DIRECTOR'S CORNER

Health PolicyWork – We All Have Our Roles

Mark Longshore, PhD, RN

I know I use this corner of the Colorado Nurse to talk about legislative activities. Over the past six months, I have been reminded that the Colorado Nurses Association is the primary legislative action organization for nurses in Colorado. I have given presentations to students and faculty at schools of nursing as well as advanced practice nursing and healthcare industry groups. It is also well known that many organizations, whether industry, nursing, or patient focused groups, have advocacy or legislative affairs committees which can be effective in keeping their members up on legislative matters even when those groups are not active in crafting and amending legislation. CNA leadership have attended or participated in a number of those end of session legislative wrap-ups, including the Northern Colorado Health Sector's meeting in June. Each of these groups has their own focus and by attending these meetings it allows all other groups - CNA included - to learn of other healthcare industry, patient advocacy, and of course nursing related topics, many of which, like the Prescription Drug Affordability Board and protections for labor, will undoubtedly come back next year. Bills for 2027, including the Nurse Practice Act, are being discussed and written now. We have mentioned the Nurse Practice Act, Safe Harbor Legislation, and most recently Assignment Despite Objection in our newsletter, Facebook feed, and of course in several of the CNA groups like the Workplace Advocacy Advisory and Networking Team. We unfortunately are sometimes contacted by nurses in January with an idea for a bill, but now is the time to get involved.

Legislative season aside, policy happens all the time. I have been asked "you are a union, right?" (No, we are not.) I have been told "the staffing at my hospital is so unsafe and we don't have a staffing committee." (Yes you do, but you might not know what it is called.) "I took a year off nursing to care for my family now I can't get a job." (Here are some refresher courses that might improve your marketability. You can also network through CNA groups.) These are all questions of policy made by those individual workplaces. You have power within your organizations to bring about change. Just like CNA talks to legislators and the Governor's office you can talk to your nurse manager or CNO. Just like CNA provides testimony to legislative committees and executive rulemaking sessions, you can join the conversation in your unit practice committee, staffing committee, or whatever your facility has decided to call the do-everything committee.

It was recently passed on to me that a national organization that supports nursing said essentially "We will continue to support nursing, but nurses need to take on a piece of the responsibility." Nurses, the most trusted profession, has a responsibility to advocate for a safe nursing workplace, safe patient care, and access to care. CNA has acted in each of those area over the past year, but we need your voice in your workplace, in your letters, and at the committee hearings. ■

Rural Trauma Readiness Through Microlearning, QR Innovation, and Frontline Leadership at Conejos County Hospital, San Luis Valley Health

Building Confidence, Competence, and Culture in a Rural Critical Access Hospital

Adena Ross, MSN, RN, CEN, Director of Emergency and Acute Nursing, Conejos County Hospital (CCH), San Luis Valley Health (SLVH), La Jara, Colorado

Abstract

Rural emergency departments face significant challenges in trauma readiness. These include limited staff, low trauma volume, resource constraints, and isolation from advanced care. To overcome these, Conejos County Hospital (CCH), a Level IV trauma-designated critical access hospital in southern Colorado and part of San Luis Valley Health (SLVH), launched a trauma-readiness initiative. This effort centered on frontline innovation, microlearning, QR code technology, accessible simulation, and staff-driven education. Born from bedside collaboration, the initiative reflects a culture of servant leadership, mentorship, and resilience in rural nursing.

We implemented QR codes for just-in-time training on high-risk, low-frequency equipment, began weekly TNCC-based microlearning quizzes, and converted existing space into a 24/7 simulation room. By expanding RN

Conejos County Hospital is a 12-bed critical access hospital with 6 dedicated ER beds, and the only emergency service provider in Conejos and part of Costilla County. We are a designated Level 4 trauma center. CCH provided emergency care to 4,510 patients, including 174 trauma patients, in 2025.

CCH serves Conejos and Costilla counties, covering about 2,514 square miles. This large catchment area contributes to the logistical challenges of emergency response and trauma care.

Conejos County sits in rural southern Colorado's San Luis Valley, the world's largest alpine valley, and is known for its Hispanic heritage, rich history, scenic landscapes, agriculture, and outdoor recreation.

The philosophy became simple: Scan. Learn. Act. Pictured: Sarah Gilleland, BSN-RN, CEN-Trauma Nurse Coordinator, CCH)

This "embedded learning" approach matched educational evidence on point-of-care reinforcement. It also aligned with cognitive offloading strategies during high-stress clinical events. Instead of relying solely on memory, we brought education directly into the moment of need.

competency in our rural dual-role setting, we improved staff engagement, confidence, pediatric readiness, and rapid trauma response. Now, our collaborative culture centers on psychological safety, ongoing learning, and frontline empowerment.

The program was internationally recognized as a finalist and second runner-up in the 2026 Rural Trauma Innovation Award for Level III, IV, and V trauma centers. Building on this recognition, this article examines how leadership philosophy, mentorship, and grassroots innovation improved trauma education and preparedness at Conejos County Hospital SLVH, resulting in increased staff competence, enhanced emergency response times, and broader community engagement. The discussion also offers practical strategies applicable across both rural and urban healthcare settings.

Introduction

The radio crackles overhead. "Level one trauma inbound. ETA ten minutes." In many hospitals, that announcement triggers an army of specialists. Respiratory therapy arrives. Trauma surgeons gather. Additional nurses flood the room.

At Conejos County Hospital (CCH), part of San Luis Valley Health (SLVH), a 12-bed critical access hospital tucked into Colorado's San Luis Valley, it often means something very different.

- One emergency room nurse.
- One provider.
- One charge nurse is floating between departments.
- One emergency department technician.
- One lab technician.
- One radiology technician.
- No respiratory therapist standing by.
- No trauma surgeon around the corner.
- No backup waiting in the wings.

In rural healthcare, the team in the room is the trauma team.

And in those moments, there is no time for uncertainty.

A Rural Foundation Built on Mentorship

Long before becoming a nursing director at Conejos County Hospital, San Luis Valley Health, I was a rural emergency nurse. My career began in La Junta, Colorado, at Arkansas Valley Regional Medical Center. I spent eight years there building my skills and confidence as an emergency nurse. Strong leadership during this time shaped my growth.

My mentors understood the core of emergency nursing leadership: nurses excel when supported, challenged, and trusted. They fostered a safe space for questions, learning from mistakes, and challenging growth. Their leadership balanced accountability and empathy. That culture stayed with me throughout my career.

As I moved through emergency departments. From Level I trauma centers to rural hospitals. I carried those lessons with me. Becoming Director of Emergency and Acute Nursing at Conejos County Hospital SLVH, I was drawn to the teamwork, grit, closeness, and pride of rural culture that echoed my roots.

Meeting the San Luis Valley Health team confirmed my fit. The staff clearly valued leadership and growth, investing in leaders and fostering trust, collaboration, accountability, and psychological safety. These shared values matched my vision and set the stage for our work at Conejos County Hospital. I believe sustainable culture change comes from leadership that creates space for dialogue, new ideas, and growth.

That culture became the heartbeat of our department. Not one rooted in fear.

Not one built on hierarchy. Ours is a culture built on teamwork, ownership, resilience, mentorship, growth, and family.

The Reality of Rural Emergency Nursing

Rural emergency nursing requires adaptability, autonomy, critical thinking, and procedural competency. Rural hospitals face ongoing challenges. These include workforce shortages, limited specialty support, reduced access to continuing education, and less frequent exposure to high-acuity events.

Yet trauma still arrives. Children still crash ATVs. Farm equipment still rolls. Motor vehicle collisions still happen on isolated highways hours away from tertiary care. In rural healthcare, low volume never equals low risk.

Maintaining competency for rare, life-threatening events is an ongoing challenge. Without frequent practice, emergency response skills decline. At Conejos County Hospital, nurses often fill multiple roles, including ventilator management and airway support without a dedicated respiratory therapist.

Recognizing these needs, we realized that we needed an education model tailored to our environment. Not the ideal environment. The real one.

The Spark: A Bedside Conversation

Ironically, the innovation that would later gain international recognition did not start with a grand plan. Instead, it began with something incredibly simple: a conversation.

One of our nurses at Conejos County Hospital, Kyndra, approached me with a question about how to use a specific piece of equipment. We were discussing ways to improve learning and possibly attaching instructions to the device. During that discussion, she casually said, "What if we just put a QR code on it?" That moment changed everything. No lengthy committees. No expensive consultants. No elaborate rollout strategy. Just frontline collaboration and the willingness to think differently.

That idea soon became a just-in-time learning system. QR codes link directly to videos, setup instructions, rhythm interpretation guides, procedural education, and equipment support resources.

We placed QR codes on:

- Ventilators
- Chest tube kits
- Central line kits
- Arterial line supplies
- Defibrillators
- Telemetry rhythm guides
- Massive transfusion equipment
- Many more Specialty procedural tools

Building a Culture of Constant Readiness

The QR initiative became only the beginning. At Conejos County Hospital, San Luis Valley Health, we wanted to move away from the traditional mindset of just:

- Annual education
- Skills checkoffs
- "Hope you remember."

And instead create:

- Continuous reinforcement
- Immediate accessibility
- Staff-driven learning
- Practical readiness

To support this shift, we launched weekly TNCC-based microlearning quizzes via Google Forms. These quizzes used brief, scenario-based questions to pinpoint knowledge gaps and reinforce trauma concepts for staff. The microlearning aimed to improve retention, engagement, and satisfaction in our fast-paced emergency department. Staff feedback affirmed these positive outcomes.

For our team, the impact was immediate. The quizzes became less about testing and more about awareness. What are we forgetting?

- Where are we struggling?
- What do we need to practice next?

The data helped drive targeted education and simulation topics. This reinforced a culture in which learning became continuous rather than episodic.

The Training Room: More Than Simulation

One of the most meaningful parts of this journey was transforming unused hospital space into a 24/7 simulation and training room at Conejos County Hospital. Not a polished academic lab. A rural learning space built by frontline staff, for frontline staff.

Using older equipment and donated materials, our Trauma Nurse Coordinator, Sarah Gilleland, fostered an environment where nurses could practice, explore, fail safely, and build confidence. She embodies the future of rural trauma nursing leadership. Watching her grow reminded me of my own early career. I remembered the passion, hunger to learn, and willingness to dive in fully.

Together, we built a culture where staff requests drove education. If someone struggled with pediatric airway management, we built pediatric airway education. If someone wanted more confidence with chest tubes, we practiced chest tubes. The room became a living reflection of our team's needs. And perhaps most importantly, it became accessible at all hours. Night shift nurses deserved the same opportunities for growth as day shift nurses.

Leadership Through Psychological Safety and Shared Ownership.

One of the greatest lessons I have learned in leadership is that people do not grow well in fear. They grow when they feel supported. In my experience as an emergency room nurse, I have seen that psychological safety in high-stress environments fosters collaboration, openness, and learning from mistakes, thereby improving team performance, engagement, and patient outcomes.

At Conejos County Hospital, San Luis Valley Health, we intentionally worked to build that kind of culture.

A culture where:

- Nurses could ask questions without embarrassment.
- Staff could suggest ideas freely.
- Innovation came from the bedside.
- Education belonged to everyone.

This initiative was never "my" project. It belonged to the team. That ownership became one of its greatest strengths.

Recognition Beyond Our Walls

In 2026, the Conejos County Hospital SLVH rural trauma readiness initiative was selected as a finalist in the Rural Trauma Innovation Award competition and recognized as second runner-up among international submissions in the Level III, IV, and V trauma center category.

But recognition was never the goal. The goal was readiness. The goal was confidence replacing hesitation. The goal was ensuring that when trauma walked through the doors of Conejos County Hospital, our patients re-

ceived the very best we had to offer, regardless of zip code.

And perhaps most importantly, the goal was to share these ideas with other hospitals facing the same struggles. Rural healthcare teams are some of the most resilient, creative, and determined professionals in medicine. They simply need support, collaboration, and the freedom to innovate.

Conclusion

Rural hospitals may never have endless resources. But resourcefulness is its own kind of strength. At Conejos County Hospital, San Luis Valley Health, innovation did not begin with funding or technology.

- It began with trust.
- With mentorship.
- With bedside nurses speaking up.
- With leadership listening.
- And with a team determined to become better together.
- We may be small.
- But when trauma walks through our doors, we are not underprepared.

We are ready. ■

Left to right: Zach Weiderspon (Director of CCH, Administrator), Sarah Gilleland, BSN-RN, CEN (Trauma Nurse Coordinator CCH), Adena Ross, MSN-RN, CEN (Director of Emergency/ Acute Nursing CCH)

Gala Event Honors Colorado Nurses

Carol OMeara, RN, MS Colorado Nurses Foundation

"An Evening in Excellence", the 40th Anniversary Excellence in Nursing Awards Gala, was held in May. Attended by over 300 Registered Nurses and Licensed Practical Nurses, their families, friends, employers and supporters, the Gala was held at the Denver Art Museum. The event is held annually by the Colorado Nurses Foundation (CNF) to recognize and honor nurses from across the state. The 2026 event was about more than a ceremony, it was a celebration of four decades of compassion, innovation, and unwavering care.

This year, 395 nominations from over 80 health care facilities were received from CNF Partners Centennial AHEC, Denver Regional Nurses Association, Pikes Peak Nightingale Association, San Luis Valley AHEC, Southwest Collaborative Committee, and Western Colorado Nightingale . Each of these partners selected finalists, known as Luminaries, for the sixteen Excellence in Nursing Awards. There were 78 Luminaries selected . Sixteen recipients were then selected from among the Luminaries by a State Selection Committee, comprised of members representing each of the participating groups and members of the CNF Board.

Emcee Mark Vickers introduced the luminaries from each region, and each received a medallion. Crystal Awards were presented to each recipient by CNF President Margaret Mulhall as Mark shared their remarkable accomplishments. Congratulations to the 2026 recipients:

- Excellence in Nursing Acute Care Clinical Practice RN Karen Wilson
- Excellence in Nursing Acute Care Clinical Practice LPN Stephanie Galvan
- Excellence in Nursing Clinical Advanced Practice Registered Nurse Mary Sawyer
- Excellence in Nursing Community Nursing RN Tully Gibbons
- Excellence in Nursing Community Nursing LPN Stacy Martinez
- Excellence in Nursing Long Term Care/ Rehabilitation RN Lynda Strickland
- Excellence in Nursing Long Term Care/ Rehabilitation Nursing LPN Kayla Kephart
- Excellence in Nursing Nurse Led Teams University of Colorado Hospital Surgical Bedside
- Rounding Team
- Excellence in Nursing Administration, Executive Noreen Bernard
- Excellence in Nursing Administration, Leader/Manager Karen Engel
- Excellence in Nursing Education, Academia Mary Jo Stanley
- Excellence in Nursing Education, Nursing Professional Development Elizabeth Kruger
- Excellence in Nursing Nursing Research Jennifer Zohn
- Excellence in Nursing Quality Improvement Stephanie Dejesus
- Excellence in Nursing, Health Care Policy Renee Schoenbeck
- Nursing Eminence Award-Lola Fehr

To learn more about all of the Luminaires and Recipients, and to see photos of the event visit https://www.coloradonursesfoundation.com/gala2026. ■