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Medicare Birthday BBQ Bash: It’s time to recognize healthcare as a human right

The way to solve our country’s healthcare crisis has been right in front of us for the last 50 years: Medicare.

That’s what more than 250 MNA members, doctors, representatives of other unions, activists, and elected officials agreed at a July 30 Medicare 50th Birthday BBQ Bash in St. Paul.

MNA sponsored the event to celebrate President Lyndon Johnson’s historic signing of Medicare into law on July 30, 1965, and call for expanding it to all Americans.

The event was part of a national day of action to protect, improve, and expand Medicare to all.

Some of the state’s top elected officials joined the celebration, and thanked nurses for taking the lead in pushing for quality, accessible healthcare for all through single-payer health insurance.

Governor Mark Dayton, Lieutenant Governor Tina Smith, and Congressman Keith Ellison spoke to the enthusiastic crowd, who enjoyed a picnic, wrote letters in support of single-payer healthcare to their elected officials, and celebrated Medicare’s positive impact on the U.S. in the last 50 years.

“Medicare has ensured access to quality healthcare, reduced poverty and health disparities, and improved financial security for millions of seniors and others,” MNA President Linda Hamilton told the crowd. “It’s one of the most successful social programs in our country’s history.”

The theme of Medicare birthday parties held throughout the U.S. on July 30 was “PIE: Protect, Improve, and Expand Medicare – it’s as American as apple pie.” In keeping with the theme, the group sang “Happy Birthday” to Medicare and shared “birthday pie.”

Medicare Birthday BBQ Bash cont. on Page 10
What an exciting time to be part of MNA! We are at the forefront of some of the major social movements of the year, from the campaign for single-payer healthcare to helping shape Minnesota’s healthcare programs of the future.

In my 10 months as your executive director, I have seen first-hand the respect MNA members enjoy at the Capitol, in the healthcare field, and in the labor community.

Wherever I go, people tell me what a wonderful organization MNA is – and how much our members’ actions and positions are valued.

That’s why it’s so important for MNA members to get involved in critical issues like single-payer healthcare, legislative issues, and elections. We do make a difference.

We are leading positive change for the nursing profession and our patients. Change is sometimes difficult, but it’s necessary if we’re going to see improvements.

I tell people to fear the status quo, not change.

Here are some of the highlights that make MNA such an exciting organization:

**Single-payer healthcare**

MNA and friends celebrated Medicare’s 50th birthday in style in July. A 50th Birthday BBQ Bash drew several hundred members and other supporters of expanding Medicare to all Americans, including Governor Mark Dayton, Lieutenant Governor Tina Smith, Congressman Keith Ellison, and many others.

You could feel and see the crowd’s enthusiasm for protecting, improving, and expanding Medicare in order to create a healthcare system that covers everyone.

The excitement started the evening before the birthday bash, when MNA and Physicians for a National Health Program, our partner in the single-payer movement, provided workshops on the importance of single-payer healthcare to a crowd of nurses, physicians, other healthcare professionals, and union colleagues.

We showed the flaws in our current healthcare system, and explained how expanding Medicare to all would ensure that all Americans have access to healthcare.

We gave people hope that we can make progress and finally recognize healthcare as a human right for all.

Many thanks to the staff and members who organized these great events!

You can read more about them on Pages 2 and 10-11.

**Task Force on Health Care Financing**

I am humbled and honored to be the voice of nurses on the new state Health Care Financing Task Force.

Governor Dayton appointed representatives of nurses, the healthcare industry, government, and public interest groups to develop strategies to increase access and improve the quality of healthcare for Minnesotans.

MNA’s top priorities for the task force are keeping it patient- and people-focused; eliminating health disparities based on socio-economic status, race, and geography; controlling costs; and simplifying the current multiple-payer, multiple-layer system, which is not financially sustainable and an inefficient way to deliver care.

We’ve held two meetings so far and will make recommendations in January. Stay tuned!

**NNU endorses Bernie Sanders**

I’m very proud that National Nurses United stepped up and endorsed the candidate who best reflects nurses’ and labor’s values.

MNA members and I were present when NNU announced the endorsement of Vermont Senator Bernie Sanders in August. The energy in the room was palpable. Senator Sanders is truly running a grassroots campaign that represents working families, vulnerable communities, and healthcare as a human right.

NNU Executive Director DeMoro’s comment at the announcement epitomizes what the Sanders campaign is all about and why NNU members support him: “Most Presidential candidates take money from billionaires. Bernie wants to take money from the billionaires too – by taxing them to fund a civil society with the healthcare, the jobs, the housing, the education, and the environmental protections that people need.”

**MNA is you**

MNA is so successful because we are run by members - you.

MNA is a democratic organization that depends on members participating and voting. Our Convention and House of Delegates, along with MNA elections, are opportunities for every member to have a voice in what MNA does.

I encourage you to come to the Convention and House of Delegates October 3-6 and engage in your union’s democracy.

Along with the celebrating, learning, and networking, delegates will set the course of our union for the coming year.

Delegates will see the results of the Board of Directors, Commissions and staff’s hard work on strategic planning, and setting goals and priorities for our organization that will keep MNA strong and effective for years to come.

See you at Convention!
Speak up for patients and your profession this Fall

By Linda Hamilton, RN, BSN

Students are back in school, leaves are falling from the trees, people are wearing jackets and coats – Fall is here!

Fall 2015 is a critical time for all MNA nurses. Each of us has several chances to decide our union’s future.

First, nurses from every corner of Minnesota come to the MNA Convention and House of Delegates in October to chart our course for the next year.

What’s on nurses’ minds? What do nurses want? What will our positions be on important nursing and healthcare issues? This is the work of the Convention.

I am often asked who makes decisions for our union.

The answer is YOU – if you are a delegate at Convention.

Delegates bring their voices and votes to the Convention. Everyone has a chance to propose ideas, debate the issues, and then vote.

The will of the Convention gives your MNA Board of Directors the positions and direction for the next year.

Collectively, you are the boss. If you do not attend, you delegate that decision-making power to those who do attend.

The Convention starts Saturday, October 3, with great national dynamic speakers.

They will warm us up with a look at the challenges facing our profession: clinical restructuring of the RN practice, autonomy in practice, and our advocacy role.

They’ll present the economic facts and social realities of our healthcare systems and what is happening around the country and the world.

If you think that doesn’t affect us here in Minnesota, come listen! You’ll be glad you did.

On Sunday, October 4, we start the Convention with workshops on infectious diseases, workplace violence, reviews of the issues we will decide at this year’s Convention – and, of course, have some fun!

Monday and Tuesday, the House of Delegates convenes and members discuss and decide MNA’s priorities for the year.

Monday night is the honors and awards banquet, where we honor some of our outstanding members and supporters.

Soon after Convention, all MNA members have another opportunity to set MNA’s course.

You can vote for your elected leaders.

You’ll receive a ballot by U.S. mail where you can cast your vote for the Board of Directors, commissions, and delegates.

I challenge every MNA member to vote. It is your right and your responsibility to determine your leadership; and then it is your responsibility to tell them what you want and ask how you can help.

That is union solidarity and that is the only way we win good contracts and protect rights for all.

Linda Hamilton RN, BSN

Share a smile!

Nursing isn’t always serious. There are humorous and heartwarming moments as well. Share those stories with your colleagues around Minnesota – send them to Accent and we’ll publish them in our new ‘Quips and Quotes’ section.

Email them to Barbara.brady@mnnurses.org

Quips and Quotes

One of my most memorable pediatric teaching moments was explaining in my most developmentally appropriate way to an attentive 4-year-old about the administration of a suppository.

After explaining the procedure, I asked, “Do you have any questions?” to which he so seriously replied, “Will I taste it?” Wanting to keep from laughing hysterically and yet respecting the patient’s curiosity, I answered, “Not if I can help it!” Outcome: The intervention went well.

Deb Craigmile RN, Children’s Hospitals and Clinics, Minneapolis campus.
MNA Organizational Goals and Priorities for 2015

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, 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.

2015 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 payor 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.

Watch for MNA’s newly redesigned website
A new look and features Later this year

COMING
SOON

Governmental Affairs Commission Update
By Mary Turner, GAC chair

I had the opportunity recently to meet and talk with Congressman Colin Peterson from Detroit Lakes.

Congressman Peterson was telling me about how in 2003, he was instrumental in helping to create the “critical access” hospital system.

I recall saying, “Oh, I’ve been to many of those 25-bed hospitals around the state!”

He then told me that originally, they were only 15-bed hospitals and that the original funding was around $5 billion, but they ended up as 25-bed hospitals with a $36 billion budget.

Anyone who’s worked in one of those hospitals or who has been a patient knows how valuable they are to the communities they serve.

I also recall mentioning how I thought it was awesome that each hospital had its own helicopter landing pad.

Congressman Peterson said, “Originally they didn’t have them. In fact at the critical access hospital in Bagley, they were landing in the parking lot!”

I thanked him profusely for what he did for rural Minnesota healthcare - and throughout the nation for that matter.

People in urban areas can’t imagine traveling hundreds of miles for healthcare and how accessing healthcare easily can be a luxury that many take for granted!

These hospitals are a “patch-them-up-and-ship-them-out” type of facility, but they make a difference between life and death in communities all across Minnesota.

So here is a big thank you to Congressman Peterson from the nurses and patients of Minnesota! You really made a difference!
LABOR ADVOCACY

MNA members stand in solidarity

From negotiations to staffing issues to unfair labor practices, MNA members are coming together in strong displays of solidarity - and winning significant victories.

In Marshalltown, Iowa, MNA members are working on a weekly basis to resolve a wide range of issues at the hospital.

Teams of nurses are working on a unit-by-unit basis to address members’ concerns – and are seeing results. If they can’t solve problems themselves, they go directly to management with suggestions for improvements.

- ER nurses did not initially receive adequate training and support for a new charting software program (Paragon), which didn’t allow nurses to print out patient discharge instructions from their charts. The hospital initially resisted making changes, so the bargaining unit filed a grievance. As a result, the hospital agreed to provide more training, support, and it purchased software that will interface with Paragon.

- Members worked diligently to support a new surgical center, which opened in August. They had to push for improvements soon after the center opened, due to missing critical items like adequate hazardous material disposal units, chairs and stools for staff and volunteers to sit on, and enough parking for staff.

- Members are challenging management to develop new protocols and guidelines for dealing with behavioral health patients, after a violent patient was kept behind a locked door in the ER for four days.

MNA nurses are empowered and will continue to push management to make the hospital a better work environment with adequate staffing that will enable nurses to provide the care that each patient deserves.

In Baudette, more than 150 yard signs throughout the county show community support for LakeWood Health Center employees during their first contract negotiations.

LakeWood employees became part of MNA last fall and began bargaining in December.

Eight months later, members are saying it’s time to settle the contract – and turned to the community for support.

Judging by the number of yard signs, the community stands with employees – a signal to the employer that it’s time to agree to a fair contract.

In Lake City, members were so concerned about safe staffing and the number of open positions - one as long as a year - that they took some dramatic first-time actions, including a march on the boss and all members signing a petition.

Their advocacy paid off with some major victories.

In response to union activism, Mayo Clinic Health System sent a letter to staff announcing that staffing and patient safety are of the utmost importance, so the hospital has placed a cap on the number of inpatients the hospital can have at one time.

Members also convinced management to agree to monthly LMC meetings until staffing issues are resolved; create a staffing committee that reports directly to LMC; and bring in a federal mediator to do LMC training.

Lake City members are not done: they plan more actions until permanent solutions replace temporary measures now in place.

Although they have been hesitant about taking their stories public, they are planning to serve free hot chocolate at one of the local high school football games this fall.

Colonial Manor Nursing Home ratifies contract

RNs and LPNs at Colonial Manor Nursing Home in Lakefield this June ratified a contract that increases evening and night shift differentials, a top priority for members.

“Negotiations went smoothly,” said Bargaining Unit Steward Marsha Loeschen. “We agreed to negotiate wages only and reached a tentative agreement in one session.”

Members are looking forward to working with the employer in a session later this fall to address state funding that could increase 2016 wages beyond what they negotiated in this contract.

The MNA negotiation session reaffirmed the message to management that in order to recruit and retain quality nurses, they must be compensated fairly.
MNA pension plan provides retirement security for members

Many MNA members have added security in their retirement, thanks to a pension plan negotiated by MNA and Twin Cities hospitals.

In 1962, the Minnesota Nurses Association negotiated the nation’s first portable pension plan for Registered Nurses.

It has served as a model for other nurses seeking a similar plan.

For more than 50 years, this pension plan has secured a viable retirement for Minnesota nurses in the Metro region.

Covering more than 12,000 nurses who work at 17 hospitals in the Allina, Children’s, Fairview, HealthEast, North Memorial, and Park Nicollet systems, the MNA Pension Plan provides a monthly benefit payment upon retirement that is based upon a nurse’s earnings and length of service.

Nurses are vested in their benefit after five years of qualifying service.

Each year that a nurse earns benefits adds to the lifetime benefit total.

A new grad who works full time will have a monthly benefit of nearly $500 after five years of qualifying service.

This is the amount that will be paid to the nurse every month upon reaching his or her normal retirement age – for the rest of the nurse’s life. Working more hours and more years adds to the value of the pension.

Monthly retirement benefits are paid for a nurse’s lifetime – you cannot outlive your pension!

Choices of payment options are available, and nurses can choose to provide monthly benefits to a beneficiary who survives the nurse.

The pension plan is funded through employer contributions.

Unlike 401(k) and 403(b) plans, nurses do not need to put part of their paychecks into the pension plan.

The risk of investment is all borne by the employer. Nurses do not need to worry that downturns in the stock market will cause their retirement funds to shrink.

Nurses throughout the country have sought to have similar retirement security, but most do not have anything like MNA’s plan.

Twin Cities nurses continue to fight to protect this valuable plan for nurses who are nearing retirement, those who are many years away from retirement, and those nurses who are already retired.

It is a priceless benefit for nurses who spend their careers taking care of patients; and must be preserved.

Kinnic Health & Rehab has new contract

At Kinnic Health & Rehab in River Falls, WI, members ratified a new two-year contract with improvements in wages and no concessions in August, following three negotiating sessions.

Management’s initial proposals called for both economic and non-economic concessions which the negotiating team quickly rejected.

“We were organized and prepared – management was not,” said Bargaining Unit Chair Bobbi Spence. “The bargaining team stood its ground and fought back.”

“Our bargaining unit has a reputation of taking strong stands and not backing down,” said negotiating team member Sue Kitzman. “Members have taken strike votes in past years, and management knows we are a force to be reckoned with now. This allowed us to reach a no concessions contract fairly quickly.”

Kinnic members Bobbi Spence, Renee Watrud, Sue Kitzman cast ballots.

MNA wins ULP against North Memorial

A ruling from the National Labor Relations Board is a major victory for unions everywhere.

An Administrative Law Judge in September ruled in favor of the Minnesota Nurses Association and the Service Employees International Union (SEIU), for joint Unfair Labor Practices the two unions filed against North Memorial Medical Center in Robbinsdale.

The ALJ, ruling on behalf of the National Labor Relations Board, found the hospital unlawfully infringed on protected concerted activity by union members and union representative by intimidating and harassing employees following a June 2014 informational picket outside the hospital.

The event was intended to raise awareness about nurses’ concerns about the need for safe patient standards in hospitals across the state.

The Hospital attempted to ban union activity in the cafe-
Unions stand strong together

A pending U.S. Supreme Court case is providing a rallying point for unions throughout the nation and Minnesota.

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

Friedrichs v. CTA involves a challenge to public sector union “agency fees” – the right to require all employees who receive the benefits of union representation to pay the cost of that representation, with the ability to withhold payment only for certain union political activity.

The case goes to the heart of all union activities and collective bargaining for members’ wages, benefits, and working conditions.

“The intended effect,” said NNU Co-President Jean Ross in a news release, “is to essentially bankrupt public sector unions, including many nurse unions that advocate for patient safety, by allowing members to enjoy all the privileges of union representation, including wage increase, health coverage, pensions upon their retirement, and improved working conditions, while avoiding any financial responsibility to help support the work done by their union on their behalf.”

The ruling would embolden anti-union interests to seek the same change in the private sector if the Supreme Court rules in favor of eliminating agency shop.

MNA represents nurses and other healthcare workers in public and private facilities.

“The case shows the necessity of all unions standing together against threats like these,” said MNA President Linda Hamilton. “Here in Minnesota, public and private sector unions have supported each other for years. The Friedrichs case is bringing us even closer together as we fight this and other efforts to undermine unions. We are sending a message to those who would like to destroy unions that we stand united.”

MNA is continuing to stand with colleagues in other unions throughout the state and nation:

• Earlier this year, MNA members picketed with Metro SEIU Healthcare members during difficult negotiations.
• A large number of MNA members turned out in support of steelworkers’ contract negotiations at an August rally in Virginia. MNA and the Virginia bargaining unit sent messages to 1,000 members in the Iron Range, urging them to attend the rally.
• MNA members were among representatives of several unions attending the kickoff of HealthEast security officers’ campaign to unionize in August.
• MNA held an event hosting Minneapolis Councilman John Quincy, union members, and advocates as part of the MPLSWorks campaign, which is calling on Minneapolis to raise standards for working families by ensuring earned sick and safe time and a fair work week, putting an end to wage theft, and raising the minimum wage to $15 an hour.
• MNA and SEIU Healthcare have picketed together, filed Unfair Labor Practice charges, and stood together against North Memorial Medical Center’s continuing efforts to intimidate and harass union members.

“Unions will stand together against any efforts that take away workers’ rights,” said Hamilton.

Pickets, yard signs, community support, solidarity result in Cambridge contract

It took nearly a year of negotiating, “We support our nurses” signs in yards and businesses throughout town, community members speaking out, and a picket in single-digit temperatures, but MNA RNs at Cambridge Medical Center have a new contract.

Members ratified the contract in July.

“Community support was key to achieving a fair contract,” said Cambridge Bargaining Unit Co-Chair Katie Williams, RN. “Nurses thank the people who stood with us as we fought hospital proposals that would have resulted in fewer nurses taking care of more patients at one time, taking away our ability to provide patients with the quality care they deserve.”

Community members put signs in their yards and businesses, called hospital administrators in support of nurses, and contacted their elected officials, asking them to contact the hospital in support of the nurses.
LABOR ADVOCACY

Mental health RNs share stories, advice with governor’s office

Once again, a vicious attack on a healthcare worker has drawn public scrutiny and outrage. Once again, elected officials promise action. Once again, nurses and other healthcare providers remain in unsafe workplaces with few ways to defend themselves.

The latest incident involved a patient attacking a security counselor at the Minnesota Security Hospital in St. Peter in July. The counselor suffered severe head injuries and was hospitalized.

MNA members at all the state’s direct care and treatment facilities, including the Minnesota Security Hospital, are acutely aware of the dangers of their jobs. They all have stories about being assaulted and injured.

Several members of Governor Dayton’s staff met with MNA members who work at St. Peter area mental health facilities in July, seeking suggestions for improving conditions.

The MNA RNs shared their heartfelt stories of violence against staff members – including themselves - and recommendations for improvements to create a culture of safety and provide the treatment each patient needs.

Nurses emphasized their concern for their patients, and the need to ensure patients receive appropriate treatment in a safe environment.

They said that patients are becoming more violent at a time when funding is shrinking for local communities to care for mentally ill people; counties are sending people to the hospital when they belong in a criminal setting; restrictions on the use of restraints put staff in danger more frequently; and communications from management are often unclear.

“I experience joy and satisfaction helping patients re-integrate into the community,” RN Lori Olson told the governor’s representatives. “When I first started at Minnesota Security Hospital, assaults were rare. Patients were treated with medications and therapy strategies, and improved rapidly. In the last seven years, we have been dealing with an influx of outlier-type admits whom our facility is not meant to treat, such as criminals and developmentally disabled patients who need other levels of treatment modalities. Minnesota needs to develop treatment options to move those not appropriate for our facility to a placement that is appropriate to their needs. This may include corrections or community-based options for the developmentally disabled population.”

RNs also said staff turnover is an increasing problem as staff leave because of the stress.

They told the governor’s staff the issue is very complicated; and a variety of solutions at the state and local levels are needed, such as clarifying with counties when to send patients to the hospital.

“Nurses are very grateful for the opportunity to advocate for patient and staff safety and appropriate treatment for all patients with the Governor’s office,” said Bargaining Unit Co-Chair Tammy Hughes. “We appreciate the close listening and questions that were asked and look forward to working with the Governor’s office and making progress in addressing the very serious issues at Minnesota mental health facilities.”

Spencer Hospital ratifies contract

RN at Spencer Hospital in Spencer, Iowa, voted to ratify a new contract in June.

Negotiators challenged the hospital’s plan to focus solely on entry-level wage increases in order to attract new nurses, without adequately recognizing the contributions of longer-term employees.

Members convinced the hospital to commit to negotiate monetary recognition of middle- and higher-seniority nurses in appreciation of their experience and commitment to the hospital as long-term employees in February 2016.

Labor-management relations at Spencer are productive and cordial, and members look forward to continuing that spirit of cooperation into the future.
“We already have the system in place that can guarantee affordable, accessible, quality healthcare for all – it’s Medicare,” said MNA Executive Director Rose Roach. “Expand it from ‘womb to tomb’ and we’ll all live happier, healthier, more productive lives.”

“The best place for single payer to happen is Minnesota,” Governor Dayton said, predicting that Minnesotans will support it when they see what it means and how it can provide affordable healthcare for all.

Congressman Ellison thanked nurses for leading the way for single-payer healthcare, saying if Minnesota implements single-payer healthcare, the business community will see the advantages and support it; and then other states will follow suit.

Dr. Laurel Gamm, co-chair of Physicians for a National Health Program Minnesota (PNHP), told the crowd that many of her patients don’t get the medical care they need because they don’t have health insurance.

“We know people suffer and their lives are in danger without adequate health insurance,” she said.

PNHP is a research and education organization founded in 1987, now with more than 19,000 physicians, medical students and health professionals who support single-payer national health insurance.

“Medicare and Medicaid – two of the greatest social safety net programs ever established in this country that have saved millions of lives,” said Roach. “It’s in all our interest to achieve a healthcare system that is economically sound for individuals and industry while ensuring that we are never again shocked by inhumanity as it relates to healthcare.”

“Fifty years ago we came up with a solution to the problem of extraordinary poverty,” said TakeAction Minnesota Executive Director Dan McGrath, adding single-payer healthcare is the “natural next step” toward economic, racial, and social justice in the U.S. Joan Janus, a retired nurse who receives Medicare, told the crowd she took a gamble when she retired without insurance at the age of 62. Because she had a pre-existing condition, buying a health insurance policy in the marketplace was prohibitively ex-

pensive, so she went back to work and paid $800 a month for insurance until she qualified for Medicare.

“Turning 65 wasn’t a downer for me!” she said.
Workshops inspire support for single-payer healthcare

MNA members, physicians, other healthcare professionals, and members of the public packed the room for special workshops on single-payer healthcare that kicked off the celebration of Medicare’s 50th anniversary on July 29.

MNA and Physicians for a National Health Program-Minnesota (PNHP) sponsored the workshops, which are presented in other parts of the state as well.

MNA and PNHP are working together to build a movement to achieve affordable, high-quality healthcare for all Minnesotans – single-payer healthcare.

MNA member and Governmental Affairs Commission Chair Mary Turner, RN; MNA Education Specialist Megan Gavin; and Dr. Dave Dvorak of PNHP detailed the failings of our current healthcare system, and how a single payer system would benefit all Americans.

They outlined the process to secure single-payer in Minnesota; and urged attendees to join the campaign.

MNA Executive Director Rose Roach and PNHP Co-Chair Dr. Laurel Gamm gave a second group an insider’s view of how the health insurance industry is profiting while healthcare costs are rising uncontrollably.

Both workshops emphasized the importance of telling stories about the failings of the current system and the need for a single-payer system.

Attendees said they came away inspired to work for single-payer healthcare in Minnesota.

MNA Executive Director Roach appointed to state healthcare task force

A new state task force on healthcare has a strong voice speaking on behalf of nurses.

Minnesota Nurses Association Executive Director Rose Roach is one of the healthcare experts appointed to the Task Force on Health Care Financing, which will analyze and recommend options for the future of healthcare programs in Minnesota.

Governor Mark Dayton announced the appointments in August.

“I am so honored to represent Minnesota nurses on this task force,” Roach said. “Nurses see first-hand the heart-wrenching results of patients not having access to high-quality, affordable healthcare and the impact on people’s lives. I look forward to speaking on behalf of Minnesota nurses as the task force explores innovative solutions to Minnesota’s healthcare challenges.”

The task force began meeting in August and will report its final recommendations to the Governor and Legislature by January 15, 2016.

Minnesota hospital profits soar while safety concerns rise

In yet another sign that Minnesota hospitals are using the myth of a Minnesota “nursing shortage” to avoid appropriate nurse staffing, the Star Tribune recently reported that our 10 largest hospital systems “saw operating income jump by 38 percent in fiscal 2014 compared with the previous year.”

These healthcare systems reported sparking income growth by “putting the brakes on hiring.”

In particular, the Mayo system reported a 1 percent decline in salary and benefit costs while experiencing a 36 percent increase in revenue (complaining of a nursing shortage and cutting pensions the whole time); Sanford reported eliminating positions through attrition (while also reportedly purposefully staffing 10 percent under grid in order to cut costs); and HCMC, a 472 bed facility, added the equivalent of only 38 full-time positions.

Meanwhile, nurses continue to report unsafe nurse staffing in record numbers.

Since August of last year, MNA nurses have submitted 2,802 Concern for Safe Staffing forms, indicating situations in which staffing is so bad patient safety is at risk.

Minnesota hospitals: bragging about enormous jumps in profit obtained through unsafe staffing all the while jeopardizing the safety of our patients.

The time for a Safe Patient Standard law is now.
Vermont Senator Bernie Sanders has earned the National Nurses United endorsement for U.S. President.

NNU announced the endorsement at a “Conversation with Bernie” event at NNU’s offices in California on August 10 as hundreds of RNs cheered Sanders on, and thousands more watched on live stream at 34 watch parties in 14 states, including Minnesota.

Nurses at the event, including MNA President Linda Hamilton, said Sanders is the candidate who agrees with nurses’ values and is an ardent advocate for issues important to the nursing profession, like expanding Medicare, the Robin Hood Tax to ensure Wall Street pays its fair share, and proper safety and protections from infectious diseases for nurses and patients.

“I have spent my career fighting for something that I consider to be a human right,” Sanders told the crowd. “That human right is healthcare.”

He said it’s time for a Medicare for All single-payer healthcare program in the U.S.

“We have got to move toward a healthcare system which is based on providing quality care to all of our people rather than worrying about the profits of the insurance companies,” he said. “We have got to move toward a healthcare system which ends the absurdity of Americans paying, by far, the highest price for prescription drugs in the world.”

MNA President Linda Hamilton had the honor of being one of the NNU members introducing Senator Sanders. Hamilton said the members she represents are looking forward to issue-based discussions in the campaign. She said Senator Sanders will address the real problems that patients and the country face.

According to NNU Executive Director RoseAnn DeMoro, NNU has adopted a call to Vote Nurses Values – Caring, Compassion, Community.

“Nurses take the pulse of America, and have to care for the fallout of every social and economic problem – malnutrition, homelessness, un-payable medical bills, the stress and mental disorders from joblessness, higher asthma rates, cancer, heart ailments and birth defects from environmental pollution and the climate crisis,” she said. “Bernie Sanders’ prescription best represents the humanity and the values nurses embrace.”

Safe Patient Standard, patient orientation are highlights of MNA State Fair booth

State fairgoers signed petitions calling for a minimum standard of care in Minnesota hospitals, answered a trivia question, and made signs thanking nurses at the MNA booth this year.

Many fairgoers were surprised to learn the answer to the trivia question about the average number of steps a nurse takes in a day, which is 10,000.

MNA members and staff handed out a “New Patient Orientation” card with a Top 10 list of what people should expect when they go to the hospital.

They engaged fairgoers in discussions about the nurse-patient partnership and the need for a Safe Patient Standard in all Minnesota hospitals. Visit MNA’s blog at www.mnablog.com and Flickr for a photo gallery from the Fair.
MNA member organizes run/walk to raise awareness of Shaken Baby Syndrome

Kortney Hamilton is one of countless MNA members going above and beyond to contribute to their communities and to care for others.

Hamilton is turning a family tragedy into an opportunity to raise awareness about Shaken Baby Syndrome (SBS).

Hamilton, an RN at St. Luke’s Hospital in Duluth, was inspired to take action after her four-month-old nephew was rushed to the hospital last winter with severe injuries that were the result of SBS.

“Since this event, his life and my family’s have forever been changed,” Hamilton said. “Through Jack’s journey I have learned a lot about Shaken Baby Syndrome, along with the lifelong impact, hardships, and expenses that coincide with it. This made me want to do something to help raise money for my nephew, Jack, and other Minnesota families who have been impacted by similar traumatic events.”

She organized the “One Shake is All It Takes” 5K walk/run in August to raise money for families with children who suffer Shaken Baby Syndrome.

“It’s important to me to bring more awareness to it because it’s completely preventable,” said Hamilton. “Jack’s a living survivor and I think his story should get out there, along with other people who have children who have been affected by it.”

Jack has been in and out of the hospital with complications from this traumatic event. He is on a large array of medications due to his frequent seizures and chronic pain. He receives home healthcare and has medical appointments up to five days a week.

“It is now a life goal to help prevent this from happening to other babies through education,” said Hamilton. “As an aunt to a Shaken Baby survivor and a nurse, I have made it my goal to address this issue with every individual I come across in my lifetime.”

About 70 people participated in the August run/walk, which raised $2,500 for SBS families.

Vote for your MNA Leadership

Please watch your mailboxes in October for ballots for the MNA leadership 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 postmarked 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 two years!

Nurses collect school supplies for ‘Stuff the Bus’

MNA members at Rice Memorial Hospital in Willmar made sure needy students have the school supplies they need this fall by taking collections for the local ‘Stuff the Bus’ drive.

Members placed special collection boxes around the hospital and asked staff and visitors to bring donations.

Nurses collected 10 boxes of school supplies, which they presented at the ‘Stuff the Bus’ event in Willmar on August 21.

“Nurses care about our community and want to make sure all children have the supplies they need as they start a new school year,” said MNA Bargaining Unit Chair Carolyn Jorgenson, RN.
It seems there was never a time when washing hands was not a repetitive part of nursing care. Wash hands before, wash hands after, wash hands – don gloves, wash hands. And repeat.

Handwashing remains the basis of disease prevention to this day, in the wake of a worldwide spread of infectious diseases like Ebola, antibiotic-resistant viruses, the flu, and others.

In addition to hand washing, healthcare workers now have many more infection-control measures to think about: Personal Protective Equipment, isolation measures, respiratory protection, engineering/environmental controls, and visitor personal protective equipment.

MNA’s Health and Safety Committee has been discussing and helping coordinate our call for improved infectious disease prevention since last year’s Ebola outbreak and the rise in other infectious diseases.

Notably, MNA and NNU were at the forefront of demanding proper PPE and training for healthcare professionals.

Safe staffing is not a new concern for nurses. In the 1990s, MNA developed the Concern for Safe Staffing form, and for more than 20 years, members have used this form to report unsafe staffing on their units.

In April 2015, MNA members brought more than 2,000 forms to the House Health and Human Services Committee hearing at the State Capitol to provide evidence of continuing staffing problems as nurses sought legislative support for our safe staffing bill.

“How to Refuse an Unsafe Assignment” has been a staple of our continuing education program and one of our most frequently requested classes.

Maybe it’s time to discuss an important subset of the battle against unsafe staffing – “Refusing the Unsafe Charge Nurse Assignment.”

Nurses who have practiced for more than a few years have witnessed the unraveling of the charge nurse role.

It was once inconceivable for the charge to have a patient assignment, and we now hear reports not only of charges with patient assignments, but charges with full patient assignments or who are responsible for multiple floors!

The charge nurse role has been described as “a skillful balancing act,” compared to an air-traffic controller or a foreperson in union-speak, but this sounds more like walking a tightrope with the patients’ lives and nurses’ licenses on the line.

Charge nurses often feel the instinct to “roll up one’s sleeves” and do the impossible because the message from management is, reliably, “There’s no one else.”

It has become clear to MNA nurses that we must rely upon our own professional judgment when determining matters of worker and patient safety, rather than relying upon hospitals, academia, and government agencies to catch up to the situation on the ground.

As former MNA President Katharine Densford put it, “To lead means to march at the head of the parade. A profession, in its thinking, should always be a generation or two ahead of the public.”

Congratulations in particular to St. Luke’s Hospital in Duluth for putting Katharine’s words into practice and obtaining a letter of understanding requiring the highest level of PPE for possible Ebola patients.

Nurses want to care for patients. It is what we do. However, we must also ensure that we are protecting ourselves at the same time.

Stay tuned for future updates from your Health and Safety Committee as we work to achieve this goal.

Introducing the MNA Charge Nurse Education

By Bunny Engeldorf, Chair of the Nursing Practice and Education Commission

Recently, a new nurse at my facility was struggling with some practice issues and when she asked a manager for help, the manager replied that she needs to ask the charge for help.

This nurse replied, “How can I do that when she has a full assignment (five patients) and is just as busy as I am?”

The charge RN is too often unable to devote any time to mentoring, teaching or coaching; and is instead focused on crisis intervention.

The Practice and Education Commission has developed a new class that will focus on this problem.

The training explores how the charge nurse should function as a conduit for safe staffing, by protecting patient safety and advocating for fellow staff nurses.

This training is designed for all MNA members: those who work charge nurse shifts and those who do not.

The session examines contract language on the charge role and the ideal job description for the charge nurse.

We’ll also talk about applicable language in the Minnesota Nurse Practice Act.

You will leave this class with the tools you need to refuse an unsafe charge nurse shift!

We hope this class will start new conversations, raise awareness, and help implement real solutions.

Please register for the Charge Nurse Education by going to the continuing education section of MNA’s website at www.mnnurses.org.

We look forward to seeing you at a class soon!
The problem with observation status

By Mathew Keller RN JD, Regulatory and Policy Nursing Specialist

Last fall, my grandmother was admitted to the hospital after a TIA that left her oriented only x1.

Or, more correctly, we thought she was admitted.

As it turns out, she was in the hospital for several days in an outpatient status, known in Medicare parlance as “observation status.”

Unfortunately, what “observation status” meant for Grandma was that she did not meet the Medicare requirement for a 3-day inpatient stay at the hospital in order to qualify for discharge to a skilled nursing facility.

Thus, despite the fact that Grandma was certainly not in any shape to discharge home; and despite the fact that she had entered the hospital from a nursing home, she was not able to go back to the nursing home.

Such situations occur more frequently than you might think: according to a 2014 report by the Medicare Payment Advisory Commission, 1.8 million observation claims were submitted in 2012, an 88 percent increase from six years earlier.

While observation status was originally implemented to allow hospitals to determine whether or not patients should be admitted, it has grown into a kind of purgatory that allows hospitals to reduce penalties from the Hospital Readmission Reduction Program (since observation status patients are not technically readmitted) and shift services to more profitable outpatient areas of the hospital.

On top of not counting toward the 3-day requirement for discharge to a skilled nursing facility, observation status stays are charged on an outpatient basis (i.e. under Medicare Part B).

This can often mean higher out-of-pocket costs for Medicare beneficiaries—for example, Medicare Part B services have a deductible and 80/20 cost sharing (80 percent Medicare/20 percent beneficiary) that is applied to all services provided and does not cover the cost of pharmaceutical drugs used in the hospital.

So what can nurses do? The first step is to advocate for our patients.

Ask the hard questions - why are our patients in the hospital being charged for services if the physician is unsure whether or not a hospital admission is medically necessary?

Equally important is communicating with the patient.

Our patients deserve to know whether or not they are on observation status.

Furthermore, they absolutely must understand what “observation status” entails: they will be charged for services under Medicare Part B (80/20 cost sharing and a deductible), the cost of medications will not be covered, and the patient’s time in the hospital will not count toward the 3-day requirement for discharge to a skilled nursing facility.

As of July 1, such communication with a patient is in fact required under state law — but in order to properly communicate with and advocate for our patients under observation status, we must first understand it ourselves.

ETHICS COMMITTEE UPDATE

By Sue Kreitz, Ethics Committee Chair

Ethics Committee addresses important end-of-life issues

On June 9, the MNA Ethics Committee Book Club met to discuss the new edition of “Jean’s Way: A Love Story,” by Derek Humphry.

First published in 1978, this memoir, written by Jean’s husband, outlines the story of a woman suffering from incurable breast cancer who chose to end her own life rather than continue ineffective treatment and prolong her suffering.

For three decades, this book has provided a significant contribution to the right-to-die debate.

This book is an essential read for anyone wondering how a family arrives at this very difficult decision.

While the theme is certainly heart-wrenching, the tone remains uplifting as Jean lives an example of how a person maintains her identity as she faces this terminal illness and the challenges of how to live fully until the end.

The book club’s conversation was lively and engaged, flowing from discussions of the book’s characters and their trials, to the application of these issues, to practice and ethical issues nurses face with terminally ill patients.

Oncology nurses in attendance spoke eloquently about allowing their patients autonomy as they live out their final days.

Other MNA members described the disconnect between how patients say they would like to die and how those wishes can be thwarted by loved ones or medical professionals.

This debate struck a chord with members, and many left the conversation talking about continuing the discussion with their own families and loved ones.

The Ethics Committee is continuing this conversation with MNA members at a Lunch & Learn they are hosting at the 2015 MNA Convention.

On Sunday, October 4, from 11:30-12:30, Ethics Committee members Gretchen Kingsley and Liz Voss will lead a conversation on the Physician Orders for Life Sustaining Treatment (POLST).

In this conversation, nurses will learn the difference between the POLST and advanced care directives.

The Ethics Committee is eager to hear from MNA members on whether this education is happening within your facilities, whether members have used the POLST form and whether it was well received by patients and their families.

Join the Ethics Committee at Convention for this invaluable conversation!
It all starts on Saturday, October 3, with National Nurses United (NNU) education sessions on “fighting back.”

Sunday, October 4 offers more education sessions, forums on legislative issues and proposed bylaws and resolutions – and some fun!

The House of Delegates begins on Monday. Also on Monday are education sessions and the annual Honors and Awards Banquet where some of MNA’s outstanding members and friends are honored.

Monday night is capped off with entertainment by magician and comedian Tim Gabrielson.

Tuesday features the “Organizational Priorities: Single Payer and Safe Patient Standard” session, and the House of Delegates wraps up.

**Education sessions on critical nursing issues**

Members are welcome to attend the education sessions even if you’re not a registered delegate.

Education sessions begin on Saturday, October 3, when practice experts from NNU will present “Collective Advocacy: Strategies to Fight Back Clinical Restructuring of the RN Scope, Autonomy, and Advocacy Role.”

We’ll delve into the Minnesota context of corporate healthcare and its myriad challenges from de-skilling the RN scope of practice to the “profits over patients” ethos that lands too many nurses on shifts with inadequate staffing.

Rather than focus on the problem, this session is committed to finding solutions.

On Sunday, October 4, we are thrilled to celebrate the new Minnesota law addressing workplace violence that MNA members were instrumental in passing.

MNA Governmental Affairs Specialist Jon Tollefson will lead a conversation with Senator Chuck Wiger (DFL-District 43), Senate author of the Preventing Violence Against Health-Care Workers bill.

In forum-style discussion, Tollefson and Wiger will address how MNA member involvement impacts the political process; how members should continue to build relationships with legislators; and what this law means for future legislative goals.

MNA members of the Health and Safety Committee, Niki Gjere and Jody Haggy, will address the correct application of this law in the workplace.

Infectious Disease & Emergency Preparedness: Protecting Healthcare Workers and the Public

MNA members from the Health and Safety Committee are excited to welcome June Fisher, MD, clinical professor at the School of Medicine at the University of California, Berkeley, to delve into a critical area in infectious disease control.

Dr. Fisher has conducted extensive research on developing devices designed to protect healthcare workers from infectious disease, in particular due to exposure to blood.

Her approach is to involve healthcare professionals in the critique and development of safety equipment.

She will explore projects where she involved bedside nurses in developing better products to protect patients, healthcare workers and the public.

In conversation with MNA members, we will connect this research to the critical threats of infectious disease today.

How effective and efficient are the respirators, masks, even the gloves in our facilities?

Join us to address concerns over how these barriers will hold up against the next infectious disease outbreak.

The following sessions will address critical nursing issues with nursing contact hours available:

- Workplace Violence Prevention: Exploring Solutions from Local to Legislative;
- Infectious Disease & Emergency Preparedness: Protecting Healthcare Workers and the Public;
- Single-Payer Healthcare: Envisioning a Health Care System Based on Nursing Values;
- Safe Patient Standard Campaign;
- POLST: Conversations on End-of-Life Planning (This will be a one-hour lunch and learn).

Additional presentations will cover important topics such as:

- Member & Staff Panel – Negotiation Tactics, Best Practices on Strategy, Actions, Campaigns, Whistleblowers;
- Welcome Presentation by Executive Director Rose Roach on the challenges of right-to-work legislation.

You can find proposed Bylaws and Resolutions for the 2015 House of Delegates on the Member Portal of MNA’s website at www.mnnurses.org. Login to see Convention materials.
### Saturday, October 3

<table>
<thead>
<tr>
<th>Event</th>
<th>Start</th>
<th>End</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education: Collective Advocacy - Strategies to Fight Back</td>
<td>11:00 a.m.</td>
<td>12:30 p.m.</td>
<td>Atrium 4</td>
</tr>
<tr>
<td>Lunch with Education: Nurses with Substance Use Disorders</td>
<td>12:30 p.m.</td>
<td>1:30 p.m.</td>
<td>Bloomington / Edina Rooms</td>
</tr>
<tr>
<td>Education: Collective Advocacy - Strategies to Fight Back (continued)</td>
<td>1:30 p.m.</td>
<td>4:00 p.m.</td>
<td>Atrium 4</td>
</tr>
<tr>
<td>Break</td>
<td>4:00 p.m.</td>
<td>4:15 p.m.</td>
<td>Atrium West Foyer</td>
</tr>
<tr>
<td>Education: Collective Advocacy - Strategies to Fight Back (continued)</td>
<td>4:15 p.m.</td>
<td>6:00 p.m.</td>
<td>Atrium 4</td>
</tr>
</tbody>
</table>

### Sunday, October 4

**Breakfast**

- 7:00 a.m. to 8:00 a.m.
- Location: Bloomington Room

**Registration / Information**

- 8:00 a.m. to 6:00 p.m.
- Location: Grand Ballroom Foyer

**Delegate Briefing / Robert’s Rules Education**

- 8:15 a.m. to 9:30 a.m.
- Location: Grand Ballroom West and Center

**Bylaws and Resolutions Forum**

- 9:30 a.m. to 11:30 a.m.
- Location: Grand Ballroom West and Center

**Lunch with Education: Conversations on End-of-Life Planning (POLST)**

- 11:30 a.m. to 12:30 p.m.
- Location: Grand Ballroom East and Corridor

**Education: Infectious Disease and Emergency Preparedness**

- 12:30 p.m. to 2:30 p.m.
- Location: Grand Ballroom West and Center

**Break**

- 2:30 p.m. to 2:45 p.m.
- Location: Grand Ballroom Foyer

**Education: Workplace Violence Prevention**

- 2:45 p.m. to 4:45 p.m.
- Location: Grand Ballroom West and Center

**Legislative Forum**

- 4:45 p.m. to 6:00 p.m.
- Location: Grand Ballroom West and Center

**Dinner**

- 6:00 p.m. to 7:00 p.m.
- Location: Grand Ballroom East and Corridor

**Board Meet and Greet**

- 7:00 p.m.
- Location: Grand Ballroom Foyer / Bloomington Room

### Monday, October 5

**Breakfast**

- 7:00 a.m. to 8:00 a.m.
- Location: Grand Ballroom East and Corridor

**Interest Groups Breakfast**

- 7:00 a.m. to 8:00 a.m.
- Location: Grand Ballroom East and Corridor

**Retirees Interest Group Breakfast**

- 7:00 a.m. to 8:00 a.m.
- Location: Bloomington Room

**Registration / Information**

- 8:00 a.m. to 5:00 p.m.
- Location: Grand Ballroom Foyer

**House of Delegates Welcome**

- 8:30 a.m. to 9:00 a.m.
- Location: Grand Ballroom West and Center

**House of Delegates: Right to Work and the Importance of Unions**

- 9:00 a.m. to 10:30 a.m.
- Location: Grand Ballroom West and Center

**Break**

- 10:30 a.m. to 10:45 a.m.
- Location: Grand Ballroom Foyer

**Education: Solidarity Rocks - Strategies for Winning At and Away From the Table**

- 10:45 a.m. to 12:15 p.m.
- Location: Grand Ballroom West and Center

**Lunch**

- 12:15 p.m. to 1:15 p.m.
- Location: Grand Ballroom East and Corridor

**House of Delegates**

- 1:15 p.m. to 2:45 p.m.
- Location: Grand Ballroom East and Corridor

**Break**

- 3:00 p.m.
- Location: Grand Ballroom Foyer

**House of Delegates**

- 3:00 p.m. to 4:30 p.m.
- Location: Grand Ballroom West and Center

**Reference Committee Meeting (if needed)**

- 4:30 p.m. to 5:30 p.m.
- Location: Atrium 8

**Friends of Bill W Meeting**

- 5:30 p.m. to 6:30 p.m.
- Location: Atrium 2

**Award Recipient’s Reception**

- 6:30 p.m.
- Location: 7:00 p.m.
- Grand Ballroom Foyer

**Honors and Awards Banquet**

- 7:00 p.m. to 8:30 p.m.
- Location: Grand Ballroom East and Corridor

**Entertainment: Tim Gabrielson**

- 8:30 p.m.
- Location: Veranda Ballroom

### Tuesday, October 6

**Breakfast**

- 7:30 a.m. to 8:30 a.m.
- Location: Grand Ballroom East and Corridor

**Young Workers Interest Group Breakfast**

- 7:30 a.m. to 8:30 a.m.
- Location: Atrium 1 and 2

**Interest Groups Breakfast**

- 7:30 a.m. to 8:30 a.m.
- Location: Grand Ballroom East and Corridor

**Registration / Information**

- 8:30 a.m. to 5:30 p.m.
- Location: Grand Ballroom Foyer

**2014 Member Survey Forum**

- 9:00 a.m. to 9:45 a.m.
- Location: Grand Ballroom West and Center

**Organizational Priorities: Single Payer and Safe Patient Standard**

- 9:45 a.m. to 10:45 a.m.
- Location: Grand Ballroom West and Center

**Break**

- 10:45 a.m. to 11:00 a.m.
- Location: Grand Ballroom Foyer

**House of Delegates**

- 11:00 a.m. to 12:30 p.m.
- Location: Grand Ballroom West and Center

**Lunch**

- 12:30 p.m.
- Location: Grand Ballroom East and Corridor

**House of Delegates**

- 1:30 p.m.
- Location: Grand Ballroom West and Center

**Break**

- 3:00 p.m.
- Location: Grand Ballroom Foyer

**House of Delegates**

- 3:15 p.m.
- Location: Grand Ballroom West and Center

**Friends of Bill W Meeting**

- 5:30 p.m.
- Location: Atrium 2

**Dinner**

- 6:30 p.m.
- Location: Grand Ballroom East and Corridor

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**SPECIAL SESSION FOR RETIRED MEMBERS AT CONVENTION**

MNA is reaching out to all retirees who are still members of MNA. We want to hear from you! The MNA Board of Directors has made it a priority to develop a stronger presence for the retiree community of nurses.

Come to breakfast at this year’s Convention on **Monday, October 5, from 7-8 a.m.** at the DoubleTree by Hilton in Bloomington, MN (7800 Normandale Blvd.)

You can provide input on what you’d like to be involved in.

Contact Samantha Riazi (651-414-2885 or Samantha.riazi@mnnurses.org) if you plan to attend.
MNA Disaster Relief Fund Silent Auction

2:30 p.m. on Sunday, October 4, to 1:30 p.m. on Tuesday, October 6, during the MNA Annual Convention in Bloomington.

Minnesota Nurses Association Disaster Relief Fund is excited to host the silent auction during the MNA Convention. Money raised at the silent auction will help support MNA members affected by disasters such as the Duluth area flood or a house fire.

To donate an Item:
• Package in such a way that it can be displayed on a table for auction.
• Include your name, starting bid, and a short description of the item.
• Bring item(s) to the MNA Registration/Information desk by 1:00 p.m. on Sunday, October 4.
• For those not attending Convention, bring item(s) to the MNA office by Friday, September 25.

In the past, auction items have included:
• Themed baskets
• Handmade items
• Artwork
• Nursing related items
• Clothing
• Books
• Gift certificates
• Jewelry
• and much much more...

Questions?
Contact Linda Owens, 1-800-536-4662, ext 122, 651-414-2822 or Linda.Owens@mnnurses.org
Elect Mary Turner for MNA President
Turning Issues into Action

Leadership
With Mary as chair, the Government Affairs Committee passed the “Workplace Violence Protection Bill” in one session

Advocate for Nursing
Organized one of the largest MNA action in history at North Memorial protesting drastic cuts in staffing

Issues into Action
Will work with YOU to strengthen our commitment to protecting our patients, our union, and our profession

www.TurningIssuesIntoAction.com
maryturner1360@gmail.com

Coming to your mailbox October 15th!

1st Vice President
Bernadine (Bunny) Engeldorf, RN

2nd Vice President
Debra Haugen, RN

Treasurer
Judy Russell-Martin, RN

Secretary
Jennifer Michelson, RN

Experienced leadership to “fight back corporate health care”
- Your executive council will have a total of 90+ years experience organizing and negotiating with the employer
- They have demonstrated skills to organize fight back campaigns in their own facilities and throughout the state. For example organizing one of the largest single actions at North Memorial including MNA and SEIU to save safe staffing.
- Stopping cutbacks to RN work-groups, saving RN roles and support staff
- Engaging in state and national activities including the passage of the workplace violence bill in MN, working fiercely with National Nurses United to support the Robin Hood Tax Campaign
- Will listen, will have open board meetings encouraging member presence and input
- Will bring members together, turning issues into action!
# Continuing Education 2015 Fall & Winter Sessions

## September

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Details</th>
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| **Tuesday, September 1** | Advocacy: Steward Training  
Representing Members  
8:00 a.m. - 10:00 a.m.  
Representing Members  
4:00 p.m. - 6:00 p.m.  
HCMC |
| **Thursday, September 10** | Advocacy: Steward Training  
8:15 a.m. - 3:30 p.m.  
Representing Members  
8:30 a.m. - 10:30 a.m.  
Step-One Grievances  
10:45 a.m. - 12:45 p.m.  
Member Mobilizing  
1:15 p.m. - 3:15 p.m.  
MNA Saint Paul Office |
| **Monday, September 21** | Bemidji Education  
7:45 a.m. - 6:00 p.m.  
Refusing Unsafe Assignments  
8:00 a.m. - 10:00 a.m.  
Refusing Unsafe Assignments  
12:30 p.m. - 2:30 p.m.  
Refusing Unsafe Assignments  
3:45 p.m. - 5:45 p.m.  
Bemidji, MN |

## October

### October 3-6, 2015  Convention Education Sessions

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Details</th>
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</table>
| **Tuesday, October 13** | Mobilizing  
6:00 p.m. - 8:00 p.m.  
Single-Payer Healthcare Session 2:  
Mobilizing Healthcare Professionals  
MNA Saint Paul Office |
| **Tuesday, October 20** | New Ulm / Sleepy Eye Education  
8:15 a.m. - 3:30 p.m.  
MNA Leadership: Empowering Nurses  
8:30 a.m. - 10:30 a.m.  
Representing Members  
10:45 a.m. - 12:45 p.m.  
Step-One Grievances  
1:15 p.m. - 3:15 p.m.  
New Ulm / Sleepy Eye |
| **Wednesday, October 28** | Park Rapids Education Session  
8:00 a.m. - 3:15 p.m.  
Nurse Practice Act  
8:15 a.m. - 10:15 a.m.  
Refusing Unsafe Assignments  
10:30 a.m. - 12:30 p.m.  
Member Mobilizing  
1:00 p.m. - 3:00 p.m.  
Park Rapids, MN |

## November

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Details</th>
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<tbody>
<tr>
<td><strong>November 11, 2015</strong></td>
<td>Contract Bargaining 2016</td>
</tr>
<tr>
<td><strong>November 12, 2015</strong></td>
<td>Contract Bargaining 2016</td>
</tr>
</tbody>
</table>
| **Tuesday, November 17** | Advocacy: Steward Training  
8:00 a.m. - 3:15 p.m.  
Representing Members  
8:15 a.m. - 10:15 a.m.  
MNA Saint Paul Office |

### Nursing Contact Hours

These programs for 2.4 contact hours each have been designed to meet the Minnesota Board of Nursing continuing education requirements. However, the nurse is responsible for determining whether these activities meet the requirements for acceptable continuing education.
THURSDAY, SEPTEMBER 24
Mobilizing
4:30 p.m. - 6:30 p.m.
Single-Payer Healthcare Session 2: Mobilizing Healthcare Professionals
MNA Saint Paul Office

SATURDAY, SEPTEMBER 26
Advocacy: Steward Training
8:15 a.m. - 3:30 p.m.
Representing Members
8:30 a.m. - 10:30 a.m.
Step-One Grievances
10:45 a.m. - 12:45 p.m.
Member Mobilizing
1:15 p.m. - 3:15 p.m.
MNA Saint Paul Office

WEDNESDAY, SEPTEMBER 30
Advocacy: Steward Training
7:45 a.m. - 3:15 p.m.
Representing Members
8:00 a.m. - 10:00 a.m.
Step-One Grievances
10:00 a.m. - 12:00 p.m.
Break for Lunch & Steward Meeting
12:00 p.m. - 1:00 p.m.
Member Mobilizing
1:00 p.m. - 3:00 p.m.
West Metro (Methodist Hospital)

THURSDAY, OCTOBER 29
Brainerd Education Session
8:15 a.m. - 3:30 p.m.
HIPPA
8:30 a.m. - 10:30 a.m.
Refusing Unsafe Assignments
10:45 a.m. - 12:45 p.m.
Charge Nurse
1:15 p.m. - 3:15 p.m.
Brainerd, MN

THURSDAY, DECEMBER 3
Willmar Education
8:15 a.m. - 3:30 p.m.
Representing Members
8:30 a.m. - 10:30 a.m.
Step-One Grievances
10:45 a.m. - 12:45 p.m.
Refusing Unsafe Assignments
1:15 p.m. - 3:15 p.m.
Willmar, MN

THURSDAY, DECEMBER 10
Advocacy: Steward Training
9:00 a.m. - 4:15 p.m.
Representing Members
9:15 a.m. - 11:15 a.m.
Step-One Grievances
11:45 a.m. - 1:45 p.m.
Member Mobilizing
2:00 p.m. - 4:00 p.m.
MNA Saint Paul Office

WEDNESDAY, DECEMBER 16
Duluth Education
8:15 a.m. - 3:30 p.m.
MNA Leadership: Empowering Nurses
8:30 a.m. - 10:30 a.m.
The Role of the Charge Nurse
10:45 a.m. - 12:45 p.m.
Member Mobilizing
1:15 p.m. - 3:15 p.m.
Duluth, MN

REGISTRATION INFORMATION
• Online: www.mnnurses.org/calendar
• Call: Linda Owens at 651-414-2822, 1-800-536-4662
  or e-mail linda.owens@mnnurses.org

Class Cancellation: It’s important to pre-register! Sessions with low registration will be canceled.
Register Now!

MNA Convention and House of Delegates

You can register up to seven days before the Convention.

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