

Growth Factor

Nurse finds home at Community

Kristi Gates, RN, serves as night house supervisor at Community Hospital south.

by Bobby Anderson, Staff Writer

Kristi Gates, RN, has been a nurse for nearly a decade now.

These days you can find her working nights as house supervisor at Community Hospital's south campus in southwest Oklahoma City.

There's always an easy smile when you're around her and a laugh that just lets you know everything's going to be OK.

But when she first graduated nursing school it was a different story altogether.

SURVIVAL MODE

Just out of school she was hired on to a PCU at another facility. That unit quickly closed down and she floated from PCU to ICU to cardiac and med surg.

"I was a baby nurse and I just got beat up," she laughed.

She was a charge nurse just six months out of nursing school.

It took more than a hour each day after to wind down after a shift.

She wasn't sure if she could hack it.

"It's just stressful. Especially as a new nurse, I didn't

feel like I got a great orientation to begin with so it was just too much," Gates said. "I didn't feel I was able to take care of people like I wanted to."

"Every time I left I felt like I had survived my shift," she continued. "Sometimes I felt like I was able to give good care but most of the time I felt like I was just trying to make it, keep my patient alive and not get a complaint."

Dragging herself out to her car after report each day exhausted, scared, worn to her last nerve - Gates knew she had to make a change.

Like most people, she found Community by accident even though her father worked there in housekeeping for years. Her mother had even worked at the the location when it was a children's psych facility years before.

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Small hospital, big results



Sara Garcia, RN, works in the AllianceHealth Midwest cath lab.

by Bobby Anderson, Staff Writer

Small hospital. Small community.

It's been that way for close to a decade now for Sara Garcia, RN, as she's worked for AllianceHealth Midwest in multiple roles

Even though at nearly 60,000 residents Midwest City is the eighth-largest city in Oklahoma.

Even though AllianceHealth Midwest is more than 1,500 employees strong and pumps some \$70 million into the local economy through salary and benefits alone.

Even despite all that, what matters to Garcia is the feeling of providing quality care to a small community in a smaller hospital setting.

Garcia is closing in on four years in the cath lab but has worked at AllianceHealth Midwest "forever."

She began her career on telemetry some nine years ago spent a time as a manager and then

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GATES

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"I didn't even realize there was a hospital," she said. "I came and interviewed. I loved the interviewers and the facilities."

Six months after coming to Community she knew she'd found home.

Only problem was, she was still hanging on to her old job. She found herself on Cloud Nine one day at Community and then dreading the facility change the next.

She cut the cord, accepted a house supervisor role and hasn't looked back since.

"I really liked it," Gates said of settling on Community. "I felt like I was able to help the nurses. I felt like I was making a difference. We get to spend a lot of time with our patients and I really like the care we give here."

The pace was slower, and the facility was smaller.

And the weight was lifted while she received as much if not more help than she provided.

"It was kind of like a little family," she said. "Usually our census isn't too crazy so we don't have a ton of staff. Everybody that

has been here has been here for a long time. Once someone comes here they usually don't leave."

Community Hospital actually has two campuses featuring a comprehensive range of medical services and high quality care.

Gates' Community Hospital south campus is a full-service hospital serving Southwest Oklahoma City and the surrounding communities including Blanchard, Moore, Newcastle, Norman, Mustang and Tuttle.

Community Hospital's north campus celebrated the opening of its new facility in 2016 and offers inpatient and outpatient services, including diagnostic imaging and direct access to physician offices.

The north campus is conveniently located along the Broadway Extension near Britton Rd. and provides easy access from north Oklahoma City, Edmond, Piedmont, Guthrie, Jones, Luther and Wellston.

A unique strength of the hospitals is the strategic relationship developed with The Physicians Group (TPG) and OSSO physicians.

This partnership between the hospitals and the medical staff allows for new resources for continual growth.

It also strengthens the ability to expand hospital services and to add new medical specialties that meet the needs of the Oklahoma City metro area and surrounding communities.

Gates says she's grown so comfortable at Community that she's contemplating going back to school.

She's even kicked around the idea of taking a larger management role.

Nursing practitioner school isn't

out of the question.

"I think some of it just comes with experience but in this role it's not one of those things you can ever just do an orientation and learn it all," said Gates, now in her ninth year at Community. "Something different happens every day. One day it may be the soda machine. The next day it might be a code. I feel like I've gotten to a point no matter what happens I'll be able to figure it out."

OK State Department of Health Announces Reductions

In a continuing effort to reduce agency costs and meet ongoing financial obligations, the Oklahoma State Department of Health (OSDH) announced the elimination of 37 unclassified positions effective immediately. The department also has received approval from the Office of Management and Enterprise Services (OMES) for a Reduction-In-Force (RIF) that will be implemented in March 2018, eliminating an additional 161 classified positions.

"Over the past five weeks, I have met with Board members, legislators, individual staff, service area leaders and our Senior Leadership team to discuss our current financial situation, core programs and the need to reduce agency costs," said Interim OSDH Commissioner Preston Doerflinger. "Strategically, we reviewed each one of these items along with the mandate to reduce our state appropriations and have made some extremely difficult decisions. I commend the staff engaged in this effort as we work to put the Oklahoma State Department of Health back on a solid financial foundation."

The 37 positions eliminated today include unclassified employees at both the OSDH central office as well as county health departments across the state. Positions affected are Advance Practice Registered Nurses (APRN), Local Emergency Response Coordinators (LERC), Partnership Consultants and staff in Records Evaluation and Support, Minority Health, Office of Performance Management, and the Center for Health Innovation and Effectiveness.

The plan that will be implemented in March 2018 will be officially posted later today. In the RIF, 161 classified positions will be affected and individual notification for these employees will take place early next week. All employees whose service is ending today for budgetary reasons, as well as those whose service ends early next year will be entitled to 18 months of paid employee-only insurance premiums calculated at the 2018 rate, as well as longevity payment for next anniversary date and their annual leave balance. In addition, job placement assistance will be provided by the Oklahoma Office of Workforce Development.

Total estimated cost of the RIF is \$3 million, which includes FICA, unemployment benefits and the payment of accrued annual leave. The elimination of these positions will result in an annual savings of approximately \$10.5 million (minus the RIF costs the first year).

"While extremely difficult, this action is another step to bring the agency more in line with current work responsibilities and core service delivery," said Doerflinger. "Many of these positions involved duties that are already being performed or can be absorbed by other positions in the counties and central office."

Doerflinger also announced the furlough for OSDH employees who make more than \$35,000 per year will end with the pay period ending December 23.

"As we move forward with reduced personnel, we must be able to provide critical services every day without interruption. Leadership will continue to evaluate our financial position and execute efficiencies to better serve the people of Oklahoma"



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GARCIA

Continued from Page 1

transferred downstairs.

She firmly believes there's no other place for her than AllianceHealth Midwest.

"Probably the fact it kind of feels like family here. Everybody takes care of everybody," Garcia said of the reasons behind her longevity.

Years ago she went to nursing school at Oklahoma City University. Along the way she would have chosen anything but cardiac.

"I hated cardiovascular in school. I wanted to do peds," Garcia said. "But I got steered to the telemetry floor and history after that."

About a year into her career when she started feeling comfortable and things really started to click she realized everything was linked to the heart.

"That's when I realized this is what I wanted to do," Garcia said. "I think I just didn't understand all the different aspects of the heart in school. It didn't click for me in school so it wasn't until about a year after when I really started listening to what the doctors were saying and what the patients were

saying and correlating lab values and diagnoses and putting the whole picture together."

The light came on for Garcia and her whole life changed.

"It's very exciting to realize you actually understand you do what you're doing," Garcia said.

It was also exciting to see the cath lab revitalized.

Along the way Garcia has helped the cath lab attain chest pain certification.

"It's huge at this hospital. All the different departments have their own aspect of chest pain certification and we've had to do training throughout the hospital," she said. "That's been pretty exciting because everybody has that heightened awareness."

There's a huge focus on STEMI and Non-STEMI care now.

It's helped turn AllianceHealth Midwest into a solid choice for heart care for those in Eastern Oklahoma County.

It's provided an aging, smaller-community population an alternative to driving into the city receive cardiovascular care.

"I trust the nurses upstairs know how to recognize it and they can call us any time they want and ask

questions or get patients sent down here," she said. "It's a bigger sense of trust than anything else that I know they're doing a good job up there as well. We all rely on each other."

For the first time, the hospital received full Chest Pain Center with PCI (Percutaneous Coronary Intervention) Accreditation from the Society of Cardiovascular Patient Care in 2016.

To receive accreditation, AllianceHealth Midwest demonstrated its expertise and commitment to quality patient care by meeting or exceeding a wide set of stringent criteria and completing on-site evaluation by a SCPC review team.

At the time, AllianceHealth Midwest was the only hospital in the state of Oklahoma to receive this level of accreditation.

"This accreditation is another large step in our commitment to providing superior emergency and cardiac care to the residents of Midwest City and Eastern Oklahoma County" said Damon Brown, CEO, AllianceHealth Midwest. "This accreditation was made possible because of the dedicated work and commitment of a multi-disciplinary team that included employees,

physicians and paramedics."

Garcia comes in early and gets her op paperwork ready for each day. Three nurses each day get their own patient load. They go upstairs to retrieve their patients, assist in completion of the procedure and talk them through.

Once they're stabilized Garcia and her fellow nurses bring them back up to the floor to finish their recovery.

There's literal hand-holding in Garcia's job on a daily basis.

"I love it. I love being about to come in the hospital on an emergent cases and wheeling that patient out knowing we just saved their life and knowing I was a part of it," she said. "It's that instant. I love it when the patient is on the table in a tremendous amount of pain and we fix them and their first words are 'My pain is gone.' It's so rewarding to know you were a part of that."

And that's why she does it again and again.



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CAREERS IN NURSING

WHERE THE HEART IS: DON BRINGS LOVE OF SMALL COMMUNITIES

by Traci Chapman - staff writer/photographer

Patricia Wehling knows firsthand the challenges facing rural hospitals - trials that have meant staff cutbacks at some, even closure of others.

But, the veteran nurse also knows that does not have to be the case - and, she's helped make sure it wasn't for some of Mercy's rural hospitals, in the process becoming an integral part of that healthcare organization's administrative team.

"Even though I have been in administrative positions where I was accountable for 100 to 200 department employees, I find that I identify with the smaller, rural hospitals," Wehling said. "The smaller communities have very different and challenging needs than the urban areas - and, the people are so strong due to the struggles they have endured to keep their communities and hospitals viable."

Wehling's background made it easy for her to relate with those smaller communities and their health needs, she said. Raised on a family farm and graduating from high school as part of a 17-member class, she knew how important quality healthcare was for rural families - and she was committed to help both those families and the facilities serving them succeed.

That commitment led Wehling to a position with the Oklahoma Hospital Association, she said. There, she worked on Hospital Engagement Network - or HEN - helping western Oklahoma rural hospitals move beyond their historical confines.

"The HEN was a project that assisted hospitals to identify and develop quality improvement initiatives," Wehling said.

That background helped Wehling when she moved to Mercy

three years ago, first traveling to two of its rural facilities - Kingfisher and El Reno. There, she developed quality improvement and infection prevention programs; administrators said her dedication and knowledge made her a perfect fit for something different, however.

"I am now only in Mercy Hospital El Reno as the director of nursing as well as continuing with quality improvement, infection prevention and risk management," Wehling said. "It is so rewarding to actually see the results of the initiatives and the level of quality that we have achieved at Mercy Hospital El Reno."

Mercy El Reno's 35-member nursing staff has seen a lot of changes in the last nine years. In 2009, the then-Parkview Hospital Board - held in a city trust - was taken over by members of


El Reno City Council, after its longtime board resigned in protest of the firing of the hospital's administrator. After first going through a management transition with Brentwood, Tennessee-based Quorum Health Corporation, El Reno's council chose to hand the reins over to Mercy.

Thus, Mercy Hospital El Reno was born.

While the changes of close to a decade ago were substantial, the hospital since then has seen many more, Wehling said. Administrators and staff have worked hard to revamp not only the facility's infrastructure, but also a lagging reputation that plagued it for many years.

"I think Parkview got a bad rap for a long, long time," El Reno Mayor Matt White said last year. "While it wasn't popular with

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Patricia Wehling's heart is in rural hospitals, something that's made working as Mercy Hospital El Reno's director of nursing all that more fulfilling.

everyone, especially people who had strong ties to the hospital back then, I think our faith in Mercy has been more than justified – and, it was one of the best decisions we've made."

Mercy's 48-bed El Reno facility, built in 1954, is on the cusp of even more change, however – in May, White said it looked like a long-anticipated new hospital, located adjacent to Interstate 40, was finally in the works.

The new Mercy Hospital El Reno, once complete, would be a 40,000-square-foot, \$22 million project much different than the existing building. The new design was expected to incorporate perhaps 10 to 14 in-patient beds, while greatly expanding the emergency department and featuring surgical suites, an after-care clinic, lab and pharmacy, White said.

Most recently, El Reno City Council in November approved negotiating a contract for the new facility design with Oklahoma City-based Rees Associates. Once construction begins, it should take

about 18 months, the mayor said.

For Wehling, her nursing staff and the rest of El Reno's hospital personnel, the move would usher in a new era of care – and be a shining example of Mercy's commitment to rural healthcare, something close to the nursing director's heart.

"It is so exciting to know that we'll have such an amazing, up-to-date facility, and it will be such a wonderful thing for all of our nearby families, particularly rural patients who deserve the best of care," Wehling said, as she walked through the El Reno facility. "While they already get that now with us, obviously there are challenges with a hospital that's more than 50 years old."

While Mercy's El Reno changes are inspirational, much of Wehling's 42-year career has been marked by milestones, things she said she's been lucky to be a part of. That began with her education – Wehling was a member of then-Central State University's, now University of Central Oklahoma,

Class of 1975. It was only the college's third nursing class, and just the start of her education. In 1984, Wehling would add an MSN to her BSN with a degree from the University of Oklahoma.

Wehling, now 66, for a time left her rural roots and worked as a nurse in the urban healthcare community, at a time when things were changing quickly, she said.

"I started my career at Children's Hospital on the toddler's ward and can remember the starting of the first NICU in the state during that time," Wehling said. "My professional career has always been in nursing – I have been at the bedside, nursing education and management and administration."

Despite her wide range of work – from urban to rural and large to small facilities – Wehling

said smaller towns and wide-open spaces were closest to her heart, not just professionally, but on a personal level.

"We still maintain our farm in north central Oklahoma," she said. "Some of the best days of my life were raising the kids on a family farm – we had wonderful experiences and always great stories to share."

"I have always considered myself so fortunate to be a nurse, to be able to help people, and in rural hospitals, it just seems even more special, because I know the strength of these people – what they face, how they live," Wehling said, as she looked around the El Reno hospital that has become her work home. "It's been the best experience anyone could ask for, and I know that I'm home with Mercy."

OMRF accepting 2018 Fleming Scholar applications

If you hear the word "goggles" and think science instead of swimming, then a summer in a laboratory at the Oklahoma Medical Research Foundation might be just the ticket for you.

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The program is named for Nobel Prize-winning scientist Sir Alexander Fleming, who discovered penicillin and also traveled to the U.S. to dedicate OMRF's first building in 1949.

Since the program debuted in 1956, nearly 600 Oklahoma students have spent their summers in state-of-the-art labs working on meaningful science. Two current OMRF vice presidents, Rodger McEver, M.D., and Judith James, M.D., Ph.D., launched their careers as Fleming scholars.

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204 REGISTERED NURSE

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Oklahoma's NURSING TIMES

New device stops a cold before it starts

New research shows you can stop a cold in its tracks if you take one simple step with a new device when you first feel a cold coming on.

Colds start when cold viruses get in your nose. Viruses multiply fast. If you don't stop them early, they spread in your airways and cause misery.

But scientists have found a quick way to kill a virus. Touch it with copper. Researchers at labs and universities agree — copper is "antimicrobial." It kills viruses and bacteria, just by touch.

That's why ancient Greeks and Egyptians used copper to purify water and heal wounds. They didn't know about viruses and bacteria, but now we do.

Researchers say a tiny electric charge in microbe cells gets short-circuited by the high conductance of copper, destroying the cell in seconds.

Tests by the Environmental Protection Agency (EPA) show germs die fast on copper. So some hospitals switched to copper touch surfaces, like faucets and doorknobs. This cut the spread of MRSA and other illnesses by over half, and saved lives.

The strong scientific evidence gave inventor Doug Cornell an idea. When he felt a cold coming on he fashioned a smooth copper probe and rubbed it gently in his nose for 60 seconds.

"It worked!" he exclaimed. "The cold went away completely." He asked relatives and friends to try it. They said it worked for them, too, every time. So he patented CopperZap™ and put it on the market.

Soon hundreds of people had tried it and given feedback. Nearly 100% said the copper stops their colds if used within 3 hours of the first sign. Even up to 2 days, if they still get the cold it is milder and they feel better.

Users wrote things like, "It stopped my cold right away," and "Is it sup-

posed to work that fast?"

Pat McAllister, age 70, received one for Christmas and called it "one of the best presents ever. This little jewel really works."

People often use CopperZap for



New research: Copper stops colds if used early.

prevention. Karen Gauci, who flies often, used to get colds after crowded flights. Though skeptical, she tried it several times a day on travel days. "Sixteen flights and not a sniffle!"

Businesswoman Rosaleen says when people are sick around her she uses CopperZap morning and night. "It saved me last holidays," she said. "The kids had colds going round and round, but not me."

Some users say it also helps with sinuses. Attorney Donna Blight had a 2-day sinus headache. She tried CopperZap. "I am shocked!" she said. "My head cleared, no more headache, no more congestion."

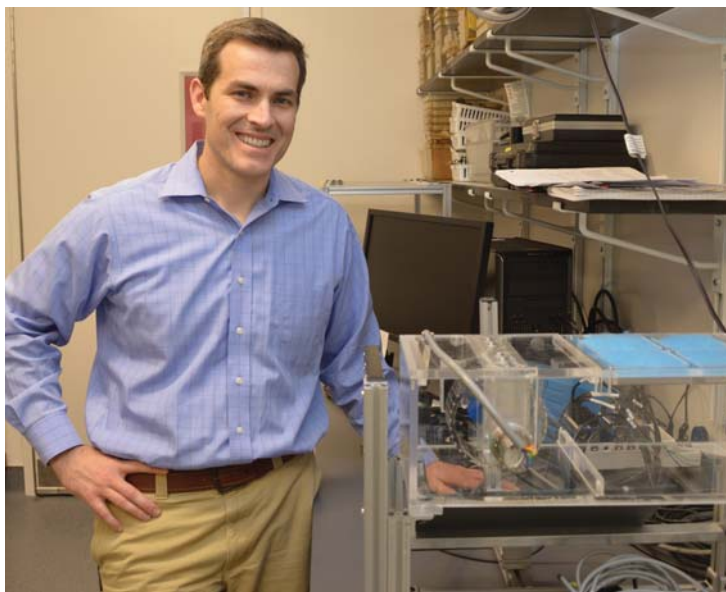
Some users say copper stops nighttime stuffiness. One man said, "Best sleep I've had in years."

Copper may even stop flu if used early and for several days. In a lab test, scientists placed 25 million live flu viruses on a CopperZap. No viruses were found still alive soon after.

The EPA says the natural color change of copper does not reduce its ability to kill germs.

CopperZap is made in the U.S. of pure copper. It carries a 90-day full money back guarantee and is available for \$49.95 at CopperZap.com or toll-free 1-888-411-6114.

OMRF research shows how exercise can benefit cartilage



Tim Griffin, Ph.D., researcher at the Oklahoma Medical Research Foundation.

Remember the saying, "What doesn't kill you makes you stronger?"

Timothy Griffin, Ph.D., a researcher at the Oklahoma Medical Research Foundation, has applied that old adage to the study of osteoarthritis. His lab's recent discovery has shown how healthy types of joint-loading, as occurs with walking or jogging, are beneficial to cartilage and help protect it from breaking down over time.

Osteoarthritis, or OA, is the most common form of disability in the U.S., affecting nearly 31 million Americans. It occurs when the cartilage that cushions bones in the joints breaks down and wears away, causing inflammation and pain as the bones rub against one another. OA is most commonly found in the knees, hips, fingers, lower back and neck.

For this study, Griffin specifically looked at articular cartilage—the smooth, white tissue that covers the ends of bones where they come together to form joints—to study how it reacted at a cellular level to various forms of joint-loading.

Griffin found that healthy forms of loading generates molecules generally considered toxic to cells, which

has a beneficial effect of increasing protective responses in cartilage.

"We looked at many different types of loading, such as those associated with standing and walking up to jogging with a heavy backpack all day," said Griffin. "We found that in all situations, the physical stress on the cartilage caused the tissues to become more oxidized."

While oxidation is generally thought to be bad, some is actually beneficial, because it sparks the body's natural antioxidant defenses.

They found that a key antioxidant molecule called glutathione increased in one of the loading conditions, the one similar to walking. This molecule, said Griffin, is present at fairly high levels in cells throughout the body.

"It's one of the body's primary antioxidant molecules that can help provide a first line of defense against oxidative stress," he said. "Having more glutathione in cartilage means there's a greater capacity to protect against damaging loads."

The loading conditions similar to standing or jogging with a heavy load caused even greater cartilage oxidation without the benefit of the increase in glutathione. Griffin said, "Clearly there is a sweet spot for

See OMRF page 10



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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: 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

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

Nursing Organization Urges Leveraging ACA's Nonprofit Hospital Community Benefit Requirement

*Academy Urges Efforts to Focus Community Benefit
Activities on Addressing Social Determinants of Health
and Promoting Health Equity*

The American Academy of Nursing today released a policy brief urging both institutional and regulatory policies designed at leveraging community benefit activities to address social determinants of health and promote health equity. Specifically, the Academy supports using the most recent nonprofit hospital community benefit requirements under the Affordable Care Act (ACA) to engage stakeholders in assessment, planning and action for community health improvement.

The ACA, and its interpretation in final Internal Revenue Service Rules, require tax-exempt, nonprofit hospitals, to complete a community health and needs assessment and strategic plan every three years. The purpose of these plans is to identify community health needs, and requires the input of local communities and public health departments.

The Academy's policy brief, "Engaging Communities in Creating Health: Leveraging Community Benefit," was published in the September/October 2017 issue of the Academy's journal, Nursing Outlook. Read the full policy brief here: <http://dx.doi.org/10.1016/j.outlook.2017.08.002>

"The Academy's policy brief on nonprofit hospital's community benefit plan requirements is timely," said Academy President Karen Cox, PhD, RN, FAAN, and Chief Operating Officer at Children's Mercy Kansas City. "These requirements could

fundamentally change how nonprofit hospitals see their role in the community, and be a catalyst for them to begin developing new and creative ways to address social determinants of health and work on prevention activities."

The Academy recommends that, when developing their community needs assessments, nonprofit hospitals use this opportunity to engage community partners and public health experts to determine and include the social determinants of health. These may take the form of: the environment; food insecurity; housing; and transportation challenges at the population level. The Academy also supports developing partnerships with various agencies and healthcare organizations on creating, implementing, and measuring the sharing of social determinants data among community and public health systems.

The American Academy of Nursing (www.AANet.org) serves the public and the nursing profession by advancing health policy and practice through the generation, synthesis, and dissemination of nursing knowledge. The Academy's more than 2,500 Fellows are nursing's most accomplished leaders in education, management, practice, and research. They have been recognized for their extraordinary contributions to nursing and health care.

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

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OMRF

Continued from Page 8

getting the right amount and type of loading that gives cartilage the most protection."

Our cells contain many different kinds of molecules and enzymes that protect us against oxidative stress. One of the key findings, said Griffin, is that now they better understand how exercise helps to keep our joints healthy.

"This tells us that we need to think more about the pathways that regulate the production of glutathione to see how they could be harmed with

obesity, aging, and other conditions that increase the risk of osteoarthritis," he said, adding that this information could also be useful in the future for thinking about potential metabolic supplements or genetic engineering strategies that could help prevent joint damage. The data was published in the Journal of Orthopaedic Research. OMRF scientist Mike Kinter, Ph.D., also contributed to the findings.

This research was funded by grants from the National Institutes of Health, Arthritis National Research Foundation, Arthritis Foundation and the Oklahoma Center for the Advancement of Science and Technology.

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My name is Agnes, but my family calls me "Ike". I was born, raised and graduated from high school in Boley, Oklahoma. I met my husband, Otis, while I was attending business college in Omaha, Nebraska. During our 42 years of marriage we have been blessed with two daughters and two grandchildren. In 2006, I thought I was feeling okay, but noticed I was getting tired more and more. That's when I found out my kidneys were failing. I received a new kidney in May 2012. After writing to my donor family, I learned that a young woman name Holly saved my life. When I see the brightest star in the night sky, I think of my Angel, Holly.

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



Agnes

LifeShare



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

I am a 45 year old single female who really desires to have a relationship. I have finally learned the importance of boundaries and having deal breakers. But what really concerns me is what I see in so many of my married friends. Their communication is often ineffective or totally absent. I don't want someone who does not value healthy communication. What is happening to this very important interaction?

-- Diane

Your observation is unfortunately pervasive. It is very troubling when so many relationships and marriages are infected with the communication virus. The bad news is once the virus is officially diagnosed, it does not go away without intensive treatment. It can be ignored, denied and/or avoided for only so long.

Almost every problem experienced in the relationship could be easier to deal with if active communication was practiced. This is also called intimacy. It may be the most important intimate act for the couple.

The prognosis for this virus, without treatment, is predictably deadly.

If we continue to lose the verbal intimacy we will continue to have a high divorce rate, extra-marital affairs, more time in casinos, etc.

What are the reasons that people choose to be in a relationship?

- ** to have a monogamous partner
- ** to have someone to share all aspects of life
- ** to have an intimate physical relationship
- ** to have children
- ** to have someone who is your best friend (or at least one of them)

Healthy relationships are about talking, listening, asking questions, making eye contact and showing care and concern.

If both people are participating in the treatment plan, going to counseling, reading books, journaling and practicing healthier communication, the virus can be cured. It takes time and ongoing practice to create healthier intimacy. There are many couples who have been successful with this plan.

So Diane, don't give up. Pay attention to the communication styles of people you meet.



NURSE + TALK

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

What nursing gift would you like to receive this year? Community Hospital South Campus

I think I want some Danskos or a new Littman.



Kristi Gates, RN

If I get to come to work tomorrow that would be a pretty good present. Materials are easy to acquire.



Sudheera Perera, RN

Each week we visit with health care professionals throughout the Metro



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Let's go with a new Littman or some new Asics.



Megan Stark, RN

A year of happy, healthy patients.



Rhonda Smallwood, RN

Interim Commissioner Names General Counsel for Oklahoma State Department of Health

Interim Commissioner Preston Doerflinger announced today that he is naming Julie Ezell as General Counsel for the Oklahoma State Department of Health (OSDH).

"Julie has proven through her work with the Commissioners of the Land Office and during her time at the Attorney General's Office that she is uniquely qualified to help lead OSDH into the agency's next phase," said Doerflinger. "She has a proven track record of leading agencies during transitions and she will be an invaluable asset as we move the agency forward. I'm excited to have her on board as part of our team."

Ezell has been a practicing attorney for 11 years, ten of which have been with the State of Oklahoma. Her work history includes tenures at the Oklahoma Tax Commission, Commissioners of the Land Office, the Oklahoma Attorney General's Office

and, most recently, serving in the dual role as General Counsel and Deputy Executive Director for the Oklahoma Teachers Retirement System.

"I applaud the selection of Julie Ezell as general counsel at the Oklahoma State Department of Health," Attorney General Mike Hunter said. "She is a talented and skilled attorney, who has experience handling complex circumstances. Julie and I worked together to modernize, create accountability and return public trust to the Commissioners of the Land Office during my time as Secretary of the Commission in 2009 and 2010."

Ezell is a fourth generation Oklahoman and lives in Edmond, Oklahoma with her husband and four children.

The OSDH General Counsel position is currently vacant. Ezell will assume General Counsel duties immediately.



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