

July MNORN Member Virtual Meeting



Thursday , July 25, 2024

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

7:00 - 8:00 PM: Program

Program: Report of the ANA Membership Assembly, given by MNORN representatives and attendees.

Objectives:

At the conclusion of the presentation the participant will be able to:

1. Discuss key national health policy initiatives impacting American nurses.
2. Describe the process for ANA elections and know who was elected to serve ANA in the 2024 election.
3. Describe the discussion and outcomes of the policy dialogue forums.

PRESENTERS:

- Members of the 2024 MNORN delegation

Background: The ANA Membership Assembly is the governing and official voting body of the American Nurses Association (ANA). It identifies and discusses issues of concern to members and provides direction to the ANA Board of Directors.

One of the key responsibilities of the ANA Membership Assembly is to determine policy and positions for the Association. The meeting of the ANA Membership Assembly provides a forum for discussion of critical nursing practice and policy issues and input from a broad cross section of nursing leaders.

Prior to Membership Assembly is Hill Day, when members of state nurses associations come together to lobby members of Congress about issues of concern for nurses and the health of our patients.

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

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Nursing Activism, Compassion and Freedom

July 2, 2024 / Peggy L Chinn

There are many reasons, in this year of 2024, for people worldwide to be reflecting on the meaning of *freedom*. Ongoing wars between nation groups bring into sharp focus the reality of power imbalances that encroach on the freedoms of those with less power. Struggles for basic human rights rage internally in nations around the world. Communities are challenged by the timeless challenge to balance the rights and freedoms of all, and the necessity to restrain forces of injustice. All of these conflicts jeopardize the health and very lives of those involved directly and indirectly in the conflicts. It is no accident that the history of nursing in the United States has strong connections to war and political conflict, given the dire threat that war serves on the health and well being of all.

In the United States, we now have a federal holiday – June 19th – that commemorates the announcement, 2 years delayed, of the emancipation proclamation that reached enslaved people in Texas. The Emancipation Proclamation was issued in 1863 in the context of the U.S. civil war (1861-1865). The proclamation was a measure that declared enslaved people in rebelling states to be free, and that authorized the enlistment of black troops.

Although it did not instantly free those who were enslaved, it set forth the ideal of freedom for all. The date of June 19th – which occurs two weeks before the national celebration of the July 4th independence from the British crown, Juneteenth sets the stage for a two-week span of time that could be designated as a period of reflection on the meaning of freedom, and why it is so very important to preserve as an ideal for all, while considering how to restrain forces of injustice that unjustly limit freedoms and human rights for many – including the basic human right of health.



Source

The ideal of the of the right for all people to reach full health potential is embedded in nursing knowledge. This potential can only be experienced in a context of freedom. Jane Georges' "[Emancipatory Theory of Compassion](#)" is among the most explicit in addressing

power relations that limit human freedom. In brief, on Nursology.net we describe Georges' theory as follows:

Compassion, defined as the wish that all others be free of suffering, is absolutely necessary for emancipatory nursing practice and praxis. "Emancipatory" is used to emphasize the centrality that power relations have on suffering, and the ability to render compassion impossible. The theory takes into context the impact power relationship have on the axes of gender, ethnicity, and other sociopolitical constructs. Compassion and suffering take into account broader social issues, such as racism and sexism. The theory addresses both the suffering of patients and nurses, and goes beyond the nurse-patient relationship to contextualize suffering and compassion of communities and populations. The theory asserts that it is axiomatic for nursing to find ways to decrease suffering, share power, increase compassion, speak the unspeakable, teach moral imagination, and enhance voice. (from <https://nursology.net/nurse-theories/theory-of-emancipatory-compassion-for-nursing/>)

The span of two weeks between Juneteenth and July 4th draws attention to the persistent forces that limit human freedoms based on skin color – a factor that is at its root the underlying dynamic in wars between and within nations. Last year on July 2nd I posted a [blog reflecting on the meaning of the July 4th holiday](#) for people of color – which I point to again this year. This year, I am especially reflecting on the remarkable contributions that [African American nurses](#) have made to the course of history in general, and particularly to the struggle for full humanity, health and freedom.



One of the best known is [Sojourner Truth](#), whose famous "Ain't I a Woman" was [delivered in 1861](#) at the height of the U.S. civil war. Her speech influences freedom initiatives to this day. Truth [cared for the sick](#) and dying throughout her life, although she was never able to have formal education as a nurse.







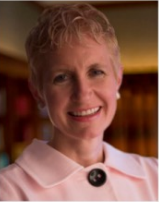

[Sojourner Truth](#)



Susie King Taylor, [teacher and nurse](#), was born into slavery in Georgia in 1848, and freed at the age of 14 by her uncle. Remarkably, she learned to read despite Georgia's laws prohibiting education for Black people, attending secret schools taught by Black women. She wrote a memoir of her experiences in the Civil war – "[Reminiscences of My Life in Camp with the 33d United States Colored Troops, Late 1st S.C. Volunteers](#)", recounting ways in which she was able to use her literacy skills to advance the cause of freedom.

[Susie King Taylor](#)

There are many many others. We can all take action to advance freedom and justice for all! [Here is a gallery of nurse activists](#) who have taken action on behalf of human freedom, health, and justice. Take a few moments to browse the gallery, find and honor others whose actions contribute to full health and humanity, and then join with others to follow your own passion for activism!

 <p>Mary Elizabeth Carnegie</p> <p>NurseManifest URL https://nursemanifest.com/2018/07/13/...</p> <p>Paragraph Mary Elizabeth Carnegie (1916 - 2008)</p> <p>- Tireless commitment to the advancement of the nursing profession,...</p>	 <p>Mary Mahoney</p> <p>NurseManifest URL https://nursemanifest.com/2018/07/20/...</p> <p>Paragraph Mary Mahoney (1845 - 1926)</p> <p>- After working for 15 years at the New England Hospital for Womwn and ...</p>	 <p>Mary Seacole</p> <p>NurseManifest URL https://nursemanifest.com/2018/05/08/...</p> <p>Paragraph Mary Seacole (1805 - 1881)</p> <p>- British-Jamaican business woman and nurse who set up the British Hotel behi...</p>	 <p>Monica McLemore</p> <p>NurseManifest URL https://nursemanifest.com/2018/04/13/...</p> <p>Paragraph Monica McLeMore (1969 -)</p> <p>* Only nurse invited to participate in President Obama's Frontiers of Science...</p>
 <p>Robin Lim</p>	 <p>Rula Al Safar</p>	 <p>Sandy Summers</p>	 <p>Sojourner Truth</p>

[Snippet from the Nurse Activism Gallery](#)

10 Lessons from Clara Barton's Life for Living and Making an Impact

By Susan B. Hassmiller, PhD, RN, FAAN, principal, SuLu Coaching & Consulting



Oil painting of Clara Barton by Mathilde Leisenring, 1937.

Clara Barton lived an amazing life with extraordinary accomplishments, as a group of us recently learned on a tour retracing her steps (this will be the final post in the [series](#)). But it was an unlikely, even improbable, journey. She was painfully shy, suffered from anxiety and depression, and had to endure discrimination due to her gender, marital status, and age.

Out of these challenges, she became a teacher and started the first public school in New Jersey; was among the first women appointed to government work, serving in the U.S. Patent Office; served as a Civil War nurse; [opened an Office for Missing Soldiers](#) after the war; and remained an avid suffragette and abolitionist throughout her life.

She then started the American Red Cross at the age of 59 and convinced the International Red Cross to expand their services to disaster work. Resigning at age 82, Barton founded the National First Aid Society, which was responsible for the first aid kit.

SO, WHAT CAN WE LEARN FROM CLARA ON HOW TO ACHIEVE GREAT IMPACT?

- 1. Determine the greatest needs of society in your time and take action.** Although she spent countless hours journaling and writing letters, Clara Barton knew that what she accomplished would ultimately matter most. Determine how your own passions can meet the world's needs and don't sit idle with them. *"When the lights have gone out and the flag is lowered, we will be remembered not by what we were, but by what we have done."*
- 2. Stay positive in the face of adversity.** Clara suffered from chronic depression. Many times she faced a struggle as to whether she would continue her activities or give in to her despondencies. She found that serving others less fortunate gave her the fuel she needed to carry on and stay positive. *"I have always tried to recognize the things that made happiness and protect against the things that increase misery."*
- 3. Never give up on something you truly believe in, especially when the "isms" get in the way.** It is never too late. She had ideas all the time, and acted on them without regard for her gender or age, as in her founding of the American Red Cross at age

59, and 23 years later the National First Aid Society. And she never let the views and prejudices of others about what could be accomplished stand in her way. *"The door that nobody else will go in at, seems always to swing open widely for me."*

4. **Don't let fear impede your dreams.** From her own internal demons of mental illness to the real dangers of war for her own safety, Clara knew that she had to make conscious choices every day to stare down the fear. *"I may be compelled to face danger, but never to fear it, and while our soldiers can stand and fight, I can stand and feed and nurse them."*
5. **Don't obsess over what others may think of you.** Clara wasn't perfect and she had plenty of detractors, especially at the end of her life when many tried to push her aside from her role at the helm. If you stay true to your mission, if you are pure in your motivation to help others (as opposed to being self-serving), if you believe what you are doing will make a difference, then carry on. Listening to naysayers is sometimes helpful in providing evidence for continued improvement, but know the difference between helpful information and petty jealousies. *"I may be compelled to live as a refugee, but I will not be treated as one."*
6. **Always be innovating.** Clara always found ways of improving the status quo, especially when it came to saving or improving the lives of others. Without an organized way to account for missing soldiers after the war, she organized a system for capturing who was missing and what happened to them. She also created an organization that helped people prepare for disasters, rather than simply being victims. *"It irritates me to be told how things have always been done. I defy the tyranny of precedent. I cannot afford the luxury of a closed mind."*
7. **Fight for the rights of those less fortunate than you.** As one of the world's greatest humanitarians, an abolitionist and a suffragette, she fought constantly for the rights of enslaved Blacks and women, including the right to vote. *"I have an earnest desire to see women brought forward in every walk of life, and I rejoice whenever I see women in any position, where, by their talents and qualities of excellence, they are deserving."*
8. **Stand firm for equal pay for equal work.** She quit her job as a teacher in New Jersey when they wanted to pay a man twice as much for the same work. Later when she secured a job at the patent office as a clerk for the same wage as the men working with her. When she went off to the battlefields, she brought in another woman to do a halftime job share for her job to keep the position and the salary. *"I shall never do a man's work for less than a man's pay."*

9. **Always be networking.** Understanding your own strengths and who else you need as key champions to further your cause is critical. Clara was great at acting on her beliefs, being in the field, and talking people into things through the power of her actions and words. But she always knew she needed the support of others, including donors, sponsors, military leaders, and politicians. Getting powerful people like Frederick Douglass, Susan B. Anthony, and even President Lincoln behind her cause helped solidify her standing and opened doors that she herself could not open. *"Everybody's business is nobody's business, and nobody's business in my business."*

10. **Ordinary people can do extraordinary things.** One person can indeed make change, whether it be to institute an organizational policy, sit on a board of directors, write a publication or even a book, invent a product to fill a need. If you can dream it, you can find a way to do it. Clara did it and so can you! *"Though it is little that one woman can do, still I crave the privilege of doing it."* –Letter to I.W. Denney, seeking permission to go to the battlefield, March 30, 1862

(Quote sources: Thirty Best Quotes by Clara Barton: <https://www.bookey.app/quote-author/clara-barton> and https://www.azquotes.com/author/998-Clara_Barton#google_vignette and <https://www.clarabartonbirthplace.org/the-american-red-cross/>)

retrieved 6/14/2024: <https://ajnofthecharts.com/10-lessons-from-clara-bartons-life-for-living-and-making-an-impact/>

Nursing Care is Not "Incidental To" but Instrumental To Quality Health Care

by Stephanie Witwer, president AAACN

June 17, 2024

In ambulatory care settings nurses provide critical, often life-preserving care. These services, broad in scope, ranging from helping a new mom learn to care for her premature infant at home, to teaching a newly diagnosed patient with diabetes to manage their health, to helping ease an adolescent's transition from inpatient mental health services back to school, epitomize how nurses make a difference, every day. And surprising to many, this care occurs **not** in the hospital but in clinics, schools, spiritual centers, patients' homes, and the community, where life happens. These services represent the very core of our profession, where we started, where we developed our knowledge, skills, values, ethics, and compassion. And this is where our nation needs us to be.

But there is a threat. Nurses, **unlike 16 other professional disciplines** (e.g. physical therapists, occupational therapists, audiologists, marriage and family counselors), are not considered a billable provider. Our care is considered “incident to”, a part of the physician's personal professional services, billed by them but performed by the nurse. This system renders the nursing care invisible to payers, patients, and decision-makers. Billing occurs utilizing Clinical Procedural Terminology (CPT) codes, developed and maintained by the American Medical Association, which are heavily weighted on the decision making of the physician or other qualified provider. Since the physician is not directly involved in this care, their coding system deems there is no medical decision making and therefore the care is automatically devalued. There are few codes available that nurses can use and, unlike physicians, the ones they are able to use do not recognize the complexity of the intervention or knowledge utilized by the nurse in providing the care. In addition, care is often required to be under direct supervision. Nurses providing the most critical care in our intensive care units and nurseries aren't required to have direct supervision. Why is this required in ambulatory care areas?

Don't get me wrong. I respect the contributions of physicians, nurse practitioners, and physician assistants, and the entire team. What they do is critical to patient care. But for far too long RNs have been unrecognized and undervalued for their potential to improve the health of our nation. In 2021, the National Academies of Sciences, Engineering, and Medicine described critical roles that RNs can play to improve health, including engaging patients with chronic conditions in behavior change and adjusting their medications according to practitioner protocols, increasing access, leading teams to improve care and reduce the costs of high-need high-cost patients, coordinating care for chronically ill patients between primary care and the surrounding healthcare community, and promoting population health, including working with communities to create healthier spaces for people to live, work, learn and play. This is what RNs do. This is what RNs are.

And this is exactly what is needed to improve quality and reduce unnecessary cost. In order to maintain our ambulatory care RN workforce, RNs must become billable providers and codes must be developed that describe RN interventions. Regardless of pay model, RNs are not “**incidental to**” the care of physicians, but “**instrumental to**” the health of our nation.

retrieved 6/18/2024 <https://www.linkedin.com/pulse/nursing-care-incident-instrumental-quality-health-stephanie-fifkc/>

Stephanie Witwer is not only the President of the American Academy of Ambulatory Care Nursing, she is also an active member of MNORN and the newly-elected Chair of the ANA Organizational Affiliates.

Here is how she describes herself: I am a leader, educator, writer, researcher, and advocate for the advancement of integrated team-based roles in primary care in a value-based healthcare reimbursement model. My experience includes leading and participating in research that clearly connects nursing interventions with improved patient outcomes, advancing the demonstration of ambulatory care nurse value. I am a tireless

advocate for the development of foundations of documentation that clearly describe nursing interventions, transcending institutional boundaries, and connecting those interventions to outcomes, and ultimately reimbursement for services. I work with several national level groups developing reimbursement models for ambulatory care.

Survey finds about half of Minnesota districts go without a school nurse



The state's first comprehensive scan of school nurses shows many schools, particularly those with more low-income families, lack access to a school nurse.

The Minnesota School Nurse Workforce: A 2022 Snapshot report focused on the school nurse workforce in 2022 in response to the impact the COVID-19 pandemic had on the health and well-being of students, families, school nurses and educators. Through emails, calls, and website scans, the Minnesota departments of health and education and partners set about collecting school nurse and health services staffing data from 94% of public and charter schools in Minnesota.

"This is the first time we've had such a comprehensive data picture about school nurses and health services staff in Minnesota," said Minnesota Commissioner of Health Dr. Brooke Cunningham. "What we've learned is students in smaller districts, charter schools, and schools that serve more families with lower incomes just aren't getting that same access to a school nurse as other students in Minnesota."

The survey found concerning differences between districts. For example, in the 162 school districts where 40% or more of students are eligible for free or reduced-price lunch, data showed students were three times less likely to have access to nursing or health services than other schools.

The report also found that students in the smallest school districts (less than 500 students), as well as charter schools, had lower access to a professional nurse. Approximately two-thirds of schools in this dataset were public school districts and one-third were charter schools. Almost half of public-school districts (150 of 322, or 47%) served more than 1,000 students whereas the vast majority (73%) of charter schools served fewer than 500 students. Overall, two in five school districts (public and charter) served 500 students or fewer.

Additional key findings:

- Overall, less than half (49%) of Minnesota school districts employed a licensed school nurse.

- Due to their enrollment of more than 1,000 students, only 34% of Minnesota school districts are required, per Minnesota Statute 121A.21, to employ a licensed school nurse. Of these large schools, 93% employed a licensed school nurse, but only 26% of districts below that threshold did.
- About one in four school districts (26%) did not provide any staff dedicated solely to the role of providing health services for students.
- Staffing levels and roles varied greatly by district size. Students in the smallest school districts had lower access to a professional nurse.

“Access to quality health care is critical for students in Minnesota, no matter their ZIP code,” said Minnesota Commissioner of Education Willie Jett. “School nurses play an important role in the overall health and well-being of our young people.”

Research has shown that school nurses are a critical bridge between health and learning within and beyond the walls of schools. School nurses empower students to be well through teaching, treating, counseling, and supporting students to increase classroom seat time and decrease trips to the health office and absences from school, according to a 2021 study by University of Washington researchers in *The Journal of School Nursing*.

During the past two legislative sessions, Governor Tim Walz and the Minnesota Legislature made significant investments in school support personnel – including school nurses. Investments included \$74 million in the 24-25 biennium and \$127 million in the 26-27 biennium to support hiring new or increasing current school counselors, psychologists, social workers and licensed school nurses.

The school nurse workforce report also included recommendations for next steps. These recommendations included examining the impact of the current state statute, exploring how school health services are funded and considering new, creative funding strategies for smaller schools or those with higher school needs.

The report was a collaboration between the Minnesota Department of Health (MDH) Adolescent and School Health Unit, University of Minnesota Prevention Research Center, Minnesota Service Cooperatives, BrightWorks Educational Cooperative, the School Nurse Organization of Minnesota and the Minnesota Department of Education. It was made possible through COVID-19 Public Health Workforce supplemental funding from the Centers for Disease Control and Prevention, administered by MDH.

[For the full report, visit the MDH School Health Data and Reports webpage](#)

retrieved 6/12/2024 <https://www.health.state.mn.us/news/pressrel/2024/school061224.html>



New OJIN topic: Today's Nursing Shortage

The nursing shortage takes center stage in the latest topic of OJIN: The Online Journal of Issues in Nursing, the official scholarly journal of the American Nurses Association (ANA). "Today's Nursing Shortage: Workforce Considerations," explores various aspects of the nursing shortage as well as actual and potential factors of concern. Only ANA members have access to the current OJIN topic. Previous topics are available to all viewers.

Access the journal at ojin.nursingworld.org.

OVERVIEW OF TODAY'S NURSING SHORTAGE

As a nurse from a generation 'a while back' you can only hope that in the future there will be enough Registered Nurses (RNs) to fulfill a complex and diverse nursing workforce, both in the United States and abroad. All nurses will need to continue to innovate our profession of nursing, to provide quality evidence-based care while simultaneously working in a 'healthy' environment.

The nursing shortage has waxed and waned since the dawn of nursing. Accordingly, nursing leaders have implemented a variety of best practices to attract and retain RNs. One of the most effective practices has been for hospitals to achieve nursing excellence requirements per the American Nurses Credentialing Center Magnet® Recognition Program. ([ANCC], 2021). Hospitals with Magnet designation have transformational leaders who structurally empower their RNs and interprofessional teams to have exemplary professional practice. They generate new knowledge, innovations, and improvements. Their enculturated structures and processes are grounded in empirical outcomes that demonstrate nursing excellence.

This OJIN topic focuses on contemporary issues in the nursing workforce, for which one of the biggest swirling in the center is a lack of enough RNs to deliver nursing excellence! Attracting and retaining nurses is problematic. The nursing shortage can be attributed to many factors, including pandemic challenges, burn-out/compassion fatigue, unhealthy work environments, pay rates variances (e.g., staff versus travelers), staffing constraints, management issues, nurses retiring, nurses leaving the profession early, and not enough academic nurse educators adequately compensated to enable university nursing programs to accept all of the qualified baccalaureate nursing program candidates. This topic addresses many of these factors, with new research findings as well. The topic also focuses on mitigating issues surrounding nursing shortage, ranging from policy and administrative implications to how to have more supportive work environments for retaining nurses.

Longyear and colleagues, in their article, "[The Contingent Nursing Workforce during Covid-19: Implications for Policy and Administration](#)," provide a review of the significant supply issues and operating challenges in hospital labor markets, noting travel contingent worker dynamics. Highlighted is the need for health system leaders, public health professionals and policymakers, working together to manage the interplay of competing labor market dynamics (e.g., hospital workers and travel workers). The authors summarize recommendations and opportunities for policy and administration and discuss both short- and long-term policy implications. They also underscore the need to implement evidence-based policy and administrative solutions.

The second article, "[Addressing the Shortage of Academic Nurse Educators: Enlisting Public and Business Sectors as Advocates](#)," by Lee and colleagues addresses the shortage of academic nurse educators. In this qualitative study, researchers focused on public and business sector advocates. Themes identified support the need for continued partnerships within the profession of nursing so we may continue to serve the public sustainably in the future.

The article by Leep-Lazar and Stimpfel, "[Factors Associated with Intent to Stay at Current Nursing Job During the COVID-19 Pandemic](#)," describes a cross-sectional survey design of over 600 working nurses. The authors aimed to identify individual and work-related factors which predict intent to stay in current nursing job in one year, including the psychosocial health and contextual pandemic factors. They highlight key factors needed for a healthy work environment, including psychosocial support.

Chicca and Hubbard addressed the need for more literature on healthy nurse-to-nurse relationships as nurses transition into new clinical specialties. In the article, "[Supporting Healthy Nurse-to-Nurse Relationships as Experienced Nurses Transition to New Clinical Specialties](#)," the authors review experienced nurse challenges and healthy relationship strategies during transition into new settings.

"[Distressed But Not Deterred: Nurses Reveal Solutions to the Nursing Shortage in the Aftermath of a Pandemic](#)," by White and Godsey, employed survey research of over 800 Kentucky nurses during the pandemic nursing shortage. The authors aimed to identify perceived contributors to the nursing shortage and the supportive actions that could be taken to alleviate them. They provide nurse recommendations to effectively retain and recruit nurses in the pandemic aftermath.

Author Tate conducted qualitative research to address why RNs leave the profession in the first two years. The author aimed to identify the reasons that novice nurses leave from the perspective of those who have actually departed. In the article, "[Nurses Leaving the](#)

[Profession in the First Two Years: A Qualitative Study](#)," she describes emerging themes and potential interventions to retain nurses.

The journal editors invite you to share your response to this OJIN topic addressing workforce considerations for today's nursing shortage either by writing a Letter to the Editor or by submitting a manuscript which will further the discussion of this topic which has been initiated by these introductory articles.

Author

Karen Gabel Speroni, PhD, RN, BSN, MHSA

Email: karen.speroni@outlook.com

ORCID ID: 0000-0001-6259-8501

Dr. Speroni is a research infrastructure and process expert who uniquely integrates organizational missions with research goals to facilitate evidence-informed practice of nursing, ultimately to advance the practice of nursing, including patient outcomes and work environment.

She has nearly 40 years of experience in biomedical research and hospital consultation, including hospital-based research, nursing excellence, serving on Institutional Review Boards, university teaching, presenting research processes and research findings nationally and internationally, and authoring research/healthcare related publications.

5 Rights of AI in Healthcare

Artificial Intelligence in healthcare must apply a systematic and standardized approach to ensure its application is optimal, safe, effective, and compassionate.

- 1 RIGHT OBJECTIVE**
Problem & Population: A clear understanding of the problem to solve informs the design of appropriate workflows, key metrics, outcomes, and aids in validation to evaluate responses for biases.
- 2 RIGHT APPROACH**
Workflow & Technology: The right solution and perspective are key success factors. It is essential to have a testing phase, to fine tune and optimize the logic and performance.
- 3 RIGHT COMPETENCY**
Clinical & Intelligent: A well-trained project team can effectively recognize and mitigate biases in both data and algorithms. Knowledgeable clinical leaders are crucial for informed decision-making and successful integration for meaningful healthcare application.
- 4 RIGHT DATA**
Reasonable Logic: Validating the accuracy of the data source, dataset, and algorithms is critical. This ensures that the AI system operates with reliable and trustworthy information.
- 5 RIGHT SAFEGUARDS**
Checks and Balances: Ensuring compliance with regulatory requirements is key to guaranteeing transparency, data integrity, privacy, and security. Clinicians help ensure responsible and ethical use of this technology.

Acknowledgment: Thank you HIMSS Nursing Innovation Advisory Group for review and assistance with this graphic.

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Op-ed: In a warming world, nurses heal people and the planet

Nurses have the experience, motivation and public support to make an important contribution to tackling the climate crisis.

by Katie Huffling

June 17, 2024

During the Covid pandemic, the world cheered as we nurses stepped up. Everyone knows we are essential workers, but our essential role in coping with the climate crisis is much less cheered on, despite our ongoing efforts to be part of the solution.

According to [The Lancet](#), climate change is the greatest global health threat of the 21st century. As temperatures soar, so do cases of [heat-related illness and death](#), [cardiac](#) and [respiratory](#) disease, and infections like [dengue](#) and [valley fever](#). There are 29 million of us nurses worldwide, with deep ties to the communities we serve. We are right there on the front lines – in clinics and hospitals, nursing homes and schools, seeing the health impacts of climate change firsthand.

Because of this, we have earned the public's respect: in the U.S., we have been voted the [most trusted health-care professionals](#) for 22 years running. In a world awash with misinformation about health and climate change, nurses are well-positioned to provide reliable, evidence-based information on both.

Many are rising to that challenge. In Detroit, for example, Mia McPherson, RN worked with the [East Side Community Network](#) to create a guidebook on extreme heat. The guidebook translates medical jargon into plain language, educating the community members about the [deadliest climate impact](#). Others are at the forefront of research and clinical practice on climate health impacts. [Roxana Chicas](#), Ph.D., RN, used real-time biomonitoring equipment to conduct a groundbreaking study of heat-related illness among farmworkers in Florida. Now Chicas is working to develop evidence-based methods to protect workers from dangerous increases in core-body temperature.

We're also organizing. My organization, the [Alliance of Nurses for Healthy Environments](#) (ANHE), has supported and organized nurses advocating for action to protect health against climate threats, like pushing for strong federal regulations that protect outdoor workers from extreme heat, reduce emissions from the power sector and move the United States toward a zero emission transportation sector. Others, like the American Nurses Association, have released [powerful statements on climate change](#).

"In a world awash with misinformation about health and climate change, nurses are well-positioned to provide reliable, evidence-based information on both."

Other nurses are working to make health care itself more climate-friendly, as the sector's greenhouse gas emissions make up [8.5% of U.S. carbon emissions](#). Globally, if healthcare were its own country, it would be the [fifth-largest emitter on the planet](#). Nurses like [Sara Wohlford, RN, MPH](#), are leading sustainability programs within their health systems. When Wohlford began working as an emergency-room nurse at Carilion Roanoke Memorial Hospital, in Roanoke, Virginia, she was shocked by the routine waste of resources. So Wohlford launched a sustainability effort that has cut the hospital's medical supply and food waste by tens of thousands of pounds per year.

Despite these promising initiatives, the power of nurses remains largely untapped.

By supporting efforts to integrate climate change into nursing education, like the [Nurses Climate Challenge School of Nursing Commitment](#) or the [ANHE's Fellowship program](#), which provides nurses with the knowledge and skills needed to successfully collaborate with communities most impacted by climate change, funders can help nurses leverage their power. Other programs, like the Florence Nightingale Foundation's (FNF) [Green Healthcare Leadership Programme](#), help nurses carve out time to participate in sustainability initiatives within their healthcare institutions.

Finally, funders can foster coordination among international nursing organizations, and support nurses' attendance at international climate change meetings. These meetings provide unique opportunities for nurses to forge new relationships with governmental agencies and advocacy organizations who are unaware of the reach of nurses on this issue. It is especially important to include nurses from the global south, who are confronting the most extreme health impacts from climate change.

Last year was by far the [hottest since humans have been keeping records](#). As we enter what UN Secretary General Antonio Guterres calls "[the era of global boiling](#)," addressing the climate crisis and its parallel health crisis could not be more urgent. It's an all-hands-on-deck moment, and nurses have the experience, motivation, and public support to make an important contribution. With more philanthropic support, nurses can help meet this critical moment.

Dr. Katie Huffling is a Certified Nurse-Midwife and the Executive Director of the Alliance of Nurses for Healthy Environments (ANHE). With ANHE, Dr. Huffling works with nurses and nursing organizations to elevate environmental health issues, such as climate change, toxic chemicals, and sustainability in healthcare, amongst the nursing profession. Dr. Huffling is a passionate supporter of nurse-led advocacy in support of healthier environments for all.

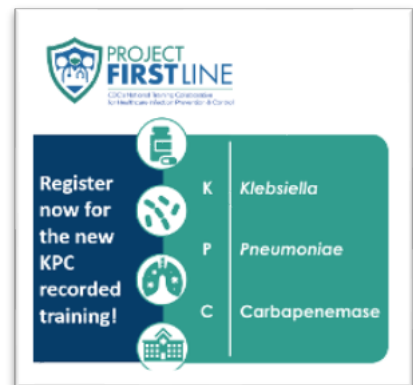
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New MDH Project Firstline Resources: Multidrug-Resistant Organisms (MDROs)

Now Available: *Klebsiella pneumoniae carbapenemase* (KPC) recorded training

KPC is the most common carbapenemase in Minnesota. Learn about *Klebsiella pneumoniae carbapenemase* (KPC)-positive bacteria and infection prevention and control actions to stop its spread.

Complete the registration form to view the 40-minute recorded training. After viewing, submit the feedback form to receive proof of attendance. Register for the recorded training here:



[Project Firstline Training Session: *Klebsiella pneumoniae carbapenemase* \(KPC\)](#)



[Now Available: *Klebsiella pneumoniae carbapenemase* \(KPC\) printable resource: *Klebsiella pneumoniae carbapenemase* \(PDF\)](#)

Use this one-page resource for a quick review of KPC basics!

Stay up-to-date with Project Firstline by subscribing to our mailing list: [Subscribe to the Project Firstline mailing list.](#)

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Medical Malpractice 101



HOW COURTS DEFINE MALPRACTICE VS. HOW PATIENTS DEFINE MALPRACTICE

WHAT IS MEDICAL MALPRACTICE?

Malpractice is the failure to provide the degree of care required of a professional under the scope of their license resulting in injury, death or damage.



Courts

Four elements must exist for an incident to be considered malpractice:

- Duty: a nurse-patient relationship must exist
- Breach: standard of care was not met
- Cause: injury was caused by the nurse's error
- Harm: injury resulted in damages

Patients

To patients, it is the *perception* of wrongdoing:

- Even excellent nurses can fail to connect with all of their patients.
- If a patient perceives he or she has been injured as a result of the care you provided, or failed to provide, that patient could sue.

Medical malpractice lawsuits serve two goals



one

COMPENSATE VICTIMS OF NEGLIGENT MEDICAL CARE



two

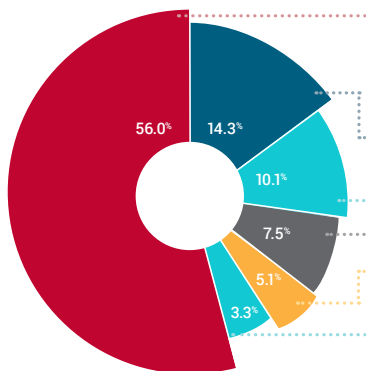
ENCOURAGE SAFE AND RESPONSIBLE MEDICAL PRACTICE

Types of recoverable damages:

- | Medical expenses | Loss of income |
- | Funeral expenses |
- | Mental anguish | Pain and suffering |
- | Loss of consortium |

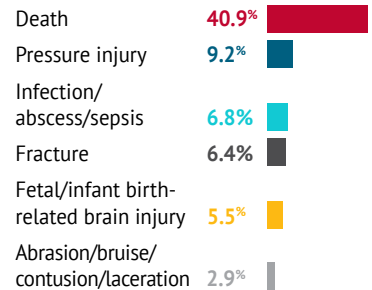
Common Medical Malpractice Allegations:*

- Failure to assess the need for medical intervention
- Failure to properly or fully complete the patient assessment
- Failure to consider/assess patient's expressed complaints/symptoms
- Improper or untimely nursing management of medical patient or medical complication
- Improper nursing technique or negligent performance of treatment, resulting in injury
- Failure to notify practitioner of patient's condition



Most Frequent Reasons Nurses are Sued for Malpractice

Most Common Injuries Resulting in Lawsuit



Resource: Nurse Professional Liability Exposure Claim Report: 4th Edition, NSO, CNA, September 2020.