ED Corner: All Nurses Are Leaders

Writing this in early December, ANA is seeking signatures and stories from nurses about whether nurses are "professionals" deserving of higher loan limits for graduate education. By the time you read this, we hope ANA has used those signatures and stories to convince the Department of Education the importance of loans to allow nurses to become nurse educators, nurse practitioners, and other advance practice nurses.

Another conversation about nurses focused not on what a professional is but what a leader is. Being a leader is not the same as being a manager. As the Executive Director of the Colorado Nurses Association, an organization that operates primarily through the hard work of nurses volunteering their time across Colorado, I believe all nurses are leaders. Leaders in education of patients, families, future nurses, and current nurses; leaders in patient and self-advocacy; and leaders as the largest group of professional healthcare providers. While reviewing the articles submitted for this issue of the Colorado Nurse, I saw the writings of so many nurse leaders.

Nurses in the Workplace Advocacy and RN Sunset group, including Marissa Young and Courtney Hickey have put many hours of work into understanding and recommending "Safe Harbor" legislation to increase safety for nurses and their patients. Lauren Zobec and Sarah Duarte developed a new post-operative bra to reduce complications for their open-heart surgery patients. Alison Yowell, Ashley Chernak, and Jennifer Albery developed a new protocol for telephone triage, reducing the time it takes to get care for those with the most serious needs. Christy Deem and Roberta Bean, both CNA Regional Directors, work in southern Colorado to increase the professionalism and engagement of nurses in their community. Each of these nurses are nurse leaders, but you don't need to develop legislation or get published in a journal to be a leader. Keep leading others to be healthy, and if you have the time, join other leaders to make great things happen. That may be through your employer, through community connections, or through a professional organization like CNA.

I would be remiss in this ED Corner to not point out a nurse leader who has impacted my career for over a decade. Roberta Hills recently retired after many years with the Colorado Board of Nursing. During her time with the Board, Dr. Hills was my guide in better understanding the function of the Board and the Colorado statutes that impact nursing, including the nurse practice act. She also provided information and patience as we set up the LPN program at Front Range Community College and provided similar assistance to many others in nursing education. She, and all nurse leaders, are valued. ◼

Safe Harbor Laws: Protecting Nurses and Patients

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Across the country, concerns about unsafe staffing, inappropriate delegation, and pressure on nurses to accept responsibilities beyond their scope remain persistent challenges in clinical practice. Safe harbor laws offer nurses a legal and ethical mechanism to protect both themselves and their patients when they are given a clinical duty, directive, or workload that may compromise safe care. These laws establish a formal process for nurses to voice and document concerns, decline unsafe responsibilities, and request review of situations that may violate a nurse's duty to a patient without fear of retaliation. The goal is to strengthen professional empowerment and support safe patient care.

What Safe Harbor Laws Do

Safe harbor laws allow nurses to invoke a protected process when they are asked to perform a task, care responsibility, or clinical action that conflicts with their professional judgment. Ideally, this prompts a collaborative discussion with a supervisor, leading to immediate resolution. If concerns remain, the nurse may decline to proceed, and the situation undergoes review. Once safe harbor is invoked, the nurse is protected from disciplinary action or employer retaliation while the issue is evaluated, ensuring nurses can speak up without fear. This reinforces a nurse's duty to advocate for safe patient care and supports a culture of transparency and accountability.

Texas: Safe Harbor Through Peer Review

Texas has the most established safe harbor framework in the nation, embedded within its Nursing Practice Act (Texas Occupations Code, Chapter 303). When a nurse believes they are being asked to engage in conduct that violates their duty to a patient, they may invoke safe harbor, triggering review by a nursing peer review committee. Texas requires facilities employing a certain number of nurses to establish and maintain these committees, which evaluate both clinical competence and safety concerns. While this system provides robust structure and clear procedures, it also requires significant organizational resources to implement.

partum hysterectomy rate. Ten patients met class II hemorrhagic shock criteria, five met class III, and one met class IV. From January to June this year, there were 207 deliveries. For those deliveries, the PPH rate was 5.3%, the blood transfusion rate was 9%, and the peripartum hysterectomy rate was 0%. Seven patients met class II hemorrhagic shock criteria, and one patient met class III criteria.

Discussion

The JADA ® System is a vacuum-induced hemorrhage-control device that is placed in the uterus, providing low-level suction, inducing uterine contractions to control and treat abnormal uterine bleeding caused by atony (D'Alton et al., 2020). The alarming rates of PPH and associated complications stress the necessity for implementing effective treatment protocols. By integrating the JADA® System into existing practices at SLVH, there is potential to improve maternal outcomes significantly.

With dedicated patient surveillance, providers and nursing staff improved patient care delivery. As previously highlighted, the rates of PPH, blood transfusions, and peripartum hysterectomies have decreased significantly, thereby enhancing the overall quality of care provided to patients.

Based on the evidence provided to the Perinatal Committee and Nursing Leadership, the Women's Unit has successfully implemented the JADA® System. Since its inception, it has been used four times, each time improving the outcomes for those patients. In these cases, bleeding was controlled within minutes with only an additional blood loss of less than approximate average of 250 mL.

Dr. Carmelo Hernandez, MD, MHA, FACOG, an Obstetrician and the Chief Medical Officer at SLVH, states, "The implementation of the JADA® System at SLV Health has the real potential to reduce comorbidities and eliminate the need for hysterectomy as a solution to PPH". By continuously monitoring patient outcomes, the Women's Unit at SLVH can adapt practices as needed and better address the specific healthcare challenges faced by the local population.

Conclusion

This quality improvement initiative highlights the urgent need for enhanced postpartum hemorrhage management in rural settings. Employing the JADA® System could mitigate severe maternal morbidity and potentially reduce healthcare costs associated with PPH treatment. ■

New Mexico: Safe Harbor as a Stand-Alone Protection

New Mexico takes a different approach. Rather than embedding safe harbor in peer review processes under the state nurse practice act, New Mexico establishes it as a stand-alone statutory protection (N.M. Stat. § 61-3A-3). When a nurse believes an assignment or order places a patient—or the nurse—at risk, they may invoke safe harbor to decline or request reassignment. Employers must have internal procedures for this process, but the emphasis is on immediate patient safety and nurse protection, not retrospective peer evaluation. With fewer structural requirements, this model is more adaptable across diverse healthcare settings, including rural or smaller facilities.

A Path Forward in Colorado

The Colorado Nurses Association (CNA) is actively exploring how best to model similar legislation in our state. Both the Workplace Advocacy Advisory and Networking Team (ANT) and the Sunset Review Nursing Group are discussing safe harbor concepts and assessing how a Colorado framework could be designed within our regulatory and organizational environment. Initial discussions suggest that Colorado may benefit from a stand-alone safe harbor statute, similar to New Mexico's approach, rather than incorporating it into the Nurse Practice Act.

CNA welcomes nurses statewide to join the conversation and take part in this work. Whether your interests include advocacy, policy development, patient safety, or shaping a future safe harbor model in Colorado, your perspective is essential. If you would like to get involved, please connect with the Workplace Advocacy ANT or the Sunset Review Nursing Group through the Colorado Nurses Association website or MyCNA. ■