This will be my last Colorado Nurse column written as CNA President. As I have reviewed the other seven, I have recalled just what event had triggered my writing about that particular issue. I always wonder, after each issue is circulated, how many of the 60,000 nurses in Colorado actually read the Colorado Nurse. And then I wonder how many took note of the President's column. I have heard from a handful of you who responded to something that seemed important to you, some of you to disagree.

Many others have contributed to the printed articles you see in this publication. Our Executive Director, Fran Ricker has written informative columns about policy issues and advocacy. There have been reports from the Governmental Affairs and Public Policy Committee keeping nurses informed about the status of legislative initiatives. The Colorado Nurses Access to Health Care for All Committee has carefully followed the progress of health care reform at the national and state level. The NCOA Board of Directors have reminded us of the importance of membership numbers to maximize our influence in representing the nurses of Colorado. The DNA Presidents around the state have written as CNA President. As I have reviewed the Board has provided forums related the important events happening at the Colorado Nurse. And then I wonder how many took note of the President's column. I have heard from a handful of you who responded to something that seemed important to you, some of you to disagree.

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A Colorado legal consultant recently informed me that in employment issues, one has the legal right to “fairness.” As nurses we would object to that notion, as it is inherent in our ethical and moral framework that nurses do have the right to be treated “fairly.”

As employees, I believe nurses do want to be treated fairly in all settings. What does this mean for individual nurses? It may include their being asked their opinion or point of view on something that affects them or their patients. It may include fair processes in how actions by an employer are implemented or carried out. When statements are made against a nurse by others, does the nurse have opportunity to respond and present their view of what is happening? Everyone has habits or patterns of behavior that can under duress or stress represent less than optimal behavioral response. How is feedback given to a nurse or peer in a manner that allows self-reflection and change in behavior? The approach may be the difference between an effective change in behavior or a deteriorating pattern of self-protective and defensive reactions. Is a critical and negative environment, a nurse may respond in a negative, reactive, and defensive way. Place yourself in the same context and you may respond in a different manner.

One feels valued and respected when one is treated fairly. It may not be a legal right, but is an expectation when one is working in a particular setting. For those that favor a participatory and circular leadership style, it is fortunate that distinct leadership styles. For those that favor inclusivity and transparency, it is fortunate that leadership styles are variable. A nurse may respond differently to the same context and you may respond in a different manner.

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Updates from the Colorado State Board of Nursing

RXN Articulated Plans
The Colorado Nurse Practice Act and the State Board of Nursing (Board) Chapter XV Rules and Regulations for Prescriptive Authority (RXN) for Advanced Practice Nurses (APN) requires an APN who was granted Prescriptive Authority in Colorado prior to July 1, 2010 to complete an Articulated Plan and submit an Attestation of Development of Articulated Plan Form to the Board by July 1, 2011. If the APN failed to complete an Articulated Plan and submit an Attestation of Development of Articulated Plan Form to the Board by July 1, 2011, the APN’s Provisional Prescriptive Authority was expired and the APN must reapply by July 1, 2011, to meet current requirements for licensure. Of the 2,400 APNs with Prescriptive Authority, 88% complied and filed their plans timely. Of the APNs who was granted Prescriptive Authority for Advanced Practice Nurses (APN) requires an Articulated Plan and submit an Attestation of Development of Articulated Plan Form to the Board by July 1, 2011. If the APN failed to complete an Articulated Plan and submit an Attestation of Development of Articulated Plan Form to the Board by July 1, 2011, the APN’s Provisional Prescriptive Authority was expired and the APN must reapply by July 1, 2011, to meet current requirements for licensure. Of the 2,400 APNs with Prescriptive Authority, 88% complied and filed their plans timely.

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 held the Tuesday before the Full Board Meeting each quarter and will be open to the public. They will be announced in the Colorado Register and on our website. Telephonic access to the meeting will be available.

The current members of the subcommittee include Vicki Erickson, PHD, NP, RN; Patsy Cullen, PHD, NP, RN; Cheryl L. Blankemeier, CRNA; and Laraine Guyette, PhD, RN, CNM. The Board would like to include a CNS and NP in a clinical practice in the subcommittee.

Changes in the Board of Nursing Meeting Format
There will no longer be an open forum session at Board of Nursing meetings. Educators will be able to be present and come forward before the Board when they are on the agenda and their matter is being heard. Any other public member that wishes to be heard shall submit a request to the Board indicating the topic and amount of time requested to present. The Board will then set the matter on the appropriate agenda.

Board of Nursing Website
Please be sure to check 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.

CNA Solicits Information from APNs with Prescriptive Authority Issues
In recent months, Colorado Nurses Association has fielded a number of calls from APNs with concerns on their prescriptive authority status. Colorado Nurses Association has been actively engaged in issues relating to APNs and the transition from collaborative agreements to the articulated plan model under the reenactment of the Nurse Practice Act in 2009. CNA was heavily engaged in the rule process for many of the changes in prescriptive authority. CNA has been a proponent of grandfathering provisions in the statutory changes under the Nurse Practice Act. The association is currently engaged in collaborative discussions with the Department of Regulatory Agencies to help inform on concerns.

If you are an APN that was notified that you would be losing your prescriptive authority privileges and you have a justifiable concern, please contact Fran Ricker, Executive Director at fraanricker@nurses-co.org. Please provide some information in your communication regarding your role, education, certification, and relevant experience. Please also provide a phone number and email address in the communication.

CNA President continued from page 1

Committee Chairs, the CEOs and Presidents of our partnering organizations, a hearty thank you for your commitment to the mission of the Colorado Nurses Association and the improvement of health care in Colorado.

As I write this, the election for a new President of the Colorado Nurses Association is not complete. However, with only one name on the ballot, we can probably predict that by the time you read these words, Mary Ciambelli will be well into her first term in that office. She will serve you well and I wish her the very best.

Finally, I do want a second chance to say something I said in my first column as President. That was the column on nursing resolutions, appearing in March of 2010. I said it twice then, and I say it again. Join your professional or clinical practice association. Your membership is critical to creating a successful future of nursing.
Thank you to Paula Stearns and Keith Segundo for their work in support of the CNA Convention. Their assistance was greatly appreciated.

Members capturing core concepts at CNA Annual Convention.

CNA Immediate Past President Lola Fehr with the 2011 Luminary recipients.

CNA newly elected President Mary Ciambelli addressing the audience.

From left to right: CNA Immediate Past President Lola Fehr, ANA First Vice President Karen Ballard & CNA Newly Elected President Mary Ciambelli.

ANA First Vice President Karen Ballard and CNA 2011 Annual Convention keynote speaker addressing the audience.

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**DIRECTOR OF NURSING**

**LEVEL MSE5**

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CNA Convention 2011

Norma Tubman receiving the DNA 20 Nurse of the Year Award.

The DNA of the Year Award for 2011 went to DNA 20.

Amanda Clerkin receiving the Virginia Paulson Award.

David Rodriguez receiving the Sustained Contributions to CNA Award.

Eve Hoygaard receiving the Outstanding Contributions at the State Level Award.

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Laurie Sinner, Director of Human Resources
Community Hospital
2021 North 12th St.
Grand Junction, CO 81501
lsinner@gjhosp.org

EOE
AURORA, Colo. (Oct. 14, 2011)—Tracey Anderson, MSN, RN, CNRN, FNP-BC, AGNP-BC, director of neurocritical care program development and neurocritical care nurse practitioner at University of Colorado Hospital (UCH), has been named a Magnet® Nurse of the Year by the American Nurses Credentialing Center (ANCC). The award recognizes the outstanding contributions of nurses working in Magnet hospitals.

Anderson was given one of five awards recognizing significant contributions in clinical practice, education, research or service. The nominees are judged by a panel of nurse experts for innovation, consultation, leadership, and professional risk-taking. Anderson was recognized in the “structural empowerment” category.

“Tracey is a devoted mentor and educator in our field. Her dedication has helped her patients, other nurses and the community at large,” said Carolyn Sanders, RN, PhD, NEA-BC, chief nursing officer and vice president of patient services at UCH.

“Tracey is known for her experience in developing stroke programs and mentoring hospitals on their journey to becoming certified primary stroke centers, after having successfully led this initiative at UCH.”

Anderson developed the structure for UCH’s stroke program. Her efforts in educating hospital-wide staff, including dietary and housekeeping employees, on recognizing stroke-like symptoms has not only led to staff empowerment, but to improved patient outcomes. Her initiative decreased the time between notification and patient arrival for a CAT scan from 69 minutes to 27 minutes. She also led the way in helping UCH obtain the American Heart Association and American Stroke Association “Get with the Guidelines” Patient Management Program Gold Plus Performance Achievement Award for Stroke.

Under her leadership, UCH became one of just three hospitals in the country to receive funding from the Neuroscience Nursing Foundation to offset the cost of preparing clinical nurses for the Certified Neuroscience Registered Nurse exam. In the last few months, 14 staff nurses at UCH have obtained specially certification.

This is not the first time Anderson has been recognized for her work. In 2010, she was named the 2010 Nurse Practitioner of the Year at the National Conference of Nurse Practitioners. She also was recognized with the Peak Performers Award for Hospital-Based Nurse Practitioners at the 2009 & 2010 Rocky Mountain Hospital Medicine Symposium in Denver.

About University of Colorado Hospital
University of Colorado Hospital is the Rocky Mountain region’s leading academic medical center. It is recognized as the highest-performing academic hospital in the United States for delivering quality health care by the University HealthSystem Consortium, and is ranked as the best hospital in the Denver metro area and one of the best in the country by U.S. News & World Report. UCH is best known as an innovator in patient care and often as one of the first hospitals to bring new medicine to the patients’ bedside. The hospital’s physicians are affiliated with the University of Colorado School of Medicine, part of the University of Colorado system. Based on the expansive Anschutz Medical Campus in Aurora, CO, the hospital is where patient care, research and education converge to establish the future of health care delivery. For additional information, please visit the University of Colorado Hospital media page.
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These are some of the important benefits of creating a database of claims and information related to health care services. One broad application is to allow payers to find the most cost-effective care. Providers will be able to look at their own cost compared to other providers, and this can help identify how cost can be lower while improving access and quality.

During 2010, the Colorado General Assembly passed House Bill 10-1330 which established an Advisory Committee to develop an All Payer Claims Database (APCD). This database derived from insurance claims, providers, and assessment of healthcare utilization (ie. Emergency departments, imaging services). This data can then be analyzed to show how that affects the cost, quality of care and overall health of the region. This can help identify how cost can be lower while improving access and quality.

The purpose of the APCD is to provide comparative data on the cost and quality of health care service to providers, health plans, employers, policy makers and over time show patterns and trends in our health care. APCD is required to comply with all aspects of the Federal Health Information Portability and Accountable Act (HIPAA) for protected health information. After the data is collected de-identified and processed using a variety of analytical tools, it is then distributed through a public facing consumer websites, providers, researchers, and policy makers.

Currently, there are at least a dozen other states (including most of the New England states, Utah, and Tennessee) that have developed or are developing an All Pay Claims Database with the goal of not only comparing data within a state but also between states and across regions.

Using the data, individuals can become active participants in their health care, make informed decisions, and utilize the health care system wisely. For the first time, the public will have a tool to do comparative shopping for health care, as well as any other product purchased. Armed with data on quality parameters and cost the public can better assess value for the money.

For nurses, there are several important benefits. One broad application is to allow nurses to find the most cost-effective care. Providers will be able to look objectively at themselves in comparison to their peers. Bringing this level of transparency to the cost of care is one of the most critical elements to bring down costs.

However, there is more work ahead especially for the nursing community. As this tool comes online, we will want to ensure refinements developed to identify the unique role of advanced practice nurses separate from physicians. Nursing care and roles should be valued and paid on par with non-physician providers. As many of you are aware insurance claims data currently do not frequently list the APN who provided the care directly. The nursing profession needs to use this opportunity, to stand up, and demonstrate our value and cost effectiveness especially in primary care settings.

The goal of the APCD is to create a more efficient, high quality, and accountable health care system that is affordable for all.

### College of Nursing

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<th>Program</th>
<th>Online Option</th>
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<tr>
<td>Bachelor of Science</td>
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<td>Master of Science</td>
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<td>Family Nurse Practitioner</td>
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<td>Adult Clinical Nurse Specialist</td>
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- Nursing Informatics
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**Carole C. Schriefer, R.N., J.D.**

**Attorney at Law**

**Member of American Association of Nurse Attorneys**

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A nurse and a lawyer dedicated to the representation of health care providers. Ms. Schriefer provides legal defense services for professional licensing cases, in investigations involving civil and criminal investigations involving health care professionals. She represents nurses who have received a notice that a complaint has been received by the Board of Nursing relating to their nursing license. She also represents professionals regarding other matters that may impact their professional license.

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**Colorado Christian University**

College of Adult and Graduate Studies
Colorado Center for Nursing Excellence to Pilot Leadership in Long Term Care Workshops

by Amy Boatright, MSN, RN, CNM

The statistics about “The Aging of America” are astounding. Ten thousand Baby Boomers reach retirement age every day and in Colorado, the number of residents over the age of 65 is expected to double by the year 2053. People over the age of 85 are the fastest growing segment of the U.S. population, and over one and a half million Americans live in nursing homes. As our country ages, the demands upon providers of long term care to this large and growing segment are complex, evolving and increasing at a rapid rate. Currently, there are few educational programs available to long term care facilities to endure high rates of turnover in their staff at all levels. The conditions are ripe for supporting long term care leaders in creating positive, supportive work environments for themselves and their employees to curb epidemic rates of turnover and provide excellent continuity of care to residents and families.

When long term care nurses are promoted into directorships from staff positions, they are thrust into the immense responsibilities involved in coordinating care for families, residents and staff. Many of these nurses have a diploma or associate’s degree and have not had management experience in a medical facility. In attempting to navigate the bombardment of interdisciplinary issues presented to them each day, 30-50% of DONs and ADONs leave these positions during the first year. (They may ‘burn out’ each year out of frustration and job dissatisfaction.) Not surprisingly, the turnover rates for nurses are higher than those for executive directors of Nursing. Nurses caring for residents in long term care, it is difficult to imagine how these homes could provide continuity of care, develop innovative programs and satisfy the person-centered care they desire and deserve.

Throughout healthcare, staff retention is directly tied to satisfaction with leadership. In long term care leadership, it is not an inborn talent for a gifted few, nor can it be learned in a management workshop. In attempting to navigate the bombardment of interdisciplinary issues presented to them each day, 30-50% of DONs and ADONs leave these positions during the first year. They may ‘burn out’ each year out of frustration and job dissatisfaction. Not surprisingly, the turnover rates for nurses are higher than those for executive directors of Nursing. Nurses caring for residents in long term care, it is difficult to imagine how these homes could provide continuity of care, develop innovative programs and satisfy the person-centered care they desire and deserve.

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In January 2011, the Center applied for a Health Resources and Service Administration (HRSA) grant to begin to address the need for leadership training in long term care facilities across Colorado. The Center made this application in response to requests from several long term care facility leaders. A successful curriculum for front line nurse leaders in acute care was developed at the Center under a previous HRSA grant, and extending this core curriculum to long term care was a logical step. One key to this program’s success was the incorporation of coaching for several months after the workshop, which participants found to be essential in their incorporation and mastery of new leadership skills. The Center’s most recent proposal provides a 5 day Leadership workshop for Directors of Nursing and Assistant Directors of Nursing in long term care and a 2 day Introduction to Coaching for executives selected by participating DONs and ADONs to coach them through this process.

HRSA funded the Center’s project in July 2011 to train a minimum of 30 DONs and ADONs from long term care facilities each year, over a period of 3 years. Curriculum development is underway for the first Long Term Care Leadership workshop to be presented January 23-27, 2012 at Colorado Hospital Association in Greenwood Village. A second workshop will be offered near Durango in April of 2012, and under the continued support of the HRSA grant, two workshops a year will be held in 2013 and 2014. Each year one workshop will be at the Denver Metro area, and one at a more distant location in an attempt to reach as many rural areas of Colorado as possible. In addition to the core leadership curriculum, participants will also hear from expert faculty on topics specific to long term care, such as preparing for regulatory visits, handling end of life issues, quality assurance and intergenerational concerns. By the end of the workshops, leaders will be ready to design a capstone project involving a leadership skill or strategy that they will conduct over several months after the workshop.

In conjunction with each Leadership workshop, the Center will conduct a day introducing the Coaching workshop. All nurse leaders participating in the Leadership workshop will need to find an executive leader to serve as their coach for a minimum of 10 months after the workshop. Coaches may not be the DON/ADON’s direct supervisor, but may be another leader in their organization or may come from the greater community. Coaches must not be required to be, nurses. Coaches will meet weekly by phone or in person with their coaches, to support implementation of new leadership strategies and guide development and execution of the capstone project. Ongoing support of the coaches will be provided by the coaching staff at the Center via monthly coaching phone conferences and as needed.

In a long term health care climate where there are ever increasing needs, fewer resources and a more demanding environment, the conditions are ripe for supporting long term care leaders in creating positive, supportive work environments for themselves and their employees to curb epidemic rates of turnover and provide excellent continuity of care to residents and families.

The Center is excited to begin offering the Leadership workshops this year. Over the next three years, the Center plans to train a minimum of 30 DONs and ADONs from long term care facilities in Colorado. Many of these nurses have a diploma or associate’s degree and have not had experience in a management position. In attempting to navigate the bombardment of interdisciplinary issues presented to them each day, 30-50% of DONs and ADONs leave these positions each year out of frustration and job dissatisfaction.
Heartbeat and Pulse of Personal Educational Goals for 2011
CNA Continuing Education Provider Unit Solicits Your Input

Submitted by Carole Mutzebaugh, Cris Finn, Kathy Whitney, Annette Cannon, Melinda Roberts.

As CNA Convention nears, it’s time to take note of personal accomplishments for 2011! This includes your own professional learning goals, as well as goals that you might have set for staff or preceptors. While this review could contain many things, the Continuing Education Provider Unit (CEPU) asks you to focus on educational goals for this year, both in a receiving capacity or presenting as an educational dynamo.

Often, the CEPU and other educational planners fail to recognize the talent within our Colorado ranks. Consequently, we seek speakers, programs, visionaries, and experts from across the country. As program headliners travel further, the budget and enrollment costs soar, and attendance becomes limited. This is true for other states as well as Colorado. A CEPU member recently received three advertisements for single topic, all day programs for general nursing information; the cost was $85.00, lunch on your own, and prints your own syllabus. She had attended these presentations in the past and the average attendance seemed to be about 150 nurses. The featured speaker was not from Colorado, and although well-prepared, possessed no extraordinary credentials. Similarly, a local offering that featured a nationally known, published, and recognized nurse, attracted only 14 participants for an update on a mental health topic at a cost of $15.00.

Help the CEPU with these questions: How are nurses attracted to programs—Speaker, Cost, Location, Topic, or Time? How does CEPU help to develop smart nurses into great presenters with a message to improve care and nursing without sending them to Kansas? How does CEPU respond to the educational needs of Colorado nurses? And How does CEPU recognize the “prophets in their own land” or the experts amongst us?

CEPU has attempted to energize individual nurses in 2011 to increase their participation in some capacity in nursing education offerings. This is good for the individual nurse and good for the profession. Best of all, it benefits patient care. What the committee wants from you is feedback from the nursing community on who has participated with either receiving or giving educational offerings.

At a personal level, the question is, how did you meet your educational goals? For those who set goals and participated in some manner:
• What energized you to participate?
• What was the outcome to participating?
• How does this outcome affect your personal direction for the future?
• What is the best program that you attended last year?

We would love to hear from you! CEPU wants to evaluate our role in CNA. Sharing your experience allows the CEPU to assess committee outcomes for 2011, but more importantly, sharing your experience may energize and inspire others to join the educational campaign bus for personal professional improvement. Keep your responses simple. Suggestions for ways in which the CEPU might support you in the future are welcome! Responses will be shared in the next Colorado Nurse at the end of 2011.

Continuing Education Needs
Assessment Response ideas:
• What energized you to participate in your educational activities and what was the outcome?
• How did the outcome affect your personal direction for the future?
• What is the best program that you attended last year?
• How are nurses attracted to programs—Speaker, Cost, Location, Topic, or Time?
• How does CEPU help to develop smart nurses into great presenters with a message to improve care and nursing without sending them to Kansas?
• How does CEPU respond to the educational needs of Colorado nurses?
• How does CEPU recognize the “prophets in their own land” or the experts amongst us?

Submit comments to: cna@nurses-co.org

NOW WE KNOW
... WHAT TO SAY WHEN ASKED ABOUT ADOPTION.

Learn best adoption practices allowing you to better serve those experiencing an unintended pregnancy. The Infant Adoption Training Initiative enhances understanding and knowledge about current adoption practice, laws, birth fathers and referral strategies.

For training dates and locations, and for quick and easy online registration, simply visit our Web site at www.infantadoptiontraining.org or contact us at 1.888.201.5061.

“...All of the information was very beneficial. Thank you for the program.”

-Director of Nursing

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To the new nursing grads in Colorado, WAY TO GO ON PASSING NCLEX!! Now you can gain support and advice through the Colorado New Nursing Gradds group on Facebook. This group consists of nursing graduates 5 years of 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 group hopes that new nurses that have a passion for the nursing profession and are willing to coach, give advice, or just listen to different success stories for 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 3,958 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 welcoming in new members at the Colorado Nurses Association website by Lori Rae Hamilton, RN, MSN

CNA Region II Director

by Lori Rae Hamilton, RN, MSN

CNA Region II Director

By the legislative tracking system CNA is using. In March, our meeting was held at CSU-Pueblo in La Junta at the Convention in Colorado Springs. CNA information was also brought to everyone attention the impact of the Healthcare Reform in Rural Colorado. This was 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 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 2013-12 year are President Lori Rae Hamilton, Vice President Cheri Cordova, Secretary Amanda Clerkln, and Treasurer Dorothy DeNiro. Delegats for the state convention include Denise Baker, Linda Skoff, Joe Franta, Rita Sims, Donna Wofford, and Jenna Wagner.

In July the officers will be meeting to plan the yearly events for the convention, fundraising, legislative, and fun opportunities. For more information please call Lori Rae Hamilton RN, MSN at 719-846-3559 or email lorihamilton@ojc.edu.

District 6 Report (San Luis Valley)

This past summer we collected items such as clothing for children, OTC NSAIDS, and dressings for people experiencing hardship in Afghanistan through Dr. Mike Woll who is currently stationed in Afghanistan. Mike has established a humanitarian clinic there and was running low on local donations.

Our membership has submitted a couple of action proposals for the CNA House of Delegates to be presented at the CNA Convention. One year 2012-13,” is continuing, and new and former members are encouraged to attend Board meetings and to participate. We look forward to sharing our ideas with the membership at the convention.

Adams State College has reported receiving a $257,000 grant to help fund a new Operating ProcedureSteering Committee is still recruiting mentors. If you are interested in being a mentor or mentee please contact the CNA office for more information.

Jarrett has an extensive history of experience with the Colorado Nurses Association. She is the new Board President 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 opportunities 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.

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In 2010-2011 presentations given at the monthly meetings focused on legislative and policy issues, practice improvement including emerging practice areas, and sharing our stories as nurses. The following presentations were given in 2010-2011:

- An Introduction to Eden Alternative presented by Jill Vitale-Aussem, Clermont Park Christian Living Communities
- Medical Care and Treatment, Evidence Collection and Forensic Examination of the Pediatric Sexual Assault Victim presented by Pailler Keller, RN, MSN, Forensic CNS, SANE-A, SANE-P, Ralston House
- Promoting the Profession of Nursing and
  - Your Professional Organization presented by Kiaka May, RN, MSN, DNA 20 Vice President
  - Magnet a Mile High: University Hospital
    - Magnet Program presented by Danielle Schloffman, RN, MSN, University of Colorado Hospital and Kathleen Bradley, RN, MSN, NE-BC, and Terry Rendler, RNC, WHP-BC, MSN, Porter Adventist Hospital
- A Medical Mission to Kenya presented by Janet Ballantine, RN, BSN, CTH, Ballantine Travel Health and DNA 20 member.
- Legislative Initiatives: Amendment 60, 61 and Proposition 101 presented by Bob Semro, Bell Policy Center.

Members have increased the visibility of nursing by:

- Volunteering at the 9 News Health Fair and Susan G. Komen for the Cure Walk/Run
- Attending Nurses Night at the Rockies
- Assisting with the Nurse-Legislator Connection Dinner greeting Legislators.
- Awarding a $1,000 scholarship through the Colorado Nurses Foundation to a Regis University undergraduate in her junior year
- Donating diapers for toddlers and bus tokens to the Jeffco Action Center
- Assisting with the Nurse-Legislator Connection Dinner and providing free tickets to the students for the Colorado Nurses Foundation for a Silent Auction at the CNA Conference
- Attending a fund raising event at the Arvada Center for the Arts and Humanities, which raised $348 for its nursing scholarship
- Hosting a nursing students from Denver Metro Area Schools of Nursing at meetings and providing free tickets to the students for Nurse-Legislator Connection Dinner

Members were saddened by the passing of long time member Judy Ferrill in January in a scuba diving accident; pleased to see DNA 20 President, Allison Windes, obtain her Moms Baby certification; and delighted to see DNA 20 Member, Janet Ballantine who is certified in Travel Health, open her own business Ballantine Travel Health.

**District 30 Report**

DNA-30/CSAPN continues to have well attended monthly dinner meetings. Topics vary and over the year seem to directly address most areas of practice. Several of our members are now successfully engaged in independent practice settings and others are considering this option. All APN’s who have prescriptive authority were required to complete the development of an Articulated Plan and to submit an Attestation of Development of an Articulated Plan Form by July 1, 2011. As 2011 draws to a close, we are looking at 2012 Legislative issues that might impact the practice of all professional nurses. Several DNA30 members are involved in the GAPF Committee. Our DNA actively supports /donates to the CNA Legal Defense Fund.

We are planning to once again collect $10.00 Gift cards to donate to support clients at Metro-Caring. In 2010 we were pleased to donate 77 gift cards that were placed in holiday food boxes for people in need. Our goal is to exceed that amount for 2011. Members who are outside the Metro Denver area are encouraged to consider donating in their communities.

Increasing our membership is an ongoing goal. Marion Thornton, FNP is our chair and we are working with the CNA Membership Committee to increase CNA/DNA-30 membership numbers. For more information about DNA-30, please visit us via a link on the CNA website (www.nurses-co.org), by visiting csapn.enpnetwork.com home page and “Contact us.” You will receive an email response.

Officers: President David Rodriguez, FNP; Vice-President Tara Caldwell, WHNP; Secretary Eve Hoygaard, WHNP; Treasurer Lori Harris, CNM; Past-President, Gregg Smith, FNP. We hold monthly BOD meetings for officers/committee chairs, etc. and details are posted on the eNP website.

Eve Hoygaard, Secretary
CNAHCA Report

Brenda Vonstar, RN, FNPC, Chair of CNAHCA

Another season has come and gone. It was a busy time for CNAHCA Committee; filled with guests and guest speakers. As the legislative session closed, CNAHCA continued to work with other health care reform groups to promote nursing ideals in health care delivery. First a meeting with Health Care for All Colorado (HCAC) was held to open dialog of how to work together in future health care bills. CNA wanted HCAC to understand the nursing’s perspective on health care reform in Colorado. This gathering included members of HCAC, their policy leadership, and CNA’s Lobbyist, GAPP committee and CNAHCA. The meeting was an opportunity for CNA’s leadership to express key legislative concepts held by the Colorado Nurses Association and are interested in general. The concepts stated that all nurses should be able to practice to full extent of their education and training, use of provider neutral language in all instances along with the fact that Nurse Practitioners in Colorado have the right to practice independently of physicians and all nurses viewed as leaders in developing health care delivery system including new approaches. Above all the removal of all barriers to full participation and leadership of nursing in the future of the health care system.

The next presentation was from Karen O’Brien, DNP, MN, APHN-BC, a member of CNAHCA and Project Director, Colorado Center for Nursing Excellence on “Building Public Will to Achieve Access to Health Care in Colorado” project. The Colorado Center for Nursing Excellence received 1 (one) Grant to increase access to health care in Colorado by the Federal Government to improve access to health care in our state. Colorado, there are 16,338 premature deaths each year. The goal of this grant is to raise awareness of the challenges and opportunities to create a Colorado system that promotes health and wellness. Secondly, to empower nurses to share their voices and experiences to help achieve access to health care for all Coloradans. Colorado Center for Nursing Excellence targets all nurses to use their voices to increase the general public knowledge of how to access health care in our state. For more information: www.ColoradoNursingCenter.org

Other topics covered included a progress report on the development of Health Insurance Exchanges in Colorado. CNA member and board member of GIVHC (Center for Improving Value in Health Care) Karen Zink gave group an informative synopsis of the activities of GIVHC. Governor Ritter established GIVHC as a statewide multi-stakeholder group to look at ways to improve the quality health care system in Colorado while containing cost.

One of these initiatives is the “All Payor Claims Database.” As consumers, we generally expect to know the price of an item before deciding to purchase the item. The same is not true with health care expenses and routinely the consumer cannot even receive an estimate of the cost. To add to the complexity of these transactions and to understand the real value of the services there is a wide range in prices within the same geographical area.

How can you control the cost of something that cannot measure? The effort to control health care cost cannot begin until we can collect comprehensive real time data about the cost. Using this data can drive comparisons and working towards establishing a fair price for the services. Brenda Vonstar, as member of the subcommittee on privacy and administration presented an overview of how the data is to be collected and expected uses in Colorado. Colorado is among only a few states to working on similar databases.

Lastly, a presentation by Paula Noonan from Colorado Capitol Watch on their Legislative tracking system available thru the website: www.coloradocapitolwatch.com. Paula demonstrated the benefits of this website to track not only Legislative bills but also Legislators voting record. A subscription is available to individuals for the low cost of $25 a year. If you are a member of Colorado Nurses Association and are interested in joining this group contact Brenda Vonstar at vonstar@qadas.com or through the Colorado Nurse Association.
ANA continued from page 1

Decades ago, the federal government created two designations to help ensure that resources are best directed to increase access and improve health outcomes. Formulas were developed to determine a health professions shortage area (HPSA) and a medically underserved area (MUA). Despite the fact that NPs and CNMs have a long history of providing primary care to vulnerable populations in areas of need, these designations have, to date, not included NPs and CNMs in a critical aspect of the formula—the “provider-to-population ratio.”

That will likely change as the result of Section 5602 of the ACA. That provision directed the Health Resources and Services Administration (HRSA) to establish a committee to review and update the criteria used to define HPSAs and MUA. Since July 2010, when Health and Human Services Secretary Kathleen Sebelius announced The Negotiated Rulemaking Committee on the Designation of medically underserved populations (MUPs) and HPSAs, ANA staff have monitored the meetings, provided formal testimony, and responded to inquiries from committee members.

A variety of federal and state programs use HPSA and MUP designations to target resources. For example, the HPSA designation is one factor used to determine eligibility for the National Health Service Corps, a scholarship and loan repayment program for which NPs and CNMs are eligible. It is used by U.S. Immigration and Customs Enforcement to manage programs that provide visa waivers for foreign-educated physicians who agree to practice in underserved areas. Medicare also makes bonus payments to primary care physicians and psychiatrists working in designated HPSAs (but not, unfortunately, to NPs or CNMs/CsM). The MUA/MUP designation is also used as a basis for awarding grants to community health centers, which employ a growing number of NPs and CNMs.

More detailed information about HPSA and MUP designations is included in an Issue Brief available at www.nursingworld.org. These similar, yet distinct, designations are complex, including a number of variables that are difficult to define. For example, in determining a ratio of providers to population, how are primary care providers defined? There is general agreement that family physicians and general internists are PCPs, but what about obstetrician-gynecologists? Are NPs and CNMs PCPs? How does one define a “natural catchment area”?

ANA’s early discussions with the committee were around ANA’s concern that the committee is challenged by limited data sources, particularly as it affects decision making about NPs and CNMs. The available data sources are inadequate to provide necessary information about NPs and CNMs as PCPs.

Inclusion of NPs and CNMs in the methodology may result in some areas currently designated as MUPs and HPSAs from losing their designation while others may gain new designation. ANA is sensitive to the fact that a change in status may create challenges in sustaining services, and ANA will continue to monitor the work of the committee.

More about the negotiated rulemaking committee

The committee is made up of 28 members representing a range of stakeholders, including those with HPSA/MUP designations, such as community health centers and rural health centers. Some committee members represent populations with special health care needs and others bring technical and research expertise. The committee includes one advanced practice registered nurse, Andrea Brassard, RN, DNsc, MPH, FNP, FNP-USA, an ANA member, is a strategic policy advisor in the Center to Champion Nursing in America at AARP.

“Negotiated rulemaking” is a process that relies on achieving consensus and is, as a result, time-consuming. The committee has met seven times, typically in long three-day meetings. Although it has made significant progress toward reaching consensus, the committee requested and received additional time to complete its work, and a proposed rule is now expected in October 2011. —Lisa Summers is a senior policy fellow at ANA.
Colorado Governor John Hickenlooper signed in June a bill that changes the mission, role, and scope of CSU-Pueblo which will allow the University to add a limited number of graduate programs, including its first-ever doctoral degree, Doctor of Nursing Practice (DNP). The new degree is in line with the Nursing Department’s long term plan for educating health care professionals to attend to the people of Southern Colorado—their wellness, their care, and their future.

As the nation reforms its health care system, the American Association of the Colleges of Nursing, along with seven nurse practitioner organizations, has recommended moving the current level of preparation necessary for Nurse Practitioner from the master's degree to the doctorate-level by the year 2015. Therefore, the CSU-Pueblo Department of Nursing is proposing to transition the existing Master of Science Nurse Practitioner programs (Acute Care, Acute Care/Family and Psychiatric–Mental Health) to the Doctor of Nursing Practice. CSU-Pueblo Department of Nursing is developing curriculum and proposing to hire additional faculty with the required credentials to administer and teach the program. Start-up funds are required to accomplish these goals. The University seeks to raise $1 million ($333,333/year for 3 years) in private support through collaborative partnerships with stakeholders who recognize the opportunity to enrich education and improve health care access and delivery in Southern Colorado.◆

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Call for Nominations

2012 Nightingale and Luminary Awards
Continuing the Tradition of Recognizing Excellence in Nursing Professional Engagement and Citizenship

The Colorado Nurses Foundation announces the second year of the revised Nightingale Awards Program which provides for state level recognition of a greater number of nurses while retaining the six traditional Nightingale award designees. The regional award recipients are designated as luminaries and up to 48 luminaries as selected from their regions will be honored at the state recognition event.

The Luminaries (regional level) and the Nightingale Award Recipients (state level) will be in two categories:
- Category I: Nurses in Clinical Practice
- Category II: Administrators, Educators, Researchers, and Non-Traditional Practice Roles

Areas of recognition in EACH category will be:
- Advocacy—advancing a cause or proposal
- Leadership—motivating others to work toward a common goal
- Innovation—demonstrating creativity which addresses today’s challenges/opportunities

Nominations are due on January 15, 2012. Nominations and more information may be found at CNFound.org. Nominations may be made by anyone who wishes to recognize an outstanding nurse.

The State Recognition Event, which raises funds for nursing scholarships, will be held on Saturday, May 19, 2012.◆

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In December of 2009, an article: “Nothing was disposable and we only had ether: A Historic Journey” was published in the Colorado Nurse. It was the story of Winifred Johnston Nichols from her days as a Beth El School of Nursing graduate in 1938, to her time in the OR at the Larimer County Hospital from 1938 to 1940, her membership in District Nurses Association 9 in Ft Collins, and her experiences as a Navy nurse in WWII. The story ended with Winifred at the age of 92, living in Minot, North Dakota, growing violets at home, playing bridge, and reading 14 books a month from the library, and receiving help from a caregiver in the house.

I recently received a letter from Winifred that brought me up to date on her very different life. She has given me permission to share it with you.

“Dear Friends and Family: This is a letter I never supposed I would have to write in order to explain what has happened in my life.

Minot and all of North Dakota had a real wet spring. All the rivers in that area ran full and overflowed. The Mouse River that runs through Minot overflowed its banks and threatened to flood the town. I wouldn’t believe it until the policeman came to the door and I had to leave the house. The sirens were blowing and I decided I had no choice but to leave.

It was on June 22, 2011 that my caregiver Crystal Brown grabbed up some of my essential items such as clothes and heirloom pictures and left. A friend had told me she had room for me out of the evacuation area but my wheelchair wouldn’t go through her doors.

A couple of my friends, Art and Verla... who live in Bismark heard of my plight and asked me to come stay with them.

For three weeks I watched the flood news as the river rose higher and higher. There was no way to tell what was happening to my house. It was impossible to know whether the water was doing any damage. One day the news came that the house had been flooded, the basement and up four floors. I had been so busy that I couldn’t concern myself with the house that I wouldn’t consider moving the furniture so all was lost.

Crystal came to Bismark and picked me up as I couldn’t do any business in Minot from so far away. She was fortunate with water over the roofs of houses down in lower spots. For weeks there had not been any place to stay so I took up residence in the Red Cross Disaster Shelter where I stayed night and day on a cot. They gave us warm meals a day. During that time I got as much of my business affairs taken care of as I could.

For months I had planned on attending the Johnston family reunion scheduled for July 22, and hosted by my nephews Jim and Jack Johnston and their wives, headquartered in Thedford, Nebraska. My nephew Bobby and a friend came to Minot to see what could be done with the house and its contents. They forced their way into the house through doors blocked by furniture that had floated and come to rest in front of the doors and hallway. They found very little they could salvage. Everything that had been under water had rotted or came apart. A few things higher on the walls were rescued. The silver and some of the sturdier things were dug out of the mud. These items were packed and loaded into Bobby’s pick up for storage.

By this time my niece Carol and husband Marty had been on the alert to help me if they could. They came to get me and we all headed to the family reunion.

All went well for the reunion. We had a good crowd. Everybody had a great time.

One of the topics of conversation was where I was going to go. It was decided there may be an opening in the assisted living facility my sister-in-law Jean lives in on the southwest corner of Nebraska. Dorothy Johnston, another sister-in-law had been admitted into nursing care the previous week and her children, Jim, Jack, and Barb graciously made her furniture available to me.

With all of the nieces and nephews rallying around I was settled into the apartment within the week. So here I am. I am very comfortable. The meals are very good and I’m getting things in order for a foursome of bridge. There has been a lot of business to attend but most has been taken care of by now. Jean and I are enjoying catching up with old times. As far as I can see this will be my home for the future. I’ll try to get Christmas cards out as usual. I look forward to hearing from you or having a visit from you if you are ever this way.

Love,
Winifred “Johnny” “Chubby” Nichols

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Adelia Hammerly: Registered Nurse in 1914

Author—Vickie Carroll

The headline in the Weekly Courier on January 31, 1913 was: “Nurses Play Prank on LaPorte Visitors.” The “nurses” were actually students at the Fort Collins Hospital Training School. The article stated: Sunday afternoon Fred Hammerly and George Nugent of LaPorte, drove into town to spend a few hours. They hitched their team in front of the Fair Store. Friends in LaPorte called Miss Delia Hammerly, a nurse at the Fort Collins hospital, and told her the young men were in town with a team and where they would probably hitch their horses. In company with Miss Carleton, another nurse, she went to the Fair store, unhitched the team and the two young women drove off. The young men returned shortly for their team and found that during their absence it had disappeared. A frantic search was instituted in which the services of the city marshall were invoked and after an hour of anxious hunting around town the rig was found. The young men swore vengeance on the young women and promise to “pull off” something startling in retaliation for the unpleasant hour they spent looking for their horses.

Delia Hammerly and Loa Carleton graduated from the Fort Collins Hospital Training School in May, 1914 with four others seen here in this photo. In December of 1913, the Weekly Courier headline was a sad one, not uncommon during the flu season of 1918. “Hammerly Girls Held in High Esteem.” Fort Collins friends of the Joe Hammerly family have received a copy of the Rio Grande Sun, published at McAllen, Texas, which speaks in the highest terms of Miss Gertrude May Hammerly, A Veteran who had served in the U.S. Air Force, who was employed by the Denver VA Medical Center in the SICU/PICU.

Robles, Beatrice Esther, RN, died at age 81 on 7-18-2011. She was a nurse for 60 years. ◆

(Memorial Column submitted by Eve Hoygaard, MS, RN, WHNP-BC)

Vicky enhanced school health both locally, nationally and internationally. Her work for over 30 years focused on improving school health for children. Her early work in the Sheridan School District was a model for the development of school based clinics. She retired as the School Nurse Consultant for the State of Colorado and was very involved in developing and expanding education for school nurses.

Mitchell, Thakane Mary Mokolokolo, BSN, RN, age 43, died on August 30, 2011. She was a nurse for 60 years.

Reis, Walter J., Jr, RN, died August 30, 2011. A Veteran who had served in the U.S. Air Force, he was employed by the Denver VA Medical Center in the SICU/PICU.

Hertel, K. Victoria, RN, MS, SNP, died at age 77 on 8-19-11. Her graduate nursing education included her MS in Nursing at the University of Colorado School of Nursing in 1966 as well as earning her School Nurse Practitioner certificate there in 1972.

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