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Colorado Nurse

CNA COLORADO NURSES ASSOCIATION

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Executive Director's Column

Stepping Outside of Silos
Fran Ricker, RN, MSN

Fran Ricker

One of my personal goals for the association in my role as the ED has been to direct the association more externally. A successful professional nursing organization has to be recognized externally by other groups and stakeholders. I think there are signs that the association has been doing strong work in this area.

Some examples are participation on state policy work groups and working with other health care stakeholder organizations. CNA participates on the Colorado Workforce Collaborative, Health Advocates Alliance, Action Coalitions for the IOM, Think About it Colorado, Partnership for a Healthy Colorado, among others. These are examples of the association working externally to move professional nursing agendas forward.

I think this external focus is as important for professional nurses. There is a risk in allowing oneself to focus on one work setting and to silo oneself professionally. I think with some reports of recent layoffs for nursing in Colorado, it is even more of an economic risk. I would strongly encourage nurses to make sure they are involved professionally outside their "work world".

What happens in the external environment affects you as a nurse, your work environment, and also your patients. You also need to be aware of the shifting changes in your profession and in health care. Are you practicing in a specialty or setting that could be impacted by future changes? How are you preparing for that? Is your field one that faces economic impacts? Nursing areas that focus on elective procedures can be one example. What is happening in your practice area at other hospitals locally and regionally? Believe it or not, tracking national trends in the profession may be one of the ways you can be more aware and knowledgeable and anticipate where you should focus for professional development on a personal and professional level.

Credentialing is also an important focus in substantiating your practice expertise. Are you doing everything you can to broaden your practice knowledge and experience? Certification has been promoted by the American Nurses Association and also by many professional nursing specialty organizations. Prepping for credentialing exams – broadens your practice knowledge, but can also be a mechanism to connect with other nurses locally. It is an objective way to demonstrate your expertise in content matter that relates to your practice.

The American Nurses Credentialing Center (ANCC) offers a broad variety of options for certification in many nursing specialties. They also have options for nurse practitioners and clinical nurse specialists. Are you a med/surg nurse? ANCC offers certifications in Med/Surg and Cardiovascular. Are you advancing in nursing management. There are certification programs for nurse executives. These certifications are in addition to many offered by specialty nursing organizations.

Have you considered if there are new and emerging fields that will expand opportunity for you professionally? Do you know what they are? Health care reform, for example, may create new opportunities in care coordination, discharge planning, and quality monitoring. Data tracking, monitoring, and evaluation of health care outcomes will be important. Nursing care outside the hospital setting will continue to be an expanding field.

Advanced practice nurses focusing on primary care face an expanding market potential. Registered nurses - have you considered advancing your education? Take some time to evaluate what some of the nursing degree programs are offering. There is nothing to lose in evaluating education options to enhance your nursing career or to change your career track. Your professional nursing association is also an external bridge that enhances you professionally. Have you joined? Take steps today to broaden your perspectives and career professionally. Don't silo yourself. ◆

Nursing Life is Different Now

Colorado Nurses Association Annual Meeting

Friday, October 21st

See pages 4 and 5 for more information and registration form

Contributions for Legal Fund Needed–URGENT

Colorado Nurses Association is currently involved in a legal suit regarding the physician supervision requirement of CRNAs under Medicare Conditions of Participation–OPT OUT litigation. Please consider making a financial contribution to the Legal Defense Fund for nursing. Contributions should be made out to Colorado Nurses Association with Legal Defense Fund identified in the check memo line.

While a recent ruling this spring was issued in support of the association's position, physician groups have filed an appeal. Colorado Nurses Association, The Colorado Hospital Association, Colorado Association of Nurse Anesthetists, and Governor Hickenlooper are Co-defendants in the litigation effort. ◆

Please send contributions to:
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Colorado Nurses Association President...

The Invisible Staff Nurse

Submitted by Lola Fehr, RN, MS

Those of you who have heard noted writer Suzanne Gordon's presentations or read her books, know that she talks about her challenges in finding nurses willing to speak publically about the profession. She has co-authored *From Silence to Voice: What Nurses Know and Must Communicate to the Public.* Suzanne has told me that she would beg for nurses who would do media interviews with a dismal response. Nurses then have expressed disappointment that they do not see references to nurses' work or quotes from nursing literature nearly as often as they hear from doctors, pharmacists, dieticians and others who do not have the health care expertise of nurses.

Especially absent from the media scene are the staff nurses who frequently feel overlooked and unappreciated. It is even difficult to define who they are. The first image that comes to mind is the nurse referred to as the "bedside nurse" usually working in a hospital. Our terminology sometimes refers to groups as "staff" and "management." The reality is, that in many settings, particularly long term care, there may be only one registered nurse on duty. That nurse is providing direct care and supervising other staff. We rarely think of advanced practice nurses as staff nurses, but direct patient care is the primary role of most of them. We continue to chastise nurses who say, "I'm just a staff nurse," but have not developed the tools to help them take pride in the critical role they serve and the skills for communicating it.

Enter the IOM report on the Future of Nursing. This report, released in October of 2010 and widely disseminated, is believed to be a strong foundation for building lasting changes to advance the profession. Among the recommendations is the building of skills that enable nurses to assume roles on boards and policy-making bodies that influence the planning and delivery of health care. A study on how Colorado staff nurses see themselves in institutional decision making will be released this fall, and, I believe, will become a springboard for preparing nurses to move into meaningful leadership roles. These roles will move beyond a single institution into the community, governmental agencies, and corporate boards.

Staff nurses must not let these opportunities fall to others they believe to be more "qualified." No one is more qualified that the direct care nurse to share the personal stories that tell of our successes and failures in health care delivery. It is on the foundation of these successes and the analysis of the failures that the future health care system will be constructed. It is an extremely complex process and will require countless groups that work in concert and individually to bring the fulfilled vision of healthcare for all.

I invite those of you who identify yourselves as staff nurses to let us know how you are currently involved in leadership positions on boards and committees. That includes any kind of organization: school groups, hobby clubs, church governance, service clubs, scouts, arts groups, governmental advisory boards, etc. Make a list and send it to me at lolafehr@comcast.net. Include comments about whether others in the group know that you are a nurse. I'm prepared to be impressed.

Next I invite you to let us know if you would like to participate in leadership development work that will enhance your board participation skills using the same electronic address.

I invite you to join others interested in the nursing influence and leadership role at the annual meeting of the Colorado Nurses Association. Every educational offering will be relevant to leadership development goals and there will be a major opportunity for you to tell us what you think the Colorado Nurses Association should be doing to bring staff nurses out from behind the curtain of invisibility. See inside or check the CNA web page for details.

We know that staff nurses are essential to the wellbeing of our Colorado citizens. We need you to help deliver that message to the world. ◆

http://www.nurses-co.org

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CNA COLORADO NURSES ASSOCIATION

Colorado Nurse
Official Publication

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Editor: Fran Ricker, MSN, RN, CGRN

Updates from the Colorado State Board of Nursing

Recruiting Board Members and Subcommittee Members

The State Board of Nursing currently has several openings for board members. If you are interested in participating as a member of the Board, please visit our website (www.dora.state.co.us/nursing) for more information.

If you are interested in participating on the Nurse Aide Advisory Committee, please submit your resume with cover letter directly to the Program Director. We are in need of a nursing professional (RN, LPN or CNA) in the home health area for the Nurse Aide Advisory Committee.

Advanced Practice Nurse Subcommittee

The Board of Nursing has created a subcommittee to discuss the area of Advanced Practice Nursing. There has been public concern relating to some of the regulation in this area and the Board felt a subcommittee should review and bring forth any possible changes. These meetings will be open to the public and will be announced on our website. We will have telephonic access to the meeting as well. If you are interested in participating on this subcommittee, please submit your resume with cover letter directly to the Program Director.

Board of Nursing Website

Please be sure to visit the Board of Nursing web page at www.dora.state.co.us/nursing for the latest information relating to the Board of Nursing. You will find the meeting dates for 2011, updated legislative information and other information related to your professional license.

Healthcare Professions Profiling Program (SB10-24)

On July 1, 2011, any healthcare professional included in the Michael Skolnik Medical Transparency Act of 2010 will be able to access the online profile system to complete their Healthcare Profession Profile. Beginning July 1st, anyone applying for a new, reinstatement or reactivation of a Licensed Practical Nurse, Registered Nurse or Advanced Practice Nurse license will be required to complete an online profile before their licensing application will be approved. All currently Licensed Practical Nurses, Registered Nurses and Advanced Practice Nurses must complete their online profile before they will be eligible to renew their license.

Information regarding the Healthcare Professions Profiling Program is available at www.dora.state.co.us/hppp. You can contact the program directly via email at hppp@dora.state.co.us or by phone at (303)894-5942.

Retired Volunteer Nurse Legislation (SB11-242)

The Colorado Nurse Association was successful in changing legislation for the Retired Volunteer Nurse. The two main changes were the age allowed for retirement and the competency requirements for reactivation of license should one want to return to practice. A nurse may apply for retirement status at time of renewal after attaining age 55. To activate a license after retired status, a licensee must show competency with volunteer work within the two preceding years of application or meeting the competency requirements as set forth in the State Board of Nursing Chapter I Rule.

Direct Entry Midwives Sunset Legislation (SB11-088)

A licensed professional nurse and a licensed practical nurse may now hold a license issued by the Board of Nursing as well as a registration as a direct-entry midwife. To be registered as a direct-entry midwife, the licensed professional nurse and the licensed practical nurse must meet all of the requirements to become a registered direct-entry midwife.

1. A direct-entry midwife shall not represent themself as a nurse-midwife or certified nurse-midwife.
2. The fact that a direct-entry midwife may hold a practical or professional nursing license does not expand the scope of practice of the direct-entry midwife.
3. The fact that a professional or practical nurse may be registered as a direct-entry midwife does not expand the scope of practice of the nurse.

Important note: The statute still prohibits a certified nurse-midwife or physician from holding a license both as a certified nurse-midwife or physician and a registration as a direct-entry midwife.

Congratulations

Vicki Erickson, President of the State Board of Nursing, has been named the Chair of the NCSBN APRN committee. This is a great asset for Colorado nurses to have national representation for issues related to advanced nurse practice.

Audit of Articulated Plans

The State Board of Nursing will begin the Audit of Articulated Plans after July 1, 2011. If you are randomly selected you will receive a letter requiring you to submit a copy of your articulated plan to the Board of Nursing. Failure to do so may result in disciplinary action. ◆

Colorado Nurses Association acknowledges state Representative Joe Miklosi for his sponsorship of SB11-242 Retired Volunteer Nurse Legislation. See Board of Nursing Report.

COLORADO NURSES ASSOCIATION

Nursing Life is Different Now

Overview–Ask and ye shall receive… Colorado Nurses Association's annual meeting this year features a shortened schedule allowing members time for district activities on their own Saturday afternoon. This year's venue at the **Marriott Courtyard Denver Cherry Creek** is set to impress with breath taking features such as an upper level meeting in the Skyline Ballroom which includes outstanding views of Denver. The House of Delegates/Business meeting will show case a new exciting format. It starts mid-day on Friday to allow for member travel. The annual 100 Nurses for 100 Legislators taking place on Friday is now part of the convention schedule. A fun interactive reception is planned as part of that event, leading into a dinner program focused on legislative topics. Saturday's session for attendees begins at 9:15AM–attendees will be on their own for breakfast. The hotel has offered their signature breakfast buffet at a discounted CNA attendee rate. The day will then launch into two informative educational sessions. The first will be led by *Janet Houser PhD,* Academic Dean, Rueckert-Hartman College for Health Professions, Regis University, Denver, Colorado, followed by ANA's own Vice President Karen Ballard. Also, let's not forget the *2011 CNA Award Luncheon* which is always a highly anticipated event. We look forward to seeing all of you in October.

The 2011 CNA House of Delegates meeting will look a little different to long-time attendees. The first thing you will notice is that the session is scheduled for three hours rather than all day. There will be a special welcome for non-members and students who are invited to share their ideas about how CNA can best serve the nursing profession and support healthcare delivery in Colorado. Action items for consideration include amendments to the CNA bylaws and any resolutions that are submitted by the requested deadline. The good portion of the three hour meeting will be organized to promote member and non-member interaction and feedback to the CNA Board of Directors. There will be recognition of CNA's leaders, but no speeches from the lectern. We want the delegates and guests to do most of the talking. Please join us.

Karen Ballard

Karen Ballard, MA, RN, FAAN, *ANA Vice President* is our invited guest for convention. Karen's topic is ***Advocacy: Creating Change at the Bedside.*** This presentation describes the integral role that advocacy plays in the nursing profession, making the case that nurses must not only advocate for their patients, but also engage more broadly to effect change at the state and federal policy levels. Included is a discussion of how nurses can become actively involved to accomplish meaningful change.

Janet Houser

Janet Houser, PhD, Academic Dean, Rueckert-Hartman College for Health Professions, Regis University, Denver, has served as the Nurse Researcher on the ***Nursing Involvement in Decision Making Research Study***. Direct care nurses, nurse managers, and nursing leaders will have particular interest in this plenary session on Saturday. Janet, will review the critical findings of the Nursing Involvement in Decision Making research study recently completed in Colorado. The study was an outcome of the Governor's Task Force on Nurse Workforce and Patient Care which many nursing organizations participated in, including CNA. Issues around nurse staffing, retention, and nursing work environment precipitated the need for the study. The study findings are applicable to all nurses.

What does it mean to be an advocate? The 100 Nurses for 100 Legislators Event is the annual program planned by the Government Affairs and Public Policy Committee to educate and inform on legislative advocacy. You will not want to miss the "fun" reception activities which will begin the evening program. Attendees for the reception will enjoy a series of interactive stations designed to inform. Bring a bottle of wine to donate for one of our fun activities as part of this session. A formal program during dinner will feature speakers from the GAPP and CNAHCA committee, and Nurse Practitioner Emily Burke speaking on Nurse Led Medical Homes and Sheridan Health Services. Students and non-members are welcome to register for this event.

CNA's Awards luncheon will take place on Saturday from 12:15-1:45PM. Please consider nominating a deserving member for their volunteer commitment to the association. District Nurses of the Year will also be recognized.

This activity will award between 4-6 contact hours through Colorado Nurses Association Provider Unit
Colorado Nurses Association Provider Unit is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

**Contact hours have been submitted to the Provider Unit for the selected activities.

Schedule at a Glance

Friday October 21, 2011

- 1:00pm-4:00pm–*House of Delegates (HOD) Meeting*
- 4:30pm-6:00pm–*100 Nurses Reception*
- 6:00pm-8:30pm–*100 Nurses Dinner* **

Saturday October 22, 2011

- 9:15am-10:45am–*Education Seminar, Presenter–Janet Houser PhD*
  - Topic–*Nursing Involvement in Decision Making Research Study* **
- 11:00am-12:00pm–*Education Seminar Presenter–Karen Ballard, ANA Vice President*
  - Topic–*Advocacy: Creating Change at the Bedside* **
- 12:15pm-1:45pm–*Awards Lunch*

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COLORADO NURSES ASSOCIATION

2011 Annual Convention Registration Form October 21-22, 2011

Nursing Life is Different Now

Marriott Courtyard Denver Cherry Creek
1475 South Colorado Blvd
Denver, Colorado 80222

Convention Registration Fees–Please Circle Choices

Registration Options	CNA Member	Non Member
Full Registration–Oct 21, 22 Fri–House of Delegates Meeting, **100 Nurses Reception & Dinner **Sat–Education Sessions & Awards Luncheon	$130.00	$160.00
Oct 21–Fri–House of Delegates Meeting Only	$20.00	$20.00
** Oct 21–100 Nurses Reception & Dinner	$60.00	$70.00
** Oct 22–Sat–Education Sessions & Awards Luncheon Only	$85.00	$100.00
Oct 2–Sat–Awards Luncheon Only	$50.00	$50.00

Please identify the total number of Saturday's awards luncheon attendees # _____

SUBTOTAL $ _____

Discounts:
Retired CNA Member RN & Student Nurses Receive 15% off the CNA Full Registration Member Rate.

Please note discounts only apply to Full Registration ONLY less 15% ($_____)

FINAL TOTAL $ _____

Name & Credentials _____

Street Address _____

City _____ State _____ Zip _____

Phone (W) _____ Phone (C) _____

Email Address _____ Fax _____

CNA Member District# _____ RN-Non Member _____ RN Student _____

____Check (Payable to Colorado Nurses Association) _____ Check Number

Credit Card Type _____Visa _____ MasterCard

Credit Card Number _____-_____ -_____ - _____

CSC Number _____ (card security code)

Expiration Date _____

Billing Address _____

Total Amount Enclosed $ _____

Signature _____

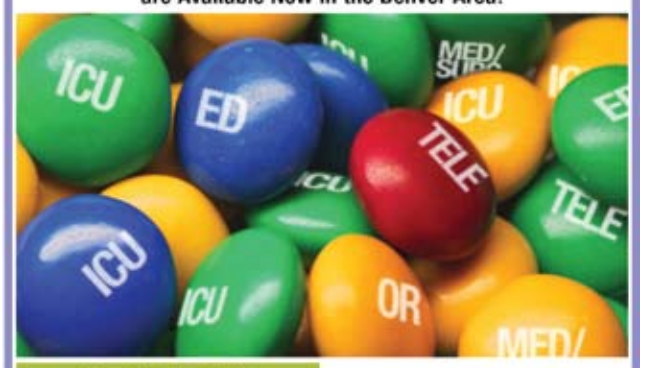
Printed Name _____

Please mail all registrations to:
The Colorado Nurses Association
2170 South Parker Rd Suite 145
Denver CO 80231
(P) 303.757.7483 (F) 303.757.8833

Deadline
The deadline for mail in registration is Monday, October 17, 2011
Mail in registration is preferred however; if close to the deadline you may email registration to franricker@nurses-co.org
After October 17th you may register onsite.

Refunds
Written requests for refunds must be postmarked by October 14, 2011. All written requests will receive a full refund minus a 25% processing fee. No refunds will be made after this date.

Hotel Accommodations
CNA Discounted Room rate of $89.00 (plus tax) per night includes 1 king bed with a sofa bed, microwave and mini fridge
*Please contact the hotel directly and mention the Colorado Nurses Association 2011 Annual Convention to receive your reduced rate.
Direct reservation line **303-757-8797** Ext: **260**



2011 Nightingale Luminary Awards

Colorado Nurses Foundation Board of Directors, Event Chair, and Event Coordinator Back: Katrina Smith, Event Coordinator, Margaret Mulhall, Kiska May, Eve Hoygaard, Lola Fehr, Mirian Bilder, Event Chair. Front: Carol Brookshire, treasurer, Carol O'Meara, secretary, Judith Burke, vice-president, Sara Jarrett, president.

Group Photo of Nightingale Recipients Lorna Prang, Tanya Tanner, Sherrod Beall, Mary Krugman, Debra Tolson

On May 14, 2011, a capacity crowd of colleagues, family, friends, and Luminary Award recipients celebrated the contributions of Colorado's nurses. The forty-three Luminary recipients honored were selected by either the Area Higher Education Centers or the Regional Nightingale Committees from the two hundred and sixty six nominees from across the state. While continuing the twenty-five year tradition of recognizing excellence in professional nursing, the Colorado Nurses Foundation's Board of Directors redesigned this year's awards to recognize nurses who advanced the profession of nursing, improved quality and access to care, or positively impacted their community through leadership, advocacy or innovation. Luminaries Lorna Prang, Tanya Tanner, Sherrod Beall, Mary Krugman, Debra Tolson, and Karen Forest received the prestigious Nightingale Award for Excellence. These Nightingale Award recipients, representing diverse roles and practice settings, have one thing in common: a commitment to actions and outcomes in caring for their patients, their profession, and their communities.

Lorna Prang, Clinical Nurse Specialist, ICU, Centura Health Littleton Adventist Hospital

Through leadership and education of critical care nurses, as well as providing education for all nurses in the facility, Lorna has made an impact to improve the practice of interdisciplinary staff and the lives of the patients they care for. Her intensive care unit nominators stated that Lorna met multiple criteria for nomination, but her work as Project Leader for Centura's Critical Care Clinical Effectiveness Group, Intensive Care Unit Delirium Evidence-Based Practice Pilot Project at Littleton Adventist Hospital was most exemplary. As leader for this project, Lorna brought together a multidisciplinary team of physicians, pharmacists, clinical nurse specialists, critical care nurses, and computer analysts from six separate health care facilities. Through her review of relevant literature, her understanding of national quality and safety initiatives, and her in-depth understanding of the nursing culture at Littleton Adventist Hospital, Lorna has been extremely effective at improving care at a systems level.

Tanya Tanner, Certified Nurse Midwife, Denver Health Medical Center and Medical Center of Aurora

Tanya was recognized as a talented, caring, and compassionate Clinical Nurse Midwife whose presence for women in both the inpatient and outpatient settings consistently demonstrates her commitment to them. An expert nurse and midwife, she uses current evidence in her decision-making and is a consistent and effective advocate for the women she serves. She has been there for women in many ways: as a childbirth educator, as labor and delivery nurse, and nurse-midwife, and most recently through her research on self-competence for childbirth and with her work on normal birth with the American College of Nurse Midwives. Her current research is focused on identifying the characteristics of women who birth successfully so that nurses will be better to able to reinforce or enhance these traits during pregnancy and labor, ultimately reducing C-section rates. She is also collaborated with colleagues to develop a "Normal Birth" position statement that was presented at the 2011 International Confederation of Mid-Wives meeting in South Africa.

Sherrod Beall, District Health Coordinator, Nurse Practitioner, Durango School District 9-R

Sherrod has worked untiringly to develop innovative approaches to preventive care for underserved and low income children of rural southwest Colorado, including Montezuma and LaPlata counties. Several years ago she wrote an initial grant to begin a small school based clinic at the alternative school in Cortez. Through her vision, creativity, leadership, and unstoppable effort this program emerged and continues to sustain services for an important at risk population within Montezuma County. Having developed this initial program, she then shifted her focus to La Plata County, and wrote grants for the 9R Durango School System to provide physical, mental, and dental health services to High School Students. This program is now expanding to include the elementary school population.

Mary Elizabeth Krugman, Director of Professional Resources at the University of Colorado Hospital

Mary has made a significant impact on the nursing profession at the University of Colorado Hospital in her role as Director of Professional Resources. She has a deep passion for and a steadfast commitment to improving how nurses provide patient care. She promotes evidence-based practice, supports the role of the nurse in an interdisciplinary setting, and ensures that nurses perform under the highest standards of care. One of the most significant programs she created is the professional practice model, UEXCEL. Her vision for a positive work environment was idealized in this model in which every direct care nurse has the opportunity to advance his or her career while remaining at the bedside. The outcomes of nurses practicing in the UXCEL model have been astounding as measured by clinical nurse satisfaction, engagement in the workplace, and in the quality of the care they provide. Clinical nurses utilize evidence based practice and research to effect change for their patients. Nurses are encouraged to innovate, to think creatively, and to collaborate with other disciplines so that patients and families receive optimal care.

Debra Tolson, International Board Certified Lactation Counselor, Colorado Plains Medical Center in Fort Morgan,

Debra, a registered nurse in Labor and Delivery, identified a need in her community and took action to meet that need. Based on evidence that breast feeding has the potential not only to improve the health of babies but to prevent a wide array of future disorders, she sought out education in the specialty area of Lactation and Childbirth Education, and has worked diligently to support breast feeding mothers in the Morgan County and surrounding areas. She willingly shares her knowledge with everyone. Since 2004, she has taught classes on Perinatal Education and Child Development at the local high school, with the primary audience being the at risk population of young mothers. Debra understands the needs of others with cultural, religious, educational, and language differences and has been a key leaders in bringing Spanish Childbirth Education classes to Morgan County.

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2011 Nightingale Luminary Awards continued from page 6

Karen Forest, Program Manager, Promoviendo La Salud, San Juan Basin Health Department (photo not available)

In 2006, the San Juan Basin Health Department received a grant from the Colorado Department of Public Health and Environment to address the health gap among Latinos in Archuleta and La Plata counties. Karen coordinated the startup program which came to be known as Promoviendo La Salud. After researching similar programs and choosing best practice curricula and materials to train lay health educators, she recruited and trained local Spanish-speaking women to become promotoras. Karen continues to provide ongoing training and supervision to assist them to increase their skills to effectively outreach and work with the adult Latino population. As a result of her leadership, this program sends bi-lingual, bi-cultural lay health educators into the Latino community to build trust, promote wellness, educate on and screen for chronic disease, assisting individuals to either prevent illness or manage existing disease.

The mission of the Colorado Nurses Foundation is to improve patient care and nursing practice in Colorado. The organization began on October 3, 1987 as the Nursing Institute of Colorado. Although the name has changed, the mission of the organization has remained essentially the same. The CNF encourages nurses, other health care providers, and consumers to join together for quality health care. The CNF is devoted to nursing excellence through the promotion of educational and scientific activities and community-based projects. ◆

SAVE THE DATE

The 2012 celebration of the Nightingale Luminary Awards will be May 19 at the Westin Hotel in Westminster. You won't want to miss the second annual recognition of outstanding nurses from all areas of Colorado.

Watch for forms and instructions for nominating candidates for this very special honor.

And don't forget—May 19, 2012

Think About It Colorado

Submitted by Kiska May, RN, MSN

The Colorado Nurses Association is proud to participate in Think About It Colorado, a public awareness campaign designed to spark a statewide conversation about patient safety and to drive reform in this critical area. The Think About It Colorado is a coalition of dedicated and knowledgeable leaders form the patient advocacy, health care and business communities. It asks Coloradans to "imagine a Safer and Healthier Colorado," because that's the first step to making it a reality.

The quality of health care can always be improved but nurses cannot do it all by themselves. Thus, CNA chose to be involved in this coalition to promote statewide awareness of patient safety concerns and to engage consumers and providers in fostering a culture of patient safety, to this end, the coalition maintains a web site: thinkaboutitcolorado.org.

As a member and supporter of this initiative, we have an opportunity to provide consumer targeted information as well as highlighting the critical role nurses play in patient safety on this web site. Kiska May, Vice President of DNA 20, is our representative on the coalition and is willing to review information/articles related to this topic for possible inclusion on the web site. Send to information to: KMThinkAboutIt@gmail.com. ◆

Rocky Mountain Chapter of the American Assembly for Men in Nursing

Respectfully submitted by: Scott Wooldridge

As a nurse who happens to be a man, I have been asked multiple times, "Are you going to become a doctor?" All men in nursing face this sort of stereotype on a regular basis. Though more and more men have been entering the field since the 1980's we are still a minority that is often misunderstood by the public. When our female colleagues start talking about having babies or hot flashes we feel like outsiders. We are all able to cope with these issues but usually on our own because the other nurses we work with are all women and the other men we know are not nurses. I find it very refreshing to meet with the local chapter of the American Assembly for Men in Nursing because everyone there can relate with these issues and many more.

The Rocky Mountain chapter of the American Assembly for Men in Nursing was created in the Denver area about a year and a half ago. We meet quarterly and try to have a speaker at each meeting who can share something of interest to our group. We also have some social events in between meetings to get to know each other on a personal basis and encourage new members to join us. The creation of this chapter was a joint, collaborative community effort. Our purpose is to provide a framework for nurses as a group to meet, to discuss, and influence factors which affect men as nurses in the Rocky Mountain Region. In addition, one of the board members is a board member of the national organization.

The Chapter objectives are:

1. Encourage men of all ages to become nurses and join together with all nurses in strengthening and humanizing health care.
2. Support men who are nurses to grow professionally and demonstrate to each other and to society the increasing contributions made by men within the nursing profession.
3. Advocate for continued research, education and dissemination of information about men's health issues, men in nursing, and nursing knowledge at the local and national levels.
4. Support members' full participation in the nursing profession and its organizations, and use the Chapter for the limited objectives stated above.

This chapter is open to any and all who might be interested in learning more about this organization. A website has been created that addresses the activities of this chapter. The URL is http://sites.google.com/site/rmaamn/. Please visit the website to learn more about the organization, as well as, learn about upcoming events and meetings. If you would like more information than is provided on the website please contact Dale Colfack at dale.colfack@state.co.us ◆

Safe Handoffs Improve Transitions of Care to Home Care

by Deborah Center, MSN, RN, CNS
Project Director of the Home Healthcare Innovations Project at the Colorado Center for Nursing Excellence.

Giving report to safely handoff a patient to another nurse, either between shifts or as the patient moves to new unit is nothing new to most nurses and is considered routine in a typical workday. The format for how information is shared has become more specific over time, as recommendations for safety and privacy have been applied. Regardless of where, how or who does the handoff, the purpose remains the same: to ensure continuity of care and to safely transition the patient to the new care setting or new care provider.

As routine as a report between nurses and units have become, the same is not true with handoffs between care settings. Recently, the Colorado's Home Health Collaborative[1] conducted a quality review of handoff procedures for patients being transitioned in and out of home healthcare. The conclusions from this work include the recommendation of the use of checklists to improve the quality and safety of patient transitions between levels of care. Three checklist tools have been developed by the Collaborative for use by all care settings across Colorado and can be obtained by emailing Deb@ColoradoNursingCenter.org.

Have you ever done a home visit?

As a nurse with over 30 years experience I have learned more about the role of the home health nurse during the last year than ever in my career. If you are like me, you are among the majority of nurses practicing in Colorado with no experience in home healthcare and do not fully understand the role and scope of the nurse in this specialized care setting. Evidence from several studies by the Agency for Healthcare Research and Quality[2] supports this by validating many healthcare providers have never practiced in the settings where the patient is being transferred. This lack of experience, knowledge and critical appreciation of the capabilities of care provided can potentially have an impact on the safety and quality of the transition of care and may lead to the high risk to patient outcomes.

Like many nurses, my experience with home visits is limited to my role as a student many years ago when a home visit was about inserting an IV or doing some patient education. Times have changed and so too has the role and scope of practice of the home healthcare nurse. The acuity of patients continues to increase as the length of stay continues to decrease in acute care settings. Patients in the home today have multiple medical diagnoses and chronic diseases requiring invasive equipment and critical infusions. Many require significant pain, symptom and wound management in homes where maintaining infection control and ensuring physical safety is a challenge.

If you have not worked in home healthcare, it may be hard to comprehend the challenges nurses in this setting face every day. Come on just one visit with me to help illustrate the need for safe handoffs. You are the RN assigned to visit Ms. G. She is an 85 year old female that was discharged three days ago from the hospital. The records you have indicate she has congestive heart failure (CHF) and a wound. There are home healthcare orders for three home visits for wound assessment and dressing changes. You have the list of medications from discharge and the name of the physician to call for admission orders. You have no baseline information, nor do you have her medical history. You have no information specific to the wound or the type supplies you will need to do the dressing change and no contact at the discharging facility to get a report or ask questions.

When you call to schedule the visit with Ms. G, you learn that she lives alone and her son is a 45 minute drive away down a mountain pass. She explains that he had planned to visit her every day after discharge and has unfortunately had major issues at work this past week preventing his ability to come see her. He plans to stop over on the weekend. She says things are going "okay."

She tells you she is very excited for your visit and will be waiting for you. She discloses to you that she is in a wheelchair and asks you to come around to the back door because she is unable to get to the front door. You give her an estimated time of arrival because she lives about 50 miles away in a rural area of Colorado where you know there is no cell phone service. Before you get in the car to drive, what supplies do you gather? What equipment should you bring for her wound care? What about her CHF? *(Remember, if you don't bring the right supplies, it will require a 100 mile round-trip to do a return visit. There is no walking down the hall to get what you forgot to bring! Preparing for the visit is essential!)*

Your assessment begins the moment you pull into the drive. Immediately, you notice there are 14 stairs to get into the front door and at the back, the cement sidewalk that leads to the driveway is cracked and broken to the point where wheelchair access in or out of the home by her independently is not possible. When you knock, it takes her about 10 minutes to get to the door. You hear her inside telling you she is coming, *"Just a minute dear."* The door finally opens and you are greeted by a frail little woman in a wheelchair struggling a bit to catch her breath, dressed in a lovely blue outfit with her fingernails freshly painted, lipstick in place on her big smile with arms wide open and excited that you have come to visit. *"Please come in dear and don't look at the mess, I haven't had the energy to pick-up for a bit. Can I offer you some coffee?"* Inside you find stacks of magazines and newspapers everywhere. There are dirty dishes in

Safe Handoffs continued on page 10

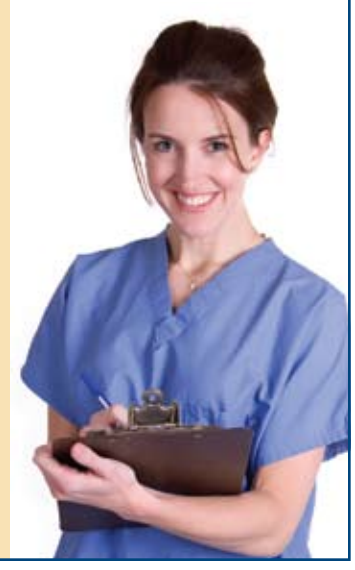
What is Home Healthcare? *Home Healthcare is skilled care provided in the home.*

Home health care is one component of the healthcare delivery system nurses and physicians often fail to understand completely. And yet, the home is regarded to as the best setting for providing health care for an increasing number of patients. As organizations continue to look at strategies to reduce and prevent unnecessary hospitalizations, collaborating with and improving home health care interventions is essential. Ensuring safe and quality handoffs in and out of home healthcare is a critical first step.

Home health care is defined as "short-term, skilled medical service ordered by a physician and provided in the home." These services provide direct care, education and support to ensure the patient can stay safely in their home. Unlike acute care or emergency care, patients must qualify for home healthcare services and meet homebound criteria in order to receive skilled medical care.

Most patients qualify for home healthcare that is time-limited and is provided in only a few home visits due to an acute illness, following a surgical intervention or exacerbation of a chronic disease. There is a small percentage of home healthcare clients with chronic conditions that require a long-term (which may include care around the clock) or life-long need for home health care (i.e.: cerebral palsy and multiple sclerosis). Skilled medical care is provided based on individual patient needs by members of the interdisciplinary team which may include:

- Nursing Care
- Therapy (PT, OT, and Speech)
- Social Work
- Spiritual Care
- Palliative Care
- Wound and Enterstomal Care
- Telehealth



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the sink that appear to have been accumulating for more than three days. You are greeted instantly by her three dogs and two cats as she guides you into the living room.

There you complete your assessment and find her lungs to be congested, her oxygen saturation is 85%, her B/P 85/64, Heart Rate 112; Respiratory Rate 36; and her weight up 6 pounds from what she reports it to be at the time of discharge. There is no oxygen in the home and she tells you she wore oxygen in the hospital until the day she was discharged. When you do her medication reconciliation it takes her a bit to find the bottles for the medications you ask her about. Two of the medications on your list, she tells you she is taking three times a day even though the order is for once a day. You find multiple pill bottles that have expired, two she reports she is still taking that are not on the list of medications you have. Her wound is on her left lower leg and there you find what appears to be a covered VAC sponge with no machine attached. When you ask her about the dressing, she says, *"they gave me that machine over there to attach to it, and it is too hard for me to move around in my wheelchair with, so I just disconnected it. My son knows how to use it, so he can fix it when he comes over this weekend."* When you uncover the wound there is a strong odor and significant accumulation of gray-yellow discharge.

Okay nurse, what do you do? You have no baseline information to understand how unstable your findings may be. You have no VAC supplies with you and there are none in the home. You call the physician and there is no answer. Then, you call the physician's office and speak to the receptionist that tells you, *"the doctor knows nothing about the patient. No one ever told him she had been admitted to the hospital and he can't give orders without knowing her situation. He said for you to call the hospitalist that discharged the patient."* You have no name of the hospitalist nor can they give you admission orders per regulations. What happens now? You have other patients waiting for you, are you comfortable leaving her in the home alone?

As a critical care nurse, I thought I would know how to handle this situation and yet, it causes me a great level of anxiety. I can't just ask for help here because I am all alone 50 miles away from other nurses and care providers nor do I have the necessary equipment and supplies to provide her the care I would like to in my car! My first response is to consider readmission for her own safety since she appears unstable. And yet, if only I had more information prior to this home visit, I know I could confidently have handled the situation to keep her safely in her home, where Ms. G wants to be. I hope this one visit is a call to action for you to ensure every patient you discharge from this moment forward is safely transitioned with a complete handoff to the next level of care provided.

I hope this one visit also gives you an understanding of the scope and level of responsibility required of nurses working in home healthcare. They face amazing challenges and are often the only eyes and ears of healthcare to see the realities patients face during their journey to recovery. Nurses working in home healthcare have the ability to provide true one-on-one patient-centered care, allowing patient's to achieve their highest level of wellness and independence. Every patient and every home is unique, requiring the nurse to be creative in translating evidence-based practice with quality and safety standards in order for the highest patient outcomes. Therefore today more than ever, home healthcare nursing is a specialty practice requiring comprehensive knowledge and assessment skills and a nurse that is confident, independent and able to work autonomously. They must have a solid understanding and ability to care for patients across the life span with a variety of conditions. And, they must have the capacity to suspend judgment and blend all this to provide safe, quality and compassionate care that is patient-focused and is respectful and adapted to the individual unique home environment of each patient.

What is Non-medical Home Care?

Many people confuse non-medical home care with home health care. Non-medical home care is supportive care provided in the patient's residence and is a home-based alternative to assisted living. This level of care can allow individuals to maintain their highest level of independence while healing. Unfortunately, non-medical home care does not qualify for home healthcare benefits and requires private pay by the patient and/or family and caregivers. It is important to understand that while many of these non-medical services may ensure a safe transition, prevent readmissions and keep the patient in the home for quality of life, they are not covered by home healthcare benefits and therefore may be cost-prohibited for by patient/family.

Non-medical home care services bridge the gap between clinical visits and family-provided care. The length of time for care varies by patient needs from 1 hour to 24 hour care. Services include:

- Assistance with activities of daily living (i.e.: bathing, dressing, transfers, eating, toileting and walking)
- Assistance with personal hygiene, including incontinence care
- Memory care for individuals with Alzheimer's or other forms of dementia
- Meal preparation
- Housekeeping assistance
- Medication reminders
- Transportation and accompaniment to appointments
- Assistance with errands and shopping
- Sitters for socialization and companionship.

Why should I use a checklist? Recommendations for Safe Handoffs to Home Health:

Patients are referred to home health care from a variety of settings, most frequent being upon discharge from a hospital. The findings from our quality review revealed no setting consistently provided all the information needed by home healthcare for a safe transition. Even hospitals with specific discharge planners/case managers responsible for the information did not consistently provide complete handoffs. Incomplete handoffs significantly impact the home healthcare nurse's ability to safely transition the patient care to the home and to ensure they remain safely in the home for their recovery.

Health care is a complex environment where there is a high risk for human error. Evidence related to how human factors impact quality and safety[3] can be found in all areas of healthcare. Using checklists has been identified, first in aviation[4] and later transferred to healthcare, as the best practice methodology for consistently reducing human error and for the improvement of recall which leads to improvement in quality and safety outcomes. Using a checklist during transitions of care can help nurses ensure all components of the handoff are complete at the time of care. The goal is to improve transitions for every patient every time.

Our group identified the need for three separate checklists for handoffs in and out of home healthcare. These include:

1. Safe Handoff Checklist for Referrals to Home Health Care *(To be used by hospitals, long-term care, physician offices etc.)*
2. Safe Handoff Checklist for Home Health Care to Another Health Care Setting
3. Safe Handoff Checklist for Home Health Care to Physician Office

Information included in each of the checklists represents best practice recommendations from Joint Commission, AHRQ, Institute of Healthcare Improvement, as well as, regulatory and payment/reimbursement requirements. Each checklist is divided into sections in an effort to support recall. The following includes a few key points from each section:

Demographic Information–When referring a patient to home healthcare, it is vital to ensure the address of the location where the patient will be recovering is included. A common error occurs when the only identified address is the patient's permanent residence which is not the location where the patient will receive home care. As a result, the home healthcare nurse is unable to locate the patient and may result in delay of care. As the nurse discharging the patient be sure to ask the patient about any temporary residence where they may be staying during their recovery and include this in the handoff documentation.

History and Chart Items–In this section, there is a recommendation for a verbal/telephonic

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report between the discharge nurse and the home healthcare admitting nurse. This is based on the Joint Commission, AHRQ, and Institute of Health recommendations for safe handoffs and is intended to be a reminder to allow for two-way communication flow and questions.

Referring Physician and Orders–As referenced earlier, ensuring the name of the admitting physician who has agreed to sign the home healthcare orders is essential. As the nurse discharging the patient, it is essential to ensure the physician listed as the admitting physician is aware of the patients need for home healthcare. This may require a physician-to-physician handoff by the hospitalist caring for the patient during their inpatient stay to ensure there are not delays in obtaining orders for care.

Quality and Safety Needs–This section is key to safe transitions and ensures all care providers understand safety concerns related to the care of the patient. Are there any concerns related to the patient's ability to safely transition to the home? Are there physical, mental or cognitive challenges? Are there any infection-control concerns beyond universal precautions? Sharing information uncovered during in-patient care helps ensure continuity of care.

What home care agency do you call? When transferring to home healthcare, be sure to identify any previous home care agencies helping in the home. Home healthcare agencies teach their patients to carry either their medication list or contact information for the home healthcare nurse in their wallet to help them remember the name of the agency in the event they are readmitted to acute care. A gentle reminder to the patient can avoid delays in care or duplication of care services by a second home care agency. Where possible, ensure referral is sent to the original home care agency unless otherwise requested by the patient, to ensure continuity of care.

When a home healthcare agency is transferring to another care setting, the nurse will communicate any safety concerns assessed in the home that need to be considered prior to any future discharge.

In conclusion, the Colorado Home Health Care Collaborative requests that all agencies transferring patients in and out of home health care educate staff on safe transitions of care adopt the use of the Safe Handoff Checklists with every patient and every transition of care.

For more information: A copy of the white paper and the three checklists will be sent electronically to any organization interested in using them to improve patient transitions. If you would like to receive a copy or you are interested in receiving more information on the Colorado Project or want information how to get a job in home healthcare, please direct written requests to: Deborah Center, MSN, RN, CNS–Project Director via email: Deb@ColoradoNursingCenter.org ◆

[1] Colorado's Home Health Collaborative was first convened in May 2009 for the purpose of identifying solutions to the shortage of nurses in home care. In September 2010, funding for the Home Health Innovations project challenged the members to look beyond nursing workforce. The Colorado Health Foundation encouraged the Collaborative to examine potential solutions to improve communication in and out of home health care to help *"bridge the gap"* until electronic health records are in place in Colorado that allow the sharing of patient record during transitions of care. Comprehensive review of this work can be found in the in the white paper: Center (2011) *Transitioning Patients Safely By Improving the Quality And Safety of Handoffs In & Out of Home Health Care: Using Checklists to Reduce Unnecessary Readmissions*

[2] Agency for Healthcare Research and Quality–AHRQ–www.ahrq.gov Safe Handoffs and Transitions of Care

[3] Henrikson, K., Joseph, A., Zayas-Caban, T. (2009) The Human Factors of Home Health Care: A Conceptual Model for Examining Safety and Quality Concerns. ***Journal of Patient Safety***, 5(4). 229-236.

[4] Helmrech, R. L. (2000) On Error Management: Lessons from Aviation. British medical Journal, 320(7237) 781-785. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1117774/

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Our Colorado project requires local matching funds financially supported by generous contributions from: Caring for Colorado Foundation (the lead foundation);The Colorado Health Foundation; The Colorado Trust; Centura Health at Home; Visiting Nurse Association of Colorado; Complete Home Health Care; Home Care of the Grand Valley; Grand County Home Care, Central Colorado Area Health Education Center. Other members of the Collaborative include: University of Colorado–Denver–College of Nursing; Regis University School of Nursing; Mesa State College; Colorado Northwestern Community College; Colorado Christian University; Home Care Association of Colorado; Knowledge Factor; and SphereIt.

Findings from the CHI Survey of Colorado Advanced Practice Nurses

by Athena Dodd, Research Analyst, Colorado Health Institute

Health reform, the aging boomer population and the aging health care workforce will challenge communities to meet future health care demands. Advanced practice nurses (APNs) are clinicians capable of meeting some of these demands. Those involved in primary care in particular are expected to play a progressively more important role as patient-centered medical homes and nurse-managed health clinics are implemented.

Meeting the state's health care needs depends on the contribution of APNs–is Colorado adequately anticipating its workforce needs? This article discusses findings from the Colorado Health Institute's (CHI) recent survey of Colorado's APN workforce. The findings are a means to determine Colorado's ability to provide access to high-quality health care.

THE NATIONAL CONTEXT

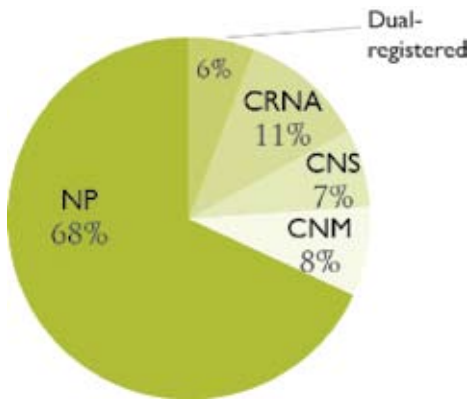
The Robert Wood Johnson Foundation and the Institute of Medicine (IOM) have partnered to lead an initiative on the Future of Nursing. The goal is to harness the potential of the nursing profession to effect wide-reaching changes in the health care system to meet the nation's health needs.

One core message of IOM's *Future of Nursing* report is the importance of improved data collection and information infrastructure to support effective workforce planning and policy. In Colorado CHI has long had an interest in the health care workforce and serves as a reliable source of information on the state's health professions.

A PROFILE OF COLORADO APNS

In 2010, approximately 4,000 APNs were registered to practice in Colorado. CHI sent surveys to about one-quarter of these APNs, stratified and selected at random. Approximately 60 percent of those surveyed responded. Only 78 percent reported working as Colorado APNs at the time of the survey. Results were weighted to be representative of Colorado APNs and refer to specifically to working APNs (N=3,106) unless otherwise noted. The majority of working Colorado APNs reported being registered as nurse practitioners (Figure 1).

Figure 1. Registered, working APNs in Colorado, by registration category



SOURCE: 2010 Colorado Advanced Practice Nurse Workforce Survey, Colorado Health Institute, Q14, Q24

NOTES: CRNA–certified registered nurse anesthetist; NP–nurse practitioner; CNS–clinical nurse specialist; CNM–certified nurse midwife.

Colorado APNs were predominately female (89%) and white, non-Hispanic (94%). CRNAs stood out as the registration type least dominated by women (58%) and also the category with the most racial-ethnic diversity (14% Hispanic or non-white).

In terms of educational attainment, 78 percent of APNs and 83 percent of nurse practitioners held a nursing-related graduate degree (Figure 2). CRNAs were most likely to hold something other than a nursing graduate degree as their highest level of education. Many programs are housed in medical departments (of anesthesiology) rather than in nursing schools, and although master's degrees are the current standard, past CRNA education took the form of graduate-level certificate programs.

At the time of the survey, 9 percent of Colorado APNs held a nursing-related doctorate. The American Association of Colleges of Nursing and American Association of Nurse Anesthetists have targeted doctoral-level training to become the APN entry standard by 2015 and 2025, respectively.

A number of other findings provide a picture of Colorado's APN workforce now and in the future.

The size of the future APN workforce in Colorado will be limited by retirements, short career spans and competition with non-APN careers. Advanced practice nursing competes with other health and nursing-related positions. Working in another health-related position was the most common reason given for not working as an APN (42%).

Retirement was also commonly reported by APNs who were registered, but not working as APNs (32%). Of those who cited retirement, the majority (57%) were younger than age 65. Many working APNs were at or approaching retirement age: 44 percent were aged 55 or older at the time of the survey. These findings support the belief that retirements will continue to affect this workforce in the coming years. Only 39 percent of NPs were 55 years or older, compared to 54 percent of CNMs and 52 percent of CNSs.

In combination with their fairly young age at retirement, APNs tended to complete their APN education at a relatively mature age, meaning their career is relatively short. Upon completion of their APN program, 40 percent of APNs were over age 35. This factor is likely to make it difficult to replace APNs who retire and suggests a need to identify opportunities to promote entry into APN programs at earlier ages.

Efforts to maintain or grow the APN workforce will coincide with a forecasted shortage of nursing faculty that will affect the nursing profession as a whole.

Nurse practitioners are important providers of primary care in Colorado. Nurse practitioners and clinical nurse specialists reported having a range of specialties (Figure 3). Primary care (consisting of pediatrics, adult or family practice, and women's health) was the most common specialization among nurse practitioners. Acute care, pediatric/adult specialty care and mental health were the most common specializations for clinical nurse specialists.

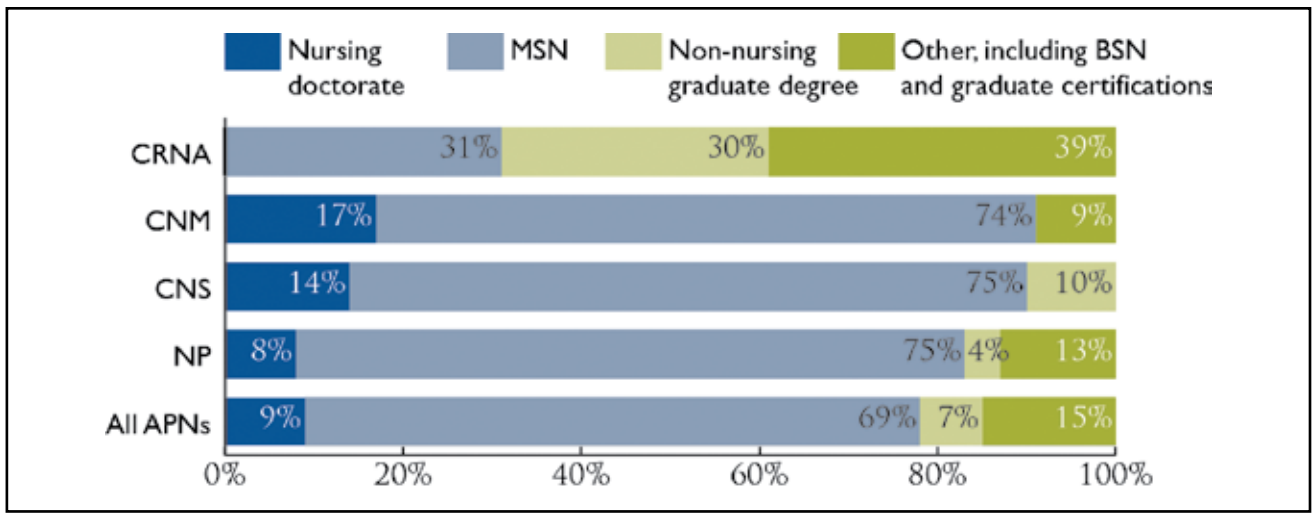


Figure 2. Highest education level of working APNs in Colorado
NOTE: Percents may not sum to 100% due to rounding.
SOURCE: 2010 Colorado Advanced Practice Nurse Workforce Survey, Colorado Health Institute, Q13, Q14, Q24

Findings from the CHI continued on page 13

Findings from the CHI continued from page 12

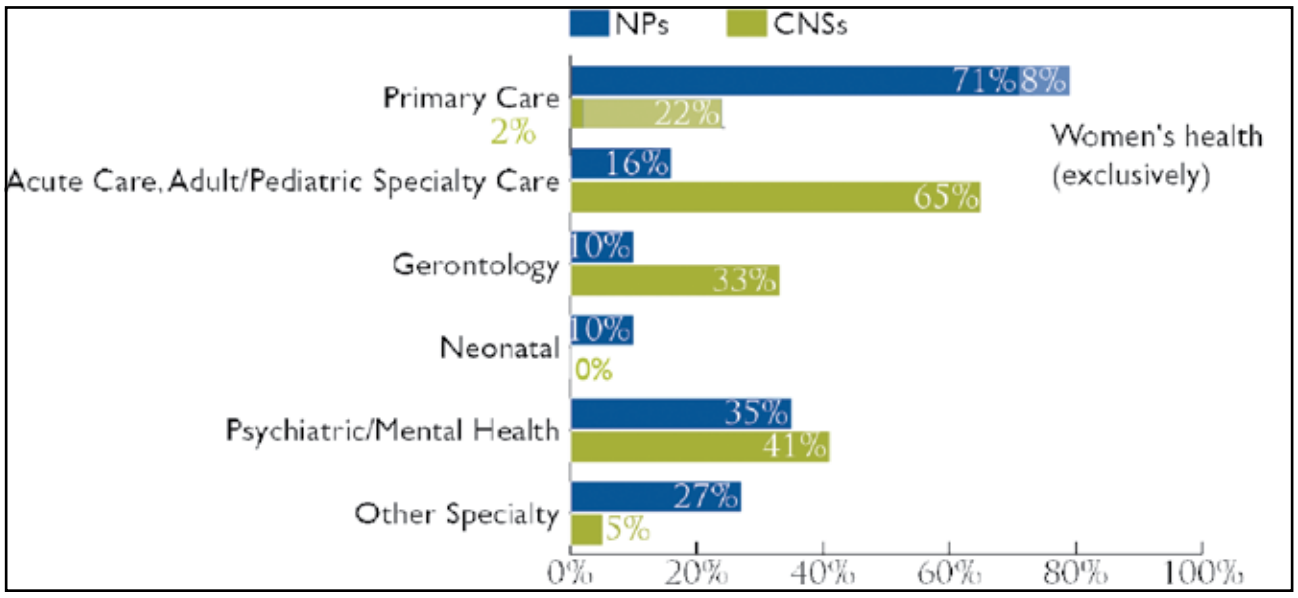


Figure 3. Specialty areas of working NPs and CNSs in Colorado
SOURCE: 2010 Colorado Advanced Practice Nurse Workforce Survey, Colorado Health Institute, Q14, Q24, Q28, Q35

APNs specializing in primary care (almost exclusively NPs) tended to be younger than other types of APNs (60% are younger than age 55). They were more likely to be educated within the last 10 years (48%), be very satisfied with their careers (87%) and spend the majority of their time in direct patient care (77%). The high presence of newer graduates suggests that primary care is a growing specialty area among APNs.

Many APNs reported specializing in primary care despite working in an acute care setting: Of APNs specializing in primary care, 22 percent worked in an acute care setting.

Most APNs specializing in primary care reported having many but not all privileges related to practicing near their full scope of practice.

State regulations largely determine nursing scope of practice, although other elements are at play. Institutional policies, payment practices and other dynamics may limit APNs' ability to practice independently or as part of a collaborative interdisciplinary team.

For models such as nurse-managed health clinics (supported by the Affordable Care Act) to work, APNs must be recognized and reimbursed by insurance companies. Most primary care APNs in Colorado had National Provider Identifier numbers (93%) and the authority to prescribe drugs (90%) and controlled substances (78%). Few, however, had privileges allowing them to admit patients into a hospital (23%).

Further, the ability to bill independently and receive reimbursement that is reflective of an APN's training and experience was not widespread (37% for each).

Rural NPs have different challenges and capabilities than their urban counterparts.

While an estimated 16 percent of Coloradans live in rural areas, 11 percent of working APNs practice in a rural area, including 11 percent of NPs and 21 percent of CRNAs. Rural NPs were more likely than their urban counterparts to report lacking enough qualified physician specialists for referrals (63% vs. 30%), having problems affording the cost of liability insurance (41% vs. 24%) and having patients unable to afford needed care (84% vs. 60%). They were also less likely to be educated at the highest levels of the profession, with 1 percent holding a nursing doctorate, compared to 11 percent of urban NPs.

Yet, rural nurse practitioners were more likely to specialize in primary care (82% vs. 67%) and to spend the majority of their time in direct patient care than their urban counterparts (75% vs. 69%).

Rural nurse practitioners were more at risk for turnover in the next year than non-rural NPs (25% vs. 12%) and to give education or family as reasons. While survey results suggest that rural NPs contribute to the delivery of primary care more than those in urban areas, they face a variety of challenges that constrain their ability to provide care.

SUMMARY

Creating a strong, sufficient primary care workforce is a central tenant of the ACA and health reform. Addressing this need is a national, state and local issue, as evidenced by the IOM's Future of Nursing report.

Colorado, through efforts such as the APN survey conducted by CHI, is beginning to quantify and qualify the issues surrounding the effective development of a primary care workforce. Recent results suggest several issues challenge Colorado's future ability to provide sufficient numbers of APNs:

- Only 78 percent of the state's registered APN workforce actively works as a Colorado APN.
- The size of the APN workforce is hampered by retirements and the availability of other employment options.
- APNs face multiple challenges practicing to the full extent of their education and training, including issues relating to billing and reimbursement.

While these challenges are considerable, there are also bright spots. It's worth noting that NPs, the APNs most likely to specialize in primary care, are also young and satisfied with their careers. Colorado health care leaders may want to scale and model what goes into that because something is working well to make this true here in Colorado.

The full APN study report is available on the CHI website at: http://www.coloradohealthinstitute.org/Publications/2011/05/APN.aspx. For questions, contact Athena Dodd, research analyst at the Colorado Health Institute, at: dodda@coloradohealthinstitute.org.

CHI would like to acknowledge the support of The Colorado Trust for funding the survey and the substantial contributions of experts in the field of nursing practice and education who have generously provided their guidance. ◆

Colorado New Nursing Grads CNNG

Lori Rae Hamilton, RN, MSN, CNA, Region II Director

Lori Rae Hamilton

To the new nursing grads in Colorado, WAY TO GO ON PASSING NCLEX!! Now you can gain support and networking through the Colorado New Nursing Grads group on Facebook. This group consists of nursing graduates 5 years or less with a selected number of seasoned nurses. The goal of this group is to provide support for new graduates as they face the challenges juggling the professional nursing world and the rest of life's challenges. The seasoned nurses are nurses that have a great passion for the nursing profession and are willing to coach, give advice, or just listen to the different success or problems that the new grads are experiencing. In addition, there are different job openings that are being posted as the different members of this group hear about them. There are 300 members and if you are a new grad and passed your NCLEX then you can join. The Colorado Nurses Association wants to let all nurses know that they are welcomed, and is working hard to be creative in using different forms of technology to attain input on various nursing issues from the whole state. In addition, CNA does have a mentor/mentee program going on to match new nursing grads up with more experienced nurses, so that there is someone to talk to about life issues that can be created by the nursing profession. For example, problems finding babysitters for 14 hours straight, problems that are created with spouses and children revolved around 24 hour shift work, etc. If you are interested in being a mentor or mentee please contact the CNA office for more information.

To attain an accurate view of the whole state, we need to hear the voices of EVERY nurse. Colorado is made up largely of rural areas; however, this is not a reason to be quiet. In fact, it is the opposite. When living in the rural areas we need to be as LOUD as possible so that everybody knows we are here. You do have the power, and we are listening to nurses of ALL degrees and levels of experience!! This group is open to non-CNA members at this time; however, we would greatly appreciate your membership. Annual membership is $303, which supports advocacy for the profession at a national and state level. We realize that a lot of people have families and other obligations, so why not pay someone with your beliefs to fight for the nursing profession for you. When you think about it, the fee is about the same amount of money that you make in one 12 hour shift. There is also the other option of ePay, in which, $25.75 is taken out of your account each month. If you would like there is a state only option, if that works better for you.

To get to the group you must register as a member on www.facebook.com.

- Log into Facebook.
- Click on Groups.
- Search for Colorado New Nursing Grads.
- Click on the invitation button.
- I will check in and accept you into the group. (usually a 24 hour turn around)
- Then you can introduce yourself and tell others about your experiences in nursing.
- In addition, you can find out about different nursing events, websites, and support that are available.

PLEASE take this FREE opportunity to maintain and grow your passion for the nursing profession. I look forward to hearing from you through Facebook. ◆

District & Committee Reports

Time to Plan, Review and Reflect-GAPP Report 2011 Legislative Session Review

Respectfully submitted,
Mary Ciambelli and Marion Thornton

GAPP is sponsoring 100 Nurses (101) and Introducing Advanced 100 Nurses for 100 Legislators. This program will be held at the annual Colorado Nurses Association convention as part of the educational conference. This year the program will include a "hands on" portion during which attendees will identify their state senators and representatives and obtain their contact information. This information will be collated and used throughout the 2012 legislative session to assist our Policy Director and legislative committees to reach out to the legislators in a more organized and consistent fashion. We will also be discussing the upcoming changes in health care related to implementation of federal health care reform legislation and highlighting a nurse led health care home right here In Colorado. Advanced advocacy skills and how to be involved with NPAC beyond making monetary donations will be discussed in an interactive format. We invite all association members to attend this program. If you are not already a member, this program is a great reason to join the association so that you can attend the convention and this excellent and thought provoking workshop. Joining one of the largest professional nursing organization in the state and country will cost you less than a dollar a day. The advantages of membership far outweigh the modest financial cost and will benefit you and your profession for years to come.

The 2011 legislative session produced a wide variety of legislation that affects the future of healthcare in Colorado. The Prescription Drug Monitoring Program (PDMP) almost died due to concerns about patient privacy and cost until a coalition of health care providers including the Association rallied to bring it back to life before the end of the session. A bill sponsoring health care cooperatives was postponed indefinitely and one establishing a Health Insurance Exchange Board passed. Multiple bills regarding regulation of health care homes (often called medical homes in the legislation) were proposed but not adopted. Fran Ricker was in her first year of her new role as Policy Director and Lobbyist educated the legislators on the importance of provider neutral language and allowing all nurses to practice at the highest level allowed by our scope of practice. The Association sponsored legislation to allow advanced practice nurses to receive reasons for denial of empanelment by insurance companies within 90 days of their denial and to have those reasons documented in writing. The eventual failure of this legislation provided us with invaluable experience for our future strategic planning regarding this critical issue for independently practicing nurses. The sunset review for direct entry midwives was completed and their scope of practice was expanded to include obtaining and administering certain vitamins and medications as well as intravenous fluids. The rule making process for the direct entry midwives starts in August and two certified nurse midwives have been appointed to the rule making committee. This session was extremely busy with multiple pieces of health care and regulatory heavy legislation and we expect that the 2012 session will be equally intense with nursing and health care related issues.

This article will be the last Governmental Affairs and Public Policy committee update for the 2011 Legislative session and the last one written by the current chair and co-chair. Both Marion and I are stepping down after serving as leadership for this very active committee for the Colorado Nurses Association. We both will remain as participating members of GAPP and will provide mentorship to our incoming leaders. Marion will continue on in her C.N.A. Board position and Mary will be running for another position at the Association. We have both learned a tremendous amount about advocacy, legislative activities and policy making during our tenure on the committee and in these leadership positions. We both value the wealth of knowledge, skills and experience among our committee members and the executive leadership at the Association. Please consider joining us on the GAPP committee for the 2012 legislative session. Meetings are open to all members of the Colorado Nurses Association and meeting times are posted on the website. ◆

Membership Report

Eve Hoygaard, MS, RN, WHNP-BC
Chair, Membership Committee
303-905-4714 (call or text)
hoygaard@msn.com

As with all "Membership Organizations," the Colorado Nurses Association is aware of the importance of both recruiting new members and retention of current members. The Membership Committee is currently working on a variety of approaches to these two areas.

As previously reported, CNA received a Membership Grant from the American Nurses Association that has specific guidelines for utilization of the funds. The March "Bowling Events," held in Denver and in Grand Junction are examples of how this grant is being used. Other events are being considered. What would interest you??? Let us know!

The CNA office is sending new members the 2011 ANA membership brochures. They are attractive and informative. You may receive a brief on-line survey in the near future as we are interested in what our members and potential members want to receive from the organization. If you do receive a survey, your response will be greatly appreciated!

Opportunity Calling!!! If you would be interested in joining this committee (meetings allow for phone-in participation) let us know. Appointments will be made at the time of the October House of Delegates/Convention. Membership in CNA is necessary for this.

REMINDER: New Grads: reduced rate membership is available during the first six month of passing the NCLEX! Take advantage of this by visiting the CNA website (www.nurse-co.org) or call the CNA office at 303-757-5083. ◆

District & Committee Reports

CNAHCA Committee

by Brenda VonStar, RN, FNPC, Chair of CNAHCA
Email: vonstar@qadas.com

The CNAHCA primary focus is on **improving access to health care** in Colorado. The committee's activities include assessing legislation related to health care access and reform, testifying when needed and/or writing to Legislators, as well as attending meetings with various stakeholder groups.

One of the parts of health care reform is the implementation of Health Insurance Exchanges in Colorado. The purpose of Health Insurance Exchanges is to improve affordability and access to health insurance for individuals and small business there by increasing the number of Coloradans who have insurance coverage. Colorado will need to increase the number of primary care providers including advanced practice nurses. CNAHCA members testified at stakeholder meetings and before legislative hearings regarding the importance of insurance carriers to offer policies in the exchange that allow APN's to be primary care providers.

During Senate and House hearings on Health Insurance Exchanges Bill (SB-200), CNA and CNAHCA testified regarding concerns about the need for consumer involvement and limiting the insurance companies influence on the governance board for the (HIE) Health Insurance Exchange.

Colorado budget problems caused some groups to bring forward SB11-213 which would actually decrease access by imposing a cost-sharing fee on families enrolled in the Children's Basic Health Plan above 150% FPL. This bill was sent to the Governor for his signature. CNA opposed SB11-213, and advocated for a veto by the governor.

Patient Centered Medical Homes (PCMH) and Accountable Care Organization (ACO) need to have strong nursing involvement and ensure that nurses of all categories including APNs can have appropriate roles including leadership roles for APN's. CNAHCA will increase our knowledge on the functioning of these models so that we can advocate for nurse-led models.

The "All Payer Claims Database" is preparing to start collecting data on cost and quality of health care in Colorado. The public will be able to access the data in the future via a web link to help inform their health care choices. Stay tuned for more information on this potentially very useful tool for all consumers and providers of health care.

As advocates for increasing access and quality of health care, we need to understand the current terrain of health care reform and how it affects our profession and patients. I encourage all nurses to gather as much information as possible.

Here are some resources to find out more: www.NursingWorld.org, www.rnaction.org, www.HealthCareAndYou.org and to get Colorado specific information: healthcare.gov/center/states/co.html.

Please join Colorado Nurses Association today and CNAHCA task force and engage in these timely and critical activities as a nurse advocate. ◆

Novice to Expert–Defeat Apathy through Engagement
Become a Mentor

Submitted by Kate Peterson RN, BSN

Apathy slowly advances. At first, it seems like a warm embrace. It seems so easy. It's a comforting hug after a hard day at work when I feel that I have been through the physical, mental and emotional wringer. Complacency calms me in my self-doubt. Then the tentacles squeeze a little tighter and my muscles begin atrophy. I become weak. I lose my ability to move, to act. The tentacles reach up and cover my mouth, smothering my ability to speak out. Next my ears and eyes are covered, dulling the senses. Apathy has made me impotent.

Apathy, complacency, and stagnation are pervasive and pernicious opponents. This triad threatens the profession of nursing, the power of the individual, professional development and most importantly patient care. But can they be combated? Is there a cure? How do we strip the tentacles away, freeing the nurse to become an advocate for themselves, nursing and patients? The best antidote is through engagement. As nurses, we have a unique and incredible opportunity to engage on many levels to make a profound impact. We can engage with ourselves, our colleagues, our workplace and our patients. As nurses, we can enhance our individual professionalism, which will in turn enrich the profession of nursing resulting in better patient care.

A simple yet effective method of engagement is through mentorship. Mentorship enhances professionalism, for both the mentor and the novice nurse. Mentorship enriches clinical practice with personal and professional development The benefits of a mentoring program are numerous including; increased job satisfaction, lower attrition rates, increased professional confidence, increased workplace involvement, higher self-esteem and confidence as well as renewed passion. Mentorship is also an opportunity to create a legacy that will continue to impact patients long after the mentoring relationship has ended. It is an opportunity to help support a new generation of nurses.

Colorado Nurses Association has a program to equip and empower both mentors and novice nurse to engage with one another for a successful mentoring relationship. In 2010, the CNA Novice to Expert Steering Committee surveyed nursing students and new graduate nurses about the qualities that they felt were important for mentors. Communication skills, clinical experience, honesty, and kindness were the top traits identified. People need not be the superstar nurse or Florence Nightingale reincarnated to be a mentor. A willingness to commit, engage, listen to and support another nurse is all that is required. Stay tuned for CNA Mentorship Workshop information. Free yourself from the tentacles of apathy. Engage and become a member! ◆

District & Committee Reports

District 4

Another quarter has ended for the District 4 group in Southeastern Colorado. For the most part it has been very dry and windy. However, we have found plenty of time to get together every other month for meetings and programs.

In January we were in attendance for the Sigma Theta Tau, Iota Pi Chapter Research Conference that was held in Pueblo. The District also started a Nurses' Lounge page for the chapter to keep up on events in the area. Our January meeting was a pot luck held at Dorothy DeNiro's home in Pueblo.

In March, our meeting was held at CSU-Pueblo where guest speaker Mark Jaskelow, MSN, CTE from Spanish Peaks presented on Chronic Trauma Encephalopathy and Dementia as an Outcome of Sports Related Injuries. This was quite an eye opening presentation and one that needs to be seen by more parents and athletic coaches. In addition, it was announced that Amanda Clerkin from Pueblo was appointed as the new Region II Director for the area. She will finish up this term and have the opportunity to run again in October for a full term. In April, various members from the District helped in the different Channel 9 Health Fairs around the area.

In May, our meeting was held in La Junta at Otero Junior College. Nurse Practitioner and CNA member, Doug Miller, presented on the Effects of the Healthcare Reform in Rural Colorado. This was also a very eye opening presentation and expresses the need now more than ever for nurses to speak up and be a part of the rule making. In addition, it was also brought to everyone's attention the impact of the Ft. Lyon Correctional Facility that will be closing and the impact to nursing this will have over the whole district. At this meeting, we had members there from Pueblo, La Junta, and Lamar. Our new officers for the 2011-12 year are President Lori Rae Hamilton, Vice President Cheri Cordova, Secretary Amanda Clerkin, and Treasurer Dorothy DeNiro. Delegates for the state convention include Denise Root, Linda Skoff, Joe Franta, Rita Sims, Donna Wofford, and Jenna Wagner.

In July the officers will be meeting to plan the year's events full of community service, fundraising, legislative, and fun opportunities. For more information please call Lori Rae Hamilton, RN, MSN, at 719-846-3559 or email lorirae.hamilton@ojc.edu. ◆

DNA 6 San Luis Valley

Respectfully submitted,
Shawn Elliott, PMC, RN, CPNP-PC
President DNA 6

This past spring we sponsored the receptions following the pinning ceremonies for both Trindad State Junior College and Adams State College nursing programs. Both programs are graduating exceptional students into the field of nursing and it is our pleasure to support them in any way possible. Both programs are also gearing up for the Fall semester and accepting applications for their programs.

The ASC BSN students who attended the National Student Nurses Association convention in Salt Lake, Utah gave a presentation to the membership. The theme was, "I am a nurse, I am a leader." They were very impressed by the NCLEX review, the speaker on pharmacy and shared a book, Pharmacy Made Insanely Easy. The keynote address on "7 Summits" was also very much appreciated. There were many nursing leaders from across the nation that they were impressed by. ASC is now registered and will be able to have a delegate at future meetings.

Elections for President and Secretary were held with Shawn Elliott and Charlotte Ledonne, respectively, remaining in those positions for the next term.

Our membership is looking at the Nightingale Pledge and its language validity for the present time. There are misconceptions that the pledge was written by Florence Nightingale but it wasn't. The original Nightingale Pledge "was composed in 1893 by Mrs. Lystra E. Gretter and a Committee for the Farrand Training School for Nurses, Detroit, Michigan. It was called the Florence Nightingale Pledge as a token of esteem for the founder of modern nursing."

www.nursingworld.org/FunctionalMenuCategories/AboutANA/WhereWeComeFrom/FlorenceNightingalePledge.aspx

Many members are interested in making a movement toward developing a pledge that is more language appropriate for today's times.

Our sympathy, wishes, and donations go out to the nurses of Joplin, MO. We keep them in our prayers as they rebuild their lives as well as everyone else in that community. ◆

DNA 7

Respectfully submitted,
Lynne Murison, President DNA 7

DNA 7 met June 18, 2011 to elect officers for the next year and to discuss our local concerns as well as state and national nursing issues. We were excited to see new faces, get to meet and support others in our community. Our goal this next year is outreach to our community of nurses.

SAVE THE DATE: Sat. Sept. 10, 2011, 9:30 am Conference Room A @ Mercy

Topic: Keep the Fear out of Electronic Health Records, Nora Flucke presenting

The group chose a focus on staff nursing for the next year and we hope to see more of the core of nursing by meeting in alternating sites in the community. Please let us know if you would like a meeting at your worksite!

The group discussed the appeal by the Co. Society of Anesthesiologists and Medical Society on the "Opt out of physician supervision of CRNA's under Medicare." Join your CO Nurses Association or send money to the legal fund to protect independent nursing care.

New Officers for 2011-2012

Lynne Murison, President (murisonl@aol.com)

Terry Schumacher, Vice-President (also President-Elect for 2012), (terryschu2003@yahoo.com)

Nora Flucke, Treasurer (also CNA Regional Board member), (noraflucke@gmail.com)

DNA 7 now has 2 nurses in grad school studying Informatics and several other very adept health record teachers, so be sure to mark SAT SEPT 10, 9:30 AM (Mercy Conf. A) on your calendar.

See you then and contact us for any help. ◆

District & Committee Reports

DNA 12

Respectfully submitted,
DNA 12 Governing Committee: Jody Owen, Janet Holdsworth and Curtis Stringer

A loved and highly respected contributing member of the nursing community passed away last month. Jo Eleanor Elliott served as President of ANA in the 1960's. As our Executive Director, Fran Ricker and CNA President, Lola Fehr remarked that Ms. Elliott was active at all levels within the organization.

She was ANA President when ANA took a position in support of Medicare. She served Colorado, as a member of DNA 12 until her death, and CNA President from 1972-1973. Most recently, Ms. Elliott presented a keynote address during the Awards Ceremony at the 2010 CNA Convention, sharing her perspectives as a nursing leader.

Jo Eleanor attended the most recent ANA House of Delegates, where she was a lead speaker for a panel of Past ANA President's reflections on their leadership experience. Another guest speaker, President Obama, recognized Ms. Elliott for her leadership during the enactment of Medicare.

Local, State, and National ANA representatives paid their respects at her memorial service that was held in Boulder.

DNA 12 has scheduled quarterly dinner/program meetings for 2011-2012. All members are encouraged to attend and give their input regarding programs and services that will better serve the needs of our district.

Here are the diverse programs that have been scheduled:

Tuesday, September 13, 6pm at Mimi's Flatirons, off Hwy 36. Dr. Don Shields, PHD, Speech and Language Pathologist will lead a discussion about **Behavioral Techniques that nurses can use to evaluate the potential for stroke and head injury patients, to benefit from therapy**.

Tuesday, December 13, 6pm at Mimi's Flatirons, off Hwy 36. Ms. Janet Holdworth, RN, MSN, will lead a discussion about **Understanding, Preventing, and Treating Dementia**. In addition, a review of resources will be shared.

Tuesday, March 13, 6pm at Mimi's Flatirons, off Hwy 36. The subject will be **Legislative Update**. Speaker TBD.

Tuesday, June 12, 6pm at Mimi's Flatirons, off Hwy 36. The subject will be **Community Outreach and our District Involvement**. Speaker TBD.

Members from other districts are welcome to attend any of our dinner programs. ◆

DNA 20 West Metro Area

Submitted by Norma Tubman, RN, MScN, NE-BC

DNA 20 members closed out 2010-2011 with a dinner at Johnny Carino's Restaurant in Lakewood. Janet Ballantyne, RN, CTH, Travel Health Consultant presented on a medical mission trip to Kenya that she made in 2010. Officers for 2011-12 and CNA 2011 delegates were announced at the dinner. Congratulations to new Board Members: Allison Windes, President; Kasey Bowden, Secretary; and to reelected Board Members: At Large Kathy Butler and Norma Tubman. Nominating Committee Members are Janet Ballantyne, Irene Drabek, Rickie Morgan, Barbara Pedersen and Norma Tubman. Continuing in office are Kiska May, Vice President, and Linda Stroup, Treasurer. Fifteen delegates and nine alternate delegates were elected for the Colorado Nurses Association 2011 House of Delegates. We look forward to another productive year following our Board Planning Meeting in August.

Congratulations to DNA 20 member Linda Stroup, Chair, Department of Nursing, Metropolitan State College of Denver, on being awarded early tenure. Besides being Treasurer of DNA 20 and the Colorado Council of Nursing Education, Linda teaches the legal/ethical content in the Clinical Scholar course offered quarterly through the Center for Nursing Excellence. This course is offered to nurses who have a BSN degree and are interested in clinical teaching.

For information on DNA 20 meetings, locations and speakers, contact DNA 20 President Allison Windes at 720-941-5852 or acoons2@excite.com. ◆

DNA 23

Submitted by:
Frances Dowling, President DNA 23

Election of Officers for 2011-2012 was held in May. Officers continue as before. Lois Steffonich has been nominated as the Nurse of the Year; she has been a long time participant but only joined a few years ago. She's always supportive to members, contributes to the District with helpful ideas, and participates in as many meetings as possible. She has been continually employed and exemplifies everything a Nurse should be. Congratulations to a fine Nurse and citizen.

Belated Best Wishes to Cathy O'Grady-Melvin who was recently married.

Meetings for the District will resume in September. It is our hope to see more members and hear from everyone in the district regarding plans for the coming year. ANA is asking for opinions and help regarding "Violence" and Safety in the workplace, please contribute in some way to aid in ceasing this abuse, as this is too often ignored by many. It should not be and Nurses need to "fight back." (An opinion from an old Nurse who's observed much!)

I hope you've all had a great summer and to see you at Convention this year!

Please write to:
Pres; francesdowling@comcast.net or
VP/Treasurer; cathyogrady13@gmail.com ◆

DNA-30 / CSAPN

Eve Hoygaard, MS,RN, WHNP-BC
Secretary, DNA-30/CSAPN
hoygaard@msn.com

As one of the non-geographic DNA's of the Colorado Nurses Associations, DNA-30 represents/includes as members Advanced Practice Nurses across Colorado. Our monthly dinner meetings are held in the Denver Metro area on the first Wednesday evening of each month (except July) and include a business meeting and an educational/informational presentation as well as dinner. For information, please visit us at http://csapn.enpnetwork.com (where you have the option of contacting us via email for questions) or via our link (under Districts) on the Colorado Nurses Association website (www.nurses-co.org).

Our members are actively involved in the Colorado Nurses Association Government Affairs & Public Policy Committee, as members of the CNA Board of Directors and most other committees. We work to actively promote and support all Advanced Practice Nurses. We offer several scholarships for Advanced Practice Nurse Education using funds we raise during the year.

We welcome your request for membership information!

The 2011-12 Leadership of DNA-30/CSAPN include:

President: David Rodriguez, FNP
President Elect: Tara Caldwell, FNP
Past President: Gregg Smith, FNP
Secretary: Eve Hoygaard, WHNP
Treasurer: Lorrie Harris, CNM ◆

MEMBERSHIP APPLICATION

COLORADO NURSES ASSOCIATION

*Members must have been granted a license to practice in at least one state
*All information must be completed for application to be accepted

Telephone 303-757-7483
Fax 303-757-8833
www.nurses-co.org cna@nurses-co.org

MAIL/FAX COMPLETED APPLICATION WITH PAYMENT TO:
Colorado Nurses Association
2170 South Parker Road
Suite 145
Denver, CO 80231

Thank you for your interest in the Colorado Nurses Association or ANA/CNA. We appreciate your awareness that nurses have responsibilities to their profession in addition to their job requirements, and welcome your membership and participation.

Please fill out entire form, front and back, call 303-757-7483 if you have any questions.

Date: _____

Last Name | First Name | Middle | Credentials

Basic School of Nursing | Graduation (Month /Year) | RN License Number - REQ'D

Telephone | Fax Number | Please Circle One: Male / Female

Home Address | City | State | Zip

County | US Legislative District (if known) | State Senate (if known)

Employer Name | Position Held

EMAIL - REQ'D | APN Registry? Yes / No

Referred by: _____ | Prescriptive Authority? Yes / No

FULL ANA/CNA MEMBERSHIP	STATE ONLY MEMBERSHIP
Assures support for national issues – supports development of standards, national health care policy reform, and safe staffing	Assures support for state legislative issues, public education, promotion of nursing throughout the state.
Additional insurance and product discounts	State only members will be added to the CNA email list serve.
Discounts on materials at nursebooks.org and other important nursing products	State only members cannot run for ANA Delegate or CNA President.
Up to $140 discount on ANCC credentialing	May serve on any CNA committee.
Members may run for ANA Delegate and ANA committees	***State only members will not receive ANA publications, discounts or have access to the ANA "Member's Only" website.***
Members may run for all Colorado Nurses Association offices, including President	
Access to the ANA "Members Only" articles at the ANA website – nursingworld.org.	
Includes ANA publications: ***The American Nurse, American Nurse Today*** and ***Online Journal of Nursing***	

ANA/CNA MEMBERSHIP

	ANNUAL	EPAY
○ FULL MEMBERSHIP DUES	$303.00	$25.75
○ REDUCED MEMBERSHIP DUES	$151.50	$13.13

(Please indicate how you qualify)
- NOT EMPLOYED
- FULL-TIME STUDENT
- NEW GRADUATE FROM BASIC NURSING EDUCATION PROGRAM, WITHIN 6 MONTHS of GRADUATION APPLIES TO FIRST YEAR OF MEMBERSHIP ONLY

○ SPECIAL MEMBERSHIP DUES	$75.75	$ 6.82

(Please indicate how you qualify)
- 62 YEARS OF AGE AND OVER NOT EMPLOYED
- TOTALLY DISABLED/NOT EMPLOYED

○ LIFETIME MEMBERSHIP *FREE*

LIFETIME MEMBERSHIP (All must apply)
- ANA MEMBER FOR 25 YEARS OR MORE
- CONSECUTIVELY
- 65 YEARS OR OLDER
- RETIRED

	ANNUAL	EPAY
○ STATE ONLY MEMBERSHIP	$120.00	$10.50

(Please choose your desired district)

_____ Geographic District (Based on City & Zip Code)

_____ DNA 02 - Corresponds primarily through email

_____ DNA 30 - Advanced Practice Nurses

_____ DNA 31 - Clinical Specialists in Psychiatric Nursing

_____ TOTAL PAYMENT AMOUNT ENCLOSED

Credit Card Payment Information
(We accept Visa or MasterCard only)

Credit Card #

Expiration Date Security Code

Name as it appears on the card

Signature

State Nurses Association Dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, the percentage of dues used for lobbying by the Colorado Nurses Association is not deductible as a business expense. Please check with the Colorado Nurses Association for the correct amount.

_____ **E-PAY (Monthly Electronic Payment)** **(Please make all checks payable to the American Nurses Association)**
(mark if you wish to authorize monthly electronic payments to American Nurses Association, Inc. (ANA) by signing below;
I authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my account.

❑ **CHECKING** **Please enclose a check for the first months payment, which will be drafted on or after the 15th day of each month using the account designated by the enclosed check.**

❑ **CREDIT CARD** **Please complete the credit card information above and this credit card account will be debited on or after the 1st of each month.**

_____ **Automatic Annual Credit Card Payment**
(mark only if you wish to have your membership automatically renewed each year using the credit card information above)

By signing below you are authorizing the American Nurses association (ANA) to charge the credit card indicated or withdraw funds from the checking account indicated for monthly or annual dues.

X _____
Automatic Payment Authorization Signature
(Additional Signature Required for Processing Auto Payments)

By signing the Monthly Electronic Deduction Authorization or the Automatic Annual Credit Card Payment Authorization, you are authorizing ANA to change the amount by giving the undersigned thirty (30) days in advance written notice. Undersigned may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Memberships will continue unless this written notification is received. ANA will charge $5.00 for any returned drafts or charge backs.

In Memory

The Memorial Column includes information about nurses who have been educated in, worked in and /or lived in Colorado. If you have information about the death of a colleague, we would appreciate your advising us (hoygaard@msn.com) via email so that we may include their names in the next issue of the *Colorado Nurse*.

As you review the column that follows, please notice the number nurses named who served in the Army Nurse Corps during World War II. There are nurses from a variety of backgrounds and areas of practice. There is one nurse who was 98 and another who was 27. Please take a moment to reflect on our differences and yet we all have RN after our names.

We remember....

Askvig, Cynthia Sue Hicks, RN, died in Colorado Springs on May 15, 2011. She received her Diploma in Nursing from St. Anthony Medical Center School of Nursing, Illinois, her BSN from Marycrest College, Davenport Iowa in 1976 and her MSN at Northern Illinois University, DeKalb IL in 1981. Ms. Askvig taught nursing in Illinois and later taught Psychiatric Nursing at Pike's Peak Community College, Colorado Springs. 1988-2009. Her honors include being a Nightingale nominee and Educator of the Year by CSNA.

Brooks, Roberta, RN, died in Delta Colorado on April 13, 2011. A pediatric oncology nurse, she was originally from Kansas, lived in Boulder and WheatRidge, CO. before retiring in Paonia.

Bubenik, Joan, RN, died in June 2011. Originally from Little Neck, N.Y., was a Hospice and Parish Nurse in Denver.

Bushbaum, Monica O'Malley, RN. Monica O'Malley Bushbaum died on April 30, 2011, less than a week before her 90th birthday. She had remained active in the Retired Nurses Association into her 80's. She was a graduate of St. Joseph's Hospital School of Nursing, Denver.

Conley, Patricia Ann, RN, 80, died on June 10, 2011. She was a 1955 graduate of the University of Colorado School of Nursing.

Cashman, Delores Mae Carney, RN. A 1947 graduate of Seton School of Nursing, Colorado Springs, she was 85 at the time of her death on April 23, 2011 in Littleton. She was a member of the United States Nurse Cadet Corps.

Eagles, Lorrayne C. Hupfner, RN. A 1947 BSN Graduate of the University of Colorado School of Nursing, she died , in Denver, at age 84 on April 8, 2011.

Enabnit, Frances Ruth, RN, died at age 85 in Spokane, WA. She had lived in Colorado.

Freed, Marcia, RN. Her career included practice in Denver and she was also a stewardess for United. She died in Denver on March 23,2011 at age 81.

Gilbert, Carol, RN, died February 20,2011 in Denver. She received her Diploma in Nursing from Shadyside Hospital, Pittsburgh and a BSN at the University of Northern Colorado. She was a member of AND/CNA/DNA-9 and was a former President of DNA-9. Carol was a Nursing Supervisor at Medical Center of the Rockies and involved in setting up medical clinics in Vietnam, Guatemala and Peru.

Gilsdorf, Ann Marie Dompierre, RN, died March 14, 2011 in Tuscon, AZ. She was a graduate of St. Joseph Hospital School of Nursing in Denver and worked as a Labor & Delivery nurse for over 40 years in San Francisco, CA. and in Denver, CO.

Harris, Verna Rosalie, RN, died in Ft. Collins 5-11-11 at age 91. She served as a 2nd Lieutenant in the Army Nurse Corps during WWII in Tunis, North Africa and in Italy. She was a nurse at Poudre Valley Hospital from 1965-80 in orthopedic, surgical and neurological areas.

Haun, Carol Ann, RN, a nurse for over 30 years in the Metro Denver area, she was most recently Vice President of Human Resources at North Suburban Medical Center. Previously, she was employed at SkyRidge Medical Center where the Carol Haun Employee Recognition Award honoring her has been established to recognize her compassion and caring. Carol Haun died on May 10, 2011.

Hoover, Phyllis Jean, RN. Prior to her death on May 5, 2011, Phyllis Hoover was a RN at Presbyterian/ St. Luke's Medical Center for 41 years.

Jorgensen, Virginia "Ginny," RN. A staff nurse during her career, she died at age 82 in March 2011. She was a graduate of St. Luke's Hospital School of Nursing and was a long time employee of Swedish Medical Center, Englewood.

Koogle, Nina Jane, RN. Born in Ohio, she moved to Denver in 1956 and was employed at the Denver VA Medical Center, in a private office, as an Industrial Nurse at the Denver Post an at the Colorado Foundation for Medical Care. After retirement, she started Colorado Nursing Consultants. A long time volunteer for Channel 9 Health Fair, she was 88 at the time of her death in May 2011.

Loughry, JoAnn, RN. A graduate of St. Joseph Hospital School of Nursing, she died on April 24, 2011 at age 71. A Colorado Native, she was a critical care RN at Denver General Hospital for 30 years.

Mandry, Virginia, RN. A 1940 graduate of St. Luke's Hospital Denver School of Nursing, she had attended college at Nebraska Wesleyan and University of Omaha before moving to Denver. She died on May 3, 2011 at age 92 in Boulder. Between 1963 and 1985, she was employed at Boulder Community Hospital and several long term care facilities.

Marinelli, Ruth, RN, 86, formerly of Denver, died in Ft. Collins in June 2011

Savage, Maj. Leontina M. A 1949 BSN graduate of St. Elizabeth School of Nursing, Lincoln, NE., she volunteer for the Army Nurse Corps serving in Army Hospital in the South Pacific. She was recalled during the Korean Conflict. Major Savage continued her military career, earning a MSN-Nursing Administration at the University of Colorado in 1954 and serving in Germany and at US Bases. Major Savage was awarded two Battle Stars, a Presidential Unit Citation and the Commendation Medal for Meritorious Service. She died at age 92 in May 2011.

Snow, Dorothy, RN. Born in Pawnee Nebraska, she joined the Army Nurse Corps during WWII and later served in Japan and Germany during her military career. Later, she was in practice in Denver. At the time of her death on June 16, 2011, she was 98 years old.

Taylor, Nancy Anne, RN. At the time of her death on May 4, 2011, Nancy Taylor was 87 years old. She moved to Colorado in 1965 and was employed at Craig Hospital for 15 years.

Worthington, Virginia, RN. She was 88 years old at the time of her death, in Aurora, in May 2011

Van Bibber, Noah John, RN. A resident of Littleton, CO., he was a Neonatal Nurse Practitioner at St. Joseph Hospital, Denver at the time of his death on May 4, 2011. He completed his MSN/NNP at the University of Colorado Denver Health Sciences Center in 1993. He was 56 years old.

Yeager, Chelsae, RN. A 2007 graduate of Arapahoe Community College, Chelsae Yeager was 27 years old at the time of her death on May 30, 2011. She was an Emergency Department nurse. ◆

Jo Eleanor Elliott

Jo Eleanor Elliott, the former president of the American Nurses Association, died Sunday, May 1, 2011 at Boulder Community Hospital in Colorado. She was 87.

Elliott served as the nursing group's president from 1964 to 1968 and was on hand when President Lyndon Johnson signed legislation creating Medicare as well as the Nurse Training Act to Aid Professional Nurse Education.

The ANA was the one of the only major health care organizations that supported the creation of Medicare from the start.

President Barack Obama acknowledged that when he thanked the ANA in June 2010 for its support of health care reforms he signed into law earlier that year.

Obama recognized Elliott during that speech to the ANA, "for the courage and leadership she showed."

Elliott also served as the nation's top nurse when she worked as Director of the Division of Nursing, United States Public Health Services at the Department of Health & Human Services from 1980 to 1989.

Elliott was born October 5, 1923 to E. Stanton & Kathryn (Knight) Elliott in La Monte, MO.

She graduated as valedictorian from Warrensburg High School in Warrensburg, Mo in 1941.

She attended Central Missouri State College from 1941 to 1943. She received her B.S. in Nursing from the University of Michigan School of Nursing in Ann Arbor, MI in 1947.

In 1953 she received her M.A. in Nursing Education from the University of Chicago.

Elliott taught at the University of Michigan before becoming an assistant professor and research nurse at the School of Nursing at UCLA.

She later moved to Boulder, CO and became Director of the Western Council on Higher Education for Nursing, working there from 1957 to 1980.

She was a visiting professor at selected universities including Loyola University in Chicago and the University of Texas at San Antonio, TX.

She was a member of Sigma Theta Tau Society, the American Academy of Nursing (named a Living Legend in 1997) and received more than 30 awards and honors, as well as six honorary doctorates.

She was also an active member of Community United Church of Christ. ◆

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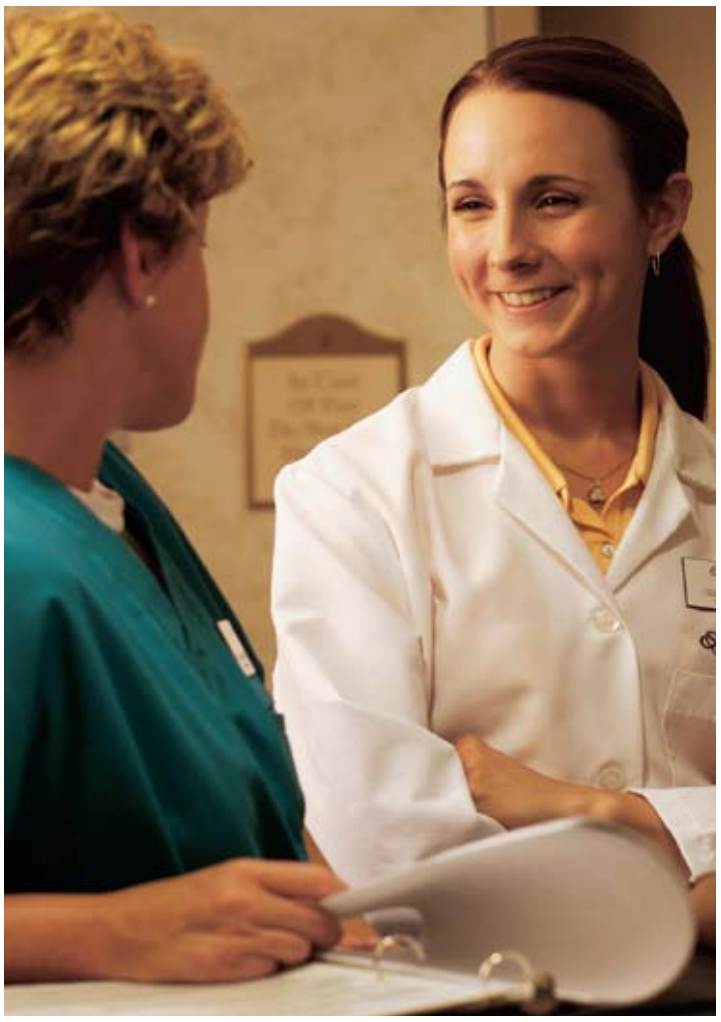

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