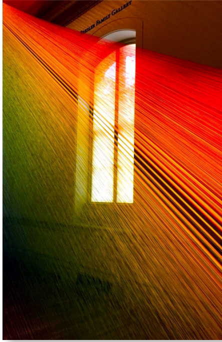
MNORN
MINNESOTA ORGANIZATION OF REGISTERED NURSES



It has never seemed like such a blessing to finally end the month of May. While it has been "Nurses Month" - a time of celebration, reflection, and renewal - it has also been a time of "what is going to happen next? We've had issues within our profession, like the criminalization of a serious medication error. And issues impacting our entire country, such as gun violence, racism, grocery shelves empty of baby formula, rising prices of food and gas. It has become hard to listen to the nightly news!

I found solace while reading an essay by Dr. Clarissa Pinkola Estés -*We Were Made for These Times*. The whole essay is well worth reading, but this section seems to be especially relevant:

"Ours is not the task of fixing the entire world all at once, but of stretching out to mend the part of the world that is within our reach. Any small, calm thing that one soul can do to help another soul, to assist some portion of this poor suffering world, will help immensely. It is not given to us to know which acts or by whom, will cause the critical mass to tip toward an enduring good. What is needed for dramatic change is an accumulation of acts, adding, adding to, adding more, continuing. We know that it does not take everyone on Earth to bring justice and peace, but only a small, determined group who will not give up during the first, second, or hundredth gale."

So, take a deep breath and feel the wonder of this season. Know that as nurses, we will do what we can, when we can. We are a a determined profession, trusted above all other professions….. Thank you for all you are doing. Everyday you make a difference.

Kathi Koehn, MNORN ED

MNORN Representatives Heading to Membership Assembly

After two years of virtual ANA Membership Assembly meetings, MNORN Representatives are going to Washington DC this week for an in-person meeting! You will be represented by Heidi Orstad, Mary Tanner and Molly Maxwell. Alternates attending are Cami Peterson-DeVries and Sara McCumber. Also attending is Kathi Koehn.

The meeting will begin on Thursday with ANA Day on the Hill, where our representatives will meet with members of Congress to discuss issues of important to nurses and the patients we serve. Membership Assembly will begin on Friday morning and end on Saturday afternoon.

Among the issues to be deliberated at Membership Assembly are: Health Impacts of Climate Change; Advancing Solutions to Address Verbal Abuse and Work[lace Violence Across the Continuum of Care; and Nurse Staffing. Representatives will also consider a draft ANA statement on Racial Reckoning.

ANA representatives will be electing new officers for the association, including a new president. MNORN member Jennifer Tucker is running for the Nominations and Elections Committee.

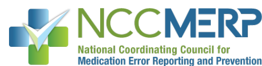
Newly Revised NURSES BILL OF RIGHTS

More than 4 million registered nurses comprise the largest group of health care professionals in the United States. And the American public has consistently ranked nursing the most honest and ethical professional in an annual Gallup poll. Bringing vast knowledge and expertise to every health care setting across a wide range of specialties, nurses serve their patients and communities throughout the continuum of life and care. Nurses provide mental and physical health care and wellness services while maintaining respect for human dignity and delivering equitable, patient-centered care regardless of race, origin, or background. It is vitally important to acknowledge and respect the rigor of nursing practice as both an art and science. To that end, and for their indisputable contributions to society, education, public health, science, and the health of all communities, the following rights are non-negotiable for all nurses to meet the increasing complexities of care delivery:

1. Full authority for nurses to practice at the top of their license, credentials, and professional standards without barriers, and in a manner that fulfills their obligations to society, patients, and communities.

2. Continuous access to training, education, professional development, as well as pathways for nurses to be recognized as leaders and in roles to direct shared decision-making on nursing practice, resources, staffing concerns and patient safety issues.
3. Work and practice in environments that ensure respect, inclusivity, diversity, and equity with leaders who are committed to dismantling systemic racism and addressing racist behaviors that negatively impact nurses of color.
4. Just care settings that facilitate ethical nursing practice, standards, and care in accordance with the Code of Ethics for Nurses with Interpretive Statements.
5. Safe work environments that prioritize and protect nurses' well-being and provide support, resources, and tools to stay psychologically and physically whole.
6. Freedom for nurses to advocate for their patients and raise legitimate concerns about their own personal safety without the fear of retribution, retaliation, intimidation, termination, and ostracization.
7. Competitive compensation consistent with nurses' clinical knowledge, experience, and professional responsibilities and that recognizes the value and rigor of nursing practice.
8. Collective and individual rights for nurses to negotiate terms, wages, and work conditions of their employment in all practice settings.

The American Nurses Association (ANA) Board of Directors concluded its discussion and voted to approve this revised version of the Nurses Bill of Rights as of April 26, 2022.



Statement Opposing the Criminalization of Errors in Healthcare

Statement

The National Coordinating Council for Medication Error Reporting and Prevention opposes the criminalization of errors in healthcare.

Background

The Council acknowledges that human error is inadvertent and unintentional.1 Criminalizing human error is a deterrent to error reporting, learning from errors, and error prevention. As a result, unsafe systems may be perpetuated rather than improved. Criminal acts and patient harm related to competency and/or licensure issues are not addressed in this statement as they are beyond the Council's purview.

The Council believes that events that cause or may cause patient harm should be reported promptly and investigated thoroughly using established techniques to identify all possible causes and contributory factors. Medication safety, risk management, patient safety and

other organizational leaders are accountable for determining the appropriate actions to help prevent further human error and ensure safe patient care.

In addition to medications, the Council recommends a focus on overall error reporting and analysis that identifies both inadequate or unsafe systems design and at-risk behavior.2 The Council also encourages a patient safety environment that rewards reporting, places high value on open communication and shared learning, and encourages caregivers to proactively report potential hazards, process opportunities and errors without fear of reprisal for human error. The Council urges healthcare organizations to analyze these data points to improve performance of systems and individuals. Further, the Council recommends proactive use of information from internal and external sources of information about risk and error to improve patient safety before patient harm occurs.

The Council also recommends a culture of shared accountability for safety among leaders (for good systems design within the scope of their ability and control) and healthcare workers (for making safe behavioral choices and immediately reporting unsafe conditions.)

Human error involves unintentional behavior that causes or could have caused an undesirable outcome. Criminalization does not prevent human error, nor do safety procedures prevent intentionally harmful or reckless behavior. A transparent, fair, and consistently applied process should be used to investigate health care errors and respond accordingly to the results.

The Council defines a "medication error" as follows:

"A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient, or consumer. Such events may be related to professional practice, healthcare products, procedures, and systems, including prescribing, order communication; product labeling, packaging, and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use."

Human error

An error is defined as the failure of a planned action to be completed as intended (i.e., error of execution) or the use of a wrong plan to achieve an aim (i.e., error of planning).4

[1] Kohn, LT, Corrigan, JM, Donaldson, MS, eds. *IOM Report: to Err is Human; Building a Safer Health System*. Washington, DC: National Academy Press; 2001: 49.

[2] The National Coordinating Council for Medication Error Reporting and Prevention. (2014) Reducing Medication Errors Associated with At-risk Behaviors by Healthcare Professionals. Available at: Reducing Medication Errors Associated with At-risk Behaviors by Healthcare Professionals. Accessed 2022 April 4.

[3] NCC MERP. *About Medication Errors, the Council defines a "medication error."* Accessed on 2022 April 4 at About Medication Errors

[4] Kohn, LT, Corrigan, JM, Donaldson, MS, eds. *IOM Report: to Err is Human; Building a Safer Health Syste*m. Washington, DC: National Academy Press 2001.

[5] Marx, D. (2001) *Patient Safety and the "Just Culture": A Primer for Health Care Executives. Transfusion Medicine (Medical Event Reporting System for Transfusion Medicine [MERS-TM])*. Supported by a grant provided by the National Heart, Lung, and Blood Institute. Accessed on 2022 April 4 at: https://psnet.ahrq.gov/issue/patient-safety-and-just-culture-primer-health-care-executives

References

Leape, L., Berwick,D., Clancy,C., et al. *Transforming healthcare: A safety imperative*. Qual Saf Health Care. 2009, Dec: 18(6): 424-8.

National Quality Forum (NQF). *Safe Practices for Better Healthcare-2010 Update: A Consensus Report.* Washington, DC: NQF: 2010.

Reason, J. *Human error: models and management BMJ* 2000, Mar 18; 320(7237):768-70.

Actions/Decisions are those of the Council as a whole and may not reflect the views/positions of individual member organizations.

Adopted:
May 1, 2011
Revised:
April 4, 2022

Now What?

TNA Critical Issue Forum

Special Live-Streamed Event

June 24, 2022

12:00 noon to 4:00 p.m. (CT)

What did I just do? Should I report my mistake? Will I be prosecuted? Can I really go to jail? Who has my back when I make an error? Can somebody help me understand what's happening? How can I continue to protect my patients when I don't know how to protect myself? Do I really want to do this? What has really changed since the trial?

These are just a few of the questions being asked by the millions of nurses in the U.S. because of the recent trial of RaDonda Vaught.

Where do you go from here? The first step is to be fully informed as to the risks and potential remedies available to you as a nurse. Join TNA for this frank conversation about your future in nursing.

Featured Speakers

- Elizabeth Rudolph, JD, MSN, RN, PLNC, will provide her insight as both an RN and an attorney.
- NSO, a valued partner with TNA, will bring their expertise in the area of Risk Management.
- An extensive Q&A period will follow the presentations.

Registration and Forum Details
ANA & State Nurses Association Members

Use the 50% Off Coupon Code at Check-Out: csnaMbr624

Instructions on how to apply the code.
Go to TNAonline.org. Click on "TNA Critical Issue Forum--Now What?" under the **Events** menu. Scroll down to the Registration Fees area.

Jurexnurse.com

NSO.com

TNA@TNAonline.org

ANA is pleased to announce the release of the National Commission to Address Racism in Nursing's series of reports.

These reports explore how racism shows up in key areas of our profession. ANA invites you to read each document with an open mind and heart, and with the empathy and thirst for knowledge that define excellence in nursing.

How might this information influence you and your nursing practice?

How might it be fuel for improving our profession, and the health, educational, and social systems in which we engage and work?

Included in the report are chapters on:

1. The History of Racism in Nursing: A Review of Existing Scholarship
2. Systemic racism in a Contemporary Society
3. How Does Racism in Nursing Show Up in the Educational Space?
4. How Racism Shows Up in Policy
5. Racism in Nursing Practice
6. Racism in Nursing Research Themes

To read more about it and download the full report, click here.

Re-Imaging Nursing Initiative Grant Awarded to the University of Minnesota School of Nursing

Big 10 Practice-Ready Nursing Initiative

Immersive virtual reality simulation in tandem with debriefing and clinical preceptorship prepares students to care for multiple, complex patients.

Problem

Nurse graduates are not ready to practice in today's highly complex and dynamic care environments. Yet, the ability to reform the current clinical education model is constrained by an understaffed and overburdened care system and limited administrative support,

creating barriers to testing new methods of clinical learning supported by academic-practice partnerships. Bold interventions are crucial to transform how nurses are taught and evaluated, to ensure nurses are ready for safe practice.

What we are doing

Simulation provides an environment for students to practice without risk to patients. Like traditional clinical training, simulation focuses on caring for one patient, as few programs have the simulators, technicians, or space for multiple patient scenarios. Immersive virtual reality simulation (IVRS) will offer an innovative platform for students to care for multiple patients in a controlled environment with enhanced realism. This project will use IVRS for learning and assessment in tandem with one-on-one, nurse-guided clinical experiences and theory-based debriefing to teach quality care for multiple and diverse patients with complex needs. University of Minnesota will partner with University of Michigan, Purdue University, and two other Big 10 schools to test this model with senior students and its impact on practice readiness.

Cynthia Sherraden Bradley
ASSISTANT PROFESSOR/DIRECTOR OF SIMULATION, UNIVERSITY OF MINNESOTA

Clinical instruction throughout the pandemic has faced increasingly harsh realities. Practicing nurses are vital to helping students learn to provide care in complex care systems, but they are facing their own challenges of understaffing and compassion fatigue. Without radical change in clinical education, the revolving door of new nurses entering and quickly leaving the profession will continue. It's past time to reimagine how we prepare nurses to meet the needs of the future.

About the Reimagining Nursing Initiative:

Health care in the United States must become more person-centric, forward-looking, and technology-enabled.

Nurses are uniquely positioned to lead the transformation of our health system. American Nurses Foundation Reimagining Nursing Initiative (RN Initiative) is equipping nurses with skills and resources to meet the health care needs of the future. We are funding bold ideas developed and led by nurses to transform nursing for improved access, care, and outcomes for all.

The RN Initiative is granting $14 million over three years to pilot programs in 21 states. These pilots are sparking new ideas and testing solutions. By nurturing these bold ideas and

enabling those that work to scale, we are designing a future where nurses everywhere can drive change and effectively use their skills. We envision a future where nurses are valued and compensated for the care they provide.

The RN Initiative will help nurses realize their full potential—giving them the tools, knowledge, and power to improve health care for generations to come.

Grants have been awarded in the following categories:
• Practice-Ready Nurse Graduates
• Technology-Enabled Nursing Practice
• Direct-Reimbursement Nursing Models

Click here to read more about the Reimagining Nursing Initative and other grant recipients

ANA Innovation Opportunities

June 15: June ANA Innovation Lounge

Tune in **June 15, 5:00 p.m. CDT** and learn how "Listener Poets" from The Good Listening Project (TGLP) are working with nurses to ease emotional burden, process events, and make people's lived experiences visible. They've written thousands of custom poems for nurses and other healthcare workers based on the principle that healing and wellbeing start with feeling heard. Spend an evening with Frankie Abralind and Matt Brown, RN to find out how good listening techniques can positively impact entire healthcare communities. Sign up for free today.

2023 ANA Innovations Awards

ANA is now accepting applications for the 2023 ANA Innovation Awards, sponsored by Stryker. Winners receive $25,000 for the Individual Nurse Award and $50,000 for the Nurse-led Team Award. Innovations can include: educational interventions, products, devices, technology, research, businesses or programs, services, or new care models that improve health, health care or patient safety. Open to all nurses. Apply today!

Nurses and License Protection Case Study with Risk Management Strategies, Presented by NSO

A State Board of Nursing (SBON) complaint may be filed against a nurse by a patient, colleague, employer, and/or other regulatory agency, such as the Department of Health. Complaints are subsequently investigated by the SBON in order to ensure that licensed nurses are practicing safely, professionally, and ethically. SBON investigations can lead to outcomes ranging from no action against the nurse to revocation of the nurse's license to practice. This case study involves a registered nurse (RN) who was working as the clinical director of a small, rural emergency care center.

Summary

The insured RN was employed as the clinical director of a small, rural emergency care center when they responded to a Code Blue, arriving just as the patient was being intubated. The patient was fighting the intubation, so a physician gave a verbal order for propofol. The RN asked the pharmacy technician to withdraw a 100-cc bottle of propofol from the medication dispensing machine and asked another nurse to administer the medication to the patient. Shortly after the other nurse began administering the propofol, the patient's blood pressure dropped, so the nurse was ordered to stop the propofol infusion.

The patient continued to decompensate and suffered respiratory collapse/arrest. Following some delay, the patient was eventually intubated, then emergently transferred to a higher acuity hospital for further treatment. The patient ultimately suffered anoxic encephalopathy while he was in respiratory arrest.

A recorder was present documenting the Code, and, afterwards, another nurse transcribed the recorder's notes into the patient's healthcare information record. The recorder noted that it was the insured RN who advised the pharmacy technician to remove propofol from the medication dispensing machine and instructed a nurse to administer the medication. However, the recorder failed to note that the physician gave a verbal order for the propofol. The insured RN failed to review the notes that the recorder and nurse entered into the patient's healthcare information record and failed to note this error. The physician who was present during the Code also failed to catch this error in the record.

Approximately six months later, the patient's family filed a lawsuit against the emergency care center. During a review of the Code record in response to the lawsuit, it was noted

that, during the Code, the RN instructed another nurse to administer propofol. However, there wasn't any indication in the record that a physician had ordered the medication. The emergency care center dismissed the RN from employment and reported the incident to the SBON. The SBON opened its own investigation into the RN's conduct.

Resolution

While the insured RN denied ordering another nurse to administer propofol without a verbal order from the physician, the RN could not deny failing to ensure that the propofol administration was documented in the patient's healthcare information record.

The RN entered into a stipulation agreement with the SBON, under which:

- the RN's multi-state licensure privileges were revoked;
- the RN was required to complete coursework on nursing jurisprudence and ethics, medication administration, documentation, and professional accountability; and
- the RN was required to work under direct supervision for one year and submit quarterly nursing performance evaluations to the SBON.

The total incurred expenses to defend the insured RN in this case exceeded $16,600.

Risk Control Recommendations

- Know the parameters of your state's nursing scope of practice act, and your facility's policies and procedures, related to medication administration.
- Only accept verbal drug orders from practitioners during emergencies or sterile procedures. Before carrying out a verbal order, repeat it back to the prescriber. During a Code Blue, be sure to communicate all procedures, medications, treatments to the recorder.
- Review Code Blue records for completeness and process of care after each Code. Report any concerns and provide feedback through proper channels to ensure that any errors in the record or areas of improvement are identified and addressed.
- Document simultaneously with medication administration, whenever possible, in order to prevent critical gaps or oversights.

Disclaimers

These are illustrations of actual claims that were managed by the CNA insurance companies. However, every claim arises out of its own unique set of facts which must be considered within the context of applicable state and federal laws and regulations, as well as the specific terms, conditions and exclusions of each insurance policy, their forms, and optional coverages. The information contained herein is not intended to establish any standard of care, serve as professional advice or address the circumstances of any specific entity. These statements do not constitute a risk management directive from CNA. No organization or individual should act upon this information without appropriate professional advice, including advice of legal counsel, given after a thorough

examination of the individual situation, encompassing a review of relevant facts, laws and regulations. CNA assumes no responsibility for the consequences of the use or nonuse of this information.

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PROFESSIONAL LIABILITY INSURANCE

OFFERED BY:

MNORN Stipend to Attend a Conference

1. Members must be in good standing with MNORN at the time of application, and through the dates of the conference for which support is requested, to be awarded financial support.

2. Application should include questions about how attending the conference supports MNORN's or ANA's mission or priorities.

3. Members applying for financial assistance must describe a plan for how the information learned at the conference will be disseminated after the event.

4. MNORN will support a stipend of up to $500 which may be used to cover:
   a. Registration fees
   b. Travel
   c. Lodging, and
   d. Standard Per Diem

5. Members who have received financial support for a conference will be ineligible for further support of this type for two years following the conference, unless permission is received from the MNORN Board of Directors in advance of their application. Preference for awarding of support will be given to eligible members who have not previously received support.

6. Requests should be made to the MNORN Board of Directors and must be received by the MNORN Executive Director a minimum of 3 weeks prior to the first day of the conference for which funds are requested.

7. Applications will be screened by the Executive Director for completeness and members eligibility. The Executive Director will submit eligible applications to the MNORN Board of Directors for review and consideration.

8. MNORN Board members who apply for this will recess themselves from the consideration process and voting.

9. Member who have applied for funding will be notified by email or a phone call from the Executive Director within three days of the Board of Directors' decision . Unless other arrangements are made and approved ahead of time, financial support will be in the form of lump-sum reimbursement, after all receipts for the expenses are received and reconciled by the Executive Director.

10. Link to Application

Adopted by the Board of Directors 10-1-2020