



Lena Maxwell, RN, says nursing offers diverse career choices. She loves the patient centered approach to nursing at NW Surgical Hospital where she serves as director of nursing.

Story and photo by James Coburn, Staff Writer

Lena Maxwell's career in nursing entered a new role when becoming director of nursing for the med/surg unit of the emergency department at NW Surgical Hospital in Oklahoma City.

"It's a breath of fresh air," she said of her

new challenge. "It's a smaller hospital which is so wonderful because there is a feeling of community. Everybody is a helping hand."

Northwest Surgical Hospital is a nine bed, physician-owned hospital that offers pain

management and surgeries involving orthopedics, plastic surgery, otolaryngology, endoscopic, spine and general surgery. About 40 nurses comprise the staff.

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MAXWELL

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Maxwell comes from a perioperative (surgical services) line of nursing with 16 years at INTEGRIS Baptist Medical Center in Oklahoma City. She began as a circulating nurse at INTEGRIS before moving into a leadership role there.

With nearly 17 years of nursing experience, she earned her associates degree at OSU/OKC before receiving a Bachelor of Science in Nursing at the OU College of Nursing, and her master's degree at Oklahoma Christian University in Edmond.

As a child she wanted to become a teacher or a nurse. She loved small children,

"I quickly realized that pediatrics in nursing is too difficult for me. It was so hard because I want to fix everything and I can't," she said.

So, she embraces her ability to care for someone when they can't. She is there for a person needing a knee replacement. After surgery and they return home, the patient will usually come back in six weeks. She feels joy in seeing them walking again and returning to an active lifestyle.

"It's a miracle. It's really cool what we do every day," Maxwell

said.

She found that everybody at NW Surgical Hospital works together as close-knit professionals, including the physicians and technical staff. Maxwell said she cannot name one soul who is not kind with a smile on their face. She admires the nursing staff's continued focus on their patients.

"They are patient-driven and goal oriented," she said.

A nurse must have the No. 1 quality of compassion to work effectively at NW Surgical Hospital. Empathy goes a long way. They have the ability to care for others, and be able to look and recognize pain, she continued.

"You have to listen and have direct eye contact. Sometimes you don't need to talk, it's just your presence of having a body there and someone able to talk to you," she said. "For others, they want to talk. That's what we do — it's all about the patient."

The patients keep her motivated. One of the pivotal moments of her nursing career was a kidney transplant on a younger child at INTEGRIS.

"We gave life again to this sweet little boy. It's a miracle every day," she explained. "Honestly, I come here at Northwest Surgical Hospital

not only to be there for our patients, but for our staff and our caregivers as well because you don't know what they're needing or what they're going through at home. They may be the next ones on the table."

She thinks about the shortage of nurses across the country when nursing is such an admired profession. Maxwell said people want to help. But said nurses and firefighters have something in common. There is risk, long hours and hard work.

"But it's all about the drive. It's what you want to do. I think you truly have to have a passion for it," she added. "It's not something that typically anyone just falls into. I think the love for others supersedes our love for ourselves. We just want to help other people and that's a drive for me. And I think that if anyone feels that they ever have an urge to help others but don't know how to do it, nursing is so neat because it's not just one niche."

She said nurses have many pathways of self-fulfillment. There are many caveats for nurses to explore without leaving their profession, she said. Maxwell is at a point in her career where she doesn't have to go back to school if she were to hypothetically become an oncology nurse.

"You apply for an oncology position and then you learn from other nurses training you," she said. "I think that's really neat because you can find what your true love and joy is in nursing without ever leaving the profession," she said.

The hospital invests in learning. A lot of shared governance wisdom trickles to leadership and is generated into best practices regulations among the caregivers.

Nurses are caregivers to themselves and their families. Maxwell and her husband have two boys who are active in sports.

"It's a lot of soccer, baseball and football," she said. "It's being together and what I do personally is I like to read."

For more information about NW Surgical Hospital in Oklahoma City, visit: <https://www.hpillc.org/careers>



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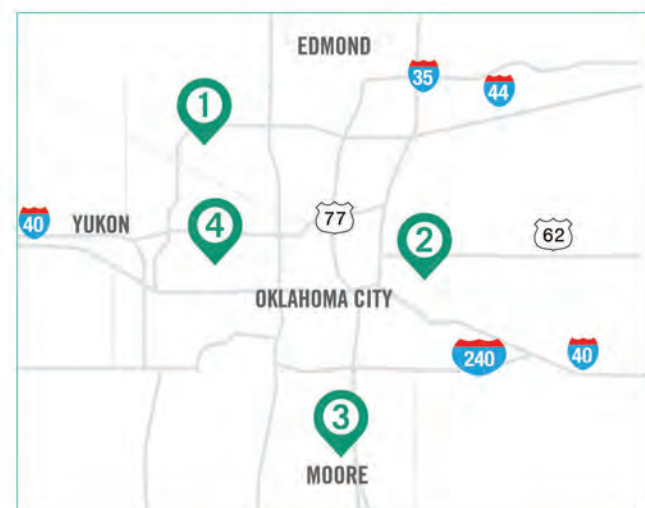
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The End of the Public Health Emergency and What this Means for Nurses

by Jonah Mainzer

The COVID-19 Public Health Emergency (PHE) that was declared in March 2020 is set to end on May 11, 2023, as the President has announced there will be no more extensions to the PHE. After three years of regulatory flexibility in many areas of healthcare delivery, implications of the PHE unwinding for patients, nurses, and communities will be significant. Because of specific Congressional action many of the telehealth flexibilities authorized under the PHE will continue through the end of 2024. Much of Medicare is in statute, and as a result the Administration has limited authority to expand telehealth absent Congressional action. Congress has extended the telehealth flexibility through the end of 2024, but it is unclear if it will be extended further or made permanent. Additionally, CMS is ending the requirement that the supervising clinician be immediately available at the end of the calendar year where the PHE ends. That means that this

will end on December 31 of this year.

ANA has worked with the Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS) on making waivers permanent, but CMS believes that they do not have the authority to make any additional waivers permanent. As a result, in order for these waivers to continue, Congress must act and pass legislation making these waivers permanent.

There are a number of waivers that ANA would like to become permanent. Some of these waivers had previously expired, but ANA is still advocating to change the law and make them permanently part of the Medicare program. The main waivers are:

Physician Services. 42 CFR §482.12(c)(1)–(2) and §482.12(c)(4): Waiving requirements that Medicare patients admitted to a hospital be under the care of a physician,

allowing APRNs to practice to the top of their licensure, while authorizing hospitals to optimize their workforce strategies.

Physician Visits. 42 CFR 483.30(c)(3): Allowing nurse practitioners (NPs) and clinical nurse specialists (CNS) to perform all mandatory visits in a skilled nursing facility (SNF) has enabled practices and SNFs to maximize their workforce.

Physician Delegation of Tasks in SNFs. 42 CFR 483.30(e)(4): Allowing APRNs to practice to the top of their licensure ensures, especially during this PHE, that patients continue to receive immediate access to high quality healthcare.

Responsibilities of Physicians in Critical Access Hospitals (CAHs). 42 CFR § 485.631(b)(2): Making the physician physical presence waiver permanent allows certain APRNs in CAHs to practice to the full extent of their education and clinical training and enables the entire health care team to practice to its fullest capacity

in provider shortage areas.

Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs): Physician Supervision of NPs in RHCs and FQHCs. 42 CFR 491.8(b)(1): Waiving the physician supervision of NPs in RHCs and FQHCs has provided workforce flexibility in rural and underserved communities where provider shortages have increased the most.

Anesthesia Services. 42 CFR §482.52(a)(5), §485.639(c) (2), and §416.42 (b)(2): Allowing certified registered nurse anesthetists (CRNA), in accordance with a state emergency plan, to practice to the full extent of their license by permanently extending the CMS waiver removing physician supervision as a Condition of Participation.

The end of the PHE will also have an effect on the Medicaid program. During the PHE, Medicaid enrollees automatically stayed enrolled

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Nursing Homes and Facilities for People with Intellectual Disabilities Face Steep Funding Cuts

The COVID-19 Public Health Emergency (PHE) recently ended, May 11, leaving Oklahoma nursing homes and facilities that care for the intellectually disabled facing a steep funding cliff unless lawmakers are able to provide additional financial aid. The ongoing PHE allows nursing homes to tap federal supplemental funds of approximately \$36 a day per Medicaid resident, helping facilities deal with the skyrocketing costs of equipment and labor during the pandemic. Those funds will be paid out by the Oklahoma Health Care Authority (OHCA) through June 30, 2023, but will be unavailable after that.

Unfortunately, financial analysis shows that the supplemental payments still fell short of the cost of care.

Beginning July 1, the OHCA projects that the cost of treating a typical Medicaid resident in a skilled nursing facility will be \$246 a day. Without the federal PHE funding, however, skilled nursing facilities will now receive only \$189 per resident per day, a \$57 gap. Similarly, facilities for people with intellectual disabilities will be paid less than their reported costs.

Care Providers Oklahoma President and CEO Steven Buck says the current funding situation is

untenable and is asking lawmakers to include funding to save nursing homes in the budget they are currently crafting.

"The cost of labor in the skilled nursing profession has risen astronomically in the last two years," said Buck. "We've already seen facilities unable to keep up with skyrocketing costs that have been forced to close. Now, on top of all those challenges, we are about to experience what amounts to a practical funding cut of almost 20 percent beginning July 1. That is just not something our facilities can sustain. We have got to get funding levels up to the point where they are at least covering the cost of care. If we cannot, there will be mass closures."

Buck said nursing home closures are traumatic for communities, families and vulnerable Oklahomans.

"Every time one of these facilities closes, especially in a rural area, you are losing one of the biggest employers in town. Second, you are forcing a family to find another option for a vulnerable loved one, and perhaps moving Grandma or Grandpa to a facility that isn't



Care Providers Oklahoma President and CEO Steven Buck.

ideal or is much farther away. Lastly, you are telling a resident that they can no longer live in their home. We don't want to experience this kind of trauma across the state. Oklahomans are counting on their lawmakers to come through for them by passing a budget that adequately funds care for nursing home residents and Oklahomans with intellectual disabilities."



COVID

Continued from Page 4

in Medicaid and did not have to constantly keep proving eligibility. The end of the PHE will end this automatic enrollment and will require enrollees to prove eligibility. Additionally, the federal government had offered an additional 6.2% match for states who met maintenance of effort criteria during the PHE. This additional match will be slowly wound down through 2023 and the federal match will be returned to what it had been prior to the PHE in January 2024.

The end of the PHE could also lead to the resumption of student loan payments that were deferred due to the pandemic. Nursing school is

expensive and as a result roughly 1/3 of nursing students take out federal student loans to help pay for school. However, the Administration's superseding debt forgiveness program is still pending in the courts. Oral arguments on the program were argued before the Supreme Court on February 28, and a decision is expected this Term. So, there is some ambiguity as to when payments will be required to resume. The original date for resumption of payments is June 30 and that is still likely to continue, but if the Supreme Court issues a decision before the end of April that date would change. The Administration has stated that payments will resume either sixty days after the Supreme Court renders an opinion or June 30, whichever comes first.

For additional resources about the end of the PHE, you can visit the websites below:

<https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf>

<https://www.hhs.gov/about/news/2023/02/09/fact-sheet-covid-19-public-health-emergency-transition-roadmap.html>



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Gov. Kevin Stitt Issues Proclamation Declaring May 14-20 Skilled Nursing Care Week

Governor Kevin Stitt has [issued a proclamation](#) declaring this week "Skilled Nursing Care Week in Oklahoma." The proclamation is timed to coincide with National Skilled Nursing Care Week, a celebration launched by the American Health Care Association in 1967 to celebrate the essential role that skilled nursing care centers play in providing high quality care to millions of America's seniors and individuals with disabilities.

Stitt's proclamation notes that "Oklahoma's skilled nursing care professionals are a critical part of our healthcare system, providing compassionate care to our most vulnerable populations, helping them to maintain their health, independence, and dignity. Oklahoma's skilled nursing care professionals have gone above and beyond during the COVID-19 pandemic, risking their own health and safety to care for others, and

have demonstrated an unwavering commitment to the well-being of their patients."

Care Providers Oklahoma President and CEO Steven Buck thanked Gov. Stitt for the proclamation and for the recognition of the work being done by Oklahoma's thousands of skilled nursing employees.

"Anyone who has ever walked the hall of a nursing home or a facility for people with intellectual disabilities knows the staff there aren't just clocking-in and clocking-out," said Buck. "Our staff become family members to our residents. They care deeply about their quality-of-life and happiness, and they put their hearts and souls into their caretaker role. It's nice to see our governor recognize that effort and the important role it plays in allowing vulnerable Oklahomans to live in comfort and dignity."

Previously the Oklahoma Association of Health Care Providers (OAHCP), Care Providers Oklahoma represents the interests of more than 18,000 residents and 19,000 professionals that work in Oklahoma's long-term care facilities, including nursing homes, assisted living homes and intermediate care facilities for individuals with intellectual disabilities. Care Providers Oklahoma's mission is to assist its members in providing the highest quality care to the seniors, individuals with disabilities and vulnerable Oklahomans who live in our facilities. We advocate for the enhancement of that care so that Oklahoma long-term care residents may live in the comfort and dignity they deserve. [Learn more here.](#)



Governor Kevin Stitt declares this week "Skilled Nursing Care Week in Oklahoma."

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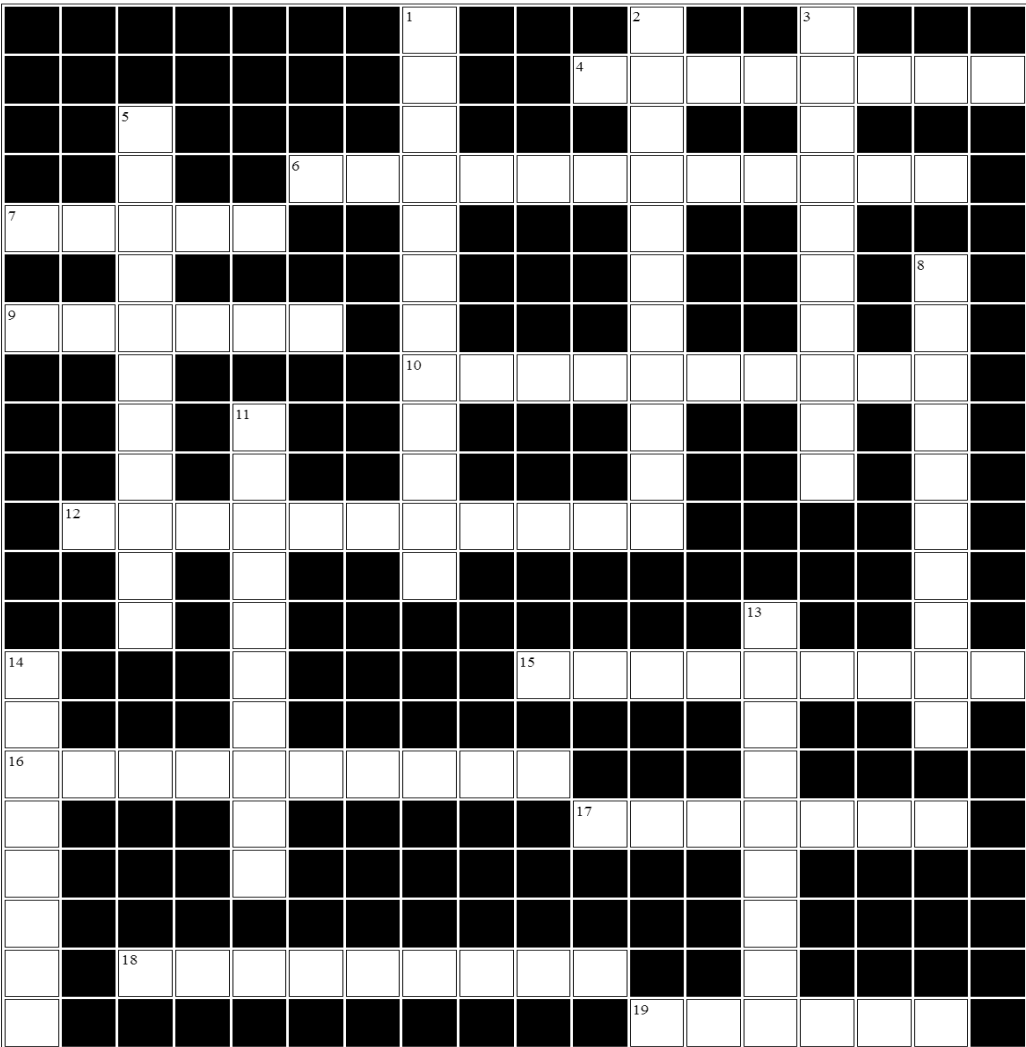
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Celebrating mothers of science

Each of the millions of data points gathered by scientists at the Oklahoma Medical Research Foundation annually is more meaningful to discoveries than ever before, thanks in part to the pioneering work of one mother nearly 60 years ago.

In 1965, chemist and mother of two Margaret Dayhoff, Ph.D., published a book containing all 65 then-known protein sequences in human biology. Proteins are the product of DNA molecules combining in a series of amino acids that keep the body running smoothly. The order – or sequence – of those amino acids determines a protein's function.

Dayhoff applied innovative computer technologies to assemble the book and set in motion the birth of bioinformatics, which uses computer technology to collect, store, analyze and share biological data. The work earned Dayhoff the moniker the "Mother of Bioinformatics." Current databases evolved from her concepts hold hundreds of thousands of protein sequences.

"It's like the Google of science," said OMRF genetics researcher Courtney Montgomery, Ph.D. "We collect data, then we make connections and share it with the scientific community so others can find more."

In April, Montgomery was named founding director of OMRF's Center for Biomedical Data Sciences. Her experience with bioinformatics dates to the '90s, and today, she applies that data science to the study of sarcoidosis, an inflammatory disease in which the immune system overreacts, causing clusters of inflamed tissue to form in different organs.

As a pioneering woman in her field, Montgomery said she felt an "automatic kindred connection" with Dayhoff.

Dayhoff began computing small data sets on punch-card machines before



Margaret Dayhoff, Ph.D./
Photo courtesy National
Library of Medicine

digital computers were commonly available.

"We've had to broaden the scope since those days, but the fundamental mathematical concepts are the same," said Montgomery.

Where data was once isolated to a single lab, Dayhoff's innovations with early computer algorithms made it possible to create a "data ecosystem" with a goal of understanding how each finding fits into the larger world, said Montgomery.

"Recognizing 'mothers' of scientific fields provides honesty to the history of science," said Courtney Griffin, Ph.D., OMRF's vice president of research. "It also serves as an important source of inspiration for aspiring female scientists, who need to know that the path before them is not impossible or untrodden."

Montgomery and Griffin have something in common with Dayhoff beyond science – both are mothers outside the lab.

"We juggle many projects at a time in data sciences," Montgomery said, "but mothers are used to managing personalities, relationships, practices, activities and more, so we have the skillset already."

Griffin's experience of motherhood has also provided training for her scientific career, she said. "It's taught me to be organized, efficient, and resilient in my own efforts and to be a cheerleader for others throughout the ups and downs of research."



Foundation scientist
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Engaging Nurses in advocacy, advancement, and education – ONA's New Mission Statement

By Jane Nelson, CAE

Happy Nurses Month!

Nurses in Oklahoma are working together to innovate and solve nursing practice and education issues. While there are many circumstances beyond our control, there are so many great resources available in your community, your organization, or your unit. We need to celebrate these achievements all year long not just during Nurses Month! Let's tell Oklahomans that YOU make a difference and rise above all the other clutter. This compassion and thoughtful care for ourselves and our communities are what separates nurses from most and why we are the most respected profession!

The ONA Board has been working on its Strategic Plan for the last couple of months. It is important to them that this plan engages nurses to advance and transform the practice of nursing as well as promote professional

success. During this process, it was important to the Board to make sure ONA was engaged in work that would impact, support, and uplift nurses. To accomplish this work, they completed an environmental scan including past ONA accomplishments, trends in nursing, personal experiences, survey data from the ANF COVID Workforce Assessment Survey, the Conversation Outcomes from the ONA House of Delegates as well as ANA's Strategic Plan.

Outcomes from the board's strategic planning session include a new mission statement: Engaging Nurses in advocacy, advancement, and education, and a new vision statement: Improving the health of Oklahomans through advancing professional nursing practice. ONA's Strategic goals include: Advance the Profession; Transform the Practice of Nursing; and, Promote the Professional Success of Nurses. Our infographic for this is below. Beyond these goals are the objectives and key results which are available [here](#) on the ONA website. To see the complete 2023-2025 ONA Strategic Plan, [click here](#)

We need your support and engagement as it will take all of us to work together to be successful. Member engagement is key in accomplishing this work. Let us know how you want to become more involved. We are working to develop our committees such as education, convention, etc. Want to be involved? Email me at jnelson@oklahomanurses.org and I will get you engaged. Submitting your Consent to Serve on the ONA Board of Directors and the Nominating Committee is one way to start. Throughout this newsletter are opportunities to be more involved, such as submitting an abstract for presentation or a poster at the ONA convention, serving on



Jane Nelson, CAE, ONA CEO.

the ONA Board, or nominating a colleague for an award. Not an ONA member? That is easy to fix. [Join here](#), and start to get engaged now!

Former CEO of National Health System Shares 5 'End-of-Life Care' Revelations Everyone Should Know

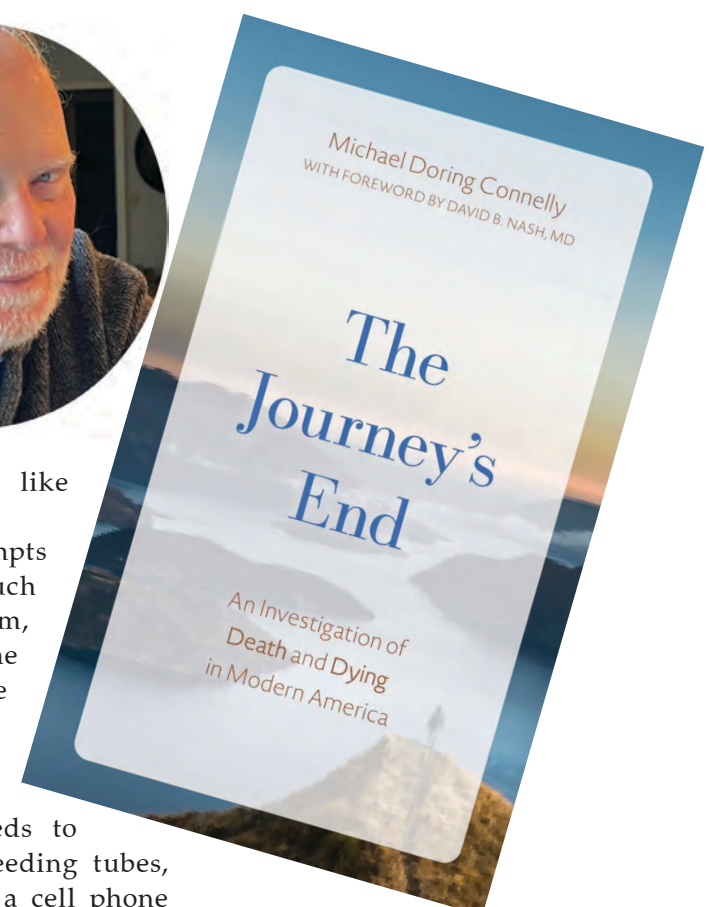
Michael Doring Connelly, a 40-plus-year healthcare veteran and former CEO of Mercy Health, details how senior citizens (and people with terminal diagnoses) can have more control and dignity in the final phases of their lives in his new book, *The Journey's End: An Investigation into Death and Dying in Modern America* (Rowman & Littlefield; April 2023; ISBN: 9781538175491; Hardcover). In an interview, Connelly can detail how to change the standard approach to end-of-life care and the practical benefits of facing death as a reality rather than trying to medicalize it.

The author claims that when the system stops fighting death with invasive procedures and prescription drugs, dying becomes a shared, caring family experience rather than a cold, clinical and medical ordeal. Emphasizing the importance of knowledge and communication, *The Journey's End*

aims to raise awareness of the key issues driving the dysfunction of U.S. healthcare, with attention to how the elderly bear the brunt, while encouraging people to develop "death literacy."

In the book, readers will learn the following five tips and more:

- Many older patients are not getting what they want in respect to end-of-life care. Instead, they are receiving invasive — and unproductive — treatments in the last months of their lives.
- Elder patients should have palliative care consults before aggressive end-of-life treatments like chemotherapy, dialysis, surgery or a visit to the ICU.
- Why health policies routinely pay for futile attempts to avoid death but refuse to cover effective, needed and much less expensive social support services — and steps for reform, including eliminating prescription drug ads targeting the elderly that offer false hope for cures and taxing healthcare benefits to decrease demand for high-cost treatments.
- Everyone deserves to die with dignity and around their loved ones. Why everyone in the ranks of senior citizens and anyone grappling with a grave disease needs to clearly express their wishes for dying — with details on feeding tubes, ventilators and more — and document their preferences in a cell phone video, if not an official advance directive.



Continued on next page

BOOK

Continued from Page 12

Michael Doring Connelly served as CEO of Mercy Health, one of the nation's largest health systems, from 1994 to 2017. He previously served as an executive with the Daughters of Charity National Health System (now the Ascension

Health System) and has experience with healthcare systems in Germany, the United Kingdom, Denmark, Sweden and Spain. He has published numerous articles in various healthcare journals and served as the chair of prominent organizations, including Catholic Charities USA. He lives on Johns Island, South Carolina.

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Hello! I am a RN in Oklahoma who is offering tutoring services to nursing students needing exam/NCLEX prep, and RNs taking specialty certifications such as the CCRN, PCCN, CMC, CSC, etc. I have nearly 6 years nursing experience in cardiac ICU and electrophysiology, and I have personally received the CCRN, CMC, CSC certifications. I look forward to helping others achieve their personal goals.

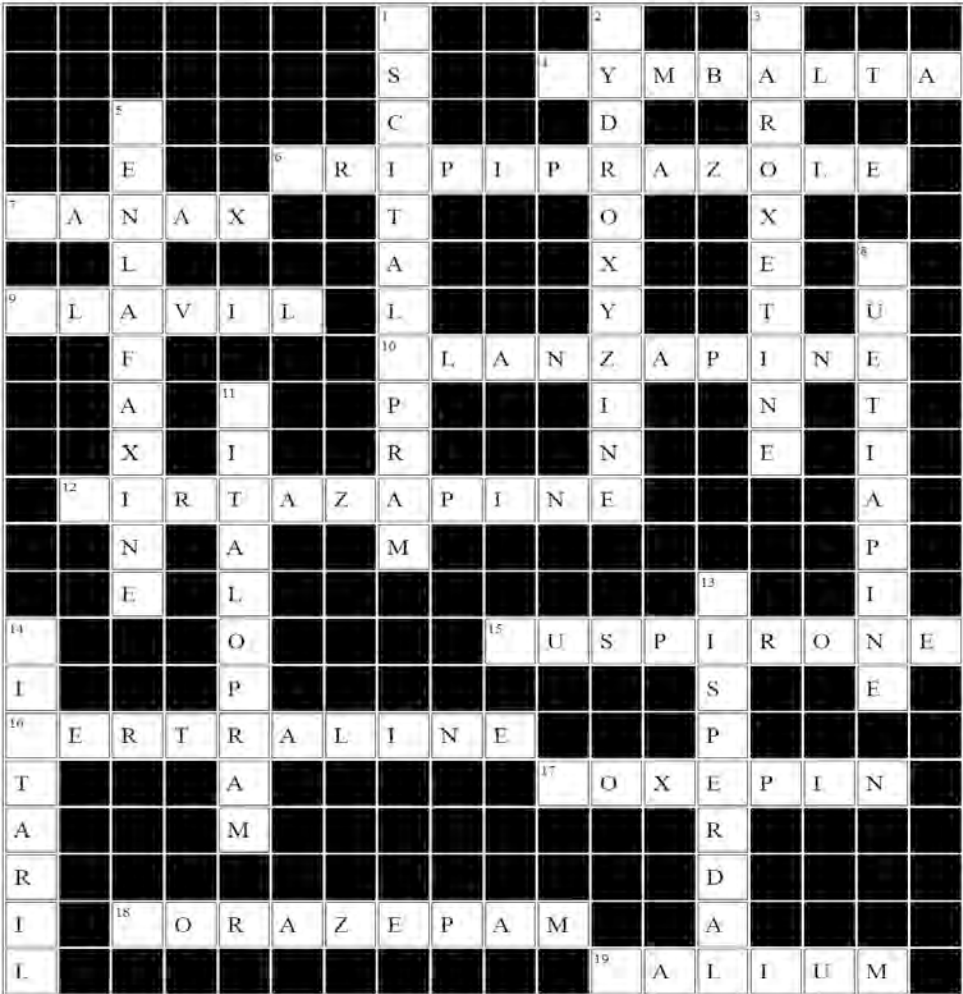
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