



COLORADO CENTER
for Nursing Excellence



2016 Annual Report: A Year of Transforming Healthcare Through Workforce Innovation





Children's Hospital Colorado



Daniel and Janet Mordecai Foundation

Thank you to our funding partners

Ongoing support from multiple foundations and health systems has been essential to our ability to serve Colorado. Partner funding has enabled the Center to develop innovative leadership and team training for over 7,500 nurses and healthcare staff, policy and workforce analyses, and bridge building partnerships since 2003.



Robert Wood Johnson Foundation

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The Board and Staff of the Colorado Center for Nursing Excellence would like to extend their deep gratitude to The Colorado Health Foundation, for its support of the staff resources required to develop this 2016 Annual Report.

Cover photos: IPCP training and ropes course participant. UTAH LEAD course participants. Center staff volunteering for Project Cure. Board-breaking exercise in Nursing Leadership Institute.

The Center's Vision

Transforming Healthcare Through Workforce Innovation

The Center's Mission

Building upon a foundation of evidence, the Center advocates for and provides professional education, leadership development, coaching and data analysis to continually strengthen the nursing and healthcare workforce. Our defining strategy is to convene and engage the right people, at the right time, to develop and implement innovative solutions to emerging healthcare challenges.

Thank you to our healthcare partners

The Center is in the partnership business. Thirteen years of working with nurses and nursing leaders has afforded the Center many opportunities to be of service to Colorado healthcare organizations. We thank them all for this honor and privilege, and for their support.

Adams County Education Consortium
Avista Adventist Hospital
Centura Health
Centura Health at Home
The Children's Hospital
Colavira Hospitality
Colorado Community Health Network
Craig Hospital
Denver Health
Exempla Healthcare
Good Samaritan Medical Center
Grand County Colorado
Home Care Association of Colorado
Home Care of Grand Valley
Littleton Adventist Hospital
Longmont United Hospital
Lutheran Medical Center
McKee Medical Center
The Medical Center of Aurora
Memorial Health System
Montrose Memorial Hospital
National Jewish Health
Northern Colorado Medical Center
Parker Adventist Hospital

Parkview Medical Center
Penrose-St. Francis Health Services
Porter Adventist Hospital
Rose Medical Center
SLV Regional Medical Center
Shalom Cares
Sky Ridge Medical Center
St. Anthony Hospital
St. Joseph Hospital
St. Mary-Corwin Hospital
St. Mary's Hospital
St. Thomas More Hospital
Swedish Medical Center
Presbyterian/St. Luke's Medical Center
University of Colorado Health
University of Colorado Hospital
Vail Valley Medical Center
Visiting Nurse Association
Vivage Quality Health Partners



FACTS ▶

776

The Center's fifteen highlighted 2016 programs and activities provided training and development to at least 776 individuals.

1.8M

The Center's 2016 budget was \$1.8 million. 41% came from public sector grants, 34% from foundations, 22% from earned revenues and 3% from contributions.

2016: A Year of Increasing Access to Health

Since 2003 the Center has worked to provide a statewide neutral forum for collaborative problem solving and to serve as an innovative and applied nursing and health-care workforce R&D organization. Currently, the Center works to craft innovative solutions for tomorrow's nursing workforce and healthcare challenges.

Since inception, the Center has worked directly with over 7,500 nurses and healthcare staff, 130 health care facilities, 25 schools of nursing and indirectly supported tens of thousands of Colorado nurses and nursing students. 2016 was a year in which the Center built on its growing strength and experience in sixteen program areas to provide over 500 hours of training and support to over 776 participants:

1. Growing Colorado's APRN workforce;
2. Increasing nursing diversity;
3. Inter-professional healthcare team development;
4. Expanding the number of nursing leaders; and
5. Expand the skillset of clinical leaders and educators.

Forming an important context for the Center's activities, the health care and demographic trends of the last several years continue to accelerate. In 2000, 1,000 Coloradans turned 65 each month; by 2018 that will increase to 3,000 per month, peaking at 3,300 per month in 2025.

The Board of Directors has reaffirmed their "Big Hairly

Audacious Goal" for the next decade to be the full implementation of the eight recommendations of the Institute of Medicine Future of Nursing Report.

One major recommendation focuses on Access to Care for all Coloradans, which is underscored by population data. Particularly for the rural areas, this applies to APRNs being able to practice at the full scope of their training and education. As many will remember, in 2015 the Center took an active role in the passage of Senate Bill 197 that enabled APRN new graduates to overcome significant practice and job acquisition barriers.

Working on SB197 was only the first step in addressing the many "Access to Care" challenges facing rural and underserved Coloradans. Due to the Center's commitment to Access to Care, the second step was a multi-year, multi-faceted program established to provide financial aid and other support to new APRN students who have committed to practicing in rural and underserved areas of the state.

These nurses who desire to be APRNs are "rooted" in their communities and will be more likely to stay after graduation. This "Grow Your Own" program has received scholarship support for APRN education from both the Daniel and Janet Mordecai Foundation and The Colorado Health Foundation in the form of \$10,000 to \$20,000 scholarships.

1400

Over 35% of Colorado nurses are over 55. Each year 1,400 nurses turn 65. Some retire before 65, some retire after, but unavoidably they will leave the workforce.

3000

For the next 15 years, 3,000 Coloradans will turn 65 each month. In 2000, this number was 1,020. Has our senior healthcare capacity also increased by 300%?

30%

Thirty percent (3,950) of Colorado physicians are 61 years or older. Eighteen percent (2,372) are already over 65. Who will fill their shoes?

“ We work today to craft innovative solutions to nursing workforce and health care challenges that will arrive tomorrow. ”

The Nursing Workforce Diversity (NWD) mentoring program has been very successful. With input from the NWD Advisory Committee, a 2-day Mentor Training Institute (MTI) was developed and offered in October 2016. Thirty diverse nurses were recruited to participate in the MTI training and program. An additional seven participating mentors from the 2014 pilot mentoring program have returned to mentor another group of students. Five trained coaches are conducting monthly group coaching conference calls with the mentors to provide guidance and support.

As the nature of health care changes, one clear trend is the move towards inter-professional collaborative practice (IPCP), addressing the second IOM recommendation. Since 2010, the Center has been working with Colorado's Federally Qualified Healthcare Centers (FQHCs), in close partnership with the Colorado Community Health Network. This high-impact partnership has enabled the Center to not only develop new programs and gain significant competence in developing IPCP skills in health care professionals, but also to help improve the quality and access to health care for low income and underserved populations.

The Center's capacity to provide innovative IPCP programs with a measurable impact enabled it to successfully compete nationally for federal funding in 2013, a program that ended in June 2016. Due to this work, the Center was funded in July 2016 for \$500,000 per year for five years by

HRSA Medicine and Dentistry to work in both practice and education.

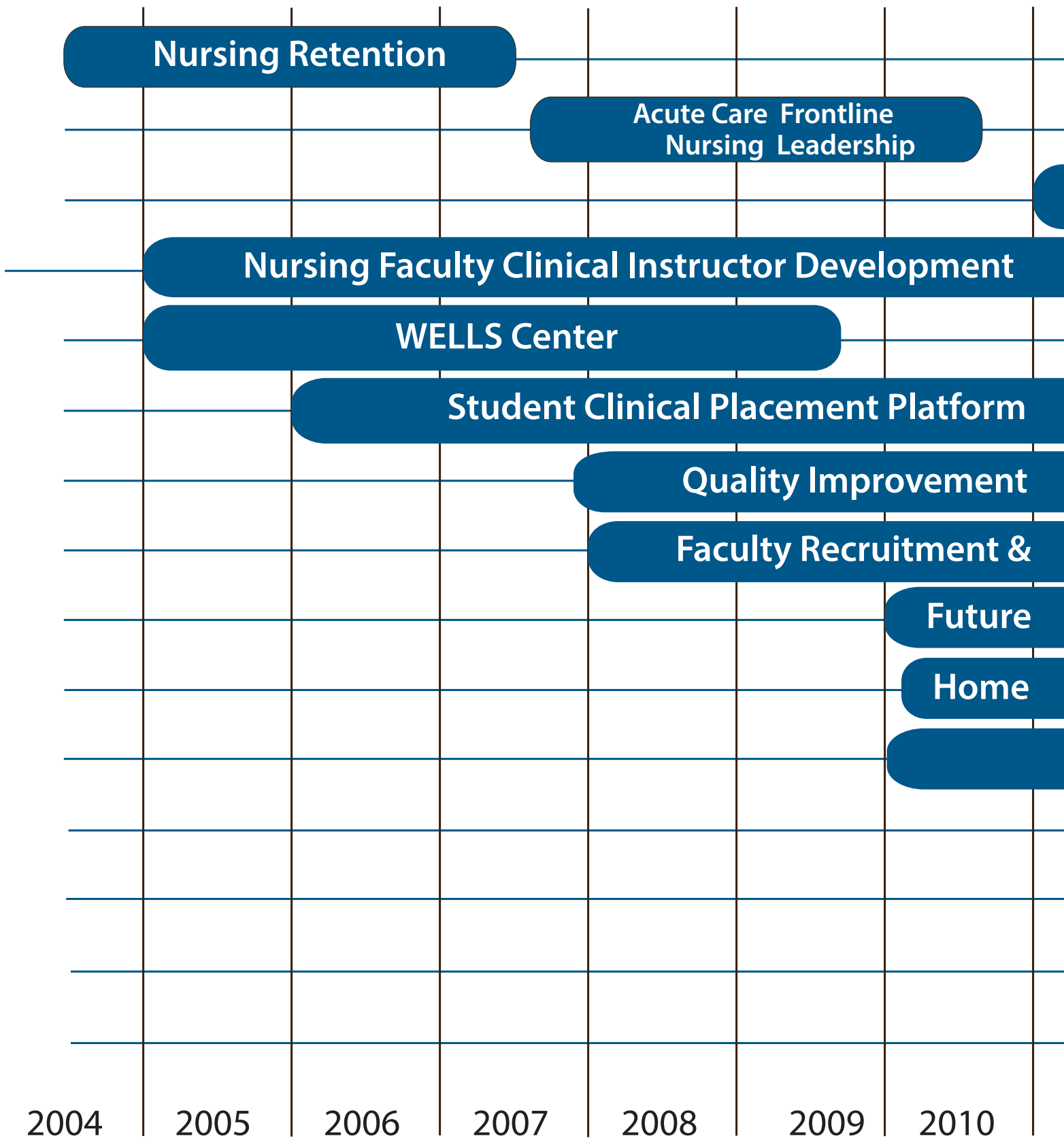
The Center's experience resulted in a contract with a local hospital to teach frontline leaders a set of leadership skills and tools, followed by 10 months of one on one coaching by the trained Center coaches. This training is crucial to reducing staff nurse turnover. Marketing of leadership development, Recommendation #7, will continue in 2017.

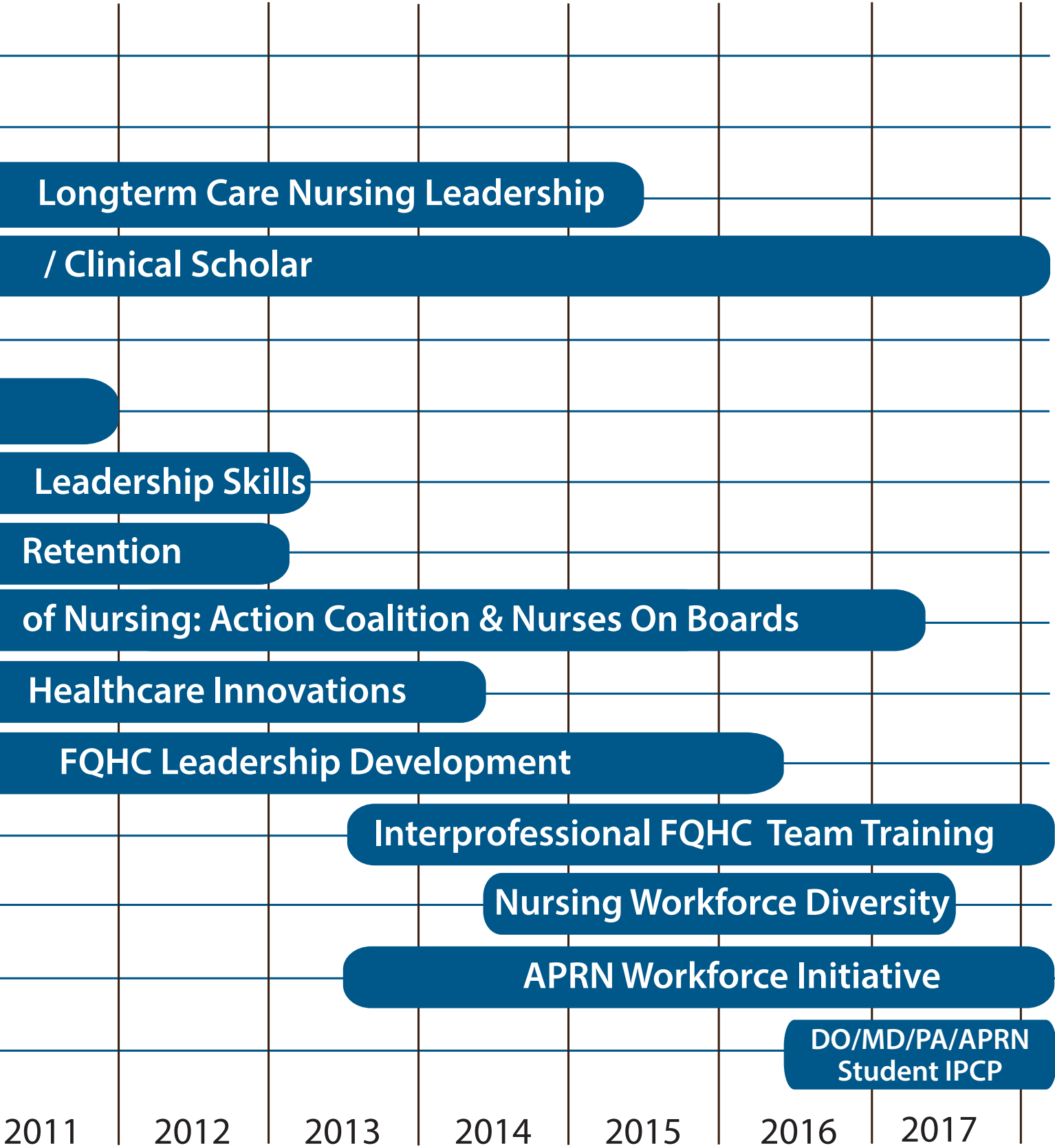
Work on the IOM Future of Nursing initiative continued in 2016. The third Deans and Directors workshop was held with thirteen participants. The Center partnered with the Organization of Associate Degree Nurses to offer a pre-conference workshop at their national conference in November 2016. It was so successful the Center was invited back for the 2017 conference. The 40 Under 40 Initiative, created to help develop young nurse leaders, held its annual event in May. Nine Nurses on Boards Salons were held with a total of 53 participants. Finally, twelve nurses were appointed by the Governor to state Boards or Commissions.

2016 was a very active and productive year. We are all looking forward to an even more exciting and impactful 2017!

Tom Boyer, Board Chair
Karren Kowalski, CEO and President

A Summary of Center Activities Since 2004





2016 Program Highlights:

16 Programs and over 776 Participants

Since its creation in 2003, the Center has worked to both understand the challenges facing Colorado's nursing and health care workforce and then to craft innovative responses. The Center's operating principals have been to consistently engage multiple partners and develop collaborative and enduring solutions. Drawing on insights from nursing practice and education leaders, the Center and its partners have designed and delivered a wide range of nursing and healthcare workforce and leadership development programs for over 7,500 health care professionals across Colorado. The following pages provide some detail about sixteen of the Center's 2016 activities and programs, which had at least 776 participants.

Program	Participants	Program	Participants
40 Under 40 Conference & Networking	131	Mentoring Program	62
APRN Rural and Underserved Fellows	36	Mentee Support Program	62
Building Skills for Effective Teams	92	Nurse Leadership Institute	19
Centura Advanced Leadership	18	Nurses on Board Salons	53
Clinical Scholar Workshops	58	Powerful Presentations	11
Deans and Directors Workshop	66	Service Education Statewide Meeting	62
Diversity Summit	45	Team Skills for Students	11
Emerging Talent Leadership	31	Team Leadership for Students	19

Advanced Practice Registered Nurse (APRN) Workforce Initiative

Following the success of the 2015 efforts to decrease statutory barriers for APRNs to obtain full prescriptive authority, the Center responded by applying for funding to increase the number of APRNs working in rural and underserved communities. The Daniel and Janet Mordecai Foundation responded with funding to test a demonstration "Grow Your Own" project designed to assess if nurses already working in a rural community could be recruited to return to become APRN providers within those communities.



The initial project was aimed at funding ten nurses in rural communities. Within a few weeks of launching, 40 applications had been received. This served as proof that there are many nurses already living in rural and underserved communities who are not only willing and able, but excited to have the opportunity to become providers within their communities. Based on this experience, The Colorado Health Foundation (TCHF) provided more funding to add another 30 APRN students.

The project provides \$10,000 to \$20,000 in funds to assist these new APRN students in returning to school. Additionally, each nurse accepted into the project is provided monthly coaching/mentoring, assistance as needed with school applications, tutoring, employment and educational support and upon graduation they receive job placement assistance. All APRN Fellows are contractually obligated to agree to work in a rural/underserved community for a minimum of two years for every year funding is provided. Each is asked to serve in primary care or behavioral health during those

years. Additionally, the project aims to attain \$1 in matching funds for every \$4 funded. Nearly 200 applications were received at the Center from interested nurses around Colorado through 2016. By the end of 2016, thirty-six nurses had joined the project and twenty-eight of those nurses had begun school.

One of the challenges faced in the project was the need to find accredited academic programs that specifically addressed the educational needs of the rural based provider. All the Fellows in the program report a need to retain employment while attending school. Most have families and are involved in their communities. A successful return to school required an educational program that worked with those challenges. The APRN Fellows are attending several of the APRN programs around the state. This includes CSU Pueblo, CU, UCCS, and Regis as well as schools not specifically located in Colorado such as Frontier University and the University of Alabama.

Loretto Heights School of Nursing at Regis University has moved a step further to support this project by creating a specific rural and underserved APRN program designed to provide APRN education for nurses interested in serving this population. It is a hybrid program, requiring the students to attend on campus classes once a semester for approximately three days in a row while attending synchronous on-line classes the rest of the semester. Additionally, all students were accepted under a holistic review process that weights life experience and intent to serve in rural and underserved heavily, with less reliance on past grades. This partnership has served this project significantly, and twelve of the APRN Fellows are members of the first cohort in this specialized program.

Profile in Nursing: Brianna Sheridan, RN, FNP

Brianna Sheridan is a Family Nurse Practitioner at The Little Clinic, a community based clinic providing illness and injury care for a wide range of patients in the Denver Metro area. Prior to this, she worked as an FNP in a nurse managed safety net clinic in Aurora, Colorado and as an RN with the Colorado Visiting Nurse Association.

Upon graduation Brianna was required to work under a collaborative agreement with a physician, even though her workplace was owned and managed by a nurse practitioner. As a result, Brianna has seen the benefits of the hard work done by the Center and other nursing leaders to change APRN prescriptive authority laws in Colorado. "Even though I had a wonderful relationship with my mentoring physician, the arrangement was cumbersome for both of us. I believe the change to allow prescriptive oversight by fellow APRN's has increased confidence and validation within our profession."

In her current role at The Little Clinic, Brianna has seen a direct positive correlation between the new legislation, staffing, and the number of patients that are able to receive healthcare in their own neighborhoods. Now, new graduate nurse practitioners can be hired immediately, which provides continuity for those who have completed clinical rotations at the site and has alleviated gaps in staffing. "It has definitely had a positive impact on APRN students, new grads, current staff, and most importantly, our patients."

Last year Brianna became involved as an instructor at Arapahoe Community College. Aside from precepting APRN students, this was her first glimpse at nursing education from the educator's point of view. "The tools and confidence I have gained through the Clinical Scholar Workshop at the Center will help me organize and prioritize my students' needs as well as provide me with the resources and support I need as a new educator. The material and exercises helped us identify and utilize our unique perspectives and backgrounds to the highest benefit of our students. I cannot thank ACC and the Center enough for this opportunity and for opening my eyes to all of the possibilities for the future of nursing."



Profile in Nursing: Jesse Smith, RN, DON



"Without Ingrid Johnson and Colorado Center for Nursing Excellence I would not be in the Nurse Practitioner program. I have wanted to be an NP since I finished my BSN in 2013. I live in Cheyenne Wells, CO, a town of about 900. We have a level 4 trauma acute care hospital that also runs two health clinics. We are always in need of another provider and it was a perfect fit for me as I already live here but being able to take off of work to attend a traditional program as well as the distance issues just made it almost insurmountable.

"Then I met Ingrid who came to me and talked about what I wanted and what barriers sat between me as the Director of Nursing for Keefe Memorial hospital and me being an FNP. She told me how she has been working on just this problem, not just out here but that all over Colorado, there was a need for providers in these rural and underserved areas. Facilities kept running into the same problem: providers would come for a while, pay off their loans and then leave to go back home. Finding people, good people, who lived here already and groom them into a provider was Ingrid's plan and, well that is exactly what I needed.

"Ingrid took three of the biggest hurdles and worked to eliminate them. She partnered with Regis University to develop a way for people like me to continue our education without having to be on campus every day. Then she found nurses who wanted to stay where they are and become providers, and then she amazingly found a way to make it affordable with the grant money for each of us. Without her and the Center I would not be in this program and being successful.

"So what am I doing now? I work full time as the Director of Nursing at Keefe Memorial which means that I am over Nursing, ER, Pharmacy, Central Supply, and director of our two clinics. I study at night and pretty much all weekend, and do the Zoom classes on Mondays. There are times that I struggle with the schedule of it all but I know that I can do it and I know that I have some amazing people backing me up at every step. Regis has chosen some amazing instructors to help us on this path and I am grateful to them for what they do. I can't say enough good things but I'll stop here."

Interprofessional Collaborative Practice (IPCP) Training and Development

Beginning in 2010, the Center developed a partnership with the Colorado Community Health Network (CCHN) to provide interprofessional leadership development and team training to staff in federally qualified community health clinics (FQHCs). The collaboration has evolved over the years and has been supported by many funding sources.

Initial funding was supported by the Colorado Health Foundation through a contract with CCHN to provide Frontline Leader and Coaching Program. The six-month program supported the development of both frontline-line leaders and leaders with coaching skills. Together, the frontline leader and the coach worked together to support the completion of a capstone project focused on a quality improvement initiative. Many lessons were learned about training and developing interprofessional groups that have not only helped the Center grow, and also had far reaching positive outcomes on job satisfaction, employee retention, and increased quality and patient safety.

In 2014, CCHN approached the Center to create a leadership program for FQHC “emerging leaders and frontline staff” that have the potential for future leader roles. The intention was to support medical assistants, front-desk and phone triage staff, patient navigators and others often overlooked for leadership development. In collaboration with CCHN, the Emerging Talent Leadership Development Program began. The initial plan was to hold three classes for 90 leaders. Due to the overwhelming demand and interest



BSET Northwest Colorado Health Team

by clinics all over Colorado, a total of five classes were held for 215 participants. The final program was in April 2016.

31 participants The Emerging Talent program included a 3-day face-to-face experiential learning class followed by three months of group coaching to integrate concepts into practice. Many participants acknowledged a higher level of confidence, self-regard and interest in seeking leadership positions upon completion and were promoted to leadership roles.



BSET Program Training Groups

Feedback from clinic leadership suggested that participants demonstrated a higher level of engagement, accountability and productivity following the course. Many took charge of leading team-building exercises within the clinic’s huddles, promoting a more positive and civil environment. Some took content from the program and led training programs to improve communication, trust and relationships.

In 2013, the collaborating partners, along with Metro Community Provider Network, were awarded a three year grant from the Health Resources and Services Administration (HRSA) to support two programs focused on improving Interprofessional Collaborative Practice (IPCP) in FQHCs. The two programs include the Nurse Leadership Institute and Building Skills for Effective Teams. Official funding from this grant funding ended in July 2016, the outcomes of both initiatives have resulted in a priority for sustainability.

“Attending the Emerging Leader program has changed my life. I learned more about myself than I ever expected. Who knew I could be in charge of my own attitude and communication! The class and coaching has made me a better person and leader.” JK 2016

The Nurse Leadership Institute provided a year-long leadership intensive for 19 nurse leaders from FQHCs involved in leading interprofessional teams. Nurse leaders attended four days of in-person experiential classes and were supported by a Center coach for 1:1 coaching. Each leader started the program by taking a variety of assessments including the Kouses and Pozner’s Leadership Practices Inventory (LPI), the DiSC Workstyle Inventory and an Emotional Intelligence assessment. Midway through the program, each participant had the opportunity to complete the “Breakthrough’s Experience” to support their individual growth and completed a capstone project to develop their leadership. Follow-up results comparing

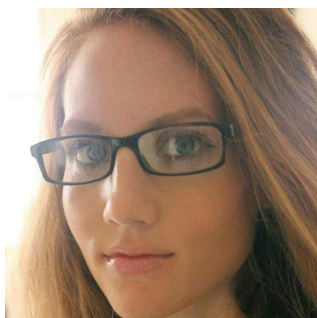
19 Participants

the pre-post LPI resulted in statistically significant improvement in 4 of the 5 competencies. During 2016, 19 participants completed the program (with a total of 51 completing in 3 years), Many participants have been promoted to higher leadership positions, attributed to their enhanced confidence and new skills attained by attending the NLI program.

Building Skills for Effective Teams provided an intense year-long IPCP team-building program to teams from Colorado FQHCs. As of the end of 2016, the Center trained 124 health care staff from 16 urban and rural Colorado FQHCs.

In 2016, the BSET program completed the third cohort with teams from across Colorado. A total of forty-four partici-

Interprofessional Profile: Katie Long, PA student



Kathleen Long is a second year Physician Assistant student at Red Rocks Community College. Her health-care positions prior to PA school include data analyst at Medical Group Management Association, family practice business manager at a refugee clinic, ED scribe, and MA in colorectal surgery.

In these previous roles she saw an opportunity for advanced practice practitioners and their unique strengths to benefit patient care and access, inspiring her to become a PA. She is excited to combine her past experience with her current training and hopes to work in emergency medicine or family practice.

“Often times in healthcare we self-isolate in cohorts. This is based on experience, education level, philosophy in training models, personality traits, and roles, and the culture of an organization. Having participated in the both the Team Skills and Team Leadership courses I’ve not only gained a fresh understanding of my strengths and weakness but also the skills to create a healthy professional environment.

“The Team Leadership course has also challenged me to stretch myself in my role as a student, and seek out ways to contribute in a clinic environment that are beyond the typical preceptor- student role.

“Having taken both seminars alongside other future providers has given me a welcomed appreciation for the unique philosophy and background of other future practitioners: APRN’s, DO’s, and MDs. The Colorado Center for Nursing Excellence provided a supportive yet challenging environment for professional growth. I consider both the Team Skills and Team Leadership courses an invaluable supplement to the traditional education we receive as students.”

pants from eight clinics participated. Each team participates in a series of four 2 ½ day face-to-face learning sessions, team coaching, and the completion of a team capstone project focused on improving two quality measures.

The program is built on experiential learning exercises intended to grow individual and team awareness, trust, confidence, and relationships while focusing on specific process improvements and team-building. Outcomes included a variety of qualitative themes including confidence, trust, emotional intelligence and having skills for life to quantitative results specifically to the Uniform Data Set (UDS) quality measures specific to FQHCs where clinics in the program saw an average improvement in their scores by 14%; 12% and 10% for each year respectively (when the goal was for a 5% improvement). Some UDS measures targeted by teams for improvement included: colorectal cancer screenings, dental screenings under age 12, the number of diabetic patients with an A1C < 9, cervical cancer screening rates, put plan in place for obtaining advanced directives, increase number of patients with PCP, develop accessible dental care for kids through local school, increase tracking HTN measures, tracking of diabetes measures, measures of BMI and counseling ages 3-17 and weight screening for follow-up adults, increase measures of depression screening, number of mammograms and number of pap smears. The teams completed their capstones in June, 2016.



44 participants

In July, 2016 the Center was awarded five additional years of funding to continue the IPCP team development from HRSA’s Division of Medicine and Dentistry. This Primary Care Training Enhancement (PCTE) funding includes four key elements for IPCP training.

Building Skills for Effective Teams (BSET) – a continuation of the previous BSET program with a heavier focus on clinical teams. The Center has continued to collaborate with CCHN to provide this FQHC program. Each team must have a minimum of two providers (MD, DO, DDS, PA or APRN). The teams will continue to focus on improving a minimum of two UDS quality measures and will also address patient engagement and satisfaction. Our goal will be to hold a total of nine cohorts of 7-9 teams and 40 participants. (Goal: 125 Providers + 235 Team Members = 360 participants). The first October 2016 cohort will continue through September 2017. There are eight teams participating with a total of 48 participants (14 providers and 34 team members).



48 participants

The remaining three elements involve a collaboration with Rocky Vista University, the University of Colorado School of Medicine and Physician’s Assistant Programs, Red Rocks Community College Physician’s Assistant Program, and all the Colorado Schools of Nursing with APRN programs. All are focused on providing IPCP education for providers.

IPCP Team Leadership Seminar for Students includes four sequential one-day classes for students focused on developing knowledge, skills and competencies to lead an IPCP team. Students participate in experiential training with extensive time to network with other professions. Programs include reflection between each session to help integrate concepts into their classroom and clinical experiences. Our goal will be to host one cohort per year for a total of 175 students in five years. The first cohort began in November, 2016 with 19 DO, PA and APRN students.



IPCP Team Skills Seminar for Students is a two-day IPCP team skills workshop focused on learning skills needed to be an effective IPCP team member. This program includes a high-ropes element to build self and team-trust. Our goal is to hold three cohorts per year for a total of 450 students over the five years. Our first cohort was held in October 2016 with 11 registered DO, PA, and APRN participants.



All of these elements include both qualitative and quantitative evaluation. All participants will take a pre-post IPCP competency assessment to evaluate the level of change in interprofessional collaboration. For the first cohort of IPCP Team students that completed in 2016, the participants demonstrated a statistically significant difference from pre-survey to post-survey knowledge in five out of the six domains. These five domains were: Communication, Collaboration, Roles and Responsibilities, Conflict Management/Resolution, and Team Functioning.

IPCP Clinical Educator/Faculty Workshop includes a training program to develop preceptors for DO, PA and APRN student clinical rotations focused on developing IPCP competencies. This program will build upon the Center's previous preceptor program with specialization on provider level students. The goal will be to train 100 preceptors over the five years.

A steering committee was organized in the fall of 2016. With representation from all four partner organizations, it met twice during 2016. One of the insights gained was that a two day workshop for providers was not an appropriate approach because of the geographic challenges and the providers (MD, DO, APRN, PA) do not generally have the latitude to leave their clinical responsibilities for two days' time. The committee came up with some creative approaches to address this issue to be pursued during 2017. A preceptor program will be initiated before July 2017.

Clinical Scholar Nursing Faculty Development Initiative

In January 2005, the Center was awarded a grant from the Colorado Department of Labor and Employment to develop a response to the nursing clinical faculty shortage which was identified as the bottleneck in providing an adequate number of new nurses. With this funding, the Center de-

veloped a Clinical Scholar workshop where expert clinical nurses were provided forty hours of training to enable them to skillfully lead rotations of nursing students, thus increasing the capacity of the educational system in our state.

As of 2016, close to 1,000 Scholars have been trained. The community demand for the Clinical Scholar workshop has grown over the years and the concept of training new clinical faculty has almost become a community norm.

The workshop transitioned from a fully grant-supported project to a five day workshop that is offered for \$1250. Payment is often assumed by the employing agency or the school, but may be paid by the participant as well. This workshop is offered twice a year and is fully subscribed at 25-30 participants.



Since its inception the workshop has been refined and yet it remains true to its original format. It continues to be taught by some of the most talented educators in our community as well as Center staff. Over the years the workshop has incorporated more and more experiential learning that mirrors what should be happening in all of nursing education. The enthusiasm of participants and course evaluations continue to be exceedingly positive.

Increasing the Diversity of Colorado's Nursing Workforce

The Center continues to address the lack of nursing diversity in Colorado through initiatives supported through Health Resources and Services Administration (HRSA). According to the 2015 Census, Colorado's population is 69% White and 31% diverse with the majority of the diversity being Hispanic at 21%. The State Demography Office forecasts that by 2035 Hispanics will make up 31% of Colorado's population; total diversity will be 42%. Nationally, 12% RN's are diverse (NCSBN 2015 National Nursing Workforce Study). Although Colorado diversity nursing workforce data is not collected by the state, the Center can confidently say that it falls short of matching the state population.



Responding to this issue, mentoring, coaching, financial support, and collaborative efforts have all been implemented to support undergraduate and graduate diverse nursing students. Additionally, the Center held its 2nd Annual Diversity Summit which highlighted Holistic Review and Admissions processes as a modality for increasing nursing diversity. Two Colorado nursing programs implemented holistic admissions in their schools shortly after the Summit and several other schools are now exploring this further.

Amanda Quintana later presented the HRSA Nursing Workforce Diversity Project (NWD) at the 2016 National Nursing Forum. Since that time, other states have reached out to the Center about this project. Susan Moyer and Amanda

Quintana took the Mentor Training Institute to Salt Lake City where 14 clinical and academic nurses were trained to be mentors for diverse students and practicing nurses.

Since the inception of the HRSA NWD Project in July 2015 and by the end of 2016, more than 60 diverse clinical nurses were trained to be mentors. Over 30 diverse undergraduate students have been successfully mentored while another 32 continue to be supported by mentors. Eight new graduates completed the Transition to Practice in Critical Care course and attest that this course helped them attain a job in either a speciality area, step down unit, or in an acute care facility with an opportunity for future advancement.

Nine emerging nursing faculty students continue in their respective educational programs. Program participants indicate that mentoring and/or coaching has helped them stay focused and motivated. Collaboration with Colorado clinical health systems, nursing programs, and state nursing organizations was essential for ensuring a successful year.

Future of Nursing Action Coalition

The Center has been leading a state-wide effort to implement the recommendations in the Institute of Medicine's report "The Future of Nursing: Leading Change, Advancing Health Nursing." In 2016 this initiative was funded by the Kaiser Permanente Community Foundation, Colorado Nurses Foundation, and the Robert Wood Johnson Foundation.

To increase the number of RN to BSN students the annual Service Education meeting was convened by the Center in June of 2016. Nurse Educators and Service (healthcare agency representatives) instrumental in clinical placements and staff development came together to discuss strategies for increasing clinical placements and to reach the goal of 80% BSN prepared nurses by 2020. A nursing student retention specialist from the University of Texas Arlington was the guest speaker and gave insight into their successful RN-to BSN program. Workgroups such as longitudinal placements, increasing the use of simulation, and increasing dual enrolment programs reported on progress.

To assess the educational level of RN's across the state a workforce survey was open from October 2015 to July 2016. The Center received RN workforce survey responses from 19 employers, collectively employing 21,639 registered nurses. Ninety-seven percent of these RNs are employed by eight major employers/medical systems. This is 34% of Colorado's 63,200 licensed nurses with Colorado mailing addresses. The survey indicated that of the responding hospitals 80% of nurses held a BSN or higher degree. This appears to be a good indicator of metro area hospital systems; however it is not representative of the rural areas of Colorado. Colorado Board of Nursing data shows 62% of NCLEX takers have a BSN, a percentage that continues to climb each year.

62
participants

In 2016 the Deans and Directors workshop was renamed to Leadership Excellence in Academic Development (LEAD). This change was to incorporate a broader scope of nursing leaders from academia. In addition to the four day workshop, a one day LEAD preconference was held in conjunction with the November annual Organization of Associate Degree Nurses (OADN) National Conference in Dallas, Texas. Fifty five participants from across the nation attended.

To enhance the skillsets of young nurse leaders the 40 Under 40 Initiative continued with an annual conference held in May with 76 participants attending. The conference included keynote speaker Donna Strickland, Leading through Chaos, a nurse leader panel and skill building breakouts. Three networking events were held throughout the year and included topics on resiliency, building a just culture, and leading the charge, the leadership role of charge nurses.

The Center remains active in facilitating and encouraging

Profile in Nursing: Olivia Martinez, RN, APRN

Olivia Martinez is currently working at Jefferson County Public Health. She provides health promotion/maintenance, well women exams, cancer screenings, contraceptive methods, STI screening and treatment, HIV counseling and testing.



Olivia precepts both undergraduate and graduate nursing students. She also precepts resident physicians in preventive medicine, colposcopy procedures and women's health care. She is fluent in Spanish and provides services

to many monolingual Spanish speaking patients. Olivia is a former Secretary for the Colorado Nurses Association, District 20 and currently serves as a member of the nominating committee.

Olivia has held many positions in her career including staff nurse in Labor and Delivery, public health, APRN in the Air Force and in private practice. She completed her BSN at the University of Texas at El Paso and her APRN in Women's Health Care through the United States Air Force.

Olivia is currently in her third year of mentoring diverse nursing students through the Colorado Center for Nursing Excellence. "I am so happy to be able to give back by mentoring students. I have had a rewarding nursing career and feel very blessed to be able to help future nurses in starting their careers."

nurses to join hospital boards, Governor appointed boards and commissions, corporate boards and other boards where the nursing voice would be influential.

Nine Nurses on Boards Salons were held in 2016 with a total of 53 participants. Leadership Salons that were developed to bring awareness, educate and recruit nurses to be on boards.

The Center was successful in aiding the appointment of nurses on boards and identified twelve nurses serving on boards since January of 2016. Board positions include: Deborah Kenny, PhD RN was appointed by the Governor to the Colorado Children's Trust Fund Board; Jean Moltz was elected to the Salida Hospital District Board; Marianne Horner, MS, RN, CNM was appointed to the Florence Crittenton Services Board; Gretchen Jaime Russo, RN, BSN, JD was appointed to the Juvenile Parole Board and Pamela Howes BSN, RN of Fort Lupton was appointed to the State Emergency Medical and Trauma Services Advisory Council.

Frontline Leader Turnover And Preparation: One Center Response

Another significant area of concern is the turnover of Nurse Managers, Charge Nurses and Directors. We believe the turnover in these positions is higher than that of staff nurses. In addition, the leadership and management preparation for these roles, which have a completely different skill set than a clinical staff nurse, is often minimal.

The Center has had three HRSA grants which focused in part or entirely on leadership preparation. Thus considerable

learning and evaluation regarding the leader skill set has occurred. In addition, the CEO has written a graduate level textbook about leadership and administration. Therefore, considerable resources are available with which to build customized leadership preparation followed by one on one coaching to support the implementation of the new skill set. The Center can customize such programs to the specific needs of an organization.

As one of the Center's responses to the challenges of leadership turnover and preparation, during 2016 the Center was approached regarding the feasibility of providing a customized leadership training workshop for the manager level nurse group primarily from St. Anthony Hospital.

Two participants came from Porter Adventist Hospital. Most were nurses from a variety of the service areas. Also represented was Pharmacy and Occupational Therapy. A variety of challenges were identified leading to this request from St. Anthony including high levels of turnover at the nurse manager level. Among the manager group there was very little longevity with most having been in their current position for less than a year. Intervening with this pivotal group was seen as a place to begin to address some of the most crucial challenges in the agency.



Based on the rich experience of leadership development at The Center, a customized six day workshop was proposed and accepted by the Chief Nursing Officer at St. Anthony Hospital. The curriculum was fully fleshed out and presented to a group of 18 manager level leaders during the fall of 2016.

The first part of the course was loosely conceptualized as "knowing self" which is the precursor for leading oth-

Profile in Nursing: Caleb Dettmann, RN

Caleb Dettmann is the Clinical Manager of the Ambulatory and Wound, Ostomy and Continence Nurse (WOCN) Team at Children's Hospital Colorado. Caleb's responsibilities include overseeing the daily operations of 15 different surgical and specialty outpatient practices as well as the inpatient WOCN Team. Caleb is charged with enhancing the practice of each RN, MA and support staff in order to ensure optimal clinic functioning as well as patient quality and safety. In his role, Caleb is able to leverage the clinical expertise of his team to challenge the status-quo and elevate ambulatory services.

Prior to his official start in leadership, Caleb became involved in a new initiative spearheaded by the Center focused on engagement of younger nurse leaders: the Colorado 40 Under 40 initiative. Since then, Caleb has been involved on the 40 under 40 Planning Committee developing annual meetings as well as networking meet-ups.

"I have enjoyed being part of the development and progression of 40 under 40 here in Colorado. I think it is important to support nursing leaders who have identified leadership as an area of interest early in their careers turning it into a supported and recognized specialty. I am lucky to be part of an organization such as Children's Hospital where I am supported as a leader as well as encouraged to be involved outside of the organization to advance my knowledge base with others from different healthcare settings. 40 under 40 has given me the opportunity to explore similar challenges other leaders face in a supportive environment."



ers. Several tools including Insights and the EQI 2.0 were taken by all of the participants with significant time spent de-briefing the results. Also included was content on self-regard and vulnerability. Concentrated time was built in for exploring basic leadership skills including use of questions, communication tools and conflict resolution, negotiation, civility, establishing healthy boundaries, change management, working across generations and developing useful talent conversations.

In addition, time was spent with evaluation of several Team STEPPS tools, examination of factors supporting quality and safety, how to create efficient and effective meetings, working with nurse sensitive indicators and time management. The last part had to do with working within healthcare teams including team membership successful creation and resiliency. This manager level group also had a very brief introduction to the concepts included in coaching.

What separates offerings from The Center and other leadership development programs are the inclusion of a capstone project as well as professional coaching. Participants each develop a yearlong capstone project that incorporates a needed / valuable change for the individual unit that allows the participant to utilize the new skill set and tools gained during the workshop itself.

Dovetailing with this capstone is a monthly one on one coaching session. It is one thing to learn, for example, about alternate ways of communicating, of managing and creating change, of ensuring civil work environments and entirely another to implement these new skills successfully. With the support of a professionally trained coach, the leader is strongly encouraged to try the tools, to debrief challenging situations and then be empowered to continue this journey of professional growth in a very real way.

Supporting the leader in the development and implemen-



Transition to Practice L&D Program

tation of the capstone project is also part of the coaching

received. These two strategies take the intellectual "knowing" to the successful "being /doing" that is the hallmark of successful leaders.

Assessment of St. Anthony Leadership Development

These nurse managers came away from their six days in the workshop with renewed enthusiasm and optimism regarding their roles and possibilities of improvements on their units. One of these managers had already submitted her resignation prior to the completion of the workshop. Other than that, all of this manager group has continued in their role. All are meeting regularly with their coaches and capstones are underway. Completion of these projects will be reported out during the fall of 2017.

Looking Ahead: Issues in 2017

The Center's neutral convenor role allows us to talk with nurses across the state and to hear their greatest concerns. We work to pull together this qualitative data and attempt to develop responses to the themes that emerge.

Clinical Placements

The critical issue which prevents schools of nursing from enlarging their undergraduate classes is the shortage of clinical placements. Many issues has been identified that prevent facilities from providing more clinical opportunities: construction, overworked and burned out nurse preceptors, increased acuity, and demands for increased productivity which decreases preceptor availability. In addition, the schools have not been as flexible re: alternate shifts (other than days, Mon-Fri), search for unique sites such as forensic facilities, long term care, clinics, same day surgery, urgent care sites, etc. Nor have the schools exhausted the use of simulation. Nationally accredited schools can have up to 50% of clinical hours devoted to simulation over which they have total control rather than clinical areas where student learning is subject to patient availability for the day.

In addition, many schools have not sought longitudinal placements so that students could learn the facility and the policies and procedures. These placements would enable the student to get to know staff in a way that would encourage the student to work at that facility after graduation.

APRN student placements are also at a critical level. These students compete for clinical placements with physician and physician assistant students.

Nursing Shortage

For more than just 2016, clinical facilities have identified the shortage of experienced nurses, especially in the sub-

specialties of critical care, emergency care, operating room, and labor and delivery. In part this shortage is related to demographics. The Boomer Generation was about 72 million people, the Generation X was just over 40 million and the Generation Y is again about 70 million people. In addition the Generation X group had significantly more career options for females than in previous eras.

The situation is not that hospitals are not effective in recruiting experienced nurses; there are simply not enough nurses with experience. New strategies need to be developed to create effective Transition to Practice programs for new graduates and to move them into the subspecialties.

In addition, reports are surfacing regarding the lack of nursing faculty. The availability of faculty impacts the number of students to be admitted to programs. One of the major factors impacting faculty is nursing retirements. Nursing faculty are at least 5-7 years older than practicing nurses. A survey of the Schools of Nursing is planned for 2017.

Retiring Workforce

Peter Buerhaus estimates that one million nurses will retire in the next 15-20 years, nearly one third of the nursing workforce. This data has significant implications for the care of the Baby Boomers, turning 65 at a rate of 10,000 per day. The question remains, who will care for them as they become sick?

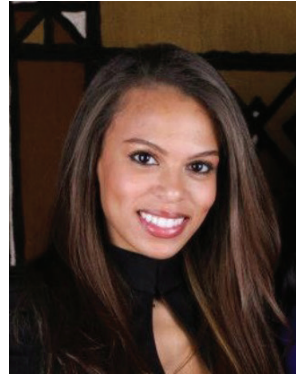
Rural Health

As Colorado's rural physicians retire, we must create strategies to provide rural primary care. An insufficient national strategy has been for physicians to move to a rural facility, in exchange for payment of a portion or all of their student loans. The problem is retention. Many of these physicians leave after the required time period. Another strategy is for APRNs to increasingly meet rural primary care needs. To this end, financial support has been recruited for nurses who are "rooted" in these rural communities to acquire APRN education with the understanding they will stay in their home communities.

In addition, the Macy Foundation formed a committee to access the role of the RN in Primary Care. For many years, Medical Assistants have been the care providers with the physicians in ambulatory settings. The Macy Foundation Report has identified private practices and clinics that use RNs. These nurses spend 20-25 minutes with the patient and the physician follows up, focusing on assessment, communicating with the patient and chronic disease management. They do patient education in conjunction with the diagnosis and develop relationships with the patient.

Rural health will be a major issue to be solved in the next 10 years. Many communities are small and the physicians cannot generate the revenue necessary to support families and repay student debt.

Profile in Nursing: Brittany Lain, RN, BSN



Brittany Lain is one of the current Rural and Underserved Nurse Fellows. She is an FNP student at the Loretto Heights School of Nursing at Regis University. Brittany came to the Center as a rural public health nurse from Weld County and is currently employed at Denver Health, where she works with the underserved.

"As a current recipient of a Rural Nurse Fellowship from the Colorado Center for Nursing Excellence, I am honored to know that they believe in me and what I have to offer as family nurse practitioner. I am grateful for this amazing opportunity to amplify my skills to better care for the patients and families that I serve, and this fellowship has allowed me to take the necessary time from work to devote to advancing my education.

"Additionally, the mentoring that I have received from the Center has supported me in the acquisition of critical knowledge and skills necessary to bring about policy change, reform, and advocate for nurses in the years to come. Nursing is a limitless profession with so many wonderful opportunities. I have set my sights high with an FNP degree and have faith that for me, the sky is the limit."

Making A Critical Difference: Creating a Civil Culture

One of the hot topics in organizations and leadership development today relates to the importance of creating a civil and healthy work environment. Incivility and bullying has escalated to crisis levels and has been found to disrupt productivity, and significantly reduce performance, quality, and safety. Even with all the efforts being made within organizations to improve work environments, nurses (and other healthcare workers) continue to eat their young and bully their peers. Unfortunate, the problem of incivility is not just related to nurses, rather all disciplines and all employees report being bullied at work. Estimates in the literature suggest 96% of employees experience incivility at work with 60% reporting significant stress as a result.

According to the Silence Kills report, the overwhelming majority of medical errors are caused by mistakes in interpersonal communication often linked to uncivil environments and the lack of psychological safety. Moreover, 78% of healthcare workers report that it is difficult or impossible to confront a person directly, even if there is witnessed incompetent care with fewer than 10% of all physicians, nurses and clinical staff feeling competent to talk to their colleagues about their concerns. As a result, incivility negatively impacts all four legs of the quadruple aim: cost, quality, patient experience; and employee well-being. The cost of incivility in nursing and healthcare extends beyond financial, quality and safety ramifications and considered a root cause for compassion fatigue and burnout. No longer can healthcare organizations and leaders afford to be passive and not take action to reduce the level of incivility.

Since 2006, the Center has prioritized including the topic of civility in the majority of programs to improve awareness and help leaders identify strategies to reduce incivility. The topic is linked to developing emotional intelligence, improving communication and conflict management, giving and receiving feedback, and cognitive rehearsal for scripting and asking questions. As a result, many leaders and IPCP teams have focused their capstone projects around implementing processes and doing team training to create a more civil work environments and improve the level of accountability for addressing uncivil behaviors. The outcomes from these initiatives have been promising with improvements in retention, resiliency, productivity and quality and safety.

In 2016, formal experiential training on civility was included in the following Center courses: Building Skills for Effective Teams (BSET); Emerging Talent; Clinical Scholar; IPCP Student Leadership and Team Seminars; Nurse Leadership Institute; Deans and Directors Program; and the Centura Health Leadership Development Program. Additional presentations were given fortudents, faculty and healthcare providers at a variety of conferences including: Colorado Nurses Association Annual Meeting; Centura Health Physician Group Collaborative Conference; Learning Collaborative Conference for Health TeamWorks; Colorado Home Care Association Annual Conference in Keystone; Organization of Associate Degree Nursing (OADN) programs Annual Conference in Dallas Texas; and the Organization of Nurse Leaders with the American Association of Colleges of Nursing (AACN) in Washington DC.

The Center team is dedicated to helping healthcare organizations reduce incivility to create more civil environments essential for quality patient outcomes. The Center's faculty and entire professionally prepared Coaching Team use a variety of techniques to compassionately support the participants of our programs ability to integrate learning and implement strategies for improving civility in their teams. We welcome opportunities to share our expertise and review of evidence with leaders and organizations seeking to shift their culture. Until everyone takes action to reduce bullying and incivility, the future of our healthcare workforce is at risk. For more information on creating civility in the workplace, please contact Deborah Center at Deb@ColoradoNursingCenter.org.

“Incivility is not just in nursing. This presentation took me back to my residency and the bullying I received from other physicians. I never realized that my silence actually gave it permission to continue. I see now the need to speak up, in a respectful manner, to stop the silence of incivility.” TF, M.D.

“I never understood how nurses could be caring and eat their young. Learning about incivility and strategies to promote civility was empowering. I now feel like I have the tools to speak up and change the future. Thank you.” J.R.

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Thank You to Our Education Partners

The foundation of Colorado's nursing workforce are the many schools of nursing that graduate nearly 2,000 new nurses each year. The Center is honored to have them as ongoing and important partners, and to help them support the nursing workforce of the future. Thanks to all!

Adams State University
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Building Skills for Effective Teams Ropes Course, Littleton, CO