Oklahoma Nurses Foundation

The American Nurse Film

Join us for dinner and a movie! ONF will host a fundraising reception and dinner followed by a showing of the American Nurse film, in conjunction with this year’s Annual Convention in Midwest City on Wednesday, October 21st. While this year’s Convention focuses on the impact of Oklahoma Nurses, this film highlights the work of nurses from throughout America. Tickets can be purchased for $35 on the ONA website, www.OklahomaNurses.org. Tickets are first come, first serve. You do not need to be registered for Convention in order to attend this event.

SYNOPSIS:
THE AMERICAN NURSE is a heart-warming film that explores some of the biggest issues facing America - aging, war, poverty, prisons - through the work and lives of nurses. It is an examination of real people that will change how we think about nurses and how we wrestle with the challenges of healing America. THE AMERICAN NURSE is an important contribution to America's ongoing conversation about what it means to care.

The film follows the paths of five nurses in various practice specialties including Jason Short as he drives up a rugged creek to reach a home-bound cancer patient in Appalachia. Tonia Faust, who runs a prison hospice program where inmates serving life sentences care for their fellow inmates as they're dying. Naomi Cross, as she coaches an ovarian cancer survivor through the Caesarean delivery of her son. Sister Stephen, a nun who runs a nursing home filled with goats, sheep, llamas and chickens, where the entire nursing staff comes together to sing for a dying resident. And Brian McMillion, an Army veteran and former medic, rehabilitating wounded soldiers returning from war.
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.
I was amazed while watching the news a few nights ago with a segment on a new cure for spinal cord injuries. Although the details were a little sketchy, the gist of the story was that using a 3-D printer, researchers were "printing" a new spinal nerve. Such an advancement could be implemented to the severed spinal column and new neurons would grow through it replacing the damage ones. It’s still in the experimental stage, but what if it eventually really works? I think back on my nursing career of all the patients I’ve cared for with spinal cord injuries and wonder how many of them would be walking today if that technology existed 20 years ago?

Progress is unstoppable! It is an exciting time at ONA. We are moving forward with many new changes that hopefully will make the organization stronger, more stable and more responsive to the needs of our members. We have moved out of our old office location and are renting a new space that is more suitable to our changing needs. The money from the sale of the building will be invested in the development of a strategic reserve to ensure ONA can provide a stable platform for the future.

The theme for the 2015 Convention in October is Oklahoma Nurses: Integrating Points of Care. The concept of “Points of Care” is critical to what we do as nurses and the success of the care we provide to our patients. It’s the interactions where nursing care intersects with patients’ needs: patients who are often are experiencing the worst and the most vulnerable times of their lives. Nurses have the unique task, and honor, of working with patients at various points throughout their life journeys.

The program is designed to build on the knowledge and skills of the working RN. ❖ No campus attendance required. ❖ All graduate nursing courses available online ❖ Set your own pace—full time or part time options available ❖ Streamlined curriculum allows students to complete nursing courses in 1 year ❖ 30 hours of upper level nursing ❖ Students admitted fall, spring and summer ❖ Quality, affordable education ❖ Accredited by ACEN

There has never been a more exciting or challenging time to be working in the field of Public Health! We are seeking nurses who love building and maintaining partnerships and have a passion for serving Oklahomans. It’s the interactions where nursing care intersects with patients’ needs: patients who are often are experiencing the worst and the most vulnerable times of their lives. Nurses have the unique task, and honor, of working with patients at various points throughout their life journeys.

The theme for the 2015 Convention in October is Oklahoma Nurses: Integrating Points of Care. The concept of “Points of Care” is critical to what we do as nurses and the success of the care we provide to our patients. It’s the interactions where nursing care intersects with patients’ needs: patients who are often are experiencing the worst and the most vulnerable times of their lives. Nurses have the unique task, and honor, of working with patients at various points throughout their life journeys.

Please make every effort to attend this convention. The presentations and speakers are top-notch and will be addressing issues that are relevant to all nurses. We have fine-tuned the agenda for the convention to make it even more user friendly than last year. If you are a delegate or thinking about being a delegate, I believe the delegate meeting will be very lively as we work through the many revisions in the bylaws and get the most updated information about the organizations changes.

We are still accepting Poster Abstract submissions through August. If you have worked on any research projects, visit the ONA website for detailed instructions on submitting a proposal. I certainly would be interested in seeing what you’ve been doing and I’m sure there are many other nurses across the state who would be interested too!
The Oklahoma Nurses Association has many members whose outstanding contributions should be recognized. The following award categories have been established to recognize excellence in Oklahoma Nursing:

**EXCELLENCE IN NURSING**

The Excellence in Nursing Award is conferred on a member, who has developed an innovative, unique and creative approach that utilizes nursing theory and knowledge/skills in any practice setting: Administration, Education, and/or Direct Patient Care. The recipient should be recognized by peers as a role model of consistently high quality nursing practice and as one who enhances the image of professional nursing by creating an environment promoting professional autonomy and control over nursing practice.

**NURSING RESEARCH AWARD**

The Nursing Research Award recipient is a nurse who has made a significant impact on nursing practice through the use of research as a basis for practice innovation. Significant impact on nursing practice means that the nurse has contributed to the creation of new nursing knowledge through research findings; and has improved or created a plan for improving clinical nursing practice and/or patient outcomes in response to the findings.

**NURSING IMPACT ON PUBLIC POLICY**

Nursing Impact On Public Policy Award honors the nurse, whose activities are above and beyond those of the general nursing community to further the political and public policy for the nursing profession.

**NIGHTINGALE AWARD OF EXCELLENCE**

The Nightingale Award of Excellence is conferred on an ONA member who during their career has:

- Demonstrated innovative strategies so as to fulfill job responsibilities and/or role responsibilities in their professional role and within the community they work and live.
- Consistently surpassed expectations of a professional nurse; thus enhancing the image of nursing as a profession.
- Demonstrated sustained and substantial contribution to the Oklahoma Nurses Association.
- Served as a role model of consistent excellence in their area of practice.

Other professional behaviors, such as mentoring, advocacy, research conduction or utilization, publications, and presentations should also be demonstrated throughout his/her career.

**FRIEND OF NURSING**

The Friend of Nursing Award is conferred on non-nurses who have rendered valuable assistance to the nursing profession. Their contributions and assistance are of statewide significance to nursing.

**EXCELLENCE IN THE WORKPLACE ENVIRONMENT**

The Excellence in the Workplace Environment Award is presented to organizations that have developed positive work environments. These organizations must have developed an Innovative and effective program, approach or overall environment that promotes excellence in nursing care, creating a positive environment for nurses to work and supports nurses in their practice. (Please note that this designation is for a five year period of time. After five years, facilities may re-apply)

**ELIGIBILITY**

Nominees for ONA awards must meet specific criteria. These individuals must be ONA members, except for the Friend of Nursing Award, which is given to a non-nurse, or for the Excellence in the Workplace, which is presented to organizations. Members of the ONA Board of Directors and the Awards Selection Committee are not eligible for ONA awards during the period in which they serve in these capacities.

**The deadline for submission of nominations is September 12th.** Find complete details and instructions for nominating a nurse on the ONA website, www.OklahomaNurses.org. Submissions can be made online or mailed to ONA. Questions? Email ona.exec@oklahomanurses.org

---

**Oklahoma City VA Health Care System**

has exciting job opportunities available for experienced RNs and LPNs:

**Registered Nurse Opportunities**
- Acute Medical Health Unit – evening shift
- Surgical and Medical Intensive Care units – night shift
- Medical/Surgical units – day and night shifts
- Community Living Center – day and night shifts
- Emergency Department – night shifts
- Operating Room – experience required
- Recovery Room – experience required
- Perioperative & Mental Health Nurses

**Licensed Practical Nurse Opportunities**
- Primary Care Clinics – Oklahoma City
- Women’s Clinic – Oklahoma City
- North May Clinic
- Stillwater Clinic
- Ardmore Clinic

Give Charlotte a call at (405) 456-5607 or e-mail at Charlotte.Walker@va.gov
ONa Candidates to be Elected

This year ONA Members will elect a Vice President, Emerging Nurse Director, Political Activities Director, Practice Director and three Nominating Committee Members. All candidates are listed below as well as on the ONA website. Balloting will be conducted online by Election America and will be available August 15 – September 15. Election America will be emailing each ONA Member a username and password. If you prefer to have a paper ballot, they will provide you with one. Election results will be announced at the Business of Delegates, which will be held as part of the ONA Convention, October 21, 2015 in Midwest City, OK.

Vice President

(listed alphabetically)

Elizabeth Diener, MSN, MSN, PhD
Current Position: Chair, Graduate Education and Associate Professor Oklahoma City University. Kramer School of Nursing; Oklahoma City
Activities: ANA/ONA Member, 2015 Annual Conference Committee, ONA Region 1 member, OKHPNA-President (term expires 01/18), NLN member, and school Ambassador for KSN, Cartans Coach through Watson Caring Science Institute since 10/08
Education: Diploma – Barnes SON, St. Louis, MO 1973, BSN-Lindenwood College, St. Charles, MO 1979, MSN-U of Missouri, Kansas City 1994, PhND- U of Missouri St. Louis 2003

Statement on views on nursing and issues facing ONA: Safeguarding the health of Oklahoman’s is a primary concern any nursing association. This is accomplished by upholding the safety and practice parameters of nurses within our state. Serving as an officer for ONA will bring opportunities to represent nursing and Oklahoma nurses in healthcare design and equity.

Pamela Spanbauer, ADN, BSN, M.ED.
Current Position: Retired
Activities: ONA Current Vice President, Physician Manager, Training Commission Chair, Lifestyles Oklahoma Governing Board

Statement on views on nursing and issues facing ONA: Nurses in Oklahoma have an opportunity in the policymaking process to effectively impact healthcare. It is vital that Oklahomans have access to affordable, high quality health care and as essential members of the healthcare delivery system, we can assist in the process of improving healthcare in each of the settings that nurses are involved! We would be honored to actively work with ONA/ANA members, the ONA board, lobbyists, local, state, national leaders, and professional nursing organizations to facilitate the active participation of nursing in the policy making process.

Political Activities Director

Martha Hernandez, DNP
Current Position: APRN @ Balance Women’s Health: Moore, OK
Activities: Current ONA/ANA Member, Oklahoma Medical Reserve Corps, American Psychiatric Nurses Association: Member; Oklahoma Chapter: Charter Board Member for the Oklahoma Chapter and current Immediate Past President; Participated in Oklahoma Academy Town Hall Conference: We can Do Better-Improving the Health of the Oklahoma People, Sulphur, OK, 2014
Education: University of Tennessee Health Science Center, Memphis, TN, DNP: 2014, University of Oklahoma Health Science Center, OKC, OK, MS: 1999, Oklahoma Baptist University, Shawnee, OK, BS, 1981, BA, 1979

Statement on views on nursing and issues facing ONA: The ONA legislative priorities for 2015 continue to advocate for the health status of Oklahomans have access to affordable, high quality health care and as essential members of the healthcare delivery system, we can assist in the process of improving healthcare in each of the settings that nurses are involved! It is vital that Oklahomans have access to affordable, high quality health care and as essential members of the healthcare delivery system, we can assist in the process of improving healthcare in each of the settings that nurses are involved! We would be honored to actively work with ONA/ANA members, the ONA board, lobbyists, local, state, national leaders, and professional nursing organizations to facilitate the active participation of nursing in the policy making process.

ONA Candidates continued on page 6

Conflict is Everywhere. Opportunity is Here.

Graduate Certificate in Collaborative and Conflict Engagement
• Three course program; two weekends per course
• Format designed for working professionals
• Registration deadline Oct 9; first course begins Oct
Register at resolution.smu.edu
Program designed for physicians, nurses and healthcare administrators, and those who see leadership roles in their future.

Seeking RNs and LPNs

Community Health Nursing: Full Time Day and Night Shifts
Outstanding shift differential $1,500 hire on bonus
To learn more contact:
State, Tribal, and Community Health

For questions you may contact Jennifer Kitz, RN, BSN, OK at 405-815-6893 or e-mail jennifer.kitz@integrisok.com

Conflict is Everywhere. Opportunity is Here.

Graduate Certificate in Collaborative and Conflict Engagement
• Three course program; two weekends per course
• Format designed for working professionals
• Registration deadline Oct 9; first course begins Oct
Register at resolution.smu.edu
Program designed for physicians, nurses and healthcare administrators, and those who see leadership roles in their future.

Now accepting applications for qualified RNs

Benefits include: 401K, medical, dental, optional, annual & sick leave, 12 paid holidays, Sign on and Referral Bonuses, ($1,000 RN, $600 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 (405) 587-7885 or go to www.cnhsa.com

Choctaw Nation

Rural, tribal, 43 bed, state-of-the-art facility located in scenic southeastern Oklahoma in Tahlequah is seeking qualified and experienced Nursing candidates. Choctaw Nation prides itself in providing quality service and product, and a real desire to help our Tribal community.

Applications are being accepted by Northern Oklahoma College for full-time nursing instructors. Med-Surg experience is essential. A minimum of an MS degree with a major in nursing or an MSN degree is required with at least 2 years of full-time clinical experience. Instructors must have a current unencumbered RN license and be computer literate. Applicants will need to submit an application form available online at www.noc.edu, a letter of application, a resume, three letters of professional recommendation, and current official transcripts to Human Resources, Northern Oklahoma College, PO Box 310, Tonkawa, OK 74653.

Long-run (listed alphabetically)

Carol Rogers, PhD, MS, BSN
Current Position: Assistant Professor, University of Oklahoma Health Sciences Center of Oklahoma
Activities: ONA/ANA Member, Member of Hartford Center of Geriatric Nursing Excellence, Member and Communication Committee and Midwest Nursing Research Society. Gerontological Nursing, RIG Awards Committee Member, Former President, Secretary, Treasurer, and board member of AORN Arizona Chapter 3, Arizona Nurses Association Board Member 2002-2012
Education: Arizona State University, Phoenix, AZ, PhD 2010

Statement on views on nursing and issues facing ONA: The ONA legislative priorities for 2015 continue to advocate for the health status of Oklahomans. As a Community Health Nurse, I believe it is our duty to advocate for the health of our community by

The Oklahoma Nurse  •  Page 5

September, October, November 2015
ONA Candidates to be Elected

ONA Candidates continued from page 5

providing testimony to legislature in support of bills designed to improve the health of all individuals, families, and communities.

Practice Director
ShyRhonda Roy, MSN, BSN, ADN

Current Position: Critical Care Educator for the VA Nurse Academic Partnership with the University of Oklahoma HSC, College of Nursing (VANAP-Nurse Residency) & Facility Simulation Coordinator at the Oklahoma City VA Medical Center

Activities: I have been an active participant on the ANA workgroup revising the Nursing: Scope and Standards of Practice, Third Edition. Due for release in July 2015. Active Hero Homecoming committee member and serves as the volunteer lead for VA Employees for the Limbs for Life Blaze 5K run & Hero Homecoming 2015.

Education: Oklahoma Baptist University, Shawnee Ok, MSN, 2011, Southern Nazarene University, Bethany Ok, BSN, 2008, Oklahoma City Community College, Oklahoma City, Ok, ADN, 2001; Oklahoma City Community College, Oklahoma City Ok, Paramedic, 1995

Statement on views on nursing and issues facing ONA: One item I feel the Oklahoma Nurses Association will be facing in the near future will be Interprofessional Education. As a profession we stress the importance of interprofessional collaboration, but without having a true understanding of one another’s education, and scope of practice, it is difficult to break through perceived attitudes and effectively collaborate in providing true team-based care. I feel the interprofessional collaboration needs to start in the classroom and threaded throughout the nursing curriculum. Core Competencies for Interprofessional Collaboration (2011) have already been developed and one local university has been piloting a program with great outcomes.

Emerging Nurse Director
Nathan Gomez, DNP

Current Position: Registered Nurse, Coronary Care ICU, INTEGRIS Baptist Medical Center, Oklahoma City, OK; Registered Nurse, Adult Medicine Specialty OU Medical Center

Activities: ONA/ANA Member

Education: Otero Junior College, La Junta, CO 81050, Associate’s Degree – Nursing 2014

Statement on views on nursing and issues facing ONA: I firmly believe in the Oklahoma Nurses Association mission of empowering nurses and am confident in the organizations desire and motivation to do so. For this reason I stand strong with the ONA on all issues we as nurses and the ONA may face.

Nominating Committee
Jerod Waters, BS, ADN, MSN

Current Position: Executive Officer of Nursing, Chickasaw Nation Department of Health

Activities: Member of ANA/ONA, AACN (Critical Care Nurses), ONE, March of Dimes Nurse of the Year Committee (4 years), Murray State College Nursing Advisory Committee (Chair), East Central University Nursing Advisory Committee, Ada Boys and Girls Club BOD

Education: East Central University: BS (Biology) 1999, Murray State College: AND (Nursing) 2003, Liberty University: MSN (Nursing Admin) Current

Statement on views on nursing and issues facing ONA: The current status of nursing in the state of Oklahoma is encouraging. We are seeing standards raised by programs producing better prepared graduate nurses. It is my opinion that we as professional nurses have an obligation to bring these students up with great expectations and high standards, leading to better nurses for our patients, and better employees for our organizations.
How to Increase Concentration & Focus Using Intention Statements

by Elizabeth Scala

As I was driving home through the city today I was distracted by all of the commotion outside of my car. Tractor trailers were banging and clanging quickly past me. On the sidewalk, construction workers were shouting to one another, finishing up the day’s work. Loud noise, such as radios and car horns, was invading my quiet space. My thoughts were scattered and I was having a hard time concentrating on one thing at a time. My mind was racing from topic to topic. Then I realized; it all reminded me of a busy day on a nursing unit!

I know we all have had experiences like these; getting interrupted while calculating medication dosages, being called to the telephone while in the middle of patient teaching, or hearing a bed alarm and rushing away from talking to a family member about how their loved one is doing. This is the nature of our position as a nurse. We need to be in a million different places all at one time. We care for many people at the same time. We have so much to get done each day and so much responsibility on our shoulders. It can be a distracting role with its multiple facets and tasks. And it can get a bit chaotic; and quite exhausting at times!

One way to decrease distraction during your day to day routine is through using positive affirmations. Stating positive declarations can create greater focus, increased concentration and a sense of balance. Taking time out each day to sit quietly, breathe, and state mantras either to yourself or aloud can have a deep impact on your happiness, peace of mind, and health. When you do this you quiet the mind. You create a space that is free from thought, increased concentration and a sense of balance. And then, with practice, you can call upon this state of mind at any point during a busy shift.

Here is what you do. Make time each day, either in the morning or the evening, to quietly state each affirmation. Reflect on what it means to you. You create a calmer presence through slowing down and breathing with yourself. Knowing that you are a wholesome force of good that deserves peace and joy in your life will create a space of being able to receive for yourself. You deserve great happiness, peace, and love in your life. Make room for yourself!

About the Author: As a speaker, workshop facilitator, and Reiki Master, Elizabeth partners with hospitals, organizations, associations, and nursing groups to help transform the field of nursing from the inside out. As the author of the “Your Next Shift” and host of the Your Next Shift Workshop, Elizabeth guides nurses and nursing students to a change in perspective, helping them make the inner shift needed to better maneuver the sometimes challenging realities of being a caregiver.

Realizing that you are worth it and taking the time to sit quietly with your own positive thoughts will greatly affect your life on many levels. You will create a way to cope with distraction during your busy days. You will generate a calmer presence through slowing down and breathing with yourself. Knowing that you are a wholesome force of good that deserves peace and joy in your life will create a space of being able to receive for yourself.

Here are some statements I use that can help you get started:

• I am exactly where I need to be as my journey in life reveals itself to me.
• I honor my mind, body, and soul and treat each aspect of my being with respect.
• I am a confident, knowledgeable, and successful role model as I inspire others to be the same.
• I know great joy and peace and therefore have wonderful energy.
• My speech is a form of love.
• I am limitless in my capacity for joy, healing, and happiness.
• I will achieve perfect balance and be successful in all that I take on.

For more information call today:

Tulsa, OK: (918) 665-1011 • Oklahoma City, OK: (405) 842-7775
Springfield, MO (417) 886-1001 • Dallas, TX (214) 631-9200

www.My-FirstCall.com

Applying at www.My-FirstCall.com

Drug testing required. Some restrictions apply.
by Diane Sears, RN, MS, ONC-ret

In the daycare line: “Sorry Honey, Mommy is a Nurse. We only go to the Doctor if we are dying or hemorrhaging profusely from our cranium. Shake it off.” (someecards.com)

In the manager’s office: “A mouse trap, placed on top of your alarm clock, will prevent you from rolling over and going back to sleep after you hit the snooze button.” (email 10/14)

“I’m not judgmental. I just have excellent assessment skills.” (someecards.com)

“I love how coffee tricks me into thinking I’m in a good mood for about 27 minutes.” (someecards.com)

“Nobody is as sick as you say you are on Facebook and still has the energy to post on Facebook. It’s called Munchausen by Internet. Google it.” (someecards.com)

In the conference room: Nurse came into the room frustrated with herself because she had left her ultrasound machine in a tower far away from OPI where she had volunteered to go, stating, “It might be my ultrasound machine in a tower far away from OPI confining the department, smiling.”

“I found her, I found her.” (someecards.com)

In the patient’s room: “People often say that motivation doesn’t last. Well, neither does bathing – that’s why we recommend it daily.” (Zig Ziglar)

Kirk Douglas, 98 year old actor & author of, Life Could Be Verse, was being interviewed. Interviewer: “I noted that you had your stroke in 1996 that you considered suicide. Douglas: “Humor saved me. I shot myself, especially for an actor, is a terrible thing, because if you can’t speak, you can’t act. At first, I thought my life was at an end. But when I put the gun in my mouth, it hit a tooth. Ow! And that struck me funny. A toothache was stopping me from committing suicide! Funny! And it made me stop. There are even jokes about it: What can an actor do who can’t talk? He waits for the silent pictures to come back!” (http://parade.com/359599/dotsonrader/exclusive-kirk-douglas-on-success-suicide-family-and-film/)

“I think a hero is any person really intent on making this a better place for all people.” (Maya Angelou)

In the ER: “I see that you are back in the ER with a severe case of hypochondriacism.” (someecards.com)

“Avoid cutting yourself when slicing vegetables by getting someone else to hold them while you chop.” (email 10/14)

“Avoid arguments with the Mrs. about lifting the toilet seat by using the sink.” (email 10/14)

“When I die, I want my last words to be, “I left a million dollars under the…”” (email 03/15)

At the desk: “Standing at the nurses’ station will not make your discharge go faster and no, you can’t have some morphine before you leave…” (someecards.com)

“Dental pain you say? I’ll see your cardiac workup and raise you a pelvic exam.” (someecards.com)

After the calling of a Code Gray, an IV nurse playfully comes up behind a nurse manager and says, “I found her, I found her.”

“Yes, I charted it. I charted what I previously charted. Wait, hold on, I have to chart that I told you about my charting.” (someecards.com)

In the locker room: “Showering won’t be enough after today. I’ll need to be autoclaved.” (someecards.com)

In the brain: “Against the assault of laughter nothing can stand.” (Mark Twain)
Congratulations!

Kristy Baker APRN-CNP, Board Certified Adult Nurse Practitioner of Integris Westview Health Clinic, Clinton, OK, a Fellow in the 2014-15 Duke-Johnson & Johnson Nurse Leadership Program, successfully completed the one year program in June 2015. Program components included three leadership retreats as well as distance-based learning activities and a transformative health leadership project. The Duke-Johnson & Johnson Nurse Leadership Program is a partnership between Duke University School of Medicine, Duke University School of Nursing and Johnson & Johnson. This program provided leadership development for advanced practice nurses to enable them to effectively address the health needs of their communities—especially that of underserved populations. Program Fellows are expected to be change agents within their practice settings and the evolving health care environment.

Mrs. Baker’s project focused on developing RN Primary Care Coordinators within the primary care medical home model. During her project development, she was able to interview several clinics who employ RN’s and she would like to thank Dr. Stacy Knapp and her staff, Dr. Blake Badgett and his staff and Mrs. Jan Lacy RN for their assistance as well as Integris for sharing their resources with Mrs. Baker for this project.

Mrs. Baker was selected by her peers to give the remarks on behalf of her class at the celebration dinner given in their honor by Duke-Johnson & Johnson at the Washington Duke Inn and Golf Club in Durham, NC.
Cherokee Nation, headquartered in beautiful Tahlequah, Oklahoma, seeks Nurses to work at various Health Centers & Hospital operated by Cherokee Nation, headquartered in beautiful Tahlequah, Oklahoma.

RN Opportunities

Explore RN Opportunities & Apply Online Today!

www.stmarysregional.com

Cath Lab, BirthPlace, Emergency, ICU, Joint Replacement Institute Med Surg, PCCU, Surgery & NEW Adult Behavioral Health Unit

St. Mary’s Regional Medical Center
205 South Fifth Street Enid, Oklahoma
Nurse Recruiter: (580) 249-3634
SMRMC and SMPA are equal opportunity employers.

Health Centers & Hospital:
Wilma P. Mankiller Health Center - Stilwell
AMO Salina Health Center - Salina
Sam Hvider Health Center - Jay
Three Rivers Health Center - Muskogee
Redbird Smith Health Center - Sallisaw
Will Rogers Health Center - Nowata
Cooweescoowee Health Center - Ochelata
Vininta Health Center - Vininta
WW Hastings Hospital - Tahlequah

Benefits:
- Competitive pay
- Profitable 401k plan
- Affordable health insurance
- Paid holidays
- Paid continuing education and enrichment programs
- Fitness program
- Employee assistance program

Interested Applicants Please Apply

Online at: www.cherokee.org

Cherokee Nation
Human Resources Department
P.O. Box 948
Tahlequah, OK 74465
(918) 453-5292 or (918) 453-5050

Employment with Cherokee Nation is contingent upon drug test results. Indian preference is considered.

Cherokee Nation is an Equal Opportunity Employer (EOE).

© 2018 Cherokee Nation. All Rights Reserved.

www.cherokee.org

St. Mary’s
Regional Medical Center
Excellence Is Our Standard

Ready, set, go – ONA and ANA’s Member-Get-a-Member program is here! Start referring your RN friends and colleagues for ONA-ANA membership. You’ll earn a free ANA webinar and a $25 Amazon gift card. Refer more RNs; you could earn two or even three $25 Amazon gift cards. It’s a win/win for you, your friends and the nursing profession.

It’s easy to get involved! There is no commitment, no quota and absolutely no selling. You can participate as much as you like. Here’s how:

1. Visit www.nursingworld.com/MGM-ONA and provide ONA with the name and valid email addresses of your coworkers, nursing school chums, neighbors – every RN you know who should join. You can enter one name and email address today, another tomorrow and even more next week. We’ll keep track and send you rewards as you’ve earned them!

2. Check-out the online Volunteer Recruiter Toolkit at www.nursingworld.org/MGM-ONA where you’ll find details on:
   - Frequently asked questions
   - Recruitment
   - Finding future members
   - ONA-ANA member benefits flyer
   - Sample email you can share with your colleagues

That’s it. Once you enter the names and valid email addresses online we’ll take it from there! And, if you’re not sure whether a nurse is already a member, we’ll verify their membership status – and reach out if they are not one.

Plus, you’ll be richly rewarded for your efforts:
- A free Stepping into Your Spotlight: Building Your Professional Brand webinar when you submit 9 or fewer names and email addresses of future members. This eye-opening presentation will show you how creating, developing and promoting your personal brand as a nurse can truly set you apart.
- A $25 Amazon gift card for every 10 future member names and email addresses that you provide. Supply 10 emails and names; you’ll receive one $25 Amazon gift card. Supply 10 more and you’ll receive another $25 Amazon gift card.
- Special recognition on the ONA website.

We hope you enjoy sharing the value you receive as a member – letting colleagues know about ONA and ANA’s efforts to support nurses’ scope of practice or a timely article you read in American Nurse Today.

This is a great opportunity for you to help ONA and ANA grow. Every nurse should have professional development resources that will help them meet today’s ever-changing practice and career needs. And when we speak for nurses, in Oklahoma City or Washington, we want to speak out on behalf of every nurse in Oklahoma.

Get started today at www.nursingworld.org/MGM-ONA!

Questions? Contact membergetamember@ana.org

Introduce 10 RN Friends and Colleagues to ONA-ANA Membership and You’ll Earn a $25 Amazon Gift Card!

Etsy:
http://www.etsy.com/shop/simplewreath

Facebook:
https://www.facebook.com/simplewreath

E-mail:
simplewreath@gmail.com

I would love to have you visit my shop! If you have questions or would like to request a custom order, please do not hesitate to contact me.

Now! New offering monograms!

SimpleWreath specializes in handmade, natural looking wreaths that enhance the beauty of your home, both inside and out.
Registration is open for The Oklahoma Nurses Association 2015 Annual Nurses Convention at the Reed Conference Center in Midwest City, Oklahoma. The theme for this year is Oklahoma Nurses: Integrating Points of Care. The two-day convention will highlight the impact that Oklahoma Nurses make across all practice settings related to innovative and evidence based practice, as it relates to ethics, quality improvement and technology.

Wednesday’s line up includes a panel of nursing professionals discussing Oklahoma Nurses and their Impact on Health Care in Oklahoma, followed by the Issue Forum. During the Issue Forum, we will discuss issues related to the work of the association and nursing practice. Participants will have the opportunity to create and/or select individual issue forums on topics they want to discuss. After lunch, the House of Delegates will be held to conduct the business of the association. Evening events include The Oklahoma Nurses Foundation fundraising dinner and viewing of the film, The American Nurse (additional $35), a reception open to all to meet the ONA Board of Directors and a Mix & Mingle for newly licensed nurses!

On Thursday, we continue to highlight the work being done to transform health care in Oklahoma with a general session followed by four breakout sessions. Keynote speaker, David Kendrick, MD, MPH will discuss the current state of health care as well as a look into how new technology is changing the future of health care. Kendrick is the Associate Professor of Internal Medicine and Pediatrics and the Medical Director for Community Medical Informatics at the University of Oklahoma's School of Community Medicine. Dr. Kendrick holds degrees in engineering, medicine, and public health, and received formal training in medical informatics at Harvard's Center for IT Leadership. He has more than 15 years of practical experience in designing and implementing novel healthcare software, ranging from telemedicine systems to enterprise electronic medical record systems. Healthcare providers in four states use systems designed by Dr. Kendrick to manage more than 40,000 patients on a daily basis. He is currently principal investigator of the Doc2Doc study, the first randomized controlled trial to evaluate the use of store and forward telemedicine technology in a communitywide setting.

Convention offers a great opportunity for you to network with colleagues, learn self-care and leadership skills all while gaining continuing education credits. Visit our website for registration rates and to register. ONA Members receive a discount as well as RN to BSN Students! We hope to see you there! Take advantage of the early bird rates and register today! For detailed information on Convention and to register, please visit the ONA website: www.oklahomanurses.org

Stillwater Medical Center is a 119-bed acute care general hospital offering a full range of services to patients throughout north central Oklahoma.

- SMC is Ranked in the “Top 100 Best Places to Work in Healthcare” for 3 years, PLUS has:
  - 97% Employee Satisfaction Rating in 2015
  - Excellence in Patient Experience
  - RN Career Ladder and Lucrative Benefit Package

Find your new career! www.stillwatermedicalcareers.com
Contact: Lea Brown, RN Recruiter 405-742-5759
Official Call to the ONA House of Delegates

To Attend a Meeting of the ONA House of Delegates in Sheraton Reed Center, Midwest City, Oklahoma
Wednesday, October 21, 2015, 1:30 – 4pm
From – Kim Williams, RN ONA Secretary/ Treasurer

This notice constitutes the official call to meeting of the Meeting of the ONA House of Delegates. During this House of Delegates we will consider proposed Bylaws Amendments that operationalize the transformational work conducted at the 2014 House of Delegates. The House session will be held Wednesday, October 22, 2015 at the Sheraton Reed Center. The House of Delegates will convene at 1:30 p.m. adjourning at 4pm. Credentialing closes at 1:15 pm so that we may start promptly at 1:30 p.m.

Prior to the House we will have a panel discussion focused on Oklahoma Nurses and their Impact on Health Care in Oklahoma, followed by the Issue Forum. During the Issue Forum, we will discuss issues related to the work of the association and nursing practice. A registration fee will be assessed for this day, as lunch will also be included. You may also register for the entire convention. For more details regarding the agenda and the 2014 Minutes are posted on the ONA website, www.oklahomanurses.org.

The Transformational Work Conducted at the 2014 House of Delegates

The House of Delegates also provides a courtesy seat to Past ONA Presidents and one registered nurse participant from each organizational affiliate. These delegates come to the House to work towards the growth and improvement of ONA and its constituencies. This requires a professional commitment to the preservation and creative growth of the professional society at all levels of the organization. Such a commitment will benefit the individual delegate, the Association and the nursing profession. The representation for each Regional Nurses Association established for the 2015 House is below.

Each delegate must study the issues thoroughly and is encouraged to participate in Region sponsored meetings prior to the ONA Annual Convention and the meetings held prior to the House on October 21 so that they may engage in open-minded debate, practice active listening and use the extensive resources and collective knowledge made available throughout these meetings to assist them in making informed decisions.

If you are interested in having an issue considered by the ONA House please submit a reference to be heard using the reference guidelines posted on the ONA website. Please visit the ONA website to view the Policies and Procedures for guidance.

Enroll Now in St. Gregory’s NEW RN to BSN Program

Advance your career in our Nursing Program that concentrates on the development of the whole nurse – mind, body and spirit.

- Classes meet only one night a week
- Special focus on spiritual formation, leadership development & critical thinking skills
- Complete your BSN in as little as 12 months

Classes Forming in Oklahoma City, Tulsa & Shawnee

For more information on the RN to BSN Degree Completion program, contact our Admissions team today!
1-844-BE EXTRA
nursing@stgregorys.edu
www.stgregorys.edu

Firmly Catholic, Proudly Benedictine, Welcoming to All

St. Gregory’s University is an affirmative action, equal opportunity institution.
An Emerging Role for RN’s: the RN Primary Care Coordinator

by Kristy Baker APRN-CNP, 2014-2015 Fellow
Duke – Johnson & Johnson Nurse Leadership Program, ONA Member Region 5

This project was developed during my Fellowship with Duke. I would like to thank Duke, Johnson & Johnson, Dr. Blake Badgett, Dr. Stacey Knapp, Mrs. Jan Lacy, RN and Integris Health for their participation and support.

Statement of the Problem:
Goals of the Patient-Centered Medical Home Model (PCMH) include delivering primary care in a low cost manner, utilizing care coordination, ensuring high value and improving health outcomes. The “Triple Aim” is Improved Patient Experience, Improved Population Health, and Lower Cost” (IHI, 2013). However, the system is plagued by problems related to access, continuity of care, inconsistent quality, and other pressing challenges. Registered Nurses are well educated clinicians who are prepared to serve in new roles as front-line primary care leaders working alongside physicians and advanced practice nurses. In this role, RN’s can engage patients and families in care coordination, enhance care transition, manage complex chronic care plans, and promote preventive care services to empower patient self-care.

Unfortunately, neither urban nor rural settings have developed a comprehensive definition of what RN primary care coordination is nor is it being implemented in a uniform manner.

Evidence – Literature Review and Synthesis:
Theoretical Framework:
The Patient-Centered Medical Home (PCMH) is one of the main models of care proposed in the redesigning of the primary care system in America. The Institute of Medicine (IOM) recently highlighted the critical role that nurses will play in this redesign, emphasizing the need for nurses to practice to the full extent of their education and training (IOM, 2011). The PCMH requires extensive practice redesign and contains many elements that require an effective, well-educated nursing staff. Care coordination is a core element of the PCMH model, and represents a complex task in the system of care. A recent study found that a typical primary care provider shares patient care with 229 other physicians and health care providers with whom care must be coordinated (Pham, O’Malley, Bach, Salontz-Martinez, & Schrag, 2009).

The Agency for Healthcare Research and Quality (AHRQ) defines Care Coordination as the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patients care to facilitate the appropriate delivery of health services. Organizing care included marshaling of personnel and other resources needed to carry out all required patient care activities and is often managed by the exchange of information among participants responsible for different aspects of care (McDonald et al, 2014 p. 4).

Care Coordination is the function that helps ensure that the patient’s needs and preferences for health services and information sharing across people, functions and sites are met over time (NQF 2008).

In the 2013 Progress Report to Congress on the National Strategy for Quality Improvement in Health Care, the U.S. Health and Human Services Department stated:

“Coordinating care is one of the traditional strengths of the nursing profession, whether in the community or in the acute care setting” (IOM, 2010, p.65).

Little research exists to define the role of registered nurses in primary care and the role of care coordination. Anderson, et al 2012 began an observational study of nursing work in a community health center which found that RN’s needed to spend a lot of time on patient care coordination but ended up having to stop and do a lot of direct patient care resulting in neglect of patient care coordination duties so the work roles would need realignment to meet the needs and objectives of the patient centered medical home model. Robert Wood Johnson Foundation have begun issuing reports on how nurses are transforming patient care based on projects initiated from implementation of the Institute of Medicine (IOM) report Future of Nursing. In the July 2012 Part III Report they share how nurses are solving some of primary care’s most pressing challenges by developing models of nurse coordinators in primary care, especially in rural clinic settings. Based on their observations in 2012, Robert Wood Johnson began the LEAP project

Conscious patient-centered coordination of care not only improves the patient experience, it also leads to better long-term outcomes, as demonstrated by fewer unnecessary trips to the hospital, fewer repeated tests, fewer conflicting prescriptions, and clearer advice about the best course of treatment. USDHHS, 2013

The close link between nursing and care coordination practice is reflected in The Future of Nursing “Coordinating care is one of the traditional strengths of the nursing profession, whether in the community or in the acute care setting” (IOM, 2010, p.65).

Here’s a true story!
A nurse was named in a lawsuit after a 20-year-old male saw an urgent care clinic. He died from one of the most dangerous forms of bacterial meningitis.

Case summary:
• The nurse attended to the patient and determined that he needed to go to the ER within 5 minutes of the patient arriving at the clinic.
• The patient’s girlfriend took him directly to the hospital, where he was triaged but absorbed no fever and normal blood pressure. The patient began exhibiting signs of dizziness, nausea within two hours later and an hour afterwards began to be treated for meningitis even though a diagnosis had not been confirmed.
• The patient was definitively diagnosed with Neisseria meningitides Group B, the next day. He died less than 24 hours after arrival at the urgent care clinic.

The nurse was named, along with the clinic, the ER physician and the hospital. In a lawsuit brought by the parents of the patient, The parents alleged that if the nurse had triaged the patient and the physician were not given them, they would have recognized the symptoms of meningitis and administered antibiotics in time to save his life.

Defense experts supported the actions of the nurse in triaging the patient to the ER immediately. Discovery also confirmed that the patient had been ill for several days before seeking help, and the defense concluded that no treatment could have reversed the course of the illness.

Despite this, her defense costs topped $125,000.

The Professional Liability Insurance offered through Mercer Consumer to members of ANA can save you from the devastating costs related to defending yourself in a lawsuit. Learn more and get a free quote. Call 800-375-2764 or visit our web site: 858586.

Thinking about an advanced degree?

The OU College of Nursing ranks among the Best for Online Graduate Nursing Programs by U.S. News & World Report.

Consider one of these 100% online programs

• M.S.N. in Nursing Education
• Doctor of Nursing Practice (D.N.P.)
• Ph.D. in Nursing

The University of Oklahoma Health Sciences Center
College of Nursing

http://nursing.ouhsc.edu

The University of Oklahoma is an equal opportunity institution.
www.ou.edu/eoo
in which they identified exemplar sites to visit through extensive literature review and interviews with 154 exemplar clinics across the country. One of the findings they are consistently seeing in these exemplar clinics is that the role of the RN in primary care is deeply involved in care, treatment and management of patients, assuming major responsibility for subsets of panels of patients who require complex care coordination within the overall team care (Ladden, et al 2013, Academic Medicine, P. 1830).

Project AIMS:
Develop an RN Primary Care Coordinator job description that can be readily adopted by any primary care clinic within 30 days.

1. Allow Physicians and other providers to gain appreciation of the RN role in practicing to the full extent of their license in primary care.
2. Introduce the Providers and RN’s to the emerging role of RN-Primary Care Coordinators Core competencies in the emerging Patient Centered Medical Home Model.

Project Methods:
Design: The Design for this project was a Diffusion of Innovation Framework of engagement of a community of health care providers to disseminate an innovation of using an RN in a new emerging role. Through a literature review and interviews with rural primary care providers I identified 7 Domains for Care Management that the RN should be involved in. I utilized the 7 domains identified in the ANA book, titled Care Coordination: The Game Changer, edited by Dr. Gerri Lamb. Chapter 4 covers care coordination models and I have adapted the domains from this chapter as the baseline for my role development. I then wrote a job description for primary care that encompasses these 7 domains.

I presented this new role as my finished product at Duke where it was well received. I certainly did not invent the role of care coordination. I am excited to introduce a comprehensive job description with defined domains so that the role of RN primary care coordinator may become a recognized role for RN’s in the future. I hope you will review the domains I have listed below and become an advocate for promoting this emerging role for registered nurses in primary care in Oklahoma, and around the country.

7 Domains for Primary Care Coordination

1) Population Health Management: Effective care coordination calls for a change from a focus on a single provider caring for the health and well-being of an individual patient to a focus on a healthcare team managing the health of a panel of patients. The goal of PHM is to keep a patient population as healthy as possible, minimizing the need for extensive interventions and procedures. PHM encompasses defining a patient population, identifying gaps in care, stratifying risks, engaging patients in the management of their care, and measuring outcomes at the patient population level (Felt-Lisk & Higgins, 2011).

2) Comprehensive Assessment and Care Planning: A thorough knowledge of chronic disease management and evidence-based guidelines and protocols, especially for CHF, COPD, diabetes, and depression. (McSharry, Bishop, Moss-Morris, & Kendrick, 2013)

3) Interpersonal communication: Includes the ability to use different communication styles, including active listening, to counsel, interview, resolve conflict, build relationships, and develop effective interdisciplinary teams. An understanding of family and group dynamics is essential for developing collaborative relationships and team care.

September, October, November 2015

4) Education/coaching: A working knowledge of adult education principles and learning techniques, readiness to change, and identification of necessary person-centered components for a self-management plan is necessary to overcome barriers to patient and caregiver learning and facilitate behavior change.

5) Health insurance and benefits: Must have current knowledge of health insurance, managed care, and other payer sources and benefits. This includes specific information on public and private program benefits.

6) Community resources: A thorough familiarity of public and private community based providers, services, and support available in the local geographical area.

7) Research and evaluation: A basic understanding of research and evaluation techniques to assist in quality improvement of care and interpretation of program outcomes and effectiveness. Specific areas include: collecting, analyzing, and synthesizing population outcome data; evaluating the quality of patient education materials, identifying research-substantiated, evidence-based guidelines and interventions for the ongoing care needs of chronically ill patients; having an understanding of appropriate statistical methods for analyzing interventional components and program outcomes; staying current with the care management, case management, and disease management literature, and writing skills for proposals that fund additional research program reports.

To request a copy of the RN-PCC job description, you may contact the project author at Integris Westview Health Clinic, 3140 Hayes Ave. Clinton, OK 73011 or email at Kristy.Baker@integrisok.com.
Oklahoma Nurse Practitioners Need Full Practice Authority

Tracy Langley, DNP, APRN-CNP

The phrase “The Oklahoma Standard” was coined after the 1995 bombing of the Murrah Federal Building. This phrase has evolved to be known nationally by describing the resilience and perseverance of individuals in Oklahoma during the time of disaster. This phrase also represents the compassion we share for one another when faced with adversity and tragedy. In terms of health care, “The Oklahoma Standard is 46. Forty six represents the ranking of the health and wellness of Oklahoman’s from the United Health Foundation (UHF). Oklahoma ranks in the bottom 5 for childhood immunizations, premature death including death from cardiovascular disease and the highest death rate from chronic obstructive pulmonary disease in the nation (OK State Department of Health, 2014). The same standard holds true when looking at the health and wellness of the senior population. Seniors in Oklahoma rank in the bottom 5 states for poor nursing home quality, having a greater amount of falls and hip fractures, diabetes management and community support. Oklahoma seniors are not getting proper health screenings and lack access to geriatricians (UHF, 2015). Oklahoma’s statistics demonstrate a lack of health and wellness across the lifespan. Nurse practitioners (NP) offer a skill set with a focus on health promotion and disease prevention and have the ability to improve the health and wellness to individuals in Oklahoma. Oklahoma needs NPs to have full practice authority.

The UHF has been tracking the health and wellness of individuals in each state since 1990. The UHF works in conjunction with the American Public Health Association and Partnership for Prevention and analyzes a set of comprehensive and reportable clinical data, behaviors, community and environmental conditions as well as health disparities when determining the ranking each state (UHF, 2014). Unfortunately, Oklahoma consistently falls near the bottom. Oklahoma experienced its highest rankings the first two years of AHR data collection coming in at 32nd. By 1994, Oklahoma’s health ranking fell into the 40's where it has remained (UHF, 2014). By the 1980’s the nursing community began publishing studies which continued to demonstrate the safety and cost effectiveness of NP practice. Nurse practitioners perform as well or better than physicians in areas of health promotion and disease prevention, and managing chronic health conditions (AANP, 2013; Lowery et al., 2012; Wilson et al., 2005).

Barriers to NP practice remain at the state and federal level. Examples of these barriers are found in the verbiage in Medicare law. Examples of this are illustrated in policies that apply to home health care, skilled nursing units, long term care and when ordering diabetic shoes. These laws require orders from MD’s or DO’s which makes it difficult for NPs to provide seamless transitions in care. Barriers at the state level prevent NPs from ordering physical, speech or occupational therapy, prescribing schedule II drugs and require NPs to have collaborative agreement with a MD or DO. Other barriers come from payer policies. Many insurance companies do not recognize nurse practitioners as primary care providers or reimburse NPs at a lower rate. This forces NPs to bill for services under the physicians name. Lower reimbursement combined with the cost of payment to a physician for a collaborative agreement directly affects NP revenue. This makes it more challenging for NPs who desire to open their own practice, especially in rural communities.

Despite NPs functioning in various health care settings for the past 40 years, there remains a lack of misconception of the NP role in the eyes of the health consumer, within the medical community and amongst politicians. In order to help NPs in Oklahoma achieve full practice authority, nurses across the state need to join their state and national organizations. The membership dues and donations to political action committees will help give these outcomes, diagnosis, management, mortality and patient satisfaction. Forty years ago NP practice outcomes were comparable to that of physicians. (AANP, 2013). By the 1980’s the nursing community began publishing studies which continued to demonstrate the safety and cost effectiveness of NP practice. Nurse practitioners perform as well or better than physicians in areas of health promotion and disease prevention, and managing chronic health conditions (AANP, 2013; Lowery et al., 2012; Wilson et al., 2005).

The American Academy of Nurse Practitioners (AANP) defines full practice authority as,” the collection of state practice and licensure laws that allow for nurse practitioners to evaluate patients, diagnose and render and interpret diagnoses, initiate and manage treatments-including prescribe medications-under the exclusive licensure authority of the state board of nursing”(AANP, 2014). NP’s would still be responsible for meeting the educational requirements for licensure and maintain national certification. NP’s would be expected to consult and refer to other health care providers deemed necessary by a patients individual needs. Lastly, NP’s would be accountable to the public and the state board of nursing while adhering to standards of care in regards to practice and professional conduct (AANP, 2014).

To improve the health and wellness of individuals in Oklahoma, health care providers must be available and accessible. One of the goals of Healthy People 2020 is to improve access to health care. Having access to primary care providers provides opportunities for health promotion/ disease prevention screenings and modalities, early detection of acute and chronic disease, improving quality of life, and reducing preventable deaths (Healthy People 2020, 2015). Oklahoma is divided into 77 counties. Seventy two (94%) of Oklahoma’s counties have been designated as having a shortage of primary care providers. Thirty of these counties have 10 or fewer doctors of any kind (Adcock, 2013). Approximately one-third of the individuals in Oklahoma live in rural areas (Rural Assistance Center, 2014). The physicians that are in rural areas tend to be older than their urban colleagues, closer to retirement and often do not have another physician to assume their practice. Currently 18% of NPs work in rural areas compared with 11.4% of physicians (Mareck, 2011, Nursing@Simmons Blog, 2014). In 2012 14.6% of physicians entered primary care programs compared to more than 80% of NPs being trained in primary care (AANP, 2015). Allowing NPs to have full practice authority has the potential to provide access to health care service and could increase the number of health care providers in rural areas. As a result individuals in Oklahoma could see an improvement in their health and wellness.

Concerns for quality of care provided by NPs has long been debated between the medical and NP community. Research studies aimed at evaluating various outcomes of NP practice have been being published for the last 40 years. The earliest research studies were performed by the medical community and the congressional budget office. These early studies looked at a variety of measures including disease prevention screenings and modalities, early detection of acute and chronic disease, improving quality of life, and reducing preventable deaths (Healthy People 2020, 2015). Various outcomes of NP practice have been being published for the last 40 years. The earliest research studies were performed by the medical community and the congressional budget office. These early studies looked at a variety of measures including disease prevention screenings and modalities, early detection of acute and chronic disease, improving quality of life, and reducing preventable deaths (Healthy People 2020, 2015). Various outcomes of NP practice have been being published for the last 40 years. The earliest research studies were performed by the medical community and the congressional budget office. These early studies looked at a variety of measures including disease prevention screenings and modalities, early detection of acute and chronic disease, improving quality of life, and reducing preventable deaths (Healthy People 2020, 2015). Various outcomes of NP practice have been being published for the last 40 years. The earliest research studies were performed by the medical community and the congressional budget office. These early studies looked at a variety of measures including disease prevention screenings and modalities, early detection of acute and chronic disease, improving quality of life, and reducing preventable deaths (Healthy People 2020, 2015). Various outcomes of NP practice have been being published for the last 40 years. The earliest research studies were performed by the medical community and the congressional budget office. These early studies looked at a variety of measures including disease prevention screenings and modalities, early detection of acute and chronic disease, improving quality of life, and reducing preventable deaths (Healthy People 2020, 2015). Various outcomes of NP practice have been being published for the last 40 years. The earliest research studies were performed by the medical community and the congressional budget office. These early studies looked at a variety of measures including disease prevention screenings and modalities, early detection of acute and chronic disease, improving quality of life, and reducing preventable deaths (Healthy People 2020, 2015). Various outcomes of NP practice have been being published for the last 40 years. The earliest research studies were performed by the medical community and the congressional budget office. These early studies looked at a variety of measures including disease prevention screenings and modalities, early detection of acute and chronic disease, improving quality of life, and reducing preventable deaths (Healthy People 2020, 2015). Various outcomes of NP practice have been being published for the last 40 years. The earliest research studies were performed by the medical community and the congressional budget office. These early studies looked at a variety of measures including disease prevention screenings and modalities, early detection of acute and chronic disease, improving quality of life, and reducing preventable deaths (Healthy People 2020, 2015). Various outcomes of NP practice have been being published for the last 40 years. The earliest research studies were performed by the medical community and the congressional budget office. These early studies looked at a variety of measures including disease prevention screenings and modalities, early detection of acute and chronic disease, improving quality of life, and reducing preventable deaths (Healthy People 2020, 2015). Various outcomes of NP practice have been being published for the last 40 years. The earliest research studies were performed by the medical community and the congressional budget office. These early studies looked at a variety of measures including disease prevention screenings and modalities, early detection of acute and chronic disease, improving quality of life, and reducing preventable deaths (Healthy People 2020, 2015). Various outcomes of NP practice have been being published for the last 40 years. The earliest research studies were performed by the medical community and the congressional budget office. These early studies looked at a variety of measures including disease prevention screenings and modalities, early detection of acute and chronic disease, improving quality of life, and reducing preventable deaths (Healthy People 2020, 2015). Various outcomes of NP practice have been being published for the last 40 years. The earliest research studies were performed by the medical community and the congressional budget office. These early studies looked at a variety of measures including disease prevention screenings and modalities, early detection of acute and chronic disease, improving quality of life, and reducing preventable deaths (Healthy People 2020, 2015). Various outcomes of NP practice have been being published for the last 40 years. The earliest research studies were performed by the medical community and the congressional budget office.
associations the funds needed to campaign, lobby and produce public service messages educating individuals of the powerful impact NPs can have in their communities. NPs also need to remain aware of political issues at the state and federal level. This will allow our state and federal legislators to hear our voice when we are in favor of, or in opposition to policies that can affect NP practice. NPs that are well versed in policy and politics should consider mentoring NPs with a desire to expand their political knowledge. Besides, in the hearts and minds of NPs, The Oklahoma Standard is not 46.

Nurse Practitioners continued from page 15

References


Creating a Culture of Innovation

Paul B. Hobbs, MSN, RN; Betty Kupperschmidt, EdD, RN

There is little question the most successful organizations in the world are also the most innovative. These organizations are constantly seeking to improve how people live their lives, enjoy the world around them, and be as productive as they can be. Indeed, creating products that busy people can use to be more productive while also enjoying life is what landed Apple and Microsoft in the top two spots of most valuable companies in the world (Bailey, 2014).

Innovation can be difficult in organizations that do not foster a conducive environment. Although the executive team may feel innovative and believe their organization encourages new ideas and streamlined processes, these desired cultural values do not always “trickle down” to the staff. Understanding your organizational culture will help you follow its vision for the future by carving a path that everyone can follow.

Innovativeness: “a social process for the generation, acceptance, and implementation of new processes, products, or services for the first time within an organizational setting.”
~Joseph, 2015

10 Steps to a Culture of Innovation

In an attempt to change the culture of an organization from mediocrity into one where innovations thrive, using Kotter’s first four steps to “defrost” the status quo may prove useful (Shirey, 2011). Individual conversations designed to achieve the following 4 outcomes are critical: 1) increase urgency among the staff to desire improved and streamlined processes; 2) build and grow teams to foster self-organization in preparation for change; 3) assure the vision is verbalized and explained appropriately for everyone to understand where the organization is heading; and 4) advertise the change with the mantra of – “we are making a change to improve healthcare delivery to our community!” Once the status quo is “defrosted” and excitement can be felt in the halls of the organization, new and innovative strategies can change the culture of the entire organization. Now it is time to use Lanier’s (2012) six steps to CREATE a culture change. These steps use the acronym CREATE and are:

- Clarifying values. Leadership must identify and clarify the values that are important to them. Putting this clarification in a mission statement is most common. Understanding what the mission statement means to the organization and communicating these values effectively is a necessary step to changing a culture.
- Reinforcing the vision to reflect how the organization sees its future instills the desired values needed for the organization to see its desired future come to reality. Innovativeness is a virtue that an organization wants to be valued by its culture so the necessary accelerations in change can be made for a promising future.
- Empower behaviors that are consistent with the organization’s mission and vision. Breaking barriers and removing obstacles to innovativeness can provide the tools needed to help the organization on the desired path.
- Aligning conversations with leadership driven communication is a critical step in changing the culture. Any type of conversational communication is important when attempting to align the staff’s culture with the organization’s vision. These conversations include staff meetings, team huddles, performance evaluations, and happenstance meetings in the hallway of a unit.
- Targeting efforts on specific areas will unravel knots in the system that may be delaying the change, decaying the mission, or stalling the vision. These efforts may include providing more specific training for leaders of units that have demonstrated non-innovative, lackadaisical performance, or eliminating structures in the organization that draw the staff’s focus away from what’s important to the organization.
- Lanier’s final step to creating a culture change is to Emphasize successes achieved by the organization. Effectively communicating goals that have been met, achievements, and “wins,” small or large, creates momentum in the organization toward its vision.

CREATE a Culture of Innovation

Culture is a very powerful driver of success within any organization (Lanier, 2012). However, no matter how hard a leader may try to get staff excited and committed to be innovative, there may be those employees who refuse to change. If your culture is not one that embraces innovation and change, it may just drive the success into the ground. In the end of a long journey to a new, exciting culture where the organization as a whole is committed to innovation for a rapidly changing healthcare environment, your company will enjoy success in its vision to be shared with the community.

References


about the authors

Paul Hobbs is a Clinical Manager in the Neonatal Intensive Care Unit at the Children’s Hospital and OU Medical Center in Oklahoma City, Oklahoma. His Nursing Education, Bachelors of Science in Nursing and Masters of Science in Nursing, was obtained at the University of Oklahoma Health Sciences Center.

Betty Kupperschmidt is Faculty at the University Of Oklahoma Health Sciences Center College Of Nursing.

Thank you Oklahoma Nurses for your strength & support

Join our team at www.RedCross.org/volunteer
Certified Registered Nurse Anesthetists (CRNAs) have been providing safe anesthesia care in the United States for over 150 years. In fact, they were the first recognized anesthesia specialists dating back to the Civil War. Today, CRNAs practice in every healthcare setting, providing every type of anesthesia for patients of all ages and for any type of procedure requiring anesthesia. CRNAs are the primary anesthesia providers in the military, the VA healthcare system, in rural America and in medically-underserved inner-city areas.

When anesthesia is administered by a CRNA, it is considered the practice of nursing. When administered by an anesthesiologist, it is considered the practice of medicine. The actual practice of administration, however, is exactly the same. CRNAs are RNs with a bachelor’s degree and an average of three and a half years of critical care experience before entering a nurse anesthesia program. These programs are currently a mix of master’s and doctoral degrees, but by 2025, all CRNAs will graduate from accredited doctoral programs.

There are several models for the anesthesia delivery team. The care-team model consists of physician anesthesiologists supervising resident physicians and directing non-physician anesthesia providers, such as CRNAs. In no state in the US are CRNAs required to be supervised by anesthesiologists but some healthcare facilities can and do require it.

The all-MD model (anesthesiologists only) is the most expensive model and is not as common as it once was. In Oklahoma, though, there are still a few major hospitals that employ it.

In the all-CRNA model, CRNAs deliver anesthesia independently, without the supervision of an anesthesiologist. In states that require physician supervision, like in Oklahoma, that supervision can be provided by any MD, DO, podiatrist or dentist.

Then there is the MD-CRNA model, where anesthesiologists and CRNAs work in the same facility but practice independently of each other.

Studies have shown no difference in safety between anesthesiologists and CRNAs. And yet most states still require physician supervision. CRNAs are highly-educated, highly-trained specialists. Their job demands constant vigilance and split-second decision-making. Honestly – how can surgeons possibly supervise a CRNA in a specialty in which they have little to no training and while they are performing complicated procedures that require their full and constant attention? Collaboration is a more appropriate term. CRNAs work in collaboration with physicians and other healthcare professionals.

The Oklahoma Association of Nurse Anesthetists has made several attempts to pass legislation that would change the language from “supervision” to “collaboration”, to no avail. Influence by the physicians, namely anesthesiologists, on our state legislators is much too strong. So the OANA has been involved with the Advanced Practice Group of the Future of Nursing Action Coalition since its inception. The mission of this group is to facilitate advanced practice nursing consensus, communication and practice to improve Oklahoma patient outcomes. Representatives of all four APRN groups meet regularly in a cohesive effort to achieve full practice authority for all APRNs. It will ultimately happen because it makes economic, efficient sense. The question is when?

Please visit our Facebook page called “Advanced Practice Registered Nurses of Oklahoma.”

CRNAs are a unique type of APRN. In Oklahoma, rather than obtaining “prescriptive authority”, we obtain authority to “select, order, obtain and administer,” which is rather superfluous considering that is what we do.

To learn more about CRNAs, please visit www.future-of-anesthesia-care-today.com. There are links to the many studies showing the safety and cost-effectiveness of the anesthesia care provided by CRNAs. There is scientific proof that we are indeed perfectly suited to meet today’s healthcare challenges.

The Oklahoma Association of Nurse Anesthetists has made several attempts to pass legislation that would change the language from “supervision” to “collaboration”, to no avail. Influence by the physicians, namely anesthesiologists, on our state legislators is much too strong. So the OANA has been involved with the Advanced Practice Group of the Future of Nursing Action Coalition since its inception. The mission of this group is to facilitate advanced practice nursing consensus, communication and practice to improve Oklahoma patient outcomes. Representatives of all four APRN groups meet regularly in a cohesive effort to achieve full practice authority for all APRNs. It will ultimately happen because it makes economic, efficient sense. The question is when?

Please visit our Facebook page called “Advanced Practice Registered Nurses of Oklahoma.”

CRNAs are a unique type of APRN. In Oklahoma, rather than obtaining “prescriptive authority”, we obtain authority to “select, order, obtain and administer,” which is rather superfluous considering that is what we do.

To learn more about CRNAs, please visit www.future-of-anesthesia-care-today.com. There are links to the many studies showing the safety and cost-effectiveness of the anesthesia care provided by CRNAs. There is scientific proof that we are indeed perfectly suited to meet today’s healthcare challenges.
MBA-Health Care
The future of health care management.
On-campus or 100% Online.

snu.edu/mba-msm
405.491.6628

Find your smile... with Delta Dental of Oklahoma.

With plans starting as low as $24.00 a month, Delta Dental of Oklahoma can cover your smile so you don’t have to!

• Delta Dental PPO - Our most affordable plan.
• Delta Dental PPO – Plus Premier - Expanded network access.
• Delta Dental PPO – Plus Premier “Elite” - Enhanced coverage.

More people trust their smile to Delta Dental than any other!

To learn more:
www.DeltaDentalCoversMe.com?agency=1723663209
1-888-999-3736 and use Vendor Code 51004

When using this QR code, please select View Full Website

Delta Dental
INDIVIDUAL | FAMILY

We’re Transforming Health with a Caring Spirit!

Experienced RN opportunities available at St. Francis Health in Topeka, Kansas, and throughout SCL Health!

SCL Health offers a myriad of career choices at St. Francis Health and within seven other hospitals in Colorado and Montana. There is a setting for every career and lifestyle as our facilities are located near numerous quality-of-life activities for you and your family to enjoy.

All of our locations offer competitive pay, excellent benefits and relocation assistance for qualified positions. RNs may participate in Shared Governance, Pathways to Excellence and other quality-focused programs to augment patient care. In addition, RNs are encouraged and rewarded to continue education or obtain national certifications to enhance their own careers. With so many settings and locations, we offer both career mobility and advancement opportunities.

For details on desired positions, hospital locations of choice, and other questions, please call Kate Christmas, RN, Senior Recruiter, at 913-977-6186 or email Kate.Christmas@sclhs.net. Please enter this code to apply online: http://bit.ly/1LjJxCL or visit our website at sclhealth.org/careers.

Follow us on Twitter @sclhealthjobs

sclhealth.org/careers
An Equal Opportunity Employer

©2015 Sisters of Charity of Leavenworth Health System. All rights reserved.