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Nurse, Husband Owned Business Thrives

Shea Little, RN, BSN, CCM works in Nurse Case Management at Eiffel Medical, where she and her husband, Nick started the business in 2015.

by Vickie Jenkins, Staff Writer

When you were a child, did you ever listen to someone tell a story that was so interesting that you were mesmerized by the words that were said? Did you wonder what it would be like to do some of the same things you were hearing about? That is the case for Shea Little, RN, BSN, CCM, as she recalls hearing her step grandpa, who was

a general surgeon, tell many stories of love and dedication to the profession. From the time she heard the stories, Shea knew that she was inspired to be a nurse and she didn't let anything stop her.

Shea and her husband, started Eiffel Medical in 2015. "At the time, our office consisted of the two of us plus one other

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Myths and Facts About Wearing a Mask



Wearing face masks, combined with other preventive measures such as frequent handwashing and social distancing, can help slow the spread of the coronavirus. The Centers for Disease Control and Prevention recommends that everyone over the age of two wear a mask while in public settings. However, there has been much debate about wearing masks and misinformation has spread online. Let's clear the air about the most common misconceptions regarding masks.

Myth: I'm not sick so I don't need to wear a mask.

Fact: Simply put, wearing a cloth mask helps decrease the spread of COVID-19. Research now has shown that a significant number of people with COVID-19 lack symptoms. These people do not know they are transmitting the virus to others when they talk, sneeze, cough or raise their voice (e.g. singing or shouting). Wearing a mask helps to lower the transmission of respiratory droplets to other people around you. You should wear a mask to protect others and they should wear masks to protect you.

Myth: Wearing a cloth mask does not protect me from getting COVID-19.

Fact: A cloth mask is worn to help protect others in case you have the virus. Countries that required face masks, testing, isolation and social distancing early in the pandemic have had success slowing the disease's spread. Common sense also suggests that some protection is better than none. Cloth masks reduce

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EIFFEL

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nurse and one assistant. Our office was an old CVS pharmacy until we could purchase our own building. Since then, we have grown to a staff of five nurse case managers and four office assistants," she said with a smile. "We have certainly come a long way."

Growing up in Ponca City, OK, Shea attended the University of Oklahoma for nursing. Shea has been a nurse for fifteen years and has been in Nurse Case Management for ten years. Asking Shea why she is a nurse, she replied, "I wanted to do something in my career that would be challenging, interesting and make a difference in peoples lives daily. In the nursing profession, a nurse deals with many aspects of patient care. I love the fact that there are so many specializations and career paths available to nurses; acute care setting, home health, case management or involved in research. A nurse can be a practitioner, work in a leadership role or become an independent entrepreneur," Shea

commented.

Working in Nurse Case Management, Shea wears many hats. "I coordinate and attend all medical appointments, review medical records, communicate with doctors and their office staff and other healthcare professionals as well as insurance adjusters, employers, and attorneys to maintain continuity of care. I am consistently reviewing medical records to ensure the best plan of care to optimize our patient's outcome," she said. "It keeps me busy but I love everything about my job," she added.

What is your biggest reward as a nurse? "There is nothing more rewarding than helping patients and families during their most vulnerable times. In fact, I feel like my work with patients had more of an impact on me as a human being than I ever had on them," Shea replied.

If Shea were to give advice to someone going into the medical field, she would tell them, "Treat the patient and their family as if they were your own, and never treat a patient as though they are just a number on a chart.

Be sure to communicate clearly and compassionately with them and learn to really listen to what they have to say."

When Shea is not working, she enjoys spending time with her husband, Nick and their four children; Payton, eighteen, Cannon and Boston, fourteen, and Addison, twelve. They have one pet; a Golden-doodle named Duke. Shea enjoys being outdoors and loves gardening and cooking.

What changes have you made due to the Coronavirus? "The first month of the Coronavirus was a new challenge for everyone for a lot of reasons. We had to act quickly to protect our staff by closing our office. Closing the office led to many challenges including trying to get our employees set up to work from home for an unknown amount of time. During that time, we realized how important technology is to our daily life. Our nurses

focused more on telemedicine and we did our best to maintain a high level of care even though we had many restrictions. Since that time, we have re-opened our office, but still cautiously moving forward," Shea said.

Asking Shea how the Coronavirus changed her life, she said, "It has changed the way I look at travel, being social and basically our movement throughout society. I now judge activities by their level of risk. All of our nurses wear masks when in contact with patients and staff. We have to take an extra step of precaution to not only protect ourselves, but to also protect the patients. When we decide on activities as a family, I take many issues into consideration." Shea is a passionate, dedicated, driven and hardworking individual that loves her job. When asking Shea what word best describes her life, she replied, "Rewarding."

MASK

Continued from Page 1

the number of respiratory droplets a person releases into the air when talking, sneezing or coughing. The overall number of droplets in the air is reduced when more people wear masks and this reduces your risk of being exposed to COVID-19.

Myth: A face mask can actually make me more likely to catch COVID-19.

Fact: While some people may touch their face more often when wearing a mask, it's possible to reduce infection risk with good hygiene. Be sure to wash hands frequently, wash your cloth mask after wearing and know how to properly put on and remove your mask. You can learn more by reviewing guidance on how to wear and care for cloth face coverings.

Myth: Wearing a mask will increase the amount of carbon dioxide I breathe and will make me sick.

Fact: Some people have heard that breathing in CO₂ from wearing a mask can cause symptoms like dizziness, lightheadedness, headache and shortness of breath. However, the amount of CO₂ created by wearing a mask is miniscule. For many years, health care providers have worn masks for extended periods of time with no adverse health reactions. The CDC recommends wearing cloth masks while in public and this option is very breathable. There is no risk of hypoxia,

which is lower oxygen levels, in healthy adults. Carbon dioxide will freely diffuse through your mask as you breathe. If you feel uncomfortable in your mask, try to limit your talking and breathe through your nose. That will reduce the humidity level in your mask. Be aware that once a mask gets wet (perhaps from exhalation), it begins to lose its effectiveness and will need to be washed or replaced.

Myth: If I'm wearing a mask, I don't need to practice social distancing.

Fact: The CDC recommends widespread use of simple cloth face coverings to help prevent transmission of COVID-19 by people who have the virus but don't know it. But it's not a substitute for physical distancing. Everyone should continue to practice recommended behaviors such as:

- Keep your physical distance: Six feet or about two arms' lengths apart from other people.
- Limit in-person meetings.
- Wash your hands with soap often.
- Stay home if you do not feel well.
- Get a test if you have COVID-19 symptoms. Call your local health care provider to schedule a test.
- Self-isolate if you have been around someone who is sick or tested positive.

As the number of coronavirus cases continues to grow in Oklahoma, using a mask is still among the best methods to prevent community spread.



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CAREERS IN NURSING

HOME SWEET HOME: RECOVERY NURSE PREPARES PATIENTS

by Vickie Jenkins - Writer/Photographer

When you go to OCOM, you will find some of the finest nurses around, and that includes, Telina Everett, RN. Telina works in the PACU/Phase II/PreOp Pain Department. "I became a nurse because I have always loved caring for people and I see it as one of my biggest assets in life. Just as I was called to be a mother, I believe I was also called to be a nurse."

Telina grew up in Tuttle, OK and attended college at OSU-OKC. "I have been a nurse for five years and have worked here at OCOM for a year and a half. I worked a small part-time job for many years and went to school later in life so that I could be at home for my boys when they needed me the most," Telina commented. "My first job as a nurse was working on the

Medical /Surgery Unit at SSM Health St Anthony which is a job that I still work occasionally. My specific job here is caring for people after they leave the OR and enter the recovery room, preparing them for discharge to go home after a surgery and I also do the pre-op for our pain department," she added.

Asking Telina if anyone influenced her to become a nurse, she replied, "It wasn't a person that influenced me to become a nurse but instead a situation. I went into labor very early with my first pregnancy and my son was in NICU. It was at that time in my life that I realized I had a passion for this type of work and that is when I made the decision to go back to school. I promised myself that I would get a degree and I had a wonderful

support system that helped make that happen for me."

It was during Telina's last semester of nursing school, when in clinical rotations, she remembers a special nurse, Amy. "She was so helpful and gave me so much meaningful information that really set her apart from others. She made me excited to enter the medical field," Telina said.

"My biggest reward as a nurse is being able to help. I'm a nurturer. Some patients come to the hospital not having anyone by their side so being that person to comfort them is a touching feeling. My biggest challenge is probably seeing people be noncompliant. Teamwork is extremely important in this type of work environment. You can get overwhelmed easily so having a team to back you up

is key."

"On a typical day, if working on a med surgical floor, I would take care of five to six patients per shift. If I am working at the surgical hospital, it might be five to ten patients per day depending on the department I am in. I enjoy getting to meet different people from so many different walks of life every day. It makes my job interesting," Telina said.

How has the coronavirus effected your life? "It has even been crazy! OCOM was not operational during the shutdown except for emergency surgeries. So I went to SSM Health to work on the frontline for several weeks. I was unable to see certain family members due to exposure and that was probably

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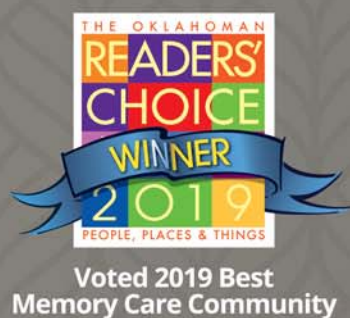


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Telina Everett, RN has plenty of compassion, staying busy working at OCOM in PACU, Phase II/PreOp Pain Department, caring for the patients after they have surgery, preparing them to go home.

EVERETT
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the hardest part.”

Where do you see yourself in five years? “I see myself continuing to learn and grow in this field. I love where I am in my career so continuing to build my knowledge in this particular path is very important to me. The nursing field is always changing and I want to see and do the best practices. I have always thought that I would further my career and possibly teach one day.”

“My husband, Darin and I

have been married for sixteen years. Darin works as a data analyst. We have two boys Taylor and Talan, who are fourteen and twelve. My hobbies are repurposing furniture ,decorating, reading and doing anything with my boys. We have one dog, Ellie, who is a nine year old weenie dog. We got her when she was almost two and she’s been the best addition to our family. On any given day, you will find her at my heels following me all around the house.”

Summing up her life in one word, Telina said, “it would be content.”

SITUATION
UPDATE: COVID-19

- Interim Commissioner Lance Frye announced the new COVID-19 alert system on July 9. This 4-color, county-by-county alert system was built using the White House’s methodology model for new cases per 100,000 population, and it adds an additional color criteria with the “orange” risk category. With OSDH’s alert system, in order for a county to be elevated to the “red risk” category, one of four additional gates must be met that would indicate emerging challenges in the delivery of healthcare services. The gates for the red risk category can be read by clicking [here](#).
- This week, 15 additional counties moved in to the “orange” risk zone. While no counties at this time are in the red zone, OSDH continues to monitor closely the statewide hospitalization trends for COVID-19.
- The COVID-19 Alert map will be updated every Friday in the Situation Update at 11:00 a.m. This week’s map can be seen in this update below the test results chart. The COVID-19 Alert System is also updated and available at coronavirus.health.ok.gov.
- As OSDH continues to meet with stakeholders across the state, the COVID-19 Alert Map is subject to further revisions as science and public health guidance advances with the ongoing pandemic.
- As of this advisory, there are 24,140 confirmed positive cases of COVID-19 in Oklahoma.
- There are 7 additional deaths with three identified in the past 24 hours. * One in Hughes County, male in the 36 - 49 age group. * One in Pottawatomie County, male in the 65 or older age group. * One in Rogers County, male in the 65 or older age group. * One in Seminole County, male in the 65 or older age group. * One in Texas County, female in the 36 -49 age group. * Two in Tulsa County, one female and one male that are both in the 65 or older age group.

***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.**

*****The purpose of publishing aggregated statistical COVID-19 data through the OSDH Dashboard, the Executive Order Report, and the Weekly Epidemiology and Surveillance Report is to support the needs of the general public in receiving important and necessary information regarding the state of the health and safety of the citizens of Oklahoma. These resources may be used only for statistical purposes and may not be used in any way that would determine the identity of any reported cases.** Data Source: Acute Disease Service, Oklahoma State Department of Health. *As of 2020-07-17 at 7:00 a.m.

COVID-19
Oklahoma Test
Results

Confirmed Positive Cases	24,140
*Total Cumulative Negative Specimens to Date	440,904
*Total Cumulative Number of Specimens to Date	468,644
**Currently Hospitalized	604
Total Cumulative Hospitalizations	2,289
Identified Deaths in the Past 24 hours	3
Total Cumulative Deaths	445

Oklahoma's Nursing Times

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Saint Francis Health System provides learning opportunities for nurses at every level

State's largest healthcare provider encourages its nurses to grow professionally

Saint Francis Health System, Oklahoma's largest healthcare provider, has more than 10,000 employees at more than 100 locations throughout eastern Oklahoma. Nurses in the Saint Francis Health System network—which includes Warren Clinic, the state's largest physician group—can pursue careers in large communities (Tulsa, Broken Arrow, McAlester, Muskogee) and small (Vinita, Glenpool, Coweta, Owasso, Sand Springs).

Wherever they choose to work, nurses can enjoy the benefits of a locally owned, locally led and locally focused not-for-profit health system dedicated to high-quality, patient-centered care. To this end, Saint Francis Health System offers a wide range of programs and services to help its nurses grow professionally, which ultimately serves to help maintain the health system's high standards of clinical excellence.

The Pursuit of Excellence

Nurses can take advantage of Saint Francis Health System opportunities even while they're still pursuing a degree.

The health system offers a registered nurse scholarship that funds up to \$8,000 in tuition at an accredited school of nursing. There is also the Saint Francis Extern Program, a nine-week shadow program designed for students in their final year of an accredited RN program. Both the RN scholarship and the extern program are great ways for aspiring nurses to get their foot inside the door.

Making the Transition from School to Vocation

Once accepted into the Saint Francis Health System nursing program, new nurses embark on a yearlong nurse residency program (NRP), designed to help in the transition from the classroom to

clinical bedside experiences and real-world professional nursing practice. The NRP includes professional nursing orientation, unit-specific orientation with a preceptor, specialty classes and a variety of nurse residency seminars.

The NRP is tailored to the education needs of newly licensed nurses, and is based upon Quality and Safety Education for Nurses (QSEN) competencies. During orientation, new nurses become familiar with the health system's policies, procedures and equipment, and participate in specialty classes specific to the patient population they will be caring for.

Help Along the Way

Saint Francis Health System provides reimbursement for the RN NCLEX (National Council Licensure Exam). Each year, there are three KAPLAN (RN NCLEX) review courses held at the Saint Francis Education Center: in January (for December graduates), May (May grads) and August (July grads). These courses are free for those who have accepted a position; full registration fee is required for all others. For new hires who cannot attend the courses, they can receive reimbursement of up to \$350 for specific courses, such as HESI, ATI and KAPLAN.

Other educational benefits for RNs include specialty classes offering patient-focused content (e.g., pediatric, ICU and cardiac classes); nurse residency seminars that focus on communication and teamwork, critical thinking, patient/family-centered care, case management, discharge planning and more; baccalaureate- and graduate-level continuing education classes; and national certification programs that include IABP, CRRT, LVAD and ECMO.

Saint Francis Health System

Education Opportunities in Action

Kaytie Hull, RN, BSN, is currently a charge nurse at Saint Francis Hospital's patient tower and trauma center. She started working for Saint Francis Health System in 2011 as a nurse technician and has since worked her way up to Clinical Ladder III. Along the way, she has made the most of the nursing opportunities, flexible scheduling and incentives offered by the health system, including the nursing school scholarship, the extern program and tuition reimbursement for her BSN. Last year she began working on her MSN, which she is scheduled to complete in 2020. "Saint Francis provides a great work/life balance and many opportunities for employees to grow and achieve their goals," she says. "I wouldn't work anywhere else."

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OMRF researchers receive lupus grants

The Oklahoma Medical Research Foundation has received a pair of grants totaling almost \$600,000 from the Lupus Research Alliance to study lupus in different ethnic groups.

OMRF scientists Joel Guthridge, Ph.D., and Patrick Gaffney, M.D., each received independent 2-year grants from the LRA, which partnered with pharmaceutical company Bristol Myers Squibb for the joint funding initiative. The program aims to improve treatments for lupus and to discover advancements that will lead to a cure.

Lupus occurs when the immune system becomes unbalanced and can affect the skin, kidneys, lungs, joints and cardiovascular system. The disease primarily strikes women and

disproportionately affects African Americans, American Indians and Latinos.

Guthridge's project focuses on developing a data analysis strategy to predict which patients will respond best to particular therapies, as well as identifying how lupus impacts diverse populations differently. Because the disease presents in varying ways across patient populations, choosing effective treatment strategies poses a significant challenge.

"We will integrate patient data we've already collected with a new evaluation method, comparing patient groups who are responsive—or not—to treatment," said Guthridge, a scientist in OMRF's Arthritis and Clinical Immunology Research Program.

Using a repository of medical information and biological samples, he'll work with OMRF colleague Joan Merrill, M.D., to predict individual lupus patients' responses to immune-modifying therapies.

"Dr. Guthridge's work has the potential to set the stage for a more personalized, and thus more effective, approach to treating lupus patients," said LRA Chief Scientific Officer Teodara Staeva, Ph.D.

See LUPUS page 11



Working in partnership with OU and the biotechnology company Fluidigm, OMRF's Dr. Joel Guthridge devised a way to enhance Oklahoma's coronavirus testing capacity.

OU Medicine Specialist Co-Authors Journal Publication

The findings of a study that explored weight gain in postmenopausal women, conducted as part of the Women's Health Initiative (WHI), will be published this fall in Menopause - The Journal of The North American Menopause Society. Robert A. Wild, M.D., MPH, Ph.D., OU Medicine obstetrician-gynecologist, co-authored the paper and performed analysis on its content.

The paper titled "The association between weight-promoting medication use and weight gain in postmenopausal women: findings from the Women's Health Initiative" is currently scheduled to appear in Volume 27.10, the journal's October 2020 issue.

"This work merits greater exposure in the scientific community as well as the general population," Wild said. "Obesity is a serious chronic illness with global impact. There's little we can do about genetic predisposition or advancing age, but where it's appropriate and reasonable to avoid the use of medications that aggravate or promote weight gain, we must do so."

The team of investigators, led by Fatima Cody Stanford, M.D., MPH, MPA, sought to quantify the impact of weight-promoting medications and weight changes in postmenopausal women, over a three-year period. Among 40 WHI-participating sites, 76,252 postmenopausal women aged 50 - 79 were part of the observational study. Weight was measured at baseline and again at three years.

"Women who were overweight or obese at baseline were more likely to be taking antidepressants, beta-blockers and/or insulin, which were found to be associated with weight gain," explained Wild. "This is practical information that guides clinical decision making and steers efforts to mitigate medication-related weight gain."



Robert A. Wild, M.D., MPH, Ph.D.

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NURSE TALK

I would vacation in Alaska or in the mountains of Montana. No cell phone, no Facebook, or any other interruptions.



Cortney Barrett, RN

I would travel to Europe for plenty of backpacking.



Alan-Michael Schwab,
ER Tech

If you could go on a vacation for one month, where would you go?

INTEGRIS
Community Hospital

Integris
Community
Hospital - WEST

I would go back to visit Ireland. It is one of my favorite places to go.



Matt Logan, RN

Anywhere on the beach...that's where I would spend my vacation time.



Kyra Dillingham,
X-Ray Tech

LUPUS

Continued from Page 10

Gaffney, who holds the J.G. Puterbaugh Chair in Medical Research at OMRF, is looking into gene regulation and how it affects race-dependent features of lupus.

"We've conducted a similar study with samples collected from European American lupus patients and healthy controls," said Gaffney. "This award will allow us to focus on African American patients and controls, and we can then compare these data to identify differences that contribute to the striking racial disparities of lupus."

Staeva said understanding these differences on a genetic level is key to understanding the racial disparities in the disease.

"Given the profound burden of disease faced by Black, Hispanic and Asian people living with lupus, Dr. Gaffney's work will have a profound impact on our understanding of treating the most vulnerable populations with lupus," she said.

The National Institutes of Health has designated OMRF as one of only 10 Autoimmunity Centers of Excellence nationwide for its research on lupus and other autoimmune illnesses. The LRA is the world's leading private funder of lupus research.

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Oklahoma City Native supports Hospital Corps on front lines of U.S. Navy Coronavirus fight

By Rick Burke, Navy Office of Community Outreach

Petty Officer 1st Class Jerahmeel Guillermo, a native of Oklahoma City, Oklahoma, is playing a critical role in supporting the U.S. Navy's efforts to maintain a healthy and ready fighting force in the face of the Coronavirus pandemic.

As a logistics specialist working at Naval Health Clinic Annapolis, Maryland, Guillermo supports the Hospital Corps in the health of sailors in the Annapolis area, and by extension, the readiness of the Navy's operational ships and submarines on which they serve.

"The Coronavirus Disease 2019 (COVID-19) Pandemic brought an invisible enemy to our shores and changed the way we operate as a Navy," said Adm. Mike Gilday, Chief of Naval Operations. "The fight against this virus is a tough one, but our sailors are tougher. We must harden our Navy by continuing to focus on the health and safety of our forces and our families. The health and safety of our sailors and their families is, and must continue to be, our number one priority."

Guillermo is a 2012 Southeast High School graduate. According to Guillermo, the values required to succeed in the Navy are similar to those found in Oklahoma City.

"Growing up, I was taught to always see the bigger picture and to do the right thing," Guillermo said. "Life sometimes calls you to see pass yourself, to be selfless."

The U.S. Navy Hospital Corps

is the most decorated career field in the Navy. Corpsmen have earned 22 Medals of Honor, 179 Navy Crosses, 959 Silver Stars and more than 1,600 Bronze Stars. 20 ships have been named in honor of corpsmen.

In its century of service, the U.S. Navy Hospital Corps has supported millions of sailors and Marines in wartime and peace around the world. As the years have progressed, technological innovations are transforming medical training for the next generation of hospital corpsmen, according to Navy officials.

"The Navy Hospital Corps is a proud and sacrificial group of individuals," Guillermo said. "They consistently put others before themselves. Though I am not a corpsman, their legacy has definitely help shaped me today."

As a member of the U.S. Navy, Guillermo as well as other sailors, know they are a part of a service tradition that dates back centuries. Their efforts, especially during this time of challenge brought on by the Coronavirus, will have a lasting effect around the globe and for generations of sailors who provide the Navy the nation needs.

"As a logistics specialist, I am ensuring that medical and dental has the supplies needed to treat patients and protect the providers," Guillermo added. "It is humbling to know that my actions provides "oxygen" to the operation."



Petty Officer 1st Class Jerahmeel Guillermo, a native of Oklahoma City, Oklahoma.

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