



Making a Case

Charita Chavez, MSN, RN, CCM, is the manager of case management services at Integris Southwest Medical Center

by Bobby Anderson, Staff Writer

To say Charita Chavez, MSN, RN, CCM wears many hats on a daily basis is an understatement.

For Chavez, the manager of case management services at Integris Southwest Medical Center, and her staff, wearing

more than one hat isn't just in their job description it's vital to taking care of a diverse patient group.

Chavez has now spent 10 years of her 20 years in nursing working in case management.

She's done cardiac and worked for a physician as a rounding nurse.

"I love solving a puzzle," Chavez says of what keeps her in case management. "Getting the patient what they need, decreasing length of stay and preparing for the patient needs before the physician may request it. Just pulling together the whole interdisciplinary team."

Russell Murray Celebrates New Headquarters

story and photo by Traci Chapman, Staff Writer

As Russell-Murray Hospice prepares to commemorate its 30th year in business, those associated with it are celebrating a new home and new levels of care to those who need it most.

"It's appropriate we are here today, holding our board of directors and annual advisory board meeting, in our new building," RMH Executive Director - and the organization's first RN - Vicki Myers said. "It's peaceful, it's efficient, it's just perfect for everything, and if Russell-Murray is here for 30 more years, this building is perfect for us."

Myers made her remarks during the Nov. 15 annual meeting of the two boards at Russell-Murray's new home, located at 2001 Park View Drive in El Reno. The new building, recently purchased by the longtime hospice care organization, is more than triple the space of its previous offices, located in historic downtown El Reno, Myers said.

"As we've grown, the staff really has had to try to work in a situation that just wasn't feasible," she said. "They were just crammed in with each other, and while everyone handled it very well, it just wasn't working the way we wanted it to."

That meant when a former medical office building located adjacent to Mercy Hospital El Reno came on the market, the organization jumped at it. The space meant not only plenty of room for a growing staff, but also room to grow and a more prominent location, headquartered not only near the hospital, but also other medical providers. That's good news for the staff, but also for Russell-Murray's patients, said Melodie Duff, RN, patient care coordinator. As RMH closes out the year and heads into 2018 - its 30th anniversary - Duff said staff and those associated with its success have a lot to be proud of, including 4,440 patients who have been treated and cared



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MURRAY

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for by the organization's nurses and caregivers.

"We currently have patients from infants days old to patients over 100," Duff said. "We serve without care about their ability to pay, and we're always there for them, no matter what."

That's something unique in Oklahoma hospice – and elsewhere – Russell-Murray Clinical Supervisor Missy Ellard said.

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Russell-Murray Hospice staff, board of directors and advisory board members gathered Nov. 15 for the organization's annual meeting, a celebration of its move to a new, larger home base. RMH also has locations in Kingfisher, Weatherford and Oklahoma City.

hospice care, we do not turn patients away based on their reimbursement status," she said. "Many hospices, even not for profit hospices, have a 'quota' of non-reimbursable patients and will

decline patients if they don't have a payer source – RMH has never done that."

That assistance totaled about \$400,000 last year, Administrator Christina Ketter said. With \$3.8 million in revenues and a \$2.6 million payroll, Russell-Murray saw a jump in helping those who could not afford it.

"It might be younger people who lost their job and didn't have insurance and, of course, the seniors who might not have access to Medicare or something like that," Ketter said. "To me, our charity care, the way we look at our patients and how we treatment them shows what kind of an organization, what kind of people we are." Russell-Murray's approach has worked – from its roots as a small El Reno hospice care provider to an organization with offices also located in Kingfisher, Weatherford and Oklahoma City. In October, those sites combined served 118 patients through the work of 25 full-time RNs and LPNs, as well as several per diem PRN nurses, across RMH's four offices.

"We serve approximately 75-mile radius surrounding each of the four offices," Myers said. Even before the move, Russell-Murray was working to expand its services, not only to patients, but also their families. In March, the organization celebrated the opening of the Virginia E. Olds Resource Library, coordinated originally by Carol Russell Davis and Evan Davis and Vicky Joyner. When RMH began looking at

moving, Carol Davis undertook the transfer of the library's books to the new site, while Sue Pennington-Unsell is director of bereavement.

Named for retired University of Oklahoma School of Social Work professor and longtime Russell-Murray counselor Virginia Olds, the library is unique among hospice organizations, Myers said – and is something that can help not only patients and their families, but also nurses who deal daily with end-of-life care and the emotional toll it can take.

"We wanted to accumulate information related to social issues involved in bereavement, emotional and psychological resources, coping with these kinds of illnesses and more," Myers said. "It's important to remember that the patient isn't the only person who suffers through an end-of-life illness – it's incredibly difficult and stressful for their family, their friends and their caregivers."

Those caregivers are the backbone of Russell-Murray's nearly 30-year success, and they make those who work with them proud every day, Duff said.

"I can't tell you how many thank you cards and calls we get, talking about how our staff treats their patients, and particularly those who can't afford it," she said. "We hear all the time that our nurses never judge and are always there to do everything they possibly can do – and that's an accomplishment in itself."

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MANAGER

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"Now in leadership I love leading the team providing those services. I enjoy now caring for my staff as they were my patient."

Dealing with a diverse patient population often with few resources, Chavez and her staff often find themselves trying to beg, steal and borrow to meet patient needs.

Finding resources for those who can't afford them is a constant challenge.

Community Care Coordination team or 550 (a number derived from statistics that show five percent of the surrounding population uses 50 percent of Integris Southwest resources) is under Chavez.

"That's our team that deals with low income or low-insured to non-insured patients that utilize the ER and hospital admission," Chavez said.

Helping that population find the resources it needs to avoid having to turn to emergency services to meet routine needs is paramount.

"Our main focus is to provide safe discharge planning for patients," Chavez said. "We do that with multiple physicians, floor staff, therapy and of course with patients and their

families."

Beginning in 2013, CMS began paying hospitals a bonus or extracting a penalty depending on the quality of care they delivered.

While the difference between getting more and getting less from CMS depends on how well all staff perform, the role of case manager came into its own.

Becker's Healthcare identified five key reasons case managers are worth their weight in gold:

1. Improving outcomes. Foremost in any case manager's job description is improving patient outcomes, and hospitals and health systems are leaning on them heavily for this indispensable task, particularly given CMS' focus on reducing readmissions.

The University of Connecticut's John Dempsey Hospital, in Farmington, for example, has case managers schedule appointments for patients in the hospital's heart failure clinic. This initiative has helped the hospital to reduce its 30-day heart failure readmissions, according to a November 2012 article in Hospital Case Management.

In Madison, Wisconsin, nurse case managers implemented a transitional care program to cut readmissions at the William S. Middleton Memorial

Veterans Hospital. The case managers help patients manage their medications and keep in touch with patients by phone after discharge. Called the Coordinated-Transitional Care Program, the initiative helped the hospital save \$1,225 per patient, according to an article in the December 2012 issue of Health Affairs.

2. Reducing readmission risks. Case managers make a bottom-line difference in healthcare organizations because they have a keen focus on improving care coordination and eliminating gaps in care that lead to unnecessary readmissions, according to the Commission for Case Manager Certification.

3. Eliminating avoidable days. In the same article, the authors wrote that the Medicare beneficiaries who were working with the case managers in collaboration with NovaHealth had 50 percent fewer hospital days per 1,000 patients and 45 percent fewer admissions. The passage of the Patient Protection and Affordable Care Act has led hospitals and health systems to develop new ways to foster patient-centered, accountable care, the authors wrote.

4. Enhancing claims management. In addition to ensuring that each patient gets appropriate and timely

care, case managers also must ensure that any patient's hospital stay, or any part of that stay, is medically necessary, delivered in the most appropriate setting and is not custodial in nature.

If CMS, the state Medicaid program or a private health plan decides a patient's stay is not medically necessary, the hospital or health system can lose thousands of dollars in reimbursement.

5. Boosting core competencies under the PPACA. Ensuring that each patient has insurance coverage for every day in the hospital has long been a part of case managers' job functions. Today, however, health reform has brought a new function: Boosting core competencies under the PPACA.

Under the PPACA, healthcare organizations are required to improve or launch preventive care initiatives among covered populations and develop methods for population health management. These preventive care programs are designed for at-risk populations who have costly chronic conditions such as asthma, chronic obstructive pulmonary disease, diabetes, depression and heart failure.

And that's where Chavez and her staff make their case every day.

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"Rob and I have been friends since Mid High and High School at Edmond Memorial. There are about 5 or 6 of us that make up a core group that have remained close all these years. When I got my driver's license I checked the box to become a donor, but I didn't think much about it until Rob told me his kidneys were failing."

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John gave Rob, his high school friend, a life-saving kidney.

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CAREERS IN NURSING

PUTTING COMMUNITY FIRST: MERCY HOSPITAL KINGFISHER

by Traci Chapman - staff writer/photographer

Hannah Powell has moved from New York to Oklahoma and traveled in the military, but her home – and her heart – have been a long-time constant, as she worked to help rural patients and their families find health and healing.

Powell, 44, is director of nursing at Mercy Hospital Kingfisher. Because Kingfisher is a small facility, she also has a myriad of responsibilities – from serving as quality and infection control nurse to overseeing the hospital's emergency department and fielding grievances as MHK feedback manager. It's a lot of work, but it's something she loves every day – not only because of the work itself and the patients she treats, but the people who work alongside her.

"I love the team we have at Mercy Hospital Kingfisher, not only nursing but in all of the departments – all of the departments work cohesively together, which improves the safety and quality of care that is delivered to our patients and community," Powell

said. "I am proud to be a member of that team.

"We are a family here at Kingfisher – from those that have been here for a very long time to the new co-workers joining our team," she said. "I love to watch and help with the growth of co-workers and new leaders."

While much of Powell's job involves administrative duties, Kingfisher is unique in that it allows her to stay active in her first love, she said.

"I love that I can still be involved with bedside care, while serving in an administrative role," Powell said.

A lot has changed at the Kingfisher facility in the 17 years Powell has been there. In 2009, the city's original hospital – built during the World War II era and needing extensive repairs that could never bring it into federal compliance – became a thing of the past, as crews completed a 52,000-square-foot building, featuring a digital imaging department that houses a CT scanner and x-ray machines that can forward images directly to

departments throughout the hospital, including operating rooms.

The \$20 million building also has 25 Medicare and/or Medicaid-certified beds, two labor and delivery and two operating rooms, as well as five private areas for emergency evaluations. The hospital also features a chapel – which the old facility did not have – as well as a small bistro and dining area and gift shop.

Mercy Oklahoma signed an agreement in November 2013 to lease the hospital, after serving as its management company since 2011. In 2017, the National Rural Health Association named Mercy Hospital Kingfisher a top-20 Critical Access Hospital Best Practice in Quality recipient.

The new facility – and then the transition to a Mercy network facility – meant a huge uptick in demand, officials said. In addition to the 25-bed medical-surgical department, the emergency room is comprised of five beds and a two-bed outpatient

area. Powell said nursing shortages require the hospital to serve about six to 10 medical/surgical patients at a time, and about 350-400 people utilizes the emergency department monthly.

Powell has been a guiding force in the hospital through all those changes, working as a bedside nurse in every department, as well as manager of surgical services and the emergency department.

"I have served in many positions within the organization," she said. "I currently serve as the director of nursing – responsible for all the nursing departments and our respiratory department and conducting chart audits."

Powell also provides coverage for both emergency and surgical floors and supervises and provides guidance to the 30 nurses currently working at the Kingfisher hospital, while also spearheading quality and infection control and developing and overseeing

Continued on next page



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To Hannah Powell, community is everything in her job as Mercy Hospital Kingfisher's director of nursing.

yearly budgets.

Powell said she loves working in a rural hospital – and for the Mercy nursing director, Kingfisher is not all that different from where she grew up, in rural New York state. The Andover, New York, native attended Alfred State College, located not far from her home. There she obtained an associate nursing degree.

But, nursing wasn't going to be a direct path for the young woman. First, she enlisted in the United States Navy for four years as a yeoman, working on Military Prepositioning Ships serving military cargo haulers.

"We would on and off load the ships, and I served as a crane operator," Powell said. "I spent a few months in Antarctica doing this - it was a once in a lifetime chance."

That chance also changed Powell's life, as she forged a link to Oklahoma. She decided to go back to nursing and obtained her bachelor's degree at Oklahoma City University's Kramer School of Nursing. She also started a

family – 12-year-old Hunter, 19-year-old Andrew and Maggie, who died just over three years ago, and who would have been 21.

"I love to help and take care of people," Powell said. "I had a midwife who delivered my second child, whom I admired - and my interactions with her made my mind up to pursue a nursing career."

While Powell wants to continue her education and doesn't know whether she would like to continue in administration or make some changes, she does know how much working in Kingfisher means to her and how special her work family, her patients and the community are to her. Her dedication to that led to her spearheading a hospital fundraising sponsorship committee that provided five families this year with the means to have a happy Thanksgiving and merry Christmas.

"I'm just very lucky to be here and to do what I'm doing," Powell said.

Labs - The Importance and Best Practices



Rochelle Colby (left) and Jennifer Jameson who work in the Lab at Cancer Treatment Centers of America in Tulsa were presenters at the 2017 Association of Oklahoma Nurse Practitioners Conference in Midwest City last week and discussed "Labs: What does that really mean?" The presentation was a general overview of what happens in the laboratory and pathology and it was geared towards what Nurse Practitioners would find useful in their day-to-day general practice.

story and photo provided

It is estimated that 70% of all health care decisions affecting a diagnosis or treatment plan for a patient involve a pathology investigation (or laboratory test)*. Decisions on an individual's diagnosis, treatment and subsequent therapeutic monitoring are often dependent on a range of pathology-based results, which can affect imaging and radiation, pharmacy, surgery, nutrition, oncology and clinical care.

Medical Technologist Jennifer Jameson and Medical Laboratory Scientist Rochelle Colby, who are both certified by the American Society for Clinical Pathology and work in the on-site Laboratory at Cancer Treatment Centers of America® in Tulsa (CTCA Tulsa), recently presented at the 23rd Annual Association of Oklahoma Nurse Practitioners Conference in

MidWest City about the importance of labs. The following are some of the best practices and highlights they shared:

Results are only as good as the specimens

"It's important to know that lab results are only as good as the specimens that we get," explained Jameson, who has worked in microbiology for 23 years. "That's why it's critical to use two patient identifiers and write them on the specimen container, including date, time and the collector's initials. Even the tube types that carry the specimens and the way they are transported make a difference - some tests can be temperature dependent, sensitive to light exposure or need to be in a preservative within minutes."

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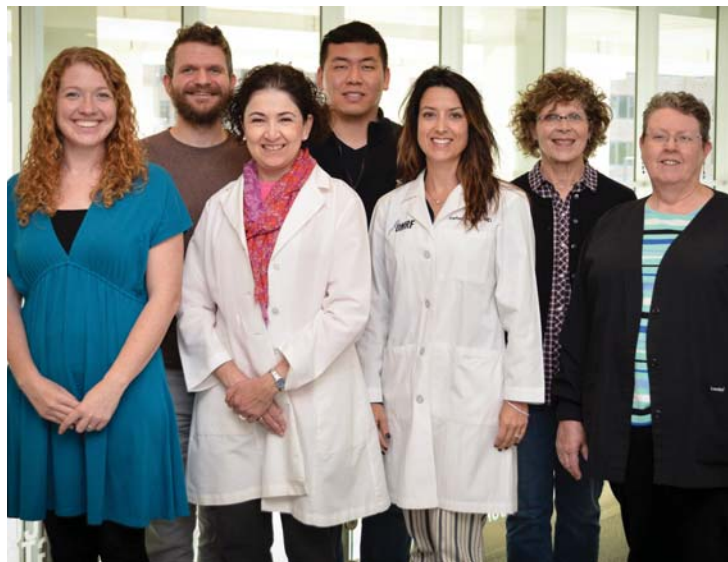
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OMRF seeks participants as it launches new sarcoidosis clinic



OMRF Sarcoidosis Research Clinic staff (front row) Lori Garman, Ph.D., Astrid Rasmussen, M.D., Ph.D., Courtney Montgomery, Ph.D., Judy Harris, Sarah Cioli, and (back row) Nathan Pezant and Allshine Chen.

New device stops a cold before it starts

New research shows you can stop a cold in its tracks if you take one simple step with a new device when you first feel a cold coming on.

Colds start when cold viruses get in your nose. Viruses multiply fast. If you don't stop them early, they spread in your airways and cause misery.

But scientists have found a quick way to kill a virus. Touch it with copper. Researchers at labs and universities agree — copper is "antimicrobial." It kills viruses and bacteria, just by touch.

That's why ancient Greeks and Egyptians used copper to purify water and heal wounds. They didn't know about viruses and bacteria, but now we do.

Researchers say a tiny electric charge in microbe cells gets short-circuited by the high conductance of copper, destroying the cell in seconds.

Tests by the Environmental Protection Agency (EPA) show germs die fast on copper. So some hospitals switched to copper touch surfaces, like faucets and doorknobs. This cut the spread of MRSA and other illnesses by over half, and saved lives.

The strong scientific evidence gave inventor Doug Cornell an idea. When he felt a cold coming on he fashioned a smooth copper probe and rubbed it gently in his nose for 60 seconds.

"It worked!" he exclaimed. "The cold went away completely." He asked relatives and friends to try it. They said it worked for them, too, every time. So he patented CopperZap™ and put it on the market.

Soon hundreds of people had tried it and given feedback. Nearly 100% said the copper stops their colds if used within 3 hours of the first sign. Even up to 2 days, if they still get the cold it is milder and they feel better.

Users wrote things like, "It stopped my cold right away," and "Is it sup-

posed to work that fast?"

Pat McAllister, age 70, received one for Christmas and called it "one of the best presents ever. This little jewel really works."

People often use CopperZap for



New research: Copper stops colds if used early.

prevention. Karen Gauci, who flies often, used to get colds after crowded flights. Though skeptical, she tried it several times a day on travel days. "Sixteen flights and not a sniffle!"

Businesswoman Rosaleen says when people are sick around her she uses CopperZap morning and night. "It saved me last holidays," she said. "The kids had colds going round and round, but not me."

Some users say it also helps with sinuses. Attorney Donna Blight had a 2-day sinus headache. She tried CopperZap. "I am shocked!" she said. "My head cleared, no more headache, no more congestion."

Some users say copper stops nighttime stuffiness. One man said, "Best sleep I've had in years."

Copper may even stop flu if used early and for several days. In a lab test, scientists placed 25 million live flu viruses on a CopperZap. No viruses were found still alive soon after.

The EPA says the natural color change of copper does not reduce its ability to kill germs.

CopperZap is made in the U.S. of pure copper. It carries a 90-day full money back guarantee and is available for \$49.95 at CopperZap.com or toll-free 1-888-411-6114.

The Oklahoma Medical Research Foundation is seeking volunteers who have been diagnosed with sarcoidosis, as well as healthy individuals, to participate in sample donations for OMRF's new Sarcoidosis Research Clinic.

The clinic is the first of its kind in the state and the only one in the region.

Sarcoidosis is a rare disease where cells in the immune system that cause inflammation overreact and cluster together to form tiny lumps called granulomas. If too many of these granulomas form in a single organ, this can cause the organ to malfunction or even fail. These granulomas can form in the eyes, liver, skin and brain and most often are found in the lungs.

African-American and European American individuals who have been diagnosed with sarcoidosis, as well as healthy African-American and European American people with no history of autoimmune disease, are eligible to participate.

OMRF scientist and Sarcoidosis Clinic Director Courtney Montgomery, Ph.D., said sarcoidosis strikes 39 in 100,000 African Americans, versus only 5 in 100,000 Caucasians. A recent study showed that the mortality rate, particularly among women, is nearing 7 percent.

This disease is poorly understood currently but is thought to involve both genes and environmental factors, Montgomery said. OMRF is working to identify the genetic factors that lead to the disease in order to improve diagnosis, treatment and disease outcomes. "To achieve these goals, we need participants to help us learn more about sarcoidosis," she said.

Participants will undergo a screening process, complete questionnaires, and donate a small blood sample to be used for research. Participants must also provide consent to review medical records and request previous biopsies related to the

See OMRF page 10

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: Amber Cerney, Vol.
Coordinator, 405-789-2913

Golden Age Hospice: 405-735-5121

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

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

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

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

Heartland Hospice: Shawnee: Vol. 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:
918-224-7403

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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: Sala Caldwell, Vol.
Coordinator 405-418-2530

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

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

Interim Healthcare Hospice: 405-848-3555

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

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

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

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

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

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

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

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

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

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

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

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

Quality Life Hospice: 405 486-1357

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

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

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

Seasons Hospice: Carolyn Miller, Vol. /
Bereavement Coordinator, 918-745-0222

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

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

LABS

Continued from Page 5

Multiple steps help to prevent errors

"There are multiple steps in the collection process, all in place to prevent errors," added Colby, who serves as the lead hematology tech at CTCA Tulsa. "Safeguards are in place, like proficiency testing, inventory control, temperature logs, quality control, test records and preliminary positive test monitoring. Each step includes elements of quality assurance."

For example, when gathering blood work, there are issues when the tubes are under filled or over filled. "Under filling can cause a dilution of the plasma, resulting in underestimation of clotting factor levels," said Colby. "Over filling by 120% may also give erroneous results."

Antibiotic resistance is a real issue "An estimated 50% of antibiotic use in humans is unnecessary and inappropriate," said Jameson. "The most recent estimates show that antibiotic-resistant bacteria cause more than 2 million illnesses and 23,000 deaths annually in the US." Antimicrobial resistance is an increasingly serious threat to health at the patient, community and global level. Jameson notes that the rate of resistance is increasing faster than new antimicrobials are being discovered. For example, Methicillin was introduced in 1960 and resistance was detected in 1962; Levofloxacin was introduced in 1996 and resistance was detected in 1996.* These highlights show the importance of good laboratory practices and why they are important to keep in mind.

*Sources: Centers for Disease Control and Prevention. The Clinical Biochemist Reviews

Special Event: Practical Nursing Graduation

Pioneer Technology Center

Hosted by Pioneer Technology Center, 2101 N Ash St, Ponca City, Oklahoma 74601 Friday, November 10th at 6 PM - 8 PM. Reception following graduation. Come out and support this amazing class!

Special Event: December 1st

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WHEN CAREGIVING HURTS

This event will be held at the OU Schusterman Center, Learning Library 4502 E. 41st Street, Tulsa, OK 74135 December 1st, 2017 9:00 a.m. to 4:00 p.m. (Check in/registration will start at 7:30 a.m. **Session Topics:** Violence in the workplace, Preventing Injuries at Work, Humor Amongst Healthcare, The Grieving Professional and Drug Use/Abuse Pre-registration \$120 until November 24th, after that date \$150 Lunch & CEU's included Register at www.ohai.org. For more information call 1-888-616-8161.

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

OMRF

Continued from Page 8

disease.

"We are thrilled to be able to offer this option to Oklahomans," said Montgomery, who has studied the disease for nearly 20 years. "Sarcoidosis patients are often misdiagnosed or undiagnosed. By coming here and allowing us to learn from them, they can play a key role in helping us understand the underlying biology of the condition."

Montgomery said by having an active research clinic, researchers can take discoveries they've made and translate them into something clinically meaningful. She also said the new clinic is intended to serve as a long-term resource to the public.

If you are interested in participating or would like more information about donating to the Sarcoidosis Research Clinic, please call Judy Harris at 405-271-2574 or toll-free at 800-605-7447. Participants will also receive \$20 per visit.



**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*

FOOD IS THE PROBLEM AND FOOD IS THE SOLUTION

I recently listened to a TED talk that was both inspiring and motivating. This is a reality that I want to share with you and hopefully you will be inspired to make some life saving changes.

Ron Finley is a guerrilla gardener in South Central Los Angeles. He is an artist and designer who couldn't help but notice what was going on in his backyard. "South Central Los Angeles," he quips, "home of the drive-thru and the drive-by." And it's the drive-thru fast-food stands that contribute more to the area's poor health and high mortality rate, with one in two kids contracting a curable disease like Type 2 diabetes.

"Dialysis units are popping up like Starbucks. Wheelchairs are bought and sold like used cars."

Finley's vision for a healthy, accessible "food forest" started with the curbside veggie garden he planted in the strip of dirt in front of his own house. When the city tried to shut it down, Finley's fight gave voice to a larger movement that provides nourishment, empowerment, education - and healthy, hopeful futures -- one urban garden at a time.

A group of volunteers known as the LA Green Grounds, gardeners from all walks of life are planting gardens on abandoned lots, traffic medians and along curb sides. Shovels become the tools to give young people meaningful work and get them off the streets.

It is a movement to take back our health. Think about that for a moment.....to take back our health!! How did we lose so much control over feeding our bodies nutritious food?

If kids grow kale, they will eat kale. If kids grow tomatoes, they will eat tomatoes; Instead of blindly eating what is put in front of them.

Planting a vegetable garden beside a road is not longer a fineable action in Los Angeles. In a major victory for TED speaker Ron Finley, otherwise known as the renegade gardener of South Central, the Los Angeles City Council voted 15-0 to allow the planting of vegetable gardens in unused strips of city property.

What a victory!!! Strange that the city would want to fine a person for growing vegetables; for wanting to promote healthy eating; for caring!!!!

Antibiotic Awareness Week: Antibiotic Resistance is Real and Everyone is at Risk

As humans, we are always in a hurry, and when something goes wrong we are always looking for that quick fix. From everyday inconveniences to even being sick, we want everything taken care of immediately.

However, sometimes the quick fix we think we need, isn't actually the best option for us. This week is National Antibiotic Awareness Week, an annual observance to raise awareness of antibiotic resistance and the importance of the appropriate antibiotic prescribing and use.

According to the Centers for Disease Control and Prevention (CDC), the use of antibiotics is the single most important factor leading to antibiotic resistance around the world. Up to 50 percent of all the antibiotics prescribed for people are not needed or are not optimally effective as prescribed.

"If you walk into your doctor's appointment with the expectation that an antibiotic may not be required for your illness, that will go a long way in facilitating an open conversation with your provider about if an antibiotic is necessary," said John Hurst, St. Anthony Infectious Diseases Pharmacist and Director of Antibiotic Stewardship.

So what happens when you take an antibiotic that's not needed? "If you take an antibiotic that is not needed, you are putting yourself and others at risk. One in five patients receiving an antibiotic experiences an adverse event," commented Hurst. "Antibiotics damage the good bacteria in and on your body that help you

digest food and protect you from the bad bacteria. Bacteria learn quickly; the bacteria that survive a course of antibiotics can become resistant to that antibiotic rendering it useless during subsequent infections," he added.

According to Hurst there are some illnesses that do not require antibiotics. Viral infections such as respiratory infections and the common cold can be rough on people and take weeks to recover from, but antibiotics are not needed and do not have a role in therapy for these types of infections.

Believe it or not the use of antibiotics for growth promotion in livestock is another significant source of antibiotic resistance, and is a danger to human health and modern medicine. "I would suggest looking for restaurants and food brands that raise livestock without the use of antibiotics as growth promoters," suggested Hurst.

Resistance to every current available antibiotic has been documented and found in certain parts of the world, including communities in the United States. Infections caused by antibiotic resistant bacteria kill more than 23,000 Americans annually.

So what can we do to prevent this downward spiral? Hurst says YOU have a significant role in preventing the spread of antibiotic resistance. "Simply washing hands, practicing food safety, getting vaccinated, and accepting symptom treatment without antibiotics for viral infections will help improve antibiotic stewardship in our community."



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Susan Denson, LPN

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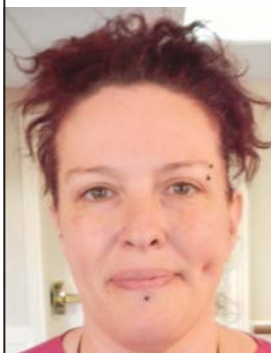
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