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Life and limb NRH leading the way

photo by Bobby Anderson

Oklahoma Wound Center Medical Director Dr. TaySha Howell (second from left) and cardiologist Dr. Archana Gautam (far right) and Karen Ritchie, RN, hosted Save a Leg, Save a Life founder Dr. Desmond Bell to promote limb salvage awareness.

by Bobby Anderson
Staff Writer

Karen Ritchie, RN, has seen the looks come across the faces of new patients walking into the Norman Regional Oklahoma Wound Center.

There's the understandable fear, anxiety and trepidation that comes with a process that has the possibility of unthinkable outcomes – the loss

of limb and possibly life.

As Norman Regional Health System's diabetic limb salvage nurse navigator, Ritchie always has a smile, caring word and a message for those patients: There's hope.

That was just one of the messages stressed by Dr. Desmond Bell, DPM, CWS, president and founder of the Save a Leg, Save a Life Foundation (SalSal) during his presentation "The Gift of a Second Chance."

Bell's presentation capped a month-long

awareness campaign spearheaded by Dr. TaySha Howell and staff at the Oklahoma Wound Center.

"SalSal is about creating awareness in the community and educating patients as well as

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See NRH Page 2

Made from scratch Delicious home-made food works wonders at Sienna Extended Care & Rehab



Tiffanie Bryant, LPN, charge nurse at Sienna Extended Care & Rehab said she likes that the food prepared by the dietary staff helps to keep the residents lives healthy.

by James Coburn, Staff Writer

Tiffani Nash's (Certified Dietitian at Sienna) friendly eyes focus on cooking the tasty food she cooks for residents and patients at Sienna Extended Care & Rehab, located in Midwest City.


"I developed my heart to do what I'm doing," she said.

The food is made-to-order like full scale restaurant dining. Fourteen people are on her staff and each staff runs with four people.

"We're pretty busy, but we're like a family. Everybody helps everybody," she said.

The certified dietary manager has been working there for six years in November.

See SIENNA Page 3



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NRH

Continued from Page 1

the medical community," said NRHS cardiologist Dr. Archana Gautam. "For many years everyone knew about peripheral vascular diseases but nobody was aggressive at treating it."

Ritchie says that in any given year Oklahoma is No. 1 or No. 2 in the nation in total amputations.

The statistics Bell shared are alarming with more than 65,000 major amputations performed annually for crucial limb ischemia (CLI) alone.

Within five years nearly 70 percent of those patients are dead.

FAILURE IS NOT AN OPTION

"Amputation should not be seen as a treatment option, but a treatment failure," Bell said, quoting one of his colleagues.

The five-year mortality rate for a non-healing neuropathic ulcer is 45 percent.

Bell singled out the Oklahoma Wound Center as a national leader in promoting wound care awareness.

"Your group here has done a phenomenal job and I just can't thank you enough," he said. "You may not realize this but Norman you all have been the model for what is to come and I'm sure what we're going to accomplish you'll look back on this day and be very, very proud in the next few years."

After Bell addressed the group, patient after patient shared stories about their treatment journey at Oklahoma Wound Center.

"I drive a truck for a living and I was worried about not being able to do what I did," said Eldon P., who presented with a diabetic toe. "I didn't want to be in a wheelchair. It's pretty scary and I went through some pretty rough times emotionally thinking I might lose a limb."

The therapies, including hyperbaric oxygen dives, helped save his foot.

"It was a long journey, but well worth it," said Carol T., beginning to tear up while sharing her diabetic ulcer story. "I definitely got the second chance message. There are things you take for granted until you could be missing it. I just thank Dr. Howell and her whole team."

Bell said the SaSal Foundation is in its infancy, much like the Breast Cancer Awareness group Susan G. Komen Foundation was years ago.

That group started with a promise from one sister to another.

"Imagine what we could do

if we had a dollar from every single person with diabetes in this country. It's mindboggling but it's achievable," Bell said. "Five years from now we'll look back and the things you all have done for our organization will be among the most impactful."

Bell pointed out that the underlying factors such as diabetes and peripheral artery disease and obesity are more universal than cancer.

"If someone gets the word cancer thrown at them then all the wheels are set in motion and they become their own best advocate," Bell said. "Yet our patients don't understand what's happening. They don't understand the pain that's ahead of them. It's probably one of the most undignified ways to leave this world."

"We have to do better, simply stated."

Howell, wholeheartedly agrees and has a message for patients and clinicians.

"It's so vital because either the patient doesn't realize how serious it is but also sometimes to primary care doctors the wound doesn't look really infected, big or the patient doesn't complain it hurts," Howell said. "So a month goes by and another and they get bone infection or no blood flow and it just blows up into some disaster where if they come when they first have a wound it's so much easier to turn around."

That's why Ritchie loves her job, because she understands she truly saves lives.

"It's awesome. Wound care is very different than being a staff nurse or floor nurse," Ritchie said. "With those patients they come in and you make them feel a little bit better and they are discharged and go on their way. With wound care they come in with wounds they know are going to take time to heal and you see them for weeks."

"Once you know they've been successful – that's the most awesome, most fulfilling feeling."

"That's what you went to nursing school for."



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SIENNA

Continued from Page 1

Nash entered her field from experience. She had an aunt who was a dietician, so Nash would volunteer to work in her kitchen during summer months in a nursing home.

"So when I got in the kitchen I thought I liked it. I enjoyed it," she said. "We went across neighborhoods and fed the elderly and things like that."

Today, Nash strives to listen to the residents when making meals. They have a big choice in menu selection and Nash will cook per order at their request.

"If I change menus I want their ideas. I walk around and they give me a list for the things that they like," Nash said. "They have those options to what they want to pick and choose, instead of somebody saying this is all we have today."

Residents love the chicken fried steak and barbeque ribs, for an example. Fried bologna sandwiches, fried eggs are popular requests for lunch.

A couple of residents have given her their recipes. On Sundays they have asked her to cook chicken

and dumplings by giving her their recipe.

"I just have to blow it up so it can be eaten by the whole facility," she said.

She likes the compliments when residents tell her the food tastes good, and that they can tell when she is following their recipe, Nash said.

"We're making sure our meals come out hot and what they want. If they have any complaints they can bring it to me and they know I'll address it right then," Nash said.

She will cook for residents and patients on particular diets such as those recommended for diabetes care.

"I try to meet their needs. I'll go to the store myself and purchase the items and prepare it for them," Nash said.

Tiffanie Bryant, LPN, charge nurse said she likes that the food is not prepared with a designated menu for the day. She has been a nurse for 17 years, most of that time in Alabama. For the first seven to eight years she worked with veterans and has since focused her career on geriatric care.

"It's more familiar. My grandmother raised me. So I've been around that population mostly,"

Bryant said, "It's just more familiar to me."

Sienna Extended Care & Rehab provides a family feeling for Bryant. Everyone wanted to make sure she was comfortable and has what she needs when she came to Midwest City center.

"It's one of the more beautiful facilities I've ever been to," Bryant said. "It's like this every day. It's clean. I even think about the dietary. It's almost like a restaurant style. I see that a lot - to where residents actually get a choice. The overall experience for the patient makes it appealing."

It is what the patient wants, Bryant said. One of the patients loves Nash's fried eggs, Bryant said. They don't have to get fried eggs only on a Sunday.

"She makes it to where they are satisfied and that's a big deal," Bryant said. "Especially that nutrition is part of their care. What a patient eats or when a patient doesn't eat, you realize it affects everything. It is a big deal when they can have what they want. It makes it easier for them to eat it all. It's a big issue."

Her goal as a nurse is to help prevent a resident or patient from declining do to their nutritional

needs. Malnutrition makes people tired. They don't have the energy to get out of bed to do therapy. It can snow ball, Bryant said. There immune system weakens if they are not getting the nutrition they need.

"It's a better dining experience because I know I had one who didn't want to get up, and now she gets up, gets dressed, and she's going down to the dining room," Bryant said. "It motivates them to go eat with their friends."

All the deserts are made by scratch in the kitchen, Nash said. Peach cobbler, cream pies, Almond Joy cakes.

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Dawn struggled with her pregnancy when she found out that her blood pressure was high and her kidneys were failing. She started dialysis for three hours every Monday, Wednesday and Friday which lasted for over three years. She was so excited when she received a call which informed her that it was finally time to receive her transplant. Dawn is happily married to her best friend, Tony, who has been with her since day one.

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CAREERS IN NURSING

FINAL COUNTDOWN: STUDENT READY FOR ICU

by Bobby Anderson - Writer/Photographer

It's less than two weeks before Dany Rockwell graduates.

Just a few weeks before her final transcripts are sent to the Oklahoma Board of Nursing.

And probably a couple more weeks after that before she gets her NCLEX exam date.

"I don't know, it seems really surreal right now," Rockwell said of her near future. "It's like I don't feel this close to finishing."

Rockwell is like thousands of students around the country in their final weeks of nursing school.

Just an assignment or two and a final exam are all that's standing between them and the career of their dreams.

For Rockwell, who will graduate from Oklahoma State University-Oklahoma City, the road has been a long one for her and her family.

Out of Choctaw High Rockwell had her sights set on becoming a doctor.

"But I realized they didn't spend a lot of time with patients," she said.

So she applied for physician assistant's school once, twice and finally a third time.

She decided to take a step back. "Maybe there's more to me than this," she thought.

So she worked in human resources at OSU-OKC and then spent time in Academic Affairs.

Spending the final eight weeks of pregnancy on strict bedrest gave her time for her thoughts.

"Medicine was still my passion," she remembered.

And being in a learning environment all day was tempting. She already had a bachelor's in microbiology from that other university in Norman.

And six credit hours a semester free of charge was too good of an opportunity to pass up so Rockwell pursued her nursing degree.

OSU-OKC's 95-percent NCLEX pass rate also called to her.

"Part of it was finding what was a good fit for me," Rockwell said. "Originally, I wanted to do labor and delivery but then I couldn't do that."

Her own struggles with pregnancy and her OB rotation in school made it clear she wouldn't be going down that path.

But that final fourth semester of critical care she spent at Integris Southwest Medical Center put everything into focus.

"Part of it is that Southwest is a smaller hospital and it has more of a family feel to it," she said. "You get to know people from every floor and know all the doctors."

"And because they're part of a larger network their benefits are really good."

So she accepted a position in the hospital's extern program.

Twelve weeks of orientation and

six months of residency await her when she graduates.

"I think the thing I'm most nervous about in critical care is I have somebody's life in my hands," she said. "It will be up to my judgement and my assessments as to what I do or what the doctor does. That's a lot of responsibility. That's somebody's wife or husband. I've been prepared well but it's a huge responsibility."

But she's already accomplished so much.

LOOKING BACK

"Nursing school is incredibly tough," Rockwell said. "You have to have a support system. Luckily my husband is amazing and he takes a lot of the slack. My mother and my mother-in-law watch my kids when I work and when I need to study. If I didn't have a support system ..."

The fact that she started nursing school when her son was eight

Continued on next page


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Dany Rockwell, 32, is set to graduate from Oklahoma State University-Oklahoma City and begin her nursing career.

months old was hard, too.

"I missed first steps and first words," she said. "My daughter is five now and she's starting to learn what it takes to work hard and do something."

She ranks nursing school among the hardest things she's ever done - especially harder than her undergrad degree.

"Maybe it was because I had kids," she laughed. "But the material and the load is harder. That's OK. You want it to be hard for your nurses and make sure they're smart and capable."

"The tests are ridiculously hard. The critical thinking they want you to get into for the test."

"It's not fact-based. You know the facts, now apply the facts. The application of the knowledge was really tough."

And she's excited about a summer with her kids.

And as far as advice for those heading into nursing school?

"I would say make sure you have your priorities straight," she said. "Know that nursing school should take priority. You're going to have to miss some things and that's OK. And don't give up. Keep pushing."

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Health care providers continue push to save health care

Oklahoma has 65 rural hospitals. Fifty-three operate at a loss. Thirty-seven have less than two weeks' cash on hand. And seven operate payroll to payroll; one missed Medicaid payment means doctors and nurses won't get paid.

Those statistics, presented today by Eide Bailly Director of Medical Professionals Rick Wagner, demonstrate the desperate need for Oklahoma's Legislature to increase the tax on a pack of cigarettes \$1.50 to fund health care.

Wagner and others delivered the call to save health care in Oklahoma at a press conference at the Oklahoma Capitol as part of the Oklahoma Hospital Association (OHA) effort to makeOKbetter.

Craig Jones, president of OHA, said the public strongly supports increasing the tax.

"The will of the people is evident," he said. "Seventy-four percent of Oklahomans agree with us. Now, it's

time for the Legislature to make this tax increase happen."

If the tax does not increase, Oklahoma may have to cut the reimbursement rate for services provided to Medicaid patients 25 percent. If that happens, more than a dozen hospitals will close within a year, four out of five hospitals will not deliver babies, and nine in 10 nursing homes would have to close.

Chuck Spicer, CEO of the OU Medical System, said those closures would jeopardize trauma care for the entire state. A lack of prenatal care in rural areas would mean more high-risk pregnancies, more babies in the neonatal intensive care unit (NICU), and more acute cases at OU Medical.

"When rural patients who could have been treated easily come to OU Medical, it means fewer beds available for Level 1 trauma cases and other complex conditions," Spicer said. OU Medical offers the only Level 1 trauma service in the state.



Chuck Spicer, president and CEO of OU Medical System.

Nico Gomez, CEO of the Oklahoma Association of Health Care Providers, said \$93 million in state and federal funding cuts since 2010 have already forced more than one-quarter of nursing homes in the state to close.

He said the state needs more money for health care; even without a reimbursement rate cut, 30 percent of nursing homes face closure.

"If we see a 25 percent cut, we will not have skilled nursing facilities in Oklahoma," he said. He also noted

19,000 people could lose their jobs, and 18,000 people – including the elderly, sick and vulnerable – would lose their homes, with no alternatives.

The speakers urged Oklahomans to sign up at makeokbetter.org and to call their legislators and tell them to raise the cigarette tax by \$1.50 a pack.

More information can be found on Facebook at www.facebook.com/makeOKbetter or Twitter at twitter.com/makeOKbetter.

FOREST VIEW

EST. 2015

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ANA Urges Congress to Reject AHC Act

Says bill cuts critical Medicaid funding and weakens Medicare

The American Nurses Association (ANA) today announced its continued opposition to the pending American Health Care Act (AHCA) and urges Congress to reject this flawed legislation. ANA, which represents the interests of more than 3.6 million registered nurses, has expressed serious concerns throughout negotiations about the critical impact the AHCA would have on the 24 million people who stand to lose insurance coverage if AHCA becomes law.

"This bill is an extreme departure from ANA's priorities," said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN. "AHCA would cut Medicaid funding by \$880 billion over 10 years, dramatically increase premiums on seniors, restrict millions of women from access to health care, weaken the sustainability of Medicare, and repeal income-based subsidies that have made it possible for millions of families to buy health insurance."

Under AHCA, states would have the option to waive essential health benefit protections which prevent insurance companies from charging Americans with pre-existing conditions significantly more for coverage. Even worse, insurers could decline coverage for substance abuse treatment, maternity care, and preventive services.

"As the nation's most trusted profession and largest group of health care professionals, nurses understand the importance of health coverage," Cipriano continued. "ANA urges Congress to not deny peoples' right to health care and quality of life by standing with the American people in opposing AHCA in its current form. ANA will continue to work with Congress to help improve health care delivery, coverage, and affordability for all Americans."

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; 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:
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

Mercy Named Top Five Health Care System in the U.S.

*Only independent study of its kind to combine
rigorous analysis of patient care for more than
300 health systems and nearly 3,000 hospitals*

Shorter hospital stays, fewer complications and better patient results are just a few metrics used to rank Mercy as one of the top five large health systems in the nation, alongside Mayo Clinic. The 2017 Truven Health 15 Top Health Systems, which includes five large, five medium and five small systems, analyzes 337 health systems and 2,924 hospitals across the U.S. Click here to find the listings.

"For the second year in a row, we are honored to be named one of the top five large systems in the nation for the medical care we provide to our communities," said Lynn Britton, president and CEO of Mercy. "We are improving care to our patients while finding new and innovative ways to decrease costs. It's no small feat, but we are dedicated, like the Sisters of Mercy before us, to provide exceptional care for all."

Truven, an IBM Watson Health company, produces the only study of its kind to combine rigorous analysis of individual hospital performance metrics into system-level data, identifying the best health systems in the nation. This annual, quantitative scorecard uses objective, independent research and public data sources. Health systems do not apply for consideration, and winners do not pay to market their award.

Mercy, as well as Mayo, outperformed peers in the following

ways: · Saved more lives and caused fewer patient complications · Lower cost of care · Readmitted patients less frequently · Shorter wait times in emergency departments · Shorter hospital stays · Better patient safety · Higher patient satisfaction

Some of the keys to improving patient care have included a decade of efforts made possible because of Mercy's team, leading technology and best practices: · 40,000 co-workers across four states united around a common mission and focus on providing exceptional care · 2,000 integrated physicians – one of the largest groups in the nation – bringing family and specialty doctors together to implement proven, clinical-based best practices to improve patient care · Among the first organizations in the nation to have a comprehensive electronic health record – one patient, one record – providing real-time, paperless access to patient information · Specialty councils, made up of physicians, nurses and clinicians, representing more than 40 areas of medicine, providing best practices for everything from heart surgery to the delivery of babies.

Mercy 

Beyond Mercy's hospitals and clinics in four states, Mercy – also named a top American employer by Forbes magazine – serves 240-plus hospitals across 28 states by providing virtual care, supply chain and information technology expertise.

· Mercy's Virtual Care Center is the world's first such facility dedicated to care outside its own walls, monitoring patients 24/7/365 across the country, using high-speed data and video connections and medically intervening when and where patients need it with a comprehensive team approach.

· Mercy's supply chain, ROi, is one of the world's top health care supply chain operations. ROi has been named to the Gartner Healthcare Supply Chain Top 25 List for eight consecutive years; the only health care provider in the world to make it in the Top 10 for all eight years.

· Mercy was among the first health care organizations in the U.S. to have an integrated electronic health record (EHR) connecting all points of care. Mercy Technology Services' broad use of its EHR has been recognized at one of the highest possible levels by Epic.

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

Special to the Nursing Times

Debra's Tips:

by Debra Moore, RN (Nurse of the Year recipient) BrightStar Care

1. **You're in charge** - The patient is always in charge of his/her own healthcare. At the end of the day, no matter what your healthcare team has told you, it is up to you to make the final decision.

2. **Switch it up** - Just because you have been with the same doctor for 20 years doesn't mean you have to continue to see them. Take control and search for someone that is a better fit if you need a change.

3. **Medications aren't always the answer** - A lot of things are mental. Health situations don't always need to be dealt with medication. Faith is a big component.

4. **Second Opinions Matter** - Don't be afraid to ask for that second opinion. Information is power, especially when it comes to healthcare and it is incredibly important to be armed with everything you need to make an educated decision about your health.

5. **Follow the rules** - being compliant with your doctors or nurse's order is one of the most important things you can do when it comes to your health.

6. **Don't Make Assumptions** - Patients often assume that either the nurse or doctor should have known about pain that was worse than originally stated, or medication that needed a refill. As healthcare professionals, we take pride in ensuring our patients have everything they need, but we might forget to ask about a refill, or may fail to notice that you grimaced worse when we examined your right leg. So PLEASE tell us.

7. **All our Patients are No. 1** - A real nurse has care and compassion for all of her patients, which makes every patient feel like they have their own personal nurse. Please know that we deal with several patients with different illnesses and situations that need us. The greatest part about being a nurse is that although we are not able to put a definite timeline on our day, we are guaranteed to provide patients and families commitment, time, care, and the feeling of being No. 1.



**Vicki L Mayfield, M.Ed., R.N.,
LMFT Marriage and Family
Therapy Oklahoma City**
*If you would like to send a
question to Vicki, email us at
news@okcnursingtimes.com*

Q. I am a 25 year old married female. I am struggling with my relationship with my mother who has never taken responsibility or accountability for the choices she made that ravaged the lives of my siblings and I. What are some suggestions on confronting her with my thoughts and feelings?

--- Tracey

Here is more of Tracey's story:

I am the middle child of three. My oldest sister, Cindy was fathered by John, a drug abuser. My mom was married to him for almost five years. Then she married Sam, my father, a raging alcoholic. They were married until I was two. Then she married Carl, the father of my youngest brother, Tyler. They were married over ten years.

From the ages of 3 to 13 it was brutal. Carl rarely worked, used drugs (meth was his favorite) and yielded control over everyone. My mom always had a job, working full time; therefore Carl was our babysitter. He was the meanest man, doing things to us that were terrifying. Sometimes he would pick one of us, usually my sister, she always got it the worst and make us watch as he made her crawl on the floor saying she was a dog or make her lay on the floor and pretend she was dead.

On one occasion I was wearing a necklace and he got mad at me and started choking me. I really thought he was going to kill me. He left an imprint of the necklace on my skin. When my mom got home I showed her and she told Carl to "never do that again." That was it!!

The school noticed some bruising on my arms and called a meeting. (Strange when I think about it now that the school did not call DHS, they called my mom). She said she would take care if it. "It" turned out to be a talk with Carl. Nothing changed.

I could write pages describing all the horrific things that Carl did to us. I am in counseling and my therapist said I meet the criteria for PTSD. My siblings are also very damaged. My sister is a drug addict and drifter. My younger brother just recently got away from Carl, his dad.

I just don't understand how my mom could stay with a man who did not work, used drugs and brutalized her children. She knew he was doing it. She saw the bruises, witnessed some of the "spankings" and maybe occasionally told him to stop.

We have not had a close relationship for many years but she has been contacting me more over the past few months. She absolutely seems oblivious to what she put us through, her lack of protection, her lack of concern.

When confronting a parent with how their choices affected others it is wise not to get your hopes and expectations too high. What you are wanting to hear, "I'm sorry" may not ever happen. Sometimes the healing must come from you and your work in therapy.

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What inspires you about being a nurse? Grace Living Center Bethany

"Just to take care of the elderly and making a difference in their lives."



Stacy Hudson, LPN

"Being able to meet different people at different times of their lives and being able to take care of them."



Darcy Franklin, LPN

Each week we visit with health care professionals throughout the Metro



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"I like taking care of people and helping people."



Marti Deneen, LPN

"The ability to take care of residents and help them get through daily tasks."



Blake Quintero, LPN



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