



MINNESOTA NURSING Accent

Summer 2018 | Volume 90 No. 2



Nurses make history

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Cover Story

Historic political victory for nurses and patients

In a historic moment, Minnesota nurses saw a Registered Nurse win the party endorsement for the highest elected office in the state.

St. Paul Representative, Registered Nurse, and former MNA Executive Director Erin Murphy won the Democratic-Farmer-Labor Party endorsement by acclamation as both State Auditor Rebecca Otto and Congressman Tim Walz of Mankato withdrew after losing votes to Murphy at the DFL Convention. In order to secure the party endorsement, one candidate needed to achieve at least 60 percent of the delegate votes.

"Erin Murphy isn't just a fellow nurse," said Mary C. Turner, MNA president, in a press release issued Saturday. "Erin Murphy is the candidate who embodies nurses' values of advocating for patients and working tirelessly to improve the situation of others."

The dozens of nurses who served as DFL delegates shouted in joy on Saturday night as the endorsement was announced. Some of them had spent months calling other delegates after the party caucuses in February and Senate District conventions throughout the winter and spring. Others worked the convention floor persuading fellow delegates to choose Murphy based on her positions and history of working on healthcare issues. Social media erupted in excitement over the weekend with the news.

"Incredible!" "How exciting!" "So happy!" Some wrote online. Others asked how they could help with the campaign going forward. Many started using the hashtags #allin4erin and #politicsofjoy.

MNA nurses endorsed Murphy for Governor last September, and since then, they have run a values-driven campaign to push her toward this historic moment. Murphy won the endorsement of nurses by passing a nurse screening committee and then a vote of the elected Board of Directors. Many political insiders credited the early endorsement and hard work of MNA nurses with changing the direction of the race and helping secure the endorsement for Murphy.

"Nurses know that Erin Murphy is the healthcare candidate," Turner said. "She has the solution to simplifying healthcare with fair, universal single-payer healthcare reform."

Murphy was an operating room nurse before joining the staff of MNA. She was promoted to MNA Executive Director and left that position to run for the Legislature in 2006.

"Nurses are proud to call Erin Murphy one of our own," Turner said. "We will call, door knock, pass out flyers, and organize seven days a week to get Erin to the Governor's Mansion."

Soon after, Murphy announced she had selected MNA-endorsed Minnesota Rep. Erin Maye-Quade from Apple Valley as her running mate for Lieutenant Governor. Maye-Quade was one of the only Democrats to flip a Minnesota House district from Republican to DFL during the 2016 Elections.

The pick places two nurse-supported candidates on the same ticket - candidates who have repeatedly stood up for nurses' values and issues important to MNA members everywhere.

As the official DFL-endorsed candidates, Murphy and Maye-Quade will receive party

Historical political victory cont. on page 5

Minnesota Nursing Accent

Minnesota Nurses Association
345 Randolph Avenue, Ste. 200
Saint Paul, MN 55102
651-414-2800/800-536-4662

Summer 2018

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Rose Roach

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Barb Brady

Chris Reinke

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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.



How are unions like tricycles?

Have you seen the Facebook meme about a boss driving a new Lamborghini car to work? An employee says, 'Wow, that's an amazing car!' The boss replies, 'If you work hard, put all your hours in, and strive for excellence, I'll get another one next year.'"

In a nutshell, that's why we need unions. Nurses who belong to MNA know they can expect fair treatment and a voice in the workplace. Nurses can advocate for patients at the bedside and in the public arena without fearing retaliation.

I know many union members believe a union has a limited role: to negotiate and enforce contracts and organize more workers into the union.

But in reality, a union is about so much more. A union isn't a unicycle or even a bicycle, it's a tricycle.

One wheel of the tricycle is the representation that includes bargaining contracts and holding the employer's feet to the fire when they violate that contract.

The second wheel is organizing. If we don't grow, we die – it's that simple. We also die if we don't engage our members.

As Moe Biller, president of the American Postal Workers Union told union leaders and staff, "I don't want to hear of apathy! It's your job to motivate the membership. We're the evangelists, we're the missionaries... We must elevate the understanding – to stand up to the bosses!" MNA is not some outside entity that swoops in and fixes what's broken between the nurses and the hospital or care facility. The union is the nurses, the nurses are the union.

The nursing profession and the healthcare system itself are under attack and are changing rapidly. We must be diligent about protecting what we have fought so hard to achieve and be ready, willing, and able to stop corporate healthcare from dictating the negotiations and representation processes. Nurses are known for their fearlessness, their tenacity in refusing to take no for an answer, and for their passionate commitment to their profession and patients. Using collective bargaining to advocate for the societal greater good makes you unique within the labor movement.

The tricycle's third wheel gets us where we ultimately need to go: politics. Who regulates hospitals, clinics, and nursing homes? Government. For our public-sector nurses, who do you bargain with and who ultimately ratifies your contract? Government. Whose responsibility is it to protect public

Executive Director's Column

health? Government. Who's writing laws to take away your freedom to join together collectively to have a voice in your place of employment and in government? Government!

For members who think nurses and the union should just stay out of politics, I would ask – do you think the CEO of your hospital is staying out of politics? Do you think the health insurance industry and big pharma are staying out of politics?

Do any of those entities control anything that affects your job and your ability to care for your patients? And are they focused on embracing, promoting, and honoring the nursing profession? On protecting patients? Not lately – they're doing everything they can to de-skill your profession, make it all about computers and remote diagnoses, even going so far as to create nurse robots since apparently, they believe the human touch is superfluous to providing healthcare to actual human beings.

The truth is – if we don't do politics, politics will do us in. Legislators listen to nurses. You are the most trusted profession, especially when you speak about the issues that impact nurses and public health. Through your union, you have collective power that makes anything and everything possible.

We are experiencing a historical moment - our collective humanity cries out for us to act. The time is now to take on the status quo and create a society that puts people over profits.

Nurses' collective voice results in safer work environments, better patient health outcomes, and the protection of your profession from being de-skilled by an industry that has you spending far more time in front of a computer than with your patient.

Our elected officials need to understand this and act in the best interest of all their constituents, even those who aren't able to exercise their political voice – and as nurses you are uniquely positioned to be that voice. Help protect your rights; help other nurses gain rights; and help your patients have a voice. Make sure the union tricycle is moving forward with all three wheels securely in place.

President's Column



Highlight Your Hospital

What do MNA facilities in Cloquet, Duluth, Edina, Grand Marais, International Falls, Marshall, Minneapolis, Moose Lake, Silver Bay and Winona have in common? They are all facilities I have visited so far in 2018 to listen to nurses' stories, concerns, and questions.

MNA nurses are in every corner of Minnesota, as well as Wisconsin and Iowa, making it difficult for everyone to meet in person very often.

Nurses in Greater Minnesota may feel isolated or out of touch with MNA, so I started the "Highlight Your Hospital" tour, where I visit nurses at hospitals all over the state.

We want nurses everywhere to feel that your input and ideas are always welcome and that you are part of our MNA family.

The visits are a great way for nurses to speak out and know they are being listened to – and to showcase their hospitals, members, and communities.

Our nurses' dedication to patients and their communities shines through everywhere I go. The first concern nurses always have is for their patients – and how to make sure they can provide the quality care that all patients deserve.

It is so important to know what is happening in your hospitals so we can advocate for improvement. I use what nurses tell me when I talk to elected officials and help make MNA decisions.

After each visit, I post photos of nurses, hospitals, and community landmarks on Facebook to share what I learned in my visit with other nurses and communities and to highlight the wonderful things our nurses do every day and night.

A new feature in Accent contains photos from "Highlight Your Hospital" so you can see what your colleagues around Minnesota are doing. The first is on page 16. Let me know what you think!

Nurses, please invite me to your hospitals! It can be at an already-scheduled meeting or event - or any day that fits into schedules – any time of day or night.

Mary Turner

MNA Visions, Values, and Strategic Pathways for 2018

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 Vision and Values

MNA is a positive, powerful union of professional direct patient care nurses that advances nursing practice, effective, safe staffing and working conditions, patient interests and works to build a healthy community, empowered profession, and fair and just society along the principles of the Main Street Contract:

- Jobs at living wages
- Guaranteed healthcare
- A secure retirement
- Equal access to quality education
- A safe and clean environment
- Good housing
- Protection from hunger
- Human rights for all
- An end to discrimination
- A just taxation system where corporations and the wealthy pay their fair share

In practice, this means:

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 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.
3. MNA builds its power as a union of professional nurses by increasing its membership and exercises that power through effective internal and external organizing, and member participation, activism, education, and mobilization.
4. MNA actively promotes social, economic and racial justice and the health, security, and well-being of all in its organizational programs and collaborations with partner organizations.
5. MNA works in solidarity with the National Nurses United and the AFL-CIO to build a worker movement that promotes the rights of patients, nurses, and workers across the United States.

Strategic Pathways

MNA will achieve its vision through six key strategic pathways.

- Strengthen the integrity of nursing practice, nursing practice environments, and safe patient staffing standards and principles.
- Oppose any attacks on nursing practice and workers' rights, including any attempts of deskilling the Professional nurse's scope of practice and right-to-work legislation.
- Collectively bargain from strength across the upper Midwest
- Organize externally and internally to increase MNA membership and continue to increase solidarity and participation of membership locally, regionally, and nationally.
- Elect politicians who will implement nurse/worker-friendly public policy, including safe staffing and a healthcare system that includes everyone and excludes no one.
- Work in solidarity with the NNU and AFL-CIO and other community allies to advance nursing, health care and worker justice issues.

Convention 2018



MNA nurses at the 2018 Convention and House of Delegates can look forward to a special bonus this year: National Nurses United is bringing nurses from throughout the country to Minnesota for their national convention at the same time and place.

It's a great opportunity to connect with nurses from other states in addition to meeting or re-uniting with MNA members!

NNU nurses will share education, socializing, and door-knocking to urge area residents to support pro-nurse candidates in the November Elections.

Here are some of the many highlights of MNA's 2018 Convention:

- Education sessions on issues important to nurses, including how to use science and data to elect pro-nurse candidates to office; what women in union leadership can learn from the #MeToo movement, nursing practice issues; and collective action as a stress reliever.
- Opportunities to socialize and share with other MNA and NNU nurses at social hours, meals, and special entertainment by Minnesota comedians Mary Mack and Tommy Ryman.
- Say 'thank you' in appreciation for the outstanding work of MNA nurses and supporters at the Honors & Awards Banquet.

Check out the special insert in this edition of Accent for more details - and to register. You can also register in the Events section of MNA's website at www.mnnurses.org.

Proposed bylaw or resolution changes are due July 15; you can find the Call for Resolutions and Bylaws on the Forms page of the Member Center on MNA's website at www.mn-nurses.org.

Historical political victory from page 2

support for the race. However, Walz announced he is not honoring the results of the convention endorsement and will take on Murphy/Maye-Quade with his running mate, Rep. Peggy Flanagan, from St. Louis Park.

The race has also become complicated with the addition of Attorney General Lori Swanson entering with Congressman Rick Nolan on her ticket. The winner of the August primary will take on the GOP candidate, who will be either party-endorsed Jeff Johnson or former Governor Tim Pawlenty.

Since the convention, Murphy and Maye-Quade have dominated the news, spending time all over Minnesota listening to the stories and hopes of Minnesotans.

One recent gathering in Willmar turned out 90 people to meet the duo while other stops in Duluth, Moorhead, and Bemidji turned out similar or even larger crowds.

Additionally, Governor Mark Dayton announced his public support for Murphy saying, "We need a leader who understands our state, is committed to better futures for all of us, and is ready to lead. I believe Erin Murphy is that person, and I am proud to support her for Governor of Minnesota."

This race has earned national attention as well. Another nurse, Cathy Glasson, ran for Governor in Iowa but did not succeed in the primary.

LABOR ADVOCACY

MNA nurses stand up to a corporate giant - and win

MNA nurses at Allina hospitals won three major victories in 2017, after refusing to accept the system's attempts to impose a new Sick and Safe Leave (SSL) policy, impose detrimental changes to the School Activities Leave, and ignore nurse input on evaluating potential new electronic acuity systems.

1. Last year, Allina announced a new Safe and Sick Leave policy.

MNA filed grievances and complaints with the City of Minneapolis after Allina announced the policy last year. MNA's position was that the policy violated the city's Sick and Safe Time ordinance.

Nurses argued that Allina was incorrectly deducting SSL time for tardiness and leaves such as bereavement - when they did not apply for sick or safety purposes. MNA argued that by incorrectly deducting the SSL time, nurses were potentially deprived of using their protected SSL time for sick and safety reasons.

The City of Minneapolis agreed with MNA that the policy could lead to violations and advised Allina to change its policy.

On April 9, Allina notified MNA that it was changing its policy in accordance with the recommendations of the city.

MNA nurses were leading advocates of the city ordinance, joining allies to fight for this basic right for all working people.

2. Last year, Allina announced changes to at least 45 policies throughout the system. MNA nurses fought the changes - particularly as they related to School Activities Leave, Minnesota Statute 181.9412.

Allina changed the policy to limit the protected leave to 16 hours per household. MNA nurses argued the statute provides 16 hours of protected leave per child to attend school conferences and school-related activities. After multiple back and forth, Allina conceded and changed its policy to allow for 16 hours of protected leave per child.

3. MNA nurses had a major third win when they stood together and demanded that Allina bargain over the effects of a new acuity system.

In October 2017, Allina notified MNA of plans to evaluate electronic acuity systems. MNA nurses quickly demanded that Allina bargain over the effects of a new acuity system. Nurses demanded that Allina hear from nurses who advocate for patients on an ongoing basis. As a result of the nurses' advocacy, Allina agreed to involve nurses early and give an opportunity for their voices to be heard when selecting a potential vendor.

Throughout discussions, nurses insisted that Allina recognize that charge nurses must have the authority, based on professional judgment, to override any computerized acuity system to ensure safe patient care. As a result of this nurse advocacy, Allina agreed that the system must allow nursing judgment to override any acuity recommendations.

MNA has continued to demand to bargain over the effects of the acuity system. Allina agreed it will negotiate as appropriate. While the law allows Allina to choose the acuity vendor system, it is prohibited from making any changes to the terms and conditions of MNA nurses' employment without bargaining with the nurse negotiating team.

"Nurses are not afraid to speak up for what's right for patients and staff," said Angela Becchetti, RN, MNA Tri-Chair at Abbott Northwestern Hospital and Phillips Eye Institute. "We know this corporate giant will try to impose policies and systems and hope we don't notice. Our message to Allina: we are watching and will continue to fight any illegal or improper action you take."

WestHealth RNs make major gains in negotiations for second contract

"No" was Allina Health representatives' favorite word during contract negotiations with Abbott Northwestern-WestHealth Emergency and Urgent Care unit nurses in Plymouth this spring.

"Just like three years ago, Allina took a hard line and said they were not interested in our proposals. 'No' was their favorite word," said MNA Bargaining Unit Chair Carrie Boris.

In spite of the obstacles Allina tried to put in the way of a fair contract, RNs were able to negotiate a contract that makes major gains in moving WestHealth nurses closer to parity with metro Allina nurses' compensation packages.

"Our benefits as a package are a lot lower than everyone else's in metro Allina hospitals," said Boris, "We as a unit feel undervalued."

In addition to wage increases that bring nurses in line with Allina metro nurses, WestHealth nurses negotiated an increased night shift differential.

"It will help get experienced and retainable staff," said Boris.

Call hour changes were a major issue for nurses and Allina, which proposed mandating even more call hours and other onerous requirements.

"It was big - management wanted us to show up in 30

LABOR ADVOCACY

minutes or stay on site and there was never a guarantee,” said Boris. “We said we wouldn’t do more call shifts – and negotiated with them to the end.”

The MNA team negotiated language that improved Allina’s proposal.

This was the second contract negotiation for WestHealth nurses, who became part of MNA in 2014.

“Things are going really well as new union,” said Boris. “Nurses are glad to be part of a union.”

Boris said communication between the negotiating team and members during negotiations was “great.”

“The team knew what members wanted and made those issues a priority,” she said. “Members are happy with the new contract.”

Nurses reached a tentative agreement in early May and ratified the contract on May 7.

Cloquet nurses ratify contract

Negotiations were smooth and short for MNA nurses at Community Memorial Hospital in Cloquet.

“Management stated what they were and were not willing to do, and we stated what we liked in that, and came to an agreement,” said Cloquet Bargaining Team member Desiree Weets.

Nurses overwhelmingly ratified their new contract, which includes retroactive pay and raises of 3 percent, 2 percent, and 1 percent.

MNA nurses welcome new members from Edina’s Fairview Southdale Hospital.

Nurses in the Heart Cath Lab and Interventional Radiology voted overwhelmingly to form a union with MNA earlier this year.

Despite an aggressive anti-organizing campaign from management, the nurses stuck together and voted to join their MNA sisters and brothers. The 20 nurses in the two units are now in the process of negotiating their first contract.

Welcome!

State nurses contract

MNA nurses employed by the state of Minnesota fought off harsh concessions proposed by management and negotiated a contract that was overwhelmingly ratified.

Negotiations were set against a backdrop of some legislators opposing any increases for state employees.

The Subcommittee on Employee Relations had earlier recommended the Legislature reject tentative agreements with other public-sector unions.

MNA nurses’ tentative agreement included increases in wages, shift differentials, and the number of hours nurses can put into deferred compensation.

The state agreed to address one of nurses’ most serious issues: the disparity between wages for registered nurses in state government and for RNs in comparable facilities in the private sector. The state could decide to raise wages in certain job classifications after the study’s findings are released.

The Legislature did approve all state employee contracts, including MNA nurses, in the 2018 session.

At the Capitol

Nurses are patients' best messengers during Mini Days on the Hill

Dozens of MNA nurses went to the Minnesota Capitol to advocate for patients and the nursing profession during the 2018 Legislative Session as part of MNA's Mini Days on the Hill program.

Nurses from hospitals throughout Minnesota came to St. Paul to talk with legislators about the pressing needs of Minnesota patients and healthcare workers, including workplace violence prevention and single-payer healthcare.

Nurses pressed for Senator John Marty's Minnesota Health Plan, which would guarantee access to quality healthcare for all Minnesotans.

"It was awesome to make real-time change by just talking with legislators on issues that affected our practice," said Colton Bruhn, RN, who had his first experience lobbying this session. "I think this is really critical for us as nurses because it allows us to make an impact on laws that affect us. I didn't find it intimidating at all. My representatives were willing to listen to what I had to say about the Nurse Compact and the ratio bill."

Kava Zabawa, who serves on the MNA Council of Active Retired Nurses (CARn), was also a participant. Her top issue is the Minnesota Health Plan. She recognizes the challenges that thousands of patients face when trying to access care.

"After seeing so many of my patients struggle I knew I had to get involved somehow," she said. "Senator Marty's plan will help patients get the quality care they seek at an affordable cost. His plan is publicly financed but privately delivered. It would move the needle in terms of access. I urge all MNA members to get involved and speak up for patients with their elected officials. We do make a difference."

"It is imperative that legislators hear directly from bedside RNs," said Cameron Fure, MNA Political Organizer. "We know they hear from the Minnesota Hospital Association and it's usually about the bottom line at health systems. Nurses provide the counter balance to these efforts and are the best messengers for Minnesota patients."

Keep an eye out for next year's Mini Days on the Hill program. You can always find details about upcoming events and how to get involved in elections and governmental activities by visiting the MNA events tab at www.mnnurses.org/.



At the Capitol



Legislative wrap-up

The big news for nurses from the 2018 Legislative session was the defeat of the Interstate Nurse Licensure Compact.

Thanks to MNA nurses who phoned, emailed, testified, and met in person with legislators to oppose Minnesota joining the Compact.

Under the proposal, out-of-state nurses from states participating in the Compact could practice in Minnesota without a Minnesota nursing license. In other words, Minnesota hospitals would be staffed with nurses who were not trained in Minnesota and not used to our high standards of care.

Compact supporters wanted Minnesota to join the Compact to make it easier to bring in out-of-state nurses to take positions and shifts away from MNA nurses. These out-of-state nurses would not have to follow the same licensing requirements, including the need for continuing education, as Minnesota-licensed nurses. This could have been a detriment to quality patient care and patient safety, but Minnesota nurses fought off this bill successfully.

The story of the 2018 Minnesota Legislative Session is mostly about what did not happen – instead of what passed the Legislature. Here's a summary of action on bills important to MNA nurses:

- The bill to fund pensions for state workers, including MNA nurses, and the bill ratifying contracts for state workers, were signed into law by Governor Mark Dayton. (See story on page #)
- The omnibus tax and budget bills were vetoed, meaning some negative provisions died, including scope of practice encroachments. One of those would have allowed community paramedics to replace chemical and mental healthcare providers in the care team for those who suffer from opioid and heroin addiction. Another would have allowed

EMTs to develop care plans for patients who suffer from adrenal insufficiencies. Those were in the budget bill.

- The House unanimously passed the nurse assault penalty language making it a felony to assault a healthcare worker anywhere in a hospital, not just the Emergency Department. However, the Senate did not pass the measure, so it did not become law.
- MNA worked with a number of other patient organizations to pass the Step Therapy bill. Previously, patients could be forced to try other (cheaper) medications and treatments before getting what their doctor prescribed. Many insurance companies prefer this, but it keeps patients from trying experimental or trusted and expensive treatments. Minnesota joins 18 other states that have passed step therapy reform.
- The MNA Board took a position to oppose earmarking taxes for specific budget areas, which could have taken money away from healthcare for Minnesotans. The Legislature failed to pass a proposed amendment to the state Constitution, which would have earmarked money specifically for transportation funding.
- The bill to fight opioid addiction, once called the “penny-a-pill” bill, failed, thanks to lobbying by the pharmaceutical industry. It was amended to be a straight license fee.
- Elder abuse prevention reforms did not pass.
- Work requirements and increased paperwork for people who qualify for Medicaid did not pass, thanks to the opposition of many patient advocacy and other healthcare groups.

MNA nurses will soon begin planning for the 2019 Legislative Session. Much of what we will advocate for and against will depend on the outcome of the 2018 Elections, so nurse participation in electing nurse- and labor-friendly candidates is critical for our success.

At the Capitol

Governmental Affairs Commission Update

*By Kathy Winger, GAC Commissioner, Retired RN,
Sanford Bemidji Medical Center*

Your Governmental Affairs Commission made sure legislators heard nurses' voices during the 2018 session.

Commissioners visited the Capitol to talk about nurse issues with legislators throughout the session, which ended May 21. *You can find out more about the Legislative Session on page 9.*

We shared nurses' perspectives on bills under consideration and told our stories about being bedside nurses and caring for patients.

We explained why the Interstate Nurse Compact is bad for Minnesota nurses and patients; and urged legislators to vote for a bill making it a felony to assault any healthcare worker in a hospital. Currently, it's a felony to assault workers in the Emergency Department only.

GAC commissioners attended and testified at hearings on nurse issues. Barb Forshier of United Hospital in St. Paul and National Nurses United Co-President Jean Ross testified against the Interstate Nurse Compact at a March 20 hearing; and Sharon Carlson from Abbott Northwestern Hospital in Minneapolis gave testimony on the Compact at a March 27 hearing. Read Carlson's testimony on a blog post at www.mn-nurses.org/a-nurse-speaks-out-against-the-national-nurse-compact/.

GAC commissioners urge all MNA nurses to contact elected officials and share nurses' perspectives on important issues.

Commissioners also played an important role in MNA's April 10 Student Day on the Hill. GAC Chair Jean Forman led a panel discussion of former legislators; Commissioner Stefanie Asante-Totimeh participated on a panel of nurses discussing the importance of MNA and unions; and commissioners greeted students during the meet and greet before the program began.

I have heard nurses say they don't think nurses should be politically involved. I don't see how we can't be. Our healthcare system is broken. The high cost of premiums and deductibles leave patients without healthcare options.

It affects MNA nurses too. Before I retired, I paid \$860 a month with a \$6500 deductible before I became eligible for Medicare. I did not go to the doctor because I was afraid of the cost. I'm not alone and I'm a nurse! Some people even have to

choose between food and medicine. We all need affordable healthcare and medications!

As nurses, we all know the importance of promoting prevention. Without the right medicine, people end up in the hospital, which increases healthcare costs. Insurance companies have actually determined which doctor you see and what medications you can have.

I have a good friend whose insurance company refused to cover a medication his doctor prescribed. The insurance company said that prescription was not meant for his disease, even though it had been working for him. Now he gets that medicine from Canada and pays \$50 for three months instead of \$400 for the same period in the U.S.

It is so important for nurses to speak out in the political arena – to protect patients and our profession. This year's legislative session was difficult because a majority of legislators did not support nurses' issues. We can turn that around and elect a pro-nurse Legislature and Governor together!

You can get involved in many ways. Number one: Vote. And before you vote, become informed. Visit MNA's website at www.mnnurses.org for information about our endorsed candidates.

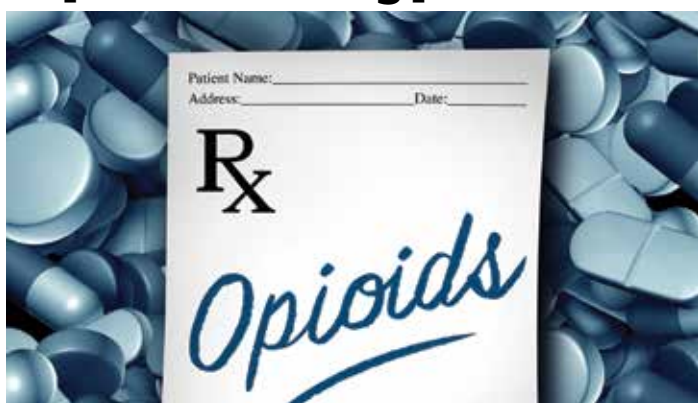
MNA nurses do a great job endorsing candidates who can work with us to accomplish our goals. We screen and endorse candidates of any party who support our issues.

You can fight for a candidate you agree with (preferably one endorsed by MNA). You can knock on doors, make phone calls, talk to your friends and neighbors, and be ready to act when MNA calls on you!

Practice and Education Commission Update

By Trilby White, BSN, Commissioner, HealthEast St. John's Hospital, Maplewood, NPE Commissioner

The opioid crisis and the impact on nursing practice



Trilby White

Rarely a day goes by that nurses and patients don't hear about what is being described as an epidemic of prescription opioid drug abuse. Because nurses assess and treat pain with narcotic pain medications, we are facing increasing professional scrutiny in handling and administering narcotics.

Especially concerning for nurses is where medication discrepancies occur, nurses may find themselves under investigation that increasingly leads to criminal prosecution.

In light of an elevated regulatory and oversight work environment, nurse attorneys who work daily representing clients before the Minnesota Board of Nursing and in criminal courts, are cautioning nurses to be sure to fully document not only a patient's subjective pain score but to carefully annotate any objective data that leads them to administer narcotic pain medications.

While there are nurses and healthcare professionals who may intentionally divert narcotics, the risk in our daily practice now includes the mere appearance of diversion.

Due diligence must include close observation and documentation of narcotic wasting protocols, timely administration of pulled medications, logging out of all devices whenever unattended and thorough documentation of all contributory data in pain assessments.

In the case of caring for opioid-dependent patients, practice is often complicated by the emotional distress, anxiety and sometimes aggression from patients who feel they are being under-treated for their pain. This can be especially difficult for nurses who are constrained by rigorous prescribing guidelines and heavy patient loads. For these patients, in addition to thorough assessment and documentation, communication and collaboration with attending physicians on pain management strategies, utilizing complementary therapies, alternating non-narcotic analgesia, and recommending palliative care consultation are increasingly essential.

Being a nurse is very rewarding but with it comes significant risk. It has long been understood that being a nurse is one of the most dangerous jobs a person can do. While we are trained to try to prevent physical injury and emotional and psychological distress, nurses have little education related to the emerging legal risks we face in the management and administration of narcotic medications.

The Nursing Practice and Education Commission at MNA is working to develop education and training to address the changing practice environment for nurses working with narcotic medications. Patient safety is enhanced and pain control is more effective when nurses fully understand their role and scope of practice in this increasingly complex working environment.

Members in Action

'Knowledge attained without using it is wasted'



MNA nurses from United Hospital in St. Paul put their knowledge to good use in February: they traveled to Ghana on a two-week medical mission.

They are members of African Nurses United (ANU), a group of United Hospital nurses who support members of African descent professionally. Over its four years, ANU has evolved from helping each other succeed and thrive in nursing to community work in Minnesota and medical missions to countries in Africa.

Queen Obasi, Stefanie Asante-Totimeh, Kate Reeves-Mason, Caroline Mougoue Jackson, and Mavis Antwi provided medical assessments, health education, equipment, and resources for residents of Agbozume in West Ghana, a rural fishing village with no access to healthcare and many people living in poverty.

Their goal was to help people during the mission and over the long term, by providing assistance in maintaining health.

"We go in, we discover, we stay," said Asante-Totimeh. "We continue with the maintenance of the people we visit. Many people don't have resources for needed medications, equipment, and supplies. Most diabetics in Africa have never seen test strips. We want to bring education and resources to people."

They helped people with serious chronic illnesses who had no access to medical care because they couldn't afford it.

In Ghana, as with much of Africa, a lack of knowledge and the cost of healthcare prevents many from receiving the care they need. Healthcare there is cash-based, so people with few resources cannot get the healthcare they need.

"The knowledge base is very low, even among the affluent," said Obasi. "They have money, they go to the hospital, but they don't know how to take care of themselves. We hear

stories of young people dying because they didn't have the knowledge."

As a result, the nurses focused much of their time on educating people of every income level.

Diabetes and hypertension are two of the most chronic health issues in Ghana. The Minnesota nurses vividly remember a very ill 21-year-old suffering debilitating effects of diabetes who came for help.

"It was shocking to us that she was walking around," said Reeves-Mason. "We paid for transportation to take her to the hospital, which was an hour away from Agbozume, and we paid her hospital bills."

The nurses left money for her, arranged for her to receive insulin supplies, and trained a community health worker to use a glucometer and test strips.

They will monitor her progress going forward and make sure she receives the medications she needs.



They met some people who were skipping or taking lower doses of their prescriptions to make them last longer.

"We are from African countries, so we know what is going on in the health system there," said Asante-Totimeh. "We have families there. We wanted to go back, assess the needs of people, and empower them with health resources so they can be better educated about healthcare."

Obasi was the inspiration for the mission. She is a veteran of many medical missions to African countries through an international nonprofit she founded, the African Community Health Initiative (ACHI), which provides quality healthcare to communities in Nigeria and Namibia that lack access to basic health services.

Nurses say the experience was "life-changing."

"What we take for granted here today are things many in Africa are grateful for when they get them," said Reeves-Mason. "We as nurses are grateful for what we do every day at

work in our community, but we want to branch out to help people on the African continent who need our help too.”

“It was very fulfilling,” said Obasi. “Knowledge attained without using it is wasted. We want to effect change for other people.”

“We are ambassadors and advocates,” Asante-Totimeh said.

The trip to Ghana was the group’s first international mission. A second trip for the African Nurses United is planned for Kenya in early 2019. The trip was sponsored by ANU members, co-workers from United Hospital, friends, and family.

ACHI nurses are going on the next mission trip to Nigeria in November and the African Nurses United’s second international trip is in early 2019.

You can support their missions by helping with the mission costs. The nurses paid much of the cost of the Ghana trip, including plane tickets, out of their own pockets.

Information on how to contribute to the African Nurses United and their 2019 trip to Kenya is on their GoFundMe page at <https://www.gofundme.com/ewbu6-medical-mission-to-kenya>.

Learn more about ANU on Facebook at <https://www.facebook.com/theafricanursesunited/> and help their partner African Community Health Initiative at www.achicares.org.

Health and Safety Committee Update

By Naomi English, committee member and RN at United Hospital in St. Paul

RNs like to be aware of what’s happening in their workplaces - What is the AWAIR program?

There are many acronyms in healthcare, some more important than others. Many affect our patients, some affect us as professionals in healthcare environments.

An important one that tends to be overlooked is the Workplace Accident and Injury Reduction program – AWAIR.

Established by the Legislature in 1990 and administered by the Minnesota Occupational Health and Safety Administration, AWAIR requires employers to establish a well-thought-out plan that addresses specific workplace risks and exposures.

AWAIR is one of many tools we have here in Minnesota to protect ourselves as we care for patients in increasingly challenging environments.

Employers must develop their plans with employee input and ongoing involvement. Workplaces are required to have an AWAIR plan if the work being done or the services provided meet certain criteria.

Industries with above-average injury rates are required to have an AWAIR program in place. All healthcare organizations must develop such a plan.

So now that we have some background, questions naturally arise:

- How can I find out about my facility’s AWAIR program?
- How can I find out about the joint MNA-hospital safety committee?
- How are employee representatives to this committee chosen?
- What successes have these programs had?
- Are employers subject to fines if they don’t comply with AWAIR program provisions?

You can find out answers to these questions and more by joining the H&S committee to discuss AWAIR and other topics.

Safe Nursing Practice

By Jackie Russell, RN, JD, MNA Nursing Practice and Regulatory Affairs Specialist

How do you react to the statement, 'A nurse is a nurse is a nurse'?



Not all nurses are created equal. If you are reading this, you have likely made the leap to follow your passion and calling; completed one of the most mentally and intellectually rigorous academic professional programs – nursing; passed an exceedingly challenging professional exam, the NCLEX; and been granted a nursing license by your state's board of nursing.

However, these are the basic entry-level requirements to practice nursing.

Most nurses enter the workforce in a specialized area of practice where they are required to complete further education to achieve and maintain competency to care for a particular patient population. Specialized areas of practice require additional certification such as Basic Life Support, Advanced Cardiac Life Support, and Trauma Nursing Core Course.

No matter the area of practice, a healthcare facility should test for competencies for all nurses for any procedure they are expected to perform.

If you are performing patient care duties and your employer has not provided the proper competency education or certification for that task, stop. Be proactive in maintaining competency and do not put your license or the health and safety of your patients at risk.

In reviewing negative health outcomes that may result in death and many in litigation, we find that the root cause is often a pattern of systemic problems.

One significant factor is the wrong healthcare professional for the task, and nurses are often at the center: understaffed units, nurses assigned patient care duties prior to completing orientation, nurses assigned patient care tasks outside their scope of practice or area of expertise, among others. These are a few examples of unsafe patterns of systemic problems that put nurses and patients at risk.

An important first step to avoid being at the center of a liability claim is to pay attention to your state's Nurse Practice Act, not only to protect your nursing license, but also for the safety and welfare of your patients.

Every state has laws that define the legal scope of the practice of nurses (e.g., Nurse Practice Act). However, it's im-

portant to know that not all nurse practice acts are the same (key differences will be addressed in a later issue).

I have practiced nursing in three states under three nurse practice acts. What is critical, and your professional responsibility, is that you must know your state's nurse practice act.

Nurses practicing in Minnesota, Iowa, and Wisconsin are subject to the Nurse Practice Act of their home states, and any other state where they practice.

Essentially, the nurse practice act is your rulebook.

Minnesota's Nurse Practice Act was enacted in 1907, after two years of organized lobbying efforts by members of the then newly-formed Minnesota State Graduate Nurses Association (later named the Minnesota Nurses Association).

Minnesota's Nurse Practice Act governs nursing practice in Minnesota and your Minnesota nursing license. The Nurse Practice Act's purpose is to protect public health and safety by ensuring that only persons who are competent to practice nursing are permitted to do so.

I'm taking a guess that you likely learned about the Nurse Practice Act during nursing school. But, did you ever really read it? Why do nurses need to know about their Nurse Practice Act?

Ignorance of the law is never an excuse.

How does this translate into nursing practice in our hospitals and clinics? Please look for MNA's upcoming course on the Minnesota Nurse Practice Act.

Shop at MNA's online store



Are you looking for apparel, umbrellas, sweatshirts, water bottles, and mugs with the MNA logo?

MNA's online store at <http://mna.logoshop.com/> carries these items for you to purchase and show your pride in MNA!

Prices for each item are at cost, without any markup or profit. Proceeds cover the manufacturing, printing, and distribution costs.

MNA RNs celebrate Nurses Week 2018

Donating to a homeless shelter, fundraising for a book drive, lunches, and happy hours were just some of the ways nurses throughout Minnesota, Wisconsin, and Iowa celebrated Nurses Week 2018.

Essentia Health nurses in Virginia are building community support in anticipation of negotiations in 2020 with a variety of projects, including donations to the Lutheran Social Services Family Center in Virginia, which is a homeless shelter. They are raising funds for a book drive through Literacy for a Lifetime and then donating the books to the shelter.

Nurses Week is May 6-12 every year, ending on Florence Nightingale's birthday.



Highlight your Hospital tour showcases MNA nurses around Minnesota

MNA President Mary C. Turner's 'Highlight your Hospital' tour is taking her to facilities throughout Minnesota. She spends time in each facility, talking and listening to nurses.

She showcases the nurses, hospitals, and communities she visits with Facebook posts so all MNA members can see what the dedicated nurses around the state are doing.

She has visited the following hospitals and facilities so far:

St. Luke's Hospital, Duluth



Cook County Northshore Hospital & Care Center, Grand Marais



Minnesota Veterans Home, Silver Bay



Rainy Lake Medical Center, International Falls



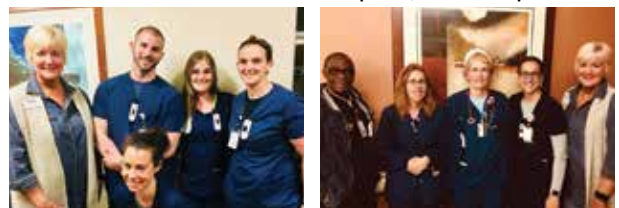
Avera Marshall Regional Medical Center, Marshall



Phillips Eye Institute, Minneapolis



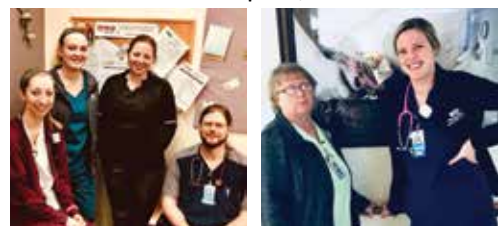
Abbott Northwestern Hospital, Minneapolis



Mercy Hospital, Moose Lake



Winona Hospital, Winona



If you'd like President Turner to visit your hospital, send her a message at mary.turner@mnnurses.org.

Read more about the tour in President Turner's Accent column on page 4.

An easy way to spread the word about healthcare for all



Nurses see the damage caused by the profit-driven healthcare system every day: nearly every MNA member has at least one story of a patient who had a health crisis because they couldn't afford to see a provider or purchase the medication they needed. We've all heard stories of patients who have died of preventable causes because they couldn't afford care when they needed it. We all know someone who is burdened by medical debt because they or a loved one had the bad luck to get sick.

It doesn't have to be this way. Nurses are leading the way, building a movement to create a healthcare system that treats care as a basic human need, not a luxury.

As public support for single-payer healthcare grows, we hear from increasing numbers of nurses who want to get involved but don't know how to get started.

Several MNA nurses have had a lot of success holding "movie nights," showing the documentary "FIXIT: Healthcare at the Tipping Point" to small and large groups alike. If you feel like you want to get involved but still want to learn more about fixing the broken healthcare system, this is the perfect first step.

FIXIT is a documentary (free to watch online at www.fixithealthcare.com) that takes an in-depth look at how our dysfunctional healthcare system is damaging our economy, suffocating our businesses, discouraging healthcare providers, and harming our nation's health.

A movie night could be as simple as inviting half a dozen friends to your house, popping some popcorn and watching the movie. Or you could rent a local space, invite the community, screen the movie for 100 people and hold a discussion afterward. MNA nurses have done events of both sizes and everything in between, and report that it was an easy way to inform their friends as well as learn more themselves.

The filmmakers who made FIXIT have released two other

documentaries recently that would also be good options for a movie night.

"BIG PHARMA: Market Failure" shows how unrestrained drug pricing threatens our nation's patients, families, businesses, and the U.S. economy, and how we can fix the system. "BIG MONEY – Democracy on the Brink" explores the effects of big money in politics: Americans are sicker than they should be, poorer than they ought to be, and less safe than they deserve to be.

If you would like help organizing a showing of FIXIT, BIG PHARMA or BIG MONEY, please contact MNA's healthcare reform specialist Geri Katz at Geri.Katz@mnnurses.org.

Plan for the unexpected with MNA's Rainy Day Fund Calculator

As 2019 nurse contract negotiations get closer, MNA is reminding you to take a look at your finances and make sure you'll have enough savings in case of a strike or other job action.

MNA has a convenient online way for nurses to see how much to save for essential expenses: the Rainy Day Fund Calculator.

The Rainy Day Fund Calculator is on MNA's website at <https://www.mnnurses.org/rainydayfund>. Just enter information about your expenses, and the calculator will show how much you need in your Rainy Day Fund.

And check out MNA's financial wellness program that offers access to independent, objective advice and information from advisors experienced in working with MNA nurses. <https://mnnurses.org/resources/member-benefits/discounts-and-services/minnesota-nurses-association-financial-wellness-program/>



MNA history corner

In 1962, the Twin Cities Nurses' Pension Plan was established. It is the first multi-employer portable pension for nurses in the US. MNA nurses value the secure retirement the plan provides.

The plan has grown to over \$1.2 billion in assets and now covers almost 27,000 nurses. The nurses' pension still stands as the gold standard and remains well positioned to provide benefits and a secure retirement in the future.

Student nurses learn about advocating for patients beyond the bedside



It was standing room only at MNA's 2018 Student Nurse Day on the Hill April 10. More than 400 student nurses and faculty filled the room to learn about MNA and how to stand up for patients beyond the bedside.

They first talked with other students and MNA nurses at a morning Meet and Greet at the InterContinental Saint Paul Riverfront.

They heard from a panel of nurses sharing their experiences and perspective about being an MNA nurse; and a panel of former legislators who explained the importance of lobbying – and some tips on successfully talking to legislators.



Student nurses then fanned out to meet with their legislators and put what they learned into practice.



Check out a blog post on MNA's website by Bemidji State University student and Moose Lake Mercy Hospital RN Sadie Cross about her experiences at Student Day on the Hill.

If you know any student nurses, please encourage them to attend the 2019 Student Day on the Hill for a great experience!



Volunteer at MNA's State Fair booth

Share your knowledge and passion about patient care and the nursing profession by volunteering at the 2018 State Fair. You can advocate for patients with fairgoers at MNA's booth August 23-September 3.

Volunteers receive an MNA t-shirt, up to \$14 parking reimbursement, and will be reimbursed for an all-day admission ticket. You can volunteer online on the MNA Events calendar at <https://www.mnnurses.org/events/>



2018 MNA meetings and events

Board of Directors

July 25
August 15
September 19
October 5-8 Convention
November 21
December 12

Governmental Affairs Commission

July 18
August 22
September 26
October 24
November 28
December 17

Nursing Practice and Education Commission

August 16
September 20
November 15

Ethics Committee and Book Club

September 20
November 15

Health and Safety Committee

July 18
September 19
November 21

MNA/NNU Conventions

MNA/NNU Conventions: Oct. 5-8, Radisson Blu, Minneapolis



Get discounts on your summer travel

The summer travel season is finally here!

Before you set out on your trips, check out special discounts for hotels and rental cars for MNA members only.

You can find them by logging into the Member Center on MNA's website at www.mnnurses.org. Look for the MNA Travel Discount Program under the Member Resources tab and start saving.

MNA welcomes new staff

- **John Aho**, Labor Relations Specialist. John comes to MNA from SEIU-UHW in Los Angeles, where he was a union representative/organizer for 4 years. Previously, he was a researcher for the Southwest Regional Council of Carpenters, a union representative for UFCW Local 400, and a field organizer for various political campaigns. John is originally from Minnesota and has a BA in Political Science from Carleton College.
- **Julie Anderson**: Temporary Union Organizer. Julie was an active nurse leader at Mercy Hospital during the 2016 Allina strike. She is currently a nurse at St. Joseph's Hospital HealthEast. Julie grew up in Bemidji and received her nursing degree from Anoka Ramsey Community College.
- **Jackie Russell**: Nursing Practice and Regulatory Affairs Specialist. Jackie is a nurse attorney who comes to MNA from New Mexico, where she was an assistant district attorney. She was an RN in open-heart step-down and emergency departments before attending law school to become a better advocate for the nursing profession.
- **Joel Van Horn**: Organizer. Joel comes to us from the SEIU in San Francisco. He grew up in St. Petersburg, FL and has a bachelor's degree in political science from the University of South Florida. He has also worked for Organizing for America in Denver and the League of Conservation Voters in Portland, OR.
- **Brenda Woodall**: Labor Relations Specialist. Brenda has more than 20 years' union experience. She was assistant director at SEIU Local 73 in Chicago for 7 years before joining MNA's staff. She has a Master's Degree in Organizational Leadership from Lewis University and a BA in Economics and Human Resource Development from Northeastern Illinois University.
- **Pam Wetterlund**: Administrative Assistant. Pam is from Minneapolis. She earned a bachelor's degree in communications from Metro State University and worked for Paul Wellstone's political and U.S. Senate offices in Minnesota and Washington, D.C.; and at EMILY'S List in Washington, D.C. She worked at Grassroots Solutions in St. Paul from its beginning in 1999 until joining MNA this year.



345 Randolph Ave., Ste. 200
St. Paul, MN 55102