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October 30, 2017 Vol. 18 Issue 44

Oklahoma's

Information for the Oklahoma Nursing & Health Care Professional Published Weekly. Locally Owned and Operated by Metro Publishing L.L.C.



American Nurses Association President Pam Cipriano sat down with Oklahoma's Nursing Times at the recent Oklahoma Nurses Association annual convention.

by Bobby Anderson, Staff Writer

Violence against nurses, an ongoing debate on health care reform and the future of the nursing profession.

American Nurses Association President Pam Cipriano PhD, RN, NEA-BC, FAAN sat down with Oklahoma's Nursing Times to discuss these issues recently at the Oklahoma Nurses Association annual convention.

NT: How should nurses use their voice right now in the current health care debate?

Cipriano: It's really important we educate people around us as well as educate our elected officials. That means stepping out and not being afraid to write letters, email, text our elected officials to explain to them how we believe it's

Providing hope and healing through stem cell therapy

story and photo by Traci Chapman, Staff Writer

For Mandi Kaiser, it all started with a newspaper advertisement, an ad that would change the entire direction of her life.

"I was working as a waitress, I turned 21 and knew I wanted to do something different," Kaiser said. "This ad, it said, 'phlebotomist wanted, will train' and I just had a feeling that this was it, what I needed – I just knew I wanted to do something in the medical field."

Kaiser got her wish, landing the job, as an Oklahoma Blood Institute donor services phlebotomist. Kaiser started working at blood drives in and around Enid, moving to the organization's Oklahoma City headquarters after two years. It was there a new position came open, one that would transform "something in the medical field" to much, much more, she said.

"It was working with stem cells, a tech for an RN – the nurse I worked for was challenging," Kaiser said. "I thought, 'you know what, if she can do it, I can do it.""

That's exactly what Kaiser did, graduating from Rose State College's Nursing Science program in 2005.

With her degree in hand, Kaiser transitioned to patient services, working again in the stem cell unit, but this time as an RN. But, while Kaiser loved her work, the birth of her first child meant a shift in priorities, and a part-time research nurse position gave her the flexibility she needed and an opportunity to learn yet more about OBI's everexpanding stem cell work. After the birth of Kaiser's second child, she said it was time for a more intensive work schedule – and, with that came a new opportunity.

"It was just amazing when a management position came up – doors just opened and changed at the right time," Kaiser said.

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See KAISER Page 2

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KAISER Continued from Page 1

That was in 2008 and the promotion meant Kaiser would become OBI's therapeutic apheresis and cellular therapy manager, working with her team of four full-time and three PRN nurses. OBI contracts with 11 Oklahoma City metropolitan area hospitals and three in Tulsa, and the unit is on call 24 hours a day, 365 days a year for acute patients, in the process changing the lives of hundreds of patients and their families. Nurses work with individuals in both inpatient and outpatient care, with the goal of trying to help as many as possible get to a point where they are maintaining their condition, rather than facing a deeply critical situation, Kaiser said.

"It used to be that it was 90 percent inpatient and few outpatient," she said. "With improvements in methods and research, we now have a lot of outpatients – I'd say about 50/50 now."

It's a challenging field with the greatest of highs and lows, Kaiser said – helping patients' conditions improve,





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Mandi Kaiser started at Oklahoma Blood Institute as a phlebotomist. Nineteen years and a nursing degree later, she oversees seven other nurses as therapeutic apheresis and cellular therapy manager.

celebrating with them as they achieve remission; mourning them as a family member when their battle is not successful.

"It can be almost miraculous when a patient improves after treatments," Kaiser said. "The next day you go in to follow-up and you know you did that, you were part of that, and it's a wonderful, wonderful feeling."

Kaiser and her team's challenges also stem from the nature of their work. Much of what OBI's cellular therapy unit does is complex, far afield from many nursing specialties – nurses and technicians often work to locate HPCs - hematopoietic progenitor cells – and hematopoietic stem cells, or HSCs. HPCs can form mature red and white blood cells and platelets, making them an important weapon in the fight against malignant and non-malignant life-threatening diseases, while HSC harvests collect peripheral blood used in bone marrow transplants.

"Basically, patients who undergo strong radiation and chemotherapy treatments as part of their cancer treatment then require bond-marrow transplants to rebuild the white blood cells destroyed along with the cancer," Kaiser said. "We have donors who provide stem cells for certain treatments, but what we're trying to do is proactively harvest the needed cells from the patient, before they undergo the cancer treatment." This complex and vital stem cell work is just one component of OBI's work, Kaiser said.

"In nursing school, what we're doing takes up a paragraph this big in one book," she said, indicating a few inches. "Many nurses don't know what we're doing or how important it is."

That's why education is crucial – not only for patients and their families, but also donors and healthcare professionals, Kaiser said. The positive impact stem cells can have on the critically ill make it essential to continue moving forward, innovating and expanding both the unit's, and OBI's, overall mission, she said.

Those missions and the personnel who work to fulfill them are what's made OBI the place Kaiser has wanted to work for 19 years and the only employer she ever plans to have.

"This is such a special, amazing place that I've never seen myself anywhere else," she said. "I'll retire from here, as long as they let me."

CHANGING Continued from Page 1

important to promote access to care. We need to give them the stories of people nurses see every day. To be able to say when a woman comes in and she's been afraid to come in for care because she can't afford to pay for it and we find she's foregone important screenings and now has a devastating illness or a cancer that is gut-wrenching not just for the person but for the healthcare professionals.

It's important that we recognize while people are fighting the political battles real people's lives are at stake.

NT: When you saw the video of Utah nurse Alex Wubbels arrested for advocating for her patient what went through your mind?

Cipriano: My very first thought was 'you go girl.' She was doing exactly the right thing. She was advocating for her patient. She also had the wherewithal to make those around her know she was being mistreated and it was clear she was calling the chain of command. She was doing everything right so my first inclination was - that is what nurses do. They do the right thing.

Oklahoma's

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They stand up for their patients and they don't let anybody get in the way. And they sometimes put themselves in jeopardy. Obviously, I wouldn't have wanted anything bad to happen to her but I think I had the confidence it would get sorted out and justice and common sense would prevail. But again I was so proud of her in the moment that she didn't have to think twice. She acted with her ethical duty and was completely in the right.

NT: What do you see as the nurse's role moving forward in health care.

Cipriano: The good thing about nurses is they are able to work in so many different areas. Nurses are able to make adjustments wherever health care goes whether it's moving from the hospital to home and community settings or continue the work we do in high tech settings. We can make sure care transitions are handled appropriately and we have mechanisms to keep older people at home while monitoring their care and working with their family members. I continue to see nurses as absolutely critical because they have the flexibility and the knowledge to know we have to change with the times.

NT: What advice would you give to new nurses to further the profession as a whole?

Cipriano: The first piece of advice would be don't let people tell you no. One of the unfortunate things I hear from new graduates is there is still a tendency that the people who are more senior want them to pay their dues and not want them to emerge quickly into leadership roles and that has got to change. We need all of our new talent to be respected for what they bring to the health care setting. Every voice is important and most new entrants recognize they are still learning but at the same time they have new perspectives, represent embracing of new trends so we can all benefit from what's called reverse mentoring.

NT: Is health care a right or a privilege?

Cipriano: I believe it's a right. When you look at what's happening globally is most countries of the world have recognized health care as a right.

NT: Locally, what do you like about what the Oklahoma Nurses Association is doing?

Cipriano: There has been a great effort to embrace native populations

Charles

Donor

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which is very important as well as understanding the challenges of living in both a rural and urban state. Plus keeping up the conversation of differing political persuasion is important. When you look across the country we have so many states that are polarized but many of the health care issues may not be aligned with the current groups that are in power. It requires an ongoing tenacity to say 'I'm going to continue to talk to you about what's important in health care because I'm a nurse and I'm an expert.' It does require that additional effort and the ONA has demonstrated that.

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Charles was the father of three and loved his children very much. He had a wonderful outgoing personality and loved the game of golf. He was quite good at it.

He loved his family and would worry about them whenever the weather was bad. Even when nobody else could get out, he would make the rounds to everyone's home to make sure that they

It came as no surprise that when the time came he was an organ donor and gave

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October 30, 2017

CAREERS IN NURSING HOLISTIC APPROACH MAKES PATIENTS' FINAL JOURNEY: RUSSELL MURRAY HOSPICE

by Traci Chapman - staff writer/photographer

It takes great strength to deal with the finality that is hospice – to provide treatment not likely to provide recovery, to see the pain and suffering of patients and their family. It's also rewarding work, a chance to help make that patient's final journey one of peace, warmth and comfort.

"Hospice care can be difficult, of course, it takes something special to do this," Russell Murray Hospice Clinical Supervisor Missy Ellard said. "I believe hospice work is a calling."

That calling is something Ellard knows well. While she has worked in other nursing specialties, the Yukon RN has always come back, both to the type of work she loves and the company she said epitomizes the best of care and value that hospice brings to its patients and the people who love them.

Ellard did not start out as a nurse. For 10 years, she worked at the old Western Electric, later AT&T, facility. But, times changed for the industry and despite a strong and

OAHCR

active labor union, she and many others were laid off.

"I always wanted to go into nursing," Ellard said. "I've always seen getting laid off as a God thing, just what was meant to be."

That outlook meant what many people would see as a step backward Ellard saw as an opportunity – and she jumped at it. It was in her early 30s that Ellard attended Redlands Community College and Southern Nazarene University, obtaining Associates of Applied Science and Bachelor of Science Nursing degrees.

In 1994, with school behind her, Ellard was ready to follow her new path and find her first nursing job. She learned about Russell Murray Hospice, then an El Reno hospice provider, and found a home – in the process becoming the first nurse RMH hired straight out of school.

"I worked as a staff nurse, as a case manager, I loved the work and the people I worked with, but after a

time I wanted to try something new – I just really wanted to get other experience, so I branched out," Ellard said.

That decision led her to a variety of experiences – working in home health and in a doctor's office. She worked as a nurse for Canadian County Department of Human Services, making home visits to conduct patient assessments and evaluations, determining their qualification for Medicaid programs, including hospice referrals.

Ellard also used her skills for Oklahoma DHS Developmental Disabilities Services, responsible for health assessments at four Oklahoma City metropolitan area group homes. There, she recommended therapy, dietary consultations, wound care and other necessary services – but, as much as she enjoyed the work, something was missing, she said.

"I missed hospice care, I love hospice care," Ellard said. "I had family members who were being served by Russell Murray, and I realized just how much I missed working here."

So, she was back – Ellard said she realized she was home, exactly where she belonged. She was named clinical supervisor in Russell Murray's now home office – while El Reno remained its base, the not for profit now had offices in Kingfisher, Weatherford and Oklahoma City.

Patients are not always what one might imagine someone needing hospice care might look like, Ellard said. The five nurses she directly supervises also provide physical assessments to at-risk children, like those taken to Canadian County Youth and Family Shelter – children who have had their lives completely disrupted, with parents or guardians who could be incarcerated or are facing severe addiction or other problems.

Continued on next page





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For those patients who are facing an imminent end to their life, Ellard and her nurses are committed to using every resource at their disposal to make any time that individual may have left the best it can be and that is something different for each patient, she said.

"The thing about hospice care, about palliative care, is it's truly holistic, something that provides not only relief from physical conditions, but encompasses everything to improve the quality of life for the patient," Ellard said. "It's the one area of nursing you can truly practice holistic care." That might mean incorporating spiritual guidance or comfort, or it might involve finding a way to bridge an estranged family relationship; it could be making it possible for the patient to do something they've always dreamt of or simply ensuring they're comfortable as they live their final days.

"Some of our patients want to fight their disease every single minute, as long as they possibly can, and we help and encouragement them with that," Ellard said. "Others just want to be comfortable, to spend their time with their families or their friends. and we follow their lead on that, as well."

No matter a RMH patient's beliefs, needs or approach to their condition, they do have one thing in common - they are never turned away due to financial considerations, Ellard said.

"If a patient qualifies and desires 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 approach has helped spur the company's growth, which includes not only Ellard and her five-member nursing staff in El Reno, but a total of 25 full-time RNs and LPNs, as well as several per diem PRN nurses, across RMH's four offices. That staff serves about 100 patients throughout the Oklahoma City metropolitan area and an approximately 75-mile radius surrounding each of its offices at any given time.

"Everybody deserves to die with dignity - to me, if we can bring peace, if we can bring comfort, we help them to do that," Ellard said. "It's that mission, it's that ability to be a part of that - well, that's the reason this was my first job, and I want it to be my last."



Russell Murray Hospice Clinical Supervisor Missy Ellard provides holistic and palliative care that helps patients make their final journey on their own terms.

Now Open: Mercy Clinic Primary Care Moore Patients have greater access to medical care in south OKC

Mercy continues to fulfill the promise of expanding health care services in south Oklahoma City with the opening of a new family medicine and pediatric care clinic at 1060 SW Fourth St. An official blessing with ribbon cutting is scheduled at 4 p.m., Tuesday, Nov. 4.

"We're always looking for ways to better care for and cater to our patients," said Di Smalley, Mercy regional president in Oklahoma. "Mercy already has a strong presence in north Oklahoma City and Edmond. We're ready to provide that same level of patient care to those in south Oklahoma City and the surrounding communities."

The clinic includes family medicine physicians Sarah Cox, DO; and Misty Hsieh, MD; pediatrician Cerissa Key, MD; and Lara Rodkey, APRN-CNP. Imaging and lab work are also offered at the clinic.

The newly constructed 11,800-square-foot clinic includes 24 exam rooms with space to accommodate an additional four providers as health care needs in the community grow.

Clinic hours are 7:30 a.m. to 5 p.m. Monday through Friday.

All providers are accepting new patients. For an appointment, call 405-378-5491.



Providers at the clinic include: (top L-R) Sarah Cox, DO; Misty Hsieh, MD; (bottom L-R) Cerissa Kay, DO; and Lara Rodkey, ARPN-CNP.

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The "mad" scientist: fact or fiction?

Victor Frankenstein. Henry Jekyll. Dr. Emmett Brown from "Back to the Future."

The mad scientist has long been a staple of movies and literature. But crazed inventors are purely the invention of authors and moviemakers. Right?

"Actually, like many fictional characters, the mad scientist figure has its basis in real life," said Oklahoma Medical Research Foundation scientist Hal Scofield, M.D. Although today, scientists would never perform life-threatening experiments on patients—or themselves, Scofield said, that wasn't always the case.

"History is filled with examples of scientists who made guinea pigs of themselves or stepped way over the line of modern medical ethics," said Scofield, who has made an extensive study of the history of medicine during a three-decade career as a scientist and physician.

A "hearty" hero

In 1929, German physician Werner Forssmann believed it might be possible to insert a catheter through a vein into a human heart to administer drugs, measure blood pressure and treat other conditions. His colleagues called it a crazy notion, speculating that anyone undergoing the procedure would die from arrhythmia or other complications.

Undeterred, Forssmann inserted a sterilized urinary catheter directly into his own vein and passed it into the right atrium of his heart.

"He measured the exact distance ahead of time so he'd know exactly when he reached his heart," said Scofield. "He walked to the x-ray department with this catheter threaded into his heart and demanded an x-ray. Then he took the film to the department head and essentially said, 'Hey, look what I did.""

Mad or not, Forssmann's hunch was right.

He later shared in the 1956 Nobel Prize in Physiology or Medicine for the discovery of cardiac catheterization, a procedure that saves thousands of lives today.

Research bites

More than a century ago, U.S. Army doctor Walter Reed wanted to prove a controversial theory: that yellow fever was transmitted by mosquitoes and not by human contact.

To prove his theory, he grew mosquito larva, then took them to Havana, Cuba to feed on patients infected with yellow fever. He then retreated to a mountain camp above Cuba with a group of his colleagues where they joined one of two groups: one received bites from the infected mosquitoes, while the other lived in close quarters with the first group but got no mosquito bites.

"As Reed suspected, only those with mosquito bites developed yellow fever," Scofield said. This proved that the deadly illness was spread by mosquitoes, not humans.

Reed's discovery ultimately led to the development of a life-saving vaccine now used to prevent yellow fever. Still, the experiment proved deadly for one of Reed's volunteers, who died after contracting the virus.

Gut reaction

Conventional wisdom long attributed peptic ulcers to stress, excess stomach acid or eating spicy foods. But Australian researcher Barry Marshall believed the real culprit was a bacteria known as H. pylori.

After unsuccessful attempts to prove his theory using animal models, a determined Marshall picked up a patient's sample of H. pylori, mixed it with broth and drank it. "He just gulped it down," said Scofield. Soon after, "He developed raging inflammation and lesions all over his stomach."

Marshall was miserable, but biopsies of his stomach confirmed his theory. "If Marshall had never taken that risky step, we



Oklahoma Medical Research Foundation scientist Hal Scofield, M.D., said 'mad scientists' have helped achieve scientific breakthroughs with their out-of-the-box thinking throughout history.

> might still be sitting here today not knowing ulcers are infectious," Scofield said. For his discovery, Marshall ultimately received the Nobel Prize.

> "Sometimes to make giant strides in science and medicine, you have to push the limits," said Scofield. "Eventually, someone has to be the first to try, so that's what these 'mad' scientists did."

Special Event: Meet and Greet

OKC BLACK NURSES ASSOCIATION

RN, LPN, Retired Nurses and Students welcome

This event will take place Saturday, November 11, 2017 at 1:00 p.m. at the OCU Kramer School of Nursing Room 335.

Guest Speaker will be Dr. Eric Williams, President of the National Black Nurses Association at Oklahoma City University Kramer School of Nursing. Contact Irene Phillips MS, RN - iphillips@okcu.edu. Please RSVP by Friday November 3, 2017.

Special Event: December 1st LET THE HEALING BEGIN 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.

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 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: 918-224-7403

INTEGRIS Hospice, Inc. & the INTEGRIS Hospice House: Ruth Ann Frick, Vol. Coordinator, 405-848-8884

Hospice of Owasso, Inc.: Todd A. Robertson, Dir. of Marketing, 877-274-0333

Humanity Hospice: 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

Boston, Volunteer and Bereavement Coordinator 405-801-3768

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

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

Mission Hospice L.L.C.: 2525 NW Expressway, Ste. 312 OKC. OK 73112 405-848-3779 Oklahoma Hospice Care: 405-418-2659

Jennifer Forrester, Community Relations Director One Health Home Health in Tulsa:

918-412-7200

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

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

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

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

Quality Life Hospice: 405 486-1357

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

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

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

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

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

Chief Medical Officer Selected

Tommy Ibrahim, M.D., MHA, CPE, FHM, FACHE will join INTEGRIS as Chief Medical Officer in December. Dr. Ibrahim comes to us from Mercy Health Network in Des Moines, Iowa where he currently serves as Chief Physician Officer and Vice President of Medical Affairs. At Mercy Health Network, a 900-bed, not-for-profit hospital system located across four campuses in Des Moines, he oversees a medical staff of more than 1,200 physicians and allied health providers. Mercy Health Network is part of the second-largest Catholic Health System in the country, Catholic Health Initiatives, headquartered in Inverness,

Medical Officer at INTEGRIS, Dr. Ibrahim will be a member of the Executive Leadership Team helping to guide our system's strategic direction. He will lead the quality, safety and care management functions across our system. Other responsibilities will include: medical staff governance and peer review oversight, physician engagement, accountability and medical staff operations in collaboration with our hospital-based physician executives, committees and administrators.

Prior to joining Mercy Health Network, Dr. Ibrahim served as Divisional Chief Physician Executive at a four-hospital system headquartered in Springfield, Illinois, and he has served in other physician leadership roles at hospitals and health systems in

internal medicine physician who, in

Mercy's Emergency Department Waiting Area Renovation Begins

Renovation work to Mercy's emergency department waiting area will began Monday, Oct. 23. During renovation, the existing emergency department patient drop-off entrance will be closed and the waiting area space will be reduced. Patients and family members are encouraged to use the co-worker entrance just a few feet east of the existing emergency department entrance.

Mercy will provide complimentary valet parking for emergency department patients in front of the existing co-worker entrance and additional directional signage will be installed to assist with wayfinding. Emergency department staff as well as security will help patients and families locate entrances and registration.

"Patients who come to our emergency department often have a heightened sense of anxiety and fear," said John Lampert, Mercy vice president of operations. "In order to help create a sense of comfort, we are installing new flooring, paint and furniture, plus elements of nature and expressions of Mercy's faith throughout the space."

Renovations are expected to be complete in early December.

daughter.

Colorado As Managing Director and Chief LifeSpring In-Home Care Network: Terry

Illinois and Maryland. Dr. Ibrahim is a board certified

duties, will continue his hospitalist practice at INTEGRIS. He has published a number of research studies and holds the following certifications: Fellow in Hospital Medicine (FHM), Fellow American College of Healthcare Executives (FACHE), Certified Physician Executive (CPE) American Academy of Physician Leaders and Basic LEAN Six Sigma Training, University of Michigan. He received his Bachelor of Medical

addition to his administrative leadership

Science and his Doctor of Medicine from St. Christopher's College of Medicine in Cambridge, England. Dr. Ibrahim interned and completed his residency at Greater Baltimore Medical Center, an academic affiliate of Johns Hopkins School of Medicine in Baltimore, Maryland. He attained his Masters of Healthcare Administration from Seton Hall University in New Jersey and his Graduate Certificate in Organizational Behavior and Executive Coaching from the University of Texas - Dallas.

Dr. Ibrahim believes in service to the community and currently serves as Board Chair of the Iowa Medical Education Collaborative. He is an active medical missionary and has a passion for improving the lives of families affected by autism. He and his wife, Marian, are proud parents of an eight-year-old son and three-year-old

He is an outdoorsman who enjoys personal fitness, cycling and hiking. His hobbies include travel, photography, airplanes and automobiles, and he is a fan of football and ethnic cuisine.

INTEGRIS Baptist Medical Center Nurses Earn National Recognition for Nursing Excellence

For the third consecutive four-year term, the nursing staff at INTEGRIS Baptist Medical Center has achieved Magnet status from the American Nurses Credentialing Center. It is one of the highest levels of recognition a hospital or medical center can receive.

INTEGRIS Baptist initially achieved Magnet designation for nursing excellence in 2007, and has held the honor ever since. The nursing staff was made aware they were granted re-designation for

another four-year term, this afternoon.

"The prestigious distinction places INTEGRIS Baptist nursing professionals among the top tier of any across the country," said Tim Johnsen the president of INTEGRIS Baptist Medical Center. "I

am very proud of the excellence our entire team of nursing professionals demonstrates day-in-and-day-out. Everyone who works alongside and in support of them – is very much an important part of this distinction too. Thank you for your commitment to excellence and to our patients and their families."

Magnet recognition honors health care organizations that demonstrate excellence in nursing practices and adherence to national standards for the organization and the delivery of nursing services.



Applicants undergo a rigorous evaluation that includes extensive interviews and review of nursing services. Research shows there are clear benefits to hospitals that are awarded Magnet status: and to the communities they serve:

* Health care consumers have more confidence in the overall quality of a hospital if it has achieved the level of excellence established by the Magnet recognition program.

> * Magnet designated facilities consistently outperform other facilities in recruiting and retaining nurses resulting in increased stability in patient care and patient satisfaction.

> * Because quality nursing is one of the most important factors in enlisting high caliber physicians and

specialists, Magnet status becomes an attractive force that extends to the entire facility.

"The nurses who practice at INTEGRIS Baptist strive to provide our patients, families and communities the best nursing care possible through research, evidence-based practice and collaboration with our medical staff," said Michele Deidrich, the chief nursing officer at INTEGRIS Baptist Medical Center. "We recruit and retain the best of the best when it comes to our nurses, and I feel blessed to be part of their team!"





Vicki L Mayfield, M.Ed., R.N., LMFT Marriage and Family Therapy Oklahoma City If you would like to send a question to Vicki, email us at news@okcnursingtimes.com

Q. I need to vent some frustration and I thought your column might be a good place. I am a health care worker, a frustrated, tired health care worker. I don't know what to do about some of the deadbeat co-workers that I find myself working with. Is quitting the only option?

A. Well quitting might be an option but you are going to find "deadbeat co-workers" everywhere. They are like a virus that has no vaccine. And it does seem that they multiply and divide very quickly.

There are many people who work in health care that are extremely dedicated, very involved in the care of their patients and do not have to be told what to do. Thank goodness!!!

But the ones who "just show up" and put in only the minimum, the ones who must be "policed" throughout their shift are totally a drain. And I'm not sure who came up with the belief that just having a body sitting in a chair is a good thing, might have been smoking crack.

When you have people working with patients who do not understand the value of oral hygiene, the dangerous effects of dehydration or the need to toilet often should not be in health care.

This is a serious situation. I totally understand your concern. You are doing your best to provide quality care and serve as a great role model. There are many health care workers like you.

It is also difficult to give quality care if there are not enough quality care givers available. Sometimes just having a body to meet the staffing requirement can mean more work for you and create more frustration and fatigue.

If you follow the chain of command you can report these situations to your manager both verbally and in writing. If you have a strong manager they should have a conversation with the employee who is not pulling their weight. It is so important to address the issue promptly. Waiting too long removes the importance of corrective action.

The lack of communication is a big hurdle to overcome. I hear people doing a lot of complaining but don't see as much proactive intervention.

What we must remember is the health of the patient is our number one priority. The behavior of deadbeat employees must be promptly dealt with or everyone suffers and the health care facility will lose quality people who just can't take it anymore AND that will be a travesty. Oklahoma's Nursing Times

October 30, 2017



What is most important about hospice nursing? Russell Murray Hospice Each week we visit with health care

professionals throughout the Metro

That we make sure others have comfort and achieve personal peace and find purpose to their lives.



BSN

care to our patients and their families during the patient's end stage of life and to help provide a dignified death.

To provide compassionate



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

Providing the most support and greatest level of compassionate care possible to our patients and their families.



Kyra Maldin, RN

To provide comfort for both the patients and their families during a very difficult time in their lives.



Megan Evans, LPN

Special Event: November 1st **Defining Hope**

Please join us for a screening of DEFINING HOPE, hosted by the Oklahoma City Chapter of the Hospice & Palliative Nurses Association (HPNA). Wednesday, November 1st at 7pm at the Warren Moore 17 & IMAX, 1000 S. Telephone Road, Moore, OK 73160. Nurses must register on the Education Link of www.hope.film to receive 1.25 contact hours for watching the film and completing the evaluation. CEs provided thanks to the generous support of Walden University, which is a nursing CE provider for ANCC CEs. See https://okhpna.nursingnetwork.com/ or email okhpnachapter@gmail.com

Benefit for Alzheimer's Association

The Santa Market, Benefiting The Alzheimer's Association

The Santa Market started eight years ago with it's first craft show that included eighteen vendors. On Nov. 18th this year, The Santa Market will be hosting over 110 vendors, face painting, food trucks and a real Santa for pictures with the kids. Admission is free and the first 1,000 people will receive a swag bag full of goodies donated by the vendors and sponsors for The Santa Market.. Last year alone, The Santa Market raised over \$17,000 for The Alzheimer's Association. This year the goal is even more to help find a cure for this horrible desease that affects so many. The event will take place at the The Edmond Community Center, 28 E. Main in Edmond. For more info: thesantamarket@gmail.com





You generously gave more than \$19.1 million in a challenging economic environment. Your contributions will impact the lives of more than 800,000 central Oklahomans.

StandUnitedOKC.com





