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photo by Bobby Anderson

Integris Southwest Medical Center's Kodi Adams, RN, is trying out a new temporary role as a fill-in clinical director before heading back out on the CVCU floor.

by Bobby Anderson, Staff Writer

A few weeks ago Kodi Adams was on the floor as a registered nurse. But for two months the 25-year-old nurse

is sitting in her boss' chair is team manager of the filling in at Integris Southwest Medical Center.

While April Crim RN, BSN, CCRN is taking a managerial rotation, Adams Cardiovascular Care Unit.

She's keeping her boss' desk clean while she's away on her stint and she's also making sure everyone is keeping their

noses clean as well. "It's different. just learning how to talk really and how to deal with complaints," Adams said.

With Crim set to go on the two-month rotation, Adams was approached possibly filling in.

See ADAMS Page 2

Paratapass machine helps patients keep track of prescriptions



Asbury Durable Medical Equipment nurse Cindy Fleming, at left, and pharmacist Laura Cudd, owner of Asbury See DOSAGE Page 3

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ADAMS

Continued from Page 1

She had her doubts, but figured the experience would look good on the resume.

As a nurse for almost three years, she's heard her share of patient and family complaints. But she's never heard them from a director's position.

The first week was fraught with peril for Kodi.

"It was scary, trying to learn how to do everything and dealing with complaints and knowing who to grab to go in there and listening to them talk and using the right words," she said. "It's getting more comfortable now and I'm learning to use their computer system and what to check off."

"Luckily, the team manager before me liked to do check-off lists and charts so I have all that and that helps a lot."

So for now, Adams in in charge on the same floor she's usually does floor nursing.

"I was kind of nervous because I still felt like a baby nurse," she said. "Most people are older than me. It's weird, not really them telling me what to do but them coming to me. Everyone kind of came to me anyways but now it's real in a whole new way."

Adams graduated from Southwestern Oklahoma State University. Her leadership training in school brought her to Integris.

"I didn't know what I wanted to do and kind of fell in love with it," she said. "I like the hearts. No one is the same. Even people who come in with the same thing they're all different. I like talking to the patient and I like my staff."

Just a few weeks ago her staff was her co-workers. Now she's in charge.

With a change in role comes a different way of thinking and a different vocabulary for sure.

"A lot. Dealing with a complaint last week me in my head what I would have said was not what they said. What I would have said probably would have caused more problems and agitated them a little more. Hearing their words and what they had to say really helped a lot."

Adams grew up hearing her dad - an Oklahoma City firefighter - tell stories about helping people. She knew she wanted to follow in her dad's footsteps, not necessarily.

"I knew I couldn't really see me as a firefighter but this is the next best thing," said Adams, who graduated among 131-member McLoud High School class.

She went to the University of Central Oklahoma right out of high school before centering on Southwestern Oklahoma State University for her nursing education.

"I like just knowing I made a difference being there for them when they come in and are on their deathbed and don't even know it and seeing them after their (coronary artery bypass grafts) and they're a whole new person."

"Every now and then we'll have one come back and just seeing their new life."

Adams entered cardiac care as a new nurse. Her department went from medical surgical to a full cardiac floor

"I had already been down to cath lab and I saw what they did so I got to see the whole thing through," Adams said. "There's a little more responsibility knowing what to do and thinking on your feet with more critical care. But they usually bounce back faster."

Adams is bouncing back faster, too. She's learning how to anticipate complaints and understanding that sometimes there's nothing she can do to make the situation any better but listening with a caring attitude can go a long way.

So has the big chair ignited a passion for Adams to get on the management fast track?

"Not any time soon, but maybe one day," Adams laughed. "I don't know. I just really like being out on the floor, taking care of them and making a difference."

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DOSAGE Continued from Page 1

by Bobby Anderson, Staff Writer

More than 125,000 people die every year in the United States due to medication errors, said Cindy Fleming, an LPN with Asbury Durable Medical Equipment in Oklahoma City.

"That is so bad," she said. "But like today I have a lady coming home from a skilled unit. So you know what I'm up against," Fleming said. "She's going to have her meds in a bubble pack, and half of them are going to come from home. So she's going to be very confused to what's what."

So Fleming intends to recommend to the woman's family that she obtain her medications from a Paratapass machine. This devise can hold 208 medications depending on the type of medication a pharmacist dispenses.

What it does is strip packs those medications by packing morning medications together, as well as packing all the noon and evening medications as needed.

They are properly labeled to have a description of the medication

with the expiration date and dosage times. The patient does not have to fill a pill box or try to remember the date and time because it is written down

"So they will know if they took it or not," said Laura Cudd, a board certified pharmacist and owner of Asbury Pharmacy.

Patients discharged from a hospital after 30 days with certain medical conditions such as heart attacks, congestive heart failure, pneumonia and other acute cardiac problems will sometimes find that Medicare will not pay the same hospital when they require a second

They end up going to another hospital while the first hospital is docked by Medicare for not preparing the patient properly, Cudd said.

Cudd came to Asbury Pharmacy from the Oklahoma Heart Hospital where she served as the clinical pharmacy manager.

"When I was there, what I did was design programs," Cudd said. "I did things for meeting Medicare requirements and pain management protocols and diabetes protocols and all this kind of stuff."

One of the things she focused

"When I saw that she was launching this, I was so happy because home health battles this on a daily basis."

Cindy Fleming

patient re-admissions, investigating if why patients come back has anything to do with their medicines. She found that many patients were having a lot of problems due to not taking their medicine correctly. Cudd realized the next step in her career would be to address that issue. However, she didn't feel she could accomplish her goal within the walls of the hospital.

"It's always that transitional period when the patient leaves the hospital that they have problems," Cudd explained.

There are many pharmacist can do to help patients, but they cannot control every aspect relating to patient care, she continued. There remains the issue of whether the patient will have a drug-related error when sent home and begin taking their medicine.

"It's pretty surprising when people don't always know how to take their medicines," Cudd said. "Or they think they know and then the accidentally mess up."

Knowing this information led Cudd to purchase a Paratapass for her pharmacy. The adherence ratio in the United States averages being nine to 10 days late in filling a prescription, Cudd said. This adds up to two months a year for patients being without their prescriptions. So the Paratapass machine helps patients bridge that gap by providing an extra month and a half of medication coverage that are crucial to health and survival, Cudd said.

When a patient is taking their medication appropriately in a manner that negates confusion then they are not missing days being without it.

"You don't have them accidentally missing doses because they are dated and timed," Cudd said.

Fleming understands the benefit of the Paratapass because she came to work at Asbury Durable Medical Equipment with a background in home health. She works as a wound care specialist. Fleming also keeps an active administrator's license.

"When I saw that she was launching this, I was so happy because home health battles this on

a daily basis," Fleming said.

Physicians will see a patient and tell home health nurses to provide a med planner, something Medicare does not provide the patient.

"They don't consider that a skilled nursing need," Fleming said. "People 65 and older take five medicines. That includes pharmaceuticals for the prescriptions, vitamins, minerals and supplements."

The first month of a patient's discharge from a hospital is crucial. Fleming said Oklahoma has started a new care coordinator's group that meets quarterly. The group examines hospital rates, taking into account the number of patients hospitalized in the last six months. Where do the patients go?

"13,000 were discharged home. So many thousand were discharged to home health. So many went to hospice and so many went to nursing homes," Fleming said. "But Medicare has mandated that these are penalty diagnoses they're not going to pay for. And these hospitals are already struggling that are facing several hundred-thousanddollar worth of fines."

They are in rural under-served areas, so it's a crisis, Cudd said.

The Paratapass helps patients remain safe and avoid returning to the hospital because they are taking their medicines in the correct manner.

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CAREERS IN NURSING

RESILIENCE, HOPE AND CHANGE: RN SAYS GOD BROUGHT HER TO SERVE

by James Coburn - Writer/Photographer

There is a resilience in children. Being able to work with them has been a blessing for Jessica Hightower's career as a registered nurse, she said.

The family approach of holistic care keeps Hightower blossoming in her nursing career as the Residential Treatment Center nurse manager at the Cedar Ridge Inpatient Psychiatric Hospital and Residential Treatment Center, located in Oklahoma City.

"It's the team approach here because you deal with the psychiatrist, therapy and the family," Hightower said. "Here we are focused on so many aspects of care."

There is family therapy, individual therapy and nursing education. We have direct therapy where we have the kids in a holistic approach," she said.

Hightower said the work is somewhat of a slower pace than acute hospital nursing. This aspect gives her more time to focus on developing a therapeutic relationship. She had worked in a larger hospital before coming to Cedar Ridge.

"There's something different about working with kids who have had trauma," Hightower said of the group of children she works with ranging in age from 6 to 17.

Hightower said she has witnessed the individual growth in children as if a light bulb clicks on for them to better face life's challenges. They see there is hope. The children learn to work through their troubles by knowing they do not have to remain hopeless victims of depression.

Acute care is usually five to seven days of treatment, she said. But at Cedar Ridge the youth can experience acute care and when they discharge to the Residential Treatment Center, they experience a longer process. Sometimes it's 30 days and sometimes its 90 days.

She also gets to see the children and their families make progress together. The Residential Treatment Center at Cedar Ridge does not just house DHS children, she said. Hightower enjoys seeing families reunite in the unification process that she describes as beautiful. Sometimes there are children who need more time for healing, she continued.

Children are usually admitted to Cedar Ridge for a combination of situational and biological circumstances, she said. Hightower and the staff compliment the psychiatric testing rendered at Cedar Ridge.

Patients are admitted to the acute care setting when they have suicidal ideation with a plan, homicidal ideation with a plan. They may have auditory or visual command hallucinations in the acute setting. They may be hearing voices within that command them to harm somebody or themselves.

The residential setting is different and is within a different building. It is a voluntary optional setting of treatment, she explained. Children in the Residential Treatment Center often come with aggressive behavioral

traits, she said. DHS may report that the aggressive behavior has been noted in a school setting or a home environment.

"The psychiatrists we have are phenomenal. They spot those things being great doctors. They are not the type of doctors who just want to medicate patients," Hightower explained.

There is no force needed when the least restrictive measures are employed, she said.

"We are very strong in verbal de-escalation here," Hightower said. "We have what we call an orange juice team where we call for the serving of orange juice. Our strongest verbal de-escalators go to a unit and verbally de-escalate a situation rather than just restrain a child."

This is important because some children have been verbally abused in their past. Each child is an individual who needs the individualized care offered by the Residential Treatment

Continued on next page





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Jessica Hightower, RN, helps troubled children adjust to life's challenges at the Cedar Ridge Inpatient Psychiatric Hospital and Residential Treatment Center, located in Oklahoma City.

"We want to know what the patient's history is," Hightower said. 'So between our doctors, the nurse and our mental health techs, we are figuring that out. We are asking those questions. We're talking to the patient and allowing the patient to share that rather than force it out of them."

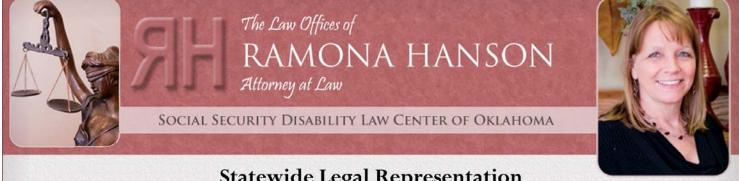
Hightower admires the team oriented approach. She has strong communications skills which is why she thrives at Cedar Ridge. Hightower started out as a floor nurse at Cedar Ridge. She recently moved up into

management on June 1.

She began her career at Cedar Ridge in June of 2013 and started on the acute child unit. Hightower is a nursing school graduate of OSU/OKC. She graduated in 2010 and became an RN in 2011.

"I got into nursing because I want to help people," Hightower said. "I'm very strong in faith. I pray and go to church. My family is a big part of my life. That pushes me to keep coming back here. I feel like this is where I'm supposed to be. This is my purpose. God has put me here to help others."





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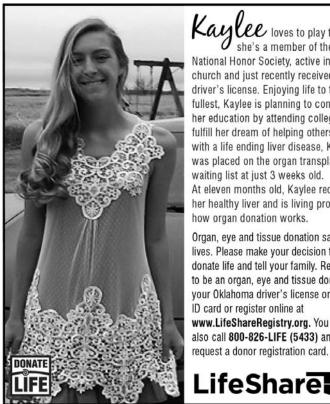
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INTEGRIS Family Care Clinic Open in **Downtown OKC**

Unique Facility with Urban Amenities



and more people are moving that direction. The area is no longer just a place to go for work or play, it is fast becoming a popular place to live. As more residential properties are built, INTEGRIS saw a real need in that community for a family practice facility.

INTEGRIS Family Downtown, located at 117 Park Ave., is now open to the public. There will be a grand opening event on Wed., Nov. 16 from 11 a.m. to 1 p.m., where visitors can enjoy tours, light refreshments and giveaways.

The clinic is unique with a more modern, urban feel. It is specifically designed to cater to working professionals with early morning and lunchtime appointment slots available.

On top of free Wi-Fi and coffee, there is a plug-in bar for laptops, iPads or other devices. Some of the exam rooms have recliners instead

of the traditional exam table and a lab is housed inside the clinic for faster, more convenient service.

"Being able to provide health care for those individuals re-invigorating our downtown community was a must for us at INTEGRIS. We are proud to have Dr. Nguyen opening this clinic and hope to provide a convenient medical home for patients," says Jeffrey Cruzan, M.D., the managing director and chief physician executive for INTEGRIS Medical Group. "We look forward to providing the excellent care you'd expect from any INTEGRIS physician in our newest clinic."

Hieu C. Nguyen, M.D., is the primary physician at the downtown clinic. He is board certified in

See INTEGRIS page 9

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:

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. Coor. Karen Cleveland, 405-214-6442; OKC: Vol. Coor. 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: 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:

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

Sequovah Memorial Hospice: Vernon Stone, D. Min. Chaplin, Vol. Coordinator, 918-774-1171

Sooner Hospice, LLC: Matt Ottis, Vol. Coordinator, 405-608-0555

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

INTEGRIS Continued from Page 8

family medicine. He graduated from the University of Oklahoma College of Medicine, and completed his residency at St. Joseph Hospital family medicine residency program in Chicago, Ill.

environment for my patients - a

place where health can be discussed without fear of judgment," says Nguyen. "I'm here to motivate change from a place of sincerity and help hold patients accountable. Developing life-long, healthy relationships with my patients is a hope of mine."

For more information on the INTEGRIS Family Care Downtown "I hope to facilitate a trusting clinic or to schedule an appointment, call 405-606-2260.

Lung Cancer Screening Now **Available**

AllianceHealth Deaconess offers low-dose CT scans to screen for Lung Cancer

reduction in lung cancer mortality with low-dose CT scan screenings compared to a chest X-ray. Oklahoma residents at high-risk for lung cancer, can access this potentially life-saving service at AllianceHealth Deaconess. In recognition of Lung Cancer Awareness month this November, AllianceHealth Deaconess is offering a lung cancer screen using a noninvasive CT scan at a discounted cash price. To learn more about the special pricing during the month of November, please call 405-604-4577. Medicare and some insurance plans now cover a lung cancer screen for high-risk patients; call to find out if your plan covers the screen.

"This is a preventative measure for people who are at high risk for lung cancer," said Seth Gregory, MD, pulmonologist at AllianceHealth Medical Group. "If we can find lung cancers in its earliest stages, we will have a higher probability of curing the cancer.

AllianceHealth Deaconess follows the U.S. Preventative Services Task Force recommendation for lung cancer screening with low-dose CT. qualify for the lung cancer screen, participants must be within the ages of 55 to 74 and who have a 30 packyear history of smoking. A 30-pack year equals one pack a day for 30

Scientists report a 20 percent years, or two packs a day for 15 years. Participants must be either current smokers or have quit within the past 15 years.

> Anvone who meets these requirements, and would like to be screened for lung cancer, should contact AllianceHealth Deaconess at 405-604-4577.

> AllianceHealth Deaconess is a part of one of the state's largest healthcare systems, AllianceHealth Oklahoma. Located in northwest Oklahoma City, AllianceHealth Deaconess is a 238-bed, acute-care hospital, offering a wide range of services including, cardiology, orthopedics, oncology, pulmonology, urology, general surgery, obstetrics and inpatient rehabilitation. AllianceHealth Deaconess also operates AllianceHealth Medical Group, with 21 provider practices and 45 providers across the Oklahoma City metro area. We work hard every day to be a place of healing, caring and connection for patients and families in the community we call home. AllianceHealth Deaconess is owned by a partnership that proudly includes physician owners, including certain members of the hospital's medical staff. For more information, visit MvAllianceHealth.com or follow AllianceHealth Oklahoma on Facebook and Twitter.



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. My husband and I are both self employed and have Obamacare (aka The Affordable Care Act,ACA). Even though we make a good income, it fluctuates but we do not qualify for any subsidies. Our premium has jumped to over \$1000 per month with a deductible of \$6500!! There is nothing affordable about raising our premium 76%. Our stress level has also jumped 76%. What is happening to hard working people whose incomes do not jump even close to 76% Janet and Kyle

A. Oklahoma has only one health care provider, Blue Cross and Blue Shield (BCBS). All the other insurance carriers have left Obamacare. When losses exceed premiums, the only options are to stop doing business with this group of Oklahomans or raise premiums.

According to John Doak, Oklahoma Insurance Commissioner, since the 2014 implementation of the ACA, BCBS combined losses are more than \$300 million. So they can exit this group of people, leaving them with no coverage or they can skyrocket the premiums.

Subsidies sound great but not everyone qualifies for them. It sounds like you and your husband fall into the group of people that will have to find a way to make more money on your own. As if you didn't have enough stress, now this.

Oklahoma is an unhealthy state. According to Business Insider, Dec 2013, Oklahoma ranks #7 on the 10 Unhealthiest States List. Obesity rates are high in our state. The amount of public funding available for health care has dropped 40% in the past two years. Addiction rates are high.

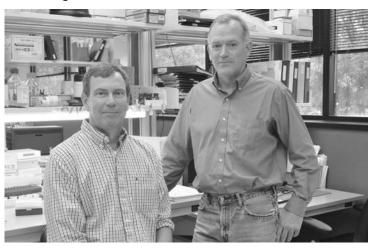
Options for those on Obamacare are limited but the following are suggestions:

- 1. Check to see if you qualify for any subsidies.
- 2. Don't have insurance and pay the penalty at tax time.
- 3. Spend less can you modify your budget?
- 4. Work more not good for mental health/physical health
- 5. Lower stress by staying as healthy as possible

*exercise--get out and move your body *nutrition--choose healthy options, avoid impulse eating *laugh -- there are funny moments -- seize them *sleep -- most people are sleep deprived

Maybe you can motivate the unhealthy Oklahomans to put down their fork and put their walking shoes on. This is a serious issue with a serious consequence and a domino affect that could be disastrous.

OMRF scientists find a way to heal the heart



Oklahoma Medical Research Foundation Scientists Mike Kinter, Ph.D. and Luke Szweda, Ph.D. $\,$

A pair of scientists at the Oklahoma Medical Research Foundation, in a study led by Hesham Sadek, M.D., Ph.D., at the University of Texas Southwestern Medical Center, have discovered a method that sparks the regeneration of heart cells. The findings could lead to new ways to treat patients following a heart attack.

Heart disease is the leading cause of death in the United States, killing more than 600,000 people each year, according to the Centers for Disease Control and Prevention. A key part of this problem is that the adult human heart isn't capable of significant regeneration of injured tissue caused by a heart attack.

Sadek had previously demonstrated that after birth the mouse heart has the capacity to repair itself. However, the heart loses this ability shortly after birth. OMRF scientists Luke Szweda, Ph.D., and Mike Kinter, Ph.D., are part of the research team that first demonstrated that this shift is caused by a change in the heart's oxygen levels and metabolism after birth.

"These shifts are key because the heart needs a lot of energy that is derived from oxygen to function and power the circulation," said Szweda. "However, the change in metabolism can damage DNA and, as a protective measure, heart cells exit the cell cycle and stop dividing."

While this shift protects the

heart, it can lead to problems in the event of a cardiac injury, as the heart can no longer make new cells to repair itself. But, wondered the researchers, is there a way to reignite the heart's regenerative capabilities?

In experimental mice, the scientists gradually lowered oxygen levels for a period of time. They found that the animals' heart cells were then able to divide and repair damaged tissue in the heart.

"By lowering the oxygen concentration, metabolism was altered allowing heart cells to re-enter the cell cycle and divide," said Szweda. "That's the trick to being able to induce natural repair in the heart."

While more research is required, the findings are exciting because in the future physicians might be able to transiently alter cardiac metabolism in humans to awaken the heart's regenerative abilities, said Szweda.

The beauty of this, said Kinter, is it presents a potential therapy that can be applied after damage to the heart has occurred.

"Modern medicine has gotten pretty good at limiting initial damage by getting the blood flow going again, as well as certain procedures that mitigate the damage," said Kinter. "But once the damage happens, options for fixing it are limited. This is an exciting step forward."

The new findings appear in the scientific journal Nature.



NURSE - TALK



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

What are your plans for Thanksgiving this year? Bradford Village Retirement Community

"Thanksgiving is to be around family. I love Thanksgiving for that reason."



Sherita Crawford. CNA/ACMA

"I will spend a little time with family and friends and probably cook a little, give thanks to God."



Johnny Whiteside, Jr., ACMÁ



news@okcnursingtimes.com or mail to Oklahoma's Nursing Times P.O. Box 239 Mustang, Ok. 73064

"I will be having dinner for six adults and about 10 kids and maybe more."



Iean Wallick, admin. assistant

"I think I'll go to a movie or gather with my friends and have some good food."



Sanju Gira, CNA

SSM Health to introduce new \$11 hourly minimum wage

The increase will take effect in January 2017 and impact nearly 1,100 employees.

SSM Health is pleased to right thing to do." announce that it will implement a new minimum wage of \$11 per hour throughout its four-state system. The increase will take effect in January 2017. In Oklahoma, SSM Health members include St. Anthony Hospital, Bone and Joint Hospital at St. Anthony, St. Anthony Shawnee Hospital and St. Anthony Physicians Group.

"As a Mission- and Values-driven organization, we are committed to providing strong market-based wages and benefits for all of employees, with special consideration for those who are most economically vulnerable," said William P. Thompson, President/CEO of SSM Health. "We value all of our employees and the incredible work they do on behalf of those we serve, and we believe providing a fair and socially just minimum wage is the

The wage increase will impact nearly 1,100 workers across Missouri, Illinois, Oklahoma and Wisconsin - that is 3.5% of SSM Health's total workforce of more than 33,000 employees. The increase will benefit individuals who serve in a variety of important roles, including aides, transporters, dietary and environmental services workers, receptionists and others.

When our employees have the resources and support they need to take care of themselves and their loved ones, they are better able to provide exceptional care and service to our patients," said Thompson.

The \$11 minimum hourly wage is significantly higher than the current federal minimum wage of \$7.25, or state minimum wages which range up to \$8.25 across the SSM Health



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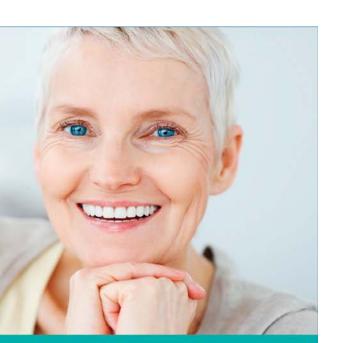
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