President's Message

Joseph Catalano, RN, PhD
ONA President

I am honored, appreciative and excited to begin my two-year term as President of the Oklahoma Nurses Association. My name is Joe Catalano and I’m excited not only about being the new president, but also about the organization itself. I have been a member of ONA since I moved to Oklahoma in 1980 and have found belonging to it to be a wonderful opportunity for professional growth, networking with colleagues and making new, long lasting friendships.

My clinical background consists mostly of critical care and my professional environment is primarily nursing education. I was a professor at East Central University in Ada, OK for 29 years before I retired, due to health reasons. My health has improved to the point where I am again fully functional and I have remained an active member of ONA, serving on the Board of Directors as the Region 6 President and Representative. I also have served on multiple ONA committees and have been President Elect for the past two years, learning the ins and outs of the position under the strong guidance of outgoing president, Cindy Lions.

I was particularly struck recently when I read a quote from an anonymous Hindu philosopher that went something like: “Remember that the greatest reward you get from your efforts is not what you get from them, but what you become by them.”

My excitement about ONA, its present and its future revolves around what it is becoming. For many years at ONA, we have really been focusing our efforts on the past. In 2014 we made a major leap forward by putting the past behind us and have changed the trajectory of the organization to a positive approach to the future.

Two major occurrences took place during the past year that has contributed to a new organizational trajectory. First, under the austere eyes of the former president, every possible ounce of fat was cut from the budget, which resulted not only in a balanced budget, but also in a budget with a surplus! Second, ONA entered into a two year pilot agreement with ANA, which will increase the efficiency of ONA and create a synergistic relationship that will promote the growth of both organizations.

Our CEO, Jane Nelson will be providing you with more details about the ONA-ANA Pilot Agreement in her message in this issue, but just let me say that two of the primary focuses of the agreement are Membership Recruitment and Retention, and Programmatic Work, which will allow staff to focus on more important ONA issues.

ONA is an organization that has multiple layers and I am well aware that my success as a president is dependent on the active support and participation of the newly elected Board of Directors, the CEO, the Region Presidents and, most importantly, each individual member of the organization. I encourage each member to maximize the value of their membership by taking advantage of opportunities for input into how the organization is changing and participate in all of the available services including educational offering, committee memberships and other new and developing programs.

The theme of my presidency is going to be: “Dream Positive Dreams!” Martin Luther King did not say: “I have a 6-point strategic plan for the future of Civil Rights.” Rather he said: “I have a dream” and out of that dream came a movement that changed the landscape of American civil rights.

President’s Message continued on page 15
The Oklahoma Nurse

December 2014, January, February 2015

ONa 2013-2014 Board of Directors:

President 2014-2016 – Joseph CATALANO, RN, PhD
President-Elect 2014-2016 – Joyce Van NOORD, PhD, RN
Vice President – Pamela FABIAN, BSN, RN
Secretary/Treasurer – Kim WILLIAMS, RN
Education Director – Karen Cotter, RN
Practice Director – Lynn SANDOVAL, BSN, MSN, RN, NE-BC
Disaster and Preparedness Response Director – Polly SHOsKEMA, RN
Political Activities Director – Pronda LAWS, MS, RN
Emerging Nurse Director – Megan HARTSOUL, RN
Region 1 President – Teressa Hunter, RN
Region 2 President – Richard ODORNE, RN
Region 2 Representative – Shelly WELLS, RN
Region 3 President – Lynnette GUNN, RN
Region 5 President – Carmen NICHEL, RN
Region 6 President – Viki SAILDEMAN, RN
ONA Consultant – Dean PreNTice

ONA Staff

Jane NELson, CAE – Executive Director
Lanta LLAMAS – Bookkeeper
Carolie BLACK – Communications Director
Dr. Betty KUPPERSCHMID, RN – Editorial Committee Chair

Association Office:

Oklahoma Nurses Association
6414 N. Santa Fe, Suite A
Oklahoma City, OK 73116
405/840-3476

Subscriptions:
The subscription rate is $20 per year.

THE OKLAHOMA NURSE (ISSN-1787), is published quarterly every March, June, September and December by the Oklahoma Nurses Association (a constituent member of the American Nurses Association) and Arthur L. Davis Publishing Agency, Inc. All rights reserved by copyright. Views expressed herein are not necessarily those of Oklahoma Nurses Association.

Indexed By

International Nursing Index and Cumulative Index to Nursing and Allied Health Literature.

Advertising

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613, (800) 626-4081, sales@aldpub.com. ONA and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement. Acceptance of advertising does not imply endorsement or approval by the Oklahoma Nurses Association of products advertised, the advertisers, or the claims made. Rejection of an advertisement does not imply a product offered for advertising is without merit, or that the manufacturer lacks integrity, or that this association disapproves of the product or its use. ONA and the Arthur L. Davis Publishing Agency, Inc. shall not be held liable for any consequences resulting from purchase or use of an advertiser’s product. Articles appearing in this publication express the opinions of the authors; they do not necessarily reflect views of the staff, board, or membership of ONA or those of the national or local associations.

Contact the ONA

Phone: 405.840.3476 Toll Free: 1.800.580.3476
E-mail: ona@oklahomanurses.org
Web site: www.oklahomanurses.org
Mail 6414 N. Santa Fe, Ste. A, Oklahoma City, OK 73116

Questions about your nursing license?

Contact the Oklahoma Board of Nursing at 405.962.1800.
Want to advertise in The Oklahoma Nurse? Contact Arthur L. Davis Publishing Agency, Inc. at 800.626.4081 or email at sales@aldpub.com

ONA Core Values

ONA believes that organizations are value driven and therefore has adopted the following core values:

- Code of Ethics for Nurses
- Cultural Diversity
- Health Parity
- Professional Competence
- Embrace Career Mobility and Professional Development
- Human Dignity and Ethical Care
- Professional Integrity
- Quality and Safe Patient Care
- Committed to the Public Health of the Citizens of Oklahoma

ONA Mission Statement

The ONA is a professional organization representing a community of nurses across all specialty practice settings.

Oklahoma Nurse Editorial Guidelines and Due Dates

Submit Information for “The Oklahoma Nurse”

View online: http://www.oklahomanurses.org/displaycommon.cfm?an=1&subarticlenbr=137

Manuscripts are due on the second Monday of January, April, July, and October for consideration of publication in the following respective issue. Below, please read the revised submission guidelines.

Email a word processing document to ona@oklahomanurses.org; file extensions should be *doc, *txt, or *rtf.

- Include: Suggested title, authors, author affiliation, OMA membership status, and appropriate references pertaining to the content of the article.
- All other submissions: 250 to 500 words, content dependent, please include a clarifying statement if you are submitting an article exceeding these guidelines, such as special report on Mortality or Board of Nursing Annual Report.

Space limits: Due to space limitations, the following lengths are strongly recommended. While OMA will make every effort to publish articles in their entirety, OMA reserves all editing rights prior to publication.

- Feature articles: 500 to 750 words preferred, exceptions may be granted to 1,000 word max.
- Regular Reports: 500 words (Executive Director, President)
- All other submissions: 250 to 500 words, content dependent, please include a clarifying statement if you are submitting an article exceeding these guidelines, such as special report on Mortality or Board of Nursing Annual Report.

The Oklahoma Nurses Association thanks you in advance for your contributions to our official quarterly publication. As always your support is appreciated. If you have any questions, please respond via email or phone to the office.

Thanks for making Nursing Positively Possible!

www.oklahomanurses.org

Published by:
Arthur L. Davis
Publishing Agency, Inc.
Executive Director’s Report

Jane Nelson

Breathe, Breathe deeply … has been my focus this year. We have made great strides this year, but have struggled as well. Our struggles were learning opportunities leading us to new prospects as others faded away. One big bright spot was to finish our fiscal year with a very healthy revenue over expenditures … we are in the Black! In addition, we paid off the Line of Credit! This was a result of a significant increase in revenue from our Career Center, all the while being prudent with our expenses.

Shortly after convention last year, the proposed Multi-State Division with Arkansas and Louisiana came to an end. This led ONA to a new opportunity involving a partnership with ANA directly. This partnership will accomplish some of the same economies of scale as well as the back office support outlined in the MSD proposed Business Plan. The ONA Board approved the 2-year pilot agreement in May to begin July 1, 2014. The beginning steps included an assessment conducted by ANA over a number of areas, which has been presented to the ONA Board and will be incorporated a business plan as well as our strategic plan.

ONA/ANA Pilot Project Overview

- **Key Points**
  - ANA/ONA Agreement signed – June 2014
  - Agreement Period: July 1, 2014 – June 30, 2016 (pilot period)
  - ONA Board of Directors will continue to be responsible for governance of ONA
  - ANA will provide association operational and programmatic services
  - ONA and ANA Board will be kept informed
  - Statement of Work (Exhibit A) and service deliverables agreed based upon execution of agreement and mutual agreement related to associated next steps

Pilot Agreement Summary

- **ONA and ANA** have the mutual goal of establishing efficiencies and synergy between the organizations so as to support the growth of each, ANA and ONA mutually desire to establish a pilot project to explore high membership growth opportunities for both parties.
- **Agreement was approved** by the ANA Board of Directors AND ONA Board of Directors
- **ANA Services to be Provided to ONA as part of the ONA-ANA Pilot**
  - **Membership** – high priority in membership campaigns, including access to marketing tools and resources.
  - **Technology** – cloud based email, access to electronic mail distribution management, web hosting, cloud based files and hosting and data services
  - **Financial Transactions, Accounting** – payroll processing, purchase card services, all bookkeeping, tax preparation and checking account services
  - **Legal Assistance/Risk Management** – standardized risk management checklist, “first call” access to ANA legal department in relation to perceived legal needs

Other areas of focus have included our membership engagement structure. A task force comprising of Past Presidents, new members and those engaged in our current Region structure was appointed by ONA President, Cindy Lyons. This task force was charged taking the environmental scanning results from the 2012 and 2013 House of Delegates to develop a plan creating a membership structure that will engage members where they live and work. Thus ensuring connectivity to ONA for all ONA members.

The ONA Board has truly focused on stabilizing the Association for you – its members. We still have more work to do but that is what makes this work exciting and new each year!

**Build your career here**

Each day in the life of a Saint Francis nurse brings new rewards. Saint Francis Health System, located in Tulsa, Oklahoma, is licensed for more than 1,000 beds and widely known for its outstanding medical care and sophisticated services. With on-site education, clinical ladder and diverse practice areas, Saint Francis Hospital offers a challenging practice environment with an outstanding team of healthcare professionals. At Saint Francis, there’s no such thing as a typical day.

| Nurse Residency Program for new RN graduates – bridging the gap between school and professional practice. |

Career Benefits:
- Promotional opportunities through clinical ladder
- Flexible schedules and weekend plans
- Relocation bonus (per guidelines)
- On-site education & certifications
- Mentoring program and 6-12 week orientation for new RN graduates
- New graduate incentive package

Lifestyle Benefits:
- Medical/dental insurance
- Immediate accrual of paid time off
- Outstanding 401(k) plan with match
- On-site day care
- On-site Health Zone Fitness Center

See what opportunities await you at www.saintfrancis.com/career

**SAINT FRANCIS HOSPITAL | LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL**

918-502-8300  |  Toll Free 800-888-9553

**SAINT FRANCIS HOSPITAL SOUTH | SAINT FRANCIS CHILDREN’S HOSPITAL | SAINT FRANCIS WARREN CLINIC | SAINT FRANCIS HEART HOSPITAL | SAINT FRANCIS INDIAN HARMONY CLINIC AND HOSPITAL**

918-488-6081

**SAINT FRANCIS HEALTH SYSTEM**

918-488-6081

**Rolling Hills: A Private 60 bed psychiatric hospital providing acute inpatient psychiatric care for adolescents, adults, geriatrics, intellectually disabled patients as well as addiction treatment. We also operate two 16-bed Level E adolescent group homes. We are seeking RNs, full and part-time. We offer competitive wages, benefits, flexible scheduling, and a $2500 sign-on bonus for full time RNs. Apply online at http://www.rollinghillshospital.com Email resume to duane.harris@acadiahealthcare.com or fax resume to 580-436-3958.

**Improving the lives we touch.**

Rolling Hills is a private 60 bed psychiatric hospital providing acute inpatient psychiatric care for adolescents, adults, geriatrics, intellectually disabled patients as well as addiction treatment. We also operate two 16-bed Level E adolescent group homes.

We are seeking RNs, full and part-time. We offer competitive wages, benefits, flexible scheduling, and a $2,500 sign-on bonus for full time RNs.

Apply online at http://www.rollinghillshospital.com Email resume to duane.harris@acdiahealthcare.com or fax resume to 918-436-3958.

| Master of Science in Nursing |

Offering MSN Degree Programs in Global Nursing and Nursing Education

Online courses being offered

Next Cohort starts Fall, 2015

Contact us for more information

okbu.edu/graduate

| Jane Nelson | ANA Services to be Provided to ONA as part of the ONA-ANA Pilot |
Discover the career opportunities that are available for experienced nurses. Opportunities also available for new graduate nurse residency programs. Residency programs are designed to help new graduate nurses transition from the student role to the specialized nurse.

OU Medical Center | OU Medical Center Edmond | 405-271-6035 | www.oumedicine.com

ANOTHER LEVEL OF MEDICINE   OU Medical Center   OU Physicians   The Children's Hospital   OU College of Medicine

OU MEDICAL CENTER is an EEO Employer | HCA Health Services of Oklahoma, Inc. (d.b.a. OU MEDICAL CENTER) is not part of, nor operated by, the University of Oklahoma.

Make a Smart Investment in Your Future
Earn a Nursing degree from UCO

Advance your career with one of our programs designed for busy adults:
• Master of Science (Nursing)
• Bachelor of Science (Nursing)
• Ladder program for RNs and LPNs to complete BS (Nursing)

Flexible. Affordable. Convenient. Get started today!

UNIVERSITY OF CENTRAL OKLAHOMA
Edmond, OK (405) 974-5000 • uco.edu/cms/nursing

Additional resources and information on nursing opportunities can be found at OU Medical Center’s website.

Discover the career opportunities that are available for experienced nurses. Opportunities also available for new graduate nurse residency programs. Residency programs are designed to help new graduate nurses transition from the student role to the specialized nurse.

OU Medical Center | 405-271-6035 • www.oumedicine.com
An 11 year-old boy in my practice must wait six months for a referral to the Child Study Center, even though he meets all the major criteria for ADHD and has been dismissed from school three times in the last month alone. In fact, my patient is not allowed to participate in class or attend school because of his condition, which goes untreated.

One of my first groups of patients was an order of nuns here in Oklahoma City. One of the sisters injured her hand recently and wasn’t going to be able to see the orthopedist until the following week. She didn’t require a trip to the emergency room, but she did need short-term pain control. After recent federal rule changes, I can no longer prescribe the hydrocodone that would effectively manage her pain until she sees the physician.

These are two scenarios nurse practitioners encounter regularly, yet in Oklahoma, we face a health care system that complicates our ability to practice our trade, as we know how. Oklahoma nurse practitioners have the same levels of education as Kansas NPs, yet if I worked 90 miles to the north, I would be able to prescribe the ADHD medication my patient needs, rather than watching as he waits and misses out on school. If I lived in Kansas, I could have taken care of the nun as I have been for the past 13 years.

Living in Kansas isn’t the point, of course; it’s recognizing the education and training that nurse practitioners and other advanced practice nurses have that has now been compromised after the federal rule change regarding hydrocodone that went into effect this month.

The Association of Oklahoma Nurse Practitioners is launching a campaign in the coming months that we hope will remedy this situation and ultimately, ease Oklahomans’ access to the health care they need and deserve. We can no longer prescribe hydrocodone drugs to our patients, and we’ve never been able to prescribe the drugs that many mental health patients need.

Yet these are two facets of the health care system that, if we lived just north of the state line in Kansas, nurse practitioners would be empowered to handle through state law. Through the end of the legislative session in May, AONP will be embarking on a campaign to extend prescriptive authority for Schedule II drugs to advanced practice nurses.

What does this mean? It means that rural and underserved Oklahomans can once again look to nurse practitioners in subsequent flu seasons for the care and cough medicines they need, without wondering where they can get a physician or if they’ll need to go to an emergency room.

It means our mental health care system can take a breather, as NPs can take on and resolve the cases like my 11 year-old patient that bottleneck our overwhelmed mental health providers.

It means continuity of care for so many Oklahomans whose have come to rely on us.

But most importantly, it means we need our colleagues in the nursing profession to join us as we petition the legislature for Schedule II prescriptive authority. We need our colleagues to contact their legislators and their local newspapers and spread the word.
Humor: Seeing Things Differently

by Diane Sears, RN, MS, ONC-Ret

The life we have chosen as nurses are not for the faint-hearted. It demands uncommon fortitude." (Geraldine Felton, R.N.) Regularly exercising our sense of humor helps nurture that fortitude with brain resiliency, positivity and balanced anti-negativity. "If laughter cannot solve your problems, it will dissolve them by changing your body chemistry and mindset, so you can face them in a better way." (Dr. Madan Kataria ~ Laughing Yoga) Humor helps your mind see things differently.

Stephanie was triaging a patient in L & D who thought she was in labor. She was doing the pain assessment, and asked her, "Is your pain intermittent or constant?" “What?” “Does your pain come and go or is it constant?” “Well, it constantly comes and goes!” (RealNurse.Net)

“After the eighty-three year old lady finished her annual physical examination, the doctor said, “You are in fine shape for your age, but tell me, do you still have consummation?” “Just a minute, I'll have to ask my husband,” she said. She stepped out into the crowded reception room and yelled out loud: “Henry, do we still have intercourse?” He looked at her and said, “Well, if you do, I’ll have to go down there and find out how it’s possible.” (Shoe, cartoon, 10/09)

You too can be funny at work, do a “Mirror Face,” from ‘Smiles are Everywhere: Integrating Clown-Play into Healthcare Practice, by W. Larry Ventis. Persons coming and going can be funny faces, and Person B copies it as best they can. Then they switch roles and each takes a couple hundred times. What we have is Blue Cross!” (JNJ, 10/09)

“…And a train and a door that Santa is behind, just in case it’s some kind of code.”

“Dear Santa, If you leave a new bike under the tree, I will give you the antidote to the poison I don’t have film.”

“…He wore a tiny Santa suit and a Santa hat and no one could see him.”

“Don't text and drive, yours may be on the next shipment.”

“…And a skateboard and a football and …”

“Maxineisms

“My day starts backwards. I wake up tired and go to bed wide awake!”

“The only thing preventing me from smashing my alarm every morning is the fact that it’s my phone.”

“I read recipes the same way I read science fiction. I get to the end and I think, “Well that’s not going to happen.” (“Maxine,” cartoon)

E-mail Wisdom

Advertisement on the back of a Batesville casket company semi: “Don’t text and drive, yours may be on the next shipment.”

A recent study has found that women who carry a little extra weight live longer than do the men who mention it.

If you see someone wearing camouflage, make sure to walk right into them so they know it’s your fault.

4 out of 3 people struggle with math.

“My dog winks at me sometimes and I wink back, just in case it’s some kind of code.”

If at first you don’t succeed, try doing it the way your nurse told you to in the beginning. See it OUR way.

Little boy pleading outside the bathroom stall door that Santa is behind, “… And a train and a skateboard and a football and …” (go.to/funpic)

Dogs drinking water out of the Christmas tree stand, “It has the same full bodied flavor of the toilet bowl, yet has a distinctive woody taste…” (e-mail, 1/ 2013)

Paranoid looking man in elevator full of Santa suited men: Claustrophobia. (“Bizarro,” cartoon,12/14/12)

Call to Schedule your First Appointment

• Probate
• Guardianship
• Wrongful Death
• Personal Injury
• Family Law

Northwestern Oklahoma State University

Online RN-BSN Program

The top-ranked nursing program in Oklahoma by CollegeAtlas.

A program that ENABLES you to be WHO you want to be, WHERE you want to be, and HOW you want to learn!

• No campus visits necessary. 100% online.
• High quality, convenient and affordable.
• Learn while you earn.
• Accredited by the Accreditation Commission for Education in Nursing, Inc. (ACEN).

A new and innovative program at NWOSU for RNs to complete their BSN online.

“Students considering a career as a nurse should take a very close look at what our program has to offer them.”

—Dr. Janet Cunningham, University President
OKLAHOMA CITY (August 19, 2014) – Loretta Caram and Kathy Harris remember life at Mercy Hospital in Oklahoma City when the current facility opened 40 years ago — a forward-thinking, state-of-the-art hospital in a rural setting surrounded by farmland and cows.

Caram and Harris are among an exclusive group of 10 Mercy co-workers who have been with the hospital since it moved from its downtown Oklahoma City location to the current site at 4300 West Memorial Road in August 1974 — 40 years ago this week.

“When I drove north on May Avenue, past Britton Road, to the hospital and there was hardly any traffic,” said Harris, assistant nurse manager for neurological and gynecological surgery at Mercy. “When you turned onto Memorial, you were surrounded by farmland. You had to be sure your car had gas because there were no gas stations nearby.”

Caram offered similar sentiments. She grew up about half a mile from the current Mercy location and watched the hospital being built. She has also witnessed the many changes it has undergone in the four decades since.

“The addition of the large white cross atop the tower was another milestone,” said Caram, operations analyst in the Supply Chain Administration Department at Mercy. “It became a beacon for those looking for Mercy, as well as a reminder of our mission. I’m pleased to know I was part of the early days, the continued expansion and the positive impact of Mercy on the community.”

When You Build it, They Will Come

Due to growth at Mercy in the late 1960s and projected future growth in Oklahoma City, the Sisters of Mercy, led by Sister Mary Coletta Massoth, began investigating the creation of a much larger hospital.

The sisters chose the 40-acre property in northwest Oklahoma City because the area was projected to grow by more than 50 percent and the much larger property would allow for future hospital expansion.

“Mercy’s location on the city’s future ‘outer loop’ will soon make it one of the more easily-accessible hospitals,” according to a Mercy supplement in The Oklahoman from Aug. 18, 1974. “Mercy will soon make it one of the more easily-accessible hospitals. An oasis in the middle of residential development, Mercy has grown from the original 225 patient beds in 1974 to 380 today.

“We are so thankful that Sister Coletta and all of the Sisters of Mercy had the foresight to build in the northwest part of the city,” said Jim Gebhart, president of Mercy Hospital Oklahoma City. “Their intuition proved right and we are so happy we’ve been able to keep up with the community’s growing needs.”

Blast From the Past: A Look at Mercy in 1974

When the current Mercy facility opened in 1974, it featured:

• An elaborate TV studio with a color closed-circuit channel. As the first-of-its-kind system in Oklahoma hospitals, the TV station was designed to provide shows for patients in their rooms about topics like Medicare, how to fill out certain forms and even medical procedure information; training videos for doctors and nurses and other employee-centered programs.

• Private rooms for patients so they no longer had to share a room with another patient. Mercy was among the first hospitals in the state to offer all private rooms.

• A 10-story tower with doctors’ offices, which was a 200-yard walk from the hospital at the time (now it is connected).

• Twelve surgery rooms and two obstetrics delivery rooms that featured state-of-the-art equipment. All 14 rooms could be used for surgeries and/or deliveries. Nurses and other staff were cross-trained to handle surgeries and deliveries.

• Hydrotherapy equipment in the rehabilitation and physical therapy department. The therapy featured special tanks, like whirlpool baths, for underwater exercises.

• A fetal intensive care system that monitored contractions and the baby’s heartbeat during labor.

• The ability for dads to watch their child being born — live and in color — on a closed-circuit TV in the labor and delivery supervisor’s office. They could also speak to their wife/significant other in labor through voice-to-voice contact during the birth.

Memorial Road and all of northwest Oklahoma City have transformed from farmland prairie into a fast-growing retail and healthcare corridor. Mercy has grown from the original 225 patient beds in 1974 to 380 today.

And the rest is history.

Since Mercy opened its doors 40 years ago, Mercy has been able to provide quality healthcare to Oklahoma and the surrounding areas. And Mercy’s vision continues to grow.

Although many of these innovations of the 1970s have been replaced with more modern technologies and practices, Gebhart says the pioneering spirit of the hospital from 40 years ago still remains at Mercy today.

“Like the Sisters, we remain forward-thinking as we continually find new ways to deliver convenient care to Oklahoma communities, while tackling national health care changes,” he said. “We are excited for the changes to come as we look to the next 40 years.”

Mercy is the fifth largest Catholic health care system in the U.S. and serves millions annually. Mercy includes 33 acute care hospitals, four heart hospitals, two children’s hospitals, three rehab hospitals and one orthopedic hospital, nearly 700 clinic and outpatient facilities, 40,000 co-workers and more than 2,000 Mercy Clinic physicians and advanced practice nurses in Arkansas, Kansas, Missouri and Oklahoma. Mercy also has outreach ministries in Louisiana, Mississippi and Texas.

Black Hawk Health Center is currently seeking a Physician’s Assistant/Nurse Practitioner. Competitive pay, 401k, Medical, Dental, Vision all paid by the Nation for the employee. All major holidays off.

Black Hawk Health Center, Stroud, OK
Email application/resume to Dustin.Rolette@sacandfoxnation-ron.gov.
For more information visit www.sacandfoxnation.gov or call 918-968-3526 ext. 1014

Mercy's location on the city’s future ‘outer loop’ will soon make it one of the more easily-accessible hospitals,” according to a Mercy supplement in The Oklahoman from Aug. 18, 1974. “Mercy will soon make it one of the more easily-accessible hospitals. An oasis in the middle of residential development, Mercy has grown from the original 225 patient beds in 1974 to 380 today.

When the current Mercy facility opened in 1974, it featured:

• An elaborate TV studio with a color closed-circuit channel. As the first-of-its-kind system in Oklahoma hospitals, the TV station was designed to provide shows for patients in their rooms about topics like Medicare, how to fill out certain forms and even medical procedure information; training videos for doctors and nurses and other employee-centered programs.

• Private rooms for patients so they no longer had to share a room with another patient. Mercy was among the first hospitals in the state to offer all private rooms.

• A 10-story tower with doctors’ offices, which was a 200-yard walk from the hospital at the time (now it is connected).

• Twelve surgery rooms and two obstetrics delivery rooms that featured state-of-the-art equipment. All 14 rooms could be used for surgeries and/or deliveries. Nurses and other staff were cross-trained to handle surgeries and deliveries.

• Hydrotherapy equipment in the rehabilitation and physical therapy department. The therapy featured special tanks, like whirlpool baths, for underwater exercises.

• A fetal intensive care system that monitored contractions and the baby’s heartbeat during labor.

• The ability for dads to watch their child being born — live and in color — on a closed-circuit TV in the labor and delivery supervisor’s office. They could also speak to their wife/significant other in labor through voice-to-voice contact during the birth.

And the rest is history.

Since Mercy opened its doors 40 years ago,
Nurses, let your voices be heard at the Capitol this coming Legislative Session!

Opportunities include:
Nurse of the Day ~ February – May 2015
Nurses Day at the Capitol ~ February 24, 2015
Find more information at www.oklahomanurses.org.

Choctaw Nation
Rural, tribal, 43 bed, state-of-the-art facility located in scenic southeastern Oklahoma in Talihina is seeking qualified and energetic Nursing candidates. Choctaw Nation prides itself in providing superior Customer Service. Prime candidates must have a strong dedication to provide unparalleled quality service and product, and a real desire to help our Tribal community.

Now accepting applications for qualified ER RNs
Benefits include: 401K, medical, dental, optical, annual & sick leave, 12 paid holidays, Sign on and Referral Bonuses, ($1,000 RN, $500 LPN), Student Loan Repayment, Tuition Reimbursement, Scholarship Program, Certification Pay, Float Pay, and other incentives offered. Salary based on experience and credentials.

For more information contact Gary Lawrence DON at (918) 507-7185 or go to www.cnhsa.com.

Join ONA Today!
Heroes Wanted!
If you want a career that gives you flexibility, financial rewards, and the chance to make a difference, consider Interim HealthCare.

Immediate Opportunities Available!
RNs LPNs CNAs CHHAs
Apply online or call to schedule an interview (918) 749-9933 Ext 230
www.Interimhealthcare.com

INTERNATIONAL HEALTHCARE
Heroes Wanted!
If you want a career that gives you flexibility, financial rewards, and the chance to make a difference, consider Interim HealthCare.

Immediate Opportunities Available!
RNs LPNs CNAs CHHAs
Apply online or call to schedule an interview (918) 749-9933 Ext 230
www.Interimhealthcare.com

MAYS Home Health
Mays Home Health is one of the largest and progressive Home Health Agencies in Oklahoma. With 33 offices placed throughout Oklahoma and North Texas, we are sure to have a place just for you!

Full-Time Registered Nurses
Per-Visit Registered Nurses
Full-Time Licensed Practical Nurses
Per-Visit Licensed Practical Nurses
Please contact Mays Home Health Recruiting Department today or check us out online!
Phone) 580-745-9355
Fax) 580-931-8288
Email: knhenson@mayshomecare.com
Website: www.mayshomecare.com

INTEGRIS
The Future of Nursing is at INTEGRIS Today!

- The state's largest health care system and hospital network employing over 8,500 individuals, offering a broad range of clinical career opportunities across the state,
- INTEGRIS Baptist Medical Center is the only Oklahoma-owned hospital awarded Magnet® designation for nursing excellence,
- INTEGRIS Cancer Institute has one of only 10 proton therapy cancer campuses in America,
- INTEGRIS Jim Thorpe Rehabilitation is nationally-recognized for inpatient, outpatient and community-based rehabilitation care,
- INTEGRIS Heart Hospital is one of the most advanced cardiovascular centers in the region, implanting the first Levita™ Vascular Assist Device in the nation,
- INTEGRIS Baptist Medical Center was named #1 hospital in Oklahoma City by U.S. News & World Report Best Hospitals by Metro Area, for two consecutive years.

To view career opportunities and to apply online visit: integrisOK.jobs
One in 10 Hospitals Lacks Checklists to Prevent Infections

While most hospitals have polices in place to prevent health care-associated infections, clinicians often fail to follow evidence-based guidelines established to prevent these infections, according to new research from Columbia University School of Nursing published in the American Journal of Infection Control.

The study, the most comprehensive review of infection control efforts at U.S. hospitals in more than three decades, found lax compliance even in ICUs where patients are more likely to be treated with devices linked to preventable infections—such as central lines, urinary catheters and ventilators.

A team led by Patricia Stone, PhD, MPH, RN, FAAN, Centennial professor of health policy at Columbia Nursing, investigated compliance with evidence-based policies to prevent infection in 1,653 ICUs at 975 hospitals nationwide. The study focused on three of the most common preventable infections—central line-associated bloodstream infections, ventilator-associated pneumonia and catheter-associated urinary tract infections. Despite decades of research establishing best practices for prevention of these infections, one in four lack checklists to help avoid pneumonia in ventilator patients. Even worse, these checklists are followed only about half of the time, the study found.

“Hospitals aren’t following the rules they put in place themselves to keep patients safe,” said Stone, who has published extensive research on health care-associated infections and has contributed to prevention guidelines issued by The Joint Commission, which oversees accreditation for U.S. hospitals, nursing homes and other health facilities.

Health care-associated infections kill an estimated 100,000 Americans a year and create approximately $33 billion in excess medical costs. The U.S. Centers for Disease Control and Prevention first linked infection rates to prevention programs in the 1970s. Research since then has shown that checklists and other targeted infection-control practices can make a significant dent in infection rates—but only if compliance rates among clinicians are also high.

Compliance could be improved with two solutions most hospitals aren’t using—electronic monitoring systems and staff certified in infection control. The study found that only about one-third of ICUs have an electronic surveillance system to track compliance with infection-prevention policies at the clinician level. Electronic monitoring systems that offer report cards on compliance have been proven effective at getting clinicians to follow the rules, lowering infection rates, previous research has found. At the same time, more than one-third of hospitals also failed to employ a full-time clinician certified in infection prevention to supervise compliance, the study found.

“Every hospital should see this research as a call to action—it’s just unconscionable that we’re not doing every single thing we can, every day, for every patient, to avoid preventable infections,” said Stone, an American Nurses Association (ANA) member and ANA nominee appointed to the Centers for Medicare and Medicaid Services’ Value-based Purchasing Technical Expert Panel.

For central line-associated bloodstream infections, or CLABSI, the study found that more than 90 percent of ICUs had checklists for sterile insertion but the policies were followed only about half of the time. Simple infection-prevention measures include hand washing before handling the catheter and immediately changing the dressing around the central line if it gets wet or dirty.

Compliance rates were no better for preventing ventilator-associated pneumonia, or VAP, the study found. Overall, three in four ICUs had checklists for protecting against infections linked to ventilators. The ICUs followed their own checklists just half the time. Keeping patients elevated in bed, with the head higher than the feet, is one simple precaution that can help prevent pneumonia.

Patients with urinary catheters fared even worse, the study found. Guidelines to prevent catheter-associated urinary tract infections, or CAUTI, are newer, and there aren’t universally accepted checklists to follow at the bedside. About one-third of hospitals had no polices in place to prevent these infections. Even at hospitals that did establish some guidelines, the measures were followed less than 30 percent of the time.

To see a video of Stone discussing the findings, go to: http://www.youtube.com/watch?v=pPV6yi-JUbE.
Imagine working in the NICU - you suddenly hear the clamar of monitor alarms, voices yelling and the increased pace of running. You enter the room to see CPR being administered to a tiny, lifeless baby. A nurse is grabbing intubation equipment and another staff member is running to assist. Within seconds the verbal request, “Give Epi!” is shouted. Your heart is racing and your mind is swirling. You hear that the baby’s weight is 827 grams.

Neonatal Resuscitation Program (NRP) instructors frequently observe a state of “pause”, confusion, and need for team collaboration during mock scenario practice when epinephrine calculations are required. Mock code leaders are often seen exhibiting a blank look on their faces when attempting to calculate epinephrine dosages in the wake of the verbal cadence of, “One and two and three ... bag.” The “pause” is often contagious and healthcare workers may mistakenly stop all life support efforts to help in the calculation of the dose of epinephrine.

There are multiple factors that contribute to this confusion during NRP, including the conversion of neonatal weight from grams to kilograms, multiplication of the weight in kilograms times the dose in milliliters, consideration of the routes of medication administration, and extraction from the adult preparation. These issues can negatively impact the quality and safety of care being delivered to the neonate.

**Epinephrine**

Epinephrine is a powerful vasoconstrictive medication, that when accompanied by high quality CPR, will increase systemic vascular resistance and improve blood flow supporting myocardial function and cerebral blood flow (O'Donnell, Gray, & Rogers, 1998; Topjian, Berg, & Nadkarni, 2008). The NRP standard dose of epinephrine is 0.1 - 0.3 mL/kg (0.01 - 0.03 mg/kg) of body weight in a 1:10,000 concentration administered in the umbilical venous catheter followed by 1 - 3 mL flush of sterile normal saline. When the only available route for epinephrine administration is the endotracheal route, the dose of epinephrine is five times higher (0.5 - 1.0 mL/kg) and is followed by normal saline (0.5 – 1.0 mL).

Epinephrine administration must be accompanied by positive pressure ventilations and high quality chest compressions for 45 seconds to one minute before reassessing the neonate’s heart rate (Kattwinkel et al., 2011; NRP, 2011). The timeline during neonatal resuscitation for the invasive procedures of intubation or venous access is 45-60 seconds to administer the first dose of epinephrine (NRP, 2011).

Epinephrine 1:10,000 concentrations are available in a pre-filled, single use (10 mL) syringe formulated and packaged for adult doses of 1.0 mg/10 mL (Broussard, 2010). Although there is consensus in the literature pertaining to the dosing requirements, there are controversies regarding medication availability packaged for adult dosing (Bernius et al., 2008; Broselow, Luten, & Schuman, 2008; Kattwinkel et al., 2011). Epinephrine, though powerful, is critically dangerous. NRP (2010) guidelines warn providers to never administer doses higher than 0.1 – 0.3 mL/kg of epinephrine intravenously. O’Donnell (1998) reported that infants less than 29 weeks gestation receiving epinephrine in large doses were particularly vulnerable to adverse outcomes such as neurodevelopmental disabilities and death. Low birth weight neonates (less than 2500 grams) more commonly experience morbidities and illnesses requiring resuscitation (Broselow et al., 2008; March of Dimes, 2012). Epinephrine is listed as a high alert drug, and requires mathematical protection techniques to ensure accuracy (ISMP, 2011). Preparation of complex calculations of epinephrine should be anticipated when possible and verified by another team member prior to drug administration (Benner et al., 2002; Cronewett et al., 2007; Dennison, 2007;
Medication Errors

Multiple studies report that calculating weight-based drugs for pediatric patients is difficult and that few safety features are in place (Benner et al., 2002; Bernius et al., 2008; Broselow et al., 2008; Dennison, 2007; Lee et al., 2011; Lemoine & Daigle, 2010; Riley, 2009; Spunt, Foster, & Adams, 2004; Wheeler et al., 2004; Zino, Davies, & Davis, 2002). Complex expressions of epinephrine that include small volumes and several step computations create obstacles to producing correct doses in the limited timeframe (Broselow et al., 2008; Broussard, 2010; Pentin & Smith, 2006). Numerous studies described provider difficulty calculating epinephrine in emergent situations and placed epinephrine on the American Pharmaceutical Association’s (2010) list of high risk for error medications (Bernius et al., 2008; Broselow et al., 2008; Broussard, 2010; Sredni, 2006). Different security techniques have been developed to reduce epinephrine calculation errors; however, these techniques did not include any specific tool or instrument designed for neonatal weights less than three kilograms (Bernius et al., 2008; Broselow et al., 2008; Broussard, 2010; Sredni, 2006; Wheeler et al., 2004).

Neonatal Epi Chart

A quantitative, quasi-experimental replication research study measured the effectiveness and instrument reliability of a researcher-designed, pre-calculated intravenous and endotracheal epinephrine dosage reference chart (Epi Chart), specific to babies weighing less than three kilograms. Statistical analysis indicated calculation errors were significantly different for subjects utilizing the Neonatal Epi Chart versus subjects who did not use the Neonatal Epi Chart. The difference was quantified with an Odds Ratio indicating that providers who do not utilize the epinephrine dosage reference chart during neonatal resuscitation were 39.8 times more likely to make a calculation error (Rotramel, 2012).

Conclusion

Calculating small doses of epinephrine without careful deliberation when seconds are crucial can lead to errors. Epinephrine calculation errors for low birth weight and very low birth weight babies can significantly affect outcomes in terms of mortality and morbidity. An extensive review of literature concluded that medication errors in the calculation of epinephrine during resuscitation can occur when providers rely on memory and lack needed information, safety features, and standardized procedures (Benner et al., 2002).

The current NRP standard of epinephrine preparation requires transferring the medication into a TB syringe; NRP does not address calculation difficulties. What is the correct procedure for dosage accuracy during neonatal resuscitation? Neonatal health care providers express concern about the accuracy of tiny doses of epinephrine during the NRP post mock code debriefing. Patient safety and patient outcomes will improve with the use of an epinephrine dosage reference chart. Utilization of the Neonatal Epi Chart© is an excellent safety technique and reference for a quick error-proof process. The Neonatal Epi Chart© may be accessed free of charge at the author’s website www.neonatalepichart.com.

The Oklahoma Nurse • Page 11
Submitted by: Mary Holer DNP, APRN, CPNP
The University of Oklahoma Health Sciences Center, College of Nursing

Everyone has heard the old adage that “timing is everything.” When considering the evolving roles of nurses, this saying particularly rings true. Nurses have responded to population needs in times of urgent demand throughout history. Florence Nightingale responded to the need of dying soldiers during the Crimean War. Nurse practitioners have historical roots beginning in the early 1960s when Loretta Ford, RN and Henry K. Silver, MD collaborated as colleagues at the University of Colorado to identify an expanded role for nurses in response to a health care workforce shortage. Currently, implementation of health care reform in the United States has spawned a need for access to health care for millions of Americans with newly obtained health insurance. Once again, nurses, as well as other health care professionals, are ready to respond (Snodgrass, 2011).

Many Oklahomans number among those who benefit from newly acquired basic healthcare insurance. Unfortunately, a primary care workforce shortage exists across the nation. The shortage is prompting many health care providers and health stakeholders to seek solutions that will improve access to high quality, cost-effective health care. The Institute of Medicine (IOM) in an article reported, The Future of Nursing: Leading Change, Advancing Health, that Advanced Practice Registered Nurses (APRNs) must practice to the full extent of their education and training (IOM, 2011). Other leaders such as the National Governors Association (NGA) have written of the role of nurse practitioners in meeting an increased demand for primary care (2012). The prestigious Robert Wood Johnson Foundation (RWUF), the American Association of Retired Persons (AARP), and the Kaiser Family Foundation have come to the same conclusion. Nurses are being asked to “step up” and respond to an urgent need; and nurses have shown that they are willing and able to do so.

Don Berwick, MD, President and Chief Executive Officer (CEO) of the Institute for HealthCare Improvement spoke of the concept of “sensemaking” in an address entitled Escape Fire (Berwick, 1999). Dr. Berwick operationally defines sensemaking as “the process through which the fluid, multilayered world is given order, within which people can orient themselves, find purpose, and take effective action” (Berwick, 1999, p.10-11). The simple understanding of the process, as I see it, is to create effective change through initiation of a public dialogue. Not just any dialogue, to be sure, but one that is guided by change agents resulting in a change that is an improvement over status quo. Dr. Berwick, a pediatrician, uses the concept of sensemaking to discuss safety and quality improvement in healthcare. He describes the need for a conversation that must take place among many people and in multiple places. That conversation serves to broaden an understanding of what must change, why it must change, when and how it must change.

In my opinion, it is essential that Oklahoma healthcare leaders use the sensemaking process to move away from status quo regulations and reimbursement policies and allow APRNs in Oklahoma to function to the full extent of their education and training. Removing barriers to APRN practice could and would quickly meet consumer needs in Oklahoma. The conversation about the APRN role has been ongoing for some time among many change agents on a national level. The National Governors Association, the Oklahoma Network: Future of Nursing Action Coalition and
many other health stakeholders have been having conversations in an effort to effect changes that would positively impact Oklahomans (NGA, 2012). Some of those conversations have taken place with agency leadership and Governor Fallin’s staff. Most agree that measures that relieve the workforce shortage would help to develop accessible cost-effective health care of high quality for Oklahomans (AANP, 2013). Many are considering the role of APRNs as well as other health care providers. Don Berwick noted that “organizations don’t discover sense, they create it” (Berwick, 1999, p. 11). As more change agents emerge and the conversation continues, health care professionals can expect to be asked “to practice to the full extent of their education and training” (IOM, 2010, p. 2). As Oklahoma APRNs contribute more fully, health stakeholders believe we will be able to maximize our ability to provide primary health care access.

The purpose of the APRN Practice Group ‘communication tree’ is to facilitate timely communication among Oklahoma Advanced Practice Registered Nurses (APRNs) and other health stakeholders with an interest in implementing recommendations identified in the Institute of Medicine’s Future of Nursing: Leading Change, Advancing Health report (IOM, 2010).

If you would like to be included on this communication pathway, email your name, APRN role or health care stakeholder role, and your email address to: okaprn@gmail.com


The Oklahoma Nurse December 2014, January, February 2015

Nursing; The Noble Profession

This profession is quite elaborate you see
It requires a personal relationship with thee
And only those who are “called,”
will succeed
When every sacred act is an intentional deed

Striving to work in another’s world view
Is an aspiration all nurses must pursue
And there must be a conscious presence known
By those who have experienced the seeds I’ve sown

Through my love and passion, caring is revealed
Creating a sacred space, known as a caritas field

And within that revered healing space
Transpersonal caring moments are graced

Knowing the highest level of consciousness is love
I can accept the breathtaking miracles from above

The essence of this ancient profession is “caring”
No other field is worth comparing
And rich and gratifying experiences, while much diverse
Are the unique connections that are rewarding to a Nurse

Inspired by Jean Watson’s Theory of Human Caring

The ANA Ebola resource page has a wealth of information, including the latest news and preparedness recommendations from health care organizations with experience in caring for Ebola patients.

http://www.nursingworld.org/Ebola-Information

New Online RN to BSN Program

The program admits students with a two-year associate degree to complete a Bachelor of Science in as little as four semesters.

The four core programs have cut time for students that wish to continue their education, but are unable to leave their homes, jobs and families to attend nursing school. Students who complete the program will receive a degree that is fully accredited by the Commission on Collegiate Nursing Education and the Oklahoma State Board of Nursing.

PROGRAM REQUIREMENTS:

• Must have earned an associate degree in nursing or the equivalent
• Must meet the same general education requirements as generic BSN students
• General education courses may be transferred from other accredited universities
• Some general education coursework can be obtained via ORU online
• Must be an RN

Enroll by December 7, 2014 for January 2015 classes.
Nurses United: A Call for Peace

Nurses came from far and they came from near
They joined as one in a caritas sphere
Their visions are bold and centered
on heroic measures
And their success will be sweet and full of treasures
May their light shine bright
from place to place
May they find peace and love in their conscious space
May their borders become invisible to those all around
So peace, love, and caring can finally be found
United as one this profession must stand
Regardless of conflicts and political demands
We have been “called” to practice by our God above
And our every actions must be heartfelt, intentional, and centered in love
When we maintain the humanity of all those we touch
We provide life giving and life receiving interactions of such
Now is the time to surrender the deep suffering and pain
And hold each person close in their wholeness again

Written by Staci Swim
Inspired by the nurses I met in Jordan
All my Love and Support During this Journey

Thank you Oklahoma Nurses for your strength & support

American Red Cross

Join our team at www.RedCross.org/volunteer
Oklahoma health care professionals have been advancing their careers by partnering with the accelerated master’s in business program at Southern Nazarene University for 35 years. Earn your MBA, MBA-Health Care, or MSM degree in less than two years. Attend class 100% online or just one-night-a-week on campus.

MBA | MBA-HEALTH CARE | MSM
ACCELERATED LEARNING | ONLINE & ON-CAMPUS

snu.edu/mba-msm 405.491.6628

It's time to make your mark.

Oklahoma health care professionals have been advancing their careers by partnering with the accelerated master’s in business program at Southern Nazarene University for 35 years. Earn your MBA, MBA-Health Care, or MSM degree in less than two years. Attend class 100% online or just one-night-a-week on campus.

MBA | MBA-HEALTH CARE | MSM
ACCELERATED LEARNING | ONLINE & ON-CAMPUS

snu.edu/mba-msm 405.491.6628

Southern Nazarene University
Think with Clarity | Act with Integrity | Serve with Purpose | Dream with Confidence

Southern Nazarene University does not discriminate on the basis of race, sex, age, color, national or ethnic origin, marital status, or disability in the enrollment, admission, and treatment of students or access to university programs or activities, including the operation of all university programs, activities, services, and employment. This following person has been designated to handle inquiries regarding non-discrimination policies, including Title IX, Section 504 of the Rehabilitation Act of 1973, and Age Discrimination: University Provost, Southern Nazarene University, Bresee Hall, 6729 NW 39th Expressway, OK 73008, 405-491-6300.