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Nurse continues legacy with GIFTED Healthcare

Carol Robison has been recognized for decades in the State of Oklahoma for helping hospitals and healthcare facilities.



photo by provided

by Bobby Anderson,
Staff Writer

When it comes to exceptional nursing talent in Oklahoma, Carol Robison's name speaks volumes. Robison Medical Resource Group has been recognized for decades in the State of Oklahoma for helping hospitals and healthcare facilities support the delivery of patient care through meeting their staffing needs.

Robison herself is known throughout the industry as a mentor and staunch nursing advocate, bearing the true "soul of a nurse."

Several years ago, Robison made the decision to look for a like-minded company to work with in an effort to capitalize on her already rapid growth and to better support her nurses by adding resources. She merged with Gifted Healthcare, a company

based in Louisiana with offices throughout the South East.

"It was an obvious choice" Robison says of joining GIFTED, "P.K. Scheerle, the CEO is both a long-time friend, and a fellow Registered Nurse."

Indeed, the fact that the company is owned and operated by nurses at every level has turned out to be the company's primary differentiator in attracting highly sought after nursing talent. Every decision that is made at GIFTED Healthcare is made by nurses who work or have worked at the bedside, with the primary interest of the nurse in mind.

"Being Mortal" Film explores end-of-life care



Sharon Nash, RN, executive director of Good Shepherd Hospice, at left; and Christa Cook, volunteer services coordinator, are grateful that Good Shepherd Hospice was selected as a screening site for the film "Being Mortal".

by James Coburn, Staff Writer

Good Shepherd Hospice in Oklahoma City was recently selected to be a screening site for the "Being Mortal" project by the Hospice Foundation of America.

"It's a FRONTLINE and PBS documentary about how doctors approach those tough discussions with their patients regarding end-of-life and how they tell their patients it is time to make decisions," said Christa Cook, volunteer services coordinator.

Sometimes making a transition to hospice care may be late in the process, making the coping process with end-of-

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ROBISON

Continued from Page 1

"We are truly nurse centric," explains Robison. "Nurses realize the value of that as soon as they have their first experience with GIFTED Healthcare, and many of them find a home with us for the entirety of their career."

The company puts a tremendous emphasis on making an ideal match between a GIFTED nurse and the client based on a skill and cultural fit coupled with the professional and personal goals of the nurse. This unique approach to providing the nurse with an ideal experience seems to be working. Last year, the average growth of healthcare staffing companies hovered at or around 29%, while Gifted Healthcare grew 87% and is poised for similar growth in 2016.

Robison is steadfast in her commitment to protect and uphold what she and her partners feel is the most important factor to their success thus far, the importance of the nurse.

Robison herself became a critical care nurse and CCRN because she loved helping people and serving patients. It was during her career as

a critical care nurse at the bedside where she realized the tremendous need for highly skilled clinicians that led her to found Robison Nursing in 1992.

"The company started with two nurses my husband and I working shifts at whatever hospital needed help the most. Now we are several thousand nurses strong operating across the nation," she said. Robison's success has caught the eyes of several industry leaders who have sought her out for her unique perspective on healthcare and nursing. Among many honors, she considers her appointment to the Oklahoma Healthcare Authority, by Governor Mary Fallin as one of the greatest opportunities to positively influence the nursing profession on a policy level.

"At the end of the day" says Robison, "we have found a way to directly influence the quality of patient care by supporting nurses at the front lines."

As the future of healthcare



P.K. Scheerle, RN is also CEO of Gifted and close friend of Carol Robison.

continues to need talented nurses working at the top of their license to meet the growing demand for care, we are sure to see GIFTED at the forefront of value driven, nurse led solutions.

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HOSPICE

Continued from Page 1

life care more difficult for families with terminally ill loved ones.

It's important to have end-of-life discussions. Some families wait until three days before their loved one's passing, Cook said.

"It's a wonderful program. It's based on the book 'Being Mortal: Medicine and What Matters in the End,' by Dr. Atul Gawande," said Sharon Nash, RN, executive director of Good Shepherd Hospice. "It's a fabulous video."

The project has been produced and Good Shepherd has been selected to go out into the community and show it to as many lay people and medical professionals as possible, Nash said. It is hoped the project will educate patients to approach their physicians to enter discussions and to also empower doctors with the importance of being honest and open with patients.

"It's pretty emotional," Nash said. "It brings up a lot of feelings. So after we show it, the requirement is we have a panel and have some questions and answers to respond to the feelings that come up."

Seventy percent of Americans

say they would prefer to die at home, but nearly 70 percent die in hospitals and institutions. Ninety percent of Americans know they should have conversations about end-of-life care, yet only 30 percent have done so, Cook pointed out.

"We're trying to have people take the initiative, even the medical professionals to take the initiative and to be alright with that discussion. It's hard to do," Cook said.

So often hospice receives people during the last few days of their life, making it difficult to get their symptoms under control for comfort and care and get them to a peaceful place, Nash said.

"Sometimes they're dying before we can even get the admission paperwork done," Nash said.

Bereavement counseling is offered to the family members for 13 months officially, but Good Shepherd will follow grieving loved ones for as long as they want.

One of the Good Shepherd Hospice volunteers was assigned to the wife of a patient on hospice services. The volunteer was making visits as assigned by the bereavement coordinator.

"She continued the relationship

with the wife of the patient," Cook said. "And just recently the wife of the patient has entered our service."

"The family remembered the contact that they made at the time of the husband's death and called me. The daughter said, 'My mom is ready for hospice and we would like that volunteer to come and sit with my mom.' And yesterday that volunteer was there and that patient had passed away."

Cook said that the bereavement process that had helped the wife at one time is now helping the woman's daughter who has lost both of her parents.

"It was really neat to see all of that transpire because it's been a really long time that the husband was on our service. It was four years ago," Cook said. "So our bereavement program is wonderful."

Nash said Good Shepherd Hospice will be posting on its Facebook page information about where and when to see "Being Mortal" in the community. The film is free and information about it will also be listed on the Good Shepherd website.

The screening is made possible by a grant from The John and Wauna

Harmon Foundation in partnership with the Hospice Foundation of America.

Nash said there is a lot she loves about being a hospice nurse. She values people being able to make decisions about end-of-life care while having comfort and dignity at that time.

"We offer peace and comfort. We help them make decisions and support their decisions," Nash said. "And we walk with them on a really hard journey."

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CAREERS IN NURSING

A HELPING HAND: LPN SHARES THE JOY OF HOME HEALTH CARE

by James Coburn - Writer/Photographer

Beth Mayer has found her niche as an LPN working as a home health nurse with Companion Healthcare Home Health and Hospice.

In 2012 Mayer earned her nursing credentials after graduating from Platt College in Oklahoma City. She began her career at what was then called Logan Medical Center. It is now Mercy Hospital Logan County.

"I worked there until I came over here part time and then I really enjoyed the change of pace at Companion Home Health," she said. "The people that own this company are amazing and that's what drew me. They've got a good Christian background. Everyone we service is so happy with this company."

Coming to Companion last year was in a sense a homecoming for Mayer. She actually worked with most of the staff at the hospital. The nursing staff has a close bond, she continued.

"It's a place you can come in and just laugh," Mayer said.

She said it is alright to let others know when frustrations arise. She works with all of her friends and they are part of a team that works together for the betterment of each patient.

The nursing staff chose their careers not because of a pay check but to make a positive difference in humanity.

"We are all very similar in that we are compassionate and have a super heart," Mayer said of her buddies. She enjoys educating patients and their family members about recovery needs.

Mayer encourages the community to learn about the advantages that home health provides in improving the lives of people. She said home health is awesome for people who can't leave their homes for therapies and wound changes. It's all provided in the comfort of their home where

they retain more independence.

"We do some wound changes every day," she said. "So for someone who has to take a trolley every day, that's very expensive and so I think it saves them money. It's in the comfort of their own home. And not everybody has family that's readily available to come and take them to all of their appointments."

Family members share in that comfort as well.

Having a nurse monitor their loved one's vital signs and help them to be their personal best gives peace of mind.

Some of her patients may have been released from a hospital or skilled nursing center. Others were identified by Companion with wound care and other needs before they might have gone to a hospital, Mayer continued.

"We get a lot of people from the hospital. A lot are just referred from their doctors," Mayer said. "Maybe

they got pneumonia and they have weakness and need a couple of weeks of therapy to build back up."

Having a career helping other people makes Mayer feel enriched in life. As a child she was always the little girl making the neighborhood rounds to visit elderly people.

"I think I've always had that want to give back," she said. "It makes me feel good to do something nice for somebody."

Right out of high school Mayer went to massage school in Oklahoma City and loved her new career for about 10 years. It was therapeutic for her because she loves to help heal people and make them feel better, she said.

"It's hard on your body. I had kids and just needed a change," Mayer explained.

Both her mom and aunt are nurses, so she easily gravitated to a nursing career. Today it makes her feel good, especially when a patient

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As a child, Nita was diagnosed with diabetes and fought the disease for 15 years before being told she needed a new kidney and pancreas to survive. After being on the transplant waiting list for two years, Nita was blessed with the gift of life and her brother Kim was with her every step of the way. Eleven years later, Kim unexpectedly became very ill and doctors discovered he needed a new liver. The doctors said it is extremely rare for siblings to need transplants of entirely different organs, yet these siblings found themselves going through the transplant experience again in reversed roles. Because Kim was so sick, he waited only two weeks for his gift of life. Now, Kim and Nita

are both the picture of perfect health and they spend every day living life to the fullest to honor the strangers who blessed them with a second chance at life.

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Beth Mayer enjoys the tight bond she has with the nursing staff At Companion Healthcare Home Health and Hospice where she is a home health nurse.

tells her that she made their day better. engaged in sports. She and her husband also enjoy going to a lake near Stillwater.

"That's what it's all about," she said. "It's relaxing to me just sitting at night when the kids go to bed," she said.

Mayer takes care of her family as well as a mother of three boys

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Oklahoma's NURSING TIMES

Special to the Nursing Times

Opinion Editorial: Medicaid Reimbursement Crisis in Oklahoma

by Janice Carr

Healthcare is no longer an option for the neediest patients in Oklahoma. Linda calls again, one more call before she gets ready for work. The answer is still the same, "No, we don't accept SoonerCare patients. You might want to check at the free clinic." She starts to realize that even though she has insurance with SoonerCare, she still can't get an appointment for Jon. Linda recalls the letter that arrived in the mail last week stating that the healthcare clinic where she took Jon is no longer accepting patients on SoonerCare. What will she do now? Twenty-five calls in one day and they all said, No! Marge, her neighbor said that she can't find anyone to prescribe insulin for her diabetes. Marge said she wonders if she will just die. Linda stops at the free clinic since she has an hour before she has to be at work, but she has to take Jon to daycare because

the line at the free clinic is so long. Does he have the flu or pneumonia? Will he get worse? Who will she call now? He's so little and so sick, not even 1 years old.

On March 29, 2016, the Oklahoma Health Care Authority announced that Medicaid reimbursement will be reduced by 25% due to State budget cuts in Oklahoma (Killgore, 2016). The Oklahoma Health Care Authority is notifying SoonerCare providers that the rate cuts will begin on June 1. The cuts will affect all providers, including hospitals, physicians, and pharmacies. Medical service providers said the cuts will be devastating. These providers will have to cut salaries or stop accepting SoonerCare patients. The Oklahoma Health Care Authority contracts with more than 46,000 providers. Nearly 800,000 Oklahomans have SoonerCare.

According to Putnam (2016),



Picture of my friend - Eilene Franks and her two son's at the OKC Fighting for Medicaid rally at the Oklahoma State Capital on May 3, 2016.

Oklahoma State Medical Association (OSMA) leaders decided to urge physician members to consider dropping out of Medicaid. OSMA President Woody Jenkins stated that most physicians would end up losing money for each Medicaid patient that they see and the situation would be unsustainable for most medical practices and rural healthcare settings. Jenkins states that the OSMA will be offering information and guidance on their website for physicians who want to opt out of taking Medicaid patients.

So, the political jockeying for state funding continues with threats of reduced reimbursement and comeback threats of refusal to see patients, all in an attempt to secure more funding from the State Legislature during this budget crisis. Unfortunately, the threats are based on facts and not drama. The feasibility of healthcare resources drying up is a significant reality that will impact our most vulnerable citizens if we don't stand up and say, NO!

First, we must contact our State Legislators and Governor with our concerns and a call to action. We need to come to the table with creative solutions and recommendations. The Oklahoma Policy Institute has developed a list of 16 options for solving the State Budget Crisis (Blatt, 2016). Selective tax increases and careful use of one-time funds makes sense in this economic climate. We must increase the tobacco tax to \$1.50 per pack to fund healthcare. Please contact your Legislator and the Governor to support this legislation.

Short term higher fuel taxes and broader sales taxes should also be considered. Please also appeal to your Legislator and the Governor for the use of the Rainy Day Fund for this issue. Lack of health care funding for our poor and underserved patients in Oklahoma is a Rainy Day. Don't let this rain turn into an Oklahoma downpour with widespread flooding! Stand up and speak up for our most vulnerable population!

Janice Carr is a professor at Southern Nazarene University School of Nursing. She teaches nursing students about healthcare policy and patient advocacy in a Professional Nursing Trends and Issues course and has taught for the past 5 years. She has previously worked in nursing management and education in the hospital setting prior to her work in academia and has worked as an RN in Oncology and Medical-Surgical Nursing.

Janice completed her Bachelor of Science in Nursing degree from the University of Oklahoma in 1985, a Master in Education with emphasis on professional health occupations from the UCO in 1993 and a Master of Science in Nursing (MSN) degree from Oklahoma Baptist University in 2011. She is currently working towards completion of a Doctorate in Nursing Practice (DNP) degree with expected graduation in December of 2016. Janice has successfully completed her Certified Nursing Educator (CNE) exam and works closely with nursing students to help them reach their academic and nursing goals.

Janice is married to David Carr and they have one daughter, Micaela who is 15 years old. They enjoy serving in their church, family time, and active vacations.

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Public Health Nurses Week Celebrates a Culture of Safety

National Nurses Week is May 6-12.

During National Nurses Week May 6-12, the Oklahoma State Department of Health (OSDH) will recognize the approximately 400 public health nurses who work in county health departments and at the OSDH central office in Oklahoma City.

Unlike other nursing specialties, public health nursing works to improve the health outcomes of entire populations rather than just one patient at a time. In many communities, public health nurses are often the first line of defense to prevent illness and injury. Public health nurses are also leaders in improving the quality of care and access to care through health policy advocacy that supports improving the quality of life for all.

This year's theme for National Nurses Week is "Creating a Culture of Safety." This theme is an important part of the American Nurses Association's 2016 Year of "Safety 360 Taking Responsibility Together," an effort to promote and advocate a culture of safety for nurses and patients.

"We want Oklahomans to appreciate the full range of public health nurses' contributions to their communities," said Tina Johnson, OSDH deputy commissioner for Community Family and Health Services. "This certainly holds true for many of our nurses who serve as health leaders in communities throughout the state."

Johnson noted that public health nurses lead initiatives to increase access to care and improve outcomes by focusing on primary care, prevention, wellness, chronic disease management and the coordination of care among health care providers and settings. These nurses are even more crucial in helping plan how to expand primary care at community-based clinics in the most efficient and cost-effective ways possible, while recognizing the distinct needs of diverse communities.

"From the beginning of public health's collaboration with emergency preparedness agencies, our nurses have been critical in responding to public health crisis events that occur in Oklahoma," Johnson said.

For the past 14 years, the public has ranked nursing as the top profession for honesty and ethics in an annual Gallup survey. Johnson said she is not surprised that the public holds nurses in high regard and trusts them to advocate for patients.

"We would like to encourage students to enter the nursing field, which is projected to be one of the fastest growing occupations," said Johnson. "The demand for nursing care will grow rapidly as baby boomers enroll in Medicare and help implement changes due to health care reform. Public health nurses are in great demand and we certainly hope more nurses join in efforts of improving population-based health initiatives."

CTCA Recognized at the Oncology Nursing Society 41st Annual Congress

*CTCA® nurse from Oklahoma presented research
and a clinical poster to thousands of peers*

A nurse from Cancer Treatment Centers of America® (CTCA) at Southwestern Regional Medical Center in Tulsa, OK revealed research on education resources and multi-site curriculum during the Oncology Nursing Society (ONS) 41st Annual Congress April 28 - May 1. With

more than 3,000 attendees, the ONS Congress is the premier destination for nursing professionals to learn the latest developments in oncology nursing through sessions led by acclaimed nursing professionals.

"CTCA® nurses play a vital role

See CTCA page 11

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*

Q. I am a 39 year old mother of two beautiful children who has been through a lot of difficult times in my adult life. My first husband left me for his girlfriend, my second husband (the father of my children) was abusive and eventually had a massive stroke, leaving me to raise my two children alone. And after a long period of grieving I married the love of my life about a year and a half ago. He has been absolutely wonderful to my children and I.

The problem is my parents. They believe that because of my previous two marriages that I am unable to make good choices. They didn't agree with my getting remarried, especially because of my children. They've strongly voiced their opinion that my sole devotion should be to my children, and that "sharing" my attention with a man should not have to happen. They question most of my major decisions about my children and say that I'm an unfit mother. But my goal has always been and continues to be the well being of my children!

How do I get them to understand that I am an adult who is very capable of making good decisions on behalf of my children, and that they need to keep their criticism of me to themselves?

-Angie

A. First of all I believe you are a concerned mother because you took the time to write this question in an attempt to educate yourself about possible solutions

Your first husband cheated and left you. That can happen to anyone. Even when we think we have chosen a good person, they can cheat, lie and betray us.

Your second husband was abusive. You did not say how he acted out the abuse or when you first experienced the abuse but sometimes people can mask their behaviors and we do not see the "real person" until after we sign the marriage license.

You had a "long period of grieving." That sounds appropriate and normal. The fact that you are with someone who is "wonderful" to you and your children is a blessing.

Sometimes we are unable to get other people to understand our life and sometimes it just doesn't matter. What matters is you and your children have a good life. I suggest you live your life and enjoy this man who loves you and your children.

Try to ignore (as much as possible) the comments made by your parents. Have a mantra that you can say when you are irritated by things they say, i.e., "this moment will pass." "it doesn't matter what they think," "my children and I are lucky to have this wonderful man."

The energy you give to their negative, critical, offensive words should be saved for you and your family. Limit the time you are around them. You could confront them and set boundaries when they cross the line with you. Give up trying to get them to understand. Sometimes it just doesn't happen.

OMRF researchers find that a biological "good guy" has a



Oklahoma Medical Research Foundation Scientists Courtney Griffin, Ph.D. and Patrick Crosswhite, Ph.D.

A pair of Oklahoma Medical Research Foundation scientists have discovered that an enzyme previously thought only to be beneficial could, in fact, pose significant danger to developing embryos. The new research could have implications not only for prenatal development but also for treating lymphedema and liver damage resulting from acetaminophen overdose.

Using genetically engineered mouse embryos, OMRF's Courtney Griffin, Ph.D., and Patrick Crosswhite, Ph.D., looked at what would happen if they removed a protein that determines how genes get turned on and off during blood vessel development.

The scientists found a marked increase in the activity of plasmin, an enzyme that is known to help break up blood clots and promote blood vessel development. But in a developing embryo, said Griffin, too much of the enzyme can pose a threat.

"Plasmin has always been seen in a positive light, but we're not finding any beneficial aspects of it in early development," said Griffin. "In fact, excessive plasmin does dangerous things in a growing embryo."

The OMRF researchers also found that liver damage could ensue in embryos when the protein that suppresses plasmin activity—known as CHD4—was absent. Too much plasmin

makes liver blood vessels fragile and prone to bleeding. They also found that excess plasmin could be harmful to the lymph system, an essential part of the immune system, by breaking down blood clots that help the lymphatic system function properly.

With this new information, Griffin and Crosswhite will study plasmin behavior later in gestation and in adults. They'll investigate how high concentration of plasmin may contribute to conditions such as lymphedema, a painful lymph disorder marked by swelling in the arms and legs. They'll also look at whether CHD4 continues protecting liver blood vessels from plasmin damage after birth.

More research is needed, said Griffin, but the findings may lead to clinical use of plasmin-blocking compounds after acetaminophen overdose. Acetaminophen is the active ingredient in Tylenol, and overdose is a leading cause of liver damage in the U.S., resulting in up to 70,000 hospitalizations a year. "Excessive plasmin activity in the liver has been linked to acetaminophen overdose," said Crosswhite, "and we suspect this plasmin may make liver blood vessels dangerously weak."

"This work is innovative and creative, from the results to the interpretation and conclusions," said

See OMRF next page



NURSE + TALK

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I always ask for help and know my resources.



Kelly Savas, RN

If I'm in a pickle I call April Crim my house supervisor.



Paula Wolf, RN

Each week we visit with health care professionals throughout the Metro



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I have great time management.



Krista Lynn, RN

Being able to ID all my patients and being there for my nurses at a moment's notice.



Mary Arms, RN

OMRF

Continued from Page 10

Rodger McEver, M.D., chair of OMRF's Cardiovascular Biology Research Program. "These scientists were able to show that plasmin is really important in ways that hadn't been discovered before. It gives us new information and is great basic science, but the data could be clinically relevant to treating acetaminophen toxicity in humans."

The new findings appear in the

June issue of the Journal of Clinical Investigation.

Other OMRF contributors to the paper include Sathish Srinivasan, Ph.D., Lijun Xia, M.D., Ph.D., and Siqi Gao, as well as former OMRF employees Carol Curtis, Ph.D., and Joanna Podsiadlowska.

Funding for the research was made possible by grant number HL111178, HD083418 and HL085607 from the National Institutes of Health and grant number 15POST21180005 from the American Heart Association.

CTCA

Continued from Page 9

in bringing to life the organization's commitment to providing clinical excellence, unparalleled patient satisfaction and innovation in patient care," said Denise Geuder, RN, MS, CNOR is the Vice President of Patient Care Services and Chief Nursing Officer at CTCA at Southwestern Regional Medical Center in Tulsa. "We encourage our nursing staff to pursue the advancement of their scientific knowledge to enhance the care of their patients, and share it with the larger oncology nursing community."

Kendra Laufer, BSN, RN-BC, OCN®, and Education Specialist at CTCA in

Tulsa exhibited at the Interdisciplinary Education and Teamwork: A Way to Improve Patient Outcomes session, with her research presentation, "Just in Time Resources for Chemotherapy Nurses".

"Exceptional patient care is our first priority. In order to deliver this high quality care, we actively seek innovative training that is centered around ensuring patient safety," Laufer said.

Laufer also was a co-presenter on the topic of "Developing a Core Oncology Curriculum for a Multi-Site Cancer Center."

In total, nine podium presentations and eight research posters were delivered by CTCA nurses from several states.

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