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Maintaining order

RN takes sensible approach to her patients' needs



Andrea Hampton, RN, nurse manager for PACU, helps keep nursing staff responsibilities organized at OCOM, located in Oklahoma City.

by James Coburn, Staff Writer

Andrea Hampton says she loves PACU so much because she constantly must be on her toes ready for something to happen. PACU is the post anesthesia care unit of a hospital.

"You have to be prepared to move quickly and respond quickly," said Hampton, RN, nurse manager for PACU and outpatient surgery on the phase II side as well as the pain center of OCOM (Oklahoma Center for Orthopedic Multispecialty), located in Oklahoma City.

PACU is the department that receives patients following their surgery. It is the most critical time for whenever somebody is coming out of anesthesia because their bodies are reacting to the anesthesia.

Hampton earned her Bachelor of Science in Nursing degree nine years ago after attending the

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Where the sidewalk ends ICVH looking to upgrade

by Bobby Anderson, Staff Writer

Valerie Austin, MBA, BSN, RN, CEN currently is the administrative director at Integris Canadian Valley Hospital.

But not too long ago she was a flight nurse in Arizona, flying wherever she was needed at a moment's notice.

Austin understands all too well what it means to put on a flight suit and step into an air ambulance. Less than a year after she left the field in Arizona her chopper crashed.

"It killed the nurse that replaced me and the paramedic and one of my favorite pilots," Austin said. "It was a mechanical issue. That's why safety is always in the forefront."

And while it was expected that landing at an accident site could be nerve-wracking it was always a comfort knowing the return trip landing would be at a place conducive for a quick transfer into the facility.

It's one of the reasons she's so passionate about an ongoing project to bring Integris Canadian Valley its first helipad.

"It's for the safety of the flight crews and the patients coming in," Austin said. "When I flew

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ICVH

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you're really on edge. It's a dangerous industry just by nature when you're up in the air. When you're landing on an unimproved landing site versus an improved one there's just that much more anxiety that goes along with it."

WHERE THE SIDEWALK ENDS

Over the past year the number of transfers - by air and by land - to ICVH has grown several fold.

And when a helicopter touches down it's on a grassy patch near the ER.

There's a paved sidewalk that reaches halfway.

"It's huge," Austin said. "The pilot is always focused on safety and getting you there safely. But when you're in the flight crew it gives you a breather. You know you're landing somewhere nice. You know you're good so you can focus on patient care."

In order to build a landing pad the hospital needs to raise funds. A major step in that direction will be this Friday's Big Hats Big Hearts event at 10 W Main in Yukon.

"We're trying to have a great relaxed evening of fellowship with music, food and casino games to raise money," Integris Canadian Valley Hospital President Rex Van Meter, MHA said. "A hospital helipad is pretty expensive."

Van Meter said current bids for the pad are \$240,000 and up.

The 16-year-old hospital has experienced phenomenal growth with two major capital projects including a third floor.

"We're seeing volumes grow and we're seeing patients from other communities being sent here for care," Van Meter said.

The Integris Transfer Center fields calls from hospitals around the state for placement within the Integris network.



Integris Canadian Valley Hospital President Rex Van Meter, MHA, is hoping he can ensure emergency helicopters no longer have to land in the grass in Yukon.

During the calendar year of 2014, ICVH received just 30 transfers from the center. This calendar year is already shaping up for more than 200.

Most are by ground but air transfers are rising.

"We're becoming a destination," Van Meter said. "With the struggles with some rural hospitals and funding issues and at times hospitals are on divert status that's been fueling the volume coming here the last several years."

Each time the hospital accepts an air ambulance the Yukon Fire Department is called out to set up a perimeter. That takes a rescue crew

out of service.

The hospital's east parking lot has become an inclement weather landing site if the grass landing zone becomes saturated.

"When you've got a 200-pound patient on a stretcher you can't pull that across the grass to get the patient indoors," Austin said. "(The mud) will go up to your mid calves. Whatever we can get will be very nice."

Van Meter calls it a community project with a benefit that will ripple statewide.

"It's part of the growth of the hospital," Van Meter said. "We probably should have had a helipad for a while but we feel like it's a project we can rally the community around and they can see the impact that help benefit those patients most at-need."

Austin's flying days are behind her, but the memories of what could have happened will stay with her forever.

She just wants flight nurses, paramedics, pilots and ultimately patients to have the best chance at success possible.

"The pilot is the one that makes that call whether they can fly or not," Austin said. "I knew when I woke up at 2 a.m. the first thing that he would look at is the radar to see if we could take this flight or not. With windy conditions in Oklahoma, unimproved pads there are things that can blow on them or in the way. We just want to keep our people safe."

And that means giving them a safe place to land.

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OCOM

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University of Oklahoma. After receiving her license, she worked in the neonatal intensive care center at OU Medical Center. Two years later she transferred to the adult PACU (post anesthesia care unit) at OU and worked there for a year.

"Because I went from NICU to the adults it was wild," she said. "I then opened the surgery center at OU Medical Center. It's a stand-alone building. I opened it with another nurse and after working there for a year, I switched to OCOM. And I've been here at OCOM for almost six years."

Hampton manages 25-30 employees and staffs them daily, monthly. She fills in as a staff nurse by their sides when needed.

"I'm basically the problem solver. I figure out what issues need to be taken care of as far as patient care, and/or staffing responsibilities," she said.

Hampton said she is completely invested in OCOM's quaint environment. It's small enough where everyone knows everyone else on the staff, Hampton said. The south-side location where she works staffs about

150 employees.

"Everyone pretty much knows everyone. That's housekeeping through administration. Our CEO, CNO and CFO are all right down the hall from PACU," she said. "So if we ever need anything we just call them and they're at our bedsides."

Hampton said this is different from larger mega hospitals, where a nurse oftentimes must make an appointment to see them. The CNO has helped Hampton wheel patients to the car when the staff is having an unusually busy day.

"When you go to a big hospital, you're not going to see something like that," she said.

Hampton admires the team spirit of the nursing staff in her department as well as other departments. She can go to another manager and say, "I'm short-staffed today. People have called in and I'm taking patients. Can your nurse help take over my needs whenever there is a drop off?"

Education geared to the patient and their family members begins at the start. OCOM is a smaller facility, so therefore they work well together.

"The patients see that from pre-op all the way back to the operating room," Hampton said. "We do a really good job at managing each other,

meaning who it is who's going to be taking over, and the same thing whenever they go into the PACU. We're there to give whatever needs it is."

Each patient receives a head to toe assessment. Blood pressure and blood loss is monitored carefully, Hampton said. Pain control is a consideration. Once the patient is discharged for outpatient status, the nurses continue to educate the families who are with them all aspects about future expectations. If there are any question, the nurses will reassure them 24 hours a day, Hampton said.

"If we can't answer questions, we'll be able to get hold of your doctor to get those questions answered," she said.

The majority of OCOM patients are laid back, she said. They go with the flow. This makes the nursing staff's job easier, Hampton said. When a patient sees a nurse having a good time, it makes caring for the patient easier to manage, she added.

"They trust us and they know we're here for them," she said.

Nurses receive a lot of "thank you" recognition when the hospital does a lot of post-operative phone calls to check on a patient's status.

"Usually they will tell us how

amazing our facility was," she said. "And it's very rare that we hear anything about a bad experience. They tell us how they will recommend us to anyone."

Her wind-down period of the day is when she leaves work to pick-up her two children. She will listen to music, work out in the mornings, and takes out her previous frustration for the previous day when exercising.

"That kind of helps me jump start, and makes me be able to tackle anything that arises," she said.

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Bob showed generosity in every area of his life, including volunteering with his local fire department or helping widows with chores around their house. After suffering a heart attack, it was no surprise to Bob's family that he planned to be generous by having the little red heart on his license. As a final legacy, Bob was able to give life by becoming an organ donor.

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CAREERS IN NURSING BRINGING SPIRIT TO FAMILY CARE: OKC INDIAN CLINIC

by Traci Chapman - Writer/Photographer

For Oklahoma City Indian Clinic's Dawn Kimmes, nursing is all about family, particularly for the most vulnerable of patients - those starting and nurturing a family and the smallest of those, who have just made their way into the world.

"It's just my calling, I guess you could say, it's something that touches every part of who I am," Kimmes said. "It is everything I've ever wanted to do."

That feeling of fulfillment is part of what Kimmes loves most about her position as an OKCIC public health nurse. A major part of that job is Family Spirit, a John Hopkins Center for American Indians health program developed to meet the cultural, physical and personal needs of each entire family enrolled in it.

"It's the only one geared toward Native American families and goes from a positive pregnancy test, through labor and delivery and up to the child's third year," Kimmes said.

Family Spirit focuses not only on

parenting itself - things like maternal information, pregnancy health for the mother and baby, coping with post-partum depression and associated issues - but also helping to relieve parents' stress, treating with substance abuse and other parental educational focuses, like learning to ensure there is adequate safety and home stability.

"Once the child is born, we then also work with behavioral problems when they have those and work to make sure any cycle of substance abuse or behavior issues are addressed so the child can be free of those throughout their life," Kimmes said.

Family Spirit is, in ways, unique, Kimmes said, because practitioners don't just see patients at the clinic or just in a structured environment. The program encompasses between 52 and 63 lessons, depending on individual circumstances, teaching everything from breastfeeding, health and nutrition to creating an effective resume and job searches; it also gives practitioners the chance to observe first-hand any

possible issues and help families make the right choices to avoid them.

"It's really focused on the whole person, the whole family," she said.

OKCIC currently has about 100 families participating in Family Spirit and more are applying as word spreads about the program's effectiveness, Kimmes said.

"It just changes lives - it helps everyone in the family, from the oldest to the very smallest, it's making lives better and that is just so amazing," she said. "We see these children born, we are a part of their first steps into life, so to speak."

Being a part of those first steps has always been one of Kimmes' great loves, she said. Working for 24 years in "traditional" obstetrics, Kimmes said her role at OKCIC is far beyond what she has ever experienced, and while those years obviously gave her a lot of experience and knowledge, it was much more limited than she realized at first.

"It only gave us a little glimpse

into this new life, into what the mother, the father, just the family would experience, how they would integrate, things like that," Kimmes said. "It's so fun to see new parents - you can really help them out - but they were there and then they were gone in two or three days."

While Kimmes wasn't first sure if nursing was the way she wanted to go as she started college, she did know she wanted to work with people, she said.

"I started with life sciences and engineering was boring, so I figured out pretty quickly which way I was headed," Kimmes said.

Right after nursing school, she went into obstetrics and was also, for five years, a member of Northern Oklahoma College's nursing faculty. Kimmes taught at the school's Stillwater campus, she said.

Oklahoma City Indian Clinic is not her first experience working with

Continued on next page

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Dawn Kimmes has worked as a public health nurse for Oklahoma City Indian Clinic since April, administering a unique enrichment program called Family Spirit.

an American Indian facility. For just under two years, Kimmes worked for the Buffalo School System, associated with the Iowa Tribe of Oklahoma. From there, she worked in labor and delivery in facilities in Enid, Tulsa, Edmond, Cushing and Stillwater, Kimmes said.

"Then it changed, when I found my place here at Oklahoma City Indian in April, and it was like something clicked in a way it never had," she said.

That was because her new position encompassed everything she is passionate about - nursing, teaching and an opportunity to be a part of patients' lives in a way she had never

experienced before, Kimmes said.

"There's also the variety, not just in the work itself but in our patients and their families," Kimmes said. "Because we get to know them so well, we can truly reach out to them and find what's right for them - it might be that a mom just doesn't want to, or just can't, breastfeed, so we help them with formula, things like that."

"This job - it's about being the best person you can be, and what's wonderful and unique about that is that I'm helping these families to be the best people and the best parents they can be," Kimmes said. "It gives you a really warm feeling, something that would be hard to replace."

Stephenson Cancer Center Director Elected Chair of National Clinical Trials Organization



Robert S. Mannel, M.D. has been elected to serve as one of three Co-Chairs for NRG Oncology.

Stephenson Cancer Center Director Robert S. Mannel, M.D. has been elected to serve as one of three Co-Chairs for NRG Oncology, one of four national non-profit organizations that make up the adult National Clinical Trials Network (NCTN) for the National Cancer Institute (NCI). The NCTN, the world's premier network for developing and conducting clinical trials to advance new cancer therapies, is composed of over 2,000 institutions nationwide. NRG Oncology is the largest group within the Network, placing more cancer patients on NCI clinical trials than any other organization.

"It is a tremendous honor to serve as Chair of NRG Oncology," Mannel said. "I look forward to working with colleagues at institutions across the country and internationally to help improve the lives of cancer patients through conducting practice-changing, multi-institutional clinical and translational research."

Mannel is the Rainbolt Family Endowed Chair in Cancer and Professor of Obstetrics and Gynecology in the OU College of Medicine. He holds the position of Associate Vice Provost for Cancer Programs at the OU Health Sciences Center.

Since 2006, Mannel has served as Director of the Stephenson Cancer Center. Under his leadership the Cancer Center has developed into an organization recognized nationally for its outstanding clinical and research programs. During his tenure, the Cancer Center has recruited more than 70 oncology physicians and cancer researchers to Oklahoma, and out-of-state cancer research grant funding has more than tripled during this time. In 2014, the Cancer Center was designated a Lead Participating Site in the NCTN, and it is among the top two cancer centers in the nation for the number of patients participating in NCI-funded clinical trials for new cancer treatments.

"Dr. Mannel's election to this prestigious leadership position underscores the commitment that both he and the Stephenson Cancer Center have to improving cancer patient outcomes through conducting high-quality clinical trials research," stated Jason Sanders, M.D., M.B.A., Senior Vice President and Provost, OU Health Sciences Center.

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Opioids Posing Increasingly Dangerous Threats to ER Nurses

Strategies to combat the crisis will be a focus of at the Emergency Nurses Association's upcoming national conference

The opioid epidemic ravaging communities across the United States is posing a new threat to those on the front line who are working to combat it. Increasingly, police officers, paramedics and emergency nurses are treating patients who have overdosed on opioids, and in some cases, those healthcare providers are being exposed to toxic levels of the drugs.

The threat from opioids has become so prevalent that the Emergency Nurses Association is dedicating four sessions at their national conference, Emergency Nursing 2017, in September to help healthcare professionals deal with it.

"We can't take these drugs off the streets, but what we must do is ensure emergency departments are prepared to deal with the patients who are flooding through the doors in alarming numbers," said Karen Wiley, MSN, RN, CEN, president of the Emergency Nurses Association. "The sessions at Emergency Nursing 2017 are designed to educate nurses on the latest developments to help battle this growing problem, and teach them how to put protocols in place."

The epidemic will be addressed in four different sessions at Emergency Nursing 2017:

* Opioid Addiction and Deaths Spiraling Out of Control

* ALTO I - Alternatives to Opioids - Intro to ALTO

* ALTO II - Alternatives to Opioids - ALTO Program Implementation

* Opioid Crisis and Information System Technology in the Emergency Department

The Opioid Addiction and Deaths Spiraling Out of Control session will educate nurses on the dangers of emerging drugs sold on the street like carfentanil, a synthetic drug often disguised as heroin. "Carfentanil is traditionally used as an elephant tranquilizer, so the amount needed to kill a human is frighteningly small," said Cathy Fox, RN, CEN, CPEN, FAEN, who will lead the session. "EMS, police and emergency department personnel can easily come in contact with a fatal dose without even knowing it, so it's imperative that they are able to recognize patients that are on this particular drug and take extreme measures to reduce their risk of exposure."

Carfentanil can be sold as powder, in pill form or on blotter paper and is five thousand times more potent than heroin. Healthcare workers who come into contact with an overdose victim of carfentanil can become lethally poisoned themselves, merely by touching the patient without the

proper protective gear, or even by breathing in trace amounts of the substance. "Our goal is to educate emergency nurses about what's out there and the risks they could face any time an overdose patient arrives at their facility for care," said Fox.

The ALTO I - Alternatives to Opioids - Intro to ALTO and ALTO II - Alternatives to Opioids - ALTO Program Implementation sessions will focus on breaking the grip of opioid addiction by cutting down on the number of prescriptions that are written in the first place. The sessions will be led by Dr. Alexis LaPietra, DO, and Kimberly Russo, BSN, RN, CEN, FN-CSA, of St. Joseph's Regional Medical Center in Paterson, NJ.

St. Joseph's was the first in the nation to implement the Alternatives to Opioids program (ALTO), which focuses on treating patients for pain without exposing them to opioids and the dangers of addiction.

The Opioid Crisis and Information System Technology in the Emergency Department session will highlight technology that can be employed in emergency departments to better identify and track patients who frequently seek opioid prescriptions.

"Unfortunately, some patients are very opportunistic in getting providers to write opioid prescriptions to them," said Eric Ringle, MS, RN, who will lead the session. "The good news is, there is emerging technology that allows us to track prescriptions much more closely, so it's less likely that patients can go from one place to the next to get these drugs."

Electronic Prescription Drug Monitoring Programs allow caregivers to share patient-specific information instantaneously. Whenever a patient is prescribed an opioid, their information is uploaded into a database that allows caregivers to more effectively track where a patient has been treated and how often he or she was prescribed opioids.

"Sharing that information is invaluable in helping to prevent abuse and, in many cases, can help initiate an intervention that could save a patient's life," said Ringle.

Emergency Nursing 2017 is September 13 - 16 in St. Louis; emergency nurses can register with just a \$100 non-refundable deposit. The extended Early Bird Rate expires on August 1. <http://ena.org/Microsite/2017/>.

Special Event: September 19

POLST INITIATIVE

PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT

The event will be held at the Oklahoma City University Kramer School of Nursing Rooms 135 & 136, 2501 N. Blackwelder Ave., Oklahoma City, OK 73106 September 19, 2017 from 6:30 - 8:00 PM. Jan Slater JD, MBA, Faculty Bioethics Center Oklahoma University School of Community Medicine will speak about this national and Oklahoma initiative.

No charge or registration required and one CE available from ONA and one CE available for LCSW/LMSW. Hosted by the Oklahoma Chapter of the Hospice and Palliative Nurses Association.

Special Event: September 29

The Health Care Professional's Role When Faced With Human Trafficking

The event will be held at the OU Fran and Earl Ziegler College of Nursing, 1100 N. Stonewall Ave, Room 138, Oklahoma City, OK 73117 Friday, September 29, 2017 from 8:00 am - 1:20 pm. Registration will be 7:30 am - 8:00 am.

\$50.00 per/person (complimentary to consortium employees) For more information contact: Patrice Brown patrice-brown@ouhsc.edu 405-271-1491, ext. 49206.



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Oklahoma's Nursing Times Hospice Directory

- another free service provided by Oklahoma's Nursing Times -

Alpha Hospice: 7512 N Broadway Ext., suite 312 Okc, 405-463-5695 Keith Ruminer/volunteer coordinator/chaplain

Autumn Bridge Hospice: 405-440-2440

Autumn Light Hospice: 580-252-1266

Carter Healthcare & Hospice: OKC - OKC Pat McGowen, Vol Coordinator, 405-947-7705, ext. 134; Tulsa - Samantha Estes, Vol. Coordinator, 918-425-4000

Centennial Hospice: Becky Johnson, Bereavement Coordinator 405-562-1211

Choice Home Health & Hospice: 405-879-3470

Comforting Hands Hospice: Bartlesville: 918-331-0003

Companion Hospice: Steve Hickey, Vol. Coordinator, Guthrie: 405-282-3980; Edmond: 405-341-9751

Compassionate Care Hospice: Amy Legare, Bereavement/Vol. Coordinator, 405-948-4357

Cornerstone Hospice: Vicky Herrington, Vol. Coordinator, 918-641-5192

Crossroads Hospice: Elizabeth Horn, Vol. Coordinator, 405-632-9631

Cross Timbers Hospice: Ardmore-800-498-0655 Davis-580-369-5335 Volunteer Coordinator-Shelly Murray

Excell Hospice: Toni K. Cameron, Vol. Coordinator 405-631-0521

Faith Hospice of OKC: Charlene Kilgore, Vol. Coordinator, 405-840-8915

Frontier Hospice: Amber Cerney, Vol. Coordinator, 405-789-2913

Golden Age Hospice: 405-735-5121

Good Shepherd Hospice: 4350 Will Rogers Parkway Suite 400 OKC OK 73108 405-943-0903

Grace Hospice Foundation: Sharon Doty, Dir of Spec. Projects - Tulsa 918-744-7223

Harbor Light Hospice: Randy Pratt, Vol. Coordinator, 1009 N Meridian, Oklahoma City, OK 73107 405-949-1200

Horizon Hospice: LaDonna Rhodes, Vol. Coordinator, 918-473-0505

Heartland Hospice: Shawnee: Vol. Coord. Karen Cleveland, 405-214-6442; OKC: Vol. Coord. Tricia Woodward, 405-579-8565

Heavenly Hospice: Julie Myers, Coordinator 405-701-2536

Hope Hospice: Bartlesville: 918-333-7700, Claremore: 918-343-0777 Owasso: 918-272-3060

Hospice by Loving Care: Connie McDivitt, Vol. Coordinator, 405-872-1515

Hospice of Green Country: Tulsa: 918-747-2273, Claremore: 918-342-1222, Sapulpa: 918-224-7403

INTEGRIS Hospice, Inc. & the INTEGRIS Hospice House: Ruth Ann Frick, Vol. Coordinator, 405-848-8884

Hospice of Owasso, Inc.: Todd A. Robertson, Dir. of Marketing, 877-274-0333

Humanity Hospice: Sala Caldwell, Vol. Coordinator 405-418-2530

InFinity Care of Tulsa: Spencer Brazeal, Vol. Director, 918-392-0800

Indian Territory Home Health & Hospice: 1-866-279-3975

Interim Healthcare Hospice: 405-848-3555

Image HealthCare : 6116 S. Memorial Tulsa, Ok. 74133 (918) 622-4799

LifeChoice Hospice: Christy Coppenbarger, RN, Executive Director. 405-842-0171

LifeSpring In-Home Care Network: Terry Boston, Volunteer and Bereavement Coordinator 405-801-3768

LifeLine Hospice: April Moon, RN Clinical Coordinator 405-222-2051

Mercy Hospice: Sandy Schuler, Vol. Coordinator, 405-486-8600

Mission Hospice L.L.C.: 2525 NW Expressway, Ste. 312 OKC, OK 73112 405-848-3779

Oklahoma Hospice Care: 405-418-2659 Jennifer Forrester, Community Relations Director

One Health Home Health in Tulsa: 918-412-7200

Palliative Hospice: Janet Lowder, Seminole, & Sabrina Johnson, Durant, 800-648-1655

Physician's Choice Hospice: Tim Clausing, Vol. Coordinator 405-936-9433

Professional Home Hospice: Sallisaw: 877-418-1815; Muskogee: 866-683-9400; Poteau: 888-647-1378

PromiseCare Hospice: Angela Shelton, LPN - Hospice Coordinator, Lawton: (580) 248-1405

Quality Life Hospice: 405 486-1357

RoseRock Healthcare: Audrey McCraw, Admin. 918-236-4866

Ross Health Care: Glenn LeBlanc, Norman, Chickasha; April Burrows, Enid; Vol. Coordinators, 580-213-3333

Russell Murray Hospice: Tambi Urias, Vol. Coordinator, 405-262-3088; Kingfisher 405-375-5015; Weatherford-580-774-2661

Seasons Hospice: Carolyn Miller, Vol. / Bereavement Coordinator, 918-745-0222

Sequoyah Memorial Hospice: Vernon Stone, D. Min. Chaplin, Vol. Coordinator, 918-774-1171

Souther Hospice, LLC: Matt Ottis, Vol. Coordinator, 405-608-0555

The Oklahoma Medical Reserve Corps Honors Volunteers

The Oklahoma State Department of Health (OSDH) and the Oklahoma Medical Reserve Corps (OKMRC) recently honored several of its members at the OKMRC Volunteer Workshop. In total, nine awards were presented to volunteers, units, MRC housing organizations and partners. Included in the awards was the first "Marci Widmann Spirit of the OKMRC" award.

The Medical Reserve Corps was formed in 2002 in response to President George W. Bush's call for Americans to offer volunteer services in their community. The mission: uniting medical, health, and public health professionals - along with lay citizens - as volunteers to help prepare for and respond to widespread emergencies.

Community Resilience Award - Tulsa County MRC

The Community Resilience Award was given to the Tulsa County MRC for their work in the Community Garden in north Tulsa and supporting activities. This award honors an MRC unit that has demonstrated contributions to resilience at the community level in the daily unit operations and through involvement in activities and events.

Champion Award - Choctaw Nation MRC

The Champion Award was presented to the Choctaw Nation MRC in recognition of their Skin Deep Initiative. This award honors an MRC unit that has successfully carried out activities and initiatives over the past year that strengthened public health in their local community.

Outstanding OKMRC Responder - Karen Fritz

This award was presented to Fritz for the instrumental role she played in responding to the tornado last spring in Tulsa and again in the emergency animal responses in Tulsa County last summer. Fritz is a licensed Psychologist and a Stress Response Team MRC leader who has worked countless hours providing psychological first aid in these responses.

OKMRC Picture of the Year - Tulsa County MRC Coordinator Carrie Suns

During the 2016 Tulsa tornado response, Suns took a photo of OKMRC volunteers providing a Tdap vaccination and psychological first aid to a Red Cross volunteer on site before the volunteer went out to assess and

assist in the damaged area. Honorable mentions were also given to photos from the Comanche/Cotton MRC and Tulsa County MRC.

Outstanding OKMRC Public Health Volunteer - Phillip Beauchamp, Jackson County MRC

This award honors an OKMRC volunteer who has been actively engaged in carrying out public health activities. Beauchamp volunteered for a total of 57 hours over eight MRC activations in the last year.

Outstanding OKMRC Housing Organization - Comanche, Cotton, Caddo, and Kiowa County Health Departments

The county health departments and their leadership have shown that they are exemplary hosts to the MRC. These housing departments supported two emergency activations this year as well as numerous events promoting public health in their communities. The first was providing drinking water and more in the Mountain View community after a day's long loss of water. Most recently, they offered first aid to firefighters battling the Flattop Fire in Kiowa County.

Outstanding OKMRC Partner Organization - Humane Emergency Animal Response Team (HEART)

This award is given to HEART, which has been instrumental in bringing the animal response teams in the state together to build their capacity to respond to a disaster. With the assistance of Gina Garner, HEART Leader, the Oklahoma State Animal Response Team was able to meet in February to discuss uniformity and bring commonality amongst the individual teams in the state.

OKMRC Innovator Award - Oklahoma Large Animal First Responders (OLAFR)

This award honors an OKMRC unit that has initiated and carried out a novel and innovative activity that has helped the organization. OLAFR was formed after a May 2013 tornado struck a farm in Moore, injuring or killing numerous horses. Dr. McCook created OLAFR with the intent of being a part of the response system, which lead him to the OKMRC. Dr. McCook and the OLAFR continue to find ways to integrate the group with local jurisdictions by partnering with

The Hospice Directory above does not represent a list of all Hospice facilities statewide. For a complete list visit www.ok.gov/health

HONORS

Continued from Page 9

industry and other non-governmental organizations to offer large animal training and exercise opportunities.

Marci Widmann Spirit of OKMRC Award - Loren Stein

The first ever Marci Widmann Spirit of OKMRC Award was given to Loren Stein. Marci Widman was an OKMRC volunteer who passed away in 2016. Widmann was an outstanding OKMRC volunteer who was always willing to dedicate her time and service whenever and wherever she was needed. The award is named after

her in recognition of her sweet, kind spirit and willingness to fill multiple roles within the OKMRC. Stein was the first recipient of this award. She has been a unit and state-wide leader in the OKMRC since 2004. She has served in various positions over the years, including as the statewide education coordinator for 10 years and serving on a nation-wide work group to help develop the national MRC core competencies.

For more information about the mission of the OKMRC and how you can volunteer, visit www.okmrc.org. Media inquiries should be directed to Cody McDonell at (405) 271-5601.



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

Q. I made a list of all the reasons I should leave my boyfriend of 4 years and a list of all the reasons I should stay; it was 17 to 3!!! (3 to stay). So in my head, my intellectual mind, I need to pack but in my emotional, heart space I can't seem to get the clothes into the suitcase. What is wrong with me?

---- Katie

A. YOUR WORST BATTLE IS BETWEEN WHAT YOU KNOW AND WHAT YOU FEEL

This battle has been fought by many, some have won and some have lost. Because it is a battle, it cannot be fought without protection, i.e., proper clothing (therapy), a weapon (12 step CODA), a shield (daily readings/meditation and others in your army (your support group). Its when you think you have the control and power and go it alone that your enemy wins.

Katie said she texted her boyfriend to tell him she was leaving, the relationship was not giving her what she needed and wished him well. He later called to say he NEEDED to see her face to face so he could talk to her. ("This was a mistake.") He made a scene in the restaurant begging her to stay with him, promising to be better to her and after his ongoing tirade he had turned the problems back to her. It had all become her fault.

One of the realities for Katie was how he overpowered her verbally and emotionally and caused her brain to shut off to her own reality. She somehow became sucked into HIS reality. Then she began to feel guilty when she saw him "hurting." AKA "MANIPULATING"

The 3 reasons she had for staying in the relationship were very interesting. They included: 1. He was very handy with fixing things. She would not know who to call if her car broke down or the a/c needed repair. 2. She had already invested 4 years with him and didn't want to start over. Were there really any healthy guys out there? 3. It was hurtful to think of him being with someone else. "So I'll just stay"

The 17 reasons to leave consisted of lack of respect, making hurtful comments, no plans for

marriage, never including her in family plans, disliking all her female friends, controlling who she spent her time with, searching her phone to see who she was talking to, accusing her of infidelity if she talked to other men to the point of raging and telling her to get out, then blocking the doorway when she tried to leave, just to name a few.

So Katie, think about it like this: IF SOMEONE IS NOT TREATING YOU WITH LOVE AND RESPECT, IT IS A GIFT IF THEY WALK AWAY!!

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NURSE + TALK

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

What's your nursing grossout? Norman Regional Health System Behavioral Medicine

Over time I can't do vomit, spit or diarrhea.



Barbara Hudson, RN

Pure and simple - vomit. I don't do vomit.



Beverly Woods, RN

Each week we visit with health care professionals throughout the Metro



Please Let us know Your Thoughts

Email: news@okcnursingtimes.com
or mail to
Oklahoma's Nursing Times
P.O. Box 239
Mustang, Ok. 73064

Honestly, adult poop. I can handle kid poop, though.



Amanda Ritter, RN

When patients put their hands in their mouth and then touch my necklance.



Pam Spurr, RN Case Manager

OHA Recognizes SSM Health Care and NRH for New Efforts

The Oklahoma Hospital Association (OHA) recently recognized SSM Health Care of Oklahoma and Norman Regional Health System for their leadership in developing programs to reduce tobacco use through a focused and effective treatment protocol to help their patients quit.

Through a partnership between the OHA's Hospitals Helping Patients Quit (HHPQ) initiative, both systems have successfully integrated clinical tobacco treatment including electronic referrals, known as "e-Referral," to the Oklahoma Tobacco Helpline (OTH) through their electronic health record systems (EHR). This is a proven best practice for ensuring that patients receive sustainable evidence-based tobacco treatment services.

Since the launch of their tobacco treatment programs two months ago, the systems have connected more than a combined 500 patients to follow-up tobacco cessation services through the OTH.

SSM Health hospitals recognized include St. Anthony Hospital, Oklahoma City; Bone and Joint Hospital at St. Anthony; and St. Anthony Shawnee Hospital. Norman Regional Health System is recognized for multiple facilities as well, including both the Porter campus and HealthPlex in Norman.

"By successfully integrating tobacco treatment services into their EHRs, these health care facilities have joined a long list of collaborative hospitals in Oklahoma to put our state on the national forefront for best practices in patient-based cessation services," said LaWanna Halstead, OHA vice president of clinical and quality initiatives. "By helping patients quit, they will save countless years of life, as well as valuable health care dollars. Most importantly, they will improve the quality of life for so many in their community."

"HHPQ congratulates these community health leaders for their initiative in helping to improve the health of so many Oklahomans," she said.

The Tobacco Settlement Endowment Trust (TSET) supports OHA's Hospital Helping Patients Quit and the Oklahoma Tobacco Helpline.

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