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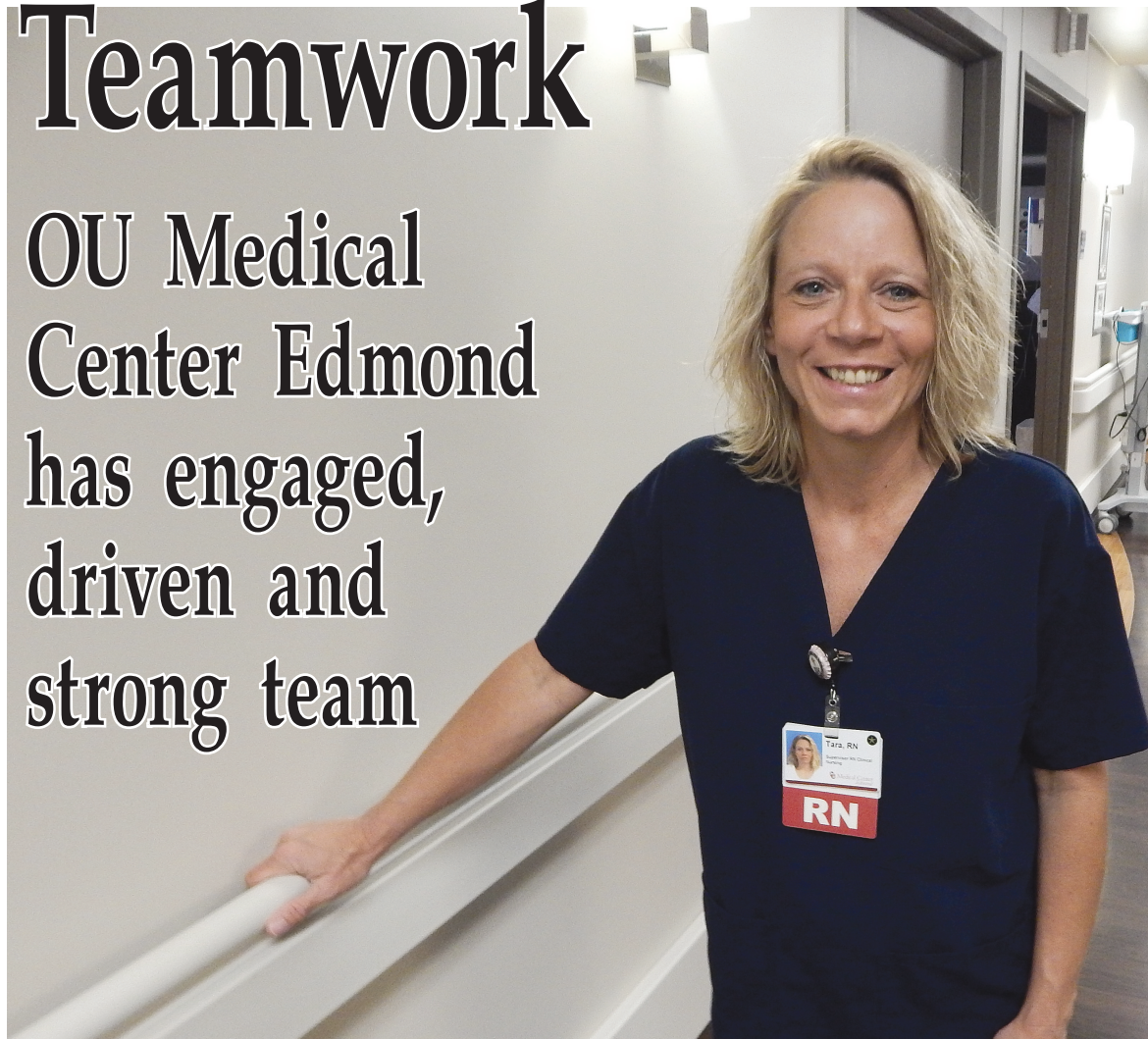


photo by James Coburn

Tara Smith, RN, is the supervisor of the medical surgical unit at OU Medical Center Edmond. She has never had a better team of professionals offering their support.

by James Coburn
Staff Writer

Being a nurse at OU Medical Center Edmond is being part of a family environment, said Tara Smith, RN, supervisor, fourth floor

medical surgical unit. That is why she came back to the hospital.

Smith attended Francis Tuttle and finished her degree to become a registered nurse at Rose State College. She

worked from 2000-05 as part of the flex pool staff before doing travel nursing. When she returned home she rejoined the hospital staff in 2008

"Nurses spend a lot of time at work, sometimes more than they do with their own families," Smith said. "So this is my second family. We treat each other as family here. If one is down, one's had a death, we take care of each other."

The environment of the 28-bed unit is highly supportive, she said. There is

Managed care and peace

Hometown Holdings purchases hospice and home health companies



Sooner Hospice and Hometown Home Health find the correct protocols between staff and physicians to better manage patient care, says Cheryl Medawattage, RN, director of business development.

by James Coburn, Staff Writer

Sooner Hospice and Platinum Home Health were recently purchased by Trey Bippen, a local businessman and the successful owner of Hometown Home Health.

Sooner Hospice retains its name and the company and Platinum Home Health is now Hometown Home Health. They are under the umbrella of Hometown Holdings.

"We roughly serve 400-500 patients under the home health side," said Cheryl Medawattage, RN, director of business

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See TEAM Page 2

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TEAM

Continued from Page 1

also an overflow unit with eight more beds.

Since she came back to the hospital she has found the leadership team to be impeccable, she said.

"I've never found so much support from the leadership team here as I have any other place I have worked," Smith continued.

She said she would not love her job as much if she did not have the team of nurses and supportive staff at the hospital working above their line of duty. They are the best team of nurses she has ever known, she said. They are very supportive of one another.

"There is no 'I' in the team," Smith said. That's the rational we want on this unit and when its a tough day when we've been short staffed, because lets be honest, that happens in nursing --they all give high fives at the end."

"We all walk out as a group most of the time and cheer each other on."

Smith is an experienced ER nurse of 14 years. She has also worked in the ICU for about three years. She does med/surg nursing and has experience as a home health nurse. Smith has also done some recovery nursing.

For nursing school graduates fresh out of school who are looking for a career in med/surg, they need to have certain qualities, Smith explained. Again she said first and foremost that teamwork is the essential quality to work well on her floor. It must be built into the nurse.

"This is a tough floor," she said. "Med/surg is a hard floor to work on. There's a lot of turnover with patients on any given day. You may have 14 discharges and 12 patients admitted."

Secondly, Smith said that the nursing school graduates need to have the mentality of coming to work to achieve a basic set of skills. Those skills will further guide them in any other specialty area, she said.

A lot of new nurses that have been hired have been new graduates. She tells them that if they can work on a med/surg floor, they will be able to work anywhere they choose due to their experience.

"I truly believe that," she said.

Her type of work keeps her on her toes being busy. But she finds time to relax and enjoy her personal life when away from her career. On her days off she spends a lot of time with her family and friends.

"I have an extended family that are my best friends also. We spend a lot of time outside. We spend a lot of

time at the lake," she said. "I spend a lot of time at ball games with my son and my step-daughter."

Smith is the first nurse in her family. What inspired her nursing career came about during high school when she made the decision of becoming a nurse. She needed and wanted to feel that she could give something good back to humanity.

"Not just work to make a paycheck," she said. "You get a lot of self-gratification from nursing when you can help people and they return and give you a card. Or, you're crying at the bedside with them because of something that has happened to them."

"You can go home and feel good about yourself, that you did something that helped other people and not just yourself." Communication with a patient is important when people are scared about having surgery. There is education about what to expect and also what to do when leaving the hospital.

"You have to explain things in terms they can understand. You can't use medical jargon," she said. "That will confuse them. You have to really sit down with them and go over the procedure or discharge instructions."

She can always depend on her team for support.



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Bertie Thornton, LPN Recognized with Nursing Excellence Award

This year, St. Anthony's Medical Staff introduced a new Nursing Excellence award in conjunction with National Nurses Week, to thank and recognize a bedside nurse deserving of recognition for the dedication she shows her patients, her team and St. Anthony as a whole.

Bertie Thornton, LPN, was presented with the first St. Anthony Nursing Excellence award, presented by Richard Boothe, M.D., and Robert Rader, M.D. Thornton started her nursing career at St. Anthony in 1972, devoting 42 years to exceptional patient care.



PURCHASE

Continued from Page 1

development for Sooner Hospice.

There are five to six home health offices scattered across Oklahoma. Sooner Hospice is the first hospice.

"I think the benefit to us was to be strategic and to look into the future of health care," Medawattage said. "There are so many changes coming down the pipe with home health, hospice and health care in general."

So the opportunity for the company is to continue to partner with hospitals and other health care agencies to improve patient outcomes and decrease hospitalization rates, she continued. The plus factor is to hopefully decrease health care costs in general. Ninety percent of all Medicare recipients is spent during the final year of their lives. So hospice and home health can be a huge money saver when it comes to Medicare.

"Something I'm very big on is ensuring that our patients -- No. 1 that they do not die alone unless that is something they have requested, or the family has requested that they just want some privacy," Medawattage said. "Nobody should have to die

alone. Our goal is to always have somebody there to hold somebody's hand at the end of life. Most of the time we can predict that."

A Duke University study from 2007 revealed that hospice saved Medicare an average of \$2,700 per patient that goes on hospice vs. those who do not, Medawattage explained. More than 1.1 million patients were on hospice last year in the United States, so the cost savings is evident.

Congestive heart failure is the primary reason why patients go back and forth to the hospital, she said. There are also chronic pain issues bringing people to emergency rooms multiple times.

"Pneumonia and heart attacks are areas where we are trying to develop protocols with home health specialists and consultants where we can provide high level, state-of-the-art services for those CHF patients," she said.

They will develop protocols for those patients to minimize their symptoms in order to avoid the need for hospitalization.

Patients who go on hospice typically will not go to a hospital. But patients with congestive heart failure tend to panic due to difficulty breathing and fluid retention.

"I think the benefit to us was to be strategic and to look into the future of health care," Cheryl Medawattage, RN

"But there are innovative ways we can partner together with physicians to keep them out of hospitals," Medawattage said.

Medawattage also serves as the transitional care manager for Sooner Hospice. The transitional care team includes three registered nurses, a social worker and a chaplain. They are in the process of adding a nurse practitioner to the team.

The goal is to have the right patient at the right place during the right time, she added. It is important to recognize patients and bring them into the process earlier than later, she said. Nurses are educated to look for signs and symptoms early in their patients for better care. A lot of the problems that happen with end-of-life care is that patients and family members have not made arrangements for end-of-life transitions. They have not considered advanced directives as far as resuscitation and how their goals will be managed.

"With the transitional care they

hopefully will not be ready for hospice, but we can start having that dialogue as to their goals as their illness progresses," she said.

Discussing one's goals with loved ones prevents families to have to scramble at the end to make hasty decisions when they are already experiencing profound stress.

"I've heard a lot of families say, 'I wish I didn't do this' because things were not put in writing," Medawattage said.

Advanced care planning helps people with their right for self determination by empowering them to make decisions ahead of time, she said.

"Not everyone needs a DNR to come on hospice," she said. "Again, our goal is just to what is the need of the patient. Is the need hospice? Is the need resources in the community. Is it just not just education and palliative consultation? Or is it just psycho-social and spiritual support".

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P.O BOX 239 MUSTANG, OK 73064

Editor and Publisher, Steven R. Eldridge - News@okcnursingtimes.com

Advertising Director Annette Deckard - Annette.Deckard@usnursingnews.com

Advertising Services Lisa Weigel - Advertising@okcnursingtimes.com

Writers: James Coburn, Bobby Anderson, Vickie Jenkins

Send all news, story requests, letters to the editor and press releases to news@okcnursingtimes.com

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CAREERS IN NURSING

COMFORT AND PEACE: VALIR HOSPICE PROVIDES PEACE OF MIND

by James Coburn - Writer/Photographer

Valir Hospice is a company on the move with a lot of good things happening, said Laura Trammell, vice president of hospice at Valir Hospice, located in Oklahoma City.

Nurses play an instrumental role with what Valir does as a hospice from education to the compassionate care they provide at the bedside, she said.

Valir Hospice is a component of Valir Health, an organization that has formed outpatient physical therapy clinics throughout the state of Oklahoma. There is also an inpatient hospital in downtown Oklahoma City as well as the hospice division that Trammell serves. There is also a wellness services division for pre-screening processes.

Trammell has been with Valir Hospice since 2008 which says a lot about her dedication to company and hospice. Valir Hospice employs about 20 nurses, a mixture of LPNs and RNs.

"I think we have done an excellent

job over the years handpicking those nurses," Trammell said. "They have a true passion for hospice. It is a calling. I don't want people working with our hospice patients that are there for a paycheck. So I definitely believe that the nursing staff that we have are top quality."

They are the best of the best when it comes to hospice and it is demonstrated in their work and work ethic, Trammell continued. The nurses longevity with Valir Hospice is testimony to their years of loyalty and dedication.

"That speaks highly of their employer and that speaks highly of the work ethic of the nurses that have been hired," Trammell said.

The nurses are well engaged with the families of each hospice client as well as the circle of other professionals that work for Valir Hospice. The nurses become part of their patients' families, Trammell said.

"They are there during a time

in one's life when emotions are so raw and sensitive. And we're coming in providing education, medical care, spiritual care and psychological care for the patients and families in order for them to have comfort and peace at the last part of their life," Trammell said.

Exemplary care offered by Valir Hospice does not go unnoticed. Phone calls and cards come to the office on a regular basis. Valir Hospice provides bereavement celebration of life lunches throughout the year for caregivers after their loved ones have passed.

"We invite the families to come back and visit with our staff, and it is amazing to me how many of our family members show up just to say thank you to a staff member," Trammell continued. "They've missed them for being part of their family and they don't get to see them on that regular basis like they did prior to the person passing."

They come to the lunch to visit the nurse or a special chaplain, social

worker or volunteer that had helped them through a vulnerable time of life.

Not everybody has a proclivity to be a hospice nurse as in any field of nursing. Some nurses have a different calling such as pediatrics or emergency care. Working with the terminally ill patient may not be the niche for everyone, but many hospice nurses excel by the fulfillment of helping others make a peaceful transition beyond this life.

"I would definitely have to say that it is a calling," Trammell said of her observations of hospice nurses.

Most of the Valir Hospice nurses have experience in other areas of nursing. Most people go into nursing, Trammell said, to fix people or cure people.

"Hospice is a different kind of curative type medicine where we focus on comfort," Trammell said. "A patient isn't always going to get better, and that's challenging to our nurses to get that type of practice in their head. But

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My son, Tony, has faced difficult health challenges. Before he was born we found out that his kidneys were filled with cysts, and his lungs hadn't fully developed. Tony's life has been hard. When one form of dialysis would fail, they would start him on another. On my 23rd birthday, Tony was in the hospital on hemodialysis and getting an antibiotic for a staph infection. My family prayed for him and performed an American Indian ceremony.

Two days later Tony got his kidney transplant. There have been some bumps in the road, but my 10-year-old has learned to walk, climb up a rock wall and is able to attend elementary school. I will continue to thank God and Ted's family for the generous donation that saved Tony's life.

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Families and their loved ones can be confident in the palliative care rendered by Valir Hospice, says Laura Trammell, vice president of hospice at Valir Hospice, located in Oklahoma City.

once they've done all the other type of curative medicine, most of them have found their niche within hospice."

Hospice nurses see their field as a new journey. They may not be helping their patients to get better physically, but often their lives deepen spiritually and their patients may reach a sense of peace.

"They may not be able to get up and run a marathon, but you're helping them and you're helping the family move on to the next journey," Trammell said.

More people are turning away from the negative misconception that signing up for hospice is a fatalistic death sentence. Signing up a loved one on hospice does not mean a family member has given up on their loved one,

Trammell continued.

"That's not true at all. We celebrate all periods of our life, from birth to going to school and graduation, to getting married and getting a job," Trammell said. "And when it comes close to death people don't want to talk about it."

Valir Hospice nurses have been instrumental in helping clients understand the final transition of life, she said.

"Nobody wants to be in pain. Nobody wants to be alone," Trammell said. "So that's our job to educate the community that they will not be in pain and they will not be alone. Our nurses are fantastic in providing that level of comfort."

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Oklahoma's
NURSING TIMES

INTEGRIS Health Edmond Receives Prestigious Baby-Friendly Designation

INTEGRIS Health Edmond receives prestigious international recognition as a Baby-Friendly designated birth facility. Baby-Friendly USA is the U.S. authority for the implementation of the Baby-Friendly Hospital Initiative, a global program sponsored by the World Health Organization and the United Nations Children's Fund.

The initiative encourages and recognizes hospitals and birthing centers that offer an optimal level of care for mothers and their babies by providing information, confidence, and skills training. This prestigious international award focuses on breastfeeding education and support, safe infant feeding practices and bonding initiatives like skin-to-skin contact.

"We are thrilled to have achieved this distinction," says Avilla Williams, president of INTEGRIS Health Edmond. "Improving infant outcomes and reducing infant mortality is always a priority. Evidence is well-established on the short and long-term positive health impact of breastfeeding and lactation on both infant and mother."

There are more than 20,000 designated Baby-Friendly hospitals and birth centers worldwide. Currently there are 347 active Baby-Friendly hospitals and birth centers in the United States. The Baby-Friendly designation is given after a rigorous on-site survey is completed.

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SMALLEST SURVIVING BABIES CELEBRATED

OLIVIA CHILTON HELD THE HOSPITAL'S SMALLEST SURVIVING BABY DISTINCTION FOR 19 YEARS UNTIL OLIVIA KOCH'S BIRTH LAST YEAR

The Oklahoma City Dodgers and INTEGRIS Health continued the 2016 "Home Run For Life" series last Friday at Chickasaw Bricktown Ballpark by recognizing Olivia Chilton and Olivia Koch, the smallest surviving babies born at INTEGRIS Baptist Medical Center.

Chilton was born in 1996 weighing one pound, two ounces and very premature at just 25 weeks gestation. But today she is a healthy 19-year-old finishing up her freshman year at Oklahoma State University.

She held the distinction of being the hospital's smallest surviving baby for 19 years, until Olivia Koch's birth June 16, 2015. Olivia Koch was born at just 24 weeks gestation, weighing in at just 15 ounces, or less than one pound.

"Home Run For Life" recognizes individuals in the Oklahoma City community who have overcome a significant medical event with the help of their families, physicians and health care professionals. To symbolize the end of their battle against adversity, honorees take a home run "lap" around the bases during an in-game ceremony.

"The Home Run For Life series allows us to highlight some amazing people in the local area who have prevailed against extraordinary health challenges," OKC Dodgers President/General Manager Michael Byrnes said. "Their determination and courage inspire us all and we are pleased to honor these individuals throughout the season with our partner INTEGRIS Health."

The two Olivias being honored Friday share much more than a first name.

Their mothers, Michelle Chilton and Chyloe Koch, both had severe preeclampsia, which caused both of their babies to be born so early. Their Olivias each had a similar heart condition and both required an eye procedure to keep their retinas from detaching.

Both baby Olivias even had light blonde hair when they were born.

Debbie McCann, clinical director of the neonatal intensive care unit at INTEGRIS Baptist, said the resemblance between the two Olivias is almost uncanny.

McCann, a staff veteran of 27 years, worked at INTEGRIS Baptist Medical Center during the birth of both tiny Olivias.

"If you look at photos of the two girls, they look identical," McCann said. "Those of us who were here when Olivia Chilton was born feel like history is repeating itself. And we hope it does, because Chilton has grown up to be a remarkable and incredibly healthy young woman."

When Chyloe Koch first found out she would be having a baby girl, she chose the name Olivia for her daughter, obviously having no idea what distinction she would later share with another Olivia born at the Oklahoma City hospital.

Olivia Chilton was born on May 5, 1996 and went on to spend 97 days in the hospital. Today she wears hearing aids, but that is the only detail that might give away her early entry into the world.

Olivia Koch spent more than 100 days in the hospital after her birth, undergoing multiple procedures and gaining three pounds before she was able to go home for the first time.

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 Meredian, 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; Kingfihser 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

Local Hospitals Take

Bite out of State

Smoking Statistics

It’s no secret that Oklahoma consistently ranks among the worst states for tobacco usage. That’s why Mercy Hospital El Reno, Mercy Hospital Kingfisher, Mercy Hospital Logan County and Mercy Hospital Watonga recently launched a program called “Tobacco Free Mercy” to help the nearly seven out of 10 U.S. tobacco users who want to quit in 2016. It’s a different approach to a nationwide problem, starting with conversations between smokers or tobacco users admitted into the hospital and respiratory therapists or nurses.

“The main goal of the respiratory therapist or nurse is to help the patient know why they are in the hospital in the first place,” said Trina Armstrong, tobacco treatment system coordinator for Mercy. “A lot of the times these patients are hospitalized for things like pneumonia, asthma, or even diabetes and they don’t realize the role smoking plays in their illness.”

According to the Centers for Disease Control and Prevention, smoking harms nearly every organ of the body, causing many cancers and diseases and reducing the overall health of smokers in general. Through Tobacco Free Mercy, smokers and tobacco users are referred to the Oklahoma Tobacco Helpline and provided with two weeks of nicotine replacement therapy and coaching. In return, their progress is monitored by the patient’s Mercy primary care physician and nurses.

“Patients value the advice of their healthcare team and tobacco users become seven times more successful on their next quit attempt with the help and tools we have created through Tobacco Free Mercy,” said Jim Gebhart, president of Mercy Hospital Oklahoma City, which first started the program in 2015. “Ever since this program launched, we’ve connected close to 1,300 patients to the Oklahoma Tobacco Helpline. Tobacco Free Mercy has made a significant difference in the lives of patients at Mercy Hospital Oklahoma City and we are confident that it will have the same impact in our other Mercy communities.”

The program also includes special services for women who are pregnant. If you’re interested in learning more, talk to your Mercy physician or nurse about Tobacco Free Mercy, or visit **OKHelpline.com**.

Mercy is the seventh largest Catholic health care system in the U.S. and serves millions annually. Mercy includes 45 acute care and specialty (heart, children’s, orthopedic and rehab) hospitals, more than 700 physician practices and outpatient facilities, 40,000 co-workers and more than 2,000 Mercy Clinic physicians in Arkansas, Kansas, Missouri and Oklahoma. Mercy also has outreach ministries in Louisiana, Mississippi and Texas.

BABY

Continued from Page 10

Today, Olivia Koch weighs more than 11 pounds and has so far passed all of her hearing tests.

The two Olivias’ mothers are amazed that members of the same staff that helped Olivia Chilton are still working at INTEGRIS Baptist today and also cared for Olivia Koch.

“We love those people,” Michelle Chilton said. “Those people saved our daughters’ lives I think it is amazing that they love what they do so much

that for 19 years they are still there. I mean, that says a lot about them. And they never treat them like patients, they treat them like babies and they love them, just like their own.”

Chyloe Koch said she wanted to meet the Chiltons after learning their story, and meeting the staff that also cared for their daughter.

“They know what we are going through,” Chyloe Koch said. “They have walked in our shoes. I don’t know what the future holds for my daughter, but meeting Olivia Chilton, I now can see what is possible.”

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*

Do you think it is ok not to forgive someone who has hurt you?

I too have asked myself this question? The subject of forgiveness can be complicated by religious beliefs and scriptural references rendering us in a position to often feel guilt and shame if we choose not to forgive.

Recently I had the opportunity to hear a lecture by Dr. Janis Spring who wrote the book, *How Can I Forgive You? The Courage to Forgive, The Freedom Not To*. I want to share some of her wisdom about the subject. This made sense to me and validated my own struggle with forgiveness.

There are two unhealthy responses to interpersonal wounding: 1. **CHEAP FORGIVENESS** *Cheap forgiveness is a quick and easy pardon with no processing of emotion and no coming to terms with the injury *It is premature, superficial, undeserved, *It is an unconditional, unilateral, often compulsive attempt to keep the peace.

People often say, "we have moved on." Moved on where? 2. **REFUSING TO FORGIVE** *Refusing to forgive is a reactive, rigid, often compulsive response to violation that cuts hurt parties off from life and leaves them stewing in their own juices. *It is a decision to continue punishing the offender.

There are two healthy responses to interpersonal wounding: 1. **ACCEPTANCE** *It is a healing gift to the self *It is a responsible, authentic response to an injury when the offender can't or won't engage in the healing process - when that person is unwilling or unable to make good. *It is the realization that we will never get the apology or recognition of the pain that has been perpetrated on us. 2. **GENUINE FORGIVENESS** *Genuine forgiveness is a hard-won transaction, an intimate dance between two people bound together by an interpersonal violation. *As the offender works hard to earn forgiveness through genuine, generous acts of repentance and restitution, the hurt party works hard to let go of resentments and need for retribution.

You are not a better person if you forgive.

The person who hurt you becomes a better person if he/she genuinely feels remorseful and makes atonement.

Forgiveness is very personal. No one knows the depth of your pain but you.

A narcissist will not forgive - there is an avoidance of the complex understanding of forgiveness.

MATERNAL-FETAL MEDICINE CHIEF ANNOUNCED

Rodney K. Edwards, M.D., has been named professor and chief of the section of Maternal-Fetal Medicine within the department of Obstetrics and Gynecology at the University of Oklahoma College of Medicine. He has also been named director of Obstetric Services at The Children's Hospital at OU Medical Center. He is seeing patients in the OU Physicians Prenatal Diagnostic Center.

Maternal-Fetal Medicine physicians -- also called perinatologists -- are obstetrician-gynecologists who completed additional training in the diagnosis, treatment and ongoing care of complicated



See CHIEF next page Rodney K. Edwards, M.D.

Survival Skills Conference to Equip Caregivers

The 18th Annual Caregiver Survival Skills Conference is scheduled for 8:30 a.m. to 2:30 p.m., Friday, June 10 at the Conference Center at Mercy, 4300 W. Memorial Road, Oklahoma City.

The theme for this year's conference is *Coming to Our Senses*, and will provide caregivers with resources to help them learn practical ways to make self-care a part of their lives so that they can continue to care for their loved ones. The conference will begin with Carrie Chavers, M.Ed., who will present, "Embracing Color." Chavers is the owner of Paint on Canvas in Chickasha. Chavers leads a workshop designed for anyone wanting to create a masterpiece on canvas, guiding participants through the stages of completing a painting in just a few hours. Amy Steele Neathery, JD, follows with "A Sense of Accomplishment." Steele is an associate with Pierce, Couch, Hendrickson, Baysinger and Green, LLP. She has been a caregiver for her mother, who has early onset Alzheimer's. Other speakers include: Emma Br?mme, Sunbeam Family Services therapist, and Jessica Welp, Sunbeam Caregiver Fundamentals Program manager. They will present, "A Caregiver's Best Friend - Pet Therapy." Br?mme is a Licensed Professional Counselor who works with individuals including children and adults, as well as couples and families. In addition to overseeing Caregiver Fundamentals Program manager, a federally funded program that provides support groups, counseling, trainings, and respite to family caregivers and grandparents raising grandchildren, Welp also manages the Sunbeam ADvantage Case Management program. She and her certified therapy dog, Shotgun, visit memory care units, senior centers and support groups.

The keynote speaker will be Bob Willis who will speak on "A Sense of Being." Willis, a Southern Baptist minister since 1978, has led churches in Kentucky, Tennessee and Oklahoma. He served as Bereavement Coordinator for Hospice of Oklahoma County for more than 11 years. Willis leads grief workshops and conferences around the country. His book, *The Ultimate Caregiver: Words from the Cross to the Caregiver's Heart*, provides helpful communication guides for caregivers and their loved ones.

The 18th Annual Caregiver Survival Skills Conference is sponsored by Sunbeam Family Services, Mercy Hospital, Home Instead Senior Care, Concordia Life Care Community and Areawide Aging Agency.

In addition to the speakers, the conference will provide lunch as well as a resource fair. There is a suggested donation of \$10 to attend the conference. Registration deadline is June 8. For more information or to register, call 405.936.5821.



NURSE + TALK

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

What is your favorite thing about your field of nursing? Companion Healthcare

"I would have to say it's the bond that you form with the patients. You get close with them."



Betsy Williams, RN,
home health

"I like to be able to get to know families in their environment and having a one-on-one connection in care."



Amy Ethridge, RN,
hospice

Each week we visit with health care professionals throughout the Metro



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"I enjoy the rapport I get to build with the families and generally the patients. I love my job. I feel like I'm doing good."



Amber Zamora, RN,
hospice

"I like being able to provide the peace, the compassion and care for the patient and their family when they need it the most."



Jacob Jackson, RN

CHIEF

Continued from page 10

pregnancies. Edwards provides treatment (including delivery) for the full range of high-risk pregnancy diagnoses and performs detailed fetal ultrasound examinations. He has specific experience in performing transabdominal cerclage (for patients with cervical insufficiency) and invasive fetal procedures such as transfusions and shunts.

Edwards is board certified in maternal-fetal medicine and obstetrics and gynecology. He completed a fellowship in maternal-fetal medicine at the University of Florida College of Medicine, Gainesville, where he also completed his residency and earned a master of science degree in clinical investigation. He earned his medical degree at the University of Texas Health Science Center, Houston.

Edwards is a Fellow of the American College of Obstetricians and Gynecologists and a member of the Society for Maternal-Fetal Medicine, Infectious Diseases Society for Obstetrics and Gynecology and American Institute of Ultrasound in Medicine

OU Physicians maternal fetal medicine specialists see patients on the University of Oklahoma Health Sciences Center Campus. For an appointment with an OU Physicians maternal fetal medicine specialist, call (405) 271-5400.

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OU Physicians see patients in their offices at the OU Health Sciences Center in Oklahoma City and at clinics in Edmond, Midwest City and other cities around Oklahoma. When hospitalization is necessary, they often admit patients to OU Medical Center. Many also care for their patients in other hospitals around the metro area. OU Physicians serve as faculty at the University of Oklahoma College of Medicine and train the region's future physicians.

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