The 2024 MNORN Election is open from November 1st to 30th

How to Vote:

If you have already voted, THANK YOU!

If you still need to vote, instructions were emailed to you on November 1st from MNORN Election Admin.

If you can't find the email, notify Kathi Koehn at kkoehn@mnorn.org for assistance.

Polling Question:

Remember that included in your ballot is a polling question asking what you would like ANA to talk about during the Dialogue Forums at Membership Assembly next June. The MNORN Board will propose a topic to ANA based on your responses.

November 19th - MNORN MEMBER MEETING (virtual)

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

Program: Transitional Palliative Care for Family Caregivers
Presenter: Joan Griffen

Joan is a professor at the Mayo Clinic and Scientific Director for the Patient Centered Outcomes Program. In her own words, she says "I use both qualitative and quantitative methods to study how social, psychological and behavioral factors affect health services and health outcomes. I have a keen interest in how best to model health care services to include family caregivers as partners in care. My current research also includes intervention studies to support family caregivers using technology, and observational studies that describe the impact of caregiving on caregiver and care recipient health and well-being."

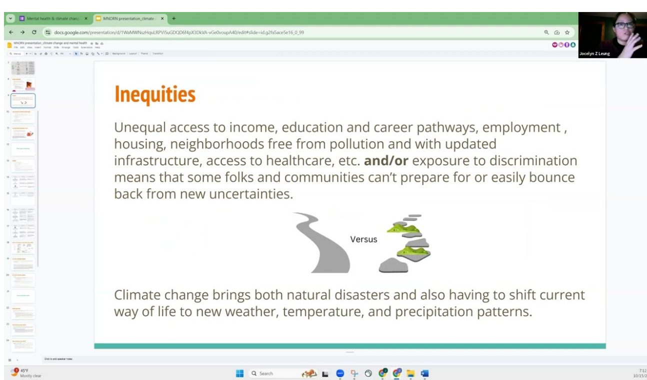
At our November meeting, Joan will talk about her newly published research on Transitional Palliative Care for Family Caregivers, which targeted rural caregivers caring for people with serious and life-limiting illnesses and aimed to support them during the transition out of the hospital using video visits. Her research showed that providing support throughout a transition (typically a stressful and risky time for caregivers and patients)can improve both caregiver and patient health and well-being.

Her article was published in the November 2024 Journal of Pain and Symptom Management
https://www.jpsmjournal.com/article/S0885-3924(24)00911-4/fulltext

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

CLICK HERE TO REGISTER

Recording & Report of the October Member Meeting: Creating Policies to Protect the Mental Well-being of Minnesotans Facing the First and Worst of Climate Change



Presenter: Jocelyn Leung

SLIDE DECK

More information from our presenter after the meeting:

Jocelyn Leung, a public health professional, is working with Senator Tou Xiong to fund a community-led initiative where people most impacted by climate change can explore how climate change has hurt their mental health and create solutions to protect their communities. They are at the stage of talking to the Minnesota Department of Health and seeing whether legislative funding could be expanded to cover this initiative.

There are a lot of academic articles that have come out in the past 5 to 10 years on how climate change's warming temperatures, shorter winters, more unpredictable rainfall, more natural disasters, and more invasive species are hurting people's livelihoods, homes in the case of flooding and wildfires, ability to carry out cultural traditions or recreation, and people's cultural identities (like Anishinaabe) that have deep reciprocal relationships to nature.

There is also emerging research that air pollution made worse by climate change can hurt our mental health, and we're worried about increased water pollution for people who own private wells now that rainfall is often heavier.

What we're missing is information on how climate change and the mental health issues it causes show up in Minnesota and the Native Nations that share its geography. This data is vital for the initiative to be taken seriously by both Republicans and DFL, which will help this idea to advance in the next legislative session.

Having spent over a year talking with legislators who are beginning to connect climate change to mental health, Jocelyn needs your help in finding out how many Minnesotans and Tribal members face climate change impacts and how these affect their mental wellbeing from your perspective as nurses.

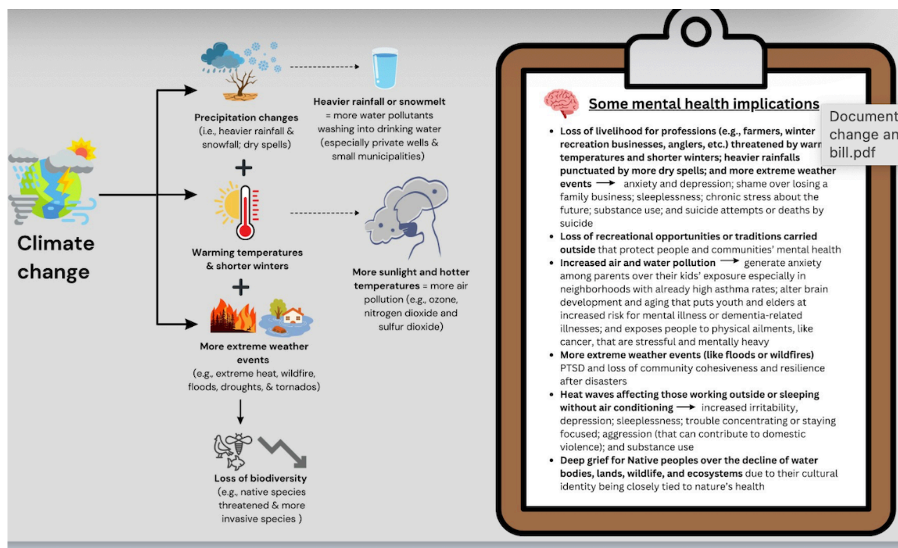
Mental health and Climate Survey

If you're interested in helping Jocelyn, you can start with filling out a mental health and climate change survey. If you have any questions about this initiative or the survey, please do not hesitate to reach out to Jocelyn at leung077@umn.edu.

Specifically, Jocelyn is working to advance a bill in the next legislative session that would fund:

- a task force of community members facing the first and worst of climate change that will investigate how their mental health is negatively impacted by climate change

- create solutions with the help of environmental, public health, and medical experts that either prevent their community members from developing mental illness or help those who need help get the treatment and support for them to get better.



Join Health Professionals for a Healthy Climate (HPHC), Advocates for Better Health (ABH), Minnesota Doctors for Health Equity (MDHEQ), the University of Minnesota School of Nursing, and community leaders for an immersive continuing education conference – Code Blue for Patient Earth focused on "weathering the uncertainty" of climate change together.

Code Blue 2024 will bring together more than 100 health professionals and frontline experts from environmental justice, mental health, nursing, pharmacy, physician, public health, social work, veterinary, and dentistry communities — represent your health or science profession and join us!

Saturday, November 9, 2024 | 8:00 a.m. – 1:30 p.m.

In-person option: Join for an immersive in-person experience at The Gathering Place at Sanctuary: 2018 N. Aldrich Avenue Minneapolis, MN 55411. The Gathering Place is located on the first floor of the building and is considered accessible. Ample onsite parking is available along with street parking and an overflow parking lot. There are also City of Minneapolis electric vehicle charging stations nearby. Metro Transit bus lines service Stop #8306 (West Broadway/Aldrich Ave N.) and Stop #11180 (West Broadway/Lyndale Ave N.), which are both located less than 0.2 miles from the event space.

Online option: Join online at a reduced registration rate and enjoy interactive facilitation from the comfort of your home.

A nourishing, catered lunch will be provided. This conference is also an optional continuing education opportunity.

You'll build self-efficacy for climate change mitigation and adaptation solutions while centering the experiences and expertise of people most at risk of climate change impacts. Plus, we'll focus on well-being and creativity as practices to sustain ourselves and each other.

Full schedule and session facilitators will be announced via email and social media, sign up to stay connected!

Health professionals:

- In-person option: $60
- Online option: $45

Students and/or frontline community members:

- In-person option: $25
- Online option: $10

If finances are a barrier to participating, please let us know!

Thanks to supporters in HPHC's network, we have a designated "community fund" to help cover participation costs for anyone interested in attending.

To receive financial support from the community fund, please email Kelley at kelley@hpforhc.org.

CLICK HERE TO REGISTER

2026 National Scope and Standards 5th Edition Revision Workgroup – Participants Needed

Current ANA members are invited to apply for an appointment to the 12 - to -18 -month workgroup charged with reviewing and revising the *Nursing: Scope and Standards of Practice, Fourth Edition*. Personal commitment will involve attending 2-hour virtual meetings twice a month (currently planned for Thursdays from 12-2 pm EST), beginning in January 2025 to develop the **new** *Nursing: Scope and Standards of Practice, Fifth Edition*. Additional personal time may need to be dedicated to short writing assignments or small group discussions.

Applications will be accepted until midnight EST on **November 22, 2024**. Forward questions to practice@ana.org.

Minnesota Study of Telehealth Expansion and Payment Parity: Final Report to the Legislature

The Minnesota Department of Health (MDH) study synthesizes findings from several analyses of quantitative data, a set of MDH surveys, and qualitative interviews with Minnesota payers, providers, and patients. While the focus of the study is on the commercial health insurance space, Minnesota-wide findings are also included.

The report includes nine recommendations to support continued broad availability and use of telehealth.

Telehealth has established a lasting role in health care delivery.

The use of telehealth increased rapidly during the COVID-19 pandemic and remains higher than pre-pandemic years. Nearly one-third of Minnesotans used telehealth each year from mid-2021 to mid-2023. In 2022, about 19% of primary care visits and 26% of

behavioral health visits among commercial insurance enrollees were delivered via telehealth, compared to 3% and 2%, respectively, in 2019.

Nearly all Minnesota clinics offer some form of telehealth as an option. The most common type of telehealth offerred is video visits. Further, most physicians, physician assistants, mental health providers, and drug and alcohol counselors reported using telehealth for at least some of their visits in 2022 and 2023.

Audio-only telehealth is an important tool for accessing health care, including behavioral health care, particularly among Minnesotans who experience challenges accessing in- person care or audio-visual telehealth care. Many services delivered via audio-only telehealth can be comparable to in-person services. While use of audio-only services is generally low, use is highest among potentially vulnerable populations (e.g., older patients, sicker patients, and patients in areas with low broadband access).

Patients and providers appreciate the option of telehealth, as long as it is not the only choice. While telehealth has the potential to increase care options, effarts to ensure adequate availability of in-person care continue to be needed. Telehealth is not an appropriate option in every situation, and preferences for its use varies among Minnesotans. Older adults and Black, Indigenous, and People of Color (BIPOC) Minnesotans were more likely to express preferences for in-person care.

Telehealth is expanding access to care and may strengthen health equity.

Access: Telehealth makes accessing care faster and easier for many Minnesotans. Providers, patients, health plans, and public health professionals all agree that telehealth's greatest contribution has been to expand access and reduce barriers to health care services. Telehealth has become an especially important option for many Minnesotans seeking behavioral health care services in the time since it became available in 2020.

Equity: Telehealth may strengthen health equity by expanding access to health care. Telehealth has the potential to help to reduce some of the inequities in health care access that further exacerbate health disparities. However, access to telehealth itself is not equitable, and is particularly challenging for people with limited digital access or lower digital literacy.

Increased use of telehealth in Minnesota does not appear to have compromised quality or satisfaction, nor has it contributed to greater health care spending.

Spending: Health care spending does not appear to have increased because of increased telehealth use. An actuarial analysis of claims data showed that increased telehealth use beginning in March 2020 did not lead to greater than expected health care spending in subsequent months. Interviews with Minnesota's health plans affirmed that they made no adjustments to premiums due to changes in telehealth utilization. More research is needed to determine whether telehealth can lead to cost savings without sacrificing quality or satisfaction.

Quality: Early evidence suggests that quality can be generally comparable for telehealth and in-person care. When used in appropriate situations, telehealth does not appear to compromise quality of care. In fact, telehealth may improve health outcomes for some by facilitating easier or more frequent interaction with health care providers.

Satisfaction: Most Minnesotans are satisfied with telehealth. Minnesotans who used telehealth were largely satisfied with their experience, and satisfaction was generally consistent across audio-only and audio-visual visits. Telehealth fell short of patient expectations when technological issues arose.

MDH recommends continued payment parity and measures to improve equitable access to both telehealth and in-person care.

In light of the findings of this study, MDH makes nine recommendations to support continued, broad availability and use of telehealth as a tool to deliver health care services, helping Minnesotans to access timely, effective, and affordable health care.

Recommendation 1: Payment parity should continue for real-time (synchronous) audio-visual and audio-only telehealth for health care services for which telehealth may substitute for, and is comparable to, in-person care. If evidence emerges that there are significant or meaningful cost savings without sacrifiicing quality or satisfaction, the payment structure could be revisited.

Recommendation 2: Audio-only telehealth should continue to be included in the definition of telehealth in Minnesota statute, and therefore be subject to payment parity and coverage requirements.

Recommendation 3: Further investments in infrastructure are needed to improve access to telehealth.

Recommendation 4: Broad action is needed to help people build their knowledge, skills, and comfort to use telehealth effectively.

Recommendation 5: Build the capacity across sectors to support equitable access to health care via telehealth.

Recommendation 6: Require that health plans and health care providers provide clear and transparent communication about options for telehealth services, including costs to patients. Recommendation 7: Ensure that policies promoting telehealth access do not limit availability of in-person care for all Minnesotans.

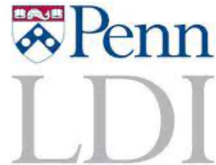
Recommendation 8: Telehealth can support a strained health care workforce, and training and continuing education for providers must include telehealth and related technologies.

Recommendation 9: Ongoing monitoring and policy-relevant research on telehealth are needed to ensure that its use effectively supports Minnesotans' health and does not increase risks of harm.

To read full report: https://www.health.state.mn.us/data/economics/telehealth/publications.html

Minnesota Department of Health Health Economics Program
PO Box 64882
St. Paul, MN 55164-0975 651-201-4520
telehealthstudy.health@state.mn.us
www.health.state.mn.us/healtheconomics

09/16/2024



How Nurse Staffing Variations were Associated with Hospital Patient Deaths During the COVID Pandemic

New Study Looks Back at Conditions That Speak to Future Hospital Emergency Preparedness

The only study to evaluate the association of hospital nurse staffing level variations and patients' odds of dying during the COVID-19 emergency concluded that many deaths among patients hospitalized for COVID-19 could have been prevented if hospitals entered the pandemic with adequate numbers of registered nurses (RNs), a workforce rich in Bachelor of Science degree qualified RNs, and high-quality nurse work environments.

Titled "Hospital Nursing Staffing Variation and COVID-19 Deaths: A Cross-Sectional Study," the paper was co-authored by LDI Senior Fellows and University of Pennsylvania School of Nursing faculty members Karen B. Lasater, PhD, RN; Matthew D. McHugh, PhD, RN; and Linda H. Aiken, PhD, RN.Karen Lasater, PhD, RN

Published in the International Journal of Nursing Studies, the work adds to a large body of evidence generally associating nurse staffing variations to trends in patient outcomes and deaths at the same time it underscores elements of the national debate about the overall adequacy of hospital emergency preparedness during the pandemic as well as for the next major national health emergency.

No Meaningful Improvement "Many hospitals were chronically understaffed prior to the pandemic, and on average, we found that staffing levels did not meaningfully improve during the pandemic to meet the accelerating care needs of very sick and medically complex patients," said lead author Lasater.

The study pointed out that during the pandemic, COVID-19 mortality varied depending on the hospital where patients were admitted, but it was unknown what aspects of the hospitals' operations were important for mitigating preventable deaths.

The study objective was to "determine whether hospital differences in pre-pandemic and during pandemic nursing resources—average patient-to-registered nurse (RN) staffing ratios, proportion of bachelor-qualified RNs, nurse work environments, Magnet recognition—

explain differences in risk-adjusted COVID-19 mortality; and to estimate how many deaths may have been prevented if nurses were better resourced prior to and during the pandemic."

The term "Magnet recognition" refers to certification by the American Nurses Association's (ANA) American Nurses Credentialing Center (ANCC) that a hospital follows an evidence-based standard for transformational nursing leadership, empowerment of front-line nurses, evidenced-based professional nursing practice, and high-quality care, known to minimize clinician stress and improve patient care.

Thousands of Preventable Deaths The investigation evaluated data from 237 hospitals and more than 87,000 older adult patients admitted with COVID-19 during the height of the pandemic and found that "variation in hospital nursing resources prior to the COVID-19 pandemic is associated with many thousands of preventable COVID-19 deaths during the pandemic."

One study finding that directly relates to the outlook for current and future hospital emergency preparedness was that "Hospital nursing resources are often overlooked in conversations about lessons from the U.S. COVID-19 response and hospitals have not yet been able to recover from the effects of COVID-19 as they continue to experience difficulties recruiting and retaining nurses after the official end of the pandemic."

And as further context for the issue, the study points back to multiple previous works that looked at nursing during the pandemic and found "serious misalignments" between the resources nurses were provided with and what they actually needed to optimize patient care. One of those earlier studies found that the most important resources nurses said they needed in order to provide safe and quality care during and after the COVID-19 emergency were flexible work scheduling and adequate staffing. But more than two-thirds of nurses surveyed reported these resources were not provided to them by their hospitals.

A currently related controversy suggests that insufficient RN staffing is associated with the lack of sufficient registered nurses available in the U.S. But Lasater pointed to a just-released national analysis by Marsh McLennan's Mercer, a human resources and financial services consulting firm. It reports that, "At a national level, the supply of RNs is projected to outpace demand, resulting in an estimated surplus of nearly 30,000 RNs by 2028."

Nurses Flee Poor Working Conditions. In previous papers, Lasater has explained that the current insufficient numbers of nurses in hospitals is not a function of overall supply but rather poor working conditions in hospitals that drive high clinician burnout, job dissatisfaction, turnover, and poor patient outcomes. Other recent evidence documents the continued growth in the number of newly licensed nurses but notes a shift in employment away from hospital settings toward ambulatory and community settings.

The American Nurses Association (ANA) endorses safe staffing ratios that would require hospitals to meet a minimum standard level of nursing care. Meanwhile, California and Oregon have already established enforceable staffing ratio requirements. As a result, patients hospitalized in California receive an average of three more hours of RN care per day compared to patients in other states. Oregon implemented their ratio policy in the summer of 2024.

Other U.S. jurisdictions including Pennsylvania, Maine, Georgia, Illinois, and New Jersey have all introduced safe staffing bills. Elsewhere in the world, a prospective evaluation of staffing ratios in Queensland Australia showed the introduction of staffing legislation in hospitals resulted in better staffing ratios, lower mortality, fewer readmissions, and shorter stay durations for patients.

A National Priority. When asked what policymakers can take away from her new study findings, Lasater said, "Federal and state policies that address the underlying issue of chronic nurse understaffing requires action today. If having enough nurses to care for the public and prevent avoidable deaths during future public health emergencies is a national priority, action is needed to prevent chronic understaffing of nurses during normal times."

By: Hoag Levins retrieved 10/26/2024: https://ldi.upenn.edu/our-work/research-updates/how-nurse-staffing-variations-were-associated-with-hospital-patient-deaths-during-the-covid-pandemic/

ACCESS THE STUDY

MDH Project Firstline and National *C. difficile* Awareness Month

November is *C. difficile* Awareness Month. Certain germs that live on dry surfaces, like *C. diff* spores, are a major concern in health care because they are durable and spread fast. Infection prevention and control is crucial to stop the spread and keep patients safe.

Train your health care team on what to do when they see diarrhea by using our newest educational resource:

MDH Project Firstline Diarrhea Education Bundle

(www.health.state.mn.us/facilities/patientsafety/infectioncontrol/pfl/training/diarrheaedu.pdf)

Website: MDH Project Firstline (health.mn.gov/projectfirstline)

PFL mailing list: Subscribe to MDH Project Firstline Updates

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

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