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A  
change of  
perspective

photo by Traci Chapman

Keri Chelf, CCO for CuraHealth enjoys working in an environment with more personal interaction.

by Traci Chapman

Keri Chelf's life has taken a lot of recent turns - a new employer, a new position, even a new way of looking at patient care. And, it's an

exciting learning experience every single day, she says.

"I felt a need for a different perspective - a little more hands on experience, the experience of handling finance aspects, managing different

departments and, of course, new employees and a new company," the new Curahealth Hospital chief clinical officer said. "It's been exciting, challenging, and I've enjoyed it."

For Chelf, a major change has been the difference in her previous work at Integris Health Network and the long-term acute care practiced by Curahealth.

"My background was short-term care, which is what you generally see in most



Generations of David Thompson's family have met the rehabilitation needs of Oklahomans at Bellevue Health and Rehabilitation since 1954.

by Bobby Anderson, Staff Writer

David Thompson remembers 30 years ago when patients drove themselves to Bellevue Health and Rehabilitation.

Now, more often than not, they arrive in the back of an ambulance. And the diagnoses they bring with them include IVs, feeding tubes and care plans that look more medical surgical than rehabilitative.

But for generations now the Thompson family has answered the call to take care of Oklahomans.

And in a healthcare environment that's pushing more and more care outward and away from a traditional

See CHELF Page 3

See THOMPSON Page 2

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## THOMPSON

Continued from Page 1

hospital setting. The family-owned business doesn't plan on changing its mission anytime soon.

"I've been in this business a long time and there's been a paradigm shift," Thompson said. "We've got to be ready so we have to have good quality nursing and they need to be more like the hospital nurse."

"They need to identify things before they become a problem."

### FAMILY AFFAIR

Thompson has been in the family business for 32 years. Back when he started there was no Medicare or Medicaid payments.

"Everyone paid their own way," he said. "They were really the assisted living patients. Residents had cars and then over the years it just progressed."

Thompson's mom and dad started the business in the early 1950s.

Four of the children including David still work at Bellevue. Five grandchildren also work full-time throughout the center.

It takes some 230 staff members overall to get the job done.

"We staff really well. My dad always told me patient care comes

first," said Thompson, who notes Bellevue is among the top one percent in the country in terms of staffing ratios.

Founded in 1954, Bellevue is a 220-bed facility located in Oklahoma City, in close proximity to all local hospitals. Through the years, Bellevue has continued to grow and evolve to meet community needs, and today offers a full continuum of care, from temporary respite stays, to short-term rehabilitation, to long-term skilled nursing care, as well as a broad array of specialty programs and services.

### TREMENDOUS GROWTH

Thompson remembers when Bellevue did 100 admissions a year.

That occurs in a month now with an almost equal number of discharges.

The number of skilled beds has blossomed from 20 to 62.

IVs, wound vacs, Stage IV wounds, specialty beds and peg tubes are now commonplace.

TPN will come soon.

"For whatever reason Medicare is pushing everyone to skilled," Thompson said. "We've stepped our game up a whole lot."

The continued money crunch from the federal government has

demand facilities like Bellevue become higher-skilled facilities. And with increased scrutiny on readmission rates the responsibility for end patient outcomes has also shifted.

"I see Medicare putting such strict guidelines on the LTACs now. (Patients) have to have three midnights in an ICU. We used to be able to send a patient to an LTAC," Thompson said. "I think Medicare is pushing everyone to skilled because it is probably less expensive."

According to CMS, hip and knee replacements are the most common inpatient surgery for Medicare beneficiaries and can require lengthy recovery and rehabilitation periods.

In 2014, there were more than 400,000 procedures, costing more than \$7 billion for the hospitalizations alone. Despite the high volume of these surgeries, quality and costs of care for these hip and knee replacement surgeries still vary greatly among providers.

The Comprehensive Care for Joint Replacement (CJR) model aims to support better and more efficient care for beneficiaries undergoing the most common inpatient surgeries.

The CJR model holds participant hospitals financially accountable for

the quality and cost of a CJR episode of care and incentivizes increased coordination of care among hospitals, physicians, and post-acute care providers.

"It's a lot of pressure on everyone because we can't send someone home with multiple co-morbidities that still needs skilled care," Thompson said.

That's why Bellevue has invested heavily in people and technology. The massive new AlterG Anti-Gravity treadmill stands out in the therapy room as testimony.

The treadmill removes up to 80 percent of a patient's weight, allowing them to focus on joint mobility and strengthening without fear of fall or reinjury.

It also shortens the road to recovery.

But overall, the focus has always been on people.

"It comes down to helping people," Thompson said. "The patient comes first."





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## INTEGRIS Southwest Medical Center Becomes a Milk Bank Donation Center

Oklahoma has one of the highest rates of preterm births in the nation, with one in seven babies born premature. The use of human milk, in lieu of other nutritional methods, greatly increases the survivability and development of these babies.

The Oklahoma Mothers' Milk Bank mission is to provide donor milk for critically ill and/or preterm infants in Oklahoma and surrounding states to improve short and long-term health care outcomes.

INTEGRIS Southwest Medical Center is proud to announce it is now a Milk Bank Donation Center committed to the cause.

Donors undergo a thorough health screening and are asked to donate at least 100 ounces of breast milk within the first year. Once the milk is dropped off at a donation center, it is forwarded downtown to be pasteurized for safety and then distributed to various hospitals. The milk itself is available by prescription only from a neonatologist. There are frequent shortages nationwide as the demand for human milk in hospitals continues to increase.

The Oklahoma Mothers' Milk bank was the 13th milk bank operating in the United States when it began processing milk in August 2013. Prior to this, the closest bank to Oklahoma was in Texas. To learn more about the milk bank or how to become a donor call 405-297-LOVE or visit [www.okmilkbank.org](http://www.okmilkbank.org).

INTEGRIS

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# CHELF

Continued from Page 1

hospitals," Chelf said. "There, you're looking at an average stay of two to three days - while some people can stay a little longer than that, it's more the exception than the norm."

"Because of the short-term nature of that care, you're really much more 'site-neutral' when it comes to our interactions with our patients and how much we can get involved in who they are and what they might be facing in dealing with their conditions," she said. "It also is quite different when it comes to admission criteria and CMS guidelines."

Curahealth's long-term philosophy is very different, Chelf said. There, patients typically stay about 25 days, some longer, depending on need. Those individuals are facing conditions and treatment like wound care, respiratory and pulmonary issues, which can also mean more complex emotional needs they might have in dealing with a chronic, many times very difficult condition, the CCO said. That presents a challenge to Chelf and her staff - but also an opportunity.

"We really get the chance to get to know our patients - we get to practice that truly hands on care and can

develop close ties with them and their families," she said. "We get to know their families, see their progression, and that's a real positive."

"It's just something I really enjoy about working in this environment because it feels very gratifying to have that more personal interaction, and it's something that motivates me in seeing how the staff deals with that," Chelf said. "It's not that other nursing staff doesn't care, not at all, but this environment provides such an opportunity for a deeper relationship with our patients."

The changes began for Chelf when she joined Curahealth in November. That timing, in itself, was fortuitous, she said, because the hospital had just been purchased by the Dallas-based firm in October from long-time operator Kindred Healthcare.

The Oklahoma City hospital was one of 12 long-term acute facilities acquired by Curahealth in a \$27.5 million sale.

That ownership change meant her staff was also going through a transition, dealing with the normal ups and downs involved with any acquisition. While that posed its own challenges for Chelf, she said the shared experience helped forge a bond between all of them.

"It can be difficult for anyone getting a new boss and for me, coming in with a new staff, that's not always easy either," Chelf said. "But, we're working together to reorganize and restructure, get things running with more efficiency, and I'm proud of everyone for getting on board and making the best of that challenge, while making sure our patients always get the very best care."

"We have a great staff, a lot of people who have worked at this facility for a long time and who are very, very committed to our patients, and that's something that makes any kind of transition easier," she said.

Curahealth's acquisition also offers a unique practical experience, not just for Chelf, but for all of the hospital's staff - paper charting.

"It is a huge difference to do paper charting versus electronic charting - I've never experienced that," Chelf said. "It's interesting because you know the workflow of the hospital in a very different way, but it certainly does take some getting used to."

Chelf said as she has worked through her own transition, she's reflected back on her time at Integris, where she began working in 2009. After eight months in the intensive care unit, she worked in pediatric

critical care and neurostroke, beginning as team manager and then clinical director for more than three years.

"It was a very positive experience and something I'm grateful for in coming to this new challenge," she said.

Chelf earned a BSN at Northwestern Oklahoma State University in 2009 and began working towards her master's in healthcare administration from Oklahoma State University in 2016.

She has lived in Edmond for six years and has four children.

For more information about Curahealth, go online to [www.curahealth.com](http://www.curahealth.com).

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Editor and Publisher, Steven R. Eldridge - [News@oknursingtimes.com](mailto:News@oknursingtimes.com)  
 Advertising Director, April Blakney - [Ablakney@oknursingtimes.com](mailto:Ablakney@oknursingtimes.com)  
 Advertising Services Lisa Weigel - [Advertising@oknursingtimes.com](mailto:Advertising@oknursingtimes.com)  
 Writers: James Coburn, Bobby Anderson, Vickie Jenkins

Send all news, story requests, letters to the editor and press releases to [news@oknursingtimes.com](mailto:news@oknursingtimes.com)

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# CAREERS IN NURSING DRIVEN TO SUCCEED: INTEGRIS JIM THORPE REHABILITATION

by Bobby Anderson - Writer/Photographer

By 17, Monica Gregory had earned her certified nurse aide certificate.

Once the high school bell rang she would head down to the local nursing home for work.

Little changed when she moved to the metro.

She worked nights at Integris Jim Thorpe Rehabilitation's second floor Friday through Sunday.

Monday through Thursday she went to school during the day at Oklahoma City Community College chasing her associate's degree of nursing.

The money she earned at night helped pay for her studies during the day.

She understood it was all an investment in her future.

"I always knew I was going to be in healthcare some way or another," said Gregory, who started working in Guymon.

After moving to the metro she started looking for jobs. Lucky for her, Jim Thorpe was one of the first to call

her back.

It was during her tour of the facility she fell in love with rehab nursing.

Wheelchairs one day gave way to crutches the next. Crutches were cast off some time later and more often than not patients were walking out the front door on their way home.

"It's more than just taking care of a patient for that day," she said. "You get to watch the patient get better. We have patients that come back and visit us all the time. Even from when I was a baby nurse we still have those patients that come back to see us."

"I like to see them get better and learn a new way of life if that's what they need."

Gregory jumped at every assistance program Integris offered eventually working in the nurse residency program.

Once she passed her boards she moved to days but still on the second floor for a few more years.

### FLURRY OF ACTIVITY

From there she was tabbed to be a clinical nurse manager by an incoming nurse with big plans.

"I feel like it carries a sense of excellence, a sense of pride," Clinical Director Natasha Flurry, RN, said of the Jim Thorpe moniker. "When you see somebody put everything they have every day just trying to get a little bit better it drives you to do better. That's where that excellence comes, that grit."

"Miracles happen here."

Flurry heaps praise on Gregory for her work ethic and her ability to relate to others.

Maybe it's because she traveled a similar road.

Flurry started on eight-hour night shifts as an aide as well.

"Back then I think they were called patient care associates," Flurry said with a smile. "I'm an Integris baby. I did get some experience outside of Integris but I got to come back."

"Jim Thorpe was my heart."

Hired on as the clinical director,

Flurry found her role expand quickly. Nursing leadership was turning over and Flurry needed a partner.

"Monica was one of the top people that came through," she said. "You meet her and see that she's not willing to give up. Think about being 17 years old and working in a nursing home as a nurse assistance. Seventeen. What was I doing at 17? Not that."

Gregory was also the first from her family to graduate college. A bachelor's degree would come later.

"I want to work somewhere I'm proud to work and that's here," Gregory said.

Flurry sees that pride in Gregory and everyone else who works at Jim Thorpe.

And it makes her smile.

"This is truly the next generation of nursing leader," said Flurry, a 16-year nursing veteran. "When I'm sitting around the table it feels good for me to talk about what is my next step as a nursing leader to know that

Continued on next page



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Integris Jim Thorpe Clinical Director Natasha Flurry, RN, (left) is proud of the work Clinical Manager Monica Gregory, RN, has put in to become one of her department's most valuable assets.

someone will be ready to take on that role. It's so important that we do that."

**PIE IN THE SKY**

Flurry looks to the future with promise. "I think we're on the path to

empowering nurses to become and see things they haven't seen before and the ability to think the way they've

never thought before," Flurry said. "With healthcare changing the way it does we have to have eyes to new ideas and ears to hear new things."

Rehabilitation is changing from an acute care setting. It's moving into the home. It's involving home health, hospice and outpatient therapy.

"As a rehab nurse you have to see that whole shift," Flurry said. "Being able to see things differently and how we operate over the next five years, I would love to see us transform rehab nursing into a more continuum of care."

"It's saying we are post-acute nurses."

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## Oklahoma City Native Provides Healthcare for U.S. Navy Sailors

story and photo by Lt. Cmdr. Katy Gray, Navy Office of Community Outreach



Petty Officer 1st Class Jonathan Doe Jr. is a 2005 graduate of Midwest City High School and a hospital corpsman at the Naval Medical Center in San Diego.

A 2005 Midwest City High School graduate and Oklahoma City native is serving in the U.S. Navy at Naval Medical Center San Diego.

Petty Officer 1st Class Jonathan Doe Jr. serves as a hospital corpsman at the San Diego based hospital. According to Navy officials, the hospital's priority is to provide the safest, highest quality patient-centered medical care for veterans, service members and their families.

"I am the leading petty officer for my department and I love having the opportunity to help out junior sailors," said Doe.

The sailors who are part of Navy medicine are the most highly trained, educated and specialized force in history, said Navy officials. The role of Navy medicine in preserving the healthy and fighting readiness of that force has never been greater or more critical.

"Serving our Nation's warriors and their families is an honor, and our staff is dedicated to providing the existing best care possible," said Capt. Joel Roos, Naval Medical Center San Diego Commanding Officer. "Our continuous training coupled with unparalleled innovation allow us to deliver exceptional care."

Doe said he feels honored to be able to serve at a hospital that is continually raising the bar in health care.

"There is great morale at this command," said Doe. "We're always willing to help and teach each other new skills."

Those who serve in Navy medicine understand that they play a key role in meeting the missions of the armed forces, according to Navy officials.

"Serving in the Navy to me is being able to do something bigger for our country," added Doe.

## Scaperlanda to be inaugurated as 16th President of St. Gregory's University



Scaperlanda serves as a Scholar Participant in the Fr. Stanley Rother Hispanic Cultural Institute of Oklahoma City and Norman.

Michael Scaperlanda, J.D., will be sworn in as the sixteenth president of St. Gregory's University on Tuesday, March 21, 2017. The Inauguration ceremony will begin at 3 p.m. in the Don and Jenetta Sumner Field House, and will include a formal procession of trustees, distinguished guests, and faculty and staff, with a reception following the ceremony. The public is invited to attend the ceremony and reception. Mass will be in the Abbey Church that morning at 11 a.m. and all are welcome.

Archbishop Coakley said that "President Scaperlanda has accomplished much since taking office on May 16, 2016. He has built a strong Board of Directors, assembled an excellent executive team, created greater efficiency and accountability within the university, and increased enrollment. Most importantly, he has secured a path for the university's growth, which will provide generations of students with the intellectual, moral

and spiritual formation crucial to living joy-filled lives oriented toward the common good."

Guests are asked to RSVP online at [www.stgregorys.edu/inauguration](http://www.stgregorys.edu/inauguration) for all inauguration events by Tuesday, March 7. For more information, please contact Sarah Schimpf at [events@stgregorys.edu](mailto:events@stgregorys.edu) or (405) 878-5351.

The Leisure and Labor Conference

An academic conference, Leisure and Labor: The Liberal Arts and the Professions, will serve as a pre-inauguration event beginning Monday, March 20 through Tuesday, March 21 at St. Gregory's University. Rev. James V. Schall, S.J., a world renowned teacher, writer and philosopher, will serve as the conference keynote speaker. The conference is open to the public for a \$50.00 registration fee. For those only able to attend Fr. Schall's keynote and reception afterward, the registration fee is \$15.



## 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:** Kelly Morris, Vol. Coordinator, 405-789-2913

**Golden Age Hospice:** 405-735-5121

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

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

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

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

**Heartland Hospice:** Shawnee: Vol. Coord. Karen Cleveland, 405-214-6442; OKC: Vol. Coord. 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:** Kay Cole, Vol. Coordinator 405-418-2530

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

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

**Interim Healthcare Hospice:** 405-848-3555

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

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

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

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

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

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

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

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

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

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

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

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

**Quality Life Hospice:** 405 486-1357

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

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

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

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

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

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

## ST. GREGORY'S Continued from Page 8

"We are humbled to have Rev. Schall serve as our keynote speaker for the Leisure and Labor conference. His breadth of knowledge will truly awaken the minds of all those in attendance," said Richard Meloche, PhD., Vice President of Academic Affairs.

Rev. Schall has written over 30 books, including: Another Sort of Learning (1988), Liberal Learning (2000), The Life of the Mind (2006), The Classical Movement (2014), and his latest Docilitas: On Teaching and Being Taught (2016). Schall holds a B.A. from Santa Clara University, a M.A. in philosophy from Gonzaga University, and a Ph.D in political theory from Georgetown University.

The Leisure and Labor conference will focus on the overwhelming trend of secularization in American Catholic higher education which has led to colleges and universities largely abandoning their liberal arts heritage for a more 'instrumentalist' approach to education. The conference seeks to explore both the theoretical and practical causes, effects, and possible solutions to this educational identity crisis. The conference will include a panel presentation with esteemed academic and workforce professionals and peer-reviewed paper presentations.

To register for the Leisure and Labor conference, please visit [www.stgregorys.edu/conference](http://www.stgregorys.edu/conference). For

more information, please contact Sarah Schimpf at [events@stgregorys.edu](mailto:events@stgregorys.edu) or (405) 878-5351.

A graduate from the University of Texas School of Law, Scaperlanda clerked for the Chief Justice of the Texas Supreme Court. He also practiced law in Washington, D.C. and Austin, Texas. After leaving law practice in 1989, he served the University of Oklahoma in many academic and administrative capacities. He held the Gene and Elaine Edwards Family Chair in Law and also was a Professor of Law at OU.

Scaperlanda is a nationally known scholar in Immigration Law and in Catholic Legal Theory. His books include Immigration Law: A Primer and Recovering Self-Evident Truths: Catholic Perspectives on American Law. He also co-authored The Journey: A Guide for the Modern Pilgrim with his wife, award winning author, Marla Ruiz Scaperlanda.

Scaperlanda serves as a Scholar Participant in the Fr. Stanley Rother Hispanic Cultural Institute of Oklahoma City and Norman. He is a past member of the Oklahoma Advisory Committee to the United States Commission on Civil Rights and the Oklahoma Bar Association's Legal Ethics Committee. He also teaches in OU's Visions of America Summer Institute for high school teachers as well as OU's Warrior-Scholar Project for veterans enrolling in college.

He and his wife, Marla, have four children and eight grandchildren. They are members of St. Mark the Evangelist Parish in Norman, Okla.

## Mercy Named a Top Stroke Center in Nation

Mercy Hospital Oklahoma City's NeuroScience Institute has once again earned Advanced Certification for Comprehensive Stroke Centers from the Joint Commission - the nation's oldest and largest accrediting body in health care. It is the highest level of stroke certification awarded only to hospitals able to treat the most complex cases of stroke through detection, treatment and rehabilitation. Mercy was the first center in Oklahoma and one of only 15 in the nation to earn Advanced Certification when the two-year certification was established in 2012. Currently, there are less than 130 advanced comprehensive stroke centers in the United States.

In order to maintain certification, Mercy underwent a demanding application process and rigorous onsite review by Joint Commission experts. Eligibility standards include advanced imaging capabilities, 24/7 availability of specialized treatments and staff with the unique education and competencies. Mercy is currently home to the state's largest group of neuroscience specialists in the southwestern United States, and the state's largest number of neurohospitalists - physicians dedicated solely to providing neurological care for patients admitted to the hospital.

The Hospice Directory above does not represent a list of all Hospice facilities statewide. For a complete list visit [www.ok.gov/health](http://www.ok.gov/health)



**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](mailto:news@okcnursingtimes.com)*

**Q.** I have become concerned about the day to day dynamics of my family. My two teenagers only come out of their rooms to eat and go to the bathroom. My husband is quiet, stays to himself a lot and reads. I can't wait to get everything done and hit the bed. Basically our family time feels more like every one's alone time. How can I change this?

**A.** Unfortunately your family dynamics sound like many other families who are too busy to spend quality time together. Alone time should also be encouraged, everyone needs some personal down time. But balance and moderation should be the goal.

Here are some qualities that help build healthy families:

1. Connectedness - This is what you seem to be lacking. Is it possible to set aside an evening during the week for family time, i.e., play games, order pizza and watch a movie together or eat as a family as many times as you can. This affords an opportunity to share your day and show interest in each other. **NO ONE BRINGS THEIR PHONE TO THE DINNER TABLE!!!** Everyone will survive.

2. Acceptance - Each person accepts the other, avoids judgment and creates a comfortable environment.

3. Appreciation - This really goes a long way. How often do you tell your spouse or your children how much you appreciate them?

4. Safety - All family members need to feel safe and secure in their surroundings.

5. Boundaries - It is important that parents be parents and not friends. It is equally important for parents to model healthy boundaries for their children. Adults need to have healthy boundaries with each other.

6. Truthfulness - Mean what you say. Children learn truth and honesty by the people around them. This sounds like a common sense statement but how many adults say and act one way but expect their children "to get it right?"

A family meeting is a good way to start making changes. Everyone attends the meeting. Have a list of topics to discuss. Make it short but to the point. Ask for feedback from all family members. This is important. Everyone may not get exactly what they want but the idea is to introduce changes are coming. Then meet again, continue to take inventory on how things are going.

Be consistent. Be committed. Your children are only children for so long. Now is the time!!

# From a Nursing Home to Independent Living: Local Program Makes It Possible



After spending almost four years in a nursing facility, Carol Smith never thought she would gain back her independence and be able to live back in the community in a place of her own. Every day she felt more and more discouraged and had almost accepted that she would live out the rest of her life in a nursing facility. Then she found out about the Oklahoma Living Choice Program.

As individuals age and face health concerns, the time often comes when a new level of care becomes necessary. However, that care does not need to be in a nursing facility but can be in their very own homes.

Smith was put in a nursing facility after she suffered a mental breakdown after losing her daughter to cervical cancer and also due to her grandkids moving across the country.

"I felt trapped," said Smith, commenting on her time spent in a nursing facility. "Every chance I got to spend a day away with my family or friends, I would. I couldn't cook for myself; had really no one to talk with; there were no activities that interested me; had things stolen; and just really felt out of place."

Smith said one day she was handed a Living Choice brochure and

her life changed forever.

Gregory Stockstell suffers from Type 2 Diabetes. He was homeless and living in downtown Oklahoma City when an infection in his right leg and kidney failure sent him to the hospital. Gregory ended up needing his left leg amputated. When he no longer needed hospital level of care, Stockstell was placed in a nursing home at the age of 53.

Stockstell said he was always an independent man that enjoyed the freedom of being able to go where he wanted to.

"I spent over two years in a nursing facility," said Stockstell. "It felt like I was in a prison. I couldn't just leave and take a walk or go get the things that I needed. The staff knew

I was unhappy and needed my independence back, so they told me about the Living Choice Program." The Oklahoma Living Choice Program helps Oklahomans who are ready to move out of a nursing home, rejoin the community and get back to a home of their own. The program will not only help find individuals a new home but also help them receive services like delivered meals, transportation, skilled nursing, therapy services, dental and vision services, counseling, personal care, medication management and more from home.

Carol is approaching her 1-year anniversary of being on the Living Choice Program. She has her own apartment, a counselor that comes twice a week, a nurse that comes once a week, and an aid that comes throughout the week to help Carol with tasks around her apartment and also runs errands to get things like groceries or prescriptions.

"I am so happy. I am able to do things on my own like cook for myself," said Smith. "I can go to church with my granddaughter and now have my own place where my friends and family can come to visit so I never have a chance to get lonely. I

See PROGRAM next page

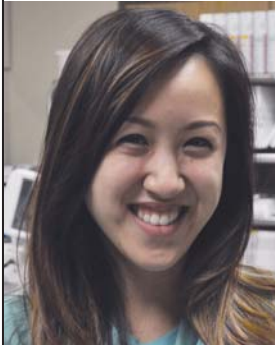


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Be willing to accept blame so you can learn from mistakes.



Sara Garcia, RN

Be confident.



Joseph Yargee, CIT

## PROGRAM

Continued from Page 10

got a fresh, new start at life."

The Living Choice Program helps qualified individuals get furnishings for their new home; line up the individual's help (nurse, counselors, physical therapist, aids; etc.); and just make sure the individual is taken care of during the transition process.

Living Choice staff also helped Smith and Stockstell get an Oklahoma Housing Finance Agency voucher so they could receive financial assistance for their rent.

"It is very rewarding to be able to help someone get their independence back, but most importantly, their dignity," said Irene Perez, Living Choice Housing Specialist. "People in the nursing facility deserve the opportunity to live where they want while receiving services to help them stay healthy and safe."

Both Smith and Stockstell said they would recommend the program to anyone who is ready to transition from a nursing facility back to the community.

Stockstell is now able to listen to his favorite 70's music and turn the volume up as loud as he wants, and take a long walk on a nice day.

"I am now able to do what I want to and go where I want to go. I have my independence back," said Stockstell, who is approaching his 8 months on the program. "It is such a good program, and they make sure I have everything I need from delivery of my medications to my nurse coming and checking on me."

Smith is an avid reader and now says she can have her aide go pick up books from the library for her.

"I encourage anybody who is capable to take advantage of this program," said Smith. "If they just believe in themselves and have confidence, they can do this! They can have their life their independence back."

If you or a loved one is ready to move out of a nursing home and rejoin the community and just get back to a home of your own, then the Oklahoma Living Choice Program is here to help you with the transition. Contact us today to find out if you qualify and how you can get back home. Call us at 1.888.287.2443 or visit us on the web at [www.oklivingchoice.org](http://www.oklivingchoice.org).

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