

MINNESOTA NURSING Accent

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**Short staffing is
unacceptable**

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Cover Story

The push for safe staffing intensifies



MNA is not letting up in the fight to ensure safe staffing in hospitals – nurses' top issue.

The Quality Patient Care Act was officially introduced in the Minnesota Legislature on May 11.

House File 2650 and companion bill Senate File 2382 require hospitals to achieve and maintain a minimum number of trained nursing personnel at all times to take care of the number of patients at that facility. The number of nurses on duty would vary by department as well as patient census.

"Nurses continue to say we are taking care of too many patients at one time," said MNA President Mary Turner. "Short staffing is unacceptable in Minnesota. Patients suffer when they don't receive the care they need and deserve."

Hospital staffing plans would follow nationally accepted, evidence-based standards that indicate the proper nurse-to-patient ratio for each patient population or department.

The bill specifies these ratios per department and that nursing supervisors or untrained personnel are not to be counted in the staffing plan. Healthcare emergencies are provided for to allow hospitals to move staff where they need them.

The bill prohibits shortcuts to patient care, such as video monitors in place of direct patient care, mandatory overtime to force nurses to work longer than they are physically able, or layoffs to ancillary staff in place of nurses. In addition, each hospital must create a safe staffing committee that includes nurses.

"We know that more staff leads to better patient outcomes," said bill author Rep. Greg Davids (R-Preston). "Minnesota hospitals must have enough staff on duty to take care of their patients, and the Quality Patient Care Act provides for a minimum number of staff while giving hospitals the flexibility to move staff when they need to."

"The evidence is clear that the number of hospital staff affects patient outcomes," said Senate author Erik Simonson (DFL-Duluth). "The Quality Patient Care Act ensures that each hospital has an appropriate number of staff on duty to care for the number of patients in the beds at the time."

Failure to comply with staffing or reporting requirements would be subject to a fine by the Minnesota Department of Health.

More information about the campaign for Quality Patient Care is at the campaign's new website at www.quality-patient-care.org.

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The less visible side of MNA



Patients and the public rarely see the work that goes into keeping your hospital or care facility operating at top form. They do, however, see the staff who work with patients, the physical surroundings, and the way that they are treated.

The same can be said for MNA.

Nurses, our members, are so busy concentrating on patient care that sometimes it's difficult to see all the "behind the scenes" work that goes into making MNA such an effective and powerful union.

It's not uncommon for members to feel like all MNA does is politics: endorse and work for candidates, lobby at the Capitol, get involved in a wide range of issues that don't appear to directly relate to the nursing profession.

The reality is that politics is a necessary part of MNA's mission and responsibilities. Politics, by its nature, is highly visible because that work takes place in the public arena. But rest assured, as important as our work within the legislative and electoral process is, we never let those processes interfere with our core work, which is representing our members.

Members and staff are hard at work every day protecting nurses' rights, ensuring contracts are enforced, and organizing members to advocate for patients and the nursing profession. That is the core work that keeps our union strong and successful. Negotiating contracts, filing grievances, representing nurses when their rights are violated, enabling nurses to stand up to management are all the foundation upon which the union is built.

Union work is really a triangle: representation, organizing, and political.

- **Representation:** Among the many tasks that fall within the category of "representation," Labor Relations Specialists and bargaining unit leaders (chairs and stewards) negotiate and enforce contracts, and provide representation to members facing disciplinary action or a violation of their contractual or legal rights. Staff and local leaders advocate for members through joint labor management committees and answer member questions and concerns. These are the MNA representatives you see most frequently in your facilities.
- **Organizing:** Organizers help build member power in a bargaining unit to push back on an employer who

Executive Director's Column

is mistreating or disrespecting members, or consciously choosing to violate the contract.

Organizers also assist nurses working in non-union facilities who wish to be represented by MNA to become organized into the union.

In addition, Organizers spend time working with members by participating in community events to increase the visibility and reputation of nurses by engaging in a wide variety of community events.

- **Political:** Nurses and staff advocate with elected officials at all levels for laws that benefit patients, nurses, and communities. We also endorse candidates who stand with us on the issues identified by our members as priorities, such as safe staffing, workplace safety, and workers' rights.

MNA's labor, organizing, political, nurse practice, communications, research, membership, technology, education, and operations staff are all hard at work performing the duties that make MNA the focused, visible, and strong union it is.

MNA's member leaders and staff show their dedication to nurses and the labor movement every single day.

I am so proud of the outstanding work that is done daily in our facilities and the public arena through the powerful partnership MNA has between members and staff. We face many challenges in the future, but nurses are in good hands with the wonderful MNA leadership, both members and staff, working on your behalf every day!

President's Column



Shining the spotlight on state-employed MNA nurses

As I travel around the state as your president, I've been meeting with MNA nurses employed by the State of Minnesota, and the more I hear, the more outraged I become.

The state is treating its nurses as badly as – if not worse – than our other hospitals treat their nurses!

Our nearly 800 MNA nurses employed by the state are spread out all over Minnesota, working in correctional and mental health facilities, nursing homes, state agencies, veterans' homes, and MNSCU schools. They tell me they can feel isolated and overlooked because they are spread so far apart.

They have profound struggles, many similar to nurses everywhere, and many are unique to state employees.

Workplace safety is a critical issue for our nurses and other staff who have been speaking out about the physical danger they face every day in correctional and mental health facilities. They have lobbied legislators, spoken at hearings, and appealed to the governor for help to keep them safe at work.

The dangers are well documented, but funding to address some of these issues has been drawn into the politics of the state budget in the Legislature. Funding for staffing and renovations at the Minnesota Security Hospital in St. Peter and for improvements to the Anoka-Metro Regional Treatment Center were approved by the Legislature this year.

Nurses and patients at state facilities are being held hostage by political shenanigans. They are at the whim of the government, which is continually cutting resources and ignoring their pleas for help. Managers exploit nurses to save money by forcing them to work outside their contractually agreed FTE, or to perform duties that belong to other unionized employees.

Their biggest concern is how the state forces nurses to work outside their work agreement.

Over and over again, nurses tell me horror stories of how they are often scheduled to work above their FTE and are required to work weekends or too many shifts in a row.

This is outrageous! You should be able to choose if you want to work above your FTE. It's one thing to volunteer, it's another to just be scheduled above it.

It's no surprise that turnover and retention are terrible. Nurses – if they take state jobs – don't stay long because of the working conditions.

As they prepare for contract negotiations this summer, state nurses have a long list of wrongs that need to be righted.

They need the active support of all MNA members to stand up to this heavy-hand-



MNA nurses at St. Peter Security Hospital discuss issues in May

MNA Organizational Goals and Priorities for 2017

MNA Mission Statement

1. Promote the professional, economic, and personal well-being of nurses.
2. Uphold and advance excellence, integrity, and autonomy in the practice of nursing.
3. Advocate for quality care that is accessible and affordable for all.

MNA Purpose

The purpose of the Minnesota Nurses Association, a union of professional nurses with unrestricted RN membership, shall be to advance the professional, economic, and general well-being of nurses and to promote the health and well-being of the public. These purposes shall be unrestricted by considerations of age, color, creed, disability, gender, gender identity, health status, lifestyle, nationality, race, religion, or sexual orientation.

MNA Strategic Goals

1. MNA empowers registered nurses to use their collective strength, knowledge, and experience to advance and enhance safe and professional nursing practice, nursing leadership, and the community health and well-being.
2. MNA exemplifies a positive, powerful union of professional nurses that advances nursing and patient interests.
3. MNA promotes effective RN staffing and safe working conditions for both patients and registered nurses in direct patient care, in policy and political arenas, and in our communities.
4. MNA increases membership and participation as a union of professional nurses through effective internal and external organizing, member activism, education, and mobilization.
5. MNA actively promotes social justice, cultural diversity, and the health, security, and well-being of all in its organizational programs and in collaboration with partner organizations.
6. MNA, in solidarity with the National Nurses United and the AFL-CIO, will promote the rights of patients, nurses, and workers across the United States.
7. In the spirit of excellence, integrity, and solidarity, the financial goals of the MNA are to remain a financially viable labor organization with complete dedication to its members, to invest responsibly and within established risk tolerance levels in the strike fund and reserve fund, and to maintain adequate operating cash reserves.

2017 Organizational Priorities

1. All activities of the MNA will incorporate the principles of the Main Street Contract approved by the MNA House of Delegates in 2011.
2. Position MNA for negotiations from strength across Minnesota, Wisconsin, and Iowa.
3. Organize to increase MNA membership and continue to increase solidarity and participation of membership locally, regionally, and nationally.
4. Work to elect politicians who will implement nurse-friendly public policy, including safe staffing, a healthcare system that includes everyone and excludes no one, and single payer healthcare legislation.
5. Build solidarity to promote and support NNU and the AFL-CIO to advance labor nursing issues.
6. Assess risks and actively oppose any attacks on nursing practice and workers' rights, including any attempts of deskilling of the Professional nurse's scope of practice and right-to-work legislation.
7. Continue MNA's campaign for patient safety to ensure the integrity of nursing practice, nursing practice environments, and advance safe patient staffing standards and principles.
8. Fund 2016 field, legislative, and electoral campaigns; consistently evaluate staffing to ensure organizational goals and priorities are achieved.

An important step for patients and a first for MNA nurses

April 6, 2017, may not be a memorable day for most, but for bedside nurses in Minnesota, it was an important milestone. It was the first time in nine years and the second time ever that staffing language was discussed and voted on in the Minnesota Legislature. The first time was when MNA and the Minnesota Legislature successfully made changes to include staffing in the Root Cause Analysis of the Adverse Event Law.

On April 6, Representative Erin Murphy (DFL-St. Paul) proposed an amendment to the House Health and Human Services Omnibus bill to expand the right that some MNA bargaining units already have to close units to admission when the number of patients entering the unit becomes too high for the nurses to safely care for patients.

MNA nurses have been campaigning for a law that would address their concerns over safe staffing, but until April 6, our bills have gone to committees and had hearings, but never floor debate.

Murphy told legislators that the amendment protects the professional work of registered nurses and their ability and authority to ensure that patients are getting safe care.

"We have had an unfulfilling debate over the past number of years here in the Legislature about how we properly staff our hospitals," she said. "The nurses continue to express their concerns that they continue to face inadequate staffing. While we have had hearings about this, they have always been informational. And we have not really done the work to respond to their continued concern. The hospitals also say that it is a chief concern of theirs to make sure that the patients inside the hospitals are getting adequate care.

"Back in 2001, there was a labor dispute here in Minnesota and the result of that was giving the nurses in certain hospitals the authority to temporarily close a unit when they believe that there are too many patients in their care to do the work safely. This is now done in at least 11 hospitals in Minnesota. It is rarely used, but it is a stop gap. It is a way for nurses to say 'pause.' It is a way for the nurses to articulate their professional authority that in their judgment there are too many patients being cared for, and as a result, there is a lack of safety. It puts the decision in the hands of the professionals doing the work.

"We all have hard days at work, but the nurses are saying

that there are too many examples that the staffing is such that we are not safely caring for Minnesotans," she said. "We won't close LD or the ED. It will just mean holding on and pausing to ensure patients coming to the unit are getting excellent care and the care that they deserve. If we agree we want patients to get good care, then this is a remedy that brings us to that point."

Representative Jamie Becker-Finn (DFL-Roseville) supported the amendment, saying it isn't just a priority of MNA, but it is a priority of individual nurses. Becker-Finn shared a story about a nurse in her district who was forced to give a patient an anti-psychotic injection because they were understaffed. If she hadn't given the injection, the patient would have endangered himself. If she hadn't been understaffed, she would have been able to do additional interventions first.

"We need to listen to our nurses," she said. "They are the ones who do this work."

Murphy clarified that this amendment isn't about staffing ratios.

"It just allows nurses staffing a unit to say we have too many patients, so for a moment of time, we are going to close the unit to a new admission," she said. "This gives nurses the authority as they are the ones responsible for the care of the patients, not the people in administration, not the nursing manager, not the doctors."

Unfortunately, the amendment failed, but MNA will continue to press for laws that allow nurses to care for patients safely.

On May 11, legislators introduced the Quality Patient Care Act to require hospitals to achieve and maintain a minimum number of trained nursing personnel at all times to take care of the number of patients at that facility. See "The push for safe staffing intensifies" on page 2 for more information.



Rep. Erin Murphy

LABOR ADVOCACY

Bemidji nurses fight off proposal to tie pay to patient satisfaction scores



Bemidji bargaining team

What was expected to be relatively straightforward negotiations turned into a battle over an onerous management proposal that would have set a dangerous precedent for nurses throughout Minnesota.

MNA nurses at Sanford Bemidji Medical Center started with limited-scope negotiations this winter, anticipating a fairly uncomplicated process.

Management suddenly proposed tying wage increases to patient satisfaction scores. Nurses rose up in protest.

"Nurses were outraged," said Bemidji Bargaining Unit Chair Liz Binkert. "We told them right away that nurses wouldn't go for wages based on patient satisfaction scores."

Nurses united to stop the proposal. They used Facebook to keep in close communication and build solidarity. They also talked to the news media to put public pressure on Sanford.

Management finally agreed to withdraw the proposal and they reached a tentative agreement that was approved on March 23.

"If it weren't for the nurse solidarity, we wouldn't have had such a good outcome," Binkert said.

Beside blocking the employer's plan to tie compensation to patient satisfaction scores, Binkert said nurses are happy with a new floating differential, as well as improvements to the floating process, which has been a major issue ever since the hospital dissolved the float pool.

Rainy Lake Medical Center nurses fight off concession proposals

Rainy Lake Medical Center in International Falls management tried to slip some onerous proposals into contract negotiations, but MNA nurses refused to consider them.

"We avoided significant concessions and ended up with a fair contract," Bargaining Unit Co-Chair Sarah Arch said. "Negotiations went quite well when we got a mediator after the first day."

They negotiated wage increases, improvements to call pay, and other economic gains.

Nurses voted to ratify the contract on Feb. 28.

Recruitment and retention top issue for Ecumen Lakeshore nurses

Nurses at Ecumen Lakeshore transitional care facility in Duluth were prepared for difficult negotiations and wore red every Friday once negotiating began.

They reached a tentative agreement on April 28, after three negotiating sessions.

"Management understood it was important to come to an agreement, especially on recruitment and retention issues," Bargaining Unit Chair Cheryl Erickson said. "They wanted to work with us, and some of our proposals focused on hiring and keeping staff."

Recruitment and retention is an issue at the facility, according to Erickson.

"We tried to work together to come up with solutions to those issues in the contract," she said. "I think the new contract will help with recruitment and retention."

Nurses were able to negotiate a contract with no concessions, wage increases, increases to the weekend extra shift bonus, two more steps to the wage table, and a referral bonus program.

They ratified the agreement May 10.

Iowa nurses delay effects of new anti-union law

Wage-only negotiations resulted in more than pay increases for MNA nurses at Spencer Hospital in Spencer, IA.

In the wake of new anti-union legislation in Iowa, nurses convinced management to extend the contract for three years, allowing both parties to see what happens as the law is appealed.

That means MNA nurses in Spencer will not have to comply in 2017, 2018, or 2019, with requirements in the new law for unions that represent Iowa public employees to hold membership certification votes each time the contract is open for negotiations.

Were it not for the extension, a membership certification vote would have been necessary in just a few months (Autumn 2017).

"I feel like our negotiations went very smoothly," said Bargaining Team member Janell Martini. "Both parties were able to get their points across with explanations of the reasons proposals were submitted in regard to many variables impacting healthcare, nurse wages, recruitment and retention, and comparisons to other hospitals. I feel our bargaining team makes proposals that will satisfy all parties involved."

Nurses ratified the contract on May 11.

LABOR ADVOCACY

Park Rapids nurses negotiate wage-only contract

Negotiations with St. Joseph's Area Health Services in Park Rapids were "short and sweet."

MNA nurses agreed to wage-only negotiations for the first time this year, and it worked out well for nurses.

It took about four hours of negotiating to reach a tentative agreement, according to Bargaining Unit Co-Chair Betty Renes.

"I was impressed with how it went," she said, noting that nurses have a good working relationship with management. "Our administration tries to work with us."

Co-chair Michelle Crissinger said both sides were respectful of each other. "We have a common goal: pride in our hospital and we want to do what's best for patients and employees," she said. "We were done in a couple hours in one-day negotiations."

Nurses are happy with the new contract, which they approved on March 30.

"They were pleased with what we negotiated," Renes said. "In fact, I heard a couple comments on the day we ratified the contract that members didn't understand why we had a vote because they didn't know why anyone would vote against it!"

In addition to wage increases, the new contract preserves and extends a letter of understanding that protects health insurance premium cost sharing that was set to expire March 31.

Murray County Medical Center RNs ratify one-year contract

MNA nurses at Murray County Medical Center in Slayton negotiated some major improvements in their contract this spring, after the first tentative agreement was voted down.

The sticking point was a staffing issue.

Nurses and management went back to the table and reached a second tentative agreement that includes some significant improvements, including reinstating the step increase system, which had been frozen for several years, along with improvements to the step system that benefit nurses right away. Additionally, the mandatory low census cap was lowered.

"Everyone is happy with how it turned out," said Bargaining Unit Chair Audrey Groen. "Both sides worked together and we were successful on the second try. It took a little work – like everything good."

Nurses ratified the one-year contract on March 17.

The real Mayo

A comment to staff by Mayo Clinic Executive Director John Noseworthy a few months ago woke the public up to the corporation's questionable ethics and behavior – something nurses employed by Mayo have known for a long time.

Dr. Noseworthy told staff in a videotape that Mayo would prioritize privately insured patients over publicly funded patients with equivalent conditions.

The comment drew criticism from all corners for cynically putting profit before patients.

MNA nurses at Mayo facilities have witnessed – and been the targets of – the corporation's greed in many ways over the years.

Mayo has gradually consolidated services between hospitals, often forcing patients to drive long distances for the care they need instead of going to the hospital in their home town. They also let patients come into a hospital but then ship them to other hospitals.

Management has reduced staffing levels or haven't staffed for acuity, so mandatory overtime has become a norm in many of its hospitals. Management claims it doesn't have funds for staff compensation while spending millions on expensive buildings.

In June, Mayo announced plans to move inpatient services from the Albert Lea hospital to Austin, leaving Albert Lea only with outpatient and mental health services, leaving nurses and other staff with uncertain futures.

During contract negotiations, MNA nurses have fought Mayo proposals that are not in the best interest of patients and staff in Lake City and Austin.

Lake City

MNA nurses at Mayo Clinic Health System in Lake City demanded adequate staffing in their emergency department to ensure patient safety. They asked Mayo to continue a letter of understanding that there would be two nurses trained for the ED in the building at all times.

Mayo refused to continue the agreement, asking nurses to "trust them" to do the right thing.

Nurses knew better. They began a campaign to pressure Mayo into committing to adequate staffing in the ED to ensure safe patient care.

They distributed yard signs that said "We Support Our Nurses" to homes and businesses, and the signs were soon seen all over the city.

The real Mayo cont. on page 17

CFSS report 2016

"Call lights not answered timely, residents' pain management not resolved. Inadequate supervision of resident. Toileting, turning positioning inadequate, not according to protocol for cares."

"Patient needing a 1:1 sitter, numerous near miss falls, unable to answer lights result."

Those are just two of the 3,000 incidents of short staffing reported by nurses on Concern for Safe Staffing forms (CFSS) in 2016, according to MNA's annual summary.

The report analyzing 2016 CFSS forms found an alarming increase in the number and type of incidents nurses encountered, providing more evidence for the need for laws that ensure safe patient care.

The number of reports increased by 9.45 percent to 3,000, even though more than 22 percent of MNA membership who are eligible to submit these forms were on strike for several weeks.

That is a 45 percent increase in shifts that were short staffed and, as a result, unsafe from 2014-2016, according to the report.

Several CFSS form categories saw increases above the 9.45 percent year-over-year increase in submissions. These reports document negative patient outcomes, unacceptable administrative solutions to resolve short staffing, and temporary solutions by nurses to protect patients already in their care. According to the report:

- "Delays in care or treatment or incomplete assessments" occurred 2,131 times in 2016, an 11 percent increase.
- An "inability to answer patient call lights" was reported 1,551 times. More than half the time, patient call lights were not answered within a reasonable time.
- Instances when a nurse was prematurely taken off orientation in order to fill a short staffing need increased by 19 percent in 2016.
- Nurses reported they were successful in getting the right number and skill mix of nursing staff when there was short staffing only 186 times.
- Unqualified staff were used to resolve the short staffing problem 388 times in 2016.
- More than once a day, a nurse was floated to a unit where she or he was not trained to work. This includes either not knowing the care practices for the patient population or equipment used to care for them.
- Instances when a shift was left short staffed by 25

Concern for Safe Staffing Form Annual Report 2016



Nurses put the care in healthcare

percent or more increased by 72 percent, which is a 221 percent increase since 2014.

- In 2016, hospital management working the short-staffed shift increased by 158 percent.
- As a result of short staffing, patients did not receive their medication at the scheduled time 852 times in 2016.
- Nurses reported that nearly 50 percent of the time patients' medications were not administered according to the physician's orders.
- Hospital administration chose to resolve the short staffing issue by substituting a worker who was not skilled to the level that was necessary 659 times.
- Nurses refusing unsafe assignments rose by 228 percent in 2016.

Nurses realize more and more that, in order to protect the patients in their care, they must refuse to accept assignments that are unsafe.

"As the number of CFSS form submissions continues to rise, it shows Minnesota nurses have serious concerns regarding their patients' safety and quality of care," according to the report. "Too often, those responsible for staffing decisions respond to nurses' concerns in ways that are irresponsible and downright frightening. Until a law is passed to insist on this, nurses will have to continue to plead with hospital administration and management for the appropriate skill mix and the right number of nursing staff for each shift that is shorted. Those protests are successful in just a few instances."

The report is on MNA's website issues page at www.mnnurses.org.

What does safe staffing look like?

By Carrie Mortrud, RN, MNA Policy Project Specialist

A question from a nurse at a recent meeting brought up a disturbing thought: has staffing become so bad we don't know what safe staffing looks like anymore?

As I travel around Minnesota as MNA's Policy Project Specialist, it is apparent that short staffing is a widespread problem that is affecting patient care; and nurses are growing increasingly alarmed.

During a recent meeting, a nurse asked, "What is unsafe? What does safe staffing look like?"

I responded with examples of short staffing that I have seen in the Concern for Safe Staffing forms submitted by MNA nurses.

We had an emotional discussion as she described how short staffing has become worse in her unit and at her hospital, and how frustrated and beat down she feels every day.

She struggled to recall a shift in recent months where she left feeling really good about the care she gave that day. This weighed heavily on me for hours and then it hit me. Has it gotten so bad that nurses don't even know what safe looks like anymore? Has it really gotten to the point where nurses who have worked more than 25 years in the same hospital can't even remember what safe — never mind quality — care looks like?

I remember my days working in the hospital and shifts where I left feeling like I was walking on a cloud. I was so proud of the care I gave, so confident in my career choice, and so grateful I got to do something that brought me such joy.

Here is what I remember and what I believe safe care looks like:

- Having time to care for patients including a few minutes in silence to review my patient assignments. Being able to take notes, think of questions, and feel like I had a photo of each patient's stay.
- Time to get report on each patient — a thorough report. I didn't need to spend too long on each patient, I just wanted to ask questions, get clarity on what the previous shift was expecting me to do, and to complete this within a half hour of walking onto the floor.



During those crucial reports, we were not interrupted to assist with other tasks or patient care because other disciplines and support staff were short staffed.

- Doing quick rounds on all my patients to introduce myself, write my name on their grease boards, and find out how they were. I also had a minute to let them know the game plan for that day.
- Passing medications within the scheduled 30 minutes. I was able to do pain assessments, administer medications, and do follow-up assessments. If the pain was not relieved, I was able to administer more if allowed, or I had time to call the physician.
- After medication administration, I was able to go back and do full assessments. I would be able to start discharge teaching, ask patients about their home situations and support, and find out if they were scared about going home. If a patient had been a little confused on the night shift, I was able to do a neuro check and write a note following my assessment.
- Getting all consents for tests, scans, and surgeries completed without rushing. I was able to answer family members' questions.
- Getting a lunch break where I could think about the rest of my shift and what I needed to get done.
- All my charting was accurate and completed before report started for the on-coming shift.
- Working a shift that was safely staffed could still be crazy busy, include 17,000 steps, make you feel exhausted, and think, "Wow, that was nuts."

Being safe doesn't mean easy. It doesn't mean I didn't work hard. It means I was able to deliver the care I needed to, without cutting corners and putting patients at risk.

It never caused me to hesitate upon leaving because I forgot to do something important, or at least delegate it to the next shift. It didn't make me feel terrible and like I didn't deliver the care patients needed. It didn't make me cry because I was scared I may have actually harmed my patients rather than cared for them and made them better.

To my fellow nurses: please try to remember the shifts when you had the staff, resources, and ability to give safe care. The kind that made you smile and feel proud. If it's not meeting that standard, it's short staffing and your patients are not safe. Report it and refuse it.

Governmental Affairs Commission Update

By Barbara Forshier, GAC chair, RN, BSN, JD, CPAN staff nurse, United Hospital, St. Paul

The Governmental Affairs Commission has decided that now is the time to act. With the current state of the electorate, we have decided that we must start with grassroots organizing that involves members from the bargaining unit and local levels.

This is what your 17 commissioners are prepared to do on Single Payer Healthcare. MNA Political Organizer Geri Katz informed the commissioners that it should be a five-year plan. So, what is the plan?

We are dividing up MNA nurses by Congressional district. You can expect to get an invitation from your GAC commissioner to an education session, listening session, book club or one-to-one conversation on single payer. This may be at a library, home, coffee shop, or at your place of work. We plan to start with nurses, who will then educate the public, who will then elect the people who will implement this vision! Sounds easy, right?

As many of you know, Senator John Marty has authored "Minnesota Health Plan," a book outlining exactly how single payer can be implemented in Minnesota. It's time to show the nation how it can be done. Below are the basic principles for the health plan, from Senator Marty's book, which can be downloaded for free at: mnhealthplan.org. The healthcare system must:

- Ensure all people are covered.
- Cover all types of care, including dental, vision and hearing, mental health, chemical dependency treatment, prescription drugs, medical equipment, long-term care and home care.
- Allow patients to choose their providers.
- Reduce costs by cutting administrative bureaucracy, not by restricting or denying care.
- Set premiums based on ability to pay.
- Focus on preventive care and early intervention to improve health.
- Ensure there are enough healthcare providers to guarantee timely access to care.
- Provide adequate and timely payments to providers.

While some lawmakers support this plan, the majority do not. That is why we must expend the time and energy now. We must fix this broken system for all.

As Margaret Mead said, "Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it's the only thing that ever has."

A new sounding board for questions about workplace injury issues



Danielle Bird

MNA nurses have a new source of information about workplace injury issues. MNA's Board of Directors this spring added the law firm SiebenCarey to the list of resources for members.

"We are a sounding board for questions about personal injury claims, accidents, workplace injuries, Workers' Compensation, difficulties with the Family Medical Leave Act, work restrictions, what their rights are, where to go if there's a problem," SiebenCarey Attorney Danielle Bird said.

Nurses are at or near the top of the list for workplace injuries, she said, making the need for workplace safety and very high.

"Nurses tend to work through their aches and pains more than other occupations," Bird said. "Patient care is the primary goal, so sometimes they forget about themselves."

Bird has some tips for nurses:

- Report anything right away, even if you don't seek treatment or you don't think it's needed.
- Write down details of the incident right away and in notes for the shift report. In case your injury starts to cause pain later, you'll have documentation.
- Pin pricks are a workplace injury, so be sure to report any pin pricks. Testing is needed and treatment is covered under Workers' Compensation.
- Make sure your employer has workplace safety measures in place. In addition, try to use personal preventive measures like proper posture, stretching, walking, and changing your position occasionally.

You can find SiebenCarey and other resources under Member Resources on MNA's website at www.mnnurses.org.

At the Capitol

Minnesota nursing students learn key role: advocating for patients everywhere

The next generation of Minnesota nurse activists learned, got inspired, and put that learning into action at MNA's 2017 Student Day on the Hill.

More than 500 student nurses from schools throughout Minnesota learned the importance of advocating for patients at the bedside and in the public arena at the April 4 event in St. Paul.

"It's so important for nurses to get involved in governmental issues and policy making because everything a nurse does is affected by those policies," MNA Executive Director Rose Roach said in opening remarks. "Trust me, you will see the effects of bad public policy every day in your workplace. The people we elect write the laws and rules we operate under – from the Nurse Practice Act to HIPAA to access to healthcare to public health issues." Students heard from MNA nurses who gave real-life examples of advocating for patients at the Capitol and in the community.

"You need to get your voices out there for patients and the profession," Essentia Health Duluth RN and MNA member Emily Kniskern told students and faculty, adding that legislators often are not familiar with nurse issues.

"They need nurses' and patients' perspective," she said, so they can make decisions that ensure nurses can safely care for their patients.

A panel of former legislators provided the insiders' perspective and gave advice on lobbying at the Capitol, including the importance

of nurses telling their stories.

Busloads of student nurses then traveled to the Minnesota Capitol to speak to their elected officials about critical issues.

Student nurses said afterward they found the day a rewarding experience and were excited to go out and advocate for patients and the nursing profession!



Convention 2017:

Organize. Agitate. Educate.

Get inspired, learn about current nursing issues, and have a voice in MNA's future at the 2017 Convention and House of Delegates Oct. 15-17 in Rochester.



Michael Milligan in 'Side Effects'

It all starts on Saturday, October 14, with a special presentation of "Side Effects," a play written and performed by Michael Milligan. It tells the story of a physician suffering from the side effects of practicing medicine in America.

Sunday features education sessions presented by National Nurses United on big pharma problems and how to fix them; inequality in the U.S., and the future of



healthcare in our country.

Be sure to attend the Board Meet and Greet on Sunday evening, and hear from MNA presidential candidates. The Silent Auction to benefit MNA's Disaster Relief Fund also begins on Sunday and runs through Tuesday. Please consider bringing donations to auction off!

On Monday, opening ceremonies kick off the first House of Delegates session, education focuses on mobilizing your members, and the Honors and Awards Banquet recognizes some of our many outstanding members and allies.

Tuesday features the final House of Delegates, regional group meetings, and an education session on organizing.

Check out the special insert in this edition of Accent for more details – and to register!

Watch for your ballot to vote for your leaders



MNA nurses have some very important decisions to make this Fall.

You'll be electing your union's leadership for the next three years. All members in good standing will receive ballots in October by U.S. mail to vote for:

- The Board of Directors
- The Commission on Nursing Practice and Education
- The Commission on Governmental Affairs
- The Committee on Elections
- Delegates to the MNA House of Delegates
- Delegates to the Minnesota AFL-CIO
- Leadership Committee of the Council of Active Retired Nurses.

This is your chance to have a say in the decisions and actions of your union.

Please watch for your ballot, which will be mailed October 16. The deadline to return the ballot is November 15, and the results will be announced the first week in December.

Make sure you have a say in MNA!



Talk about nursing as a volunteer at MNA's State Fair booth

Have fun while advocating for your fellow nurses and building a community of support for upcoming campaigns by volunteering at the 2017 State Fair. Volunteers receive an MNA t-shirt, a \$14 parking stipend, and will be reimbursed for an all-day admission ticket. You can register online in the events section of www.mnnurses.org.



Consent to Serve as a Delegate to the MNA House of Delegates

After MNA's statewide officer elections have been completed, there still may be open Delegate positions. By signing this form, I agree that I will serve in one of these open positions, commit to participating in activities on behalf of MNA, and support MNA's mission, strategic goals, and priorities.

I understand that I must attend the entire House of Delegates. According to House of Delegates policy, this form must be submitted no less than seven days prior to a House of Delegates session. In addition, I must have been a member in good standing for at least three months prior to submitting the form in order to serve.

I further understand that my term as Delegate will expire December 31, 2017. If I am unable to complete this term, I will notify the MNA office so my position can be replaced.

Name Printed _____

Signature _____

Date _____

Please return this form to Jodi Lietzau at MNA via mail or fax (651-695-7000).



Minnesota Nurses Association

Nominate your colleagues for MNA Honors and Awards

Deadline is July 1, 2017

We all have colleagues who go above and beyond for our patients and our communities.

Take a moment to give them some much-deserved recognition: nominate them for MNA Honors and Awards.

Visit MNA's website at www.mnnurses.org for details about each award and how to nominate an unsung hero!

Award:

- President's Award
- Distinguished Service Award
- Creative Nursing Award
- Audrey Logsdon/Geraldine Wedel Award
- Ruth L. Hass Excellence in Practice Award
- Nurse Educator Award
- Public Official Award
- Sarah Tarleton Colvin Political Activist Award
- Nurse Researcher Award
- Mentorship in Nursing Award
- Paul & Sheila Wellstone Social Justice Award
- Elizabeth Shogren Health and Safety Award

Legislative Update

The gavel came down on the 2017 Legislative Session, but as of this writing, a few things remained to be settled. It appears that the DFL Governor and the GOP-led House and Senate are headed for either a special session or a standoff in a courtroom. For now, here's how nurses' issues shook out in the end.

Two key issues became a little confusing at the end.

The preemption bill that would have taken sick time away from 150,000 workers (including casual nurses) was vetoed by the Governor after the Legislature passed it in special session.

Legislators linked the preemption issue to Paid Family Leave and pensions for state workers.

In spite of the veto, Paid Family Leave for state workers will go into effect, thanks to the Governor's argument that it was ratified because it passed both chambers of the Legislature.

The Legislature will take up the pension issue next year.

Insurance companies were the big winners. The Governor and Legislature gave them \$300 million to reduce premiums 25 percent for 125,000 people who buy their coverage on the individual market.

The insurance industry also won "reinsurance" coverage that says the state will pay half of high-cost medical care claims for serious conditions. This will cost Minnesota taxpayers \$542 million with no guarantee that insurance rates will actually go down or companies will stay in the individual market.

The biggest gift to insurance companies, however, came in some language that will allow the not-for-profit industry to become for-profit. This is Christmas in June for these companies as they are sitting on \$7 billion in assets. More than \$2.5 billion of that is just in "reserves," which is otherwise known as profits. Minnesota's HMOs will want to keep that money for their new shareholders, but a late compromise delayed this HMO "conversion" of assets for two years.

The budgets for Health and Human Services were slashed \$463 million in the next two years and \$273 million for the 2020-21 biennium. However, these cuts will be nearly offset by digging into the piggy bank that is the Health Care Access Fund (HCAF), which is supported by the soon-to-be expiring Provider Tax. The HCAF also supports MinnesotaCare, but after the 2020-21 budget, the balance will be just \$4 million.

Staffing for the Minnesota Security Hospital at St. Peter was funded at \$58 million over the biennium, which will go toward patient and worker safety. The bonding bill also included funding for Phase II of renovations at St. Peter and more improvements for the hospital in Anoka.

Language that would have made assaulting a healthcare worker (including first responders) a felony did not pass in the final Public Safety bill. MNA has been told it will probably get a hearing next year.

What did pass in Public Safety was language that forbids the head of the department from issuing driver's licenses to undocumented workers. Governor Dayton signed this bill, but he's withholding funding from the Minnesota Senate and Minnesota House of Representatives so legislators will have to return to discuss this and other items in the tax bill.

The REAL ID bill, which originally contained discriminating language, passed in the regular session without it, and Minnesotans will be able to continue using their driver's licenses for domestic air travel.

The Quality Patient Care Act that establishes nurse-to-patient ratios did not come to a vote this year, but it will live on through the next year of this Legislative Session. A measure to allow nurses to close units due to staffing failed in the Minnesota House despite efforts by Rep. Erin Murphy (DFL-St. Paul).

The Board of Nursing continues to try to push Minnesota to join the multi-state Nurse Compact, but no bill to allow this came up in this session so far.

The \$500 tax credit for people, including nurses, with student debt remained in the final tax bill.

Funding for the Public Employee Relations Board also passed, although it was delayed for four years. It will give those workers a new avenue to file grievances.

MNA will publish a comprehensive legislative report and a final legislative scorecard in the coming months.



Nurses are empowered by Mini Days on the Hill

MNA nurses from across the state and Wisconsin came to Saint Paul to advocate for their patients and profession during the 2017 Mini Days on the Hill. Participants spoke with legislators about different issues including safe staffing, workplace violence, and single-payer healthcare.

Nurses were able to educate several new members of the Minnesota Legislature, and continued to build relationships with others.

"The Mini Day on the Hill was a great experience, it was well planned, and I enjoyed meeting my representatives," said Jaimee Kudrle of Mayo Clinic Health System Mankato. "Most of all, it moved me to become more politically involved in my community. Most of our political leaders really do want to hear from us and work with us. It was very empowering!"

On the morning of each Mini Day on the Hill, nurses received a briefing and training on legislative priorities and were able to ask questions of MNA staff. After that, the group went to the Capitol for their scheduled meetings.

"The Mini Day on the Hill program was developed because we were hearing from legislators who were saying that they only heard from nurses during their big Day on the Hill," said MNA President Mary Turner. "The first year we had eight facilities participate. This year we increased that number threefold. Nurses are the best messengers when it comes to nurse practice and community health-related issues because we see the effects of bad public policy in our jobs on a daily basis."

More than 100 RNs from 25 facilities made the trek to Saint Paul. Nurses held meetings with 31 representatives and 24 senators. Some also attended rallies and visited the Governor's and Attorney General's offices.

If you'd like to get more involved with the Mini Day on the Hill program or have questions about it, please contact Cameron Fure, MNA Political Organizer, at cameron.fure@mnnurses.org.





Nurses Week looks to history and future

Nurses and communities celebrated Nurses Week 2017 with proclamations, standing ovations, food, and solidarity in Minnesota and throughout the world.

As part of Nurses Week, legislators introduced the Quality Patient Care Act, which addresses nurses' top issue: safe staffing. See page 2 for more information about this important bill.

Governor Mark Dayton issued a proclamation declaring May 6-12 Nurses Week, and legislators in both houses gave standing ovations to honor and thank nurses as they read the proclamation during floor sessions.

MNA nurses celebrated with events at their facilities and in their communities, commemorating nursing's proud history and the challenges ahead.





The real Mayo cont. from page 7

Nurses spoke at city council meetings to make sure elected officials knew that Mayo's actions endangered patient safety.

They held a solidarity walk on a cold January 25 to draw public attention to their battle to keep patients safe.

On February 22, nurses and supporters held an informational picket outside the hospital to increase public pressure on Mayo.



Lake City nurses march for safe staffing at February informational picket

Nurses decided to accept Mayo's final contract offer even though it did not include the ED staffing language. They ratified the offer on March 15, avoiding putting patients and families through a strike. Nurses are continuing the fight for safe staffing by talking to the City Council and holding community forums to keep the public informed and hold Mayo accountable.

Austin

MNA nurses at Mayo Clinic Health System in Austin fought off onerous concessions proposed by management during contract negotiations this spring.

Mayo claimed the hospital lost \$10 million last year in order to justify concessions from nurses.

Nurses stood their ground and negotiated a contract with wage increases and very few changes to the contract. Nurses negotiated improvements to language on transfers between departments and a reduction in how long corrective actions remain active.

Look for more contract ratification news in the Fall Accent.



Health and Safety Committee Update

Be safe in the water this summer!

By Sandie Anderson and Susan Kreitz, committee members

Summer is an exciting time to be outdoors and enjoy nature after a long winter. Swimming and boating are favorite activities of many Minnesotans of all ages. It is very important to know how to be safe while in the water. There are safety rules that everyone should follow to prevent accidents that could lead to severe injuries and even death.

Here are some safety tips to help keep everyone safe:

- Swim in areas supervised by lifeguards or with an experienced swimmer who knows CPR.
- Have equipment like reaching or throwing equipment, a cell phone to call 911 or the local emergency number, life jackets, and a first aid kit.
- Always swim with a buddy – never swim alone.
- Never leave a child or an inexperienced swimmer alone.
- U.S. Coast Guard-approved life jackets should be worn by inexperienced swimmers; however, do not rely on life jackets alone.
- Maintain constant supervision and avoid distractions when watching a person swimming or playing around water.
- Enroll in age-appropriate water orientation and swimming classes.
- Get boating rules from the DNR or local sporting goods store.

Have a safe and fun summer!



Nursing Practice and Education Commission Update

By Patty Kaiser, RN, MA, CPHQ, Unity Hospital

My first time

I have been a nurse in substance abuse, quality and risk management for 43 years. My goal each and every day is to ensure patients get the right care, at the right time, with the right resources.

On one particular day, I arrived for my shift and chatted briefly with the night charge. I soon discovered we were short staffed, that none of the nurses from the night shift could stay for an additional shift, and according to staffing, they had tried everyone and nobody was available.

I decided that we needed to proceed with immediate unit closure and notify our nurse manager. While the night charge called our manager, I called our MNA chair Gail Olson to get further clarity.

When our nurse manager arrived, her solution was to take our new RN who was still in orientation and give her a full assignment.

When the manager presented her solution, I said "No, that is unacceptable." I also told our manager that she deserves her full orientation, it is not safe to put her at a full assignment, and we will not accept the assignment.

This infuriated our manager and she began to escalate. I stayed calm and asked her to work as the charge nurse. It is important to note that the charge nurses on our floor take three to four patients. However, our manager refused to take patients which means she, in fact, refused her assignment.

The night shift stayed to assist with medication pass and we were able to get through the busy morning all the way until noon when we were finally fully staffed. When the shift was done, the new nurse came up to me and said, "I've never seen nurses stand up to their manager and stand up for safe staffing. Thank you so much for protecting me and our patients."



Members in Action

Lives are changed forever

Dozens of children and adults in India now have brighter futures, thanks in part to two MNA nurses who volunteered for a program that provides life-altering reconstructive surgeries and related healthcare in developing nations.

Doreen McIntyre and Cathy Goedde, recovery RNs at Children's Hospital in Minneapolis, traveled to India in February as part of Smile Network International, which is based in Minnesota.

They were part of a three-table surgical mission in a 26-member team providing surgeries that give new life to impoverished people who were born with cleft palates or lips.

"We helped with surgeries on 72 children," McIntyre said. "We screened more than 90 kids who came from all around India." Some traveled more than 20 hours by bus, train, and foot for the free procedures.

This was McIntyre's fourth volunteer mission with Smile Network. She's also traveled to Peru and Mexico as a recovery room nurse for the surgeries. The missions are life-altering experiences not only for the patients, but for the volunteers.

"The missions change people's lives forever," she said. "Families put their children in your hands to keep them safe. It is so rewarding to be part of this. I also realize how fortunate we are: we have so much to be grateful for."

"It changed my life too," said Goedde. "I live a little differently, I'm a little more appreciative of what we have. Some people in India have no running water or toilets, but they still smile at you and thank you. It makes you change your perception of the world. The problems we have are nothing."

Goedde said the hospital staff were welcoming, generous – and loved hanging out with them! They formed lifetime friendships with staff and families.

"Most of the families were poor, but were happy and thankful," Goedde said. "We were all bawling when we had to leave. I've been on other trips but never felt this close to people."

Hospitals in India are vastly different from U.S. hospitals.

"Our hospital was open-air," said McIntyre. "Some work-



Cathy Goedde (left); Doreen McIntyre (right)

By Mary Kirsling, Retired RN, Essentia Health - St. Mary's Medical Center, Duluth; CARn member



On May 10, CARn met in Duluth to introduce itself to area retired nurses and those interested in the group.

The group sponsored a presentation by the Minnesota State AFL-CIO Retiree Council. The State Retiree president was on hand, and the AFL-CIO has developed some excellent presentations about Social Security, Medicare, and Medicaid that are available to any groups wishing for more information.

Buddy Robinson, staff director for the Minnesota Citizens Federation Northeast, gave a presentation on threats to Social Security and Medicare.

This is a local organization that has had many legislative achievements in its 36-year history. Their mantra is "Working for Health Care and Economic Justice for All." This fits in perfectly with MNA's core values and makes them a perfect choice for helping to build a coalition.

CARn also gave out brochures and applications to join our group, explaining its mission and activities. Those include:

- Advocacy for upholding the standards of the nursing profession.
- Participating in strike lines/informational picketing
- Supporting organizing initiatives.
- Community outreach.
- Assisting in the archiving and maintenance of professional nursing and labor history.
- Educating the public on issues important to the health and wellbeing of all Minnesotans.
- Providing assistance with bargaining unit activities (votes, education sessions, rallies, etc.)
- Assisting MNA commissions in mentoring other nurses.

And, of course, we all enjoyed a wonderful lunch and a little social time with old and new friends. We received a few applications to join and everyone who participated thought the presentation was valuable and we all learned something new. Thanks to all those who traveled from St. Paul and other cities to join us!

Nurses Peer Support Network helps nurses overcome shame and stigma of addiction; educates students and the public

Minnesota's Nurses Peer Support Network (NPSN) has filled a void and helped hundreds of nurses work through issues related to addiction in just three years.

NPSN offers group meetings for nurses to talk to their peers about the stigma and shame associated with addiction.



Marie Manthey

"The meetings are an opportunity for nurses to share their experiences with each other," said Marie Manthey, NPSN Board of Directors chair. "There's something very special with nurses helping each other. No one else understands the passion to help people that nurses have and what it feels like to wake up one day and realize we're unable to function safely and may be causing harm to patients we're entrusted to care for. That realization brings a flood of shame and carries an enormous stigma. Overcoming those feelings is the main purpose of our meetings. If it isn't overcome, individuals may be unable to ever return to the profession, and in fact may suffer severe depression and worse."

Here are some comments from people who have attended the meetings:

- "I get great strength knowing I am not alone and that others are like me."
- "It is great to be with other nurses with the same struggles. Initially I felt very alone and this group has helped me see my way thoroughly."
- "The presence and nonjudgment of my nursing peers. I find that I have much in common with them. I don't have to be ashamed in this group."

NPSN has expanded from three meetings in the Twin Cities area to seven locations throughout the state. Duluth, Woodbury, and Willmar are the newest to host meetings.

"Thanks to support of MNA, we can continue the work of expanding the network as far as it has so far," Manthey said. "The need is still very great. We hope to soon have up to 20 meetings around the state as well as individual support for nurses who can't attend a meeting."

In addition to supporting nurses in the field, NPSN is working to educate students and the public. A University of Minnesota School of Nursing committee that included Man-

they and other key stakeholders developed the curriculum. This curriculum is available to schools throughout the state and is designed to inform student nurses about the risks and consequences of addiction in nursing.

NPSN also has a speakers' bureau to talk to community groups, nurses, hospitals, and anyone interested in the issue.

NPSN is looking to expand to more locations in Minnesota and is looking into electronic communications for nurses in rural areas.

If you'd like more information or volunteer for NPSN, call 612-508-3709 or email info@npsnetwork-mn.org

Are you prepared for the future?

You never know when your basement will flood, your car will break down, or you have major health issues that insurance doesn't cover.



Are you ready for life's unexpected expenses like these or others? You can minimize the impact of these emergencies by creating a Rainy Day Fund.

MNA is making it easy for you to figure out how much to save in a Rainy Day Fund with a new online calculator on MNA's website at www.mnnurses.org.

Just enter your financial information and get started!

Whether you've been putting funds away for a long time or are just getting started, MNA has more resources to make saving for the expected and unexpected as painless as possible. Visit the Member Center on MNA's website for more.

Telehealth should be a tool, not a replacement

The Mayo Clinic recently participated in an \$8 million round of venture funding for a San Francisco-based healthcare technology company. The company, Sense.ly, has developed a “virtual nurse,” Molly, who will live in patients’ smartphones and ask them questions on how they’re doing. Don’t worry, though: Sense.ly’s CEO “doesn’t expect the app to replace real-life nurses... soon.”

How will nursing, historically a hands-on profession, adapt to the ever-increasing proliferation of technology that puts a screen between the nurse and the patient?

Fighting the encroachment of nurse Molly and her ilk will eventually become a game of whack-a-mole: already we have machines that can replace nurses in performing conscious sedation and nurse anesthetists in performing anesthesia; telemetry units with heart monitors that are supervised off-site or even in other states; and 1:1 sitters who have been replaced by “virtual observation.”

In an effort to begin to address this issue, the MNA Nursing Practice and Education Commission recently developed a position statement on the use of telehealth. The Commission developed the position statement in a systematic manner, beginning with a literature review. What they found was surprising.

“There was a surprising lack of research out there on the impact of telehealth on patient care or on the practice of nurses,” said Lynnetta Muehlhauser, Commission Chair. “Certainly more peer-reviewed research is needed, or the use of telehealth will not be evidence-based practice.”

Muehlhauser went on to say, “Healing is often more than data, and more than technology. Sometimes it’s a gentle touch, a holding of the hand, or the simple gift of active and present listening. So many aspects of patient care simply can’t be done over the phone. Moreover, how will the increasing use of technology impact nurses? Many get into the profession to interact with patients, not devices—there is an increasing recognition that the proliferation of technology has a high potential to increase already alarming, and expensive, rates of nurse burnout and turnover.”

At the same time, the Practice Commission recognized the potential for telehealth to serve as a useful adjunct to nursing care, especially in combating health disparities and access to care. As Commission member Niki Gjere put it, “There is some great potential in telehealth to address racial, geographic, so-

cio-economic, or language-based disparities — but nurses need to be in the driver’s seat when it comes to the use of telehealth in our practice. It is a tool, not a replacement... nurses need to set the standard of nursing care in the use of telehealth; not administrators, not physicians, not technology or software professionals.”

The draft telehealth position statement has received the approval of MNA’s Governmental Affairs Commission. Next, the Nursing Practice Commission will take the position statement to the MNA Board of Directors for input, and eventually, the MNA House of Delegates.

“We hope that this position statement will be a first step in achieving a unified position on telehealth throughout the profession,” said Muehlhauser. “We must be involved, we must fight for control over our practice, and we must be at the table in the development and implementation of technology, or we and our patients will lose our voice.”

DRAFT MNA TELEHEALTH POSITION STATEMENT

Nursing is, historically and practically, a hands-on profession. However, we recognize the potential for telehealth -- when utilized appropriately-- to become a useful adjunct to nursing practice. Telehealth is a tool, not a replacement. More research is needed into the impact of telehealth on patients, nurses, and the practice of nursing. For those reasons, we find the following:

- MNA supports education and research into the role of nurses in telehealth and its potential applications in safe and effective nursing care.
- MNA supports the use of telehealth as an adjunct in order to increase the safety and efficacy of nursing care, but not at the cost of decreasing the standards of nursing practice.
- MNA supports the use of telehealth to increase access to healthcare, but not at the cost of decreasing the standards of nursing practice.
- Nurses set the standard of nursing practice in telehealth, not other healthcare or technology professionals. Nurses must be involved in the development, implementation, and evaluation of telehealth contrivances.
- Telehealth ought to be advanced, in particular, in a manner intended to address healthcare disparities, including racial, geographic, socio-economic, or language-based disparity.

Ethics Book Club Report

By Katie Quarles, RN, United Hospital, St. Paul



Naomi Klein's "This Changes Everything" highlights what is probably the most important crisis of the next decades - climate change.

While there are many books on the subject, this one stands out because it attempts to answer the question, "Why, when there is widespread acceptance that climate change is caused by human activity and it needs to be stopped, is this not happening?"

Klein looks at the role of capitalism in its relentless drive for profits - and the role of politicians in not standing up to the hydrocarbon extraction industry as well as other industries that continue to destroy the planet we live on in the interest of short-term profits.

She also explores the role environmental activists can play in stopping this madness.

As nurses, defending public health and therefore the environment is imperative. Nurses should read this book and get involved in the struggle to defend the planet.

Lives are changed forever from page 19

ers wear flip flops. It was really different from what we are familiar with!"

It was also nice to do charting on paper – no computerized charting at the hospital in India!

"We are just two of the many nurses who go on volunteer missions throughout the world," McIntyre said. "Just at Children's, quite a few nurses go on trips. It's more common than you think."

McIntyre's commitment to patients and MNA shone through on her trip. Not only did she (and any other nurses going on these missions) use vacation time to go on this trip – she hurried back to the U.S. so she could attend MNA's Day on the Hill!

McIntyre and Goedde thank the Smile Network for doing a wonderful job organizing the trips and keeping volunteers well fed and safe so they could do their work.



Upcoming MNA meetings and events

MNA Board of Director meetings

July 19

August 16

September 20

November 15

December 13

Commission on Nursing Practice and Education

August 17

September 21

November 16

Governmental Affairs Commission:

July 26

August 23

September 27

October 25

November 20

December 18

MNA Convention and House of Delegates

October 15-17, Rochester

Meetings are open to all MNA members. Please RSVP Jodi Lietzau at Jodi.Lietzau@mnnurses.org if you plan to attend

Shining the spotlight from page 4

ed management.

We all share the same issues: employers are cutting resources and support for the critical work nurses do, putting patient care at risk.

MNA is committed to providing the resources to help state nurses win the rights and respect they so richly deserve. It's part of the overall emphasis on empowering nurses to fight for patients and themselves at the bargaining table, in government, and in our communities.

We'll only succeed if we stand together and get involved in this movement.

MNA nurses, let's rally behind our state sisters and brothers and show them what solidarity is all about!

Mary Turner

MNA welcomes new staff

- **Carley Batley**, administrative assistant. Carley is from Leeds, England. She has three history degrees, and worked in finance and HR in the UK. She moved to the U.S. with her husband last October.
- **Tara Fugate**: strategic researcher. Tara is from Detroit, MI. She graduated from the University of Michigan with a BA in Romance Languages and Literatures and International and Comparative Studies. She completed her master's in Human Rights at The London School of Economics and Political Science. She was the Strategic Researcher at the Michigan Nurses Association before joining MNA.
- **Haley Leibovitz**, organizer. Haley grew up in northern Illinois and obtained a degree in labor history at Roosevelt University in Chicago. She conducted job training with at-risk youth in New Orleans and organized higher education with SEIU 284 in Minnesota.
- **Jessie McGregor**, administrative assistant. Jessie is from Green Bay and has a bachelor's degrees from the University of Wisconsin-Parkside in political science and economics. She started working in the labor movement in 2007, assisting with legislative and electoral campaigns in Wisconsin, Michigan and Iowa. Worked for the Midwest Region of the AFL-CIO before joining MNA.
- **Matthew Parris**, organizer. Matthew grew up in Waconia, MN, and graduated from the University of Minnesota Twin Cities. Before coming to MNA, Matthew worked for the Senate DFL Caucus, the Minnesota Senate, and SEIU Healthcare WI around Act 10. Most recently, Matthew worked at the St. Paul Regional Labor Federation as a political organizer.
- **Jaime Rustvold**, administrative assistant. Originally from Minnesota, she graduated from the University of Minnesota, Twin Cities with a bachelor's degree in communication and business management. She worked for MetLife/Metropolitan Life Insurance before joining MNA. She says, "I knew I wanted to work for MNA since college when I did one of my final graduation projects on MNA."

Welcome all!



Just in time for summer: travel discounts from MNA

MNA has you covered as you plan your summer vacations. Check out this new benefit just for MNA members: an exclusive worldwide travel discount service.

Savings average 10-20 percent below market on all hotels and car rental suppliers around the world. Save time and money and let us negotiate the best deals and comparison price for you!

Visit the Member Benefits page on MNA's website at mnnurses.org for details – and start saving!

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We'll send you an email every time Accent is posted on our website.



MNA history corner



St. Paul Army nurses served in France in 1919

From the U.S. Revolutionary War to today, nurses have served a critical role in caring for patients during wars. In 1917, nurses were recruited and volunteered to serve in World War 1. In 1919, the Minnesota State Registered Nurses Association (MNA's predecessor) made sure nurses' war service was recognized with a \$250 contribution to the campaign to secure rank for Army and Navy nurses.



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Minnesota Nurses Association Convention and House of Delegates October 15-17, 2017



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minnesota nursing accent