
May MNORN Member Meeting:
Health Care Homes: Primary Care Clinics That Put You First

Date: Thursday, May 28th via Zoom

Time: 6:30 - 7:00pm Social/Networking
7:00 - 8:00pm Program

Presenter: David Kurtzon, Director of Health Care Homes, MN Department of Health



The Health Care Homes (HCH) program is one of the centerpieces of Minnesota's health reform initiative. Through its focus on redesign of care delivery and meaningful engagement of patients in their care, Health Care Homes is transforming care - and lives - for millions of Minnesotans.

The name "Health Care Homes" acknowledges a critical shift needed to improve health in Minnesota. The shift is from a purely medical model of care delivery to a focus on linking primary care with wellness, prevention, self-management and community resources.

Program Goals

The goals of the model are to:

- Continue building a strong primary care foundation to ensure all Minnesotans have the opportunity to receive team-based, coordinated, patient-centered care.
- Increase care coordination and collaboration between primary care clinicians and community resources to support whole person care and facilitate the broader goals of improving population health and health equity.
- Improve the quality, experience, and value of care.

Health Care Homes and Health Reform

A Health Care Home is an approach to primary care in which primary care providers, families and patients work in partnership to improve health outcomes and quality of life for individuals with chronic or complex health conditions.

The development of Health Care Homes in Minnesota is driven by the Institute for Healthcare Improvement's Triple Aim, an initiative to simultaneously achieve the following goals:

- Improve the individual experience of care.
- Improve the health of the population.
- Improve affordability by containing the per capita cost of providing care.

There is no cost for this meeting. Attendees will receive one continuing education credit

[Register Here](#)



March MNORN Member Meeting Recording: The Power and Promise of Renewal for Professional Nursing Practice: A dialogue



Presenter: Dan Pesut

The purpose of this dialogue is to explore the power and promise of personal and professional renewal for the evolution and development of nursing. Renewal is about meaning, hope, and shared purpose. An ecosystem model of renewal is presented with attention to six domains of renewal: self, service, science, scholarship, society and spirit. Practical strategies to activate renewal from theory to practice are discussed. Participants will have opportunities to share what they appreciate, how renewal strategies influence thinking, being and doing, and how commitments to action help realize

the power and promise of renewal for professional nursing practice.

Objectives

- Discuss the importance and value of professional renewal strategies to support professional development of nurses.
- Identify and discuss applications of an eco-system renewal model to translate theory into practice.
- Identify core questions and renewal strategies for each of six domains in the renewal eco-system model to support dialogue and appreciative inquiry in nursing organizations.
- Apply the Appreciation (A), Influence (I), Control (C) model to personal and professional reflections and action plans related to renewal practices.

Articles discussed during the dialogue:

- [Create the Future Through Renewal: Twenty Years of Inspiration and Action in Professional Nursing](#) - The expanded Renewal Ecosystem framework integrates six interdependent domains—Spirit and Purpose, Self, Scholarship, Service, Systems, and Society—providing nurses with a comprehensive structure for sustainable professional flourishing amid unprecedented complexity.
- [Applying the Appreciation-Influence-Control Model to Transform Healthcare Leadership](#) - William E. Smith's Appreciation-Influence-Control (AIC) model offers a philosophically grounded framework for understanding that purpose—not authority—is the true source of power.
- [Learning to Fly, Dance, and March: Three Frameworks That Transform Nursing Renewal](#) - Purpose is the source of Power. Every purposeful endeavor generates three power fields: Appreciation

(perceiving the whole), Influence (relating and collaborating), and Control (acting with self-direction). Smith called these 'learning to fly, learning to dance, and learning to march.'

You can access these articles and other articles written by Dan Pesut through the University of Minnesota University Digital Conservancy.

Foresight Leadership: The Future of Nursing and Health

Persistent link for this collection

<https://hdl.handle.net/11299/192480>

Evaluations:

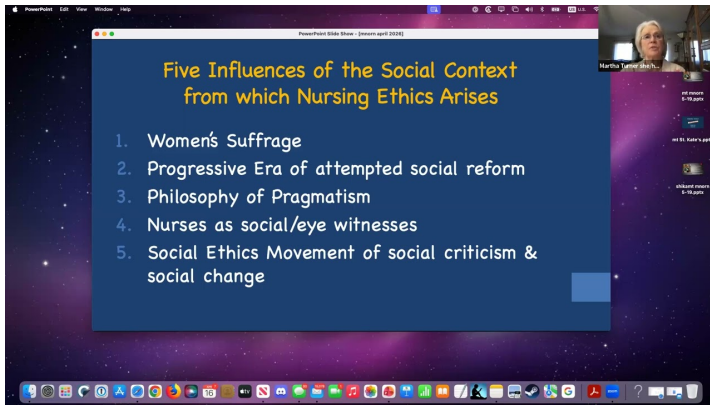
What factors influenced your decision to attend?

- Content
- Topic
- The topic was excellent and fairly new.
- It is important to me to attend these meetings. I value the time with MNORN members and our presenters.
- Zoom & topic
- Interested in connecting (new member)
- topic/speaker

Other comments:

- Keep up the great work!
- Renewal eco-system model is very helpful
- Such important topic to use in practice but also in our own lives.
- I like the appreciative inquiry way of listening to others as we discuss our thoughts & goals.
- Terrific group of people

**April MNORN Member Meeting Recording:
The Code: The Beating Heart of Nursing Ethics**



Presenter: Martha Turner
Slideshow

Nursing Ethics...

- is grounded in the values, virtues, duties, *raison d'être* and perspectives of nursing
- is a distinct field of inquiry, an applied professional ethics that reflects the moral norms of nursing, generated by the values, virtues, goals, aims, purposes, perspectives, and practices of the profession. In that way, it differs from bioethics.
- is informed by the 150-year ongoing tradition and community of nursing, and guided by nursing's own *raison d'être* and perspectives

Evaluations:

What factors influenced your decision to attend?

- Monthly attendee
- Love nursing ethics topic
- Member/officer
- Top and CE
- Expectation as an active member.
- Topic, speaker, contact hours
- Coupling nursing ethics with a CEU.
- The ethics issues for nurses are really needed for discussion, and the presenter is an excellent
- Subject matter title.
- Topic & date for Zoom meeting

Other Comments:

- This month's presentation was great. I haven't given much thought between the difference in nursing ethics and bioethics. I sent the information on to a colleague who teaches undergraduate nursing students.
- Interesting and thought-provoking
- It was a great discussion for this month as always.

- Interesting to learn the long history of these relationships and how they fit with nursing's Code
- Excellent presentation with historical insights
- This meeting was more than I expected.! Met kind and passionate people and learned so much I didn't know about the history of nursing ethics. (1st time attendee)
- This was a wonderful group of women and men. I enjoyed participating and appreciated the ability to earn the CEU. It can be hard for nurses to carve out time to connect with other nurses on this level, but when a CEU is involved it's a good motivator to find the time.
- The historical aspects included in the event were excellent.
- The links for resources are very helpful.
- A great history which I didn't know
- Good to remember why we are nurses & why what we do is important
- Martha is the expert on nursing ethics. It was a joy to hear her present at this event.

Vigilance Beyond the Bedside, A reflection on this year's Nurses Week.



Moffa, Christine PhD, RN, APRN, PMHNP-BC

Inspiration can come from the least expected places. When I sat down to write this editorial, I was struck by the Case Report in this month's issue. In it, the authors describe what can happen when we stop noticing ordinary details. A patient is admitted to the hospital with their cell phone, but in an unfortunate turn of events, the charging cord for the phone goes unnoticed and remains trapped under the patient, leading to a second-degree burn and multiple follow-up hospitalizations. What should have been benign became harmful—not from intent, but because something outside the scope of nursing care proved easy to overlook until consequences had already taken shape.

As I read that case, it occurred to me that when one's focus is narrowed by urgency, emerging risks can remain just outside of our sight. At the bedside, we are taught to notice subtle shifts before they become crises. Yet when it comes to the broader forces shaping our practice—legislation, funding decisions, regulatory changes—we often don't apply that same vigilance. This is not because we don't care, but because we are stretched thin and focused on the patient in front of us, allowing policy changes and administrative updates to slip past us, carrying consequences more far reaching than a missed charging cord.

Nurses Week has traditionally been a time to stop and recognize nurses' work. This year, I'm encouraging readers to pair recognition with self-reflection. Yes, nurses are resilient, but we are also strained. Recent National Council of State Boards of Nursing workforce studies place the median age for nurses around 50, and nearly 40% of nurses report an intent to leave within five years—often citing stress, workload, and burnout. Employment has

stabilized since the pandemic peak, but stability is not the same as ease; many units remain overburdened.

Interest in nursing remains strong, but the nursing pipeline itself is leaky (see this month's Program Evaluation, which discusses an intervention to combat this by increasing nursing students' interest in a burn nursing career). Tens of thousands of qualified nursing school applicants are turned away each year because programs lack faculty, clinical sites, and preceptors. According to the American Association of Colleges of Nursing, in 2024, more than 80,000 qualified applicants were turned away. We cannot strengthen the workforce without investing in the people who teach, precept, and mentor the next generation. At the bedside and beyond, the story is familiar: emotional exhaustion, the moral distress of doing more with less, and the realization that wellness offerings—even when welcome—cannot substitute for safe staffing, supportive teams, and participatory leadership.

This year's American Nurses Association's Nurses Week theme—The Power of Nurses—lands differently for me. Power isn't just what we summon in a crisis; it's what we practice in quieter moments: clear communication, early escalation, thoughtful observation, and engaging in advocacy for the profession and the communities we serve. The theme encourages celebration but also invites us to elevate our voices beyond a single week in May.

At the bedside, nursing requires the skill of noticing the subtle—the drift in oxygen saturation or the quiet shift in a patient's demeanor. We intervene early because we know what can happen if we don't. What if we brought that same mindset to civic engagement and the profession itself? In those cases, early warning signs wouldn't show up as changes in vital signs, but would appear in staffing plans, budget decisions, and proposed rules buried on agency websites. Like the charging cord, these small signals can grow over time, changing our landscape before we've had a chance to respond. Harm doesn't only come from the crises we see coming—but from those we stop noticing.

One example is the U.S. Department of Education's recent proposal to change graduate loan limits. As drafted, nursing graduate programs would not qualify for higher borrowing caps, and Grad PLUS loans would be phased out. These details may seem far removed from patient care, but they shape who can pursue advanced roles, who becomes faculty, and how prepared we are to meet patient needs in the future.

In the midst of this, Nurses Week offers a moment to pause and acknowledge the heart of the profession—the people who show up with compassion even when the work feels heavier than ever. This year's theme reminds us that our influence grows not only from what we do at the bedside but also from how we support one another and the profession as a whole, and when nurses are visible, engaged, and connected.

If there is a message to carry into this Nurses Week, it may be that the vigilance we practice at the bedside can guide us as a profession. Noticing what is subtle, identifying what is shifting, and acting before harm takes hold, these are skills we already possess. The challenge is to apply them not only to our patients but also to the conditions shaping our work and our future. Even small, early actions—raising a concern, responding to a proposal, supporting a colleague—can make a difference. The next chapter of nursing will not write itself. We have the skills to write it together.

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Retrieved 4-23-2026 <https://journals.lww.com/ajnonline/pages/articleviewer.aspx?year=2026&issue=05000&article=00001&type=Fulltext>



Minnesota's Hospital Nursing Workforce: A study on turnover and exits among Minnesota's Hospital-based Nurses

Due to the Minnesota Legislature, 2026

Note: this is a comprehensive report that is well worth the time to read it. [You can access the report here](#). Katheren Koehn, MNORN ED, was a member of the Nursing Expert Panel, tasked to advise the qualitative portion of the study. The panel informed MDH's methods, interpretations, and recommendations based on their unique expertise as nurses.

From the introduction of the report:

In 2023, the Minnesota Legislature directed the Minnesota Department of Health (MDH) to conduct a study focusing on Minnesota's nurses; specifically, the reasons nurses leave direct care hospital positions or nursing as a profession. MDH planned the study in 2023 and executed it during 2024 and 2025. To respond to the legislative charge, MDH administered a survey with a representative sample of over 50,000 Minnesota nurses; conducted six in-depth focus groups with nurses who had left hospital positions or the profession altogether; convened an expert nursing workforce panel to provide regular in-depth feedback; and had dozens of additional conversations and interviews with nurses, nurse hospital leaders, stakeholders including the Minnesota Hospital Association, the Minnesota Board of Nursing, the Minnesota Nurses Association, and other partners.

Report's Conclusion:

Nurses are the single largest group of health care providers in the state, and play a critical role in providing hands-on, around-the-clock care to hospitalized patients. The legislature's direction to MDH to study issues related to satisfaction and retention of hospital bedside nurses is a recognition of the importance of the nursing workforce to the health of all Minnesotans, and of the challenges that the last few years have brought to both nurses and

hospitals. While the majority of hospital nurses report high satisfaction levels with their roles, and hospital nursing employment has rebounded from COVID-era lows, the 14% who report being dissatisfied represent a meaningful minority that warrants attention. Even small shifts in these numbers could significantly impact hospital staffing capacity, risk of turnover, and quality of care. The issues cited by nurses who are leaving the bedside are distress signals that merit attention. Intentionally addressing burnout and workplace dissatisfaction, routine heavy workloads and workplace violence and prioritizing authentic communication will help sustain a resilient nursing workforce, strengthen Minnesota's hospitals, and help maintain access to care for all Minnesotans.

Suggested next steps:

- Ensure nurses' workloads are manageable
- Clear, authentic, and supportive communication with nurses
- Implement reliable policies against physical or emotional abuse
- Promote, protect, and prioritize professional growth

<https://www.health.state.mn.us/data/workforce/nurse/docs/2026nurselgrpt.pdf>

Call for Nominations: ANA Appointed Positions (May 8 – July 6)



The American Nurses Association (ANA) is pleased to announce the opening of the 2026 Call for Nominations for appointed positions across its subsidiary units and standing committees.

ANA invites qualified members to submit nominations for the following structural units and standing committees:

STRUCTURAL UNITS

- ANA-PAC Board of Trustees
- Center for Ethics and Human Rights Advisory Board

STANDING COMMITTEES

- Committee on Bylaws
- Committee on Nursing Practice Standards
- Minority Fellowship Program National Advisory Committee
- Professional Policy Committee

These appointed roles offer ANA members the chance to support the association's mission, strengthen organizational governance, and influence the future of nursing practice, ethics, policy, and leadership.

Members interested in serving are encouraged to review the structural unit and committee profiles available on this page and submit a nomination through the official [portal](#).

Deadline: Nominations must be received by 11:59pm ET, Monday, July 6, 2026.

For questions or additional information, please contact: aneappointments@ana.org

If you are interested and have questions, you may also contact Kathi Koehn, MNORN ED at kkoehn@mnorn.org. If you decide to apply for a position, MNORN can write a letter of recommendation for you. Again, contact Kathi Koehn at kkoehn@mnorn.org.

RN Action Alert - Pay Equity for Nurse Faculty



Staffing shortages are starting in the classroom—a recent [survey](#) found that nursing schools turned away over 80 thousand qualified applications in 2024, largely due to faculty shortages.

Urge your representatives to cosponsor the Nurse Faculty Shortage Reduction Act today. [Take action](#).

The bill would address the leading reason why it's difficult to attract and retain faculty roles: the pay disparity between practicing nurses and nurse educators. [Learn more](#).

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Now Available: NSO Midwife Professional Liability Insurance

The NSO midwife professional liability policy offers coverage for Certified Midwives and Certified Nurse Midwives for prenatal, postnatal and gynecological services in hospital or clinical environments, as well as labor and delivery services in hospital settings. NSO's policy is designed to be a standalone policy solution or complement employer-provided insurance, which may not fully protect individual practitioners or include license defense coverage. For more information about NSO's malpractice insurance for Certified Midwives and Certified Nurse Midwives, visit: <https://www.nso.com/malpractice-insurance/individuals/midwife>

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One of the benefits of this policy is that a lot of policies do not have “a tail” - and this one has good coverage for this.



Alex Pretti Nursing Scholarship: A personal campaign sponsored by School of Nursing

Pretti leaves legacy as a caring mentor and preceptor

The Jan. 24 shooting of Alex Pretti, a 37-year-old Minneapolis Veterans Affairs ICU nurse, by Customs and Border Protection agents involved in Operation Metro Surge triggered widespread protests and calls for increased oversight of federal immigration task forces operating in the Twin Cities.

“The nursing community in Minnesota, around the country and around the world profoundly feels Alex’s loss,” says [Connie White Delaney](#), PhD, RN, FAAN, FACMI, FNAP, dean of the School of Nursing. “Alex showed us how caring for others often extends beyond clinical walls, and that it may require advocating for those who are vulnerable and without voice. It is nurses who are often called to step up and lead when systemic failures bring overdue attention to inequalities. Alex answered that call with his spirit and his life and we now look to do our part to carry forth his legacy.”

As a nurse at the VA, Pretti also served as a preceptor to Bachelor of Science in Nursing (BSN) students at the University of Minnesota. “Alex worked closely with some of the students I taught in the BSN program. He was highly regarded by the students who worked with him, particularly for his ability to gently coach them out of their comfort zone while encouraging them to try new skills with him close by,” says Clinical Associate Professor Mary DeGrote Goering, PhD, RN-BC, CNE.

Alex showed us how caring for others often extends beyond clinical walls, and that it may require advocating for those who are vulnerable and without voice. It is nurses who are often called to step up and lead when systemic failures bring overdue attention to inequalities. Alex answered that call with his spirit and his life and we now look to do our part to carry forth his legacy.

Dean Connie White Delaney

Ben Matson, BSN, RN, who graduated in 2025, says the lessons Pretti taught him made him a better nurse. "I was Alex's nursing student for six months last year in the ICU at the VA. He wasn't just my mentor, but a friend who cared deeply about the veterans he served and the community around him," says Matson. "He taught me what it means to care for our neighbors when they were at the most vulnerable point of their lives."

ALEX PRETTI NURSING SCHOLARSHIP ESTABLISHED

In response to outreach from those wishing to honor Pretti, and with the consent of the Pretti family, the University of Minnesota School of Nursing established the Alex Pretti Nursing Scholarship.

The Alex Pretti Nursing Scholarship is designed specifically to support students who are dedicated to veterans' care, ensuring that Pretti's commitment to those who served our country continues through the nurses of tomorrow. By providing financial assistance to students who share his passion for this field, the scholarship aims to carry forward his spirit of advocacy and leadership.

More information on the Alex Pretti Nursing Scholarship can be found at z.umn.edu/AlexPretti

[To make a donation](#)

Recognizing Trauma and Distress in the Workplace: How to identify if you or your colleagues are struggling and ways to help

Written by Stephanie (Stevi) Shively, PhD, MA, LPC, Wellbeing Instructor at the University of Minnesota's Earl E. Bakken Center for Spirituality & Healing



Working in the medical field can mean walking through an inherently stressful and often trauma-filled environment on the daily. Many of us (I am a clinician myself - a mental health counselor who works largely with clinicians) work regularly with people who are experiencing the worst days of their lives. It can feel jarring sometimes to go about our jobs, knowing that our patients' worst days are often simply part of our normal work week. We all develop

strategies to try to survive all the suffering; everything from adopting the “white coat as shield” mentality so as not to let the hurt in, to trying to help as much as possible while succumbing under the weight of feeling helpless, to dissociating and self-medicating to avoid the pain for fear it will sink us.

In short, working in the healthcare field can be incredibly difficult, even at the same time that it can also be incredibly fulfilling. Over the years I have come to recognize that an important part of maintaining our wellbeing as healthcare workers is to ensure that we are aware of the different kinds of stresses and trauma that working in the healthcare field can expose us to. While most of us are familiar by now with the concept of medical burnout and its symptoms, we talk far less commonly about the other forms of distress and trauma that many in healthcare experience.

An overload of stress and/or trauma can manifest in a host of different ways, including difficulties with executive functioning (memory, concentration, organization, etc), reduced efficiency, increased absences, and even trauma-related symptoms such as hyper-vigilance, emotional reactivity, and isolation. Efforts to support fellow healthcare workers who may be experiencing such struggles can be strengthened through gaining a deeper understanding of some of the different types of distress that they may be experiencing:

- **Compassion Fatigue** - Emotional exhaustion resulting from caring for individuals who are suffering, and in the process, absorbing their suffering. This can have a quick onset.
- **Moral Injury** - Traumatization that results from a moral betrayal of what is right, by a superior or a person in a position of authority, during an important or high stakes situation. This often is associated with feeling as though one has been made complicit in this betrayal of their morals.
- **Racial & Discriminatory Traumatic Stress** - Traumatization and mental/emotional injury resulting from experiences with bias, abuse, discrimination, and/or hate crimes that are based on identity (racial, ethnic, gender, religious, ability/disability, etc).
- **Secondary Victim Syndrome** - Traumatization that results from a medical error in which a patient is harmed. The patient is considered the primary victim, while the clinician who made the error (if they develop symptoms of traumatic stress, often centered around shame and doubt) is considered the ‘secondary victim’ of the mistake.
- **Secondary Traumatic Stress** - Traumatization resulting from witnessing or experiencing the aftereffects of another person’s traumatic experience (common in first responders).
- **Vicarious Traumatic Stress** - Development of symptoms of traumatic stress after indirectly experiencing another person’s traumatic experience (often by listening to details being described).

Having the language to name what we might be experiencing not only helps us to know that we are not alone, it also helps us to recognize signs in others and identify interventions and tools that might help. For instance, an effective strategy for combatting compassion

fatigue is a combination of mindful listening and emotional regulation tools. When combined, these techniques can help us learn how to listen to and be present with others who may be having difficult feelings without taking them on or feeling responsible for them ourselves. Powerful connection and healing can occur simply by witnessing and being present with another person while they are struggling, especially in healthcare spaces. If we can learn how to be fully present with another person while respecting their autonomy, not absorbing their feelings, and regulating our own emotions, then our capacity to care for them without fatiguing can expand exponentially.

In a different yet related vein, the cure for moral injury often lies in connection with others, particularly those who share values and a sense of purpose. That is why creating spaces for healthcare workers to connect, share their experiences, and offer support for one another can be a simple yet effective intervention for pushing back against moral injury in medicine. It can also be a valuable way of cultivating community and healthy relationships within the workplace, which are powerful protective factors against burnout.

It is also important to acknowledge that stress from work can be compounded by stresses in our personal lives, or by communal turbulence and crises in the world around us. As we move forward in the coming days and work to support each other while we care for those who are sick and suffering, it is important to remember that none of us are alone.

For more tips and tools to help support you and your fellow Minnesotans, please refer to [the Bakken Center's You Do Matter Minnesota Website](#)

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

From Care to Calling: How a Nurse's Small Act Became a Lifelong Inspiration

By Bryce Catarelli, DNP, APRN, FNP-C, CNE, clinical assistant professor, University of Florida College of Nursing

Often, the simplest questions lead to the greatest moments of reflection and growth. While serving on a recent panel discussion, I was asked how I knew I wanted to be a nurse? The question offered me the opportunity to reflect on the [butterfly effect](#) of one nurse's actions on the future of a teenage girl.

A MOTHER'S SUDDEN ILLNESS

I was 17 years old, a junior in high school, and growing increasingly excited about my first prom. The dress was picked out, the makeup decided, and my high school sweetheart (and current husband) had already asked me to be his date. Just prior to the big day, my mother began experiencing worsening headaches and increasingly noticeable vision changes. Though it was originally written off as stress or typical age-related vision changes, an eye appointment for a new prescription quickly led to a neurology consultation. With roughly 50% of my mother's peripheral vision already gone, scans were ordered, and a craniopharyngioma was discovered.

Suddenly, prom was the last thing on my mind as my mother was admitted to a local cancer hospital for treatment of a large (noncancerous) brain tumor. Her surgery was scheduled for the day of the big dance. Her last words before being wheeled into surgery were, "When I wake up, the first thing I want to see are pictures of how beautiful you looked at the prom."

Her nurse heard our conversation and saw the uncertainty on my face. She comforted me as I waited alone in that small room. In collaboration with colleagues, she coordinated a trip to the hospital hair salon, a place usually reserved for cancer patients being fitted for wigs. Luckily for me, she discovered that one of the stylists on staff knew how to do formal hairstyles. Payment was taken care of. I was treated like a queen. I recall feeling so special and cared for in the midst of this terrifying experience.

When my mother finally woke up the next day, I had photos to proudly show her of a teenage girl who felt (and looked) like a princess, not because of a crown, but largely because of the kindness and love shown to me by nurses I had only recently met.

THE LASTING EFFECTS OF A SIMPLE ACT

As I reflect on it now, I am able to see that my mother's nurse probably showed up for work that day just like any other; maybe the traffic was bad, or her coffee spilled on the drive to the hospital. That shift was likely one of several that week in which she spent long hours caring for complex patients in the neuro ICU and left exhausted at the end of the day.

For me, however, that day changed everything. It was the day I decided I wanted to become a nurse. One nurse's simple act of kindness and support became more than a thoughtful gesture. It became a turning point, changing the trajectory of my future. In a moment that could have been overshadowed by fear and uncertainty, her compassion left a lasting imprint on a young girl's heart, and sparked a desire to show up for others in their most difficult moments, to lead with empathy, and to carry that compassion forward.

Nurses are called to care for their patients, but that calling rarely stops at the bedside. In moments of fear and uncertainty, care often extends to the family members by answering their questions, easing their worries, and offering steady reassurance. What begins as clinical

responsibility often becomes compassionate presence, reminding families that they, too, are seen, supported, and not alone.

As nurses, we may forget that it is often the smallest gestures that carry the greatest weight—a warm blanket, a few extra minutes to listen, or arranging a simple kindness for a loved one. Nurses may never fully see the ripple effect of these quiet acts, but their influence extends far beyond the bedside, steadying not only patients but their families during some of the hardest moments of their lives. The work we do as nurses—and our small acts of kindness—matter. My own experience as the daughter of a patient taught me that.

Reflecting on that panel question led me back to those moments of uncertainty surrounding my mother's health, gratitude for her nurse and access to care, and a renewed awareness of how meaningful small moments can be during what may feel like a typical day at work.

Today, I am fortunate to combine my two passions—education and nursing—as a clinical assistant professor and family nurse practitioner. My enthusiasm and passion for working with students have never waned. I center my work on training empathetic and compassionate new nurses, aiming to cultivate the next generation of nurses who will emulate the same kindness, compassion, and heart of service as the nurse who cared for that scared young girl at her mother's bedside.

Retrieved 4/2/2026 <https://qjnoffthecharts.com/from-care-to-calling-how-a-nurses-small-act-became-a-lifelong-inspiration/>

ANA Nightingale Tribute

Every spring ANA collects the names of nurses who have passed in the past year to be honored in the Nightingale Tribute Book at the Membership Assembly. If you would like to honor a nurse who has died since June 2024, please notify MNORN at kkoehn@mnorn.org. The nurse did not need to belong to ANA or MNORN.

Please include the nurse's full name and date of death. MNORN must submit names to ANA by **May 30th**.

Nightingale Tribute



When a calming, quiet presence was all that was needed, He/She was there.

In the excitement and miracle of birth or in the mystery and loss of life, He/She was there.

When a silent glance could uplift a patient, family member or friend, He/She was there.

At those times when the unexplainable needed to be explained, He/She was there.

When the situation demanded a swift foot and sharp mind, He/She was there.

When a gentle touch, a firm push, or an encouraging word was needed, He/She was there.

In choosing the best one from a family's "Thank You" box of chocolates, He/She was there.

To witness humanity — its beauty, in good times and bad, without judgment, He/She was there.

To embrace the woes of the world, willingly, and offer hope, He/She was there.

And now, that it is time to be at the Greater One's Side, He/She is there!

Nursing is a calling, a way of life. Nursing is a service profession that cannot be lived in isolation. Nurses rely on each other for the synergistic effect of teamwork in our efforts of care giving. It is appropriate that we honor our colleagues not only during their career, but also at the end of life's journey.


MINNESOTA NURSE APPRECIATION NIGHT








THURSDAY | MAY 14th | 6:37PM
SATURDAY | MAY 16th | 2:07PM
WEDNESDAY | MAY 20th | 6:37PM

TICKETS ARE NOW AVAILABLE FOR AS LOW AS \$6.50!
 Choose **YOUR** experience!
 General Admission, Outfield Reserved, Infield Reserved,
OR Dugout Reserved Ticket
 + The option to add on a \$5 Saints Hat



From all of us at the St. Paul Saints organization, thank you for your dedication to keeping our community healthy!

[Use this link to reserve tickets](#)














Project FirstLine: Strengthen Hand Hygiene Through Engagement & Recognition

The Minnesota Department of Health (MDH) Project Firstline team is excited to introduce two new tools to support best practices in observation of World Hand Hygiene Day on May 5:

[Hand Hygiene Huddle Cards \(PDF\)](#) provide quick, interactive activities that can be used during daily team huddles—encouraging staff to reflect on and apply key hand hygiene practices in real time. At the end of the week, teams can celebrate a hand hygiene hero—a staff member who demonstrates excellence and helps foster a strong culture of safety and infection prevention and control.


PROJECT FIRSTLINE
Hand Hygiene Huddle Cards


Designed to engage health care personnel with quick, practical, and interactive activities to reinforce best practices in a memorable way.

<div style="background-color: #003366; color: white; padding: 5px; text-align: center; font-weight: bold;">1 Why is hand hygiene important?</div> <div style="background-color: #003366; color: white; padding: 5px; text-align: center; font-size: 10px;">Engage staff during team huddle to share and reinforce the importance of hand hygiene.</div> <div style="background-color: #003366; color: white; padding: 5px; text-align: center; font-size: 10px;">Hand hygiene is especially important in health care as patients/residents/clients are vulnerable to infection.</div> <ul style="list-style-type: none"> Germs on our hands can spread to those we care for or objects we touch. Hands have many places where germs can live and grow. Cleaning your hands stops the spread of germs. 	<div style="background-color: #003366; color: white; padding: 5px; text-align: center; font-weight: bold;">2 When to perform hand hygiene</div> <div style="background-color: #003366; color: white; padding: 5px; text-align: center; font-size: 10px;">Designed to highlight and focus on one important area of hand hygiene per day.</div> <ul style="list-style-type: none">  Day 1: Before entering AND after exiting room or environment.  Day 2: Before donning AND immediately after doffing personal protective equipment.  Day 3: Moving from a soiled body site to a clean body site.  Day 4: Before performing aseptic task or handling invasive medical devices. 	<div style="background-color: #003366; color: white; padding: 5px; text-align: center; font-weight: bold;">3 Technique check</div> <div style="background-color: #003366; color: white; padding: 5px; text-align: center; font-size: 10px;">Have staff demonstrate hand rub or hand wash technique (includes duration and sufficient product to cover hands).</div> <div style="text-align: center; margin: 5px 0;">  </div> <div style="font-size: 10px;"> <p>Areas of the hands frequently missed</p> <p>Day 1: Focus on fingertips when performing hand hygiene.</p> <p>Day 2: Focus on thumbs and wrists when performing hand hygiene.</p> <p>Day 3: Focus between fingers when performing hand hygiene.</p> </div> <div style="text-align: center; margin-top: 10px;">  </div>
<div style="background-color: #003366; color: white; padding: 5px; text-align: center; font-weight: bold;">4 MISSION: Hand hygiene</div> <div style="background-color: #003366; color: white; padding: 5px; text-align: center; font-size: 10px;">Keep staff engaged in hand hygiene by completing three daily missions that focus on hand hygiene.</div> <ul style="list-style-type: none">  Dispenser Detectives Identify up to 2 areas where adding a hand hygiene dispenser would be helpful.  Germiest Object Game Ask: What is the germiest thing we touch?  Two Truths and a Gergy Lie LIE: Alcohol-based hand sanitizer (ABHS) kills norovirus TRUTH: ABHS is the most effective product for reducing the number of germs on the hands of health care workers TRUTH: ABHS is preferred for cleaning your hands in most clinical situations 	<div style="background-color: #003366; color: white; padding: 5px; text-align: center; font-weight: bold;">5 TOP TIPS: Hand hygiene</div> <div style="background-color: #003366; color: white; padding: 5px; text-align: center; font-size: 10px;">Share facility's infection prevention & control policies and ensure staff consistently follow facility-specific hand hygiene protocols.</div> <ul style="list-style-type: none">  Germs can live under items like jewelry, rings, and watches. Clean these areas well.  Artificial nail extenders should not be worn in high-risk areas.  Nail polish worn in health care setting should be intact – as chipped or cracked nail polish becomes difficult to clean.  Keep nail tips less than ¼ inch long. 	

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The [Hand Hygiene Hero Pledge \(PDF\)](#) further reinforces this commitment by inviting staff to affirm their role in protecting patients, residents, clients, and colleagues.



Hand Hygiene Hero Pledge

As a dedicated member of our health care team, I commit to upholding the highest standards of hand hygiene to protect our patients, clients, residents, and colleagues.

I pledge to:

- Consistently perform hand hygiene at all required moments before and after patient/client/resident contact.
- Use proper hand hygiene techniques every time.
- Encourage and remind others to follow hand hygiene best practices respectfully.
- Help maintain a safe and healthy environment by keeping hand hygiene supplies accessible.
- Lead by example and support infection prevention efforts across our unit.

Signature

Date

Get started:

- Use one huddle card each day
- Encourage team discussion and participation
- Celebrate a weekly hand hygiene hero
- Invite staff to take the pledge

These tools are designed to make hand hygiene engaging, consistent, and impactful across your organization.

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

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