the product is intended to reduce patient harm, understanding how that outcome will impact the care provided in the department will lead you to the ROI.

### IS THIS THE RIGHT PRODUCT FOR US?

At the end of the day, the team that will be using the product should be the ones making the decision about whether it is the right product for the team. Nurses are invaluable stakeholders in the development and implementation of AI in healthcare. We understand the systems and processes involved in care delivery, are workflow experts, and can easily identify opportunities where AI would be a welcomed addition to our practice environments. Our clinical expertise and deep understanding of the work we do make us invaluable assets to the design of AI products and services. We need to be at the forefront of the development and evaluation of the solutions that aim to support our practice.

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**AJN** Off the Charts  
blog of the American Journal of Nursing

**To Address the Nursing Faculty Shortage,  
Start with the Pay Gap**

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### The salary gap between clinical and faculty roles.

There is a [national shortage](#) of nursing faculty to educate the future nurse workforce. The [biggest barrier](#) to recruiting and retaining nursing faculty is the salary gap between the faculty and clinical nursing roles. Nurses routinely take

[pay cuts of as much as \\$40,000](#) when leaving clinical practice to teach full-time. The faculty role is vital to the health of the profession, and it is particularly important to recruit excellent educators with relevant clinical experience.

The salary gap raises a clear question: why would one choose to leave clinical practice and take a pay cut? Unfortunately, many nursing advocacy organizations have been silent on this issue, a silence that has contributed to the worsening of the nurse faculty workforce shortage. In 2023, there were 1,977 full-time faculty vacancies that were unfilled, or [7.8%](#) of the faculty workforce. Faculty shortages are projected to worsen over the next decade as an [aging faculty workforce](#) approaches retirement.

### **PROPOSED FEDERAL MEASURES TO CLARIFY SALARY GAP.**

Federal policymakers have also addressed the salary gap and have proposed solutions, including [H.R. 7002](#) (the Nurse Faculty Shortage Reduction Act of 2024) and [S. 2815](#) (the Nurse Faculty Shortage Reduction Act of 2023), which if enacted will better define the scope of the problem.

These bills would compel a federal entity to clearly define clinical and faculty salaries, as there is currently ambiguity around how to compare salaries given differences in contract length and varying levels of education. Attaining precise information on the nature of the salary gap is an important first step toward solving the nursing faculty shortage. But despite the importance of documenting the problem, there remain only [seven co-sponsors](#) on the House bill and [one sponsor](#) on the Senate bill—out of a potential 535 members of Congress.

### **LACK OF NURSE INVOLVEMENT IN POLICY.**

The lack of engagement on the aforementioned bills may be related to the reluctance of many nursing faculty to participate in policy development. Nurses have [identified](#) a lack of formal training in policy as well as interprofessional/social dynamics that marginalize or diminish their expertise as key barriers to participating in the advocacy process. As the largest group of health care professionals, nurses must engage with policymakers to self-represent and work toward meaningful change to influence patient care, scope of practice laws, and workplace empowerment. The key role of professional organizations.

Participation in professional organizations is an important component of advocacy, and nurses should consider advocating within and among existing organizations like state and national nursing associations and discipline-specific nursing boards. But nurses should also extend their influence beyond their professional organizations.

### **GETTING INFORMED.**

Professional nurses must endeavor to increase their knowledge on policy issues that affect their practice. They can do this through a variety of avenues, including (but not limited to) reading professional journals, attending forums and workshops, subscribing to professional organizations' policy briefs, and engaging with proposed policy changes through public comment.

### **WHAT CAN YOU DO?**

Nurses should also reach out to [their legislators](#) directly with personalized emails or phone calls to share their perspective on specific legislation and its potential impact on nursing and patient care. Another important way for nurses to engage in health policy advocacy is to participate in grassroots networks and/or social media platforms to amplify their voices and connect with like-minded individuals.

The nursing faculty shortage affects all nurses. Addressing the pay gap between clinical and faculty rolls is a key first step in solving the national shortage. Nurses must use their voices, both within their professional organizations and as professionals, to support efforts to ease the nursing faculty shortage.

**Jacqueline Christianson, PhD, FNP-C**, is an assistant professor in the Marquette University College of Nursing whose program of research centers around improving workplace well-being among healthcare professionals. Their academic work is informed by ongoing clinical practice as a locum tenens (travel) nurse practitioner in emergency departments and intensive care units.

**Christine Schindler, PhD, DNP, RN, CPNP-AC/PC**, is a critical care pediatric nurse practitioner, health systems leader, and educator. She currently holds a joint appointment between the Marquette University College of Nursing where she serves as a clinical professor and the Medical College of Wisconsin/Children's Wisconsin, where she currently serves as the advanced practice provider director for critical care.

**Lisa Grabert, MPH**, is an expert policy maker with nearly 20 years of experience crafting and implementing Medicare regulation and legislation. She currently holds a visiting appointment in the Marquette University College of Nursing and teaches a graduate course on health policy, politics, and advocacy.

retrieved 11/8/2024 <https://ajnofthecharts.com/to-address-the-nursing-faculty-shortage-start-with-the-pay-gap/>



## Questions you should ask before volunteering

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Article By: Linda Laskowski-Jones, MS, APRN, ACNS-BC, CEN, NEA-BC, NREMT, FAWM, FAAN, is editor-in-chief for Nursing 2023.

*Note: while the volunteer activities cited in this article are more recreational in nature, it seems the questions could be helpful while considering volunteering in the time of a natural disaster.*

Volunteering is a great way for nursing professionals, including registered nurses (RNs) and advanced practice nurses (APRNs), to get involved in their communities and to support causes that are important to them. However, there are some operational and legal considerations that nurses should investigate before agreeing to take on a volunteer position. This article will review some questions nurses should ask prior to taking on a volunteer position. It will also review some of the legal protections for nurses who are volunteering, and when those legal protections generally do and don't apply.

Usual venues that request medical volunteers include community fairs, concerts, sporting competitions, water sports, and foot races such as 5Ks, marathons, triathlons, and adventure races. However, a measure of caution is necessary: Know the expectations of medical volunteers in advance. There can be a mismatch or even a misunderstanding in what the organizers may expect of you, their level of support, and the realities of your scope of practice, skill set and capabilities. It's crucial to ask questions up front to clarify their expectations and yours so that you can make an informed decision regarding your participation, as well as consider any personal risks and professional liability risks. Several questions can be helpful to you as you evaluate opportunities to serve as a medical volunteer.

**What are the organizer's overall expectations of the volunteer(s) providing on-site medical coverage?**

When considering becoming a medical volunteer for an event, it's a good idea to contact the organizer in advance to ask clarifying questions. Will you work by yourself, or will you be part of a medical team? Is there any pre-event training available? Do they expect you to hand out ice packs, take vital signs, and provide basic first aid? Will you have to respond to people in need anywhere within the event venue, or will other event staff bring ill or injured persons to you? Do they assume that you, an RN, will administer medications to participants without pre-existing orders or independent practice authority? When you speak to the organizer directly, you have the opportunity to be clear about your scope of practice and the applicable limits of your licensure and capabilities.

**Is the type of event aligned with your nursing license, experience, and knowledge?**

Are you practicing in a state for which you hold a valid nursing license at the level you intend to practice (such as RN, APRN, or licensed practical/licensed vocational nurse)? Do you have any type of first aid, emergency care, or wilderness medicine training? Are you up to date on CPR and automated external defibrillator (AED) certification? These events are often held in outdoor locations as well as large, indoor event venues. The care you are being asked to provide is based on prehospital care principles. If other nurses and care providers who have experience in this venue will be available to mentor you onsite, there can be a much greater comfort level with volunteering. However, if you will be the lone nurse without backup except by calling the local EMS squad, then it's important to take stock of your own knowledge and skills before signing up.

**Is the team composition appropriate to the anticipated medical needs at the event as well as the number of participants?**

Events such as large-scale marathons with 5,000 or more runners, adventure races, or big concerts typically call for larger medical teams with numerous physicians, advanced practice clinicians (APCs) such as APRNs and physician assistants, nurses, and EMS personnel. These types of events tend to be very well planned and organized. If the event will require personnel with specialized rescue skills such as those of a lifeguard, a rock climber, or ski patrol, ensure that people with these competencies and credentials are part of the team and positioned in areas where their skills are most likely to be used. You should never be expected to perform rescue skills for which you have no experience or training.

**What internal and external resources will be available at the event?**

Internal resources include medical station structures such as tents, water stations, gators for transporting participants to the medical team, police or security, roving bike patrols, food, bathroom facilities, water, and electricity. Communication devices such as portable radios for contact with both race organizers and other medical team members are often essential, as cell phones may have limited connectivity in some venues. External resources generally encompass local EMS responders in ambulances, helicopters, watercraft, rescue apparatus, and divers. Local and regional healthcare facilities also are considered external resources as well as their capacity so the team can make well-reasoned decisions.

**What types of equipment and supplies will be on hand?**

Will the event organizer provide the medical supplies and equipment, or do they expect the medical team to bring whatever they determine is necessary? If provided by the organizer, is the equipment fully functional? Are the supplies usable (not damaged or expired) and in sufficient quantity? Are AEDs available? The team needs to carefully decide whether a basic life support level of care will be provided or an advanced life support level. If physicians and APCs are available, then consideration of an advanced life support level might be reasonable. This decision will dictate supply and equipment needs as well as team competency and skill needs.

**Are there well-coordinated plans, including an orientation?**

Have the organizers held an event such as this in the past? Do they work closely with those on the medical team to ensure that planning is well coordinated and that the medical team has the necessary access to resources and decision-making? Do they offer an orientation to the event, including the layout and location of key resources, areas of greatest injury risk, points of entry and egress for emergency vehicles, and criteria for cancelling or ending the event before it's scheduled to be over (for example, lightning storm, excessive heat or cold)? Who is the lead medical volunteer and does this individual offer an orientation to being part of the medical team?

**What are documentation and quality management expectations?**

How will medical encounters be documented? Is there a patient contact log or a formal care record? In the event of a complex or serious case involving the medical team, is there any type of post-event follow-up with the team or quality management plan to inform future event coverage? What type of follow-up does the event organizer expect after serious medical encounters

and what can the medical volunteer legally provide without violating patient confidentiality? How are media inquiries handled?

### **Is this coverage volunteer or is there compensation?**

Consider the implications of Good Samaritan laws. Good Samaritan laws vary from state to state and are intended to cover healthcare professionals who volunteer to help people experiencing a medical emergency. Sometimes even receiving a t-shirt, food voucher, or swag from the event can be viewed as compensation. Being compensated with monetary payment and, potentially, giveaway items can nullify Good Samaritan protections. Review the Good Samaritan Law in the state where you plan to volunteer, especially if you intend to rely on Good Samaritan protections.

### **What liability coverage exists?**

Seek clarification from the event organizer regarding whether they have liability insurance coverage for their event. If so, does it provide any liability coverage for medical volunteers? What are the provisions of that liability coverage if medical volunteers are covered? If there is no liability coverage as part of the event organizer's policy, do you have your own professional liability policy that offers the appropriate coverage? Knowing that you are protected provides essential peace of mind. It also is a good idea to know if the organizer's policy covers you for any injuries you may sustain as part of your duties as a medical volunteer.

### **A rewarding opportunity**

Being an event medical volunteer is personally and professionally rewarding. It expands your healthcare horizons and offers the opportunity to learn new skills. As in any type of practice setting, always ensure your decision-making and actions are based on a solid foundation of knowledge, skills, and abilities. Never hesitate to ask questions, seek clarification, learn as much as possible with capable teachers and mentors, and enjoy the journey.

### **RESOURCES**

Laskowski-Jones L. APRN and RN participation as medical team members in adventure races: Operational and legal considerations. NSO Annual Summit, San Diego, CA. Nov 17-19, 2023.

Laskowski-Jones L, Caudell MJ, Hawkins SC, et al. Extreme event medicine: Considerations for the organization of out-of-hospital care during obstacle, adventure and endurance competitions. *Emerg Med J.* 2017;34(10):680-685.

Young SJ, Keiper MC, Fried G, Seidler T, Eickhoff-Shemek JM. A muddied industry: Growth, injuries, and legal issues associated with mud runs — Part I. ACSMR's Health & Fitness Journal. 2014;18(3):31-34.

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