Summer Greetings.

In preparing my message, I was thinking about the many people in Oklahoma (OK) and across the country impacted by the weather. However, rather than dwell on the negative impact, I chose to look for encouragement in the devastation and tragedy. I’m encouraged knowing we live in a state and a country where we can get help in our time of need; this is integral to weathering these events. As a Psychiatric Nurse Practitioner, I know how important this support is to build resilience to help us weather future storms. I thank all of you who were able to help!

On a business note, ONA contracted with a management company, Ngage Management, who presented an excellent business track record of helping organizations like ONA build membership and help with the day-to-day management of our affairs. Jane Nelson will continue as our CEO, however, we said goodbye to Candice Black. Candice was integral to our organization and will be missed. We are happy to say that she has taken a position where she will continue her excellent work with nurses.

Next, in my thoughts is the Membership Assembly (MA) that took place in Washington, D.C., in June. Although I could not travel, Lucas Richardson was willing to take my place. My thanks to Shelley Wells, Jane Nelson, Lucas Richardson, and Angie Kamermayer for attending MA and representing the ONA.

Independence Day is here, and that reminds me of the independent practice Advanced Practice Registered Nurses (APRNs) are seeking. I am confident that working together will fully strengthen our efforts to impact the passage of legislation allowing APRNs in Oklahoma to practice to the fullest extent of their training and knowledge. APRNs have much to offer in the healthcare arena and research has shown that the healthcare they provide is safe and effective. The American Association of Nurse Practitioners (AANP) (2015) states, The body of literature supports the position that NPs provide care that is safe, effective, patient-centered, timely, efficient, equitable and evidence-based. Furthermore, NP care is comparable in quality to that of their physician colleagues. Patients under the care of NPs have higher patient satisfaction, fewer unnecessary hospital readmissions, fewer potentially preventable hospitalizations and fewer unnecessary emergency room visits than patients under the care of physicians. https://www.aanp.org/advocacy/advocacy-resource/position-statements/quality-of-nurse-practitioner-practice

All in all, what is most important is that nurses, at all levels, advocate not only for health and welfare of current resident or
advocating just as much as issues. “The broader public needs you to be such as: violence in the workplace, the legislative individuals. These individuals made representatives, senators, or the office of various the day, nursing advocates met with their state issues key to healthcare and nursing. Throughout 48 states all came together to push for central around the entire country. Over 300 nurses from students and leadership gathered at Capitol Hill in

On Thursday, June 20th, 2019, ANA nurses, students, and leadership gathered at Capitol Hill in Washington D.C. to advocate on behalf of nurses around the entire country. Over 300 nurses from 48 states all came together to push for central issues key to healthcare and nursing. Throughout the day, nursing advocates met with their state representatives, senators, or the office of various legislative individuals. These individuals made appointments and were able to discuss key issues in person such as: violence in the workplace, the capability for APRN to order home health care services, as well was workforce development programs. The day began with ANA President Ernest Grant, PhD, RN, FAAN, who welcomed everyone to Washington D.C. and briefed on key legislative issues. “The broader public needs you to be advocating [on Capitol Hill today] just as much as an individual patient needs their nurses advocating for them at the bedside,” said Grant, who will join participants in meeting with federal lawmakers, including U.S. Sen. Richard Burr from his home state of North Carolina. “Rest assured, the people with whom you’re meeting are relying on nursing’s perspective, so they can better serve you and your patients.”

Following, President Grant had a “fireside chat” with the newest nurse to join the 116th Congress, U.S. Rep. Lauren Underwood. “I’ve been a member of ANA for a long time, and it’s a thrill and honor to be here,” said Underwood, MSN, MPH, RN. “Health care was the No. 1 issue in our elections, and health of ANA for a long time, and it’s a thrill and honor to be here,” said Underwood, MSN, MPH, RN. “Health care was the No. 1 issue in our elections, and health care is a human right.” The following three key bills were central to those at the Hill: • The Workplace Violence Prevention for Health Care and Social Service Workers Act (R. 1309/S. 851) • The Home Health Care Planning Improvement Act (R. 2150/ S. 296) • The Title VIII Nursing Workforce Reauthorization Act of 2019 (R. 728/S. 1399) This annual event at Capitol Hill allows for the voice of the people to truly be heard. Nurses, students, and leadership teams in the nursing field can take control of what needs to be improved upon in their state legislature. Instead of wishing for change, these individuals were able to advocate directly to their government and the along the way, inspire others. Following the annual hill day on Thursday, the following days on Friday and Saturday June 21st-22nd, the annual ANA Membership Assembly meeting was held.

Oklahoma Nurses Association Regions and Regional Presidents

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Contact information available at www.oklahomanurses.org

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

- Diversity
- Educational Advancement
- Ethical Care
- Health Parity
- 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.
JOIN THE OKLAHOMA NURSES ASSOCIATION

A monthly opportunity is available in this newspaper and on the ONA website, oklahomanurses.org. If you are looking for more details on the ONA Convention, the information is also available in this newspaper and on the ONA website.

These are some of the ways ONA works to build upon the social contract between nurses and society. ONA works on many more, but we need guidance from our members on where to focus our efforts. To have a voice in providing direction the organization takes, you need to be a member. We hope that you will become a member and get involved so that collectively we can make a difference in Oklahoma.

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**CEO REPORT**

**ONA, Nursing’s Social Policy Statement and YOU**

The Oklahoma Nurses Association is always focused on nurses and the work the profession does for society. Ensuring that nurses maintain their social contract with society by engaging in legislative advocacy that advances their profession, supports nursing education, influences better health care and protects patient safety. Nursing’s Social Policy Statement is about the many ways that nursing helps others in the relationship—the social contract—between the nursing profession and society. ONA does this in a variety of ways, let me share some of them with you.

This work is accomplished in many ways. One of the ways is our legislative advocacy efforts. In this issue, ONA’s Lobbyist, Vickie White Rankin shares the work done at the State Capitol this year on behalf of nurses and their patients. In addition to this work, ONA joined the Oklahoma Hospital Association, Oklahoma State Medical Association and the Oklahoma Osteopathic Association on an Amicus Brief in support of the filed initiative petition for a state question on Medicaid Expansion. In addition, we have joined the Coalition, Oklahoma Decides in support of the petition for a state question. Shortly the signature drive should begin, and I hope that you will consider signing the petition to allow Oklahoman’s to decide health care. We will be sharing more information on this in the future especially on social media.

Another way is ONA’s representation at ANA policy meetings such as ANA’s Membership Assembly. The Membership Assembly is the body that provides direction to ANA’s policy work and the ANA Board. ONA representatives included ONA President-Elect, Shelly Wells, ONA Region 1 President, Lucas Richardson-Walker and Member at Large, Angie Kamermayer. Work at this meeting focused on the adoption of a position statement on Nurses Role when a Patient Requests Medical Aid in Dying and updating the Vaccination Position Statement. In addition, other issues discussed included DACA students’ access to the NYCLEX exam, Nurses in the Media, Human Trafficking and updating of ONA’s Presidential Endorsement Policy. ONA has long been opposed to ANA’s endorsement of a Presidential Candidate. The action taken by the Membership Assembly rescinded the current policy but provided guidelines for ANA to educate nurses about the candidates and their stances on nursing, nursing practice and related health care issues. The other issues addressed at the Membership Assembly are covered by other articles in this issue.

In addition to attending the Membership Assembly, we also had the opportunity to meet with our Congressional Delegation and staff members. We were fortunate to meet with members Kendra Horn, Kevin Hern, Tom Cole, and Markwayne Mullin. Issues we discussed included Title VIII Nursing Workforce Reauthorization and funding for it, the Workplace Violence Prevention Act and the Home Health Planning Improvement Act. All were very supportive of these issues. Congresswoman Horn and Congressman Mullin have signed on the Title VIII bill as of this writing and Congressman Mullin has signed on to the Home Health Care Planning Bill.

Another way ONA assists with this social contract is by the agenda-setting that members do at the ONA House of Delegates and the professional development we offer. The ONA House of Delegates meets as part of the ONA Convention. This year’s theme for the convention is Be the Change: Your Nursing Journey, and will be held on October 2nd and 3rd at the Embassy Suites Norman. Our focus for the two-day event focuses on tools for nurses to utilize during their nursing journey, including developing yourself as a professional, advocating for one’s self, and ways to build a culture of safety. We want to focus on resources that ALL nurses need whether they are a novice, experienced or nurse transitioning their role. During the ONA House of Delegates, a resolution will be considered on the culture of safety/just culture. This resolution will provide direction to ONA and its members to develop a position statement for the organization. Our goal is to focus on ways we as an organization can assist in building positive work environments, ultimately developing a culture of safety.

If you are an ONA member you have an opportunity to serve as a Delegate to the ONA House of Delegates. There is more information on the House of Delegates in this newspaper and on the ONA website, oklahomanurses.org. If you are looking for more details on the ONA Convention, the information is also available in this newspaper and on the ONA website.

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**RN/GN INTERVIEW FAIR**

Saturday, September 21st, 8:00 am to 2:00 pm (Break 12:00 - 1:00)

**WALK-IN-WEDNESDAY**

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- Every Friday 10:00 am - 12:00 pm

**FAST TRACK FRIDAYS**

- Nursing Interview Fair
- Every Friday 10:00 am - 12:00 pm
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**RN/GN INTERVIEW FAIR**

Every week, Texoma Medical Center hosts an RN/GN Interview Fair from 9:00 am to 2:00 pm. Nurses can apply for positions in various departments including ER, ICU, Med/ICU, OB, and more. Interviews are conducted on-site and candidates can expect a decision within 48 hours. This is a great opportunity for nurses to explore different roles within the hospital and make a meaningful impact on patient care.

**WALK-IN-WEDNESDAY**

Every month, Texoma Medical Center holds a walk-in interview event at 9:00 am. Nurses can drop by to express interest in our available positions without prior appointment. This event provides a convenient way for nurses to connect with the organization and learn more about potential opportunities.

**FAST TRACK FRIDAYS**

Every Friday, Texoma Medical Center offers a fast-track interview process for experienced ICU RNs. This special event allows nurses to bypass traditional hiring procedures and receive quick feedback on their application. Nurses interested in ICU roles can attend this event from 10:00 am to 12:00 pm to explore opportunities in this critical area.

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**Find Your Passion. Make a Difference.**

Texoma Medical Center is dedicated to providing top-notch care for our community. We offer a variety of positions, from entry-level roles to leadership positions, and we are always looking for passionate and qualified nurses to join our team.

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Jennifer Booms, BSN, RN
Oklahoma Nurses Association Director of Emerging Nurses, Intensive Care Registered Nurse, Mercy Hospital, Oklahoma City

As a nursing student, you are surrounded by a community of nursing scholars who are experiencing similar trials, tribulations, and joys as yourself. Your professors and preceptors provide mentorship as you navigate through the nursing curriculum, and your peers serve as an outlet to reflect upon your academic journey. After graduation, many find themselves whisked into the excitement of licensure and beginning a new career, but quickly realize the community of nursing students they were once surrounded by has now dissipated. As you embark on the process of developing into a professional nurse, you will discover a new community: your colleagues. Emily Rivera, BSN, RN, discusses the benefits and essentiality of finding a strong fellowship of nurses who offer support, camaraderie, and guidance as you navigate through each stage of your nursing career. Emily expresses, “Every nurse needs to surround themselves with other nurses who provide a good support system. Your nursing community should be made up of people who have your back and pave a good foundation for you to grow and be able to develop as a nurse. It feels like a family on my unit and we’re in it together. We lift each other up and empower one another to be able to make decisions, but we never judge each other when we make mistakes. We’re here to help, bounce ideas off of one another, and offer support in a safe environment.” As Emily began in her department, she found she was quickly welcomed into her work family. “When I started I was very quiet and reserved, but the majority of the other nurses on my floor had ten to twenty years of experience, and they opened their arms to me and made me feel like I was one of them. I never felt like I wasn’t welcomed or wasn’t supposed to be there. I immediately knew it was my home and it was where I was supposed to transform from a new graduate into a confident, experienced nurse.” Although Mrs. Rivera was warmly welcomed into a community of nurses upon beginning her career as a Registered Nurse, she struggled to feel supported when she was a Nursing Assistant. “Before I began as a nurse in my current unit, I never felt supported, or like I was in a community. When I graduated nursing school, I switched departments and it was a night and day difference. I encourage every nurse to seek out a nursing community where each nurse lifts others up. The culture and attitude of those you’re surrounded by will shape the type of nurse you become.” Emily recognizes it can be difficult to naturally find a supportive community like hers. Mrs. Rivera suggests, “If you don’t feel welcomed by your colleagues, explore other avenues to seek out nursing groups. There are organizations like Oklahoma Nurses Association and Facebook support groups for nurses. It’s crucial you talk about your experiences as a new nurse and have individuals to debrief with. If you don’t talk about how you’re feeling, you’re going to suffer. It’s vital to have a strong community in your nursing career.” Some find their community of nurses are those they work with, while others may develop a bond with a group of nurses through a volunteer organization. Regardless of the organization, surrounding yourself with a robust community of nurses will provide the alliances, advisors, and companionships that are needed to successfully grow and develop in all stages of your nursing career.
Saying Goodbye to your Mentor

Amy Richards, PhD, RN, is an Assistant Professor at Rogers State University.

My door into education began with a call from my hospital supervisor who asked me to precept a nursing student for 8-hours. My first thought was “Wow! Someone wants to learn what I do. I’m important!” But that thought quickly turned to “what am I going to do with an RN to BSN nurse for 8-hours in the infection control department?” Have you ever “guess what’s growing in the petri dishes and have her write an APA paper about the smells?” It turned out to be not that bad. It was a positive experience. I shared what I knew and enjoyed the informal teaching.

That’s when the education bug bit me. I loved to teach. After my precepting experience with the student, I became friends with the instructor. I remember sitting across from her at a community stakeholder’s meeting thinking that I wanted to work with her someday. Little did I know that I would head in that direction.

Fast forward to eight years later, I’m currently an Assistant Professor of Nursing at a rural university and have had the good fortune of working side by side with my friend. I’ve learned to advocate, collaborate, and simulate. My APA reference book is as marked up, tabled up, and as dog-eared as hers. I’ve embraced nursing history and the role models in nursing before us . . . because it was my mentor’s passion. Did you know the famous nurse who was a prostitute? That was Martha Jane Cannary (1852 – 1903), otherwise known as Calamity Jane. I learned that from Teri.

So as I teach my last class with my friend, I’m saying farewell to a spunky, funky, and an advocate nurse leader, Dr. Teri Bycroft, Associate Professor at Rogers State University. You’ve made an undeniable, wonderful impression on us all. To all educators: take a minute to thank your mentor today. We wouldn’t be who we are without them.

Dr. Dean Prentice, Colonel (Retired), USAF, NC, DHA, MA, BSN, NE-BC

Thought Focus

So how is your day going? What are you thinking about at the moment? Is the self-talk going through your mind right now about your work day moving you towards your goals or is it taking away your energy and passion?

A lot of questions to get you to this point. What you focus on and repeat to yourself about your situation is what you invest your energy in and ultimately what you accomplish. So, where is your job going today, or last week, or this past year? It may surprise you to know the focus you have in your daily work, the way you approach your job impacts your performance and leadership, negatively or positively. And the power is yours.

Leaders continuously struggle with their Thought Focus. We have become patterned into this constant talk to ourselves about our job, our boss, the work, the patients or subordinates, and we continually play the same old record. We focus on the negative. Like a self-fulfilling prophecy, what we think is what we get. And we justify our attitude and thought based off what we expect to see. So who’s to blame?

As leaders, we need only to look in the mirror. I have seen great leaders spiral down into complete ineffectiveness due to their Thought Focus. For some, there is not even a speed bump between thinking a negative thought and then totally focusing on it. When that “thing” happens, and life becomes challenging, some leaders take the easy road to reinforce with themselves that this is life. That it’s the way of this organization. They repeat and discuss with others the continuous negative and demeaning thoughts that this is how a leader is to experience life. Soon, and very soon, they’ve created the habit of a negative Thought Focus; and they believe it all to be true. Bupkis!

Leaders need to learn early, and revalidate with other leaders, their Thought Focus. You were hired as the leader to influence others and to help your organization meet a mission. If your influence and impact is to put every situation into a nose dive and to crash and burn, then you were truly not the right person for the job. Jobs get tough, bad things happen, and at times it seems all things are stacked against you.

True leaders then harness their Thought Focus and start to prepare themselves and their team for a positive turnaround. Their focus then becomes on what can be done and how to get there. They don’t allow themselves the luxury of falling into the negative tail spin and sabotaging their staff and organization. They refocus their thinking, they have a accountability colleague who pushes them through the challenges, and then they keep their Thought Focus on their goals.

So today, where is your Thought Focus? Is it never too late to pull back on that negative throttle and put a positive altitude under your wings. Your team deserves that…and so do you!
The Oklahoma Nurses Association presents the
2019 ONA Annual Convention
Be the Change: Your Nursing Journey
Embassy Suites Norman, OK

2019 ONA Annual Convention continued from page 1

issues such as: mandatory overtime, fatigue, concern for assignment, and staffing. Our efforts have resulted in position statements and other materials at disposal of Oklahoma nurses. In today’s ever-evolving work environment, there is still work to do in this area. Issues such as criminalization of medication errors, sentinel events, workplace violence, fatigue, understaffing, and other unsafe practices keep nurses up at night. Our morning session will feature a panel discussion related to these issues of nurse leaders, as well as obligations managers have related to the Nurse Practice Act and ways to discuss solutions ultimately building a culture of safety. Dr. Dean Prentice will close our morning session with his presentation, Dysfunction Junction.

Thursday morning will kick-off with Healthy Nurse, Healthy Nation presented by Holly Carpenter, Senior Policy Advisor for the American Nurses Association’s (ANA) Nursing Practice & Work Environment and Innovation departments. Her presentation focuses on a nurse wellness initiative designed to improve the health of our nation by first improving the health of our nurses. Holly will examine the first two year’s findings and results of this initiative and its accompanying health survey, specifically concentrating on five domains: rest, physical activity, nutrition, quality of life, and safety. In addition, she will examine specific Oklahoma state and national data demonstrating areas and practices that schools of nursing, nursing organizations, employers of nurses, healthcare facilities, and other interested parties should focus on to improve nurse health, safety, and wellness. On Thursday, we will be launching our “Oklahoma Healthy Nurse, Healthy Nation” challenge!

Attendees are encouraged to explore ways to enhance their career journey and “be the change” by attending the breakout sessions on Thursday, including: Navigating Career Transitions, Specialty Certification in Nursing, Building a Civil Culture, Support Nurses to Speak Up, Nurses on Boards and more. Over 30 poster presenters will be showcased both Wednesday and Thursday, covering a wide range of nursing research and practice. In addition to posters and breakout sessions, our exhibit hall will be open on Thursday offering a wide range of exhibitors.

You will walk away with a feeling of empowerment in their practice areas, communities, and in all stages of their nursing journey with action-oriented solutions and tools to further your role as a nurse. Don’t miss this opportunity to join us as we discuss these and other important issues. We look forward to seeing you in October!

ONA Convention Sponsors allow us to continue to offer a post-licensure student rate again this year, along with a new discounted LPN rate. Exhibitor space and Sponsorships are still available!

Last, but not least, I want to remind you of the upcoming ONA Convention in October, “Be the Change: Your Nursing Journey” and enlist the theme of the convention in your practice. I am looking forward to seeing you there and hearing how the strength of ONA is making a difference in nurses, nursing, and healthcare across OK.

President’s Message continued from page 1

the populations we serve, but for the ability to practice in safe environments that promote a culture of wellness and respect. We have the power to change healthcare legislation on many levels and we need to be active voices in politics, at work, and in our home (communities.)

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The Oklahoma Nurses Association presents the 2019 ONA Annual Convention
Be the Change: Your Nursing Journey
Embassy Suites Norman, OK

Wednesday, October 2

7:30 a.m. Registration Opens

9:00 a.m. – 12:00 p.m. Culture of Safety Session: Panel Discussion: A Nurse Leader’s Role in a Culture of Safety
Every Nurse Has a Hand in Building a Culture of Safety
Dysfunction Junction
Dean L. Prentice, Colonel (Ret), USAF, NC, DHA, MA, BSN, NE-BC

12:00 – 1:00 p.m. Luncheon

1:30 – 4:00 p.m. House of Delegates (View the HOD Packet at www.oklahomanurses.org)

4:30 p.m. Networking Reception & Meet the Poster Presenter

Thursday, October 3

7:30 a.m. Registration Opens

8:00 – 9:30 a.m. General Session:
Healthy Nurse Healthy Nation – Holly Carpenter, BSN, RN, ANA Senior Policy Advisor, Innovation, Nursing Practice & Work Environment

9:30 – 10:00 a.m. Visit Posters & Exhibitors

10:00 – 11:00 a.m. Breakout I
• Navigating Career Transitions – Angela Eimore MSN, RN-BC
• Speciality Certification in Nursing – Christina N. George PhD, RN, CNE

11:15 a.m. – 12:15 p.m. Awards Luncheon

12:30 – 1:30 p.m. Breakout II
• Building a Civil Culture; A Blueprint for Decreasing Incivility by Understanding and Utilizing a Tool Kit – Leslie Collins DNP, MS, RN
• Increasing Awareness and Understanding of Medical Cannabis in End of Life Care – Lisa Diane Fugett, RN, MS (DNP-Candidate)

1:45 – 2:45 p.m. Breakout III
• Empathy and the Patient Experience – Theresa Stackel, MS, RN
• Legal Update 2019: The Connection between Error and the Top 10 Jury Verdicts in Health Care Cases – Kammie Monarch, MSN, JD, RN

3:00 – 4:00 p.m. Breakout IV/Closing Session
• Support Nurses to Speak Up: Develop Your Leaders – Bonnie Pierce, Ed.D, RN, CENP
• Making a Difference: Nurses on Boards – Panel

4:30 – 5:30 p.m. Oklahoma League for Nursing Reception

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.

The Chickasaw Nation is now accepting applications for all nursing positions located at the Chickasaw Nation Medical Center in Ada, Oklahoma. To complete an application and view detailed information, visit www.Chickasaw.net/Careers. If you would like additional information, call (580) 436-7259, or email ChickasawRecruiters@Chickasaw.net

APPLICANTS MUST APPLY ONLINE

CSL Plasma is seeking FT RNs, LPNs and Paramedics to join our medical staff associate team in both our Tulsa, OK facilities. We offer competitive salary, great benefit package which includes medical, dental, 401K, career advancement opportunities, tuition reimbursement, and 3 weeks vacation the first year.

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JOIN OUR TEAM!
The Oklahoma Heart Hospital is physician owned and brings world class medical expertise and compassion to every patient. As an Oklahoma Heart Hospital team member, you will be a part of an award-winning team of professionals dedicated to providing high quality and compassionate patient care.

Our nurses are the linchpin in a system that prioritizes our patient’s care and those of their family members. Nurses who work at Oklahoma Heart are an integral part of a team made up of professionals from every discipline, who work together to care for our patients and their families. Nurses have unparalleled opportunities to help shape the way OHH operates with the purpose of providing high-quality, safe, patient-focused care.

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2019 ONA Convention Rates
Full Convention Rates listed
Early Bird Rates available until 9/15/19

ONA & Affiliate Members
Full Convention $250.00
Wednesday Only $120.00
Thursday Only $185.00

Non-Member
Full Convention $290.00
Wednesday Only $160.00
Thursday Only $225.00

Post-Licensure Student Rate
Full Convention $125.00

LPN Rate
Full Convention $200

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Full Convention $250.00
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Non-Member
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Full Convention $125.00

LPN Rate
Full Convention $200

CSL Plasma Good for You. Great for Life.
RNs • LPNs • Paramedics
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The 2019 Legislative Session has been aptly characterized as one of the most successful in recent memory. The session opened with a flurry of activity and optimism, as Oklahoma State Representatives and Senators filed a grand total of 2,815 bills and joint resolutions. It concluded with many significant successes, all of which were accomplished without raising new taxes and placing $200 million in the state savings account in preparation for funding the next inevitable dive in oil and gas prices. This was a particularly successful year for funding of health care. Some of the predominant policy themes characterizing this legislative session included: government reform, corrections reform, education funding, nursing facility staffing and funding, and statutory regulation of medical marijuana.

Highlights of the most notable health and nursing related acts produced by this session are the following, by category:

HEALTHCARE FUNDING - RECORD APPROPRIATIONS

**HB2765** – was passed by the Legislature and signed by the Governor, appropriating more than $8 billion to state agencies for FY2010. Appropriations increased in many areas of state government for the first time in a number of years. Teachers received a second significant salary increase, at $1200, per teacher. Corrections workers and public employees (including nurses in state employment) also received long awaited pay raises.

Healthcare was perhaps the strongest beneficiary of the increased funding made possible in the 2020 budget. Among some of the most significant budget highlights:

- A 5% provider rate increase in Medicaid.
- An increase in nursing facility funding tied to staffing requirements, standardized federal quality control measures, accountability and transparency. This additional funding coupled with the passage of SB280 will begin to move Oklahoma up in the rankings, from the worst state in the nation in funding for long-term care, and outcomes in nursing facilities.
- $29 million saved to a new Medicaid Preservation fund to protect provider rates from cuts, when the federal three-year rolling average precipitates a rate decline for Oklahoma providers.
- $10 million to decrease developmental disability services waitlists and increase provider rates.
- $4.6 million to increase immunizations and staff county health departments across Oklahoma.
- The Department of Mental Health and Substance Abuse Services will receive $10 million in the fiscal year 2020 budget to steer people in the justice system toward treatment and rehabilitation options.
- $1.5 million was appropriated for Women in Recovery – a nonprofit, outpatient rehabilitation program for women struggling with addiction and facing long prison sentences.
- The budget also includes an additional $1.7 million for mental health services.
- Lawmakers set aside an additional $20 million for state prosecutors. Many reform advocates and criminal justice experts have long asked the state to increase funding for prosecutors and end their reliance on defendants’ fines and fees.
- Higher Education received an additional $28 million for FY2020, and Career Techs received an additional $18 million. Both higher Ed and Career Techs educate nurses and professionals critical to our health care system.

**HB1057** – McIntire – Extends existing law regarding the 2011 SHOPP to 2025. SHOPP is the Supplemental Hospital Offset Payment Program, created and implemented in 2011 for the purpose of assuring access to quality care for Oklahomans served through Medicaid. Unless specifically exempt, Oklahoma hospitals are assessed a supplemental hospital offset payment program fee. The resulting collected fees are placed in pools, then allocated to hospitals as directed by statute. Signed by Governor Stitt.

**SB280** – Simpson/McEntire, McCall – is tied to a significant increase in Medicaid funding for nursing facilities. This measure instructs the Oklahoma Health Care Authority (OHCA) to amend its incentive reimbursement rate plan for nursing facilities to one that will improve resident outcomes and quality of life. For the first three years, outcomes will be assessed based upon improvements in the percentage of long-stay, high-risk, residents who develop pressure ulcers, lose too much weight, develop a urinary tract infection or receive an antipsychotic medication. The Oklahoma Health Care Authority is required in this new statute to establish an advisory group consisting of specific consumer, provider and state agency members, to develop and recommend ongoing updated quality measures to be included in the pay-for-performance program, to ensure patient safety, health, wellbeing and to improve outcomes.

**SB605** – McCortney/McEntire – Oklahoma Plan to expand Medicaid – Dormant. There is, however, an initiative petition effort involving a large number of health organizations across the state, and some talk of renewed efforts to negotiate and pass the Oklahoma Plan next session.

GOVERNANCE OF NURSING PRACTICE

**HB1373** – Taylor/Daniels, compels licensing boards to list all criminal records that would disqualify any individual from receiving a license to practice.

**SB81** – Simpson/Hardin and Newton – A request bill by the Oklahoma Board of Nursing, this measure provides that prescriptive authority will require a minimum of a Masters degree, and provides for the authority of individuals reporting nurses, and for the sharing of investigatig findings between agencies.

PUBLIC HEALTH – IMPROVING OKLAHOMANS HEALTH STATUS

**HB2091** – O’Donnell/Leewright, Increased membership of the Domestic Violence Fatality Review Board – Signed into law by Governor Stitt.

**HB2334** Maternal Mortality Review Act – passed by the Legislature and signed by the Governor, establishes the Maternal Mortality Review Committee through 2029, assigns specific duties, and provides for investigative procedure. Oklahoma has a woefully high rate of maternal and fetal mortality. This mortality rate is often viewed as reflective of the overall effectiveness of our obstetrical and healthcare systems. HB2334 seeks to improve and enhance public health efforts to prevent maternal death in Oklahoma.

Among the statutorily appointed members of the Review Committee are: President of the Oklahoma Chapter of the American College of Nurse-Midwives, Director of Maternal and Child Health Services of the State Department of Health, the Chair of the Oklahoma Chapter of the Association of Women’s Health, Obstetric and Neonatal Nurses, the Director of Injury Prevention Services of the State Department of Health, Director of the Family Support and Prevention Service of the State Department of Health, the Director of the Office of Perinatal Quality Improvement, and the Maternal and Child Health Service Perinatal and Reproductive Health Division Medical Director. Signed into Law by Governor Stitt.

**HB2368** Kannaday/Thompson – Provides for Oklahoma Commission on Opioid Use, under the Oklahoma Attorney General’s Office, includes an APPN, and provides for travel reimbursement. Signed into Law by Governor Stitt.

**SB33** – Dossett/Vancuren – Amends the 24/7 Tobacco Free Schools Act by prohibiting the use of vapor products at early childhood centers and educational facilities in which children in grades kindergarten through high school are educated. Signed into Law by Governor Stitt.

**SB85** – McCortney/McEntire – Further defines the list of those who can legally administer opiate antagonists without a prescription to include: personnel of the Department of Corrections or of any entity that contracts with the Department...
exceptions or appeals within 72 hours, unless

patient has tried the prescription drug prior and

drug will likely cause an adverse reaction or harm,

shall be granted in cases where the prescribed

a process for a step therapy exception. Exceptions

create rules governing the use of the step therapy

significant role in the mental health and well-being of

School and community based nurses often play a

develop the required training and resources to assist

consultation with local school district leadership, to

Department of Education and the Department of

Signed by Governor Stitt.

SB381 – Ford/Dollans – Compels school boards that allow their districts to stock inhaled asthma medication to amend their policies relating to self-administration of these “inhalers.” The amended policies require that:

• the district must inform parents or student guardians in writing that a school nurse or trained school employee may administer the inhaler to a student who is experiencing respiratory distress,

• the school district must designate the employee responsible for obtaining the inhalers and spacers or holding chambers at each school site,

• the school district must notify the parent or guardian of a student after any administration of an inhaler.

The measure also permits a licensed physician to write a general prescription for inhalers to the school district in the name of the school district, allowing the district to maintain two inhalers for use in an emergency, within a secure location in the building. Signed by Governor Stitt.

SB419 – Rice/Miller – Allows the State Board of Nursing, the State Board of Medical Licensure and Supervision, and the State Board of Osteopathic Examiners to work with hospitals and licensed health care professionals to develop information, policies and educational materials related to perinatal mental health disorders. Signed by Governor Stitt.

SB446 Haste/Bush – Compels the State Department of Education and the Department of Mental Health and Substance Abuse Services, in consultation with local school district leadership, to develop the required training and resources to assist school employees in recognizing and appropriately addressing mental health needs of students. School and community based nurses often play a significant role in the mental health and well-being of students.

The aforementioned training and resources includes but is not limited to:

• Services provided by community-based organizations

• The impact of trauma on a student’s ability to learn

• The availability of mental health evaluation and treatment via telemedicine

• Evidence-based strategies for prevention of at-risk behaviors

This bill was signed into law by Governor Stitt.

SB509 – Rader/Monson – “Step Therapy Reform Bill” - requires any health insurance plan in Oklahoma that a “step therapy” protocol to create rules governing the use of the step therapy protocol using clinical practice guidelines. When a health insurance plan restricts prescription drug coverage pursuant to a step therapy protocol, the insurance company will now be required to provide a process for a step therapy exception. Exceptions shall be granted in cases where the prescribed drug will likely cause an adverse reaction or harm, the prescription drug will likely be ineffective, the patient has tried the prescription drug prior and discontinued use, the prescription drug is not in the best interest of the patient, or the patient is stable on another prescription drug.

Health insurers must respond to requests for exceptions or appeals within 72 hours, unless

exigent circumstances exist, in which cases insurers must respond within 24 hours. Patients may appeal any exception decision. The bill also directs the Oklahoma Insurance Department and Oklahoma Health Care Authority to promulgate rules. Signed into Law by Governor Stitt.

NURSING PRACTICE AND WORKFORCE

The health care community and the public heard a great deal about supervision of nursing practice issues this session, as bills introduced by CRNA and APRN organizations began to make their way through the legislature again this session. While SB801 (CRNA bill) and SB839 (NP, CNS, FPA bill) did not survive the entire legislative process this year, the issues and concepts remain alive and continue to be examined and discussed as we approach the 2020 legislative session. In the meantime, 2019 has remained a productive session for healthcare, with progress on a number of significant issues. Below are some highlights of bills involving nursing practice and workforce that were addressed in the 2019 legislative session.

HB1927 – Roe/Weaver – Sought to expand covered providers from first responders and those in emergency rooms to cover anyone working or volunteering in a hospital, it would standardize criminal penalties for assault against all hospital workers. This bill would help to ensure the future safety of patients as well our healthcare workforce. The measure remains alive in conference committee, for further review, rewrite, discussion and consideration in the 2020 legislative session.

HB2612 – Echols/McCortney – Created the Medical Marijuana Authority Act, otherwise known as the “Marijuana Unity Bill,” following months of bicameral and bipartisan public hearings in which a special committee of the legislature carefully reviewed every aspect of the medical marijuana law passed by the people of Oklahoma at the polls. Signed into law by Governor Stitt.

SB162 – Standridge/Stanislawski – Further clarifies the Oklahoma’s medical marijuana statutes, clarifying the qualifications of licensed professionals who may sign/order medical marijuana. Signed into law by Governor Stitt.

SB166 – Standridge/Kannady – Adds specific compounds of fentanyl, PCP, Isopropyl, Phenibut, and N-ethyl hexadron to the Schedule I list of controlled substances. Signed into law by Governor Stitt.

SB388 – McCortney/Caldwell – Allows certified nurse aides to assist medically-stable patients with self-administration of regularly scheduled medications upon the specific request and written informed consent of a patient or that patient’s surrogate. Signed into law by Governor Stitt.

SB575 – Allen/Randleman – Requires school districts to obtain specific parental consent before health care professionals can evaluate or treat students. The bill requires that such parental consent remain in effect for one year from date of signing, and that it be renewed annually. Once school districts obtain consent for the year, a medical professional performing any evaluation or treatment through telemedicine is not required to verify that the parent is present on site. Signed into law by Governor Stitt.

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Cheryl Holton (OKC) 405-616-7227 cheryl.holton@fmc-na.com

Mark Jacobs (Tulsa) 405-630-8882 mark.a.jacobs@fmc-na.com

Linda Stewart (Acute Only) 405-227-0146 linda.stewart@fmc-na.com

Gary Lott (OKC & surrounding areas) 405-227-0146 gary.lott@fmc-na.com

An Equal Opportunity Employer.
This year, ONA Members will elect:

- Vice President
- Practice Director
- Political Affairs My Director
- Emerging Nurse Director
- 3 Nominating Committee Members

All candidates are listed below as well as on the ONA website. Balloting will be conducted online and will be available by August 19 – September 9. ONA Members will be emailed a username and password. If you prefer a paper ballot, one will be provided.

Election results will be announced at the ONA House of Delegates, which will be held as part of the ONA Convention, October 2, 2019 in Norman, Oklahoma.

Vice President

Joseph Catalano, PhD, RN
Professor Emeritus, East Central University - Ada
Program Consultant, Catalano Consulting Services - Ada

“There seems to be three major issues confronting ONA today. The first issue is the resistance of the Oklahoma legislature to allow Advanced Practice Nurses to have full practice authority. My position on this issue is to work through the GAC to educate and change legislators’ minds to allow APRNs to practice to the full level of their education. The second issue facing ONA is still relatively poor numbers of members of the organization. Although contacting nurses across the state to encourage membership is important, I believe that personal contact and making a difference in the lives of Oklahomans.

Join our team as a
Public Health Nurse
and make a difference in the lives of Oklahomans.

- Licensed Practical Nurses
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- Advanced Practice Registered Nurses

May be eligible for the NURSE Corps Loan Repayment Program

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Emerging Nurse Director

Tina Stewart, MSN, BSN, RN
Clinical Field Staff Supervisor/ CFSS, Encompass Health Home Health - Ardmore

“Issue #1: Incivility- as an emerging nurse, I began my job in an Intensive Care Unit. I incurred several issues with incivility both horizontally and vertically. I feel my position and role as an emerging nurse that it will not be tolerated, for new nurses to have a voice, and that we must maintain professionalism to promote ethics, value, and patient safety.

ONA Candidates to be Elected

Angela Martindale, PhD, RN
Assistant Professor of Nursing, The University of Tulsa - Tulsa

“Nursing is a passion and career that I received my license. I believe it is important for all nurses to be educated and informed on changes in healthcare that will affect nurses, nursing practice, and the patients that we so diligently serve in our primary practice. The voice that the best way that nurses can drive change is to be involved and advocate not only for ourselves and our patients, but for future generations of nurses.”

Practice Director

Michele Bradshaw, BSN, RN
(MSN Candidate July 2019)
Director of Intermediate Care, Integris Southwest Medical Center - Oklahoma City

“In July 2019 I will celebrate my twenty-fifth year of being a licensed nurse and I still feel as strongly about being an advocate for nursing as the day that I received my license. I believe it is important for all nurses to be educated and informed on changes in healthcare that will affect nurses, nursing practice, and the patients that we so diligently serve in our primary practice. The voice that the best way that nurses can drive change is to be involved and advocate not only for ourselves and our patients, but for future generations of nurses.”

Political Activities Director

Megan Jester, MS, RN, RYT-200, PhD Candidate in Biobehavioral Sciences
Clinical Instructor, The University of Oklahoma College of Nursing - Norman

“As the current Political Activities Director, I raised awareness to nurses regarding state 801 practice authority. The importance would grant Nurse Practitioners full service to the Oklahoma Nurses Association (ONA) as one of my many responsibilities as a nurse. Servicing my state and being involved in ONA has provided me the opportunity to expand my resources and knowledge for serving nurses and citizens about important health issues. ONA provides an avenue for our voices to be heard and now more than ever our voices must be heard so that we can take advantage of the changes in health care to better serve Oklahomans.”

Issue #2: Moral Injury, otherwise known as Nursing Burnout. I have been a nurse now for almost four years, and I dealt with this during my first two years as a nurse. My position on this is to aid in adjusting Nurse/Patient ratio and aid in scheduling nurses, and to be an advocate and a voice for nurses who may be dealing with this.

Issue #3: Established Nurse Residency and Leadership Programs during the first year as a graduate nurse. My position is that I enrolled in a Masters program to further my education and to aid in helping me climb the clinical ladder. I feel a residency program for new Master’s graduates nurses should be established to help guide them in a managerial/leadership role. I also feel that this would help newly graduate ADN, BSN nurses with understanding their role at the hospital.”

Amber Garretson, BSN, RN
Clinical Nurse Specialist, Student, The University of Oklahoma Medical System, Oklahoma City

“Nurses are the heartbeat of the hospital. The quicker that hospital administration realizes that happy nurses = happy patients and better outcomes overall.”

Velmari Swing, Ph.D., RN, VHA-CM
Director & Coordinator of New RN Graduate Programs, Director of VA Nursing Academic Partnership

“Rural healthcare is an issue and we need to be involved in making access to care much easier and more available. The opioid crisis is rampant and we need to be more involved in helping solve problems related to this issue.”

Kim Knox, APRN-CNP, FNP
Family Nurse Practitioner/ Co-Owner, Deer Creek Family Healthcare and Wellness Clinic- Edmond

“Rural healthcare is an issue and we need to be more involved in making access to care much easier and more available. The opioid crisis is rampant and we need to be more involved in helping solve problems related to this issue.”

Mike Salazar, BSN, RN
RN Clinical Educator of Quality & Safety, INTEGRIS Medical Group - Enid

“I support House Bill 1013, which would grant Nurse Practitioners full practice authority. The importance of this bill passage increases access to the citizens of Oklahoma, especially the citizens of rural communities that are lacking adequate access to healthcare. I support Senate Bill 801 that would eliminate Certified Registered Nurse Anesthetists supervision by a doctor as specified in the bill text. The passage of this bill would once again increase access to healthcare to the citizens of Oklahoma. Additionally, I would support the introduction of a more robust policy for monitoring and regulation of Medical Practitioners assisting in reaching and teaching other nurses how to handle and decrease bullying and incivility.”

Velmarie Swing, Ph.D., RN, VHA-CM
Director & Coordinator of New RN Graduate Programs, Director of VA Nursing Academic Partnership

“Nursing is my passion that has not diminished in 34 years. Nursing is by nature a profession of compassion yet bullying and incivility continues among nurses worldwide, which affects the nursing shortage. I believe nurses have the power to lessen and end the bullying no matter where employed. Becoming an active member of ANA/ONA assists in reaching and teaching other nurses how to handle and decrease bullying and incivility.”

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National Nursing Shortage: Nursing Schools Turning Away Candidates

Christopher M. Ward, MSN, RN, Chief Nursing Officer, Comanche County Memorial Hospital

The American Nurses Association estimates that the United States will need one million new registered nurses by 2022! Yet, nursing schools have rejected approximately 50,000 applicants each year who met admission requirements, according to the American Association of Colleges of Nursing.

According to CNN Business (April 2018), "One school responded in a letter they had 343 applications and only accepted 60 students," she said. "Another school had 60 slots for 262 applications."

"What do you do in rural Oklahoma if you are short on nurses? One option is to close acute care hospital beds. That doesn't service the community well. Individuals who need care are then shipped to higher levels of care in nearby urban sites. This requires families to drive further to see their loved ones. Follow-up care may also be arranged outside of the patient's own town. Also, when patients are sitting in your Emergency Room awaiting acute care beds and there is a need in your community for additional acute care hospital resources, one looks for other staffing solutions.

Like many healthcare facilities, Comanche County Memorial Hospital offers nursing scholarships in exchange for a promise of employment. This has helped attract some students. Comanche County Memorial Hospital (CCMH) noted that our hiring of every available new graduate from our two nearby nursing schools was still not meeting our nursing needs. We would hire 30-40 new-graduate Registered Nurse students every spring and start them into orientation only to lose many of them over the summer months in their nursing skills.

As we discussed the nursing shortage with our local nursing schools we discovered that one of the schools was determining eligibility for admission to nursing classes primarily upon GPA. So, students from across the USA were applying and getting into an Oklahoma nursing school even though there was little chance they would remain in the area. They were looking to earn a Registered Nurse license and then eventually went back to their communities. While the high GPAs gave the nursing school great accreditation scores and after just over a year of employment with us, that individual went to work for another hospital and with their turn-over every 13 weeks, it is hard to maintain quality initiatives and standards with new contract nurse replacement cycles. The first thing considered was to bring international nurses here from countries who train nurses similar to USA standards. Our plan has been to fill 30 RN positions with international nurses. These nurses reduce expenses compared to contract staff and we can plan on them being employed with us for a minimum of three years. However, that still does not completely meet our current nursing needs or address growth.

Next, we began talking to our local nursing schools regarding options. The school that accepts students from the area (as well as a series of other admission criteria) was willing to expand their student admissions if they could cover the cost of faculty. We asked them for a proposed budget. The CCMH Foundation and local support assisted us in raising the finances to cover the costs of the additional professors for two years.

This partnership gave more students from rural Oklahoma the option to attend nursing school. We sought funding to add two additional faculty to their program and now have the potential to double their nursing enrollment for 2019-2020 school year! An additional benefit was that the school determined they had interest in an evening cohort and so, nursing classes will be offered both in the daytime and evenings! This provides even more flexibility for students!

We hope to see an additional 30 local students graduate from Western Oklahoma State College (WOSC) in two years with their Registered Nurse Associates Degree! Because they are from the area, we believe they will stay in the area as others have done statistically before them. (On a side note: We understand that Western Oklahoma State College has additional space available to train even more Registered Nurse Candidates if other healthcare systems are interested in partnering with them on the cost for nursing professors!!)

Most recently we have entered into a strategic partnership with Oklahoma City University (OKCU) Kramer School of Nursing. They created a satellite site for a Bachelor of Science in Nursing degree at Duncan Regional Hospital three years ago. Because Duncan, OK, is only approximately 30 miles from Comanche County Memorial Hospital (CCMH) nursing clinicals will occur at CCMH. Cameron University (CU) is a public university across the street from CCMH and a strategic relationship with CU’s Humanities Department allows students to start their Junior Year at Kramer School of Nursing in Duncan to ultimately earn a BSN through OKCU Comanche County Memorial Hospital (CCMH) is offering 20 full- two-year scholarships to local students who qualify for the OKCU Kramer Nursing School admission criteria and will agree to work for CCMH for three years after graduation! This will allow 20 local Oklahoma students to obtain their BSN in two years in exchange for agreeing to work for CCMH!

Nursing Shortage? Yes! What are we doing about it? Partnering in innovative ways with local nursing schools to allow approximately 50 more nursing students to go to school each year!

Comanche County Memorial Hospital CNO, Chris Ward says, "When you run into an obstacle one can quit or you can figure a way around it! We are still working our way around it but we are convinced we can solve this nursing shortage! Our CEO and Board of Trustees are behind this 100%!"

- Why not you in your community? Universities have booster clubs for sports, why not get behind the nursing programs in your area and help them out? Who knows, you might be providing a nurse who will be prepared to care for you or your loved one in the future.

Located between major metro areas, Comanche County Memorial Hospital competes with major medical centers for nursing staff.

Comanche County Memorial Hospital's current acute care licensed nurse vacancy rate runs at approximately 23%! We have had to back-fill our open nursing spots with contract staff (travelers) to meet the needs of our community. It's very expensive and we find the contract staff do not have loyalty to the hospital and with their turn-over every 13 weeks, it is hard to maintain quality initiatives and standards with new contract nurse replacement cycles.

What do you do in rural Oklahoma if you are short on nurses? One option is to close acute care hospital beds. That doesn't service the community well. Individuals who need care are then shipped to higher levels of care in nearby urban sites. This requires families to drive further to see their loved ones. Follow-up care may also be arranged outside of the patient's own town. Also, when patients are sitting in your Emergency Room awaiting acute care beds and there is a need in your community for additional acute care hospital resources, one looks for other staffing solutions.

Like many healthcare facilities, Comanche County Memorial Hospital offers nursing scholarships in exchange for a promise of employment. This has helped attract some students. Comanche County Memorial Hospital (CCMH) noted that our hiring of every available new graduate from our two nearby nursing schools was still not meeting our nursing needs. We would hire 30-40 new-graduate Registered Nurse students every spring and start them into orientation only to lose many of them once they become competent in their nursing skills.

As we discussed the nursing shortage with our local nursing schools we discovered that one of the schools was determining eligibility for admission to nursing classes primarily upon GPA. So, students from across the USA were applying and getting into an Oklahoma nursing school even though there was little chance they would remain in the area. They were looking to earn a Registered Nurse license and then eventually went back to their communities. While the high GPAs gave the nursing school great accreditation scores and after just over a year of employment with us, that individual went to work for another hospital and with their turn-over every 13 weeks, it is hard to maintain quality initiatives and standards with new contract nurse replacement cycles. The first thing considered was to bring international nurses here from countries who train nurses similar to USA standards. Our plan has been to fill 30 RN positions with international nurses. These nurses reduce expenses compared to contract staff and we can plan on them being employed with us for a minimum of three years. However, that still does not completely meet our current nursing needs or address growth.

Next, we began talking to our local nursing schools regarding options. The school that accepts students from the area (as well as a series of other admission criteria) was willing to expand their student admissions if they could cover the cost of faculty. We asked them for a proposed budget. The CCMH Foundation and local support assisted us in raising the finances to cover the costs of the additional professors for two years.

This partnership gave more students from rural Oklahoma the option to attend nursing school. We sought funding to add two additional faculty to their program and now have the potential to double their nursing enrollment for 2019-2020 school year! An additional benefit was that the school determined they had interest in an evening cohort and so, nursing classes will be offered both in the daytime and evenings! This provides even more flexibility for students!

We hope to see an additional 30 local students graduate from Western Oklahoma State College (WOSC) in two years with their Registered Nurse Associates Degree! Because they are from the area, we believe they will stay in the area as others have done statistically before them. (On a side note: We understand that Western Oklahoma State College has additional space available to train even more Registered Nurse Candidates if other healthcare systems are interested in partnering with them on the cost for nursing professors!!)

Most recently we have entered into a strategic partnership with Oklahoma City University (OKCU) Kramer School of Nursing. They created a satellite site for a Bachelor of Science in Nursing degree at Duncan Regional Hospital three years ago. Because Duncan, OK, is only approximately 30 miles from Comanche County Memorial Hospital (CCMH) nursing clinicals will occur at CCMH. Cameron University (CU) is a public university across the street from CCMH and a strategic relationship with CU’s Humanities Department allows students to start their Junior Year at Kramer School of Nursing in Duncan to ultimately earn a BSN through OKCU Comanche County Memorial Hospital (CCMH) is offering 20 full- two-year scholarships to local students who qualify for the OKCU Kramer Nursing School admission criteria and will agree to work for CCMH for three years after graduation! This will allow 20 local Oklahoma students to obtain their BSN in two years in exchange for agreeing to work for CCMH!

Nursing Shortage? Yes! What are we doing about it? Partnering in innovative ways with local nursing schools to allow approximately 50 more nursing students to go to school each year!

Comanche County Memorial Hospital CNO, Chris Ward says, "When you run into an obstacle one can quit or you can figure a way around it! We are still working our way around it but we are convinced we can solve this nursing shortage! Our CEO and Board of Trustees are behind this 100%!"

- Why not you in your community? Universities have booster clubs for sports, why not get behind the nursing programs in your area and help them out? Who knows, you might be providing a nurse who will be prepared to care for you or your loved one in the future.
It was the end of the day at the office when the phone rang. The call was from Mrs. A., a nursing home resident calling to request that the practitioner come help her because she had been left on the commode for several hours. She was in the nursing home to recover from a hip fracture. When arriving at the home, the provider did not see any staff, so proceeded to the room where the light was on and the patient was still on the commode. She was assisted to the bed, but her buttocks had red pressure areas. In another situation, Mrs. Z. fell and fractured her humerus. She kept reporting that her arm hurt, so she was given pain meds which caused confusion. When the family became concerned they were advised to place the patient on hospice. They transferred the patient to a different home and provider where the fracture was treated, pain meds were reduced and the patient returned to her normal state. These two patients dodged poor outcomes because they and their family advocated for them.

Reasons why such incidents occur are legion and multifaceted. Care staff in organizations treating and supporting vulnerable populations are frequently given marginal training, near poverty level salaries, and have high injury rates. There is frequent staff turnover in such facilities. All of these contribute to negatively impacting the treatment of vulnerable patients with chronic problems because there is no rapid admission to dismissal cycle with insurance reimbursement. Incidence of infection, falls, decubiti, and cognitive decline are much higher in residential facilities than in equivalent populations in the community. The nursing profession must be dedicated to changing the culture of nursing homes so that all persons impacted (staff, management, patients, and family). Florence Nightingale (1859) stated, “one duty of every nurse certainly is prevention” (p126-127) and those words should be followed by every nurse and made part of the daily practice to prevent negative outcomes. Maslow (1954) proposed a hierarchy of needs: (1) physiologic, (2) safety, (3) love and belonging, (4) self-esteem, and (5) self-actualization (pp.80-106). Instead of warehousing vulnerable people, nursing homes should be places of healing, growth, and development. It is the duty of every nurse to follow every effort to prevent and replace stigmatizing labels such as “sweetie” with “Mrs./ Ms. X,” “resistant” with “not in agreement with,” and “frequent flyer” with “user of services.” The avoidance of negative verbal stereotypes serves to improve patient self-esteem and overall improved outcomes (Carroll, 2019).

Nurses have a duty to avoid the sequelae of immobility and prevent decubiti by exercising the patient regularly and repositioning at a minimum of every two hours. Begin the exercise program with in-bed techniques and progress slowly at regular intervals with 10-minute rest intervals. Avoid rapid position changes to prevent postural hypotension. Exercise will not only improve the pulmonary, psychiatric, and integumentary function, but cognitive function will improve as well (Blumenthal et al., 2019). Falls can be limited by placing patients on regular bathroom schedules and improving overall muscle strength. Staff can reduce infections by following handwashing hygiene and keeping equipment clean. It is crucial that nursing at every level engage in a change of culture and behavior. Each patient deserves the support required for them to maximize their potential at every stage of life. The more vulnerable the patient is, the greater the nursing obligation. As Maya Angelou so astutely observed “I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel” (Bradberry, n.d.).

It is crucial that nursing at every level engage in a change of culture and behavior. Each patient deserves the support required for them to maximize their potential at every stage of life. The more vulnerable the patient is, the greater the nursing obligation. As Maya Angelou so astutely observed “I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel” (Bradberry, n.d.).

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Wanted: Excellence in Care of Vulnerable People

Ernestine Olson, DNP, FNP, APRN-BC
LCHC-Rural Health Clinic-retired, ONA member

References


On Friday, June 21st, over 300 American Nurses Association leadership, staff, and members gathered at the National Assembly Day in Washington D.C. This two-day event followed the ANA National Hill Day event at Capitol Hill on Thursday. The membership assembly covered several topics including: ANA policies and stances, nursing-related decisions, and government or legislative. Together, nurses from around the country were able to collaborate and discuss key issues that affect nursing everywhere.

ANA President Ernest Grant, PhD, RN, FAAN, kicked off the assembly on Friday morning. President Grant spoke of his top priorities for the assembly and looking forward including:

- Increase diversity in the nursing profession
- Increase the awareness of ANA to all nurses
- Enhance nurse-community interaction to increase nursing awareness
- Raise nurse’s participation in public advocacy

President Grant outlined a few of his thoughts on the strategies and steps to accomplish these goals. He challenged nurses to advocate for their issues and rise up and take action, “I want to issue a challenge to you, as nurse leaders, to step up and become fully involved in advancing our mission and achieving our vision of a healthier, more equitable society and a better and safer world for all.”

Followed by President Grant was chief nursing officer of the ANA Enterprise, Debbie Hatmaker, PhD, RN, FAAN. Hatmaker spoke about the synergy throughout the organization and how each individual nurse plays a key role. She also explained the various strategic goals of the organization such as:

- Increase and strengthen the number of nurses who engage with ANA

The following day on Saturday, June 22, the assembly discussed and formally decided on statements about key healthcare issues that affect all of nursing. The following are official statements:

- **Vaccinations Exemptions:** Given the recent surge of measles cases and potentially uncontrollable outbreaks of other vaccine-preventable illnesses, ANA no longer supports religious exemption as a reason to not get vaccinated. ANA believes that to protect the health of the public, all individuals should be immunized against vaccine-preventable diseases.

- **Medical Aid in Dying:** While nurses remain ethically prohibited from administering aid-in-dying medication, ANA recommends that nurses remain objective when patients are exploring this end-of-life option. Nurses have an ethical duty to be knowledgeable about this evolving issue and have the right to conscientiously object to being involved in the aid-in-dying process, among others.

- **Advocacy for DACA Nursing Students:** ANA recommends that nursing students who are Deferred Action for Childhood Arrivals (DACA) recipients – often called DREAMers – be allowed to take the National Council Licensure Examination (NCLEX) in all states without facing barriers. This action would also help increase diversity in the workforce and ease nursing shortages.

- **Human Trafficking:** To help solve the public health crisis of human trafficking, ANA believes that nurses must have increased education on the use of effective patient screening tools; advocate for human trafficking protocols in all 50 states and U.S. territories; promote Adverse Childhood Experiences (ACEs) education; provide trauma-informed care for victims and survivors; support awareness and prevention campaigns. Additionally, ANA’s Membership Assembly requests that the ANA Board of Directors create a national task force on the issue.

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### RN TO BSN ONLINE

Through an online platform, this ACEN accredited program prepares working nurses to provide quality, patient-centered care in collaborative professional environments. In addition, it will also serve as the academic credential needed to pursue a master’s degree in nursing. RN to BSN Online students may also take general education classes or prerequisites they may need concurrently while attending this program.
The Fight to Expand Medicaid in Oklahoma is Personal
I’ll be signing the petition and I hope you will too

By Donna Fesler, MS, RN

For nearly a decade, nurses, doctors, and hospitals have urged politicians in Oklahoma City to expand Medicaid and deliver health care to nearly 200,000 Oklahomans. Not because of politics — but because it’s both the right and the fiscally responsible thing to do.

For me, though, this issue goes beyond my professional creed to help those who are sick and in need. It’s personal. Whenever I think about Medicaid expansion, I think about my mom. In 2003, my mom was working full time at a job that didn’t offer health insurance when she was rushed to the emergency room following a massive heart attack.

In a moment when I should have only had to worry about her care as I sat in the intensive care unit with her, I was also overwhelmed by fear that paying hospital bills without insurance could send my mom into bankruptcy. When I learned she had undiagnosed hypertension and wasn’t getting the insulin she needed for her diabetes because she couldn’t afford to go to the doctor, I also felt powerless and angry. My mom died in 2017, but I’m incredibly grateful that emergency medical care saved my mom’s life that day giving us another 14 years with her.

As a nurse, I support expanding Medicaid in Oklahoma because I see every day how we’re all hurt when hard-working people like my mom cannot afford access to insurance — and I know it’s time for that to change.

Without Medicaid expansion, I see how people like my mom are suffering because they cannot get the preventative care that I know saves lives. I see too many people in the emergency room who are sicker than they need to be just because they couldn’t afford to come in when we could have treated them more easily. I see the fear in the eyes of those patients and their loved ones trying to figure out how to choose between putting food on the table and paying for critical care.

I see how our entire health care system is hurt when the cost of uncompensated care shuts down our rural hospitals. Since the debate on Medicaid expansion began, we’ve seen six hospitals across our state close, and when those hospitals close medical professionals lose their jobs and patients lose access to care. I know that for someone suffering from a heart attack like my mom, that extra travel time could be a death sentence.

Expanding Medicaid will help keep those hospitals open by bringing billions of dollars back to our state.

Finally, I see how we’re all getting left behind as more than a billion of our tax dollars go to pay for insurance in other states every year instead of coming back here to Oklahoma. In other words, we’re already paying virtually all the costs for Medicaid expansion. Politicians have just decided to turn down the money that should be coming here. Expanding Medicaid will bring our money back home, where it can create jobs, keep our hospitals open, and keep our families healthy.

It’s time to finally get this job done.

I’m a nurse, not a politician, but it’s clear to me that our elected leaders have not acted in our best interest when it comes to Medicaid expansion. That’s why I’m supporting the Oklahomans Decide Healthcare campaign to let voters decide this issue once and for all with a ballot measure in 2020. I hope you’ll join me.

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**The Oklahoma Nurse**
August, September, October 2019

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**Nominations Open for the Annual ONA Nursing Awards**

**Recognizing Excellence in Nursing**

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 6th. 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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**Official Call to the Delegates to Attend a Meeting of the ONA House of Delegates**

Embassy Suites, Norman, Oklahoma | Wednesday, October 2, 2019, 1:30 – 4pm.

Julia Profit Johnson, RN, ONA Secretary/Treasurer

This notice constitutes the official call to meeting of the Meeting of the ONA House of Delegates. The House session will be held Wednesday, October 2, 2019. 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.

The representation of each Regional Nurses Association established for the 2019 House is as follows:

<table>
<thead>
<tr>
<th>Region</th>
<th>Members</th>
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<td>#01</td>
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<td>21</td>
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<tr>
<td>ONA Board of Directors</td>
<td>15</td>
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<td>ONA Affiliates</td>
<td>11</td>
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<td>Past ONA Presidents</td>
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The ONA House of Delegates is composed of member nurses duly elected through secret ballot by constituent regional members. The House of Delegates also provides a courtesy seat to Past ONA Presidents and one registered nurse participant from each organizational affiliate.

Each delegate must study the issues thoroughly and is encouraged to participate in Region sponsored meetings prior to the ONA Annual Convention 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. A registration fee will be assessed for this day, as lunch will also be included.

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. They come to the House to work towards the growth and improvement of ONA and its constituent bodies. 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.
Dr. Betty Kupperschmidt, Retired Assoc.
Professor, OU CN, Member Region 2

Alan Jackson has a beautiful ballad (and video) titled Remember When. Recently, I was discussing the value of a $100 Scholarship with one of my Region 2 colleagues which caused me to remember when.....

I began my journey to obtain my RN in a diploma program. Students lived in a dorm with a roommate, tiny (brochures described as compact) closets and desks, and two pay phones on each floor. Sometimes the phones would ring for a long time before someone answered then yelled, “Jones, you have a call!” Pandemonium until Jones answered. Very noisy. Thus, I spent a few times in our library, a quiet room with large tables and few journals. One journal was The American Journal of Nursing (AJN). In the AJN, I learned about the push for and benefit of a baccalaureate degree. As I remember when, there was minimal interest in continuing one’s education among my classmates when compared with getting married.

The auxiliary offered a $100 scholarship to a qualified, interested student. I applied, received the $100.00, began an exciting journey on my way to completing bachelor’s masters and doctoral degrees. Now I do acknowledge the value difference between a $100 in 1962 when compared with $100 in 2019. My point is one never knows what impact a scholarship, however seemingly small, may ignite. I am glad this discussion caused me to “remember when.”

The Value of “Remembering When”

Dr. Betty Kupperschmidt, Retired Assoc.
Professor, OU CN, Member Region 2

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