

MINNESOTA NURSING Accent

Fall 2017 | Volume 89 No. 3



**Nurses stand
up to corporate
greed**

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Cover Story

Nurses, communities take on powerful Mayo system

MNA nurses are fiercely fighting for patients in the face of hospital corporations increasingly taking over healthcare and putting profits over patients – without public or healthcare provider input or warning.

The rising number of corporate entities attempting to buy, affiliate with, or partner with hospitals in recent years poses a threat to the quality of care nurses provide each patient. In recent months, nurses have stood up to Mayo Clinic Health System's and CentraCare Health's attempts to make drastic changes in healthcare after secret planning and negotiations that did not involve nurses or the public. Many of these occur in rural areas that have unique needs the corporations are ignoring.

Mayo Clinic Health System seems to cause the most problems when it takes over hospitals in Greater Minnesota:

Albert Lea/Austin

Mayo Clinic Health System had no idea what it was taking on when it announced plans to disrupt patients and staff at the Austin and Albert Lea hospitals by shifting services between the two facilities, and reducing services by approximately 50 percent overall in Albert Lea. The "I-90 Optimization Plan" would close most inpatient services at the Albert Lea hospital and move them to the Austin hospital. Behavioral health would move from Austin to Albert Lea. The announcement put the status of jobs and patients at both facilities in doubt.

It created a firestorm of protest from nurses, residents, and patients in southern Minnesota and northern Iowa; municipal, county and state elected officials; and even the news media.

MNA nurses were the first to sound the alarm about the impact of the "I-90 Optimization Plan" Mayo unveiled in late June. The plan would move the Intensive Care Unit, inpatient surgeries, and the childbirth center to the Mayo hospital in Austin.

Of particular concern is the loss of the Albert Lea intensive care services in the following situations:

- During the time between October 2017 when the ICU closes and 2020 when the childbirth center (The Baby Place) closes in Albert Lea, women who have severe and unexpected complications during childbirth could be at risk.
- Psychiatric nurses have serious concerns about the behavioral health services' move from Austin to Albert Lea in mid-2018 and the impact on patients who need to receive intensive care due to a variety of reasons including the very real possibility of an adverse reaction to the type of medications that are frequently administered to these patients.
- As a result of the fact Albert Lea is at the crossroads of two Interstate highways, devastating car accidents occur on a frequent basis. This situation is made worse in the winter due to icy roads and the frequent high winds that can cause blizzard conditions in the winter. This frequently leads to road closures, a further complicating factor.

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Minnesota Nursing Accent

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Saint Paul, MN 55102
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Fall 2017

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Office Hours:

Monday-Friday 8:15 a.m. - 4:30 p.m.

Subscriptions

Published:

March, June, September, December

Opinions

All opinions submitted are subject to the approval of the publisher, who reserves the right to refuse any advertising content which does not meet standards of acceptance of the Minnesota Nurses Association.

Minnesota Nursing Accent (ISSN 0026-5586) is published four times annually by the

Minnesota Nurses Association

345 Randolph Avenue, Ste. 200,
Saint Paul, MN 55102.

Periodicals Postage paid at
Saint Paul, MN and additional mailing
offices. Postmaster, please send address
changes to:

Minnesota Nurses Association
345 Randolph Avenue, Ste. 200
Saint Paul, MN 55102.

Nurses speak truth to power



Nurses' views on the many proposals to change our healthcare system are in great demand as the federal and state governments debate so-called reform.

People know they can trust nurses to tell the truth about the impact of the proposals, so they seek nurses out to speak truth to power.

MNA nurses have been talking about healthcare on a variety of fronts. Nurses are at rallies, media events, town halls, union gatherings, MNA events, and much more, sharing our stories and solutions.

As your executive director, I have been invited to speak on behalf of nurses. I talk about healthcare based on MNA official positions, starting with these questions:

- Is healthcare a commodity, to be purchased like a television set, and allocated according to the ability to pay for it? Or is healthcare a basic social good, with the guaranteed opportunity for all members of our community to have access to quality healthcare? Should we have this access regardless of external circumstances, such as whether we are employed, or whether we can afford health insurance, as it is currently offered, or whether we are lucky or unlucky in terms of our own health conditions? Should all of us have the opportunity to lead healthy lives with access to quality healthcare, or should healthcare be only for those who meet some sort of worthiness test, like having a job that provides good benefits?
- Should we care about the health of our fellow community members? Should we be okay with that? Or should we adopt the view that our whole community is stronger, safer, and more productive when all its members have access to quality healthcare, regardless of their ability to gain access through a job or income level? Should we care about others, or do we say it's their responsibility and not my problem?
- Should government play a part in securing healthcare for citizens as a basic social good, a social service like education, road maintenance, and other public services? Or should it just get out of the way so that the free market can handle it?

I tell audiences that if we can agree with the core beliefs that healthcare is a basic social good, and that we should care about others and their access to healthcare, then we can turn our attention to the economic, political, and social issues that need to be resolved in order to support these

Executive Director's Column

core beliefs. We can look to our government – a government that is, after all, by and for the people – to fulfill that important role. We then need to:

- 1) Reject the view that healthcare is a consumable good, and instead embrace the view of healthcare as a fundamental right, a social good that everyone should have access to secured by government as one of our unalienable rights, to protect us from the fear of losing all financial security from medical bills when uninsured, and to pursue the happiness that comes from a healthy, fulfilling life.
- 2) Remove the private insurance industry from the equation completely. The profit motive and notion that health is a commodity to be bought and sold are not compatible with the goal of making healthcare accessible to every American. If we remove the profit motive, take out wasteful industry spending on exorbitant executive pay, administration, lobbying and marketing that doesn't provide any actual care, and simplify the payment system to one publicly financed payer, we can cover everyone with high-quality care through a privately delivered system.
- 3) Support two bills in the Minnesota Legislature that would create a state-based single-payer system that would reach our goals. Senate File 219 and House File 488 create the Minnesota Health Plan.

The Minnesota Health Plan would be funded by a premium based on the ability to pay, replacing the insurance company premiums and cost sharing that burden most Minnesota families and employers, as well as state government. Estimates show it could save the average Minnesota family over \$3,000 a year.

With a single stream of public funding, the Minnesota Health Plan would cover every Minnesotan, for all types of medically necessary care. Payments to providers would be simplified, eliminating the need for bureaucratic billing departments in every hospital and clinic, and giving providers more time to provide care.

The answer to fixing our broken healthcare system is right in front of us. The next step is for nurses to keep speaking truth to power about healthcare – until we have a system that works!

Rose Roach, Executive Director

President's Column



MNA Convention: Nurses learn and lead

Minnesota nurses have been coming together to advocate for patients and the nursing profession through education, sharing, and fellowship for as long as our organization has existed. Ever since the Minnesota State Graduate Nurses' Association formed in 1905, nurses have held conventions to strengthen the nursing profession and improve patient care.

In 1905, 100 nurses convened to form an organization and advocate for a state-wide nurses' registry and licensure system. At that time, most nurses didn't work in hospitals. They traveled long distances to care for patients in their homes and there was no way of knowing who had the qualifications and training to care for patients properly. Nurses advocated for a registry and licensing system to protect the public from untrained and unqualified people claiming to be nurses.

At our conventions ever since, nurses have continued to lead the way for patient care, nursing, public health, and social justice. Nurses have been at the forefront of every major public health and social justice issue over the years: child labor, women's rights, civil rights and discrimination in any form, income inequality, disease prevention and control, nursing education standards, civil rights, the 40-hour work week, Medicare and Medicaid, workplace safety, single-payer healthcare, the creation and preservation of MinnesotaCare – and many more.

At the 2017 Convention and House of Delegates on Oct. 15-17 in Rochester, MNA nurses will continue that proud tradition of learning and leading.

This year's theme is "Organize. Agitate. Educate," from a quotation attributed to reformer and social activist Susan B. Anthony, who spoke in support of, and advocated for, nursing issues like training and registration in the 1800s and early 1900s.

Some issues may have changed over the years, but nurses' tireless and enthusiastic advocacy for patients and nursing has never wavered. Our Convention and House of Delegates is the place we come together in solidarity to learn, recharge our batteries, share experiences and stories – and have some fun!

Here are a few of the highlights:

- Nurses will learn how to organize for success at the bargaining table, in the Legislature, and at the ballot box. You'll learn how to agitate for our issues and the education sessions will inspire you to go home ready to put your learnings to work.
- Education is always a major feature of Convention. This year's workshops include exciting topics such as how to fix Big Pharma, the growing inequality epidemic in our country, and improving your health and safety at work.
- New this year is a special presentation of a play about a physician's struggles to deal with the difficulties of being in the modern medical profession. "Side Effects" is written and performed by Michael Milligan at a pre-Convention showing on Oct. 14.

MNA Convention: Nurses learn and lead cont. on page 8

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.

Nurses take on powerful Mayo from page 2

Nurses saw that the plan would disrupt patient care in both communities and cost the Albert Lea community hundreds of jobs. Patients would have to travel long distances for services they now receive close to home. Nurses were very upset with the secrecy surrounding the plan – non-managerial staff had no input.

After MNA nurses alerted the public to the impact of the decision, Albert Lea area residents quickly formed a “Save Our Hospital” group and started a very public campaign to fight Mayo.

Newspapers, television, radio, social media, and websites carried stories almost daily all summer long, about community opposition to turning Albert Lea into an outpatient hospital.

The community demanded a full-service acute care hospital for the thousands of patients it serves in southern Minnesota and northern Iowa.

The Albert Lea City Council, the county board, legislators, Congressman Tim Walz, Attorney General Lori Swanson, Lt. Governor Tina Smith, and Governor Dayton all expressed concern. Several came to Albert Lea to meet with local groups and Mayo.

Save our Hospital members held public events, including a successful August rally in front of the Mayo Clinic to protest Mayo’s decision.



Mayo has refused to back down, blaming the changes on financial losses at the two hospitals and staffing shortages. Nurses and other experts are challenging both claims.

Nurses were able to negotiate a process for dealing with the impact on nurses’ jobs, including patient care training for nurses who move to a new unit, seniority, retention, and severance.

“We now have a process that Mayo must follow when units are closed and nurses are forced to change jobs,” said MNA Austin Chair Kathryn Martin.

“Nurses hope to minimize the impact on patients and the care they receive when any changes are imposed,” said MNA

Albert Lea Chair Kathy Lehman in a news release. “We continue to work with the Save Our Hospital group to fight Mayo’s plan to devastate communities in southern Minnesota and northern Iowa that will no longer have a full-service hospital in Albert Lea. Nurses needed to have some assurances from Mayo on how changes in their jobs will be handled.”

At the time this edition of Accent went to press, community opposition was holding strong.

Other communities have found the prestige of the Mayo name wears off as services and staff are cut, turning their community hospitals into feeders.

Lake City: City residents have become increasingly disillusioned with changes Mayo has made over the years to reduce services. During recent MNA nurse contract negotiations, residents became aware that Mayo was reducing coverage for the Emergency Department. MNA nurses pushed for a minimum of two trained ED Nurses in the building at all times during negotiations. Nurses held community walks, an informational picket, and updated the city council about their issues. They are continuing the public fight this fall.

Fairmont: Mayo took over Fairmont in 2001, but by 2010, residents were upset with the hospital’s financial struggles and Mayo’s decision to turn the hospital into a feeder hospital diverting patients to other facilities for services.

The decision has resulted in staff layoffs and reductions, top-to-bottom reorganizations, and reduced services in Fairmont over the years – most notably in 2010 when home care and hospice services were discontinued; and in 2012-14 when several rounds of reorganizations occurred due to Mayo cutting services, breaking promises, and failing to ensure the availability of providers in Fairmont.

In August 2017, Mayo announced it was closing its Long-Term Care center in the Lutz Wing of the hospital, which will negatively impact current and prospective Lutz Wing residents, nurses, other staff, and the community.

Wabasha: Mayo was forced out earlier this year when community board members announced that they were no longer satisfied with Mayo’s stewardship of the hospital in Wabasha, following public criticism of its reduction of services, including labor and delivery, after taking over in 2000.

Madelia: Mayo was forced out many years ago when hospital board members and community leaders realized Mayo was acting in a parasitic manner and was not honoring their commitments to provide services. Madelia patients frequently found themselves being transferred away from the community

Nurses take on powerful Mayo cont. on page 8

LABOR ADVOCACY

Nurses negotiate, ratify contracts Buffalo Hospital



MNA nurses at Buffalo Day parade

MNA nurses at Buffalo Hospital were on the brink of an informational picket before Allina Health saw they would not back down from demands for a fair contract in July.

Nurses were preparing for an Aug. 2 picket when management saw nurses' determination and the two sides reached a tentative agreement on July 27.

Nurses presented a united front at every step of negotiations, including a petition to management; dozens of members, supporters, and family marching in a rain-drenched parade; and preparing for an informational picket.

In addition to insurance changes, Allina attempted to impose a new scheduling system that would have interfered with nurses' ability to care for patients safely. It also would have harmed the hospital's ability to recruit and retain nurses and disrupted RNs' scheduled time off.

"Nurses stood strong for a fair contract that works for both parties," said Buffalo MNA Chair Debra Kosciolek, RN. "Instead of picketing on Aug. 2, we voted for a new contract that recognizes the important work nurses do and does not contain the proposed scheduling system."

Mille Lacs County, Milaca

MNA members at the Mille Lacs County Public Health Nursing Service in Milaca negotiated and ratified a new three-year contract in May.

The new contract contains wage increases each year larger than members have seen in recent history.

"Negotiations went smoothly," Susan Koosman, MNA Mille Lacs Chair said, adding members are happy with their new contract.

Fairview Lakes, Wyoming

Three years ago, MNA nurses at Fairview Lakes Medical Center in Wyoming were poised to hold an informational picket over their concerns about safe staffing during contract negotiations. Days before the scheduled picket, Fairview nurses reached a tentative agreement with management and the event was canceled.

This year, nurses entered wage-only negotiations with Fairview and reached a tentative agreement on June 14.

MNA Fairview Lakes Co-Chair Deanna Rapp, RN, said nurses negotiated a contract that is consistent with the other Fairview facilities' agreements in 2016 and nurses ratified the agreement on July 11.

"The negotiating team was impressed with the great turnout on voting day," Rapp said. "Member support was crucial in achieving this contract."

Kinnic Health and Rehab, River Falls, WI

MNA nurses at Kinnic Health and Rehab in River Falls, WI, negotiated one of their best contracts in recent years.

Nurses negotiated the highest wage increases they've seen in several years, language adding multiple new wage steps on both the LPN and RN wage scale, an increased weekend bonus, and a new mentor program for nurse orientation.

"Negotiations went very well," said MNA Kinnic Co-Chair Sue Kitzman. "Members are very happy with the new contract – especially the wage increases."

Methodist Jennie Edmundson Hospital, Council Bluffs, IA

Limited-scope negotiating produced positive results for MNA nurses at Methodist Jennie Edmundson Hospital in Council Bluffs, IA.

Nurses fought off management attempts to cap wages for all but a few who would be "grandparented."

The new contract contains wage increases of between 1.75 percent and 9.8 percent for 2017, and raises in the other two years of the three-year contract. Nurses also negotiated updates to contract language, adding a new time off request system, allowing nurses more access to the Extended Illness Bank, and cutting holiday absence consequences.

LABOR ADVOCACY

Grand Itasca Clinic and Hospital, Grand Rapids

MNA nurses at Grand Itasca Clinic and Hospital mobilized quickly in a strong showing of solidarity to fight management attempts to force unacceptable concessions during contract negotiations this spring.

Toward the end of negotiations, management unexpectedly proposed major health insurance concessions. Nurses responded forcefully and quickly with an information campaign that included nurses phoning the CEO to protest the move.

"We flooded our CEO's office with phone calls about our concerns with proposed changes in insurance," MNA Grand Rapids Vice Chair and Negotiating Committee member Jeniffer Pellersels said. "He heard our message loud and clear. The next time we met to negotiate, management started by saying they wanted to pull the insurance offer."

The negotiating team worked to increase communication with members during negotiations, which drew praise from nurses who said they felt they knew what was happening and increased member involvement.

Nurses used a private Facebook page, all-nurse meetings, and rounding at each unit after each negotiating session to keep nurses up to date.

"When big things happened like the insurance proposal, we had all nurse meetings and had a huge turnout," Pellersels said. "When we voted to ratify the contract, we had the largest turnout ever."

They reached a tentative agreement that included 34 separate agreements and no concessions on June 29.

The TA contained improvements to wages, weekend hours and compensation, BSN differential and call pay.

A major component is a new management-nurse scheduling committee to address scheduling concerns.

"Nurses will now have input on when we are being scheduled, quick changes, the core nurses we have and are needed in each unit," Pellersels said. "We're pretty excited about that."

Nurses ratified the agreement on July 11.

Mayo Clinic Health System, Waseca

Mayo Clinic continues to make negotiations very difficult for MNA nurses throughout Minnesota.

In Waseca, Lake City, Albert Lea, and Austin this year, Mayo repeatedly attempted to move MNA nurses backward instead of working to improve conditions.

The MNA Waseca team presented management with notes from nearly 75 percent of the nurses describing why Mayo should negotiate a fair contract.

"It was a very frustrating contract to negotiate," said MNA Waseca Co-chair Shari Wickman. "They had it in their minds what they'd give us, and it was obvious that they weren't going to budge on many items. In the end, we were able to gain some improvements, but not everything we hoped for."

The new contract adds language that prevents nurses who work straight 12-hour shifts from being scheduled to work the Friday before their day off, expands the definition of the weekend for purposes of the Extra Weekend Bonus through 7 a.m. on Monday, and increases the Extra Weekend Bonus. Other gains include stronger language around discipline and the ability for a nurse to respond in writing to any discipline issued. Nurses beat back attempts by Mayo to eliminate the Easter holiday.

"Since the negotiations, we've had many nurses and aides leave," said Wickman, adding there has been turnover in management as well. "Hopefully things will look up for the future. The hospital needs to appreciate all that the nurses do."

MNA history corner

A milestone 70 years ago

Seventy years ago, Minnesota nurses negotiated their first contracts after the Minnesota Charitable Hospital Act allowed collective bargaining. Nurses negotiated 40 contracts that first year!

The Twin Cities agreement, called "minimum employment standards," included a minimum starting salary of \$185 a month for general duty nurses, \$10 monthly raises, a 44-hour work week, six holidays a year, evening shift differential of \$15 a month, night shift differential of \$10 a month, and 12 sick days a year.



Staffing, breaks, and the buddy system

By Barbara Forshier, RN, United Hospital, St. Paul; GAC chair

Allina Health made it clear in 2016 negotiations with MNA nurses that it would never negotiate safe patient staffing ratios, and MNA's staffing bill is not moving with the currently elected legislative majority. So what can nurses do right now?

Act. Just say no. Nurses on several units at United Hospital in St. Paul have refused to accept unsafe assignments. The oncoming staff stood in solidarity against unsafe assignments by refusing to come out of report until the staffing situation was rectified. (Please know your rights and responsibilities before you do this. MNA Policy Project Specialist Carrie Mortrud is available to educate you on your rights).

Why? It is our duty under our professional license. The Nurse Practice Act holds that every professional nurse must provide "safe and effective nursing care" and promote a "safe and therapeutic environment."

Use our contracts. Grieve and arbitrate. Each contract is a legally binding agreement. Most likely your contract provides a 30-minute duty free meal break and a 15-minute rest break (free of nursing duties) for every four hours worked. How often is a nurse able to get the contractually allowed 60 minutes of duty free break time? If you cannot take your break because doing so would endanger patients, you are short staffed and the employer is in breach of the contract.

The Washington State Nurses Association (WSNA) recently won \$5 million in back pay for nurses who missed breaks and they gained 26 FTEs of nurses to provide breaks going forward.

Additionally, in an earlier suit filed by WSNA against another Washington State hospital system, an arbitrator awarded "break nurses." The award of the break nurses has since been overturned. However, it was very clear to the arbitrator on the initial case that the buddy system does not work; not in this day of such high acuity.

Here is an excerpt from his opinion that goes to the heart of the issue:

The requirement of a nurse on a break to be "on call" diminishes the purpose of a break from work. Nursing requires knowledge, experience, dedication and concentration, tempered with compassion and patience, to successfully care for patients in need. The related stress, both physically and mentally, warrant occasional time away from their assigned task. The nurse on break should

be free from worry and concern, with the knowledge that the nurse's colleague is providing the necessary attention to the assigned patients. If that nurse has her/his own patients, doubling the potential workload, even for 15 minutes, the time away from work is not really a break. You can find more information about these cases on WSNA's website at www.wsna.org.

We know that most days, our 'buddy' cannot safely double an assignment while a nurse is off the floor for the requisite 60 minutes. The staffing law in California provides that the staffing grid cannot be changed for breaks i.e., no 'buddy system.'

So, what are we going to do? Act. Grieve. Arbitrate. We must think outside the box and use all the tools at our disposal as the situations and times dictate.

Nurses take on powerful Mayo from page 5

and loved ones.

St. Peter: A lawsuit was filed when the administrator of the St. Peter hospital and others in the community learned that Mayo representatives in the Mayo clinic that is attached to the hospital were routinely transferring patients to Mankato despite the fact the patients could have been well cared for in the St. Peter hospital. The Mayo representatives were supposed to be working with the hospital in a collaborative manner and keeping the patients' best interests at the forefront at all times. The hospital and community felt betrayed.

President's Column from page 4

Nurses will honor a few of our outstanding members and allies at the Honors and Awards Banquet on Oct. 16.

As always there will be many opportunities to socialize, support MNA's Disaster Fund through our Silent Auction, and learn about upcoming legislative issues.

Check out the insert in the Summer Accent, or go to the Events page on MNA's website at www.mnnurses.org to register and see the entire schedule.

Don't miss out on this wonderful opportunity for yourself and your profession. See you in Rochester!



Mary C. Turner, MNA President

Governmental Affairs Commission Update

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

The Governmental Affairs Commission (GAC) is looking ahead to the 2018 Legislative Session and how best to advocate for patients and the nursing profession in a challenging political environment.

Commissioners have been preparing the 2018 legislative platform for the House of Delegates to consider at Convention in October.

The platform sets priorities on issues surrounding the nursing practice, healthcare reform, labor and collective bargaining, and social justice.

In a time of terrible assaults on healthcare, GAC is standing strong in defense of public programs and efforts to erode insurance regulation.

The momentum for a single-payer healthcare system that ensures healthcare for all has been building in recent months. GAC commissioners are continuing to organize nurses around the state to advocate for this important issue beginning at the local level. We're inviting nurses to attend events focusing on single payer, and then advocate in their communities for guaranteed access to healthcare for all as a human right.

Read more about single-payer healthcare in Executive Director Rose Roach's column on page 3 and a story about healthcare in the U.K. on page 17.

Members in Action

MNA nurses endorse in 2017 municipal races

Since a large number of nurse- and public health-related decisions are made by city councils, MNA is actively involved in issue campaigns and elections at the local level once again this year.

In the last year, MNA nurses were actively involved in campaigns including support for the recently enacted Earned Sick and Safe Time ordinances in Minneapolis and St. Paul and a \$15 minimum wage in Minneapolis.

This year, the MNA Board of Directors voted to screen and endorse candidates for local offices.

Groups of MNA members then met with and screened candidates seeking MNA endorsements for municipal offices in Minneapolis, St. Paul, and Duluth. The nurse groups included nurses who live and work in the cities in question, or hold MNA elected offices.

Members asked candidates how they stand on issues important to MNA nurses, such as:

- If MNA nurses are struggling to reach an agreement with a private employer in your city, what do you feel is the role of a city council member?
- Is there anything city officials could do in the meantime (while striving to pass a state law) to help hold local hospitals accountable to patients and ensure a safe standard of RN staffing?
- Do you support a publicly financed, privately delivered single-payer healthcare system?

The nurses recommended candidates for the Board of Directors to consider and endorse. You can find the list of candidates the Board endorsed in the Issues section of MNA's website at www.mnnurses.org.

It's election year!

2017 is the year MNA nurses choose leaders for the next three years. Please watch your mailboxes in October for ballots for the MNA elections.

All MNA members in good standing are eligible to vote in the elections for the MNA Board of Directors and Commissions.

Ballots will be mailed out in mid-October.

You can also vote online this year.

Online voting information will be emailed to members for whom we have email addresses; and will be included in your paper ballot materials.



If you mail your paper ballot back to MNA, be sure it's received November 16 or earlier.

Electronic voting will shut down at 11:59 p.m. on Sunday, November 15.

Please take a minute and vote – you will help set MNA's direction for the next three years!

MNA Convention 2017:

Inspiration, learning, setting MNA's future – and fun

From a play about doctor burnout to inspirational education sessions to setting MNA's course for the next year to networking with nurses from three states, this year's Convention and House of Delegates has something for everyone. You'll have opportunities to learn more about issues important to nurses and have a say in what MNA does for the next year. As always, there are plenty of opportunities to have some fun and relax!

Here are some of the highlights. Check out the insert in the Summer Accent for details.

Saturday, October 14: Special presentation of "Side Effects," a play written and performed by Michael Milligan. It tells the story of a physician struggling with the ethical and professional challenges facing health-care workers today. He tells the story of a physician reconciling the "side effects" of practicing medicine – balancing bureaucratic and professional pressures that collide with his professional standards.



Michael Milligan in 'Side Effects'

Sunday, October 15: Education sessions presented by National Nurses United on big pharma problems and how to fix them; inequality in the U.S., the future of healthcare in our country; social advocacy, and the inequity epidemic.

Be sure to attend the Board Meet and Greet on Sunday evening. 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!

Monday, October 16: The first House of Delegates session features remarks by your leaders and discussion of issues important to MNA nurses. Monday's education focuses on mobilizing your members. Be sure to come to the Honors and Awards Banquet to say 'thank you' to some of our many outstanding members and allies.

Tuesday, October 17: The House of Delegates puts the finishing touches on decisions that guide MNA for the next year. There are also regional group meetings, and an education session on organizing.

DELEGATES: Make sure you register for Convention! Go to the Events page on MNA's website at www.mnnurses.org.

NOT A DELEGATE YET?

There's still time to become one.

It's a simple two-step process.

Just go to the Events page on MNA's website at www.mnnurses.org and:

1. Fill out a Consent to Serve form and send it to MNA by Oct. 7;
2. Register for Convention and indicate the sessions you plan to attend.



Upcoming MNA meetings and events

MNA Board of Director meetings

November 15

December 13

Commission on Nursing Practice and Education

November 16

Governmental Affairs Commission:

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

Minnesota Nurses Association Convention Schedule 2017 *(Tentative - subject to change)*

Session Name	Start	End	Location
Saturday, October 14			
Play - Side Effects by Michael Milligan	7:30 p.m.	8:30 p.m.	Marriott Ballroom
Sunday, October 15			
Registration / Information	7:45 a.m.	4:30 p.m.	Green Room
Breakfast	8:00 a.m.	9:00 a.m.	Windsor Hall
Informational Tables and History Display	8:30 a.m.	5:00 p.m.	Heritage Pre-Function Area
Education: Option 1 • Pharmacosis - What's Wrong with Pharma and How to fix it	9:00 a.m.	12:00 p.m.	Heritage I and II
Education: Option 2 • Regulations and Leadership for Registered Nurses	9:00 a.m.	1:00 p.m.	Heritage III
Lunch	12:00 p.m.	4:00 p.m.	Windsor Hall
Education: Option 1 • The Inequity Epidemic	1:00 p.m.	4:00 p.m.	Heritage I and II
Education: Option 2 • Understanding and Enforcing Regulations to Improve Your Health and Safety at Work	1:00 p.m.	4:00 p.m.	Heritage III
Silent Auction Begins	4:15 p.m.		Windsor Hall
Dinner	6:00 p.m.	7:00 p.m.	Windsor Hall
Friends of Bill W Meeting	7:00 p.m.	7:00 p.m.	Viking Room
Board Meet And Greet	7:00 p.m.	?	Elizabethan Room
Monday, October 16			
Yoga	7:00 a.m.	7:45 a.m.	Viking Room
Registration/Information	7:45 a.m.	5:30 p.m.	Green Room
Breakfast	8:00 a.m.	9:00 a.m.	Windsor Hall
Breakfast Presentation - Threats to Social Security and Medicare	8:00 a.m.	9:00 a.m.	Regency Room
Informational Tables and History Display	9:00 a.m.	6:00 p.m.	Heritage Pre-Function Area
Delegate Briefing/Bylaws and Resolution Forum	9:00 a.m.	10:00 a.m.	Heritage I and II
Break	10:00 a.m.	10:15 a.m.	Windsor Hall
Legislative Forum	10:15 a.m.	11:45 a.m.	Heritage I and II
Lunch	11:45 a.m.	12:45 p.m.	Windsor Hall
House of Delegates Opening Ceremonies	12:45 p.m.	2:45 p.m.	Heritage I and II
Break	2:45 p.m.	3:00 p.m.	Windsor Hall
Education: Mobilizing Your Bargaining Unit	3:00 p.m.	4:00 p.m.	Heritage I and II
House of Delegates	4:00 p.m.	5:30 p.m.	Heritage I and II
Reference Committee Meeting (if needed)	5:45 p.m.	6:30 p.m.	Director's Room
Friends of Bill W Meeting	6:15 p.m.	6:45 p.m.	Viking Room
Awards Recipients' Reception	6:30 p.m.	7:00 p.m.	Marriott Ballroom Pre-Function
Honors and Awards Banquet	7:00 p.m.	8:30 p.m.	Marriott Ballroom
Tuesday, October 17			
Yoga	7:00 a.m.	7:45 a.m.	Viking Room
Registration/Information	7:45 a.m.	4:00 p.m.	Green Room
Breakfast	8:00 a.m.	9:00 a.m.	Windsor Hall
Retirees Breakfast	8:00 a.m.	9:00 a.m.	Regency Room
Regional Groups' Breakfast	8:00 a.m.	9:00 a.m.	Windsor Hall
Informational Tables and History Display	9:00 a.m.	4:00 p.m.	Heritage Pre-Function Area
Education: Organizing	9:00 a.m.	11:00 a.m.	Heritage I and II
Break	11:00 a.m.	11:15 a.m.	Windsor Hall
House of Delegates	11:15 a.m.	12:45 p.m.	Heritage I and II
Lunch	12:45 p.m.	1:45 p.m.	Windsor Hall
Silent Auction Ends		1:45 p.m.	Windsor Hall
House of Delegates	1:45 p.m.	3:15 p.m.	Heritage I and II
Silent Auction Item Pickup	3:30 p.m.	4:30 p.m.	Green Room

Members in Action

'You make time for what's important'



Sue Benson, Mary Ann Starkovich-Hirsch

Two MNA nurses in Duluth take involvement in MNA to a new level. Mary Ann Starkovich-Hirsch and Sue Benson have a combined 60 years of negotiating experience, most of them as co-chairs of their bargaining unit at Essentia hospitals in Superior and Duluth.

They view involvement in the union as a normal part of being a nurse.

"You have to make the time for what's important," said Benson, who's an RN at Essentia Health St. Mary's Hospital in Superior. "My family grew up knowing this was just a normal part of Mom's work. It's part of my nursing career to advocate for safe patient care and the nurses who provide that care."

"It's part of my nursing career," said Starkovich-Hirsch, RN at St. Mary's Medical Center in Duluth. "I view it as part of my role as a nurse – to advocate for patients and the staff that provide the care."

They say the time commitment is manageable, thanks to the support of their families and co-workers.

"My family is very understanding," said Starkovich-Hirsch. "When you know your bargaining unit is behind you and understand that you're advocating for them, it's very rewarding."

They urge all MNA nurses to get involved in their bargaining units at any level they can.

"MNA is very supportive in providing what you need to do the job," said Starkovich-Hirsch.

"There's more education now than ever," said Benson, adding that being part of MNA is a rewarding experience as a nurse and as a union member.

Aligning with our allies in Our Minnesota Future

The Governor's race in 2018 will be a defining moment for the future of Minnesota. With Governor Dayton not running again, Minnesota nurses will have an opportunity to select a governor who will stand with us on the issues that matter most to nurses, like safe staffing, healthcare for all, the Nurse Compact and so-called Right to Work legislation.

And while the governor's race is very important in terms of the issues that are of highest priority to MNA, the implications of having a pro-working family and pro-union governor is incredibly important for our community at large. Issues like good jobs, quality education, and racial, social and environmental justice will be impacted by who holds the pen to sign or veto bills in 2019 and beyond.

Recognizing that we cannot win an election on our issues alone, MNA's Board of Directors has been working with partners who share similar values of democracy, equity, unity, and justice.

On July 15, "Our Minnesota Future," the coalition of organizations that includes MNA, ISAIAH, Communication Workers of America (CWA), TakeAction MN, Service Employees International Union (SEIU), Land Stewardship Project, Centro de Trabajadores Unidos en Lucha (CTUL), and Mesa had their first convening meeting. At this event, leaders from the different organizations discussed a political analysis of who wins and who loses in our current system, defined the agenda we want and need, and discussed strategies to shift the issue environment so the gubernatorial candidates are talking about the issues we care about.

The next step of "Our Minnesota Future" is for the organizations to continue this kind of conversation within their memberships and to save December 3 for the next big statewide convening.

The December 3 event is a space to continue the discussion and chart out the work that is needed to win on our issues. A key part of the agenda will also be to discuss the concept of "co-governing" with the future governor of Minnesota.

Nursing Practice and Education Commission Update

The MNA Practice and Education Commission supports a vision of telehealth centered around the expertise of the professional nurse

By Sherri Lidholm, Nursing Practice and Education Commissioner

I work in a small, critical access hospital in northern Minnesota, and I have seen the positive applications of telehealth in both my professional and personal experiences.

My mother is elderly, in her mid 80s, and suffers from congestive heart failure. She had been enrolled in a heart failure clinic. If we did not have telehealth, she would have to be transported nearly two hours to see her cardiologist and heart failure clinic providers. This would be very difficult for her, as her spine has disintegrated from multiple compression fractures. She would be in considerable pain from traveling. Instead, her providers were able to see her at her local clinic via TV monitor and cameras. This is all possible with the coordination and involvement of the local nursing staff in the clinic.

The providers can see my mother on the camera well enough to assess edema and jugular vein distention; they are also able to listen to her heart and lungs. It is quite amazing! My mom can essentially speak directly to her provider via Facetime.

I have seen telehealth used successfully various times while working in our emergency department. In a few recent, very difficult cases of pediatric life-threatening emergencies, I was able to consult with pharmacists, ER doctors, and pediatricians using telehealth tools. Rarely do I take care of critically ill babies and children. Once we had an infant arrive in cardiac arrest. I found myself in the position of giving multiple cardiac medications to a baby, that I had never given to a baby or child in over 30 years of my nursing career. Thankfully, the pharmacist and nurse on the other end of our telehealth systems were able to explain to me step by step how to mix and administer the drugs. They even recorded all the events as they were happening and faxed them to me for our records.

This is so important, especially when working in a rural setting with limited staff. We only have one emergency room nurse on duty at a time. Our entire medical/surgical and OB staff normally consists of one charge nurse and two other nurses at any given time. Our ability to consult with fellow nurses and physicians remotely is truly a life-saving tool.

As a critical access hospital, we do not have specialists in house, but they come to the clinic to see patients. Telehealth is very helpful in the case of stroke patients as well. The pa-

tients are actually being seen by a neurologist who examines them with the help of the nurse in the emergency department. Neurologists are able to help our own physicians with decision-making in a very timely manner.

The MNA Practice and Education Commission has reflected on the benefits that a well-crafted, wisely designed telehealth system can provide, especially to small towns and critical access hospitals in Greater Minnesota. Our Commission is bringing forward a telehealth resolution to the MNA House of Delegates this October that states our support for a telehealth philosophy that places at its core the role of the professional nurse.

NPE's position statement that is the basis of the resolution:

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.*

Minnesota nurses ease the pain of medical debt for 1,800 families



Minnesota nurses showed they care about patients beyond the bedside in a big way this June by purchasing and forgiving the past due medical debts of 1,800 families.

MNA partnered with RIP Medical Debt, a New York-based non-profit, to locate and acquire the accounts. Just like a collection agency, RIP Medical Debt is able to acquire the debt at a fraction of the value. MNA paid \$28,000 for the \$2.5 million balance.

Nurses announced the action at a June 19 news conference, the first anniversary of the strikes against Allina Health.

"Nurses are happy to allow these families to be free of their debt," said Mary C. Turner, MNA president. "They've had this medical debt hanging over their heads for two years or more. It's cost them their credit, pushed them toward bankruptcy, and hurt them in so many ways."

The past due accounts had long been written off by the hospital or original provider. These accounts were to be sold to an agency that would collect on them to profit from the debt. Many of the accounts came from patients who needed to seek multiple, expensive treatments from their provider.

"I have a job and medical insurance, but I have an annual \$5,000 out of pocket max," said Debra Puchala, a Minnesota patient who owes more than \$5,000 to various medical providers. Puchala had a hip replacement in 2015 and a shoulder sur-

gery in 2016. She said she has three medical bills that have been turned over to the Minnesota Department of Revenue to garnish her wages and another medical bill that has been sent to a collection agency.

"I still have \$5,500 remaining in balances but can only make payments on \$2,900," Puchala said.

"This shows just how broken the healthcare system really is," Turner said. "A patient has to come in repeatedly and racks up a co-pay each time. If they have insurance with a \$5,000 or \$10,000 out-of-pocket max, they're racking up debt they can't possibly get away from. Too many patients have to choose between the poor house and the funeral home."

Medical debt is the number one cause for bankruptcy.

Past due accounts to healthcare providers are cited in 62 percent of bankruptcy cases filed. Bad debt to medical providers is expected to top \$200 billion by 2019.

"Medical bills are now the number one reason people are contacted by debt collectors. Even people with health insurance face unpaid medical bills due to the very high deductibles in many insurance policies," said Minnesota Attorney General Lori Swanson. "The Minnesota Nurses Association is generous to have relieved people from the weight of this debt. It's going to make a tangible and very real impact on the lives many of our Minnesotans."

MNA is fighting for a single-payer healthcare system and learned about RIP through a report on HBO's "Last Week Tonight with John Oliver" show.

"We had many discussions about how to repay the community for what they gave nurses during the 2016 strike," Turner said. "The John Oliver show inspired us, and we decided to see if we could do the same thing."



L-R: MNA President Mary C. Turner, MNA Executive Director Rose Roach, Minnesota Attorney General Lori Swanson



L-R, Debra Puchala, MNA Executive Director Rose Roach, Attorney General Lori Swanson



L-R: MNA President Turner and Executive Director Roach

Sick leave, minimum wage issues for workers move forward at local level

Since the state and federal governments are not acting on critical issues for workers and public health, local governments are picking up the slack, with the active support of MNA nurses.

Earned Sick and Safe Time

Minneapolis and St. Paul are leading the way with ensuring workers have adequate time to care for themselves and family members; and earn a living wage. The Minneapolis City Council and St. Paul City Council passed ordinances requiring businesses to provide paid sick and safe time to employees last year and both went into effect this July.

Nurses in MNA red shirts were at rallies, hearings, and news conferences, talking about the need for Earned Sick and Safe Time (ESST) from a public health perspective. Nurses all have examples of people going to work when they should stay home because they don't have sick leave. In addition, MNA Executive Director Rose Roach co-chaired the St. Paul Earned Sick and Safe Time Task Force, leading the process to provide community input as the ordinance was developed.

The Duluth Earned Sick and Safe Time Taskforce is creating a draft ordinance to present to the Duluth City Council. The goal set by the City Council is to have a vote on an ordinance by November.

\$15 minimum wage

The Minneapolis City Council adopted a \$15 minimum wage in June. The ordinance requires all employers in the city to pay \$15 an hour by July 2024.

MNA nurses were on the ground floor of the \$15 minimum wage campaign, helping to collect signatures in the effort to put a \$15 minimum wage on the Minneapolis ballot, which was ultimately struck down by Minneapolis legal counsel. MNA nurses stood in solidarity with the workers who deserve a higher minimum wage at rallies, marches, public hearings, and many other events during the years-long campaign.

St. Paul is also looking at raising the minimum wage, although city council action is not expected until 2018, after a new mayor takes office. The 15 Now group, which is leading the effort, is keeping the pressure on, raising awareness of the need to increase the minimum wage at community meetings and events.

The attacks keep coming

The latest attack on the rights of working people is a lawsuit heading to the U.S. Supreme Court.

Janus v. AFSCME challenges the right of public employee unions to require all employees who receive the benefits of union representation to pay the cost of that representation, called fair share fees.

The outcome of the case could threaten the existence of all unions and their ability to advocate for working Americans.

It challenges public sector union fair share fees in Illinois, but the outcome will affect public and private sector unions everywhere. If the court rules against fair share fees in the Janus case, anti-union groups will be emboldened to seek the same change in the private sector in all states, including Minnesota.

A similar case, Friedrichs v. CTA, failed on a tie vote in the U.S. Supreme Court last year, following the death of Justice Antonin Scalia. The Supreme Court now has all nine members, and it's expected Janus would prevail in the current court.

Like other attempts to go through the courts to undermine unions, Janus is funded by anti-union groups who want to destroy unions. It's part of the move to impose so-called Right to Work through legislation and court cases. Anti-union Right to Work laws already exist in 25 states.

Minnesota unions, including MNA, are working together to fight attacks on unions like Right to Work.

"Anti-union organizations and legislators who want the rules to favor business rather than workers are promoting Right to Work," said MNA President Mary C. Turner. "Right to Work laws deprive union members of unity and the resources needed to collectively negotiate with our employers to improve wages, benefits, and workplace standards and protections. These laws also intend to silence nurses and other unions and impede advocating for legislation that benefits our practice, patients, and communities."

Ethics Book Club Report



Paul Kalanithi did not live to see his memoir, "When Breath Becomes Air," reach the New York Times' bestseller list. He didn't see it short-listed for a Pulitzer Prize or Wellcome Book Prize, and he never held a printed copy.

After years of training as a neurosurgeon, becoming the chief resident of neurosurgery at his hospital,

Dr. Kalanithi was diagnosed with Stage 4 lung cancer at the age of 36, and died almost two years later.

The MNA Ethics Committee read this memoir in August, and reflected on Dr. Kalanithi's dual citizenship as a doctor and a patient. His memoir describes the journey from surgeon staring into the meaty flesh of the brain to a patient slowly losing the future he had trained for.

If you have not read it, this memoir is a beautiful meditation on living a life of purpose, meaning, and joy.

The Book Club is excited to announce the titles for 2018.

- In January, in preparation Minneapolis to host the Super Bowl in February, we will read "League of Denial: The NFL, Concussions, and the Battle for Truth" by Mark Fainaru-Wada and Steve Fainaru. This is a great chance to reflect on the medical ethics associated with professional athletes' sustained injuries.
- Also on the 2018 roster are titles exploring the business ethics of healthcare. In "An American Sickness: How Healthcare Became Big Business and How You Can Take It Back," Elisabeth Rosenthal, a medical journalist who previously worked as a doctor, warns us that our healthcare system too often focuses on financial incentives over health or science.
- Physician, medical ethicist and professor at the University of Minnesota, Carl Elliott ventures into the uncharted dark side of medicine in his book "White Coat, Black Hat: Adventures on the Dark Side of Medicine." Professor Elliott shines a light on the series of social and legislative changes that have sacrificed old-style doctoring to the values of consumer capitalism.
- The book club will explore some of the darker moments in medical ethics with another book nominated for the Pulitzer Prize. "Bad Blood" by James H. Jones gives a chilling account of how medical treatment was withheld from Black sharecroppers infected with syphilis via the

now infamous Tuskegee experiment conducted by the United States Public Health Service.

- The book club will also read "Miss Evers' Boys," a play by David Feldshuh, that explores the Tuskegee experiment from a fictional standpoint and delves into the role of the nurse in the Tuskegee study.

All MNA members are invited to join us for our Ethics Book Club. Check the MNA website at www.mnnurses.org for finalized dates and times!

MNA Foundation Update

By Hans-Peter de Ruiter, Chair

This summer was a banner year for nurses applying for scholarships from the MNA Foundation. MNAF granted \$156,000 in scholarship money for the 2017-2018 academic year. This year, we had the largest recipient group of legacy scholarships awarded: 11 children of MNA members earned a scholarship for the post-secondary education program of their choice.

The total scholarship funds awarded represents a 62 percent increase from the 2017 application session, and a remarkable 125 percent increase from the year before! We are thrilled that so many more MNA members are aware of this great benefit.

We encourage any MNA member considering going back to school to apply for scholarships from MNAF. As board members, we love giving money to members!

In addition to providing scholarships, MNAF also provides grants for members conducting academic research.

MNAF board members granted funds to MNA member Kimberly Miller to pursue her research on a very important topic: "A Phenomenological Study of Nurses Who Have Diverted Controlled Substances with Temporal Representations of Their Experiences."

So far, most research has focused on developing systems to account for missing drugs, but Miller hopes to support nurses experiencing chemical dependency. In her purpose statement, Miller says her research seeks "to elicit the factors and the experiences identified by nurses that occurred prior to and during drug diversion...with the goal to identify interventions and strategies focused on prevention."

MNA is eager to share the findings from this research that could result in better systems of prevention to reach nurses before diversion has occurred. What a great service to the nursing profession!

A friendly reminder that as competition for scholarships grows, the application deadline will be strictly enforced. If you, a friend, or colleague are in school, please apply for scholarships.

The deadline for completed applications is June 1, 2018. No applications will be reviewed if they are incomplete as of June 1.

Single-payer healthcare does work - in other countries

By MNA Administrative Assistant Carley Batley



Healthy and free of medical debt, Emmy is spending the summer traveling around the U.S.

In October 2012, my sister developed a stomach ache so painful, it rendered her unable to walk. She hadn't been to the bathroom in several days. Emmy was diagnosed with Crohn's disease. Over the next 18 months she had three surgeries, six hospital stays, five outpatient appointments, a handful of ER visits, and a six-month ileostomy. Five years later, she still takes four medicines every day, and visits her doctor every quarter for blood tests and a B12 shot.

You're probably hoping that my sister has great health insurance. She does.

Like me, Emmy is British. Unlike me, she lives in the UK so is covered by the National Health Service, a form of single-payer healthcare. For all the procedures and drugs my sister has needed to remain alive and healthy for the last five years, she has not paid a penny out of pocket and will never be denied coverage because she's already been sick.

When my sister awoke screaming in pain, our dad drove her to the hospital without a thought about co-pays, deductibles, or coverage. His only concern was finding someone who could help his daughter. When my mom took unpaid time off work to sit at the hospital while Emmy recovered from her multiple surgeries, she didn't have to consider how big the hospital bill would be. My parents only had to worry about helping my sister get better.

Emmy received excellent care at the Royal Derby Hospital. Her surgeries were performed by professionals who are outstanding in their field. She had specialist nurses to help her with stoma care and pain management. She had a private room and her own bathroom. When she was able to eat, the hospital offered a menu catered to her very specific dietary needs. Emmy's operations were scheduled for when she needed them and she always had access to the right care for her. Neither she, nor my parents, ever received a bill for this.

Single payer healthcare doesn't mean second class healthcare. It means good healthcare, available to everyone.

Minnesotan families deserve exactly this kind of care and security. Single payer healthcare means that when families are at their most vulnerable because someone gets sick, they have the security of knowing the best care is available without the burden of impossible debt. Even with health insurance, many Minnesotans are taking on thousands of dollars of debt when they get sick. My sister benefited from a system designed to keep people, rather than companies' bottom lines, in good health. Minnesotans need to demand the same for themselves.

Single-payer healthcare doesn't mean giving up the world-class healthcare that's available here in Minnesota. It means that families like mine can focus on the important work of putting their lives back together after a loved one gets sick, without crippling financial costs. It means that people like my sister can access the continuing care they need in order to remain healthy, regardless of their financial situation. It means that people can move on with their lives after expensive and lengthy care without years of repayments. Single payer means putting people before profits.

State Fair 2017: We want you to have healthcare

MNA nurses had a great time talking about the need for healthcare for all with hundreds of fairgoers at the 2017 Minnesota State Fair.

Nurses explained how single-payer healthcare would ensure good healthcare for everyone and control costs.

Fairgoers signed petitions supporting single-payer healthcare, took selfies with nurses, and wrote messages to nurses with the hashtag #healthcareforall at the MNA kiosk at the fair.



What to do if you think your employer violated a law or regulation

How do you stand up for yourself and your patients when your employer may have violated a law or regulation? You can file a complaint with a state or federal agency that oversees your area of concern if the employer won't fix the problem.

MNA will assist you to file complaints against your employer, or work to get them to voluntarily correct their actions.

Here are the federal and state agencies that deal with healthcare complaints:

OSHA (Occupational Safety and Health Administration): worker centered

- Inadequate training on new equipment like a new sharps disposal
- Construction areas not blocked off.

Joint Commission (formerly JCAHO): patient centered

- Sentinel events
- Jeopardy to the safety of patients
- Allegation of falsification of medical records or other information presented in the accreditation process
- Allegation of patient abuse/inappropriate use of restraints
- Unethical treatment of patients or families
- Patient dumping
- Denial of care
- Failure to obtain surgical consent.

Minnesota Department of Health Office of Health Facilities Complaints: patient centered

Issues to be reported - including but not limited to:

- Staffing shortage - related to concerns about lack of supervision, call lights, etc.
- Nursing Care - this would include missed treatments, missed therapies, etc.
- Medication Administration
- Lack of Training
- Infection Control
- Emergency Room Services - holding patients in the ER as there are not staff available on floors
- Hospital Discharge Planning.

Remember that MNA members are mandated reporters under the MN Vulnerable Adults Act and if they observe abuse or neglect of covered individuals, they must report it to the Min-

nesota Adult Abuse Reporting Center (MAARC).

Minnesota Board of Nursing: reporting other nurses in charge

Every nurse is required to know the state and federal laws and rules that govern nursing practice, as well as the standards of practice established by the Board and the nurses' professional association. A nurse's practice and behavior must be safe, competent, ethical and in compliance with applicable laws and rules.

Agency Complaint Criteria

MNA staff will help determine, through research and member visits or conversations, whether or not a complaint should proceed; however, the process of filing a complaint is dependent on member submitted information. In order to maintain efficiency of staff time and member resources, the complaint process will not start until the majority of the data needed to file a complaint is submitted, including a description of the incident, names of nurses who will provide information for the complaint, the names of nurses who witnessed the violation, and supporting documentation. Please contact MNA Policy Project Specialist Carrie Mortrud at 651-414-2870 for more information.

MNA welcomes new staff

- Mike Hogan, Labor Relations Specialist. Mike grew up in Hastings and Apple Valley. He went to Antioch College in Yellow Springs, OH, and returned to Minneapolis in 2006 to go to law school. Following law school, he worked for a nonprofit and then the Mille Lacs Band of Ojibwe, where he was the Senior Deputy Solicitor General for four years until joining MNA.
- Chris McCall, Administrative Assistant. Chris is from Brookfield, WI and currently lives in Burnsville. He has a bachelor's degree in political science from the University of Minnesota and a master's degree in public policy from Georgetown University. He comes to us from the Minnesota State Senate where he worked as a legislative assistant.



MNA membership brings you 10-20 percent savings on hotels and car rentals

Have you checked out all the savings you get through MNA's exclusive worldwide travel discount services for members? Savings average 10-20 percent below market on all hotels and car rental suppliers around the world. Visit the Member Center on MNA's website at mnnurses.org for details - and start saving on your vacation!

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.

Help the environment - go paperless

You can help the environment and receive your Accent magazine early by going paperless!

If you're interested in viewing Accent online, please email mnnurses@mnnurses.org.

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



MNA welcomes Redwood Area Hospital acute care RNs



Acute care nurses at Redwood Area Hospital contacted MNA in March after a change in management left nurses without any input into patient care decisions.

The new acute care manager said she wanted nurses' input and encouraged nurses to be involved, but nothing ever happened. Nurses tried to take their concerns to the CEO, but there was no response.

"We saw it wasn't going anywhere and started looking into the union process," said RN Ashley Keck, one of the leaders. Nurses communicated with each other and agreed that a union "is what it would take for us to get a voice and make changes so it's a better place to work."

Keck said a number of nurses were already looking at taking jobs at other hospitals because of the working conditions.

Staffing and patient safety were nurses' top issues.

"Nurses expressed concern about assignments and management told us 'too bad,' said Keck. The hospital imposed mandatory call just before Christmas, after nurses tried to find ways to work with management to find ways to accommodate staffing needs without mandating call.

"It showed management didn't care," said Keck.

Nurses worked with MNA staff on a campaign to show how unionizing would benefit patient care and staff.

Management launched an aggressive anti-union campaign that involved emails to all staff, warning about the cost of dues, and that conditions could worsen.

"They hired a lawyer and put up a pretty good fight," said Keck.

In the end, nurses saw the benefits of coming together and speaking with one voice, and they voted overwhelmingly to affiliate with MNA in May.

They elected a negotiating committee and stewards in August and are preparing to negotiate their first contract.

Fourteen of the 33 acute care nurses are now stewards - showing how involved these nurses are!



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

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minnesota nursing accent