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Gifts from the heart

Love abounds in RN's hospice career

Debbie Redden does not tire after serving hospice patients for 11 years. Her purpose in life is enriched by the compassion she gives on a daily basis with Good Shepherd Hospice in Oklahoma City.

by James Coburn
Staff Writer

Love has lifted the nursing career of Debbie Redden, RN case manager, Good Shepherd Hospice. She rises to the occasion daily

after 11 years with Good Shepherd and of being a nurse for 14 years. She watches after her flock.

Her career began at a local hospital where she worked in a cardiac unit before accepting a position

with Good Shepherd, and she earned her RN degree at Oklahoma City Community College. Redden earned her Bachelor of Science in Nursing degree at Southwestern State University.

"Good Shepherd is a wonderful company. I'm so happy this is where I started my hospice nursing and I'm so happy that I've got to stay here these 11 years," Redden said. "Good Shepherd has wonderful caring

That extra touch Hospital goes above-and-beyond in specialized acute care



Jenny Stone, RN, understands the culture needed for optimal patient care provided daily at Select Specialty Hospital in Oklahoma City.

story and photo by James Coburn, Staff Writer

Patients who have been in another hospital but their insurance is running out and they still need care and rehabilitation may come to Select Specialty Hospital in northwest Oklahoma City, said Jenny Stone. Select Specialty Hospital is a long-term acute care hospital.

"If they're too critical for rehab or to go home they come to our hospital," Stone explained.

See REDDEN Page 2

See SELECT Page 3

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SELECT

Continued from Page 1

Stone earned her nursing degree at OSU/OKC 12 years ago. She worked at Select Specialty Hospital for two years as a nurse tech while attending school. She has been with Select Specialty ever since. Her loyalty to Select Specialty Hospital continues today.

"It's smaller," she said. "It's not such a big hospital. We are all family here. That's what I like about it," Stone said. She has had opportunities to work at other places but Stone likes the type of nursing she does and the patients she serves.

"One of the reasons is the people I work with. A lot of them have been here a long time with me," she continued.

The patients she cares for may have complicated issues of co-morbidities that impact their health care needs. So she is grateful to work in an environment where she can witness the fruits of her labor when people are restored to their personal best in life. Stone said it's nice to see her patients return home, go to rehab or be well enough to go to a skilled facility.

Many of the patients received

at Select Specialty Hospital are on ventilators when they arrive with respiratory problems. Patients include individuals with traumatic brain injury, dialysis patients, COPD and other serious ailments. A team approach to patient care enhances the nurses' response.

"Everybody is friendly," she said. "There are some places where you have bad apples, but everybody pretty much gets along here. They want to help and step in when needed."

Among the essential qualities needed in her profession are good time management skills, she said. The work load can become very busy at times, so the nurses must stay on top of their charting and patients' needs, Stone said. Helping the patients to succeed synchronizes with team work like a well-oiled machine working day and night around the clock with the needs of each patient in mind.

Nurses are busy and are on their feet a lot. But they take home with them personal gratifications that they gave their all for the welfare of humanity.

"Once I go home and I know that someone coded and they came back and you've saved someone's life, it makes you feel good," Stone said. "Sometimes our patients will even

come back and visit us. When they've been on the ventilator here and were doing really poor, and they come in the door walking, it makes you feel really good that you've made a difference in somebody's life."

Patients are generally in Select Specialty Hospital for 28 days or longer which is more than enough time for the nurses to become attached to those persons they assist in getting better. A thank you will go a long way in adding momentum to a nurse's day.

"We get a lot of cards usually saying, 'Thank you for your help' or 'It was great,'" Stone said.

The age population of the patients at Select Specialty Hospital is comprised of all ages. Perhaps the youngest patient Stone has known has been 18 years old, she said.

"Mainly when we get the younger patients like that it's from car wrecks and they have a traumatic brain injury," Stone said. "So we do get younger."

Patients will typically get rehabilitation through physical therapy and occupational therapy on Mondays through Fridays. Walking is a good method of strength training.

"Usually before an occupational therapist, a physical therapist or a speech therapist goes into action, they

will check with a nurse to make sure the patient is not having an issue that day such as low hemoglobin so they won't pass out from walking," Stone said. "They'll consult with a nurse to ensure they are stable to work with."

All of this talent did not happen overnight for Stone. Her sister went to nursing school and Stone followed in her footsteps.

"She is the one who originally got me the job at Select," Stone said. "We started out at Deaconess with a floor there before we had our own building. We had a floor at Baptist, too."

"I like it. Nursing interests me with the different diseases. Through Select we will have classes every once in a while that we have to take to remain updated. And recently I started last spring getting my Bachelor of Science in Nursing degree because Select came out with a program through the University of Kentucky. I got selected for that and I have started working on it."

Stone is married and has two children, a boy and girl ages 6 and 9.

"I'm usually busy. He plays football and my daughter dances," she said. "But I'm usually hanging out with my family. We go to the lake in the summer."

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CAREERS IN NURSING

A SEASONED NURSE - LPN RETURNS TO HER BELOVED FIELD

by James Coburn - Writer/Photographer

Caren Graham was a CNA for Golden Age Nursing Center in 2001. Graham is now a licensed practical charge nurse at the Guthrie nursing center. She works with a myriad of patients from skilled nursing to long-term care.

She is grateful that Golden Age paid for her scholarship to attend nursing school at Metro Tech in 2002 in Oklahoma City.

Graham loved school and signed a two-year contract with Golden Age stating that she would come back to work there. Before returning to Golden Age, Graham went into the field of home health when she graduated.

"The reason being is that I wanted it to be a slower pace so that I could get more familiar with patients and their diagnosis," she said. "So I did that for a year and then I came back here and did my two years."

The one year of home health did her a world of good, she said of

being a seasoned nurse.

Graham then went to work with pediatric patients for eight years. She said being a pediatric nurse is good or bad with no in-between.

"I taught a 7-year-old how to smile but then again I had to say goodbye to some really young kids," she said. "So for eight years I did that and was really happy, but just needed a break. So I came back to Golden Age."

Golden Age provides a professional and efficient environment for nursing care, she said. That is what she likes about it.

"You know I don't have to worry about my license being at risk," Graham said. "I have been in some facilities where it's everybody flies by the seat of their pants. We don't do that here. It's just very professional."

She always wanted to be a nurse, she said. At age 16 she was a CNA living in Nevada. That was

when nurses wore all white attire in a different era.

"My youngest son had passed away when I was 28," Graham said. "And he was just an infant and it was very upsetting. I didn't deal with that very well so I got out of nursing. As a matter of fact, I was a 21 blackjack dealer for quite a while in Vegas."

There was some healing that had to happen within her spirit, Graham said. Then 20 years ago, she returned to Oklahoma to continue her journey as a nurse.

"The spirit knew where I was supposed to be," she said.

She worked at a daycare in Guthrie for several years and met a nurse who worked at Golden Age. The conversation led her to work at Golden Age as a CNA. Everything fell into place for Graham.

"It's my bliss. It's what I was always meant to do," Graham said. "I'm sure of that."

Golden Age sets a high standard


with their employees, she said.

Her second time at Golden Age is different than it was when she first worked here in a world of paper, she said. Learning the digital age of computers applied to nursing was intimidating at first for Graham, she said.

"You had to drag me into the technology era," said Graham, 51. "I'm from the old school. So I worked with the young nurses. I have some experience they pull from and I pulled from their experience on the computers. So that's working out great."

Nurses in any field want to help someone who can't help themselves, she said. So geriatric care is very gratifying for Graham. Helping the residents is more than giving them medicine. It's determining what works for them by knowing their nuances, Graham said.

"I enjoy that. I enjoy a continuity of care when I can see people over and over. I learn their nuances, so



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Sofia

In 2004, Sofia's mother learned her two-month-old daughter's liver wasn't draining. She had surgery, but was eventually placed on the transplant waiting list just a few months later. A week before her first birthday, Sofia received a new liver. Now, an active twelve year old, she enjoys playing basketball, going to church and being a cheerleader.

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I can see if their diet is working for them, so it's the little, tiny nuances that I pick-up on when I have that continuity of care. And that's a big thing here," she said. "You don't get switched around a lot. You're not with somebody new the first day trying to figure out something that is chronic."

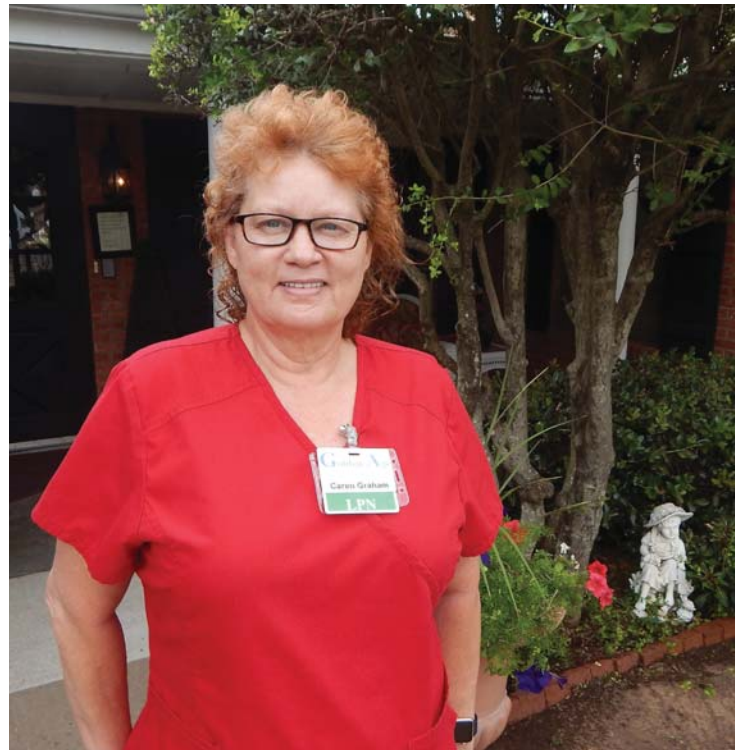
She can put her head down at night and feel satisfied, Graham said. That is also the time she thinks of some of the best interventions for her residents.

"When I'm thinking about my day

it's like, "That's it. That will help," Graham said. "When it's quiet and all your tasks are done for the day, you can just lay there and reflect."

During her leisure time, she and her husband like to travel. Their children are grown now. Graham enjoys listening to music and her husband plays golf.

"I have a granddaughter that just moved in with me so I'm kind of getting back into that role," she said.



Caren Graham was a CNA for Golden Age Nursing Center, says she is right at home when working with the geriatric population.



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Tiny Radioactive Seed Makes a Big Impact in Breast Cancer Surgery

Lakeside Women's Hospital, part of the INTEGRIS network, is the first facility in Oklahoma to offer a new, more patient-friendly approach to pinpointing and removing very small breast cancers.

The innovative procedure is called radioactive seed localization. Using a mammogram or ultrasound for guidance, Charles Groves, M.D., a breast radiologist and medical director of the INTEGRIS Comprehensive Breast Center of Oklahoma, uses a thin needle to place a tiny metal seed into the breast to mark the exact location of the cancer. The implanted seed contains a small amount of radiation that helps the surgeon locate the area of abnormal tissue during surgery when it is too small to be seen or felt by hand.

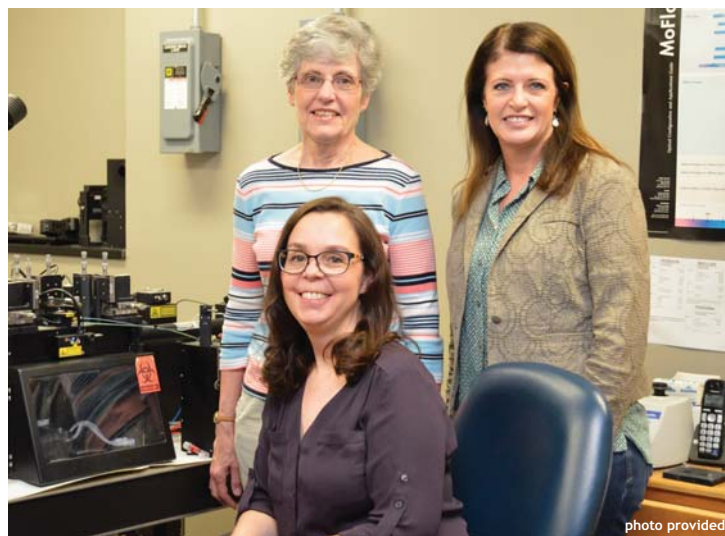
"Until now, patients with such small breast cancers were required to undergo a procedure called breast needle localization, in which we would insert a wire into the breast to map the location of the cancer," says

Groves. "The wire remained in the breast, projecting out of the skin for several hours until the surgery. The wire was used to guide the surgeon during the operation."

With the RSL approach, as it is called, the seed is implanted and the patient is allowed to go home and rest comfortably until their surgery date later that week. Denise Rable, M.D., an INTEGRIS breast surgical oncologist at Lakeside, uses a handheld radiation detection device to zero in on the seed and precisely navigate to the location of the cancer, which is removed along with the seed during the operation. Removal of appropriate breast tissue as well as the radioactive seed is confirmed with state of the art intraoperative 3D imaging of the specimen. After the procedure, no radioactivity remains in the body.

The radioactive seed is strictly used for tumor marking. It does not replace radiation or chemotherapy as a method of treating the cancer.

OMRF scientists discover clues about cause of dryness in Sjogren's syndrome



Oklahoma Medical Research Foundation scientists Linda Thompson, Ph.D., Michelle Joachims, Ph.D. and Darise Farris, Ph.D.

Sjogren's syndrome is a painful autoimmune disease in which a person's immune system attacks the body's moisture-producing glands, damaging the ability to produce tears or saliva. Common symptoms include severe dry eyes and dry mouth, as well as fatigue, arthritis and memory problems.

Scientists at the Oklahoma Medical Research Foundation are looking to change the landscape of Sjogren's by studying the biology of what triggers the disease. In a new study, OMRF researchers led by Darise Farris, Ph.D., and Linda Thompson, Ph.D., evaluated specific immune cells called T cells that were isolated from salivary gland biopsy tissue from Sjogren's patients.

By studying biopsied tissues, the OMRF researchers hoped to learn why T cells travel to the salivary glands and how they can cause reduced saliva production.

T cells are white blood cells that scan the body for invaders like viruses and bacteria, similar to soldiers on patrol. Their job is to locate the interlopers and destroy them. But in autoimmune diseases like Sjogren's, those cells can turn their weapons on the body instead.

While not as well known as similar disorders like rheumatoid arthritis and lupus, Sjogren's syndrome is thought

to affect as many as 3 million people in the United States, with more than 200,000 new cases every year. Like many autoimmune illnesses, it disproportionately strikes women, with 9 cases in women for every 1 in a man.

Sjogren's has no known cure, said Farris, and treatments at this time only address symptoms, not the direct cause. "Eye drops or mouthwashes can make patients feel better, but they don't do anything to address why the symptoms are occurring. That's because we don't understand what causes the disease."

"Autoimmune diseases occur when immune cells wrongly attack normal, healthy tissues. It is already known in Sjogren's that T cells travel to the salivary glands," said Thompson. "Each of these cells has a receptor that can bind to a specific target, or antigen. However, the target of the T cells in Sjogren's is unknown."

When a T cell makes specific contact with an antigen—a substance that provokes an immune response in the body—it is stimulated to divide. Normally this target would be a foreign component from a virus or bacteria, said Farris, but in diseases like Sjogren's, it's very likely that this

See SYNDROME page 10



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Oklahoma's Nursing Times Hospice Directory

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

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

Autumn Bridge Hospice: 405-440-2440

Autumn Light Hospice: 580-252-1266

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

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

Choice Home Health & Hospice:
405-879-3470

Comforting Hands Hospice: Bartlesville:
918-331-0003

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

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

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

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

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

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

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

Frontier Hospice: Kelly Morris, Vol.
Coordinator, 405-789-2913

Golden Age Hospice: 405-735-5121

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

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

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

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

Heartland Hospice: Shawnee: Vol. Coord. Karen
Cleveland, 405-214-6442; Norman: Vol. Coord. Lisa
Veauchamp, 405-579-8565

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

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

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

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

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

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

Humanity Hospice:
Kay Cole, Vol. Coordinator 405-418-2530

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

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

Interim Healthcare Hospice: 405-848-3555

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

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

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

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

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

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

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

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

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

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

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

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

Quality Life Hospice: 405 486-1357

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

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

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

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

Should Nurse Licenses Hold Across States?

by Marty Stempniak

Motorists can cross state borders from California to Connecticut and the drivers' licenses they got back home remain valid. But in most cases, a nurse can't practice her profession in different states without multiple licenses.

A group of advocates wants that to change. Arizona just signed legislation to enter the Nurse Licensure Compact, joining Florida, Idaho, Oklahoma, South Dakota, Tennessee, Virginia and Wyoming. A nurse in Arizona can travel to any state that's part of the arrangement to practice medicine, without obtaining further licenses.

With the growing importance of telemedicine, as well as the need for nurses in underserved areas, momentum for a license that transcends borders seems to be building, says Jim Puente, director of the compact with the National Council of State Boards of Nursing. "If you're a nurse who is practicing telephonically with patients in the western part of the U.S. and that is your client base, you need to hold a license in every one of those states. That's an onerous task, not to mention expensive," Puente says. "We believe a nurse is a nurse from state to state, and that a multistate license will eliminate the redundancy."

A simpler compact was first implemented in 2000, eventually swelling to 25 states. However, growth stagnated in 2010, Puente says, because the original excluded background checks. With their inclusion this time around, Puente hopes to quickly reach, and surpass, the original 25. The old compact will stay in effect, meanwhile, until either the end of 2018, or when the new one reaches 26 states.

Some have expressed concern about the move toward multistate licensure. Local governments are hesitant to lose revenue from licensing fees, while nurse unions worry about inconsistent state licensure regulations. They're also afraid that if they go on strike in one state, nurses from another state could be brought in to replace them.

But other nurse groups support breaking down state boundaries. The

American Organization of Nursing Executives first voiced its approval for the idea in 2002, and continues to support it, says Jo Ann Webb, vice president for federal relations and policy. Professions such as physicians, psychologists and dietitians are taking notice, and considering similar compacts.

"There is a nursing shortage, and you complicate that with the fact that somebody wants to go to work, and yet they have to go through all this rigmarole," Webb says. "Figuring there are a lot of jobs available, they might take something in retail, as opposed to nursing, if it's too complicated and expensive."

Leaders in states with pending legislation are eager to join, too. Governors in Missouri and New Hampshire were poised to sign newly passed legislation in June, making those the ninth and 10th states to join the compact. Minnesota is also contemplating hopping aboard, and health systems such as the Mayo Clinic are lobbying state officials there for approval.

The Rochester, Minn., organization needs nurses with flexibility to help staff its emergency Mayo 1 helicopter, and the system operates intensive care units through video and telephone capabilities in such states as Iowa, Wisconsin and Georgia, says Sharon Prinsen, R.N., nurse administrator. Such innovative approaches to staffing are necessary for success in health care's changing landscape, she believes.

"It really opens the door for technology and new models of care to address meeting patients wherever they are versus having to come forward to a traditional facility to be cared for," Prinsen says.

The border reciprocity agreement allows nurses who work in the neighboring states of Iowa, South Dakota, North Dakota and Wisconsin to practice nursing in Minnesota without a Minnesota license, provided they register with the Minnesota Board of Nursing. But the Minnesota Nurses Association has expressed strong opposition to the idea. The group argues that passing the pact

See LICENSE page 10

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



**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 female in my 40's. I think and feel things that I don't really understand. My childhood was crazy and unstable but I can't believe that has affected me into adulthood. I take medication but it doesn't seem to help. Do you have any suggestions?

Exposure to early childhood trauma dramatically affects health over a lifetime. It is not something that our brains automatically shuts off when adulthood arrives. The profound experiences that many adult children have experienced would make some people shudder in disbelief.

What makes this exposure and long term symptomatology worse is the misdiagnosing and lack of appropriate treatment. For example: I met Katie's grandmother, Linda during a high stress time for the family. (I never met Katie, her mother would not allow her to come to therapy). Linda shared that her daughter had issues with drug abuse and often had undesirable people in her home that Katie was exposed to. Katie's father was in prison after committing an armed robbery. Katie often missed school because her mother did not wake up to take her.

Linda was concerned because one of Katie's teachers wanted Ritalin prescribed for her due to disruptive behavior and lack of focus. Linda did not want Katie taking drugs. Linda said a meeting was planned to discuss the medication and Linda's daughter had invited her to attend. I strongly encouraged Linda to share how Katie's home environment was causing considerable distress for her. It is a difficult situation since Katie's mother has created a traumatic environment for her child and their solution may be medication.

If the trauma is never addressed in childhood it travels with us into adulthood. Where else would it go? PTSD symptoms become the normal. Some people don't even know they have PTSD symptoms. The adult who dissociates when a childhood stressor hits his/her amygdala and recreates the event doesn't realize they are no longer in danger. It has become a conditioned response.

Children who have experienced early adversity to trauma are at higher risk for heart disease, cancer, depression, anxiety and other medical issues. A direct link to chronic and intense levels of stress hormones, i.e., adrenaline and cortisol caused by repeated stress activation.

Adults of all ages will be affected until "appropriate" treatment is received. There is no pill that will make exposure to early childhood trauma "go away." We can treat symptoms but that does not treat the problem.

People need to stop saying, "children are resilient." They are not as resilient as you think. And if you are an untreated adult struggling with the aftermath of trauma seek professional help in the form of individual therapy, day treatment programs or group therapy.

ILLEGAL TOBACCO SALES TO MINORS DOUBLE IN ONLY FOUR YEARS

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) has announced the results of its annual inspection of tobacco outlets to measure compliance with laws restricting underage tobacco sales. This year's non-compliance rate of 14.1 percent is more than twice the 6.8 percent recorded only four years ago, which was the lowest ever for the state.

Oklahoma retail outlets such as convenience and grocery stores are monitored to ensure they follow all laws prohibiting the sale of tobacco products to minors. Each year, hundreds of random checks are completed across the state through the agency's partnership with the state Alcoholic Beverage Laws Enforcement (ABLE) Commission. States must maintain a non-compliance rate below 20 percent regarding sale of tobacco products to minors or risk losing federal funding for substance abuse prevention and treatment efforts.

ODMHSAS Commissioner Terri White said she is concerned that non-compliance is increasing and that some retailers seem unconcerned about illegally selling tobacco products to minors.

"Store owners who ignore compliance requirements are putting their own profits ahead of our children's health," she said. "Fortunately, the vast majority of retailers are abiding by the law and aren't the ones

putting tobacco into the hands of our youth. The fact that so many retailers didn't sell these products to minors suggests there is no excuse for the others to continue breaking the law."

The 2013 Oklahoma Youth Tobacco Survey notes that nine out of 10 smokers tried their first cigarette before age 18, and that 22.7 percent of Oklahoma high school students are current tobacco users.

Tobacco use prematurely kills thousands of Oklahomans every year, yet it remains a leading preventable cause of death. "The most effective way to stop future problems caused by tobacco use is to prevent it from ever occurring in the first place," White added.

In addition to health risks faced by tobacco users, White said the potential loss of federal substance abuse treatment funding would seriously impact already limited addiction treatment services. "Significant budget cuts have severely limited the services we can provide," she said. "Already, only about 20 percent of those needing substance abuse services receive the help they need."

Community-based education is available to business owners and clerks regarding youth access to tobacco. Additional information related to Syнар compliance is available on the ODMHSAS website at <http://ok.gov/odmhsas>.

SYNDROME

Continued from Page 8

component is a normal part of the body.

In their study, the scientists found a strong relationship between the number of activated T cells in the tissue and the amount of saliva a patient could produce. The larger the number of activated T cells, the less saliva was produced.

"Our study, which focused on those T cells that had previously recognized a salivary gland target and made an immune response by dividing, has now identified a close relationship between these two important features of Sjögren's syndrome," said Farris. "This had never been observed before."

Thompson said that identifying

the targets that drive the abnormal immune response could help uncover the actual cause of the disease, not just the symptoms. This could lead to new approaches for disease prevention, diagnosis, and treatment that could directly address the dryness in the disease and restore saliva production in patients.

Their findings were published in the journal JCI Insight.

Other OMRF researchers who contributed to the research were Michelle Joachims, Ph.D., Kerry Leehan, Christina Lawrence, Richard Pelikan, Ph.D., Zijian Pan, M.D., Astrid Rasmussen, M.D., Ph.D., Kiely Grunahl, Jennifer Kelly, Graham Wiley, Ph.D., Christopher Lessard, Ph.D., Hal Scofield, M.D., Courtney Montgomery, Ph.D., and Kathy Sivils, Ph.D.



NURSE + TALK

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How do you enjoy life during your leisure time? Grace Living Center Wildwoode

"I have two boys, 6 and 8. I like to go out and shop, watch movies and they play basketball."



Shakairra Carter,
medication aide

"I'm usually with my daughter. It's summer time so we've been going to the water park and going swimming."



Shaquaneer Kellum,
CNA

Each week we visit with health care professionals throughout the Metro



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"When I'm not working I spend all my time with my children. I go to my children's sports, practices and everything."



Darla Colston
Norment, CMA, CNA

"I spend my time at home. I'm a homebody. I'm with my kids, my daughter and my sister. We go shopping and out to eat."



Courtney Eaton,
CNA

LICENSE

Continued from Page 9

could weaken the state's oversight of the practice of nursing, and result in inconsistent standards, loss of licensing revenues to Minnesota, and threatens to nurses' rights to organize.

"For these reasons, the Minnesota Nurses Association steadfastly opposes the compact," the group wrote in a statement last year. "We do, however, remain committed to seeking regulatory alternatives that do not put patient and nurses in harm's way, or put states in jeopardy of financial risk and potential loss of rule-making authority and oversight accountability."

Nurse groups are opposing legislation in Rhode Island, and state officials have considered repealing the state's participation in the previous compact. Misconceptions and false information abound, according to Maria Ducharme, R.N., senior vice president for patient care services and chief nursing officer at the 247-bed Miriam Hospital in Providence, R.I. Nursing exams are similar from state to state, she says, and so are the duties performed by RNs.

That's why she and others at the Lifespan hospital have been advocating for the law change. The compact, she says, would help to remedy certain challenges. For instance, when hospitals are slammed in winter months with dozens of patients suffering from the flu, respiratory ailments and injuries caused by falls on slippery outdoor surfaces, they could put out a call to nurses from nearby states to help. In some instances, Miriam's daily admissions can swell by 100 in as little as 24 hours.

Ducharme also points out that some rural regions are struggling to find specialists in fields like perioperative nursing or labor and delivery.

"We need to be using our resources nationally in the best way we know how," says Ducharme, who is also president of the Organization of Nurse Leaders for Rhode Island, Massachusetts, New Hampshire and Connecticut. "We're doing a disservice to patient care in some respects, especially as it relates to nurses who are educated and experienced in a specialty."

Source: Minnesota Nurses Association, 2015

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One night, she found the courage to leave.

With backpacks, she and her kids took off on foot. From a friend's home, she called a **partner agency's** domestic violence shelter and their lives began to turn around. Then another **partner agency's** school for homeless kids added to their recovery story.



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