
Call for Candidates for the 2024 MNORN Elections

Put Your Leadership into Action - Serve in a MNORN Elected Position!

By deciding to run for a MNORN elected position, you make a choice to invest in your future and the future of nursing.

MNORN members have the capacity to influence public policy, professional nursing standards and the advancement of the association. In a leadership position, you will help MNORN and the nursing profession remain strong.

MNORN members will vote for the following positions in this Fall's election:

- ★ President
- ★ Second Vice President
- ★ Secretary
- ★ Director(s) - 2
- ★ Nominating Committee - 3

How to Become a Candidate:

To be eligible as a candidate for any of the elected positions, you must be a MNORN member and complete a Consent to Serve form and return it, with your photo, to MNORN by email - kkoehn@mnorn.org by **September 30th, 2024**.

The Candidate information for elected positions is available [on the MNORN Website](#) and will be available by email upon request. The Consent to Serve Form is on the same page.

Voting instructions will be emailed to each MNORN member for online voting and the results of the elections will be announced to members online.

For more information, please contact MNORN ED, Kathi Koehn at kkoehn@mnorn.org or Nominating Committee Chair, Kristy Reinke at kristy.Reinke@va.gov

Share this page or [this flyer](#) with others who may be interested: mnorn.org/mnorn-elections

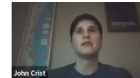


Recording and Report of the August Member Meeting: Peer Support for Nurses with Substance Use Disorder: The Minnesota Model

Risk Factors: Stress and Lack of Education

--National Council on State Boards of Nursing, 2011

- Nurses are responsible for life and death situations - Dealing with trauma, emergencies, and losses
- Work overload and burnout: Irregular/extended work hours, frequent shift changes, staffing difficulties
- Lateral violence / bullying in nursing and underground culture of mistreatment of nurses with SUD
- Avoidance / denial of one's own possible SUD
- Fear of repercussions & reluctance to get treatment or to disclose SUD
- Poorly educated about risks of SUD development in school



Presenters: Carrie Kappel and John Crist

Background:

Created in 2014 in Minnesota the Nurses Peer Support Network (NPSNetwork) is a 501 (c)(3) tax-exempt, non-for-profit organization. NPSNetwork joins a number of peer support organizations throughout the country providing support to nurses recovering from Substance Use Disorder.

Minnesota's model is unique in being a stand-alone organization. Its mission is two-fold, to serve nurses in recovery throughout Minnesota and to provide education to the nursing schools, professional organizations, employers of nurses and the general public about the disease, recovery and the role of peer support.

Highlights of this presentation include:

Risk factors for Substance Abuse Disorder (SUD) were reviewed. They include:

- Familiarity in administration of medications
- Negative attitudes and behaviors of nurses towards SUD
- Access of meds and opioids
- Lack of institutional controls

- Stress, trauma, work-overload, burnout, and bullying
- Lack of education

Consequences of SUD

- Patient safety
- Health of affected nurse
- Career of affected nurse
- Impact on nursing profession
- Impact of healthcare systems, including financial impacts.
- Strong link between suicide, substance use, mental health issues, and job problems for nurses.

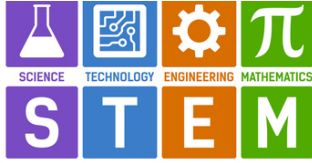
MN NPSN mission and vision were presented and articulated. NPSN is a not-for-profit, 501(c)(3) organization. Individual donations are the primary source of funding.

- NPSN was founded by Marie Manthey in 2014. There are 13 peer support groups in MN (online and in-person). There is a 9 member NPSN Board of Directors and several specific committees. All positions except the director are volunteer.
- So far in 2024, there have been 3014 attendees at the peer support meetings.
- NPSN is considering adding emotional and mental wellness to the NPSN scope in addition to SUD. This has yet to be determined.
- NPSN is part of an national initiative working with similar organizations in other states. However, in MN, it is a stand-alone organization and is not part of the MN Board of Nursing or the MN Health Professionals Service Program.

More information on NPSN, including how to donate to the organization can be found on their website www.npsnetwork-mn.org.

Comments from Evaluations included:

- Thank you to our wonderful speakers!
- Excellent discussion that is needed in our community
- It was a great meeting with interactions and learning
- Thank you so much for another wonderful meeting! Thank you especially to the presenters for your personal and professional stories.
- This is such an issue for nurses, I also think the more we can focus on self-care for new nurses, our profession benefits.
- Obj. 3: What a brave person to share all she went through & I'm so glad she can be a help for others going through this, too.
- Again, thanks for the recordings
- Thank you so much for providing this learning opportunity. Thanks also for the advice to keep my license....I will renew again in January. I am so glad I keep my membership in this organization.



MNORN signs onto letter to Homeland Security Urging the Addition of Nursing to the STEM Designated Degree Program List

September 3, 2024

The Honorable Alejandro Mayorkas Secretary of Homeland Security Washington, DC 20528

Secretary Mayorkas,

The American Nurses Association (ANA) and below signatories write to you today regarding the Department of Homeland Security (DHS) Science, Technology, Engineering, and Mathematics (STEM) Designated Degree Program List. To date this list does not include a nursing degree as a STEM degree. Nursing is an important STEM profession that advances health and science across many disciplines. We urge you to promptly add nursing as a STEM degree to the STEM Designated Degree Program List.

In an update to the STEM Designated Degree Program List, DHS explained that a degree is designated as STEM if it includes core STEM disciplines such as “engineering, biological sciences, mathematics and statistics, and physical sciences, or a related field, which generally involves research, innovation, or development of new technologies using engineering, mathematics, computer science, or natural sciences (including physical, biological, and agricultural sciences).”¹ Nursing is an evidence-based scientific practice and according to the American Association of Colleges of Nursing (AACN) a nursing degree requires foundational knowledge of chemistry, biology, microbiology, informatics and technology, statistics, anatomy and physiology, pharmacology, social and behavioral sciences, and developmental lifespan psychology.² This foundational knowledge is also required in many other health profession degrees.

DHS uses the National Center for Education Statistics (NCES) Classification of Instructional Program (CIP) code system for their STEM list definitions. DHS' list currently contains many health profession degrees, including specialties that nurses practice in such as occupational

¹ 1 Update to the Department of Homeland Security STEM Designated Degree Program List, 88 Fed. Reg. 44381, July 12, 2023, available at: <https://www.federalregister.gov/documents/2023/07/12/2023-14807/update-to-the-department-of-homeland-security-stem-designated-degree-program-list>

² American Association of Colleges of Nursing, The Essentials: Core Competencies for Professional Nursing education, April 6, 2021, available at: <https://www.aacnursing.org/Portals/0/PDFs/Publications/Essentials-2021.pdf>

safety and health. ³DHS includes medical science but not nursing science despite the CIP code definitions being equivalent. Medical science is defined as “an undifferentiated clinical science program that prepares clinicians to conduct clinical and translational research in various areas” and nursing science as “a research program that focuses on the study of advanced clinical practices, research methodologies, the administration of complex nursing services, and that prepares nurses to further the progress of nursing research through experimentation and clinical applications.”⁴ Both definitions clearly require a foundation in STEM disciplines for clinical research and nursing science converges with many other traditional STEM fields. Yet nursing science continues to be erroneously excluded.

The Department of Health and Human Services recognizes the importance and rigor of nursing science. The National Institutes of Health (NIH) leads medical research that has increased the length and quality of American lives. NIH researchers found a critical need for nursing research to effectively reach their mission and launched the National Institute of Nursing Research (NINR). ⁵NINR utilizes nurse scientists and nursing research to advance individual health and public health through innovations to health care delivery and addressing underlying causes such as social determinants of health.

Additionally, other federal agencies specifically recognize nursing as a STEM field. The Department of Labor's Bureau of Labor Statistics' Standard Occupational Classification details five clinical nursing roles as STEM professions.⁶ The Department of Veterans Affairs' (VA) STEM Designated Degree Program List includes nearly 70 nursing roles and degree programs. ⁷ While DHS and VA both follow the NCES CIP code in their Designated Degree Program Lists, only the VA properly includes the full scope of health professions and clinical sciences including nursing science and practice.

³ Department of Homeland Security, DHS STEM Designated Degree Program List, Last updated July 22, 2024, available at: <https://www.ice.gov/doclib/sevis/pdf/stemList2024.pdf>.

⁴ Caitlin Dreisbach, et al., Nursing science as a federally-recognized STEM degree: A call to action for the United States with global implications, International Journal of Nursing Studies Advances, December 2022, available at: <https://www.sciencedirect.com/science/article/pii/S2666142X22000236>.

⁵ National Institute of Nursing Research, About NINR, available at: <https://www.ninr.nih.gov/aboutninr>.

⁶ Bureau of Labor Statistics, Standard Occupational Classification List, June 2019, available at: https://www.bls.gov/soc/Attachment_C_STEM_2018.pdf.

⁷ Department of Veterans Affairs, STEM Designated Degree Program List, Last updated March 17, 2021, available at: https://benefits.va.gov/gibill/docs/fgib/STEM_Program_List.pdf.

There is ample evidence that nursing practice and nursing science are STEM professions and deserve to be recognized as such. Nurses are innovators, advancing public health, clinical practice, and scientific progress across a myriad of roles. They uphold strict codes of ethical and evidence-based practice utilizing all areas of the STEM field. The below signatories urge DHS to immediately add nursing professions to their STEM Designated Degree Program List.

We appreciate your timely response to this issue. If you have any questions, please contact Tim Nanof, Vice President, Policy and Government Affairs at ANA, tim.nanof@ana.org or (301) 628-5166.

Sincerely,

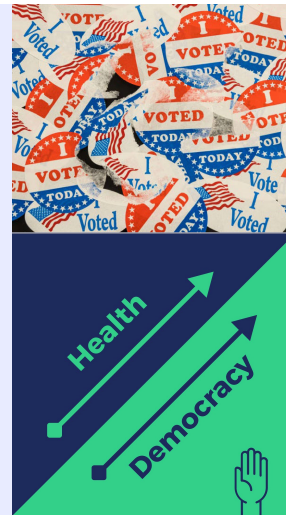
American Nurses Association
American Association of Critical-Care Nurses
American Association of Neuroscience Nurses (AANN)
American Nurses Association - New York
American Nurses Association Massachusetts, Inc.
American Organization for Nursing Leadership ANA-Illinois
Association of Rehabilitation Nurses Delaware Nurses Association
Dermatology Nurses' Association
International Association of Forensic Nurses, Inc.
Minnesota Organization of Registered Nurses (MNORN)
National Association for Clinical Nurse Specialists
National Association of School Nurses
Nebraska Nurses Association
Orthodox Jewish Nurses Association (OJNA)
Pennsylvania State Nurses Association Tennessee Nurses Association
Texas Nurses Association
The National Association of Nurse Practitioners in Women's Health (NPWH)
Utah Nurses Association
Wyoming Nurses Association

Nurses Vote! Get out the Vote Initiatives

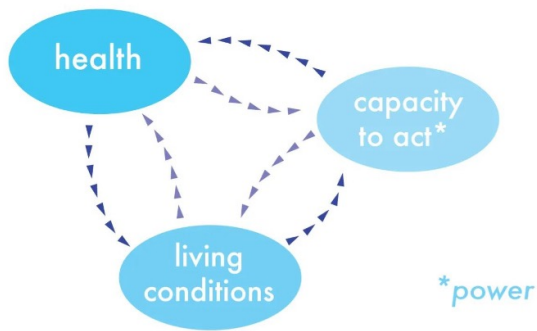


Health is always on the ballot

- Public Safety & Violence prevention
- Health care access
- Early childhood investments
- Climate resiliency
- Pandemic & infectious disease prevention
- Maternal and Infant Health
- Reproductive Health
- Public Health Authority
- Housing, water, food, education, transportation, civil rights.....



WE ARE RESPONSIBLE FOR CREATING LIVING CONDITIONS



“Public Health is what we....do **collectively to assure the conditions** in which (all) people can be healthy”

Institute of Medicine (1988), Future of Public Health

WHY ORGANIZE THE HEALTH SECTOR?

- Nationally, the health sector is largest workforce, about 14% of all workers in the United States. **In Minnesota alone, the health sector accounts for 10% of the workforce**
- Healthcare workers including physicians, nurses, physician assistants, and dentists are 12-23% less likely to vote than the general population.
- Opportunity: We will vote!

HOW CAN WE TAKE ACTION?

Thrive Through Civic Health: We Will Vote (<https://www.healthydemocracyhealthypeople.org/wwwmn/>)

- A strategic call to action for the health and nonprofit workforce and members to promote voter participation with colleagues, organizations, and the communities we serve.
- Working together to build our power and collective influence.
- Advance health equity by expanding the public understanding of the critical relationship between voter participation and health.
- Build support for policies that assure an inclusive representative democracy.

LEARN MORE AT THE MINNESOTA SECRETARY OF STATE GOTV INITIATIVES AND ADDITIONAL INFORMATION:

- https://nursesvote.org/wp-content/uploads/2024/07/MNVotes_Voter-Info-for-Social-Services-and-Health-Care-Workers.pdf
- https://nursesvote.org/wp-content/uploads/2024/07/MN-SOS_2024-Voter-Participation-Toolkit.pdf
- <https://www.cura.umn.edu/research/precinct-level-demographics-and-voter-turnout-2022>



The American Nurses Association strongly encourages nurses to be well-informed and civically engaged, because when nurses speak, health care policy changes for the better. Make your voice heard by voting and educating candidates on the issues important to nurses and patients.

What Nurses Need to Know About Metadata, Documentation, and Legal Liability



Metadata analysis of information in a patient's electronic health record (EHR) has the potential to provide valuable information to attorneys in the case of a lawsuit. This information, such as patterns of missing data, can bolster a legal case, leaving nurses vulnerable to punitive action. The best way to avoid negative results of a metadata analysis and subsequent legal action is effective documentation.

Metadata in the EHR

One of the first steps a plaintiff's attorney takes when building a potential medical malpractice case is to review the documentation in the plaintiff's/patient's EHR. An EHR stores a wealth of information, including the data entered, when it was entered, who entered it, who viewed it, and whether it was modified. It also stores when someone simply viewed something and how long they were viewing the record. All this information is referred to as metadata, which can otherwise be thought of as "data about data."

Metadata can be analyzed not only to identify single incidences of error, such as choosing the wrong descriptor from a checklist, but also to detect patterns that can provide insights into the nurse's care and support an attorney's case. For example, an attorney might use a met-analysis showing that a nurse is routinely late in documenting to imply that their work is sloppy, creating a negative impression that can affect the nurse's perceived credibility and even undermine their defense.

Federal Rules of Civil Procedures recognize that metadata is "discoverable." An attorney gains access to EHR information through e-discovery, which the American Health Information Management Association (AHIMA) defines as "the pretrial legal process used to describe the method by which parties will obtain and review electronically stored information (ESI)". ESI covers any device (such as computers and tablets) and electronic data, such as email and progress notes and radiographic images in an EHR. E-discovery is a complicated process for both the attorney and the organization maintaining the EHR. Data is usually obtained via a computer-generated record of audit trails showing user access and actions.

Protection through documentation

In the case of litigation, metadata can play an important role in determining the credibility of evidence, including a nurse's testimony and documentation. A one-time minor error in documentation is not likely to affect the outcome of a case, but more substantial errors can have a significant impact. For instance, if you testify that you notified a provider of a change in a patient's status at 1130 but EHR data show you made the entry at 1630, without noting the late entry and when you notified the provider, your credibility may be affected. Frequent errors and errors of omission can undermine a nurse's credibility in court.

On the other hand, metadata based on your complete and accurate documentation can help exonerate you by bolstering your credibility and providing evidence that you adhered to your organization's policies and procedures and the standards of practice.

Documentation recommendations

Here are some recommendations that will help ensure your documentation serves you well in court.

- **Avoid documentation gaps.** An example is neglecting to document normal vital signs or routine medication administration when required. Missing information enables an attorney to construct a narrative that may not be flattering to you.
- **Don't copy and paste from text from one patient's EHR to another.** It is too easy to forget to revise the text to reflect variations between patients.
- **Use templates and checklists cautiously.** These tools can save time, but they also can cause errors. For example, you may forget to revise a template to reflect a patient's condition.
- **Do not share your password.** Sharing passwords not only compromises cybersecurity, it could also lead to documentation errors such as another clinician entering their documentation under your name, or your profile being logged in to multiple devices at once.
- **Make any changes to the record as soon as possible, per organizational policy.** A correction of erroneous information is typically indicated in some way in the EHR. Information should not be deleted because that alters the record. Corrections are acceptable when made appropriately. However, negative narratives can be created when late entries or corrections have not been made according to organizational policy. You should also avoid making any changes to a record after receiving notice of a lawsuit, even if you intend to clarify points. In fact, you should not even access the patient's EHR again without first speaking with your risk management team or attorney.

- **Know that what you view is recorded.** The EHR will take note of what you view and for how long. This has implications beyond your own patients. For example, if another nurse asks you to pull up a patient's record for a second opinion, the EHR will store the fact that you looked at the patient's record, and how long you accessed it. You certainly want to provide assistance, but if your conclusions differ from the requesting nurse, it may be prudent to make your own note in the EHR.
- **Document referrals and notifications of other nurses about changes in a patient's condition.** You'll also want to document the response to notifications of changes. If you fail to receive an appropriate response, take further action, such as notifying your supervisor.

Documentation as a tool

EHRs have opened the door for detailed metadata analysis that can support — or not support — a lawsuit. Complete, accurate documentation reflects your practice and is a tool that helps in defending you in case of legal action.

Organizations, metadata analysis, and e-discovery

Organizations should be aware of the implications of what metadata analysis can reveal. For instance, in a case described by Gardner, an analysis showed that a hospital turned off alerts in a clinical decision support system because they came up so often that clinicians ignored them. A plaintiff's attorney was later able to show that one of the alerts might have prevented injury to their client.

Organizations should have a detailed plan for responding to e-discovery requests. Attorneys Hansen and Pratt note that requests must comply with Federal Rules of Civil Procedure 26(b)(2)(C)(iii). The organization will need to supply the requested information unless they can show a court that doing so will create an undue burden or expense.

RESOURCES

- AHIMA. E-discover litigation and regulatory investigation response planning: Crucial components of your organization's information and data governance processes. n.d. <https://bok.ahima.org/doc?oid=107115#.ZByfmBXMJhE>
- Barrett M, DeAngelo TR, DeAngelo JG. E-discovery: Metadata analysis in medical malpractice litigation. The Legal Intelligencer. 2020. Commentary. <https://www.law.com/thelegalintelligencer/2020/04/09/e-discovery-metadata-analysis-in-medical-malpractice-litigation/?slreturn=20230223103325>
- Conn J. Making IT legal-size; As electronic health-record systems become more complex, so do the issues involving the legal status of those records. Modern Healthcare. 2008;38(20),

- Gardner E. The weight of the I.T. evidence; why EHRs won't reduce your malpractice premiums. Health Data Management. 2013;21(10).
- Hansen MD, Pratt TJ. Follow the audit trail: The impact of metadata in litigation. Defense Counsel J. 2017;84(3).
- Shwayder JM. Electronic records and metadata: Old and new liability risks: Metadata from an EHR form an audit trail of activity, which can make or break a malpractice case. Cont OB/GYN. 2018;63(9).

Disclaimer: The information offered within this article reflects general principles only and does not constitute legal advice by Nurses Service Organization (NSO) or establish appropriate or acceptable standards of professional conduct. Readers should consult with an attorney if they have specific concerns. Neither Affinity Insurance Services, Inc. nor NSO assumes any liability for how this information is applied in practice or for the accuracy of this information. Please note that Internet hyperlinks cited herein are active as of the date of publication but may be subject to change or discontinuation.

This risk management information was provided by Nurses Service Organization (NSO), the nation's largest provider of nurses' professional liability insurance coverage for over 550,000 nurses since 1976. The individual professional liability insurance policy administered through NSO is underwritten by American Casualty Company of Reading, Pennsylvania, a CNA company. Reproduction without permission of the publisher is prohibited. For questions, send an e-mail to service@nso.com or call 1-800-247-1500. www.nso.com.



Get to Know NSO! Where nurses are always our top priority. @NSO - Nurses Service Organization shares our commitment to nursing professionals, and we're proud to endorse them as a trusted partner! NSO is dedicated to helping safeguard your career with malpractice insurance that puts your needs first and averages \$131 per year. Learn more!

Link: [Click Here](#)

Register for MDH Project Firstline Trainings

Join MDH Project Firstline and celebrate Environmental Services (EVS) Week September 10-16! EVS workers are on the frontlines of infection prevention and control, and we appreciate the important role they play in keeping patients and others in the health care facility safe. Thank you to the EVS workers dedicated to providing a safe and clean health care environment for all! Project Firstline can help provide engaging and accessible infection prevention and control trainings for your workplace. Explore our resources today at [MDH Project Firstline Training and Resources](#).



View Now: Health Care Environment Reservoirs

Complete the registration form to view the 35-minute recorded training now. After viewing, submit the feedback form to receive proof of attendance. [Register here for Project Firstline Table Talk: Health Care Environment Reservoirs](#)

Project Firstline Printable Resource: [Germs live on dry surfaces \(PDF\)](#)

 An infographic titled "GERMS CAN LIVE ON DRY SURFACES." It features a central image of a person in blue scrubs pushing a metal gurney. The infographic is divided into several sections:

- WHERE IS THE RISK?** Know where germs live to stop spread and protect patients. Includes an image of a hospital room with a bed and curtains.
- Germs That Live on Dry Surfaces**
 - Clostridioides difficile (C. diff)
 - Norovirus
 - Candida (including C. auris)
 - Rotavirus
- Healthcare Tasks Involving Dry Surfaces**
 - Anything involving touch
 - Using devices
 - Patient transport
- Infection Control Actions to Reduce Risk**
 - Cleaning and disinfection
 - Device sterilization
 - Hand hygiene
 - Use of personal protective equipment (gloves and gowns)

 At the bottom, there are logos for Project Firstline, the Minnesota Department of Health, and the website health.mn.gov/projectfirstline.

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

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

Subscribe for PFL updates: [Minnesota Department of Health \(govdelivery.com\)](http://govdelivery.com)

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

Social Media: [Facebook](#) | [X](#) | [LinkedIn](#) | [Instagram](#) | [YouTube](#)



NPSNetwork
Nurses Peer Support Network

Evidence-Based Addiction Treatment: How Research Supports Use of the 12-Steps

*A Healthcare Multi-Professional
Continuing Education Event*

Presented By:

**John Curtiss, Co-Founder/CEO/President, The Retreat
&
Dr. Marc J. Myer, MD, MBA**

Thursday, September 12, 2024; 6:30 p.m. to 8 p.m.



In-Person

**In-Person & Virtual
The Retreat
1221 Wayzata Blvd E
Wayzata, MN 55391**



Virtual



Nurses, Physicians,
LADCs, Social Workers
can receive 1.5 FREE
CEUs



ABOUT THE TRAINING:
Come join us at The Retreat for an enlightening event discussing the effectiveness of the 12-Step program in addiction treatment. Learn about the latest research supporting this approach and how it can benefit those struggling with addiction. Our expert speakers will delve into the science behind this time-tested method and provide insights on its practical application. Don't miss this opportunity to gain valuable knowledge and understanding on evidence-based addiction treatment!