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A career of choice

Employee health nurse makes life better



Jeanette Reiff, RN, employee health nurse for The Oklahoma Center for Orthopedics and Multispecialty Surgery, celebrates the 20th anniversary since the hospital opened.

story and photo by James Coburn, Staff Writer

The Oklahoma Center for Orthopedics and Multispecialty Surgery (OCOM) is celebrating its 20th anniversary. Jeanette Reiff, RN, has been OCOM's employee health nurse since the hospital opened. Hospital staff has been treated to several special events throughout the year from meals and giveaways.

"We did an 'unsung hero' this morning for one of our employees (Stephanie Campas) that goes above and beyond and doesn't get recognized

enough," Reiff said. "So, we gave her an award and took pictures of her. She's one of our dietary workers. Whatever we need — if we need her to help us with employee lunches or whatever's going on, she does a great job going around and talking to the patients, providing them with meals that meet their needs. And, she always has a great attitude."

See REIFF Page 2

ANA Apologizes for Racism, Past and Present

*Organization extends olive
branch to ethnic nurse
organizations, minority nurses*

by Sophie Putka, Enterprise & Investigative Writer, MedPage Today



On July 12, the American Nurses Association (ANA) released a formal apology to nurses of color for the organization's history of systemic racism.

"We apologize for the named and the unaccounted-for harms," its statement on "racial reckoning" read. "Our past actions have caused irreparable physiological, psychological and socioeconomic harm, not only to nurses of color but to all patients, families and communities that depend on ANA as the national leader of the nursing profession."

The statement is the start of what ANA leaders said is an ongoing effort to account for past and persisting racism, to seek forgiveness, and to reconcile with ethnic minority nurse associations like the National Black Nurses Association (NBNA) and National Association of Hispanic Nurses (NAHN) -- groups that had formed largely as a reaction to the ANA's historic exclusion.

It's the first step, ANA leadership said, in the organization's work toward a more equitable and inclusive organization.

"What we quickly came to realize as ANA is, our credibility in this space of addressing the bigger picture of racism in nursing, really could be called into question because of our past actions

See ANA Page 3

REIFF

Continued from Page 1

Reiff was recruited by OCOM to open the endoscopy department and has enjoyed working with many of the same people for the duration.

The state has immunization requirements for all new hospital employees. Reiff ensures they have their drug screenings and have all their immunizations including the flu. OCOM has had a COVID pod in the hospital since January 2021. Employees report to Reiff for Workers Compensation injuries. She deals with airborne pathogen exposures, but mainly it is bloodborne pathogens.

The state of Oklahoma requires hospitals to have an employee health nurse. So Reiff was recruited from her endoscopy role to bridge that gap. At that time, she had a steep learning curve to accomplish the task.

We had a consultant who was working with us at the time, and she got me in some classes with the health department," she explained.

She also attended some group meetings during lunch with occupational nurses discussing how they handled employee health at

their hospitals. She is grateful for the opportunity.

"When I first took it on, I was an endoscopy nurse, so I was doing endoscopy and employee health. And eventually the manager of the endoscopy department moved on, so they moved me up to manager. I was managing the endoscopy department and doing employee health."

Eventually she would work exclusively in employee health.

"I just stuck with it," she said.

Reiff has been a registered nurse since 2000, the year she graduated from Oklahoma City Community College. She began her nursing career on the cardiac floor of INTEGRIS Medical Center and the Jim Thorpe Rehabilitation Center, located in Oklahoma City. The cardiac floor at Integris and Jim Thorpe Rehab were two separate jobs.

She was a stay-at-home mom raising twins when she set her course on nursing. She needed to earn decent money if she worked part-time.

"We had a really bad car accident, and I wasn't sure how well my husband was going to be after they cut him out of that truck," Reiff

said.

She considered becoming a physical therapist when a friend encouraged her to join her in applying for nursing school.

"It's been a blessing," Reiff said. "It is rewarding to see so many people who come in hurting so badly and they're able to get joint replacements and feel so much better afterwards."

Certain moments of being a nurse make an indelible impression. Reiff recalled the early days of her career at Jim Thorpe. There was a young patient who had been in a four-wheeler accident and was paralyzed from the waist down. The same nurse had taken care of him every night but was away on vacation. Reiff filled-in his nurse for a couple of weeks while his nurse was gone.

"Everybody told me he was pretty difficult if he didn't have the nurse he was used to," Reiff said. "He wasn't cooperative with the other ones. And he was standoffish with me at first. Then I saw he was watching Crocodile Hunter and I said, 'Oh my twins love that show.' And he said, 'You have twins. My brother and sister are twins.'"

They discovered they had something in common. He stayed at the hospital longer than anticipated because his parents did not use the insurance money wisely, she continued.

"So, they didn't have all the requirements that he needed to go home in a wheelchair," Reiff said. "Making that connection with him — those patients that you see every night for months at a time — it was just great to see him improve, take care of himself and gain some confidence, and finally get to go home."

Reiff never thought of being a nurse as a child, but now she cannot picture her life without it.

"This has been a wonderful place to work. OCOM has given me opportunities that I probably would have never had if I had worked in a larger hospital," she said.

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ANA

Continued from Page 1

and history," Cheryl Peterson, MSN, RN, ANA's vice president of nursing programs, told MedPage Today.

For example, in 1919, the newly-renamed ANA switched from allowing nursing school alumnae group members into ANA to only allowing members of state and city-based nursing associations to join. The local associations began denying membership to Black nurses, effectively blocking their entry into the ANA. In 1948, the ANA changed their rules to allow other nurses, but states and districts didn't fully drop their discriminatory membership policies until the mid-1960s.

In another incident, the ANA president in 1939 invited then-president of the National Association of Colored Graduate Nurses (NACGN) to a meeting to discuss issues facing Black nurses. The hotel in New Orleans, however, wouldn't let the NACGN president enter unless she used the service

entrance and freight elevator. The ANA president declined to protest the racist policy, and though she offered to also use the service door in solidarity, she had "failed to step into a space of advocacy and support," the ANA acknowledged in its apology statement.

Another harmful ANA action was its endorsement of a position paper in 1965 that insisted nurses should have a baccalaureate degree at minimum, effectively excluding many nurses of color that had gone to the non-baccalaureate nursing schools that were accessible to them.

These choices by the ANA, along with others, have had cascading effects that prevented nurses of color from advancing as they might have otherwise in organization leadership and their own careers. Racism continues today, as a 2021 survey of 5,600 nurses revealed 63% experiencing racism at work -- mostly from coworkers and superiors.

Though many medical associations and professional groups

have released statements on health inequities, only a handful, including the American Medical Association and the American Academy of Pediatrics, have admitted their own roles in preventing the advancement of Black medical professionals.

ANA has been partnering with other nursing associations as part of the National Commission to Address Racism in Nursing. By starting with an apology and naming historic harms, Peterson said they could begin to build back the trust with other nursing groups to take on the larger issue of racism.

"We have the leadership from our ethnic and minority nurse organizations. We have individual nurses who contact us and we have the Commission, and we've put ourselves out there to say we want to do better and we will do better, and they will hold us accountable," she said.

According to her, doing better for the ANA includes plans to advocate for more representation and inclusion in textbooks, better reporting of race and ethnicity in

publications, and greater diversity within leadership structure, among other goals. The association will also try to reconcile with the ethnic minority nurse associations, carry out a diversity, equity, and inclusion "impact analysis," and create an oral history highlighting the contributions of nurses of color to ANA.

This story appeared in MedPage Today July 14, 2022 by Enterprise & Investigative Writer Sophie Putka.

Sophie Putka is an enterprise and investigative writer for MedPage Today. Her work has appeared in the Wall Street Journal, Discover, Business Insider, Inverse, Cannabis Wire, and more. She joined MedPage Today in August of 2021.

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csibleyinsures@gmail.com
BS Health Studies-Gerontology

Steven Sibley, RET/DAV
Life, Health, LTC, & Disability
405-850-1569
ssibleyinsures@gmail.com
MBA - Healthcare Administration



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CAREERS IN NURSING:

A HEART FOR NURSING: - ADON RISES TO THE TASK

by James Coburn - staff writer

Nursing is a legacy of love for Rachel Evans.

Eleven years ago, Evans was hired at Westhaven Nursing Home in Stillwater and found Westhaven to be a good company to work for. It's not uncommon for nurses to change their arena of employment. But she continues to work there out of a love for the residents she gets to know. Her flexibility in leadership roles has been an asset for her and those she serves.

"They grow their employees here. I started out as a CNA and then was a restorative aide, went to nursing school and worked as an LPN on the floor and was a skilled nurse."

Evans now serves as assistant director of nursing eight years after earning her LPN license. Her role as the assistant director of nursing lets her assist in managing the nursing staff, including lab work and overseeing the charge nurses.

Her expertise also focuses greatly on infection control.

Westhaven Nursing Home is licensed for 125 beds. The current census accommodates about 78 residents, she said.

Having been a CNA became a valuable asset to her nursing career, she said. She has learned something new with each experience of patient care. She is empathetic to the CNA's needs.

"They're your eyes. They see things sometimes that nurses sometimes would not see when we get in a hurry," Evans said. "Physically it's a tiring job, but you get to spend a lot of one-on-one time with the residents. You get to know them as a nurse, too. You get to form really close relationships with the residents. It's a family environment. The nurses have their hearts in it."

Nurses rise to their call of duty. They will sit and talk to residents

they notice are having a rough day, Evans said.

Sometimes a good listener is what the residents need. Somebody to sit down and talk to them is comforting, she said. Nurses are known for going above and beyond for the residents' needs in any way they can.

"My grandpa was a patient here a couple of years back on skilled nursing. We had one CNA who knew he was a big biscuit eater. She would go and make sure he had his extra biscuits in the morning. Sometimes she would even go and get him ice cream before work," said Evans, who described herself as a grandpa's girl. He had a stroke when she started CNA school fresh out of high school.

"I fell in love with geriatrics, and I think it all started with him," she said. "He was my best friend and he continued to get sicker, and I continued to take care of him, and

I just fell in love with it."

"So, my grandpa is why I started this journey in nursing," she said.

She developed a deep affinity with Westhaven from the day she was hired. The resident's told her the best stories about what life had meant to them.

Being a nurse in long-term care is one of the most rewarding careers. At the same time, it can be hard to endure at times. A lot of patients have made an enduring, heartfelt impression on Evans. She said nurses can become very attached to their patients as well as their family members.

There were many unknown variables when the COVID-19 pandemic hit for the first time in 2020.

"A lot of the residents were scared," she said. "I had one patient who looked at me. He was scared because he had just tested positive. I

See EVANS Page 5

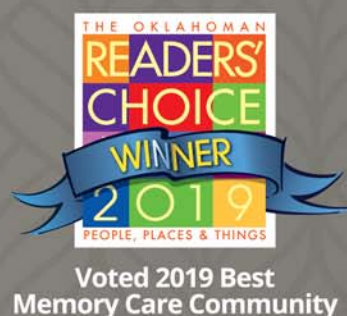


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EVANS

Continued from Page 4

reassured him that he was going to be okay and we were going to fight to make sure he got through this. We tried to help him focus on the positives," she explained. "He asked me what his outcomes were. I said I don't know, but when you can't fight, I'll fight for you. That was probably one of the most touching experiences I've had with a patient."

Being a nurse is like having an extended family, she said. Her caring heart serves to add comfort to life. She helps with their transition to a new environment away from the familiarity of home.

"I think a lot of it is getting to know them, what they used to do previously and more about their lives and things that they like," she said. "We talk to them and try to get their history and everything."

Residents become engaged in activities. Family members give a lot of input to the staff during care plan meetings.

For more information on Westhaven Nursing Home visit: <https://www.westhavenstillwater.com/>



Rachel Evans, LPN, ADON blends her nursing skills with compassionate care at Westhaven Nursing Home, located in Stillwater.

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\$7,500 DAYS - \$10,000 NIGHTS SIGNING BONUS
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- RN Circulator – PRN

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Integris make practice transition easier

Without a doubt, the first year of a nurse's career can be one of the most stressful.

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Integris Health realizes that first-year may be difficult. That's why there's a nationally-accredited Nurse Residency Program in place to not only ease the transition to practice but to help you thrive.

"We try to help them recognize they aren't going to know everything right out of school and that's OK," said Sandy Hill, MSN, RN, NPD and Integris manager for Transition to Practice. "We're going to help them get there. We also help them learn about their specialty or population-

specific patients they are caring for because in some settings they don't get a lot of experience in specialty areas during school."

Transitioning to RN practice can be difficult and evidence supports Nurse Residency programs increase retention and job satisfaction among newly graduated RNs.

That's why Integris Health hosts a year-long Nurse Residency Program for RN graduates and those with less than six months of licensure as an RN.

The Nurse Residency Program is an expanded orientation designed to help the new RN graduate make a smooth transition from student to a professional member of a healthcare team. This program is designed to help nurses more fully contribute



Recently the Integris Health Nurse Residency Program was awarded Accreditation with Distinction as a Practice Transition Accreditation Program (PTAP) by the American Nurses Credentialing Center (ANCC). Left to Right: Kerri Bayer, MSN, RN-CNL Chief Executive Nurse INTEGRIS Health; Sandy Hill, MSN, RN, NPD, Manager, Transition to Practice; Lisa Benfield, MSN, RN, NPD Supervisor, Transition to Practice.

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to delivering the Most Challenging Healing.

"There are other people like you in the same situation and there are resources we can direct you to if you are starting to feel overwhelmed or uncertain," Hill said. "The nurse residency does focus not only on the skills but also on that emotional and wellbeing journey in what I consider probably the hardest year of your nursing career."

Hill has been with the nurse residency program since 2007, giving Integris the distinction of having one of the longest-running residency programs in the state.

"I think we're doing a good job with that," Hill said. "I think we really are helping them learn the practice of nursing not just the tasks of nursing. We can see that

our retention has improved because they are feeling more comfortable in their role.

"I think it has helped with retention in the profession and in our facility."

Recently the Integris Health Nurse Residency Program was awarded Accreditation with Distinction as a Practice Transition Accreditation Program (PTAP) by the American Nurses Credentialing Center (ANCC). The distinction is the highest recognition awarded by the ANCC's Accreditation Program.

With the ongoing Covid pandemic, nurses entering the profession are faced with obstacles many of their predecessors never had to face. That's why special importance is placed on taking care

Continued on next page

Masonic Charity Foundation of Ok Donates \$1 Million to Love Family Women's Center Project at Mercy



Love Family Womens Center - View looking South from Existing Parking

The Masonic Charity Foundation of Oklahoma has made a \$1 million donation to Mercy Health Foundation in support of the new Love Family Women's Center under construction on the campus of Mercy Hospital Oklahoma City.

"We know the new Love Family Women's Center will be a great asset to the state," said Neil Stitt, board president of the Masonic Charity Foundation. "Many rural Oklahomans are without access to family planning and much-needed prenatal care. The new women's center will be a great place for moms and families to come and receive the best care."

When construction is complete in fall 2023, Mercy will have a total of 73 patient rooms to serve women in the new center, increasing the capacity for deliveries by 40%.

Mercy coworkers and donors recently celebrated a construction milestone on campus as crews

installed the first horizontal steel beam at the site. That beam was the beginning of an elevator that will allow families of newborns needing a higher level of care direct access from the women's center to the existing fifth-floor neonatal intensive care unit in the hospital.

"We are so grateful for the Masonic Charity Foundation of Oklahoma for their incredibly generous gift which will allow us to provide innovative new services and introduce a new gold standard of care for women and families across the state of Oklahoma," said Lori Cummins, vice president of development at Mercy Health Foundation in Oklahoma.

The existing Mercy BirthPlace is original to the hospital, which was built in the 1970s and

designed to handle around 3,000 births per year. More than 4,000 babies were delivered in the space last year.

The Love Family Women's Center will be a 175,000-square-foot, four-story building featuring an obstetrics emergency department staffed by obstetricians, the state's first hospital-based low intervention birthing unit staffed by certified midwives, C-section suites, birthing units, postpartum rooms, a dedicated area for women recovering from surgeries and outpatient therapy services.

For more information visit: <https://www.mercy.net/>



RETURN

Continued from Page 10

of the whole nurse.

"The wellbeing and resiliency portion of what we try to encourage and try to provide resources for has increased during Covid," Hill said. "We also have in place some nurses where transition to practice is their title and those nurses are specifically for those new grads right after they come off orientation with their preceptor... to help continue to support them."

"We've seen that really blossom and take off as a much-needed and appreciated role."

Hill said the transition-to-practice nurses are available to round on their new nurses and provide an extra set of eyes or simply serve as a sounding board for what the new employee is going through.

And to help make that first year as easy as possible.

For more information visit: <https://integrisok.com/careers>

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West Point cadet to apply OMRF experience to medical career

Liam Sasser was no stranger to research when he arrived at the Oklahoma Medical Research Foundation last month for the John H. Saxon Service Academy Summer Research Program.

The West Point cadet studies Alzheimer's and other neurodegenerative diseases during the academic year. However, Sasser said he was humbled and a bit overwhelmed in the lab of OMRF scientist Sathish Srinivasan, Ph.D., who focuses on the lymphatic system.

Lymphatic vessels transport blood, oxygen and nutrients throughout the body. When they stop functioning properly, fluid buildup results in a chronic and potentially life-threatening condition called lymphedema. Srinivasan's lab is working to understand the mechanisms that promote the healthy growth of lymphatic vessels to combat lymphedema.

"The breadth of this field surprised me," Sasser said. "I was surprised at how unexplored it is and how much this work this lab is producing to improve the understanding of lymphatics."

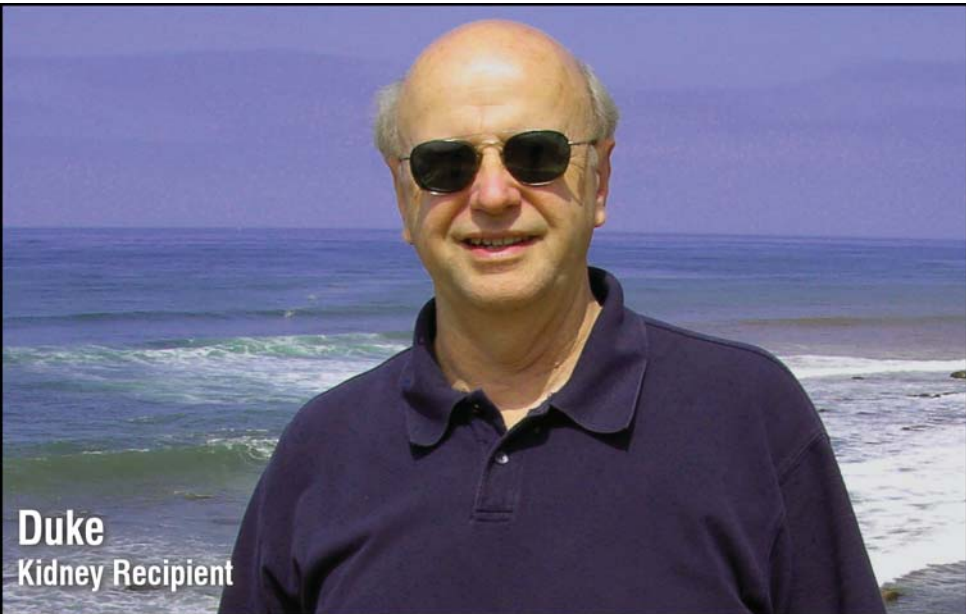
OMRF's Saxon program compresses an intensive summer internship into three to four weeks, culminating in a presentation of their research. John Saxon III, M.D., a Muskogee physician and OMRF board member since 2000, established the program to honor his father, a West Point graduate who was a career Air Force pilot and taught at the U.S. Air Force Academy.

"Some people may not think of basic science and the military as linked," said Saxon. "But I thought that I could use OMRF's work as an opportunity to stimulate some basic bench science interest with cadets at service academies."

Now in its 12th year, the



Oklahoma Medical Research Foundation scientist Benjamin Miller, Ph.D.



program has hosted 37 cadets since its inception. In addition to Sasser, a life science major from Cape Carteret, North Carolina, this summer's students include Naval Academy Midshipmen Alexandra Foreman of Denver and Zoe Scooter of Boulder, Colorado, and Air Force Academy Cadet Philip Golder of Greenwood, Indiana.

Srinivasan, Sasser's mentor, welcomed the opportunity to host his second Saxon student. "They are so focused, disciplined, respectful and so motivated," he said, "and they bring such a positive aura that it bleeds over into the rest of the lab."

After leaving OMRF, Sasser returned to campus to serve as a basic training platoon leader for new cadets before starting his senior year. With medical school in his sights, Sasser also departed OMRF with some essential experimental techniques.

"They apply these techniques to so many problems, and once I've mastered them, I can apply them to a variety of problems in my own research," Sasser said. "This experience has been amazing."

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Imagine, 30 years old, beautiful wife, one child, another on the way, a great job and you go to the doctor and he says "This is the day you start dialysis, we have a chair ready for you." Dialysis...possibly for the rest of your life. I couldn't start that day, I had to go home and refocus on this long journey of dialysis three times a week. The next day I started and was a dialysis patient for six years. I continued to work for several years and shortly after starting dialysis our second son was born. Our kids only knew a dad that was on dialysis three times a week, until I received a kidney transplant.

changed. It's hard to imagine what my family's life would have been like without it. Imagine the difference you could make as an organ donor!

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Thanks to the family of an accident victim, I received a kidney transplant in 1986. It's been over 27 years since my life was



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Increasing Nursing Home Staffing Minimums Estimated at \$10 Billion Annually

Unfunded Staffing Mandate Could Displace 18 Percent of Nursing Home Residents

The American Health Care Association (AHCA), representing more than 14,000 nursing homes and other long term care facilities across the country, released a new report from accounting and consulting firm CLA (CliftonLarsonAllen LLP), which found that increasing staffing minimums at the federal level will require billions of dollars each year to hire tens of thousands of more caregivers. CLA estimated the impact of implementing a staffing minimum of 4.1 hours per resident day (HPRD) and concluded:

- 94 percent of nursing homes that care for more than 900,000 residents would need to increase staffing levels in order to be in compliance with such a requirement.

- It would cost \$10 billion a year and require hiring more than 187,000 nurses and nurse aides to meet the standard.

- 18 percent of residents, or more than 205,000 residents, may be at risk of displacement as facilities are forced to potentially reduce their census in order to meet the higher staffing standard.

"This report makes it crystal clear that increasing staffing standards in nursing homes requires substantial and consistent government resources. Even then, nursing homes would have the impossible task of finding another 187,000 nurses at a time when vacant positions sit open without applicants for months on end. The unintended consequences of this sort of unfunded mandate would be devastating to hundreds of thousands of vulnerable residents who could be forced out of their nursing home," said Mark Parkinson, president & CEO of AHCA.

The CLA report models three different minimum staffing



requirement scenarios to estimate the additional staff necessary as well as the costs associated. The 4.1 HPRD model (Scenario 1) is frequently referenced by industry stakeholders due to a 2001 study evaluating staffing levels in nursing homes.

"Every staffing minimum scenario we analyzed found that tens of thousands of additional full-time employees as well as billions of dollars each year would be necessary in order for nursing homes to be in compliance," said Deb Emerson, Principal at CLA. "Many facilities will have to make difficult decisions, such as reducing census, to meet the proposed staffing minimums."

The Biden Administration has proposed establishing a minimum nursing home staffing requirement without corresponding resources despite the industry already facing a historic staffing crisis due to the pandemic and a nationwide nursing shortage. Over the course of the pandemic, nursing homes have disproportionately lost more workers than any other health care sector—over 200,000. As a result, more than 6 in 10 nursing homes say they must limit new patient admissions, and nearly three-quarters are concerned their facility may have to close entirely due to staffing shortages.

"Every nursing home wants to hire and develop more caregivers, but they can't do it alone. An enforcement approach will not solve this long term care labor crisis. We urge the Administration and Congress to put forth meaningful aid and policies that will help us recruit and retain the dedicated caregivers our nation's seniors deserve," said Holly Harmon, RN, AHCA's senior vice president of quality, regulatory and clinical services.

AHCA has been calling on state and federal policymakers to

help address the labor shortage by directing resources to long term care, so nursing homes can offer more competitive wages and benefits to frontline caregivers, as well as establishing policies that will help nursing homes recruit and retain caregivers. The comprehensive approach can be found in AHCA's Care For Our Seniors Act and includes proposals such as loan forgiveness, tax credits, affordable housing, childcare assistance, and immigration reform. View the report here: <https://www.ahcancal.org/News-and-Communications/Fact-Sheets/FactSheets/CLA-Staffing-Mandate-Analysis.pdf>



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CDC & ACIP Approve Novavax COVID-19 Vaccine Under Emergency Use Authorization (EUA)



This week, the Centers for Disease Control and Prevention (CDC) endorsed the Advisory Committee on Immunization Practices' (ACIP) recommendation of the Novavax COVID-19 vaccine for primary series vaccination in adults ages 18 and older.

Novavax is a two-dose, protein-based COVID-19 vaccine, adding another option to the Pfizer and Moderna mRNA vaccines and the Johnson & Johnson viral-vector vaccine.

"Protein subunit vaccines contain harmless pieces (proteins) of the COVID-19 virus alongside another ingredient, called an adjuvant, that helps the immune system respond to the virus in the future, if exposed," said Dr. Gitanjali Pai, OSDH Chief Medical Officer.

Protein-based vaccines have been used in the United States for more than 30 years, beginning with the first licensed hepatitis B vaccine. Other familiar vaccines used in the U.S. created with the same science include those that protect against influenza and whooping cough.

In Oklahoma, the Novavax vaccine will be available for individuals in early August.

"We know the COVID-19 vaccine is the best way to protect against severe disease, hospitalization or death from COVID-19," said Keith Reed, Commissioner of Health. "We encourage individuals who are interested in this new vaccine reach out to their healthcare provider with any questions."

Other COVID-19 vaccines already on the market are readily available at a variety of providers in every county. Vaccine appointments can be found at <https://vaccinate.oklahoma.gov/en-US/>.

The Oklahoma State Department of Health (OSDH) protects and improves public health through its system of local health services and strategies focused on preventing disease. OSDH provides technical support and guidance to 68 county health departments in Oklahoma, as well as guidance and consultation to the two independent city-county health departments in Oklahoma City and Tulsa. Learn more at [Oklahoma.gov/health](https://www.okcnursingtimes.com).

Situation Update: COVID-19

New Cases 7 Day Average	1,366
New Cases Week of 7/10/22 - 7/16/22	9,561
Active Cases	18,740
Total Cases	1,104,118
CDC/NCHS Provisional Deaths	16,216
Acute Care OSDH Licensed Facilities/Location**	Recent 3 day Ave. Hospitalizations
	Cases (ICU)
Region 1 (NW)	9 (1)
Region 2 (NE)	22 (1)
Region 3 (SW)	21 (0)
Region 4 (EC)	16 (8)
Region 5 (SE)	16 (3)
Region 6 (Central)	24 (3)
Region 7 (Tulsa)	93 (40)
Region 8 (OKC)	107 (11)
Total	308* (67)
Other Types of Facilities	
Focus Facilities	16 (2)
Rehabilitation Facilities	0 (0)
Tribal Facilities	2 (1)
Other Facilities Total	18 (3)

*Includes 35 hospitalizations in pediatric beds.

**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 2022-07-21 at 7:00 a.m.

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