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## A life support

## Golden Age weathers all seasons

The challenges of the past year have only deepened the wisdom gained by Caren Graham, LPN, Golden Age Nursing Facility.

by James Coburn - staff writer

Caren Graham's empathy, focus, and attention skills are ripe as the facility trainer at Golden Age Nursing Facility in Guthrie.

She wanted to be a nurse ever since she can remember. Graham was a certified nurse aid for a long time before making her professional transition.

She trains the CNA's by enrolling them in an 80-week course before they are certified by the state of Oklahoma. She also has some administrative duties on the halls.

Graham has been a licensed practical nurse since 2003 when earning her license at Metro Technology

Center in Oklahoma City. Metro Tech was a great experience for her.

"I thoroughly enjoyed my school years," she said.

Although she has worked at Golden Age on-and-off since 2000, she has worked at Golden Age steadily for five years. What keeps her there? Management follows best practices in nursing care.

See GRAHAM Page 2

## OCU selects interim nursing school dean



Gina Crawford was named interim dean of the Kramer School of Nursing and will begin her new role July 1, when Salmeron will transition to a faculty role.

Oklahoma City University has named Gina Crawford as interim dean of the Kramer School of Nursing.

Crawford, who has been working with current Dean Lois Salmeron since last summer as an assistant dean, will begin her new role July 1, when Salmeron will transition to a faculty role. OCU President Martha Burger noted that Crawford's body of work with the nursing school made the selection an easy

See CRAWFORD Page 3



## GRAHAM

Continued from Page 1

Professionalism means she never had to worry about her license. Golden Age treats the residents with the upmost dignity and respect, she said. Graham wants to always be a part of that.

She enjoys mentoring other nurses who are new to the profession. She offers encouragement by being a positive presence in life.

She has tried other things in her work life, but Golden Age is where she always returns, Graham explained. Graham has made life-long friends with the staff and the residents.

"I'm probably grieving today because we have lost one that really touched my heart," Graham said. "We do this a lot. You get really close to them, you bond with them and then they go on home. And, it's hard on the staff but we get over it and go about our business and help others. I am so blessed to be part of that, but I had made a friend in her and the memories of her will last me a lifetime. That's priceless."

She treasures the residents

for their adaptability. Many of the residents worked hard all of their lives becoming homeowners and paying for their children's education. So, their transition to a nursing home, and perhaps sharing a room may not have been in their forecast.

"I can't imagine that. I really do have a lot of respect for them, and for the most part they're very stoic about it," she continued. "I know their heart is broken, so we try our best to help them through that. And we become like family like nieces, daughter, and granddaughters."

Golden experiences are shared in the residents' stories in which memories sometimes span 90 years or more.

"They have such wisdom. And when they part that to us it's just priceless," Graham said. "I've heard this over and over. When they get close to you — when you become family — that's when they tell you these things. They want you to know the accumulation of their life and what was important."

Graham has heard stories about the 1921 Tulsa Race Massacre in which more than 300 innocent

Blacks were killed in Greenwood.

"Some of the things are repeating. So, I learn some things from these people," she said. "I had one guy — this was another time — how he fought for his co-workers to get breaks. They were around when all of these civil liberties were coming along and kind of getting hashed out."

The elders were a hard-working generation. It's hard for many of them to be idle. The COVID-19 pandemic brought additional distress. Graham said the emotional pain was evident not only in the residents, but in the staff.

"We just held each other up," Graham said. "So, the fact that we're all still here is amazing to me — it was a terribly hard year. I'll tell you — it was an experience I never wanted to go about. It was incredibly hard. And I'm not saying it's over. I'm saying, man what a year of stress and hard work. It was the hardest year of my entire career. I'm sure I'm speaking for everybody here."

Graham still isn't sure that people understand the stress the pandemic placed on nurses. At

Golden Age the nurses were holding hands and saying goodbye too much, she said.

"So, when you get all that grief, and you know you have a family at home, you're worried about everything," she said.

The nursing staff did the best they could by bridging the gap when residents could not hug their family members. Residents were stuck in their rooms out of necessity to survive, she said. The ones with dementia had no idea what was transpiring, she added.

Management stood by their staff and residents, she said.

"We stood with them," she reflected on the administrator and director of nurses, and the ownership.

"When we were falling apart, they were picking us up," she said.

Today, Graham is grateful that family members are starting to enter the facility. Faces of the residents are lighting up, she said. "They are talking with a little more pep. You can just tell the difference," she said. "It's night and day."



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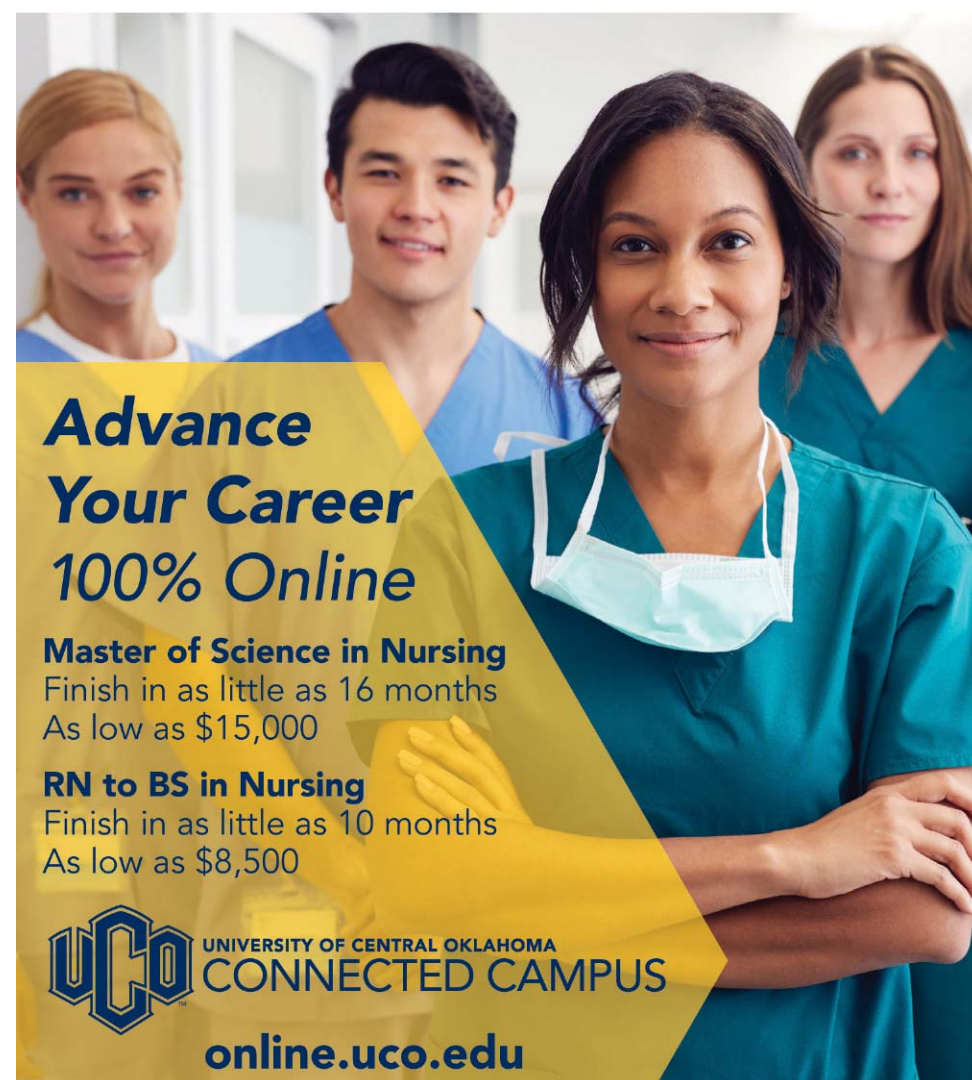
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## CRAWFORD

Continued from Page 1

decision.

"Dr. Crawford has worked tirelessly to advance the Kramer School of Nursing, first as a professor, then as a doctoral student, and now as an administrator," Burger said. "She brings a wealth of real-world nursing experience and has seen how nursing schools work from various perspectives."

Crawford has many years of experience as an administrator and professor. She joined the nursing school as a full-time faculty member in 2012. As a family nurse practitioner, her primary teaching focus has been in the advanced practice program, for which she serves as chair.

Crawford is an accreditation visitor and an appointed member of the Evaluation Review Panel for the Accreditation Commission for Education in Nursing. She is also an appointed member of the Oklahoma Board of Nursing Advanced Practice Advisory Committee.

She has been a nurse for more than 30 years and a nurse practitioner



since 2005. As a native of Okarche, Oklahoma, her passion has been in rural health care and increasing access to health care in underserved areas.

She holds several nursing degrees and certifications, including a doctor of nursing practice from OCU.

"I am honored to serve as interim dean and follow in the footsteps of leaders who have made a lasting impact at the Kramer School of Nursing," Crawford said. "I am excited about the future and exploring opportunities to expand our partnerships in the health care community. I look forward to developing collaborative relationships with the faculty, staff and students in the Kramer School of Nursing and the College of Health Professions."

## OU Health Updates Visitation Policy for Hospitals and Clinics

Realizing the emotional support of friends and family members is important to healing and well-being, effective Monday, June 14, all OU Health hospitals and clinics will allow two guests visiting patients who do not have COVID-19. Hospitalized patients will be asked to identify two guests who are allowed to visit during the hospital stay. These designations will be documented in the patient's health record. Guests other than the two designated individuals must obtain an exception, determined by the administrator on call.

OU Health continues to observe precautions deemed necessary to decrease the potential spread of COVID-19 to staff and patients, therefore, guests of hospital and clinic patients must:

- Be over the age of 12.
- Be screened for COVID-19 at an entrance or point of service. If guests are feeling unwell or show any symptoms of COVID-19, they will not be allowed to stay.
- Sign to acknowledge acceptance of terms contained in the Guest Expectations form.
- Wear an approved mask at all times while in the facility, including the patient's room. Neck gaiters, buffs, bandanas or scarves are not allowed. Examples of approved masks include:
  - \* Cloth mask with no vents or exhalation valves.
  - \* Procedural/surgical-type masks.
- Stay in the patient's room at all times, unless asked to leave by hospital staff for reasons related to safety or patient care. If asked to leave a patient's room temporarily, guests will use a designated waiting area until notified by a care team member to return to the patient's room.

Guests are not allowed at the inpatient geriatric behavioral health unit in OU Health Edmond Medical Center.

Waiting rooms and cafeterias are monitored, and appropriate physical distancing measures will be observed. Hospital guests are discouraged from coming and going throughout the day. If guests leave the hospital, they should discuss a planned return with department leadership.

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# NICU at Oklahoma Children's Hospital OU Health Joins National Group Researching Necrotizing Enterocolitis

The Neonatal Intensive Care Unit (NICU) at Oklahoma Children's Hospital OU Health has joined the Necrotizing Enterocolitis Society Biorepository, which allows member organizations across the nation to collaborate on research into a devastating intestinal disease that affects premature babies.

By joining the group, the NICU at Oklahoma Children's Hospital will partner with six other approved hospitals and academic medical centers around the nation in gathering samples from preterm infants and conducting research primarily aimed at preventing necrotizing enterocolitis (NEC). Because Oklahoma Children's Hospital provides the state's highest level of care for newborns, its NICU treats most babies from across the state who have been diagnosed with NEC, and researchers on campus are studying the condition. However, there is great potential in a multicenter collaboration that can conduct research using a large

repository of human samples.

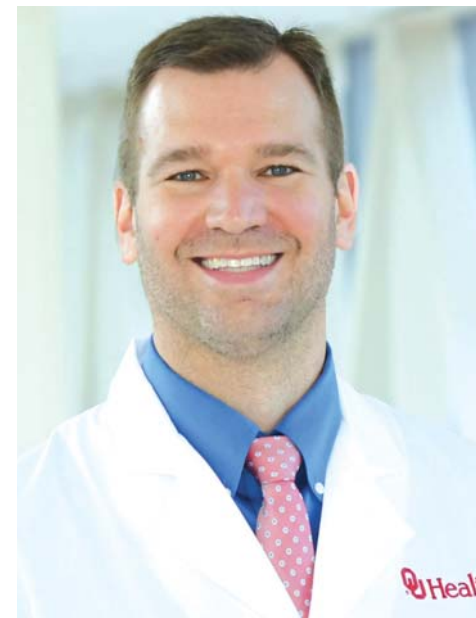
"We're honored to be part of the group and we bring a lot of interest and passion for helping babies and preventing NEC," said OU Health neonatologist Hala Chaaban, M.D., who will lead the effort. "We hope that we can make a difference and eventually never have to see this disease again."

NEC is the most common intestinal emergency and a heart-wrenching disease that primarily affects infants born prematurely. In about 30% of cases, the infant dies, often hours or days after diagnosis. For preterm babies who are born weighing 2 pounds or less, the risk of death with NEC is as high as 50%, Chaaban said. The condition occurs not when premature babies are at their most fragile, but a week or two later after they have stabilized. It occurs suddenly and progresses rapidly when the baby's small intestines have an excessive reaction to naturally changing

bacteria. Because of the inflammation that occurs, large sections of the baby's intestines become necrotic and die, and very little can be done to stop the cascade of events.

The babies who survive severe NEC almost always do so because a surgeon has removed their intestines. However, at least one-fourth of survivors will face problems with growth, nutrition, walking and cognitive development, as well as an increased risk of cerebral palsy. Although clinicians and researchers know some of the risk factors for NEC, there is still no way to predict when or how the condition occurs.

As part of the NEC Society Biorepository, the NICU at Oklahoma Children's Hospital will collect a variety of samples, including urine, blood and stools, from preterm infants shortly after birth, with their parents' consent. The collection is non-invasive and uses samples that will be analyzed for other reasons and that would otherwise



**Jeffrey Eckert, Ph.D**

be discarded after analysis. If any of those babies develop NEC, samples will be collected from the intestines (if removed) in collaboration with Oklahoma Children's Hospital

**See NICU Page 5**

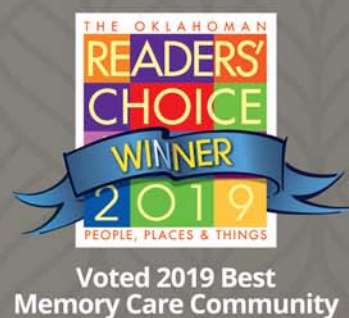


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## NICU

Continued from Page 4

pediatric surgeon and NEC expert Catherine Hunter, M.D. All samples are de-identified and can be used for research at individual institutions in the NEC Biorepository, as well as for multicenter projects with numerous collaborating researchers.

"Another reason that it's important to have a multicenter, standardized approach is that we are trying to understand not only the disease process, but what happens before the disease is detected clinically," said Jeffrey Eckert, Ph.D., who oversees biorepository efforts for the NICU at Oklahoma Children's Hospital. "We will conduct research that aims to find biomarkers or something else that can help predict when a child is at risk for NEC so that we can intervene early. It takes an incredible amount of samples to do that, and each individual institution doesn't necessarily have enough."

In addition to premature babies being at risk for NEC, the use of formula instead of human breast milk is another risk factor, Chaaban said. As part of the biorepository process, the NICU will be collecting breast milk for analysis. Oklahoma

Children's Hospital, through the Oklahoma Mothers Milk Bank, provides breast milk exclusively for babies in the NICU who weigh less than 3 pounds. However, NEC still occurs in babies who have received breast milk, so researchers will be looking for possible differences in the milk.

"There may be some protective factors in milk that are produced by some mothers but not others," Chaaban said. "We'll be looking at the bioactive factors in human milk and the variability between mothers, as well as the variability over time. That could answer some questions as to why some babies develop NEC when receiving breast milk. At some point, we may be able to test the breast milk the baby is receiving and, if it's deficient in something, we might be able to add it to prevent NEC. That's far in the future, but it is what we are envisioning the future will be - a personalized approach."

The NEC Biorepository is directed by Misty Good, M.D., a neonatologist at Washington University, with support from Troy Markel, M.D., a pediatric surgeon at Indiana University, and Jennifer Canvasser, founder and director of the NEC

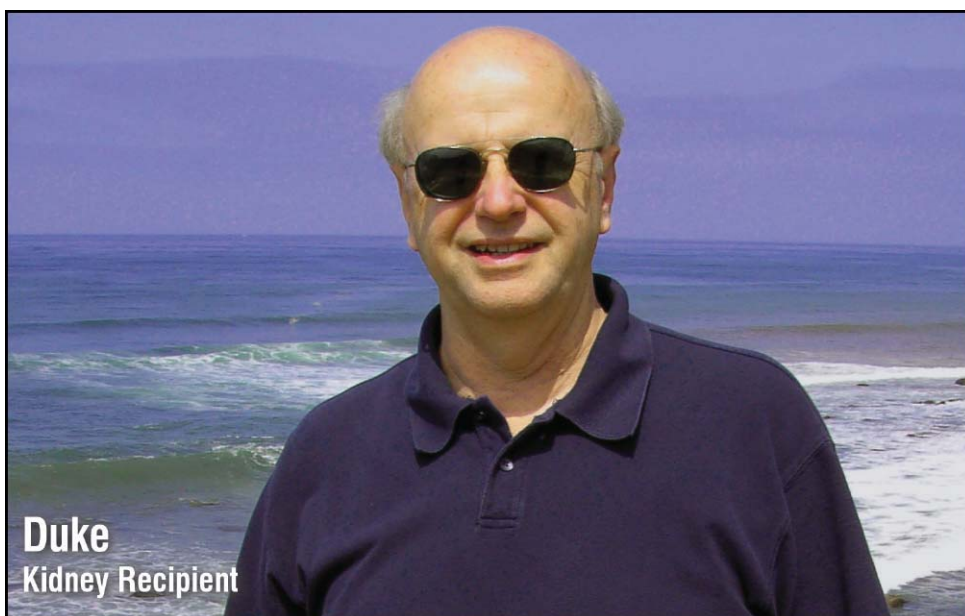


Hala Chaaban, M.D.

Society.

Several other NICU specialists at Oklahoma Children's Hospital will take part in the biorepository efforts, including neonatologists Birju Shah, M.D., Marjorie Makoni, M.D., Erynn Bergner, M.D., Abhrajit Ganguly, M.D., and others. Funding comes from the Section of Neonatal-Perinatal Medicine in the Department of Pediatrics at the OU College

of Medicine, led by Section Chief Trent Tipple, M.D. "I am delighted to support Oklahoma Children's Hospital's valuable participation in the NEC Biorepository," said Tipple, who holds the Reba McEntire Endowed Chair in Neonatology. "Oklahoma Children's Hospital will play a critical role in improving the outcomes of babies with NEC in the Sooner state and around the world."



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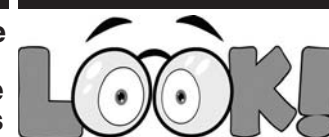
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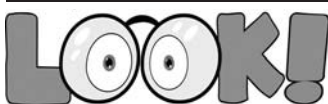
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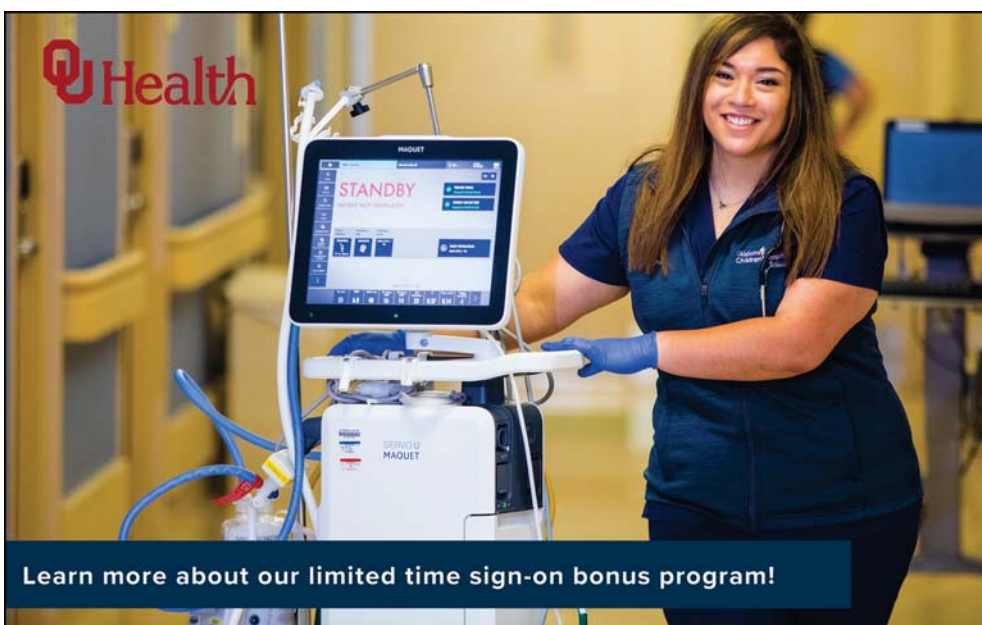
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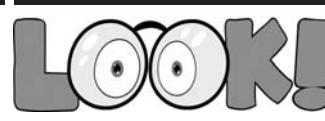
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# NURSE TALK



*What is your favorite thing to do in the summertime?*



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Maleah Edmonds, LPN

*In the summer, I love to go for rides on the motorcycle with my husband and camp out in our back yard.*



Kayla Haas, MA

*My favorite thing to do in summer is to spend time outside in the evenings. I enjoy grilling, sitting around the fire and spending time with friends and family.*



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(AS PUBLISHED IN THE 2021 EDUCATION GUIDE TO NURSING)

# Equipping servant leaders in a professional community

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**What nursing tracks does Harding offer?** The **undergraduate** tracks are designed to meet the individualized needs of students, all leading to a Bachelor of Science in Nursing degree.

**These include:**

- Four-year, full-time/part-time traditional track

- 18-month accelerated second-degree program
- Individualized track for students who hold a current unencumbered nursing license without a bachelor's degree. An individualized degree completion plan is collaboratively designed with the student (full-time/part-time available)

- Honors classes

The **graduate** tracks are designed to meet the individualized needs of professionals, resulting in a Master of Science in Nursing.

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- Customizable options for those who already have an MSN
- Eligible to sit for national certification exam upon program completion
- Delivery: hybrid format, with online courses and three on-campus intensives throughout the program
- Master's Entry into Professional Nursing
- Traditional bachelor's entry or accelerated bachelor's to master's options
- Eligible to sit for NCLEX-RN exam upon program completion
- Delivery: on campus with some online classes

**What sets Harding trained nurses apart from other nursing schools?** The undergraduate nursing program has a 99.2% first-time



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NCLEX-RN pass rate since 2016 and has been ranked the No. 1 Nursing Program in Arkansas by RegisteredNursing.org for four years in a row. This ranking is based on how well a program supports students toward licensure and beyond.

Harding's nursing graduates are well-equipped to enter the field, with high job placement rates and

**Continued on next page**



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## HARDING

Continued from Page 10

a 100% first-time Family Nurse Practitioner National Certification pass rate since the program's first graduates in 2017.

The first of its kind in Arkansas, the master's entry into professional nursing program prepares graduates for eligibility to take the national nursing license exam to become Registered Nurses. The program provides on-campus, state-of-the-art simulations and diverse clinical experiences in Searcy, Little Rock and surrounding counties to aid students in understanding patient clinical skills and administration and leadership in nursing. Applicants with any undergraduate degree can apply. There are Arkansas nursing prerequisites.

What if I have a degree in another field but have decided healthcare is my passion? The Master of Science in Nursing - Master's Entry into Professional Nursing option is a great path for students who already have

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**How do the programs interact with the community?** Students assist in a variety of community clinical settings that serve diverse patient populations. They also provide health screenings at area churches and various university sponsored events.

**Does Harding offer a study abroad program?** For more than 40 years, Harding has been training nurses not only for a career in traditional healthcare settings but also to work in health missions. Medical mission opportunities exist locally and abroad in short-term and long-term options. Opportunities are open to graduate and undergraduate students.

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# Young Mercy Oncology Patient Survives Rare Form of Cancer

Kristi Cormack was at a Galentine's event in February 2020 with a group of friends when she said it hit her; she was too exhausted to stay. The 30-year-old went home and slept for three days. She had no history of health issues and didn't know she'd soon be diagnosed with a rare form of cancer.

"I couldn't go to work on Monday and the only excuse I had was that I was tired," Cormack said. "It was a kind of tired I'd never experienced before."

She called her primary care physician and, at first, they thought it was a virus. Kristi had a gut feeling it was more serious and requested blood work. The test revealed her instinct was right. After a CT scan and biopsy, Kristi's medical team at Mercy had a better picture of what was wrong.

"I'll never forget that call at 4:45 p.m. March 26, 2020," Cormack said. "They called to tell me that it was cancer. Nothing can ever prepare you for that phone call."

She immediately grabbed a notepad and started writing down any words she could comprehend. It was an aggressive form of spindle cell sarcoma. A six-pound tumor was growing from her pancreas.

"You hear all these words and you don't have a clue about the weight of them," Cormack said. "You don't know what walking through treatment and chemotherapy means."

Because less than 40 people in the United States have been diagnosed with this type of sarcoma, the oncology team at Mercy collaborated with their peers across the country. They sent

Cormack's scans to MD Anderson Cancer Center and Harvard Medical School for review.

"Kristi is a special case," said Dr. Christian Ellis, surgical oncologist at Mercy Hospital Oklahoma City. "She had a bad situation. The location of her tumor and the fact that she is so young are very rare."

It was a lot to process, but the timing created an additional challenge. All of this was happening when the world was first learning of COVID-19 and everything began to shut down.

"I went in for my biopsy the day the Oklahoma City Thunder had the first COVID case, and the NBA shut down," Cormack said. "I remember waking up that evening and thinking, 'What world did I wake up in?'"

Her initial consultation about removing the tumor happened in early April via video conference. That's when she met Dr. Christian Ellis. He was the first person to explain the gravity of the surgery and that it could mean life or death.

"I remember sitting with my mom at home, seeing the CT scans on the video and Dr. Ellis walking me through the scans, talking me through surgery, the impact on each organ – the colon, small intestine, my spleen, stomach and pancreas – and what that would mean for me post-operation," she said.

She was overwhelmed and told him she couldn't make her decision without meeting in person. He told her to come down to the office right away.

At an in-person meeting, Dr. Ellis encouraged her to seek a second opinion. He was confident he could do the surgery, but Cormack said he wanted her to



Kristi Cormack was diagnosed aggressive form of spindle cell sarcoma. A six-pound tumor was growing from her pancreas.

feel confident in him and the plan of action.

"He said if it's crossed your mind at all, I want you to get a second opinion," Cormack said. "He told me you deserve to explore all of your options and feel confident before you step into something this big."

Cormack said she was relieved the second opinion confirmed Dr. Ellis' course of action and helped her remove all the 'what ifs.'

Family and friends camped out in the parking lot of the hospital while she endured what could have been an eight-hour surgery. A nurse called them hourly with updates and after just four hours, the surgery was complete. Dr. Ellis removed her spleen, two-thirds of her pancreas and all of the tumor. He told her anxious family he was pleased with how well it went.

"I woke up in the ICU and just screamed, 'I'm alive, I made it, I'm alive,'" Cormack said.

After she recovered from surgery, Cormack began six rounds of an aggressive form of chemotherapy that required a five-day inpatient stay at Mercy every 21 days. She was relieved

she could have one visitor during her treatments.

On Oct. 29, Kristi finished her last round of chemo. The fourth floor nurses cheered and sang to her as she left the unit when she was ready for discharge. Her mom drove her around to the back of the hospital to the Coletta Building, where Mercy's outpatient oncology services are housed. She pulled up to the building to shouts of "ring that bell."

She rang the bell outside of the Coletta Building, surrounded by family and friends, to signify the end of her cancer treatment. They celebrated the end of a long, hard journey.

"Kristi had all the ups and downs of a young person who was diagnosed with an aggressive cancer, but our multidisciplinary team at Mercy walked her through the entire process," Dr. Ellis said. "She did very well, and she is cancer free today."





# Labor and Delivery Nurse Provides Comfort to Grieving Families

The moment a child is born is usually one of the happiest moments in a parent's life. That's one reason many choose to work in labor and delivery – to be a part of that special time of celebration.

Unfortunately, there are times when what should have been the best day, turns into a nightmare. When a baby is stillborn.

According to the Centers for Disease Control, stillbirth affects about 1 in 160 births, and each year about 24,000 babies are stillborn in the United States.

It's not something anyone likes to think about, but it is a sad reality for some, and an occurrence that labor and delivery nurses have to learn to cope with from time to time.

Many large hospitals have a designated staff person, known as a bereavement coordinator, there to assist parents, family members, nurses and hospital staff when these tragedies do occur. Smaller facilities often times do not have a bereavement coordinator, leaving nurses and other caregivers to navigate these situations, doing their best to comfort families and one another while adhering to protocols and guidelines.

At INTEGRIS Bass Baptist Health Center, registered nurse Talya Gross has taken on this difficult role. Gross has spent her entire nursing career-15 years - in labor and delivery at INTEGRIS Bass. "Before I started nursing school, I knew I wanted to work in labor and delivery," Gross says. "I loved the experiences I had giving birth, and I wanted to help make the experience as positive as possible for others."

Gross, however, goes above and beyond when it comes to dealing with stillbirths. "Experiencing a stillbirth from a nurse's perspective is very stressful. We are heartbroken, but at the same time we still have to make sure we are following state and hospital policies and checking all the necessary boxes."

Denese Campbell, nurse manager for women and children, house supervisors and float pool, has worked with Gross over the last three years. "In a stillbirth situation, Talya works diligently to organize available resources for parents, to ensure that every stillborn baby is bathed and clothed, with its own swaddle blanket, and to make sure each one is treated with love and dignity."

Campbell continues, "Families spend months preparing for their newborn. It's difficult to imagine leaving the hospital without your newborn in your arms."

Recently, Gross began providing moms and dads with a bag with their child's name embroidered on it and weighted with sand to the exact weight of their baby at delivery as a way to help families honor and remember their baby. These bags are also designed to help bring comfort and healing.

Gross's compassion goes beyond helping families when a stillbirth occurs. "Even if Talya is not working when a fetal stillbirth occurs, she still makes herself available to the caregivers on the unit to help them navigate through the stressful time and to ensure that the nurses and the family have the resources needed to begin the healing process," Campbell says.

Ultimately, Gross wants to do everything she can to help bring comfort and support to parents and families who experience stillbirth. "I want to make sure that we do everything we can to preserve their child's memory."



Bass Baptist Health Center

## SITUATION UPDATE: COVID-19

COVID-19 Cases	455,986
New Cases	151
New Cases 7 day Average	157
Active Cases	1,338
CDC/NCHS Provisional Deaths	8,576
Acute Care OSDH Licensed Facilities/Location*	Recent 3 day Ave. Hospitalizations
	Cases (ICU)
Region 1 (NW)	0 (0)
Region 2 (NE)	9 (1)
Region 3 (SW)	9 (2)
Region 4 (EC)	7 (3)
Region 5 (SE)	0 (0)
Region 6 (Central)	4 (1)
Region 7 (Tulsa)	66 (28)
Region 8 (OKC)	31 (10)
Total	126 (45)
Other Types of Facilities	
Focus Facilities	4 (0)
Rehabilitation Facilities	0 (0)
Tribal Facilities	7 (2)
Other Facilities Total	11 (2)

Focus, Rehabilitation and Tribal Facilities numbers are not assigned to a specific region as their patient populations reside across the state. Information provided through survey of Oklahoma hospitals as reported to HHS as of the time of this report. Response rate affects data. Facilities may update previously reported information as necessary.

Data Source: Acute Disease Service, Oklahoma State Department of Health. \*As of 2021-06-21 at 7:00 a.m.





# PREPARE TO BE SURPRISED.

Meet the Maddox family. Their thirteen-year-old daughter, SaNiyah, has cerebral palsy and is confined to a wheelchair. SaNiyah's entire life – her happiness, her health, her every need – all depends on her family and help from the team at Special Care. But they also have two adorable young sons, demanding jobs and – on top of everything else – they foster an infant who needed a home, too. It's more than most of us could handle.

But here's the big surprise. The Maddoxes not only receive help from United Way agencies, they find room in a budget stretched to its limit and they give to the United Way. **Can you?**

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