

## House calls Nurse providing care at home



photo by Bobby Anderson

ComForCare's Nancy Bell, RN, has filled a number of roles during her 40-year-plus nursing career

by Bobby Anderson, Staff Writer

In more than four decades of nursing, Nancy Bell, R.N. admits she's tried just about a little bit of everything.

But the one role she has now may be her favorite.

Bell found her current assignment a little more than a year ago. The home health company she was working for at the time went under and Bell found herself looking for the next chapter.

Khalid Bokhari, owner of ComForCare Home Care, was there to show her the way.

"He approached me to see if I would like to go work for his company," she said. "Khalid seemed really like such a fine person I knew he was someone I wanted to be associated with on a professional level."

In her role at ComForCare, Bell visits all of the new clients. Other times she's in the home as a caregiver. When needed, she is also in the

office taking the mountains of chart work that come with home care services.

"He keeps it very low key," Bell said of her boss. "He doesn't come across as an authoritarian boss. He comes across as a coworker and he always refers to us as a team. He uses that word a lot and it certainly boosts our morale. The office is a very pleasant environment, everybody seems to get along and there's a lot of laughing that takes place."

### DECADES OF EXPERIENCE

Bell started her nursing career in Chicago right out of college as a psychiatric nurse. A move to Oklahoma brought her into the cardiac transplant realm. She began working in home health. Along the way she worked in neonatal intensive care, hospice and in nursing homes in a management role.

"I've hit a lot of different areas," Bell said.

Home health has been her true passion.

See BELL Page 3

## Mercy Sweeps Top National Quality Rankings

*Independent studies place  
Mercy in the lead for quality  
of care and patient safety*



Shorter hospital stays, fewer complications and better patient results are just a few metrics used to rank Mercy as a leading health care organization. For the third year in a row, Mercy is one of the top five large U.S. health systems in the 2018 Watson Health 15 Top Health System study. In addition, Mercy Hospital Oklahoma City received an "A" safety grade from The Leapfrog Group, an independent hospital watchdog group, in ratings released today.

"This level of national recognition reflects the hard work of countless co-workers who care for our patients every single day," said Jim Gebhart, president of Mercy Hospital Oklahoma City and regional strategy officer. "We have made these efforts across many communities and many states because, like the Sisters of Mercy before us, we are dedicated to providing exceptional care for all."

The Watson Health study, formerly the Truven Health Analytics study, analyzes 338 health systems and 2,422 hospitals across the U.S. Click here to find the listings. Leapfrog Hospital Safety Scores assign A, B, C, D and F letter grades to 2,500 hospitals nationwide, providing the most complete picture of patient safety in the U.S. health care system.

See MERCY Page 2

# MERCY

Continued from Page 1

Both Watson and Leapfrog combine rigorous analysis of individual hospital performance and metrics by using objective, independent research and public data sources. Hospitals and health systems do not apply for consideration.

Mercy outperformed peers in the following ways:

- Saved more lives and caused fewer patient complications
- Lower cost of care
- Readmitted patients less frequently
- Shorter wait times in emergency departments
- Shorter hospital stays
- Better patient safety
- Higher patient satisfaction

Some of the keys to improving the quality of patient care have included efforts made possible because of Mercy's dedicated team, leading technology and best practices:

- Hand hygiene, while seemingly simple, is difficult to enforce, especially across an organization with 40,000 co-workers. By establishing Mercy-wide goals and putting rigorous plans in place, Mercy has reduced one of the most common health-care

associated infections, Clostridium difficile (C-diff), by 67 percent from 2016 to the present.

- With more than 2,000 integrated physicians - one of the largest medical groups in the nation - Mercy brings primary care and specialty doctors together to implement proven, clinical-based best practices to improve patient care.
- Mercy was among the first health care organizations in the U.S. to have an integrated electronic health record (EHR) connecting all points of care. With a finely-tuned EHR, clinical best practices can be hard-wired into the system, resulting in triggers that warn of possible complications at very early stages, as well as data that can help reduce variation and improve compliance.

Specialty councils, made up of physicians, nurses and clinicians, represent more than 40 areas of medicine, providing best practices for everything from heart surgery to the delivery of babies.

"This award speaks to the engagement of our staff and physicians in the journey toward high quality, reliable care," said Terri-Anne Bone, vice president of performance improvement for Mercy

Hospital Oklahoma City. "While the award recognizes our efforts to date, we know that there is work to be done. The kind of diligence our co-workers demonstrate will enable Mercy to continue to improve care in the future."

Mercy Hospital Oklahoma City was also recently named one of the nation's 100 Top Hospitals® by IBM Watson Health. In addition, Mercy Hospital Oklahoma City was one of only 13 hospitals in the nation to receive the Everest Award, achieving the highest national benchmarks along with the greatest improvement over five consecutive years.

*Mercy, named one of the top five*

large U.S. health systems in 2018, 2017 and 2016 by Watson Health, an IBM company, serves millions annually. Mercy includes more than 40 acute care and specialty (heart, children's, orthopedic and rehab) hospitals, 800 physician practices and outpatient facilities, 44,000 co-workers and 2,100 Mercy Clinic physicians in Arkansas, Kansas, Missouri and Oklahoma. Mercy also has clinics, outpatient services and outreach ministries in Arkansas, Louisiana, Mississippi and Texas. In addition, Mercy's IT division, Mercy Technology Services, supply chain organization, ROi, and Mercy Virtual commercially serve providers and patients in more than 20 states coast to coast.

## Hospitals and clinics come together under one name

### - SSM Health

*New name reflects commitment to providing an exceptional patient experience*

At our hospitals and clinics all across Oklahoma, employees, physicians and community members celebrated today as hospital leaders unveiled new signs along with a renewed commitment to patients. Beginning today, the hospitals, medical group and healthplexes in Oklahoma will be known as:

- SSM Health St. Anthony Hospital - Oklahoma City
- SSM Health Bone & Joint Hospital at St. Anthony
- SSM Health St. Anthony South
- SSM Health St. Anthony Healthplex
- SSM Health St. Anthony Hospital - Shawnee
- SSM Health Medical Group

Our new name reflects our unity and organizational commitment to providing exceptional health care services, improving the lives of our patients and improving the health of our communities.

"For nearly 120 years, we have had the honor and privilege of serving patients in central Oklahoma and beyond," said Joe Hodges, regional president, SSM Health in Oklahoma.

"Today we are

renewing our vow to this community and everyone we serve. While our look may be changing, we remain a Catholic health system dedicated to our Mission. Our commitment to provide an exceptional experience to every patient remains the same."

SSM Health has been providing high-quality compassionate health care services in Oklahoma for generations, opening St. Anthony Hospital in 1898. In 1995, Bone and Joint Hospital at St. Anthony joined SSM Health, followed by St. Anthony Shawnee Hospital in 2012. Now, the SSM Health name will be used to better connect all of the facilities and services that make up its fully integrated health care delivery network in Oklahoma.

Over the coming months, the signs on the outside and inside of each of our clinics, hospitals and healthplexes will be changing over to the new SSM Health logo; however, patients will see the same providers they have come to know and trust in the same locations they are familiar with.



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# BELL

Continued from Page 1

"I was working in home health on people who had just gotten home from surgery or who had a wound that needed care but not hospitalization," Bell said. "The physicians appreciated us so much because we helped keep people out of the hospital.

"The doctors were always very appreciated, polite and friendly with the home health nurses and I really liked that."

So if there are any nurses looking for a change she tells them there are other options.

Home health is a good one.

"I would tell them the most important thing if they're going to do home health is that they have to be flexible. They have to be able to go at the drop of a hat," she said. "It's not like having a set schedule the way you do in a nursing home or hospital. In home health you have to be able to go when the person needs you.

"You have to be flexible in your time and you have to be willing to meet a variety of personalities during the day."

HEALTH AT HOME

The impact home health nurses like Bell can have on quality outcomes is coming more into the forefront.

The United Hospital Fund (UHF) and the Alliance for Home Health Quality and Innovation (the Alliance) recently released a report titled, "I Can Take Care of Myself!" exploring patients' refusals of Home Health Care Services, on the under-examined issue of patients who refuse home health care services when they are discharged from inpatient care.

Such refusals can lead to higher rates of readmission to the hospital and a lower quality of life.

Although information on this complex issue is limited, a study by Kathryn Bowles, PhD, of the Visiting Nurse Service of New York and the University of Pennsylvania, found that 28 percent of 495 eligible patients refused home health care services.

Their reasons ranged from concerns about finances, to a fear of losing control and privacy, to the belief that family members could manage needed care on their own. Those who refused home health care were twice as likely as those who accepted to be readmitted to the hospital within 30 or 60 days.

"As medical care increasingly

moves from hospitals into the community, which for most people means care at home, the importance of home health care services in discharge planning is growing in importance," said Carol Levine, director of UHF's Families and Health Care Project and co-author of the report. "But there is little guidance for hospital staff on what to do when eligible patients refuse

home health care."

Bell sees her role in health care continuing to grow.

"I see it as nurses becoming more partnered with physicians. The physicians don't make house calls anymore but they have nurses who can do the house call aspect of nursing. So sort of we're getting back to house call nursing with the nursing as the intermediary."

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# Wish of a Lifetime Program

by Vickie Jenkins - Writer/Photographer

Are you looking for an assisted living facility for your loved one? Well, look no farther. Willowood at Mustang offers gracious living in a home-like setting with dedicated and knowledgeable staff available 24 hours a day to meet the personal needs of each resident.

In addition to the assisted living services, Willowood provides a completely self-contained, secure memory care unit for those with Alzheimer's and memory-related dementias.

There is someone special at Willowood that is sure to make you feel welcome as you walk into the spacious entrance with beautiful decor. That person is Carolyn Spears, Life Enrichment Coordinator. This is Carolyn's first year at Willowood and she has already made a difference in resident's lives.

Carolyn started a program at this facility called Wish of a Lifetime program through the Jerry Bloom foundation. "This is a program where the resident requests a wish; something they have always wanted to do but never could. The members of the Wish of a Lifetime committee, in Colorado decide which resident gets their wish granted. All wishes are considered and much thought goes to each decision. Not all wishes are granted."

"I think every senior deserves a chance to make their wish come true," Carolyn said. "This year, 7 wishes have been submitted and several have been granted. It is amazing to see the look on the recipient's face when they realize they have been chosen. It makes it all worth it. Of course, it takes quite a bit of planning from others that go into the Wish of a Lifetime and I am thankful for the people that reach out, allowing the



Carolyn Spears, Life Enrichment Coordinator for Willowood at Mustang started a program at this facility called Wish of a Lifetime program through the Jerry Bloom foundation.

senior's wishes to come true."

Giving a few examples of the granted wishes, Carolyn told how one

resident wanted to travel to be reunited with his cousin. Another one wanted

See SPEARS Page 5

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Oklahoma's Nursing Times



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Cooper is now in the ninth grade and has a passion for bowling. He plays competitively and also bowls for his high school team.

Cooper is alive and doing well today because of the gift that one family gave 14 years ago. We are so blessed by Cooper. When you meet him, he makes you want to be a better person. He has touched so many lives by sharing his story. Cooper realizes that without his donor family, there would be no story to tell.

Organ, eye and tissue donation saves lives. Please make your decision to donate life and tell your family. Register to be an organ, eye and tissue donor on your Oklahoma driver's license or state ID card or register online at [www.LifeShareRegistry.org](http://www.LifeShareRegistry.org). You may also call 800-826-LIFE (5433) and request a donor registration card.



Cooper



# SPEARS

Continued from Page 4

to go to see a Thunder game, live. They had a staff member go along and a family member and they were able to watch the game. He was thrilled! The wishes can be simple or a little excessive but Willowood tries to make their wish come true.

Being Life Enrichment Coordinator is a rewarding job for Carolyn, getting to know the residents, but it can also be a lot of hard work. As activity director, Carolyn is in charge of a full range of activities; cookouts, outdoor leisure time, trips for shopping, concerts and tours. She also plans all of resident's daily activities, gets the residents involved in arts and crafts, and gives art lessons.

"It is very important that the residents get involved with activities, stay busy and socialize. When they are involved, it makes for less falls, less stress and less agitation. Of course, the residents enjoy themselves here and that is what we want. We want them to feel comfortable. It's their home," Carolyn said.

On a personal note, Carolyn grew up in Arkansas and Oklahoma. "It was kind of like 50/50," she said. "What a lot of people don't know is that I started from the ground up. I started out as a CNA, then I became a CMA, ACMA then a state certified Activity Director and I have to say, "When

I found this job, it sounded perfect. I love it!" Carolyn said. "I love helping the residents, enjoy planning their activities, working with arts and crafts, going shopping, playing games, enjoy visiting with each person what more could I ask for?" she added.

Asking Carolyn how she became interested in activity director, she replied, "I have always enjoyed being around people. For as long as I can remember, I have been involved in arts and crafts. I am also a private contract artist. Some of my paintings have been sold all over the country. Most of my work has been sold to private individuals." Some of Carolyn's art work is displayed throughout Willowood.

When Carolyn is not working, she enjoys spending time with her husband and her twin daughters, 17 and daughter 13. She is also an advocate for Fibromyalgia and MS and leads an Alzheimer's Association support group once a month.

Asking Carolyn what her favorite part of her job would be, she simply answered, "To be involved and learn wisdom from the ones that are around me."

If you would like to learn more about Willowood at Mustang, Meridian Senior Living, they are located at 1017 W. Highway 152. For more information, call 405-376-1200 where someone will be glad to answer your questions.

# INTEGRIS Community Hospitals Begin to Take Shape

Last November, INTEGRIS held a ground-breaking event to ceremonially kick-off construction of four different metro area INTEGRIS micro-hospital facilities. Work will occur at all four locations simultaneously, and our chain of micro-hospitals will be known as INTEGRIS Community Hospitals going forward because each location will include ER services as well as rooms for inpatient care. Upper floors within the four buildings will include physician and specialty clinics.

The photos below illustrate early phases of construction for INTEGRIS Community Hospital - Council Crossing located in northwest Oklahoma City. Construction crews tell us - if weather and wind cooperate - all concrete walls for the NW Expressway & Council Rd. location should be in place by the end of this week. Obviously, much work lies ahead, however we are on schedule

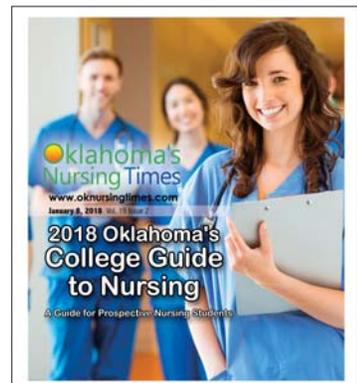
to open the facility in February 2019.

In Moore, work crews will begin placing walls at our I-35 & South 34th Street location before the end of April. Structural steel is also visible from Interstate 40 at our Del City location near Sooner Road. Construction will begin in May at the OKC West location.

INTEGRIS Community Hospitals are being welcomed by leaders and families in each area. Excitement is growing as people begin to see the facilities take shape. We look forward to offering these easily accessible, high-quality health care service centers to our care continuum in the next 12 to 15 months.

We will keep you updated as construction progress continues, and we plan to offer video tours along the way.

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## Special to the Nursing Times

# A Tenure-line Faculty's Common Sense Approach to Student Evaluations

Constance McIntosh, EdD, MBA, RN and co-authored by Cynthia Thomas, EdD, MS, RNC

Tenured university faculty are afforded academic freedom when teaching in order to lead to new advancements in pedagogy and quality instruction (AAUP, 2018). Faculty are evaluated annually for teaching primarily through evaluations whereby students assess the course and faculty. Faculty seeking complete a multi-year interview process (often 7 years) to demonstrate their strengths in teaching, scholarship and service (AAUP, n. d.). If a tenure-line faculty does not exhibit expert knowledge in teaching, scholarship and service at the end of the tenure period then termination is often the result (Wang, 2016). Because the student evaluations (e.g., ratings, comments) of faculty are part of the determination of this outcome, the importance of evaluations is obvious in the teaching category. The Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS, 2002) takes a type of approach when categorizing patient domains (e.g., communication with doctors, pain management) that can also be applied when reviewing student evaluations. This article outlines a common sense approach (four steps) in reviewing and addressing ratings of student

evaluations of faculty teaching.

Although faculty strives to be stellar in teaching, it is simply unrealistic to have perfect scores in teaching evaluations. Therefore the first step in reviewing evaluations is to review the average score for each item/question. Determine if each of the items scored is falling above or below the mandatory score for your department. If so, then the score is falling in the average category and generally an average score for any particular item is acceptable (Simione, Cadden, & Mattie, 2008). And, therefore no further follow-up is needed. However, if the required department average (3.75 out of 5.0) but an item (e.g., timely feedback) is scored at 3.0, meaning this item scores well below the department requirement. And, therefore it needs to be addressed with an action plan (e.g. answer emails within 8 hours, grade exams within 24 hours).

Second, scrap any useless or disparaging comments (e.g., mean in nature). Student evaluations are meant to provide constructive feedback to the instructor, not free reign to write verbal abuse. Destructive comments are not useful to improve teaching and or course content. It may be hard to not take destructive comments personally, but



Constance E. McIntosh, EdD, MBA, RN.



Cynthia M Thomas EdD, MS, RNC.

these comments should be seen as unhelpful and no further attention is needed.

Third, sort the remaining comments into three categories: instructional, communication, and content. Instructional includes teaching strategies: lecture, group discussion and role-playing. Communication encompasses all interactions with students including verbal (e.g., class, individual), non-verbal (e.g., presentation style) and written (e.g., syllabus, email, on-line). The content category consists of anything related to the course content including nursing skills, clinical requirements, textbooks, activities and assignments (e.g., quizzes, papers, exams).

Fourth, determine patterns or trends for the aforementioned categories while also identifying the number of respondents in relation to the pattern of responses. For example, if two students (out of 400) comment that they 'did not like the textbook' then this is not considered a trend, as the 398 other students did not comment on the textbook. However, if there were only three students in the course, then this may be a real issue and further investigation (e.g., trend for another semester) is necessary.

Student evaluations (e.g., ratings, comments) can be a source of valuable information to improve teaching. However, evaluations can also be overwhelming if not evaluated in a common sense approach. Determining relevant comments while eliminating disparaging remarks that add nothing to faculty improvement is essential. Also, trending like items and putting

an action plan (see helpful tips) into place to address common themes can lead to improved teaching and ultimately better student interaction. Furthermore, fully understanding the mandated department's evaluation rating is necessary when reviewing items.

Helpful Tips to Improve Student Evaluation Ratings

- Provide student clinical assignments as early as possible.
- Exhibit enthusiasm (e.g., positive, friendly) when teaching.
- Provide clinical examples when lecturing.
- Review lectures regularly and update presentations with current content and graphics.
- Share real life examples (maintaining privacy).
- Allow for a five-minute question and answer period before and after class.
- Hold consistent weekly office hours.
- Try a variety of teaching strategies

Dr. Constance E. McIntosh & Dr. Cynthia M. Thomas, co-authors of, *A Nurse's Step-by-Step guide to Academic Promotion & Tenure*, published through Sigma Theta Tau International Honor Society of Nursing. [www.nursingknowellege.org/sttbooks](http://www.nursingknowellege.org/sttbooks). Dr. McIntosh is an Assistant Professor and Dr. Thomas is an Associate Professor in the School of Nursing at Ball State University.

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# ANA Responds to Alert on Physical and Verbal Violence against Health Care Workers

The following statement is attributable to Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, president of the American Nurses Association (ANA):

"ANA is pleased that The Joint Commission has issued a Sentinel Event Alert on physical and verbal violence against health care workers. They reinforce the urgency to halt the cycle of harm and prevent, handle, and heal from incidents of violence in the workplace. In particular, we welcome its recommendations to employers to help reduce the incidence of violence across all health care settings and roles.

Evidence indicates that barriers to reporting exist and hamper progress despite the presence of "zero tolerance" policies. Employers must address the workplace culture that discourages health care workers from reporting for fear of retribution. In order to see real change, employers, individual nurses, and policymakers must work together to remove impediments to reporting. Only then we will begin to make impactful and long-lasting steps to truly eradicate this epidemic.

Nurses routinely face varying degrees of violence while on the job. A 2018 ANA survey revealed that 62 percent of nurses have personally experienced physical and verbal abuse on the job. ANA has bolstered our work to reverse the increasing assaults against nurses - including sexual harassment. ANA supports enforceable "zero tolerance" workplace policies and call on nurses and their employers to work together to prevent and reduce violent and abusive incidents. Even when faced with patients experiencing impaired judgement or mental status, it is essential that we keep nurses and all health care workers safe.

ANA launched #EndNurseAbuse for nurses, other health care



Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, president of the American Nurses Association (ANA).

professionals and the public to stand with nurses and is asking nurses to share their stories on workplace violence. Currently, almost 14,000 individuals have pledged to:

- Support zero tolerance policies for abuse against nurses.
- Report abuse against nurses whenever safely possible.
- Share the pledge and ask friends and family to sign.

Additionally, ANA will convene a panel of experts to address barriers to reporting abuse against nurses. With more than 4 million registered nurses, #EndNurseAbuse strives to foster safe work environments for the largest group of health care professionals.

ANA invites The Joint Commission and all citizens and organizations to collaborate on ways to get at the root of workplace violence to combat this critical issue."



**Vicki L Mayfield, M.Ed., R.N., LMFT Marriage and Family Therapy Oklahoma City**  
*If you would like to send a question to Vicki, email us at [news@okcnursingtimes.com](mailto:news@okcnursingtimes.com)*

**Do you know how you like to be loved? If you said YES, good for you, you have done your homework. If you said NO, then read on.**

If you think about being in love, what does that really mean? What is it that you love about that person and how is that love expressed?

There is an amazing book called *The 5 Love Languages* by Gary Chapman. It is a read that is strongly suggested for anyone looking to define their language of love or couples who are struggling with mixed up love signals. It definitely should be read before couples marry.

**So here are the 5 Love Languages:**

1. Words of Affirmation - Actions don't always speak louder than words. If this is your love language, unsolicited compliments mean the world to you. Hearing the words, "I Love You," are important -- hearing the reasons behind that love sends your spirits skyward.

2. Physical Touch - A person whose primary language is physical touch is, not surprisingly, very touchy. Hugs, pats on the back, and thoughtful touches on the arm -- they can all be ways to show excitement, concern, care and love.

3. Acts of Service -- Can doing the dishes and taking out the trash (without being reminded) really be an expression of love? Absolutely! Anything you do to ease the burden of responsibilities weighing on an "Acts of Service" person will speak volumes. The words he or she most wants to hear: "Let me do that for you." When others serve you out of love (and not obligation), you feel truly valued and loved.

4. Quality Time - In Quality Time, nothing says "I Love You" like full, undivided attention. Being there for this type person is critical, but really being there - with the TV off, not looking at your phone--makes you feel truly special and loved. Whether it's spending uninterrupted time talking with someone else or doing activities together, you deepen your connection with others through sharing time.

5. Receiving Gifts - Don't mistake this love language for materialism; the receiver of gifts thrives on love, thoughtfulness, and effort behind the gift. If you speak this language, the perfect gift or gesture shows that you are cared for and valued.

So now here is where problems can occur. When a person knows how they want to be loved (which I think most people do) and they tell their partner and the partner doesn't provide love in that way, problem!!

**Here is an example:** Terri's love language is gifts. Not expensive, break the bank gifts but to wake up and find sticky notes on the bathroom mirror saying, "I Love You," and "I can't wait to see you tonight," would make her day. Her husband, Todd's love language is physical touch. When Terri realized Todd was just not into gifts or loving gestures, she became frustrated with "asking" and pulled away from any physical affection. Todd never really thought about sticky notes because that was not something he needed. Their love languages were different but not unsolvable if they can see what is happening and make changes.



# NURSE + TALK

Read what other health care professionals have to say...

## What's one thing they should really teach in nursing school? Good Shepherd Hospice

On my gosh, one thing is do you really want to do this? Too many go into it thinking they're going to make a bunch of money.



Nancy Higgs, RN

I think they should teach more about insurance and Medicare documentation.



Carissa Thompson, RN

Each week we visit with health care professionals throughout the Metro



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That the patient should always come first.



Tina Penrod, RN

I actually wish they would do more hands-on clinical training.



Karen Veronneau-Prudhomme, RN

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