



Colorado Becomes the 16th State to Opt Out of the Medicare Physician Supervision Requirement for Nurse Anesthetists

by Cheryl Blankemeier, CRNA

On Monday, September 27th, Governor Bill Ritter announced that Colorado was opting out of the federal supervision requirement for nurse anesthetists, becoming the 16th state to do so. The opt-out was effective Tuesday, September 28.

If a facility wants to be reimbursed by Medicare for serving Medicare patients, there is a requirement from Medicare in the Conditions of Participation that says that if a CRNA is administering anesthesia in that facility, the CRNA (Certified Registered Nurse Anesthetist) must have physician supervision. That physician does not have to be an anesthesiologist. It can be the operating surgeon. In this day and age, very few surgeons are willing to act as a supervisor for an anesthesia provider as they perceive it to be additional liability for themselves. They also

are not trained in anesthesia so they don't feel comfortable supervising something about which they have no personal expertise. As a result, in some settings, the Medicare requirement has become a disincentive for recruitment of surgeons to facilities that utilize CRNAs to provide their anesthesia. This generally occurs in areas that are underserved medically like rural and city hospitals (as examples). The opt-out is a process established by the federal Centers for Medicare & Medicaid Services (CMS) that allows removal of the supervision requirement. With that in mind, the delivery of anesthesia services no matter who the anesthesia professional is, does not occur in a vacuum. CRNAs will always be working with physicians, dentists, or podiatrists when administering anesthesia.

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Project C.U.R.E.—A Nursing Involvement Opportunity

by Fran Ricker, RN, MSN



Doug Jackson, Project C.U.R.E. President assists volunteer and former nurse Barb Youngberg sort medical supplies.

Do you want a great opportunity to “give back” professionally and help others? Are you making a New Year “resolution” to support a worthwhile cause with your nursing expertise? Project C.U.R.E. is a perfect way for nurses to volunteer and support a reputable organization that is doing critical work all over the world. There are many different ways that nurses can support the work of Project C.U.R.E.

Nurses already are involved in supporting the work of Project C.U.R.E., but more are definitely needed. Colorado Nurses Association member Mary Beth Trujillo comments, “As a registered nurse, I can think of no greater use of my professional skills than serving our global community. No matter how busy my life or work schedule gets, I am always re-energized by the hours I spend volunteering. When I am in the Project C.U.R.E. warehouse, I see the faces of the people in underserved countries that I have been

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Executive Director's Column

Influenza Immunization Policies and Nursing Concerns

by Fran Ricker, RN, MSN

Starting in early fall, Colorado Nurses Association (CNA) began receiving inquiries from nurses in several hospitals in Colorado regarding “mandatory influenza immunization policies” that were being implemented in their hospitals. Colorado Nurses Association and the American Nurses Association support the



Fran Ricker

importance of health care workers obtaining influenza vaccinations. ANA encourages all registered nurses to obtain immunization but also believes that the vaccination policies should be implemented as part of a comprehensive program and should ensure broad, fair, and non-discriminatory implementation.

What were some of the concerns of nurses that communicated with CNA? One nurse identified that her facility was allowing two exemptions for immunizations: 1) religious and 2) medical. For either of these exemptions according to the report,

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Colorado Nurses Association President...

by **Lola Fehr**

There it was—an innocuous looking yellow postcard that arrived in the mail. It could easily have been mistaken for some kind of disposable junk mail. In fact the web site warned us to alert families that the card would be coming and to not toss it out. Of course, for that warning to be helpful, one would have had to see it in advance of the card's arrival and it was the information on the card that listed the web site. Timing may have been a little off there.

About half of the registered nurses in Colorado received the card. It was, of course the notice of required biennial license renewal. It wasn't that long ago that the notice came by official letter and we filled out the required forms with a pen, wrote the check, and put the whole package back in the mail. The renewal fee used to be much lower, but I suspect we complained just as much then as we do now. I did a little simple math and it costs about 2½ cents per FTE hour paid for those working full time to hold that license for a two year period.

By the end of September actively practicing nurses whose licenses expired this year needed to renew and show documentation to their employers that they had done so. Most of us walk through the process without recognizing it for the privilege it is to hold that license.

The role of the Department of Regulatory Agencies (DORA) is to protect the public by assuring them that those who provide services requiring special education or skill are competent to do so. And so the Board of Nursing shares space

in DORA with the Board of Cosmetology, the land surveyors, electricians, and a myriad of other professionals and workers who must go through the licensing process.

Among all those licensees, we know that nurses are the most respected by the public. Nurses are the glue that holds a fragile healthcare system together and guides families through it. We should not submit that credit card payment for license renewal without recognizing what a privilege it is to have that public trust placed in us.

At the same many of us struggle with workloads that are too demanding, having to work overtime while others cannot find jobs, employers whose response to their own challenges is to place even more demands on nurses for solutions and the increased complexity of our personal worlds beyond the workplace. It is not easy to identify the positive feelings of public trust in that daily morass.

That yellow postcard reminder of license renewal may have brought some questions to mind. If you had a bad day or a discouraging week, one question might be, "Why do I keep doing this?". Some nurses make a decision to leave the profession during these deliberations, but few find anything else that can be quite so satisfying. If you are a new grad who has yet to find a position in nursing you may wonder if all the stress and financial sacrifice for that nursing education and passing the NCLEX was worth it. You did not expect this period of uncertainty after graduation. If you are a nurse who had hoped to retire by now, you may look at the license as a form of prison, keeping you where you don't want to be due to circumstances beyond your control.

For most of us who have dutifully renewed our professional license those "bad days" are viewed as just that—a bad day, not a bad choice to be a registered nurse. For most of us the yellow postcard was a reminder of just how lucky we are to be a registered nurse. ♦



Colorado Nurse Official Publication

COLORADO NURSE (ISSN-8750-846X) is published 4 times annually, March, June, September and December, by the Arthur L. Davis Publishing Agency, Inc. for the Colorado Nurses Association, 1221 South Clarkson Street, Suite 205, Denver, Colorado 80210.

Subscription may be purchased for \$20 per year, \$35/2 years, \$25 per year for foreign addresses.

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so privileged to care for. That and the mission of Project C.U.R.E. have kept me coming back for seven years!"

Another nurse volunteer, Jennifer Heath, PhD cites "the work of Project C.U.R.E., changing the world, one day, one hospital, one patient at a time is so consistent with why I became a nurse." Nursing Volunteer Carol Sibelius answers the question of why she volunteers: "In my nursing/management career we strived for quality assurance for our clients. Project C.U.R.E. has the same work ethic, along with honesty and integrity to 'do the best you can do' and 'use the talents of many to get the job done. It works!'"

Project C.U.R.E. is the world's largest volume distributor of donated medical supplies and equipment to the developing world. Donations of medical supplies and equipment are sent to more than 120 recipient countries. Project C.U.R.E. works with carefully qualified recipient organizations to make sure there is appropriate delivery and use of donated medical relief. The work of volunteers is critical to the mission of Project C.U.R.E.

Examples of some of the countries where Project C.U.R.E. has delivered help include India, Kenya, Mexico, Sudan, Vietnam, and Nepal, among others. The stories of need from Project C.U.R.E. from some of these areas are hard for nurses working under more advantaged conditions to comprehend. Their flier describes in Vietnam—"two to three women sharing a single maternity bed". In the Sudan—doctors lacking scalpels and blades and one doctor reporting use of the lid from a tin can to perform surgical procedures. In Mexico, reports on insufficient casting materials in some areas to bind broken bones—resulting in amputation as the offered alternative.

Colorado Nurses Association was invited by Representative Joe Miklosi (District 9) to tour the Project C.U.R.E. warehouse and offices in Denver and to hear about their efforts supported by volunteers, including nurses. That site visit began with a tour of the warehouse where one is immediately struck by the numerous rows and rows of donated supplies and equipment. As I toured with one of their volunteer nurses with an operating room background—we walked by IV pumps, automatic B/P machines, suction machines, operating room instruments, hospital beds, dental instruments, newborn warmers, dressing supplies, numerous bins of medical products, ...continuing on and on. In one corner of the warehouse a volunteer worked diligently to try and calibrate and repair an automatic B/P machine. At the far end of the warehouse, I observed several nurses from Boulder directing and helping load a delivery truck of supplies that was going to Mexico.

Nurses can be a help to Project C.U.R.E. in a number of ways. They are needed to serve as "**Sort Team Leaders**" to help identify medical supplies and products. In this role, they lead a group of volunteers in selecting supplies and determining they are appropriately routed. Nurses that serve in



Maribeth Trujillo.

this role are oriented to the process. It is helpful to hear that every nurse can encounter something they can't identify—that goes through an "I don't know" process/box.

Once a shipment is ready it is loaded into 40 foot cargo containers that are expertly packed to include everything that is critically needed. The process is systematized, but also individualized for each location's specific needs.

Colorado Nurses Association would like to help connect members of the nursing community to future volunteer days for nursing at Project C.U.R.E. Nurses can volunteer for a one time volunteer day or for repeating schedules if their time allows. Nursing students are also helpful and welcome to participate. What a great opportunity for students to learn about diverse supplies and equipments and about health care in other countries.

Colorado Nurses Association invites any registered nurse, LPNs, and student nurses to participate in a NURSING VOLUNTEER DAY at

Project C.U.R.E. on Saturday, February 12, 2011 at Project Cure at 10377 E. Geddes Avenue. Please RSVP to Bridget Boyd at bridgetboyd@projectcure.org or call 720-490-4021. Invite your nursing friends to attend and show support for Project C.U.R.E. See flier in Colorado Nurse.

Nurses can help advocate in their work settings for **donations of medical supplies and equipment**. Please consider taking a minute of your time to talk with your hospital management team, Materials Management departments, and Plant Operations staff about the opportunity to donate medical supplies and equipment. Donating to Project C.U.R.E. can save on waste disposal costs in some facilities. For donations of supplies and equipment please contact Stephanie York, Director of Operations at stephanieyork@projectcure.org or call 720-490-4017.

Project Cure also operates a **Cure Clinics program**. Nurses that work with Project C.U.R.E. can be considered to serve as part of 8-14 day medical missions where their nursing skills and knowledge as part of a health care team are utilized.

I asked if there are certain critical supplies or items that nursing service organizations might consider helping purchase or donate. I was informed that the three most urgent needs are 1) Biomedical equipment such as ultrasounds, Xray machines, anesthesia machines, etc 2) stethoscopes, and 3) bandaids. OK, the bandaids were a surprise to me but it makes sense if you consider everyone keeps their bandaids in case they need one. Please consider contacting Project Cure if your organization is interested in helping to meet a need for one of these items.

A fourth way nurses and nursing organizations can help is with a financial donation. Less than 2% of contributions go to overhead

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and administration. This is a lean running organization. In addition, for every dollar donated Project C.U.R.E. delivers \$20 worth of donated medical relief.

Project C.U.R.E. also has “CURE Kits” which are shoe box sized packages of basic home healthcare supplies that are developed to families in the developing world. This is an easy way for individuals and groups to contribute.

Project C.U.R.E. also allows organizations to schedule a meeting day in their south Denver warehouse space. This is a wonderful way to have an organization “visualize” first hand the important work being done at Project C.U.R.E. CNA districts and other nursing organizations may want to consider holding a service meeting day—combining meeting with several hours of donated work effort at the site.

I communicate a nursing “challenge” to nurses in the health care community to consider how you personally or how an organization you are involved with can help support this worthwhile effort that focuses on world health. Your expertise as a registered nurse can support Project C.U.R.E. in numerous ways. Please join other nursing colleagues in the first volunteer day for nursing opportunity on February 12th from 1 pm to 3 pm. ♦

Nurses, We Need YOU!

Join CNA for a Group Volunteer Day at PROJECT C.U.R.E. and Help Deliver Health and Hope to the World.

DATE: Saturday, February 12, 2011

TIME: 1 pm to 3 pm

LOCATION: 10377 E. Geddes Ave.
Centennial, CO 80112

PROJECT C.U.R.E. is the world’s largest provider of donated medical relief to developing nations. We rely on nurses to organize, identify, sort, package and inventory medical supplies for delivery to the most deserving hospitals and clinics throughout the world.



To register for the CNA Group Volunteer Day or for more information, please contact: Bridget Boyd | 720-490-4021 | bridgetboyd@projectcure.org

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a nurse had to submit written justification. In the case of medical contraindications/justifications—the information would be submitted to “human resources and senior management”. The facility also reportedly expressed the right to overturn a medical reason.

The nursing association’s concerns in hearing these purported practices relate to protecting the rights of the nurse. Who makes the decision on overturning someone’s medical exception? What is their reference to medical authority? Are there legal implications for the facility if a negative outcome ensues for someone “mandated” to take a vaccination? Does the nurse have the right to make her own health care decisions? What protections for personal health information are ensured? Are employee health records kept separate from employment records?

One nurse raised the issue of the right of the nurse to make her own health care decisions. An additional issue related to physicians and other health care workers being exempted under the policies. One facility reportedly did not require contract employed physicians to obtain influenza vaccinations but did require the nurses to do so.

“Labeling” or practices that would identify the nurse as compliant or noncompliant and that attest to their personal health choices are of potential concern to nursing advocates. “Smiley face stickers” that identify the nurse’s choice publicly raise concern. Additionally, ANA and CNA do not support “disciplinary procedures” being used against a nurse as an enforcement tactic under facility policies.

Colorado Nurses Association also learned of issues in mandatory enforcement in the past flu season where nurses had to wear masks, yet physicians in contact with patients did not have to do this, during long work shifts. This was further complicated by the fact their facilities did not have adequate vaccinations to provide for full vaccination of their health care workforce.

Requiring a nurse to disclose personal health information to human resources or management should raise concern. Personal health information should be “protected” as is requisite under “employee health” records requirements. Hospital

management should not be reviewing nurse’s personal health information for appropriateness. That is crossing a line. Nurses should also ask facilities about their right to make their own health care decisions. Hospitals have long supported the right of patient choice as a guiding premise.

Encouraging ALL HEALTH CARE WORKERS to immunize against influenza is a positive step facilities are undertaking—an outcome that we all need to support in the realization that health care workers are under immunized and that this does pose a potential threat to public safety. The goal should be aiming at a 100% rate. The Healthcare Infection Control Practices Advisory Committee (HICPAC) and Advisory Committee on Immunization Practices (ACIP) have recommended that all health care personnel be vaccinated annually for seasonal influenza. Statistics support that there is poor compliance by health care personnel. As of January 2010, vaccination rates were just 61.9% for seasonal influenza and 37.1% for pandemic influenza with 64.3% reporting receiving either of the influenza vaccines for the 2009-2010 season. (Source: *American Nurse Today*, “Seasonal Influenza: A nurse and patient relationship”, Nancy Hughes, MS, RN). The rate for pandemic influenza falls considerably below the rate for seasonal influenza.

It is important to also realize that immunization is only one part of a comprehensive approach to this issue. Remember that in 2007-2008, the influenza vaccine was estimated at 44% protection in protecting against influenza strains that year according to the CDC. Equally important emphasis is need on protective equipment, hand washing, and employer’s encouraging employees to stay home when sick, cites ANA President, Karen Daley.

Colorado Nurses Association encourages facilities to include health care workers and nursing staff in a “dialogue and plan” for promoting best practices in immunization by health care workers. Management staff can take opportunity to discuss with health care personnel—how they can “work together” to increase vaccination by employees. A plan that is developed mutually is more likely to make the employees feel “valued” and participants in the effort. Employees can then share their

“concerns” and can ask questions to clarify their understanding of immunization issues. Punitive approaches will not augment compliance and can damage an effective working relationship. A collaborative approach on the issue also can represent opportunity to dispel myths, incorrect information, and to educate on evidence based practice. When information is presented in that context nurses are more likely to support and encourage peers to vaccinate.

Colorado Nurses Association has taken some action on this issue in Colorado. Colorado Nurses Association has contacted one facility on their recent policy implementation. Several media stories aired in the fall and CNA was interviewed by one news station on relevant issues. CNA has also contacted Colorado Hospital Association to help communicate concerns and to discuss how facilities can implement effective plans for immunization in a supportive environment. CNA will also contact CONL (Colorado Organization of Nurse Leaders) to alert them of concerns.

What is nursing’s role? Educating patients and health care workers on the “facts” surrounding influenza immunization is one way nurses can promote personal and public health. For all interested the Centers for Disease Control and Prevention (CDC) has a reference document on “Prevention Strategies for Seasonal Influenza in Healthcare Settings” which is available through their website: www.cdc.gov/flu/professionals/infection_control/healthcaresettings.htm.

The “Definitions of Healthcare Personnel”—would imply that all persons PAID OR UNPAID who have potential for exposure should be included... this includes physicians, laboratory personnel, laundry, maintenance, others... Is your facility complying with this recommendation?

Through the same website—fact sheets on influenza immunization are a resource for health care workers and the public. A Flu IQ test—is also available to test one’s general knowledge. Nurse’s can play a primary role in helping facilities develop a comprehensive plan that will be effective in prevention. Please note the articles included in this edition on ANA’s position on influenza immunization, including President Karen Daley’s letter. If you have further information to share with Colorado Nurses Association please contact Fran Ricker at franricker@nurses-co.org. ♦

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The opt-out provides Colorado’s rural and critical access hospitals the flexibility they need to ensure patient access to high-quality anesthesia care. Prior to requesting the opt-out in a letter to CMS, Governor Ritter consulted with the Colorado Medical Board (August 19th) and the Colorado Board of Nursing (August 25th). Both Boards supported the opt-out as being consistent with state law and in the best interests of the citizens of the state. The Nurse Physician Advisory Taskforce for Colorado Healthcare (NPATCH) also sent a letter of support for the process. CNA members Mary Ciambelli, Doug Warnecke, and Margaret Catchpole serve as members on the NPATCH.

Colorado becomes the 16th state to take advantage of the opt out process under the anesthesia care rule published by CMS in the *Federal Register* [66 FR 56762-56769] on Nov. 13, 2001, following Iowa, Nebraska, Idaho, Minnesota, New Hampshire, New Mexico, Kansas, North Dakota, Washington, Alaska, Oregon, and Montana, South Dakota, Wisconsin, and California. The November 13 rule commentary says that regardless of whether a state “opts-out” of the federal supervision requirement, individual facilities may still require CRNAs to be physician supervised.

The Colorado Hospital Association, in

cooperation with the Colorado Association of Nurse Anesthetists (CoANA), the Colorado Nurses Association, and the Colorado Rural Health Center, worked to support the opt-out with Governor Ritter’s office.

“The Colorado Association of Nurse Anesthetists applauds Gov. Ritter’s recognition that giving Colorado hospitals greater flexibility is good for Colorado and a positive step toward ensuring patients access to the quality healthcare that Certified Registered Nurse Anesthetists (CRNAs) provide,” said Colorado Association of Nurse Anesthetists President Jennifer Harenberg, CRNA.

On September 28th, the Colorado Society of Anesthesiologists and the Colorado Medical Society filed a lawsuit against Governor Bill Ritter for declaratory and injunctive relief with the Denver District Court in an attempt to nullify the opt out. The Colorado Nurses Association, the Colorado Association of Nurse Anesthetists, and the Colorado Hospital Association have filed a petition to intervene in the lawsuit in support of Governor Bill Ritter. ♦

American Nurses Association



Dear Registered Nurses,

The American Nurses Association (ANA) once again urges all registered nurses to get the seasonal influenza vaccine. As nurses, we have an ethical obligation not only to protect our patients, but also ourselves, our families, co-workers and communities from influenza illness.

In my first year as ANA president, I am eager to inspire nurses to lead the way to increasing vaccination rates among all health care workers. It is not acceptable to me that the seasonal influenza vaccine rate among health care workers remains below 50 percent, including the rate for nurses. We know nurses can contract and transmit seasonal influenza. As the most trusted profession, we owe it to ourselves, our patients and the public to be vaccinated and set the example we want the nation to follow.

ANA is not a lone voice urging 100% vaccination rates. The Centers for Disease Control and Prevention (CDC) recommends that everyone age 6 months and older get an influenza vaccine during this influenza season—registered nurses included. We also want all nurses to know that ANA considers seasonal influenza vaccination one of several important components of a comprehensive infection control program. The program should address education, respiratory etiquette, hand-washing, and the use of proper and effective personal protective equipment. We encourage you to advocate for stronger infection control programs at your facilities to address seasonal influenza and other respiratory illnesses to increase safety for patients and staff.

During last year's influenza season, influenza vaccination moved front and center in the public's consciousness due to the pandemic caused by the H1N1 virus. During this season, we have the chance to build upon the heightened attention that influenza vaccination received because of the pandemic. While H1N1 is no longer a pandemic, awareness of the dangers of influenza, especially for high-risk groups such as people with chronic health conditions, pregnant women and infants, certainly has increased. I would fully expect that the recent H1N1 experience will translate into higher RN vaccination rates. Importantly, the H1N1 virus strain is included in this season's influenza vaccine.

Safety and efficacy of vaccines is well established by research; adverse events are extremely rare. Studies show that vaccinating health-care workers cuts their absenteeism, protects their co-workers and families, and prevents infections and complications among

patients. Influenza season can start as early as September and peak as late as March. I encourage you to take the time early in this influenza season to get the influenza vaccine in a program sponsored by your employer or on your own. It is crucial that you get protected as soon as the vaccine is available. I also want to remind you to use a safety syringe when vaccinating to protect against needlestick injuries that could lead to bloodborne pathogen exposure.



We've compiled an Influenza Toolkit to help you with resources on influenza disease and the vaccine: www.ANAimmunize.org/influenzatoolkit.

We appreciate what you do for your patients and to promote public health. Nurses truly play an important role in Bringing Immunity to Every Community!

Karen Daley, PhD, MPH, RN, FAAN
ANA President ♦



Featuring Affiliate Member Associations: The Colorado School Nurse Association

Colorado Nurses Association Affiliate Professional Organizations

American College of Nurse
Midwives, Region V, Chapter 3

American Academy of Nurse
Practitioners, Colorado Chapter

Association of Operating Room
Nurses, Denver Chapter

CO Association of Nurse Anesthetists

Colorado School Nurse Association

CO Rocky Mountain Chapter of NAPNAP

Metro Denver Oncology Nursing Society

Northern Colorado Nurse
Practitioner Coalition

Public Health Nurses Association of CO

Rocky Mountain Society of
Gastroenterology Nurses and Associates

Rocky Mountain Chapter of the American
Assembly for Men in Nursing

The Colorado School Nurse Association (CASN) supports Colorado School Nurses through educational opportunities, networking and advocacy. CASN has approximately 270 members, which represents over half of the state's school nurses. The mission of CASN is to provide leadership in the delivery of quality health programs to ensure educational success of the school aged child and advance the practice of school nursing. CASN provides an annual Fall Conference and a Spring Workshop. Evidence-based practice is the standard! Information about the upcoming CASN Fall Conference 2010 November 4-6, 2010 at Beaver Run Resort, Breckenridge, CO can be found at www.coloradoschoolnurse.org.

Additionally, CASN advocates for the role of school nurses and the health and safety of students. Current issues include the school nurse to student ratio, student obesity rates, nutrition and exercise in schools and supporting students with chronic health conditions such as food allergies, asthma and seizure disorders.

CASN is an affiliate of the National Association of School Nurses, which enhances the available services of CASN members. NASN provides a broad variety of educational opportunities and provides advocacy at the national level. Additionally, CASN members have access to vision vouchers, prescription drug discount cards, health materials, grant opportunities, etc.

CASN is excited to join with the Colorado Nurse's Association. For more information on CASN go to www.coloradoschoolnurse.org ♦

Notice for APNs on Insurance Issues

APNs are strongly requested to send a communication to Colorado Nurses Association if they have received a denial from an insurance company denying them as a provider on their panels. Colorado Nurses Association is looking at some recent concerns communicated by individual APNs on this issue. Colorado Nurses Association has supported past legislation in Colorado on insurance panels and would like to better quantify any potential trends in denials or any problem areas. APNs in independent or solo practice that are receiving denials are of particular interest. CNA is also interested in potential issues relating to reimbursement. Please send an email to Fran Ricker at franricker@nurses-co.org.

CNA and the Government Affairs and Public Policy Committee is actively working on this issue. An early meeting with the Division of Insurance to apprise of potential concerns has taken place. Colorado Nurses Association also plans to meet with insurance carriers and their representative associations in the next few months.

There have been several legislative changes in Colorado referencing APNs and with the renewal of the Nurse Practice Act which defines the regulatory authority for APNs. Colorado Nurses Association plans to help disseminate factual information and to help clarify changes that have taken place for advanced practice nursing.

Colorado Nurses Association is also actively communicating the importance of ensuring eligibility for APNs as providers in every policy arena that we participate in. Colorado Nurses Association has raised the issue at the state stakeholder meetings for the state insurance exchanges that need to be structured under health care reform and with other policy stakeholder groups. We will also work closely with our state legislature and with the nursing community in addressing restrictions that unfairly target one provider group. ♦

Join the CNA Education Express: Your Key to Success!

Who knows all there is to know? Who has the principles that guide nursing care? Who is not afraid to try new management techniques? Who has a strong personal philosophy to guide difficult decisions and life or death guidance to patients? Who can laugh and enjoy life with family and friends?

YOU DO, OR AT LEAST YOU COULD!

The mission of the Continuing Education Provider Unit (CEPU) of Colorado Nurses Association is to offer timely and accessible continuing nursing education to the nursing and health care community in both urban and rural Colorado which will reflect social policy, workplace relationships, and nursing practice within a multidisciplinary health care system. CNE's will be designed to advocate for nursing and to offer educational programming to enhance the knowledge, well being and professional satisfaction within nursing. Conventional wisdom says that a one-hour program should provide at least one new idea, plan, or technique. CEPU guarantees at least double that!

CNA is in the process of developing ten one hour programs that will help novice and experienced nurses learn or update workplace skills in communication management and interpersonal relationships. Once the programs are developed, you may access these programs to bring to your DNA colleagues, the workplace, or a regional center. These programs may be co-jointly sponsored at an affordable rate. In fact, once a group arranges for a program and agrees to the price, that group may charge a fee to attendees as they wish: from 5 to 50. Venues will include webinars, self-studies, tutorials, and large group programs designed by request.

Currently, an available program is *An Education Program on Substance Use and*

Screening and Brief Intervention. Because drug and alcohol misuse and abuse is a current issue within healthcare, Colorado Nurses Association will be offering education programs in a three part series. Each program is one-hour in length and will award one nursing contact hour. The three programs will be guided by content experts from Peer Assistance Services, Inc. and SBIRT Colorado. The three programs will offer education for nurses on evidence based education regarding substance use issues and how to identify a substance abuse issues with a peer or a patient. CNA anticipates having this program available through a Webinar this winter.

The three programs on Substance Use and Screening and Brief Intervention are:

- ***Impaired Practice: A Professional Issue***
- ***Impaired Practice: Reporting, Intervention, Treatment, and Resources***
- ***SBIRT: Screening and Brief Intervention and Referral to Treatment***

Other available programs which will provide one nursing contact hour include:

- ***Interviewing Tips-Cris Finn, PhD, RN***
- ***Manager/Staff Relationships-Speaker Pending***
- ***Conflict in the Workplace-Speaker Pending***
- ***Power and Potential of Mentoring-Speaker Pending***
- ***Communicating for Results-Speaker Pending***

Suggestions for future programs that are being developed which will offer nursing contact hours include:

- **Preparing for ANCC Approval Status** will provide guidance for Nurse Planners that are applying for ANCC accreditation for a single educational offering or full providership.
- **Self Care in a Selfless Profession** which will assist in developing a plan to assist in balancing personal and professional life.
- **The Critical Thinking Cap** will present techniques to assist in developing critical thinking and identify effective ways to evaluate critical thinking.
- **Time Management in the Work Place** will identify principles and techniques to assist in developing better time management in the workplace.
- **Budget Management** will offer techniques of how to manage budgets at home and in the work place.
- **Job or Profession** will review social policy statements of ANA regarding workplace and patient issues.

Please contact Melinda Roberts at mroberts@nurses-co.org if you are interested in the listed programs or if you have an idea of a topic you would like to be offered or a speaker recommendation.

Respectfully submitted by Carole Mutzebaugh, Chair, Kathy Whitney, Cris Finn, Deb Poling, Eve Hoygaard and advisors Kathy Brown, and Melinda Roberts. ♦

Nursing Scholars Receive Awards

Since 1981 **Friends of Nursing** has advanced professional nursing by providing scholarships in Colorado Schools of Nursing. In 2010 a total of \$55,800 was awarded to 23 students from eight schools. Students receiving these awards were:

Scholarship Recipients 2010

Adams State College

Erin Goeize FON Award
Omawa Pelham Greta Pollard Scholarship

Colorado State University—Pueblo

Kara McClure Verda Richie Memorial Scholarship
& Monahan Grant
Alyssa Musso FON Award
Gayle Sanford FON Award

Mesa State College

LaNay Arcady Monahan Grant
Julie Ketchum Ruth Harboe Memorial Scholarship
Cheryl Olson Wayne T. "Dusty" Biddle Memorial Scholarship
Monahan Grant

Metro State College

Alicia DeAnda FON Award
Amanda Jernigan FON Award
Dawn King Margaret Lewis Memorial Scholarship

Regis University

Jonelle Hogan Monahan Grant
Lesley Erin Moak Josephine Ballard/Presbyterian Scholarship
Melissa Richey FON Award

University of Colorado, Colorado Springs

Ashley Alameyda FON Award
Sara Bozzi Viola Baudendistel Memorial Scholarship
Eugene Fisco Georgia Imhoff Memorial Scholarship

University of Colorado, Denver

Anissa Buhring Theresa Brofman Memorial Scholarship
Leovi Madera St. Luke's Alumnae Scholarship & Monahan Grant
Joy McElyea FON Award

University of Northern Colorado

Jennifer Berg-Ramsey FON Presidents' Scholarship
Jaimie Klein FON Award
Jessica Salberg Leila B. Kinney Scholarship & Monahan Grant

A special thank you goes to the school Liaisons: Dr. Aida Sahud, Theresa Wright, Gretchen Sigafos, Mary Carol Ferrera, Dr. Cindy Roach, Dr. Pam Spry, and Dr. Lynn Wimett. All did an outstanding job. The committee members Pat Carlson, Dr. Mary Jo Coast, Dr. Phyllis Graham-Dickerson, Karen Hansen, Jan Jurasic, Dr. Pam Stoekel, Jean Sylling, and Dr. Cris Finn send a special thank you to all the schools and students involved.

For additional information please visit the website www.friendsofnursing.org. Please encourage all eligible students to apply each year. ♦

Updates from the State Board of Nursing

Colorado State Board of Nursing



Highlights from the Colorado Board of Nursing Board Meeting held on August 25, 2010.

CRNA Opt-out

At its meeting on August 25, 2010, the Board considered written statements from stakeholders representing both sides of the issue and discussed the two specific questions that you posed for the Board's consideration.

The first question is, "According to your understanding, is opting out of the physician's supervision requirement for [Colorado's Rural and Critical Access] hospitals consistent with state law?" In response, the Board voted unanimously that a decision by the Governor to opt out of the physician supervision requirement is consistent with the Nurse Practice Act, found at title 12 of article 38 of the Colorado Revised Statutes. The Board further recommended that opting out of the physician supervision requirement should not be limited to Colorado's Rural and Critical Access Hospitals, but should apply to all hospitals and facilities within Colorado.

The Board also considered your second question, "Do you believe opting-out of the physician supervision requirement is in the best interest of Colorado residents?" The Board of Nursing voted unanimously that opting out of the physician supervision requirement is in the best interest of Colorado residents.

Education Highlights at the Meeting

Colorado should be proud. All but one of the Board approved nursing education programs in the State required to either be in candidacy status or have achieved national nursing accreditation have done so.

National Nursing Accreditation provides some assurance to the consumer that the nursing program has been peer reviewed and meets a national standard. The two national nursing accrediting bodies are National League for Nursing Accrediting Commission (NLNAC) and the Commission on Collegiate Nursing Education (CCNE). NLNAC accredits all levels of nursing education whereas CCNE accredits baccalaureate and graduate level degree granting nursing education programs. The State Board of Nursing requirement can be found in the Chapter II Rules and Regulations Section 3.5.

All of the nurses in the state should thank the directors of nursing and institution administrators of the Board approved nursing education programs in Colorado for making this happen.

Medication Aide Rules

Chapter XII and Chapter XIX rules relating to CNA Medication Aide were proposed for the rulemaking hearing held at the meeting. The Chapter XII rules were adopted with amendment and can be found on the Board of Nursing website at, <http://www.dora.state.co.us/nursing/rules/ChapterXII.pdf>

Chapter XIX rules were tabled until the October 27, 2010 meeting to consider written comments

received during the public testimony phase. Public testimony has been closed for this rule.

Nurse Licensure Compact Update

The states included in the Nurse Licensure Compact are Arizona, Arkansas, Colorado, Delaware, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia and Wisconsin.

Highlights from NCSBN Annual Meeting

Kennetha Julien, Program Director and Vicki Erickson, Board President attended the NCSBN Annual Meeting. NCSBN met in Portland, Ore., Aug. 11-13, 2010, to consider pertinent association business with its member boards of nursing. There were 60 Member Boards represented by delegates. Highlights of some of the significant actions approved by the Member Boards included:

- Adoption of the revisions to the NCSBN Bylaws;
- Adoption of the revisions to the NCSBN Mission Statement;
- Acceptance of the 2011-2013 Strategic Initiatives;
- Approval of the Bermuda Nursing Council, the College of Licensed Practical Nurses of Alberta and College of Licensed Practical Nurses of British Columbia as Associate Members of NCSBN;
- Revisions to the NCSBN Model Practice Act and Administrative Rules;
- Adoption of the Guiding Principles for Continued Competence;
- Approval of the 2011 NCLEX-PN Test Plan; and

- Election of new directors to the Board of Directors and members of the Leadership Succession Committee (LSC).

NCSBN will meet Aug. 2-5, 2011, in Indianapolis, Ind. for its next Annual Meeting.

You can find out more at ncsbncommunications@ncsbn.org.

State Board of Nursing Acknowledgement of Susan Miller

Susan Miller began her service in providing consumer protection to the citizens of Colorado on September 14, 1981. For over 29 years she served in various leadership roles in the Department of Regulatory Agencies, Division of Registrations. Susan started her state career at the tender age of 25 as the Program Director for the State Board of Registration for Professional Engineers and Professional Land Surveyors and the Colorado Passenger Tramway Safety Board. Susan held this post until 1994 and then transferred to the State Board of Medical Examiners where she served as their Program Director until August 2006. Her dedication and skill earned her a promotion to Section Director for the Health Care Section in the Division of Registrations for the remainder of her career.

Susan always credits the high performance of her staff to their dedication, taking no credit for herself. However, it is clear to all that her vision, leadership and encouragement are the underpinnings of their success. Susan's dedication, integrity and performance have always set a high standard within the Division. She is a true leader and highly respected as well as admired by all who work for and with her. We gratefully acknowledge Susan Miller for her dedicated service to the citizens of Colorado. Susan is retiring October 29, 2010. ♦

Colorado Nurse

2010 Colorado Nurses Association Awards

Each year, Colorado Nurses Association honors members for their contributions at an award recognition ceremony held during the annual convention meeting. This year, the Awards Banquet was held on the afternoon of October 9, 2010 at the Summit Event and Conference Center. Awards included the Colorado Nurses Association Hall of Fame, Outstanding Contribution State Level, Outstanding Contribution DNA Level, Sustained Contribution, DNA of the Year, and DNA Nurse of the Year. Colorado Nurses Association was honored to have Jo Eleanor Elliot speak at the Awards Ceremony. Jo Eleanor Elliot reflected on her past experience as the ANA President during the critical time of the passage of Medicare.



**Keynote Speaker
Jo Eleanor Elliot**

Only a few of Sara's accomplishments have been listed. Sara continues to be a leader in education and advocacy for the nursing profession. This year, Sara was the recipient of the Barbara Thoman Curtis Award from ANA. Congratulations Sara Jarrett on all of your achievements and thank you for your dedication to the nursing profession!

2010 Outstanding Contribution State Level Marion Thornton

The recipient for Outstanding Contribution State Level has made a major contribution to CNA in the past year, serves as a professional role model for nursing peers, and consistently represents CNA in the community. Marion Thornton has demonstrated these qualities such that she has been an active member of CNA since 1999. Marion serves as a role model for active involvement for CNA and she is involved in the process to strengthen the nursing profession and ensure that Colorado citizens have access to Advanced Practice Nurses. Marion is the Co-Chair of the GAPP committee. In this role, she encourages and supports nurses in their efforts to lobby legislators on bills related to CNA's legislative platform. Marion initiated collaboration and networking throughout the association by working on the Colorado Federation of Nursing Organizations task force to develop language for the revision of the Nurse-Practice Act. Marion consistently seeks opportunities to care for vulnerable populations and she is consistently volunteering to serve CNA. Congratulations Marion Thornton on receiving the Outstanding Contribution State Level.



**Recipient Marion Thornton with
President Lola Fehr**

CNA Hall of Fame Sara Jarrett Ed.D, MS, CNS, CNE, RN



L to R: President Lola Fehr, Recipient Sara Jarrett, Board member Alma Jackson

Sara Jarrett was honored as this year's recipient to be inducted into the Colorado Nurses Association Hall of Fame. The CNA Hall of Fame began in 2004 as part of the Associations Centennial Year Festivities. Patterned after the ANA Hall of Fame, the CNA Hall of Fame is permanent and serves as a lasting tribute to nurses whose dedication, leadership, lifelong contribution and achievement will have enduring value to nursing beyond their lifetime. Sara Jarrett has demonstrated

leadership that has affected the health and/or social history of Colorado through sustained, lifelong contributions to nursing practice and education. In Sara's role as a leader in nursing education, she models and teaches the concepts that help students develop their role in advocacy and policy leadership

Since the 1980's, Sara has been involved with the Colorado Nurses Association's public policy and advocacy activities through both membership and leadership roles on CNA's formal legislative and policy forums as well as committee's advocating for particular issues such as "health care access for all". Sara served as the CNA President for four years and brought a public presence to the nursing and health care issues in the Colorado community. Sara has been actively involved in the ANA grassroots political opportunities and she has been a national ANA delegate for many years. Sara served for four years on the ANA-PAC board and two years as the Chair of this national entity. Sara has also served as the Chair of the ANA-PAC Presidential Endorsement Committee for the 2008 Presidential election. During that process, Sara has had the opportunity to lead the interview process for several Presidential candidates including President Obama.

2010 Outstanding Contribution DNA Level Frank B. Thornburg, III

The candidate for the Outstanding Contribution DNA Level is an individual who serves as a role model for the professional practice of nursing through active membership to CNA/ANA. Frank B. Thornburg, III has received the award for Outstanding Contribution DNA Level due to his active participation in DNA #3. Frank has served as coordinator for the Scholarship Fundraiser activities for the past 3 years and served on the Program Committee. While Frank held the position of Vice President of Nursing at St. Francis Medical Center, he worked to develop liaisons between staff and DNA #3 by arranging space for monthly meetings at the hospital campus. Please join DNA #3 in congratulating Frank as the 2010 Nurse of the Year and recipient for Outstanding Contribution DNA Level.

2010 Sustained Contribution Margaret Catchpole



**Recipient Margaret Catchpole with
President Lola Fehr**

Margaret Catchpole has been a member of the Colorado Nurses Association for approximately thirty years. She has been active in Lamar, DNA #16, and is currently active in DNA #30. The focus of some of Margaret's contributions has been on collective bargaining at the State and National levels. Margaret has served many terms on the legislative affairs and public policy (GAPP) committee's and has served as President of DNA #16 and DNA #30. She also serves on the DNA #3 Board of Directors. Margaret currently serves on the Nurse-Physician Advisory Taskforce for Colorado Health Care and she is a delegate at many CNA conventions.

Congratulations Margaret Catchpole for receiving the award for Sustained Contribution to CNA.

es Association

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DNA of the Year DNA #16

The DNA of the Year award acknowledges the outstanding contribution of a DNA who has been in good standing with CNA for the past year and has fulfilled a variety of criteria regarding membership and activities. DNA #16 has had an increase in membership for the past year and has increased the participation of their members at DNA meetings. Just to mention a few accomplishments, DNA #16 provides an annual nursing scholarship and assists with several community activities such as 9Health Fair, Race for the Cure, Back to School Programs, the ERACE Homelessness Walk, and Samaritan House. The enthusiastic DNA also coordinates Nurses Night at the Rockies each year and hosts the Legislative Connection Dinner. Congratulations DNA #16.

DNA Nurse of the Year Recipients



- DNA #3 **Frank B. Thornburg, III**
- DNA #4 **Lorie Rae Hamilton**
- DNA #7 **Dixie Melton**
- DNA #9 **Donna Poduska**
- DNA #16 **Donna Dulong**
- DNA #20 **Kathy Butler**
- DNA #20 **Susan Moyer**
- DNA #23 **Lavena Thompson**
- DNA #30 **Julie Hauer**
- DNA #31 **Sher Sauve-Demos ♦**

Building for Your Success: Relationships, Skills, and Resources

Colorado Nurses Association hosted a continuing nursing education (CNE) day at the Summit Event and Conference Center on October 8, 2010. The purpose of the Convention CNE Day was to provide an opportunity for registered nurses and student nurses to develop skills and explore resources to promote professionalism and retention in nursing. Five presentations were offered and six nursing contact hours were awarded. The presentations included Interviewing Tips presented by Cris Finn, PhD, RN, FNP, MSN, MA, CPHQ, CFNE, SANE; Manager Staff Relationships presented by Karren Kowalski, PhD, RN, NEA-BC, FAAN; 2009-2010 Nurse Faculty Survey, Preliminary Findings presented by Jacqueline Colby, PhD, MPH from the Colorado Health Institute; Substance Abuse in the Workplace presented by Rebecca Heck, BSN, RN, MPH, Director of Nursing Peer Health Assistance Program; and The Power and Potential of Nursing presented by Rita Beam, MS, RN, Founder and Director of Lamp Lighters Nurse Mentor Program. The Convention CNE day was attended by approximately 70 nurses from the state of Colorado. ♦

Colorado Nurses Association Expresses its Appreciation to the following Sponsors for the 2010 Annual Convention and Education Day

Gold

Continuing Education Day
Colorado Nurses Foundation

Silver

Arthur L. Davis Publishing
SBIRT–Peer Assistance Services
SBIRT
Regis University
University of Phoenix

Bronze

Colorado Hospital Association
Peer Assistance Services
Colorado State University–Pueblo Campus
Colorado Department of Corrections
Friends of Nursing
Western Governor's University
National American University
The Gideons International
Interim Healthcare
California Casualty

The Demographic Challenges Facing Colorado's Health Care Workforce

An excerpt from "Colorado's Nursing Workforce" produced by the Colorado Center for Nursing Excellence



The aging of Colorado's health care and nursing workforce may become a tsunami that, if not addressed, will significantly impact Colorado's health care system's ability to provide adequate health care services to its residents. For example, as indicated in Figures 6 and 7, the percent of hospital sector employees that are 55 years and older has been steadily increasing since the early 1990s, and there is no indication that this trend will change.

Figure 6 shows how the age composition of hospital employees has changed since 1993. Overall, the hospital workforce has grown from 44,198 in 1993 to 71,332 in 2008. The graph illustrates the growth in the 55+ age group from 9 percent in 1993 to 20 percent in 2008. Figure 7 indicates that the 45-54 year old age group has grown from 20 percent to 28 percent during the same time period. In contrast, the 22-44 year old group has dropped from 71 percent in 1993 to 53 percent in 2008. In the 3rd quarter of 2008, there were 11,802 hospital employees age 55-64 and 1,829 age 65+. The powerful shift in the age composition of the hospital workforce (similar age profiles exist in the other health care sectors) will have significant short- and long-term implications on access to health care.

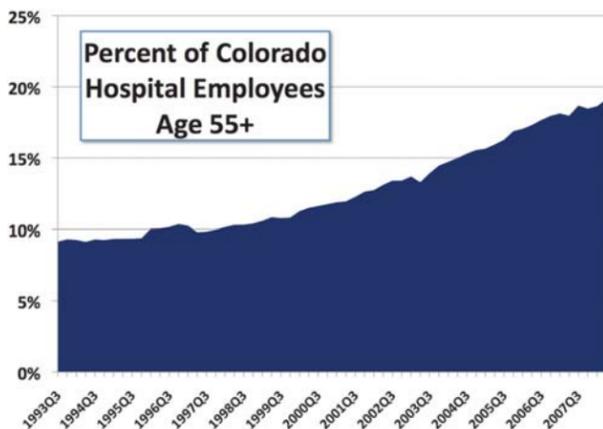


Figure 6 Source: US Census LED Data

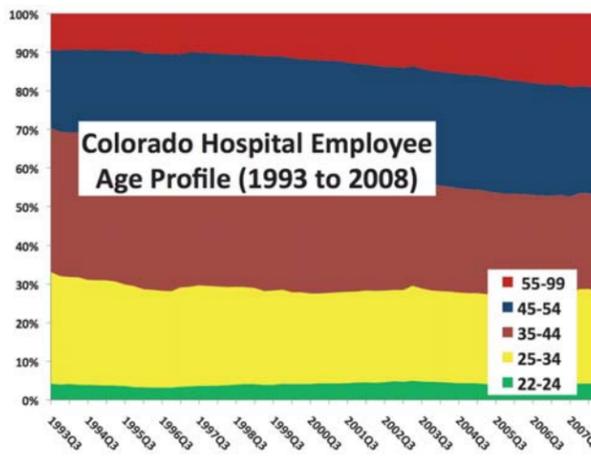


Figure 7 Source: US Census LED Data

This supply-demand workforce mismatch is not a problem that is self-correcting. Complicating a resolution to this issue are the disconnected nature of the health care workforce pipeline, the stressed and underfunded status of public education and the time lag required to develop health care professionals. All of the health care occupations share many of the same challenges: shortage of classroom and clinical faculty; overall education program cost; shortage of clinical training sites; and faculty salary and retirement issues.

Based on anecdotal information, the current economic recession has slowed down the retirement of older hospital and health care sector employees from the workplace and shifted some part-time employees to full-time status. However, the fundamental demographics of the health care and hospital workforce have not changed.

At a minimum, the recession has only insured that when health care employees retire from the workforce, they will now retire over a shorter timeframe than they would have under more normal economic circumstances. The retirement slope will become more and more a retirement "cliff" that will create skilled health care sector

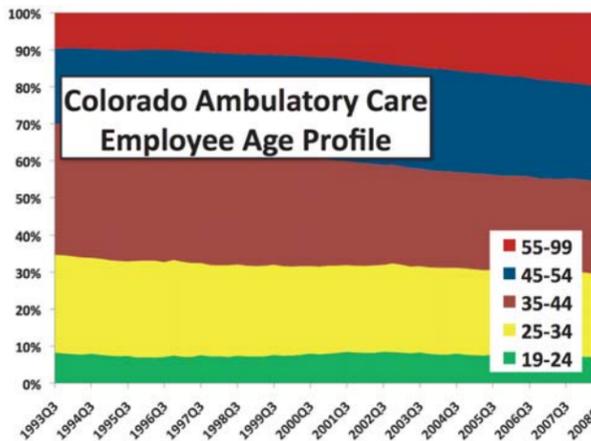


Figure 8 Source: US Census LED Data

workforce shortages during a shorter time period. Given the 4-12 year time period that it takes to develop health care professionals, this steeper retirement "cliff" will create an even more difficult workforce challenge.

While the hospital sector employs 35 percent of the health care sector employees, the ambulatory care sector (medical offices, clinics, outpatient facilities, etc.) employs an even larger amount (45 percent) of Colorado's health care workforce. The workforce challenges facing this sector will become more intense as the overall population ages and as health care delivery increasingly shifts from an emphasis on acute/inpatient care to ambulatory/outpatient care.

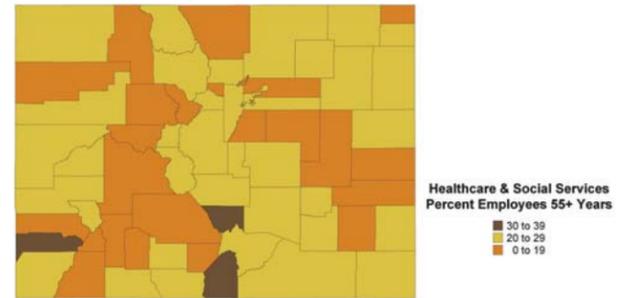


Figure 9 Source: US Census LED Data

Overall, the ambulatory care workforce has grown from 56,800 in 1993 to 92,600 in 2008. In the 3rd quarter of 2008, there were 15,250 ambulatory care employees age 55-64 and 1,040 employees age 65+. As Figure 8 illustrates, the age profile of ambulatory care employees shows a very similar demographic shift as that seen in the hospital sector, with the 55+ age segment increasing from 10 percent in 1993 to 20 percent in 2008, and the 22-44 age group dropping from 69 percent in 1993 to 54 percent in 2008. The employee base of long-term and residential care sector mirrors this age profile.

In 1993, only 9 percent of Colorado's health care workforce were over the age of 55; today it is 20 percent.

The geographic distribution by age of the health care workforce across Colorado counties reveals an even more serious community specific demographic challenge that will be created when current health care employees retire. Figure 9 illustrates on a county-by-county basis the distribution of health care sector employees over the age of 55, indicating a significant variation among counties.

Three counties have a health care workforce with more than 30 percent over the age of 55, while 37 counties have between 20 percent and 30 percent of their employees in this age group. Given that rural counties have access to a much smaller labor market, recruiting a replacement workforce presents much more serious challenges. Solutions will require proactive and early community leadership and innovative solutions. ♦



District & Committee Reports

Government Affairs and Public Policy Committee (GAPP)

Implementing the 2009 Nurse Practice Act and successfully navigating the 2010 legislative session made for an exciting and action-packed year for the GAPP committee. Here are a few highlights.

Efforts by GAPP/CNA Important for Nurse Practice Act Rules

Board of Nursing Rules Chapter XIV and XV: The Colorado Nurses Association provided extensive feedback during the prolonged rule making process related to changes in the nurse practice act regarding the advanced practice registry and prescriptive authority. GAPP members attended multiple meetings, testified, and submitted written testimony before and during the rule making process. The Association also submitted a sample template for articulated plans to the Board of Nursing which was accepted by the Board and can now be accessed on their website.

NPATCH: NPATCH members Margaret Catchpole, Mary Ciambelli, and Doug Warnecke also contributed to the NPATCH articulated plan template which is available on the NPATCH website. Both the Chapter XIV and XV rules have been updated and implemented with extensive input from the Association.

Preventing Medicaid Reimbursement Cuts—A Successful CNA, GAPP Effort

In December 2009, Tay Kopanos alerted GAPP to a proposal from the Colorado Department of Health Care Financing and Policy (HCPF)

that threatened access to care for Medicaid recipients. HCPF proposed that the Joint Budget Committee (JBC) of the legislature cut all Medicaid reimbursements by 1% and furthermore proposed an additional cut to advanced practice nurses (APNs) and physician's assistants to 90% of the physician rate. The proposed 11% cut posed an imminent threat to the health care of Coloradoans since many APNs told the Association that they could not continue serving Medicaid recipients if this proposal was implemented. The Association took the lead in fighting this threat and joined with multiple community stakeholders in proposing an alternative 1.1% across the board cut to all providers. A strategic campaign was developed by the leadership of the Association and initially supported by the Colorado Rural Health Association and Colorado Association of Nurse Anesthetists. We eventually gained the support of the Colorado Hospital Association, American College of Nurse Midwives, Denver Chapter, V, Region III, Mental Health America Colorado, Northern Colorado Nurse Practitioner Coalition, Clinic Net, and the Public Health Nurses of Colorado. We educated JBC staff, JBC legislators, other legislators, media contacts, wrote multiple letters and sent frequent electronic mail communications, and rallied community stakeholders. On March 16, the JBC decided to cut all providers at a rate of 1% and to eschew any additional cuts to APNs and physician's assistants. Thanks again to all those who spoke to legislators, made phone calls, wrote letters, sent e-mails, and otherwise contributed to this substantial victory for Medicaid recipients in Colorado.

“One Vote Short” FEARED, but not True—CNA Mounts Successful Opposition

SB 170 The “Retail Clinics Bill”—In other legislative action, the Association joined with the Convenient Care Association (CCA), Colorado Retail Council (CRC), the Northern Colorado Nurse Practitioner Coalitions (NPNPC) and the Colorado Rocky Mountain Chapter of the National Association of Pediatric Nurse Practitioners (NAPNAP) to opposing SB 170 “Concerning continuity of care for patients served by limited services clinics located in retail outlets”. This bill was brought forward by the Colorado chapter of the American Academy of Pediatricians (AAP) with the stated goal of improving continuity of care of pediatric patients. However, the bill actually limited access to care and added costly requirements that did not improve patient safety or quality care. SB 170 excluded convenient care clinics owned and operated by physicians and did not include urgent care clinics or private practices. SB 170 also attempted to prevent convenient care clinics from treating children under the age of 18 months. This age limit had no evidence base and is not consistent with the scope of practice of Family Nurse Practitioners who most often provide care in convenient care clinics. Finally, SB 170 sought to make participation in the Colorado immunization registry mandatory for clients of retail clinics. SB 170 was amended and passed out of the Senate in early March. The Association did not give up on opposition and continued to work diligently with our fellow stakeholders to educate the members of the House HHS committee about the limitations of

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District & Committee Reports

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this legislation. GAPP members as well as Charlie Hebler and Fran Ricker met with HHS committee leadership and members in the days leading up to the hearing. Representative Primavera who was sponsoring the bill was open to amendments proposed by the Association but the supporters of the bill were not agreeable to our amendments. SB 170 was heard in the Health and Human Services Committee in the afternoon and evening of March 25. Representatives of the Colorado Retail Council, Colorado Nurses Association, and Convenient Care Association provided testimony opposing this bill. Nurse practitioners Paul VanTol and David Rodriguez provided testimony that the legislators found especially compelling. Despite concerns that the nursing effort was “one vote short” before the hearing, SB 170 was postponed indefinitely (killed) in the House HHS committee with Representatives Riesberg, Gagliardi, Kefalas, Acree, Gerou, Kerr, Roberts, and Swalm all voting against this bill and “for” access to care.

SB 176 “The Language Bill”—SB 176 which was essentially a language “clean up” bill to revise the nurse practice act to incorporate current National Coalition of State Boards of Nursing (NCSBN) terminology into our nurse practice act and to allow APNs to be recognized by endorsement under certain circumstances. This bill removed the term “specialties” from the nurse practice act and replaced it with “role and population focus”. Thanks to the expert work of C.N.A. lobbyist Charlie Hebler, this bill sailed through the Senate and the House without contention or amendments.

SB 124 “Michael Skolnik Medical Transparency Bill”—This bill added numerous health care professionals including registered nurses and advanced practice nurses to the previous “Skolnik” legislation which mandates that the state keep a registry of information related to malpractice events and certain actions taken against licenses in Colorado. Michael’s mother Patty is one of the consumer members on the Nurse Physician Advisory Taskforce on Colorado Healthcare (NPATCH).

Other Activities—GAPP was asked to endorse numerous bills this year in addition to the ones listed here. Colorado Nurses Association supported the bill effort by Colorado Hospital Association regarding authentication of verbal orders. CAN chose to endorse bills that supported patient safety, transparency, and access to quality and cost effective care. GAPP members provided education to APNs in Northern Colorado as well as the Denver area about the transition from collaborative agreements to articulated plans at numerous professional meetings. C.N.A. has three members appointed to NPATCH which is working to address healthcare concerns that meet at the intersection of nursing and medicine. The Association was also asked to provide feedback to the Board of Nursing in regard to implementing the new requirement for malpractice insurance for APNs that was part of the 2009 Nurse Practice Act.

Future Priorities—We anticipate another busy legislative session, this year with the added activity of an election year. NPAC has been meeting regarding endorsements of federal and state candidates. Workforce issues, access to care,

direct care nursing issues, and working for more equitable insurance reimbursement for APNs in independent practice are all on the GAPP radar for 2011. Please join us on the second and fourth Wednesday of the month at headquarters to help with this exciting and important work!

Submitted by Mary Ciambelli.

Continuing Education Provider Unit 2009-2010

In 2009, two CNE programs were offered; The CNE Unit/committee presented the following one hour programs during 2010:

Interviewing for Success—C. Finn, PhD, RN (offered at Denver Post Job Fair)

Interviewing Tips—Chris Finn, PhD, RN

Manager/Staff Relationships—Karren Kowalski, PhD, RN

Conflict—Carol Alexander, MS, RN

Substance Abuse in the Workplace—Rebecca Heck, BSN, MPH, RN

Power and Potential of Mentoring—Rita Beam, MS, RN

Communicating for Results, Lola Fehr, MS, RN

Five of the 2010 programs were offered at the CE Day in conjunction with the CNA Convention.

Accomplishments of CNAHCA Task Force for 2009-2010

by: Brenda VonStar, Chair

The CNAHCA Committee is an active group CNA members appointed in 2003 in response to a proposal passed by the House of Delegates endorsing state and national legislation that supports health care for all persons.

The primary goal of CNAHCA is to provide leadership in Colorado to promote a health care delivery system in Colorado and /or the United States that provides access to health care for all.

- Participated in writing, calling and/or e-mail Colorado’s Members of Congress on specific votes on health care reform during the 2009-2010
- Individual members attended meetings on health care reform with Members of Congress including Diane DeGette, Jared Polis, Michael Bennet, John Salazar to provide them with information on nursing issues and support.
- Provided education to students and members on the progress of National health care reform.
- Attended meetings of other community groups supporting health care reform for example Health Care for America Now HCAN(endorsed by ANA) HAA (Health Advocates Alliance) and Partnership for a Healthy Colorado.

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District & Committee Reports

District and Committee Reports continued from page 16

- Wrote articles for the Colorado Nurse magazine to educate nurses on national health care reform bills and how the reform affects Nursing.
- CNAHCA supported Legislative Bills in Colorado that improved access to health care. These bills were 1. No Gender Insurance Ratings 2. Requiring coverage of Reproductive Services, 3. Mandatory coverage for maternity care, 4. payday loans which all passed and were signed by the Governor. We supported paid sick days in Colorado but that bill failed to pass.
- A major objective for the committee is to increase the public understanding of the many ways nursing's contributes to decreasing the cost and improves quality of health care in Colorado. Our members found several nursing speakers for a panel discussion and a workshop on "Bending the Cost Curve in Health Care" featuring nurses from Kaiser, Denver Health & Hospital system, Denver Hospice and a Nurse Practitioner in private practice. The panel discussion was at the annual statewide meeting of Health Care for All Colorado on June 12, 2010.
- Supported CNA's action against the Medicaid Cuts, Retail Clinic Bill with calls and letters to State legislators.

Membership and Marketing Committee

The *Membership & Marketing Committee* is currently focusing on the November 20, 2010 *Celebrate Nursing Through Art!* Event and working on the ANA Membership Grant that CNA received in late summer. Membership meeting schedule varies with the current issues being addressed and are almost always offered via a phone-in option. This has allowed members from across the state to more actively participate. Plans for events/activities in 2011 include the popular Nurses Night at the Rockies (watch for details re May 2011 date!) and other activities that will meet the multiple interests of membership. We are also involved with both membership recruitment and retention. If you have creative thoughts re-activities that you would like to see offered in your area of Colorado, please let us know. Idea: Carry a copy of the membership application with you as a way to recruit new members! Chair: Eve Hoygaard hoygaard@msn.com or contact the CNA office.

District 12 Annual Report

This district serves the counties of Boulder, Longmont, and Broomfield. Our members work, study, and play along the Front Range and the Boulder/Denver corridor. Our current membership is around 70. We meet on a quarterly basis and enjoy a dinner program, featuring an invited speaker, who has expertise in the areas of clinical skills; healthcare politics; technology; the spirit of a nurse; or workplace issues.

Our September meeting featured the Rev. Sally Bowersox, an RN, who is the Executive Director of the St. Benedicts Health and Healing Ministry, for the homeless in Boulder County. The medical volunteers refer clients to one of the professional service partners, in the county, for direct medical care and preventive services. St. Benedicts is a member of the Colorado Coalition for the Medically Underserved. DNA 12 will be looking at ways to support the work in Boulder, Louisville, and Lafayette, by volunteering as a nurse, to the donation of socks, to teaching a bilingual class for Latinas, to being a foot care nurse, or to hold a fund raiser.

Some nurses in our District have been affected by the Four Mile Canyon fire and we are determining how we can best help them, such as a donation to the Boulder Red Cross.

Dinner program ideas for 2011 include "The Strategy and Politics of Getting Things Done"; "Healthcare Reform... What Can Our Voices Do?"; and "Using the Resources of the Boulder County

Mental Health, During These Stressful Times".

Thank you to Janet Holdsworth, Jo Eleanor Elliott, and Jo-Ann Owen, who were elected as delegates to the 2010 HOD.

Contact information: Outgoing Governance Team: Jo-Ann Owen (jdco994@msn.com), Janet Holdsworth, and Curtis Stringer

District 20 Annual Report

DNA 20 elected 24 members as delegates or alternates to fill 14 delegate positions to the 2010 CNA House of Delegates. Besides serving as delegates, DNA 20 members supported CNA in the past year by:

- Serving on the Finance Committee and Continuing Education Approval Board
- Participating in the new RN Graduate Job Fair
- Assisting at the Nurse-Legislator Dinner with greeting, registering, and hosting activities
- Attending Nurses Night at the Rockies
- Hosting Latte meetings with new nurse graduates

In 2009-10, presentations at DNA 20 meetings focused on nursing education, professional development and wellness. Topics and presenters were:

- High-fidelity Simulation in Nursing Education, presented by Linda Stroup
- Inspiring Wellness through Massage Therapy, presented by Kent Kemburg and Ann Brooks
- How to Protect and Promote the Profession of Nursing and Your Professional Organization, presented by Kiska May

DNA 20 members were recognized by other organizations for their excellence in nursing:

- Susan Moyer received the Public Health Nurses Association of Colorado 2009 Most Innovative Project Award for her development of Jefferson County Public Health's Cavity Free at Three Program. Susan also has had her abstract, "Taking a Bite out of Dental Caries" accepted as an oral presentation at the 25th Annual City MatCH Conference in Chicago. The presentation showed how the nursing process was used to implement the Cavity Free at Three Project. We are honored to recognize Susan Moyer as the 2010 DNA 20 Nurse of the Year.
- Kathy Crisler was honored as a Distinguished Alumni at the University of Minnesota's School of Nursing Centennial Celebration for her work as part of a multidisciplinary health service's research team, focusing on home health patient outcomes.
- Keara Biller, a public health nurse, was recognized at the annual Jefferson County Good News Breakfast Awards for her coordination of the Jefferson County Public Health Reach Out and Read Program, which promotes literacy in children.

Members have increased the visibility of nursing by:

- Volunteering at the 9 News Health Fair and H1N1 clinics
- Purchasing tickets to tour the Phipps Mansion to support a Friends of Nursing fund raising event for nursing scholarships
- Awarding a \$1,000 scholarship through the Colorado Nurses Foundation to a Regis University graduate student in the Nurse Family Practitioner Program
- Donating food, new clothing, and toiletries to the Jeffco Action Center
- Donating gift baskets to the Colorado Nurses Foundation for Silent Auctions
- Attending a fund raising event at the Lakewood Cultural Center, which raised nearly \$300 for its nursing scholarship
- Hosting nursing students from various Denver Metro Schools of Nursing at meetings and providing free tickets to the students for CNA events

DNA-30-The Colorado Society of Advanced Practice Nurses /DNA-30

Monthly Business/Educational meetings are held the first Wednesday of each month at a variety of sites in the Denver Metro area. DNA-30 Board of Directors meets the 4th Monday of each month. For details on upcoming topics, locations, etc., visit our website www.enpnetwork.org. DNA-30 Officers: President—Gregg Smith (GreggSmith3028@msn.com), Secretary-Eve Hoygaard (hoygaard@msn.com) and Secretary-Lori Harris (loriharrisrn@comcast.net) for questions. DNA-30 membership is open to/includes Advance Practice Nurses from across Colorado.

District 31 Annual Report

Many District 31 members contributed their time this year in efforts toward accomplishing our goals. As a district we strive to increase the visibility of psychiatric APN's in our community; provide educational and networking opportunities; and keep our members updated on legislative issues and on changes in the practice act. We also had an opportunity again this year to appreciate one of our early leaders.

Our district was pleased that Dort Gregg was honored at the University of Colorado Annual Alumni Association Luncheon Meeting and Awards Association on Thursday April 29th. She received the University of Colorado Lifetime Achievement Award during the luncheon. Two of our members, Karen Dannewitz and Judith Benton were able to attend. Karen reflected on Dort's brilliance as well as that of Faye Spring.

Psychiatric nursing in Colorado has significant stature in the state and nation because of their vision. Many of Dort's former students are members of District 31 and were able to attend her induction into the Hall of Fame in the fall of 2009.

Our public relations committee consisting of Cameron Garrett and Ann Terrill Torrez worked hard this year researching and arranging for a new website.

Diane Dean has been on the Mental Health America—Colorado Pro Bono program committee. Members were sent information about the program and our board has been encouraging members to participate. Diane also arranges for an advertisement about our organization to be in the program for the MHA-C annual tribute dinner.

Our education committee under the direction of Vanessa Coats organized our annual Winter Meeting and Spring Symposium. We appreciated Vanessa's extra efforts this year as she also helped arrange a joint meeting with District 30 in July.

The Winter Meeting 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 addictions.

Thirty of our members attended our annual Spring Symposium which was held on April 30, 2010. The South Denver Heart Center in Littleton graciously donated the use of their facility. Attendees enjoyed the opportunity to have group discussions on various clinical topics. The event included presenting the Clinician of the Year Award to Sher Sauve-Demos.

The joint meeting with District 30 was held July 7th at Maggianos Little Italy. 100 members from the two districts were in attendance.

Mary Ciambelli and Margaret Catchpole, who are appointed members of NPATCH, gave a presentation regarding rule changes in the new practice act which included information on the articulated plan. Their energy and commitment to this process has been greatly appreciated.

Our annual educational retreat the "Fall Institute" is scheduled for September 24-26, 2010 at the Great Divide in Breckenridge. The Institute is an annual opportunity for learning, networking and relaxing. Louise Suit and the Institute committee plan and coordinate the event.

Submitted by,
Linda Willits
District 31 ♦

American Academy of Nursing Names a Colorado Edge Runner

Colleen Goode, PhD, RN NEA-CA, FAAN was named an Edge Runner by the American Academy of Nursing. The designation is granted to nurses who have pioneered innovative, nurse-led models of care that remedy a problem in health care delivery or fulfill a previously unmet need for a population. Dr. Goode was recognized for her leadership in establishing a Nurse Residency Program™ that helps baccalaureate nursing graduates transition to their first professional position. The program has demonstrated benefits of increasing new graduate retention rates, saving hospitals money and improving nurses' morale and commitment to the profession.

Dr. Goode led a task force that included Carolyn Williams, PhD, RN, FAAN and Cathleen Krsek, MSN, MBA, RN. They worked in partnership with faculty of schools affiliated with the American Association of Colleges of Nursing and chief nursing officers and educators from hospitals who belong to the University Health System Consortium.

Dr. Goode is a member of the faculty of the University of Colorado College of Nursing, a position she has held since retiring as Chief Nursing Officer at University Hospital in Aurora.

Call for Nominations

2011 Nightingale and Luminary Awards Continuing the Tradition of Recognizing Excellence in Nursing Professional Engagement and Citizenship

The Colorado Nurses Foundation announces a new 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 10, 2011. Nomination forms 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 14, 2011. ♦



American Nurses Association

ANA Urges Registered Nurses to Get the Seasonal Influenza Vaccine Supports Comprehensive Prevention Plan

SILVER SPRING, MD—Recognizing the important role vaccination of health care workers plays in a comprehensive seasonal influenza prevention plan, the American Nurses Association (ANA) continues to urge all registered nurses to get vaccinated every year to protect themselves, their families, and the patients they serve.

The 2010-2011 influenza vaccine will protect against three different influenza viruses: an H3N2 virus, an influenza B virus and the H1N1 virus that caused widespread illness last season. The Centers for Disease Control and Prevention (CDC) recommends that everyone age 6 months and older get an influenza vaccine during this influenza season.

In response to last year's H1N1 pandemic, many facilities and state governments have considered imposing mandatory influenza vaccination requirements for health care workers. ANA does not support such policies unless they adhere to certain guidelines to ensure they are fair, equitable and nondiscriminatory.

"ANA believes that immunization of nurses is an important component of a comprehensive prevention plan for seasonal influenza," said ANA President Karen A. Daley, PhD, MPH, RN, FAAN. "However, we also need to protect the rights of nurses to ensure that they are treated fairly and have the necessary workplace protections."

ANA believes mandatory seasonal influenza vaccination policies should only be implemented under these conditions:

- The mandatory policy comes from the highest level of legal authority, ideally state government
- Suitable exemptions, such as for those allergic to components of the vaccine, are included
- Discriminating against or disciplining nurses who choose not to participate is prohibited
- The policy is part of a comprehensive infection control program that includes personal protective equipment, such as N95 respirators, to increase safety
- Vaccinations are free and provided at convenient times and locations to foster compliance

- The employer negotiates with worker union representatives to resolve any differences when the policy is implemented at a health care facility

ANA's protection of nurses' workplace rights should not be confused with the message ANA is delivering to nurses: Get the seasonal influenza vaccination. To promote vaccination, ANA is sending a letter to its members and to affiliated specialty nursing organizations encouraging immunization for seasonal influenza.

Noting that the seasonal influenza vaccination rate for nurses and all health care workers consistently remains below 50 percent, ANA President Daley said, "We know nurses can contract and transmit seasonal influenza. As the most trusted profession, we owe it to ourselves, our patients and the public to be vaccinated and set the example we want the nation to follow."

More information about immunization is available through ANA's *Bringing Immunity to Every Community* project. The two-year initiative, a cooperative agreement between ANA and CDC's National Center for Immunization and Respiratory Diseases, focuses on maximizing nurses' role in increasing vaccination rates and reducing incidence of vaccine-preventable diseases. Please visit the Web site, <http://www.ANAimmunize.org>

The ANA is the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses through its constituent member nurses associations, its organizational affiliates, and its workforce advocacy affiliate, the Center for American Nurses. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public. ♦

<u>ANA/CNA MEMBERSHIP</u>			<u>STATE ONLY MEMBERSHIP</u>		
	ANNUAL	EPAY		ANNUAL	EPAY
◦ FULL MEMBERSHIP DUES	\$299.00	\$25.41	◦ FULL MEMBERSHIP DUES	\$120.00	\$10.50
◦ REDUCED MEMBERSHIP DUES	\$149.50	\$12.96	<i>(State Only Members)</i>		
• NOT EMPLOYED			*****		
• FULL-TIME STUDENT			(You May Choose Only One District)		
• NEW GRADUATE FROM BASIC NURSING EDUCATION PROGRAM, WITHIN 6 MONTHS AFTER GRADUATION APPLIES TO FIRST YEAR OF MEMBERSHIP ONLY			_____	Geographic District (Based on City & Zip Code)	
◦ SPECIAL MEMBERSHIP DUES	\$74.75	\$6.23	_____	DNA 2 (Corresponds primarily through email)	
• 62 YEARS OF AGE AND OVER NOT EMPLOYED			_____	DNA 30 (Advanced Practice Nurses)	
• TOTALLY DISABLED/NOT EMPLOYED			_____	DNA 31 (Clinical Specialists in Psychiatric Nursing)	
◦ LIFETIME MEMBERSHIP (ALL MUST APPLY)		FREE	_____	CREDIT CARD NUMBER - (M/C & VISA ONLY)	
• ANA MEMBER FOR 25 YEARS OR MORE CONSECUTIVELY			_____	EXPIRATION DATE	
• 65 YEARS OR OLDER			_____	PRINT CARD HOLDERS NAME	
• RETIRED			_____	CARD HOLDERS SIGNATURE	
◦ NON-COLLECTIVE BARGAINING	\$299.00	\$25.41	_____	TOTAL PAYMENT AMOUNT ENCLOSED	
MY DUES ARE NOT TO BE USED FOR COLLECTIVE BARGAINING ISSUES					

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

_____ E-PAY (Monthly Electronic Payment) (Please make all checks payable to the American Nurses Association)

This is to authorize monthly electronic payments to American Nurses Association, Inc. (ANA) by signing below; I authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my account.

- CHECKING Please enclose a check for the first months payment, which will be drafted on or after the 15th day of each month using the account designated by the enclosed check.
- CREDIT CARD Please complete the credit card information above and this credit card account will be debited on or after the 1st of each month.

 Monthly Electronic Deduction Authorization Signature (Required for Processing)

_____ Automatic Annual Credit Card Payment (Check if you want this)

This is to authorize annual credit card payments to the American Nurses Association, Inc. (ANA) by signing below; I authorize ANA to charge the credit card listed above for the annual dues on the 15th day of the month when annual renewal is due.

X

 Automatic Annual Credit Card Payment Authorization Signature (Required for Processing)



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

In Memory

The Colorado Nurses Association Memorial Column includes information about nurses who have lived, worked, completed their nursing education, etc. in Colorado prior to their death. We appreciate colleagues, family and friends sharing information with us for publication. Please send information by email to (hoygaard@msn.com) or mail information to the CNA office.

Barnard, Luana Cruse, RN, MS, (age 85) died in Denver on September 16, 2010.

Brack, Chelsea Marie, BSN, a 2009 graduate of Regis university School of Nursing, died in Bennett CO at age 24 just before she was scheduled to take her NCLEX examination. She dreamed of working in Africa with the impoverished. She was a member of Sigma Theta Tau.

Domaleski, Trudy Huckins, RN, was a camp nurse for 21 years.

Hayes, Margaret Burney, RN, (age 82) died Sept. 5 in Littleton CO. A graduate of Ohio State University, she moved to Colorado in 1960 where she was a nurse for Denver Public Schools for over 30 years.

Jackson, Geraldine:

Jensen, Omilo "Omi" Mary Halder, RN, BSN, died August 25, 2010 at age 89. Born in Ohio, she received her nursing degree from the University of Michigan, then joined the US Navy. She was one of 112 women who were flight nurses. While stationed in Guam, her career was more than challenging. She moved to Denver in 1966 and was employed at Lutheran Hospital.

Lewis, Joan, RN, BSN, a 1957 graduate of the University of Colorado School of Nursing, died September 2, 2010. As a new graduate, she worked in Seattle WA, most of her professional career was spent in Denver where she worked in a physician office. Her professional organization was included being a Founding Member of the Non-Practicing/Part-Time Nurses Association and as a member of the University of Colorado School of Nursing Alumni Board where she was a Founding Member of the Nursing History Center Committee.

Marshal, Helen R., RN, died in August 2010 in Castle Rock. She was a camp nurse for 21 years.

Martin, Janet A. Morton, RN, MS, (72) died June 27, 2010. A graduate of Bethel School of Nursing with a BSN and MSN (1972) from the University of Colorado School of Nursing, had a nursing career that included many aspects of the nursing profession. Her first teaching position was in 1965 at St. Luke's Hospital Denver School of Nursing,

later she was a Public Health Nurse, was Treasurer of the Colorado Nurses Association, plus numerous other teaching and community positions including the American Red Cross and the Cerebral Palsy Association.

McClaren, Judy Jaros, RN, a 1959 graduate of St. Luke's Denver School of Nursing, died in Sept. 2009.

Mead, Mary Elizabeth (Betty), RN, (84) died in August 2010. Born in Pennsylvania, she graduated from Westmoreland Hospital School of Nursing.

Newman, Mary Morgan, RN, a graduate of St. Mary's School of Nursing in St. Paul, MN, died July 13, 201. Her career included her work with the Hospice of Peace.

Price, Nellie Peek, RN, of Ft. Lupton, died on August 11, 2010.

Robertson, Esther Elizabeth Rachel, RN, age 89 graduated in 1942, then worked at Rose Medical Center until she retired in 1984.

Rogers, Beverly A. Barnes, RN, a 1957 graduate of St. Luke's Denver School of Nursing died in September 2010.

Submitted by Eve Hoygaard, RN, MS, WHNP-BC ♦