



## Changing face of health care

Greg Bridges, RN, co-owner and administrator of Home Care Assistance, has been a nurse for 36 years and is on the forefront of a change in the way health care is delivered.

by Bobby Anderson, Staff Writer

It was early 1980s and Greg Bridges was teaching and coaching high school in New York.

His father, a dean at a local college, blindsided him one day when he suggested he pursue a nursing degree.

"A what?" was Bridges' reply.

He thought it over and it did make sense. Marrying a love of science with a love of teaching, Bridges became an RN.

"It combined well," said Bridges, who initially worked in an ICU before teaching at a college and then going on to home care. "The students I used to teach always said they wanted to be a nurse since they were a little girl. I couldn't say that but it was a great move."

Fast forward 36 years later and Bridges is still nursing and teaching, but this time it's one-one-one in the home as co-owner of Home Care Assistance.

"I think the biggest impact is we are stabilizing peoples' home environment,"

Bridges said of his home care company that boasts a 97% satisfaction rate. "We're buying quality time. We always talk about optimizing our client's experience at home. That's psychologically, cognitively and emotionally and physically - and safety is our No. 1 monitor."

The focus is on activities of daily living - allowing clients to do as much as they possibly can on their own while also having help to shore up any deficits.

"It's A through Z, personal care, dressing " Bridges said. "Statistically, 60 percent of people who come out of the hospital with strokes have depression. Having that relationship with a caregiver one-on-one and not feeling like they are a burden can really lift someone out of that depression."

"It's broad spectrum."

Services range from personal care to medications reminders, running errands and light housekeeping.

"You want to maintain an optimal environment for them to thrive," Bridges said.

See BRIDGES Page 3

## Expansion Prompts Children's Center February Job Fair

*Facility hopes to add 100 employees over next few years*



the children's center  
REHABILITATION HOSPITAL

by Traci Chapman, Staff Writer

As its physical facilities have grown, so too has The Children's Center Rehabilitation Hospital's needs - most importantly, its need for more staff.

That need will be highlighted Feb. 20, as The Children's Center holds a job fair aimed at adding new staff - administrators hope to add about 100 new employees looking for a work home over the next 18 months to two years, said Dayla Morris, human resources director.

"We are seeing so much growth, and that leads us to so much opportunity - our milestone can be someone's professional milestone, as well," Morris said.

That milestone was the opening of a four-story, 100,000-square-foot addition on its Bethany campus. The new wing features 40 additional patient beds, as well as the center's newly consolidated outpatient services, which not only made going to appointments easier for patients and their families, but also added significant space in which to treat them.

"We are so excited about all the possibilities

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## FAIR

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this expansion provides us – one example is how many children we can treat,” said Lori Boyd, center chief operations officer. “Where before we treated between 2,500 and 3,000 children annually, we believe with the addition we’ll be able to push that number to about 3,500 each year.”

Those numbers mean The Children’s Center’s current 650-member staff must be supplemented by new hires – many of them nurses, but also support personnel in every area of the hospital, Morris said.

“Something we find surprises a lot of people is everything we do with our kids,” she said. “All of them participate in education – the staff makes sure that a plan is customized individually to each child.”

The center’s children come from all walks of life and deal with a myriad of challenges, Boyd said. While some deal with developmental disabilities, still more spend a more limited amount of time in treatment and rehabilitation for traumatic injuries due to an accident or illness.

Dealing with their young patients

is only part of the job, Boyd said. Many family members spend significant time at the facility, not only spending time with their child, but in many cases also learning how to care for his or her medical needs once they go home.

While pediatric experience can be useful to anyone looking for a professional home at the center, most crucial is finding someone who believes in its mission of providing care that maximizes the potential of every child, Morris said.

That’s something she said she’s found very easy to embrace – in a place where love, dedication and miracles seemed to find a home.

“I think this is the most fabulous place to work – finding a job with so much satisfaction, it’s priceless,” Morris said. “You hear about people saying they’re a family at work, but that truly is the case here – you couldn’t find a group more caring



The new building at The Children’s Center Rehabilitation Hospital. *image provided*

or dedicated, not just to the kids, but also to each other.”

“We place a high emphasis on education, on making sure not only our new nurses are prepared, but that all of our nursing staff has the education and training they need to do the job they need and want to do,” center nursing educator Callie Rinehart said. “There’s a lot of investment in each and every

employee and making sure they are happy and fulfilled in what they’re doing here.”

The Feb. 20 job fair is set for 9 a.m. through 3 p.m. and will feature tours and information for anyone interested in the facility. More information about The Children’s Center and its programs is available on its website, located at <https://www.miracleshappenhere.org/>.

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## BRIDGES

Continued from Page 1

The days of extended farm families taking care of people are coming to a close.

The job of care has fallen on the sandwich generation, which is stretched too thin.

"We've become much more transient and a lot of people (move to town) because they have a son or daughter who live here," Bridges said. "They have one prong (of attachment) and it's too much. You see the burden between the mother/father or daughter or the sister or brother and they become the caregiver and it alters that relationship."

That's why Bridges, and co-owner Melissa Hill, saw a need. And with Bridges' clinical background it added something that few others have.

"That's extremely valuable in our business," Hill said. "When Greg can come onsite and provide one-on-one coaching, instruction and education they really latch on to that. And I think it brings our caregivers up to a higher level."

Before opening Home Care Assistance, Bridges spent a decade working with Hill consulting in quality improvement.

"Coming from the QIO one of the big things was reducing polypharmacy, looking at falls and the all the different reasons like exacerbations that people come back to the hospital," Bridges said. "We worked with a number of entities - nursing homes and home healths were the biggest ones - and hospitals to reduce that hospitalizations. But when you really get down to it lifestyles are what ultimately puts a person into the hospital. The readmissions are a trip-up of simple things like falls or not taking their medication or hydration."



It's knowing what to look for that is making Home Care Assistance valuable not only to their clients but health care providers as well.

Through its Hospital Readmission Reduction Program, Medicare has

been financially penalizing hospitals with high rates of Medicare readmissions and is extending the penalties to other settings of care such as skilled nursing facilities.

It's estimated that in 2017 hospitals with relatively high readmission rates were penalized more than half a billion dollars.

That occurred when Medicare patients were readmitted to the hospital within 30 days of discharge for the same diagnosis.

At Home Care Assistance, the care philosophy seeks to optimize the wellness of seniors and bring energy, independence and joy in this special phase of life.

And the goal is for that to happen in the home.

"With us you transfer that into the home and the practical things that keep a person safe," Bridges said. "We try to focus on consistent assignments so the same caregiver and same team knows the patient's idiosyncrasies. Watching a person that closely, supporting physical therapies and having that much feedback and intervention on a daily basis, we really nip all sorts of stuff in the bud."



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Each year, nursing programs, including the one at OSU Institute of Technology School of Nursing & Health Sciences, are given a NCLEX Pass Rate report that shows the percentage of nursing graduates that have passed the exam. In 2016, OSUIT's NCLEX score was 85.71 percent, which was higher than the state pass rate of 83.78 percent and the national pass rate of 84.56 percent. The same thing happened in 2015 when OSUIT received an

88 percent pass rate compared to Oklahoma's 85.70 percent and the nation's 84.51 pass rates.

The NCLEX, a computerized exam made of up 75 to 275 questions, tests nursing graduates knowledge in eight health care areas including management of care; safety and infection control; health promotion and maintenance; psychosocial integrity; basic care and comfort; pharmacological and parenteral therapies; reduction of risk potential; and physiological adaptation.

Nursing school graduates are required to pass their NCLEX exam in order to work as a registered nurse. Jana Martin, dean of the School of Nursing & Health Sciences, said in the last several years OSUIT's NCLEX pass rate has really improved, and the trend seems to be continuing. "We're very, very proud. That tells us we have a quality program. Our graduates are eligible to work as registered nurses, they can support their families and they can pay their student loans," Martin said. "We have a rigorous program. It has to be rigorous— we are dealing with patients' lives."

Martin said students who come to the nursing program are almost always surprised by just how difficult and challenging it is, even for those who excelled in high school or other college programs. "It's a new way of learning that they're not used to. It's memorization but also critical thinking. It's a lot of reading and stringent studying," she said. "It requires organization, flexibility, the ability to make tough decisions and prioritize. And the student needs a support system at home." The training and education is tough because the profession is hard work, Martin said, and the faculty in the nursing program are continually working to ensure the program improves while also meeting the needs of the industry. "Our faculty make sure this is a quality program. They make sure we maintain our standards."

Everything we have done and our accomplishments are because of our faculty," she said. "They stay up to date on best practices and new technologies." It's all in service in making sure the students are prepared and knowledgeable when they start their careers. But before they can do that, they have to pass the NCLEX, which can be stressful and nerve-wracking, Martin said, which is why the preparation and support doesn't end when the students walk across the graduation stage.

"Students are assigned a mentor, myself or one of our faculty, after they graduate, and we follow them through their NCLEX testing," she said. "We text or call them to make sure they are doing their test trainers or if there is anything they need. That extra encouragement really shows our students we care about them."



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# OKCU's Black Nurses Association Shares Feb. 17 Event Invitation

**"We plan to expand on the efforts of founders Irene Phillips, RN, MSN; Simone Guthrie RN, MSN; and Sheila Harbert, LPN, to provide scholarships, research, mentorships and to influence health policy in Oklahoma City, while eliminating health disparities in low income and populations of color." Gay Pasley, RN**

by Traci Chapman, Staff Writer

Oklahoma City University's Kramer School of Nursing is a widely diverse program, calling to students from all races and backgrounds and focusing on graduating students who are committed to providing the quality healthcare to everyone.

A part of the school's success in that endeavor is an organization that shares that goal - OKCU's Black Nurses Association.

Designed to provide not only a forum for black nurses to mentor and encourage each other's success, the local Black Nurses Association - like its national counterpart - also prioritizes its commitment to challenging the status quo of healthcare disparities seen by low income communities, including people of color, said Gay Pasley, RN.

"We plan to expand on the efforts of founders Irene Phillips, RN, MSN; Simone Guthrie RN, MSN; and Sheila Harbert, LPN, to provide scholarships, research, mentorships and to influence health policy in Oklahoma City, while eliminating health disparities in low income and populations of color."

From the start, OKCBNA's membership has been as varied as the nursing profession itself - members work in fields ranging from hospice, labor and delivery and medical surgical to those who manage their own practices and range in age from early 20s to retirees, Pasley said.

"The nurses affiliated with OKCBNA come from nursing

programs across the United States; most of us are from Oklahoma and have attended nursing schools in Oklahoma," Pasley said. "There is not a specialty that is not represented in OKCBNA."

As different as the organization's membership is, however, there is a very core commitment among each and every person involved, Pasley said - the drive and commitment to caring for those who need it.

"We feel that nursing is a higher calling and have chosen to walk in its path," she said.

That was very much on the minds of Phillips, Guthrie and Harbert when, in 2014, they worked to establish OKCU's Black Nurses Association. From the start, the group worked to mentor others who were coming up through the nursing ranks, as well as help promote better health in the black community - in particular, hypertension, which is higher among African-Americans than almost any place in the world, according to the American Heart Association. Members took part in health fairs and interacted with the community to make a difference in how they looked at medical treatment. In turn, they hoped to spur interest in the OKCBNA organization and in embracing nursing as a career.

That mission has been ever-evolving and growing - but in recent months, the mission has become even more clearly defined, after a speech ignited a fire among OKCBNA members, Pasley said.

It came about when Dorothea Houston, BSN, attended the Advanced

Nursing Practice Conference in Washington, D.C. There, she met Eric J. Williams - NBNA's 14th president and himself a trailblazer as the first male president of the national association. The meeting sparked an excitement in Houston she brought back to the university and her fellow members and launched an idea - for Williams to travel to Oklahoma City University and speak here.

Houston's enthusiasm was contagious, as the idea was embraced by OKCU administrators like Kramer School of Nursing Dean Dr. Lois Salmeron, Associate Kramer Dean Dr. Linda Cook and Chris Black, OKCU's director of communications.

It would lead to an event that changed the local organization - and some of those attending it - forever, Pasley said.

"Kramer School of Nursing sponsored the well-attended event, and Dr. Williams presented the history of the National Black Nurses Association and challenged the audience to create a better future for nursing," she said. "The National Black Nurses Association provided four sponsorships for nursing students, and Kramer School of Nursing matched this sponsorship

for four of its students."

One of those in that audience was Pasley, who said she not only joined both the local and national BNA organizations after hearing Williams speak - she began transforming a 25-year nursing career by beginning her pursuit of a master of science in nursing degree.

"I plan to become a nurse educator to help address the national shortage of nurses and nurse educators," Pasley said.

The long-time nurse wasn't the only person affected by Williams' speech. The event sparked a wildfire of excitement among local BNA chapter members, who decided they wanted not only to expand their membership, but to become part of the national organization. The first task the group set was to recruit 15 new members.

Asked by the OKCNBA board to serve as the chapter's recruitment chair, Pasley was a big part of that effort. In less than two months, the group exceeded that 15-number new member goal - the minimum required for a nationally-affiliated chapter. But, that was only the start, Pasley said.

See EVENT Page 8

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## DOD Grant Furthers Investigation into Bladder Cancer Treatment

Because it is often diagnosed in its early stages, bladder cancer is highly treatable upon discovery. However, bladder cancer has a high rate of recurrence, typically because tumors too small to be detected continue growing after initial treatment.

A researcher with the University of Oklahoma College of Pharmacy is studying a new way to find and eradicate bladder cancer cells that often evade detection. Youngjae You, Ph.D., recently received an almost \$600,000 federal grant to continue his work, which focuses on an approach called photodynamic therapy.

Bladder cancer is the fourth most common cancer in men. When it is found early, physicians, including those at the Stephenson Cancer Center, often treat it through a procedure called transurethral resection of bladder tumor. After a fluorescent agent is injected into the bladder to illuminate the cancer cells, a thin, lighted tube called a cystoscope allows physicians to insert an instrument to burn away cancer cells using an electric current. Based on a biopsy, physicians may recommend follow-up treatment, such as chemotherapy. Bladder cancer is among the most costly cancers to treat because of high recurrence, intensive surveillance and expensive treatment.

"The target of our approach is the small, flat cancer cells that can go undetected," You said. "We want to find and kill those tumors early and reduce the patient's risk of recurrence."



Youngjae You OU College of Pharmacy.

photo by Simon Hurst

You's hypothesis is that the same fluorescent agent that illuminates cancer cells can be harnessed to kill small tumors inside the bladder. This small fluorescent molecule is instilled in the bladder, where cancer cells absorb more than normal cells. The fluorescence not only makes the cancer cells visible, but it generates a form of oxygen – called singlet oxygen – that can destroy the tumors. However, the singlet oxygen requires an additional boost of power to sufficiently kill cancer cells. You's research involves adding a non-toxic version of an existing

anti-cancer drug to the research model. The singlet oxygen then converts the non-toxic drug into a toxic, cancer-destroying version of the drug.

"Our strategy is to use the specificity of the fluorescent detection, combined with photodynamic therapy, to destroy the cancer cells while minimizing side effects and damage to nearby healthy cells," he said.

You has received funding for his bladder cancer research for several years from the American Cancer Society. His latest grant will allow him to further validate his findings. He works closely with other faculty in the College of Pharmacy (Sukyoung Woo, Ph.D.) and the College of Medicine (Robert Hurst, Ph.D.), as well as a clinical colleague (Sanjay Patel, M.D.) who treats patients with bladder cancer. The grant is from the Department of Defense, Department of the Army, which

is interested in helping military members and veterans diagnosed with bladder cancer. Veterans are at higher risk of bladder cancer than the general population because they have a higher rate of smoking, which is the leading risk for the disease. Veterans also face a higher risk of being exposed to chemicals that can cause bladder cancer.

You's research is important because it has the potential to move from the "bench to the bedside" to help patients in Oklahoma and beyond, said James Tomasek, Ph.D., vice president for research at the OU Health Sciences Center.

"Dr. You's commitment to finding a better, more precise method of treating bladder cancer is at the heart of what our researchers do at the OU Health Sciences Center," Tomasek said. "He understands the needs of physicians and their patients and is using his skills in basic science to discover new answers."

## EVENT

Continued from Page 5

"My personal goal is 30 nurses by the time we submit our membership packet to nationals," she said. "This will allow us to have two delegates vote at the National Convention."

The effort has just begun, however. A primary way for those who believe in BNA and work to make its mission a reality is through education – not only for the community, but in spreading word to black nurses throughout the area about the importance and benefits of being part of the association. As the group works toward becoming part of the national Black Nurses Association, they believe it's essential to always continue reaching out to potential members, Pasley said.

"We would like to engage with other nurses in the community and want to share our mission," she said. "Please bring your gifts and help us eliminate health disparities for persons of color and low income populations in our community."

That's where a Feb. 17 Oklahoma

City Black Nurses Association meet and greet comes into play, Pasley said. Set to begin at 1 p.m. at Kramer School of Nursing, the event is designed to spread the word about the local organization, discuss upcoming events and talk about continuing OKCUBNA's forward movement, she said. The Saturday meet and greet is open to all nurses – and it's an opportunity for black nurses to become part of something beyond anything the association's local founders might have believed possible.

"This move to becoming members of the national organization is historic," Pasley said. "It moves us from the local to the national arena, and it creates exposure and greater opportunities for scholarship and mentorship as well as training in grant writing and health policy, etc."

For more information about OKCU's Black Nurses Association, go online to <https://www.okcu.edu/nursing/about-us/organizations/black-nurses> or see its Facebook page, <https://www.facebook.com/OKCUBNA/>.

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## 10 NEGATIVE EFFECTS OF TECHNOLOGY

The impact of technology on our social, mental, physical and environmental health can be devastating if we don't keep ourselves in check. There is no denying the benefits we have gained from technological advancements, but as with all things in life, moderation is the key. Being aware of many of the harmful aspects of technology overuse may give you a moment to inventory your use.

1. ISOLATION - Technology becomes your most sought after friend.
2. LACK OF SOCIAL SKILLS - Loss of ability to read body language and social cues in other people.
3. OBESITY - Decrease or eliminating exercise and increase in mindless eating.
4. DEPRESSION - Technology creates the perfect recipe for depression with lack of social contact, overeating and lack of exercise. (Anti-depressants will not fix this depression),
5. POOR SLEEP HABITS - It is hard to turn that phone, tablet, game, etc. off and go to sleep. Also the ambient glow from the screen can affect the release of melatonin.
6. INCREASED BULLYING - Bullies infiltrate the security of their victims homes through online avenues. The increase in cyber-bullying has also led to an increase in teen suicides.
7. LACK OF PRIVACY - The Internet has stripped the world of privacy. With a few flicks on a keyboard the average person can find any one's address and contact information. Plus some people have no sense of personal sharing online. The Internet should not be used as a diary of your personal life.
8. STRESS - Constantly being "plugged in" or "connected" causes an extra layer of stress that wasn't present before the overuse of technology.
9. LACK OF SEXUAL BOUNDARIES - Exposure to sexual content is more likely to occur at a much younger age. (In programs for sex offenders it is not uncommon for teen males to report they started viewing porn at age 8 or 9) Sexting is also a concern. Young boys and girls are sending nude and partially nude photos via snap chat and other apps. But its not limited to the young, adults are doing it too!! AND DON'T THINK THOSE PICTURES EVER REALLY GO AWAY BECAUSE THEY DON'T!!!
10. CONSTANT DISTRACTION - When we are focused on a device instead of what is going on around us, we miss a great deal. There is also a rise in injuries incurred when people are walking and texting.

It is important to again make the point that technology is not bad, it can be extremely useful and informative BUT it can also be all of the above.

Families and relationships have been on a perilous journey without all the technology but now the stakes are even higher.





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*My biggest fear would be if I was limited-not having options.*



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