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COLORADO

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NURSE

From the Desk of the CNF President

Adapting to the 'Evolving Normal'

2020 came 'roaring' in like an unforgiving lion. Among the many surprises we have been presented with this year, there is one in particular that is full of unknowns and that continues to overwhelm the international community, and that is SARS CoV-2 and COVID-19. Both the virus and the disease it causes has forced us to re-evaluate what we consider as 'the normal,' especially in the world of nursing. Finding alternative ways of thinking and adopting new social norms into our daily lives with the changing environment has 'forced' everyone to be innovative in how we interact with people, with our family, our colleagues, and our patients and the communities we serve.



Sara Jarrett

CNF President continued on page 2

Colorado Nurses Association President...

Linda Stroup, Ph.D., RN

Greetings to all Colorado Nurses! We continue to celebrate the Year of the Nurse and honor our Colorado nurses, which has taken on special meaning during the Covid 19 pandemic. This is an extraordinary time for our communities, our country and the world. We have seen nurses rise to challenges that no one expected as we began the year 2020. We acknowledge the many contributions, sacrifices, and efforts made by our nurses.

The Colorado Nurses Association supports the many contributions of nurses to the health of Colorado. We hope that during these difficult times, nurses have made self-care a priority. Strategies identified by ANA Enterprise include improving self-care and health in five areas: physical activity, nutrition, rest, quality of life, and safety. It is so important for nurses to take care of themselves especially during these challenging times.

We celebrate our professional colleagues during the Year of the Nurse. The Colorado Nurses Association extends a sincere thank you for all that you do to support and promote the health of Colorado. We are so very proud of our Colorado nurses.



Linda Stroup

Nurses Have Always Been Heroes

For all Colorado nurses, the Year of the Nurse has taken on new meaning. On behalf of Colorado Nurses Association Board of Directors, we salute your consistent commitment to assuring Coloradans are cared for through out this pandemic.

Thank you is less than sufficient for the services you have provided to our communities. You have faced daily and incredible challenges and in doing so your families have also had to contribute to your life saving work.

Colorado Nurses Association has been working along side in our relentless efforts to have the front-line voice

heard and attended to. We know that you are putting patients first, and we want you to know that advocating for you and your personal workplace safety is our priority at this time.

Colorado Nurses Association Board of Directors know that we must all join the #DoingMyPart for Colorado. We stand strong with you and hope that you will continue to reach out to us for assistance as issues emerge.

Thank you!

Linda Stroup, CNA President and Board of Directors



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CNF President continued from page 1

All aspects of the nurses' roles have been affected by COVID-19. Nurses working in hospitals have been providing acute care for many people with COVID virus. In many cases, hospitals have limited patient care to the acutely ill, with elective care being delayed. This has become a public health challenge as well and a serious health threat to many nurses working in community settings.

As we currently "live" in the world of the pandemic, we must begin to ask and think about the world after the Pandemic. What changes will become a norm? What adjustments will need to be made?

It seems to me that we must begin to discuss and plan for what life will be in a world where the subject of public and global health can be applied to almost all other issues we face.

How can we prepare ourselves for the next pandemic? What planning should take place at the state and local levels? What are the necessary resources to implement such plans, and what will it take to acquire such resources? One specific area we ought to focus our attention on are the resources that support the mental and physical health of hospital staff and first responders.

I will leave everyone with some challenging questions: Will this really happen again? What do we do to prepare? What lessons do we learn now and later as we evaluate today in anticipation of ongoing challenges?



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Colorado Nurse Official Publication



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1. Topic is current and relevant to RN practice.
2. 500 word limit
3. Individuals may submit articles for consideration by emailing carolomeara@aol.com.

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Executive Director's Column

We Are Not Done Yet

Colleen Casper, DNP, RN, MS

May 2018, Colorado Nurses Association (CNA) called together close to 30 Past Presidents of CNA for early discussion and planning for establishing the Colorado Professional Nursing Association Coalition for the purposes of researching and preparing for the continuation and modernization of the Colorado Nurse Practice Act. Two years later, June 2, 2020, HB20-1216 passed the Senate on 3rd and Final Reading.

Thank you. As I prepared my testimony for the Senate Hearing, I reviewed the work group meeting portals and attendee list. As a reminder, we had over 40 statewide nursing associations participate, and close to 400 RNs and LPNs involved, including the CNA Government Affairs & Public Policy Committee and the CNA Board of Directors. Please refer to the GAPP Committee report on the final language. For my part, I want to repeat, **Thank You!** We came together, prioritized and compromised when we had to. We have made progress and our work is not done!

CNA is now fully invested in work to prioritize work place safety. That work includes, and is not limited to:

- Assuring adequate nurse staffing and assistive personnel;

- Fair and equitable staffing policies that allow for adequate breaks and shared work time, rather than furloughs with over-reliance on the skilled few;
- Monitoring PPE availability and distribution;
- Employee COVID testing and reasonable support for workforce;
- Whistle-blower protections for workers who seek assistance in support of workplace safety;
- Worker's Compensation policies that recognize accountabilities for PPE and workforce safety;
- Continued support of use and payment for tele-health technologies;
- Longer term work to assure public health nursing is accounted for in addressing community public health systems; and,
- Funding and participation in the research necessary to provide standards for infection control that are reliable and consistently applied at a national level.

CNA works closely with the American Nurses Association (ANA) who prioritizes efforts at the National policy level. ANA has coordinated two national surveys of nurses specific to PPE availability and practices. A third follow up survey is planned for

July and I hope all of you will participate. Colorado had close to 300 respondents for both the April and May surveys. 56% of respondents were caring for COVID-19 patients. 69% of May survey respondents reported occasional to widespread shortages of PPE. Surgical masks and N95 respirators were the most difficult to obtain. 73% of May respondents reported having to **re-use** N95 respirators and 55% reported feeling very unsafe with the decontamination process for "re-using." 46% of respondents are re-using N95 masks for five days or more. There have been times I have asked myself, what country am I living in and what century is this. Despite all of the money in health care we have no PPE and we have to cut corners on patient care when it matters most - really?

As I shared previously, we have much more work to do. Our work will be both regulatory and legislative. Did I mention this is an election year?

Our voice must be coordinated, delineated and repeated. CNA is currently seeking your input on the potential to revise hospital nurse staffing requirements to be eligible for hospital licensure in Colorado. Please look for the survey on our website www.coloradonurses.org, under In the News.

Nurses have always been heroes, and we do that through academic preparation and life long learning to assure our patients and communities competent and caring professionals. We use data and trends to formulate priority action items. This is an important time for nurses to collaborate and advocate on those priority issues.

Join with us in this important work and always remember: Nurses Vote!

Colorado Nurse Has Gone Green!

The *Colorado Nurse* has gone green! Starting with the May 2020 issue, CNA Members will receive the publication in print and electronic form. Non-members have three options available if they wish to continue to receive critical statewide nursing updates from Colorado Nurses Foundation and Colorado Nurses Association:

- 1) Subscribe your email address on line at <https://tinyurl.com/CONurse> to receive a free digital copy
- 2) Request a physical subscription to receive a paper copy. Subscriptions are free and are

available by calling our publisher at 800-626-4081 or emailing sales@aldpub.com.

- 3) Become a member of CNA and receive both a digital and print version in addition to all of the other membership benefits. You can join at <https://www.coloradonurses.org>.

If you have questions or comments about the *Colorado Nurse* contact Volunteer Editor Carol O'Meara at carolomeara@aol.com or by phone at 303-779-4963. We look forward to hearing from you.

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Government Affairs & Public Policy Committee

Summary: 2020 Legislative Session

Government Affairs & Public Policy Committee Judith Burke, Patricia Abbott, Colleen Casper

The 2020 Legislative Session was anticipated to be a busy one, and it was, up until the time the legislature paused in March, due to the coronavirus pandemic. Due to the volume of bills introduced early in the session, many consistent with CNA's mission, the fourteen members of the Governmental Affairs and Public Policy Committee (GAPP) committed to move quickly in their deliberations and decision-making regarding bills on behalf of CNA. GAPP's goal was to maintain nursing's presence and influence at the Capitol. Despite the challenges, this goal was met through the tireless efforts of CNA's Executive Director, CNA's contract lobbyist and his team, and member responses to "Calls to Action." When the legislature reconvened in May, priorities at the Capitol changed to balancing the budget following the economic downturn related to the pandemic. Many important bills introduced early in the session were postponed indefinitely. However, multiple bills were introduced in the May-June session regarding the pandemic and many passed.

CNA's priority bill for the legislative session was HB 20-1216, Continuation of the Nurse Practice Act (NPA) that resulted from the Department of Regulatory Agency's 2019 Sunset Review of the NPA. This bill passed in the final days of the session

with many of nursing's recommendations intact. Nursing's recommendations were based on research of the best practices in the licensing and regulation of nurses. The bill passed quickly out of the first House committee hearing in February, which reflected the amount of CNA's preparation and work, including that with the Nursing Coalition, during the two previous years. The bill did not advance to the Senate until after the legislature reconvened in May. Nursing's recommendations modernized the language from the previous act, consistent with changes taking place in healthcare. **CNA offers a special thank you to CNA member Representative Kyle Mullica and Senator JoAnn Ginal for their leadership in shepherding the Nurse Practice Act through the House and Senate.**

Key language changes included:

- Changing Advanced Practice Nurse (APN) to Advanced Practice Registered Nurse (APRN).
- Removing the articulated plan requirements for advanced practice registered nurses.
- Reducing the required mentorship hours from 1000 to 750 for Prescriptive Authority for Advanced Practice Registered Nurses.
- Expanding LPN scope of practice to include capacity for assessment of patients.
- Modernizing the definition of the practice of professional nursing; and
- Clarifying the ability of all nursing licensees to delegate to other health care providers including unlicensed medical assistants to the full scope of the licensee's authority.

Through GAPP, CNA took active positions, either supporting or opposing, on several vaccine bills GAPP actively opposed SB 20-084, Prohibit Requiring Employee Immunization, and HB 20-1239, Consumer Protections Concerning Vaccinations. CNA's Executive Director testified opposition on behalf of CNA in the committee hearings. Both bills were postponed indefinitely. CNA actively supported SB 20-163, School Entry Immunization. This bill passed unamended in the last days of the session. SB20-163 codified a definition of "nonmedical exemption" to mean an immunization exemption based upon a religious belief whose teachings are opposed to immunizations or a

personal belief that is opposed to immunizations. This is an important step to help improve the immunization rates in Colorado, which are among the poorest in the nation.

Both proponents and opponents of the proposed Colorado Public Option actively sought CNA's support for their position. The actual bill, HB 20-1349, Colorado Affordable Health Care Option, was thoughtfully discussed by the GAPP Committee and included feedback from CNA membership at large. CNA was monitoring this bill when the legislature paused in March. The sponsors subsequently pulled the bill during the pandemic pause because of insufficient opportunity to work with stakeholders with expressed concerns.

GAPP Committee and members regularly reviewed and advised on State based actions to assure Personal Protective Equipment (PPE) for all front line workers in hospitals, long term care, and home care personnel. Regular feedback has been provided to Colorado Hospital Association and its members as well as to the State Emergency Preparedness office and directly to Governor Polis who coordinates the procurement and distribution of PPE and workforce availability.

At GAPP's final meeting during the legislative session, GAPP reviewed, discussed, and voted to support the following newly introduced bills that passed in the final days of the session: HB 20-1411, COVID-19 Funds Allocation for Behavioral Health; HB 20-1415, Whistleblower Protection Public Health Emergencies; SB 20-212, Reimbursement for Telehealth Services; and, SB 20-217, Enhance Law Enforcement Integrity. CNA also supported SB 20-216, Workers Compensation for COVID-19, which was postponed indefinitely. Most of these bills were funded by Colorado's allocation from the CARES program.

Due to the pandemic, the leg session did not proceed as anticipated, but it was a productive one, with many significant pieces of legislation passed. CNA's presence and influence was consistent, due to the work of the GAPP Committee, the efforts of CNA's Executive Director, the support of CNA's lobbyist, and the CNA members who responded to multiple "Calls to Action" to contact their representatives. Thanks to all for your commitment to advocating for quality healthcare in Colorado.

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**Colorado Nurses Association
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Advocates for Action

Colorado Nurses Association Seeking Feedback on Staffing Support

We need to hear from you.

As providers we are experiencing expanded elective, non-emergent health care services, we want to be sure that front line workers continue to have the resources necessary to provide for safe and quality care for patients, while maintaining personal safety as well.

Additionally, the Colorado Department of Public Health & Environment is reviewing the licensing requirements for Colorado hospitals licensing and Nurse Staffing.

Please complete the survey available on our website "In The News, designed to inform Colorado Nurses Association leadership of what is working and what needs work to assure workforce safety.

Colorado Nurses Advocates for Action: Nurse Staffing Regulation Survey, <https://civicmanagement.wufoo.com/forms/pkr6c7b04zz1r9/>

Colorado Nurses Association Continues Nurse Support Group

Support Group for All Colorado RNs and LPNs and Student Nurses

Colorado Nurses are on the front line dealing with the Coronavirus public health crisis.

Colorado Nurses Association will continue to offer voluntary support groups to aid in shared problem solving. The group is facilitated by experienced RNs and APRNs and hosted through a HIPAA compliant telephone platform.

The support groups will continue **Tuesday's, 7pm - 8pm, MST and will run weekly until further notice.**

These groups are available at no-cost for **all Colorado RNs and LPNs and Student Nurses.** Peer support groups are not intended to replace treatment, therapy or self-help groups.

To register, please go to www.coloradonurses.org website. Information collected through this link is confidential, and will only be used by the facilitator.

Peer Assistance

Make Treatment Accessible for Opioid Use Disorder During the COVID-19 Pandemic

Matthew Tierney, MS, NP, FAAN
Kathleen Delaney, PhD, APRN, PMH-NP, FAAN
Deborah S. Finnell, DNS, CARN-AP, FAAN
Madeline Naegle, PhD, MA, BSN
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Reprinted from the American Nurse May 11, 2020
 Newsletter

During the current pandemic Americans are dealing with a complete or near complete disruption of everyday life. It is the same for persons with opioid use disorder (OUD), but they are far from the forefront of public concern. Federal and state agencies have recognized that viral transmission is now a greater health risk than diversion of medications that treat OUD. In response, there is a temporary suspension of some of the long-standing and draconian regulatory requirements that must normally be followed in order for programs and patients to administer and receive effective treatment. The COVID crisis is an important opportunity to change policy and ensure that these temporary exemptions become permanent, thereby increasing treatment accessibility.

As nurses who work with individuals around OUD, we see first-hand that they experience worse health outcomes when compared with patients with any other chronic health condition. Nurses are committed to the value that all persons who receive care have a right to the highest quality care. As advocates for persons with OUD, we point out that federal treatment regulations unintentionally act as barriers to care delivery for persons with OUD. Many people with OUD cannot meet these treatment requirements even in the best of circumstances and they shouldn't have to. We advocate for permanent removal of these barriers to promote equitable health care for this population.

Imagine being a person with OUD. You're fortunate that effective medications exist to help you, but availability is limited, and you have to wait weeks for an appointment. Once accepted into treatment, you enter a highly regulated system of care that requires daily face-to-face

visits with providers, in close physical proximity to other patients. Your treatment initiation and ongoing care must take place at a specially licensed clinic. You spend most of your first treatment day completing required physical examinations and paperwork. You must give a urine sample for drug testing, which you are required to do eight times annually for the duration of treatment. You go to a window where each day you're required to speak directly with a nurse both before and after receiving your daily dose. You must attend counseling. You follow mandated procedures until you're trusted enough to receive one or two "take home doses" of medication each week.

Now imagine these mandated treatment regulations are permanently lifted. With the current temporary easements, buprenorphine treatment initiation can occur via a telehealth visit, as can follow-up visits. Medications for opioid use disorder can currently be dispensed for up to 28 days for people who are stable (14 days if less stable), as with any controlled substance. Injectable buprenorphine, which is effective for one month, is more readily used than ever before. Clinics are making better use of medication delivery or medication dispensing by pharmacists.

In 2018, only one in four Americans with OUD received treatment of any kind. The interface of the opioid epidemic with the COVID-19 pandemic and the need for social distancing creates a window for change. But why should crisis be required to change these draconian regulations?

Methadone and buprenorphine are medications approved by the Food and Drug Administration (FDA) for OUD treatment. Methadone, in use since 1964, can be dispensed for OUD only in federally approved Opioid Treatment Programs (OTPs). Some of the legislated methadone treatment requirements are detailed above. Buprenorphine can also be dispensed in OTPs according to these regulations. Additionally, buprenorphine can be prescribed to treat OUD in office-based settings with less strict, though still present, governmental regulations, including limits on the number of patients who can receive buprenorphine from any provider, regardless of community need or clinical

capacity.

To be sure, oversight is needed to assure that persons in need of these medications are the recipients. But methadone prescribing practice in Scotland and England changed in the mid-1990s with pharmacist-supervised methadone dosing. Over a 16-year period, treatment rates increased dramatically, including reduced deaths due to overdose involving prescribed methadone. If the US followed the UK model for methadone, persons being treated with this medication would have less disruption to their daily lives.

The current pandemic highlights the need to examine the merits of the long-standing regulations that were largely driven by public safety concerns. Regulatory requirements now act as treatment barriers that should be permanently removed to make care for OUD more equitable with treatment for other chronic health conditions. These changes will improve the health and quality of life for individuals overcoming OUD, a large and highly stigmatized group of Americans.

Peer Assistance Services, Inc. provides the statewide Nurses Peer Health Assistance program through a contract with the Colorado State Board of Nursing.

Due to COVID-19, all Peer Health Assistance Program services are offered remotely using a HIPAA compliant telehealth platform.

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- **December 15** for February Issue
 - **March 15** for May Issue
 - **June 15** for August Issue
- **September 15** for November Issue

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Owning Our Biases: How Nursing Can Change the Healthcare Landscape

Finally, the world is taking note of the social, judicial, and health disparities that impact diverse, underserved, and underrepresented populations across the globe. When you take note of the peaceful protests that are occurring across the globe to highlight the painful history that we all have surrounding inequity and biases toward others, it suggests an enlightenment. People are seeing more clearly how actions of the past impact our challenges in the present when we don't address the pain and the damage.

Nurses are uniquely positioned to directly impact patient outcomes as we become more and more aware of unacceptable health disparities that impact our communities of color. That is, we are positioned to create change if we have the will to create change.

The evidence and data overwhelmingly show that people are more willing to follow the advice of a healthcare professional if that person speaks their language, understands their culture, and looks a little like them. It is human nature that we gravitate to those who are more like ourselves. Such a tribalistic phenomenon isn't new and in fact, is the basis of a lot of the injustices that have occurred throughout history. However, it suggests that in order to better serve a diverse population of patients, we need an equally diverse population of health professionals.

Several years ago, the Colorado Center for Nursing Excellence, in partnership with multiple healthcare organizations, asked that the licensure data survey require all nursing professionals to answer every

question in the survey in order to complete licensure. The intent was to allow us to gather accurate demographic data about nurses to help better identify where our shortages are across the state. Requests for this requirement persisted through a few legislative sessions but were ultimately denied based on concerns for privacy. Maybe the government doesn't need to know the composition of our nursing professionals, but as the state's workforce center, we do. It is very difficult to tackle diversity needs in the workforce if we don't know who makes up that workforce. It is very hard to measure success in increasing workforce diversity if we don't have accurate baseline information.

The Center didn't let this roadblock stop action toward diversifying the workforce. For the past several years, we have worked diligently on diversifying the state's nursing workforce with a defined aim of improving outcomes. The Center's Mentor Training Program is moving forward in an online format designed to build mentors to support diverse and often first-generation college students who are going into nursing. The project, funded by HRSA, provides mentoring, academic and financial support to the students and is in its seventh year and going strong.

The Annual Diversity Summit, which directly addresses the health disparities faced by both communities of color and underserved populations, will be rescheduled for May 2021. This conference provides a unique experience with a variety of perspectives on how to address health inequities and disparities as health professionals. Another program, Bias Busters,

teaches self-awareness around our own biases and how those often-subconscious biases move us to treat people differently without even knowing it. Participants in this program will take the Intercultural Development Index, which measures an individual's responses to both their own and other cultures. This program also includes individual coaching to support growth toward better appreciation of other cultures.

Once we have awareness of how our biases impact our decisions, we are better able to make informed and intentional decisions to treat each other more equitably. When we say that we don't see color, it is simply not true. It also negates the lived experience and cultural depth of every person of every culture. Imagine if we just admitted that we don't always understand each other's experience because we haven't walked in their shoes, and then asked questions around those experiences. How would our practices change if we made no assumptions about our patients and let them tell us what they are experiencing? Patient centered care is all about that, but as humans with our own biases and experiences, letting go of what we believe is reality and opening our hearts to others' realities could change the world. Doing so could lower health disparities and build better trust in the healthcare system. More trust equals more willingness to seek care when needed and follow the recommendations of health professionals.

Nursing was once again named the most trusted profession in the 2020 Gallup poll. We must continue to endeavor to deserve that honor. Diversifying the nursing workforce and aiming to lessen the gap of health disparities is a start.

Building a Stronger Workforce Through Inclusion & Diversity



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- **Becoming Culturally Inclusive**
Intercultural development workshop, profile review, and action planning



In Memory

**Eve Hoygaard, MS, RN, WHNP,
Co-Editor, Colorado Nurse**

We have received information regarding the nurses honored in this column. All of them have lived in, worked in and/or were educated in Colorado. We appreciate the assistance of our readers who have provided information about their friends, co-workers and family members (both RN's and LPN's) who have passed away.

Bell, Temple, RN, BSN (87) passed away in June 2020. She was a graduate of the University of Colorado Boulder School of Nursing. Following graduation, she served in the Peace Corps. Later she was an active volunteer including MetroCaring in Denver.

Carson, Diane, RN of Denver passed away in June 2020. She was a graduate of St. Luke's Hospital School of Nursing NYC and also attended Madeira School, Vassar College.

Guy, Alfreda M., RN, BSN (78) passed away in April 2020. She was a 1965 graduate of the University of Colorado School of Nursing.

Hughes, Barbara, RN, CNM, NP, FACNM, NE, BC passed away in July 2020. Her nursing education included a BSN (1980) and (1995) a MSN (speciality in Nurse-Midwifery) at the University of Colorado School of Nursing Denver. In 1996, she received a MBA at the University of Colorado Denver. Her career included many honors and awards including the ACNM Dorothea M. Lang Pioneer Award and in 2002 the Nightingale Award for Excellence in Human Caring. Her career included working as the University of Colorado Midwifery as faculty and later as the Director of Midwifery Practice. She founded three Midwifery Practices where she developed strong teams and provided care to many women and their families. She was appointed to and served on the Nurse Physician Advisory Task Force for Colorado Healthcare (NPATCH) from 2009-2012 and served in numerous roles with the American College of Nurse Midwives. She retired from the hospital setting in 2011 to devote more time to her consulting practice.

Korry, Vera (95) passed away in June 2020. She was a pediatric nurse.

LeRoux, Rose Stella, RN, PhD, BSN, MSN (93) passed away in February 2020. Her early nursing education/career was in New York State (1947 Diploma at St. Mary's Hospital SON, 1951 BSN University of Rochester) ...she moved to Colorado in 1966 and graduated with a MSN from the University of Colorado Boulder in 1967. She received her PhD from the University of Denver in 1975. In addition to teaching at the University of Colorado SON she worked as an emergency room nurse. She was very involved with the creation/development of the Regis College Masters in Nursing program. Her many awards include receiving the Nightingale award in 1994. Her articles were often published in nursing and other health related publications.

Renner, Norma Lea, RN (93) passed away in Dallas, Texas in June 2020. She was a long time Denver resident. She enjoyed her career in nursing and teaching following graduation from the University of Denver with a degree in Biology.

Vogel, Sharyn Lynn, RN (75) passed away in Aurora Colorado in April 2020. A graduate of Riverside White Cross Hospital School of Nursing, Columbus Ohio in 1966. After moving to Colorado, she worked at both Porter Hospital and Swedish Medical Center as well as being a paramedic instructor in Littleton.

Watford, JoAnn, RN (80) passed away in June 2020. She was a graduate of Mercy Hospital School of Nursing in Denver. After graduation, she worked at Mercy in Pediatrics.

Weisner, Paula J., RN passed away in November 2019 in Aurora. She was a 1967 graduate of St. Luke's Hospital School of Nursing in Denver.

We reserve the right to edit material submitted and endeavor to verify all material included in this column. If you note an error, please advise us and a correction will be published. Your assistance with this column is greatly appreciated. For more information, please contact Eve Hoygaard (hoygaard@msn.com).

COLORADO NEEDS NURSES ON BOARDS



The Center is a founding member of the Nurses on Boards Coalition (NOBC), a national partnership of organizations committed to the goal of enabling the appointments of 10,000 nurses to boards of directors of corporate and non-profit health related organizations by 2020. There are currently over 7,000 nurses on boards nationally. We know this number does not reflect the total because many nurses serving on boards have not registered with the Coalition. If you have not yet registered, please go to www.nursesonboardscoalition.org now, and let us know if you are on a board of directors.

The Coalition is actively seeking to place nurses on boards of local United Way organizations. The community-focused mission of United Way is one in which nurses can contribute in multiple ways. If you are interested, contact your local United Way directly. If you need assistance in contacting the United Way please contact Callie Anne Bittner at Callie@ColoradoNursingCenter.org.

The Colorado Center for Nursing Excellence is also able to support nurses seeking any board position, including Governor's appointments to boards and commissions. To see the Colorado directory, go to <https://www.colorado.gov/governor/boards-and-commissions-directory> or contact Callie Anne Bittner for further information.

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District & Special Interest Group Reports

DNA 16

Christine Schmidt, DNA 16 President

This past quarter held only one in person meeting for our district before life as usual changed.

DNA 16 members engaged in Dr. Shawn Elliott's Geriatric Workforce Enhancement Program (GWEP) project on March 10, at the Center for Nursing Excellence (CNE). Participants were given a one-time set of instructions, then donned sensory diminishing items such as blurred goggles, hand and foot coverings, and headphones, and set out for a "virtual dementia tour." Trying to carry out instructions was needless to say, a great challenge. Pre- and post-tests were administered to measure change in perceptions of caregiving needs of aging patients. Discussion of relevant experiences with the aging, including loved ones, ensued and the program received very positive reviews. The GWEP project provides education and supports for all levels of providers caring for the aging population. STRIDE federally qualified health center is the grant recipient and is partnering with CNE, with Shawn as project coordinator.

The last meeting of the business year took place via Zoom April 29. Much discussion was held on impacts of Covid-19 in everyone's lives. Christine

McDermott continues to work at the VA and reported on their new systems for caring for those with COVID-19 and sounds like nursing staff is well protected. CJ Cullinan continues a limited amount of home care and recently lost an elderly patient to coronavirus. Retired members were staying home and doing their part by caring for family members, donating, and some volunteering. DNA 16, along with CNA, hopes to be of support to any members trying to cope with the impacts of these difficult times.

Since that meeting, DNA 16 has made a donation to the National Alliance for Mental Illness (NAMI) for their "virtual" annual fundraiser walk, and also has held annual elections.

The ballot was sent to the entire district for voting and here is the list of new officers:

President: Rebecca Sposato,
rebeccasposato@msn.com

Vice-President: Shawn Elliott,
shawn@coloradonursingcenter.org

Secretary: Christine Schmidt,
christineschmidt212@gmail.com

Board member: Joan Engler, jcengler@comcast.net

Board member: Mary Kershner, tlskr@yahoo.com

Ongoing officers are:

Board member: Nan Morgan, nanmrn@msn.com

Board member: Emily Brower,
emilybrower555@hotmail.com

As Colorado and the nation begin to carefully reopen places of business, worship, and entertainment, DNA 16 wishes all to go forward safely and keep protecting the public's health. And, let us keep working for social justice, always a nursing tradition and mission.

DNA 20 West Metro Area

Norma Tubman MScN, RN

Board members for 2020-21 are President, Jean Schroeder; Vice President, Betsy Woolf; Secretary, Irene Drabek; Treasurer, Allison Windes; Board Members at Large, Kathy Crisler, Susan Moyer and Norma Tubman. Annette Cannon, immediate past-president, was appointed by the Board to the Board Member at Large vacancy left with Betsy Woolf's election as Vice President. Nominating Committee members are Irene Drabek, Annette Cannon and Jean Rother. Annette Cannon and Kathy Crisler were appointed to our newly formed Legislative Committee at our June meeting.

Congratulations to Annette Cannon who was appointed by Governor Polis to the Colorado Coroners Standards and Training Board which establishes and maintains standards for coroner education, training and certification in Colorado. Jean Schroeder taught on the NLN Faculty Intensive Online Course: Contemporary Teaching in the New Era of Nursing Education.

DNA 20 donated \$100 to the American Nurses Foundation Coronavirus Response Fund which was set up to thank and provide support for nurses on the frontlines of fighting the pandemic.

DNA 20 will hold its Board Meeting on August 19 either in person or via Zoom depending on the status of the coronavirus at that time. For information on meetings and speakers, contact Jean Schroeder at jschroeder002@regis.edu or see the CNA website.



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Ageism: Another Society Blight

Dr. Shawn Elliott, Project Director & Briana Kohlbrenner, Assistant Project Director at the Colorado Center for Nursing Excellence. Dr. Shawn Elliott also serves as the Region II Director on the Colorado Nurses Association Board.

This summer, life is looking very different than it did last year. We are living in the midst of a global pandemic and thus, living in crisis mode has drastically changed the way we show up for one another. This pandemic has brought up some fears for and stigmas towards the aging community.

Early in the virus' reach into the U.S. it was being broadcasted as a disease that only the older population needed to worry about, with a large quantity of cases initially being found in residential settings, such as nursing homes. While it has since been made clear that this virus can impact people of any age, this initial framing brought up some commentary around who holds value in society.

In a time of crisis, older Americans are essential to the continuation of our society. Thousands of retired healthcare professionals re-entered the workforce in response to the need brought about from Covid-19. Older adults serve as the primary caregivers for more than six million children in the United States, as well as providing ongoing child-care for 25% of children.

Research over the last five years has continued to show that in our Western culture, perceptions about aging are stereotypical and skewed, especially among the younger crowd. Chopik, Bremner, Johnson, & Giasson (2018) studied perceptions of old age as we age at Michigan State University. In an interview, Chopik, assistant professor of psychology, states that "people view older adulthood as a negative experience and want to avoid it." This can be alarming as our older adult population is growing faster than ever.

Dionigi (2015) found that aging stereotypes are directly linked to health outcomes in older adults. They found that effects of positive stereotypes can enable, and effects of negative stereotypes can constrain a person's actions, performance, decisions, attitudes, and ultimately their holistic health. This study indicates that stereotypes can play a powerful role in shaping our perceptions about aging. Just as human beings are complex, our perceptions are also complex. The good news is, a person's perception of old age is not static, so it changes as we age. Do we really start to feel younger as we get older? Is 50 the new 30?

As a nation, we must fight the concept of ageism which is prejudice or discrimination on the grounds of a person's age and stems from our skewed perceptions of aging. We must understand that aging is an individualistic process and based on a multitude of factors that influence a person's life. Donizzetti (2019) found that anxiety and lack of knowledge about aging leads to stereotypes. So, one fundamental way to fight against ageism is to promote positive attitudes toward aging and older adults. Simple things such as speaking up, engaging the world on aging topics, and be positive towards aging in your everyday conversations can be practiced without difficulty.

Beyond the many ways in which we can look to our elders and their meaningful contributions to society, we must also remember that value goes beyond what we "do." For though we are living in a world that is consumed with the language of social distancing, quarantine, and pandemic, all the health and social challenges that were here before, remain today. How do we continue to provide care and recognize the value of those with dementia, those with chronic illness, those living in nursing homes, while society at large is in crisis mode? How do we continue to value all individuals for their inherent worth, at a time where many may be without work, which so often

in American society is the mode by which we define ourselves? How do we remember that vulnerable does not mean less valuable?

These are the questions we will be faced with in the days ahead, and how we choose to answer will dictate our future. At the Colorado Center for Nursing Excellence we have just completed year one of our five-year Geriatric Workforce Enhancement Program (GWEP) grant, funded by the Health Resources and Services Administration, and in partnership with STRIDE Community Health Center. This grant supports work in serving older adults and working towards a more age-friendly health care system in Colorado. Now more than ever, we find it essential to improve the skills and knowledge of our healthcare workforce, in order to best meet the needs of our older adult population.

With the GWEP funds, we can help a Federally Qualified Health Center or Long-Term Care Residential Center achieve the Institute for Healthcare Improvement's designation of being an Age-Friendly Health System by providing education and support throughout the process. We provide educational opportunities for all levels of healthcare providers, but our next scheduled workshop is focused on the Certified Nursing Assistant (CNA) who work with the geriatric population. This workshop is scheduled for September 19, 2020.

To read about the full scope of the GWEP grant, please visit our website at: <https://www.coloradonursingcenter.org/geriatric-workforce-enhancement-program/> and <https://www.coloradonursingcenter.org/virtual-dementia-tour/>. To stay up to date on upcoming educational offerings, please subscribe to The Center's newsletter and check the website often. If you work in geriatrics and would like to know more about how we could support you in your work, please contact Dr. Shawn Elliott at shawn@coloradonursingcenter.org.

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Learn more and apply at: centura.org/nurseresidency



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CNF to Honor 2020 Luminaires and Nightingale Recipients at Virtual Event

It was with great disappointment that the Colorado Nurses Foundation 2020 Nightingale Gala was cancelled in May. Planning is now underway to honor the 52 luminaires from around the state at a Virtual Celebration to be held on October 10, 2020. Each luminary will receive individual recognition, and the evening will culminate with the announcement of the twelve recipients of the coveted Nightingale Awards.

The Nightingale Event is the major fundraiser for the CNF Scholarship Program. Sponsorship opportunities are available. Please reach out to CNF at cnf@civicmanagement.zendesk.com for more information. If you wish to make a donation go to <https://www.coloradonursesfoundation.com/donate>. Your support is greatly appreciated.

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4 RISKS Nurses Face Amid Coronavirus (COVID-19)

As the coronavirus spreads and nurses are tasked with caring for an influx of patients, the Nurses Service Organization risk management team has identified four specific risks/tips nurses should keep in mind to protect themselves:

- ## 1 KEEP PATIENT INFORMATION PROTECTED

 - Prioritize patients' right to confidentiality by abstaining from sharing photos, comments, or details that have the potential to identify patients on social media or in casual conversations.
 - Breaching patient confidentiality can lead to legal action or complaints filed with the state board of nursing.
- ## 2 PRIORITIZE SAFETY

 - Patients and their family members may become anxious or confrontational when updated visitor restrictions are put in place due to infection prevention measures.
 - Nurses need to be familiar with their facilities' de-escalation, workplace violence and safety protocols to safely and effectively manage situations. Report any situation or incident that make you feel uncomfortable.
- ## 3 KNOW YOUR SCOPE OF PRACTICE

 - As our healthcare system works to meet the challenges posed by COVID-19, nurses may have reservations about accepting an assignment that involves either treating or screening patients who may be infected with COVID-19.
 - When confronted with a situation which exceeds the scope, skills or knowledge required to care for patients, nurses should develop and implement proactive strategies to alleviate unsafe patient assignments.
- ## 4 USE TELEMEDICINE CAUTIOUSLY

 - Telemedicine allows nursing professionals to efficiently and conveniently care for patients, yet it can open nurses up to new liability exposures.
 - Practice in accordance with the standard of care, the limits of one's license, and all regulations and ethical guidelines. Nurses providing telehealth must adhere to the same practice standards they follow when providing traditional in-person treatment and care.

These are trying times for everyone in the healthcare industry. From our team to yours – thank you and stay safe.

This information has been provided as an informational resource for Aon clients and business partners. It is intended to provide general guidance on potential exposures, and is not intended to provide medical advice or address medical concerns or specific risk circumstances. Due to the dynamic nature of infectious diseases, Aon cannot be held liable for the guidance provided. We strongly encourage visitors to seek additional safety, medical and epidemiologic information from credible sources such as the Centers for Disease Control and Prevention and World Health Organization. As regards insurance coverage questions, whether coverage applies or a policy will respond to any risk or circumstance is subject to the specific terms and conditions of the policies and contracts at issue and underwriter determinations.



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ANA Membership Assembly Adopts Statement on Racial Justice

The ANA Membership Assembly met virtually on June 19, 2020. A highlight of the meeting was the adoption of the following statement on Racial Justice.

Racial Justice for Communities of Color

The American Nurses Association (ANA) 2020 Membership Assembly condemns the brutal death of George Floyd and the many other Black, Indigenous, and People of Color who have been unjustly killed by individuals within law enforcement. Such cruelty and abject racism must not go unchallenged.

Racism is a public health crisis that impacts the mental, spiritual, and physical health of all people. *The Code of Ethics for Nurses with Interpretive Statements* obligates nurses to be allies and to advocate and speak up against racism, discrimination, and injustice. Consistent with this obligation, ANA has taken positions against racism, discrimination and health care disparities and advocating for human rights.

ANA, along with nurses everywhere, are again called to action. Collectively, we must emerge from silence and speak with one strong voice as leaders and role models of compassion and empathy for our patients, families, communities and most importantly, towards one another. Our voice is our commitment to making a difference in all that we do for those we serve.

ANA, along with the Constituent/State Nurses Associations and the ANA Individual Member Division, pledges to:

- Oppose and address all forms of racism and discrimination.
- Condemn brutality by law enforcement and all acts of violence.
- Champion the Code of Ethics for Nurses which calls on us to recognize human dignity regardless of race, culture, creed, sexual orientation, ethnicity, gender, age, experience, or any aspect of identity.
- In partnership with nurses everywhere educate, advocate, and collaborate to end systemic racism, particularly within nursing.
- Advance institutional and legislative policies that promote diversity, equity, inclusion, and social justice for all.
- Advocate for the ending of health inequities within communities and health care systems that stem from systemic racism.
- Promote deliberate and respectful dialogue, effective listening, and commitment to change as a means to improve the health of all individuals and the communities where they live and work.

Several of the Constituent/State Nurses Associations reported on plans to address this issue in individual states. CNA Membership Assembly Representatives will bring the statement to the CNA Board for discussion.

CNA Call for Nominations for Annual Awards

The CNA Awards Committee is seeking nominations for the 2020 CNA Awards. The Awards will be presented during the 2020 Membership Assembly Meeting. The awards are:

- Margie Ball Cook Award for a CNA member who has advanced equal opportunities in nursing for members of minority groups.
- Sara Jarrett Award for a CNA member who has contributed to nursing practice and health policy through political and legislative activity.
- CNA Leadership Award for a CNA member who has served as a leader in CNA through service on the Board of Directors or on a committee or task force.
- CNA Emerging Leader Award for a CNA member who has been a nurse for no more than ten years and who is emerging as a leader in CNA or a DNA.
- Carol O'Meara Award for a CNA member who has made sustained contributions to CNA.

Nominations will also be accepted for the CNA Hall of Fame. The CNA Hall of Fame was established in 2004 to honor CNA Members whose dedication and achievements have significantly affected the Colorado nursing profession. Nominees for the Hall of Fame may be living or deceased. Criteria for the Hall of Fame are:

1. The nominee must have demonstrated leadership that affected the health and/or social history of Colorado through sustained, lifelong

contributions in or to nursing practice, education, administration, research, economics, or literature.

2. The achievements of the nominee must have enduring value to nursing beyond the nominee's lifetime.
3. The nominee must have been prepared in a formal nursing program.
4. The nominee must have worked in or represented Colorado.
5. The nominee must be or have been a CNA member.

To nominate an individual for any of these awards, send a statement to the CNA Awards Committee, which describes why your nominee should receive the award. Include the name of your nominee as well as your name and contact information. Please limit your statement to two double-spaced pages. Email your statement to carolomeara@aol.com. **Deadline for receipt of nominations is August 15, 2020.** The Awards Committee may seek additional information regarding the nomination.

In addition to these state level awards; each DNA is invited to designate a DNA Nurse of the Year. The DNA determines selection of the DNA Nurse of the year. DNA Nurses of the Year will be honored at the Membership Assembly meeting. **DNA's should submit the name of their DNA Nurse of the Year, along with a statement about why the nurse was selected, to the Awards Committee by August 15, 2020.** Email this information to carolomeara@aol.com.

Call for Proposals for 2020 CNA Membership Assembly

The CNA Membership Assembly Meeting will be held on Saturday, October 17, 2020. Bylaws Amendment Proposals must be in the hands of the Secretary two months prior to the meeting. Please send your suggestions for bylaws amendments to carolomeara@aol.com by August 15, 2020. Do not worry about wording—just let me know what it is you would like to propose, and I will put it into appropriate bylaws language and format.

Reference Proposals are also welcomed for discussion at the Membership Assembly. I would also like to receive these by August 15, 2020. Here is the suggested format for a reference proposal:

Format for Proposals for Action for CNA Membership Assembly

Subject: Title of Report

Action Report or Informational Report (Informational reports do not make recommendations or require action, do not

include suggested activities, do not include fiscal impact estimates and do not have suggested champions)

Introduced by:

Recommendations:

Report:

Suggested Implementation:

Estimated Fiscal Impact:

References:

Suggested Champion:

A sample proposal can be sent on request, or the Bylaws and Reference Committee can help you format your ideas.

Thanks in advance for your proposals!

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See Peer Assistance Column on Page 5

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Nursing Continuing Professional Development in the time of a Pandemic

We realize the past few months have been a challenging time for all of you, but especially nurses and other healthcare workers on the frontlines. Thank you for all that you do to keep patients, staff, visitors and families safe during this pandemic. Planning and implementing nursing continuing professional development activities has probably not been a high priority for nurse planners, who may be redirected to care for patients during this crisis. Certainly, current evidence-based knowledge is essential as the care guidelines change almost daily. Administrators rely on nurse planners (NP) and nursing professional development specialist (NPD) to educate nurses on current practices utilizing the latest guidelines almost at a moment's notice. So, what is a nurse planner to do?

This crisis provides the opportunity for nurse planners to be creative and innovative in developing activities based on current evidence (best evidence of the day) in the moment to provide to nurses immediately as they care for patients with this novel coronavirus. If your organization is an Approved Provider, you most likely have ongoing live educational activities. At this time, you are challenged to provide activities virtually, which can be as simple as converting a live presentation to a webinar. Just consider how to "engage" the learners when presenting virtually and make sure your education will close or reduce the identified professional practice gap. If you are planning a new activity that needs to get to the learners quickly, think about how you can streamline the process of developing the activity. As an individual activity planner, you will still have to submit the application/documentation of the activity to CNA Approval Unit and the approval process can be streamlined to approve it quickly if all the criteria are met. Please contact the Nurse Peer Review Leader of the CNA Approval Unit for support on developing activities at a moment's notice. nursepeerreviewleader@coloradonurses.org

Let's talk about how you transition activities to a new format. The ultimate goal remains the same, to develop educational content that closes or narrows the professional practice gap. The when, where and how of presenting educational activities is up to you; it is not an ANCC criteria. The Learning Management System (LMS) at your organization is a valuable tool in converting "live" activities to "virtual." As you get into the process of developing the activity to address the gap, consider "what" the learner needs to know, "when" (how soon) they need to know it, the best method to deliver the content and the best way to evaluate if the learner gained knowledge to close the gap. The "planning committee" may not be a scheduled committee meeting; instead hallway conversations, emails with content experts and a phone call with a practicing nurse to validate the gap may constitute the planning committee. This may provide enough "evidence" to support the need for the activity and provide the documentation for your activity files.

If you already have an activity planned, you can convert it to "virtual" for your next presentation. The gap, evidence, outcome, target audience, content and references are probably not going to change. You may need to make adjustments in learner engagement, criteria for successful completion and evaluation methods. Learner engagement can be enhanced virtually by asking reflective questions or having participants answer questions in the "chat box" of the platform. Criteria for successful completion might transition from a paper evaluation to an online evaluation or posttest that must be completed before awarding contact hours.

Be creative and innovative in providing current evidence-based information virtually. We are here to support you in planning, developing, implementing, and evaluating nursing continuing professional development activities. Please call or email the Nurse Peer Review Leader or review planning documents on the CNA website for further guidance. nursepeerreviewleader@coloradonurses.org

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Temporary Regulatory Changes Smooth Nurse, CNA Pathways to Graduation During COVID-19 Pandemic

Governor Jared Polis issued Executive Order D 2020 038 on April 15, 2020, removing regulatory barriers that will provide nurse and nurse aide students in educational programs throughout Colorado avenues towards spring and summer graduation, while bolstering the ability of nurses and Certified Nurse Aides (CNA) to enter or remain in the workforce.

Nursing student externs are also granted the ability to continue in paid positions as the state continues to prioritize essential healthcare services in lockstep with state agencies during the ongoing Novel Coronavirus (COVID-19) emergency.

The Department of Regulatory Agencies worked closely with the Governor and his staff to address unintended collateral consequences the COVID-19 state of emergency may have created for the nursing and nurse aide educational programs.

As you likely know, nursing students would have forfeited tuition, and in many cases been unable to enter the workforce in May, without a temporary suspension of Board of Nursing statutes and rules within the next week. Nurse aide students would have either lost their long-term care training positions, or completed their school-based program but would have been unable to enter the workforce.

The Order, effective for at least 30 days, provides the Division of Professions and Occupations authority to promulgate rules to create temporary licenses for nursing graduates who are eligible for licensure except for completing the required examination. This temporary license will allow the new graduate to work under certain conditions until the testing centers open.

We are asking that you share this, and the following, information with impacted nursing and certified nursing aide students so that they may take advantage of new opportunities created by the Order, which will enhance students' ability to find pathways to licensure and clinical hours.

Here is how the regulatory changes for nursing students will work in practice:

- The Board of Nursing requires 750 clinical hours for Registered Nursing programs; 400 for Licensed Practical Nurses. Nursing student policy allowed students in a nursing education program to practice in a clinical setting while enrolled. But students were unable to get these clinical hours because facilities – such as hospitals, nursing homes, home health settings, and rehabilitation centers – were closed to students because of dwindling resources, health-related concerns, etc. Graduation is now possible through the Executive Order, which allows for several options. Nurses falling under these exceptions still must pass the written exam to be fully licensed in Colorado.

1. a) An expansion past the normal allowance of 50 percent clinical simulation accepted towards clinical hours. b) Faculty or administrators at academic institutions may deem students competent to graduate with reduced clinical hours, based on a demonstrable skill set established over the course of their nursing education. c) Students volunteering their time and skills during the pandemic can count these hours towards clinical hours without faculty supervision, allowing them to complete courses which would result in them meeting the requirements for graduation. d) The Board of

Nursing student extern policy allows students that are enrolled in a nursing education program to practice in a clinical setting while enrolled in a paid position for four months. These students may continue working, when normally they would be prohibited once they graduate.

- First-year students excelling in their clinical work to date can progress to the second year without delay, as these provisions allow them to postpone half of their clinical hours until the fall, or by completing all clinical hours this semester through clinical simulation.
- Board rules had prohibited the employment of an uncertified graduate of a nurse aide program for longer than four months until passage of the CNA test. Unavailability of the test due to test site closures prompted the Center for Medicare and Medicaid Services (CMS) to recently issue a waiver allowing nurse aides, once graduated, to work beyond 120 days, as long as they were in line to take the test for certification. The suspension of statutes in Colorado makes that possible.
- Nurse aides may enter the workforce with a temporary certification from the State. The written and skills-based exam must be completed prior to full certification, but will allow these students to enter the workforce.
- Clinical hours for CNAs may be completed through simulation instead of a face-to-face setting.
- Nursing students currently in their last semester are authorized to provide volunteer services delegated and supervised by a healthcare professional.

Please visit DORA's COVID update page for more information. For further inquiries or clarification on the emergency suspension of statutes and rules, please email dpo@state.co.us.



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Friends of Nursing Scholarship Awards

Plans for a festive luncheon with Colorado’s nursing scholars came to an abrupt halt in March due to the pandemic lockdown. Celebrations were postponed until a later time, while cash awards were promptly mailed to each of the nursing students. Twenty-seven students from nine Colorado colleges received awards totaling \$75,000. New donors of named scholarships this year were FON members, family and supporters honoring the memory of Patricia Moritz; Greta Pollard sponsoring one scholarship honoring the memory of her parents, Joseph & Ann Pfof, and another scholarship in honor of her husband, Don Pollard; and six scholarships sponsored by Denver Regional Nightingale.

University	Student	Scholarship
Adams State University	Caleb Adle	Friends of Nursing
Colorado Christian University	Sarah Bergsten	Greta Pollard Award
	Kaja Ekern	Donald Pollard Scholarship
	Madison Kolb	Friends of Nursing
	Jennifer McGlue	Friends of Nursing
Colorado State University—Pueblo	Ashley Gleiss	Verda Richie Memorial
	Elizabeth McQueen	Wayne T. “Dusty” Biddle Memorial
	Yohanna Pinto	Nightingale Scholarship
	Marleigh Trathen	Friends of Nursing
Mesa State University—Grand Junction	Jamie Buttermore	FON President’s Award
	Jesse Lance	Friends of Nursing

Metro State University	Melissa Bailey	FON/Leila B. Kinney
	Adrienne Boland	Ruth Harboe Memorial
	Alejandra Merjil	Nightingale Scholarship
	Bernadett Szilagy	Nightingale Scholarship
Regis University	Macy Cox	Friends of Nursing
	Monica Edlauer	Olga S. Miercort Memorial
	Helen Heywood	Georgia Imhoff Memorial
	Shenae Kembel	Joseph & Ann Pfof Memorial
University of Colorado—Colorado Springs	Candace Baily	Friends of Nursing
	Keith Baptist	Fern Howard Scholarship
University of Colorado—Denver	Chantal Dengah	Patricia Moritz Memorial
	Brittini Goodwin	St. Luke’s Alumnae
	Rachel Heyne	Nightingale Scholarship
University of Northern Colorado—Greeley	Emily Brower	Josephine Ballard/ Presbyterian
	Robbie Fendley	Nightingale Scholarship
	Hanna White	Nightingale Scholarship




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Nurses for Political Action in Colorado (NPAC)

**Sara Jarrett
Laura Mehringer
CJ Cullinan**

Our NPAC plays an important role in helping elect bipartisan champions for Nursing to our Colorado State Legislature. You can help to elect these champions who understand the vital role nurses play every day in protecting the lives of Coloradans. With the November 2020 elections right around the corner, in the midst of this pandemic, the timing couldn't be more essential in ensuring that NPAC has the resources to help elect and re-elect those lawmakers who stand up for you and your colleagues.

NPAC is a non-partisan organization of nurses and others interested in political action regarding nursing and health care. NPAC is an Organizational Affiliate Member of the Colorado Nurses Association. As such, it is a separate organization, and no ANA-CNA dues money is allocated to NPAC.

Your financial contribution, large or small, during this election cycle, makes you a member of NPAC with privileges to attend monthly virtual meetings, participate in discussions, offer your insights, and influence the selection of candidates for NPAC's support. All contributions from \$20 to the maximum of \$575 help to ensure that nursing has the power to impact the election of nursing champions from across the state.

During the legislative session, CNA's Governmental Affairs and Public Policy (GAPP) committee, along with Executive Director Colleen Casper and Lobbyist Gil Romero of Capitol Success Group maintain nursing's presence and influence at the Capitol. They actively educate our Senators and Legislators and encourage the passage of bills that promote nursing and healthcare. Legislative candidates who align with CNA's mission are considered for NPAC's endorsement and financial contribution.

2020 is the "Year of the Nurse" and the 200th anniversary of the birth of Florence Nightingale, while the coronavirus pandemic highlights nursing's essential role in providing lifesaving care in difficult circumstances. We have an opportunity to raise our voices and to advocate, through our elected representatives, for our own lives and the lives of those whom we serve. With the future of healthcare changing so dramatically, nurses can influence change for the better.

You may join NPAC by making a contribution to key legislators in the 2020 Colorado Elections. Please look for the NPAC link on Colorado Nurses Association website (www.coloradonurses.org).

We invite you to join us!



Contributions needed to support State and local political candidates for November Elections.

Your contributions will keep Nurses and our issues in the forefront of key Colorado candidates.

Support from Nurses, Nursing Students, and Friends of Nursing is encouraged.

NPAC is a non-partisan organization of Nurses interested in political action furthering Nursing & the healthcare needs of Colorado Legislative work.

Your financial support joins you with NPAC members to decide who NPAC will endorse during the 2020 State Elections.

Contributions: Mail to Laura Mehringer 7010 Broadway #210 Denver 80221 payable to NPAC or visit www.coloradonurses.org (website) for link to contribute online.

Please note: Contributions are not tax-deductible.

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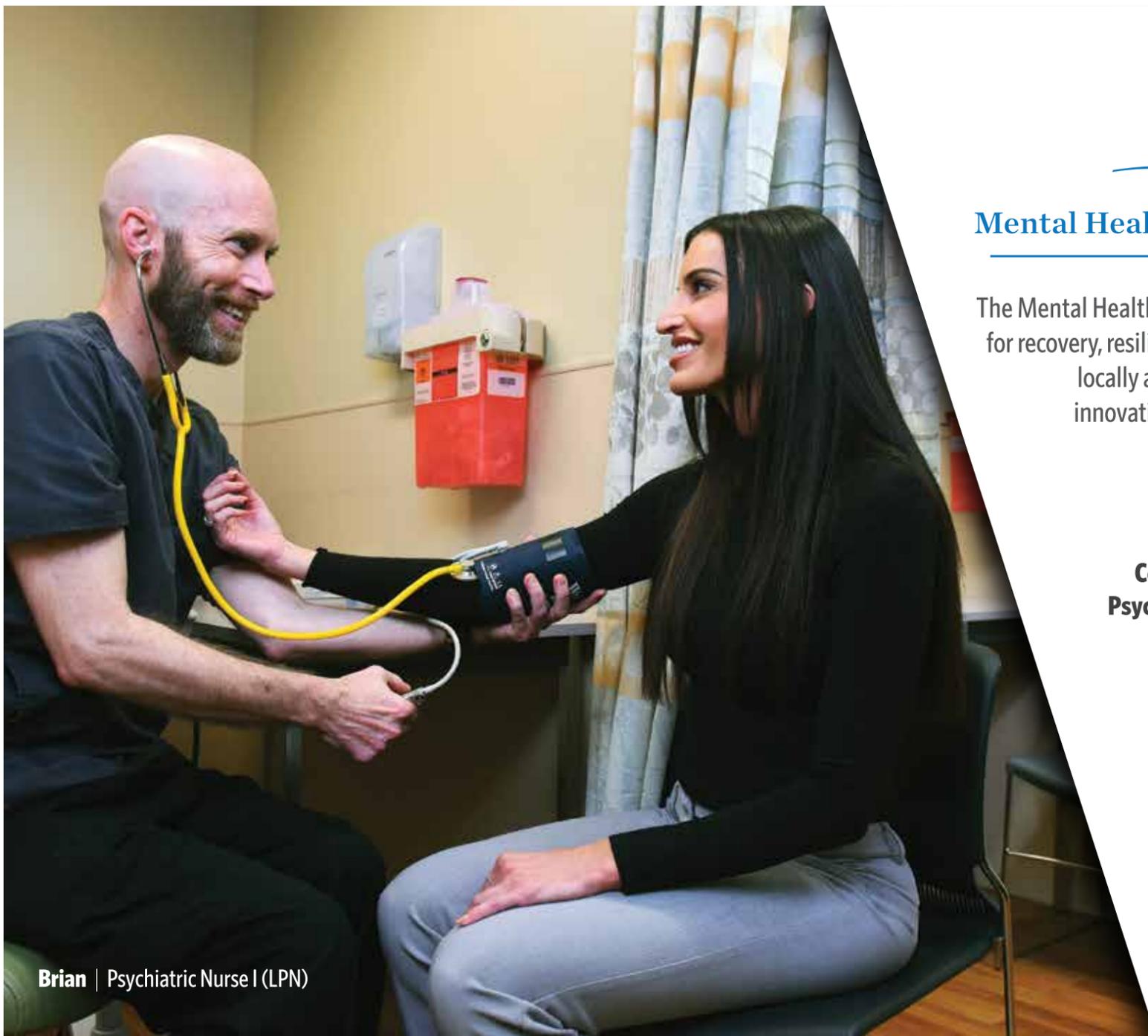
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