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Helping hands Charge nurse draws on experience as CNA



photo by James Coburn

Linda Paget understands the complexities and personal rewards of being an LPN. She focuses her love and gratitude for life on the residents at the Willow Creek Health Care nursing home.

by James Coburn
Staff Writer

As a nurse Linda Paget likes to pay tribute to certified nursing aides.

She began her career as

a CNA in Kansas and later became a licensed practical nurse. Today, she's a charge nurse at Willow Creek Health Care, located in Guthrie.

In 1994 Paget graduated

from LPN school at North Central Kansas Technical School and has worked at Willow Creek for nearly two years. She worked in acute

care for a small Kansas hospital but has for the most part worked in long-term care geriatric settings and skilled nursing.

Her career longevity is due to the rewards she gets while serving the

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Transcending care: Valir PACE changes lives



Nicole Jones, RN, and Sara Brickey, RN, are both care coordinators for the Valir PACE program based in midtown Oklahoma City.

story and photo by James Coburn

The Valir PACE program based in Oklahoma City is a revolutionary approach to health care that allows services to transcend a bricks and mortar environment. Care is provided in a holistic and collaborative way with participants across all levels of care and across all environments.

"We target the lower socioeconomic patient 55 and

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VALIR

Continued from Page 1

above," said Nicole Jones, RN, care coordinator, "Most of the patients we see, they haven't had any health care or any health insurance for years, and so they come with a lot of comorbidities."

The program provides social work and an adult day center for socialization and activities. PACE provides their medicine with the involvement of a doctor, nurse practitioner, physical therapy, speech therapy, occupational therapy with two warm meals a day, said Jones, a nurse for nearly 20 years.

After working in a hospital for many years, Jones first came to visit some friends on staff at PACE. She learned PACE has a lot to offer nurses.

She had helped patients become well at the hospital, but added that she did not get to impact change in their lives after they left the hospital.

"In this job you can directly affect change," Jones said. "You develop a one-on-one personal relationship with the patient and their family. A lot of our patients call us every day and they say, 'I

love you.' They call us angels."

She enjoys establishing long-term relationships. Patients have entered the program unable to speak. They could say one or two words but today speak in full sentences. One man was blind in one eye. Now his vision has been restored, Jones said.

"It's just people who haven't had the resources to take care of themselves. So we are here and we do a little bit of everything," Jones said.

This is the best nursing job that Jones has had in her career, she continued. The teamwork is not totally different than working in a hospital, said Jones who began at Valir a year and a half ago.

The Valir Pace program will have been opened two years in March, she added. She admires how willing the patients are to accept change.

"They come here and we become their doctors, their nurses; we become their insurance," Jones explained. "So they have to commit to us as far as getting rid of all their former circle of physicians. And a lot of them are so tough -- they've been through horrible times."

"We're here. And sometimes with the socialization alone, they're able to make tremendous changes."

Patients who were closed off as far as socialization have turned from hermits to social butterflies, she said. They became mentors for new patients arriving for the program.

"Our patients are amazing and our team is amazing. Everyone who works here is 100 percent committed," she said.

Communication is helpful for success, said Sara Brickey, RN, care coordinator.

"We don't have to go through all of the red tape that I did with my other jobs just to get a patient a wheelchair," Brickey said. "Here if we meet as a team and the nursing and all and physician all agree that is what's best for the patient and their health, then we order them a wheelchair they need."

The process goes quickly, said Brickey, an RN for 10 years and graduate of Oklahoma City Community College.

"I've worked in a hospital. I've worked in a hospice and in home health -- why I really came here is I feel this is really where I can serve the community in community health," Brickey said. "We get to

serve those people before they fall through the cracks, the ones I couldn't find help when I was in other positions."

Valir PACE accepts those patients and give them the therapy they need with the social work and entire circle of care, she said.

The staff works 150 percent, Brickey said, including the aides, LPNs, and activity coordinator. Each one loves and cares for the patients, Brickey said.

"We know we make a difference. Some days we have frustrating days. Sometimes there are hard days," she said. But they remember the stories of their patients' big wins.

"The little wins are big for us, too. We all just really try and remember those great days," she said.

Brickey said she had a patient who wore dressings six years with his legs covered. He was able to get the physician care he needed and wound care three months ago.

"We were able to take those off and we have not gone backwards," Brickey said. "His legs had not seen daylight or been free for six years and now he does not wear dressings anymore."



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Nurses to Celebrate PeriAnesthesia Nurse Awareness Week

The nation's 60,000 perianesthesia nurses will highlight and celebrate their work during PeriAnesthesia Nurse Awareness Week (PANAW), which is observed throughout the United States the first full week of February.

Perianesthesia Nurses care for patients before and after procedures requiring anesthesia, sedation, and analgesia. Approximately 40 million surgical procedures take place in the U.S. each year.

The 2017 PANAW theme is, "PeriAnesthesia Nurses: Skilled in Nursing, Professionals in Caring," and the American Society of PeriAnesthesia Nurses (ASPAN), in conjunction with its forty chartered components, will recognize the extraordinary work its nurses perform throughout the year.

During PANAW, nurses throughout the country are



encouraged to wear and display official PANAW items to celebrate and increase the public's awareness of their life-sustaining practice. PANAW items are available online at: www.panaw.com.

ASPAN represents the interests of nurses who practice in preanesthesia and postanesthesia care, outpatient surgery, and pain management settings. Its mission includes producing evidence-based research, promoting education, optimizing patient care, establishing national standards, and serving as an advocate for perianesthesia nurses. ASPAN is available online at www.aspan.org.

PAGET

Continued from Page 1

elderly population of adults. She becomes close to them as she listens to their life stories going back through different decades of the American experience. Paget said her career is not something everyone can do or should do. LPNs need to be dedicated, she said.

"You have to just love the work," said Paget, who enrolled in nursing school just after completing high school. Soon there was an accident during this time that injured her mother, so she put her education on hold until 1993. But Paget did not stay idle until that time. She was both a CNA and a CMA in Kansas while preparing to become an LPN.

"I went back. It was just something I always wanted to do," she said. "It's something that when I got out of high school that I wanted to do and I just waited."

Her advice for nursing students interested in geriatric care is they need to be a CNA first to make sure a nursing profession is what they want. Being a CNA is required before the state of Kansas will allow an individual become an LPN or registered nurse, Paget said.

"Like I said not everybody is cut out for this kind of work," Paget exclaimed. "Like I've said before it's not an easy job."

During her career she has witnessed too many people burn out because they enter the career for the money, she said.

"It's not about the money. It's not. You've got to be a loving and caring person because there are so many dementia and Alzheimer's patients. It takes a very kind and caring person to take care of these people, Paget explained.

"They're hard. There are sundowners who at 2 O'clock completely flip," Paget said. They will pace. So she provides a safe environment for them.

"They're on the go and you've got to be able to deal with them. You've got to find out what's triggering them and makes them go," she said. "You've got to be able to sit down and you've got to be able to take time with them."

She never tries to change a person living with dementia. She can't. Rather she meets them where they are in life and helps to direct them.

"We were taught so many years ago that you try to reorient them

and bring them back. You can't. You go with them. You deal with what they've got."

Ninety percent of the time a person who is restless is living with some type of pain when dementia is involved, she said.

Teamwork at Willow Creek is bolstered by dedication as the nursing staff loves their profession, she continued. Dedication comes from a desire to help, she added.

"They love the residents. It's an overall good facility. I just like the way people work together," she said.

Paget's work ethic is galvanized from her years of being a CNA. Her empathetic style of management is apparent. She never asks her staff to do something that she would not do herself. It is a golden rule in her life.

"Dignity rights is something that is really big for me," Paget said. "Make sure those people look nice. You wouldn't want your loved one to have a dirty face, be unshaven and unclean."

Another golden rule for Paget is to have respect for her staff. Because she served as a CNA, she knows what a CNA does and how difficult it can be, Paget said.

"These people who come in here

and do the job as a CNA — it's hard on them — and I understand exactly what it is that they're doing," Paget said. "When they come in, they are my eyes and ears because they're with these people 24/7. I can't be on that floor and see what's going on with them (patients) all the time."

The CNAs can come tell her what is happening regarding patients from the subtle changes in their health to more serious changes.

"We're more the people that do the book work and notifying people," Paget said. "These are the people, the CNAs that really are your caregivers."

She cares for herself by doing things she enjoys at home.

"I love to cook and bake," Paget said.

She and her husband live nearby Lake Guthrie. She took seven months off to remodel the house.

"I came back and I love working out here. Administrator Laura Dutton is fantastic to work for. She is a warm and lovable person."



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Pictured: Eric Castner, Paul Castner and Keith Castner

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CAREERS IN NURSING

DAYS TO HEAL: OKLAHOMA CITY BURN CENTER OFFERS HOPE

by James Coburn - Writer/Photographer

Nichole Harvey love the critical care aspect of being a registered nurse and team manager for all the burn and wound services of the Paul Silverstein Burn Center at INTEGRIS Baptist Medical Center in Oklahoma City.

"I love the satisfaction of seeing wounds heal," said Harvey, whose father was former Oklahoma City Fire Chief Alan Benson. "I just felt like it was part of his legacy and I was just attracted to helping people, so that's part of why I was drawn to this area."

Harvey has been a nurse for five years since earning her nursing degree at OSU/OKC. She began her career at the burn center working as an intensive care unit tech in 2009. When she graduated as a registered nurse in 2011, she continued to work in the ICU before working in the Boston area of Cape Cod for three years. She returned to INTEGRIS two years ago.

Working at the burn center

is interesting with high-profile technology that saves lives such as the large hypobaric chamber, Harvey said. She is never bored when learning more about helping patients to heal.

"The chamber is actually built for mainly healing wounds, diabetic wounds, people who can't heal after many, many tries," she said. "We'll have emergencies for people, not necessarily their burn wounds — we do that topical. It is actually for carbon monoxide poisoning. So a lot of times people don't have burns when we put them in."

The chamber has been used to treat firefighters and carbon monoxide poisoning from people painting inside enclosed rooms with high levels of toxic fumes.

"We put them in here and it helps to get those levels down to normal," she explained.

One of the more challenging roles for Harvey as a burn nurse is responding to patients arriving in the

burn center experiencing acute pain. She wants them not to be in pain but cannot give them so much morphine or other drugs that could stop them from breathing, Harvey continued.

"There has to be a fine line. You have to grow a tough skin to know that they're going to feel pain; it's going to be painful, and you try to do the best to make them pain-free as possible," Harvey mentioned.

She also explains that sometimes pain is a positive indication that nerve endings are beginning to grow back to normal. So she helps educate patients and their families about the road to recovery and feeling better.

"Try to make a positive spin on it if you have to, so they can see past it," Harvey said.

Years pass and the Paul Silverstein Burn Center has patients come back after they have healed. Harvey loves hearing their stories. One gentleman who lived through an oil fire returned to say how positive his experience was at the burn center.

"It may not have been when he left or during it, but he sees into the future and how glad he was we pushed him," Harvey said. "That give us encouragement at this level of care because a lot of times we get down, and a lot of the nurses are down, because they feel like they're not helping these patients. They feel like their patients are not feeling better and they're sad."


"So there's that battle, and when we see them come back and say, 'Thank you' — you know it was worth something."

Nurses help each other by exhausting all of their frustrations by verbally coming to Harvey or another friend on staff. To say it out loud through the process of debriefing helps the burn nurses to cope.

"Sometimes they think they are hurting the patient," she said.

But being a burn nurse also reaps with feelings of validation by knowing they have benefited

Continued on next page



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Nichole Harvey, RN, and team manager for all the burn and wound services of the Paul Silverstein Burn Center, often hears back from patients about the positive difference the nursing staff made in their lives.

humanity. At the end of the day they know they've done something that day to help someone, sometime during the day, Harvey said.

"I think it takes a specific type of nurse. I think they need to be diligent, tough in pushing the patients, and being able to stomach a lot of the wound dressing changes, I think is a big aspect," she said.

The nursing staff is constantly communicating to patients and their loved ones what to expect. What to do when they leave is vital knowledge, she said.

"We actually have an old fire bell from one of the museums donated. It symbolizes back when they didn't have fire alarms on the truck. They had different bells for ringing they would use to tell everyone where they were in the process of a fire," she said.

The bell at the burn unit symbolizes a fire is nearly extinguished but work remains.

"Every time a burn patient leaves we have them ring the bell," Harvey said. "And that says we got most of this done, but you still have a lifetime of work to do in front of you."

Education helps patients and families move beyond the psychological

wound itself.

Harvey is wise to rejuvenate and find joy in life not only at work but during moments of leisure. She especially enjoys spending time with her family and their animals.

"I like art and music; doing things around the house," she said.

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Tech to RN

Nurse works her way up

by Bobby Anderson
Staff Writer

The life of a nursing assistant - or tech - can be a hard one. For many it's their first experience in a medical setting.

The pay is meager, the work is plentiful and sometimes the fluids just keep coming.

But for a select few it's the beginning of a love affair with a career that opens new doors and provides opportunities they never thought possible.

Lyndsey Harris, RN, was one of those people. And looking back, the Oklahoma Heart Hospital South registered nurse wouldn't have it any other way.

Harris' first job in the medical field was as a tech. Her first role lasted three months at an Alzheimer's unit.

There was a lot to process and the disease state was overwhelming.

Her cousin, who worked at the Oklahoma Heart Hospital north campus kept raving about her job. So Harris got online and found there was an opening for a tech.

"It was definitely a breath of fresh air coming to the Heart Hospital," she said.

Coming to work at a world-class facility that had one singular focus was something Harris had never experienced before.

The more she learned about hearts the more she was hooked.

"The tech experience was great because the nurses were so willing to teach. They knew I was heading into nursing school," Harris said.

"They were very open and honest about everything. They gave you the good, the bad and the ugly so you knew what you were getting into. You knew your role here but you also knew how they could help you in life, in nursing school and make you aware of what the real-life deal was."

"Nursing school doesn't teach you that at all."

Her eyes were wide open about what a nursing career could possibly mean for her future.

And she wanted more.

"I think it just confirmed my love for the patients, my love for nursing and that I knew that's really what I wanted to do," Harris said. "I wanted to go into the nursing field because of the services we were able to provide everybody - being able to make their experience better."

Originally from Edmond, Harris enrolled at Redlands Community College for her nursing education.

She opted to work through school as an OHH tech.

It did require some creative scheduling at times but it paid off as she became the hospital's first intern/extern.

"I worked here as a tech and they worked with me," Harris said. "During my clinicals if I needed a little time off they let me have a little time off. Basically whatever I needed to succeed in school they let happen."

Harris quickly found that she had an inside track during nursing school that most don't. Reading



Lyndsey Harris, RN, worked her way up the ladder at Oklahoma Heart Hospital South to become a nurse.

a textbook and hearing a lecture were good, but seeing how the heart really worked working on the floor and being able to ask nurses questions brought the whole package together.

"I honestly think that's how I made it. Working with all the nurses they were able to explain and put the big picture together for me," Harris said. "In nursing school it's 'here's the information, now figure it out.'"

"Being able to see EKG strips, being able to see signs and symptoms of a heart attack in a patient - all kinds of things helped me be able to piece everything together."

She began clinicals with a unique perspective - albeit a slightly jaded one.

"I saw how we treated the patient, how we valued the patients," Harris said. "In clinicals during nursing school that's not the case everywhere. How complex the heart

is and how interesting it is and to see the care we were able to provide here at the Heart Hospital that sealed the deal."

And on more than one occasion she brought her homework up to the nurses' station at night, opened her textbook and started a rapid-fire of questions.

"Absolutely - that cardiac unit, I rocked it," she said with a laugh.

The bridge from the extern to intern was virtually seamless. She transferred right into the PCCU after passing boards and has gone through three floors now in her quest to begin recovering hearts after interventions.

Three-and-a-half years later she's still learning.

Nurse practitioner school may be next.

And she already knows where she wants to work.

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Patients Pick Mercy for Quality Care

Mercy Hospital Oklahoma City wins Consumer Choice Award from National Research Corporation

Whether it's a life-threatening emergency or a routine checkup, local patients say they get the highest quality care at Mercy.

That vote of confidence has earned Mercy Hospital Oklahoma City the 2016/2017 Consumer Choice Award. It's the sixth time, and third year in a row, it's received the honor.

"This award comes from the people we serve, who trust us with their health and the health of their families," said Jim Gebhart, president of Mercy Hospital Oklahoma City. "It says to our patients, their families and the community that Mercy measures up where it matters the most."

Researchers from NRC Health use the nation's largest online consumer survey on health care to find out which local hospital patients like best. Specific questions center around overall quality, image and reputation, and quality of doctors and nurses.

National Research surveys more than 300,000 households in the contiguous 48 states and the District of Columbia. This year marks the 21st anniversary of the Consumer Choice Award.

"For each of the past 21 years, winning hospitals have provided outstanding experiences that have transcended their four walls to build consumer preference, trust, and loyalty in their markets," said Brian Wynne, Market Insights general manager at NRC Health. "We are honored to congratulate this year's winners on a job well done."

NRC Health (NASDAQ:NRCA and NRCIB) has helped healthcare organizations illuminate and improve the moments that matter to patients, residents, physicians, nurses, and staff for 35 years. Our empathetic heritage, proprietary methods, and holistic approach enable our partners to better understand the people they care for and, in turn, design experiences that inspire loyalty and trust.

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The screenshot shows the 'Jobs' section of the Oklahoma's Nursing Times website. It features a search bar with 'Enter Keywords' and a 'Quick Search' button. Below the search bar are filters for 'Select Job Type', 'Select Country', 'Select State', and 'Select City'. There is also a 'Zip Code Radius' and 'Zip Code' field. A 'Search by Job Type' section lists various roles like Ambulatory, Administrative, and Certified Nurse. On the right, there's a 'Featured Positions' list with roles like Licensed Practical Nurse, Certified Nurse, and Nurse Manager. A 'Sign In' button is visible. At the bottom, a starburst graphic says 'IPHONE FRIENDLY! Easy To Use!'.

The Hospice Directory above does not represent a list of all Hospice facilities statewide. For a complete list visit 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

Q. I am convinced that our society is addicted to being addicted. I have been in recovery from a serious eating disorder for five years. My thoughts will occasionally take me back to behaviors that I could engage in to lower stress but I work my program and "stay sober." But I realize that in some ways society has benefited from my addiction and others. I will explain.

A. I have a friend Cindy, who weighs over three hundred pounds. She is carrying two people on her skeleton that was designed for one. Her ankles, knees and hips hurt all the time and she takes opiates for pain relief. She has been in therapy but had the typical addict responses, i.e., "I really don't eat that much." "I am big boned," etc.

Cindy called me one day and while talking I could tell that she was eating. She told me that she had gone shopping at her "fat lady" store and she got a reward coupon for spending over \$50.00. I held my breath imagining what the coupon "reward" would bring her. READY..... a free pie at one of the local restaurants!!!! A free pie for the obese shopper to make sure she comes back to the "fat lady" store.

I was outraged and wanted to call the store and scream at them but then it hit me; this store was in the business of selling clothes to overweight and obese people and they want to stay in business.

Fast food restaurants lure us in all the time. Who can't afford the dollar menu. But what are the choices? How much do you know about the calorie content, as well as the nutrient content.

How many doctor visits and medications could be avoided if food choices were healthier. People will often say it costs more to eat healthy. Really think about that statement. It costs more.....how many overweight people taking diabetic medication might be eliminating that medication with weight loss. I know for a fact doctors have told people, "If you lose weight you might not need medication."

Just for grins, sit down and add what you are spending in doctor visits and prescriptions. How much healthy food could you buy with that money.

There are people advocating for healthy eating, less prescription medications (don't even get me started on the amount of money being made by the pharmaceutical companies, they want you to eat the pie.)

I recently experienced a situation when I was at a gas station. A man with a large apron approached me and asked if I smoked. I said, No. I watched him approach the person next to me and handed them a free pack of cigarettes with a coupon attached. It never ends.

Addictive behavior is hard to change but it can be done. Be aware, have support systems and don't eat the pie.

OMRF receives \$1.74 million to investigate cell death



Courtney Griffin, Ph.D.

An Oklahoma Medical Research Foundation scientist has received a four-year federal grant to investigate the biological process of cell death.

The grant, awarded by the National Heart, Lung, and Blood Institute, will provide \$1.74 million to OMRF scientist Courtney Griffin, Ph.D., to study what triggers a form of cell death called necroptosis in the vascular system.

The body uses programmed cell death to carry out specific biological purposes. "It's an important and essential part of some phases of human development," said Griffin. "For example, as embryos, our hands look like little round paddles until programmed cell death kills off the cells between our fingers."

This type of cell death that destroys the cells between our fingers is called apoptosis, and it has been studied for decades. However, a newer form of cell death called necroptosis has been identified recently, and Griffin is interested in identifying the causes and effects of necroptosis in blood vessels.

While apoptosis is often seen as beneficial and orderly, necroptosis appears to be a much uglier form of cell death. In apoptosis, cells die neatly, and other cells come along to clean up behind them, said Griffin. But necroptosis results in a messy sort of cell death, which can cause

inflammation and damage to nearby cells in the surrounding tissue.

One way to compare apoptosis with necroptosis is to imagine two types of building demolition, said Griffin, who joined OMRF's scientific staff in 2008 from the University of North Carolina at Chapel Hill.

"Apoptosis is like an implosion, where the building's walls fall inward onto themselves in a nice, controlled way," she said. "But in necroptosis, it's more like when a gas main blows and the building explodes outward. The damage is far greater and more widespread. Both buildings come down, but the resulting damage is vastly different."

Griffin's lab will study the rapidly growing blood vessels in mouse embryos to investigate not only what triggers necroptosis, but also to learn about the secondary effects of the damage imposed by this form of programmed cell death.

"Understanding the causes and effects of necroptosis on the embryonic vascular system is only the tip of the iceberg," she said. "We hope our findings may also provide insight into how necroptosis contributes to adult vascular diseases like atherosclerosis and aneurysms."

The grant, 1 R01 HL134778-01, is funded through the NHLBI, a part of the National Institutes of Health.



NURSE + TALK

Read what other health care professionals have to say...

If you could go back in your nursing career what would you do differently? Integris Southwest Medical Center

I wish I would have advanced my education earlier in my career.



Charita Chavez, RN, BSN, CCM

If I had more time I would continue my education. The human body is a puzzle and I want everybody fixed.



Christina Stuart, APRN

Each week we visit with health care professionals throughout the Metro



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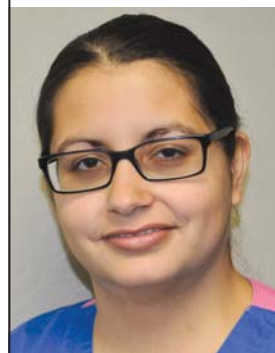
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I think I would have prayed with my patients more. I was afraid of that. I'm now more of an authentic nurse.



Natasha Flurry, RN

I would have gone straight through to my bachelor's.



Monica Gregory, RN

New Doctor Moves to Watonga

Watonga is home to a new doctor with Mercy's addition of Dr. James Garner.

A native of Thomas, Oklahoma, a town of a little more than 1,000 people, Dr. Garner said he always has wanted to enter the field of medicine.

"I've always been interested in helping people," Dr. Garner said. "I chose to practice family medicine because it allows me to care for people of all ages - from young children to adults."

Now a family medicine specialist at Mercy Clinic Primary Care - Watonga, Dr. Garner received his medical degree from the University of Oklahoma and completed his family medicine residency at the University of Arkansas. During his nearly two decades of experience as a family medicine physician, he has cared for patients in Clinton, Fairview and Woodward.

"Medicine not only is my career, it's also my passion," Dr. Garner said. "I really look at every patient as a member of my family. I care about their well-being and want to do everything in my power to make them feel better."

Dr. Garner will join Dr. Robert Spencer and physician assistants Chelsey Garrison and Valerie Graves. Located at 203 N. Weigle Ave., Mercy Clinic Primary Care - Watonga offers a wide range of primary care health services including medical evaluations, treatment of minor illnesses and injuries, flu shots and immunizations, school and occupational physicals, and treatment of fractures, sprains and strains.



Dr. James Garner.

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