Executive Director’s Report

Momentum…Moving Forward
by Jane Nelson, CAE
ONA Executive Director

We have celebrated our one hundred years of nursing excellence and the history of the Oklahoma Nurses Association over the last two years. Now, it is time to use that momentum to build and shape the future. There are many issues that have been a focus this year such as membership connectivity, reaching out to non-members and then there are some issues that nurses have been talking about for years such as entry to practice and health care reform. The time has come to deal with these issues and use the momentum of our past accomplishments to move nursing forward.

One of the ways the ONA Board has worked to ensure your voice is heard on all of these issues is with the ONA Town Halls that have been conducted around the state. The conversation has focused on how members and non-members want to connect to the organization, issues facing nursing, the profession, and the association. We have learned a great deal about what is important to you the member. We will be continuing these Town Halls in the coming year—hoping to reach out to areas of the state where ONA doesn’t have a presence. If you or your facility is interested in hosting a Town Hall, please contact me at the ONA office. Once completed the ONA Board will be taking your input and make recommendations for changes in the bylaws and structure of the organization. This will then be presented back to the House of Delegates and together we will move the organization forward.

One of the issues we are working to move forward is entry to practice. In 2008 the ONA House of Delegates heard a resolution on nurses obtaining a baccalaureate in nursing within ten years of licensure. The resolution was referred to a task force, which met on August 14, 2009. The task force discussed pros and cons then submitted its recommendation to the ONA House of Delegates. Currently the report is posted on the ONA website. As the ONA House of Delegates considered the task force Report on Educational Advancement and...
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the revised resolution, there were suggestions on embracing all registered nurses to ensure that they do not feel disenfranchised by the outcome. It was clear that the message was about working together to make this happen before taking it to the legislature. The ONA House of Delegates did pass the resolution adopting the position that Registered Nurses should work to advance their education by seeking a BSN within ten years of initial licensure. We know our work doesn’t end here; we must continue to ensure a united voice on this issue.

Nationally, ANA has proudly been representing nurses and the nursing profession at healthcare summits and forums, working with nurses, lawmakers, the Obama Administration, healthcare coalitions, the media and other participants to deliver nursing’s message and to develop meaningful solutions. As I write this article the U.S. House of Representatives has passed the Health Care Reform bill; it is now on its way to the Senate. There are still unknowns as to what is in this bill and what will change as it goes to the Senate. This is an unprecedented opportunity for Nurses to be involved in the healthcare reform debate. While I know many of you may not agree with what you’re hearing we must all remember that nursing is at the table and has a voice! ANA’s major tenet in this debate is universal access to affordable and high-quality health care services. In addition, ANA is focusing on inverting the current care model so that it focuses on preventative care.

As we move forward in the next 100 years there will be other issues facing nursing, the profession and the association. Our opinions may differ on many levels but we must not let these issues divide us. We must stay engaged and united with one voice. That is the only way we can remain strong and keep our place at the table. Being invited to the table on issues such as health care reform and practice issues are key. It is the only way to participate and have a voice in the process. The only way to have a voice in any issue that affects nursing is by being part of a collective voice such as the one ONA and ANA afford you.

We as nursing leaders must mentor those new to the profession encouraging them to grow as a professional and to get involved with the Oklahoma Nurses Association not because we all agree but because we need speak as one. We need nurses in all practice areas and specialties to join and become active. We need their voice and ensure that we have a resounding voice in protecting and forwarding nursing practice and the nursing profession. Members should be asking nurses around them to get involved in ONA and become a member. If you aren’t a member take a look at what we have to offer. It is imperative that we all work together to protect nursing and nursing practice while also advancing health care for Oklahomans.

Let’s Keep Our Voices Raised! Policy makers in Oklahoma—legislators, the Governor and other elected officials must hear the voice of nurses on issues that affect nursing: practice issues, access to health care, affordable treatment, coverage for chronic health issues, mental health services, and inclusion of preventative health care. ONA empowers nurses to improve healthcare: your voice makes the difference.
The 2009 Annual Convention of the Oklahoma Nurses Association was a huge success. Over 330 attendees, more than 60 exhibitors, and 21 educational sessions created one of the best conventions in a long time. Attendees continue to rave about the facilities of the Norman Embassy Suites where overnight guests not only enjoyed a colorful venue, but had a taste of luxury with pumpkin pancakes, delicious meals, and the managers' reception.

What made this year’s convention so much better? The convention committee paid close attention to the evaluations last year and made several changes. The convention was compressed into a fast paced, 4 1/2 day event. Attendees who could not go the whole four and a half days were added in for value for attendees and exhibitors alike.

Historically, the reason for convening Oklahoma nurses each year was to determine the needs of the profession and decide how to advance them. This year we got the business end of the meeting finished first. Doing so increased attendance and the time allotted for discussion of business. As many of you know, the resolution for educational advancement is allotted for discussion of business. As many of you know, the resolution for educational advancement is hot on the forefront at the state and national level.

Additionally, the election results were announced. Current ONA President Christine Weigel welcomes Vice President Connie Davis of Tahlequah City Hospital, Practice Director Teri Round of Stillwater Medical Center, and Political Activities Director Peggy Hart Miller of East Central University. These newly elected officers join Secretary-Treasurer, Janet Gallagely. Kammie Monarch was also elected as President-Elect; she has resigned her position as she has taken a new position in Denver, Colorado.

After meeting at the newly formatted Town Hall Breakfast, attendees enjoyed a special thank you at the opening session. The City of Norman welcomed ONA, sending OU’s winning softball coach Patty Gasso with a personal message to the nurses of Oklahoma. Coach Gasso delivered a heartwarming welcome of praise and gratitude for the hardwork nurses do. As a coach, she knows what it takes to make a winning team. As someone on the receiving end of services, she thanked each nurse for being team captains, ensuring the delivery of exceptional healthcare services. The take home message: remember that you do have an impact on the lives of your patients and on their families lives-you do make a difference.

The Awards luncheon changed this year, as it was included in the registration fee and included exhibitors. To make the educational component extras where added in for value for attendees and exhibitors alike.

The convention committee paid close attention to the evaluations last year and made several changes. The convention committee was challenged to compress the schedule and reduce the costs, while preserving the attendees’ time to network and share. Successful all around, the convention committee still found time for extra networking with a brand new networking finale featuring over 50 giveaways from Norman retailers and convention exhibitors. They named this the Rush Hour Reception; Norman was showcased with cars from dealerships and door prizes galore. Thank you Norman! We’ll be back!

We hope you will join us next year for a taste of Tulsa at the Downtown Doubletree. The competition is on to see what wonderful surprises Tulsa will have in store for you. Save the dates now: October 27-29, 2010. See you there!

“2009 was the best convention yet!”

“Wouldn’t miss it for the world”
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- Choctaw Nation Health Care
- Comanche County Memorial Hospital
- Deaconess Hospital
- Faith Community Nurses Association-OK
- Hillcrest Medical Center
- INTEGRIS Health
- John Hancock
- Laureate Psychiatric Hospital
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- Mercy Memorial Health Center
- Moblex USA
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- Oklahoma Association of Clinical Nurse Specialists
- OBU International Graduate School
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- Oklahoma City University
- Oklahoma Foundation for Medical Quality
- Oklahoma Heart Hospital
- Oklahoma Nurse Practitioners
- Oklahoma State University Medical Center
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- St. Anthony Hospital
- St John Health System
- Superior Concepts, Inc
- The Auxiliary of The Gideon's International
- The Chickasaw Nation Health System
- The Children's Center
- Tulsa Community College
- United States Navy
- Unity Health Center
- Vanderbilt School of Nursing

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### A Special Thank You to Norman Retailers for these fantastic door prizes!

1. **A Pink Louisville Slugger bat (for Coach Gasso) donated by Eileen Grubbs**
2. **6 Free oil changes from Norman auto dealers**
3. **1 Large frilly gift basket from The Candybasket**
4. **1 Flower arrangement from Redbud Florist**
5. **2 Pair of tickets to Sam Noble Oklahoma Museum of Natural History**
6. **Free entree’s for Cheddars’ Restaurant**
7. **2 Pair of tickets to Fred Jones Jr. Museum of Art**
8. **4 Free burritos from Qdoba Mexican Grill**
9. **1 $25 gift certificate for Christmas Expressions**
10. **1 Free night’s lodging at Holmberg House Bed and Breakfast**
11. **Night’s lodging at Montford Inn**
12. **2 Gift certificates for Louie’s Restaurant**
13. **2 $10 gift certificates from Interurban Restaurant**
Who is looking for you? Match yourself up with the right place, $$ to $$, Beds to Beds, and Jobs to Jobs

Convention Report from the Exhibit Hall
By Evelyn L. Acheson, PhD, RN

Like many of you, I toured the exhibit hall. I thanked the vendors for their support because I know that their combined participation really makes the convention possible. Then, as many of you who know me may have guessed, I started asking questions. I completed the circuit of the nurse recruiters, and gathered some information. I hope you find my results helpful, if you were unable to attend yourself. I highly recommend that you attend next year in Tulsa.

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ONA State Convention
October 28-30, 2009
Norman, Oklahoma

Report on the Exhibitors
Evelyn L. Acheson, PhD, RN
The University of Oklahoma, College of Nursing

State ONA convention is always a good time to check out the latest ‘goodies’ that the exhibitors are offering. This year was no exception and the 56 exhibitors did not disappoint me. However, I have a lot of ink pens from years gone by; so I was interested to learn about the status of the shortage of nurses in the state of Oklahoma from the area hospital recruiter’s perspective. For sure, this is not a scientific study because I started out collecting pens and asking a few general questions. After 10 or 12 hospital exhibitors I seized the moment and started asking the same questions of each for consistency duly noting the answers in a table I developed. Here is what I found (unofficially, of course). Of the 56 Exhibitors in Norman Oct. 28-30, 2009 for the ONA state convention, I categorized them as follows:

- Small Hospitals (under 75 beds) 6
- Medium Hospitals (100-200 beds) 4
- Large Hospitals (400-600 beds) 5
- Mega Hospital systems (1000 beds or more) 2
- Specialty Hospitals 3
- Schools/Universities 7
- Temp agencies 3
- Organizations 10
- Other categories 16

The unofficial answers to my questions to hospital recruiters are as follows:

**How many nurses would you hire today if they applied?** The response varied from 1 to 300 for the 20 hospital recruiters. A couple of hospitals are planning to open new facilities within the next 6 months, and they will have many openings then.

**Who are you looking for? BSN, ADN, new grads, experienced specialty nurses?** Most would hire new graduates, but preferred experienced nurses especially for specialty units like ICU, CCU, OR, NICU, and ER. No one said they would only hire BSN nurses. A few no longer hire LPNs however.

**What is your starting pay?** Answers varied from $17.60 to $21/hour, but the average was about $18.50 per hour.

**Are you offering a sign on bonus?** Only one large hospital is offering a sign on bonus right now for night shift with a 2 year commitment. Another large hospital is offering a sign on bonus for their employee who brings in a new nurse.

When asked about the situation with the nursing shortage at their hospital, seasoned recruiters candidly reported they can be more selective about whom they hire now, as opposed to a couple of years ago. One hospital recruiter said they weren’t able to hire all the new graduates who applied. Another reported that the new graduates wanted to work days in the specialty units, and that wasn’t where the need was. One told me her hospital had vacancies only in the ‘hard to fill’ spots such as evenings and nights on medical/surgical units. One recruiter of a specialty hospital boasted 98% retention in the past 6 years. Another recruiter attributed hard economic times to lower turnover.

“We’ve all seen a swing from ‘horribly desperate’ for nurses to now when we’re doing pretty well. We are finding that our turnover is lower than in the past. Plus, our hospital occupancy rates are lower, which means we can manage with the nurses we have. It could all change tomorrow, however.”

Several recruiters had creative ways to lure new graduates including summer extern programs, mentor programs, help to pay for NCLEX review, and extensive orientation programs.

**Does this mean the emergency is over for the nursing shortage in Oklahoma?** No, there are still vacancies in each of the hospitals represented at convention. Does this mean the need is met or that hospitals are learning to manage with less?

**Will there be a time when we have more graduates than positions?** Not the immediate future at least.
The role of IONE is “to be the leader for nursing education in Oklahoma with the ultimate aim of preparing registered nurses to provide service as a centralized source of information about nursing education for nurses and the general public.” IONE fulfills this role by promoting open communication, collaboration and sharing among nursing education programs. IONE provides a platform for nursing educators to identify issues affecting nursing education and seeks to resolve these issues as a collective voice. IONE utilizes a collaborative approach to confront challenges. Isolates are good student enrollment with faculty shortages, building clinical restrictions and limited clinical slots. The United States Department of Labor projected that by 2016 there will be a need for 870,000 more registered nurses in the U.S. Although there is a need for more nurses, according to The National League for Nursing, Annual Survey of Schools of Nursing, baccalaureate and associate degrees that support nursing programs rejected 99,000 applicants during 2006-2007. This is almost a fifth of the number of registered nurses and leaders. Can leaders who more nursing students is critical to the quality of healthcare delivery. The situations, limited clinical slots and building capacity are just a few of the reasons why enrollment is capped. Since many nurses know that the number of clinical opportunities is limited, a collaborative model is needed to admit more students to associate and baccalaureate degree programs. IONE administrators are working collaboratively through IONE to increase the number of registered nurses by supporting articulation agreements and exploring the possibility of a curriculum that could allow nursing administrators post their adjunct and full-time faculty needs for prospective applicants. This website also provides opportunities for junior nursing students in shared adjuncts or faculty. By providing a venue for announcing faculty vacancies and faculty sharing is another collaborative approach utilized by IONE.

With large numbers of applicants turned away from baccalaureate, and associate degree nursing programs, innovation and creativity are key components to admitting more nursing students and increasing the number of registered nurses in Oklahoma. These innovations include partnerships, alternative teaching modalities such as online and hybrid courses, and fast-track pathways to becoming a registered nurse. IONE supports nursing programs in sharing creative partnerships and innovations by providing a forum for discussion through the IONE Summits and the IONE website.

IONE participates in a variety of collaborative projects that support nursing education. IONE also provides an avenue for nursing educators to pool their resources and achieve the common goal of improving the quality of healthcare in Oklahoma. For more information about IONE and membership in an organization visit the IONE website http://www.institute-one.org/ and support nursing education and nursing educators in Oklahoma.

References
Getting Involved with ONA: A Call to Duty

Student Perspective
Devyn Denton, Northeastern State University

Motivating Mentors: Ms. Diane Adair, Mrs. Catherine White

Encouragement: White declared "nurses bonded together can make a difference in laws, policies and procedures". Adair informed me that I can be a "change agent" and "that I have a responsibility to leave things better than I found them, that's what a real nurse does."

Preparation: Additionally, I had taken the time to learn about the bills and legislation before I got there from the ANA and ONA websites. So, when I had a chance to speak to the people that represent me and the population I serve, I could speak from a place of knowledge.

The experience: The full-time capital nurse showed us how to get around both the House and the Senate chambers. He set up our photo opportunities, made sure our declarations were spelled correctly, while all the time, treating an intern's heartburn, a Pag's sprained ankle, a photographer's stuffiness, and doing the daily BP and weight check for a Capital employee. In one sentence, he took care of all the Capital's injuries seamlessly. He obviously has mastered the art of multi-tasking with a smile.

As a nursing student I have been, not necessarily eaten, but definitely a little bit chewed, by some of the nurses I have encountered. Not at the Capital, I could tell that he loved to teach as much as he loved being a nurse.

Mantra: I feel like I have no right to complain about anything, if I'm not willing to do something about it. So this is my "something."

Agenda: I want my Representative, Jerry McPeak, and my Senator, Earl Garrison to know that healthcare is important to me and to the people that put them in office.

Prerogative: I want to be counted as a nurse and a mother, I want to make a difference as a nurse and as a citizen, I want to be heard as a nurse and be a change agent for the people I serve and for my community, and this is one way to do all of these things.

Conclusion: Let me say that this experience has lived up to all of my expectations and then some! ... absolutely amazing!

Advice: Any student that can, to go and experience our state legislative process while representing the most rewarding profession on the planet!

Experienced Registered Nurse Perspective

Jerry Turner, RN, Flight Nurse Specialist, EagleMed

Encouragement: Make the most of it everyday!

Preparation: Checked the ONA website for bill tracking, and made some notes about issues important to me as a person and as a nurse. Also identified the legislators with influence on these issues.

The experience: I had a wonderful time, and Kirk Bass was a gracious host. It was nice having a fellow ER nurse there to talk to and trade war stories. I met with Senator Ron Justice in his office, and I feel I made a sensible repore. I also met and spoke with Rep. Leslie Osborn, and she emailed me today stating that she would contact me for any nursing issues or my perspective as a nurse. (She said that I was her first nurse of the day and will remember me.)

Mantra: Meet and discuss several nursing issues with our lobbyist and personally discuss these with legislators who can make a difference.

Agenda: On a more personal agenda, I spoke with Rep. Lisa Billy. She is a member of the Chickasaw Nation as I am, we discussed ways the nursing institution could help the people of Oklahoma.

Prerogative: There was a small group of women's health advocates in the lobby providing information to the legislature. Knowing a good opportunity when I see one, I met with Shannon Liew, RN, Director of the SANE program at the YWCA. She and I discussed ways to advance the SANE program to surrounding counties.

Conclusion: I feel I accomplished a tremendous amount of PR. I was even asked to have my picture taken with Ms. Oklahoma who was there to address the Legislature. Thank you for allowing me to be nurse of the day.

Advice: Nurses of the day can get what they want to out of being nurse of the day by making the most of it.
Mother and Daughter: Nursing through generations

Gayle Roberts celebrates her daughter’s recent graduation from nursing school. Congratulations!

Nurse of the Day
As Nurse of the Day, RNs and APRNs from all over the state represent Oklahoma Nurses at the Capitol during the Legislative session (February 1 - May 28, 2010).

Serving as Nurse of the Day provides you with the opportunity to meet and discuss important Nursing issues with your Legislators. To learn more about this opportunity and how you can sign up go to the ONA Website.

Legislative Day at the Capitol
Tuesday, February 23, 2010
Registration available in January
ONA encourages all Nurses and Nursing Students to get involved in the legislative process by attending Nurses Day at the Capitol. The day begins with an informational session held at the Cox Convention Center followed by an opportunity to go to the Capitol and talk with legislators.

You will have the opportunity to:
• Hear legislative experts, legislators and ONA’s Lobbyist.
• Talk with legislators concerning the issues vital to ONA and the nursing profession
• Increase your awareness of the role nurse plays in the political arena
• Voice your concerns regarding legislation affecting nursing practice, patient safety, preventive care and health education as well as Oklahoma’s health status

Resources available on the ONA Website.

6414 N. Santa Fe, Suite A, Oklahoma City, OK 73116
Phone: 405.940.3176 Fax:405.940.3013
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100 Years of Oklahoma Nursing
Oklahoma Nurses Association’s Leadership and Impact

$10 each plus $2 s/h

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by P. Eileen Stephens RN MS, OLN member

I was first introduced to the Oklahoma League for Nursing (OLN) by a friend and colleague, Hilda Smith, RN MS, faculty at Oklahoma City University Kramer School of Nursing. We were attending the 2007 ONA convention in Tulsa when she asked me if I had ever attended the OLN meeting. Well, no I had not heard of the OLN. Hilda said it was a must go! Besides the professional networking and camaraderie, they had wine and chocolate! So, that evening following a wonderful buffet provided by the Oklahoma Beef Council, we headed off for OLN, wine and chocolate! It was wonderful...a little taste of red wine and a chocolate fondue fountain! Even better were the people in attendance and the mission of the OLN. I joined immediately, who could resist this great group! In 2008, the OLN met again during ONA Convention in OKC. I attended and proceeded to help balance the checkbook at the end of the meeting. I brought 2 new members with me this time. Terry and Lucille Cox, with promises of wine, chocolate and great professional fellowship! There are many new challenges and opportunities for OLN in our great state of Oklahoma, one being increasing active membership.

I set out, from that 2008 meeting, on a mission to write an article about the history of the OLN with the goal of increased visibility and membership. I soon factored in the 2008 meeting with OLN President, Terry Cox, and Marie Ahrens. These members along with some newer members have agreed to be interviewed about their involvement with OLN as members and officers. We want to share our stories and our involvement in OLN as a way to encourage you to join us! The rest of the article features biographies and stories from current members in alphabetical order: Marie Ahrens; Helen Campbell; Thea Clark; Diana Mashburn; Joyce Van Nostrand; and myself, P. Eileen Stephens.

Bio/History:

Phyllis Eileen "Eileen" Stephens, MS RN is a Diploma of Nursing graduate from Bridgeport Hospital School of Nursing in 1967. She then completed a BSN at Youngstown State University, OH in 1971. She earned her MS in Nursing from Oklahoma University in 1984 and a Master of Science Nursing Major from University of Oklahoma in 1990. One of her most enjoyable nursing roles was as clinical supervisor for Upjohn Health Care Services providing home care/home health care services in the Tulsa metro area. She also enjoys nursing education roles and currently is a community health faculty member at the University of Tulsa in their BSN program. Marie first became involved with OLN through professional relationships with other OLN members and OLN members while a faculty in 1991-1993 at Rogers State College and University of Tulsa. She had been a member since the early 1990’s. Marie has held the position of Treasurer for OLN x 4 years, presented at 2 or 3 of the OLN sponsored educational conferences that were held in the 1990’s and has participated on the scholarship committee in the past as well. She hopes that OLN continues to grow with increased membership and involve. Marie thinks that the OLN should be a resource for a nursing desiring to shape the future, she hopes that OLN can continue to co-sponsor various educational activities around the state. As a past Treasurer, OLN should be able to continue granting scholarships for faculty development.

Helen Campbell, MSN, RN is currently Program Chair, Nursing, ITT Technical Institute. She graduated in the first nursing class from the University of Tulsa in 1973 and completed her Masters in Nursing from Oklahoma University in 1976. Helen describes some of her most enjoyable nursing roles in her career starting with the Burn Unit at Hillcrest Medical Center; working for Hospice OUCN. I have 37 years of nursing experience: about 20 years as faculty and/or administration. I love nursing! I love teaching nursing! I love OLN! I love wine and chocolate!

Contact information for article author: P. Eileen Stephens email: stephep@ouasoc.edu

Reference(s):

NLN Web page: http://www.nln.org/aboutnln/index.htm

Finally, my own story: I graduated with a Diploma in Nursing from St. Francis School of Nursing in 1972; a BS in Education from UCO in 1976; a BSN from UCO in 1984 and a Master of Science in Science with Nursing Education pathway from OUCN. I have 37 years of nursing experience: about 20 years as faculty and/or administration. I love nursing! I love teaching nursing! I love OLN! I love wine and chocolate!

Please accept our invitation to join us for wine, chocolate and professional camaraderie this fall in Oklahoma City at the 2011 OLN Meeting. The meeting date, time and location will be listed in the OLN information and I’m sure signs will be posted. Details to be sent by email.

Contact information for article author: P. Eileen Stephens email: stephep@ouasoc.edu

December 2009, January 2010

The Oklahoma League for Nursing became an ‘Affiliated Constituent League’ member of the NLN in late 1970s. The purpose of being a Constituent League (CL) is to support and implement the mission of the NLN to promote nursing education excellence and their mission. The CL provides for local collaboration and a link between the members within the CL and between the CL and the national office. In order for Oklahoma to become a CL we had to have a minimum of eight interested members to form a board of directors that would represent at least 2 areas of Oklahoma. The areas represented at the time were OKC and Tulsa. These members had to also be NLN members as well. Some of the early activities were spring conventions and fall workshops, where educational offerings for faculty and nurses were provided. We are currently looking for bits and pieces of the history since becoming a CL. If you have any knowledge or information on the history of the OLN, please send to the President. Thea Clark or the author of this article, P. Eileen Stephens. See contact information at end of this article.

Some of the first members and leaders (that I know about) were: Joyce Van Nostrand; Thea Clark or the author of this article, P. Eileen Stephens. Some of the first members and leaders (that I know about) were: Joyce Van Nostrand; Thea Clark or the author of this article, P. Eileen Stephens. Thea Clark or the author of this article, P. Eileen Stephens. Some of the first members and leaders (that I know about) were: Joyce Van Nostrand; Thea Clark; Diana Mashburn; Joyce Van Nostrand; and myself, P. Eileen Stephens.

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A Tribute to Dr. Jan Harris

A long time Oklahoma nurse and nursing educator, Dr. Jan Harris, age 72, died August 13, 2009 while on vacation in Colorado. Dr. Harris became a registered nurse in 1957, a graduate of the Oklahoma University School of Nursing. She worked as a staff nurse for 2 years and later as House Supervisor for the University of Oklahoma Medical Center from 1959 to 1969. She began a teaching career, which spanned more than 30 years as a Practical Nursing Coordinator/instructor for Central Technology Center in Drumright, Oklahoma. Over 1,000 students graduated and became Licensed Practical Nurses under her guidance. This was one of the first programs in the state to receive NLN accreditation. She taught for two years at the University Center in Tulsa, Oklahoma before retirement in 1991.

She worked for the Oklahoma Board of Nurse Registration and Nursing Education as Deputy Director from 1980-84. She completed two Masters Degrees, one from Central State University in Guidance and Counseling in 1976 and the other in nursing from the University College of Nursing in 1982. Her doctorate was completed from Oklahoma State University in 1978. She participated as a member of the Oklahoma Board of Nurse Registration and Nursing Education, Educational Standards Committee from 1973-1977 and was a survey visitor from 1973-1978. She was a member of Oklahoma League for Nursing and served on the National League for Nursing Standards from 1978-1980. She served two years as President of the Health Occupations Division of Oklahoma Vocational Association. She received the Education Professional Development Act Award (EPDA552) in 1978 to pursue advanced studies.

She was appointed by Governor Henry Bellman in 1988 to serve as a Board member for the Oklahoma Board of Nurse Registration and Nursing Education for a 4 year term. Governor Bellman selected her from a list of names submitted by the Oklahoma Nurses Association.

Dr. Harris, after having raised three daughters while getting her own education, serving as an active nurse and teacher for many years, understood the difficulties students experience in raising a family and going to school. Two of her 3 daughters are also registered nurses. The oldest daughter, Ramona, is a Med-Surg Nurse Educator in the Houston area and the youngest daughter, Joan, is a nurse in Jackson, WY. Both daughters are active in nursing education and matters and requested this tribute to their mother be placed in the state newsletter for nurses. Her middle daughter, Shelly, pursued a career in the area of computers in the Oklahoma City area.

Dr. Harris will be missed by many. Her retirement years included traveling in a motor home to many areas of the United States, Canada and Alaska.

This article was written by: Dr. Larry Ann Holley, Friend and Traveling Companion

An Ordinary Nurse

by Rhonda Whitlock, RN

Webster's dictionary defines ordinary as commonplace, everyday, customary or usual. My advice to the you, the new nurse is—GO BE ORDINARY.

I know that sounds odd for your guest speaker to give such plain advice….Keynote speaker, right? You expect me to talk about Florence Nightingale, or about being heroic….about the nurses of 911, or Oklahoma City; however, I do believe those nurses were extremely important. Yet, I am going to challenge you to be simply be just ordinary.

I thought I'd share some stories I've learned of ordinary nurses throughout time, right here in Tulsa.

I want you to imagine a cardiac hospital floor, a cardiac nurse explaining to a child about to undergo open heart surgery. She explains in a way to alleviate the fear that a preteen must have as she prepares for a permanent scar down her developing chest. “You are beautiful,” she insists, “this only makes you more special.” That same nurse goes home, bakes a birthday cake to share with her young patient because it happens to be her twelfth birthday.

A nurse…an ordinary cardiac nurse.

Think about a surgical nurse that questions a doctor's orders for a young woman who goes to the ER on her wedding day. The doctors insist on an emergency hysterectomy. The nurse calls another hospital, another city and insists on a second opinion. She holds the hand of a scared newlywed who will soon lose her chance of natural children.

The nurses' instinct and recommendations pay off; the young bride becomes the mother of three because of a nurse…an ordinary surgical nurse.

Picture a labor and delivery nurse preparing a woman for a late term miscarriage. She holds the hand of a woman, tears flowing with sadness and grief, as she tries to comfort her and her husband. She has deep empathy and prays with them, prays for healing and prays for her to have the ability to cope with the tragedy.

an ordinary OB nurse.

Picture a women giving birth to a child with a birth defect. A postpartum nurse spends countless hours on her off time gathering papers and helpful information to bring on her next shift. She educates, teaches, and explains, over and over, until she knows the patient understands in a time of confusion.

an ordinary nurse, another day at work.

Imagine an ER nurse sitting down with a patient to figure out just how the patient “accidently fell out of a window” that severed her lower leg into shreds. She insists in private “you don’t have to live this way.” She makes another judgment, she gives the patient a hand squeeze, two to be exact, and she looks her eye speak of hope, hope of a different ending.

A nurse, an ordinary ER nurse.

Think about a pediatric nurse telling parents that their 17 year old daughter is going through liver failure and could die. She has to explain to the parents of the patient that Tylenol overdose is causing liver failure in her young life. The family is devastated. She reassures the mother that she did everything right, but kids have their own battles these days. She goes on to explain the process and recovery if possible. She even prints off lab reports, and helps with the parent's journal throughout the hospital stay.

An ordinary pediatric nurse, just doing her job.

Now imagine a nurse, running her own company, taking all the experiences she has had in life, all the encounters with ordinary nurses, and giving back what made the women the nurse she is today. Imagine a nurse, teaching, sharing, and helping her own patients through wrecks, scars, surgeries, accidents, birth defects, and cancer. Imagine the joy of a nurse that is privileged to counsel thousands of women annually.

A nurse, an ordinary plastic surgery nurse.

I am that nurse. Those stories are real to me. I lived them. I was that child having open-heart surgery, I was that young bride, I was that new mother, I was that abused wife, I was the parent of that teenager just last week, I am that plastic surgery nurse. A proud TCC Graduate, a Proud Registered Nurse, and a proud Ordinary Nurse.

I am a survivor. My life has been impacted by ordinary nurses who helped me in EXTRAORDINARY ways. You have the ability as a new nurse to change lives everyday. Make it commonplace, usual and customary everyday. Live it, love it, and I dare you to be ordinary...IT WILL COME FULL CIRCLE.

I am living proof.

Thank you, what an honor to speak to our next generation of nurses. Congratulations! I expect each of you to tell stories of ordinary nurses that changed history just “doing their job everyday.”
Oral Roberts University’s Anna Vaughn School of Nursing Receives $1.1 Million Grant to Reach Underserved Areas

Ms. Monica Guajardo, HRSA Recruiter & Mentor, (918) 495-7300 or mguajardo@oru.edu
Ms. Sandi Myers, Records Counselor, (918) 495-6017 or smyers@oru.edu
Ms. Georgia White, Administrative Assistant to the Dean, (918) 495-6198 or gwhite@oru.edu
Dr. Kenda Jezek, Dean, (918) 495-6199 or kjezek@oru.edu

Tulsa, OK—The Oral Roberts University Anna Vaughn School of Nursing (AVSON) is working to reverse a disturbing trend of poor health in Oklahoma. AVSON recently received a workforce diversity grant from the Health Resources and Services Administration (HRSA) that was fully funded at more than $1.1 million over three years and will help the school serve northeastern Oklahoma by recruiting minority and disadvantaged students who will work in these rural areas after graduation.

In 2007 Oklahoma was ranked number 47 in the nation in overall health by the United Health Foundation. This was down from number 44 in 2006 and 43 in 2005. Oklahoma, and especially rural northeastern Oklahoma, needs better health services and that means more nurses.

“This grant will help us recruit young men and women from rural areas, train them as nurses, and send them back into their communities,” said Dr. Kenda Jezek, dean of the school of nursing.

With the Hispanic population rapidly increasing, preparation of Hispanic nurses is essential. Members of the Tulsa Hospital Council voice a dire need for Hispanic nurses. In fact, local hospitals seek ORU students who are fluent in the Spanish language to serve as interpreters. In 2005 the U.S. Census Bureau reported that 82% of Hispanics living in Oklahoma reside in Tulsa County. Young Hispanic families with children, a key indicator of continued growth, are increasing in numbers. In 2001 the Tulsa Hispanic Chamber of Commerce identified language as a primary barrier to the use of basic health services by Hispanic individuals. Greater diversity among health professionals is associated with improved access to care for minority patients, greater patient choice and satisfaction, and better patient-provider communication.

This grant will provide a wide range of services to help AVSON in their efforts to reach minority, rural, and disadvantaged students who want to enroll in the nursing program. There will be eight $5,000 scholarships and 20 stipends of $300 per month up to $3,000 available for these students. The students who receive these awards will be required to take part in programs designed to help them achieve success in their academic pursuits. These activities include regular lunchtime seminars where students can learn to master life skills such as time management and study skills. Saturday academies where students will hear from minority professionals who are examples of the success they can achieve, and a summer academy that will acclimate these students to the university atmosphere and help them brush up on basic-level academics.

Funds will also be used to provide social support for these students as they work toward academic success and will allow for several tutors to be made available. AVSON will also be able to sponsor a time for the families of these students to visit them on campus each semester. This way, families can learn about the university environment and can encourage students while they are away from home.

“We want to deliver quality education and stay on the cutting edge,” said Jezek.

This grant will help AVSON become better at recruitment and retention of minority and disadvantaged students and will pay for the services of three consultants who are experts in both raising funds for scholarships and recruitment and retention of minority students and cultural sensitivity. The school will also partner with the Northeastern Oklahoma Area Health Education Center to receive help and guidance in how to supply rural areas with nurses.

“The funds from this grant will enable us to help develop ourselves by bringing these experts in,” said Jezek. “We are all going to learn a great deal.”

Oral Roberts University is an interdenominational Christian liberal arts university located in Tulsa, Oklahoma. Founded in 1963 by evangelist Oral Roberts, ORU serves students from throughout the U.S. and over 60 countries, representing 40 denominations. Offering 65 undergraduate majors, 14 master’s programs and two doctoral degrees, plus NCAA Division I athletics, ORU is preparing its students spiritually, mentally, and physically to go into every person’s world. For more information about ORU, visit www.oru.edu.

December 2009, January, February 2010

Mental Gymnastics

By: Crystal Jones-Gandy

Graduation has come and gone. But as life goes, once one goal is reached you are immediately presented with another. Graduation celebration was so much fun, but the feelings of excitement and accomplishment quickly faded as I faced getting a job and passing the NCLEX. Although this was exciting (thinking I am going to be a ‘real nurse’), it was also very stressful.

The excitement quickly turned into a game of patience and a bad case of nerves. I told myself upon graduation that I would find the area of work that I wanted, and that I was not just going to settle for whatever I could get. I wanted to work in CCU or ICU. It has been my area of interest since the very beginning. I love the intensity, the critical thinking, the close work with the interdisciplinary team members, and the opportunities this area offers with certifications and continuing education. I found it difficult to find openings for new grads in this area, but after some patience, a few opened up. After three nerve-racking interviews, and I mean NERVE-RACKING, I was offered a position in the CCU, which I was very excited to accept.

Now, as I said above, once one goal is met, another presents itself immediately. The NCLEX! Although this was more of a co-occurring goal with the job hunt, the job has been secured and the NCLEX is left. As I write this, it is T-4 days. I think I am ready. OH THE SUSPENSE! I am sure you all know how I feel because you have been there. You will just have to read my next column to see if I passed or not.

So what is the next goal upon passing of the NCLEX? The orientation for my new job, I am so excited to be a “real nurse,” and I am ecstatic to be outside of the classroom. But, honestly, I am also looking forward to that first paycheck. I only have a six-month grace period before paying those student loans back, and that started on graduation day! All I can say is “whew!”

So what are my plans as a mental gymnast for the new job? I will sum it up into three words: Be A Sponge. I am just going to make sure I am well rested, and ready to absorb all I can each day. As Meribeth Moran, one of my professors in nursing school said all the time: “Do Your Best” and that’s all I can do.

I would also like to mention that I plan to be at the ONA convention in Norman on the 28-29th so find me and say hi! I love to meet new people, learn about them and from them and network, so I hope to meet many of you there!

Until next time, wish me luck on the NCLEX! This was more of a co-occurring goal with the job hunt, the job has been secured and the NCLEX is left. As I write this, it is T-4 days. I think I am ready. OH THE SUSPENSE! I am sure you all know how I feel because you have been there. You will just have to read my next column to see if I passed or not. Next time you hear from me, I am going to be a real nurse!
In Oklahoma, there are approximately eight infant deaths for every 1000 live births. SIDS and other sleep-related deaths are a leading cause of infant mortality in Oklahoma. There were over 100 Oklahoma infant death cases, due to unsafe sleeping practices, reviewed in 2007 by the Oklahoma Child Death Review Board.

In 1992, the American Academy of Pediatrics (AAP) stated that babies should be placed on their backs to sleep. Since that time the occurrence of SIDS has fallen nationally by 50 percent. Oklahoma Program for Reproductive and Maternal Health System (PRAMS) data indicate that 56 percent of newborns were laid to sleep on their backs most of the time. PRAMS is an ongoing population-based surveillance system of mothers who have delivered in Oklahoma.

The new statewide initiative, called Preparing for a Lifetime, It's Everyone's Responsibility, seeks to improve infant outcomes in Oklahoma and reduce the state’s high infant mortality rate. One of the reasons the initiative will focus on is to promote safe sleep for infants to help reduce the risk of SIDS and other sleep-related deaths. The most common cause of death for infants is safe sleep for infants to help reduce the risk of SIDS, suffocation and accidental infant deaths.

Confident Voices

The Q & A column for nurses and healthcare professionals facing difficult situations in communication, conflict and workplace dynamics

This column is reprinted with permission from ANA-Maine and the author with updated bio.

Dear Beth,

I am a Med-Surg staff RN and want to share a recent situation in our hospital regarding meal breaks. Apparently, our facility was reprimanded for the frequency of nurses not taking lunch or dinner breaks. Many of us don’t have time and find it easier to skip the meal rather than to try to leave the unit for a meal. As a result, HR has created a new policy that requires nurses to punch out for one meal break every shift. This has resulted in many of us punching out to meet the policy, but not taking the break.

I personally resent being forced to take a break or lying about it, yet don’t see any other options. Can you help?

Signed

Punched-Out but Still On

Dear Punched-Out, but Still On,

Thank you for a super example of nursing staff and administration becoming divided about something while an underlying issue may be lost or distorted. While the ‘punch-out’ policy may be a good faith effort to address a labor requirement, attempting to achieve it, as you can attest, seems to be increasing resistance, contributing to a power struggle and creating a new problem.

I can understand your feelings of resentment about being forced to take a break or thinking that you have to lie about not taking one. I can also hear HR saying, ‘we sent out emails to nurse managers who repeatedly informed staff about the importance of taking meal breaks, and it was the last straw when we had nurses not taking their meal breaks.

I would understand their feelings of frustration too.

In addition to potential liability and labor issues about working while you are punched out, and which an attorney would be better suited to answer, I wonder if there is a way of solving this conflict. What would happen if you spent some time reflecting on the following questions?

1. How do you feel about this policy? Why or why not?
2. What would you need in order to take breaks?
3. What questions could you ask HR that would help you understand their position?
4. What could you do to make breaks more feasible and what limits do you have?

Meanwhile, I would also ask HR and perhaps your Nurse Manager to consider a similar process where some time is spent on the following:

1. What is the impact on HR or the unit when nurses are not taking breaks regularly?
2. What might HR or the unit support nurses in efforts to increase compliance?
3. What questions might they ask nurses to gain a better understanding of their perspective?
4. What could they do to help; and what limits do they have?

Beth

Beth Boynton, RN, MS, is an organizational development consultant and author of Confident Voices: The Nurses’ Guide to Improving Communication & Creating Positive Workplaces. She is an adjunct faculty member with New England College and publishes the free e-newsletter: Confident Voices for Nurses. Please contact her at bboynton@earthlink.net with any comments, questions, and/or if you would like to have a situation considered for this column. More about Beth at www.bethboynton.com.
Lessons Learned From Marrying a Nurse
by Diane Sears, RN, MS, ONC and David M. Messer, BS, MCM, JD

Who talks more than nurses do? Who documents more than nurses do? Lawyers, that’s who. We have a guest this quarter, David M. Messer, BS, MCM, JD, but especially BS, who will give us the inside perspective on what it’s like to live with a nurse. We recognize that in any circumstance, we are duty-bound to prevent, tosofar as humanly possible, any unauthorized release of an individual’s identifiable health information.

1. Unless you have a tube sticking out of a place that God did not put one to begin with, you ain’t sick.
   Seriously, never try to con a nurse. “Honey, I don’t feel good.” Wrong, just wrong. Don’t even go there. It will leave a mark.
   Unless you have a fever of over 103 AND an IV and either a Foley or a vent, you ain’t sick. Take a deep breath and suck it up. Take some ibuprofen, put on your Big Boy britches, and go to work. Sickness is a daily self-prescribed bolus of caffeine. My only medication is a daily self-prescribed bolus of caffeine. My only personal experience with treatment for various physical ailments is limited to: a tonsillectomy when I was 5 (ice cream for breakfast—two thumbs up!); 18 stitches in my knee when I was 9 (bicycle wreck, had to mow the whole neighborhood for a new one; 19 stitches right between the eyes when I was 11 (rock fight—I lost); appendectomy when I was 13 (learned about rebound assessment); impacted wisdom teeth (4x) in my early 20s (Percocet G0000000!!); and 7 stitches on my middle toe, right foot, at age 42 (if you don’t ask, I won’t tell—I refer you back to paragraphs 1 and 2, above). So, I can’t really tell you about how good my nursing care has been, in comparison to the truly injured. (My personal private duty nurse for the last two, however, was EXCEPTIONAL!)
   But I’ve heard my wife gripe of patients without family, dying slowly alone in their rooms, with my wife and others like her caring—without complaint, without objection, with professionalism and clinical skill—serving them by cleaning them, changing dressings on weeping wounds, easing the pain with a gentle touch, a soft, kind word, drugs. Angels of Mercy. You are indeed.

2. Unless you are on a morphine drip, you ain’t hurting.
   Pain? Is there a bone sticking out? Is there blood pouring out from a hole I can put my finger in? Have you stopped breathing?
   If the answer is “NO,” then you are NOT in pain. Buck up.
   Unless you have a fever of over 103 AND an IV and either a Foley or a vent, you ain’t sick. Take a deep breath and suck it up. Take some ibuprofen, put on your Big Boy britches, and go to work. Sickness is a daily self-prescribed bolus of caffeine. My only medication is a daily self-prescribed bolus of caffeine. My only personal experience with treatment for various physical ailments is limited to: a tonsillectomy when I was 5 (ice cream for breakfast—two thumbs up!); 18 stitches in my knee when I was 9 (bicycle wreck, had to mow the whole neighborhood for a new one; 19 stitches right between the eyes when I was 11 (rock fight—I lost); appendectomy when I was 13 (learned about rebound assessment); impacted wisdom teeth (4x) in my early 20s (Percocet G0000000!!); and 7 stitches on my middle toe, right foot, at age 42 (if you don’t ask, I won’t tell—I refer you back to paragraphs 1 and 2, above). So, I can’t really tell you about how good my nursing care has been, in comparison to the truly injured. (My personal private duty nurse for the last two, however, was EXCEPTIONAL!)
   But I’ve heard my wife gripe of patients without family, dying slowly alone in their rooms, with my wife and others like her caring—without complaint, without objection, with professionalism and clinical skill—serving them by cleaning them, changing dressings on weeping wounds, easing the pain with a gentle touch, a soft, kind word, drugs. Angels of Mercy. You are indeed.

3. Some people will have sex ANYWHERE.
   Nurses are of the opinion that “you’ve seen one, you’ve seen them all.” Could it be that the nifty hospital bed with the rails, electric controls, overhead frames, trapeze and special lights is actually a Love Shack transformer? Could “physical therapy” orders include THAT? Surely they noted there was no lock on the door or the other patient lying in the bed six feet away? And “no, you can’t have a cigarette.”

4. No topic is inappropriate for the dinner table.
   I am fairly inquisitive. At one time in my life, I considered med school. I like watching all those TV shows that show surgeries and all that good stuff. (Black and Decker as a surgical implement, is just COOL!) But nothing prepared me for dinnertime conversation with a nurse.
   “Honey, how did work go today?”
   “Oh, you would not believe it. Sally and I had to dig out this fecal impaction on this old lady, and I swear this woman hadn’t had a bowel movement in a month! I mean it was THIS big!” (indicating with her hands an object about half the size of my dinner, now growing mysteriously cold. And it’s worse in groups. Two nurses at dinner is almost unspeakable. Three or more is an instant weight-loss plan. Nutri-system, my eye. Just try Nursey-System. Guaranteed to drop 30 pounds in 30 days.

5. Nurses are the most underappreciated profession on the planet.
   We pay grown men $165,000 a DAY to try to hit a round ball with a round stick and then run around a square field. No one is at risk, just escapist entertainment. Then, we turn around and entrust our lives and the lives of our loved ones to people who make less money than the guy who unclogs the toilet. Go figure. “It’s snowing outside. Your relief toilet is clogged. Can you help?” Could you work a double or maybe even a triple if we can’t get some help in?”
   You’re assigned ten patients on a med/surg floor, with staffing calling up, trying to bring three new ER admits and two surgeries back before shift change. Hospital room costing 9400 a day and the nurse has so many patients that they are all so exceptionable that when the patient for direct patient care, for a grand total of 4.27 minutes an hour. Well, I want to say THANK YOU!!, to each and everyone of you.

6. Nurses are indeed “Angels of Mercy.”
   I've been very blessed. Soon to be 46 years old, my blood pressure is great, and my only medication is a daily self-prescribed bolus of caffeine. My only personal experience with treatment for various physical ailments is limited to: a tonsillectomy when I was 5 (ice cream for breakfast—two thumbs up!); 18 stitches in my knee when I was 9 (bicycle wreck, had to mow the whole neighborhood for a new one; 19 stitches right between the eyes when I was 11 (rock fight—I lost); appendectomy when I was 13 (learned about rebound assessment); impacted wisdom teeth (4x) in my early 20s (Percocet G0000000!!); and 7 stitches on my middle toe, right foot, at age 42 (if you don’t ask, I won’t tell—I refer you back to paragraphs 1 and 2, above). So, I can’t really tell you about how good my nursing care has been, in comparison to the truly injured. (My personal private duty nurse for the last two, however, was EXCEPTIONAL!)
   But I’ve heard my wife gripe of patients without family, dying slowly alone in their rooms, with my wife and others like her caring—without complaint, without objection, with professionalism and clinical skill—serving them by cleaning them, changing dressings on weeping wounds, easing the pain with a gentle touch, a soft, kind word, drugs. Angels of Mercy. You are indeed.

7. Always preserve hope.
   I hope I never have to be in the hospital again. I hope I live to instantaneously joy overload when in a single second at the age of 104 going 175 miles an hour in a Maserati that I just took out for a test drive. (Not injuring anyone else of course). I hope the only future meaning the word Depends has for me is my answer to whether, at the age of 90, I eat a nice filet or a nice lobster. “Which do you want, David?” Steak or lobster? “I don’t know...depends.” I hope that the only tube ever sticking out of my body is a sippy straw in a nice frozen margarita on some tropical island.
   But if I am ever in a hospital again, I’ll trust the Doc to do his or her diagnosing and treating and surgery and whatever. But when I wake up, I hope there’s a nurse there. I just hope she doesn’t talk during dinner.
EVIDENCE-BASED STATEWIDE STROKE CONFERENCE Returns to Oklahoma City Saturday, Feb. 13, 2010

Oklahoma has a big problem with stroke—but Oklahomans are fighting back in a big way. After its success last year, our Statewide Stroke Conference is returning in 2010 for even greater results. Oklahomas coming together to treat stroke

**Pre-eminent stroke physicians and nursing experts from stroke centers around the country will present information designed to help more physicians and nurses in all areas of Oklahoma to make their hospitals “stroke-ready.” Audience members will receive the most current and practical information for providing emergency care. which can limit or eliminate the devastating disability that can accompany stroke. Representing hospitals, clinis and rehab facilities from across Oklahoma, they will learn the most effective treatments for stroke that can be used in their own hospitals to make positive outcomes for their patients.

**Time Lost is Brain Lost**

Oklahoma currently ranks No. 5 in the United States for highest death rate from stroke, which is the leading cause of adult disability in Oklahoma as well as the nation. Strategies for giving the clot-buster drug, tPA, which can dissolve the clot causing the stroke and thus limit or eliminate the damage caused by stroke, will be clearly and practically shared at the conference. In addition, sessions are scheduled to address the following.

- Recognition of stroke subtypes and stroke mimic
- Giving and managing iPA for acute ischemic stroke
- Intravenous intervention treatment
- Neurosurgical care in stroke
- TIA updates and prevention of stroke
- Networking lunch for all participants with brief roundtable sessions including:
  - Pre-hospital care of stroke patients
  - Dysphagia screen
  - OT/PT management of acute stroke
  - Telestroke
  - State stroke center designation
  - Nursing care and management of acute stroke patients
- Community education and resources

**“STROKE PEARLS” from 2009 conference**

- *Diana Webber, M.D., director of the Department of Neurology for University of Iowa (and lead author of the AHA/ASA Scientific Statement: Guidelines for the Early Management of Patients With Ischemic Stroke)*, stressed that hospitals anywhere in Oklahoma who treat stroke should be able to offer iPA to appropriate patients.
- *David Lee Gordon, M.D., FAHA, director and chair of Department of Neurology, OU Health Sciences Center*, demonstrated how to perform rapid, focused neurologic examination on stroke patients.
- *J. Philip Kistler, M.D., director emeritus of the Stroke Service, Massachusetts General Hospital*, reviewed striking photos images of different types of strokes, to determine best ways to treat it.
- *Lee Schramm, M.D., director of Partners Telestroke Center at Massachusetts General Hospital*, demonstrated a “real-time” assessment of an acute stroke patient located hours away by long-distance using telestroke capability. This links outlying hospitals with larger stroke centers to provide immediate decision to give iPA to a patient without losing valuable treatment time, avoiding more brain damage.
- *Jonathan Broderick, M.D., chair of Department of Neurology at University of Cincinnati* (and lead author of the AHA/ASA Scientific Statement: Guidelines for the Early Management of Patients With Ischemic Stroke*), clearly stated “In the future, we will be able to take a CT scan and someone who knows how to read it as well as a physician who knows how and in whom to use it to a neurosurgeon on call for the hospital is not required.”
- *INTEGRIS James R. Daniel Stroke Center directors Charles H. Morgan, M.D., of Southwest Medical Center, and Lawrence Davis, M.D., of Baptist Medical Center*, hosted the event and fielded questions about being a “stroke ready” hospital and transferring stroke patients by “drip and ship” in Oklahoma.

This dynamic conference is scheduled to be held at the Omni Hotel, 15 St., Oklahoma City, on Saturday, Feb. 13, 2010, from 8 a.m. to 4:30 p.m. For more information, call the INTEGRIS Health Stroke Center at 1-800-930-STROKE or visit our Web site at www.integris-strokecenter.com.

**LOCAL NURSE WINS NATIONAL CHEROKEE INSPIRED COMFORT AWARD**

**Honored for her dedication to providing healthcare to the uninsured and underserved**

ATOKA, OKLAHOMA

October 26, 2009—When her fellow townpeople approached Diana Webber saying they had no insurance and requesting a referral to a healthcare professional, the family nurse practitioner got right to work on their behalf.

With few medical resources available for the uninsured among her southeastern Oklahoma community of 3,000 residents, Webber began methodically assessing her community’s health needs. Her interviews and data revealed a need for free healthcare in the community, and she realized that her experience and expertise could be the difference between families getting necessary primary care—or going without.

With the support of her community, Webber founded the Hope Medical Clinic.

For her exceptional service and extraordinary compassion, Webber is one of just six recipients nationwide of the 2009 Cherokee Inspired Comfort Award. She received the coveted Grand Prize in the award’s advanced practice nurse category.

“Diana Webber’s work to establish a free medical clinic in a rural area demonstrates her great compassion for others and her commitment to helping those who need it the most. Through extensive planning and innovative thinking, she is making a profound impact on her community,” says Wendell Mobley, who directs Cherokee Uniforms’ charitable and scholarship programs.

The award is granted by Cherokee Uniforms to recognize nurses and other non-physician healthcare professionals who demonstrate exceptional service, sacrifice and innovation and have a positive impact on others’ lives. This is the seventh year the leading designer and manufacturer of healthcare apparel has honored inspirational caregivers.

The community affirmed its support for Webber’s efforts. The small, rural medical hospital provided space where she could offer a clinic one Saturday a month, and a lab discounted its fees. The clinic began seeing patients in 2008 and logged about 75 patient visits from October through the end of the year. To see more patients, the clinic needs to be open more often, but Webber says she needs more volunteer staff to allow that to happen.

In addition to researching, opening and operating the clinic and working three days a week in a pediatric clinic located 130 miles from home, Webber provided clinical expertise on medical missions in 2008 to Mexico, Peru, Ecuador and Nicaragua. She also assists as a Spanish interpreter for the local hospital’s emergency room.

Webber pursued every opportunity that would help her achieve her goal, including participating in a mentorship program through the American Indian Nurses Association (AANP). She also presented at the AANP’s 2008 national conference and at the Oklahoma Public Health Association’s annual conference, recruiting the message to countless healthcare professionals that establishing free clinics was not only possible but necessary for the well-being of people everywhere.

As the Grand Prize Winner, Webber receives an all-expense-paid Caribbean cruise for two, a wardrobe featuring the best of Cherokee Uniforms and Cherokee Footwear worth more than $8,000, a Cherokee Inspired Comfort Award trophy and a 14K gold-plated commemorative pin.

But for Webber, the most valuable rewards come from her patient’s gratitude. “One of the most appealing aspects [of nursing] is the genuine appreciation that my patients and families express every day,” she says. “Just knowing that I’m helping someone other human, I thrive when I know that what I do is appreciated. When my patients or their parents choose me to be their provider or tell me how grateful they are for these two clinics, I am motivated to provide the best care I can.”

Since the Cherokee Inspired Comfort Award was established in 2003, more than 7,000 healthcare professionals have been nominated in the Registered Nurse, Advanced Practice Nurse, Licensed Practical Nurse/Licensed Vocational Nurse, Student Nurse and Non-Physician Healthcare Professional categories. A panel of Cherokee representatives and past Cherokee Inspired Comfort Award recipients evaluates nominations and grants awards.

For every nomination, Cherokee Uniforms donates $1 to the Cherokee Indian Health Project that provides short-term financial assistance to registered nurses facing serious hardship. Proceeds from Cherokee Uniforms products support healthcare professionals through initiatives such as the Cherokee Inspired Comfort Award, scholarships for students enrolled in nursing school, and an inspirational film for nurses. Cherokee Uniforms will be accepting nominations for the 2010 Cherokee Inspired Comfort Award beginning March 1 through May 31, 2010. For further information on the award, please visit http://inspiredcomfort.com.

About Cherokee

Cherokee Uniforms. Tons of comfort. Cherokee Footwear are leading brands in healthcare apparel, recognized for helping to foster a warmer, friendlier, more comfortable environment for healthcare workers and their patients. For more information, visit www.CherokeeUniforms.com.
Students Explore Health Care Careers

December 2009, January, February 2010

Oklahoma City—Thanks to a commitment by Comanche County Memorial Hospital, Lawton, and Duncan Regional Hospital, this fall students at Duncan Middle School and Lawton’s MacArthur Middle School will begin exploring health care careers during an innovative program called HealthExplore℠. The program combines one hour of fun, interactive science education with one hour of health care career exploration.

With demonstrations and hands-on activities, the program is designed to excite students about science and health care by immersing them in fast-paced, hands-on learning, giving them a competitive edge before going into high school. Students will explore topics, such as DNA, how our bones and organs work, the importance of being tobacco free, having good nutrition and more. During each hands-on session, students will also meet different health care professionals, who will share with students what they do, where they work and the equipment they use.

“HealthExplore℠ is a high-energy learning experience for students and we are delighted that both Duncan Middle School and MacArthur Middle School have taken the initiative to provide these educational experiences to their students in partnership with the local hospitals,” said Sheryl McLain, MS, executive director of Oklahoma Health Care Workforce Center.

To help cover HealthExplore℠ program costs, each school is sponsored by an organization to provide students with the opportunity to participate for free or at a discounted rate. For Duncan Middle School, the Duncan Regional Hospital Health Foundation has covered tuition costs student costs through grants received from Sanford Health System and Cotton Electric Charitable Foundation Incorporated. MacArthur Middle School in Lawton, Comanche County Memorial Hospital has covered the majority of the program’s costs and donated scrub tops for the students to wear as they participate in activities.

Coordinating the HealthExplore℠ program between the middle schools and hospitals are Cindy Parks, enrollment teacher of Duncan Middle School, Cyndi Crook, director of DRH Health Foundation, Jennifer Powell, student coordinator of Comanche County Memorial Hospital and Katy Jackson-Seeley, eighth-grade counselor and activities director of MacArthur Middle School. HealthExplore℠ operates through a partnership between the Oklahoma Health Care Workforce Center and Mad Science of Central Oklahoma. For more information about HealthExploreTM, visit www.shewc.com or call (405) 319-8690.

Medication Errors: Reduce Your Risk

Expands estimate that nearly 98,000 people die in any given year from medical errors. A significant number of those deaths are due to medication errors.1

The National Coordinating Council for Medication Error and Prevention defines a medication error as “any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer.”

Mistakes can happen

As a nurse, you dispense medication to your patients on a regular basis. Consequently, you’re charged with knowing the “five rights” in administering medication—right patient, right drug, right dose, right time, and right route. And while you take every precaution to avoid making errors that may put your patients at risk, mistakes can happen.

Common reasons for mistakes include distractions and interruptions during medication administration, inadequate staffing, illegible medication orders, and sound-alike drug names and packaging.

Reduce your risk

To reduce your risk of liability, take the time to read medication orders—those often aren’t what you’re not familiar with. It is also your responsibility to know the drug’s dosage range, possible adverse effects, toxicity levels, indications and contraindications. Understand the medications you administer and don’t hesitate to ask questions. Consult your nurse drug guide, the pharmacist or your supervisor if you have any questions.

Further protect yourself and your career with an individual liability coverage policy. Professional Liability Insurance protects you against real or alleged malpractice claims you may encounter from your professional duties as a nurse.

Even if you have Professional Liability coverage through your current employer, it may not be enough. That coverage may have some serious gaps, including:

• Policy limits may not be high enough to protect you and all of your co-workers.
• You may not be provided with coverage for approved lost wage reimbursement, licensing board hearing reimbursement defense preparation or reimbursement of defense preparation costs.
• You may not be covered outside of the workplace, such as when you engage in volunteer or part-time work.
• You may not be covered for suits filed after you have terminated your employment.
• In the event of a lawsuit, your own Professional Liability Insurance policy would:
  • Provide you with your own attorney
  • Pay all allowable and reasonable costs incurred in the defense or investigation of a covered claim
  • Pay for approved lost wages up to the limits of the policy
  • Provide reimbursement of defense costs if licensing board investigations are involved
  • Pay approved court costs and settlements in addition to the limits of liability, in accordance with your policy

Arm yourself with the protection you need so you can focus on providing excellent patient care and reduce your exposure to liability.

For more information about Professional Liability Insurance, visit www.proliability.com.

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Introducing the Pathway to Excellence® Program

The American Nurses Credentialing Center’s (ANCC) Pathway to Excellence® credit is granted to healthcare organizations that create work environments where nurses can flourish. The designation supports the professional satisfaction of nurses and identifies best places to work.

To earn Pathway to Excellence status, an organization must integrate specific Pathway to Excellence standards into its operating policies, procedures, and management practices. These standards are foundational to an ideal nursing practice environment with a positive impact on nurse job satisfaction and retention. Pathway to Excellence designation confirms to the community that the healthcare organization is committed to Nurses, recognizes what is important to nursing practice, and values nurses’ contributions in the workplace. Nurses know their efforts are supported. They invite other nurses to join them in this desirable and nurturing environment. ANCC grants Pathway to Excellence designation for three years. Any healthcare organization, regardless of its size, setting, or location, may apply for this mark of excellence.

Program History
In 2003, the Texas Nurses Association (TNA) established its Nurse-Friendly® hospital program to improve the workplace and positively impact nurse retention. With the help of a five-year funding grant from the U.S. Health Resources and Services Administration (HRSA), the program sought to enhance both the quality of patient care and professional satisfaction in hospitals and small hospitals in Texas. TNA designated its first Nurse-Friendly facility in 2005.1,2

The program attracted many inquiries from other states about possible expansion. Texas Nurse-Friendly sought to transfer their program to a robust, collegial organization that could build on this success, while assuring the program’s integrity as it expanded nationwide. ANCC was able to facilitate the expansion of the Texas Nurse-Friendly program into a national program and expand the high quality and superb reputation of the TNA Nurse-Friendly hospital program into ANCC’s existing portfolio of credentialing activities. ANCC acquired the program in 2009.

In re-launching the Nurse-Friendly hospital designation to a national audience, ANCC renamed the program Pathway to Excellence®.

Healthy Work Environments Make a Difference
The impact of healthy work environments on nurse satisfaction and retention is evident in the literature.3-8 In addition, many studies have indicated a strong impact of a positive work environment on patient safety, patient satisfaction and quality care.9

Research has shown the nurse practice environment greatly influences many factors that affect both the nurse and patient. One key priority in healthcare is the safe delivery of nursing care. The Institute of Medicine’s (IOM) report indicated that between 44,000 and 98,000 deaths occur annually due to medical errors.5 Nurses are among the healthcare professionals who practice in a complex environment and can significantly influence safety outcomes through their clinical practice.

At the core of the Pathway to Excellence program is a nursing practice environment that supports shared governance, interdisciplinary collaboration, leadership, quality, safety, professional development and work-life balance. Tested in Magnet environments, similar characteristics have translated into better patient outcomes, nurse satisfaction and quality care.1,3,11

The ability for nurses to problem solve, collaborate with other disciplines and handle conflict is critical to quality patient care. In a study by Stu, Laschinger & Finegan (2008), positive work environments enhance nurses’ conflict management skills, thus influencing the unit effectiveness.

Work-life balance and recognition for one’s contributions in the workplace are important factors in the prevention of burnout. In a study that tested the Nursing Worklife Model, which measured the relationship between the nurse work environment and patient safety outcomes, it was demonstrated that the quality and safety of the work environment mediated with burnout and engagement, influenced patient safety outcomes.12 Another study of the Nursing Work–Life Balance and Burnout Model indicated that a professional practice environment had an impact on predicting nurse burnout.8

Pathway to Excellence practice standard supports the essential components of a healthy and supportive work environment. Organizations that embrace the elements of a positive nursing practice environment have a great impact on nurse satisfaction and retention, a key component of a Pathway to Excellence designation. Results have also demonstrated an influence on patient safety and quality care as well. It is evident that a healthy work environment does indeed matter for both nurses and patients.

The Vision for the Pathway to Excellence
A vision is a statement about the desired future. When thinking about the future, Pathway to Excellence healthcare organization leaders assess key factors for creating work environments where nurses can flourish. They will be places identified as nursing practice settings where a collaborative atmosphere prevails with a positive impact on nurse job satisfaction and retention. They will be seen as best places to work because a Balanced lifestyle is encouraged, where nurses feel their contributions are valued as patient care partners in health care to the benefit of both nurses and patients.

Pathway to Excellence Standards
Based on evidence and expert nurse input, the Pathway to Excellence Practice Standards represent qualities that both nurses and researchers agree are critical to high quality nursing practice, professional development, and job satisfaction. ANCC encourages the use of these standards in all nursing practice environments. The Pathway to Excellence practice standards are:

1. Nurse Control the Practice of Nursing
2. The Work Environment is Safe and Healthy
3. Systems are in Place to Address Patient Care and Practice Concerns
4. Orientation Prepares New Nurses
5. The Chief Nursing Officer is Qualified and Participates in all Levels
6. Professional Development is Provided and Utilized
7. Competitive Wages/Salaries are in Place
8. Nurses are Recognized for Achievements
9. A Balanced Lifestyle is Encouraged
10. Collaborative Interdisciplinary Relationships are Valued and Supported
11. Nurse Managers are Competent and Accountable
12. A Quality Program and Evidence-Based Practices are Utilized

What Makes this Program Unique?
ANCC’s Pathway to Excellence Program® recognizes excellence in nursing practice environments. Its foundational elements of an ideal nursing practice environment outweighs them. ANCC’s Pathway to Excellence Program® recognizes excellence in nursing practice environments. The Pathway to Excellence Program’s® standards focus on the workplace, a balanced lifestyle for nurses, and policies and procedures that support nurses on the job. Written documentation and a confidential, online nurse survey confirm the standards are met.

Is Your Organization Ready?
Use the Pathway to Excellence self-assessment tool to assess your organization’s readiness. If your organization is ready to begin the application process, ANCC can help you every step of the way. E-mail the Pathway to Excellence Program Office at pathwayinfo@ana.org if you have questions.

Learn More
Watch for upcoming articles with more information about the Pathway to Excellence program. Topics include:

• The Many Benefits of Pathway to Excellence
• Getting Started: Organizational Assessment and Gap Analyses
• The Pathway to Excellence Standards and Elements of Performance
• How to Apply for Pathway to Excellence Designation
• The Pathway to Excellence Designation Process
• Case Study: A Pathway to Excellence Facility

About the American Nurses Credentialing Center
The American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association (ANA), provides individuals and organizations throughout the nursing profession with the resources they need to achieve practice excellence. ANCC is the only organization that offers two national credentialing programs certify nurses in specialty practice areas; recognize healthcare organizations for promoting healthy work environments through the Magnet Recognition Program® and the Pathway to Excellence® program. ANCC received the Magnet Recognition Program® designation and has developed an extensive portfolio of leading-edge information and education services and products to support its core credentialing programs.

References
At the ONA Store you will find just what you need for the Nurse that makes a difference in your life. At the same time you will be helping the Oklahoma Nurses Association support the nurses of Oklahoma as they bring us the best available healthcare. Thank you for showing your support!

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www.oklahomanurses.org

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Membership Categories (please choose one category)

- **ANA/ONA Full Membership Dues**: Employed full or part-time $22.00 per month or $258.00 annually. Includes membership in and benefits of the American Nurses Association, Oklahoma Nurses Association and the ONA District Association.

- **ANA/ONA Reduced Membership Dues**: Not employed RNs who are full-time students, newly-licensed graduates, or age 62+ and not earning more than Social Security allows $11.25 per month or $135.00 annually. Includes membership in and benefits of the American Nurses Association, Oklahoma Nurses Association and the ONA District Association.

- **ANA/ONA Special Membership Dues**: 62+ and not employed, or totally disabled $5.88 per month or $64.50 annually. Includes membership in and benefits of the American Nurses Association, Oklahoma Nurses Association and the ONA District Association.

- **ONA Individual Membership Dues**: Any licensed registered nurse living and/or working in Oklahoma $10.92 per month or $125.00 annually. Includes membership in and benefits of the Oklahoma Nurses Association and the ONA District Association.

Communications Consent

I understand that by providing my mailing address, email address, telephone number and/or fax numbers, I consent to receive communications sent by or on behalf of the Oklahoma Nurses Association (and its subsidiaries and affiliates, including its Foundation, District and Political Action Committee) via regular mail, email, telephone, and/or fax.

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