Executive Director’s Column

Ethics and Respect for Each Other

by Fran Ricker, RN, MSN

At the time of submission for this article, I am considering the fact this may be my last communication to nurses in Colorado as the Executive Director in our publication. This is in part due to the other transitions our association is involved with in participating in establishing a multistate division. Future reports may be on the multistate content. Thus, this may be an important last chance to identify an important message for all nurses.

In reflection on my entire nursing career and my experiences as a nurse, I have had many roles in nursing. As a nurse, what is an underlying framework that will help guide you in many roles and encounters as a registered nurse? I believe an ethical framework is one of the most critical components of a professional’s role. The ANA Code of Ethics encompasses many guiding statements for a nurse’s practice.

I believe as a profession we could do better work in how we treat each other as professionals. The Code of Ethics addresses this in our relationships with colleagues and others (ANA Code of Ethics 1.5) reminding us that the principle of respect for persons extends to all individuals with whom the nurse interacts.

The Code of Ethics for nurses (1.5) reminds us that the nurse is expected to “maintain compassionate and caring relationships with colleagues and others with a commitment to the fair treatment of individuals, to integrity, preserving compromise and to resolve conflict.” Nurses in many roles are to treat others with respect and compassion. Further, “This standard of conduct precludes any prejudicial actions, any form of harassment, or threatening behavior, or disregard for the effect of one’s actions on others.” This is a high standard.

One of the greatest challenges in our work relationships is in the area of bullying and lateral violence. If we were to address one workplace issue in all settings that would have the broadest impact for individual nurses, this

2013 Nightingale Luminary Awards

Thirty-eight Luminaries from across the state will be honored on May 11, 2013, at the annual Nightingale Awards event sponsored by the Colorado Nurses Foundation. This year’s event at the Westin Hotel Westminster continues the twenty-seven year tradition of recognizing excellence in professional nursing. The Nightingale awards highlight nurses whose actions and outcomes exemplify the spirit of a citizen of the profession through either leadership – motivating others to work toward a common goal, advocacy – advancing a cause or a purpose, or innovation – demonstrating creativity that addresses today’s challenges and opportunities. The Luminaries were nominated in one of two practice categories: nurses in clinical practice and nurse administrators, educators, researchers, or those in non-traditional roles. Nominators have described how their nominee advanced the profession of nursing, improved quality and access to care, or positively impacted their community through leadership, advocacy or innovation. The thirty-eight Luminaries were selected by either the Area Higher Education Centers (AHESC) or the Regional Nightingale Committees and forwarded to the State Selection Committee, where six of the Luminary Award recipients, one from each category and one from each area of recognition, were selected to receive the traditional Nightingale Award on May 11.

Luminaries in Clinical Practice Roles Include:

- Marty Bachman, Fort Collins; Diana Bailey, Fruita; Jackie Bennett, Del Norte; Suzanne Bolton, Durango; Kristin Brim, Fruita; Kerrie J. Burress, Colorado Springs; Jaynee Frontczek-Spradling, Durango; Anne Hammer, Denver; Roxie Keen, Fowler; Helen Lester, Alamosa; Royanne Lichliter, Aurora; Mary Nifong, Colorado Springs; Katie Poppert, Denver; Peg Rooney, Pueblo; Carolyn Sanders, Greenwood Village; Linda Satskovia, Denver; Julie Skinner, Colorado Springs; Mary Vidmar, Englewood.

Luminaries in Clinical Practice Roles Include:

- Paulette Barlow, Mancos; Karissa Berry, Walsenburg; Penny Croom, Grand Junction; Kimberly Dumont, Colorado Springs; Barbara Godden, Lone Tree; Heather Harfeld, Monte Vista; Lisa Holstra, Golden; Carolyn Jewell, Colorado Springs; Kryssey Kimmianu, Castle Rock; Justin Mast, Aurora; Analouise Matt, Greeley; Janelle McCormick, Grand Junction; Lynne Murison, Durango; Gordon Nix, Durango; Kymbrell Pepmiller, Fort Collins; Mary “Rachel” Romero, Denver; Laura Satorie, Denver; Mary Shy, Lamar; Carole Traylor, Colorado Springs; Kathleen Wilson, Grand Junction.

For more information on the 2013 Nightingale Luminary Awards, go to www.CNFfound.org.
As I put the finishing touches on this article, it is a sweet spring evening with a hint of warmer weather to come. The trees outside my window are full of buds and the grass is starting to green up with that soft color that only shows itself this time of year. Springtime brings a hint of warmer weather and a sweet spring evening with that soft color and the grass is starting to come. The trees outside my window are full of buds and the grass is starting to grow green.

Mary Clambelli

This issue of the Colorado Nurse celebrates the 20th anniversary of National Nurses Week May 6th-12th. The board of directors and staff of the Colorado Nurses Association wish all of the nurses and student nurses reading this article a happy Nurses Week. The 20th anniversary of National Nurses Week is a time to celebrate the contributions of nurses to the health care field.

Nurses are essential to the health care field. They provide care to patients in various settings, including hospitals, clinics, and homes. Nurses are also instrumental in the delivery of health care services, as they work with patients to prevent illness, manage pain, and provide emotional support.

The Colorado Nurses Association is committed to supporting nurses and promoting their role in the health care field. We believe that nurses are the backbone of the health care system and we strive to ensure that they receive the recognition and compensation they deserve.

Thanks to all of our nurses and student nurses for all that you do to improve the health and well-being of our communities.

Mary Clambelli
The Colorado Nurses Association is very pleased to announce a new, state of the art online training for Colorado’s nurses: the SBIRT Substance Use NursingMentor. This training on screening, brief intervention, and referral to treatment (SBIRT) offers nurses the critical skills necessary to readily identify and address alcohol, tobacco, and other drug use. Substance use leads to many health problems and a compromised quality of life. Often these concerns go unidentified in healthcare settings or are given less attention than may be warranted. The American Nurses Association recognizes that alcohol consumption is one of the four major risk factors impacting the rate of non-communicable disease in the United States and supports SBIRT as a practice to be used in all clinical settings. ANA President Karen Daley stated, “Nursing must be a partner in addressing this problem with our patients, families and in our communities.”

Numerous studies have documented the efficacy of screening and brief intervention in reducing problematic alcohol use. The Partnership for Prevention found the evidence supporting SBIRT for alcohol misuse ranks as one of the top health promotion and disease prevention priorities in the U.S. In terms of its effectiveness to prevent disease burden and reduce costs, screening and brief intervention for alcohol use is ranked equivalent to colorectal cancer and hypertension screening. Based on the strong evidence base for SBIRT, the American College of Surgeons Committee on Trauma requires Level I and Level II trauma centers to screen patients for risky alcohol use and to provide brief interventions to those who screen positive; the Joint Commission released SBIRT performance measures for hospital in-client units; and, the U.S. Preventive Services Task Force recommends screening and interventions to reduce alcohol misuse by adults in primary care settings. The Centers for Medicare and Medicaid Services is proposing to adopt two of the four Joint Commission hospital substance use performance measures for public reporting and payment incentives. If accepted, hospitals would start collecting data on the performance measures in January 2014 and reporting in 2015.

As SBIRT moves into the mainstream of healthcare, nurses are particularly well suited to deliver SBIRT because of their patient contact and existing skill sets in health promotion, communication, and patient education. This new web-based training platform uses patented streaming media, computational linguistics and artificial intelligence technologies developed by researchers at Carnegie Mellon University to teach screening and brief motivational interviewing skills through real-world simulated interactions. The training tests learners’ competency with these skills using simulated practice modules and provides learners with feedback on their proficiency and opportunities to retry and refine their skills.

The Colorado Nurses Association is pleased to partner with SBIRT experts from SBIRT Colorado, Peer Assistance Services, Inc., University of Pittsburgh and the BIG Initiative at NORC at the University of Chicago – as well as our innovation partner – MedRespond, LLC – in offering this cutting edge training. Support for the development of this training was provided by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment under a SBIRT state cooperative agreement awarded to Colorado Office of the Governor in 2006. Three nursing contact hours are offered for completion of the training. Because the training is offered online 24/7, it can be taken at your convenience.

Please visit www.CMEcorner.com/SBIRT to learn more!
Thirteenth Annual Nurse Legislator Connection Dinner

Submitted by Christine Schmidt, RN, MS, and the Nurse Legislator Connection Dinner Planning Committee of DNA #16

On February 20, 2013 District 16 Nurses Association held their thirteenth annual Legislative Connection Dinner, co-sponsored by DNA #16 and the Public Health Nurses Association of Colorado (PHNAC). Despite the heavy snowfall and challenging traffic, the evening was a great success with 139 participants. The attendees included 14 legislators and two legislative aides, 46 CNA members, 39 PHNAC members, 30 nursing students and five non-members.

Dr. Sara Jarrett, CNA Governmental Affairs and Public Policy (GAPP) Committee Chair provided comments on the transitional state of the health care system today and the crucial role of the registered nurse to engage in influencing policy as well as serve as advocate for their patients and their profession.

Brenda Von Star, chair of the Colorado Nurses for Accessible Health Care for All (CNAHCA) presented on the work of her committee to improve access to health care and reviewed some of the legislative bills currently in session that are being monitored by CNAHCA and GAPP Committees. Some of the highlights included Medicaid expansion, authority for advanced practice psychiatric nurses regarding mental health, and dental benefits for adults.

Participants also got the opportunity to meet CNA’s new lobbyist, Nolbert Chavez, who welcomed and introduced all the legislators to the nurse attendees. CJ Cullinan of DNA #16 served as the gracious mistress of ceremonies for the evening.

DNA #16 would like to extend deep appreciation to Sara Jarrett, Brenda Von Star, Nolbert Chavez, and GAPP Committee members whose time, information and materials stimulated good discussion among the nurses and their legislators. Gratitude also goes out to the many District 20 Nurses Association members who arrived early to help set up and assure smooth flow of the evening, to Keith Segundo, CNA’s Membership Director for his assistance with materials and registration, and to PHNAC for their sponsorship and fiscal support and their valuable presence that assures constructive dialog and relationship building for legislators around the state with their nurse constituents.

For those who would like to extend a thank you to their legislators, here is the full list of those who attended:

State Representative
Beth McCann State Representative District 8
Clair Levy St Representative District 13
Janak Joshi State Representative District 16
Tams “Tony” Exum Sr State Representative District 17
Tracy Kraft-Tharp State Representative District 29
Dianne Primavera State Representative District 33
Steve LeSbock State Representative District 34
Joanne Ginal State Representative District 52
Randy Fischer State Representative District 53

State Representative Aids
Clarice Navarro-Ratlaff State Representative District 47
Brian del Grosso State Representative District 51

State Senator
Greg Brophy State Senator District 1
Jeanne Nicholson State Senator District 16
Pat Steadman State Senator District 31
Irene Aguilar State Senator District 32
Larry Crowder State Senator District 35

CNA Lobbyist Nolbert Chavez and Senator Greg Brophy
CNA President Mary Ciambelli and Rebecca Sposato
Senator Irene Aguilar
Representative Beth McCann and Association Member Christine Schmidt

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Beth McCann State Representative District 8
Clair Levy St Representative District 13
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Tracy Kraft-Tharp State Representative District 29
Dianne Primavera State Representative District 33
Steve LeSbock State Representative District 34
Joanne Ginal State Representative District 52
Randy Fischer State Representative District 53

State Representative Aids
Clarice Navarro-Ratlaff State Representative District 47
Brian del Grosso State Representative District 51

State Senator
Greg Brophy State Senator District 1
Jeanne Nicholson State Senator District 16
Pat Steadman State Senator District 31
Irene Aguilar State Senator District 32
Larry Crowder State Senator District 35

CNA Lobbyist Nolbert Chavez and Senator Greg Brophy
CNA President Mary Ciambelli and Rebecca Sposato
Senator Jeanne Nicholson
Representative Beth McCann and Association Member Christine Schmidt

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is the one in my opinion. This is not just an issue for direct care nurses. Nursing leaders need to role model leadership that does not exemplify or tolerate “bullying” behaviors. We are in need of nursing leaders that are respected for “how” they do their work and for their ethical standards. I doubt if there is one nurse who has not been on the receiving end of bullying behaviors from peers and/or other nursing leaders. Nurse-physician relationships also can be impacted by bullying behaviors. Bullying behaviors impact nurses in all work settings.

In nursing, who has not experienced a “bullying” encounter? Isn’t this what makes our work environments a challenging place to work? How do we help nurses to see the “bullying” behaviors? How do we begin to make respect for our work environments a challenging place to work?

Some other examples of bullying include nonverbal abuse, such as eye rolling and making glares. ANA’s Tips for Nurses dealing with this behavior suggests the following responses: “I sense there is something you want to say to me. Do you wish to discuss it?” This is hard to handle as the alternative of pointing out the other colleagues’ lack of professionalism and/or manners will only escalate the bullying. We should all be more aware of our own body language and the message it sends to others.

Backstabbing is complaining about a person to someone other than the person. What nurse hasn’t experienced a “bullying” encounter? Isn’t this what makes our work environments a challenging place to work? How do we help nurses to see the “bullying” behaviors? How do we begin to make shrug down our relationships with each other and threaten our workplace climate?

The American Nurses Association’s Tips for Nurses identifies the following behaviors as examples of bullying in the workplace:

- Being yelled at or screamed at in front of others
- Being accused of errors made by someone else
- Being the subject of gossiping
- Being the topic of rumors
- Being humiliated in front of others
- Being assigned undesirable work
- Being sabotaged
- Having information withheld impacting job performance
- Having your thoughts or feelings ignored
- Being non-verbally intimidated — stares and glares
- Being excluded from activities or conversations
- Being physically threatened

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Backstabbing is complaining about a person to someone other than the person. What nurse hasn’t heard this going on? A suggested response: “I don’t know the facts of the situation and don’t feel comfortable discussing it.” Another suggestion: “I do not like to talk about others without their permission.” I think the natural response for many of us is to ignore the backstabbing and say nothing, but this does not halt the behavior and perpetuates the pattern. We tend to rationalize that since we did not initiate the “backstabbing” — we are not responsible. Yet if we don’t speak up and challenge this as unacceptable behavior, it only continues. And sooner or later, you become the victim of this bullying behavior.

For more resources on dealing with bullying in the workplace go to NursingWorld.org and select the Workplace Safety tab. For continuing education and purchasing Bullying in the Workplace: Reversing a Culture, go to www.Nurses-books.org.

Colorado Advanced Practice Nurse Survey

There is much conversation these days about the role that Advanced Practice nurses can potentially play as health reform unfolds, and as the health care demand from Colorado baby boomers intensifies.

For all of this growing attention, little is known about Colorado’s Advanced Practice nurses. In an effort to help cast more light where there is now mainly shadow, The Colorado Center for Nursing Excellence is starting an effort to gather information about Colorado APNs.

It would be greatly appreciated if you would go to www.ColoradoNursingCenter.org/apnsurvey and fill out the information requested. It will only take a few minutes. Also, please pass the link to your APN colleagues, more responses will give a more robust picture of the state’s APNs. Your information will not be shared beyond the Center’s internal research team.

If you have any questions, please feel free to contact Brian Kelley at the Colorado Center for Nursing Excellence, bkelley@ColoradoNursingCenter.org, 303-715-0343 x191. Please ask your colleague APNs to fill out the survey, as well! Thanks very much!”

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Presented by Marianne Horner

What began as new and cutting edge in 2005, the Clinical Scholar project and concept has now become almost a community standard and a commonly utilized term particularly in the Denver area! Originally developed as a strategy to ease the acute shortage of clinical faculty in our community, this model has yielded a number of benefits.

According to a 2003 study conducted by the University of Colorado, expert clinical nurses were identified as a logical reservoir of clinical faculty. However, merely by virtue of being expert clinicians, they do not possess the skill set that allows them to be effective and skillful teachers. Therefore, a forty-hour didactic workshop was developed to prepare these nurses for this enhancement and addition to their clinical roles.

The plan was that these nurses would maintain their usual clinical positions in health care agencies and would be freed up from time to time to teach rotations of nursing students. The most direct benefit was that the shortage of nursing faculty could be projected to become even more acute. This model has yielded a number of benefits.

Anecdotal information indicates that when nurses on units become involved in educational endeavors such as the Clinical Scholar didactic course, the whole tenor of a unit can shift to one that is more “learning” focused. The concept of lifelong learning tends to be contagious among a nursing staff on a unit. With this in mind, no one who asks a lot of questions tends to enhance the dynamic nature of current healthcare as opposed to being “stuck” with many of the hassles of having students on clinical units eliminated.

The benefits of this model have demonstrated to be highly gratifying and enhances their job satisfaction. This group of nurses represents some of the most highly skilled and expert nurses in clinical facilities and their retention is extremely important to their employers. Additionally, this program has been the impetus for many of the participants to return to school. The workshop is offered as a four-week academic course that is offered by Regis University for those who wish to take advantage of that opportunity.

When student groups are led by “one of their own” the acceptance of students on clinical units tends to be much improved. The Clinical Scholar know the documentation and medication administration systems . They know the mission, culture and nuances of their agencies and even specific units. Because of student groups being led by Clinical Scholars the willingness to accept more clinical groups tend to be enhanced due to less staff “burnout” with many of the hassles of having students on clinical units eliminated.

Anecdotal information indicates that when nurses on units become involved in educational endeavors such as the Clinical Scholar didactic course, the whole tenor of a unit can shift to one that is more “learning” focused. The concept of lifelong learning tends to be contagious among a nursing staff on a unit. With this in mind, no one who asks a lot of questions tends to enhance the dynamic nature of current healthcare as opposed to being “stuck” with many of the hassles of having students on clinical units eliminated.

When student groups are led by Clinical Scholars who are employees of the clinical agencies it is possible to get a much more accurate look at potential new hires after graduation. When an agency employed Clinical Scholar has a group of nursing students for a whole rotation, it becomes clear who might be a good fit for that agency. Selecting employees just based on a job application form is often less than satisfactory. Additionally, nursing students who have been hosted by Clinical Scholars are more likely to indicate that they would be interested in pursuing employment in those agencies after graduation. These students who have not had Clinical Scholars.

Probably the most important factor that supports the claim that Clinical Scholls are the agents that are the best choice for selection care is the strong belief that patients are safer. Nurses on the units where students are hosted as well as the Clinical Scholars themselves agree that they believe patients are less likely to experience errors under student care. This is a logical conclusion since the Clinical Scholar is much more attuned all of the details of patient care that may be somewhat unique in a particular agency and on a specific unit as well as having demonstrated clinical competence.

To date this workshop has been held more than twenty times and continues to be offered approximately three times a year. Nearly a thousand nurses have taken this workshop since 2005. The good news / bad news is that nurses who are Clinical Scholars tend place themselves in a category that has been called a “talent identifier.” Thus, it is not at all uncommon for these nurses to be promoted within their agencies to return to school and pursue other professional paths; or some take faculty positions within the schools of nursing that they have their education. The demand for high quality clinical faculty continues.

Nationally, the shortage of faculty to prepare nurses of tomorrow continues to be an ongoing problem. In all of our school systems, the shortage is most acute in the clinical areas! The Clinical Scholar program is making a concrete difference in Colorado.

Since this project was launched there has been additional demand in the community to offer this educational opportunity for all the clinical faculty who are school of nursing employed. Even for teachers who have taught clinically, some for many years, the typical comment has been something like, “I wish I had had the opportunity to have this education years ago! It is extremely helpful and enhances the trial and error method that I have always used.”

The benefits of this model have demonstrated themselves so conclusively that several acute care agencies in the Denver area utilize exclusively Clinical Scholars when student groups are hosted in the facility. The ACE (Alliance for Clinical Education) group in the Denver area has recently revised their Clinical Instructor Qualification Recommendations and has included attendance at the Clinical Scholar workshop as “highly recommended.”

The curriculum of this workshop is continually examined and much of it is recognizable from the very first workshop since the participants contribute to the ongoing project. Consequently, the workshop has been self-sustaining financially. The 2013 cost of the workshop is $1095. Because of this program’s success, the Workshop is open to Clinical Scholars who comprise the teaching faculty, this workshop has only been offered in the Denver area although plans are underway to create strategies to allow the workshop to “travel.” Remaining 2013 workshops are offered July 22–26 and October 21–25. Please visit ColoradoNursingCenter.com to register or contact Marianne Horner, RN at marianne@coloradonursingcenter.org or 303-715-0343 x 12 with questions if you or your agency would be interested in participating in this dynamic workshop.

Clinical Scholar: 2013

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I'm not just a nurse.
I'm inventing a new model of health care.
Decreasing Infections, Reducing Falls, Maximizing Prevention, Improving Care: A Formula for Success for 6 Hospitals Earning ANA’s Award for Nursing Quality

SILVER SPRING, MD – For some hospitals, improving the quality of nursing services that directly affect patient outcomes is ingrained in their operations.

Robert Wood Johnson University Hospital reduced its patient falls rate by more than 50 percent for a unit with a high prevalence of cardiac-related diseases combined with other conditions. Staff performed “safety huddles” beginning each shift to identify and implement prevention strategies, such as bed alarms and risk mitigation during hourly nursing rounds.

Akrön Children’s Hospital Mahoning Valley decreased its bloodstream infection rate for very low birth weight infants, a leading cause of disease and death for premature babies, by 30 percent by identifying and implementing best practices for central venous catheter insertion and maintenance processes across its five neonatal units.

And Rose Medical Center significantly reduced ventilator-associated pneumonia, the leading cause of death resulting from hospital-acquired infections, from 17 cases in 2008-09 to just one case in 2011-12. The staff improved team-based bed alarm systems and implemented a series of interventions to reduce infection rates.

Robert Wood Johnson, Akrön Children’s, and Rose are among six hospitals receiving the NDNQI Award for Outstanding Nursing Quality® today at the American Nurses Association’s (ANA) Nursing Quality Conference™ in Atlanta. The award winners participate in ANA’s National Database of Nursing Quality Indicators® (NDNQI®), the nation’s most comprehensive database of nursing performance measures.

“Nurses recognize that our health care system is becoming more focused on performance standards and patient outcomes. That’s how it should be, that’s how nurses approach their work, and that’s what this award is all about,” said ANA President Karen A. Daley, PhD, RN, FAAN.

“Nurses have the power to influence a patient’s hospital experience and, most importantly, their ultimate health outcome through their teamwork, innovation, leadership, and dedication. The award winners show they have performed the best in that regard,” Daley added.

The honorees were identified by researchers from among more than 1,000 hospitals — about one-third of U.S. hospitals — that report results to NDNQI and measure their performance against other hospitals in their region, state, or nationwide. The six award winners demonstrated superior results and sustained improvement in patient outcomes that are tied to the quality of nursing services and nursing work environment factors. A total of 17 clinical process and patient outcome measures are evaluated to determine overall quality. The winners are:

- Robert Wood Johnson University Hospital, New Brunswick, N.J. — Academic Medical Center
- St. Francis Hospital — The Heart Center, Roslyn, N.Y. — Community Hospital. St. Francis, which cares for patients with cardiac medical problems and performs cardiac and vascular surgery, decreased the number of patients developing hospital-acquired pressure ulcers soon after surgery by 21 percent over six years.
- Akrön Children’s Hospital Mahoning Valley, Boardman, Ohio — Pediatric Hospital
- Sharp Mesa Vista Hospital, San Diego, Calif. — Psychiatric Hospital. Sharp Mesa Vista had no incidences of physical restraints for four consecutive quarters and scored in the top 15 percent in patient satisfaction with nursing among NDNQI-participating hospitals.
- Craig Hospital, Englewood, Colo. — Rehabilitation Hospital. Craig, whose patients include those with traumatic brain injury (TBI), reduced its patient falls rate by 16 percent by instituting a policy requiring two staff members to transfer patients with TBI.
- Rose Medical Center, Denver, Colo. — Teaching Hospital.

The award winners’ booklet, Hardwiring Quality for Superior Outcomes, provides more information on the hospitals’ nursing performance improvement strategies.

NDNQI, a program of ANA’s National Center for Nursing Quality® (NCNQ®), tracks a broad range of outcomes that indicate the quality of nursing services, such as hospital-acquired pressure ulcers, patient falls, and infections. It also establishes links between patient outcomes and nurse staffing characteristics, such as nursing care hours, education level, certification, and turnover.

NDNQI allows nurses to use the data to set benchmarks for excellence.

ANA is the only full-service professional organization representing the interests of the nation’s 3.1 million registered nurses through its constituent and state nurses associations and its organizational affiliates. 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.

For additional information and course objectives contact

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Effective Date: November 29, 2012
Status: Approved
Originated by: CNAHCA
Adopted by: Colorado Nurses Association

Purpose: Medicaid provides critical health coverage for hundreds of thousands of Coloradans and is an essential part of our health care system. The Colorado Nurses Association believes that Colorado’s Medicaid program should be improved, strengthened, and expanded to better serve Coloradans who need it most.

Statement of CNA Position: We support the expansion of Medicaid to all individuals under age 65 who are at or below 138% of the federal poverty level (FPL). 138% of the FPL equates to $15,415 annual income for an individual.

There are economic incentives for expanding Medicaid as expansion is funded by nearly free federal money. Federal funds are available to support the expansion of Medicaid as the state will receive 100% of the cost of doing so from the federal government through federal fiscal year 2017. After 2017, Colorado will never pay more than 10% of the cost of serving additional Coloradans. Medicaid expansion will reduce the cost of uncompensated care for the nearly 16%, or one in six, of Colorado’s population that is uninsured by reducing the numbers of Emergency Room Utilization: use by ACC enrollees increased 8.6% although there was an overall increase in utilization, use by ACC enrollees increased 1.2 percentage points less than use by non-enrollees, for an increase of 0.23% for ACC enrollees compared to an increase of 1.47% for non-enrollees.

Utilization of High-Cost Imaging Services: ACC enrollee use rates decreased 3.3% more than the use by non-enrollees.

Findings in this report also included a reduction in rates of preventable hospitalizations and a reduction in rates of asthma hospitalizations and clients with diabetes. Additionally, prescription drug use for medications to manage hypertension increased and the law included a provision which says that people with incomes between 100% – 400% FPL. The ACA assumed that the Medicaid expansion, and the law included a provision which says that people with incomes under 100% of FPL, or $11,170 for an individual, are not eligible for premium tax credits. This means that if Colorado does not act to extend coverage, the lowest income people will be left without coverage, because it is unlikely that they will be able to purchase private health insurance without assistance. In 2010, the average total single premium in Colorado’s Individual market was $4,530.

History/Previous Position Statement: NA

Supportive Material: Under the Affordable Care Act, everyone is required to have health insurance beginning in 2014, and the law includes affordability protections designed to insure that people up to 400% of FPL can comply with this requirement. Affordability protections include extending Medicaid eligibility to individuals and families with incomes under 138% of FPL and offering premium tax support for the purchase of private health insurance for people with incomes between 100% – 400% FPL. The ACA assumed that the Medicaid expansion, and the law included a provision which says that people with incomes under 100% of FPL, or $11,170 for an individual, are not eligible for premium tax credits. This means that if Colorado does not act to extend coverage, the lowest income people will be left without coverage, because it is unlikely that they will be able to purchase private health insurance without assistance. In 2010, the average total single premium in Colorado’s Individual market was $4,530.

The Colorado Nurses Association urges the 2013 legislature to take the opportunity to extend Medicaid coverage to low income people who are not eligible today. The Colorado Nurses Association urges the Colorado legislature to take action to expand Medicaid to all individuals under the age of 65 who are at or below 138% of the Federal Poverty Level. We further urge the Colorado Legislature to recognize APRNs as independent providers of primary care to Colorado’s Medicaid population.

Summary: Evidence supports that the Accountable Care Collaborative Organization model for managing the healthcare needs of the Medicaid population is exceeding its goals. The Colorado Nurses Association supports the expansion of Medicaid as designed in the Affordable Care Act, as we believe that this expansion will increase access to care, improve utilization of health care services, promote the health of Colorado’s most vulnerable population, while controlling and reducing costs.

Evidence also supports that registered nurses are part of the solution in providing access to care for the increased number of at-risk individuals enrolled as a result of the expansion of Medicaid. The literature has repeatedly described high-quality patient outcomes when advanced practice registered nurses (APRN) providers manage patient care. Nurse managed clinics provide primary and specialty care with an emphasis on health promotion, disease prevention, and a focus on the family unit and community. Fully integrating the contributions and skills of APRNs into models for managing the healthcare needs of an expanded Medicaid population is a vital step toward achieving high value healthcare for all Coloradans.

Recommendations: The Colorado Nurses Association urges the 2013 legislature to take the opportunity to extend Medicaid coverage to low income people who are not eligible today. The Colorado Nurses Association urges the Colorado legislature to take action to expand Medicaid to all individuals under the age of 65 who are at or below 138% of the Federal Poverty Level. We further urge the Colorado Legislature to recognize APRNs as independent providers of primary care to Colorado’s Medicaid population.

References:
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The Colorado Nurses Association urges the 2013 legislature to take the opportunity to extend Medicaid coverage to low income people who are not eligible today.

The Colorado Nurses Association urges the Colorado legislature to take action to expand Medicaid to all individuals under the age of 65 who are at or below 138% of the Federal Poverty Level. We further urge the Colorado Legislature to recognize APRNs as independent providers of primary care to Colorado’s Medicaid population.

Summary: Evidence supports that the Accountable Care Collaborative Organization model for managing the healthcare needs of the Medicaid population is exceeding its goals. The Colorado Nurses Association supports the expansion of Medicaid as designed in the Affordable Care Act, as we believe that this expansion will increase access to care, improve utilization of health care services, promote the health of Colorado’s most vulnerable population, while controlling and reducing costs.

Evidence also supports that registered nurses are part of the solution in providing access to care for the increased number of at-risk individuals enrolled as a result of the expansion of Medicaid. The literature has repeatedly described high-quality patient outcomes when advanced practice registered nurses (APRN) providers manage patient care. Nurse managed clinics provide primary and specialty care with an emphasis on health promotion, disease prevention, and a focus on the family unit and community. Fully integrating the contributions and skills of APRNs into models for managing the healthcare needs of an expanded Medicaid population is a vital step toward achieving high value healthcare for all Coloradans.◆
The CNAHCA committee has focus its attention on the Medicaid Expansion position statement. This statement can be found on page 8 of this issue of the Colorado Nurse.

Continuing Education

The Colorado Nurses Association Continuing Education programs are pleased to announce their continued Accreditation by the American Nurses Credentialing Center’s Commission on Accreditation. The Provider Unit was awarded Accreditation with Distinction during the last accreditation cycle! The Approval Board also received its accreditation.

The Provider Unit continues to strive to increase the amount of Continuing Nursing Education (CNE) offerings. A major focus for this first quarter has been completion of a collaborative offering. The Provider Unit is working with Peer Assistance Services to provide CNE for an online SBIRT training program. Additional offerings include work with DNA 3 to provide the Healthcare Movie and Safe Transitions.

The Approval Board continues to work with local (and some distant) providers to approve both single offerings and full providers. The committee has been busy preparing for the transition to the 2013 ANCC criteria for accreditation and approval. Transition to the new criteria is complete! The committee plans to focus on developing additional training for our providers through live offerings and potentially through webinars.

The DNA 6 awarded $1000 each to Adams State University and Trinidad State Junior College for nursing student scholarships for the 2012-2013 school year.

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DNA 7 (Four Corners)

What’s Happening: Our group has been planning a number of activities for 2013 to engage and include nurses from our region at large. We are meeting every other month at times and locations which are conducive to support and learning for our nursing colleagues. We will be sponsoring a nursing leadership summit in June in our area and all nurses are encouraged to attend and are welcome. The event will be a half day and held at the Durango Library. Cost to attend the event is minimal and continuing education credits will be available. We hope to do a series of offerings throughout the summer at various locations to complement this event. This is for every nurse and designed to inspire, encourage and celebrate the leadership roles and gifts we all share in the many facets of nursing.

We will be sponsoring a nursing leadership summit in June in our area and all nurses are encouraged to attend and are welcome. The event will be a half day and held at the Durango Library. Cost to attend the event is minimal and continuing education credits will be available. We hope to do a series of offerings throughout the summer at various locations to complement this event. This is for every nurse and designed to inspire, encourage and celebrate the leadership roles and gifts we all share in the many facets of nursing. The keynote speaker for this first event will be Karren Kowalski, Executive Director of the Center for Nursing Excellence. Light refreshments will be available as well as discussion following the event to highlight the real life contributions and enrichment needs of nursing in our area.

Other news around our region: Our Area Health Education Center (AHEC) is being led by Kathleen McGinnis RN, MSN. The Nightingale awards dinner was recently held in Durango and sponsored by the AHEC and a host of other community supporters.

Among the talented nursing luminaries in our area:
- Nursing Scholarship recipient: Mark Muller of South West Community College
- Advocacy: Jamie Gleason RN, of Southwest Memorial Hospital (SWMH)
- Emery Namingha RN, SW Oncology; Heather Nowlin RN, MSN, CNOR (SWMH) and Paulette Barlow, RN, BSN, SAWE, Mercy Regional Medical Center (MRMC)
- Innovation: Gordon Nitde, RN, MRMC
- Administration: Leadership

Blood Pressure & Diabetes Program:
- Teri Schumaker, DNA 7 President
- Local Nightingales honored: Jackie Bennett, Heather Haefeli and Helen Lester
- Nancy Van Etten, Lora Jean Allen, Shawn Elliott and Kenji Carpenter
- Combined DNA 6 & DNA 4 Meeting
- Andrea Caineartia, Helen Lester, Nancy Van Etten, Lora Jean Allen, Shawn Elliott and Kenji Carpenter
- Middle (l-r) Mary Ciambelli, Dorothy DeNiro, Lori Rae Hamilton, Sue Foster
- Front: Charlotte Ledonne and Amanda Jojola
- Submitted by Charlotte Ledonne, RN, BSN, MA, President DNA 6
- Submitted by Terry Schumaker, DNA 7 President

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Members identified four health-related charitable organizations in northern Colorado to receive donations from DNA 9. These donations will be presented in May.

DNA9 will be digitizing their minutes which go all the way back to 1935. Work will begin on this project soon.

Two new members attended the meeting: Jody our business meeting. Come share the spirit of Local Nurse’s experiences.

DNA 12 finished last year by surveying its members in order to find out what members valued most as being part of CNA. Professional practice concerns and legislative issues related to nursing practice were the primary responses from the survey. Rotating location for meetings with in the Boulder/Broomfield area was preferred by survey respondents.

DNA 12 started the 2013 year off to a robust start with several activities. On January 31st, Jennifer Miles of Miles Consulting Inc. provided key updates on various legislative issues concerning nurses at the state level. The meeting was hosted at Foothills Community Hospital in Boulder. In addition, several nurses attended the Legislative Connection Dinner hosted by District 16 on February 20th and enjoyed the opportunity to network with legislative delegates.

Going forward DNA 12 will host the legendary nurse theorist, Jean Watson at the Lafayette Library at 6:30 pm on April 9th. Distinguished Professor Emeritus Jean Watson will speak on “Update on Caring Science - Transforming self and system with exemplars from the field.” On April 27th, all CNA members are invited to join DNA 12 for March for Babies in Boulder. If you would like to join a team you can do so at www.marchforbabies.org. The Avista Adventist Hospital which is in District 12 has a team and can be sponsored on the website by searching for the New Life Center team. Tuesday, May 28th, 6:30-8pm

DNA 12

Submitted by Anita Roberts,
DNA 12 Co-President

DNA 12

Submitted by Vicki Carroll, Secretary

District 9 members met at the home of Jane Koeckritz on Wednesday evening, March 26, 2013. Wonderful refreshments were served. Two new members attended the meeting: Jody DeStigler and Mary Eberhart.

The Bylaws were discussed and revisions were made. Hard copies will be sent to DNA 9 members 30 days prior to our fall meeting where voting for approval will occur.

Next gathering: Our next CNA meeting is planned for a week night evening in the last week of April. We will be meeting midweek and early evening, location TBD. Topic: Mission Nursing – A Local Nurse’s experiences. Following we will have our business meeting. Come share the spirit of nursing together!

For additional information or to be included in the DNA-7 list serve please contact Terry Schumaker (incoming president) or Lynne Murison (outgoing president) @ terryschu2003@yahoo.com or murisonl@aol.com

DNA Lobbyist Nolbert Chavez will update us on the outcome of the 2012-13 Colorado Legislative Session, highlighting issues of health care and nursing practice. Nolbert is eager to share his expertise and get to know our DNA members. Location is yet to be determined. As the summer approaches, we will be forwarding to you dates.

On April 28th, nearly 30 DNA 20 members along with their family and friends attended the farcical comedy play “The 39 Steps” at The Littleton Town Center. A portion of each ticket went towards support of our Nursing Scholarship fund. In addition to this recreational outing, members joined other DNA members at the Nurses’ Day at the Capitol. These activities along with many other Luminary events and volunteered at 9 Health Fairs.

The relocation of our monthly meetings to the more convenient location at St. Anthony Hospital in Lakewood; presentations that are of interest to diverse nursing audiences; and the requirement by many schools of nursing that their students attend their professional association meeting has increased attendance to 15 to 20 individuals at each meeting. Members remain active on Colorado Nurses’ Association workgroups with diverse nursing audiences; and the requirement

DNA 20 (West Metro Area)

Submitted by Norma Tubman, RN MScN, NC-BE

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DNA 9 continued on page 12
May, June, July 2013

DNA 9 continued from page 10

20 membership was 162 in March with 35 new members joining since October.

In April, DNA 20 member, Susan Moyer reported on “Happenings at the Center for Nursing Excellence.” CNE is working on two recommendations of the IOM Future of Nursing Report, one to increase nurses on boards and the second to increase by 2020 the percent of nurses with a bachelor's degree in nursing to 80 percent. Susan is working primarily with long term care facilities to reach the latter goal. Meanwhile, DNA 20 members have attended the CNE Salon events where speakers have presented on steps nurses can take to get appointed to boards.

In February, Kiska May presented a break-out session on “Military Nursing” for the Colorado Student Nurses’ Association Convention. Thanks to Kiska’s fundraising activities for the Rose Bowl Parade Nurses’ float, DNA 20 recently thanked members for their contributions. We also received a thank you from DNA 16 for members’ assistance at the Legislative Connection Dinner.

For more information on DNA 20 events, please contact: President Allison Windes at awbons2@excite.com or 720-941-5852.

DNA 30 (CSAPN)
Submitted by Eve Hoygaard, MS, RN, WHNP, Secretary, DNA 30

About us: Although many people assume that DNA 30 (the Colorado Society of Advanced Practice Nurses – CSAPN) members are all nurse practitioners, its members include other advanced practice nurses as well. We also represent Clinical Nurse Specialists, Certified Registered Nurse Anesthetists and Certified Nurse Midwives. RN’s who are enrolled in an advanced practice educational program are welcome to attend our monthly meetings.

Meeting Information: DNA 30 meets the first Wednesday of each month for a business/educational program meeting held at a metro-Denver restaurant. The location and topic are posted on our website.

St. Patrick’s Day Parade: For the second year, DNA 30 sponsored/chaired this popular DNA event! We do not create a float but instead use a decorated bus in the parade which provided a warm location for those not choosing to walk beside it. Yes, it was cool but reports are that not only was it fun for the nurse participants/family/friends, it was well received by the crowds of observers. Save the date (probably March 15, 2014) for the next Get on the Bus event!

Community Service Project: Our first Adopt-A-Highway quarterly project was held in January. Our location is on South Havana Street in Aurora. Dates for the next 3 sessions are scheduled for April, July and October. Details are posted on our website. Volunteers are welcome... appreciated and needed!

Elections: Our officers are elected for terms each May. Results will be posted on the website and included in the next issue of the Colorado Nurse.

Membership Recruitment & Retention: DNA 30 is planning to support the CNA Membership efforts with the goal of a significant increase in our membership. There are many advanced practice nurses in Colorado who are not members of CNA. The advocacy for our profession and for the roles of the advanced practice nurse comes from CNA/ANA. If you are not a member, please consider joining us. Your membership will make a difference! And, our current members are encouraged to share information about DNA-30 with their non-CNA members peers as well.

Scholarship: Nancy Kunzie, APN and active member of DNA 30, was awarded a scholarship to fund her registration to the June 2013 AANP Conference. The DNA 30 Scholarship for a PhD student (administered by the Colorado Nurses Foundation) will be available for applications in Fall 2013.

Contact Information for DNA 30/CSAPN: Options for contacting DNA 30 include visiting our website (csapn.enpnetwork.com) via link from the CNA website (www.nurses-co.org) and on Facebook (search for Colorado Society of Advanced Practice Nurses DNA 30).

DNA 31
Submitted by Ann Terrill-Torrez, DNA 31 President

The 34th Institute for Specialist in Psychiatric Nursing was held in September in Granby, Colorado. This year’s program, Expert Insights: Advancing our Practice, was wonderfully packed with rich educational offerings on important topics by truly expert presenters: “Understanding Tics,” Scott Turner, FNP; “Dementia Diagnosis and Treatment Options,” Haleh Nekouei-Long MD; “Optimizing Mental Health Through Blood Testing,” Gail Dawson, PHMNP; “ADHD Treatment THAT WORKS: Medication and Neurological Behavioral Interventions,” Bernadine Merker, LCSW and Jane Karl, PMHPHN; “Motivational Interviewing—How to Help Consumers Tap into their Motivation for Change and Recovery,” Steve Fisher, MA, LPC; “Welcome to Methland!: The Effects of Methamphetamine Use and Abuse,” Abraham Nussbaum, MD, MTS. We are grateful to the planning committee for this event which is led by Louise Suit, Committee members included: Marie Cook, Carolyn Dacres, and Jane Karl.

DNA 31 members helped complete the quorum at the CNA convention in October. Thanks to our member delegates this year: Harriet Palmer Willis, Diane Tindall, and every fourth to sixth experience required. compassionate RN’s who

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The “In Memory” Column includes information received about nurses who lived in, were educated in and/or worked in Colorado. If you have information about the death of a nurse (RN or LPN) that you knew, please send basic information to Eve Hoygaard (hoygaard@msn.com). We endeavor to verify all information included in this column. If an error is noted, please advise us and a correction will be published. This issue includes seven nurses who served in various capacities.

We have recently received information about the deaths of seven nurses who have lived in, worked in, or were educated in Colorado. If you have information about the death of a nurse (RN or LPN) that you know, please send basic information about them to Eve Hoygaard (hoygaard@msn.com). We endeavor to verify all information included in this column. If an error is noted, please advise us and a correction will be published.

We remember and honor the following departed nurses:

Rheba Deiette Starr Pedigo, a registered nurse, (85) died in March 2013. She was a veteran of the Korean War where she received the Bronze Medal of Valor for heroism. A BSN graduate of Emory University School of Nursing, she also completed a MS in Microbiology at Minnesota State University.

Lois Virginia Elzi, a registered nurse, (90) died in January 2013.

Trish Amole, a registered nurse, (75) died in March 2013. She was a Hospice Coordinator at Exempla Lutheran Medical Center.

Annette Heneman, a registered nurse, died in January 2013.

Linda Steele Moorehead, a registered nurse, (69) died in March 2013. A BSN graduate of the University of Wisconsin, Milwaukee, she was a nurse educator.

Nancy Jean Grove Barkow, a registered nurse, (78) died in December 2012. A school nurse, she was a graduate of St. Mary’s Hospital School of Nursing in Kansas City Missouri.

Kathleen “Kate” Whittington, a registered nurse, (70) died in February 2013. She was a graduate of the College of St. Scholastica and later completed a Masters degree in Psychology at the University of Northern Colorado.

Submitted by Eve Hoygaard, MS,RN, WHNP - Region I Director, Colorado Nurses Association.
Share your passion for nursing – Teach! (Denver, Colorado)

Denver School of Nursing (DSN), located in Denver, Colorado, is a private, post-secondary educational institution that provides educational programs and training for nursing professionals. The college offers associate and bachelors degrees in nursing. DSN is accredited by NLNAC (3343 Peachtree Road NE, Suite 850, Atlanta, GA 30326, 404.975.5000) and ACCSC and has full approval for its associate and bachelors nursing programs from the Colorado State Board of Nursing.

DSN is seeking a qualified full-time nursing faculty member for its Nursing Programs. Requirements include:

- a doctorate degree in nursing from an accredited institution; a MSN degree with a terminal degree in a non-nursing discipline may be used to substitute for this requirement
- a minimum of three (3) years of recent teaching experience in area of specialty
- a current unencumbered Colorado license as a registered nurse

DSN is also seeking qualified adjunct nursing faculty to teach clinical and simulation experiences. Requirements include a minimum of:

- a masters degree in nursing from an accredited institution
- three (3) years of recent clinical experience in area of specialty
- a current unencumbered Colorado license as a registered nurse

Share your passion for nursing – Teach! (Denver, Colorado)

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

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Please fill in entire form, tear out and mail, call 303-781-3400 if you have any questions.

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