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photo by James Coburn

Ellen Wardlaw, RN, is a certified oncology nurse and a certified breast navigator at Mercy Women's Center at Mercy Hospital in Oklahoma City.

by James Coburn  
Staff Writer

Ellen Wardlaw has started a chapter of the Association of Oncology Nurse and Patient Navigators. She serves as a nurse navigator at Mercy Women's

Center in Oklahoma City.

A new cancer diagnosis can be overwhelming for a patient learning of their condition, said Ellen Wardlaw, RN, breast cancer nurse navigator at Mercy Women's Center.

"At the point that someone puts your name and cancer together, everything else sort of skates away for a while," Wardlaw said. "My primary job is to get people off safely to their treatment. We've got a very well-oiled system at Mercy. So once you're securely in with your treatment team, there's not as many obstacles to come."

The role of a nurse navigator is to help patients be

## Spirit Awards Presented to Oklahoma Hospital Employees



Jena Allen, LPN of McBride Orthopedic Hospital, Oklahoma City receives the Spirit of Achieving Cost Savings Award.

Fifty-two hospital team members statewide received an Oklahoma Hospital Association (OHA) Spirit of Achieving Cost Savings Award during the 2015 OHA Annual Convention Nov. 5. The 52 front-line, behind-the-scenes and administrative employees received the award because, through their insightful knowledge, innovative thinking and determination, they have helped their departments and the overall organization achieve substantial savings in operational costs.

Award recipients were chosen by their hospitals for exemplifying the Spirit of Achieving Cost Savings by: exemplifying a willing, courageous and dedicated attitude in tackling the historical "way things have been done" within day-to-day operations; carefully evaluating current operating practices to discern where greater efficiencies could be realized; undertaking the challenge of identifying alternative methods and resources for carrying out daily functions; assembling other individuals and/or a team to elicit the best experience and knowledge to study cost-saving ideas; or documenting and presenting to management the direct annual savings that could be achieved by implementing proposed changes in operational practices.

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## AWARDS

Continued from Page 1

"We are pleased to honor these special hospital employees who have dedicated time, talent or expertise to improve their organizations and their communities," said Craig W. Jones, president, Oklahoma Hospital Association. "These are the type of team members who, when they see problems, consistently work to solve them."

**Award winners are:** AllianceHealth Blackwell, **Miranda Ramhorst**, drug room manager. AllianceHealth Deaconess, Oklahoma City, **Lee Rhoades**, directory of laboratory. AllianceHealth Durant, **Nelson Edgeman**, director of pharmacy. AllianceHealth Midwest, Midwest City, **LuAnn Young**, director of pharmacy. AllianceHealth Ponca City, **Rick McCumber**, DPh, MBA, director of pharmacy. Arbuckle Memorial Hospital, Sulphur, **Denise Welch**, chief financial officer. Bailey Medical Center, Owasso, **Julia Profit, RN**, OB manager/childbirth educator. Comanche County Memorial Hospital, Lawton, **Becky Holland**, director of accounting. Creek Nation Community Hospital, Okemah, **LCDR Joe Landers**, director of pharmacy services. Duncan Regional Hospital, **Terry Crissman**, director of pharmacy. Grady Memorial Hospital, Chickasha, **Cathy**



Julia Profit, RN, OB manager/childbirth educator with Bailey Medical Center, Owasso receives the Spirit of Achieving Cost Savings Award.

**Groseclose**, vice president of patient care services. Great Plains Regional Medical Center, Elk City, **Theresa Garner**, director of pharmacy. Hillcrest Hospital Claremore, **Teresa Walkingstick**, materials manager. Hillcrest Hospital Cushing, **Allan Hale**, pharmacy manager. Hillcrest Hospital South, Tulsa, **Wendy Haskins**, director of radiology. Holdenville General Hospital, **Amy Riley**, drug room nurse. INTEGRIS Baptist Medical Center, Oklahoma City, **Micah J. Parker**, asst. VP, system supply chain. INTEGRIS Baptist Regional Health Center, Miami, **Clint Epperson**, director of EMS. INTEGRIS Bass Baptist Health Ctr, Enid, **Pam Forducey**, PhD, ABPP, system director, INTEGRIS eHealth. INTEGRIS Canadian Valley Hospital, Yukon, **John Robbins**, director, facilities services. INTEGRIS Grove Hospital, **Clint Smith**, director of cardiopulmonary services. INTEGRIS Health Edmond, **Daniel Smith**, BSN, RN, clinical director. INTEGRIS Southwest Medical Center, Oklahoma City, **Dave Perry**, senior facility planning and construction manager. Jane Phillips Medical Center, Bartlesville, **Kevin Hieb**, RN, clinical supervisor, cardiology. Lawton Indian Hospital, **LCDR Matthew Miller**, pharmacist. Lindsay Municipal Hospital, **Malea Ince**, head of purchasing. McAlester Regional Health Center, **Julie Powell**, director, education & quality, infection preventionist. McBride Orthopedic Hospital, Oklahoma City, **Jena Allen**, LPN. Mercy Hospital Ada, **Michael Roe**, purchasing agent. Mercy Hospital Ardmore, **Patricia Long**, director of clinic operations. Mercy Hospital Oklahoma City, **Lynn Sandoval**, executive director perioperative services. Midwest City Specialty Hospital, **Rachael Lee**, house supervisor. Muskogee (Creek) Nation Medical Center, Okmulgee, **Tonya Hargis**, procurement supervisor. Norman Regional Health System, **Mari Newcomer**, RN, manager, women's and

children's health services. Northeastern Health System, Tahlequah, **Jennifer Palmer**, assistant vice president of reimbursement, patient financial services. Okeene Municipal Hospital, **Shirley Koehn**, laundry. Purcell Municipal Hospital, **Karen Huckaby**, RT manager, cardiopulmonary. Select Specialty Hospital - Oklahoma City, **Michelle Belote**, materials manager. Share Medical Center, Alva, **Kevin O'Brien**, chief financial officer. St. Anthony Hospital, Oklahoma City, **Erin A. Schreiber**, CPM, administrative director, supply chain operation. St. Anthony Shawnee Hospital, **Jimmy Larson**, director, facilities management. St. John Broken Arrow, **Lisa Moran**, secretary III (statistical). St. John Owasso, **Jory Bushyhead**, regional pulmonary supervisor. St. John Medical Center, Tulsa, **Kristin Cator**, program manager. St. John Sapulpa, **Brian Howard**, facility manager. St. Mary's Regional Medical Center, Enid, **Tracy Andersen**, director, information systems. Stillwater Medical Center, **Jacob Easson**, assistant administrator, revenue cycle services. The Children's Center Rehabilitation Hospital, Bethany, **Jason McClure**, director of purchasing. Tulsa Spine & Specialty Hospital, **Beau Carney**, business office director. Valir Rehabilitation Hospital, Oklahoma City, **Ginger Castleberry**, quality assurance and risk management. Wagoner Community Hospital, **Rhonda Daniels**, manager, data operations. Weatherford Regional Hospital, **Joe Robinson**, director of radiology.

Established in 1919, the Oklahoma Hospital Association represents more than 138 hospitals and health care entities across the state of Oklahoma. OHA's primary objective is to promote the welfare of the public by leading and assisting its members in the provision of better health care and services for all people.

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## NAVIGATOR

Continued from Page 1

empowered to overcome the obstacles to their care, Wardlaw said.

A nurse for more than 11 years, Wardlaw is a nursing school graduate of the University of Oklahoma. She began her career with Mercy in 2004 and returned in 2014 after spending several years at another Oklahoma City hospital.

"It's the heart of the staff and the connection with people," that brought her back to Mercy, she said. "I tell people it kind of felt like coming home when I came back."

Wardlaw's role at Mercy is a little different from her previous work in that the system itself runs so well that once people experience the flow of patient care, it's streamlined for them on their journey.

Some people have more challenges than others, Wardlaw said. That could be financial or there may be additional family challenges.

"If you're the caregiver in a partnership, if you're your husband's caregiver during advanced Alzheimer's and you have advanced cancer, it brings up a great many

questions and challenges," Wardlaw said.

Wardlaw's role comes into play right after women are advised they have a biopsy of cancer. She lays out a ballpark plan for what they can generally expect in their course of care.

"I give as much education, materials and resources as I can, and try to safely hand them over to this next step of care, which for most people is to go to the breast surgery clinic," she explained.

Mercy is blessed to have another nurse navigator at the clinic who leads them step-by-step in coordinating early treatment stages and referrals.

Women want information presented to them in a way that makes sense, Wardlaw continued. She translates all the medical information with ease into something that can be understood and in a manner that is not terrifying. It's a lot to absorb.

"I tell people, 'You're stressed, you're not going to remember everything. You're going to hear us say the same thing over again because we don't expect you to remember it all the first time.'"

Wardlaw encourages people to

keep a small journal notebook provided to them in order to write any questions down. They can also write the answers down when their doctor answers them so they can go back and review them later.

"There's too much to take in all at once and it stays that way for a good period of time, through treatment time and initiation of treatment," Wardlaw said. "You'll hear people say, 'I don't remember anyone talking about my stage or my prognosis.'"

Writing things down will reduce anxiety later when the need for information surfaces.

Wardlaw said Mercy will soon open the Coletta Building, which will have all of Mercy Hospital's cancer services in the same building. The Mercy Breast Center will occupy the building as well.

The new building will be conducive for a more patient centered experience with easier access to accommodate needs.

"It will reduce the way-finding for patients. So it's one less thing they have to worry about," she said.

Wardlaw likes all the effort and planning that has gone into the new facility.

"All the services are here now. We're not adding huge new things because it's a new building. It's the same people and the same people where care comes from," she said. "But it's a way to make it easier for patients to access, a little more visible to the community."

Anyone with a family member, even out of state with a cancer diagnosis, may come to Mercy Women's Center to research and learn, Wardlaw said.

"A lot of people don't even know we're here," she mentioned. "Even our own staff sometimes, I think in the hospital, they sort of forget we're down here. In the busy day-to-day patient care, this is a place to send a patient's family if they just need information."

"I'm a big proponent of information is power. Learn more and you'll feel better."


She has worked hard for a lot of letters after her name. She is an oncology certified nurse and also a certified breast navigator.

Wardlaw and her husband are parents of two teenagers on their small farm by Choctaw. There are kids and horses.

"That's enough to keep anyone busy," she said.

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# CAREERS IN NURSING

## DEBBIE CAN-DO-IT: NORMAN REGIONAL NURSE FLIPS HOUSES

by Mike Lee - Writer

They say necessity is the mother of invention. For Debbie Standefer, RN, case manager at Norman Regional, necessity was the breeding ground for a profitable side business.

"When I got divorced I had to strike out on my own and the only way I could afford a house was to get the cheapest, worst house in the neighborhood and fix it," she said. "I think I did so well on the first one I think I'm on my sixth one."

So by day Standefer is dotting the I's and crossing the T's for patients. At night, she's using a T square and plumbing toilets.

And she's loving it.

"It's fun because when you buy it and do it yourself you have complete creative control," Standefer said. "Some houses I completely make into something different and some houses I kind of keep the floor plan, make it pretty and livable."

A couple of those houses had

three-quarter baths with a shower sink and toilet. She's ripped out walls, gutted plumbing and made them a full bath with a tub and shower.

You know how bad it is when you have to clean a toilet, right? Imagine removing a decades-old O-ring and ripping one up from the floor.

"My parents were both very resourceful and they could fix anything," Standefer said. "It never occurred to me that I couldn't do any of this stuff. Back when I first started, the Internet wasn't readily available so I would talk to people and read books at the library or at the bookstores.

"But now, in the last eight years or so you can Google anything literally so you don't have to buy a book anymore."

She bought one house with a stem wall foundation and the floor joists were rotted. She shimmied

into the crawl space with power tools and replaced those floor joists.

She admits it almost killed her but what's that old saying about what doesn't kill you?

"That was the hardest thing I've ever done physically and that's probably the one I'm most proud of," she said.

She bought the home for \$25,000, put \$25,000 into it and sold it for \$105,000.

It's hard to shake a hobby where sweat equity turns into money in the bank.

"That's part of the fun of it, you have such complete control of it," she said.

She shies away from doing her own central heat and air but that's about it.

"But I do everything else," she says. "I plumb all the houses and do all the electrical. There has only been a time or two that I've had to call in an electrician just because I

couldn't figure out where the short was. The wiring and everything I do all that."

On several occasions she's been approached as a confused female at Home Depot and people try to offer her help. She politely refuses.

At home, she's often glued to HGTV and the remodeling and flipping shows.

"I've learned a lot from mistakes," she says.

And now she's become a sort of resident Bob Villa for those who work at Norman Regional. On the floor she's Debbie Can Fix it.

Word has gotten around about Standefer's successes.

"One of the doctors was building a house out a little bit and she was stressing because it was going to cost her another \$30,000 dollars to put gas from the road to her house. I told her just to do total electric," Standefer said. "She asked 'Can I do that.?' I told her it was her



Our 'Brocko' was a true gift to all that knew him and all that were impacted by his shining light. He absolutely loved life and felt the mission to positively impact others. He was a fierce competitor, loyal teammate, driven athlete, while being selfless and encouraging to others. He adored his family, his hero and best friend was his older brother, Riley. As a Christian, he was very bold in ministering to others and had the ability to engage anyone with a conversation about our Lord.

We tragically lost him too soon, but the choice he selflessly made to be a donor continues to be a humbling testament of Brock's love and passion for others. We were given the most amazing gift when God gave us Brock, for which we will forever be grateful.

*'Children are a gift from the Lord, they are a reward from Him' Psalm 127:3*

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At 59, Debbie Standefer, RN, has learned how to flip houses in her spare time.

house you can do pretty much anything you want to." She went to her builder and they upgraded her appliances and she got a much nicer appliance package for electric with an induction cooktop. She was able to save about \$35,000.

"I don't know why her builder didn't tell her. Well, because men build differently than women do."

And while she has a friend who helps, most of the heavy lifting falls on Standefer's shoulders.

"I joke about I've been single for 15 years now and I used to think I needed a man to mow the yard and help with the honey-do's around the house. Now I'm the honey-doer."

"It's pretty empowering."

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# Smallest Surviving Babies Ever Born at INTEGRIS Baptist Medical Center



Chyloe and Olivia Koch with Olivia Chilton on day they met.

This is the story of two girls named Olivia. One is in her freshman year of college at Oklahoma State University and the other was hospitalized in the neonatal intensive care unit at INTEGRIS Baptist Medical Center in Oklahoma City until just a few weeks ago.

While seemingly worlds apart, the girls have far more in common than the same first name. They were both cared for in the INTEGRIS Baptist NICU and share the remarkable distinction of being the hospital's smallest surviving baby. It was a title Olivia Chilton held for 19 years, until the day Olivia Koch was born.

Her due date was Oct. 4 but Koch made an early arrival on June 16, 2015, at just 24 weeks gestation. A normal pregnancy can range from 38 to 42 weeks and infants born before 37 weeks are considered premature. Baby Olivia came into the world four months early, weighing only 15 ounces – that's less than one pound.

"She was so premature and underdeveloped that before she was born, the doctors were very concerned she would not be able to survive," remembers Chyloe Koch, Olivia's mother. But on the day she was born, the neonatologist who was in the delivery room recalls it wasn't Olivia's tiny size that made the first impression – it was her vigor and

stamina. "Olivia was breathing and crying with a steady heart rate and oxygen levels, which was unexpected for a baby that small. She was exceptional from the very beginning," said Julie Watson, M.D., "absolutely exceptional."

She was in for the fight of her life, and that is exactly what Olivia did. She spent more than 100 days in the hospital and underwent countless procedures. She gained over three pounds before she was ready to go home. While it is too soon to tell if she will have any lasting effects of her extreme prematurity, her parents are just thankful she is alive.

I cried when I found out that she surpassed Olivia Chilton as the smallest surviving baby born at INTEGRIS Baptist," admits her mom. "Every time I used to walk by Chilton's photos and story hanging there on the NICU walls, it would give me hope. Hope that my Olivia would someday have a similar success story to tell."

Olivia Chilton was born May 5, 1996, weighing one pound two ounces. She was born at 25 weeks gestation and spent 97 days in the hospital. The similarities between the two Olivias are uncanny. Both mothers had severe preeclampsia, causing the babies to be born far too early. The Olivias both

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## BABIES

Continued from Page 5

had a similar heart condition, they both required an eye procedure to keep their retinas from detaching and, miraculously, neither girl suffered from bleeding in the brain - which is a very real risk for extremely premature babies. Even their light blonde hair is a shared feature.

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

"It's weird, she really does look just like me when I was that age," marvels the older Olivia. Chilton wears hearing aides, but other than that, one

would never know what a miracle it is that she is even here. "I always say that God must have amazing plans for my daughter because of everything she has overcome," says Michelle Chilton, Olivia Chilton's mother. "And I am certain He has similar plans for Olivia Koch."

"God has truly helped us through this difficult time. I made Him a promise that if He let Olivia live then I would share her story with as many people as possible," says Chyloe Koch.

The two Olivias and their mothers recently met each other face to face at the hospital. It was a tearful meeting in a situation only they can truly understand, as Olivia Chilton passed the torch so to speak, to Olivia Koch.

"I wanted to meet them," says Chyloe Koch. "They know what we are going through, they have walked in our shoes. I don't know what the future holds for my daughter, but meeting Olivia Chilton, I now can see what is possible."

## HOSPITAL HOLDS MEDICAL OFFICE BUILDING GROUNDBREAKING



McBride Orthopedic Hospital held a groundbreaking ceremony on Thursday, November 12th at 5:00 pm to celebrate construction of a new Medical Office Building at 9600 Broadway Extension. McBride's new three-story facility will be connected to McBride Orthopedic Hospital by a single-story entry and lobby. The state-of-the-art Medical Office Building will be approximately 122,000 square feet and will be comprised of outpatient orthopedic clinic space and offices, outpatient lab and x-ray, a retail pharmacy, outpatient IV infusion and outpatient MRI. The expected completion date for the project is Fall 2017. The Medical Office Building was designed by Rees Associates. Manhattan Construction is the designated construction manager.

"The new Medical Office Building represents another milestone in McBride's incredible legacy of exceptional orthopedic services," said Mark Galliard, Chief Executive Officer, McBride Orthopedic Hospital. "Our physicians and staff are committed to serve patients in the metro and the State of Oklahoma. By building a clinical facility designed with our patients in mind, McBride will continue to meet the needs of our growing patient population and expand our orthopedic services in the future."

McBride Orthopedic Hospital is a 100% physician-owned hospital which employs more than 700 clinical and non-clinical professionals committed to the seamless delivery of healthcare to patients.

# Caring for Miracles



Taking time out for a picture is L-R is Tamara Crabtree (holding daughter) from Oklahoma Family Network, Sandy Green, RN, NICU (holding Ryan Dodd) and Kristie Dodd.

story and photo by Vickie Jenkins

I recently attended the INTEGRIS Neonatal Intensive Care Unit Reunion and Halloween Party. This is just one of the events sponsored by the Oklahoma Family Network and the NICU nurses for families that experience the NICU. The party was for the babies that were taken care of in the NICU over the last 15 years. Some of those tiny miracles are teenagers now! What a meaningful time for the parents, children and the wonderful nurses that cared for them at that time. The love that was present in the room was overwhelming as the Halloween party came alive as the children, parents, families, nurses and doctors reminisced. It was obvious to see that many lives had been touched through the care of the NICU.

The children were wearing their Halloween costumes; ballerinas, tigers, policemen, princesses, clowns and power rangers filled the room. There were balloons, games, a cake-walk and plenty of cookies, punch and candy for everyone. Smiles were seen all around, from the children to the nurses to the mothers and fathers.

I was introduced to Tamara Crabtree. This was the second year that Tamara had attended the Halloween party. Her daughter was born premature at Integris Baptist hospital and was taken care of by the nurses in the NICU. At the time, Tamara felt a need to do something for the parents with the babies born premature. She began by taking baskets of goodies to the parents; something for the moms and something for their baby. "It has grown quite a bit since then," Tamara says. "We try to have special events throughout the year. Our next one will be a Christmas party for the babies that are being taken care of in NICU," she adds.

According to the Oklahoma Family Network, a Christmas party will be sponsored here at Integris Baptist Medical Center. The special event,

See HALLOWEEN next page



HALLOWEEN

Continued from Page 8

Baby's 1st Christmas, will be for families who are experiencing NICU during the Christmas Season. We believe that a family's 1st Christmas is a special event especially for families who are on the NICU path, and should be given a chance to honor their baby's 1st Christmas regardless of circumstances.

When I asked if anyone would like to share their story about their baby and their care in NICU, Kristie Dodd was happy to share her experience.

"My name is Kristie Dodd and I was pregnant with my first child. I developed Hellp Syndrome. (Hellp Syndrome is a life-threatening pregnancy complication usually considered to be a variant of preeclampsia. Both conditions usually occur during the late stages

of pregnancy or sometimes after childbirth.) Pretty much the cure for me was to deliver my baby. My son, Ryan was delivered at 23 weeks. He weighed 1 lb.1 ounce, staying in NICU for 111 days," she said. "That was the roughest thing that I have ever gone through. I was here at the hospital every day. It was such an emotional time and being here at the reunion and seeing the nurses that cared for Ryan is so special. The care that was given to him meant everything to me," she added. "The staff, doctors and nurses always treated me with the utmost respect. I couldn't have asked for anything more. I am so thankful for everyone here. Today, Ryan will be 3 years-old in January. He is healthy and fine and he is my little miracle, thanks to the wonderful care of the nurses here at Integris Baptist Medical Center."

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**Carter Healthcare & Hospice:**  
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Coordinator, 405-948-4357

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**Hospice of Green Country:**  
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**LifeChoice Hospice:**  
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OKC, OK 73112 405-848-3779

**Oklahoma Hospice Care**  
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**Quality Life Hospice:**  
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**RoseRock Healthcare:**  
Audrey McCraw, Admin. 918-236-4866

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**Sequoyah Memorial Hospice:**  
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**Sojourn Hospice:**  
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**Sooner Hospice, LLC:**  
Matt Ottis, Vol. Coordinator,  
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**Tranquility Hospice:**  
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**Vicki L Mayfield, M.Ed., R.N.,  
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*If you would like to send a  
question to Vicki, email us at  
news@okcnursingtimes.com*

***Q. My wife and I went to a few counseling sessions to work on some of our issues but it doesn't seem like it helped. We do better for a couple of weeks and then fall back into our old patterns. What do we need to do to stay focused?***

**A.** Changing long time patterns of dysfunctional behavior does take time. When you think about how long you have been engaging in behavior that isn't healthy; it makes sense that repetition of new behavior and patience will be needed. I have seen different numbers about how long it takes to make new behavior your new norm but 30 days is often used. If you practice a new behavior or response consistently for 30 days you may notice it comes to you more naturally.

I think changing dysfunctional behavior is like any negative, damaging interaction that we inflict on another person or ourselves. It falls into an addiction category. If we have become dependent on negative interactions with our partner or children, it will take time and treatment to change.

You can't just show up for counseling. A treatment plan should be developed to design the course of therapy, something that is measurable. Everyone must agree to work the plan if it is going to be successful.

It might be determined during the intake process that both people need to add individual therapy to reach the desired goals. It is probably fair and accurate to say that most people have not resolved issues from childhood that can create extremely dysfunctional adult dynamics.

For example: When Bob and Renee came to counseling, one of the first things Bob shared was how different his life would be if his parents had not divorced when he was 13. (He is now 34.) His wife said she was so tired of hearing Bob's tirades on how their divorce had affected him, 21 years later. Bob also shared that he had never gone to counseling to talk about how the divorce affected him and would not be in counseling today if his wife had not insisted.

Until Bob works on the affect his parent's divorce had on him, his marriage will continue to suffer. Big giant band-aids don't stay on forever. Denial can cost us our health and our marriages.

Marriage counseling will not make a relationship healthier if the players have untreated wounds.

I saw this recently on Facebook: "so many broken children living in grown bodies mimicking adult lives."

# New Leaders Join Mercy Clinic in Oklahoma

Two new leaders recently joined Mercy Clinic-West, which operates 82 clinics throughout Oklahoma.

C. Kevin Goodwin serves as chief operating officer of Mercy Clinic in Oklahoma. In his role, Goodwin is responsible for overseeing practice operations; physician growth and development; primary care expansion; financial performance of the clinics; quality, service and safety metrics; and co-worker, provider and patient satisfaction and retention.

Goodwin has more than 25 years of health care experience in acute care and clinic operations. He has served in several operational positions in Mercy's Central Communities and as the chief operating officer of Mercy Clinic in the Four Rivers area in Missouri for the last three and a half years. In that role, he was instrumental in establishing the division, setting operating benchmarks, building the Mercy Clinic culture and developing talent.

He is a fellow in the American College of Healthcare Executives and in the American College of Medical Practice Executives.

Dr. Jesse Campbell also joins the executive leadership team as chief administrative officer of Mercy Clinic in Oklahoma. He assists with clinic operations, contracting initiatives, development of the clinic culture, and the strategic growth and expansion of Mercy Clinic in Oklahoma.

Campbell has practiced internal medicine and pediatrics in Edmond for 15 years, nine of those years with Mercy. He will continue his part-time practice at the Mercy Clinic primary care office at Mercy Edmond I-35.

"We are so excited to welcome Kevin and Dr. Campbell to these new roles as we continue to expand



C. Kevin Goodwin



Dr. Jesse Campbell

Mercy's presence in communities throughout Oklahoma," said Dr. Cullen Thomas, president of Mercy Clinic in Oklahoma. "Our patients' first encounter at Mercy is often through our clinics, so we want to make sure we provide the best care and best patient experience possible so they choose Mercy for all their health care needs. Kevin and Dr. Campbell bring valuable experience to the team and will ensure we provide that high level of service every time a patient comes to see us."





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Christy Lincoln, RN

"Religion. I feel much more comfortable talking about this topic."



Kelly Lucas, RN,  
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"I would rather discuss religion because God is my center and without Him, I would not be who I am."



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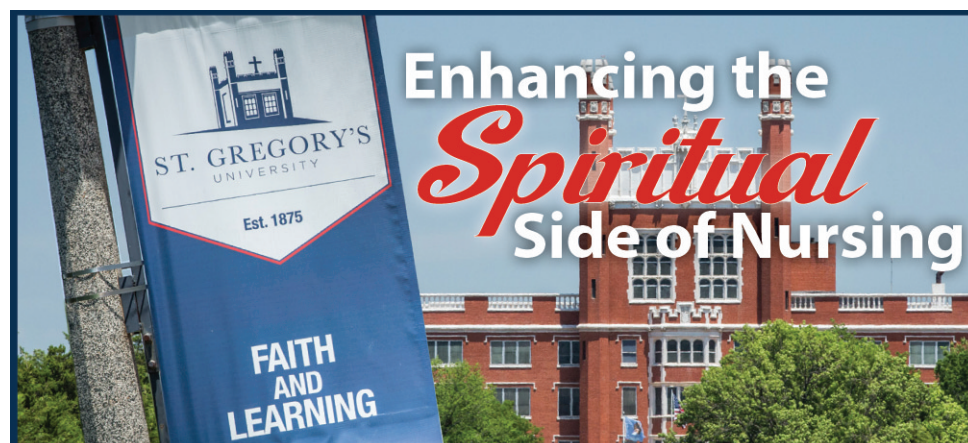
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