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Healthy future ProCure Proton Therapy Center changes lives



photo by James Coburn

Proton therapy can offer a new beginning for men diagnosed in early stages of prostate cancer, says Harlan Buettner, at left, with Shannon Bullock, RN, and Michael Buettner.

by James Coburn
Staff Writer

Michael Buettner said he felt a sense of belonging when he first walked in the door of the ProCure Proton Therapy

Center in Oklahoma City. The Missouri pastor needed treatment for prostate cancer.

Soon he was the second of his brothers to be diagnosed. Harlan Buettner would also be diagnosed with prostate.

Neither brother had experienced symptoms of prostate cancer, but their treatment at ProCure was a life saving measure, they said.

What makes ProCure Proton Therapy Center in Oklahoma City different from anybody else is it can make its proton radiation beam stop on a dime, said Shannon Bullock, RN. Proton beams can be directed to any part of the body in need of cancer

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See PROTON Page 3

A friend for nursing LPN celebrates Bradford Village's 60th anniversary



Bradford Village LPN, Nicole Hagar, says the community is invited to join the fun of celebrating 60 years of fine care at Bradford Village on March 31st.

story and photo by James Coburn

On Friday, March 31st, Bradford Village will celebrate 60 years of compassionate service.

The Elderly Brothers will entertain residents and guests at Bradford Village. The open house is open to the public. There will be food at a cook-out and activities with gifts to give out to people, said Nicole Hagar, LPN.

A Brookdale community, Bradford Village opened in 1957 as a mission of the Disciples of Christ. About 15 years ago, the Oklahoma Christian Home was sold. Today many residents call Bradford Village their home at 906 N. Boulevard in Edmond, said Hagar, a graduate of Mid Del Technology Center.

"We'll be celebrating 60 years of business and caring for the elderly and the sick," Hagar said.

She has been an LPN for nearly two years and has been since her graduation. She had been a CNA for four years before going to LPN school.

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BRADFORD

Continued from Page 1

"Usually on holidays, dining services make extravagant meals for the residents. Usually we have outside entities come in and do dancing or some type of performance," Hagar said. "More than likely it will be something along those lines."

Hagar said her great-grandmother was a resident at the facility when it was the Oklahoma Christian home 20 years ago. Her love for geriatric care has been with her ever since.

"I love working with elderly people," she said. "Elderly people have a lot to teach me in-turn during my process of caring for them. I've learned a lot from the elderly and really would have it no other way."

Hagar did her clinical studies in pediatrics, but geriatric care is her niche. It's where she belongs, Hagar said.

She had heard a lot of good things about Bradford Village before joining its team. An administrator she had worked with before was working there.

"I had seen Bradford Village advertised and I had some colleagues that worked here before. I had heard nothing but good things," she said. "As soon as I put in an application I got a call to come interview."

She cares for both long-term care and patients in skilled nursing. Hagar

admires their motivation to rehabilitate in skilled nursing, she said.

"I admire the encouragement and the drive to rehabilitate and get out," she said. "As far as my long-term care residents, I admire their enjoyment. I admire their longevity here because a lot of these patients have been here for several years."

"I admire their interaction with the staff members. It's nice to see their enjoyment. It's nice to see how much they enjoy being here and their participation with the activities and festivities we have going on here on a weekly basis." Nurses live by knowing that Bradford Village is the residents' home. And they are treated with the dignity and respect of being at home."

Residents chose what they want to eat from menus provided to them at every breakfast, lunch and dinner. They have the option of using the dining services or eating in their rooms, Hagar said.

"Each one of them have TVs and Cox Cable to use for what they want to watch," Hagar said. "Social Services comes through and asks the residents what their hobbies are individually. So we can provide for that if they do have certain hobbies."

One of the ladies loves to color, Hagar said. She is provided Crayons and the nursing staff will print her pictures.

"She paints as well. So we provide all that for her," said Hagar, who enjoys crafting. "We try to help people who have hobbies."

The nursing staff is resilient and strong, she continued. They are all fans of holistic care. Hagar said the nursing staff has a passion not only to serve their patients, "but provide them with the full experience of enjoying where they are and getting better, all in that process."

The nurses do their best to provide a wholesome environment for the residents, she added.

"The team work is fantastic. We're very big on team work," Hagar said.

"We all help each other; there are no strangers, and we're all very responsible individuals as far as punctuality and the administration of nursing care."

She likes to motivate others to learn about their own health, so they can get better. When she was a CNA, she saw other people do this and had the confidence within herself to rise to the occasion.

"I had one patient who was an older man. He enjoyed me so much that he basically said I changed his outlook on people for the better," she said. "He was deep into the dying process when he told me that so that was something that I've carried with me ever since."

Special to the Nursing Times

True Nursing Leadership



Pictured from left to right: Todd Hendricks, Jacob Lovell, Kelly Savas, and Kim Brewer

by Sheila Kennedy-Stewart, MSN, RN, CMSRN

As many nurses know today, the hospitals remain full. Unit nurses are faced with taking additional patient loads and emergency departments are over run and holding admitted patients due to no unit bed availability. Throughput comes to a standstill.

Throughput is a number one strategic priority of Integris Southwest Medical Center. Improving patient throughput by setting high goals, ensuring the goals are transparent to all the organization and meeting these goals in a timely manner are priorities of Leadership for this institution. Recently, Leadership of this hospital was not just merely voicing support - but was putting these goals into action.

With the ER holding sixteen patients to be admitted and less than a handful of rooms available for seeing new emergent patients, the leaders of Patient Care Services and the Emergency Department

acted. With no additional nursing staff to open and staff an overflow unit, leadership of both these departments opened the floor with themselves as floor staff. This is True Nursing Leadership.

Kim Brewer, Patient Care Services Manager; Kelly Savas, House Supervisor; Tela Brown, Emergency Department Director; Jacob Lovell, Emergency Department Manager; and Todd Hendricks, Emergency Department Team Lead opened the overflow medical unit and began receiving patients from the ED. Within a few hours, ten patients had been admitted to the floor, assessed and orders initiated or continued for the quality care of these patients.

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PROTON

Continued from Page 1

treatment, she said.

"We can come in at multiple, different angles," Bullock said. "It goes in and hits the area we want it to without hitting the areas we do not want it to. So we can salvage healthy tissue in the process."

ProCure opened as the only proton therapy center in Oklahoma in 2009, the same time Bullock was hired. She has stayed because of the rapport she builds with each patient.

"You don't just see them and then they're gone," she said. "You see them for a good period, and then you continually see them with a follow-up. We have a lot of good outcomes. So that makes it nice to see the difference we can make in people's lives."

Bullock said most of the nurses at ProCure work for one or more doctors. They gather a patient's data by accessing records from other physicians. Nurses also set the patient up for a consultation with the physician.

"We do what the physician needs us to do whether it's getting more data from them, get more records," she said. "We schedule them for any procedures they need to have done prior to treatment."

Bullock monitors her patients once treatment begins on a weekly basis, but she is available every day for patients who need to speak to her. Nurses are there for emotional support. They check patients' skin to note any problems with the treatment.

"Most do very, very well and, we just take care of their needs throughout treatment. We also see them and follow-up for many years," she said.

The nurses get to know patients such as the Buettner brothers. Michael, 67, and his wife have eight adopted children and two biological children. They were adopting two of their children, ages 3 and 5.

Michael had a PSA test and was sent to a neurologist who ordered a biopsy.

"The joy of that was that part of the journey, the doctor called back to the house; I wasn't there and he said, 'Is Mike there?' And she said, 'No.' He said, 'Tell him I've got bad news. Have him call me.'"

"There's nothing like that to make your day because I knew that meant I had cancer," Michael said.

He was stressed out because as a pastor, he had known a lot of people who had battled cancer. At first he

"Here, it was like family. You belonged when you walked in the door. And from the front door to the doctors, to the nurses, to the therapists - it became like a family thing. It was awesome."

Michael Buettner

thought his life was over. Michael was told if he has any brothers, he better contact them because they also needed the test.

ProCure set up an appointment for himself quickly, Michael said.

"Here, it was like family," Michael said. "You belonged when you walked in the door. And from the front door to the doctors, to the nurses, to the therapists - it became like a family thing. It was awesome."

One thing Harlan liked when researching ProCure was nobody tried to push the ProCure option on him, he said. In discussing his options with a ProCure physician, he was told to investigate all options.

He said ProCure was his best option. And he was able to keep managing his roofing business because he experienced minimal side-effects.

He finished his 44th proton treatment in December.

"They accommodated my schedule."

Other than a slight change of skin color where he was marked for the beam, Harlan had no symptoms of treatment.

Bullock said being a nurse enriches her life because she sees the difference she makes.

"I get to see people who are sick become well," she said. "I get to see children go from not being able to walk to laughing and engaging with us and becoming a new person."

"These men who had prostate cancer were worried and now they can go on and live life without feeling like they've got something hanging over their heads."

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CAREERS IN NURSING TO BE A HOSPICE NURSE: GOOD SHEPHERD HOSPICE PULLS TOGETHER

by James Coburn - Writer/Photographer

Kelly Milton dedicated her career to hospice care nearly eight years ago. She serves as the on-call registered nurse for the weekends at Good Shepherd Hospice with offices in Oklahoma City.

"I absolutely love hospice, but when I first came out of school hospice was not my choice," Milton said. "And the supervisors that I worked for said, 'You seem like you could be a hospice nurse.' I said, 'Oh no, not me, I'm supposed to heal.' And she said, 'No, you have that compassion. And you just know a hospice nurse when you see one.'"

Milton has been in hospice ever since. The graduate of Rose State College in Midwest City earned her RN degree in 2016.

"It was really good for me," said Milton, who graduated from the Bridge Program at Rose State because she was already a licensed practical nurse for six years. She had also been a CNA for three years before earning her LPN credential.

Milton's mother, Sharon Milton, a home health RN, inspired her to become a nurse when Kelly was in the second or third grade, Milton said.

"She used to go to nursing homes and she would take me and my sister with her. My sister was like, 'No, I can't do this.' And I absolutely loved it.

She didn't know the type of nursing she would do. But her desire to be a nurse was nurtured many years ago. Her mother taught her that nursing is more than a job. It's not an area where one simply punches a time clock.

"You're either a nurse or you're not," Milton said. "It cannot be just for a paycheck because you have someone's life at your side. So if it's not something you generally don't want to do, you won't survive in nursing."

Her career improves the value of life, both that of families and patients as well as her own life. Every experience is a little different, she

said.

"I feel like I take something from every experience. And it just gives me the opportunity to be there to hold someone's hand that doesn't have someone to hold their hand," Milton said. "I also take it home with myself. I have three girls and it gives me the opportunity to not take life for granted, and to hug my family a little tighter."

"It just put things in a different perspective, but at the same time it's a circle of life and I get to be there to make sure it goes with dignity and compassion."

She commends the patients and their families for their enduring strength. At times she experiences moments when she does not expect any more strength. But patients are very strong in their faith and will, she said.

"They just blow me away every day - how they take this journey on. They face it and they're just very strong with their families by their

sides," Milton explained.

The circle of care at Good Shepherd provides comfort for family members, too. There is a chaplain, social worker, volunteers, nurse aides and nurses who create a synergy of care. Different families need certain things. After the beloved hospice patient transitions beyond this life, Good Shepherd remains in contact with family members.

"They can still call our chaplain and social workers and our on-call. It's like a year to two-year process where we help them grieve," Milton said. "We have counselors. We do the veterans ceremonies. We become part of the families. They lean on us and we lean on them."

Being a hospice nurse can become stressful at times. So they must be able to take each day, one day at a time, Milton said. But everybody works as a team. Nurses pull together.

"Every day is a new day. And if you are one that have outside stressors

Continued on next page



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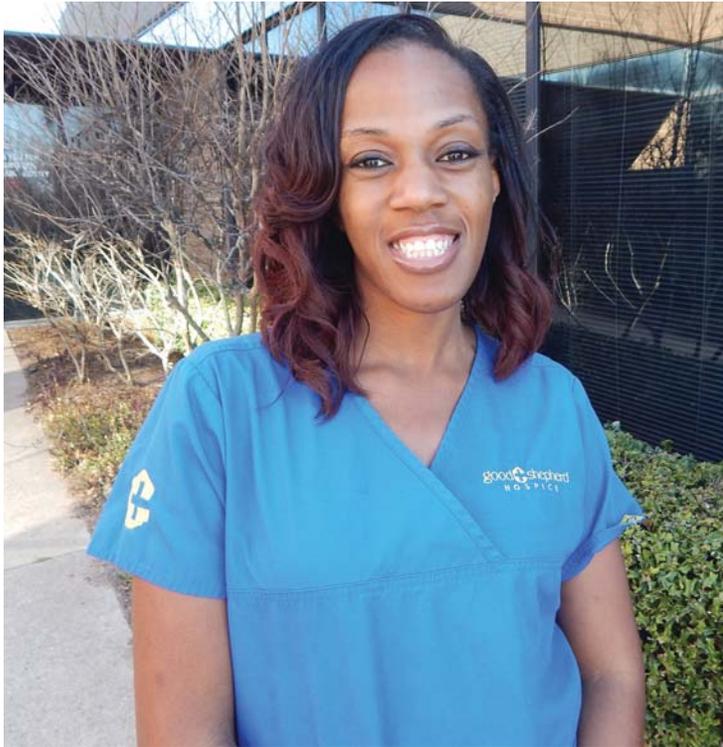
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Kelly Milton, RN, provides a high level of comfort and care as a hospice nurse with Good Shepherd Hospice.

that come into the job, you have to be able to leave those on the door step because with each family, you're there for their family. You're there to care for their needs."

"You just cannot bring your own personal issues into that situation."

Nursing school teaches you how to fix ailments. Going from nursing school directly into hospice means changing that mindset, Milton said. Hospice does not fix a disease process, but provides comfort.

"When I went to RN school, they tried to lean more into the end of life, whereas at LPN school, we really didn't do a lot of end of life."

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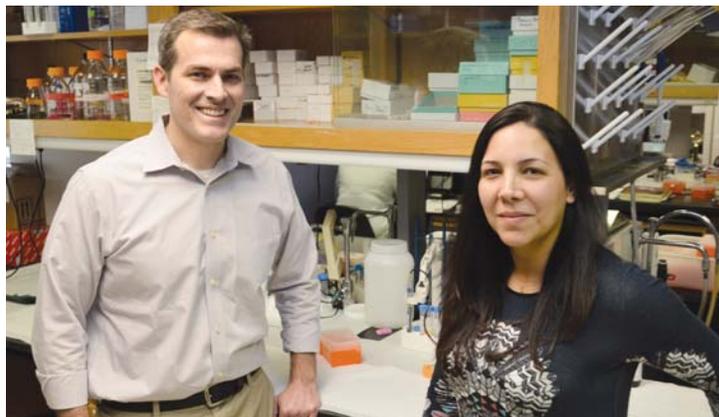
Employees spur education and action by participating in national awareness movement

The month of March is recognized as Colorectal Cancer Awareness Month. In honor of this month, St. Anthony is holding a companywide Go Blue Day where employees wear the color blue to bring awareness to colon cancer. This is a disease that can be prevented through screening but is still the second leading cause of overall cancer deaths in the United States. The St. Anthony Go Blue Day will be in conjunction with the Colon Cancer Alliance's National Dress in Blue Day, Friday, March 3, as they and others recognize the month of March as National Colon Cancer Awareness Month.

"In honor of Colorectal Cancer Awareness Month, St. Anthony Physicians Gastroenterology encourages all employees to participate in the St. Anthony Go Blue Day event. This event encourages employees to talk to loved ones about colon cancer and the importance of being screened. Currently, Oklahomans are below the national average for colorectal cancer screening goals," said Dr. Pooja Singhal, board certified gastroenterologist with St. Anthony Physicians Group. "It's important that we do our part by helping the Colon Cancer Alliance create a future free of colon cancer." National Dress in Blue Day is held on the first Friday in March in communities and offices throughout the nation. The Colon Cancer Alliance first launched the Dress in Blue Day program in 2009 to bring nationwide attention to colon cancer and to celebrate the courage of those affected by this disease. Today, individuals, businesses and community groups across the country participate by wearing blue and urging others to do the same. Blue is the nationally recognized color for colon cancer. By "getting blued," we hope to raise public awareness and save lives.

St. Anthony Physicians Gastroenterology is located at 608 NW 9th St., suite 3206, in Oklahoma City. To schedule an appointment please call 405-772-4338.

Investigating role of obesity on fat tissue in knee and arthritis



OMRF researchers Tim Griffin, Ph.D., and Erika Barboza Prado Lopes, Ph.D., study osteoarthritis, which affects 27 million people in the U.S.

Research from the Oklahoma Medical Research Foundation has revealed new findings on the effects of obesity and on fat tissue in the knee joint in the formation of osteoarthritis, the most common form of arthritis.

Osteoarthritis, or OA, is the most common form of disability in the U.S., affecting nearly 27 million Americans. It occurs when the cartilage that cushions bones in the joints breaks down and wears away, leaving the bones to painfully rub against one another. This is most commonly found in the knees, hips, fingers, lower back and neck.

To better understand disease onset, OMRF researchers Tim Griffin, Ph.D., and Erika Barboza Prado Lopes, Ph.D., looked at fat tissue in the knee joint known as the infrapatellar fat pad. Their research centered on whether a high-fat diet causes the fat pad in the knee to become inflamed, which then contributes to the formation of OA.

"Obesity, particularly from excess abdominal fat, causes a low level of inflammation throughout the body that is thought to increase the risk of osteoarthritis in the knee," said Griffin. "We used that knowledge to ask a more specific question: Is the knee fat pad itself also a source of inflammation with obesity that is part of this increased risk of osteoarthritis?"

In order to find the answer, the scientists took a step back in the research process. Griffin said they already knew they could feed mice a high-fat diet and cause OA of the

knee. But they needed to study what happened in the fat pad under the conditions of a high-fat diet before OA develops to know if it could be causing the disease. This study, Griffin said, was one of the first of its kind to look at the fat pad in a pre-disease stage.

"We started far enough into the diet where we could see inflammation in the abdominal fat, but not so far that the cartilage became damaged in the knee," said Griffin. "This let us look at the early changes happening in the joint but not at the stage where there is full-on osteoarthritis."

The researchers made an unexpected discovery: Obesity increased the size of the knee fat pad without causing it to become inflamed.

Because the fat pad in the knee did not become inflamed with the high-fat diet, the researchers do not believe it is initiating the increased risk of OA. But it may still play a role in overall joint health, said Lopes.

According to Lopes, studies like this may ultimately hold the key to developing new therapies for osteoarthritis. "We have to understand the basic mechanisms at work and ask questions about how each tissue in the joint contributes to the overall health of the joint. Perhaps the increase in fat pad size without the inflammation is a protective response. This answer isn't what we anticipated, but it helps push us in the right direction."

The new findings have been published in the journal *Arthritis & Rheumatology*.



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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: Kelly Morris, 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. Coor. Karen
Cleveland, 405-214-6442; OKC: Vol. Coor. 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:
Kay Cole, 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

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

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Matt Ottis, Vol. Coordinator, 405-608-0555

Childhood Obesity Goes Beyond Weight Gain

St. Anthony Pediatrician Talks Side Effects and Breaking Unhealthy Patterns

Childhood obesity has more than doubled in children and quadrupled in adolescents in the past 30 years, according to the Centers for Disease Control and Prevention. "The risk of adult obesity increases as a child gets older. If an infant is obese, he or she has a 14 percent chance of being obese as an adult. Twenty-five percent of obese preschool children will be obese as adults, and obese adolescents have a 90 percent chance of adulthood obesity," said Amy Gumuliauskas, M.D., St. Anthony Pediatrician.

Childhood obesity goes beyond weight gain, as it increases risk of other medical issues. "Childhood obesity affects all organ systems. Overweight children mature earlier compared to non-obese children. They are almost three times more likely to develop high blood pressure and Type 2 diabetes, and two times more likely to develop high cholesterol, which leads to early heart and kidney disease," said Dr. Gumuliauskas. "Type 2 diabetes has been diagnosed in children as young as nine years of age," she added.

Obstructive sleep apnea, increased severity of asthma, exercise intolerance, increased mechanical stress on joints, dysfunction of the liver, and menstrual irregularities, are other side effects that can affect a child suffering from obesity. So, what can we do to help our children? How can we influence a healthy lifestyle? Dr. Gumuliauskas gives us a few tips on how to do just that.

Parents can break this pattern by making healthy choices that involve the whole family:

* First, the family needs to sit down for meals together, with all distractions removed. The television should be off, and cell phones and tablets should be put away. Meal time should be a fun time for the family to eat and socialize together.

* Second, the family should not have sugar-containing beverages in the house. Children need 16-24 ounces of low-fat or skim milk per day. Milk should be served at meals and water in between meals when children are thirsty. Juice, soda, sports drinks and energy drinks contain large amounts of sugar and extra calories.

* Third, both adults and children should have half of their plate filled with fruits and/or vegetables at every meal. Fruits and vegetables have vitamins, minerals, and fiber that are essential for healthy growing bodies. If children are still hungry after eating an age-appropriate sized plate of food, parents should offer the child a second helping of fruit and/or vegetables, but not more of the other food groups.

* Fourth, the family should limit screen time - meaning television, video games, computer, tablet and cell phone. Children less than two years of age should not have any screen time, and children two years of age and older should limit screen time to no more than two hours per day.

* Finally, children should participate in at least 60 minutes of moderate to vigorous physical activity every day. On school days, children need 60 minutes of physically activity in addition to whatever they do in school. Physical activity has a positive effect on all aspects of a child's health, including weight reduction, improved self-esteem, and better school performance.

Introducing a healthier lifestyle to our families isn't always easy, but it doesn't mean it can't be fun. "Parents can allow their children to help compose the grocery list, specifically picking out which fruits and vegetables the family will eat for the week. If children are involved in the process, they are more likely to eat them during mealtime," said Dr. Gumuliauskas.

Exercise is another great opportunity for families to do something fun together. "Children love playing with their parents, and will be much more likely to participate if parents are involved. Examples of such activities include taking a walk, riding bikes, kicking a soccer ball, throwing a Frisbee, playing catch, playing basketball, jumping rope, playing hop-scotch, dancing to music, or even playing with a hula hoop," suggested Dr. Gumuliauskas. "However, because bad weather often prevents the family from being able to go outside, have ideas for both indoor and outdoor activities," she added.

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

NRH Receives the 2017 Women's Choice Award

The Norman Regional HealthPlex has been named one of America's Best Hospitals for Heart Care by the Women's Choice Award®, America's trusted referral source for the best in healthcare. The award signifies that the Norman Regional HealthPlex is in the top 9 percent of 4,789 U.S. hospitals offering heart care services.

What's often thought of as a "man's disease" strikes more women than men, and is more deadly than all forms of cancer combined.

According to the American Heart Association, heart disease is the No. 1 killer of American women, causing 1 in 3 deaths each year—approximately one woman every minute. What's often thought of as a "man's disease" strikes more women than men, and is more deadly than all forms of cancer combined. The methodology used to select the Norman Regional HealthPlex as one of America's Best Hospitals for Heart Care is unique in that it evaluates: * The number of cardiac/vascular services offered. Recognized hospitals must offer at least six of the

following services: Cardiac Catheter Lab, Cardiac Rehabilitation, Cardiac Surgery, Carotid Stenting, Coronary Interventions, Electrophysiology, Vascular Interventions, Vascular Surgery and Coronary Intensive Care (CCU). * 30-Day mortality and readmission rates for heart attack and failure * Patient recommendation ratings on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey * Primary research about women's healthcare preferences

"Norman Regional is proud to be recognized as a Women's Choice Award winner. Our team of healers earns the trust of women each and every day," said Richie Splitt, President and CEO of Norman Regional Health System. "We offer comprehensive and lifesaving cardiac care that begins in the ambulance ride to the hospital and continues through to our nationally-accredited Chest Pain Center and award-winning HealthPlex Heart Hospital. Norman Regional offers cardiopulmonary rehabilitation and a dedicated team of expert physicians and surgeons that continue a patient's treatment after a hospital stay."



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. Who wouldn't desire to feel more personal freedom? To not get caught up in trivial but often times stressful situations of daily living. I have something simple but yet challenging to help you assess the health of your thoughts.

A. The Four Agreements is a book by Miguel Ruiz, a Mexican writer sharing the wisdom of the Toltecs. He has divided the book into the following agreements that you can make with yourself:

1. Be impeccable with your word.
2. Don't take anything personally.
3. Don't make assumptions.
4. Always do your best.

Be impeccable with your word - "Speak with integrity. Say only what you mean. Avoid using the word to speak against yourself or to gossip about others. Use your power of your word in the direction of truth and love." Being truthful with our words can be tricky. Do we risk speaking truthfully if we think it might hurt someone's feelings or do we let our truth surface.

Don't take anything personally - "There is a huge amount of freedom that comes to you when you take nothing personally." This is my favorite. So many times we take on the mood or words of another person and let it totally ruin our day. We personalize their words. We must remember that their words do not have the power to make us feel bad unless WE LET THEM. This takes a lot of practice but the end results are totally worth it.

Don't make assumptions - "In any kind of relationship we can make the assumptions that others know what we think, and we don't have to say what we want. They are going to do what we want because they know us so well. If they don't do what we want, what we assume they should do, we feel hurt and think, "How could you do that? You should know." Again, we make the assumption that the other person knows what we want. A whole drama is created because we make this assumption and then put more assumptions on top of it."

Always do your best - "You can have many great ideas in your head, but what makes the difference is the action. Without action upon an idea, there will be no manifestation, no results, and no reward." Take pride in what you do, what you have to offer and believe in yourself.

In the matters of Love and Friendship, Ruiz offers the following wisdom: "If someone is not treating you with love and respect, it is a gift if they walk away from you. If that person doesn't walk away, you will surely endure many years of suffering with him or her. Walking away may hurt for a while, but your heart will eventually heal. Then you can choose what you really want. You will find that you don't need to trust others as much as you need to trust yourself to make the right choices."

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Nakila Lottie, CNA

DEMENTIA CONFERENCE FOR HEALTHCARE PROVIDERS SET

The Oklahoma Chapter of the Hospice and Palliative Nurses Association is partnering up with the Oklahoma Chapter of the Alzheimer's Association to sponsor an all-day Dementia Conference for Healthcare Providers on March 31, 2017.

Featured topics will include: Dementia with Lewy Bodies; responding to dementia behavior; research findings and opportunities; medication and adverse reaction management; and use of music in spiritual care.

The conference will take place at the Norman Regional Hospital Education Center, 901 N. Porter Avenue, Norman, OK 73071.

Register by March 24 at <https://okhpna.nursingnetwork.com>.

5 nursing CEU's available pending ONA approval.

The conference is sponsored by the Oklahoma Chapter of Hospice and Palliative Nurses Association and the Oklahoma Chapter of the Alzheimer's Association.



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