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Leading by example



photo by Bobby Anderson

Karen Ann Taylor, DNP, APRN-CNP, PMHNP-BC, is the incoming president of ONA.

by Bobby Anderson, Staff Writer

One look at the list of credentials behind Karen Ann Taylor's name and you know she's a very involved lady.

Taylor, DNP, APRN-CNP, PMHNP-BC, is the incoming president of the Oklahoma Nurses Association and while she's ready to lead, she's also ready to learn.

"I'm very excited to learn more and see what else there is I can do to work with ONA to improve nursing in Oklahoma and the health care nurses provide in Oklahoma," Taylor said.

Taylor has always been active when it came to leadership roles.

Taylor was the president of her student nurse association when she was in nursing school.

After graduation she started working and trying to raise a family.

When she went back to school as a nurse practitioner she dove back into the various

organizations presented to her.

When it involved giving a nurse a voice she was always there. But through the years she's paired down her focus to the one group that represents all of Oklahoma's nurses.

"It's Oklahoma. I want to be involved. I want to help nurses and improve what we do here," she says of her focus for her upcoming term. "It seems like we have good numbers but we need more involvement."

Dr. Taylor has been a nurse for more than 25 years.

Beginning her career as an associate degree nurse, she has worked in ICU, home health, and psychiatry. Her passion for psychiatry prompted her to want to improve the care she could provide to the patients she served.

She returned to nursing school and completed a Nurse Practitioner program at Vanderbilt University, in Nashville, Tennessee. During her employment

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Chillin' with Jillian... *At Dr. Broome's Office*



Jillian Powell, LPN enjoys working for Dr. Joseph Broome at Gilbert Medical Center, located in Bethany, OK. Whether it is taking care of newborns or elderly patients, Jillian is full of love and compassion.

by Vicki Jenkins - Writer/Photographer

Gilbert Medical Center and its board certified team of physicians proudly serves Bethany and surrounding communities, providing comprehensive family and wellness care to patients from birth until later years. When you choose a physician here, you will find a doctor

See JILLIAN Page 2

JILLIAN

Continued from Page 1

that sees a person, not a patient.

The physicians at Gilbert Medical Center are well-respected board certified physicians. They are on staff at Integris, Mercy and Deaconess Hospitals, and have strong relationships with specialists in every area of medicine. They accept most major health insurance companies and offer a wide variety of services, in-house, providing their patients with just one stop for many common medical services, including laboratory services and cardiac testing.

Focusing on just one of the doctors here at Gilbert Medical Center is Dr. Joseph Broome and his medical staff. Entering Dr. Broome's office, I am greeted by one of the members of his staff Jillian Powell, LPN. Jillian has been a nurse for a total of 6 years and has worked for Dr. Broome for 3 years. Asking Jillian why she decided to become a nurse, she replied, "I grew up in Chickasha where my mom worked in the medical field. I remember when I was little; going to her work place and waiting for her to get off work so we could go home. At the time, it was a big deal to just hang around," she laughed. "It seemed like I was always around others in healthcare so I just assumed that is what I would do too. I went to school at Valley Tech Center in Chickasha and became a nurse," she added. "It was the best thing I ever did. I still live in Chickasha and it is nice to be with others in my home town, etc. I drive to work here in Bethany and it is such a fantastic place to work."

Dr. Joseph Broome sees patients Monday through Friday 8-5. "We see about 40 patients a day, young and old alike. I love taking care of the patients and I can't see myself doing anything else. I love my job because healthcare is so interesting; the mechanics of it, the science, the protocol's that are followed plus the fact that I can continue to learn about the medical field," she said with enthusiasm.

What advice would you give to someone that is interested in going into the medical field? "I think a person has to have a special calling in their heart; they want to be there for the person and willing to take care of them. If that person wants to be a nurse, they need to go to school, study hard and have a desire to learn," Jillian replied. I ask Jillian what qualities she thought made a good nurse. "A nurse has to be flexible

and study hard. They will need to pay close attention to detail, be compassionate, see both sides of humanity and have a desire to help people," she replies.

Jillian's favorite thing about her job is the fact that she loves seeing patients of all ages, from babies to elderly patients. Her best quality at work is working as a team player and knowing that all of the nurses are treated the same. "I have to say that we are all very compassionate and we are all hard workers. I think that is so important for any job."

When Jillian is not working, she enjoys spending time with her fiancé, and their daughter, Bryn, 7 months old. Jillian likes bowling, and enjoys being outside in the summer. "I like to read too, but I don't have much time for any of that right now. We have a dog, Maddie; she seems to be hanging

around Bryn all the time. It's really cute," she answers.

Whether you have a newborn or elderly family member that needs medical treatment, they are there to help. They are a family practice that welcomes every member of your family. They offer the full complement of services and cutting-edge technology that is found in most large hospital but provide them with the service and convenience found at your local physician's office. Gilbert Medical Center's on-site laboratory is set up to provide fast, efficient, and accurate results.

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CTCA Care Manager Presents at Clinical Nurse Specialists Conference

Stacy Newberry, RN, BSN, OCN, BMTCN, a Care Manager at Cancer Treatment Centers of America (CTCA) in Tulsa, recently presented at the National Association of Clinical Nurse Specialists conference in Austin, Texas, on how she developed a pathway for diagnosis and treatment of a suspected case of acute myelogenous leukemia. The pathway was developed to improve the process and safety of the intake process for AML patients at CTCA.

Newberry, who has worked at CTCA in Tulsa for four years, is currently pursuing her masters of nursing degree with a focus on adult gerontology.



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TAYLOR

Continued from Page 1

with a local tribal facility she realized a need for improved access to mental health services.

She was enrolled in a DNP program and during this time she implemented a telemental health clinic for the patients she served. Now sustained by the facility she continues to provide a telemental health clinic to those patients who have limited access to Mental Health services.

For the past 12 years, Taylor has been an adult psychiatric nurse practitioner for the Choctaw Nation in Tahleah.

She served as an associate degree RN for many years and decided she would go back for her bachelor's degree and eventually her DNP.

"I wanted to do more for more patients than what I was able to as a nurse," Taylor explained. "I wanted to be making some of those decisions, the plan of care, not just the nursing plan of care."

"It's been very rewarding."

Later this fall at the ONA Annual Convention, Taylor will succeed outgoing ONA President Joyce Van Nostrand, PhD, RN.

EVOLVING ONA

Taylor says she wants to keep the ONA focused on its membership and represent nurses from all fields.

Over the years, the ONA, led by Chief Executive Officer Jane Nelson, has continued to evolve as the practice of nursing has evolved in our state.

One of those initiatives is the Emerging Nurses.

This is a special interest group of the Oklahoma Nurses Association whose participants are registered nurses from all different backgrounds and levels of experience. Emerging Nurses provides a safe forum where individuals from these different specialty areas can come together to support and learn from one another.

As a new RN, it is sometimes difficult to find where you fit in among the health care community. This group provides new nurses with networking opportunities and a chance to discover areas of nursing that may not have been available to them before. Emerging Nurses eagerly addresses today's hot topics in nursing, as well as nursing care on a daily basis.

FULL PRACTICE AUTHORITY

Independent practice is still the goal for nurse practitioners in Oklahoma.

"I'd like to see the full practice authority be approved and then we can go from there and just pursue

a better nursing practice in general," Taylor said.

It's been an uphill fight each legislative session as nurse practitioners seeking full practice authority have blocked every step of the way.

Taylor wants to change that, and she wants to change what nurses are willing to accept in how they are treated.

"Because of what we do we do tend to be abused sometimes and we sometimes allow that because of what we do," Taylor said. "We're supposed

to take care of people, not argue with them or debate with them. I'd like to see that mentality change, the laws changed to where nurses don't feel like they have to accept that."

"The mindset was always 'well they're ill and at the worst time of their life.' But I'm sorry that doesn't give you the permission to treat someone who is trying to help you like they are garbage. That demeans us and it doesn't allow I think newer nurses to respect what they're doing."




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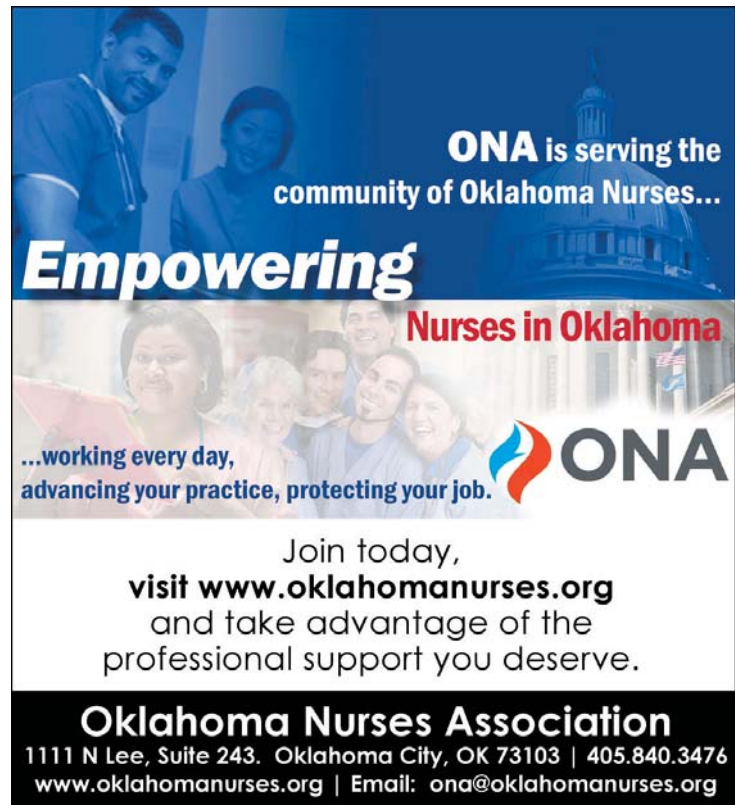
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CAREERS IN NURSING

LIFE AND LIMB: NRH A LEADER IN WOUND CARE

by Bobby Anderson - staff writer/photographer

What started as an initiative to reach an underserved inpatient population has grown into the largest wound center in the state.

Norman Regional's Oklahoma Wound Center is now in its fifth year and Nurse Navigator Karen Ritchie, RN, says it's literally saving life and limb.

"We saw the need because we found we had inpatients who were falling through the cracks. They had diabetic foot wounds that were not being addressed in the hospital," Ritchie explained. "They were coming to the wound care clinic weeks later. When they were here it was already a bad enough wound we were talking amputation, hurrying and scurrying around and hoping we were in time."

"Had we caught it earlier and done the testing and got the specialists involved quicker we would have a better chance of saving that appendage."

Dr. Tay Sha Howell has helped spearhead that effort.

Dr. Howell has served as the Wound Care Medical Director for Norman Regional Health System since 2008, covering the Oklahoma Wound Center, the inpatient wound program and the Diabetic Limb Salvage Program.

Howell said educating patients, family members, nurses, doctors and administrators and community members has been key to saving appendages.

"We really need the primary care doctors to recognize the minor wound the patient is not complaining about is a time bomb waiting to explode," Howell said.

And this month you'll see her sporting a single white tube sock wherever she goes to bring more attention to Limb Loss Awareness Month.

The picture has historically been bleak in Oklahoma when it comes

to the number of amputations per capita. Ritchie said Oklahoma still rates among the top two states in the nation in total below-the-knee and above-the-knee amputations each year.

That's due in large part to Oklahoma having a higher diabetes rate than the national average (11 percent in Oklahoma compared with 8 percent nationally).

One in 15 diabetic patients will develop a diabetic foot ulcer.

Having a diabetic foot ulcer increases the risk of amputation, especially when combined with smoking, kidney failure, or peripheral artery disease.

What's more, the death rate at five years for a diabetic foot ulcer is higher than colon cancer or breast cancer.

"We're still scraping the bottom of the barrel in Oklahoma," Ritchie said. "Norman Regional's DLS program is still the only one we know of in the

state that is a true DLS program."

"Our amputation rates have definitely gone down."

At its core, peripheral artery disease is generally what costs patients a limb.


PAD occurs when arteries in the legs become narrowed or blocked by plaque build-up, reducing blood flow to the limbs.

It affects at least 12 million people in the US and about 95% of PAD patients have at least one other chronic disease, such as diabetes, heart disease, or high blood pressure.

Because this disease is not limited to the legs, patients with PAD are also at greater risk of future heart attack and stroke.

Poor glycemic control and long-term use of insulin can lead to PAD. Diabetics have up to 4 times greater risk of PAD and up to 5 times greater risk of amputation.

See LIMB Page 5


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OKLAHOMA ASSOCIATION OF HEALTHCARE RECRUITERS

St. Anthony Hospital and Weatherford Regional Hospital Sign Management Agreement

St. Anthony Hospital and Weatherford Regional Hospital are pleased to announce a new management agreement for Weatherford Regional Hospital. The agreement will offer Weatherford Regional Hospital a wide range of management support services that will aid the facility as they continue to provide the highest quality of health care to the community.

"This management agreement continues to strengthen our commitment to providing local access and exceptional care to the community that we serve," said Debbie Howe, President, Weatherford Regional Hospital. "Weatherford Regional Hospital and St. Anthony Hospital working together will move us forward so that we can seek innovations in care, improve quality and provide greater access to health care and specialty services."

The Board selected St. Anthony Hospital because of its commitment to patient satisfaction and exceptional health care. Weatherford Regional Hospital has been a tier one affiliate of the St. Anthony Affiliate Health Network since May 2013, and for five years prior to being a tier one, they were an affiliate in the network.

"Weatherford Regional Hospital and St. Anthony Hospital in Oklahoma City have been closely affiliated for more than ten years," says Joe Hodges, Regional President, SSM Health Oklahoma. "We are pleased to join Weatherford Regional Hospital to further enhance specialty services for the residents in the area."



St. Anthony

LIMB

Continued from Page 4

Denise Moles, RN, joined the Oklahoma Wound Center as the clinical supervisor with 25 years of nursing experience, including critical care and leadership.

"I did all those high adrenaline situations and it was an adjustment at first but now I'm really liking it," Moles said. "You're not saving a life within that first 30 minutes or an hour you're working on that patient but you're saving a life for the long run."

"It starts with a wound or a leg but it's incredible because you do get to know these patients so well. They look at us like family."

Diabetic wounds have the potential to get worse quickly. A small sore on the foot or leg could easily end in amputation without the proper care.

"You get a patient who walks through this door and they're scared, they're afraid they're going to lose their limb," Ritchie said. "You're explaining their disease process and getting them into specialists. It may take a while, it's not something we're going to heal in a couple months. You kind of become family, you get to know them they get to know you."

"Then one day they walk out of this clinic and they've got all their appendages."

Norman Regional Health System has processes in place to look for patients with diabetic ulcers that could benefit from the Diabetic Limb Salvage Program.

Ritchie educates nurses



(Left to right) Denise Moles, RN, Dr. Tay Sha Howell and Karen Ritchie, RN are leading one of the most innovative wound care programs in the state with the Norman Regional Health System.

Palliative Care Symposium

Palliative Care Symposium on Symptom Management

Sponsored by Oklahoma Chapter of HPNA

When: Friday, April 27, 2018 at 8:00am - 4:30pm.

Where: Norman Regional Hospital Education Center, 901 North Porter Avenue, Norman, OK 73071. **Who Should Attend:** Nurses, home health and long-term care providers, physicians, social workers, and other hospice and palliative care providers from acute, post-acute, home and chronic care settings. **Topic:** Numerous **Speaker(s):** Dr. Sarah Yoakam, MD, Dr. Sarah Minor, DO, Dr. Bryan Struck, MD, Dr. Peter Winn, MD Professor at OUHSC, Dr. Rachel Funk-Lawler, PhD, Becky Lowery, APRN, CNS, AOCN, **Additional Information:** The Oklahoma Chapter of the Hospice and Palliative Nurse's Association is offering an interactive and interdisciplinary education forum for nurses and other healthcare professionals. Our aim is to increase healthcare provider awareness, knowledge and skills necessary to provide supportive and palliative care and symptom management throughout all phases of the palliative and hospice care trajectory. Please register at <https://okhpna.nursingnetwork.com> *free to Norman Regional Employees*.

throughout the system on what to look for and has helped develop order sets that ensure those wounds are addressed in the hospital and eventually at the Oklahoma Wound Center.

Positive Aging Institute

Knee Center for Strong Families Positive Aging Initiative Continuing Education Program in Social Work and Counseling

When: Thursday, April 26, 2018 at 8:30am CT - 4:30pm CT **Where:** NorthCare of Oklahoma City, 2617 General Pershing Boulevard, Oklahoma City, OK 73107. **CE Credits:** This event offers 6.0 CE credits to attendees. CE accredited by Continuing Education Approved: LCSW, LSW, LSW-Adm. (6.5 hrs., including one hour of ethics) Home Care and Hospice Administrators (6.5 hrs., including one hour of ethics) LADC (6.5 hrs., including one hour of ethics) LPC and LMFT (6hrs., including one hour of ethics) LPNs, RNs (6.5 hrs., including one hour of ethics) **Continuing Education Requested:** Nursing Home Administrators and Certified Assistant Administrators (6 hrs.) RC/AL, Residential Care, and Adult Day Administrators (6 hrs.). **Cost:** \$65.00 with CE credits \$20.00 without CE credits Lunch will be provided. **Topic:** Full list provided here: https://okhpna.nursingnetwork.com/PosAgeConfAgenda_2018 **Speaker(s):** Roberto E. Medina, MD Assistant Professor Reynolds Department of Geriatric Medicine Mark A Stratton, Pharm.D., BCGP, FASHP Professor Emeritus OU College of Pharmacy Jacqueline L. Millsbaugh, M.Ed., LPC Clinical Support Manager Oklahoma Department of Mental Health and Substance Abuse Services Karen Orsi, BA Director Oklahoma Mental Health and Aging Coalition. **Additional Information:** For information and accommodations please contact Diane Freeman by phone (405)325-2822 or dkfreeman@ou.edu. Sponsored by OU Fran Ziegler and Earl Ziegler College of Nursing.



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We are seeking a full-time Licensed Practical Nurse.

Norman Pediatric Associates is seeking a full-time LPN for our clinic. This day time position is M-F with one weekend clinic coverage a month from 9am-1pm. Nurse would be taking vitals on pediatric patients, performing strep tests, flu tests, infant catheterization, urine dipsticks, administering medication and vaccines, & assisting the provider with procedures. Benefits include: health, dental, vision, and life insurance, short and long term disability insurance, AFLAC, & 401K/profit sharing plan. 808 Wall Street, Norman, OK

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Oklahoma's NURSING TIMES

New findings on vaping raise red flags

For years, vaping has been touted as a safer alternative to cigarettes, but "safer" doesn't mean "safe."

Yes, vapor from electronic cigarettes doesn't have the tar, carbon dioxide or other tobacco products in it, said Oklahoma Medical Research Foundation immunologist Eliza Chakravarty, M.D. But data and studies increasingly point to the dangers of e-cigs.

People who vape might be exposing themselves to several of the same cancer-causing chemicals present in traditional cigarette smoking, according to a new research study from the University of California, San Francisco. The researchers analyzed urine samples from teens who used e-cigarettes and found a host of dangerous and potentially cancer-causing compounds.

"The chemicals they found sound like an organic chemist's nightmare," said Chakravarty.

Because of the lack of regulations for e-cigs, the chemicals aren't listed on the ingredients; they simply fall under the umbrella of "flavoring."

But that generic term masks the presence of carcinogens such as acrylonitrile and propylene oxide and acrolein, which is toxic and a strong irritant for the skin, eyes and nasal passages.

"The takeaway message is: this is not water vapor, it is chemical vapor," she said. "It is absolutely not a safe habit to pick up out of the blue."

Although the devices can help long-time smokers of traditional cigarettes lower nicotine levels and kick the habit, "the big concern is that it is incredibly alluring to teens, and even middle schoolers," said Chakravarty.

The National Institute on Drug Abuse reports that teens are now more likely to vape than to smoke cigarettes. According to the Institute, 9.5 percent of eighth graders, 14 percent of 10th graders and 16 percent of high school seniors have used e-cigarettes within the past month.

"What makes it so enticing for teens and tweens is not only that the 'cool factor' of smoking is very high,



People who vape might be exposing themselves to several of the same cancer-causing chemicals present in traditional cigarette smoking.

but it's also technology, which is exciting and compelling," Chakravarty said. "E-cigarettes are also very easy to acquire."

Another big driver is the mistaken belief that vaping is harmless. "Teens feel invincible," Chakravarty said. "But with all the chemicals being inhaled, we just don't know what the long-term

health effects will be."

For the OMRF researcher, vaping conjures memories of another supposedly healthy innovation in smoking.

"It reminds me of when they added filters to cigarettes, and people started smoking more because it was perceived as safer," said Chakravarty. "We know how that turned out."

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**Vicki L Mayfield, M.Ed., R.N.,
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question to Vicki, email us at
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Last week my column focused on Lilly, a domestic abuse survivor. What about her children; how do they survive witnessing domestic violence. Now lets talk about the children.

The statistics reveal that 1 in 15 children are exposed to intimate partner violence, 90% are eye witnesses. Men who were exposed to domestic violence as children are 3-4 times more likely to perpetrate intimate partner violence as adults than men who did not.

Witnessing can mean SEEING actual incidents of physical/ and or sexual abuse. It can mean HEARING threats or fighting noises from another room. Children may also OBSERVE the aftermath of physical abuse such as blood, bruises, tears, torn clothing, etc. Finally children may be AWARE of the tension in the home such as their mother's fearfulness when the abuser's car pulls into the driveway.

Children who are exposed to battering become fearful and anxious. They are always on guard, watching and waiting for the next event to occur. They never know what will trigger the abuse, and therefore, they never feel safe. They feel powerless.

They grow up with secrets, chaos and craziness. They feel isolated and vulnerable. They are starved for attention, affection and approval.

The emotional responses of children who witness domestic violence may include fear, guilt, shame, sleep disturbances, sadness, depression, and anger (at both the abuser for the violence and at the mother for being unable to prevent the violence).

Physical responses may include stomach aches and/or headaches, bedwetting and inability to concentrate.

The behavioral responses of children who witness domestic violence may include acting out, withdrawal, or anxiousness to please. The children may exhibit signs of anxiety and have a short attention span which may result in poor school performance and attendance. They may use violence to express themselves displaying increased aggression with peers or mother. They can become self-injuring.

Most experts believe that children who are raised in abusive homes learn that violence is an effective way to resolve conflicts and problems.

So the cycle continually repeats itself until the cycle is broken. AND IT MUST BE BROKEN!!!



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Kilian Downey, LPN

Seeing the patients and them being healed. When they're discharged they're so happy.



Stacey Cauthen, Registration

INTEGRIS Ranks No. 1 in the Country for Liver Survivorship

The Nazih Zuhdi Liver Transplant program at INTEGRIS Baptist Medical Center in Oklahoma City ranks first in the country for one-year survival rates. The findings were recently published in a Scientific Registry of Transplant Recipients report.

April is National Donate Life Month, making it the perfect time to make the announcement.

The national study compared performance and patient outcomes from transplant centers across the United States. The liver program at INTEGRIS had the highest one-year survival rate in the country, at 98.72 percent. This is significantly higher than the average one-year survival rate of 92.29 percent.

In addition, the study found the risk of complications leading to death following liver transplantation at INTEGRIS to be 61 percent lower than the average program. The risk

of death while waiting for a liver transplant at INTEGRIS was lower than the national average.

"The Nazih Zuhdi Transplant Institute at INTEGRIS is routinely ranked among those with the nation's highest success rates. This means we can provide our liver transplant recipients the absolute best outcomes that modern medicine has to offer," says Vivek Kohli, M.D., director of liver transplant at INTEGRIS. "This is great news for Oklahomans currently on the wait list for a liver transplant at the institute."

Patients with liver disease seeking transplant come to the INTEGRIS Nazih Zuhdi Transplant Institute from Texas, Arkansas, Kansas, Colorado, New Mexico, Missouri, Nebraska and Louisiana.

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