The Oklahoma Nurses Association is pleased to present the 2017 Annual Nurses Convention at the Embassy Suites Hotel in Norman, Oklahoma on October 18th and 19th, Dawn of a New Era in Health Care. During this two-day convention, we will focus on the evolving face of health care and its impact on nurses and nursing. Attention will be given to emerging programs and trends that are in development at the state and federal level. Sessions will also highlight the power nurses have on state and local policymakers. It will take all of us working together in our facilities and communities to embrace change and move health care forward. We hope you can join us as we explore the new reality of health care.

Wednesday’s opening session will begin with a panel discussion regarding health care for Oklahoma’s vulnerable population. The Issues Forum will be followed by the House of Delegates. We will wrap up the day with a Networking Reception and an opportunity to visit with poster presenters.

We are thrilled to have ANA President, Pam Cipriano, PhD., RN as Thursday’s keynote speaker. Cipriano’s presentation will be followed by four breakout sessions, offering a choice of eight classes. At the Awards Luncheon, we will honor this year’s Excellence in Nursing award recipients. Attendees will also have the opportunity to visit with over 20 exhibitors and poster presenters.

Registration is open, register now for the early bird rate! Be sure to visit the ONA website for the detailed agenda.

www.OklahomaNurses.org

Exhibitor Space is still available. Visit our website for more details.
Oklahoma Nurses Association Regions and Regional Presidents

Region 1: President – Lucas Richardson-Walker
Region 2: President – Brandi Payton
Region 3: President – Angela Martindale
Region 4: Vacant
Region 5: Vacant
Region 6: President – Viki Saideman

Contact information available at www.oklahomanurses.org

Oklahoma Nurses Association
1111 N. Lee, Suite 243
Oklahoma City, OK 73103
405/840-3476

ONA MISSION STATEMENT
The mission of the Oklahoma Nurses Association is to empower nurses to improve health care in all specialties and practice settings by working as a community of professional nurses.

ONA CORE VALUES
O.N.A. believes that organizations are value driven and therefore has adopted the following core values:
• Diversity
• Educational Advancement
• Ethical Care
• Health Partner
• Integrity and Accountability
• Practice Competence
• Professional Development
• Safe Quality Care

ONA MISSION STATEMENT
The mission of the Oklahoma Nurses Association is to empower nurses to improve health care in all specialties and practice settings by working as a community of professional nurses.
At the recent June 8-10 ANA Membership Assembly (MA), I served you as an Oklahoma representative. That first day was Hill Day. Our excellent Oklahoma team consisted of Karen Taylor, Joanne Alderman, Jane Nelson, and myself. The team visited with the Oklahoma legislators or their staff about many issues, e.g., health care, vulnerable populations, full practice authority, staffing, and Title VIII reauthorization. Facts, figures, and personal experiences were so very important in addressing the various issues. It was a memorable day in terms of learning from each visit, and seeing how one person’s nationally televised responses to a committee could warrant such public attention. Every TV was tuned to former FBI Director Comey’s testimony!

As you can see, the resolutions address one of the five focus areas of activity, rest, nutrition, quality of life, and safety. Each one is realistic, achievable, and measurable. Many may seem too simple, but remember that we all differ in terms of becoming a healthy nurse. Making one small change can potentially have a huge effect and become a base for continued change and improvement.

So I again challenge you to share your response to the Grand Challenge, affirm your resolution, and inspire or even challenge your colleagues! Before the end of September, submit a paragraph or two about your resolutions, reasons for choosing them, and outcome measures for the next TON (The Oklahoma Nurse.) Let’s make the next issue our Oklahoma HNHN issue!

<table>
<thead>
<tr>
<th>Personal Resolution</th>
<th>Professional Resolution</th>
<th>Outcome Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lose weight through fruit and vegetable consumption.</td>
<td>Finish PhD.</td>
<td>Scale and graduation</td>
</tr>
<tr>
<td>Establish a dedicated exercise practice time.</td>
<td>Encourage my colleagues to engage in some form of exercise on a routine basis.</td>
<td>Track weekly</td>
</tr>
<tr>
<td>Work toward getting 7-8 hours sleep a night</td>
<td>Grow membership and activity in Region 1 by engaging more nurses with regular meetings with informative speakers and engaging activities.</td>
<td>Professional – by keeping a sleep log. Professional - by the amount of Nurses participating in ONA Region 1 meetings.</td>
</tr>
<tr>
<td>Better manage my weight loss challenge</td>
<td>Increase my level of advocacy for the profession and increasing patient outcomes.</td>
<td>Weight loss tracking for my personal resolution. Professional resolution progress will be measured through my personal communications with legislators.</td>
</tr>
<tr>
<td>Drink 64 oz H2O daily</td>
<td>Manage stress by taking walk daily at lunchtime.</td>
<td>Keeping track of fluid and walking with my i-phone app.</td>
</tr>
<tr>
<td>Do aerobic exercises 30 minutes a day at least three times per week.</td>
<td>Weekly - take 1-2 hours to pursue professional nursing journals or do CEUs in my areas of clinical expertise, interest, teaching responsibility.</td>
<td>Evaluate exercise frequency and duration, and review my annual CEUs/professional development participation.</td>
</tr>
<tr>
<td>Walk 30 min/day 4 times/week for the remainder of the year, regardless of the weather.</td>
<td>Encourage and promote physical activity, appropriate to health conditions, in 90% of patient contacts. Encourage journaling to follow progress.</td>
<td>Note walking days on my calendar. Note clients’ verbalization of activity.</td>
</tr>
<tr>
<td>Run a half marathon this year.</td>
<td>Encourage my patients to create a personal health goal for themselves prior to discharging the hospital.</td>
<td>Completing or not completing a half marathon within 2017. Tracking how many patients create a personal health goal prior to discharge.</td>
</tr>
<tr>
<td>Participate in Golden Oldies Exercise Program (30 mins three times a week). Walk 20 mins without stopping three times a week.</td>
<td>Challenge others to identify realistic, achievable, and measurable resolutions. Discourage “will be able to...” resolutions that don’t reflect commitment and action.</td>
<td>Note duration and frequency resolutions are achieved. Noting others’ resolutions that are realistic, achievable, and measurable (not sitting on the fence but actually doing).</td>
</tr>
</tbody>
</table>

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Are you wearing your Badge of Honor?

Jane Nelson, CAE
ONA Chief Executive Officer

In my work with nurses, it is truly evident how passionate and proud you are to be nurses. You let your Badge of Honor show to everyone you talk with about being a nurse.

How many times have you been asked: “Why did you become a nurse?” And once you started nursing school is it safe to assume that you never looked at life the same way again? How often do you think, “The only people that really understand my job as a nurse are other nurses?” Wearing your Badge of Honor helps you connect with other nurses. Are they wearing the Badge of Honor? Are YOU wearing the Badge of Honor?

When you meet someone and find out he or she is a nurse, nurses exhibit an instant kindred...a connection. I see this all the time at the ONA Convention and other nursing related events. When a nurse moves to Oklahoma leaving their nursing network and professional support system behind brings their Badge of Honor with them. They are welcomed into the Oklahoma Nurses Association and know that they will have a new professional support system when they transfer their Badge of Honor. New nursing graduates will have the same experience. Nurses undergoing changes in their workplace can have the same experience. Isn’t it nice to know that there is a consistent and familiar place that you can call your “professional home?” A place that not only understands what you are going through, but is three steps ahead of you!

So have you figured out what the Badge of Honor is yet? It is membership in the largest and most recognized nursing organization in Oklahoma and the country: The Oklahoma Nurses Association and the American Nurses Association. Joining ONA/ANA shows commitment to your profession and supports the state-based work that affects your job, your profession and your career. The Badge of Honor is something that looks a bit different on each nurse. After all, with over 50,000 RNs in Oklahoma, diversity is one of the keys to association engagement and success. Here are some of the reasons why so many of you are already members and if not a member already, why you will want to join.

1. Is nursing your profession or your job? What would happen if there weren’t a state nurses association? Who would advocate on behalf of nurses at the State Capitol? As far as I’m aware there wouldn’t be one single entity that would advocate for ALL nurses – with the only concern of what was best for ALL nurses in Oklahoma.

2. Unique opportunities to advance your career. ONA membership allows you to utilize a statewide networking base. ONA provides a number of services that assist you in advancing your career but nothing as strong as the networking opportunities. As one member stated, “I attended the ONA Convention and sat next to a nurse leader from a hospital where I wanted to work. She helped me get an interview and I was hired!”

3. Gain knowledge that will improve patient care. The American Nurses Association publishes over 19 different Scope and Standards Practice books each delineating the professional practice performance expected and the RN competencies in that specialty. Some examples are: Cardiovascular Nursing, Public Health Nursing, Forensic Nursing, Gerontological Nursing and Nursing Informatics.

4. Influence decisions that impact nurses at the state and national level. It’s all about using your voice! Serving as Nurse of Day is one of the most powerful experiences that Oklahoma Nurses have year after year. This provides you the opportunity to be recognized on the floor of the State Senate and House of Representatives by your district legislators. It provides you with the opportunity to speak to Senators and Representatives about issues affecting nurses, nursing and healthcare. In 2018 I hope that you will consider serving as a Nurse of the Day and/or attend Nurses Day at the Capitol.

5. Badge of Honor cost? PRICELESS!!

Even priceless has a price and this one is $24 a month. Did you know mostly member volunteers do the work of ONA? Your membership dollars supports the ONA Office and staff that keep the work of the volunteers running smoothly. ONA needs YOUR expertise to keep our great work moving forward. Visit www.oklahomanurses.org and start wearing your Badge of Honor today!!!!
ONa candidates to be elected

This year ONA Members will elect a Vice President, Practice Director, Political Activities Director, Emerging Nurse Director, three Nominating Committee Members and three Membership Assembly Members. All candidates are listed below as well as on the ONA website. Election America will be mailing 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 ONA House of Delegates, which will be held as part of the ONA Convention, October 18, 2017 in Norman, OK.

Vice President

Elect One, Two-year term

Elizabeth Diener, PhD, RN, PN, CNE

Current Position: Assistant Dean and Associate Professor, Oklahoma City University, Kramer School of Nursing

Activities: ANA member since 1980; ONA – Vice President since 2015; OHPN 2003-2004 Treasurer since 2014, Past-President, Past-President-elect, Past-Nominations Chair; ONA Region 1 member since 2009

Education: Barnes Hospital School of Nursing, St. Louis, MO, Diploma 1973; Lindenwood College St. Charles, MO, BSN 1979; University of Missouri-KC MSN 1994; University of Missouri-SL, PhD 2003

Statement on views on nursing and issues facing ONA: Depending on your outlook, these are either exciting times or frightening times…or maybe a bit of both! Regardless of how you voted or what your personal beliefs, there is a consensus that National and State healthcare delivery needs a tune-up. As part of that revamping of healthcare delivery and coverage it is extremely important that we, as members of ONA, continue to be guardians of nursing practice. Oklahoma nurses are passionate about how they provide care, no matter where that care occurs. My job is to represent, support, and work with you in a new era of health care.

Practice Director

Elect One, Two-year term (listed alphabetically)

Scott Flanagan, RN

No photo available

Current Position: Medical/Surgical/Pediatric Director, Alliance Health Midwest

Activities: ONA Member

Education: University of Oklahoma RN-BSN GRAD 2015

Statement on views on nursing and issues facing ONA: I am a passionate nurse leader who is the director of a large med/surg/pediatric unit, and proud to represent male nursing. I graduated from the University of Oklahoma’s LPN to BSN program. My philosophy of nursing is following a team-oriented approach. I like to think my staff considers me more like a family leader than just their boss. A few challenges in nursing that interest me are ways to decrease the nursing shortage and the role LPNs play in the acute care setting. It is my goal to make an impact in nursing by helping develop strategies for staff retention.

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LPN’s . . . . . . . . . . . . . . . . . . . . . . . . . . . . $30.00/hr

CHHA’s . . . . . . . . . . . . . . . . . . . . . . . . . . . . . $15.00/hr

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for APRNs can meet that need. Behavioral health needs of Oklahomans are not being met and I fully support educational proposals that can assist nurses to meet the emotional, behavioral and physiological needs in our state.

**Political Activities Director**

(listed alphabetically)

**Brooke Butcher, RN**  
**Current Position:** Currently staying at home with children. Will return to workforce within the next year.  
**Activities:** ONA/ANA Member  
**Education:** University of Oklahoma Health Sciences Center, Oklahoma City, OK; BSN (2007), MSN (2012).

**Statement on views on nursing and issues facing ONA:** I am a huge proponent of nurse residency programs and other initiatives that aim to help new nurses successfully assimilate into the nursing workforce. Doing more to ensure that they have proper, consistent resources in place (especially in their first 1 to 2 years as a new nurse), will not only produce well-equipped, competent nurses, but will also improve the retention rate of graduate nurses. I fully support the position that APRNs in Oklahoma should have full-practice authority. I am in agreement with the ONA regarding all position statements as listed within the ONA website.

**Megan Jester, PhD(c), MS, RN**  
**No photo available**  
**Current Position:** Clinical Instructor The Fran and Earl Ziegler College of Nursing at The University of Oklahoma Health Sciences Center OKC, OK  
**Activities:** Nurse of the Day, 2017; Region 1 Delegate, 2016; Poster Presenter, 2016 ONA Convention; OUCN Student Nurses Association Co-Advisor; OUCN Faculty-Student Mentor Program Director; Oklahoma Health Improvement Plan Obesity Work Group Member; OKC Wellness Now Coalition Member; Volunteer yoga teacher in OKC area; Association for Women in Science Member; Sigma Theta Tau International Member; American Psychiatric Nurses Association Member; ATI Nursing Education Medical-Surgical Test Item Writer, 2015 and 2017.  
**Education:** Ph.D. student, University of Colorado Anschutz Medical Campus; Aurora, CO; Anticipated date of graduation May 2019; M.S. Nursing Education, The University of Oklahoma Health Sciences Center; OKC, OK, 2013; A.A.S. Nursing, OSU-OKC; OKC, OK; 2009.  
**Statement on views on nursing and issues facing ONA:** This is a critical time to be active in policy initiatives, as we face continued increased demands with decreased funding. We must expand our presence to advocate for issues including health care funding, care for vulnerable populations, interprofessional education and teamwork, and federal incentives for the advancement of nurse education. Our unique profession is recognized for trust, compassion, and caring for the mind, body, and spirit. My intent as Political Activities Director is to represent the voice of Oklahoma nursing at every level to raise awareness on issues impacting not only our profession, but the citizens of our state.

**Emerging Nurse Director**

Elect One, 2 year term

**Jennifer Booms, RN**  
**Current Position:** Registered Nurse on the Intensive Care Step-Down Unit, Mercy Hospital, Oklahoma City  
**Activities:** I am the current Director of Emerging Nurses for the Oklahoma Nurses Association and I am currently working on creating a chapter for ONA Emerging Nurses, ONA Region 1 Member. At the ANA level, I enthusiastically communicate with newly licensed registered nurses on the ANA New RN’s Online Community.  
**Education:** University of Central Oklahoma 100 N University Dr., Edmond, OK 73034, Bachelor of Science in Nursing, Graduate of May, 2015.

**Statement on views on nursing and issues facing ONA:** Nursing is a powerful career with ample opportunities for advancement, change in positions, and prospects to make a meaningful impact on individuals’ lives, both physically and emotionally. However, with great advantages also come challenges. The Oklahoma Nurses Association provides a community of qualified nurses working together with varied abilities to create significant change that empowers the bedside nurse, assist nurses in their

---

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**Visit:**  
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career advancement, brings about improved working environments benefitting nurses and civilians, and offers a community for personal and professional growth. ONA supports the individual, the professional, and the community as a whole.

Nominating Committee
Two year term – 3 Positions Open
(listed alphabetically)

Michele Bradshaw, RN
Current Position: Alliance Health
Midwest, Midwest City, OK – August 2013 to present. Director of Quality/Regulatory.
Activities: American Nurses Association Member (ANA) member – October 2012 to present; Oklahoma Nurses Association (ONA) member – October 2012 to present; ONA House of Delegates member in 2014 and 2015; Oklahoma Organization of Nurse Executives (OONE) member – January 2013 to present. American Association of Critical Care Nurses (AACN) national member 2004 to 2016; AACN Oklahoma City Chapter local member 2003 to 2016; Chapter Secretary 2004, Chapter Vice-President 2005, Chapter President 2006; National AACN President’s Award Winner for Chapter Development – May 2006; Oklahoma Christian University BSN Nursing Program, Edmond, OK; Advisory Board Member – 2005 to present; Tri-City Youth and Family Center, Inc. Choctaw, OK; Advisory Board Member November 2010 to present.
Education: Oklahoma Wesleyan University – Bartlesville, OK, Bachelors Nursing Science (BSN) 2005; Rose State College – Midwest City, OK, Associate Degree in Nursing Science (AAS) 1997; Metro Area Vocational School-Oklahoma City, OK, Practical Nursing Diploma – 1994

Carol Robison, RN
No photo available
Current Position: Founder, Robison Medical Resource Group/Partner Gifted Healthcare Tulsa, OKC offices
Activities: ANA/ONA Member, Great 100 Nurses of Oklahoma, Great 100 Nurses Foundation. Tulsa Chamber, Governor Fallin’s appointee to Board Of OHCN, Staffing Industry Analyst member, Member of Church on the Move.
Education: Associate Degree – Labette Community College grad 1986; BSN Southern Nazarene University, Bethany OK grad 2013

Marla Smith, PhD, MSN, RN
Current Position: Nursing Educator, Assistant Professor, Rogers State University – Claremore, Oklahoma
Activities: ONA Legislative Committee, ONA Region 2 Director at Large, Sigma Theta Tau International, Phi Kappa Phi, Quality Matters Peer Reviewer, University Distance Education Committee, Higher Learning Commission Accreditation Committee, Adult Literacy and ESL Tutor

ONA Candidates to be Elected

Education: Associate Degree: 1978: Tulsa Jr. College, Tulsa Oklahoma; Masters in Nursing:2008: Oklahoma City University, Kramer School of Nursing, Oklahoma City, Oklahoma; PhD: 2014: Oklahoma City University, Kramer School of Nursing, Oklahoma City, Oklahoma

Membership Assembly Representative
One year term – 3 Positions Open
(listed alphabetically)

Lucas Richardson-Walker, RN
ONA Region 1 President

Karen Ann Taylor,
DNP, APRN-CNP, PMHNP-BC
ONA President Elect

Joyce Van Nostrand, PhD, RN
ONA President

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The Oklahoma Nurse
ONA Emerging Nurse Opportunities

The ONA Emerging Nurses recently met and discussed challenges newly licensed nurses are facing as they begin their nursing career. Several members confessed having a difficult time knowing how to appropriately write progress notes. Many felt doctors scrutinize their comments, while some expressed concern for over/under documenting relevant information in notes. Additionally, the new nurses recognized the challenges of earning respect from more experienced nurses, and finding their place within their units. Several affiliates conveyed feeling inadequate at times when giving report to veteran nurses, sensing they have to justify their actions to their peers. As members of the Emerging Nurses opened up about the trials and tribulations they’re facing as they navigate through the beginning stages of their nursing career, the emerging nurses banded together to share stories, offer advice, and provide support for one another.

If you have been an RN for less than five years and would like to join the Emerging Nurses, please contact Jennifer Booms, BSN, RN, Director of Emerging Nurses | Email Jennifer.Booms@Mercy.Net; Or, Candice Black at the Oklahoma Nurses Association | Email ona@oklahomanurses.org.

Region 2: Healthy Nurse, Healthy Nation

Helen Farrar, PhD, RN, BC, CNE, Nominations Chair; and the board members of region 2

Wanting to be a “healthy nurse” and being a “healthy nurse” are two very different things. While all of the board members of ONA (Oklahoma Nurses Association) Region Two agree that being healthy is an important personal and professional responsibility, each individual member has discovered that becoming healthy is a unique journey that isn’t always smooth.

When the American Nurses Association (ANA) announced that 2017 would be the “Year of the Healthy Nurse,” Region Two president Brenda Nance said: “it is great that there is a large organization that is making health a priority, it’s all about starting the conversation.” Region Two board members started the conversation by asking the membership and board members to make their health commitments and share them in the ANA commitment challenge activity in March 2017. Four months later in July, 2017, the conversation turned to how we were all doing with our commitments. For many, the goal was simple; increase water intake or start an exercise program. Most of us found that while we started strong, talking about our commitment with others encouraged us to resume our efforts. New pledges of increasing water to at least two liters a day, increasing our walking to more than forty-five minutes daily, adding Tai Chi to our routine were made by our Directors at Large. Our Secretary, Chris Thoman, is committed to resuming her previous engagement in regular Zumba and Yoga classes following a medical illness.

For several of us, our role as nurse leaders meant taking the message to our workplaces. Incoming president Brandi Payton has made sure to publicly participate and recognize nurses who participate in a lunch walking program at Cherokee Nation Health Services. Chair of Professional Education, Micki McKinney hosts an exercise class for nurses four times a week at Saint Francis South and worked with her nurses to participate in the ANA virtual 5K challenge. Julia-Profit Johnson, OB/GYN Nurse manager at Bailey Medical Center and incoming Director at Large shared that a group of her nurses had gotten together to make exercise a routine, taking turns “hosting” the event each week. She made a pledge of sharing the success of these nurses hospital wide and trying to recruit nurses in other departments to “cross our silos to promote health system wide.”

The conversation happening in region two is not unique, we are sure other individual ONA members and regions are also working on the challenge of seeking optimal health. For us, the most important aspect of the Healthy Nurse challenge is realizing that we don’t have to be perfect. When we started talking about what we wanted to do and what we had accomplished, we discovered that each of us our trying and that we can be a source of support for each other. It is most important that we recognize that health is something we want to achieve for ourselves and our patients. Sometimes we take those steps forward and sometimes backward but we will continue to challenge ourselves and each other to keep trying.

As a region, we pledge to keep talking about the challenge at each meeting and encourage each other whenever possible.
The Magic of Humor

Diane Sears, RN, MS, ONC

After my 98 ½ year old year alert and oriented mother, Cecilia, fell and broke her (R) shoulder and (R) hip this January, I once again counted my blessings that I was a R.N. and knew how to help her and our family. Of course, I learned a thing or two as well and appreciated once again how magical and important humor is in the healing process. The Doctor’s name assigned to her was DeLaughter. Truth is also once again, stranger than fiction. The best compliment that I received from a student nurse was, “I knew that you were a nurse by the way you moved.”

Ceciliasms:
- How old are you? Cecilia: “98, that’s a big number.”
- You don’t look your age and you have such lovely skin. What did you put on it? She reflected a few seconds and then said, “diet.”
- How did you get your panties on? “I lassoed them with my reacher.”
- There’s always sweet to go along with the sour in life.
- Physical Therapy is my dancing.
- It was like Night of the Zombie Nurses last night.
- After a 3,000 cc response from IV Lasix, “I don’t look like the Michelin girl today.”
- After an 1,100 cc thoracentesis when asked how she felt, she responded, “lighter.”
- I asked her if she wanted to see the fluid and she said, “no.” Then promptly asked me, “What does it look like?”
- After carefully reviewing the status on an old pair of shoes, she reluctantly agreed to allow them to be thrown away. “I don’t think that I’ll be hanging clothes out on the line anymore, do you?”
- All the Doctors wanted to know her secret to a long, healthy life. Her response, “You have to make yourself. I never thought about getting this old.”

Theme Songs
- I Won’t Back Down
- Running on Empty
- One Foot Over the Line
- Drift Away

Cartoons
- “Dad, just because you’re an old man doesn’t mean you don’t need to take care of your hair anymore. I mean, you want to look good for mom, don’t you? Dad: With her bad eyesight, I doubt that she cares.” Mom: He’s right, Sylvia. As long as he smells okay, I’m fine.” (“Pickles”, cartoon, Brian Crane, 06/14/18)

- “I’ve been meaning to thank you, Opal. Oh, for what? That was so sweet of you to bring that homemade prune cake for my husband, when he was sick. Oh, I hope he liked it. Oh, he did, he did. In fact, it was the last thing he ate before he died. I’m sure that it was just a coincidence.” (“Pickles”, cartoon, Brian Crane, 05/21/17)

- Doctor listening to the heart of a ‘Blues Brothers’ patient, who is clutching his guitar, while sitting on the exam table: “Just as I suspected—it’s arrhythmia and blues.” (“Speedbump”, cartoon, Dave Coverly, 1/24/17)

- Fred: “I drink a pint of water before going to bed every night. Ed: Why’s that? Fred: It gives me a reason to get up in the morning.” (You Gotta Laugh)


Wife: “If I knew THEN what I know NOW!”

Husband: “Are you looking at our wedding album again?” (“Dennis the Menace”, cartoon, Ketcham, Ferdinand & Hamilton, 6/26/17)

G.O. & Neva, Married 72 years
- “We’re both 94, but we wouldn’t recommend it.”
- Neva: “My SCIs are anacondas.”
- Neva upon graduating from Home Health services, “It’s weird to think that you can graduate from anything at 94.”
- M.D. to G.O., “I can’t explain why you continue to do so well.” G.O.: “I’m dead and I don’t know it.”

Games for when we are older
- “Bag, you’re lit.”
- Hide and go pee.
- 20 questions shouted into your good ear.
- Kick the bucket.
- Red Rover, Red Rover, the nurse says Bend Over.
- Musical Recliners.
- Simon says something incoherent.
- Pin the Toupee on the bald guy.” (email, 5/2007)
- “When attacked by a mob of clowns, go for the Juggler.” (email, 7/2017)

Mom is back home now & is rated in the top 5% for her age group. She’s been above average her entire life. We have “Spa Days” every Friday, when I wash and set her hair, since she can’t get her arm over her head... yet. She says, “it is what it is. All I can do is my best. You gotta try and then, that’s it!”

She doesn’t know why she is still here in this world as her status has long been DNR under threat of haunting us. She was “resuscitated” following four liters of fluid.

She reflects a few seconds and then said, “It is what it is. All I can do is my best. You gotta try and then, that’s it!”

Mom is back home now & is rated in the top 5% for her age group. She’s been above average her entire life. We have “Spa Days” every Friday, when I wash and set her hair, since she can’t get her arm over her head... yet. She says, “it is what it is. All I can do is my best. You gotta try and then, that’s it!”

The magic of humor thankfully goes on and on within and without us.

In preparation for our 2018 expansion, Texoma Medical Center is seeking compassionate nurses to join our dynamic team. Please contact Wendy Chidester at wchidester@thcs.org or 903-416-4050.
The legislature began examining the budget before session ever began, meeting in public appropriations and budget committees with state agencies, to determine critical priorities for fiscal year 2018. Conversations became more heated as the end of session neared, leading to repeated breakdowns in ongoing negotiations. Legislators, representing diverse constituencies throughout the state, found it nearly impossible to reach the constitutionally required three-fourths majority to pass most revenue raising measures. (In March, 1992, voters of Oklahoma passed the citizen-initiated ballot measure requiring that all revenue raising measures be passed by a vote of the people, unless the legislature could pass them by a supermajority of three-fourths’ vote, rather than the simple majority required throughout our state’s previous history).

As the end of session approached, the Republican majority, navigating difficult waters, led the legislature to pass a multi-million dollar budget containing a variety of revenue-raising measures to fill large budget gaps. Components of the resulting revenue package included a cessation fee on the purchase of cigarettes and professional sporting event tickets and reducing part of the sales tax exemption on new and used cars. In addition, the revenue package included other notable measures that accomplished the following: reduced or terminated many incentives for oil, gas and wind companies, increased tax compliance for all taxes, and renewed the voluntary disclosure initiative to encourage delinquent taxpayers to come forward.

In the days following the close of the Legislative Session, legal challenges were filed to several of the key components of the revenue package. The Oklahoma Supreme Court will hear oral arguments in these cases on August 8, 2017.

If the court overturns any or all of the measures, there will be a profound impact to the state budget for FY18. This will have deleterious consequences for healthcare in Oklahoma. Any additional cuts could force the closure of hospitals and nursing facilities, could reduce Medicaid rates for all providers and limit access to care.

Some believe the Legislature could be called back into special session to address the related revenue and budget crisis. However, a special session does not guarantee a revenue and budget agreement.

Potential passage of the U.S. Senate “Better Care Reconciliation Act (BCRA) will likely compound Oklahoma’s state revenue problem. Healthcare providers and consumers face the possible loss of health care reimbursement and healthcare infrastructure as a consequence of this version of “repeal and replace” plan for “Obamacare.” According to the Robert Wood Johnson Foundation, BCRA will result in an additional loss of $1.3 million in federal Medicaid funds to Oklahoma - half a million more than this year’s entire state budget shortfall! Oklahoma will have an even larger budget crater to fill to provide for health care needs next year, if BCRA passes in its current form (7/17). Such a loss will decimate Oklahoma’s already fragile health care infrastructure. CBO reports that the measure will reduce the number of citizens who are insured, rather than increasing the number. This causes alarm for many health experts in Oklahoma, already concerned that we are rated 49th in the nation in health outcomes, and second highest in the nation for mental illness and substance abuse.
The Oklahoma Nurses Association has supported the cigarette tax as proposed each of the last two years. ONA understands that any tax or fee levied upon cigarettes will help to reduce consumption, diminishing diseases related to smoking and second hand smoke exposure. SB845 goes a step further in addressing the smoking epidemic, by creating a means with which to prevent and curb cigarette use.

SB845 Smoking Cessation Fee – Critical to the funding of health care and prevention in Oklahoma, this measure will provide more than $215 million in revenue. It adds a fee of $1.50 per pack of cigarettes to be divided between the cigarette cessation fund, the Health Care Authority, the State Department of Health and the State Department of Mental Health and Substance Abuse. Signed by the Governor and challenged in the Supreme Court. Oral Arguments Aug 8.

GOVERNANCE

The preservation of the Board of Nursing’s oversight and regulation of nursing practice is important to Oklahoma nurses. This year nurses were successful in preserving the Board’s role through the defeat of one measure and the passage of another, as described below.

HB 1552 Changed the Administrative Procedures Act by making rule changes in Title 59 that required Scope of Practice changes to be approved by the legislature. ONA, and many other organizations were opposed to this legislation. Vetoed by the Governor.

HB 1841 Clarifies APRN titles, certification bodies, and provides Board Officers with the ability to temporarily suspend the license of a nurse threatening public safety. Signed by the Governor.

PUBLIC HEALTH – IMPROVING OKLAHOMA’S HEALTH STATUS

Recognizing that improving Oklahoma’s health status will improve the physical, emotional, and economic well-being of the individual, the family, and the community, the Oklahoma Nurses Association works to improve Oklahoma’s health status. Defeat of HB1551 (below) helped protect the health status of vulnerable seniors and the disabled. Passage of SB478, with patient protections and appropriate oversight included, will enhance health care options for those seeking health insurance in the state of Oklahoma.

HB 1551 Would have eliminated the requirement for a 4-year degree for long-term care administrators. House never heard Senate amendments.

SB 478 Created the Health Care Choice Act allowing out of state insurance carriers to offer health and accident insurance to Oklahomans. These insurance companies must meet certain requirements and offer Oklahoma’s required patient protection benefits. ONA had concerns with the introduced version of this legislation. However, Representative Moore and others worked with ONA and the Community, the Oklahoma Nurses Association works to improve Oklahoma’s health care infrastructure, including hospitals, nursing facilities, programs, services and licensed health care professionals. Working with others in effective coalitions has proven successful in achieving difficult goals.

The Oklahoma Nurses Association works to protect and support the practice of nursing to ensure patient access to quality care across the state of Oklahoma. This session, the AONP (Association of Oklahoma Nurse Practitioners) introduced a widely publicized bill relating to practice oversight.

HB1013 sought to establish Advanced Practice Registered Nurse Full Practice Authority for NPs, CNMs and CNSs. The bill simply would have eliminated the statutory requirement for supervision of prescriptive authority only. After substantial amendments in the House the bill passed the House. Not heard in the Senate, but remains viable for consideration in 2018.

SB 747 Prohibits CNM from delivering VBACs outside of a hospital. Failed in committee hearing. (Cannot be heard for 2-years).

HEALTH CARE ON LIFE SUPPORT

Now more than ever, the participation of nurses in health care policy is needed. As the US Senate and Congress debate health care reform, and our own state struggles with funding of health care services, your expertise as nurses who care for patients from cradle to grave, will be critical. We are at risk of losing our critical health care infrastructure, including hospitals, nursing facilities, programs, services and licensed health care professionals. Working with others in effective coalitions has proven successful in achieving difficult goals.
Most nurses will recognize Candida as the fungal genus of such treatable infections as thrush, candidiasis, or more commonly "yeast infections." However, an emerging antibiotic-resistant species, Candida auris, was previously not reported in the United States until 2013. Unlike the better-known Candida infections, this species has a serious resistance to current drug therapy and controlling its spread is key to management. This article is intended to acquaint Oklahoma nurses with the serious nature of this infection and briefly describe national guidelines developed to prevent its spread.

C. auris was first reported in South Korea in 1996, with the first US case appearing in 2013 (CDC, 2016b; CDC, 2017a). The fungal strain is typically multidrug resistant to all major classes of antifungals, almost always to polyenes and azoles, and in many cases to echinocandins (CDC, 2017c). The yeast is capable of forming a biofilm in vivo, further increasing its antimicrobial resistance (Sherry et al., 2017). Because C. auris is closely related to other less virulent strains of the fungal genus, initial laboratory testing is often unable to conclusively diagnose it (CDC, 2017c). C. auris infections occur in many organ systems and in conditions ranging from otitis media to wound and systemic blood infections (CDC, 2017a; Sherry et al., 2017). Data suggesting that it may also infect lungs or bladder are inconclusive (CDC, 2017a). The current mortality rate is approximately thirty to sixty percent, with pediatric patients having better survival rates; quick identification with early treatment improves effectiveness (2017c). Data suggest that chlorhexidine should be used on all skin surfaces to reduce the presence of spores and colonies of C. auris (Sherry et al., 2017). The CDC also recommends that whenever a hospital with any known case of C. auris infection transfers any patient to another hospital, the initial hospital should inform the accepting hospital of the infection, what is being done to treat it, and its effectiveness (2017c). Treatment and patient care recommendations are likely to change as more information on C. auris, its transmission, and effective antifungal therapies becomes available.

References

Acknowledgements:
I would like to thank Barbara J. Holtzclaw, PhD, RN, FAAN for her help in editing this article.

Candida auris: Deadly Cousin of the Neighborhood Yeast Infection

Zachary W. Carlson
University of Oklahoma Health Sciences Center
Frans and Earl Zeigler College of Nursing
Medicare is taking steps to remove Social Security numbers from Medicare cards. Through this initiative the Centers for Medicare & Medicaid Services (CMS) will prevent fraud, fight identity theft and protect essential program funding and the private healthcare and financial information of our Medicare beneficiaries.

CMS will issue new Medicare cards with a new unique, randomly-assigned number called a Medicare Beneficiary Identifier (MBI) to replace the existing Social Security-based Health Insurance Claim Number (HICN) both on the cards and in various CMS systems we use now. We'll start mailing new cards to people with Medicare benefits in April 2018. All Medicare cards will be replaced by April 2019.

CMS is committed to helping providers by giving them the tools they need. We want to make this process as easy as possible for you, your patients, and your staff. Based on feedback from healthcare providers, practice managers and other stakeholders, CMS is developing capabilities where doctors and other healthcare providers will be able to look up the new MBI through a secure tool at the point of service. To make this change easier for you and your business operations, there is a 21-month transition period where all healthcare providers will be able to use either the MBI or the HICN for billing purposes.

Even though, your systems will need the capability to accept the new MBI format by April 2018, you can continue to bill and file healthcare claims using a patient’s HICN during the transition period where all healthcare providers will be able to use either the MBI or the HICN for billing purposes.

Even though, your systems will need the capability to accept the new MBI format by April 2018, you can continue to bill and file healthcare claims using a patient’s HICN during the transition period. We encourage you to work with your billing vendor to make sure that your system will be updated to reflect these changes as well. Beginning in April 2018, Medicare patients will come to your office with new cards in hand. We’re committed to giving you information you need to help your office get ready for new Medicare cards and MBIs.

Here are 5 steps you can take today to help your office or healthcare facility get ready:

1. Go to our provider website and sign-up for the weekly MLN Connects® newsletter.
2. Attend our quarterly calls to get more information. We’ll let you know when calls are scheduled in the MLN Connects newsletter.
3. Verify all of your Medicare patients’ addresses. If the addresses you have on file are different than the Medicare address you get on electronic eligibility transactions, ask your patients to contact Social Security and update their Medicare records.
4. Work with us to help your Medicare patients adjust to their new Medicare card. When available later this fall, you can display helpful information about the new Medicare cards. Hang posters about the change in your offices to help us spread the word.
5. Test your system changes and work with your billing office staff to be sure your office is ready to use the new MBI format.

We’ll keep working closely with you to answer your questions and hear your concerns. To learn more, visit: cms.gov/Medicare/SSNRI/Providers/Providers.html.
Official Call to the Delegates to Attend a Meeting of the ONA House of Delegates

Embassy Suites, Norman, Oklahoma | Wednesday, October 18, 2017, 1:30 – 4pm.

Polly Shoemake, RN, ONA Secretary/Treasurer

This notice constitutes the official call to meeting of the ONA House of Delegates. The House session will be held Wednesday, October 18, 2017. 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 session focused on current nursing practice issues. During this Issue Forum, we will discuss issues related to the work of the association. A registration fee will be assessed for this day, as lunch will also be included. For more details regarding the agenda for the Annual Convention, please see the 2017 Convention schedule. The Agenda, Proposed Bylaws, 2016 Minutes are posted on the ONA website, oklahomanurses.org. Registration is available on the ONA Website as part of the ONA Convention.

Members of the ONA House of Delegates are elected through a regional election process and have a crucial role in providing direction and support for the work of the state organization. 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 2017 House is below.

Region #01 ........................................ 31
Region #02 ........................................ 24
Region #03 ........................................ 25
Region #04 ........................................ 10
Region #05 ........................................ 16
Region #06 ........................................ 25
ONA Board of Directors ......................... 15
ONA Affiliates .................................... 11
Past ONA Presidents

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 refer to the Policies and Procedures posted on the website for guidance.

The pinning was scheduled for 7 pm; however, wicked weather was fast approaching. As I drove through strong winds, and torrential rain and hail, I thought of my friend Noni who would have stayed safely at home. Upon entering the community of Claremore, sirens were howling, power lines were down, and emergency vehicles were flashing through the disaster. Left wondering if anyone would dare attempt attending, within 20 minutes, the auditorium was filled with drizzly occupants talking about barely missing the tornado.

While perched on the stage, listening to congratulatory speeches, I looked over the crowd and saw something else besides the audience that bravely all conditions to be sitting there. Many of the parents and grandparents were seeing the very first person in their family to attend college. Children were seeing their mom or dad as their beloved hero. While spouses were hoping a meal would be cooked in their home again, they also felt the pride of accomplishment along with the positive economic impact soon to be realized for their family.

Yes, the Rogerian theory of changing the environment of healing by touching the lives, of patients and families, was present in the auditorium that night. Seeing the bright faces of those that will support the birth, the sorrow of death, and the fear of a new diagnosis and treatment signifies the importance of nursing. The nursing pin of leadership and understanding cannot be understated, we, as nurses, own this traditional moment.

Marla Peixotto-Smith, MSN, Ph.D., RN is an Assistant Professor in the RN to BSN program at Rogers State University. Marla invites you to contribute to the “Educators Corner.” Please send your thoughts, experiences, or strategies to marlasmith@rsu.edu. In the near future recent research abstracts with Hyperlinks can be sent to share with the educational community.
Nominations Open for the Annual ONA Nursing Awards

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**

**NURSING RESEARCH AWARD**

**NURSING IMPACT ON PUBLIC POLICY**

**NIGHTINGALE AWARD OF EXCELLENCE**

**FRIEND OF NURSING**

**EXCELLENCE IN THE WORKPLACE ENVIRONMENT**

**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 8th. Find complete details about each award category 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.ed@oklahomanurses.org.

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**September, October, November 2017 The Oklahoma Nurse**

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