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Executive Director's Column

Fran Ricker, RN, MSN, CGRN



Fran Ricker

The Nurse Practice Act is behind us in Colorado, and you will notice a heavy emphasis on health care reform in the current edition. This seems an appropriate emphasis at this time in our country and our state. You will read about many of our members who are actively engaging in this issue and representing nursing at many tables. I would like to discuss why I am both professionally and personally engaged in this issue.

In addition, the American Nurses Association (ANA) has taken a position of support for the **public option** in the health care reform debate. (Reference—Press Release Article) I encourage all nurses to consider support for this issue as consumer health care advocates. ANA has demonstrated strong leadership and advocacy in this effort, particularly in its challenge of the American Medical Association's opposition to the public plan. It is fair to ask our federal congressmen to also demonstrate leadership on this issue.

My engagement in the health care reform debate has evolved. I remember advocating in discussions with my health care colleagues during the Clinton debate on health care. Yet, the sense of urgency I now feel was not there for me personally.

Later, as a home health nurse in Northern New Mexico I began to notice my elderly patients had challenges related to health care. Despite my living in an upper middle class well educated community, I was bothered by elderly patients that clearly had to choose sometimes between paying

Executive Director's Column continued on page 5

FACEBOOK Launch for New Nursing Graduates

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

COLORADO NEW NURSING GRAD GROUP

The Colorado New Nursing Grad Group is a Facebook nursing support group for new graduates. It is part of Colorado Nurse's Association's new Novice to Expert Network initiative. The Facebook group consists of nursing graduates within 5 years or less with a selected number of seasoned nurses. The goal of this group is to provide support for new graduates as they face the challenges juggling the professional nursing world and the rest of life's challenges. The seasoned nurses are nurses that have a great passion for the nursing profession and are willing to coach, give advice, or just listen to the different success or

problems that the new grads are experiencing. This group was created after hearing the concerns of new nursing grads about the lack of support or high intimidation by other nurses in certain communities. The Colorado Nurses Association wants to let all nurses know that they are welcomed, and is working hard to be creative in using different forms of technology to attain input on various nursing issues from the whole state. To attain an accurate view of the whole state, we need to hear the voices of EVERY graduate nurse. Colorado is made up largely of rural areas, and the Colorado Nurses Association realizes that it can be difficult and expensive to come to face-to-face in meetings. Therefore, this group provides



Lori Rae Hamilton

Facebook Launch continued on page 9



Nurses Night at the Rockies

See page 7.

Advanced Practice Nurses are strongly encouraged to read the Board of Nursing Report which details some of the changing regulatory requirements enacted by SB 239, including provisions for liability insurance which should be reviewed. See pages 3-5.



L to Rt: NPA Sponsors: Representative Jim Riesberg, Senator Lois Tochtrop (Senator Betty Boyd not in photo), Colorado Nurses Association members, nursing community members, and supportive stakeholders observe final signature by Governor Bill Ritter of SB239—the Nurse Practice Act legislation.

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INDEX

Executive Director's Column	1	Committee and District Reports	14-17
Message from the CO Nurses Association President	2	Press Release: We've Got Something to Talk About...	19
Colorado State Board of Nursing.	3-5	CNA Membership Application	20
Nurses Night at the Rockies	7	ANA/CNA Membership Application	21
American Nurses Association.	8	Twenty-four Nurse Scholars Receive Friends of Nursing Awards	22
Nurses House—Nurses Helping Nurses.	10	Scholarship Information	22
House of Delegates	12-13		

Message from the

Colorado Nurses Association President...

Eve Hoygaard, MS, RN, WHNP-BC
President, Colorado Nurses Association

This has been a busy year for professional nursing in Colorado! The passage of a revised and updated Nurse Practice Act was signed June 2, 2009 by Colorado Governor Bill Ritter. Many of those present for this event were members of the Colorado Nurses Association Government Affairs/Public Policy Committee and/or the Colorado Nurses Association "Sunset Task Force". These professional nurses spent many hours over the previous two years and spent countless hours attending meetings including some that lasted until late on Friday nights, reading draft copy of proposed changes, etc. It was exciting to be present for this event, knowing that the next scheduled Sunset of the Nurse Practice Act is more than 10 years away. A special thank you to all those who were involved.

The Colorado Nurses Association will continue to monitor the rule making component that occurs during the coming months. One specific area where attention will be paid is the changes related to Alcohol and Drug Abuse Commitment (for details, see Senate Bill 9-007). The Colorado Nurses Association has recently presented to the Board of Nursing (BON)/Board of Medical Examiners (BME) workgroup regarding the recommendations of the Department of Regulatory Agencies (DORA) CNA/CMS workgroup. Dialogue will continue during this rule making period!

The Colorado Nurses Association is represented on the SB 08-188 Pilot Project Implementation Project committee. This exciting project involves a very diverse group of RN's (Staff, Educators, Researchers and Administrators) who have worked together over the past year. The research will investigate "The Value of Nurse Involvement in Decision Making" and early data collection started in late spring 2009. Watch for more about this!

The Colorado Nurses Association has both an ANCC Approval Board and a Continuing Education provider unit. The American Nurses Credentialing Center Guidelines were revised earlier this year which has resulted in significant changes for both the Approval Board and the Provider Unit. The current plan is for the Colorado Nurses Association Provider Unit to offer a variety of continuing education programs in the coming year. This will include new formats with content designed to meet the current needs of the nurse in practice. Please refer to our website www.nurses-co.org for details as offerings are finalized.

Our Affiliate Member Category continues to grow! We plan to expand this through recruitment of professional nursing groups who have an interest in this program.

We are excited about our new format for the "Member News"! This will be a newsletter posted on www.nurses-co.org and will enable us to reach membership in a more timely fashion than was possible with our prior format.

As President of this organization, I am excited about the work that has been done during this past year! Our plans for our New Graduate Program (see article, page 1) will hopefully be of interest and value to many. If you are an experienced RN, please take a few minutes to consider what you could do to help a newly licensed RN as he or she enters the workforce. This is a time of concern to many of those entering practice. Jobs are not easy to find. Some will accept positions in areas of practice that were not their first choice. A friendly face and offer of support from their nurse colleagues will be appreciated and remembered as they move from novice to expert. Think back to your early days in practice and what helped you. Thanks in advance for doing this!

I would be remiss if I did not once again extend a welcome to those of you who are not currently members of the Colorado Nurses Association to consider becoming a member. The work that is to be done for our profession requires a little work by many hands. We'd like to have you join us as we work together for our profession. It's worth the effort! ♦



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Colorado State Board of Nursing



Quarterly Full Board Meeting– April 22, 2009

The Board of Nursing held its regularly scheduled meeting of the Full Board on Wednesday, April 22, 2009. Highlights from the meeting include:

- The Board appointed Kathleen Mitchell, RN, Director of Nursing at SunBridge Bear Creek Nursing and Rehabilitation Center in Morrison to the Nurse Aide Advisory Committee (NAAC) for the position of a nurse who supervises CNAs. The Board is glad to welcome Ms. Mitchell to the NAAC and appreciates her service to the citizens of Colorado and her willingness to assist the Board in fulfilling its mission of consumer protection through the regulation of nurse aides in Colorado.
- Rulemaking: The Board held two rulemaking hearings during the meeting. This first hearing was regarding the proposed amendments to the Board's *Chapter II–Rules and Regulations for Approval of Nursing Education Programs*. The Board heard testimony from several members of the nursing community covering all areas of nursing education in the state. After the conclusion of verbal testimony, the Board entered into a work session to begin deliberation regarding the proposed amendments. At the conclusion of the discussion, the Board tabled the Chapter II rules as amended so that further revisions

could be made, including revisions to the sections pertaining to the Associate Nursing Instructional Personnel (ANIP).

The revised draft of the proposed amendments to the Chapter II rules will be posted to the Board's web site, <http://www.dora.state.co.us/nursing> prior to the next regularly scheduled Full Board meeting on Wednesday, August 26, 2009. At that meeting, the Board will re-enter its work session to further deliberate on the additional revisions staff was directed to make.

The second rulemaking hearing held by the Board was for proposed amendments to the Board's *Chapter XX–Rules and Regulations for Multi-State Nurse Licensure*. At the conclusion of the hearing, the Board entered into a work session to deliberate on the proposed revisions to the Chapter XX rules. The Board adopted the proposed revisions to the Chapter XX rules, which become effective June 30, 2009, and will be posted on the Board's web site: <http://www.dora.state.co.us/nursing> in the "Statutes, Rules, and Policies" section.

The Board also re-entered a work session regarding proposed revisions to the *Chapter IX–Rules and Regulations for the Licensed Practical Nurse in Relation to IV Authority*. The Board previously held the rulemaking hearing regarding the proposed amendments to these rules at its quarterly Full Board meeting on January 21, 2009, at which time the Board tabled the decision pending further

revision of the rules. The Board reviewed those additional proposed revisions at the April 22, 2009 meeting, and adopted the Chapter IX Rules as revised. These rules also become effective June 30, 2009 and will be posted on the Board's web site: <http://www.dora.state.co.us/nursing> in the "Statutes, Rules, and Policies" section.

Board Policy Amendments

The Board adopted amendments to the following Board policies which can be found on the Board's web site: <http://www.dora.state.co.us/nursing>:

Policy 10-04: Minimum recommended documentation for applicants for licensure by examination following revocation or surrender of license due to substance abuse issues. The Board also updated the template forms that accompany this policy.

Policy 10-22: Delegation of authority to the Program Director or designee to process and resolve violations involving practice on expired licenses or certificates for Nurses, Nurse Aides, and Psychiatric Technicians.

The Board also adopted a new policy: Policy 20-23: Cases dismissed with Letters of Concern: clarification of basis for dismissal, reopening of such cases and case retention period.

Colorado State Board continued on page 4

Donation of litho stone

The Board was approached by Mr. Peter McCue who had in his possession a litho stone used in the printing of original nursing licenses when it was known as “The Colorado State Board of Nursing Examiners.” It was Mr. McCue’s request that the Board find an appropriate place for the litho stone to be preserved as a part of Colorado nursing history. Director Merrill was made aware of The Colorado Nurses Foundation Nursing Historical Society who was eager to take the donation of the litho stone. At the April 22, 2009 Board meeting the litho stone was announced to be donated to The Colorado Nurses Foundation Nursing Historical Society on behalf of Mr. McCue.

More detailed minutes from the April 22, 2009 Full Board meeting will be available on the Board’s web site <http://www.dora.state.co.us/nursing> following the August 26, 2009 Full Board meeting, at which time the April minutes will be reviewed and approved by the Board.

Significant Changes to the Nurse Practice Act from the 2009 legislative session:

Many great accomplishments were made in the passage of Senate Bill 09-239, which is the sunset legislation of the Nurse Practice Act. Some of the changes are minor to the lay person but assist with the administrative functions of the State Board of Nursing. The following are the most significant changes:

- Senate confirmation is no longer required for Board members appointed by the Governor. This is not common in any of the healthcare and healthcare related boards; therefore it was changed to be consistent within the Division of Registrations.

- Changes to the composition of the Board include:
 - Removal of the requirement of the LPN who works in a hospital setting to be in a “rural” hospital. This was a very difficult position to be filled, and in some cases the Governor had to make exceptions and appoint another nurse from a different practice setting. This change allows the board to include those LPNs that work in a metropolitan area.
 - Clarify that the public members cannot be licensed in a healthcare profession. The current language is so broad that the Governor would not be able to appoint people such as certified public accountants, school teachers, attorneys, etc. This will allow for more diversity when selecting public members.
 - Change the term length of a Board Member from 3 years to 4 years. Most Board members agree that after a 3 year term they are “just getting the hang of it.” This allows for an additional year of service and the board member still has the option to seek reappointment for another 4 years. Additionally, due to the previous limit of 3–6 years, any national task force or workgroup affiliated with the National Council of State Boards of Nursing would be nearly impossible to participate in as they can be in effect longer than the board member’s term. The additional time frame will allow the board members participation in discussions at the national level.
- The Board has been given the authority to promulgate rules to impose fines on nurses for statute violations.
- Remove requirement that makes an applicant “prove” that he/she is not addicted at time of application. The previous language was very difficult to administratively enforce so the statute was revised to reflect administrative

practices more common in the regulation of healthcare providers.

- Clarification of language regarding delegated medical functions and a physician assistant being able to delegate to a nurse under delegated authority. Previously this was not clear in the statutory language and nurses were unclear as to whether delegated medical function could be ordered by a physician assistant.
- There was previously no definition of Advanced Practice Nursing in the Nurse Practice Act. The Colorado Nurses Association and the Colorado Medical Society agreed to a definition that is now in statute. It reads:

[12-38-103 (8.5)(a) C.R.S.] “Practice of Advanced Practice Nursing” means an expanded scope of professional nursing in a scope, role and population focus approved by the board, with or without compensation or personal profit, and includes the practice of professional nursing, as defined in subsection (10) of this section.
- The definition of Practical Nursing has also been modified to include the performance of delegated functions. It should be clearly understood that this definition does not expand the scope of practice of a LPN as the LPN can still only function within his or her education and training.
- The limitations that were previously placed on APNs with prescriptive authority to prescribe drugs have been removed to reflect the primary practice standards within the scope, role and population focus area for the APN.
- Effective July 1, 2010, Collaborative Agreements will no longer be required for APNs with prescriptive authority. New applicants for prescriptive authority will be required to provide evidence of:

Colorado State Board continued from page 4

- 1800 hours of precepted experience with a physician or physician/APN team in order to receive “provisional prescriptive authority.”
- The APN is then required to complete an additional 1800 hours of mentorship with a physician or physician/APN team (not necessarily the same preceptor(s), AND
- Completion of an “articulated plan” to assure a mechanism for consultation, quality assurance plan, decision support tools and documentation of ongoing continuing education in pharmacology and safe prescribing.
- (The second and third sub-bullets have to be completed within 5 years of obtaining provisional prescriptive authority)
- All APNs granted prescriptive authority prior to July 1, 2010 who have been prescribing independently under a collaborative agreement, will be reclassified to “provisional prescriptive authority” on July 1, 2010 and will have to complete an articulated plan within one (1) year of reclassification to provisional prescriptive authority in order to receive full prescriptive authority.
- As part of this process, the State Board of Nursing and the Colorado Board of Medical Examiners are required to adopt complementary rules defining and outlining preceptorship, mentorship, and articulated plans.
- In order to enhance the communication between the nursing and medical communities, the statute also creates a 12 member advisory task force entitled the Nurse-Physician Advisory Task Force for Colorado Healthcare or NPATCH. This group is responsible for: promoting patient safety and quality care; addressing issues of mutual concern at the interface of the practices of nursing and medicine; inform public policy-making; and make consensus recommendations to policy-making and rule-making entities including recommendations to the State Board of Nursing, the Colorado State Board of Medical Examiners and the Executive Director of the Department of Regulatory Agencies. Their initial focus will be to assist in facilitating a smooth transition from collaborative agreements to articulated plans. The composition of NPATCH will consist of five nurse members; five physician members; and two members representing consumers.
- As part of these changes to advanced practice nursing, APNs who practice independently are required to carry liability insurance. This requirement goes into effect July 1, 2009 and the roll-out of this process is still under consideration by the Board and may involve some emergency rulemaking. The Board will make its best effort to disseminate this information to all concerned.
- Effective July 1, 2010, all APNs applying for prescriptive authority must have certification from a nationally recognized accrediting agency in the specialty of the APN, unless the Board grants an exception.

The Board encourages all nurses to go to the Colorado General Assembly website and download the final revision to SB09-239 at: <http://www.leg.state.co.us/> and to check back with the Board's web site <http://www.dora.state.co.us/nursing> for updates as we work to implement these changes. ♦

Executive Director's Column continued from page 1

for their medications/health care and paying for other essentials such as food, heating, and living expenses.

One day, in a middle class home, while listening to my female patient's heart sounds as part of my assessment I noted she had “patched” her brassiere with bright pieces of cloth. On the outside, her appearance revealed nothing. When I asked her more about her circumstances, she related her spouse had passed away after extensive medical expenses. She was worried about her own future needs for health care and whether she would be able to afford her own care. Her refrigerator was almost bare, except for some medications and some milk. The house was cold, cold in the middle of winter. This was not an area for the low income or poor. She was having syncopal episodes, and often had not eaten. I worried that it was a portent of continued and future problems in health care for the elderly and in our health care system. I was not wrong.

Other elderly clients would not take their medications with regularity in attempts to extend their prescriptions. Costs of medications were an issue for all. And this was over a decade and a half ago.

In between this time, my husband's uncle made a decision in end stages of renal failure. Despite some financial resources, he refused the option of dialysis and felt the cost of treating his renal failure too high. This “choice” was hard for me as a nurse to accept. In health care, we have been conditioned to do all we can. Our education does not prepare us well for the hard choices of medical ethical decision making.

And during these times, when I would witness “others” struggles to obtain and pay for their health care needs I still remained complacent. I was the nursing observer. These things while troubling were still happening to others. One day my elderly mother related problems she had in trying to access a physician who would take her “Medicare” in New Mexico. I am fortunate she later found a physician in Colorado who would care for her. But now, the worries were a little closer to home. And still I argued for reform, but was still complacent. This was not my personal issue... I was speaking for others.

I have worked in the nursing profession for over thirty three years taking care of others. I had always assumed health care would be there for me. About five years ago, I struggled with some health care issues of my own. A bizarre set of symptoms left me challenged with a definitive diagnosis. I consulted multiple physicians, had multiple tests, and still could not get answers. I was on the receiving end now of the ten to fifteen minute professional visits, lack of communications between providers, insurance challenges, shuttled from one physician to the next, etc. My health issues were also impacting my ability to work effectively. I could not ignore them.

I will argue that a ten to fifteen minute visit with a physician/provider is not adequate to diagnose complex medical conditions, to treat a chronic health care condition, or to educate a patient adequately in his regimen, medications, etc. Yet our system of reimbursement keeps us pushing patients through the system like “widgets”

I consulted with my personal physician and with my insurance company and determined perhaps a specialty clinic like Mayo (Arizona)

would be able to identify my issues. The insurance company reassured me that my maximum out of pocket would be \$3,000.00 to go for testing there. I went to Mayo, and I did finally find my answers... but the story does not end there. There was the issue of specialists in Denver who overlooked required care despite expertise in their respective areas. There was a procedure result from Denver that did not correlate with one done at Mayo. I also believe there were issues in ‘chauvinism’ in medicine, where female patients may sometimes receive inadequate focus or care for their health issues.

As for the cost, you will not be surprised to hear I was misinformed by my husband's employer's insurance company. I have a six inch binder of the adjustments, refusals, and costs that were not covered for my care. I understand now, when one is ill that challenging the insurance bureaucracy is not realistic. I also could not challenge my husband's employer–insurance, because of concerns regarding risking his employment status. I had to cover approximately \$50,000–NOT PAID BY INSURANCE. I had approximately \$10,000 additional expenses prior to the visit in testing not covered by insurance.

In addition, my husband's employer was informed of both my husbands and my personal health information, a violation of patient's right to privacy and confidentiality. I no longer have great confidence in these protections as tangible rights.

What I learned from this experience is that the health care crisis will ultimately affect each of us individually and that the crisis is not just about insurance or payment. I can not blame an insurance company when multiple physicians could not communicate, coordinate, or diagnose care. That is a system issue, and it does result in higher costs which insurance companies also have to deal with. I had unnecessary tests—that is a system issue and it does increase overall costs for the health care system. Sometimes, I asked for tests that weren't the right tests. That is a consumer responsibility issue as well. I can not blame physicians who tried and could not find answers, and I am grateful for those that did. I can blame those who did not care. If we rewarded results–outcomes perhaps the incentives would align with health care needs. I also had a false procedure result—that is a quality of care issue.

My personal experience is not as dire as others I have heard. I have health care insurance, many do not. My experience however, became for me the “microcosmic” experience of all that is wrong with our health care system. I have renewed commitment to advocacy for health care reform, and am grateful my present position and the many activities supported by the ANA and Colorado Nurses Association provide opportunity to support their health care platform—which does promote an agenda for health care for all.

Nurses have been planners of health care delivery and are the front line for health care. I feel strongly that nursing will inform the critical components of an effective health care delivery system, whether that is better management for chronic diseases, end of life care, decreased readmission rates, etc. Population based planning is also within our realm. There are opportunities for Advanced Practice Nursing—but we must not forget the role of ALL registered nurses in health care reform. The time is right for nursing to step forward and say, “let me help figure a better way to do this” for health care. I invite you to join the dialogue. ♦

Healthcare Reform, What Are They Talking About? A Personal Perspective

Ardith Crowe RN, MSN, APN-C

As a new member to CNAHCA (Colorado Nurses Association Healthcare Access committee) I have spent a considerable amount of time trying to figure this out. I have been reading, listening and learning about healthcare in America. I have talked to nurses, physicians, administrators and co-workers and almost no-one understands the full extent of problems with healthcare in the U.S. Many believe that something needs to be done about it, no two people agree on what to do and everyone has very strong opinions on what they don't want to see. After I heard a physician tell a patient that "if the Democrats have their way Obama will be the one who decides who lives and dies in this country". I knew that people needed to understand more about what is happening with healthcare in the U.S. There are some major players in the healthcare system that stand to lose from changes to our system. They also have enough money and political power to make their opinion the loudest

one heard. The only way to counter the rhetoric is to provide accurate and honest information to those who are interested in what is happening. That is why I set out to write an article on healthcare reform in America from my perspective.

Healthcare reform means very different things to different people. For some it means making insurance more affordable, for others it means making insurance more available. In some regions access to care is more important than insurance, as it doesn't matter if you are insured if there is no one to see you. At this point everyone in the U.S. agrees that changes need to be made in healthcare but there is a broad range of opinion as to what type of change is needed. Americans are inundated with partial facts and statistics regarding healthcare. Very few people understand how their own insurance works let alone how our healthcare system works. It is difficult for citizens to make informed decisions.

Healthcare reform discussions revolve around two primary issues, insurance coverage and direct healthcare cost. Reforms targeting coverage seek to reduce the number of persons who are uninsured in the hopes that better coverage will decrease healthcare costs by disease prevention and disease management. Those reforms targeting cost address decreasing the amount of money Americans spend on healthcare. Some "cost" reforms are actually addressing insurance affordability and are measures to decrease the amount individuals, families and employers have to spend on insurance. None of these issues is as simple as they sound, nor are they actually separate issues. For example the State of Massachusetts has mandated health insurance for all residents, but because insurance is not affordable for all, subsidies or exemptions are required so the overall cost has not decreased, just shifted to public moneys. In addition, simply mandating coverage does not guarantee people will comply or can afford to comply.

Cost of insurance coverage involves many issues but is primarily affected by risk and profit. Risk is basically the chance the insurance company will have to pay toward the healthcare of a policy holder. An insurer that covers an individual with diabetes has a higher risk of having to pay toward the healthcare of that person than they would to someone with no medical problems. Many Americans accrue more in healthcare costs than their insurance premium pays into the company per year, so in these instances the insurer incurs a loss. One method insurance companies use to lower risk is to exclude coverage to an individual based on their health status, thus lowering the risk. Another way to decrease loss is to increase the cost of the premium to persons with certain diagnoses. A company that

assumes too much risk reduces their profit.

There is somewhat of a misunderstanding when it comes to the term profit. "Not for profit" insurance, such as Kaiser and Rocky Mountain HMO make a profit, that is they have more money coming into their company than they have paid out, but they do not pay any of this money as dividends to shareholders as "for profit" companies do. Proponents of all health insurance companies returning to "nonprofit" status believe the costs of premiums will go down if the companies do not have to pay money out to third parties (investors). Others believe that profit and investment is what makes American business grow and our country prosper.

Another issue being looked at, less from a "reform" standpoint but as an actual need in healthcare is primary care. It is well known that in many areas of the nation there are not enough primary care physicians. In some areas there are none. There are also fewer medical students planning to go into primary care fields (internal medicine, family medicine etc.). Medical Home models are being looked at as a team approach by medical care providers to care for more patients. Nurse Practitioners are also working to provide primary care but there are many regulations that limit the ability of practitioners to become independent primary care providers in many states. The Medical Home model will need to include other providers than just physicians to meet demands for care.

Nationally, the Obama administration has included nurses in many of the recent reform discussions. The American Nurses Association has been a very active part of the national health care reform debate in representing nursing interests. In Colorado, the Colorado Nurses Association supported the Health Care Affordability Act, an effort supported by the Colorado Hospital Association in collaboration with the Governor's office. This bill increased coverage for some of the uninsured by assessing fees on providers (hospitals).

Colorado Nurses Association was also asked for input on HB 1273, a bill introduced in the past session by Representative Kefalas that proposed the formation of an authority to study the efficacy of creating a health care system that is the administrator and payer for health care services for Colorado residents. This bill effort supported by Health Care for All Colorado was not successful.

Unfortunately nurse organizations do not have nearly as much money or lobbying power as some of the other participants but what we do have is numbers and a first hand understanding of our health care system. If more of us would get involved to let our legislators know our opinions and our expectations, we could make a very big difference in policy making. ♦

Representative Diana DeGette's Health Reform Forum

by Carol Farina, CNAHCA Co-Chair



CNAHCA attending Forum: Susan Foster, Ardith Crowe, Judy Burke, Sara Jarrett, Carol Farina, and Brenda Von Star.



Representative Diana DeGette's Panel Presentation on Health Reform.

Six members of CNA's health care action task force (CNAHCA) were invited to attend Diana DeGette's Health Reform Forum at Denver Health Pavilion on June 13th.

Representative DeGette serves as the Vice Chair of the U.S. House Committee on Energy and Commerce which will draft health care reform legislation.

Her goal for the meeting was to seek input from Coloradans about the direction of such legislation. Following introductory remarks by Rep. DeGette there was a panel presentation followed by questions and opinions from the audience.

The first presenter was Dr. Patricia Gabow, CEO of the Denver Health and Hospitals System. Dr. Gabow addressed the issue of our currently fragmented and expensive delivery model of care and described the "Integrated Delivery Model" they are using at Denver Health. On the walls were graphics demonstrating specific service outcome projects based on "best practices" and demonstrating the connection between quality integrated care and cost savings.

Dr. Randy Clark of the Denver Medical Society reiterated that only major reforms would correct the dysfunction in the system, "That nibbling around the edges could potentially only make matters worse."

Dede de Percin spoke on behalf of the Colorado Consumer Initiative. This group has been active on a broad range of legislative matters on behalf of consumers. They are particularly concerned about the matter of "transparency" in the insurance industry, sorting out how much of revenue is actually spent on services delivered and how much is diverted for administrative costs and profits.

Dr. Joel Levine, an internist from the University of Colorado Health Sciences Center, offered an historical perspective about how reimbursement mechanisms over the past twenty years have served to favor specialty groups and lead fewer and fewer physicians to choose primary care as a specialty. The need for supporting education for both nurses and physicians for the delivery of primary care was stressed by Rep. DeGette.

In the Q&A session following the panel, Susan Foster, CNA member from Alamosa, asked about the inclusion of end of life education for

consumers and the way this issue needs to be wrapped into the continuum of care. Several panelists agreed with this and expanded the idea to include all matters of "medical literacy" or what it is that people really need to know about their health in order to make appropriate informed decisions.

Brenda Von Starr, CNAHCA member reminded the group that professional nurses represent a large pool of primary care providers and expressed her hope that they would be "at the table" as the details of a reformed system are developed. Dr. Gabow stressed that in the integrated delivery model it is much easier to fully utilize all levels of specialties to deliver the "right care at the right time." It was acknowledged that across our state most physician offices are staffed by less than 5 people, and that the creation of integrated systems with uniform electronic records represents a huge challenge.

Finally, the panel stressed that true reform is something more than changing financing mechanisms. It is about aligning incentives and increasing productivity by appropriately utilizing a full spectrum of professional services, "the right care at the right time." The American Nurses Association, in a recent news release, stated that what is lacking in our current health care model is the reliability and predictability of accessible, affordable care. The meeting closed with Rep. DeGette inviting us all to participate in the political process regarding this very important national issue. ♦



NURSES NIGHT AT THE ROCKIES

*Relax and Have Fun at a Great Price
Bring your family and friends

Colorado Rockies VS New York Mets

Wed., Sept. 2, 2009
Coors Field at 6:35 PM

Upper Reserved Infield #329
CNA Members and Affiliates: \$20.00
(Member rate applies to guests)
Non Members: \$23.00

Tickets available at Will Call—
20th & Blake, Gate D
To Register go to:
www.nurses-co.org and
click [here](#) to register.

Registration Deadline—August 21, 2009

If you are unable to register online or have questions, please contact Deb Trujillo, at 303-757-7483, dtrujillo@nurses-co.org. ♦

American Nurses Association Now on Facebook, LinkedIn Groups

SILVER SPRING, MD—The American Nurses Association (ANA) today announced the launch of its new Facebook and LinkedIn online community groups, providing nurses with access to two popular social networking sites that offer fast, free, and convenient new ways to share information and make professional connections online. By signing up to become a “fan” of ANA (<http://nursingworld.org/facebook>), users will be able to post news, share photos, download ANA video clips and join in on discussion boards on timely nursing issues. By joining LinkedIn, (<http://www.nursingworld.org/linkedin>), users will be able to connect with a vast network of professional contacts within the nursing field.

To introduce members to ANA’s new Facebook and LinkedIn groups, ANA is holding a special contest—“fans” who sign up on ANA’s Facebook page will be entered into a drawing for a free new 16g 3Gs Apple iPhone. The winner will be announced on ANA’s Facebook page. *Restrictions apply.

“The need for communication between nurses has never been greater. Through social networking tools like Facebook and LinkedIn, ANA is now offering multiple ways for nurses to connect with each other and stay informed, as well as enhance a personal sense of community,” said ANA Chief Executive Officer Marla J. Weston, PhD, RN. “At ANA, our goal is to provide our members with products and tools that help them in their many roles as registered nurses. We urge nurses to join our Facebook and LinkedIn groups and use these forums as a way to collaborate and forge connections.” ♦

*ANA staff members are not eligible to win.

ANA Supports the Independence at Home Act

SILVER SPRING, MD—The American Nurses Association (ANA) applauds the efforts of lawmakers to bring primary care services offered through registered nurses to Medicare beneficiaries in their homes by reintroducing the “Independence at Home Act of 2009” (H.R. 2560/S. 1131). ANA supports this legislation because it provides patients with care options that enhance individual independence and can lead to a better quality of life. This legislation also smartly recognizes the integral role nurses and nurse practitioners play in the delivery of primary care and helps bring the focus of our health care system back where it belongs—on the patient and the community.

“This legislation will ensure that patients receive a higher quality of care, and a higher quality of life,” remarked ANA President Rebecca M. Patton, MSN, RN, CNOR. “ANA supports the Independence at Home Act because we believe it’s an excellent step toward creating a health care system that is patient centered, comprehensive, accessible and delivers quality care for all.”

Further, the “Independence at Home Act of 2009” would allow Medicare patients with multiple chronic conditions to receive primary care at home in a familiar and comfortable environment. The bill aims to support an interdisciplinary model in which all healthcare providers are able to practice collaboratively and to the full extent of their education and licensure on behalf of the patient.

ANA is proud to support this legislation and will continue to advocate for high-quality, affordable health care for all. ♦

The ANA is the only full-service professional organization representing the interests of the nation’s 2.9 million registered nurses through its 51 constituent member nurses associations and its 24 specialty nursing and workforce advocacy affiliate organizations that currently connect to ANA as affiliates. 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.

ANA Supports Public Plan Option for Health Reform, Contrary to Doctors’ Group

STATEMENT

SILVER SPRING, MD—The American Nurses Association (ANA) believes the best way to achieve its overall health system goal—guaranteed, affordable, high-quality health care for all—is through the inclusion of a public health insurance plan option in any health care reform legislation. ANA is deeply disappointed to learn of the American Medical Association’s position that private health insurance alone should dictate coverage options for all who don’t qualify for existing public plans, such as Medicare, as described in the June 11, 2009, *New York Times* article, “Doctors’ Group Opposes Public Insurance Plan.”

A public health insurance plan would expand choices and help protect against potential economic calamity for individuals or families who are not satisfied with their current health coverage, have difficulty paying for their health care, or cannot find affordable coverage. ANA supports President Obama’s call for a public plan option, and applauds its inclusion in Senator Kennedy’s comprehensive health reform legislation introduced June 9.

What is lacking in our current health care system, driven by for-profit, private insurance companies, is the reliability and predictability of accessible, affordable care. Many people have encountered the unpleasant reality that they can be denied care when they need it most, or lose coverage when they can least afford it. Private insurers can discriminate based on preexisting conditions, health status, gender, age, claims history, or other factors. In addition, in this unstable employment market, the loss of a job often leads to loss of health coverage, as insurance becomes less affordable.

ANA disagrees with the American Medical Association’s speculation that a public health insurance plan option would threaten to restrict patient choice by driving out private insurers, as stated in the *New York Times* story. The choice of a public health insurance plan will create a level playing field, where for-profit private plans will have to compete with each other out in the open under fair rules. Patients should be able to see what they’re getting so they can make the choice about where they purchase coverage and not receive a surprise from their insurer buried in the fine print when they seek health care services. ♦

Centers for Improving Values in Health Care CNA Participant Report

Karen Zink, CNP, MS

The Centers for Improving Value in Health Care Steering Committee (CIVHC) is a Board appointed several months ago by Governor Ritter. The purpose of the CIVHC is to advise, govern, oversee policy and direction, and assist with leadership and general direction of the Governor's Center for Improving Values in Health Care in support of the organization's mission and needs. CIVHC will evaluate current health models and delivery practices around the State and elsewhere and obtain information about best practices/outcomes from many systems and programs as a means of informing Colorado's future health practices, systems and plans. CIVHC will meet for 3 years on a monthly basis. The mission of CIVHC is to achieve a "Triple Aim" for the people of Colorado

1. Improve Individual Experience
2. Improve Population Health
3. Control Inflation of Per Capita Costs.

CIVHC has five work groups that have been actively working on recommendations. The groups are comprised of about a dozen people each, who are experts on the topic being explored. The topics are:

1. Improving Health Care Delivery Systems
2. Consumer Engagement
3. Aligning Benefits and Financing
4. End of Life Care, and
5. Data Sharing and Performance Measurement.

The work groups reported well developed analysis and ideas about implementing effective approaches, concepts, and systems for consuming, delivering and taking responsibility for health at the recent CIVHC meeting. Consumer engagement

as well as changes in delivery of care will be key factors for emerging from some current ineffective approaches.

Dr. Jay Want (family physician) and Dori Biester (former CEO at Children's Hospital) are heading up the organization of CIVHC. They are thoughtful, well prepared, and determined to fulfill the mission. The members of CIVHC are diverse including about 25 people from around the State with a variety of health care, consumer, legal, business, governmental and leadership backgrounds. Many are systems and delivery experts who have created changes in their communities and work places that are effective and impressive. They are articulate, passionate and persuasive.

I am honored to have been appointed to CIVHC and have made the commitment to travel to Denver monthly for the meetings. I will submit periodic reports to CNA so that all of you can be a part of this effort. If some of the information strikes you as good old fashioned nursing theory, it is!! All nurses have a significant part to play in these changes. It will be exciting and invigorating to watch this process unfold. I will share information on articles assigned for our CIVHC homework to inform you as we go along. The first articles are "The Cost Conundrum" published in The New Yorker by Atul Gawande June 1, 2009 and "Preparing Patients and Caregivers to Participate in Care Delivered Across Settings: The Care Transitions Intervention by Eric Coleman, et al published in American Geriatrics Society November 2004. These articles are fascinating, so please read them. I am receptive to your input. Feel free to e-mail me at kz@gobrainstorm.net.

Karen Zink, CNP, MS
Durango, CO ♦

Facebook Launch continued from page 1

an avenue for nurses to let their voices be heard and see what the Colorado Nurses Association can do for nursing.

CNA has heard reports of the lack of active nurses in the association on the western slope. In my mind, that is half the state that is not speaking up for their profession. You do have the power, and we are listening to nurses with ALL degrees and levels of experience!! This group is open to non-CNA members at this time; however, we would greatly appreciate your membership. Annual membership is \$299, which supports both federal and state level advocacy for nursing. We realize that a lot of people have families and other obligations, so why not support someone with your beliefs to fight for the nursing profession for you. When you think about it, the fee is about the same amount of money that you make in one 12 hour shift. There is also the other option of ePay, in which, \$25.41 is taken out of your account each month. If you would like there is a state only option.

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

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

PLEASE take this FREE opportunity to maintain and grow your passion for the nursing profession. I look forward to hearing from you through Facebook. Let us know about your concerns and issues as a new graduate. How is the job market? What do you need for support in your new roles as nurses? ♦

Ft. Collins Annual Cemetery Stroll

Victoria Carroll RN

The 14th Annual Cemetery Stroll is a walk through Fort Collins' past. This year "Caps, Pins, and Caring", celebrates the early nurses of Fort Collins who cared for the sick, assisted in the births of the next generation, and guarded the health of the community. The Cemetery Stroll is a living history presentation portrayed by local actors, relatives, and this year by two nurses as well.

Attendees will hear the story of Emma Vandewark Powers, one of the first nurses in Colorado to be registered as an RN in 1906, and who opened a maternity hospital on Oak St. in 1916. George Spaulding, was a member of the District Nurses Association (DNA9) from the late 40's into the 1960's. He was a private duty nurse and operated a sawmill in Hewlett Gulch. Ethel Currie was trained at the Royal Victoria Hospital in Montreal. She was a nurse anesthetist, giving anesthesia to patients at the Larimer County Hospital in the 40's until 1952. Helen Greenamyre was born in Larimer County and graduated from nursing school in Sheridan, Wyoming in 1907. She was a supervisor of the Fort Collins Hospital in the late 1920's. Natalia Billington was a charter member of DNA 9, and died of Tuberculosis at the age of forty. Jane Michie graduated from the Fort Collins Hospital Training School for Nurses in 1914, and lived in Ft. Collins until her death in 1982. Ida Patterson Fairfield was a nurse in Fort Collins for 5 years, after attending the nurses' training school at St. Luke's Hospital in Denver in 1894.

All of these nurses were sons and daughters of early pioneers in the region: the Vanderwarks, the Spauldings, the Curries, the Tenneys, the Billingtons, and the Patterson and Watrous families. They belonged to their professional organization, District Nurses Association 9 of the Colorado Nurses Association. They were members of the community and dedicated to the health and

well being of all. They contributed to the history of Fort Collins and northern Colorado, and to the history of the nursing profession.

The 2009 Stroll is supported by District Nurses Association 9, the Schrader Family, Fort Collins Monument and Stone, and the Colorado Nurses Foundation Nursing Historical Society. Poudre Valley Hospital System has contributed to the history of nursing in northern Colorado by funding the reproduction of early nursing uniforms.

You are invited to learn more about these nurses and the history of Fort Collins on September 19, 2009 at Grandview Cemetery. Performances begin promptly at 10 AM and 1:30 PM. Advanced tickets are \$6.00 and are available at the Senior Center or Grandview Cemetery. A limited number of tickets will be sold the day of the event. This event is a fund raiser for the City of Fort Collins Senior Center. ♦

In Memory

We have received information about the deaths of the nurses listed below. This list is not limited to those who are members of the Colorado Nurses Association.

Bondi, Mary Louise died in April 2009. She was a graduate of Iowa Methodist SON. She later served in the Army Nurse Corps during WW-II as an anesthetist at Fitzsimmons Army Hospital and in Alaska.

Coe, Karen died in May 2009. She was a Nurse Practitioner, a graduate of the University of Colorado School of Nursing. Ms Coe worked at the Hospice of St. John and the Denver VA Hospital. She was a Harvard Fellow in Palliative Care.

Engle, Margaret, of Lafayette, died February 2, 2009.

Howard, Fern, a retired RN, died July 7, 2009.

Hu, Edna Gertrude Fenske, a graduate of the University of Colorado SON, died in Ft. Collins in April 2009.

Jones, Mildred, age 94, died May 11, 2009. A graduate of Finley SON, she practiced in Chicago into her '70's.

Kwasnik, Stephanie died in March 2009 at the age of 85. She was a retired RN.

LaGrange, Crystal, age 33, died April 9, 2009. She was a nurse in the Kaiser Cancer Center.

Lombard, Mary "Cookie", a graduate of St. Joseph Hospital SON, died in May 2009. She was a nurse for 44 years.

Roth, Mildred of Greeley and Denver, died at age 75 on April 10, 2009

Sevier Marie (85) of Englewood died in April 2009.

Sutherland, Ella Mae, died June 1, 2009. She was a graduate of a SON in Rochester NY.

Winchester, Beth L. Perkins, age 80, died April 25, 2009. She retired in 1992 after 42 years as a nurse and later volunteered at the Hospice of St. John.

Zapp, Genevieve Agnes Cunningham (83) died in June. She was a graduate of Mercy Hospital SON, Denver, and worked as a RN for 25 years.

Please send information about the death of any nurse who attended school, worked or lived in Colorado to Eve Hoygaard (hoygaard@msn.com). If you know the School of Nursing attended and employment sites, etc., it would be helpful.

Nurses House, Inc.— Nurses Helping Nurses

Welcome to Nurses House, the only nurse-managed, non-profit organization dedicated to helping registered nurses in need.

Nurses everywhere are indebted to Emily Bourne. In 1922, through a charitable bequest, she created a respite facility for registered nurses that became known as *Nurses House*. The beachfront home, a stately mansion in Babylon, Long Island, could hold up to sixty residents at any given time. It was often filled to capacity during busy summer months as accommodations were peaceful, restful and provided privacy to nurses that came to stay. As times and needs changed the property was eventually sold, but the funds were used to establish a [national fund for nurses in need](#).

Today, Nurses House, Inc. operates as a charitable organization, run by a nurse staff and volunteer board of directors, offering assistance to nurses throughout the country facing hardship. The mission of Nurses House is to provide short-term assistance to any registered nurse in need as a result of illness, injury, disability, or other dire circumstance. A volunteer group of nurses carefully evaluates the needs of Nurses House applicants and disperses funds to assist with everyday living expenses such as food, medicine, health care, rent, mortgage or utility bills.

In 2008 Nurses House offered over \$130,000 in grants to nurses in need, but the need has never been greater. Nurses House depends on contributions from nurses and the nursing community to fulfill its mission of helping nurses.

To make a contribution, to request assistance from Nurses House, or to learn more about their work, visit www.nurseshouse.org or call (518) 456-7858. ♦



The original Nurses House in Babylon, Long Island offered a place where registered nurses could rest and recuperate between cases. In 1959 the beachfront home was sold to create a fund for nurses in need, known as "Nurses House" today.



**“2009 House of Delegates Meeting”
Silent Auction and Exhibits**

**2009 REGISTRATION
October 24, 2009
(7:30AM to 5PM)**

**Radisson Hotel–Denver Stapleton
3333 Quebec St.**

This year Colorado Nurses Association will be holding the annual House of Delegates meeting separate from the Continuing Education Day. One of the rationales for this change is to optimize attendance for both of the events, to focus on NPA in 2009, and to reduce overall costs for convention. CNA plans to hold its Continuing Education Day in 2010.

Come hear informative updates on the association’s many successful efforts this year, including **Sunset of the Nurse Practice Act and Rules**. There continue to be many active APN issues affecting Colorado Nurses. Also hear updates on Health Care Reform—nationally and at the state level. Colorado Nurses Association has recently launched an initiative to target new nursing graduates. Come hear all about what is happening with this new group. What is happening with the nursing involvement research study in Colorado?

Building Nursing Communities through Technology

Want to learn more about technology for connecting to other nurses? Want to learn more about online social networking? What’s a webinar? What are uses for webinars for our association? What role could Facebook play for associations or for your personal use? Colorado Nurses Association will present an informational seminar on this topic at our House of Delegates meeting. 1.0 Contact Hours.

Colorado Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

The House of Delegates meeting will also convene with our business meeting enabled by Parliamentarian Lola Fehr. What resolutions will be forthcoming? What are the issues we need to discuss for our association? What is our strategic direction? How are we doing organizationally? What are our committees working on? What’s new with our districts? Who will be our new officers and leaders?

In response to the recent events in Colorado relating to substance abuse, addiction, and patient safety, Colorado Nurses Association will present a **Preview Sampler** of a new education initiative partnered by Colorado Nurses Association and Peer Assistance Services. The Preview will take place at the end of the HOD meeting. Your feedback from this session will help guide program planning.



The Colorado Nurses Foundation will also have their silent auction with many great items for your perusal and bidding pleasure. The foundation funds several nursing scholarships throughout the state of Colorado.

This year’s Awards Reception will take place during the lunch break for our House of Delegates. Additional time has been planned on the schedule to recognize our deserving members and districts. We look forward to rewarding the time commitment and accomplishments of our nursing colleagues on behalf of the association.

**Join the Colorado
Nurses Association
Today!**



**Application on
pages 20 & 21.**



House of Delegates 2009 Registration Form
PLEASE REGISTER ON-LINE at www.nurses-co.org
 Go to House of Delegates Registration

REGISTRATION FEE INFORMATION:

	CNA Member	Non-Member
House of Delegates Registration Includes Awards Luncheon	\$70.00	\$90.00
Awards Luncheon Only	\$45.00	\$45.00
Student–House of Delegates Includes Awards Luncheon	N/A	\$60.00
Retired RN–CNA Member Includes Awards Luncheon	\$60.00	N/A

PROCESSING CHARGE for each registration \$4.50

PAYMENT METHODS

You must register online through the website link at www.nurses-co.org. If you have difficulties or need assistance, please contact Deb Trujillo at dtrujillo@nurses-co.org or call 303-757-7483. Please do not send checks. The online registration is a secure system which decreases our administrative costs and supports detailed event tracking information.

DEADLINE FOR REGISTRATION–October 16, 2009

After October 16–you must register on site. If you register on site, meal and convention packets can not be guaranteed.

REFUNDS Please contact the CNA office for refund requests.

HOTEL ACCOMMODATIONS–for room reservations please contact:

Tracy Hayes
 Tel 303-329-2712 or email thayes@radissondenversp.com
 Radisson Hotel
 3333 S. Quebec
 Denver, CO 80207

Room Rate for Event is \$89.00 + 14.85 Tax

Check–In Time is 3:00 PM

Check–Out Time is 12:00 Noon

Committee and District Reports

GAPP Report

*Submitted, Mary Ciambelli,
PMHCNS-BC, Phd, GAPP Chair.*

A rainy day did not dampen the spirits of the Colorado Nurses Association members who gathered at the Capitol on June 2 to witness SB 239 being signed into law as the Colorado Nurse Practice Act. Governor Bill Ritter, Senator Betty Boyd, Representatives Jim Riesberg and Senator Lois Tochtrop praised the work of licensed practical nurses, registered professional nurses, and advanced practice nurses throughout the state of Colorado. All acknowledged the critical role that nurses play in providing safe, scientifically based, and accessible health care to all of the citizens of Colorado. The importance of Colorado as the birthplace of nurse practitioners was acknowledged. The art and the science of professional nursing were honored by the legislators who worked with nursing to move it through the legislative session. Governor Ritter thanked the Colorado Nurses Association, Colorado Medical Society and the Department of Regulatory Agencies for working together to make important changes in the way nursing prescriptive authority will be structured in the future. President Eve Hoygaard was presented with an official signature pen on behalf of the Colorado Nurses Association members and affiliate members who worked diligently to support the passage of this forward looking legislation.

The real work of implementing SB 239 has just begun. The next phase of the legislative and statutory process is the rule making process by the Board of Nursing. The significant changes in the Nurse Practice Act must now be put into action by revising current rules and developing new ones for advanced practice nurses seeking prescriptive authority by July 1 2010. The Board of Nursing and the Board of Medical Examiners have established

a work group to propose complementary rules to their respective Boards to get this process started. Colorado Nurses Association members of the DORA work group met with this work group to explain the intent behind the DORA work group recommendations. Colorado Nurses Association and its affiliate members will continue to be present and actively involved in the rule making process. Temporary rules regarding liability insurance coverage for advanced practice nurses will be formally discussed at an August BON rules hearing. Additional details about the rules and rules hearings will be communicated to Colorado Nurses Association membership as they become known.

Another addition to the 2009 Nurse Practice Act was the Nurse Physician Advisory Task Force for Colorado Health Care, abbreviated at NPATCH. This Task Force is a Type II Advisory Board that is tasked to make recommendations to the Board of Nursing and Board of Medical Examiners on health care issues that relate to both professions. Suggested agenda items for the NPATCH include making recommendations for how to implement the new step wise structure for advanced practice nurses to earning and maintaining prescriptive authority in Colorado. The NPATCH is in the appointment process.

The Medical Practice Act is up for renewal in 2010. The Colorado Nurses Association Sunset Task Force has continued to meet and make recommendations to the Sunset analyst about areas of concern in the current Medical Practice Act and to suggest changes for the next Medical Practice Act. The Executive Director of the Association is forwarding these concerns and recommendations to the Sunset analyst and to the Colorado Medical Society.

Finally, the Governmental Affairs and Public Policy committee wishes to acknowledge the outstanding contributions made to GAPP and the entire association by Dr. Tay Kopanos who was the

chair person for the 2009 legislative session. Tay's talent for being articulate under pressure, high energy, attention to detail and her ability to keep her eye on the prize were all important reasons for the success of SB 239 and many other nursing legislative initiatives in 2008 and 2009. Thank you Tay and we look forward to working with you in the upcoming months during the rule making process.

CNAHCA

Respectfully submitted by Chase Gray.

The Colorado Nurses for Access to Health Care for All (CNAHCA) is excited to report that the healthcare reform discussion is getting an increased amount of state and national attention. This public debate for health care reform will need a strong voice from the nursing profession and members of the CNAHCA are committed to participating in reform activities that range from local community rallies to the halls of the Colorado State Capital - while keeping a watchful eye on the national barometer of health care reform issues.

The last Colorado State legislative session provided a temporary outcome for the "Health Care for All Colorado" (HCAC) bill (HB-09-1273) "The Colorado Guaranteed Health Care Act" which proposed the initiation of a single payer health system in the State of Colorado. Colorado Nurses Association (CNA) supported this bill and CNAHCA members testified in support of it. Bill (HB-09-1273) which was co-sponsored by Rep. John Kefalas (D)-Ft. Collins—succeeded in passing committee votes (Business Affairs and Labor Committee and the Appropriations Committee), with a subsequently positive 2nd Reading House vote. The bill was set to be voted on for 3rd

Committee and District Reports continued on page 15

Committee and District Reports continued from page 14

Reading House vote but a decision was made that that Bill (HB-09-1273) be held over until July 5, 2009.

The University of Colorado in Boulder held a forum entitled, "Dead or Alive: Health Care Reform" with keynote speaker Dr. Paul Hochfeld, producer of the film "Health, Money and Fear" available for synopsis or purchase at: www.ourailinghealthcare.com. Additionally, HCAC and co-sponsor ArapaHope Community Team (ACT) rallied at the Colorado State Capital in Denver on May 30, 2009 as part of the "The Single Payer National Day of Action." Participants listened to State Senator Morgan Carroll (D)—District 29 about the legislative challenges in order to implement a single payer system. Future HCAC sponsored events can be viewed at: www.healthcareforallcolorado.org.

In the recent months there have been many opportunities for Colorado nurses to get involved with political leaders who can influence healthcare change at the national level. One event CNA supported was The Colorado Progressive Coalition's Move-A-Thon for Health Care Reform that was held at Confluence Park in Denver on April 18, 2009. This creative community event asked participants to walk a mile for health care reform and instead of donating money people were asked to bring five friends along to become involved in creating solutions in health care. Future events sponsored by the Colorado Progressive Coalition can be viewed at: www.progressivecoalition.org.

Former presidential candidate and Vermont Governor Howard Dean, Chairman of the Democratic National Committee was in Denver to gather momentum for a universally-accessible public health care insurance option in the United States. Colorado was an important stop on his tour as we currently are on the top 10 ten list of states that have the highest rates of employed people without health insurance according to a report by the Center for American Progress (www.americanprogress.org).

As we look into the future it is clear that health care reform is on the horizon. Reform possibilities in Colorado move in parallel to possibilities occurring at the national level. Both state and national leaders will be looking for answers to the health care problem and the nursing profession can provide solutions. With the revised Nurse Practice Act, Colorado nurses, and especially Advanced Practice Nurses now have an increased amount of autonomy in providing patient centered care. This type of practice act reform is directly linked to how the nursing profession can contribute to providing high quality care and cost effectiveness in a revised system. The CNAHCA committee is beginning to explore successful nursing models of care that could potentially be duplicated in our state.

If you are interested in health care reform issues please join the CNAHCA. Meetings are the first Tuesday of each month at 6pm. We are also interested in any events that might be scheduled in your area that we can attend and report to the nursing community.

DNA 4 Report April Meeting/Banquet

*Respectfully submitted, Linda Skoff
DNA 4 President*



Lou Skoff presents scholarship award to recipient, Alisha Golden from Otero Junior College

Members meet for the annual banquet/meeting at the Carriage House, Pueblo on April 18, 2009. Members Present: Linda Skoff, Dorothy DeNiro, Nancy VanEtten, Judith Frankenburger, Lori Rae Hamilton, Denise Root, Elayne Morris, Lisa Riggs, Myrna Mead, Sarah Ruybalid, Melva Steen, Rita Sims, Jesse Quintana. The guests were: Barb Hegarty, RN, Alisha Golden SN, Janet Golden, Alice Sisneros, RN, Kathy Nelson.

A brief meeting was held. The election results were given. The officers for 2009-2010 are: President: Linda Skoff, Secretary/Treasurer: Elayne Morris, and Delegates to Convention: Joe Franta, Lori Rae Hamilton, Linda Magnino, Elayne Morris, Denise Root, and Linda Skoff.

Members also voted to insert the following new statement in our current district bylaws: "Alternates for the state convention may be all current members of District 4."

New Business discussed included reports by Directors, Judith Frankenburger and Lori Rae Hamilton, on CNA activities, CNA Facebook for new Colorado nursing graduates, and the Sunset of the Nurse Practice Act.

Sarah Ruybalid, RN, Director of Community Health, PCCHD, read a thank you letter from the Pueblo City-County Health Department to our District for the \$250 donation to the new health department. She invited the group to hold a meeting in the new facility in the fall. Sarah announced three new programs: a Driving Program for Teens, a Day Care Nursing Consultants class, and the selection of Pueblo County by the National Campaign to Prevent Teen Pregnancy for a week of teen pregnancy prevention activities. She invited people to attend the National Campaign activities to prevent teen pregnancy in May in Pueblo.

The president requested volunteers for the Membership, Bylaws, and Nomination Committees. Membership committee volunteers are Dorothy DeNiro, Nancy VanEtten, and Elayne Morris. Bylaws committee members are Judith Frankenburger, Rita Sims, and Linda Skoff. Nominations Committee members are Lori Rae Hamilton and Linda Magnino.

Linda Skoff then presented Alisha Golden; Otero Jr. College Nursing Student to the group and awarded her our \$600 nursing scholarship. Alisha Golden, who is the OJC SNA President, plans to continue her education after she receives her Associate Degree. We congratulate her on her accomplishments.

After lunch, Jesse Quintana, RN, Alice Sisneros, RN, and Kathy Nelson, Director of PCCHD lab, gave a very informative presentation on the CAMO Mission located in Honduras. Jessie and Kathy have volunteered for several years and Alice volunteered this year. They presented a power point presentation of pictures and set up a display of local gifts and crafts made by the Honduras people. The clinic is a week long clinic where patients are surgically treated for foot deformities. The people are very poor and appreciate the volunteer efforts of the Podiatrist (Kathy's sister), nurses, anesthesia staff, and volunteer translators. The medical staff functions in marginal conditions and have very good outcomes. Patients walk long distances to receive help and wait patiently

for their turn. It was warm and informative presentation of nursing in a third world country.

There will be not be a May meeting due to all the end of year school activities. Our next meeting will be in September with the date to be decided during the summer by the Executive Committee. Please call Linda Skoff, RN, MSN, President at 719-542-6342 if you have questions about DNA 4 or its' activities.

DNA 6 Report San Luis Valley (SLV)

*Respectfully submitted, Amanda Jajola
FNP, MSN
DNA 6 President*

As usual, the DNA 6 members have remained extremely active this quarter. In April, our members attended and supported the efforts of the Women's Citizenship Club Dinner and Fashion Show. Our very own, Helen Lester showed off her modeling skills! It was great fun, but most importantly the proceeds of this event, totaling \$2000, went toward nursing scholarships for Adams State College Nursing Students. Scholarship support for Trinidad State Junior College Nursing Students is also being provided in the amount of \$1000 from our Nightingale fund. Several members also attended Nursing Pinning for both aforementioned schools and extended a warm invitation to graduates to join ANA/CNA.

April 15, 2009 was a very sad day for us. One of our members, Ann Edstrom-Watters, passed away. She was a kind, giving individual who touched the hearts of many. She was a lifelong member of ANA/CNA and past president of DNA 6 who contributed a tremendous amount to our nursing community. We miss her dearly and our hearts go out to her family.

In May, Dr. Vicki Erickson from the University of Colorado Denver College of Nursing gave a wonderful presentation on Nurse Storytelling at our local Sigma Theta Tau Induction Ceremony. Several of our DNA 6 members are also members of Adams State College Sigma Theta Tau Honor Society of Nursing. Our local chapter continues to expand and will hopefully be able to qualify for an international chapter soon. Congratulations to all our new inductees!

Elections for Vice President (VP), Treasurer, and Delegates were held in June. Our new VP is Shawn Elliott, Helen Lester remains as Treasurer, and Elaine Regan and Sue Foster are this year's Delegates. Congratulations and thank you for your service to our nursing community.

Also in June, DNA 6 members donated, collected, boxed, and mailed comfort items in the form of care packages to the son of a local nurse who is currently serving our country in Afghanistan. His Med Corp troop of 10 has experienced hard times and we felt the need to show them our support and appreciation for their service. DNA 6 invited the employees of San Luis Valley Regional Medical Center to join us in our efforts.

Committee and District Reports continued on page 16

Committee and District Reports continued from page 15

July is always a memorable time for us as the "Nightingale Nomads" gather together on the 10th and 11th to walk in the fight against cancer. DNA 6 supports this cause annually as we honor those who have suffered and those who have overcome the adversities of this illness.

Many members continue their journeys in their educational endeavors and many remain active in several organizations. Thank you all for your time, energy, and commitment to the discipline of nursing.

If you have any questions or would like to know more about DNA 6, please feel free to contact me at jojolaag@hotmail.com.

DNA 12 Quarterly Report

**Respectfully submitted, JoAnn Owen
DNA 12 President**

Contact information:

District Governing Team

Jody Owen

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Janet Holdsworth

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Curtis Stringer

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Planned Meetings

We have suggested program topics but we are in need of speakers.

1. Financial Planning
2. Validation Model for Elder Care
3. Health Care Reform
4. Nurse Practice Act Implications
5. Infection Control

We like to meet on the 2nd or 3rd Tuesday of the month, on a quarterly basis, based on speaker availability in September, November, February, and May.

Celebration information

DNA 12 members have been shy about letting their fellow members know about their nursing achievements, so it can be posted. We are requesting that all DNA 12 members send Jody Owen an email. Then, your email address can be added to the DNA 12 mail group, for improved communication. If you don't have a computer, then create a hotmail account, using the public library computer.

Election information

The District Governing Team requested volunteers to come forward to serve their District in the capacity of leadership, communication, and finance. However, no one has expressed an interest in bringing new life to our District, so formal elections have not been held. The following members have offered to be delegates to the annual Convention. They are Janet Holdsworth, Jo Elliott, Curtis Stringer, and Jody Owen.

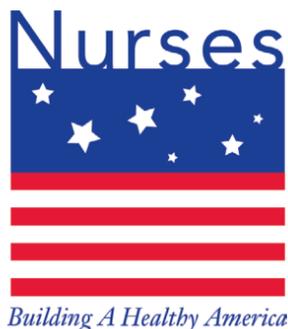
DNA 20 West Metro Report

Respectfully submitted by Norma Tubman

As DNA 20 kicks off its 2009-10 activities, all DNA 20 officer positions are filled. Officers are: President-Barbara Pedersen, Vice-President-Kiska May, Treasurer-Linda Stroup, Secretary-Cynthia Farkas, Board Members-at-Large-Susan Moyer, Kathy Crisler, Aaron Hoversland and Kathy Butler, and Nominating Chair-Irene Drabeck. Fourteen delegates and 13 alternate delegates were elected to represent DNA 20 at the CNA House of Delegates to be held in Denver in October.

Congratulations to DNA 20 Vice President Kiska May who was a 2009 Nightingale Recipient. Kiska recently retired from the Eastern Colorado Health Care System, Denver Veterans Administration Hospital where her most recent position was Clinical Compliance/Administrative Officer.

Kathy Crisler has been busy publishing. She co-authored the article "Improving the Outcomes of Home Care Services in New York State: A National Model." which was published in Home Healthcare Nurse, Vol. 26, No. 10. Co-authors were Angela Brega and Nancy Barhydt. Kathy co-authored a chapter with Peter Shaughnessy titled "Effectiveness of Clinical Feedback Approach to Improving Patient Outcomes" published in the Handbook of Home Health Care Administration, 5th edition which was edited by Marilyn D. Harris.



Committee and District Reports continued on page 17

Committee and District Reports continued from page 16

Please visit the CNA web-site for information on DNA 20 meetings time, location and speakers or contact DNA 20 President Barbara Pedersen at 303-423-5340 or e-mail her at BarbaraPedersen@earthlink.net.

DNA 23 Report

*Respectfully submitted, Fran Dowling
DNA 23 President*

After a summer break, DNA 23 meetings will resume in September and November for '09. We meet on the 2nd Tuesday at Ciancio's Hyland Golf Course Restaurant, 96th and Sheridan, Westminster, CO at 6:30 PM. We will plan a project for the new year at the September meeting.

Welcome to all new members and we hope to see you at meetings. We tend to have a small group but hope to be able to expand a bit. Currently members are very involved just by calling for Legislative matters plus promoting good health in the community. All Nurses are invited to attend and to provide information. We ask for everyone's help to keep our District viable. We also thank all those Nurses who worked so very hard in the past year on legislation.

Congratulations to Neal Steffonich for being elected Nurse of the Year for '08-'09. Neal has been a contributing member for many years and has much to offer the Nursing profession. He was without sight for several years which led to very difficult times for him, but he has progressed very well since surgery, education and continued involvement in Nursing. He provides a great deal with support, information and assistance to our District members.

In May, election of officers was held. President: Fran Dowling 303-452-0538, francesdowling@comcast.net, Vice President:

Cathy O'Grady—303-451-0375 Treasurer: Lavena Thompson—720-434-9337. Please contact any of us with questions or requests.

DNA 30 Report

*Respectfully submitted Margaret Catchpole
RN, CPNP
President DNA 30 alexcat@q.com*

DNA 30 has much to celebrate with Governor Ritter signing the Nurse Practice Act on June second. Now we must build on the coalitions we made within the nursing community to monitor the promulgation of the rules and regulations for the revised Nurse Practice Act (NPA). This will include monitoring the Board of Nursing and providing expert testimony to the Board as it manages the tasks of implementation of the NPA.

CNA and DNA 30 will also be actively involved with the Nurse-Physician Advisory Task Force for Colorado Health Care (NPATCH).

Communication is the primary focus of the board of DNA 30 in the upcoming months. With that in mind we are planning a change in the website for the district and hope to have improved technology to continue to provide information to our members. At the same time, we hope to use the same technology to receive information from our members as we manage the process of implementation of the revisions of the NPA. We must remain vigilant in our efforts to see that Advanced Practice Nurses are able to provide independent, safe and high quality care to the people of Colorado. We will also continue to be "at the table" with the discussions and plans for health care reform.

DNA 30 will continue to have meetings in the Denver Metro area the first Wednesday of each month. The board of DNA 30 meets the fourth Monday of each month. The current website for DNA 30 is CSAPN.org

DNA 31 Report

*Submitted by, Linda Willits
President, District 31
Linda.Willits@gmail.com
www.cscspn.org*

We held our annual Spring Symposium on May 15, 2009. We had 25 attendees from the region. Colorado participants came from Glenwood Springs, Canon City, Boulder, Rye, Fort Collins, Pueblo, Steamboat Springs, Centennial, Englewood, Aurora, and Denver. Diane Dean presented our Clinician of the Year award to Linda Willits. Mary Ciambelli was honored for her work on the Sunset of the Nurse Practice Act. We announced that Katherine Carley agreed to be president-elect for next year. Dana Murphy-Parker and several University of Wyoming psychiatric NP students presented their memories and photos of Susan McCabe and Carol McNee. We were fortunate to be able to host this event at the South Denver Heart Center again this year. There was a panel presentation on Bipolar Disorder followed by an animated discussion. Panel members included: Diane Dean, Margy Bookman, Cameron-k Garrett and Karen Lyda.

Cameron Garrett has worked with Jerry Golley, our webmaster, and Mary Weber to arrange for the June meeting to be at the Anschutz Campus to view web site options. We also invited members of DNA 30 and Fran Ricker to attend. Thanks to Mary Weber for arranging the room for this presentation.

The Fall Institute "Optimizing Health and Wellness" will be held, September 25-27, 2009 at the Great Divide Lodge, Breckenridge, CO. CNS's, nurse practitioners and other interested individuals are welcome to attend. If you are interested, feel free to contact Louise personally at louisesuit@comcast.net. Committee members include: Louise Suit, Chair, Carolyn Dacres, Jane Karl, Katharine Carley and Wendy Bresee. ♦

NLN Health Information Technology Scholars Program

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

The Health Information Technology Scholars Program (HITS) is a program through the National League of Nursing that is supported by the HRSA—Faculty Development: Integrated Technology into Nursing Education & Practice Initiative. The purpose of this program is to develop, implement, disseminate and sustain a faculty development collaborative initiative to integrate information technologies in nursing curriculum and expand the capacity of collegiate schools of nursing to educate students for the 21st century (<http://www.hits-colab.org/index.htm>).



Lori Rae Hamilton

Otero Junior College and Lamar Community College teamed up on a proposal to ensure and solidify the incorporation of the 18 patient safety standards per the Institute of Medicine (IOM) throughout the nursing curriculum via a variety of methods. The proposal was accepted and Mary Ann Turner RN MSN, Lamar Community College, and I are working together on the project. Through this project we will explore different types of implementation methods within the standing courses and expand and adjust the high fidelity simulations, which are shared between both the colleges, to educate and evaluate the knowledge of the students on the different standards.

As part of being a scholar, Mrs. Turner and I,

attended the HITS conference in Indianapolis, Indiana, in April. I was amazed to see all the different types of technology and different simulation labs. Some of the different items included the use of second life to educate students on community health, and the use of TeleBuddy to decrease the severity of people with diseases such as diabetes and COPD. The research is phenomenal on showing the impact that nursing has on decreasing the severity and increasing the quality of life through the watchful eye of the TeleHealth Nurse. In addition, we were able to see an E-ICU where experienced ICU nurses (10-15 years avg.) were the second eye for the ICU nurses in the units. These nurses were able to monitor labs, look in on other patients, and be the second on necessary drips and medications. This same type of nursing is also being experimented with in rural areas that might need the help of another nurse from another area. This was a wonderful learning experience that reenergized my passion for nursing.

The conference ended with the announcement the next HITS conference will be held in Colorado. I would highly encourage all to go on the NLN website and learn about the program. In addition, I know that there are many wonderful things that we are doing in this state with healthcare and technology and this would be a great opportunity to show the rest of the country what we are doing. Please let me know if you have a project going on that you would like to share. Also, please apply to be a scholar with this program. This has been a wonderful learning opportunity. You can find out more about this project at <http://www.hits-colab.org/index.htm>. ♦

The Nurse Practitioner Healthcare Foundation (NPHF) Stresses Importance of Adolescent Immunization at a Time When Economic Challenges Make Regular Check-ups Difficult for Many



*NPHF White Paper
Addresses Adolescent
Health, and Demonstrates
that Immunization is Key
to Disease Prevention for
Individuals, Communities*

Bellevue, WA, (June 19, 2009)—Just over fifty years ago, the polio virus was a major public health issue in the U.S. and globally. Thanks to the discovery of a vaccine and effective immunizations policies, polio has now been eradicated from the U.S. and is close to being eradicated on a global scale. Another more recent success story lies in the Hepatitis B vaccine. According to the U.S. Department of Health and Human Services, Hepatitis B immunization has decreased the number of new cases among 19 to 24-year-olds from 18.5 per 100,000 adolescents in 1997, to 5.4 per 100,000 adolescents in 2005. To place focus on immunization, specifically for adolescents, the NPHF created the Adolescent White Paper.

Authored on behalf of NPHF by Nancy Rudner Lugo, DrPH, NP, the white paper explains the importance of immunization, notes barriers to immunization and offers recommendations to achieve proper and timely vaccination for all adolescents.

“The healthcare community often places the most emphasis on immunizations for very young and very old patients,” says NPHF President, Phyllis Zimmer, MN, ARNP, FAAN. “We need to make immunization for adolescents a priority as well.”

As we approach 2010, the healthcare community has made progress, but has not yet achieved the *Healthy People 2010* objective—a national goal set 10 years ago to reach 90 percent vaccination coverage among 13-15-year-olds.

Immunization Protects Individuals and Communities

Immunization is a proven health promotion strategy against vaccine-preventable diseases (VPDs) for persons of all ages. When more people are immunized, a “herd community” effect is created—fewer people are susceptible to infection, and fewer people can contract the infection and

infect others, creating a healthier community.

For infants and very young children, the immunization schedule has been a focal point for ongoing preventive visits. Unfortunately, the focus on immunizations seems to lose strength once a child reaches adolescence. Using data from the National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey, investigators found that one-sixth to one-third of adolescents do not see a healthcare professional in a given year. In addition, low-income adolescents receive less primary care than more affluent adolescents, and only nine percent of visits for all adolescents are preventative.

The lack of proper and timely immunization concerns many within the healthcare community since consequences of not vaccinating can be devastating. For instance, the epidemiology of meningitis infections indicates highest prevalence among college freshman living in dormitories, with peak incidence at age 18. Furthermore, the fatality rate of meningococcal sepsis, which can develop from meningitis, is about 40 percent.

Barriers to Immunization

Major obstacles to proper and timely immunization include:

- Lack of access to education and services
- Lack of health insurance coverage
- Practice barriers and missed opportunities
- Cultural and religious beliefs
- Need for parental consent

The NPHF believes the healthcare community can actively combat these obstacles to achieve the 2010 goal of 90 percent vaccination. For example, one obvious way to ensure immunization is to avoid missed opportunities, which occur when adolescents gain access to an aspect of care—such as a school physical, sports-related injury, acute illness or family planning—and do not receive immunizations.

Recommendations for Improvement

Increased focus on adolescent immunization is necessary to ensure adequate protection. Concerted effort to immunize adolescents can ensure that these young people are protected against VPDs, and the success with infant and

preschool immunizations can serve as a model. The NPHF recommendations to achieve 90 percent immunization among adolescents by 2010 include:

- Raise awareness of the need for adolescent immunizations among 11-12-year-olds and their parents or guardians
- Communicate with adolescents in their own environment and ensure that messages are clear
- Remove financial barriers
 - All insurance plans, regardless of the source of funding, should cover all recommended vaccinations without an out-of-pocket expense
- Leverage health plans to encourage immunizations
- Encourage local, state and national registries to include adolescent data
- Support multiple venues for immunization education and administration
- Clinicians should keep current on immunization information and ensure that colleagues are up-to-date as well
- Eliminate practice barriers to immunizations

This white paper, “Adolescent Health: Immunizations Are Key to Prevention” was developed in the public interest by the Nurse Practitioner Healthcare Foundation through an educational grant from Sanofi Pasteur.

The full document may be viewed on the NPHF website: nphealthcarefoundation.org.

The Nurse Practitioner Healthcare Foundation

In 2005, a group of pioneering nurse practitioners launched the Nurse Practitioner Healthcare Foundation. The foundation, dedicated to raising the bar in health care, works on behalf of the entire nurse practitioner profession to make high-quality, effective care accessible through research, education, health policy, service and philanthropy. The Nurse Practitioner Healthcare Foundation is an IRS 501(c)(3) non-profit organization that helps improve policy and decision-making through research and analysis. To obtain information or to order documents, contact NPHF by phone (425-861-0911), or go to the NPHF website: nphealthcarefoundation.org. ♦

PRESS RELEASE: We've Got Something to Talk About...

Tay Kopanos, NP
Outgoing GAPP Chair

Members of several Colorado Nurses Association Committees have had the opportunity to speak with the media on nursing practice and healthcare issues. These media spots provide forums for Nursing to provide the community with a better understanding of Nursing's role in healthcare. Recently, as the outgoing chairwoman for the Government Affairs and Public Policy (GAPP) Committee, I was interviewed by Colorado Public Radio regarding changes to the Nurse Practice Act.

Speaking with Dan Meyer for Colorado Matters was a fun and unique experience. Over the last year, Colorado Nurses Association had been sharing how these updates were needed in Colorado to meet the health workforce needs and stay current with national nursing models with legislators, policy stakeholders and the nursing community. However, sitting in front of the mic at the studio was a completely different experience. The producer and the host of the show, structured the interview to fit with a theme focusing on expanded roles of nursing in healthcare delivery. While the audience for Colorado Matters would be individuals with knowledge of the healthcare system and some of the national trends in care, the producer shared that the audience may not be familiar with the various roles of Advanced Practice Nurses or current level of autonomy.

Knowing where to start and what information would be useful to the listener required some adjustment. The focus had to be on articulating the key changes the legislation would bring to patients and improve care. The patience and kind editing by Colorado Public Radio was also appreciated. The opportunity provided Nursing with a venue to highlight how we currently serve in the healthcare arena, and the benefits of utilizing Nursing to meet Colorado's healthcare needs. You can hear the 6/11/09 interview at the Colorado Public Radio website archives.

During my two year tenure as chair of the GAPP, I have had the opportunity to meet with and hear from nurses across the state. These conversations drove home the fact that nurses are at the intersection of patient care and healthcare policy—and because of that perspective, we bring a wealth of insight to the healthcare policy table. We simply need the opportunity and the confidence to share it. The following are some tips from the American Nurses Association that may help get you started.

- Remember you are an expert in the experience that you share—stick to what you know
- Determine your message—write out key message points before you present or are interviewed. Respond to questions, but keep these key message points the core of your message

- Be brief—at the Capitol testimony is often limited to 3 min, and reporters often have to fit the information in to short soundbites. Make sure you can articulate your message in a limited amount of words.
- Know your audience and give background information in daily public language—This is something we do everyday when we interpret “medical jargon” for our patients and their families. The same approach is needed when sharing with the public and non-healthcare stakeholders.
- Be clear on *who* you are representing with your comments. If you are speaking as a representative of a professional association, make sure you have officially confirmed your message and that the comments you share are congruent with the association's positions. This is key to being a credible source and presenting Nursing well.
- Leave contact information with the policy group or reporter—this allows opportunity for follow up questions and future information sharing.
- Have fun! And know that, as nurses, when it comes to healthcare, we have valuable insights to share.

American Nurses Association. (2008). *ANA Media Relations and You*. Silver Spring, MD: American Nurses Association. ♦

<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>(No discount Membership Dues for State Only Members)</i>		
<ul style="list-style-type: none"> • NOT EMPLOYED • FULL-TIME STUDENT • NEW GRADUATE FROM BASIC NURSING EDUCATION PROGRAM, WITHIN 6 MONTHS AFTER GRADUATION APPLIES TO FIRST YEAR OF MEMBERSHIP ONLY 			<p style="text-align: center;">*****</p> <p style="text-align: center;">(You May Choose Only One District)</p> <p>_____ Geographic District (Based on City & Zip Code)</p> <p>_____ DNA 2 (Corresponds primarily through email)</p> <p>_____ DNA 30 (Advanced Practice Nurses)</p> <p>_____ DNA 31 (Clinical Specialists in Psychiatric Nursing)</p>		
◦ SPECIAL MEMBERSHIP DUES	\$74.75	\$6.23	<p>_____ CREDIT CARD NUMBER - (M/C & VISA ONLY)</p> <p style="text-align: center;">-----</p> <p style="text-align: center;">EXPIRATION DATE</p> <p style="text-align: center;">-----</p> <p style="text-align: center;">PRINT CARD HOLDERS NAME</p> <p style="text-align: center;">-----</p> <p style="text-align: center;">CARD HOLDERS SIGNATURE</p> <p style="text-align: center;">-----</p> <p>_____ TOTAL PAYMENT AMOUNT ENCLOSED</p>		
<ul style="list-style-type: none"> • 62 YEARS OF AGE AND OVER NOT EMPLOYED • TOTALLY DISABLED/NOT EMPLOYED 					
◦ LIFETIME MEMBERSHIP (ALL MUST APPLY)		FREE			
<ul style="list-style-type: none"> • ANA MEMBER FOR 25 YEARS OR MORE CONSECUTIVELY • 65 YEARS OR OLDER • RETIRED 					
◦ NON-COLLECTIVE BARGAINING	\$299.00	\$25.41			
<ul style="list-style-type: none"> • 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

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.

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



ANA
AMERICAN NURSES ASSOCIATION

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.

Twenty-four Nurse Scholars Receive Friends of Nursing Awards



Colorado Nurses Association recognized by Peer Assistance Services with Founders Award. Lloyd Davis, Board Pres., Jackie Westhoven, Workplace Program Specialist, Eve Hoygaard, CNA President, Fran Ricker, CNA Executive Director and Elizabeth Pace, Peer Assistance.

Nursing students from eight schools and colleges of nursing in Colorado received Friends of Nursing scholarships this year. Scholarships are awarded on the basis of nursing competencies, academic achievement and leadership qualities. Nursing students from eight schools and colleges of nursing in Colorado received Friends of Nursing scholarships this year. Scholarships are awarded

on the basis of nursing competencies, academic achievement and leadership qualities. Special named scholarships honor past and present nursing leaders and community supporters of nursing. The deadline for 2010 scholarship applications is October 30, 2009. For information see the FON Web site: friendsofnursing.org

Scholarship Information

by Eve Hoygaard

Are you enrolled in a professional nursing degree program as a RN or a pre-licensure student? Would you may be interested in applying for a scholarship? There are a number of scholarships available, offered by the Colorado Nurses Foundation (CNF) and also by the Friends of Nursing (FON). For details, go to the Colorado Nurses Foundation website www.coloradonursesfoundation.org, to the Colorado Nurses Association website, www.nurses-co.org, the Friends of Nursing website www.friendsofnursing.org or the Colorado Student Nurses Association website www.coloradostudentnurses.org. Some information may not be posted before mid-September. The deadlines for the CNF and FON scholarships are different so check the sites often until the information is posted. You are encouraged to apply for any scholarship for which you qualify. The student nurses website also includes other scholarship information for the pre-licensure student.

School	2009 Scholarship Recipient	Named Scholarship
Adams State College	Patrick Cummings Tiffanie Hoover Tammy Jo Romero	Greta Pollard Scholarship FON Award FON Award
Colorado State University Pueblo	Rachel Ives Jill M. Johnson Heather H. Palm	Margaret Lewis Scholarship FON Award St. Luke's Alumnae Award
Mesa State College	Ciara L. Guthrie Nikos Hollis Heather D. Johnson	Wayne T. "Dusty" Biddle Memorial Scholarship FON Award FON Award
Metropolitan State College	Angela J. Davis Jose Rodriquez Steven M. Wiseman	FON Award FON Award FON Award
Regis University	Jennifer Buckwalter Jonelle Hogan Rebecca C. Sposato	FON Award Monahan Grant Verda Richie Memorial Scholarship, Monahan Grant Viola Baudendistel Memorial Scholarship, Monahan Grant
University of Colorado, Colorado Springs	Kimberly M. Coons Traci Mullins Lara M. Spencer	Leila B. Kinney Scholarship FON Award Theresa Brofman Memorial Scholarship
University of Colorado Denver	Paul Hemming Shannon St. John Stacy M. Skiftenes	FON Presidents' Award Anita & Joe Becky Family Scholarship FON Award
University of Northern Colorado	Kristen J. Rodgers Paula Ruedebusch Anna Tokareva	Ruth Harboe Memorial Scholarship FON Award Georgia & Walter Imhoff Scholarship ♦

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