Recruiter Showcase Oklahoma's HPI _____ See Our - HPL COMMUNITY Ad in The Classifieds NORTHWEST SURGICAL HOSPITAL Apply online www.communityhospitalokc.com or www.nwsurgicalokc.com for NWSH positions. September 18, 2017 www.oknursingtimes.com Information for the Oklahoma Nursing & Health Care Professional Vol. 18 Issue 38 Published Weekly. Locally Owned and Operated by Metro Publishing L.L.C. A Calling A Whole New Outlook CC-HAN's Brayton finds her path through Sisters Chronister of Mercy examples expands nursing story and photo by Traci Chapman, Staff Writer

Sasha Brayton's career has been an everevolving cycle - from her days as an assistant and full-time nurse to advocating for those who are now doing that job.

"We go into nursing because we want to help people, we want to be there when they're at a point where they need someone to stand there for them," Brayton said. "Now I advocate for bedside nurses, the frontline staff."

That advocacy came after a lot of hard work and a change of career, perhaps as interesting a professional shift as a young woman could accomplish. Brayton made that shift after working for several years in the restaurant industry, in large restaurant management and as a corporate trainer.

"I was doing really well, I was really moving up quickly, but I was missing something," Brayton said. "I liked what I was doing, I enjoyed it and had lots of great coworkers, but it just wasn't accomplishing what I wanted - I wasn't making the kind of difference in peoples' lives I knew I really needed to do."

With that mindset, Brayton said she decided to follow a path she knew well, following her mother's footsteps and enrolling in nursing school at University of Central Oklahoma. She was 26 year's old.

"I was a little different than some nurses because I was a little older when I got into it," Brayton said. "But, I knew the moment I started that it was exactly what I was meant to do."

Graduating at 30, Brayton started as a nursing assistant at Mercy Hospital, never knowing that almost a decade later, she would still be working at the facility where she got her first practical training.

"The Sisters of Mercy - I really loved the stories of the Sisters, of their faith and their dedication to healing and to helping others -

See OUTLOOK Page 3

Chronister to her most

recent posting in her 35-year

nursing career - Central

Communities Health Access

because we get to talk

to people, we develop a

relationship with the families,

we know who they are, and

they know we're here for

"I love this so much

Network.

See MERCY Page 2

Rhonda Chronister brings nursing to a different level, as she expands her patient care beyond traditional bounds.

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by Traci Chapman, staff writer

basics

For Rhonda Chronister, nursing goes far beyond health care - it is a fluid thing, something that changes with each patient she gets to know and every need that individual might have.

"Of course, nursing and making sure their physical and medical needs are met is the first thing we consider, but for many of those people we see, it goes far beyond that - there are other issues, other problems that might be, if not causing the physical issue, at least making it worse," Chronister said. That's what led

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MERCY Continued from Page 1

it was like they were calling to me," Brayton said. "I just felt really drawn to that, and it was clear from the start that I found my mission here."

Brayton's first assignment as a Mercy nursing assistant was in the intensive care unit. It was there the new healthcare worker saw how integral the department was to the hospital, caring for some of the hospital's most seriously ill and injured patients. The intensity of that care meant ICU nursing poses some unique challenges, as families and the patients themselves must deal with not only what could be critical physical issues, but also that emotions that went along with them.

"Working in ICU is one of my greatest passions," Brayton said. "It really is an education in itself, and the nurses working in ICU really deal with such a wide range of conditions, situations and emotions."

Working part-time at Mercy, Brayton for four years worked as a nurse at Mustang Public Schools. While working in her hometown and at the district where her three kids – now 11, 13 and 15 – attended school was a great position at the time, Mercy again called her back to a full-time position, a move she said was one of the smartest of her professional life.

"I just wanted more of a challenge than I found as a school nurse – as important as that job was, I missed the more intense interactions you find at a place like here," Brayton said.

That wish for something more became a reality, when a friend working full-time at Mercy told Brayton about a house supervisor position, "probably the most fun job I've ever had."

That led to Brayton's most recent position, as manager of the hospital's medical surgical services unit, a role she took on in October 2016.

"Since I came back full-time I've had amazing opportunities – one of them was having the opportunity to help in the foundation of our Learning Center," she said. "It's a way the hospital works to help fill the gap between nursing school and a nurse entering professional practices, and it's a wonderful program."

While working in her hometown As a manager of 65 nurses in a and at the district where her three 37-bed unit that deals primarily with

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Sasha Brayton has worked for about nine years at Mercy Hospital, starting as a nursing assistant and moving upward, until her current assignment as medical surgical services manager.

patients recovering from surgery, Brayton looks at those she oversees in an unusual way. Brayton doesn't call her nurses "staff" or "employees," but rather co-workers – and that's exactly how she sees them, she said.

"We have such a great group, such a diverse blend of nurses and personalities," Brayton said. "I have co-workers who are really shy to very outgoing, some with strong personalities and others who like to perform their service without a light shining on them."

No matter the personality, Brayton said she and her team's most important missions are to provide support to patients, while also being the eyes and ears for physicians, making sure to catch things a doctor might not see in the limited time he or she has to visit a particular individual.

"You know you are in good company when you are able to celebrate two co-workers, nurses who have worked 40 years at Mercy," Brayton said. "At that time, I was honored to celebrate 125 years of combined service with my co-workers.

"There are things like that, things like knowing you've made a patient's life better or easier, or you've been there for a nurse who's had a bad day or has been through an emotional situation," she said. "It confirms for me every day what I knew in my heart, that this was what I was meant to do and where I was meant to be."

OUTLOOK Continued from Page 1

them." Chronister said.

Central Communities Health Access Network - CC-HAN - was founded to help SoonerCare patients improve their health, and their healthcare options, while also focusing on challenges many of those patients and their families face.

"That's one of the beauties of this," Chronister said. "It begins with nursing, with the healing and the medical care and making sure our patients are healthy, but then it goes so much further - and that gives you such a feeling of satisfaction, to be able to help people in so many ways."

Those ways include guiding families who might need food or even gas money to make it to their doctor's appointments, or it might be a patient's brother who has mental health issues or his grandmother, who's about to lose her home, Chronister said.

"There is something gratifying knowing that whatever the need is -I'd say 99 percent of our clients are successful in getting their needs met," she said.

Chronister's main emphasis since joining the program in 2013 has been implementing an asthma improvement

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program, focusing mainly on the youngest of CC-HAN's patients currently about 36 of them take part in the program, Chronister said.

"It's about education, about getting supplies - we have donated supplies like nebulizers and other equipment," she said. "We get them stable, work to keep them out of the emergency room, keep them out of urgent care."

CC-HAN started the asthma program after founders Karen McKeever and Rosemary Klepper noticed the need because of the many ER visits due to asthma. Once the program started, it quickly grew, in great part because of Chronister's investment in it, McKeever said. "Rhonda has been an angel from heaven - everyone loves her, and she works so well one-to-one, not only with the patients, but also with their families and with the medical providers," she said.

Those interactions have translated into "amazing" success, McKeever said - patients are avoiding emergency situations and younger patients are staying in school, rather than falling behind. The program has done so well, Chronister is going to begin work on another area, one close to her heart - behavioral health.

"There is a huge gap in services

and help for these patients, and they need someone to help guide them through - to get them the treatment they need, make sure they stay on their medications, make sure they make their appointments," Chronister said. Even as Chronister works to transition to the new program, she and McKeever have already started the behavioral health groundwork, they said. Focusing on the lowest scoring patients on the Motivational Index, the pair has been working to set up a network that can make all the difference to those who are suffering the most, setting up the proper treatment options and preparing to help patients who might, at first, be reluctant.

"These people are proud, they don't want to have to ask for help, they don't want anyone to know they're maybe not making it," McKeever said.

"It's our job to talk to them, to let them know we're here to help them and listen to them, not judging them," Chronister said.

Listening to Chronister talk about her CC-HAN experiences - and hearing McKeever describe her co-workers dedication to her patients - is really not surprising when looking at her background. From the beginning,

Chronister has worked with the most vulnerable, over the years making a difference for thousands of patients. those who know her said.

She started as an LPN in 1982, working at Colonial Estates Nursing Home. With her graduation from Seminole State College and RN degree in hand eight years later, Chronister worked for six years as a nurse manager at OakCrest Hospital. It was there she would begin working in mental health care, over time expanding her knowledge and nursing skills until she in 2002 became Director of Nursing at Center of Family Love in Okarche.

"I loved it there, it was a wonderful experience, and I loved the residents," she said of the time she spent at the facility dedicated to developmentally disabled adults.

In 2005, Chronister moved to Russell Murray Hospice in El Reno, working with end-of-life patients and helping to make their final time a quality one, she said.

"I have had an amazing career and life, and I am so blessed to be able to do what I am now, with who I'm able to do it with," Chronister said, looking at McKeever. "We are making lives better, and there's nothing better than that."

Published each Monday And Locally Owned And Operated by Metro Publishing L.L.C. JOIN US www.oknursingtimes.com Phone (405) 631-5100 Fax (405)631-5103

P.O BOX 239 MUSTANG, OK 73064

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In Loving Memory of Randy and Owen Eldridge and Gay Eldridge Hannan



Dakota was a fearless, outgoing boy who enjoyed cracking jokes and being the center of attention. His goal in life was to become a veterinarian so that he could rescue animals. He had a love for superheroes, especially the Hulk, and enjoyed collecting rare Marvel action figures. Dakota, a hero himself, saved several lives through the gift of organ donation.

Organ, eye and tissue donation saves lives. Please make your decision to donate life and tell your family. Register to be an organ, eye and tissue donor on your Oklahoma driver's license or state ID card or register online at www.LifeShareRegistry.org. You may also call 800-826-LIFE (5433) and request a donor registration card.

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CAREERS IN NURSING NURSING IS PART OF EVERY ASPE FE: FAMILY HEALTH CARE OF

by Bobby Anderson - Writer/Photographer

When other nurses find out Barbara Hudson, RN, is a psychiatric nurse the conversation generally heads down a predictable path.

"How do you do that? I could never do that" are the comments that usually come Hudson's way.

"I always tell them I could never be an ER nurse or an ICU nurse," Hudson said.

For more than 30 years now Hudson has found peace deeply rooted in her role with Behavioral Medical Services at Norman Regional Health System.

She's embraced a field that sends many nurses running and it was all by accident.

"I didn't know there was such a thing as a psychiatric nurse," Hudson admitted of her nursing school days.

A several week rotation at the VA Hospital opened her eyes to the prospect.

nursing in Oklahoma City to start her career. Then circumstances changed and she came to Norman and worked one year on a medicalsurgical floor.

"I think med-surg nurses are the ones that should get the most money because they have to know the most," she says.

She's enjoyed Norman Regional's commitment to keeping a BMS unit even when funding began to dwindle.

"We've been open 33 years and many people in Norman don't even know we exist," Hudson said. "We're the best kept secret in Norman."

She praises the medical director for a thorough screening of patients before they come up to the unit.

A strict admission criteria rules out the possibility of obvious or potentially-violent patients coming upstairs.

Patients are not restrained and Hudson began in psychiatric the unit has no isolation rooms.

Hudson's unit has 20 beds with an average length of stay of around one week.

"The best part is getting to know these patients, their diverse lifestyles and knowing that they're people just like me," Hudson says. "Some of their strengths amaze me and how they can get better."

Same goes for her nurses. As day charge, Hudson gets a chance to see her nurses shine.

"I think they're wonderful," Hudson said of her nurses. "It's like a piece of a puzzle and our nurses have different strengths. The way we approach patients, we kind of compliment each other and that's kind of neat.

"We've worked with each other long enough that in a situation if there is somebody they have rapport with they're going to step in and deal with it."

"I know they've got my back." Norman's behavioral unit is steeped in experience. Three people have spent at least 30 years working the unit.

"We're family," Hudson says.

It's a field that's desperately needed.

According to Mental Health America, the nation's leading community-based nonprofit dedicated to addressing the needs of those living with mental illness, the need for services in our country is increasing.

The organization's annual Mental Health in America report spotlighted several trends including:

* 1 in 5 Adults have a mental health condition. That's over 40 million Americans; more than the populations of New York and Florida combined.

Youth mental health is Rates of youth worsening. depression increased from 8.5% in 2011 to 11.1% in 2014. Even with Continued on next page

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Barbara Hudson, RN, has spent 32 of her 40 years in nursing working as a psychiatric nurse with Norman Regional Health System.

severe depression, 80% of youth are left with no or insufficient treatment.

* There is a serious mental health workforce shortage. In states with the lowest workforce,

there's only 1 mental health professional per 1,000 individuals. This includes psychiatrists, psychologists, social workers, counselors, and psychiatric nurses combined.



* Less access to care means incarceration. Arkansas, more Mississippi, and Alabama had the least access to care and highest rates of imprisonment. There are over 57,000 people with mental health conditions in prison and jail in those states alone. That's enough to fill Madison Square Garden three times. It's not uncommon for patients

to return to the BMS unit for treatment later on down the road.

Norman Regional I have to leave the

When that happens Hudson becomes their greatest cheerleader, stressing the progress they have made and still are making.

She calls those return visits "tune-ups" or "maintenance" and hammers home the point that there is no quick-fix for mental illness.

Maybe it's why she likes that role instead of one on a medicalsurgical unit.

But Hudson says reasons are more practical for not working outside of BMS.

"I can not do vomit, spit or diarrhea," she room or I will be doing the same thing they're doing. There's

more things but that covers a lot." Success is often concrete for Hudson and her patients.

"In that people say they can cope better and they aren't going to kill themselves," Hudson says of the measure of success. "It's great."



Overwhelmed: Work, Love and Play When No One Has Time

Join the INTEGRIS James L. Hall Jr. Center for Mind, Body and Spirit for an evening with author Brigid Schulte, an award winning journalist for the Washington Post - and harried mother of two. She began the journey quite by accident, after a time-use researcher insisted that she, like all American women, had 30 hours of leisure each week. Stunned, she accepted his challenge to keep a time diary and began a journey that would take her from the depths of what she described as the Time Confetti of her days to a conference in Paris with time researchers from around the world, to North Dakota, of all places, where academics are studying the modern love affair with busyness, to Yale, where neuroscientists are finding that feeling overwhelmed is actually shrinking our brains, to exploring new lawsuits uncovering unconscious bias in the workplace, why the U.S. has no real family policy, and where states and cities are filling the federal vacuum.

http://integrisok.com/upload/images/Email/ mbs/overwhelmed-call-out-logo.jpg

Along the way, she was driven two questions, Why are things the way they are and, how can they be better. The answers she found are illuminating, perplexing and ultimately hopeful.

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OMRF Genomics Center earns CAP accreditation

The College of American Pathologists (CAP) has awarded accreditation to the Oklahoma Medical Research Foundation's Clinical Genomics Center.

OMRF's Clinical Genomics Center is an internationally recognized resource providing scientific researchers with the latest technologies in DNA sequencing, genotyping, and gene expression data. Now, with CAP accreditation, the facility will be able to offer these services to clinicians, as well.

"This allows us to expand our genetic analysis beyond research space and into clinical diagnostics, which is important for helping with healthcare," said facility director Patrick Gaffney, M.D. "We would like to partner with local healthcare providers to offer genome sequencing tests for those who may be suffering from genetic diseases."

Gaffney said he expects most clinical work will initially focus on pediatrics to help diagnose a wide spectrum of rare hereditary diseases in children. The facility specializes in studying the genetic basis of rare diseases through a process called exome sequencing. The exome represents roughly two percent of the human genome, so this type of testing allows scientists to more directly focus on pinpointing genetic mutations.

The federal government recognizes the CAP Laboratory Accreditation Program, begun in the early 1960s, as equal to or more stringent than the government's own inspection program.

During the CAP accreditation process, inspectors conduct an onsite inspection and examine the laboratory's records and quality control of procedures for the preceding two years. CAP inspectors also examine laboratory staff qualifications, equipment, facilities, safety program and record, and overall management.

"We've had tremendous success in the research space with this genomics facility, and we feel confident we can go into a clinical setting and provide these services to physicians and families, as well," said Gaffney. "We are thrilled for the opportunity and grateful to the College of American Pathologists for this recognition."





Oklahoma Medical Research Foundation Clinical Genomics Center staff Adam Adler, Melissa Bebak, Graham Wiley, Ph.D., and Patrick Gaffney, M.D.

African American Women's Health Summit to be held October 7th

A Union of Forces: Leveraging Diversity and Inclusion in Health Care

The African Health Summit will be held Saturday, October 7th from 9:30 to 11:00 a.m. - breakfast to be served at 9:00. The demographics of patients in the U.S. are shifting. Health professionals are preparing to deliver care to the most diverse patient populations in our history. Providers and patients both face a different world today. Join Cheryll Albold, Ph.D., designated institutional administrator for the Mayo Clinic School of Graduate Medical Education, as she discusses how these shifts relate to health care, and how to improve the experience and outcomes for diverse groups of patients. She will examine the link between issues of patient population diversity, equity, cultural competency and health.

Dr. Albold received a master's degree in counseling and student personnel services from Fordham University, in New York, and earned a doctor of philosophy degree in higher education and a minor certificate in educational research methodology, both from the University of North Carolina at Greensboro. She is a chapter author in the book, D.I.V.A. Diaries: The Road to the Ph.D. and Stories of Black Women Who Have Endured.

Local physicians will participate in a panel discussion that will address issues that exist in the Oklahoma City metro area. FREE EVENT

Advance registration is required. Seating is limited. Tickets are required to attend this event.

Location: Oklahoma Sports Hall of Fame, 4040 N. Lincoln Blvd., Oklahoma City, OK 73105.

Register for tickets by calling the INTEGRIS HealthLine at 405-951-2277. Online registration is not available.

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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

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; Kingfihser 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

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

United Way of Central Oklahoma Kicks Off Annual Fundraising Campaign

The United Way of Central Oklahoma kicked off its 2017 campaign with more than 700 attendees enjoying a free pancake breakfast at the Chickasaw Bricktown Ballpark earlier today. Business and civic leaders enjoyed the annual tradition of flipping pancakes to showcase their United Way spirit. The kickoff celebration marks the official start of the United Way of Central Oklahoma's fundraising campaign as well as the State Charitable Campaign and the Heart of the City Campaign.

The United Way's campaign raises money to support 120 programs in five focus areas strong families, successful kids, healthy citizens, independent living and community preparedness—that are administered by 58 Partner Agencies, striving to improve lives in our community.

"The United Way continues to lead the way in addressing our community's most pressing issues," said David Rainbolt, BancFirst executive chairman and campaign

chairman. "To do this, we rely on local businesses, big and small, along with individuals to continue to provide financial support. Given the economic challenges facing our community and with government budget cuts, the United Way and its Partner Agencies need

our support more than ever. This is a tough time for fundraising and every dollar counts."

This year 83 companies were Pacesetters, companies that complete their campaigns prior to the official kick off and "set the pace" for others to follow. Pacesetters raised \$4.9 million and got the campaign off to a great start.

Through this year's board game themed campaign, United

Way is challenging the community to "make a move and play it forward" through contributions via their United Way workplace campaigns, individual giving and the contribution of their time and effort by volunteering for community projects.

"We're always so thankful to our Pacesetter companies that truly set the pace for our campaign," said Debby Hampton, president and CEO, United Way of Central Oklahoma. "Every year, thousands of generous donors respond to the needs of our community through their support of our annual campaign. Thanks to our donors, United Way and our Partner Agencies are able to touch the lives of one in three central Oklahomans."

For more information on the United Way of Central Oklahoma's annual campaign for the community or to make a contribution online, visit www.unitedwayokc.org.

United Way of Central



United Way of Central Oklahoma

Oklahoma researches human needs within the communities of central Oklahoma and directs resources to accountable health and human services agencies to meet those needs by improving the health, safety, education and economic well-being of its most vulnerable citizens. For more information about United Way of Central Oklahoma, please visit www.unitedwayokc.org or call (405) 236-8441.

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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.

Special Event: September 19 POLST INITIATIVE PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT

The event will be held at the Oklahoma City University Kramer School of Nursing Rooms 135 & 136, 2501 N. Blackwelder Ave., Oklahoma City, OK 73106 September 19, 2017 from 6:30 – 8:00 PM. Jan Slater JD, MBA, Faculty Bioethics Center Oklahoma University School of Community Medicine will speak about this national and Oklahoma initiative.

No charge or registration required and one CE available from ONA and one CE available for LCSW/LMSW. Hosted by the Oklahoma Chapter of the Hospice and Palliative Nurses Association.

Special Event: September 29

The Health Care Professional's Role When Faced With Human Trafficking

The event will be held at the OU Fran and Earl Ziegler College of Nursing, 1100 N. Stonewall Ave, Room 138, Oklahoma City, OK 73117 Friday, September 29, 2017 from 8:00 am - 1:20 pm. Registration will be 7:30 am - 8:00 am.

\$50.00 per/person (complimentary to consortium employees) For more information contact: Patrice Brown **patrice-brown@ouhsc.edu** 405-271-1491, ext. 49206.





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

Q. I am single, not currently dating and enjoying my life. It would be great to find a healthy man to have a relationship with and I hope that is in my future. What I find so sad are some of my friends who are in relationships that are not healthy, in fact two of them are down right toxic, but they won't leave because they don't want to be alone. They are already alone!! What is wrong with them?

A. I think "being alone" is such a difficult "situation" to treat. It casts such a spell on the person that it almost shuts down their cognitive processes and creates an illusion that becomes their reality.

An illusion of "I am not alone because I have John sitting on the sofa with me." Never mind that John rarely communicates in a loving dialogue unless he wants something or that he belittles you in front of his friends or that he shows you no affection in public to the point that others don't even know you are a couple.

If you leave John and this abusive relationship you will be alone. That means "without John." Why is alone worse than being with abusive John? You are now free to be with others.

When women NEED a man, or men NEED a woman, that is a bad start to the connection and will prevent you from taking action when you read "the writing on the wall."

When I was working with Sharon all she could focus on was "wanting to be married." It was not about the quality of the man as much as not wanting to be alone (and also wanting financial security.) She found her man. In the beginning she pointed out some negatives, i.e., he was overweight and drank more than she liked. (She had been married twice before, both alcoholics).

As the relationship progressed she talked more about his money than his drinking or his weight. She also had concerns because their politics were at opposite ends of the spectrum. He also was controlling of her time. But he had money and she didn't want to be alone.

They married almost a year later. When I saw her a few months after the wedding, her spirit seemed subdued. Her vibrant energy channeled differently.

But she was not alone; she was married, she had her man!!

There are certainly no guarantees about the sustainability of relationships. I think it is healthy for people to be able to "be without an intimate/partner relationship" and be comfortable. That does not mean it is "forever." Perhaps the less we think about it and just live our lives, who knows who the Universe will put in our path.

In the mean time, get a dog, cat, bird, plant; something you can nurture and love until "your person" comes along. Read some good books. Learn to like being with you.

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