# Oklahoma's Nursing Times

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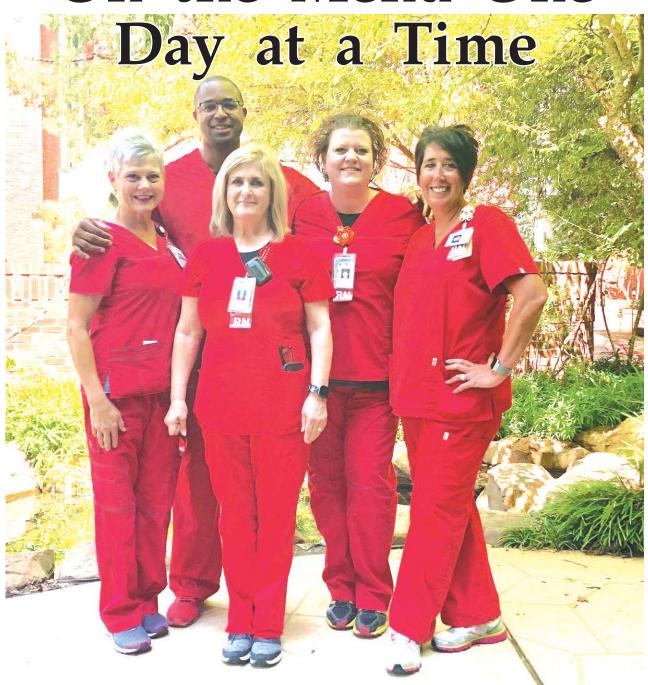
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October 7, 2019 Vol. 20 Issue 40 Information for the Oklahoma Nursing & Health Care Professional Published Weekly. Locally Owned and Operated by Metro Publishing L.L.C.

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# On the Mend One



SSM Health St. Anthony Hospital is proud to recognize five of their RN's who have recently achieved wound care certifications from the National Alliance of Wound Care and the Wound, Ostomy and Continence Certification Board. Pictured are: Inpatient Wound Care: Connie Saunkeah, RN, BSN, CWON, and Cornell Washington, RN, WCC, OMS and Cheryl Greer, RN, WCC, OMS, Outpatient Wound Care: Kristin Stejskal, RN, WCC, and Sandi McCrary, RN, WCC.

by Vickie Jenkins, Staff Writer

SSM Health St. Anthony wound care team can help manage complicated wound problems while maximizing your body's natural ability to mend itself. Their team of experienced wound

care specialists will work with you and your physician to assess your symptoms, determine the cause of your non-healing wound and customize the most effective treatment plan to stimulate healing.

See SSM Page 3

# THE CHILDREN'S HOSPITAL LAUNCHES ART PROGRAM

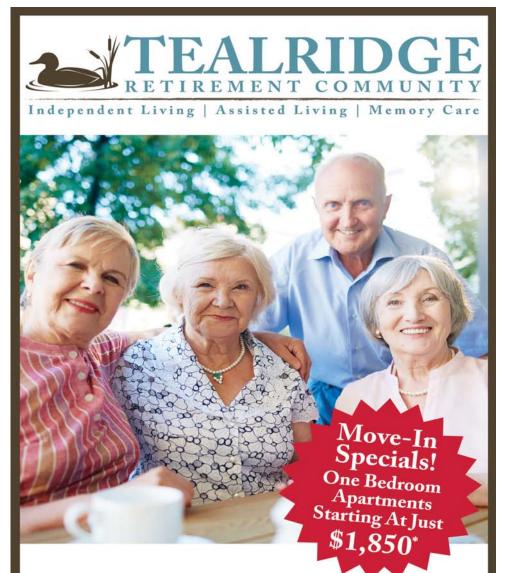


Liam Davey, 4 years old.

The Children's Hospital at OU Medicine has launched a year-long artist-in-residence program, which will empower critically ill children to engage in creative expression as part of the healing process.

Artist Ginna Dowling, a contemporary printmaker whose work spans mediums including monotype, woodcut and relief, serigraphy, etching and storytelling, is facilitating the program using simple creative processes. The culmination of the project will be seen in the installation of a collaborative work of art. This project is generously funded by Mid-America Arts Alliance, the National Endowment for the Arts, the state arts agencies of Arkansas,

See ART Page 2



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Ben Stanley, 7 years old, works on an art project.

# **ART**Continued from Page 1

Kansas, Missouri, Nebraska, Oklahoma and Texas, the Kirkpatrick Family Fund and The Children's Hospital Volunteers charity.

The Children's Hospital young patients and visitors will be introduced to a variety of mediums, techniques and concepts, with emphasis on intuitive experimentation. Hospital leaders say the impact of the creative process serves to strengthen self-worth and courage, and may improve a child's perspective on life and the ability to conquer disease.

"We present opportunities to play, quite literally, with colors, shapes and forms of expression with an approach that is spontaneous and non-judgmental," said Dowling.

Each child will create individual works of self-identity that are added into a story-like pop-up installation representing the hospital community. This collaborative effort includes sharing the meaning and significance of each individual's symbol. The project reinforces positive bonds between patients and their medical caregivers.

"The larger installations will be comprised of what I call environmental serigraphs on windows, walls, floor, ceilings and substrates," Dowling explained. "Vinyl, the primary material used in the body of work, was chosen because it is a modern product, prevalent in contemporary society and prominent in communications

and images."

The installation will occur in three "tiers." The first tier includes installations onsite, viewed by patients, families, hospital staff and any number of visitors to the hospital. The second and third tiers will include a premier and public reception for viewing the final project installation, and finally, a touring exhibition presented at regional, perhaps national, artistic venues and ultimately, expanding the portfolio or American Art.

"Art is not just visual – it engages the whole person and engenders hope," said Sara Jacobson, director, Child Life and Volunteers with The Children's Hospital. "There is great healing power in this combination of creative expression, collaboration and community."

Dowling's work has received international acclaim and she has held previous artist-in-residence positions in France and Ireland. In Oklahoma, her work is part of a permanent collection at the Oklahoma City Museum of Art. Other exhibitions include Oklahoma Contemporary, Fred Jones Jr. Museum of Art, and the Thomas K. McKeon Center for Creativity, among others, in addition to regional exhibitions in New Mexico, Texas, Kansas and Arkansas. Her current work includes an on-going installation project influenced by hundreds of community participants across the globe, representing broad diversity racial, cultural and socioeconomic within multiple populations.

## SSM Continued from Page 1

For millions of Americans, a chronic or non-healing wound is more than a bother. It carries serious complications and risks, from pain and infection to disability and amputation. The SSM Health wound care team can help manage complicated wound problems while maximizing your body's natural ability to mend itself. Our wound centers follow national guidelines based on clinical evidence when treating and managing wounds. –SSM Health St. Anthony-

SSM Health St. Anthony is proud to recognize five of their RNs who have recently achieved wound care certifications from the National Alliance of Would Care (NAWCO) Three of the nurses have further achieved the status of ostomy management specialist. These certifications require a minimum of two years wound care experience with successful completion of a wound management course that is accredited by the approving organization, along with strenuous exams, preceptor hours and certification requirements.

Kristi Williamson, RN, BSN,

CWON is the Director of Wound Care at SSM Health St. Anthony Hospital. "I have been in wound care for twenty-three years, working here for eleven of those years," Kristi said.

"Here at SSM Health St. Anthony Hospital, we have uniqueness in wound care. We have full time inpatient and a full time outpatient team that work together to optimize patients' continuity of care. We are one of the few hospitals that have eight nurses that are certified in WCC, CWON and/or OMS." Kristi commented. "I am thankful for the administration being behind us 100%. Wound care is not a specialty usually taught in nursing school; it doesn't fit into surgery and the usual procedures but it is a great accomplishment of the administrators thinking forward enough to value the need of expertise, which is completely benefitting the patients. We are very fortunate," she added.

Asking Kristi why she chose to work in wound care, she replied, "I have always had a certain passion about it. Through my twenty-three years of experience, I learned that the patients received better outcomes when the patient is treated by

a wound care team. A wound is a symptom of a disease, not a diagnosis. When you see that patient leave the clinic with their wound all healed, there is nothing quite like it; it is the most gratifying thing about my job. If there is a nurse with a passion for wound care, that nurse needs to grow, be utilized and supported."

While talking to Kristi, I was fortunate enough to have two nurses on the wound care team come in and tell about themselves.

Cheryl Greer, RN, WCC, OMS has been a nurse for 23 years. "I first started out as a nurse working in long term care. From there, I worked with Hospice. Later, I was relocated to Oklahoma City from Southeast Kansas. I began working here and enjoy working in wound care," she said. "I like seeing the wound from beginning to end; as though each one is a masterpiece," she said with a smile. Cheryl is an excellent nurse and constantly stays busy working as a nurse in a job that she loves.

The next nurse that I had the pleasure of speaking with was Cornell Washington, RN, WCC, OMS. (C.J. for short) C.J. commented, "I

have been a nurse for thirteen years. I have been doing wound care for six years now," he said. "I worked in nursing homes at the beginning and then, I became interested in wound care. It started out as a week-end job for me but it didn't take long until I was full time. It makes me feel good to help the patients and know that I have a part in them getting better and they no longer have a wound."

Kristi commented, "Again, we believe that we have a unique offering; Wound Care at SSM Health St. Anthony is able to bring patients full-time inpatient and outpatient wound care specialists, with eight total members of the Wound Care team holding theses prestigious certifications. Sometimes, it feels like we are giving a piece of the patient's life back to them...perhaps, we are."

Congratulations to the five nurses who recently received their wound care certifications!





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# CAREERS IN NURSING COMPASSION FOR A PROFESSION: EMPATHY FOR PATIENTS

by Vickie Jenkins - Writer/Photographer

Meet Molly Delaney, RN and Surgical Oncology Clinical Nurse Manager at OU Medicine. Molly has been a nurse for twenty-three years and has been at her current job for two years. "My first job as a nurse was as an LPN/RN in Shawn Manor Nursing Home in Ponca City, OK. I had been working there as a nurse's aide for ten years before starting nursing school. So, for me, my logical spot was to stay at the nursing home. That was so long ago," she said. "I was at OUMC in 1996. I was a travel nurse for about three years and because of that, I worked at many hospitals. It was two years ago that I came back to OU Medicine. I am the Surgical/ Oncology (Gynecology/Oncology) unit manager. I feel like this is the right place for me." Molly said.

Born in San Antonio, Texas, Molly's dad was in the Air Force.

Air Force brats," she said with a smile. "I lived in Ponca City, OK for forty plus years but we traveled all over."

Molly went to school in the small town of Tonkawa, OK for her nursing degree. "I wanted to be a baby doctor until I realized that I would have to give the shots to babies. That is when I decided that I would be a nurse. It didn't take me long to realize WHO actually gave the shots," she laughed. I became interested in Oncology when my mother was diagnosed with lung cancer but now, my true love is Gynecology/ Oncology." Molly doesn't plan on being a travel nurse anywhere or furthering her education. planning my retirement now and I am looking forward to that," Molly added.

Molly had several mentors in school. "One of my professors,

"Yes, I was considered one of those Mrs. Emmons, was wonderful. She wasn't afraid to relate stories of her goof-ups while being a nurse. I know now, that was to ease her nerves. I remember during my L&D clinicals, she would say, 'poker face Molly.' To this day, I hear myself asking, what would Mrs. Emmons do?"

> Asking Molly what qualities make a good nurse, she replied, "I feel like a good nurse needs to have compassion for her profession and empathy for her patients. I feel a good/safe nurse needs to realize she is human and can make mistakes from which she needs to learn."

> What is your biggest reward as a nurse? "Just going home in the morning after a long, hard shift, feeling good that I touched a patient's life. As a new resident coach it was very rewarding to me when I see my new baby nurses accomplish things she/he has never

thought they could. As a manager, what has been the most rewarding to me is when my youngest tech, an eighteen year old young man ends his conversations with an 'I love you'. That is when I know that I am doing a good job," Molly

On the other hand, my biggest challenge is dealing with families when they are trying to cope with the impending death of a loved one. Sometimes, this can be very challenging when they aren't ready to accept it," Molly explained.

Molly lives by the daily words, "Treat others as you want to be treated. In nursing, I have always told my nurses to ask yourself, 'is this how I would want my mother to be treated'? If your answer to yourself is no, then you shouldn't be treating your patients that way, no matter what."

What advice would you give See DELANEY Page 5







From a nurse's aide to RN and Surgical Oncology Clinical Nurse Manager at OU Medicine, Molly Delaney, loves her job and is thankful for the many blessings in her life.

## **DELANEY Continued from Page 4**

to someone going into the medical field? "I would tell them to be sure to find out what you want to do with your life. Once you begin, there is no turning back. You get hooked on it. You will be glad you stuck with it," Molly

Spending time with her family is one of Molly's favorite things to do. It's no surprise considering Molly is married to her soulmate for forty plus years. They

have two daughters, five sons, and twenty-six grandchildren, yes, twenty-six grandchildren, one great granddaughter with a baby brother on the way. She loves being with her family and enjoys cooking out, swimming, sewing and cooking with the grandkids. Of course, adding to that are her three little kittens, Sophie Jean, the old lady, Callie Mae and the shy one and the baby, Teddy. It's no wonder that Molly describes herself as a happy person.

Summing up her life in one word, "Blessed."

# Full steam ahead: Nationwide crackdown on vaping continues



Oklahoma Medical Research Foundation immunologist Hal Scofield, M.D.

a safer alternative to smoking, but that claim is under fire as vaping has been directly linked to an epidemic of unexplained lung illness cases across the country.

As of Oct. 1, the Centers for Disease Control and Prevention have confirmed more than 800 instances of lung illness and 14 deaths nationwide. Every case has been linked to a history of vaping.

"What makes this particularly frightening is that this lung illness is

E-cigarettes have been touted as new," said Oklahoma Medical Research Foundation immunologist Hal Scofield, M.D. "We know very little about this respiratory illness or exactly what is causing it. It has never been seen from cigarette use-ever."

> Patients have reported symptoms such as coughing, chest pains, shortness of breath, fever and nausea, among others. In some, symptoms developed over several weeks. In others, they manifested in a matter of days.

> > Last month, an 18-year-old male See VAPING Page 10

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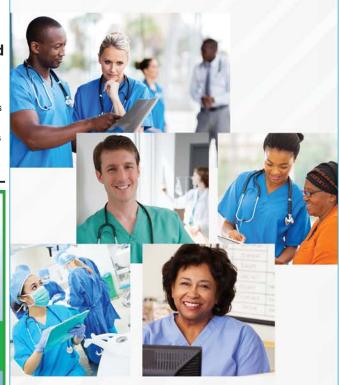
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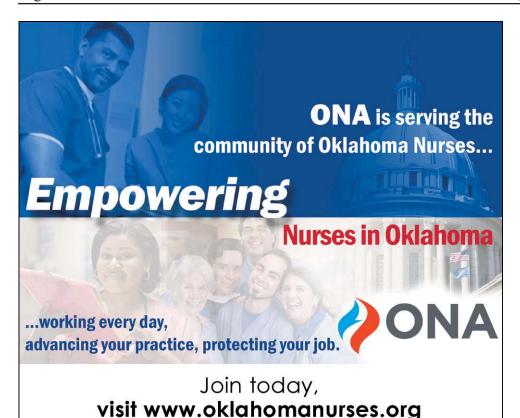
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# OSDH Promotes Infant Safe Sleep and Awareness of Sudden Infant Death

October is Sudden Infant Death Syndrome (SIDS) Awareness Month and the Oklahoma State Department of Health (OSDH) urges parents to maintain a safe sleep environment for children. Oklahoma has some cause to celebrate, as new data shows that the infant mortality rate in Oklahoma has dropped nearly 8% from 7.7 infant deaths for every 1,000 live births in 2017 to 7.1 in 2018.

In Oklahoma, SIDS remains one of the top three causes of infant mortality. It ranks the third highest behind disorders related to short gestation and low birth weight, and



the top cause being birth defects. This is slightly higher than the most recent national data from the CDC, which shows SIDS to be the fourth leading cause of infant death in the United States.

James Craig is a public health social work coordinator at OSDH with 12 years of experience in working with Oklahoma families.

"I have never met a parent who didn't want the best for their children, only parents who didn't have the best information or resources they might need," said Craig. "In my role as infant safe sleep coordinator for the OSDH, I do my best to get the most accurate and up-to-date information out to parents so they can make the best decisions for their children."

The OSDH encourages all parents to maintain a safe sleep environment for their children, and promotes the American Academy of Pediatrics guidelines on safe sleep.

The most important steps for parents to remember include:

- Put your baby on their back to sleep every time for bedtime and naps.
- Use a firm sleep surface.
- •Avoid tobacco exposure during pregnancy and after birth.
- •Place the infant in their sleep space alone with no loose bedding or other objects.
- •Breastfeed when possible (this has been shown to reduce risk of SIDS by 50%).
- Practice room-sharing with an infant but not bed-sharing.

SIDS is often used as a general term referring to all unexplained infant deaths. However, it has a very specific definition when identified as the cause of infant death. SIDS is defined as the sudden death of an infant younger than one year of age that remains unexplained after a complete investigation that includes an autopsy, examination of the death scene, and review of the infant's and families' clinical histories..SIDS is part of the broader category of sudden unexplained infant death, which also encompasses the categories of undetermined infant deaths, and accidental suffocation and strangulation in bed. Undetermined infant deaths have no known cause, but are often preventable due to the presence of evidence of an unsafe sleep environment.

For more information, please visit www.health.ok.gov using the keywords "safe sleep," call James Craig, Infant Safe Sleep Coordinator at (405) 271-4480 ext. 56931, or email jamescc@health.ok.gov.

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(AS PUBLISHED IN THE 2019 EDUCATION GUIDE TO NURSING)

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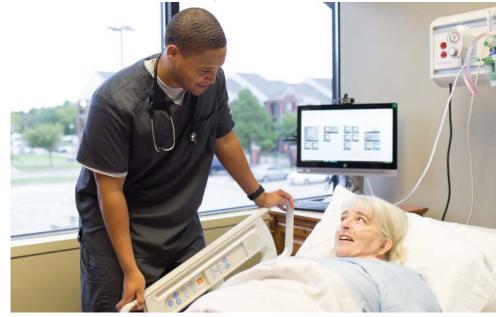
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## **VAPING**

#### **Continued from Page 5**

in Illinois was hospitalized and doctors told him his lungs were similar to those of a person in their 70s.

The exact cause of the mystery illness has yet to be identified, but the national reaction has been swift.

The CDC activated its emergency operations center to investigate, while the Food and Drug Administration has launched a criminal investigation into the matter. The Trump administration has also announced plans for a major vaping crackdown.

Several states have now banned sales of fruit-flavored vape products, and in September, Wal-Mart announced it would discontinue all sales of all e-cigarettes.

"For years people have thought vaping is safer than smoking because there are no known consequences. But the unknown is part of the problem, because we do not know the long-term effects," said Scofield. "Yes, vaping puts fewer chemical compounds into your lungs than smoking, but these chemicals still have no place in your lungs. With many of these, we are just now seeing the consequences."

And the more healthcare professionals see, the worse it looks.

Scofield said he is not particularly surprised by the rise in vaping-related illness, because it coincides with the continuous rise of vape users, particularly teens.

According to a recent study in the New England Journal of Medicine, one in four high school seniors report having vaped within the past month, and e-cigarette use across all middle and high-school aged teens is on the rise.

"Parents need to begin having an open-ended dialogue with their teens about vaping," said OMRF rheumatologist Eliza Chakravarty, M.D.



Oklahoma Medical Research Foundation immunologist Eliza Chakravarty, M.D.

"This is tricky, because vaping is easier to hide, and you can't smell it on clothes, which is part of the appeal to teens. Because of this, I think it's incumbent upon parents to initiate the topic in an open, non-judgmental way instead of forbidding it, because that can make it even more attractive."

The CDC recommends stopping e-cigarette use until it learns more about the recent health problems, but particularly to stay away from black market or homemade vapes that have no regulations or testing.

"People need to remember that 'safer' doesn't mean 'safe,'" said Chakravarty. "For all we know, 50 years from now we may look at vaping the same way we do smoking. What we don't know really can hurt us."

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Oklahoma's Nursing Times October 7, 2019 Page 11

I'm not your typical girl. Pumpkin is disgusting.



Jessica Dillard, CNA

I'm not really a pumpkin person.



Indini Devi, RN

Where do you stand in the pumpkinspiced debate?

## INTEGRIS

Integris Canadian Valley Hospital Medical/Surgical Nope, I don't eat pumpkin.



Tiffany Matkins, CNA

I like it. I consume a pumpkin-spiced beverage once a week.



Kristen Bibaracher, RN



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