This column of the Colorado Nurse will conclude an ongoing discussion of the attributes of professional engagement: citizenship, stewardship, and advocacy. Metaphorically, these three attributes might be thought of as a three legged stool that support all aspects of the professional nursing role. They should be integral to professional nursing education, ongoing professional development and professional practice. To continue the discussion of the attributes, this article will focus on advocacy.

The attribute of advocacy is defined in the online Merriam – Webster Dictionary as the act or process of supporting a cause or proposal: the act or process of advocating something. The American Nurses Association Scope and Standards of Practice and the Code of Ethics both support and clarify the professional aspects of advocacy. Advocacy in the professional nursing context is often discussed in two categories. First, advocacy for the patients and their direct care needs. Second, advocacy at the systems level regarding access to quality, safe, and cost effective health care. This particularly includes advocacy for policy that supports such health care at all levels and includes both public and institutional policy.

Advocacy for patients is very important in the complex health care system. Nurses as the frontline care providers often have the most knowledge and best perspective about patient care issues both those of direct care and system issues. For example, when patients in the system are without insurance, are denied care for a particular reason, or do not know how to access appropriate care, nurses should have the knowledge competencies to provide informational guidance regarding these or similar issues. Provisions One, Two, Three of the ANA Code of Ethics support this important advocacy role.

Advocacy for meaningful public and institutional policies is also considered in the...
AN ACADEMIE OF ETHICS. PROVISIONS SIX, SEVEN AND EIGHT OF THE CODE GIVE GUIDANCE IN THIS CONTEXT. WHILE NURSES OFTEN HAVE THE KNOWLEDGE AND COMFORT LEVEL TO ADVocate FOR PATIENTS, MANY NURSES LACK THE KNOWLEDGE AND SKILLS TO COMPETENTLY AND COMFORTABLY ADVocate AT THE POLICY LEVEL. THIS IS A CRITICAL DEFICIT FOR NURSES AS A PROFESSION. BOTH NURSING EDUCATION PROGRAMS AND NURSING EMPLOYERS NEED TO SUPPORT THE ROLE DEVELOPMENT OF NURSES IN THESE AREAS.

IN CONCLUSION, THE COLORADO NURSES FOUNDATION (CNF) IS INTERESTED IN SUPPORTING ACTIVITIES THAT WILL CONTRIBUTE TO PROFESSIONAL ENGAGEMENT IN THE AREAS OF CITIZENSHIP, STEWARDSHIP, AND ADVOCACY. IT IS THIS AUTHOR’S OBSERVATION THAT NURSING AS A PROFESSION IS LEADING THE Way TO NEW WAYS OF DOING BUSINESS. IT IS TIME TO DEVELOP THE ATTRIBUTES OF PROFESSIONAL ENGAGEMENT.

The Nightingale luminaries are living examples of excellence in nursing practice, education, research and advocacy that we are blessed to have living and working in Colorado. Please join all of us in congratulating them and the gifts they bring to the profession of nursing and the nursing profession. At least two of the luminaries this year have strong ties to the association and the Board of Directors and leadership of the association are very proud of them and all of our members who are current or past earners of Nightingale recognition in Colorado.

The association is in the midst of planning for our annual Membership Assembly (formerly our House of Delegates) and Continuing Education Day on September 25th and 26th, 2015. As the membership assembly is held before the interest of all registered nurses in the state this annual event is a formal time for us to gather together to reflect on the current status of professional practice, and to engage in activities for future growth and to promote our competence as professionals. The planning committee for the Membership Assembly this year includes current and future members of our association as we have joined with the Colorado Student Nurses Association for continuing education and our co-occurrence.

This year’s educational theme echoes the American Nurses Association theme for this year, “Nursing Care: It’s Not Enough.” With the help of a grant from the Colorado Nurses Foundation we are proud to announce that we have two keynote speakers: Leah Curtin, RN, PhD (b), FAAN and Jesse Kennedy, RN, ANA Board of Directors At Large Member-Recent Graduate. In addition, we will have a number of other presenters who have been selected to share their wisdom in a variety of programs. All registered nurses are invited to attend both the continuing education and the Membership Assembly. However, only association members in good standing are eligible to vote for elected officials, proposed bylaws changes, and any reference proposals or amendments that come before the assembly. The full details of how to join the association and to register for the assembly will be on our website at www.coloradonurses.org. We are working on advance notice of the actual meeting. This year we have a new “join and go” option which I would like to personally invite any non-member reading this article to strongly consider.

Our Governmental Affairs and Public Policy Committee (GAPP) members continue to be busy during the early minutes of the new legislative session. Rule-making meetings and hearings for legislation that we have supported have started and important implementation issues unabated during the summer months. This committee continues to meet monthly during the summer on the second Wednesday of the month at the C.N.A. offices. Members of the association are invited to join the committee if they have knowledge and/or interest in policy, legislative and regulatory issues and are available to commit to coming to meetings in advance of the actual meeting. This year we have a new “join and go” option which I would like to personally invite any non-member reading this article to strongly consider.

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New Colorado law removes barriers for nurses seeking prescriptive authority

Colorado nurses face fewer hurdles to obtain prescriptive authority following the adoption of a new law that reduces regulatory burden. On Monday, May 18, Gov. John Hickenlooper signed Senate Bill 15-197 “Concerning the prescriptive authority of advanced practice nurses,” which was passed by the General Assembly in a unanimous show of bipartisan support. The new law goes into effect on September 1, 2015.

The new law helps put nurses to work faster by reducing practice hour requirements from 3,600 to 1,000 for advanced practice registered nurses (APRN) seeking prescriptive authority. APRNs will be given provisional prescriptive authority upon graduation and passage of a certification exam provided the APRN has 3 years clinical work experience. Colorado was already one of 19 states, in addition to the District of Columbia that allowed full independent prescriptive authority, however Colorado was an outlier among those states in its requirements. Colorado will now join other states in national best practice standards, which have shown that access to healthcare is expanded without compromises to patient safety.

The new law is the culmination of a year-long study undertaken by the Nurse Physician Task Force for Colorado Healthcare (NPATCH). The study aimed to remove unnecessary barriers to Colorado’s healthcare workforce while maintaining a high standard for patient safety and quality.

The time for a reduction in red tape is ripe as access to primary care providers became a critical healthcare priority for Colorado. As many as 220,000 Coloradans gained insurance coverage following the expansion of Medicaid and the Affordable Care Act. The shortage of healthcare providers particularly affects patients in rural and underserved urban communities - a gap that nurses can now help fill. Coupled by an aging population with increased demand for primary care, Colorado needs all healthcare providers to practice to the top of their license and training in order to fulfill the state’s healthcare needs.

In addition to a reduction in practice hours, the bill makes several other key changes to address the changing healthcare environment. It expands access to primary care providers became a critical healthcare priority for Colorado. As many as 220,000 Coloradans gained insurance coverage following the expansion of Medicaid and the Affordable Care Act. The shortage of healthcare providers particularly affects patients in rural and underserved urban communities - a gap that nurses can now help fill. Coupled by an aging population with increased demand for primary care, Colorado needs all healthcare providers to practice to the top of their license and training in order to fulfill the state’s healthcare needs.

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The Telluride Medical Center Trauma and Emergency Department is seeking an RN for a seasonal position starting November 16, 2015 and ending April 3, 2016 working 60-80 hours in a 2 week pay period. Applicant must have at least 2 years experience in emergency and/or critical care nursing, current Colorado Nursing License and be a graduate of a professional nursing school. The RN must maintain current BLS, ACLS, PALS or ENPC and TNCC. Compensation commensurate with experience.

Please contact Gordon Reichard, Executive Director, for application at greichard@tellmed.org or 970.728.9782

EXECUTIVE DIRECTOR'S COLUMN

Colleen Casper, RN, MS, DNP
Executive Director

Colorado Nurses Association provides individuals with professional identification, special interest communication and networking as well as the opportunity for power and influence of public policy (Caruso 1991). A successful 2015 Colorado Legislative Session is now being followed by a busy summer of statewide efforts to continue to improve the delivery of health care services to the growing number of Colorado insured. The U.S. Supreme Court’s decision to uphold the Affordable Care Act by preserving tax credit subsidies that have allowed more than 10 million Americans to obtain health insurance coverage certainly will challenge greater levels of transformation to achieve the Triple Aim of improved outcomes for care of individuals, improved population health measures, and reduced overall cost of care.

A few examples, over the next 48 months, Colorado will be receiving $65 million in State Innovation Model (SIM) funds, from the Center for Medicare and Medicaid Innovation (CMMI), specifically to test innovation to improve access to integrated primary care, applying value based payment models, expanding health information technology, including tele-health, and reining plans to impact Colorado’s population health metrics. For more information please go to https://www.colorado.gov/healthinnovation. Colleen Casper, RN, MS, DNP, Executive Director of Colorado Nurses Association has been appointed to the SIM Workforce work group with the primary focus of increasing provider pipelines, data base management to improve access to available providers, and emphasize partnerships and supply for Rural Colorado.

Colorado Nurses Association is also participating in a workgroup related to the ongoing improvement of services provided through the Colorado Accountable Care Collaborative. Current work is specific to refining the definition and metrics of “Care Coordination” within the provider and Community Issues Subcommittee work. (https://www.colorado.gov/ pacific/hcpf/active-stable-care-collaborative)

Colorado Nurses Association, in conjunction with the Government Affairs and Public Policy (GAPP) Committee is part of the multidisciplinary groups meeting to define the following questions related to role of Mobile Integrated Health/Community Paramedics in Colorado. The specific questions to be answered by this work group include:

1) How do we best define the scope of work to be done by MIH/CP versus how traditional “emergency” services are provided? How are home health services provided and where are there opportunities to make these services more efficient?
2) Does it make sense to do an agency type of credentialing or individual credentialing? Or both?
3) Should oversight of the credentialing and/or program be local or state driven? Or both?
4) Would this require a statutory change or regulatory change? Or both?

These meetings are available to the public and more information is available through Karen Osthus, Policy Analyst, Health Facilities and Emergency Medical Services Division at Karen.Osthus@state.co.us.

I would like to offer a final note of thank you from me, to the GAPP Committee and especially the GAPP leadership of David Rodriguez, Sara Jacquet, Angela Petkoff, Patricia Abbott, as well as President Mary Ciambelli, President-Elect Theresa Buxton, and, SRG 30 Member Constance Jarrett, Angela Petkoff, Patricia Abbot, as well as President Mary Ciambelli, President-Elect Theresa Buxton, and, SRG 30 Member Constance Jarrett, Angela Petkoff, Patricia Abbott. These member volunteers made themselves available consistently and spontaneously to inform and influence policy this session in support of the work of our Lobbyists Nobert Chavez and Lauren Latimer, and myself, Colleen Casper, Executive Director.

LEGAL REPRESENTATION FOR NURSES

Carole C. Schriefer, R.N., J.D.
Member: The American Association of Nurse Attorneys (TAANA)

Carole’s practice concentrates on the defense of nurses, nurse practitioners, and other health care providers in professional licensing matters, investigations, Board of Nursing hearings, Medicare and Medicaid matters, OIG exclusions, criminal defense, disputes with hospitals and employers, contracts, administrative hearings, corporate matters and transactional matters.

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DNA-3

DNA-3 held a dinner meeting in May to celebrate Nurses’ week. Our program was held at the Springs Funeral Home. Attendees enjoyed a very interesting presentation about funeral services in Colorado. We learned facts and important information to share with our patients and family members. A tour of the facilities was quite educational.

Our summer meeting will focus on planning our programs for September 2015 through May 2016. Anne Zobec, Board Member work 719-667-6942/ cell 719-351-4268

DNA-4

DNA-4 held their spring meeting at the Cactus Flower restaurant in Pueblo following the CSU-Pueblo Research Day. Those present acknowledged DNA-4 members who were recognized at the Luminary Presentations earlier in the month. (additional information included the names of all Luminaries from the 2015 Nightingale event is found on page insert page number). Congratulations and thanks for all of their dedicated service went to Denise Root of Otero Junior College and Lori Rae Hamilton of Trinidad State Junior College. DNA-4 is proud to have two such dedicated nurses named and recognized. Kathy Carpenter, President DNA-4

DNA 6 (San Luis Valley)

DNA 6 supported Adams State University and Trinidad State University nursing pinning ceremonies by providing punch for the graduates and their families.

DNA 6 supported four ASU nursing students with a $250 scholarship each to assist in their education expenses.

DNA 6 salutes the 2015 Nightingale nominees for the San Luis Valley. Thank you for all you do for our community as well as your commitment to the nursing profession.

DNA 6 (San Luis Valley) assisted the Colorado Student Nurses Association, Adams State University and Trinidad State Junior College Nursing Departments in the statewide CSNA meeting held at Adams State University on Saturday, February 28, 2014 in Alamosa. It was an informative event, with presentations by Valley nurses and Senator Larry Crowder. New CSNA officers were also elected at the end of the day.

John Jaramillo TSJC Outgoing Vice President (He will be representing TSJC at this year’s national convention with a resolution), Iggy Gallegos Morgan Community College Treasurer, Amber Zamora TSJC Membership Director South, Adam Diesi Denver School of Nursing CSNA President, Jesse DeHerrera TSJC Program Director South, Bobbi Maul TSJC Communications Director, Christian Romansky TSJC Incoming Vice President, Stephanie Posorske Adams State University Program Director North, Elizabeth Strang Adams State University Outgoing Membership Director South, Megan Owsley Adams State University outgoing program director South, and Lori Rae Hamilton, RN, MSN, CSNA Advisor

Respectfully submitted, Charlotte Ledonne, RN, BSN, MA, LPC President DNA 6

DNA-6

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$325 after); Friday Night Only - $25

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Interested candidates are encouraged to apply at this link for “Clinical Nurse, Grade Step-610-9: https://www.usajobs.gov” Questions may be directed to HR Specialist (505) 786-6213 or Department Supervisor (505) 786-6265.
their faculty. We met with the students informally to welcome them and explore ways we can assist them as the new generation of nurses. Pending legislation affecting nursing was discussed and included the Long Acting Reversible Contraception bill and prescriptive hours bill recently passed and pending signature of the governor. The community of nurses was invited to join in celebrating the graduation of the local nurses at the Lewis College on May 17th.

We met in June and are planning to have a speaker on nursing ethics and perhaps a panel in September at our meeting. We are also going to try to meet with the incoming students in August at the Community college to encourage their participation in the membership assembly and local events.

Terry Schumaker joined the recent statewide event hosted by The Colorado Center for Nursing Excellence to address challenges and opportunities for successful clinical placements for schools of nursing. We are working on a standardized curriculum to propose to Colorado Consortium for Nursing Education for the spring 2016 meeting.

For additional information concerning upcoming events or to be added to our list serve please contact Terry Schumaker at terryssch@gmail.com

DNA-9

If you are a Registered Nurse living in our area, DNA-9 would like to hear from you. We are seeking ideas to help us plan for programs/other events during the coming year. Perhaps you attended a previous program and would like to have a similar one in the future. What programs would you be interested in attending?

Please share your feedback and ideas with us!

If you are not a current member of DNA, we still like to know what programs would be interesting to you.

Janie Arndt, President janiearndt@comcast.net
Jane Koeckeritz, Treasurer jane.koeckeritz@comcast.net
Vicki Carroll, Secretary hvccarroll@aol.com

DNA 16 Happenings

First DNA 16 would like to report a chilly evening at the Rockies Game during Nurses Week. Rockies lost to the Dodgers, but the nurses who braved the weather enjoyed cheering them on and planning the next year. There is a swimming pool to enjoy and all things Colorado! If you would like to join us, please let us know.

When: Tuesday, August 28, 2015 6:00 PM?
Pool closes at 10:00 PM

Where: Club Monaco Clubhouse
6610 E. Mississippi, Denver
The clubhouse is hidden by 6600 from the street. Wear your black and orange for the black wrought iron fence.

Food: Wine, Sodas and Cheese provided
Bring a potluck dish to share

There is a changing room so bring swim wear and towel if desired

RSVP REQUESTED, BUT DROP INS WELCOME!

MARY KERSHNER
Phone: 303-758-4857 • tlkskr@yahoo.com

Chris Schmitt RN, MS will present a “Public Health Update”

Sept 28 at DNA 16 meeting space - Suicide Prevention - more information will be posted on our web page as we finalize this presentation

Save the date:

The Colorado Nurses “Sweet Sixteens” will join the American Foundation for Suicide Prevention’s (AFSP) Out of the Darkness Community Walk at Coors Field on Saturday, October 3, 2015

DNA 20 – West Metro Area

Submitted by Norma Tubman RN, MSNc, NE-BC
Board Member at Large

Congratulations are due to our DNA 20 members. Kathy Magilvy, professor emerita, CUCCON, brought a group of CU Denver Nursing Students to meet with Roxie Foster, professor emerita, CUCCON, received the South Dakota State University Distinguished Alumni Award. Annette Cannon has published the book Mental Health (ISBN: 978-3-659-66109-9) and presented a poster at the QSEN 2015 National Forum in San Diego in May titled “QSEN Alignment for Teaching Strategies in Simulation”. Teresa Freudig, a nurse manager at Denver Health’s Adult Urgent Care Clinic, is a student in the Colorado Center for Nursing Excellence’s Leadership Development Institute (LDI). The LDI is a yearlong program that provides a personal coach, classes and tools to nurse managers. As part of a pilot group for the LDI, Teresa presented her work in the role of a patient advocate for nurses and the nurse practitioner role. Olivia Martinez, Women’s Health APN, Jefferson County Public Health, volunteers to mentor a minority senior nursing student. The goal of the program is to increase diversity in the nursing workforce. Susan Moyer, Assistant Project Manager, Colorado Center for Nursing Excellence, testified in May in Washington to the National Institute of Health where she presented research that DNA 20 sponsored. With the arrival of spring, members were busy with community and DNA events. Members volunteered for 9Health Fair and, along with family and friends, attended a rainy Nurses Night at the Rockies. In April, over 30 people attended the musical “42nd Street” at the Lakewood Cultural Center.

Members of DNA 16 participated in the Nurses Week at Project Cure (see more about that in the article by Sue M from Project Cure). Elections this spring resulted in Chris Schmidt as our new Vice President, Kristine McDermott is our Treasurer and we welcome two new Members at Large: Ashley Leister and Denise Burroughs. CJ Cullinan has agreed to be our Legislative Events Committee Chair.

Our next event is the August Meet and Greet at Mary Kershner’s Club House. Pot Luck, welcomes to you.

Vicki Carroll, Secretary hvccarroll@aol.com

DNA-30

If you are a Registered Nurse living in our area, DNA-30 would like to hear from you. We are seeking ideas to help us plan for programs/other events during the coming year. Perhaps you attended a previous program and would like to have a similar one in the future. What programs would you be interested in attending?

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Vicki Carroll, Secretary hvccarroll@aol.com
Congratulations

Congratulations to Mary Enzman Hines, PhD, RN, AHN-BC who was awarded the 2015 Holistic Nurse of the Year Award from the American Holistic Nurses Association in June 2015. She is a professor emeritus at the University of Colorado at Colorado Springs, adjunct faculty at the University of Northern Colorado and is a practicing certified pediatric nurse practitioner at several facilities. She is a member of ANA/CNA/DNA-3.

The re-election of Lynn Wimmett, EdD, APRN-C as the Colorado AANP State Representative was recently announced. An active member of ANA/CNA/DNA-SIG 30, she is a full professor at Regis University.

The Journal for Nurses Practitioners (the JNP) June 2015 issue has selected Linda Pearson, DNP, MSN, APRN, BC, FAANP, as one of Eighteen Nurse Practitioner Pioneers! A Family Nurse Practitioner 1974-99 then a family psychiatric mental health nurse practitioner since then. She was a member of the Colorado Board of Nursing for eight years and Editor-in-Chief of The Nurse Practitioner Journal for more than twenty years. She is a member of ANA/CNA/DNA-SIG 30.

American Academy of Nursing Class of 2015 Colorado Fellows

There are 5 new FAAN members from CO who will be inducted in August 2015.

Cheryl A. Krause-Parello, PhD, RN – University of Colorado
Madalynn Neu, PhD, RN – University of Colorado
Elizabeth Marion Pace, MSM, RN, CEAP, CPS II – Peer Assistance Services, Inc.
Kathleen D. Sanford, DBA, RN, FACHE – Catholic Health Initiatives
Lisa Spruce, DNP, RN, CNS-CP, CNOR, ACNS, ACNP, ANP – Association of periOperative Registered Nurses

Congratulations to all!

Plan to join the Colorado Nurses Association and Colorado Student Nurses Association for 2015 Annual Meeting

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Jesse M.L. Kennedy, RN—ANA Board of Directors, At Large New Graduate Representative
Leah Curtin, RN, ScD(h), FAAN—Collegeal Relationships & Professional Ethics

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American Academy of Nursing Class of 2015 Colorado Fellows

Plan to join the Colorado Nurses Association and Colorado Student Nurses Association for 2015 Annual Meeting

September 25 & 26, 2015
Radisson Hotel Denver Southeast • 3155 S. Vaughn Way • Aurora, CO 80014
(J-225 and Parker Road; RTD Light Rail—Nine Mile Station stop on H Line)

Featuring
Jesse M.L. Kennedy, RN—ANA Board of Directors, At Large New Graduate Representative
Leah Curtin, RN, ScD(h), FAAN—Collegeal Relationships & Professional Ethics

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On Saturday May 9, 2015, the 2015 Nightingale Awards Event was held at the Renaissance Denver Hotel to honor forty-six registered nurses who had previously been selected as the 2015 Luminaries. In keeping with the mission of the Colorado Nurses Foundation, the Nightingale Luminary Event focused on recognition of nurses who have demonstrated outcomes that improve patient care and the environment in which healthcare is delivered in Colorado. These Luminaries represented the necessary diversity in nursing practice that is required to achieve quality care. They were selected from across Colorado by regional AHEC’s and local committees. Local community celebrations were held honoring all nominees. The Luminaries represented two categories of nursing practice, each evaluated on three professional aspects of nursing practice (Advocacy, Leadership, Innovation):

Clinical Practice/Direct Patient Care

Each of the Luminaries was a potential recipient of the prestigious Nightingale Award. The 2015 Nightingale Luminary theme of “Excellence in Nursing Professional Engagement & Citizenship” reflects the Colorado Nurses Foundation (CNF) Strategic Initiative to reframe the profession of nursing and the professional engagement of nurses. CNF hopes that this new approach will allow for expanded recognition of nursing excellence in Colorado.

2015 LUMINARIES

**CLINICAL PRACTICE**

Enid Acosta-Leisenring, ADN, RN, Cortez. Enid is a RN and Deputized Coroner at Hospice of Montezuma, Inc. She is nominated for her leadership in the delivery of health care for 15,000 patients in the clinic.

Ruth Archuleta, ADN, RN, Alamosa. Ruth is a Nurse Practitioner at the Pueblo Community Health Center. She is nominated for her unconditional dedication and advocacy for her patients.

Pamela Assid, DNP, RN, CEN, CPEN, NEA-BC, Colorado Springs. Pamela is Clinical Manager of the St Francis Medical Center Emergency Department. She is nominated for her innovative leadership of the emergency department.

Lillian Bostrom, ADN, RN, ONC, CNOR, CRNFA. Cortez. Lillian is a certified Registered Nurse First Assistant at Southwest Memorial Hospital. She is nominated for her five decades of leadership, advocacy and innovation in the peri-operative setting.

Kathleen Butler, BSN, RN, Aurora. Kathleen is the Extracorporeal Membrane Oxygenation(ECMO) Program Coordinator at Children's Hospital Colorado. She is nominated for her innovation and leadership in developing and sustaining the ECMO program.

Virginia Chacon, MSN, RNC, Pueblo. Virginia is a RN/Case Manager at the VA-Home Based Primary Care Program. She is nominated for her long-term leadership and advocacy promoting the health of veterans, through her professional involvement and internationally through mission work.

Laurel Chiaramonte, MSN, RN, ACNS-BC, Colorado Springs. Major Chiaramonte is the lead officer of the United States Air Force Academy's Internal Medicine Clinic. She is nominated for her leadership in the delivery of health care for 15,000 patients in the clinic.

Wendy DeWeerd, ADN, RN, Loveland. Wendy is the Director of Nursing at Aspen House Memory Care Assisted Living. She is nominated for her tireless advocacy for her patients and families promoting person-centered care.

Andrea Grieo, ADN, RNC-OB, Alamosa. Andrea is a Registered Nurse at San Luis Valley Health. She is nominated for her innovation and leadership in providing outstanding obstetrical nursing care to those in the San Luis Valley.

Patricia Head, MSN, RN, FNP, Pueblo. Patricia is a Nurse Practitioner at the Pueblo Community Living Center of the Department of Veterans Affairs. She is nominated for her advocacy for her patients, using innovative treatments that improve the quality of life and reduces anxiety issues.

John Himberger, MSN, RN, ACHPN, FNPC, Colorado Springs. John is a Palliative Medicine Nurse Practitioner at Memorial Hospital -University of Colorado Health. He is nominated for his advocacy in developing a palliative medicine program and improving the lives of the patients with whom he comes in contact.

Camille Hodapp, MSN, RN, NNP, Pueblo. Camille is a Neonatal Nurse Practitioner with the Pediatrix Medical Group at Parkview Medical Center. Camille is nominated for her leadership in providing community education about the impact of maternal opioid and other substance misuse in pregnancy on newborn outcomes.

Karen Jones, MS, RNC-NIC, Aurora. Karen is a Clinical Coordinator at Children's Hospital Colorado. Karen is nominated for her innovation in providing advanced supportive care for patients and their families needing end of life as well as palliative care.

Jeanette Martinez, ADN, RN, Fort Morgan. Jeanette is a Clinical RN in labor and delivery at Colorado Plains Medical Center. She is nominated for her leadership in clinical practice. An excellent clinician, Jeanette exemplifies high quality patient care.

Lindsey McMenimen, BSN, RN, BMTCN, Aurora. Lindsey is the Charge Nurse for the Bone Marrow Transplant Unit at University of Colorado Hospital. She is nominated for her leadership in the Bone Marrow Infusion Center where she has improved workflow, communication between providers, patient care coordination and staff education.

Ian Neff, BSN, RN, OCN, Aurora. Ian is a Permanent Charge Nurse on the Oncology/BMT Unit at The University of Colorado Hospital. Ian is nominated for his patient advocacy. Ian’s specialized focus of research and practice centers
on the lack of patient assessment of sexual health in the oncology population.

Jackie Nishiyia, BSN, RN, CEN, Grand Junction. Jackie is a RN in the Emergency Department of Community Health Center. She is nominated for her advocacy in developing Code Blue education and protocols for improving outcomes in patient care.

Misty Palacios, ADN, RN, Center. Misty is the Nurse Lead for Family Practice at SLV Health. She is nominated for her leadership in the clinic setting. Misty is collaborative and supportive in her nursing role and exhibits what it means to provide excellent patient care every day for every patient.

Don Raus, BSN, RN, Grand Junction. Don is Clinical Nurse Manager for the Medical Unit at St. Vincent Hospital. He is nominated for his leadership in creating a positive workplace dynamic with a shared vision of quality patient care.

Mary Jo Seiter, BSN, RN, CEN, Durango. Mary Jo is Director of Durango Mountain Resort Urgent Care and Team Leader in the ED at Mercy Regional Medical Center. She is nominated for her advocacy in providing health care services to her community.

Brent Walker, BSN, RN, OCN, Grand Junction. Brent is a RN on the Acute Oncology Unit of St. Vincent Hospital. He is nominated for his innovation in developing chemotherapy guidelines and protocols and educating fellow nurses about them.

Carol Wallman, DNP, RN, APRN, NNP-BC, Aurora. Carol is the Lead NNP Education Coordinator at the Children's Hospital Colorado. She is nominated for her advocacy in advanced practice nursing.

Abbi-Lynn Washington, MS, RN, APRN, CCRN, CVRN-BC, Lakewood. Abbi-Lynn is the Assistant Nurse Manager in the Cardiac ICU at St. Anthony Hospital. She is nominated for her leadership in promoting excellence in cardiac critical care.

Mary Beth Flynn Makic, PhD, RN, CNS, CCNS, CCRN, FAAN, Aurora. Mary Beth is a Research Nurse Scientist and Associate Professor, University of Colorado Hospital and College of Nursing. She is nominated for her advocacy efforts on behalf of military veterans.

Kathleen Dreza BSN, RN, Westminster. Kathleen is the Faith Community Nurse Coordinator at St. Anthony North Health Campus. She is nominated for her commitment to advocacy. Kathleen founded, developed and sustained Growing Home, an anti-poverty organization, that feeds families, houses the homeless and helps children succeed.

Cindy Eller MN, RN, Colorado Springs. Cindy is a Clinical Nurse Specialist for Women's Services at Memorial Hospital Poudre Valley Health. She is nominated for her research and leadership in assessing newborns for potential cardiac disease.

Susan Giebel MBA, BSN, RN, Pueblo. Susan is the Lead Clinical Emergency Department Nurse at Parkview Medical Center. She is nominated for her leadership in providing quality emergency care, while promoting team work and accountability.

Brian Hallisey BSN, RN, Fort Collins. Brian is the RN/ Clinical Quality Specialist at University of Colorado Health-Poudre Valley Hospital. He is nominated for his innovation in serving as an electronic health records specialist.

Meghan Higman BSN, RN, Cortez. Meghan is Education Coordinator for Southwest Memorial Hospital. She is nominated for her leadership in implementing a new electronic medical records system.

Courtney Kasun, MNSc, RN CHPN, Fruita. Courtney is an Assistant Professor at Colorado Mesa University, Moss School of Nursing. She is nominated for the innovative use of technology in her classes.

Cheryl Krause-Parello PhD, RN, Aurora. Cheryl is an Associate Professor and Director, C-P.A.W.W. (Coping with Assistance to Wounded Warriors), University of Colorado, College of Nursing. She is nominated for her advocacy efforts in improving patient and staff satisfaction in the critical care environment.

Julie Ramstetter, BSN, RN, Alamosa. Julie is the Trauma Nurse Coordinator at San Luis Valley Health. She is nominated for her innovation and creativity in addressing challenges of patient care within the areas of emergency nursing.

Denise Root, MSN, RN, La Junta. Denise is the Director of Nursing and Health Occupation Programs at Otero Junior College. She is nominated for her innovation in developing a successful, nontraditional nursing program.

Laura Rosenthal, DNP, RN, ACNP, Aurora. Laura is Faculty/Hospitalist at University of Colorado College of Nursing. Laura was nominated for her leadership in advancing the role of acute care nurse practitioners through developing a Post Master's certificate and a full masters program for acute care nurse practitioners and created a nurse practitioner Hospitalist fellowship.

Danielle Schloffman, MSN, RN, NE-BC, Aurora. Danielle is a Magnet Program Director, University of Colorado Hospital. Danielle was nominated for her leadership in guiding UCH for their fourth Magnet re-designation.

Stacie Schreiner, MSN, RN, CPN, Fruita. Stacie is an Assistant Professor of Nursing at Colorado Mesa University. She is nominated for her educational leadership in creating student experiences that reflect the challenges and rewards of today’s nurse.

Colleen Sullivan-Moore, MS, RN, Pagosa Springs. Colleen is the Women’s Service Oncology Nurse Navigator at the Pagosa Springs Medical Center. She is nominated for her innovative approach in caring for breast cancer patients by creating a Patient Navigator Acuity Monograph (Tool) that identifies distress and overcomes barriers to treatment.

Teresa Tibbs, AAN, RN, CRNN, Pueblo. Terri is the Clinical Coordinator of the Parkview Mobile Nurses at Parkview Medical Center. She is nominated for her advocacy for the underserved in her area. In three years the mobile nurse program has quadrupled in size.

Cynthia Wacker, MSN/Ed, RN, FCN, Colorado Springs. Cynthia is the Community Outreach Coordinator for Penrose-St. Francis Health Services. She is nominated for her advocacy in establishing partnerships with community agencies and other health care providers to establish an innovative model to expand healthcare services to the underserved.

Jill Zamzow, MS, RN-BC, Fort Collins. Jill is Nurse Manager at University of Colorado Health, Poudre Valley Hospital. She is nominated for her leadership. She empowers others and inspires them to grow. She actively seeks opportunities to grow as a professional.
On June 1, 2015 the Colorado Supreme Court issued its long awaited decision in the case of Colorado Medical Society et al. v. Hickenlooper, et al. This lawsuit was brought by the Colorado Medical Society and the Colorado Society of Anesthesiologists (“the Societies”) to challenge the so-called “Opt-out” determination by Governors Ritter and Hickenlooper from a federal Medicare condition of participation for hospitals and other providers that would require the delivery of anesthesia in these facilities only under the supervision of a physician. However, these same federal regulations also allow a state to “opt-out” of the physician supervision requirement and allow administration by Certified Registered Nurse Anesthetists (“CRNAs”) if the governor of that state advises the federal agency administering Medicare of that intention based upon the governor’s determination that opting out would not violate state law and is in the best interests of the citizens of that state. In September of 2010, then Governor Ritter made the decision to opt-out of the Medicare requirement for the state’s critical care access hospitals and other designated rural hospitals. Upon his election, Governor Hickenlooper endorsed the opt-out and it remained in effect.

The Societies challenged the Opt-out determination by filing a lawsuit claiming that this determination violated state law—namely that the Nurse Practice Act prohibited CRNAs from providing anesthesia care without physician supervision. The Governor’s Office, through the Attorney General, contended otherwise and was joined in the suit by the Colorado Association of Nurse Anesthetists, the Colorado Nurses Association and the Colorado Hospital Association. The position of these parties defending against the Societies’ claim was that the Nurse Practice Act, consistent with the long-standing interpretation of the State Board of Health for general hospitals which allows practice nurses, to render anesthesia care without physician supervision, the case was reviewed by the Colorado Supreme Court. Its decision, unanimous among the six justices hearing the case, affirmed the Court of Appeals decision dismissing the lawsuit filed by the Societies. However, it did so on other grounds—holding that the Opt-out determination, to the extent that it is based on the Nurse Practice Act, was not a binding interpretation of Colorado law, but an opinion of the Governor made for the purposes of the federal Medicare participation regulations. Accordingly, the Supreme Court ruled that the Opt-out determination is reviewable by a court only upon whether the Governor committed a “gross abuse of discretion,” as opposed to whether the Governor’s interpretation of the Nurse Practice Act was a correct interpretation of Colorado law. Since the Societies’ did not allege “abuse of discretion” grounds in their lawsuit, the Supreme Court ordered that their case be dismissed. The Colorado Society of Anesthesiologists and Anesthesiologist Assistants asked the Court to reconsider its decision, but its Petition was denied on June 22, 2015 ending the proceedings in this case.

What is clear from the litigation is that CRNAs may continue to provide anesthesia care without physician supervision in the hospitals affected by the Opt-out determination and the State Board of Nursing’s interpretation of the Nurse Practice Act remains unchanged. Additionally, the State Board of Health’s regulation permitting CRNAs to deliver anesthesia care without physician supervision in the all of the state’s general hospitals remains intact. Finally, while not binding, the interpretations by the lower courts in the Opt-out litigation that the Nurse Practice Act permits CRNAs to deliver anesthesia care without physician supervision confirms that these interpretations by the Governors and state boards are correct.

Following, this case has important ramifications for the advance practice of nursing and the scope of that practice in the State of Colorado. The Colorado Nurses Association is to be commended for its participation in this case and its continued active support of the independent practice of nursing.
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Government Affairs and Public Policy Committee

2015 Legislative Review

by Angela Petkof, GAPP Co-Chair Elect and Lauren Latimer, Lobbyists

The Government Affairs and Public Policy Committee monitors health and nursing related legislation during each year’s legislative session, advocating for nurses and patients. The 2015 legislative session was filled with several victories for the nursing community and the patients we care for. Below are just a few examples of legislative advancements for Colorado healthcare that passed this session.

HB15-1029: Health Care Delivery via Telehealth Statewide
Recognizing the recent advancements in technology and multiple forms of communication, this bill reduces current restrictions for telehealth providers and their recipients. Starting January 1, 2016, there will no longer be a population or geographic requirement for the telehealth delivery in Colorado, and healthcare providers will receive equal reimbursement for the same care provided via telehealth visits as in-person visits.

HB15-1182: Scope of Practice
Certified Nursing Aides
This piece of legislation is a major win for home health care. The new provisions allow Certified Nursing Aides to perform a number of tasks including J-tube and G-tube feedings, bowel preparation, and medication administration independently once the aide has been deemed competent at these tasks by a Registered Nurse.

SB15-053: Dispose of Emergency Drugs for Overdose Victims
Acknowledging the major risks of opioid use and increased rates of opiate related deaths, the GAPP committee was very supportive of the new safety measures incorporated into this bill. This bill allows physicians, physician assistants, pharmacists, and advanced practice registered nurses with prescriptive authority to prescribe an opiate antagonist to:
• An individual at risk of experiencing an opiate-related drug overdose event;
• A family member, friend, or other person in a position to assist an at-risk individual;
• An employee or volunteer of a harm reduction organization; or
• A first responder.

SB15-197: Advanced Practice Nurse Prescriptive Authority
Last, but not least, GAPP is especially pleased to announce SB15-197 was signed into law by Governor Hickenlooper on May 18, 2015. Over the past year, GAPP members have tirelessly advocated for legislation to improve Colorado’s current circumstance for new graduate Advanced Practice Registered Nurses (APRNs) by collaborating with stakeholders, providing testimony, and working to increase awareness and engagement within Colorado’s nursing profession. This bill will increase access to care for many of Colorado’s citizens by decreasing the barriers for APRNs to obtain prescriptive authority. Currently, a new graduate APRN must obtain 1800 hours of preceptorship, with a physician preceptor, followed by another 1800 hours of mentorship before qualifying for full prescriptive authority. With SB15-197, effective September 2015, the APRN will be able to apply for provisional prescriptive authority immediately after passing the state approved board exam, and the transition hours will be reduced to 1000 hours of mentorship with a physician for an experienced APRN. The bill also allows for synchronous remote collaboration during the mentorship.

The 2015 legislative session produced many progressive advancements for Colorado healthcare, but there is still much work to be done and progress to be made. Nurse engagement and leadership is vital as we constantly seek to improve healthcare access and quality for the citizens of Colorado. Make your voice heard. Get involved and stay informed by joining Colorado Nurses Association.
Colorado Student Nurses Association is Coming On Strong!
by Stephanie Atkins, Adams State

As the service of Adam Diesi, CSNA’s President, winds down and a new president elected in September, he will be leaving behind a strong legacy and blueprint for success to the Colorado Student Nurses Association. Together with his board members, Adam held a strong vision that will no doubt, be carried out in subsequent years. Thus, ushering in the new crop of New Grad Nurse Leaders who show promise to be strong agents for change in Nursing for the State of Colorado.

One of the biggest changes Adam implemented into CSNA during his term, was setting the intention to build strong internal communication with all of the local school chapters. As luck would have it, Adam held the vision and Kathleen Johnson appeared with the desire to carry it out. Adam found Kathleen Johnson, a new CU Nursing School Student, two weeks before starting nursing school at CU. She brought her business acumen from her previous career into the role as Communications Director and hit the ground running.

As a result of Adams vision and the excited new nursing school student energy, a Communications Team was born. This is leading to the development of a new, nationally relevant website. The intention is to create a site that is chock full of resources that a Nursing Student would be able to fully utilize. The CSNA also hopes to make strong connections to the Colorado Nurses Association. The intention behind it is to make membership from Colorado Student Nurses Association to Colorado Nurses Association organic. CSNA is also working on their social media presence to build awareness.

CSNA is actively working to connect school chapters and intends to create a better infrastructure for internal communication between the Colorado Nursing Schools. The goal is that Student Nurses from all over the state, regardless of what school they attend, have their finger on the pulse of what other schools are doing, how they are making a difference and will ultimately feel more connected as they graduate and move into their careers as Registered Nurses.

Stay tuned for exciting new programs and initiatives from Colorado Student Nurses Association.

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- Cath Lab, part-time (42516)
- Parker Adventist Hospital, Parker, CO
- Cath Lab, full-time, days (41140)
- ICU, full-time, nights (21452)
- Prowise-St. Francis Hospital, Colorado Springs, CO
- Palliative Care NP, full-time, days (38653)
- Trauma Coordinators, full-time, days (38648, 41116, 44427)
- Porter Adventist Hospital, Denver, CO
- OR, full-time, days (32606)
- St. Anthony Hospital, Lakewood, CO
- Group Manager Breast Network, Oncology, full-time, days (41381)
- St. Anthony North Health Campus, Westminster, CO
- OR, full-time, variable (39536)
- St. Anthony Summit Medical Center, Frisco, CO
- House Manager, PRN/variable (21384)

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To make this process easier, The Department of Health Care Finance & Policy is Launching a new online provider enrollment tool (OPE). This will allow providers to simultaneously undergo revalidation by enrolling in the Colorado Interchange claims processing system.

For more information please visit: Colorado.gov/HCPF/Provider-Resources

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Constance McMenamin MSN, APRN, FNP-C
CNA member, member GAPP committee
Secretary DNA 30

A political enthusiast is one who finds the political process fascinating and wants to get involved to help the movement grow. I did start my nursing career with the intent to be politically involved, but over the past two decades, my passion has evolved. I have been asked to share my journey of that of a simmering political enthusiast, and the professional satisfaction I have gained through the process.

My political journey spans over two decades and two states, Colorado and Nevada. Over the years I have had opportunities to contribute to changes in health care policy and this year, my involvement with the Colorado Nurses Association (CNA) and Government Affairs Public Policy Committee (GAPP) has been particularly rewarding with the successful passage of SB-15-197.

Initially, my political activism was sparked when working at Denver Children’s Hospital and became and advocate for children’s issues. There I had the opportunity to be mentored by Dr. L. Joseph Butterfield who was happy to share his wisdom of the political realm. His mentorship provided me an enhanced appreciation and comfort with the political process. Shortly thereafter my family moved to Nevada and I was able to take my interest in political activism there. Whereas rural/frontier Nevada was markedly different than urban Colorado the need for APRNs to be involved was the same. The difference was that in rural Nevada the capitol was 5 hours away which meant teleconferencing in addition to making occasional annual drives to the capitol. I was able to cultivate close relationships with professional colleagues and community members while volunteering, and becoming a member of Nevada Nurses Association (NNA). As I was pursuing my NP in family practice, I worked to gain support for APRNs to have the ability to prescribe class two opioid medication, which successfully passed in the 2001 Nevada legislative session. Through my involvement with the NNA I participated in the political process, including testifying at the Nevada legislature, which eventually led to improved access to care with the successful passage of full practice authority for APRNs in 2013.

Inspired by my efforts in Nevada, I immediately joined the CNA when my family returned to Colorado. I also got involved with my District (DNA #30) and the GAPP Committee. Little did I know that there would be a significant legislative change on the horizon. It was professionally rewarding that after 12-18 months of work with the CNA, the GAPP committee and many stakeholder, SB-15-197 was signed by the Governor in May 2015. The goal of this legislation is to improve access to care and reduce barriers for graduating APRNs and newly arriving APRNs to Colorado with less restrictions to practice.

In sharing my story, my goal is to encourage everyone to get involved with the ANA, CNA, and your local district. In my contact with the CNA during the past three legislative sessions, I have been impressed with the amount of work provided by CNA. This work is necessary to monitor, and participate in legislation that contributes to the quality and advancement of nursing practice. The efforts of the CNA benefits the nursing profession in Colorado. Seek out the political spark and get involved!

For me, it started with the small efforts by a few people in 1997, including Dr. Butterfield, who provided me with enough information to feel I could hold my own in the halls of the Colorado capital and at other smaller political gatherings. This bit of comfort simmered into intermittent but countless and occasional exhaustive activism over the decades. Through the years, I have become more involved with the CNA and am now the secretary for DNA30. Feel free to contact me for the less abridged version.
by Theresa Buxton, President-Elect, Debra Scott, MS, MA, Captain, US Public Health Service Regional Nurse Consultant; Health Resources and Services Administration

Today’s nurses are in key positions to initiate change and lead as primary care coordinators of interprofessional teams which provide care for patients/clients and their families. In 2010, the Institute of Medicine (IOM) and the Affordable Care Act challenged the nursing profession to grow and change the way they practice their profession. The IOM recommendations asked nurses to “envision a future system that makes quality care accessible to the diverse populations of the United States, intentionally promotes wellness and disease prevention, [and] reliably improves health outcomes” (p. 2). In order to accomplish this future the IOM recommended specific actions within our profession to take place.

1) Nurses should practice to the full extent of their education and training. 2) Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression. 3) Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States. 4) Effective workforce planning and policy making require better data collection and an improved information infrastructure.

So what makes nurses so uniquely suited to the emerging roles of leaders and designers of new care delivery models as opposed to other professionals who provide care? In short, nursing education and nursing philosophy sets nurses apart from other health care professionals. Nursing education is holistic in nature that encompasses all areas of mind, body, and spirit when providing patient care. It provides knowledge about providing evidence-based care that produces specific and measurable outcomes, and emphasis is placed on relational care that includes the patient/clients and their family as the center of the planning process particularly in the areas of prevention and teaching.

As health care delivery models shift from in-patient to out-patient and community based settings nurses must prepare themselves for this transition. According to the Colorado Nursing Leadership Forum White Paper (2015) “As the delivery of care becomes more complex, and the need to coordinate care among physicians, nurses, pharmacists, social workers and others becomes even more important, developing well-functioning teams becomes a crucial need throughout the health care system” (p. 3). What can nurses do to be ready for these changes in nursing roles and delivery of care? Skill emphasis will change from performing complex technical skills to ones of interprofessional communication and collaboration. In order to coordinate interprofessional teams successfully nurses must develop different communication skills in which they become more consultative, directive, and collaborative. Leadership roles will change too. While nurses are used to being part of a team, they don’t always direct the team. Leading an interprofessional team will mean sharing leadership roles with other professionals as situations change. Lastly, learning more about finances, cost of care, and policy are topics that drive decisions about care delivery models. Integrating these concepts into practice is crucial. Nurses are used to focusing on issues of access, quality, and outcome measures of care; all essential elements that are needed to lead, direct, and implement the Affordable Care Act. Are you ready?
In the midst of the nursing shortage in America, the emphasis on the need for nurses to take better care of themselves is on the rise. Recently, blog posts, articles in nursing publications, and even conference themes are focusing on the need to boost the wellness and resiliency of the nursing workforce. Some may be wondering, “Why?”

The answer is simple. It would be senseless to put efforts into recruiting and developing new generations of nurses, or incentivizing them to serve rural areas, only to have them leave (or be discarded from) the field shortly thereafter. The vulnerable mental health of the current nursing workforce poses as big a threat to the future of nursing as any other issue endangering nursing practice. Illnesses such as depression, substance use disorders and post-traumatic stress disorder (PTSD) are widespread in the field and can contribute to the premature end of a nurse’s career, and in extreme cases, their life.

It may seem too daunting to address and easier to ignore. However, as one nurse commented on a nursing blog, “We all are human. Even super nurses suffer from chronic mental illness (MightyNurse, 2014).” Therefore, to adequately address the broad issue of nurses’ mental health, it should be approached as any health issue should be. As opposed to simply looking at the treatment-end of the spectrum, it is crucial to start at the beginning, to start with prevention.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has created a framework the prevention of mental health and substance use disorders, identifying what they have termed “protective factors” (SAMHSA, 2015). Beginning with characteristics within the individual and expanding to society at large, the following categories each present unique prevention opportunities:

**The Individual**

Individuals possess different biological and psychological characteristics that contribute to resiliency, defined as “the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress (American Psychological Association, 2015).” Resilience is viewed as a protective factor which can be learned and demonstrated when someone faces difficult situations.

Positive self-image and a sense of competency are protective and contribute to resiliency. Other individual factors include one’s ability to communicate effectively, problem-solve, and manage difficult emotions in healthy ways (SAMHSA, 2015).

Individual protective factors can be learned throughout the lifespan, and should be modeled, taught, and nurtured beginning the moment a nursing student first enters the classroom.

**Relationships**

Having supportive and caring relationships is an essential piece of the prevention picture. This applies to both in, and outside of, one’s family. Considering little can be done to influence the personal relationships in another nurse’s life, the industry should look for ways to build comradery and trust among unit or department staff. The old (and unfortunately current in some settings) adage of “nurses will eat their young” must be a thing of the past.

**Communities**

Community-level protective factors for a nurse exist in their personal life as well as their professional setting. Personal community factors could include involvement in a faith-based organization or the pursuit of hobbies or activities that create a greater sense of belonging, joy, or purpose.

Workplace community factors could include the promotion of a wellness-culture by the organization which could take many forms. Not allowing staff to work three 12-hour shifts in a row, limiting overtime, and ensuring adequate staff coverage to allow for breaks could be protective. The presence and promotion of evidence-based workplace prevention strategies, such as Employee Assistance Programs (EAPs), are critical as well.

**Society**

Protective factors also exist on a societal level. Examples include policies that regulate the handling and administration of controlled substances, laws intended to prevent discrimination in the workplace, and statutorily-created Nursing Peer Health Assistance/Alternative to Discipline Programs.

Approaching mental health issues from a prevention-standpoint is key to safeguarding the nursing workforce. There is no better time than the present to identify how you, your colleagues, and your workplace can create opportunities to boost resiliency. For more ideas, visit www.nursingworld.org.

**Peer Assistance** is a regular column in the Colorado Nurse provided by Peer Assistance Services, Inc. (PAS). In upcoming editions of the Colorado Nurse, PAS will highlight the threats to resiliency and issues that erupt when risk factors outweigh protective ones. Personal stories of nurses dealing with PTSD, depression, and addiction will be revealed, in addition to exposing the barriers nurses face when they want or need help.

The Colorado Board of Nursing contracts with PAS to provide the statewide Nursing Peer Health Assistance Program. For more information please go to our website PeerAssistanceServices.org or call 1 800.369.0039. We invite comments and suggestions for future article content: email info@peerassist.org.

**Works Cited**


**Peer Assistance**

Saving the Nursing Workforce: Part One

Authored by Jennifer Place, MA, LPC, LAC, CAC III

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Look outward. Inquire within.
In Memory

Eve Hoygaard, MS, RN, WHNP
Vice President, Colorado Nurses Association

The Colorado Nurses Association and the Colorado Nurses Foundation honor the memory of and acknowledges the work of deceased nurses who have lived in, worked in or were educated in Colorado. Sharing these names of and information about these members of the profession of nursing is one way that we do this.

We honor the following nurses...

Verona H. Keba, RN (83) passed away in Denver in July 2015. She was a retired nurse.

Pauline Martin, RN (94) passed away in June 2015. A graduate of Mary Lanning Memorial Hospital School of Nursing in 1944. She joined the Army Nurse Corps and served in WWII. An active member of the Colorado Nurses Association and DNA-9, she was DNA 9 President in 1957 and 1958. In 1966, she was the DNA 9 Nurse of the Year.

Mary Peterson, RN (75) passed away in May 2015. She received a Diploma in Nursing in June 2015. She was a retired nurse.

Jean Miller Sayre, RN (94) was a 1944 BSN graduate from the University of Colorado School of Nursing. Following graduation, she was a school nurse in Ft. Morgan Colorado. In 1967, she became the first President of the University of Colorado School of Nursing Alumni Association. In 1986, she served on the first Steering Committee for the Nightingale Award dinner. She was active in many organizations and served on many committees.

Elizabeth J. (Kinter) Weber, RN (77) passed away in May 2015.

Margaret Weisner, RN (99) passed away in June 2015. She served in the US Navy Nurse Corps in WWII and retired from the Federal Health Department.

Jean Elder Zelm, RN (92) passed away in 2014 in Colorado. A 1943 graduate of Methodist Hospital in Philadelphia at 21. “WWII was raging and Jean felt the need to serve her country. She enlisted in 1944 in the Army Nurses Corps, and after finishing basic training set sail for Liverpool, England with the 198th General Hospital. Jean was transferred to Paris working in an improvised hospital in a girls school. After the war, Jean was transferred to Germany where she worked in a prison facility hospital for American soldiers. She returned to the US in 1946.” During her career, mostly in the Chicago area, Jean worked as an office nurse, a Visiting Nurse, a school nurse, a staff nurse and as Director of Nursing in Long Term Care.

Sharon Weeaks, FNP, passed away on June 5, 2015 following a long illness. Sharon graduated from South High School in Denver, attended University of Colorado, Boulder, continuing her education at Arapahoe Community College and Metropolitan State College where she earned her Bachelors of Nursing and Family Nurse Practitioner degrees.

Sharon’s career was primarily at Fort Logan, retiring in 1998. Sharon then returned to “pay back” for her excellent nursing career by teaching fundamentals to Certified Nurse Assistant students at Arapahoe Community College for ten years spreading her passion to help others.

When you have information about a nurse who has passed away that you would like to acknowledge, please provide information (including as available the nurses’ full name, city where they lived or worked, school where they completed their nursing education/date of graduation and/or area of practice) to Eve Hoygaard (hoygaard@msn.com). We reserve the right to edit material submitted and endeavor to verify all information included in this column.

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Continuing Education - Patients Deserve Nothing Less

Robin Schaeffer, MSN, RN, CAE
Multistate Division Leader, Western Multi-State Division

Health care is evolving quickly. During my 37 years as a nurse, I’ve seen our field change in ways I couldn’t have imagined. Technology, protocols, specialization and much more – nurses today have greater challenges than ever before when it comes to staying current.

That’s why Continuing Education (CE) is so important. The American Nurses Association has defined CE as “learning activities designed to augment the knowledge, skill and attitudes of nurses and therefore enrich the nurses’ contributions to quality healthcare.” CE is a simple and effective way to keep current and acquire additional skills and knowledge that are essential to our everyday practice of nursing.

Organizations that sponsor CE benefit by demonstrating to the public, to nursing professionals and to state licensing boards the organization’s commitment to high standards of performance and a well trained workforce. Ultimately, patients benefit most of all when nurses take it upon themselves to keep up-to-date with the latest in the nursing profession.

Nurse educators and trainers work hard to develop meaningful, needs based programs that merit approval to award continuing education credits.

Nurses who attend CE programs recognize their professional commitment to lifelong learning as well as fulfill their criteria for certification and re-certification in their specialty field of practice.

In 2014 the nurses associations of Arizona, Colorado, Idaho and Utah formed a nursing collaborative known as the Western Multi-State Division (WMSD). As an ANCC Accredited Approver of CE, the WMSD works across state lines to support nurses, educators, organizations and institutions acquire CE credits for their educational programs. Ready to get started? Taking the next step is easy. Visit www.coloradonurses.org/Education to determine if your program is eligible for CE.

Nursing professionals are in high demand. Nurture your craft and stay ahead of the curve when it comes to the latest innovations in health care. Our patients deserve nothing less.

1 References available upon request.
In May, the Nurse-Physician Advisory Task Force for Colorado Healthcare (NPATCH) selected study topics for 2015 – 2016, focusing its efforts on the integration of mental health and primary care through telehealth technology. The study selection comes on the heels of regulatory reform achievements in 2015 to reduce the requirements for advanced practice nurses to obtain prescriptive authority. The reduction of burden will facilitate the expansion of access to primary care in rural and underserved areas of the state.

The Task Force solicited study topic ideas from stakeholders and received a variety of suggestions including the integration of mental health and primary care, telehealth, inequity in healthcare outcomes, Affordable Care Act compliance, and patient/consumer engagement in directing their healthcare.

In June, after selecting the topic of integration through telehealth, NPATCH heard updates on Colorado’s $65 million federal grant to the State Innovation Model that is helping to integrate mental health and primary care throughout Colorado. Specifically, the members want to learn how telehealth will assist in these efforts and if there are regulatory barriers that might impede integration efforts.

NPATCH continues to track the implementation of Senate Bill 15-197 concerning the requirements of advanced practice nurses seeking prescriptive authority. The bill was based on recommendations NPATCH made to the Executive Director of the Department of Regulatory Agencies at the end of 2014. The State Board of Nursing will be promulgating rules to implement the legislation. A Stakeholder Meeting will be hosted on August 5, 2015 for those interested in providing input prior to rulemaking. NPATCH reviewed the Stakeholder Draft Document at its July meeting.

Also at its July meeting, NPATCH welcomed its newest member, Dr. Fernando Kim, who will serve as the Colorado Medical Board representative.
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- Connections A program for children ages 5-12 years of age challenged with attachment disruption and reactive attachment disorder.
- Mountain View Place Psychiatric Residential Treatment for Children and Adolescents.
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