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Ashley Simms, LPN, is the assistant manager of sales operations for Interim HealthCare of Oklahoma City.

by Bobby Anderson, RN, Staff Writer

Now, more than ever, people need quality care at home from providers who can make sense of a daily changing healthcare environment.

For more than 50 years, people have turned to Interim HealthCare for that quality, compassionate care.

Ashley Simms, LPN, has been with Interim for two of those years, serving now as the assistant manager of sales operations.

"We realize for seniors and those with serious underlying health conditions home is the best place for them to be during this time," Simms said.

While state and local governments mandate people stay at home to flatten the curve on Covid-19, care is needed more than ever inside the home.

Behind the Mask: A nurse's view 2



by Bobby Anderson, RN, Staff Writer

The numbers are deceiving.

The first shift I was back, Starbucks was gracious enough to send coffee. Another woman sent several boxes of Girl Scout cookies.

MASK **Continued from Page 1**

We get things all the time now, a byproduct of people with nothing but time on their hands and a desire to do something anything - when they're being asked to stay at home.

One of the aides tending to the distribution of both saw one of our senior hospitalists and playfully asked him if he wanted a cookie.

"No, I want people to stop dying," he said, and sat down to his dictation.

It was barely noon and already three of his Covid-19 patients had expired and one more was expected by day's end.

It's not like you hear about in New York hospitals where patient beds are lined up in hallways and staff are wearing ponchos or in Detroit where bodies are piled up.

But it's a sinister death, nonetheless.

And it looks unlike and acts unlike anything we're used to seeing.

Later that day, we received a DNR patient with a poor prognosis but stable enough to transfer.

His Covid-19 test was negative but he still died alone, his final moments taken from his family by this virus.

The virus is taking something from all of us.

In the hospital, you can see it with specialty floors closed and elective surgeries canceled.

There's different faces in a lot of different places. The guy scanning your temperature in the morning before you enter the building is an occupational therapist on your floor most days.

The sitter for your altered patient is a physical therapy assistant.

The oncology nurse you have to call to come administer your patient's chemo drug is orienting on your floor because her floor is closed. She's there to train because vou might have to overflow your patients there if the expected



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surge eventually happens.

Everyone's just trying to get their hours instead of opting off and burning through their paid time off.

now.

But some things won't ever be normal.

is getting to me, too.

It's kind of like watching medical dramas on TV when they shock asystole or the physician hangs a medication after starting an IV.

It's not how it's done.

Watching people scratch their face in gloves or pulling surgical masks down under their nose "so they can breathe" is like nails on a chalkboard.

But everyone is living through this the best they can.

And we're all in it together. At Integris Canadian Valley Hospital, Caitlin Coppock, RRT-Adult Critical Care Specialist, has found herself staying hypervigilant.

In Caitlin's own words:

It has made me more aware of my surroundings, my mental health and what I'm doing to stay in a good place, and of course has also impacted my home life.

My husband is in CRNA school and so we have had a challenging year already with him being out of state and the pressure of providing for both of us, so we are trying to figure out the new norm for him we do, we can't treat these patients.

while I am feeling pressure of what is to come at the hospital.

I'm trying to just stay focused and positive.

It's hard with COVID-19 being It's a new normal, at least for all you hear about and it's coming at you from work and news and literally everywhere. There are days where I leave in tears, but once I get The whole PPE thing in public that emotional release, I pull myself together and get back to it.

> I think unless people have truly walked through what we are starting to see at the bedside, it's very hard to understand.

> A few weeks ago, I made the conscious decision to let go of the uncontrollables, which are many currently, and to try to stay focused on what I can do to be the best RT I can during this time.

> We all have frustrations and fears but staying focused on what we can do to make it better and researching and networking with therapists not just in Oklahoma but across the country is how I have learned to cope. I also have found it important to focus on my physical health by getting plenty of exercise and fresh air on my days off and spending as much time with my husband and dogs that I can.

Regardless of what is to come, I know that we are a unified group of caregivers and will do what we can do to treat our patients, but I worry for the mental and physical health and safety of those I work with on a daily basis.

Without each other doing what

Editor's Note: Bobby is a critical care registered nurse at a metro hospital. He's back from a 14-day guarantine after direct exposure with a Covid-19 patient who became one of Oklahoma's first deaths.



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CALM **Continued from Page 1**

"I think at this time it's so critical because legislatively there's a lot of focus on hospitals which is important but these patients are going to come home and somebody has to take care of them," Simms said. "There are so many factors that go into Covid that many people don't consider such as fear and mental health.

Interim HealthCare offers a full suite of services including: home healthcare, hospice care, personal care and support, veteran and spouse care, palliative care, behavioral health as well as neonatal and pediatric home care.

Interim offers services in Grady, Canadian, Cleveland, Kingfisher, Lincoln, Logan, McClain, Oklahoma, Payne and Pottawatomie counties.

The care extends beyond medical.

"Our social workers work diligently to help assist patients in obtaining necessary and basic items such as food and shelter which helps to drive down fear for our

patients, especially in a time of crisis like this," Simms said.

For several years, healthcare delivery has been trending more and more to a home setting to help curb rising medical costs. That means patients are coming home quicker and sicker than they ever have before.

And the hospital penalties for patients who readmit for the same diagnosis within 30 days can be substantial.

That's why hospitals and other facilities rely on providers like Interim to stand in the gap and make sure patients safely recover at home.

With Covid-19 forcing more and more Oklahomans to stay at home, monitoring these high risk patients and intervening before they become sick has taken on an even greater importance.

Simms said Interim has long provided telehealth options for patients for daily monitoring of things like blood pressure, oxygen saturation and weight.

"A lot of times that provides calm to those patients because they are able to see somebody," Simms explained. "It helps us keep an eye

on our patients. Due to the restrictions that have been loosened for healthcare in general right now if the patient has a smartphone we're able to FaceTime with them."

Being unable to get out to doctor appointments can cause a sense of panic. Simms understands that.

"We're also trying to drive down the fear with our patients because we're trained and we know how this process works," Simms said. "We're not scared and know how to take care of you. There's a lot of fear circling. We have to be the forefront of education."

Being able to talk to patients in their own home at their own pace is an invaluable piece of the puzzle. Simms said Interim providers are able to have those conversations that rely on facts not the latest headlines.

"I believe we do an excellent job during this scary time," Simms said. At the top, it's important we support our nurses. I think being the calm in the storm is what we do best. Before Covid, we took high-risk patients.

"Because that's already our platform, Covid was just a step up for us. We're able to educate why (a patient) might be at more risk. We're able to take that time, take those precautions and provide that education."

Interim is locally owned and part of a national network of more than 300 offices.

Employing more than 75,000 healthcare workers, Interim provides care to more than 50,000 patients each day.

Simms explained Interim revolves around key concepts including: preparation and training, monitoring and reporting, alternative methods of care, high standards of safety and an emergency preparedness plan.

And in these trying times, Simms said Interim has made it a greater focus to love on its frontline staff.

From lunches and breakfasts to special personal protective equipment including floor mats and car seat covers, Interim is protecting those who protect us all.

"At Interim we believe we are all in this together and I think being the calm in the storm is what we do best."





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Facing Frightening Viruses: A Physician Perspective

Lung Transplant and Critical Care Pulmonologist at INTEGRIS Baptist Medical Center. He says we are starting to see an increase in COVID-19 cases requiring hospitalization. Many of those end up in the intensive care unit, I am living those days from where he works.

"The first time I walked into the room of a patient known to have COVID-19, I paused at the door," admits Rolfe. "I was a little frightened at facing this disease for the first time."

diagnosed at INTEGRIS Baptist, and Rolfe reveals it brought back memories from early on in his career. "I grew up in medicine at the beginning of the AIDS epidemic and remember the

Mark Rolfe, M.D., is a hysteria around that diagnosis and all the precautions people took to not catch it. We initially wore hazmat suits with those patients and put them in different wings of the hospital."

> He continues, "It feels like my medical school years all over again. This disease, unlike HIV, is very contagious though. A person can spend five to six minutes with someone who is infected and catch this disease."

In Rolfe's ICU, every patient It was the first case to be there either has the virus or is considered high risk. But despite the apparent danger associated with COVID-19, Rolfe feels his unit is very safe. "We have developed protocols that protect us, and everyone is very careful,"

he says. "I feel I am more likely to get this disease shopping at the grocery store than in my hospital or ICU."

He further explains, "In the public, there are unknown asymptomatic carriers who are very contagious and just don't know it. In the hospital, I know where the danger is, and I am prepared to deal with it safely."

understands Rolfe the importance of his work. "We are doctors. We are supposed to take care of the ill to the best of our ability. It is a challenge, but it is also a calling. God gave us these gifts for a reason. It's time to step into the breach and use them."

But don't call him a hero, he acknowledge says that honor is reserved for

America's finest. "Doctors are not heroes. We are doing what we were trained to do. Generations of physicians have fought off diseases throughout the years. It is our legacy. It is why we are respected in this society. The efforts to fight this disease and help people through it is the price of that respect," states Rolfe.

"The people who put on a uniform and protect our country are the heroes.

Masks, gloves and hand washing will stop a virus. Nothing stops a bullet, a missile, a grenade, or a knife. The police and military are our heroes."

However, Rolfe does that the novel See COVID-19 Page 5



COVID-19 Continued from Page 4

coronavirus has completely altered life as we knew it. He says each one of us has the power to reclaim it, we just have to work together to do so. "It's

all been said before, but it is worth repeating – wash your hands, don't touch your face, avoid crowds and stay home to stay safe. Do what you can now, so you don't become one of my patients later."





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 \boxtimes Dr. Appt.

SITUATION UPDATE: COVID-19

• As of this advisory, there are 2,599 confirmed positive cases of COVID-19 in Oklahoma.

• There is one additional death, which occurred in the past 24 hours.

* One in Delaware County, a female in the 65 and older age group.

• There are 140 total deaths in the state.

• Note: The number of total cumulative negative specimens, total cumulative number of specimens to date, and the number currently hospitalized reported below are compiled through the Executive Order reports submitted to the governor. These reports are not submitted on the weekend, and therefore, those numbers found in this report will be updated this week. All other numbers listed in this report are current.

• The Oklahoma State Department of Health (OSDH) is partnering with Oklahoma State University (OSU) and the University of Oklahoma (OU) to offer additional testing sites in Tulsa. Information for the OSU site can be found here. Information about the OU site is available here. A list of other testing sites in the state can be found here.

• The Oklahoma State Department of Health (OSDH), in partnership with Google and Looker, launched the COVID-19 Symptom Tracker and COVID-19 Data Dashboard. The data dashboard provides data by zip code and city on positive cases, deaths and the number of people with symptoms in their area.

• For more information, visit **coronavirus.health.ok.gov**.

COVID-19 Oklahoma Test Results

Confirmed Positive Cases	2,599
*Total Cumulative Negative Specimens to Date (As of April 17)	32,966
*Total Cumulative Number of Specimens to Date (As of April 17)	35,561
**Currently Hospitalized (As of April 17)	307
Total Cumulative Hospitalizations	555
Deaths in the Past 24 hours	1
Total Cumulative Deaths	140

*The total includes laboratory information provided to OSDH at the time of the report. Total counts may not reflect unique individuals.

**This number is a combination of hospitalized positive cases and hospitalized persons under investigation, as reported by hospitals at the time of the report. The data reflect a change in calculation and should not be compared to prior data.

Data Source: Acute Disease Service, Oklahoma State Department of Health. *As of 2020-04-19 at 7:00 a.m.



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INTEGRIS Baptist Portland Avenue Campus Role in State's Phase 2 Surge Plan



Gov. Kevin Stitt announced today that the INTEGRIS Baptist Medical Center Portland Avenue campus will play a vital role in the state of Oklahoma's COVID-19 Emergency Response Plan.

The announcement was made during a press conference at the facility this morning. "State officials contacted me last week after hearing we were consolidating patients from our Portland Avenue campus to our N.W. Expressway campus and asked if they could potentially use this space," said Timothy Pehrson, the president and chief executive officer of INTEGRIS Health. "We were pleased to have the opportunity to partner with the State during this time of crisis."

After surveying the space, the Army Corps of Engineers found the campus to be suitable to serve as a Level 2 safety net hospital once all the other hospitals in the metro had reached a 40-percent surge capacity of COVID patients.

"Because the Portland Avenue campus will remain an integral part of the INTEGRIS Baptist Medical Center complex, we were not able to offer full use of the Portland Avenue campus, but we were able to reserve a 110-bed unit for the cause," explained Pehrson.

He went on to say that the partial bed lease will be accomplished without any disruption to normal operations at the INTEGRIS Baptist Portland Avenue campus. "Safety is our number one priority, and the patients who seek non-COVID-19 services will continue to receive the safe care they have always received at this valued facility," Pehrson declared.

Governor Stitt thanked INTEGRIS for allowing partial use of the facility during the pandemic. "If we need additional capacity, INTEGRIS Baptist Medical Center Portland Avenue has stepped up to be our COVID flex location here in Oklahoma City," said Stitt. "We are so grateful to our hospital community for partnering with us to provide Oklahomans the care that they need."

The other overflow safety net hospital in Oklahoma will be OSU Medical Center in Tulsa.

Innovation continues at Northwestern

When Shelly Wells PhD, MBA, APRN-CNS, ANEF began developing Northwestern Oklahoma State University's DNP program, she would talk extensively about it with her BSN students.

The division chair and professor would be bringing something new to the school and the surrounding communities.

And for student Christina Erford, BSN, RN, NPD-BC, she wanted to be part of that first class.

Already sold on the program, she carried out her due diligence.

"When I started looking into programs and comparing it you couldn't beat the cost point for a doctorate and you can't beat the staff," Erford said. "The faculty is amazing."

Her ninth and final semester will end this spring. Outside of 192 clinical hours per semester, Erford will have completed the majority of the program online.

She also completed a week-long session in the summer where students check in on a Sunday and spend the

week in immersive learning until Friday afternoon.

When Erford graduates this May she wants to find either a clinic or urgent care to begin her career.

A Nightingale Award of Nursing Excellence recipient from the Oklahoma Nurses Association, Wells takes pride in her low faculty-to-student ratio and the relationships her faculty has forged at healthcare facilities across northwestern Oklahoma.

Allowing students to learn in their communities creates a natural draw for students. The NWOSU Charles Morton Share Trust Nursing program is among the top in the state in national RN licensing examination (NCLEX) pass rates.

This year will mark the inaugural graduating class for the BSN-DNP program.

"They're all educated as family nurse practitioners with an emphasis on the needs of a rural healthcare community," Wells said. "It will be a fairly good sized class - more than we ever anticipated when we first put this together."

Planning for the program incorporated a focus on creating health care for surrounding communities.

"Our focus was to increase primary care access to rural Oklahoma because rural Oklahoma is in such dire straits when it comes to health care providers," Wells said.

There's little doubt the Alva university is educating nurses to provide healthcare to rural Oklahomans for generations to come.

"They are going to be prepared to walk into a primary care clinic or office and care for patients across the life span," Wells said. "They will have leadership skills that excel many peers -I've been told that by preceptors."

With more than 30 years of teaching experience in nursing, Wells has closely followed the national trend calling for more BSN-prepared nurses. The attraction of Northwestern has always been a quality, affordable program with the flexibility of offerings.

The RN to BSN completion program is offered online with no campus requirement. With no traditional clinical hours the program can be completed in 12 months.

"It works well for the working nurse," Wells said.

The traditional BSN program is delivered at four different sites in Northwestern Oklahoma with full-time faculty at each site.

Small class sizes and a low facultyto-student ratio is also a draw. Eighty percent of faculty are doctorallyprepared, a rarity in a rural state.

"We're a busy, dynamic little place up in northwestern Oklahoma," Wells laughed.

For the next step, Wells is helping Northwestern work towards an acute care practitioner certificate.

"That will help round out the health care provider needs for rural Oklahoma," she said.



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With four sites available in Alva, Enid, Woodward, and Ponca City, plus online courses, learning close to home is easy.

The online RN-to-BSN is a 12-month online program with no traditional clinical hours requirement and no campus visit requirements.

The BSN-to-DNP Family Nurse Practitioner program is a hybrid model offering online classes, limited campus visits, and local clinical practicums.

Caregivers at INTEGRIS Canadian Valley Hospital Share Their **Experiences with COVID-19**

One thing we've learned from COVID-19 is that no one is immune. The community of Yukon is proof of that. INTEGRIS Canadian Valley Hospital is caring for several coronavirus patients, some of whom are critically ill.

"These patients are sicker than your average patient. This is definitely not the flu. Our COVID patients are sick for a long time. They are not recovering quickly from this," Elise Kuykendall, D.O., is on the frontlines of the pandemic. She says what happens to the body is called the cytokine storm.

"This is when there is a severe immune reaction in which the body releases too many cytokines into the blood too quickly. Cytokines play an important role in the normal immune response but having a large amount



of them released all at once can be harmful," she explains. "Sometimes it can even be life threatening and lead to multiple organ failure."

Mary Lou White is a nurse in the COVID Unit at Canadian Valley.

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She says this illness can be extreme. "Once a patient is intubated, from my experience, they can deteriorate quickly - sometimes within 24 hours." She adds, "They struggle for air. They never seem to be able to catch their breath."

Caitlin Coppock is a respiratory therapist at the hospital. She knows her particular skill set is necessary to defeat this virus.

"I don't think a lot of people understand what "flatten the curve" really means. Flattening the curve does not mean we will eliminate the disease completely, it just buys us more time to properly prepare for what could be coming."

She continues, "We may need more equipment, like ventilators, to handle the potential surge. But you need more than just the machines. You have to have individuals who are specifically trained to use those machines. It confident in our procedures." takes years of experience to truly these patients."

Coppock worries more about a staffing shortage in her specialty than she does about having the proper personal protective equipment (PPE).

"I feel we are well informed and well supplied. I'm not scared. It is a little unsettling to deal with something you haven't seen before, but I am



One thing all of these caregivers understand how to critically care for say is they wish there was a way for the public to see just how sick COVID-19 can make certain members of our community. They say once you've seen that, you can't forget it. And once you realize this could happen to your neighbor or your loved one, a person is much more apt to take the shelter in place guidelines far more seriously.



Oklahoma's Nursing Times

April 20, 2020





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SSM Health launches program that enables nurses to return to active practice Accelerated two-week program provides paid training

SSM Health has launched a Return to Practice collaboration open to nurses in central Oklahoma. This program was created to meet the continuing need for exceptional clinicians during the pandemic in partnership with Saint Louis University's Trudy Busch Valentine School of Nursing.

The program, which pays nurses throughout the training, provides remote and hands-on instruction to nursing professionals who wish to return to patient care. The course, which typically takes four weeks to complete, is being condensed to two weeks to allow returning clinicians to make an immediate impact. Participants will be paired with more experienced nurses on the job once their training is complete. Once the pandemic is over, participants have the option to continue as an SSM Health nurse and go through the SSM Health new hire nurse onboarding program.

SSM Health St. Anthony Hospital-Oklahoma City and SSM Health St. Anthony Hospital-Shawnee.

Amber Wood, RN, MSN, MBA, director of learning and development for SSM Health, and her team aimed to enable nurses who had been away from active nursing to gain training and update their licenses. Joanne Langan, Ph.D., RN, C.N.E., professor of nursing at SLU and coordinator of Disaster Preparedness and Return to Practice at the Valentine School of Nursing, worked with SLU faculty, staff and IT support teams to quickly adapt the program to respond to the COVID-19 pandemic. The program initially launched at SSM Health in 2017 and was recognized by the St. Louis Business Journal as one of the best human resources programs in the St. Louis area in 2019.

"Most of us become nurses because we want to make a difference,"

Oklahoma nurses who complete Wood says. "I talk to many former nurses who would like to come back to the program will be placed at the field but are not even sure how to begin. This program lets them see a clear path back to patient care even if it is only to support during the pandemic."

> The next session of Return to Practice is scheduled to begin April 20. For more information or to register, click here. https://ssmhealth.avature.net/ **RNReturntoPractice**.

> SSM Health is a Catholic, not-for-profit health system serving the comprehensive health needs of communities across the Midwest through a robust and fully integrated health care delivery system. The organization's nearly 40,000 employees and 11,000 providers are committed to providing exceptional health care services and revealing God's healing presence to everyone they serve.

> With care delivery sites in Illinois, Missouri, Oklahoma and Wisconsin, SSM Health includes 23 hospitals, more than 290 physician offices and other outpatient and virtual care services, 10 post-acute facilities, comprehensive home care and hospice services, a pharmacy benefit company, a health insurance company and an accountable care organization. It is one of the largest employers in every community it serves. For more information, visit ssmhealth.com or find us on Facebook and Twitter.

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