Survey Says: Nurses’ Influence on Health Care is Untapped

by J. Cunningham, TEXAS NURSING staff

Gallup® polls usually reflect the public’s opinion. They have for more than 70 years been a standard in over 140 countries of a reliable and objective measure of public opinion on a wide range of topics. Gallup polls, conducted by the polling division of the Gallup Organization, have in the past uncovered social and economic trends, and proven over the years to have a high degree of accuracy.

In 2009, on behalf of the Robert Wood Johnson Foundation (RWJF), Gallup surveyed U.S. opinion leaders on their views of nursing and nursing leadership, particularly the role America’s nurses can and should have in improving access and quality of care, and containing costs. Results of this first-of-a-kind survey titled, Nursing Leadership from Bedside to Boardroom: Opinion Leaders’ Perceptions, were released at a news conference held January 20 at the National Press Club in Washington, D.C.

In presenting the findings, Dr. Risa Lavizzo-Mourey, president and CEO of RWJF, characterized the survey as “an action plan that will serve the nation.” She said, “Expanding the leadership of nurses is critical to health care reform. Opinion leaders recognize that we are squandering opportunities to learn from nurses and implement their ideas.”

Survey results back her up. They reflect the perspectives of opinion leaders—not average Americans—from six key groups in charge of what’s happening in health care reform: university faculty, insurance (e.g., presidents, CEOs, vice presidents, etc.), corporate, health services, government and thought leaders. The survey based on 1504 telephone interviews with national opinion leaders that averaged 11 minutes in length confirmed nurses are underutilized and they don’t have the influence in health care reform that they should. Ninety per cent of opinion leaders surveyed said they’d like to see nurses have more influence reducing medical errors, nearly 89 per cent said more influence improving quality of care, and 86 per cent said nurses should promote wellness.

March Madness–Early Legislative Gains Reported by Governmental Affairs and Public Policy Committee

by Mary Ciambelli, PHMCNS-BC, Ph.D., RXN Co-Chair of GAPPP

Many are enjoying the afterglow of legislative and policy successes that have occurred because of relentless teamwork in the current state legislative session. Just like the successful basketball teams still playing in the NCAA tournaments at the end of March, the Colorado Nurses Association has benefited from excellent leadership and hardworking team players in 2010. The legislative session is just about half over, but some notable successes have already been achieved.

In the last Colorado Nurse Tay Kopanos alerted you to an important budgetary proposal from the Colorado Department of Health Care Financing and Policy (HCFP) that threatened access to care for Medicaid recipients obtaining care from advanced practice nurses and physicians assistants to 90% of the physician rate. The proposed 11% cut to Medicaid reimbursement posed an imminent threat to the health care of Coloradoans since many APNs told the association that they would not be able to continue serving Medicaid recipients if this proposed cut was put into effect.

Colorado Nurses Association took the lead in protesting this recommendation and joined with multiple community stakeholders in proposing an alternative 1.1% across the board cut. The alternate proposal would have generated more savings for the Colorado budget without causing an access to healthcare crisis. A strategic campaign was developed by the leadership of the association and supported by the Colorado Rural Health Association and Colorado Association of Nurse Anesthetists in the early days. We educated JBC staff, JBC legislators, and other legislators, media contacts, wrote multiple letters and electronic
books (29.6 percent), the Internet (13 per cent), newspapers (5 per cent) and television (2.6 per cent).

Yet survey findings place nurses at the bottom of the seven possibilities of who will influence health reform in the U.S. in the next five to 10 years. Only 13.8 per cent of responders perceived nurses as influential in health care reform; well below the government (75 per cent), insurance and pharmaceutical executives, doctors and patients.

So why the disjunction? What are the barriers that prevent nurses from contributing to improvements in planning, policy development, and managing health systems and services? The answer, according to the survey, is structural issues. There is not a structure in place, according to Dr. Newport, for people to listen and nurses to say. Key points: almost 70 per cent of opinion leaders perceive nurses as not important decision makers; 68 per cent perceive that it is doctors who generate the revenue; there is no focus on preventive care (that's huge, says Newport); and nurses lack a single voice on national issues, no leadership opportunities, no strategic vision, and different levels of education. Structural issues.

**Solutions, Survey Says**

Two major suggestions came from opinion leaders on how nurses could overcome barriers and achieve more influence in key areas of health care. One, nurses must have their voice heard. It must be a single, unified voice that focuses on key issues in health policy. Nurses are perceived by opinion leaders as lacking the interest to be in that role. Second, there must be higher expectations by society and by nurses around what nurses can achieve. “Nurses should be held accountable for not only providing quality direct patient care, but also for health care leadership.”

**Noted Participants**

At the news conference, expert responders to survey findings included: Pennsylvania Governor Edward G. Rendell; Dr. Reed Tuckson, executive vice president and chief of medical affairs, United Health Group; and Dr. Cail Wilems, senior fellow at Project HOPE, former administrator of the Health Care Financing Administration.

A panel discussion by nurses over the survey findings followed the news conference. Panelists included: Dr. Susan Hassmiller, senior adviser for nursing at RWIP; Dr. Patricia Gerrity, associate dean, College of Nursing and Health Professions, Drexel University, and director of 11th Street Family Health Services; Dr. Richard Hader, senior dean, College of Nursing and Health Professions, and may not be reprinted without written permission from CNA.

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by Lola Fehr

An economist returns to visit her old school. She's interested in the current exam questions and asks her old professor to show her some. To her surprise they are exactly the same ones that she had answered ten years ago! When she asked the professor about this the professor answered, “The questions are always the same. Only the answers change.”

This old economist's joke reminds me of a conversation I had with Leah Curtin, well-known nursing ethicist, writer and speaker. I was introducing her at a conference many years ago, and in reading her bio noted that she had been speaking and writing about the same issues (entry into practice, the image of nursing, etc) for years and nothing much seemed to change and didn’t she get tired of that. She explained that some things are nurses’ “hygiene issues”. Like brushing your teeth and styling your hair, they have to be addressed over and over. The hair style may change and you may even get some new teeth, but you still have to shampoo and brush and floss. And so, nursing is still asking the same questions.

What is the appropriate educational preparation for professional nurses?

Actually this is not quite the same old question. While research is showing that baccalaureate preparation is in the best interest of the patient, we have moved away from promoting it as required for entry into practice. We are not backing down from the importance of moving every AD graduate into a baccalaureate program and many AD programs register students with the understanding that they will quickly proceed on after attaining the experience rewarding and energizing. It may be awhile before the BSN is a legal requirement, but it is already a requirement for many nursing roles. It’s never too late (or early) to start.

How can nursing education meet the increasing demand for more nurses in the future?

Make no mistake about it, this period of job shortages for new grads is not a permanent situation, and we will continue to be challenged to provide education programs to meet future needs. Some experienced nurses believe that new grads are not adequately equipped with essential skills to enter the workplace upon graduation, and many of those new grads might agree with them. One of our challenges is finding sufficient clinical sites to meet the needs of our student nurses. Changes are coming as we see more use of simulation labs and use clinical sites 24/7. We also need more nursing faculty with higher education credentials, another case for encouraging nurses to keep on truckin’ through school. The current abyssmal level of funding for higher education also has an impact on nursing schools’ ability to pay faculty salaries competitive with other professional opportunities. How to finance nursing education is the same old question, but it definitely requires new answers.

And speaking of compensation, what is a fair for nurses?

This is another age-old question. Nurses have traditionally thought themselves underpaid and that may be true. The findings seem to indicate that entry level is good compared to other professionals, but the ceiling is much too low, leaving limited advancement. It’s a complicated question in the light of the concern about the costs of health care when we know that personnel are the major part of that cost. We also know that failure to provide an adequate number of qualified nurses in patient care costs in terms of errors, limited patient education, and readmissions among other things. We have long pleaded the case that nursing care should be itemized as a service on the hospital bill rather than included as an invisible factor in the room rate. The limited reimbursement to long term care facilities makes competitive compensation a real challenge in those settings. Direct reimbursement from insurance companies is still a distant dream for many nurses in independent practice settings.

Why do the physicians hate us?

Well, they don’t hate us, exactly, at least not all of them, but they do seem quite irritated that nursing is moving into some of theirs "turf". I’m not quite old enough to remember when taking a blood pressure could only be done by a physician, but I understand that used to be the case. Now we delegate the job to qualified nursing assistants and the physicians don’t care too bit. One new answer to the old question about competition between nurses and doctors is to put both professions in the same room and have them redesign the healthcare delivery system. No one else is nearly as qualified.

When will everyone have access to health care?

We ask all the other questions so that we can answer this one, and we’ve been asking this one for a very long time. At the core of all we do is our desire to provide quality health care for all. Even with the newly approved healthcare reform, as we are a long way from this goal. Is it because we don’t have the right questions or the right answers? I don’t know. What do you think?
on health care reform came in after insurance and pharmaceutical executives, doctors, and even patients. This is sobering information for nursing.

Nurses are “make a difference” people. We like to think in terms of our ability to “change health care” and we envision our role in influencing outcomes—for patients, more broadly for our profession, and also being able to influence the public. We are the most “trusted” profession consistently. I would argue that nurses do make decisions and are influencers in their microcosmic world of nursing care delivery every day. Yet this “perception” of nursing as “influencers” and “decision makers” for change is communicating something we are missing. Outside of nursing, others do not perceive nursing as influential.

In my direct role advocating for nursing issues at state policy tables I would agree with the survey information. Colorado Nurses Association participates heavily on nursing issues, yet we are not always included at critical policy tables in a lead role on both health care reform and on issues that should include nursing. The recent proposed Medicaid cuts in Colorado for APNs and PAs (10%) are one example—of nursing responding reactively versus being included and participating in discussions for planning. It is our understanding that the physician community was consulted regarding proposed Medicaid cuts before the cuts were noticed. Professional nursing organizations representing APNs were not consulted beforehand.

Leaders in the community representing physician, physician associations, hospitals, health care systems, etc are regularly appointed to leading planning groups for health care reform or state initiatives that affect health care. Nursing is again different—we really have to work or promote ourselves for consideration. It is not a given, as it is with other groups. Occasionally, a member of different nursing groups will be appointed, but you will not see that automatic rush to include the leaders of major nursing organizations that advocate for nursing, as with other health care groups.

Nursing represents the largest direct care provider group. Where are we on all the health care delivery summits, at political strategy tables, and as part of policy health care coalitions? When did policy “wonks” and health care bureaucrats become the final experts on health care delivery? Who knows more about delivering health care on the front line? Who spends the most time in interactions with patients/clients and knows their needs directly? Who best knows how changes made can impact the system and patients? All the leading national networks included physician panel experts in their discussions on the national health care reform House vote. There were no nurses. At the local level, the same scenario was witnessed.

Have you gone to any Health Care Reform public presentations recently? How many nurses were listed as discussion or content speakers? How many physicians have you heard discuss this topic? This is a tragic limitation of nursing’s contribution to one of the most important health care issues of our time. And the result will be—less information about the direct care needs of patients and about effective delivery of care. Education, Prevention, and Wellness are part of nursing’s expertise and paradigm.

When there are lead issues on health care or nursing, it is not unusual in Colorado to see a “physician” answering or speaking to critical decisions on health care and related nursing issues. Another example: are leading nursing organizations at the critical tables for the many arenas where “medical home” is being discussed? What happens when we do not participate at those critical “tables”?

I point these observations out to show we have a long way to go as a nursing community to change our level of influence. I also struggle with a meaningful approach to changing our level of influence. I know that changes have to occur at both an individual and at a systems level. I want to point out that there is no opposition to physician’s involvement on these issues and I applaud their success in achieving that. Nursing just deserves an equal chance to be heard and to participate as an equal player.

I have to acknowledge that there is some accountability that belongs to nursing—we have accepted the status quo and now have to work actively to change it. We can not accept being excluded, omitted, overlooked or NOT ASKED anymore. We have to professionally point out the opportunity in including nursing. We have to help others understand the value of nursing perspective. And we need to do this at every level—as individual nurses and as communities of nursing. Then we have to participate actively.

How do we start? This is the beginning point of a discussion with nursing about nursing. The next ED article will explore this topic further. There are suggestions for more active participation by nursing at diverse leadership tables, some also recommended by the American Nurses Association. How do direct care nurses find a way to exert more influence in their nursing “worlds”, and to do it effectively? How are nurses encouraged to participate more actively in the “external community” outside of their individual roles and positions? How do we break out of “silos” and work with others (not just nursing)! What are the barriers? There is an emerging literature on “influencing” change and behaviors—with some direct application for the health care arena. There is much to learn and discuss about change and influencing.

I would invite comments from nursing readers on this issue to help broaden our understanding and to validate some of the assumptions. Please send your inquiry or comment to franricker@nurses-co.org.
The Board of Nursing (BON) and Board of Medical Examiners (BME) rules hearings for the Chapter XV (prescriptive authority) were completed in January and February respectively. The BON website has posted the new rules that will be effective July 1, 2010. The Colorado Nurses Association has provided extensive feedback during the rule making process. The Association has also submitted a sample template for articulated plans to the Board of Nursing, Chapter XIV (advanced practice registry) rules will be heard on April 28, 2010, and the Association and the GAPP committee is currently actively involved in discussions with the BON about these proposed revisions.

Senate Bill 176 was legislation proposed by Colorado Nurses Association to update language (APN) in the nursing statute to comply with model language. The bill updated terminology in the law to refer to a professional nurse’s “role and population focus” rather than “specialty area.” The bill also established endorsement criteria by which the Board of Nursing may make an appropriate determination with respect to the APNs inclusion on the APN registry.

Colorado Nurses Association worked with the Department of Regulatory Agencies on the bill effort which should help specific APNs coming in to Colorado from other states.

SB 10-176 passed the Senate without amendments. On April 13, 2010, SV10-176 passed the House with 65 Yes votes. It will next go for the Governor’s signature.

By the time you read this many more legislative activities in Colorado will have reached a conclusion for this legislative session. The Governmental Affairs and Public Policy Committee welcomes new members at any time. To be a member of GAPP, you need to be a member of the Colorado Nurses Association or an affiliate organization with a desire to actively work on legislative and policy issues at a state and national level. We would love to see you at our next meeting. Please check the Colorado Nurses Association for meeting dates and times during the summer.

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An Interview with Craig Luzinski, RN, MSN, NEA-BC
by Colleen Casper, RN, MS, Consultant to Nursing

Poudre Valley Hospital Award for Outstanding and Sustained Quality 3rd Year in a Row

The Magnet designation of a hospital by The American Nurses Credentialing Center (ANCC) grew out of research in the early 1980’s that attempted to describe organizational attributes of hospitals that were able to recruit and retrain nurses. Today’s Magnet Nurse Services Recognition program acknowledges excellence in nursing practice environments that have been associated with more favorable outcomes for patients and nurses.

Although desirable, achieving Magnet recognition can be an organizational challenge for hospitals that have limited resources. Supporting organizational infrastructure that promotes excellence in nursing practice environments can be done independent of a Magnet designation. To support Colorado and regional hospitals in that pursuit, we are sharing a recent interview with Craig Luzinski, Chief Nursing Officer (CNO) of Poudre Valley Hospital (PVH) for the past nine years. Poudre Valley Hospital recently received the Award for Outstanding and Sustained Quality for the 3rd year in a row from the American Nurse Association. PVH has been a Magnet facility since 2000 and recently also received the Malcolm Baldrige National Quality Award in 2008.

Craig, can you describe some of the leadership practices that you are a part of to support the sustained quality work at PVH?

Each of us has to make a personal commitment to quality, safety and excellent service. The foundational support of the governing board and alignment with strategy follows. The role of clinician leaders at PVH is to spend time and energy communicating and educating non-clinicians about the importance of safe practice and clinical quality. Both Magnet and Baldrige processes bring the multidisciplinary team together around specific data, (falls, satisfaction, etc) for ongoing monitoring and improvement tactics.

Employee engagement and participation in the shared governance model has also been a key to ongoing organizational improvement. Providing the education and support for clinical staff to be able to successfully lead nursing quality and practice councils with visible and regular support by the Managers, Directors and CNO facilitates shared purpose and accountability to nursing performance indicators. We modeled our committee bylaws after the medical staff bylaws and we review committee purpose and effectiveness of decision making annually.

Transparency helps a lot as does disciplined tracking of progress and timelines of committee work. As the Chief Nursing Officer at PVH, I share at all employee forums the fall rates, mortality rates, medication error rates, all our quality and service data for all employees as educational and again to build the shared purpose and personal commitment.

We work to attract and retain winners. We hold personnel accountable for respectful behaviors. as a result, I work with awesome people who are talented and I have to sit on my hands to let people do their work. Fortunately, I am supported and encouraged to do my best work also by my team.

As a leader, I work to be very introspective and be willing to look at ourselves everyday and say how we can be safer. None of us got into this work for awards; we got into it to make sure good, safe care is provided. The awards really validate what we did yesterday. We have to be present for every patient that comes in today and never lose focus.

Thank you, Craig! Congratulations and long may the work continue at PVH!
Member Involvement Yields State and National Policy Roles

by Tay Kopanos, RN, DNP, FNP

Dr. Tay Kopanos, nurse practitioner and past Chair of the Colorado Nurses Association Government Affairs and Public Policy Committee from 2007–2009, is now serving as the Director of Healthcare Policy State Government Affairs for the American Academy of Nurse Practitioners. This new national position is aimed at assisting states create legislative and regulatory environments that will improve the utilization of nurse practitioners to help meet growing healthcare needs.

“The mentoring and opportunities for development that I received as a member of the Colorado Nurses Association helped prepare me for this next step in healthcare advocacy,” shares Kopanos with the Colorado Nurse. With only 3 paid staff members, the Colorado Nurses Association is truly a member-driven organization. The Colorado Nurses Association’s outreach and efforts are shaped by the nurses that serve within the organization. This creates opportunities for individual nurses to take on active roles in shaping the profession and developing new skills. “It is a testament to the Colorado Nurses Association and the mentorship from organizational leadership, that we have the nurses we do serving on committees and organizations across the state and nationally. None of us had the confidence or policy skills to take on these roles when we first started as committee members at CNA. We are better advocates for patients and healthcare because of our membership.”

The recent focus of the Colorado Nurses Association’s Government Affairs and Public Policy Committee has been to recruit and develop nurses from across the state to take on active policy roles. The following policy relationships and policy advocates have been developed through membership at the Colorado Nurses Association:

- Nurse-Physician Advisory Task Force for Colorado Healthcare (NPATCH)- Margaret Catchpole, Doug Warnecke, and Mary Ciambelli
- Colorado Workforce Collaborative- Fran Ricker
- Center for Improving Value in Health Care (CIVHC) Board- Karen Zink, Doris Biester
- American Nurses Association’s National Political Action Committee- Sara Jarrett
- Health Care Reform-CNA participates in varying roles with the following organizations: Partnership for a Healthy Colorado, Health Advocates Alliance, Health Care for America Now, among others.

The Government Affairs and Public Policy Committee continues to welcome nurses that are interested in gaining policy skill and representing nursing. Please contact the Colorado Nurses Association for meeting details. ◆
$10 Needed from Every Colorado Nurse for NPAC

Laura Mehringer, MS, RXN, CNS
N-PAC Chair

“If you’re not at the table, you’ll be on the menu,” is a major reason for political involvement. N-PAC (Nurses for Political Action in Colorado) is an important means toward being “at the table.” N-PAC is the political action committee for nurses in Colorado which provides a process for nurses as a group to endorse candidates to the state legislature who are supporters of nursing and health care. We determine their level of support from their voting records and response to our questionnaires. Candidates need our financial contributions to help them get elected or re-elected because campaigns are expensive. If we are not active and visible in legislators’ campaigns we are at risk for being “on the menu.”

Traditionally N-PAC has been extremely underfunded (previous years about $1500 raised) compared to comparable professional groups or PAC’s. Our goal this year is $20,000 and we can achieve it if all nurses send at least $10. Please address check to “N-PAC” and mail c/o Laura Mehringer, 1431 W 102nd Pl, Northglenn, CO 80260-6290. If you would like to be involved in the decision making process include your email address for notification of meetings. All contributors are eligible to participate in the endorsement meetings. Also note that N-PAC is non partisan.

Response to Member’s Concern, Part II

by Lola Fehr, CNA President

In the last issue of Colorado Nurse we addressed the concern of a member that her dues were being used to support political candidates that were not her choice for election. The answer was that no dues money supports candidates—that is strictly through voluntary contributions to political action committees.

Decisions about which candidate to support are made through candidate responses to questionnaires and interviews. The questions are based on the official positions that define the organization’s choices for healthcare delivery. Those positions are developed and approved by the delegates or Boards of Directors, but never without opportunity for member debate and feedback. At the national level the Congress on Nursing Practice and Economics is assigned to review and comment on almost every ANA issue. These 60 elected and appointed members represent all geographic areas and practice specialties. Proposed position statements are always posted on Nursing World for public comment before approval by the Board.

The Colorado Nurses Association consistently asks for resolutions to come before the business meetings. Any member can bring a suggested issue and recommended position forward. Be thinking now. The CNA House of Delegates will meet in October and some lively debate on an issue of interest to nursing and health care would be welcome.
The State Board of Nursing met on January 27, 2010 for its quarterly meeting of the Full Board. The Annual Designation of Location of Board of Nursing Meeting Notices was read and the Board designated that the notices for 2010 for the State Board of Nursing and the Nurse Aide Advisory Committee will be posted on the 13th floor reception area, Civic Center Plaza, 1560 Broadway, Denver, CO 80202 as well as the Board of Nursing’s website.

The Medication Aide Task Force has been meeting to design the curriculum and requirements for both medication aide training programs and the requirements for application to be a Certified Nurse Aide with Medication Aide Authority. The proposed designation for this authority will be “CNA-med”. There will be two sets of rules and it is the goal that they will be noticed and heard at the August 25, 2010 Full Board Meeting.

The Board has determined that a new format for the Full Board meetings will be instituted. The Board will conduct general business, including the Open Forum during which members of the public may address the Board, in the morning session followed by the review of nursing education programs. Rulemaking hearings will be conducted after the lunch recess.

The Colorado Association of Nurses for the Developmentally Disabled (CANDD) addressed the Board with concerns regarding the delegation of insulin administration to unlicensed personnel. The Board decided to open the Chapter XIII Rules and Regulations Regarding the Delegation of Nursing Tasks for review and possible revision to address the concerns raised.

Rulemaking Hearings:

The Chapter XV Rules and Regulations for Prescriptive Authority for Advanced Practice Nurses rulemaking hearing was held. These rules were rewritten to include the complementary rules with the Colorado Board of Medical Examiners that will implement the new statutory requirements of “preceptorship,” “mentorship” and “articulated plans.” The Board of Nursing’s rules include additional sections regarding the application and approval for advanced practice nurses seeking and maintaining prescriptive authority. The new rules will go into effect July 1, 2010.

The Chapter II Rules and Regulations for Approval of Nursing Education Programs were revised to include corrections identified by the Office of Legislative Legal Services. Those amendments will be in effect on March 31, 2010.

The Chapter III Rules and Regulation for the Impositions of Fines were proposed and adopted and will be in effect on March 31, 2010. The Board was given statutory authority during the 2009 Legislative Session to impose fines and to adopt rules defining the structure and circumstances under which fines may be imposed. Fines may be imposed in addition to any other discipline and can range from $250 to $1,000 per violation.

Upcoming Rulemaking Hearings—April 28, 2010:

Chapter XIII—Rules and Regulations regarding the Delegation of Nursing Tasks: These rules are opened to include the delegation of insulin in the developmentally disabled nursing setting.

Chapter XIV—Rules and Regulations to Register Professional Nurses Qualified to Engage in Advanced Practice Nursing: These rules are opened to include changes that were made in the 2009 Legislative Session and include requirements for national certification for all new APNs and liability insurance for APNs engaged in independent practice.

Chapter XXI—Rules and Regulations Regarding Liability Insurance for Advanced Practice Nurses Engaged in Independent Practice: These rules are being repealed as the requirements will be included in the revised Chapter XIV rules.

The rulemaking hearings will begin at 1:00 on April 28, 2010, and will be heard in the sequence noted above. The Board invites any members of the public to sign up to address the Board regarding the amendments and/or repeal of the above rules.

New Board President Elected:

Vicki Erickson, PhD, NP, RN was elected as the President to the State Board of Nursing replacing Sandra Summers, DNP, RN, whose term on the Board expires in July, 2010. The Board thanks Sandy for her years of dedicated service and commitment to public protection. Please wish Vicki well in her new added responsibilities.
Colorado’s Nursing Workforce

As the largest single occupation within the health care delivery system, Colorado’s 61,000 nurses (RN’s, LPNs and Advanced Practice Nurses) are a critical element defining the capacity and nature of health care delivery practices in the state. Fifty-nine percent of Colorado’s registered nurses are employed by hospitals; 21 percent are employed by ambulatory health care facilities (doctors’ offices, clinics, public health, etc.), and 6 percent are employed by nursing and residential care facilities.

Colorado’s nursing workforce is an increasingly mature workforce and is facing a significant retirement “cliff” over the coming decade. Thirty-two percent (22,000) of the nursing workforce is over 55. (Figure 10).

Four thousand five hundred registered nurses are already over the age of 65 and 2,000 nurses are expected to retire annually over the next 10 years. In addition to this annual replacement requirement, the need for additional nurses due to population growth is projected to be 1,300 per year, for an annual total need of 3,300 new nurses. In 2007–08, there were 2,400 Colorado nursing school graduates, or (at a minimum) about 900 short of what will be required. If the state is to maintain its current capacity to deliver health care services, the question of how the current nursing graduate “pipeline” continues to outstrip the supply of nurses, unless concerted action is taken by public, private and educational institutions.

The essential point is that the state’s need for nurses to support health care services will continue to outstrip the supply of nurses, unless concerted action is taken by public, private and educational institutions. Thirty-two percent (21,000) of Colorado’s Registered Nurse workforce is 55 or older, creating a retirement “cliff” for a large volume of nurses over the coming decade (see Figure 14). Given the importance of the nursing workforce to the delivery of health care services, the question of how the current nursing graduate “pipeline” compares to the future RN workforce demand is an important issue.

Between 2010 and 2020, Colorado’s over 65 population will increase 72 percent from 536,000 to 925,000, with powerful implications for health care demand. In 2009, there were more than 12 nurses to every 65 Colorado resident. (see Figure 13). Absent meaningful change in the nursing workforce, this ratio will drop by 50 percent to six nurses for every older Colorado resident in 2025.

Colorado’s overall nurses per 1000 rate is 7.98, as compared with a national average of 8.36. (see Figure 12). Colorado needs an additional 1,780 nurses to reach the national average nurse to population ratio. Twenty-three Colorado counties have less than 7.3 nurses per 1,000 population.

By combining known facts with some reasonable assumptions, it is possible to construct an estimated RN workforce supply/demand projection. The age of Colorado’s registered nurses is known, as is the growth of Colorado’s older population and the number of Colorado nursing school graduates. Less clear are number of licensed nurses employed, full-time vs. part-time employment, the volume of nurse in-and out-migration and age of retirement. On balance, most of the unknown factors will tend to increase rather than reduce the nursing shortage.

However, with conservative assumptions that 80% of the nursing workforce will retire by age 65, that Colorado will retain all of its nursing school graduates, that nursing school capacity will not increase, and there is no significant influx of nurses from outside of the state, the result is a growing shortage of nurses (see Figure 15). Based on these assumptions, Colorado will be short 6,300 Registered Nurses by 2018. This shortage will increase if health reform increases access to health care, creating a higher demand for nurses and advanced practice nurses; the aging of Colorado’s population results in a faster than anticipated growth for health care; nurse graduation rates drop due to fiscal or lack of faculty pressures; or a higher percentage of nurses retire earlier than 65. If, for instance, all nurses retire by the age of 65, the nursing shortage will increase to 10,350. Historically, nurses begin to retire at age 58.

This information is an excerpt from “The Nursing and Health Care Workforce in Colorado: A Briefing Book”, published by the Colorado Center for Nursing Excellence. A full copy of the report may be downloaded from www.ColoradoNursingCenter.org.
The 25th annual Nightingale Awards for Excellence in Human Caring, hosted by the Colorado Nurses Foundation (CNF) was held Saturday, May 1, 2010, at the Renaissance Denver Hotel. This annual celebration began in 1986 to honor nurses whose contributions to human caring have gone beyond the cutting edge of the nursing profession. A record number of 361 nurses from around the state were nominated and honored at regional celebrations culminating in the selection of 15 finalists presented at the state event.

The evening began with a silent auction and music by Robert Tate and Tom Sverzino. Sara Jarrett, President of the Foundation provided greetings and Corinne Koehler, Co-Chair of the Event, welcomed everyone. Recognition was given to members of the 1983 Steering Committee by Lola Fehr, event co-chair. Emmajean Amrheim, 2001 finalist, gave the invocation.

Kim Christiansen, 9NEWS, returned as master of ceremonies. Jeffrey C. (Jeff) Bauer, PhD, one of the nation’s leading health futurists and medical economists spoke on the topic “Nursing and the Future of Healthcare—A Surprising Forecast”.

Each of the finalists was introduced and presented a crystal award of recognition. The fifteen finalists represent 455 years of nursing practice. Nine provide direct patient care, two are managers and four serve in faculty/teaching roles.

The finalists include Debra Burns, Nurse Practitioner, Eagle Care Medical Clinic, Edwards; Carol Corona, Oncology/Hematology Infusion Nurse, Greeley Medical Clinic; Judy Crewel, Faculty, Regis University, Denver; Deborah DeVine, Director of Patient Care Services, University of Colorado Hospital, Aurora; Darryl Evettsen, Staff Nurse, ICU, University of Colorado Hospital, Aurora; Karren Kowalski, Project Director, The Colorado Center for Nursing Excellence, Denver; Cyndy Krenning, Perinatal Clinical Nurse Specialist, Centura Health, Littleton Adventist Hospital; Susan McNaughton, School Nurse, Denver Public Schools; Eric Miller, Staff Nurse, Centura Health Regional Float Pool ED/ICU; Elizabeth Pace, Chief Executive Officer, Peer Assistance Services, Inc., Denver; Carole Schoffstall, Professor and Dean Emeritus (Retired), University of Colorado at Colorado Springs/BethEl; Olinda Spitzer, Acute Care Clinical Nurse Specialist, Penrose-St. Francis Health Services, Colorado Springs; Tracy Steinberg, Clinical Liver Transplant Coordinator, University of Colorado Hospital, Aurora; Eva Tapia, Department Chair, Nursing Programs, Pueblo Community College; and Deborah U-Ren, Staff Nurse, ICU, St. Mary’s Hospital, Grand Junction.

The evening culminated with the naming of the six recipients of the Nightingale sculptures. The recipients were Debra Burns, Darryl Evettsen, Karren Kowalski, Cyndy Krenning, Carole Schoffstall and Olinda Spitzer. Dr. Jean Watson attended and presented the finalist and recipient awards.

The Nightingale event was established as a tribute to professional excellence of Colorado’s registered nurses. Nominations for the Nightingale Award are solicited throughout the state in the fall of each year through the Colorado Area Health Education Centers (AHECs) and special Nightingale committees in Colorado Springs and Grand Junction. After nominations are closed the finalist selection process begins. The AHECs and special committees select area finalists based on the ratio of nominations to total nominations, assuring statewide representation. The State Selection Committee, consisting of delegates from each area, selects the six recipients from the fifteen finalists. Each area hosts a regional event so that all nominees are honored statewide prior to the May event in Denver.

As the primary fund-raiser for the Colorado Nurses Foundation, the goal of the event is two-fold: 1) to recognize outstanding Colorado nurses for their excellence in human caring, and 2) to raise funds for scholarships for nursing education in a time of increasing demands for nurses as health care becomes available to more of our state’s citizens. Including proceeds from last year’s event, the Colorado Nurses Foundation awarded 22 scholarships totaling $29,000 in December of 2009.

The 2010 Nightingale Steering Committee members were Corinne Koehler and Lola Fehr, Co-Chairs, Rita Beam, Mirian Bildner, Pam Boehm, Alison Bowers, Judith Burke, Vickie Carroll, June Chan, JoAnn Deselms, Mary Pat DeWald, Tonie Galiz, Colleen Goode, Sara Jarrett, David Kearns, Anne Kelly, Kathy Kozolin, Shelly Limson, Linda Schuyler, Linda Tate, Judie Walker and Kris Wenzel. Vickie Carroll served as Coordinator of the silent auction.

**Nightingale Sponsors**

Silver $2,500.00
- Colorado Nurses Association
- Central Denver AHEC/DenverMetro Regional Nightingale Committee
- Donor Alliance
- Johnson and Johnson
- Kaiser Permanente
- Lola and Red Fehr
- Poudre Valley Healthcare Inc.
- PVHSM Medical Center of the Rockies
- Speedworks Films (2 tables)
- St. Mary Corwin Medical Center, Pueblo
- Triple B Foundation

Bronze $1,250.00
- Arthur L. Davis Publishing Agency, Inc.
- Avista Adventist Hospital
- Centura Health-Penrose St. Francis Healthcare
- Colorado Center for Nursing Excellence
- Colorado AHEC System
- Corinne and Ken Koehler
- Littleton Adventist Hospital
- Denver Health
- Exempla Lutheran Medical Center
- Linda Schuyler
- National Jewish Hospital
- Peer Assistance Services (2 tables)
- Porter Adventist Hospital, Denver
- Regis University and Rueckert-Hartman College
- Sara and Howard Jarrett
- St. Mary’s Hospital, Grand Junction
- The Medical Center of Aurora
- University Hospital, Anschutz Medical Campus (5 tables)
- University of Northern Colorado and Zeta Omicron Chapter Sigma Theta Tau International
- Watson Caring Science Institute

2010 Nightingale Finalists continued on page 13
2010 Nightingale Finalists

Debra Burns  Carol Corona  Judy Crewell  Deborah DeVine
Darryl Evertsen  Karren Kowalski  Cyndy Krening  Susan McNaughton
Eric Miller  Elizabeth Pace  Carole Schoffstall  Olinda Spitzer
Tracy Steinberg  Eva Tapia  Deborah U-Ren
Great Tips for Job Hunting

by Sally J Hartshorn, BS, BSN, MS
www.sallyshealthyliving.com

I never thought I would see the day where there was a nursing job shortage. Like all professions, the job market waxes and wanes but historically nursing has avoided the dreaded job market decline. This year is different. Finding a good job takes more than just looking for job openings and submitting resumes. It takes research, networking, and courage. It takes having the right attitude and asking the right questions. Below are some steps for landing the best job for you.

NETWORk

Research indicates that approximately 60% of jobs are not advertised and that networking is one of the most effective ways to land a good job.

1. Join a professional association or organization

Professional groups provide an opportunity for you to meet new people, develop professional relationships and meet people who might know about unadvertised positions.

Did you know that as I type this article, the American Nurses Association has 546 nursing positions posted on its website and the Society of Pediatric Nurses has jobs postings for pediatric nurses that it updates on a regular basis?

People are more apt to hire you if they have had some previous interaction with you. Also organization memberships add “clout” to your resume or CV.

2. Always have a business card available.

Make a personal business card just for networking. Hand it out frequently.

3. Volunteer

When I finished graduate school (Master’s in Health Care Administration), the job market was very grim. I was the only graduate in my class to get a job in my field at graduation time. I was volunteering for a health care organization that had a mission I was passionate about. People at this organization told me about a job opening, called the employer and gave me a good reference. Bingo! I was hired.

Volunteer for something you really enjoy that is at minimum, loosely related to what you would like to focus on in your career.

CONDUCT AN INFORMATIONAL INTERVIEW

An informational interview is an appointment with a professional who works in the field or at a facility you are interested in working at. The objective of the interview should be to get a good feel for either working in that profession or at that particular institution and leave with tools to land a job.

Some questions you might consider asking are:

- Can you describe a typical day on your floor; what tasks would I perform and how often does the routine change?
- What are the important “key words” or “buzz words” to include in a resume or cover letter when job hunting in the field?
- What is the job market like in this area?
- Where are the most jobs?
- Does your company have any openings in this area that I would qualify for?
- What are the demands and frustrations that typically accompany this type of work?
- What are the toughest problems and decisions affiliated with this type of work?
- What are the dissatisfying aspects of the work? Is this typical of the field?
- How would you describe the atmosphere/culture of the work place?
- Have I left out any important questions that would be helpful in learning about the job or occupation?

BUILD YOUR PROFESSIONAL CREDIBILITY

Sometimes, in order to land jobs in a tough job market, one must be very creative and build as much creativity as possible. Ways to do this are:

- Write and submit professional articles to nursing or health care publications.
- Do some public speaking (join Toastmaster’s to develop speaking skills).
- Submit ideas for a radio program, you might get interviewed.
- Get credentialed in a specific area such as diabetes or foot care.
- Take professional workshops.
- Obtain certification in your nursing specialty area.

HAVE A PROFESSIONAL RESUME

Have a professional review your resume. It is worth the cost.

SHINE AT YOUR NEXT INTERVIEW

Many people don’t realize that an interview is a two way street. Be prepared for your interview. Research the company before your interview and memorize a few relevant facts about the company. Dress professionally and have an attitude of interest and curiosity. Ask relevant and realistic questions about the job. And be a good listener.

Don’t be afraid to brag a little. The only thing the interviewer knows about you is what they read on your resume. This is your opportunity to shine. Lastly, let the interviewer know you are interested in the position, ask when they will be deciding and let them know they can contact you if they have any questions.

ALWAYS FOLLOW UP AFTER AN INTERVIEW

Always send a brief thank you note and say you enjoyed the interview and meeting the people. If you do not get hired, call and ask what would have influenced them to hire you—i.e. different education, credentialing, experience, something you said in the interview etc. However, understand that sometimes companies publish a job opening but already have a person in mind to fulfill that position. Lastly, don’t give up! ✌️
Northwest Rural Nurse Residency: Transition-to-Practice

Improving Retention, Clinical Performance, and Job Satisfaction

Deana L. Molinari PhD, RN, CNS
Associate Professor
Idaho State University School of Nursing

June 2010 Enrollment

Rural nurses are required to have a breadth and depth of knowledge unparalleled in other specialty nursing fields. The immense generalist role of the rural nurse often leads to early burnout and high turnover rates when compared with more urban nurse roles (up to 65% in the first year of practice). Residency or Transition-to-Practice programs have been shown to be an effective means of reducing the turnover of new and transitioning nurses, improving their job satisfaction, and hastening critical thinking skills.

And so, it is with great excitement that Idaho State University (ISU) developed the Northwest Rural Nurse Residency (NWRNR) program.

Participants receive all of their training (64-hours of seminars and a 104-hour supervised clinical experience) ‘at home’ in their own facilities and communities from top-notch rural nurse experts. Using new technologies like web-conferencing and high tech simulation make it possible for the program to be offered at no cost to participants.

Program faculty and staff provide a support and information for preceptors, residents and nurse administrators to help ensure a flexible, locally adapted, successful completion of the 12-month program.

The next sessions begins in June 2010. Applications are accepted on a first-come, first-served basis, so apply today! Be one of the first facilities in your area to boast the employment of rural nurse specialists while enjoying the benefits of improved clinical performance and lower nurse turnover. To learn more about the NWRNR please call the ISU Office of Professional Development at (208) 282-2982, email at nurseopd@isu.edu or visit the NWRNR website at http://www.isu.edu/nursing/opd/nwrnr.shtml.

Colorado Nurses Association Congratulates
Sara Jarrett, EdD, MS, CNS, RN, CNE
Recipient of the American Nurses Association’s 2010 Barbara Thoman Curtis Award

This award was created to recognize individuals with significant contributions to nursing practice and health policy through political and legislative activity.

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NPATCH staff is Maureen Hartlaub, Director, and Barbara Hughes and Susan Townsend*; and, two consumer representatives (Margaret Catchpole*, and Christine Hitchcock, Administrative Assistant. The taskforce is truly collaborative, with effective, engaged members.

History

In 2009, DORA worked with the Colorado Nurses Association and the Colorado Medical Society to convene a workgroup of five representatives from nursing and five from medicine to explore and develop alternative, consensus recommendations concerning prescriptive authority for Advanced Practice Nurses (APNs). These recommendations were eventually accepted in lieu of the original DORA Sunset Review recommendations. The workgroup report suggested the creation of NPATCH, as a “provision to promote collaboration and effective delivery of care among health professionals.” The legislature agreed with the workgroup, and created NPATCH as suggested.

NPATCH Priorities

NPATCH is also tasked with “promoting patient safety and quality care; addressing issues of mutual concern at the interface of the practices of nursing and medicine, informing public-policy making, and making consensus recommendations to policy making and rule-making entities.”

The taskforce has reviewed and made recommendations for the complementary rules for Advanced Practiced Nurses with prescriptive authority and created an Articulated Plan for safe prescribing template. The template is a resource for APNs that incorporates the elements required in statute, as well as examples and sample plans that may help nurses create a plan for their unique setting and practice. (These are just guides—anyone may create his or her own Articulated Plan in accordance with the statute and rules.) The template may be found on our website, http://nurses-co.org.

NPATCH is interested in Colorado workforce issues, and has joined the Colorado Health Professionals Workforce Policy Collaborative. We are also tracking legislation which affects both professions.

The taskforce has created a website page with articles and other resources for safe prescribing for all health professionals. The members of the taskforce have different backgrounds and work settings, and the list will continue to grow with diverse resources.

We welcome attendance at our meetings, and suggestions about our priorities. Please contact Maureen Hartlaub at 303-894-7414.

Purpose

“...Promote public safety and improve healthcare in Colorado by supporting collaboration and communication between the practices of nursing and medicine.” That is the purpose of NPATCH, (the Nurse-Physician Advisory Taskforce for Colorado Healthcare) as stated in the statute that created this twelve-person task force. The task force has been meeting monthly since October 2009.

NPATCH is housed in the Division of Registrations at DORA, the Colorado Department of Regulatory Agencies, which also houses the Board of Nursing and the Board of Medical Examiners. Unlike these two Boards, NPATCH has no licensing, discipline, or rule making authority. NPATCH is an advisory body to these two Boards, and the Executive Director of DORA. Furthermore, all NPATCH recommendations must be made using a consensus model.

Members

The composition of the taskforce is defined in statute, and the Governor appoints ten members: four nurses, three of whom represent a statewide nursing association* (Margaret Catchpole*, Mary Ciambelli*, Barbara Hughes, and Douglas Warnecke*); four physicians, three of whom represent a statewide physicians’ organization*; Luke Casias*, Christine Gilroy, Steven Holt*, and Susan Townsend*); and, two consumer representatives (Adrienne Parrott and Patricia Skolnik). In addition, there is a representative from the Board of Nursing (Peggy Bunke) and a representative from the Board of Medical Examiners (Sue Radcliff). The co-chairs for this year are Barbara Hughes and Susan Townsend. The NPATCH staff is Maureen Hartlaub, Director, and Christine Hitchcock, Administrative Assistant. The taskforce is truly collaborative, with effective, engaged members.

The Novice to Expert Steering Committee of the Colorado Nurses Association (CNA) was initiated in 2008 to address and address the unique needs of new graduate nurses as they transition into their new role in becoming a professional practicing nurse. The focus of the committee is to provide mentorship, guidance, and support to help RN nurses by offering professional support during the transition as a new graduate nurse on the job. The committee now includes nurses who are providing this new service to new RN graduates. In December, CNA hosted a job fair to assist new RN graduates in securing their first employment position.

The Novice to Expert Steering Committee of CNA is currently developing a mentoring network program to promote professional growth. Research from evidence based literature and feedback provided by a survey through Survey Monkey will be incorporated into the mentorship program. Starting Spring of 2010, continuing education hours will be provided through an independent study offered through the mentorship program. Colorado Nurses Association will also be offering continuing education classes this summer, focusing on mentorship roles and development to assist protégés in building relationships with mentors to help them succeed in the nursing profession. The mentorship courses will be developed based on the evidenced based literature and feedback from the survey.

Through the independent study and classes offered this summer, CNA will address the concerns of all novice nurses by assisting them in developing a professional mindset and support them in helping them succeed when entering the nursing profession or a new role or specialty in nursing. CNA will also guide mentors in developing the confidence and support needed to assist protégés in building relationships with mentors to help them succeed in the nursing profession. The mentorship courses will be developed based on the evidenced based literature and feedback from the survey.

Needed: Mentors and Novices to Participate

We are asking for expert nurses to share their knowledge and participate in creating an environment for success by contacting CNA and participating in our mentorship program. We encourage novice nurses that are seeking a mentor or would like to gain knowledge through mentorship to contact CNA so that we can assist you in finding a mentor and help you succeed in the profession of nursing. If you are interested in our Novice to Expert Mentorship program and would like to receive continuing education hours by participating in our program or if you would like to gain knowledge to help you succeed in the profession of nursing through mentorship, please contact Colorado Nurses Association at 303-757-5048 or e-mail Melinda Roberts at mroberts@nurses-co.org.
We have received information about the deaths of nurses listed below. This list is not limited to nurses who are/were members of the Colorado Nurses Association.

Aherns, Mary Alfano, RN, BSN, a 1982 graduate of Hardin Simmons Nursing School in Abilene, TX., died at age 49 on January 14, 2010. She was a L&D nurse at North Suburban Medical Center, Broomfield for 17 years.

Marie Cascio, RN, (80) enjoyed her career as a Director of Nursing. She died February 25, 2010.

Clarke, Betty Mathews, RN, (63) received a Diploma in Nursing at Lewis Gayle Hospital in Roanoke, VA., a BS-AH from Colorado Women’s College, Denver and a MSN/NP from the University of Georgia. She worked in the Kentucky Frontier Nursing Service, Denver Health and National Jewish. She retired from Nursing and earned a Doctorate in Public Administration from the University of Colorado. She then founded a private practice. She was an active volunteer in multiple organizations. She died January 20, 2010.

Hobbs, Mary Ellen Jane, RN, (73) was born in Peoria, IL. and died January 17, 2010. She graduated from St. Francis School of Nursing in 1952. She moved to Denver in 1958 where she worked as an RN at National Jewish, Denver General and Children’s Hospitals. She was active in many volunteer roles.

Howlin, Margaret M., RN, a graduate of St. Vincent’s Hospital School of Nursing, NY, NY. moved to Denver and completed her RN-BSN at the University of Colorado School of Nursing in 1961. She was a member of ANA and AORN. She died on February 2, 2010.

Kline, Violet June Olson, RN, died February 2, 2010. She was a dedicated nurse.


Litzau, Ellen Feeley, RN, (88) died January 28, 2010. She was born in Ohio, graduated from St. Joseph Hospital School of Nursing, Denver and was a nurse for over 30 years.

McClure, Eugenia Jacobs, RN, BS, MS, (91) died February 21, 2010 in Grand Junction CO. She was a long time member of the Colorado Nurses Association. She held a diploma from Penrose Hospital School of Nursing in Colorado Springs, a BS Education from Incarnate Word College in San Antonio, a Certificate in Physical Therapy and an MS in the University of Colorado. Her 40 year nursing career included faculty positions at Universities in Colorado, Arizona and Minnesota, administrative and public health positions before she retired from the Grand Junction Office of the Colorado Department of Public Health in 1986.

Sweet, Joyce Elaine Gaddis, RN, (80) of Centennial, CO., died February 28, 2010. She was a 1952 graduate of Baptist Memorial Hospital, Memphis, TN. She joined the USAF in 1952, retiring in 1961 with the Rank of Captain. She later continued her nursing education.

Tepley, Eleanor Marie, RN, (90) a 1942 graduate of the University of Colorado School of Nursing was born near Purcell, CO., and died in Denver on January 28, 2010. She spent the majority of her career at Presbyterian Hospital Denver where she started as a Staff RN and later served as the Associate Director of Nursing. She was an active volunteer.

Viehman, Adelaide H., RN, (89) died on February 6, 2010. A graduate of New England Baptist School of Nursing in 1941, she worked as an RN at Rocky Mountain Osteopathic Hospital, Denver.

Please send information about the death of any nurse who attended school, worked or lived in Colorado to Eve Hoygaard (hoygaard@msn.com). If you know the name of the school attended or place of employment, please include that information. Your assistance will be appreciated.
Our committee continues to support the federal legislation, which has many positive items supporting nursing—especially increase funding for nursing education, loan forgiveness programs, possible expansion of nursing roles, along with benefits to nurses as consumers of health care. We thank ANA for its continual support and involvement in making recommendations for provisions in both bills that increase access to health care and looking out for our collective interests as nurses.

The committee has written letters, e-mails and made phone calls—criticizing and in support of both the House and Senate bills over the past year. As our committee continues to wait for progress at the Federal level, we are also keeping up with the agenda at the state level.

What will state health care reform look like over the next few years with or without national reform? An article from the Robert Wood Johnson Foundation explains, "The Cost of Failure to Enact Health Reform: Implications for States." This legislative year has already proven to have many bills related to health care. Groups such as the Women's Lobby are bringing bills forward like—"No Gender Individual Insurance Rates" HB-1008, and Required Coverage Reproductive Services HB-1021. The CNAHCA Committee has been monitoring these and other bills as they concern access to health care.

If you are interested in more information on these bills, contact a CNAHCA member.

In a first-of-its-kind survey, "Nursing Leadership from Bedside to Boardroom: Opinion Leaders Recognized," conducted by Gallup on behalf of the Robert Wood Johnson Foundation, "Found that an overwhelming majority of opinion leaders say nurses should have more influence on health systems and services". Gallup polls historically has found that nursing ranked among the most ethical and honest profession. Opinion leaders view nurses as one of the most trusted sources of health information, but they have less influence on health care reform than government, insurance and pharmaceutical executives. To read the complete articles go to www.rwjf.org.

We must build on the trust of nurses’ expertise as an essential component in leading and implementing reform. What can nurses do to increase our influence on health care reform and policy?

The answer lies in being involved on many different levels. Last month at Legislative/Nurses Dinner, State Legislators encouraged nurses to be leaders. The involvement can take many forms like participation in nursing organizations, supporting politicians, voting, running for elected office.

There are at least two nurses in the CO Legislature, Senator Lois Tochtrop and Representative Sara Gagliardi, who have taken the necessary steps to be in leadership positions.

We can make our Nursing voice heard by attending a political caucus and learning about the candidates running for office at both the state and federal levels and then getting together with other nurses to support the candidate or candidates that shares our views and that benefits nursing and community as a whole. How will they know we are listening—by the giving of our time and money in their campaigns. Then, we can ask and receive time at the table with them to discuss our concerns.

Next, actively express your ideas and opinions to others. Use our credibility as nurses to tell others how it may affect them too, as citizens and possible patients. Lastly but not least, consider running for office or join our committee. We need more nurses in leadership roles. The Nursing profession has a lot to offer our state and country.

If not you, who? If not now, when? We are the ones we have been waiting for.

Respectfully Submitted, Brenda VonStar Co-Chair CNAHCA

DNA 4 Quarterly Report

DNA 4 did not hold a meeting in January. District 4 met February 12, 2010 at Linda Skoff’s home for a potluck soup dinner then a regular meeting was held. Member Sara Raybald, RN, Director of Community Health at Pueblo City County Health Department, shared several new programs with members. These fliers included information on free vaccination clinics for pertussis vaccine for babies and adults, free pneumonia vaccine for smokers, free HFV vaccine for men or women ages 19-26, and free vaccines for uninsured children. Members discussed the pending officer elections, spring banquet and proposed nursing scholarship.

Following the meeting, Jan Lewis, RN, MSN, instructor at Pueblo Community College, delivered an informative presentation on her mission work in Haiti in previous years with Dr. Jim Smith. Jan plans to go again in March to assist with care of recent earthquake victims. Jan shared information about an article on Haiti she was publishing in the Pueblo Chieftain Sunday paper.

The March meeting will be March 18th at CSU Pueblo Nursing Department, Room 210 at 6:30 PM. Members held a joint meeting with the local Sigma Theta Tau Chapter. Guest speaker will be Ann Gallaway, President. The April meeting and banquet was held April 24, from 12:00-2:00 PM at the LaRenaissance. Lola Fehr, Colorado Nurse Association President, was the honored guest and speaker. Please call 719-542-6424 or email Linda Skoff, RN, MSN, donluhs319@yahoo.com, if you have questions about DNA 4.
Colorado Nurse Report
DNA 6 (San Luis Valley)

As the changing seasons approach, we remain steadfast in our DNA 6 activities. I commend our members for their dedication and service as we strive to meet our district goals.

Our membership has increased by five in the last six months. We extend a warm welcome to Sandra Mohamed, Debra Rice, Jackie Bennett, Kim Chacon, and Lynne Nash. Unfortunately, as we welcome new members, we also have to say goodbye to one of our lifetime members, Virginia West, who passed away January 3, 2010. She will be missed by many and remembered by those whose lives she touched.

Once again, in November, members volunteered their time and donated items for care packages to be sent to military troops serving our country in Iraq. We received a very nice photo and notice of gratitude sent to military troops serving our country in Iraq.

Every February, the San Luis Valley Nightingale Committee hosts an award ceremony and dinner to recognize SLV and southern Colorado nurses. Many of our members were highly involved in the delivery of health care services and access to health care, hearing how high-fidelity simulation is being used in nursing education, and learning about major events in nursing history.

Before taking its summer break, members attended Nurses Night at the Rockies on May 10; donated a gift for the Nightingale Gala Silent Auction; and participated in a Nursing Trivia game at its year end potluck.

For more information on DNA 20 activities, contact Barbara Pedersen, President, at btpederson@comcast.net.

District 31 Quarterly Report

Our district has had a productive and rewarding fall and winter. Both our members and our committees have been active.

In October 2009 we were pleased to have our full delegation attend the House of Delegates. Many of our members were students of “Dart” Gregg and attended the awards luncheon to share in the celebration of her induction into the CNA Hall of Fame. Our district was also honored to see Mary Ciambelli receive the Outstanding Contribution—DNA Level Award.

Last fall we accomplished updating our by-laws which included adding psychiatric mental health nurse practitioner language. We also figured out a way to create a printable version of our directory which members can download from our website. This saves the time and expense of mailing out directories.

Our public relations committee, consisting of Cameron Garrett and Ann Terrill Torrez, has been working hard this year researching and arranging for a new website. The new site is run by Andrew Keller whose company designs sites specifically for APN groups. The board has been excited about the updates and is in the process of learning how to fully utilize this new service.

Our education committee organized our Winter Meeting. It was held on February 4, 2010 at the Lowe’s Hotel Georgio Restaurant. We had a large turnout for an excellent presentation by Steve Wright MD on audits.

One of our members, Mary Ciambelli, is an appointed member of NPATCH. Mary has been keeping our membership apprised on proposals related to a template for the Articulated Plan, which will go into effect this summer.

Diane Dean has been on the Mental Health America Pro Bono Program Committee. Members have been sent information about the program and our board has been encouraging members to participate.

Linda Willits, President, District 31, www.cscspn.com
MEMBERSHIP APPLICATION

"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 COMPLETE WITH PAYMENT TO:
Colorado Nurses Association
1221 South Clarkson Street, Suite 205
Denver, CO 80210

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, here and on page 23. Please call 303-757-7483 if you have any questions.

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<thead>
<tr>
<th>FULL ANA/CNA MEMBERSHIP</th>
<th>STATE ONLY MEMBERSHIP</th>
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<tbody>
<tr>
<td>THE BEST WAY TO SUPPORT CNA</td>
<td>Assures support for state legislative issues, public education, promotion of nursing throughout the state.</td>
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<tr>
<td>Assures support for national issues—supports development of standards, national health care policy reform, and safe staffing</td>
<td>State only Members will receive discounts on CNA Continuing education offerings.</td>
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<tr>
<td>Additional insurance and product discounts</td>
<td>State only members will receive the CNA Member News and will be added to the CNA email list serve.</td>
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<td>Discounts on materials at nursebooks.org and other important nursing products</td>
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<td>Up to $140 discount on ANCC credentialing</td>
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<tr>
<td>Members may run for ANA Delegate and ANA committees</td>
<td>State only members cannot run for ANA Delegate or CNA President.</td>
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<tr>
<td>Members may run for all Colorado Nurses Association offices, including President</td>
<td>State only members will not receive ANA publications or have access to the ANA “Member’s Only” website.</td>
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<tr>
<td>Access to the ANA “Members Only” articles at the ANA website—nursingworld.org.</td>
<td>Includes the ANA publications, The American Nurse, American Nurse Today and Online Journal of Nursing</td>
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| Date: ______________________________ |
| Last Name  First Name  Middle  Credentials |
| Basic School of Nursing Graduation (Month/Year)  RN License Number—REQ’D |
| County  US Legislative District (if known) State Senate (if known) |
| Home Telephone  Fax Number Please Circle One: Male / Female |
| Home Address  City    State  Zip |
| Employer Name  Position Held |
| Work Address  City    State  Zip APN Registry? Yes/No |
| Work Telephone  Email (Required for DNA #2) Prescriptive Authority? Yes/No |
| Referred by |
**ANA/CNA MEMBERSHIP**

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| FULL MEMBERSHIP DUES | $299.00 | $25.41 |
| FULL-TIME STUDENT |
| NEW GRADUATE FROM BASIC NURSING EDUCATION PROGRAM, WITHIN 6 MONTHS AFTER GRADUATION APPLIES TO FIRST YEAR OF MEMBERSHIP ONLY |
| SPECIAL MEMBERSHIP DUES | $74.75 | $6.23 |
| 62 YEARS OF AGE AND OLDER NOT EMPLOYED |
| TOTALLY DISABLED/NOT EMPLOYED |
| LIFETIME MEMBERSHIP | FREE |
| STATE ONLY MEMBERSHIP | $120.00 | $10.50 |
| (State Only Members) |

| Geographic District (Based on City & Zip Code) |
| DNA 2 (Corresponds primarily through email) |
| DNA 30 (Advanced Practice Nurses) |
| DNA 31 (Clinical Specialists in Psychiatric Nursing) |

| CREDIT CARD NUMBER - (M/C & VISA ONLY) |
| EXPIRATION DATE |
| PRINT CARD HOLDERS NAME |
| CARD HOLDERS SIGNATURE |
| TOTAL PAYMENT AMOUNT ENCLODED |

*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.*