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# 2012-2013 ONA Strategic Plan

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Hillcrest Hospital South *(Formerly SouthCrest Hospital)*
Hillcrest Hospital Claremore *(Formerly Claremore Regional Hospital)*
Oklahoma Heart Institute

Hillcrest Hospital Cushing *(Formerly Cushing Regional Hospital)*
Hillcrest Hospital Henryetta *(Formerly Henryetta Medical Center)*
Bailey Medical Center
Utica Park Clinic
The Mission of the Oklahoma Nurses Association is to empower nurses to improve health care in all specialties and practice settings by working as a community of professional nurses.

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

- Code of Ethics for Nursing
- Cultural Diversity
- Health Parity
- Professional Competence
- Career Mobility and Professional Development
- Ethical Care
- Professional Integrity
- Quality and Safe Patient Care

**Goal 1 Growing and Engaging Members**
(ANA Strategic Plan alignment, 4.0 Create and implement a high-growth membership organization)

| 1. Encourage Membership & Involvement | • Assess Oklahoma Nurses needs in statewide nurses organization  
| a. Action step: 10% net gain in membership (including membership gained in 2012) | • Use ANA's research  
| b. Task Force focused on Membership Development and Involvement | • Outreach to all Stakeholders  
| 2. Engaging Nurses Where they Work and Live | • Package Services  
| a. Develop Ways to Engage Nurses in Local Partners (Regions/Chapters etc); | • Deliver  
| i. promote, support, encourage | • Interactive Recruitment  
| ii. opportunities to participate |  
| iii. create opportunity to Partner locally |  
| iv. Use Technology To Bridge Communities |  
| b. Showcase/Celebrate Individual Members |  
| 3. Creating Programs and Services to Engage Nurses |  
| a. Develop other revenue generating programs |  
| i. Webinars |  
| b. Leadership Seminars/Conferences |  
| 4. Developing Nurse Leaders |  
| a. Mentoring |  
| b. Nurse Residency |  
| c. EmeRNging Nurses |  
| 5. Communication |  
| a. Inform – trends, events etc |  
| b. Advocacy |  
| c. Return on Investment |  
| d. Not Just a Job – it’s a Profession |  

2013 Oklahoma Nurses Association
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Call (800) 503-9230 for an instant quote, or visit proliability.com/60550. It only takes 5 minutes to fill out the application. It’s that easy. And that important.
Goal 2 Advance the Nursing Profession
(ANA SP alignment: Develop and implement a focused menu of programs, products and services based on programmatic pillars framework. Programmatic Pillars: Leadership, Cornerstone Documents, Scope of Practice, Care Innovation, Quality, Work Environment, State Staffing and Healthy Nurse)

1. Continuing Education
   a. Webinar Series
   b. Convention
   c. Leadership Seminar/conference
   d. Partnering with MSD to deliver more options
2. Different ONA Connection Options
   a. Regions/Chapters/Sigs
      i. EmeRNging Nurses
      ii. Mature Nurse – career options/burnout issues
3. Nursing Practice
   a. Quality of Care
   b. Staffing
   c. Advance and Protect full scope of practice for RNs & APRNs

Continuing Nursing Education – service
   • Provider of TNA
   • MSD Partnership – on Approver Unit
   • Work to develop CE/webinar program
   • Convention Structure
   • Leadership conferences
   • MSD CE opportunities

Goal 3 Refine ONA Structure
(ANA SP Alignment: Simplify the national governance structure/Strengthen CSNA and ANA enterprise infrastructure and relationships as well as support for state-based activities)

1. Strengthen ONA’s financial viability
   a. Reduce Line of Credit and Build Reserves
   b. Increase event fees – Legislative Day and Convention to match increased cost of doing business and event expense
   c. Develop Policy for financial oversight of budget areas – HOD Motion
   d. Optimize association operations, structure and staffing
2. Examine Structure
   a. Board Size – Consider Reducing Number of Board Members by 5
      i. Eliminate Director Positions
      ii. Evaluate the number of Regions
      iii. Re-Define Roles and Responsibilities of Board Members
   b. Regions – Is Region Structure Relevant?
      i. Appoint Task force to study Regions

   • Needs Assessment
   • Consider Environmental Scan
   • Regions
   • House vs Membership Assembly
   • CE – Webinars
   • Convention vs Membership Mtg with CE
   • Leadership Conference
   • Create/Appoint a Task Force to explore community connectivity
     • Review current trends in Nurses Association connectivity
     • Explore options for maximizing connectivity on the local level
     • Funds – Membership $$
     • Develop Guidelines for Chapter/Region Development
   • Potential Bylaw Changes
     • # of Board Members
     • Committees to Expert Panels
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* Not available in GA, NH or TN
Goal 4 Empower nurses
(ANA SP alignment: none)

1. Promote healthy work environments
   a. (staffing, workplace violence)
   b. Link on website (horizontal hostility)
   c. Links to ANA
2. Collaborate with other nursing organizations
   a. Specialty organizations
   b. Nurse employers
3. Engage in legislative advocacy
   a. GAC
   b. Nurse of the Day
4. Promote mentoring

   a. Number of Regions/Chapters/SIG
   b. Region Membership Dues
   c. Develop guidelines for Chapter Development
   d. Research other states regarding regions/chapters structure

   c. ONA House of Delegates
      i. Equal Voice
      ii. Representatives vs Senate

   • Directors to Chairs/Facilitators
     • Experts
     • Competency
     • # of Regions
     • Chapter/SIG
     • Membership $$ to Regions
     • House – Membership Assembly
   • Multi-State Division – OK, AR and LA
   • Partner with ANA for Increased Service Providers and Discount

   • Workplace Advocacy – service
     • Work to better define services – sell it better
     • Concern for Assignment form
     • Position Statements
     • Workplace consultant
   • Disaster Preparedness & Response – service/ focus
     • MRC Nurses
     • Red Cross
     • Personal Preparedness – Red Dirt Ready
   • Legislative Advocacy – service
     • Weekly update
     • Nurse of the Day – pic/video of what it means
     • Maintain investment in contract lobbyist
     • Establish and enhance relationships w/ Legislators
   • Mentoring between ONSA and ONA
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Achieving clinical excellence one nurse at a time.
2012 – 2014 ONA Strategic Plan

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.

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

Code of Ethics for Nursing  
Cultural Diversity  
Career Mobility & Professional Development  
Ethical Care  
Professional Integrity  
Quality and Safe Patient Care  
Health Parity  
Professional Competence
A great place to work!

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- Recovery
- Surgery
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- Nursing Transition Unit

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MISSION STATEMENT
Nurses advancing our profession to improve health for all.

CORE VALUES
1. Simplify the national governance structure.
2. Strengthen constituent and state nurses associations and ANA enterprise infrastructure and relationships as well as support for state-based activities.
3. Create and implement a high-growth membership organization.
4. Develop and implement a focused menu of programs, products and services based on programmatic pillars framework.
5. Develop an integrated business and technology platform.

2012-2014 STRATEGIC THEMES

PROGRAMMATIC PILLARS
- Leadership
- Cornerstone Documents
- Scope of Practice
- Care Innovation
- Quality
- Work Environment
- Safe Staffing
- Healthy Nurse

Advocacy & Professional Development

2013 Oklahoma Nurses Association
Help new families thrive – today and tomorrow.

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PRESIDENT – 2012-2014
Cindy Lyons, MS, RN, CNE
Tulsa

VICE PRESIDENT – 2011-2013
Jackye Ward, MS, RN, NEA-BC
Ada

PRESIDENT-ELECT – 2014
Joseph Catalano, RN, PhD
Ada

SECRETARY/TREASURER
Marie Ahrens, MS, RN
Tulsa

DISASTER PREPAREDNESS & RESPONSE DIRECTOR
Debra Williams, RN
Edmond

EDUCATION DIRECTOR
Karen Cotter, RN, BSN
Oklahoma City

EMERGING NURSE DIRECTOR
Devyn Denton, RN
Edmond

POLITICAL ACTIVITIES DIRECTOR
Rhonda Lawes, MS, RN
Broken Arrow

PRACTICE DIRECTOR
Lynn Sandoval, BSN, MS, NE -BC
Edmond

ONA CONSULTANT TO ONSA
Dean Prentice
Tinker AFB

REGION REPS/PRESIDENTS

REGION 1 President/Rep
P. Eileen Stephens, RN
Mustang

REGION 2 REP
Leslie Brown, RN
Tulsa

REGION 2 PRESIDENT
Richard Odiorne, RN
Broken Arrow

REGION 3 REP
Joyce Van Nostrand, PhD, RN
Tahlequah

REGION 3 PRESIDENT
Arlene Siereveld, RN
Wagoner

REGION 5 PRESIDENT/REP
Toni Alvarado, RN-BC
Duncan

REGION 6 PRESIDENT/REP
Donna Urbassik, MSN
Ada

REGION 4 AND 7 VACANT
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MISSION STATEMENT

The Oklahoma Nurses Association is a professional association representing a community of nurses across all specialties and practice settings.

CORE VALUES

ONA believes that organizations are value driven and therefore adopts the following core values.

The Code of Ethics for Nurses

Cultural Diversity

Health Parity

Professional Competence

Embrace Career Mobility and Professional Development

Human Dignity and Ethical Care

Professional Integrity

Quality and Safe Patient Care

Commitment to the Public Health of the Citizens of Oklahoma
Notes
At the 2012 ONA Convention and House of Delegates, under the fine leadership of President Linda Fanning, members experienced the opportunity to participate in environmental scanning through focus groups. Input from each group was shared with all in attendance and then disseminated to the membership. Outcomes from the environmental scanning dialogue served as the foundation for the 2012-2014 Strategic Plan formulated by the Board of Directors following the convention. Four primary goals were identified for the Strategic Plan: recruit and retain members, advance the nursing professional, refine ONA structure, and empower nurses.

For ONA legislative activities in 2013, two committees joined forces to develop priorities and a plan of action. The collaborative energy between the Governmental Affairs Committee (GAC), led by Rhonda Lawes, and the Practice Committee, led by Lynn Sandavol, was exciting. The combined effort of the committees, in consultation with ONA Lobbyist, Vickie White Rankin, and ONA Executive Director, Jane Nelson, resulted in effective monitoring and support of legislation important to nurses and healthcare in Oklahoma. Nurses Day at the Capitol, held March 5, was a well-attended success. The event brought nurses and nursing students from across the state together for an update on healthcare reform, as well as for the opportunity to meet with state legislators on important healthcare issues. ONA extends appreciation to ONSA Board of Directors and President Tiffany Richardson for their work with ONA to create a great experience for all in attendance.

The devastating May tornados experienced by Oklahomans saw a uniting of forces to assist those in need. ONA was inundated with calls and emails from nurses within Oklahoma, as well as nurses from other state nursing organization, asking how they could help. ANA President, Karen Daley, contacted ONA immediately to see how ANA could assist. As a result, disaster relief funds were established through American Nurses Foundation (ANF) and Oklahoma Nurses Foundation (ONF). The ONF task force, led by Chris Weigel, disseminated over $15,000 in funds to Oklahoma nurses in need. Additionally, ONA was able to direct nurses to the Medical Reserve Corps (MRC) and the Red Cross to assist with on the ground relief efforts. Appreciation is extended to all – your contributions of time, energy and money made a difference!

ANA’s inaugural Membership Assembly was held in Washington, DC, June 28-29. During the 2012 ANA House of Delegates, delegates voted to adopt a plan for major transformation of ANA in order to strengthen the organization, increase membership participation, and expedite responsiveness to the ever changing healthcare environment. As a result, the House of Delegates, which served as ANA’s decision-making/governing body for the last 30 years, was replaced with the Membership Assembly. The structure of the Assembly is smaller, composed of two voting delegates from each state/constituent association and each non-voting Executive Director/CEO. At the inaugural meeting of the Membership Assembly, ONA was represented by Joe Catalano and myself, as voting delegates, along with Jane Nelson. During the Assembly, state representatives listened to the keynote address presented by a futurist researcher (which was video-streamed to ANA members across the county – a first) and then engaged in environmental scanning using 2013 Oklahoma Nurses Association
the Future Wheels model. The model utilizes trends and forces, identified during environmental scanning, to explore direction and action for the future. Other activities of the two-day Assembly included discussion and voting on final revisions to ANA bylaws related to restructuring, such as establishing a timeframe for moving from a 15 to 9 member board of directors and continuing to allow states to have state-only members. Additionally, discussion occurred about a resolution related to licensure for cross-border nursing practice. Following a reference hearing and discussion, Assembly representatives voted to refer the resolution to the ANA board of directors for further review. The Assembly also received a progress report on the formation and engagement of Professional Issues Panels, another ANA restructuring change. The panels are composed of nurses, from across the nation, who volunteer for six to eight months to share their expertise on nursing issues/topics which have been identified through environmental scanning and align with ANA’s strategic initiative. This gives nurses, at the grassroots level, the opportunity to participate in national dialogue and development of policies impacting practice — very exciting! This fall, the ANA Board of Directors will receive the report created by the first panel which worked on the issue of care coordination quality measures. A second panel, focused on the issue of nurse fatigue, has been initiated (more than 300 nurses applied to participate on the panel!). Early fall, a call will be sent out for nurses to apply for participation in a panel on the RN scope of practice. Future panels will work on revision of the code of ethics and revision of the nursing administration scope of practice. I encourage ONA members to consider participating in a future panel.

In October 2013, we will once again have the opportunity to gather for the annual ONA Convention and House of Delegates meeting. The Convention Committee, led by Jackye Ward, designed a new format for the 2013 ONA Convention — we appreciate their work and look forward to hearing members’ feedback!

Please join me in thanking the members of the ONA Board of Directors and Jane Nelson, ONA Executive Director, for their work during the last year on behalf of Oklahoma nurses and the profession.

ONA exists because of you — thank you for supporting ONA through your membership!!
ONA Executive Director  

Jane Nelson, CAE

Last year I wrote about changes to ONA and ANA. Change has continued; it has evolved and developed as you have directed us at the ONA House of Delegates. Change is hard, but well worth the effort! At ONA we are continually changing and evolving to meet your needs…the needs of our members. It’s not always easy to let go of the old, but we are making progress and moving forward. I think we can all benefit from hearing this year’s presenter at Convention discuss How to Stay Alive & Thrive in the Midst of Turbulent Healthcare Change.

At the 2012 ONA House of Delegates we asked for your input on ONA’s structure, including the ONA Board, Regions, House of Delegates etc. You provided us with great insight, which the Board reviewed, discussed and worked to organize so that we could continue to understand the direction. With the Board’s direction, staff was able to focus on redesigning current programs as well as creating new ones. We have been able to establish task forces and have asked for participation from members.

One of our more challenging tasks this year was to change the format of the 2013 Convention. Working with ONA Vice President, Jackye Ward and the convention committee we developed this convention. We worked together to diligently review financials and examine new financial models and arrived on one that would work. In promoting Convention, we heard both positive and negative feedback regarding changes this year. We will continue to evolve this process, ultimately striving for what you, the member, wants.

Another area we have focused on is Education. Karen Cotter, ONA Education Director, has been working with the Education Task Force to develop an education program based on your needs. They have developed a needs assessment and have requested your input.

The Membership Connectivity Task Force was charged by the ONA Board to work on areas related to membership engagement. At the ONA House of Delegates, we will again ask for your input so that you the member drive the changes of this organization.

The ONA Board of Directors has continued to move forward with the multi-state partnership with Arkansas, Louisiana and Oklahoma. For reasons beyond our control, Mississippi and Alabama dropped out before the holidays, but the three of us have continued to meet and discuss the collaboration, moving forward. We are swiftly approaching the launch of the South Central Multi-State Division pilot slated for the end of September. Our business plan is based on three pillars: Membership, Professional Development, and Coordinated Services.

As you read through the pages of the Book of Reports this year, you will see all of the areas we have covered this year and the great work that the Oklahoma Nurses Association has been able to accomplish with help from volunteers and members!

Submitted by  
Jane Nelson, CAE  
ONA Executive Director
Vice-President

Jackye Ward, MS, RN, NEA-BC

The Oklahoma Nurses Association (ONA) Annual Convention returns to Norman this year! The ONA Convention Committee, along with Executive Director Jane Nelson, has worked hard this year to build a convention that appeals to professional nurses and those at various stages of their professional nursing education!

The convention has been restructured providing two days of relevant information and opportunity to network on key issues facing Oklahoma nurses today. The convention kicks off on Wednesday, October 9, 2013, at 9:00 a.m. with a speaker from the American Nurses Association (ANA) who will speak to and address any questions relevant to the restructuring of ANA, as well as nursing practice and nursing education issues currently lighting up the ANA dashboard. Unique to the convention settings in the past, an Open Source Meeting will be facilitated, allowing participants to introduce key nursing issues currently keeping them awake at night. This meeting option is growing rapidly across professional associations as a way to provide valuable networking in a brief period of time. The first day of convention winds down with the Oklahoma League for Nursing Reception, the Oklahoma Nurses Foundation Dinner, meet the Board reception and the Emerging Nurses Mix and Mingle.

On Thursday, October 10, 2013, Kathy Dempsey engages attendees in an interactive presentation, Keep Shedding! Kathy is a dynamic speaker with notoriety in leading others in how to best stay alive and thrive in the midst of health care change. Attendees from Kathy’s previous presentations describe her as a motivating speaker that fires you up and provides you with tools for immediate implementation upon return to the work place. In providing something for everyone, Kathy’s tools reach beyond the professional arena and are easily applicable in any setting. Following the Awards Luncheon, there will be four timely breakout sessions related to changes occurring in our state. Table top exhibits will line the traffic hallways allowing for visits throughout the convention. The convention concludes at 3:30 p.m. with the submission of continuing education evaluations.

In closing, I have found my two-year term as Vice-President both educational and satisfying. As a nursing professional, I sense a duty and gratification to serve our professional association. Even in my brief two-year term, many changes have occurred that impact nurses in Oklahoma, some driven internally and others as a result of the external environment. I have been impressed with the tenacity of the ONA Board in addressing issues! Our association is what we make it! It is my hope that others will be encouraged to join and serve! It is my intent to remain supportive and involved!
The ONA Board of Directors Meetings:

- Two-day retreat, 9 & 10 November 2012
- Bi-monthly board meetings: January 19, March 30, May 11, July 13 and September 26, either in face to face or via conference call.

ONA Accomplishments:

- Conducted strategic organizational planning incorporating the Environmental Scanning conducted at the ONA House of Delegates. Outcomes included:
  - Revision and update of ONA Strategic Plan
  - Development of ONA Focus Areas:
    1. Membership/Image (Future of Nursing, Promoting nursing image, leaders and professionalism)
    2. Advancing the Profession (Continuing Education, Disaster Preparedness and Response)
    3. Refining ONA Structure (Race for Relevance, Multi-State Division, Fiscal Stability)
    4. Empowering the Profession/Legislative Advocacy (Workplace advocacy, monitoring legislature activity, collaboration with like-minded associations/organizations
  - Creation of New Task Forces to report back to the Board of Directors focused on development or new or improved programs and services so as to engage members.
  - Plan to reduce Line of Credit by increasing monthly payments in addition to using Region Dues with Region Board's permission. This plan resulted in reducing the LOC by 62%
  - Reviewed ONA convention evaluations, schedule and provided feedback and recommendations for 2013 convention structure changes.
  - Collaboration among Region Presidents and Representative of best practices that work on membership recruitment and involvement as well as ensuring fiscal stability.
  - Continued service as the co-lead for The Future of Nursing: Oklahoma Network Action Coalition
  - Sponsored annual ONA – ONSA joint dinner March 2013, the night before Nurses Day at the Capitol. This is one of the ways ONA is working to collaborate with ONSA. ONA’s goal is to continue to foster direct transition from ONSA to ONA upon graduation! ONA BOD members paired with ONSA BOD members to foster communication, mentoring and sharing of ideas.
  - New ONA/ONSA Consultant appointed in February (Dean Prentice) following recommendations submitted to ONSA for consideration.
  - Continued to develop financial targets for all projects to ensure revenue generating initiatives; the goal is to increase membership and sponsors.
  - Made appropriate mid-year budget adjustments as a way to anticipate changes in revenue and expenditures.
  - Examined ways to strengthen ONA financial status and change financial oversight process, which includes proposed ONA bylaws amendment.
  - Increased ONA membership by 2% since June 2012. Several BOD members have attended student nurses and nurses’ day events as well as the addition of the Emerging Nurses Group. These activities continue to spiked interest in ONA and ONA/ANA memberships.
  - Continued as an Approved Provider of the Texas Nurses Association, Patti Muller-Smith is our current Lead Nurse Planner. ONA has worked with several entities to Co-Provide continuing education for Registered Nurses. To Co-Provide an educational offering, an ONA Nurse Planner must be involved with the planning of the event.
• “Dashboard” updates reviewed at each board meeting to track ONA BOD Strategic Plan progress on initiatives. A portion of this reporting mechanism is included for your review.

• ONA involved in recommending nurse appointments to Oklahoma committees and the Governor related to Health Care, i.e., Domestic Fatality Review Board, Health Care Authority, Medical Advisory Committee, and the Oklahoma Board of Nursing.

• Organizational Partner of the Oklahoma Women’s Coalition with Jane Nelson representing ONA on the OWC Board of Directors. Jane is currently serving Chair of the OWC started in June of 2013.

• Following legislative issues and regulatory rules changes pertinent to nursing practice, patient advocacy and health of Oklahomans.

• Continued having each region treasurer complete a financial inventory as required by ONA Policies and Procedures. This gives the ONA BOD information on each region’s financial status, financial institution used and records needed to maintain for IRS purposes.

• Conducted an evaluation of the Executive Director.

• MSD (Multi-State Division) process progressing with Jane Nelson appointed as MSD Leader of South Central group (OK, AR, LA); reviewed and negotiated contract; business plan being developed by Jane for MSD; ONA board reviewing and discussing impact on ONA for staffing and other considerations.

• Updates provided by the ONA President, Cindy Lyons and ONA President-Elect, Joe Catalano regarding ANA changes related to organizational structure; attended 1st Membership Assembly in June; ANA bylaws changes related to organizational structure.

ONA Board topics in discussion process:

• Implementation and impact of Future of Nursing Report

• Encouraging ONA members to serve in region, state, and national positions.

• Continued assessment of impact for ONA with ANA Race for Relevance (R4R) re-structuring; resulting in ANA board and HOD structure changes.

• Formation of the Multi-State Division with Arkansas and Louisiana

• Reviewing/monitoring ANA proposal regarding Nurse Licensure Jurisdiction/Cross Border Practice which was referred back to ANA board by Membership Assembly. Reference document for ANA was reviewed by Jackye Ward, ONA VP, from Oklahoma Board of Nursing perspective and concerns provided to Jane, Cindy, and Joe prior to attending Membership Assembly.

Implementation of House of Delegates Directives:
Based on a motion by HOD 2012 the adoption of a financial policy (80% item expenditures in the ONA budget with approval of Secretary-Treasurer on line items), the Board scrupulously reviewed various elements of financial practices and ramifications to the budget and spending resulting in changes in financial review processes (mechanism to accomplish, by whom, cost of process as well as steps) resulting in bylaws amendment to accomplish these changes for 2013 HOD.

The motion reads:
ONA BOD adopt a financial policy:

1) Identify a hard stop on spending when line items reach 80% of ONA annual budget.

2) Requiring the approval of the secretary-treasurer prior to further spending for line items that have reached 80% of the annual budget approved by the ONA BOD.

Submitted by
Marie H. Ahrens, MS, RN
ONA Secretary-Treasurer 2012-2014
### Dashboard 1 – Membership/Image

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1130</td>
<td>1133</td>
<td>1147</td>
<td>1206</td>
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<table>
<thead>
<tr>
<th>Facebook Numbers</th>
<th>Jan. 2013</th>
<th>March 2013</th>
<th>May 2013</th>
<th>August 2013</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1202 Friends</td>
<td>1225 Friends</td>
<td>1277</td>
<td>1285</td>
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</table>

<table>
<thead>
<tr>
<th>Google Analytics for Website</th>
<th>Jan-March</th>
<th>March-May</th>
<th>May-July</th>
<th>May 1-June 30</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,113 Unique Visits</td>
<td>5,071 Unique Visits</td>
<td>10,417 Unique Visits</td>
<td>11,556 Unique Visits</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mailed Circulation 58,000 (LPN &amp; RN)</td>
<td>Mailed Circulation 60,000 (LPN &amp; RN)</td>
<td>Mailed in production to be mailed end of May</td>
<td>Dec-Jan-Feb Copy Deadline</td>
</tr>
</tbody>
</table>

| Nursing News/Career Center/Email blasts | In addition to approx. 12 Email blasts, Nursing News and Career Center by Affiniscape | In addition to approx. 17 Email blasts, Nursing News 2x week and Career Center biweekly by Affiniscape | In addition to approx. 12 email blasts, Nursing News 2x week and Career Center biweekly by Affiniscape | 12 email blasts, Nursing News 2x week and Career Center biweekly by Affiniscape |

| Twitter Followers | 1304 Tweets and 1469 followers | 1308 Tweets and 1542 followers | 1348 Tweets and 1587 followers | 1379 Tweets and 1721 followers |

| Career Center – Affiniscape | (December/Jan) Job Views: 45,997; Job Searches: 41,141; Royalties $3,905 | (Jan/Feb/March) Job Views: 19,756; Job Searches: 679; Royalties $1,808 | (April/May/June) Job Views: 16,779; Job Searches: 303; Royalties $3,552 | (July/August/September) Job Views: 11,242; Job Searches: 212; Royalties: $ 4,593 |

| Presentations/Events | SNU Master's Class |

### Dashboard 2 – Advancing the Profession

<table>
<thead>
<tr>
<th>Number of Co-Provided CE Sessions</th>
<th>8 Provided (2 Pending)</th>
<th>4 Provided (6 Pending)</th>
<th>5 Provided (3 Pending)</th>
</tr>
</thead>
</table>

| Workplace Consultant Calls | Board-Endorsement Process | Board of Nursing Investigation | |
|----------------------------|---------------------------|-----------------------------|
### Key Meetings

- Future of Nursing Steering Committee (Monthly), APRN Practice Group
- APRN Barriers Survey Opened
- CCNA Nat'l Future of Nursing Steering Committee (Monthly), APRN Practice Group
- Future of Nursing Steering Committee (Monthly)
- Leadership Survey Opening APRN Coalition Meeting

### ONA Connections

- 5 of 7 Active Regions
- Emerging Nurses
- 9 – Organizational Affiliates
- 10 – Organizational Sponsors

### Dashboard 3 – Refine ONA Structure

<table>
<thead>
<tr>
<th>Line of Credit</th>
<th>Multi-State Division</th>
<th>Bylaws</th>
<th>Convention Attendees</th>
<th>Key Stakeholder Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2nd F2F Meeting in Dallas</td>
<td>Board approved proposed Bylaws changes for consideration of HOD</td>
<td>October 10-11 Norman</td>
<td>Email requesting volunteers</td>
</tr>
<tr>
<td></td>
<td>Conference Call – Feb 28 Staff Conf. Call – March 26 MSD Leader Retreat – March 9-12, Colorado Springs</td>
<td></td>
<td></td>
<td>Education Task Force Mtg – developed Ed Assessment Survey</td>
</tr>
<tr>
<td></td>
<td>F2F Meeting planned during ANA Membership Assembly in June</td>
<td></td>
<td></td>
<td>Membership Connectivity Meeting set for September</td>
</tr>
<tr>
<td></td>
<td>August Conference Call Draft Business Plan due Aug 16 Launch Date – September 30</td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>

### Dashboard 4 – Empowering the Profession

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<thead>
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<th>0</th>
<th>2</th>
<th>0</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendees at Nurses Day at the Capitol</td>
<td>March 5, 2013</td>
<td>@620</td>
<td></td>
<td></td>
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<tr>
<td>Nurse of the Day</td>
<td>Registration underway</td>
<td>32</td>
<td>47</td>
<td></td>
</tr>
<tr>
<td>Bill Tracking</td>
<td>Bills being introduced</td>
<td>Deadline for Bills out of Opposite House – April 4</td>
<td>Legislative Session Ended</td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>------------------------</td>
<td>---------------------------------------------------</td>
<td>--------------------------</td>
<td></td>
</tr>
<tr>
<td>Key Stakeholder meetings</td>
<td>GAC Retreat – ONA Practice &amp; GAC Oklahoma Partners in Health-Medicaid Expansion</td>
<td>GAC met weekly during Feb., Oklahoma Partners in Health-Medicaid Expansion</td>
<td>Oklahoma Partners in Health-Medicaid Expansion</td>
<td></td>
</tr>
<tr>
<td>Key Board Appointments</td>
<td>Domestic Violence Fatality Review Board</td>
<td>Board of Nursing</td>
<td>Received notification that Janet Wilson, PhD, RN had been appointed to DVFRB and Jana Martin, RN was appointed to Board of Nursing</td>
<td></td>
</tr>
</tbody>
</table>
# 2013 Financial Reports

## Oklahoma Nurses Association

### Statement of Financial Position
As of June 30, 2013

<table>
<thead>
<tr>
<th></th>
<th>Jun 30, 13</th>
<th>Jun 30, 12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checking/Savings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BANCFIRST - OPERATING</td>
<td>-2,353.95</td>
<td>-3,540.40</td>
</tr>
<tr>
<td>BANCFIRST - OPERATIONAL RESERVE</td>
<td>8,847.54</td>
<td>7,012.50</td>
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<tr>
<td>Petty Cash</td>
<td>24.65</td>
<td>308.45</td>
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<tr>
<td>Total Checking/Savings</td>
<td>6,518.24</td>
<td>3,780.55</td>
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<td>Accounts Receivable</td>
<td></td>
<td></td>
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<tr>
<td>ACCOUNTS RECEIVABLE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AFFILIATES</td>
<td>2,500.00</td>
<td>1,150.00</td>
</tr>
<tr>
<td>ACCOUNTS RECEIVABLE - Other</td>
<td>11,221.79</td>
<td>9,933.17</td>
</tr>
<tr>
<td>Total ACCOUNTS RECEIVABLE</td>
<td>13,721.79</td>
<td>11,083.17</td>
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<tr>
<td>Total Accounts Receivable</td>
<td>13,721.79</td>
<td>11,083.17</td>
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<tr>
<td><strong>Other Current Assets</strong></td>
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<td></td>
</tr>
<tr>
<td>Prepaid Expense</td>
<td>8,050.74</td>
<td>5,994.59</td>
</tr>
<tr>
<td>Total Other Current Assets</td>
<td>8,050.74</td>
<td>5,994.59</td>
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<tr>
<td>Total Current Assets</td>
<td>28,290.77</td>
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<tr>
<td><strong>Fixed Assets</strong></td>
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<tr>
<td>BUILDING</td>
<td>98,499.17</td>
<td>98,499.17</td>
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<tr>
<td>BUILDING - ACCUM DEPRECIATION</td>
<td>-98,499.17</td>
<td>-98,499.17</td>
</tr>
<tr>
<td>FURNITURE &amp; FIXTURES</td>
<td>57,687.51</td>
<td>57,687.51</td>
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<tr>
<td>FURNITURE &amp; FIXTURES - ACC DEPR</td>
<td>-57,000.64</td>
<td>-57,000.64</td>
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<tr>
<td>Total Fixed Assets</td>
<td>686.87</td>
<td>686.87</td>
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<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>28,977.64</td>
<td>21,545.18</td>
</tr>
</tbody>
</table>

### Liabilities & Equity

**Liabilities**

**Current Liabilities**

| ACCOUNTS PAYABLE       |             |             |
| Region Payables        | 2,508.29    | 922.54      |
| ACCOUNTS PAYABLE - Other | 15,260.31  | 14,565.71   |
| **Total ACCOUNTS PAYABLE** | 17,768.60  | 15,488.25   |
| Line of Credit         | 5,197.61    | 16,300.00   |
| **Total Accounts Payable** | 22,966.21  | 31,788.25   |

**Other Current Liabilities**

| *Sales Tax Payable     | 0.00        | 1.93        |

---

2013 Oklahoma Nurses Association
OKLAHOMA NURSES ASSOCIATION
Statement of Financial Position
As of June 30, 2013

<table>
<thead>
<tr>
<th></th>
<th>Jun 30, 13</th>
<th>Jun 30, 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accrued Vacation Pay</td>
<td>12,628.94</td>
<td>8,583.66</td>
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<tr>
<td>Contingent Liability</td>
<td>4,546.48</td>
<td>3,871.15</td>
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<tr>
<td>Deferred Revenue</td>
<td></td>
<td></td>
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<tr>
<td>MSD</td>
<td>7,500.00</td>
<td>0.00</td>
</tr>
<tr>
<td>NAACHO</td>
<td>814.23</td>
<td>814.23</td>
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<tr>
<td>Total Deferred Revenue</td>
<td>8,314.23</td>
<td>814.23</td>
</tr>
<tr>
<td>Payroll Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer/iPad Purchase</td>
<td>350.00</td>
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<tr>
<td>Federal Taxes (941/944)</td>
<td>2,147.13</td>
<td>1,408.61</td>
</tr>
<tr>
<td>Federal Unemployment (940)</td>
<td>87.92</td>
<td>84.00</td>
</tr>
<tr>
<td>OK Income Tax</td>
<td>294.00</td>
<td>214.00</td>
</tr>
<tr>
<td>OK UNEMPLOYMENT</td>
<td>20.77</td>
<td>20.77</td>
</tr>
<tr>
<td>OK Unemployment Tax</td>
<td>32.64</td>
<td>5.47</td>
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<tr>
<td>Total Payroll Liabilities</td>
<td>2,932.46</td>
<td>1,732.85</td>
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<tr>
<td>Total Other Current Liabilities</td>
<td>28,422.11</td>
<td>15,003.82</td>
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<tr>
<td>Total Current Liabilities</td>
<td>51,388.32</td>
<td>46,792.07</td>
</tr>
<tr>
<td>Total Liabilities</td>
<td>51,388.32</td>
<td>46,792.07</td>
</tr>
<tr>
<td>Equity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opening Bal Equity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHANGE IN NET ASSETS</td>
<td>-2,543.29</td>
<td>-2,543.29</td>
</tr>
<tr>
<td>DESIGNATED - BLDG &amp; EQUIP</td>
<td>21,973.23</td>
<td>21,973.23</td>
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<td>DESIGNATED - INVESTMENT</td>
<td>9,520.00</td>
<td>9,520.00</td>
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<tr>
<td>Total Opening Bal Equity</td>
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<td>28,949.94</td>
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<tr>
<td>Retained Earnings</td>
<td>-21,564.04</td>
<td>-14,837.62</td>
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<td>UNRESTRICTED</td>
<td>-32,632.79</td>
<td>-32,632.79</td>
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<tr>
<td>Net Income</td>
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<td>-6,726.42</td>
</tr>
<tr>
<td>Total Equity</td>
<td>-22,410.88</td>
<td>-25,246.89</td>
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<tr>
<td>TOTAL LIABILITIES &amp; EQUITY</td>
<td>28,977.64</td>
<td>21,545.18</td>
</tr>
<tr>
<td>Income</td>
<td>Jun 13</td>
<td>Jul '12 - Jun 13</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>--------</td>
<td>-----------------</td>
</tr>
<tr>
<td>AFFILIATES</td>
<td>0.00</td>
<td>5,000.00</td>
</tr>
<tr>
<td>CONVENTION INCOME</td>
<td>0.00</td>
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<td>DUES</td>
<td>9,699.99</td>
<td>138,512.19</td>
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<td>INTEREST INCOME</td>
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<td>5.42</td>
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<td>LEGISLATIVE DAY</td>
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<td>ORGANIZATIONAL SPONSORSHIP</td>
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<td>OTHER INCOME</td>
<td>1,493.70</td>
<td>1,868.70</td>
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<td>PROGRAM INCOME - NON GRANT</td>
<td>150.00</td>
<td>900.00</td>
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<tr>
<td>ROYALTY - MBNA &amp; OTHER</td>
<td>0.00</td>
<td>33,295.08</td>
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<tr>
<td>Total Income</td>
<td>11,343.76</td>
<td>286,639.74</td>
</tr>
<tr>
<td>Gross Profit</td>
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<td>286,639.74</td>
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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>ASSOCIATION COURTESY FUND</td>
<td>0.00</td>
<td>0.00</td>
<td>200.00</td>
<td>0.0%</td>
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<tr>
<td>BANK CHARGES</td>
<td>308.48</td>
<td>3,320.00</td>
<td>2,100.00</td>
<td>158.1%</td>
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<tr>
<td>BUILDING EXPENSES</td>
<td>225.37</td>
<td>2,884.89</td>
<td>2,878.49</td>
<td>100.22%</td>
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<tr>
<td>CONVENTION EXPENSES</td>
<td>0.00</td>
<td>51,783.78</td>
<td>51,775.87</td>
<td>100.02%</td>
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<td>COPIER</td>
<td>376.57</td>
<td>5,197.62</td>
<td>6,000.00</td>
<td>86.63%</td>
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<td>DUES &amp; SUBSCRIPTIONS</td>
<td>-170.01</td>
<td>588.00</td>
<td>740.00</td>
<td>79.46%</td>
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<td>EQUIPMENT</td>
<td>125.72</td>
<td>7,138.70</td>
<td>7,140.06</td>
<td>99.98%</td>
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<tr>
<td>INSURANCE</td>
<td>64.00</td>
<td>1,974.49</td>
<td>2,700.00</td>
<td>73.13%</td>
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<tr>
<td>INTEREST EXPENSE</td>
<td>71.66</td>
<td>565.90</td>
<td>600.00</td>
<td>94.32%</td>
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<tr>
<td>LEGISLATIVE</td>
<td>2,137.34</td>
<td>35,856.29</td>
<td>35,990.19</td>
<td>99.63%</td>
</tr>
<tr>
<td>MARKETING</td>
<td>234.30</td>
<td>6,818.18</td>
<td>6,700.00</td>
<td>101.76%</td>
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<tr>
<td>MEETINGS</td>
<td>3.30</td>
<td>9,625.12</td>
<td>9,632.80</td>
<td>99.92%</td>
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<td>OFFICE EXPENSE</td>
<td>0.00</td>
<td>53.36</td>
<td>53.36</td>
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<tr>
<td>PAYROLL EXPENSES</td>
<td>9,415.68</td>
<td>114,512.88</td>
<td>112,624.00</td>
<td>101.68%</td>
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<td>POSTAGE</td>
<td>0.00</td>
<td>400.00</td>
<td>500.00</td>
<td>80.0%</td>
</tr>
<tr>
<td>PRINTING</td>
<td>0.00</td>
<td>820.75</td>
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<tr>
<td>PROFESSIONAL FEES</td>
<td>500.00</td>
<td>21,374.06</td>
<td>20,817.12</td>
<td>102.68%</td>
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<td>PROGRAM EXPENSES - NON GRANT</td>
<td>0.00</td>
<td>900.00</td>
<td>900.00</td>
<td>100.0%</td>
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<td>STAFF DEVELOPMENT</td>
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<td>SUPPLIES</td>
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<td>TELEPHONE</td>
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<td>TRAVEL</td>
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<td>6,641.32</td>
<td>8,335.00</td>
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<tr>
<td>UTILITIES</td>
<td>130.20</td>
<td>1,980.12</td>
<td>1,800.00</td>
<td>110.01%</td>
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<tr>
<td>Voided Check</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
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<tr>
<td>WORKPLACE ADVOCACY PROGRAM</td>
<td>0.00</td>
<td>650.00</td>
<td>650.00</td>
<td>100.0%</td>
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<tr>
<td>Total Expense</td>
<td>15,900.40</td>
<td>283,803.53</td>
<td>280,606.28</td>
<td>101.14%</td>
</tr>
</tbody>
</table>

Net income                                  | -4,556.64 | 2,836.21      | 3,376.99      | 83.99%      |
The Committee met October 1, 2012 and June 17, 2013

Review and recommendations of the following policies and guidelines were presented to the Board:

- Rapid Sequence Intubation Guidelines- Medication Administered by Registered Nurses, #P-19
- Special Reports from Nursing Education Programs to the Board Policy, #E-06
- Employment of Nursing Students or Non-Licensed Graduates Guidelines, #E-04
- Nursing Competencies by Educational Level: Guidelines for Nursing Practice and Education in Oklahoma, #P-21
- Preceptor Policy, #E-02
- Refresher Course Policy, #E-02
- Decision-Making Model for Scope of Nursing Practice Decisions: Determining Advanced Practice Registered Nurse, Registered Nurse and Licensed Practical Nurse Scope of Practice Guidelines, #P-10
- Abandonment Statement, #P-11

One Survey was requested by the committee:
- Information about the use of standardized testing in nursing education programs was presented and a survey conducted to determine the use of Oklahoma nursing education programs to determine current usage of or policies for standardized testing. Results were discussed in the June meeting.

**2012 Oklahoma Nursing Population presented- It included the following:**

- RN 46,522 (population) Increase of 24.6% over the last 5 yrs
- APRN 2,153 Increase of 29.2 % over the last 5 yrs
- LPN 622 Increase of 4.5% over the last 5 yrs

(Note: All updated policies, guidelines, information and meeting minutes are available on the Oklahoma Board of Nursing website at [http://www.ok.gov/nursing/practice.html](http://www.ok.gov/nursing/practice.html)).

Submitted By: TERI ROUND, MS, BSN, RN
OBN Committee Representative for ONA
Legislative Agenda

Oklahoma Nurses Association is the professional association representing the state’s registered nurse population. ONA is involved in the shaping of public policy about health care which is consonant with the goals of nurses, nursing and public health. ONA is committed to ensuring that the registered nurse is an essential provider in all practice settings and advocates for access to quality health care services for all individuals.

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.

Therefore, Oklahoma Nurses Association will support legislation and health care policy which:

- Facilitates the development of a system of health care delivery that emphasizes prevention, health promotion and appropriate monitoring of quality and user satisfaction
- Supports a basic core of essential health care services that are accessible to all citizens of Oklahoma
- Incorporates nurses at all levels of policy-making and decision making regarding the health care system
- Assures funding to meet health care needs including recognition and remuneration for services rendered by nurses
- Assures the delivery of health care by duly qualified providers as a means to protect the consumer
- Recognizes the Oklahoma Board of Nursing as the sole regulatory authority for professional nursing practice, including adequate resources for the agency
- Promotes funding for professional nursing education and research at both the basic and advanced levels

2013 Legislative Priorities

- Governance – Preserving the Board of Nursing’s oversight and regulation of nursing practice
  - Nursing is the largest group of healthcare providers; LPN, RN and APRN, each one with its own unique scope of practice, is already a consolidated Board. Ensuring professional nursing oversight of this board provides for the critical health and safety of the public. This self-sustaining, non-appropriated Board contributes revenue to the state general fund while providing for efficient, focused regulation of the nursing profession.
- **Scope of Practice**
  - Access to efficient, competent health care is supported when licensed Nursing professionals practice to the full extent of their scope of practice. Protection of the Nurses’ Scope of Practice ensures the health and safety of every Oklahoman.

- **Funding**
  - Ensure adequate funding for health promotion, disease prevention and health care related services so that Oklahomans will be healthy productive citizens. Shortfalls in health and behavioral services will lead to fragmented care causing severe consequences for individuals, families, and communities, placing even stable communities at potential risk.

- **Public Health – Improving Oklahoma’ Health Status**
  - Improving Oklahoma’s health status will improve the physical, emotional, and economical well being of the individual, the family, and the community.

- **Education**
  - Support only those educational proposals that do not put the emotional and physical well being of school children at risk.
  - Nursing education is an important and critical component in the development of Oklahoma’s nursing workforce, but also in ensuring lifelong learning and continued competency for all nurses in Oklahoma.
INTRODUCTION

The 2013 Legislative session dawned on a new day in the Oklahoma Legislature, as the House of Representatives elected thirteen new members, making history with the largest Republican block ever elected in Oklahoma, with 72 votes, four more Republican votes than was needed to protect the 68 three-quarters majority vote needed to secure emergencies and other critical votes. The Oklahoma House then made history again, in their election of dapper young attorney T.W. Shannon, the first African-American Speaker of the House, and a former chief administrative officer for the Chickasaw nation. It seemed that the Oklahoma House of Representatives was well on its way to achieving many of the leadership's long sought agenda items.

The Senate returned following the 2012 elections to a 75% Republican majority, with a grip on 36 of the 48 state Senate seats. They easily re-elected Senator Brian Bingman as Senate President Pro Tempore. Bingman is Vice President of land and operations for Uplands Resources in Tulsa, and is well suited to his leadership role, having previously served both as Tulsa Mayor and as a member of the Oklahoma House.

On the wings of stout election results for Republicans, Governor Mary Fallin, our first female Governor, a recognized emerging leader within the Republican Party on the national stage, announced her ambitious agenda in the 2013 State of the State message. It seemed that our Governor had a very real opportunity to pass most of her stated agenda items, given the super majority that she now shared in both houses of the Legislature.

Our Governor and our Legislature began the 2013 Legislative Session with a rare opportunity to make significant decisions in an environment of relative economic well-being. Revenues had increased modestly. As growth in the energy sector fueled job growth and there was some growth in manufacturing, Oklahoma’s economy appeared stable...for now.

STATE OF THE STATE HIGHLIGHTS

Governor Mary Fallin briefly laid out her primary goals of her budget in the 2013 State of the State message.

1. Emphasized significant tax cuts, particularly in the state income tax rate, using growth revenue and a plan for consolidation to pay for the costs of the cuts.
2. Proposed increasing funding for common education by $13.5 million to pay for the costs of reforms implemented in prior years.
3. Requested $8.5 million in supplemental funding for common education to pay for teacher's health benefits. (State Superintendent Janet Barresi requested $37.7 million, including the full funding for reforms as well as teachers' health benefits, 15.7 million more than was in the Governor's budget).
4. Fallin proposed immediate repairs to the exterior of the Capitol costing $10 million, in addition to funding an engineering study to address the plethora of structural, plumbing and electrical problems that plague the historic structure following decades of neglect.
5. Proposed increasing DHS funding by $51 million
6. Requested another $16 million in funding for the Department of Mental Health and Substance Abuse Services.
7. Fallin requested a mere $125,000 to improve funding for the Ethics Commission, citing the need to modernize the agency.

8. Governor Fallin stated her intent to eliminate preemption laws, restoring local control to municipalities seeking to pass their own tobacco regulations. She cited the tobacco-related deaths of 6,000 Oklahomans each year, including her own parents among those in that heartbreaking statistic. In addition, she emphasized the $2 billion cost in health care and loss of productivity annually, and noted that tobacco is our state’s number 1 killer.

9. Fallin emphasized yet again her intentions to consolidate boards, commissions and other entities she considered redundant or useless.

SESSION HIGHLIGHTS AND OVERVIEW

Funding in FY 14 was up $285 million, or 4.2 % over FY13. The bulk of these funds were provided to Education as mentioned earlier, mental health, health, human services, and for the repair and maintenance of state buildings.

As the Legislative Session began, we anticipated that the most newsworthy or perhaps controversial votes of the day would likely be those taken on the issues of bond issues, tax cuts, and workers comp reform. Perhaps the greatest surprise of the session was the public controversy generated by the swift passage of the “Horse Slaughter bill”, overturning our own state’s 50 year ban on the slaughter of horses.

As the horseshoe dust settled, the legislature turned its focus to more predictable causes, passing additional worker's compensation reform, income tax cuts, school safety and security measures, additional pension reform, expanding centralized government oversight and passing some significant consolidation measures.

As a whole, mental health and health care fared much better than most other state entities, consuming the lion's share of available new resources. Our presence and persistence helps to ensure that the citizens we care for from cradle to grave benefit from available state resources.

LEGISLATION

PUBLIC HEALTH, GENERAL HEALTH

**HB 1347** – requires every licensed birthing facility to perform a pulse oximetry screening on each newborn prior to the newborn leaving the facility. A pulse oximetry screening is used to measure the percentage of hemoglobin in the blood that is saturated with oxygen, which may indicate a critical congenital heart defect.

**SB 765** – improves an insured’s access to oral cancer treatment by mandating that any health insurance plan that offers coverage and benefits for cancer treatment must cover orally administered anticancer medications. It requires that oral anti-cancer medications be treated exactly the same as intravenously administered or injectable anti-cancer medications, including subjecting both to the same prior authorization requirements, dollar limits, copayments, deductibles or any out-of-pocket expenses. The bill prohibits changes that will reclassify or increase cost-sharing for anticancer medications.

**SB853** – Requires that the State Commissioner of Health establish and maintain a tumor Registry for the purpose of gathering accurate and continuing data regarding cancerous and precancerous conditions in Oklahoma. The bill was signed into law.
SB 501 – authorizes counties and municipalities to enact laws restricting smoking on their property.

SB36 – Smoking in Public Places Act – Amends the Smoking in Public Places and Indoor Workplaces Act to permit municipal and local ordinances to further control tobacco use and smoking beyond the limited mandates of state law; The measure requires that no ordinance may be less stringent than the previous provisions of the state act. Despite enormous support from ONA along with a wide group of health and municipal interests, the bill failed in committee as it faced strong opposition from a coalition of business interests.

HB1066 – By Rep Hubert, sought to send an additional tax on cigarettes to a vote of the people. The revenue was intended to be split three ways, with one third for Career Techs (potentially helping with nurse education), one third for public schools, and one third for the general revenue fund. Typically any tax on cigarettes results in a reduction in tobacco use, and is therefore a benefit to public health. The revenue would have been beneficial to education and to nurses that both benefit from education and provide services in every sector of public employment. The bill was filed, but never given a hearing.

HB1063 – By Rep. McCullough, sought to suspend all home visitation programs for one year. It would have eliminated the Children First program. This bill was passed by a significant margin from the House Public Health Committee, but was not heard on the floor. As it remains dormant in that state, it can be heard again on the floor next year, where it could be passed form the House floor, and moved forward through the Legislative process.

SCHOOL NURSES

HB1113 – Adds a School Nurse to the OSDH Vision Screening Advisory Committee. Signed into law.

SB 256 – School Safety and Security – Recent School shootings and serious safety threats for all children in public schools created an outcry for increased safety measures for all school personnel and school children at the beginning of the 2013 session. This measure requires that all school districts must conduct a minimum of eight safety drills per year, including a minimum of 2 fire drills, 2 intruder drills, 2 tornado drills, and 2 drills to be determined by local administrators. This bill was signed into law.

SB257 – Requires that a specific division be created within the Office of Homeland Security to be called the Oklahoma School Security Institute, as the central resource repository for information to improve school security, and to assess a variety of security threats to school campuses across the state. Signed into law.

SB 259 – Mandates that schools and school personnel report the discovery of any firearm on any student or upon any unauthorized individual not lawfully allowed to carry a firearm on school grounds, to law enforcement. Signed into law.

HB1661 – by Lee Denney – Modified the School Bullying Prevention Act with the Intent of reducing Bullying in an age in which cyber-bullying and access to more information abut students has become more prevalent via the Internet and social media. Signed into law.

HB2101 – by Fourkiller and Jollley – became known as the “Epi Pen” bill. The final version of the bill did not mandate school district stocking and maintenance of Epi pens, at all. Rather, it gave districts the option of choosing whether or not to keep Epinephrine injectors on site. For districts that choose to keep such epi
pens onsite, the bill lays out certain requirements, including, prior parental permission to administer an epi pen injection to a student, a waiver of liability executed by a parent or guardian on file with the district, a requirement that 911 be called if an anaphylactic reaction is suspected, even if an epi pen is administered, a requirement that the State Board of Health develop a model epi pen policy in conjunction with the State Board of Education, that a school nurse or school professional be trained in epi pen delivery by a health care professional in conjunction with the OSDH Diabetes Management Annual School Training Program. Additional rules to protect the safety and wellbeing of students will be developed by OSDH in conjunction with OSDE. The bill was signed into law.

NURSE PRACTICE ISSUES

HB1676 – CRNA Bill by Rep. Gus Blackwell sought to allow CRNAs the ability to administer anesthesia in collaboration with physicians rather than under the supervision of physicians, in accordance with health care facility approved clinical privileges or health care approved policy. This would allow greater access to needed care in under-served and rural areas. The issue did not make it out of the first committee for lack of support.

LONG TERM CARE

The safety and well being of Oklahoma Veterans dominated the conversation at the Capitol whenever the subject of Long-Term Care arose, as session convened, in large measure, the result of critical press attention to serious problems plaguing Veteran’s care. SB 629 brings nursing facilities operated by the Oklahoma Department of Veterans Affairs (ODVA) under the requirements of the Nursing Home Care Act. The Oklahoma State Department of Health (OSDH) is required to conduct a minimum of one annual unannounced inspection of each facilities operated by ODVA, under the provisions of this measure. OSDH will approve employer-based nurse aide training programs provided by ODVA, as set forth in this bill. SB629 further prohibits those facilities from employing a nurse aide who is not certified and who is not eligible for placement on the OSDH nurse aide registry. The bill was signed into law with the intent of protecting our Veterans.

SB235 – brings all Veterans Centers under the Oklahoma Department of Veterans Affairs, and provides for the safety and well being of all residents within those Centers. Signed into law.

SB 587 – allows residents or their families to choose to have an electronic monitoring device for the purpose of monitoring of a resident’s room. The measure prohibits any nursing facility from refusing to admit, or remove, an individual resident who elects to have electronic monitoring of their room. This bill further prohibits the obstruction of, tampering with, or removal of, any electronic monitoring device installed anywhere in a nursing facility. The bill was signed into law.

HB1403 – mandates that health care providers must deliver life-preserving health care services as directed by the patient, or their legally authorized person, whether or not they are elderly, disabled or terminally ill. Injunctive relief can be sought against a health care provider thought to be on the precipice of violating the act, or in the act of violating the act. Under the law health care providers have the right to defend their actions by pleading a legitimate, nondiscriminatory reason or reasons for the basis of denying treatment. However, a violation of the act is not constitute negligence per se for civil action.

SB852 – Sought to change the requirements for people seeking to work as director of a nursing homes, supervising nurses. Would have reduced their degree requirement, no longer requiring a four-year degree for certifications and licensing. The measure was defeated in committee.
GOVERNANCE AND CONSOLIDATION ISSUES

One of the primary agenda items for both the executive and legislative branches this session was the consolidation of government and the elimination of many state boards, agencies and commissions. As the noon sun rose over the Capitol on the opening day of the Session, Governor Fallin announced ambitious plans to consolidate state government. Our Legislature likewise began to examine new ways in which to streamline state government and oversee agency operations. The Legislature passed a number of measures related to such efforts in the 2013 legislative session. Many of these efforts will have an effect upon agencies providing health care related services, or hiring nurses, now and in the future.

HB 1467 created the Oklahoma Public Health Advisory Council Modernization Act. This measure consolidated a wide variety of state health boards and committees. This bill consolidates the Child Abuse Training and Coordination Council, the Childhood Lead Poisoning Prevention Advisory Council, the Interagency Child Abuse Prevention Task Force, and the Genetic Counseling Advisory Committee into the Infant and Children’s Health Advisory Council. It also created a new free standing Board that consolidated the Licensed Professional Counselors Advisory Board, the Licensed Marital and Family Therapist Advisory Board and the Licensed Behavioral Practitioners Advisory Board into the newly created State Board of Behavioral Health Licensure. This measure created a new council with oversight over certain long-term care services. The Home Care and Hospice Advisory Council, created under HB1467 will have jurisdiction over all issues covered under home care or hospice services and other long-term care issues defined by the State Board of Health.

HB1002 – requires the director of OMES to identify the 10 state agencies with the lowest rankings in the financial services cost performance assessment published by the office and requires those agencies to contract with OMES to provide shared financial services if it will result in cost savings or efficiencies to the state. Under this bill, a contracting agency may discontinue sharing services if the agency is able to demonstrate its ability to provide the services at a reduced cost, and the OMES Director approves the documentation. This measure also gives OMES the power to enter into contracts to provide the services of the State Employee Assistance Program. This bill was signed into law.

HB 2055 – Allowed for significant expansion of Legislative oversight of state agencies. This bill modifies the Administrative Procedures Act, so that the Legislature will now be able to affirmatively approve all rules promulgated by state agencies with the adoption of a single omnibus joint resolution. If the Legislature wishes to disapprove any rule such rule will be specified in the bill. The bill was signed into law.

SB 596 – Mandates that every state agency submit an annual written program management and performance report to the Legislature and the director of OMES. The bill requires that this report include detailed data for each of the agency’s programs, every cost avoidance and cost containment measure implemented, the methodology for determining the agency’s fee structure and the manner in which it assesses client or consumer satisfaction. The bill further requires a complete listing of programs, services and operations not considered essential to the core function of the agency. Each agency director is required to post such reports on the state’s public access website. The legislative intent is to contain costs. Much as beauty is in the eye of the beholder, so are various programs serving the public. What may seem a core function to one group of citizens may seem superfluous to another. It is this issue that creates a tremendous challenge for elected officials and constituent groups serving the public. This bill has been signed into law.
Medicaid Expansion and Insure Oklahoma

One of the most often discussed health care topics of the 2013 session was Medicaid Expansion and the Affordable Care Act. There were many bills introduced to resist implementation, but at the end of the day, Oklahoma has become one of only three states considering an alternative model. As of July 26, 2013, 16 states are not participating at all (including those directly to the north and south of us), 7 are leaning towards not participating, 1 has adopted an alternate expansion model, 5 are leaning towards participating and only 19 have signed on to fully participate.

Late last fall, Governor Mary Fallin announced that Oklahoma would not participate in a “State Run Exchange” and would not expand Medicaid, as she notified the Secretary for Centers for Medicare & Medicaid Services (CMS) of her intent. In the month before the 2013 legislative session convened, Governor Fallin commissioned the consulting firm of Leavitt Partners, led by the former Secretary of Health and Human Services under President George W. Bush. Michael Leavitt was instructed to evaluate Oklahoma’s existing SoonerCare Acute Care Program and offer recommendations. Leavitt Partners completed their review, presenting initial findings in early May.

Their evaluation revealed that Sooner Care Program strengths included good feedback mechanisms through advisory committees, state of the art electronic enrollment process, provider rates at 98% of Medicare (top ten for physicians), a strong Medical home model, Insure Oklahoma and per member per month (PMPM) cost controls. On the flip side, they felt that there were some other areas that needed areas continued improvement including program incentives with a focus on outcomes, behavioral health, and more choices in care. Managed care was discussed as a consideration. This sets the stage for a bill to be passed in the upcoming legislative session.

Insure Oklahoma Insure Oklahoma has been a successful program utilizing a combination of federal Medicaid dollars, state tobacco tax revenue and employer contributions to subsidize private insurance for Oklahomans who are considered to be working poor. Anyone earning up to 200% of the federal poverty level may be eligible. In early May, the Health Care Authority was notified that the waiver to continue Insure Oklahoma in its current form would not be renewed at the close of this year. CMS has extended an offer to assist us in developing a plan that would comply with the Affordable Care Act in time for the ACA implementation date of January, 2014.

SB 640 – by Representative Cox and Senator Crain created the “Oklahoma Plan” that sought to leverage enhanced federal matching funds. These funds would have expanded and enhanced Insure Oklahoma, providing premium subsidies to all individuals with income up to 138% FPL. SB 640 was not heard before adjournment.

As an alternative, Governor Fallin offered a proposal to use tobacco tax revenue to help cover 9,000 of the Insure Oklahoma participants who will lose coverage at the end of the year. The Senate passed the measure; however, the House did not consider the issue prior to sine die adjournment, leaving all of the Insure Oklahoma residents without coverage. On the last day of session, the House passed a resolution that would make it impossible for Insure Oklahoma to be funded by any other state funds. The resolution was passed in the House. Since the Senate had adjourned a full seven hours previous, they were not available to take up the measure, leaving it to wither and die on the vine, unheard, and neglected.

This is an issue that we will surely see returning for debate, but its conclusion clearly remains in the balance.
TORT REFORM

Just after the gavel fell on the close of the 2013 Legislative Session, Legislators learned of the invalidation of one of their hallmark pieces of legislation written in 2009. On June 4, 2013, the Oklahoma Supreme Court in a stout 7–2 ruling, struck down the 2009 law that created the Comprehensive Lawsuit Reform Act. The Oklahoma Supreme Court declared that this piece of legislation violated the Oklahoma Constitution in ignoring the single subject rule laid out in our State Constitution. The measure as written and passed by the 2009 legislature had “logrolled” unrelated subjects into a single bill. This decision nullified the existing amendments to tort law that were passed in 2009, and set the stage for Governor Mary Fallin to call a Special Session for the 2013 Interim. The nullification of the 2009 law will have no effect upon the 2011 law providing for a cap on pain and suffering which remains in full force and effect.

CONCLUSION

Many challenges await Oklahoma nurses in both the Interim and Session ahead. It is critical that nurses become involved in grassroots advocacy, as each of you touch more lives from cradle to grave than any other single profession. You heal and you comfort the people of this state. You work in almost every area of state government, in government contracts, and in many of its political subdivisions. Your legislators and policy makers need to hear your individual and collective voices of compassion and concern.

Prepared by Vickie White Rankin
Government Relations Consultant
Vickie White Rankin Consulting
Below is the Oklahoma Nurses Foundation membership as revised last year:
Chris Weigel – ONF President/Chair       Marvel Williamson
Linda Fanning – ONA Past President      Clare Delaney
Diana Mashburn                          Cindy Rouh
Devyn Denton                            Jessie Dragoo
Tino Gonzalez                           Pam Kiser
Allen Nottingham

The Oklahoma Nurses Foundation Trustees created a Tornado Relief Fund for nurses affected by the May 2013 tornados. Many nurses across the state lost homes, property and many of their personal belongings. Currently, over $15,000 dollars has been donated to the Relief Fund. Most of those funds have come from the American Nurses Foundation and other state nurse association foundations including Ohio, Tennessee, Texas and Washington State. We greatly appreciate the generosity of our affiliate associations. Over 45 applications have been submitted from across the metro areas of Oklahoma City, Moore, Norman and Minco to name a few. The stories have been heart wrenching and emotional to read. Funds have started to be distributed to many deserving nurses across the state in the hopes of providing some relief from this tragic event.

The Mission of the Oklahoma Nurses Foundation
ONF is the charitable and philanthropic arm of ONA. ONF supports ONA and its work to promote the welfare and well-being of nurses, and advance the nursing profession, thereby enhancing the health of the public.

Vision
The Oklahoma Nurses Foundation will become recognized, preeminent nursing philanthropic organization in Oklahoma that supports the continued growth and development of nursing and serves to advance the work of the nursing profession.

Goals
• Advocate for the health of the public, the nursing profession and the strategies and programs of the Oklahoma Nurses Foundation.
• Expand the Nursing Research Grants program.
• Serve as the national conduit for scholarships that will promote entry into nursing and educational development within the profession.
• Insure each program of the Oklahoma Nurses Foundation addresses the multifaceted issues of cultural competency and ethnic diversity.
• Increase and sustain the commitment of donors supporting the work of the Oklahoma Nurses Foundation.
• Helping nurses understand their leadership role and how important it is to be vocal about the needs of their patients.

Submitted by Chris Weigel, BSN, MBA, RN
President, Oklahoma Nurses Foundation
2013 Oklahoma Action Network - Status Report

Action Coalition Organization and Leadership Structure

Action Coalition Structure:

- The Oklahoma Action Network consists of broad stakeholder inclusion from governmental, healthcare, educational and philanthropic organizations as well as private industry. Stakeholders include nursing organizations, health care organizations, health care providers, nursing school associations, hospitals, colleges and universities including community colleges, advocacy groups, policy leaders, insurance and corporate partners. Additionally, there is a strong connection and partnership with Oklahoma’s regulatory agency for APRNs, RNs and LPNs: the Oklahoma Board of Nursing.

- The Oklahoma Action Network Steering Committee:
  - ONA: Jane Nelson, CAE, Executive Director: Co-Lead
  - OHCWC: Jim Durbin, Executive Director: Co-Lead
  - IONE: Ruth Eckenstein, MS, RN, Owner, Health Careers Education Consulting
  - IONE: Lana Bolhouse, PhD, RN, Dean, College of Nursing, Oklahoma Baptist University
  - APRN: Mary Holter, MSN, APRN, Faculty, OU College of Nursing
  - AARP: Marjorie Lyons, RN State President/Volunteer
  - OHA: LaWanna Halstead, MPH, BSN, RN, VP/Quality & Clinical Initiatives
  - Rural Hospitals: Cindy Rauh, MS RN NE, VP Patient Care/CNO Duncan Regional Hospital
  - OKC Hospitals: Linda Fanning, MS, RN, CNO, Mercy Health Center and ONA President
  - Large Hospital System: Lisa Rother, RN, MHA, BSN, System Director, Nursing Education & Research, INTEGRIS Health
  - Tulsa Hospitals: Louise Talley, PhD, RN
  - Staff Nurses: Devyn Denton, RN Mercy Health System
  - Allopathic Physicians: Lynn Mitchell, MD, MPH, Chief Medical Officer, OU Physicians
  - Osteopathic Physicians: Appointment Pending
  - Insurance: Kathy Edwards, BSN, RN, BCBS
  - Corporate Appointment: Lorrie Jacobs, Chesapeake Energy
  - Board of Nursing: Jackye Ward, RN

- Workgroups Include:
  - APRN – Mary Holter, APRN, MSN (Rec. 1 Scope of Practice)
  - Nurse Residency – Lisa Rother, RN, MHA, BSN and Teri Round, RN, MS (Rec. 3 Nurse Residency)
  - Education – Ruth Eckenstein, MS, RN (Rec. 4 Education (80/20) and Rec. 5 Education (Doctorates))
  - Leadership – Helen Farrar, RN, MS; Jonas Scholar and Cindy Rauh (Rec. 6 Lifelong Learning and Rec. 7 Leadership)
  - Data – Jim Durbin (Rec. 8 Data)
**Action Coalition Areas of Focus**

This section contains a list of recommendations the Action Coalition is working toward. Areas of focus are defined as having a workgroup, action plan and/or dedicated efforts on IOM recommendations 1-8, diversity, interprofessional collaboration, communications efforts, etc.

**Action Coalition Progress**

This section contains cumulative progress by the Action Coalition or influenced by the Action Coalition.

Rec. 1: Remove scope-of-practice barriers
- 12/2012 Survey developed and is now open for responses to determine APRN practice barriers, identify resources, interest and practice stories to be used in PR materials.
- 1/2013 Developing Oklahoma talking points to the newly released NGA white paper in support of APRNs
- 3/2013: APRN Roundtable session during the ONA Nurses Day at the Capitol
- 7/2013: 132 APRN have completed the survey
- 8/2013: APRN organizations discussing strategies and next steps for removal of practice barriers

Rec. 3: Nurse Residency
- 5/2013: Survey completed of Nurse Executives to identify 3 Specialties.
- 6/2013: Partnering with ANA for LMS delivery of the previously developed state-wide Preceptor Program with an on-line component. Two facilities to pilot the Preceptor Modules once they are formatted and available in the LMS.
- 6/2013: Worked with Educational partners to attend and assist in the development of our Phase III. NR Phases are defined as:
  I. Transition to practice including NYCLEX;
  II. Facility orientation, and
  III. Specialty development.

Recs. 4 & 5: Education
- 1/2013: First meeting of Educational Workgroup. Committees were formed to focus on the following areas.
  - Central Portal for Applications
  - Articulation/Curriculum Models
  - General Application Requirements
  - Admission requirements (AND, RN to BSN, BSN Accelerated, LPN to BSN)
- 9/2013: Work group continuing to meet and discuss issues identified above.

Recs. 7: Leadership

Working to Identify Nurses interested in serving on the Leadership Work Group. Using lists from previous meetings and other resources for establishment of workgroup.
- 7/2103 Leadership Survey was developed to assess nurses’ involvement and the opportunities available to nurses both in the workplace and community and sent out to different leadership groups. 91 have completed the survey

**Oklahoma - Jonas Nurse Leader Scholars 2012-2013**

The Jonas Nurse Leader Scholars 2012-2013 cohort consists of approximately 200 doctoral students in nursing in all 50 states – Oklahoma has two: Helen Farrar and Joan Stevens. As a requirement of the Program, each Scholar must complete a leadership project that incorporates recommendations from
The Institute of Medicine’s (IOM) report *The Future of Nursing: Leading Change, Advancing Health*. This leadership project will involve Jonas Scholars connecting with and working in their local action coalitions, so that each student has the opportunity to make an impact on the future of nursing.

- Helen Farrar's focus is on Leadership and she is interested in exploring leadership competencies and documentation of current leadership training options and Identification of barriers to leadership training.

- Joan Stevens' is interested in working on what it will take to increase the number of Doctorates in Oklahoma by determining what factors/barriers that currently prevent nurses specifically APRNs from considering getting their Doctorate.

**Grant Progress**
- 5/2013: AC applied for SIP Grant
- 8/2013: AC was notified of non-funding
  RWJF RFP was for for $150,000 with state matching funds of $75,000
- Grant to include up to two Recommendations from the IOM Report
  - Recommendation 7 – Nurses Prepared to Lead
  - Embedding Recommendation 3 – Nurse Residency
  - Recommendation 8 – Data
- Action Coalition Coordinator
- Need to identify Matching Funds - $75,000 - need to identify these funds for the future.

**Action Coalition Partners** (This list indicates stakeholder groups that are represented on the Action Coalition). To check a box: double click the desired box, click “checked,” then click “OK.”

- ☑️ AARP State Office
- ☑️ AACN Members
- ☐ Area Health Education Centers
- ☐ Minority Nursing Groups (Ethnic/Men)
- ☑️ Businesses
- ☐ Chambers of Commerce
- ☑️ Community Colleges
- ☐ Family Caregiver Organizations
- ☑️ Foundations
- ☑️ Health Plans / Insurers
- ☐ Health Systems
- ☑️ Hospital Association
- ☐ Human Resource Associations
- ☐ Legislators/Policy Makers
- ☐ RWJF Nurse Executive Fellows
- ☐ RWJF Nurse Faculty Scholars
- ☑️ RWJF PIN Grantees
- ☑️ State Board of Nursing
- ☑️ State League for Nursing
- ☑️ State Nurses Association
- ☑️ State Org. of Nurse Executives
- ☐ Unions
- ☑️ Universities/Colleges of Nursing
- ☐ Workforce Investment Boards
Chair – Karen Cotter, MS, RN  
Education Director, ONA Board of Directors

We met on May 22, 2013 and again on August 21, 2013. The task force was comprised of nurses across various areas of practice, Nurse Educators, Nurse Administrators, and nurses in clinical practice. During the May 22 meeting, we discussed the future of Oklahoma Nurses Association usage of electronic means to deliver continuing education programs to nurses in Oklahoma and beyond.

There are foreseeable changes on the horizon. We will likely be partnering with other states for educational opportunities. There are new regulations from the Oklahoma Board of nursing for Continued Competence. We want to offer a product to Oklahoma Nurses that is high quality, convenient and relevant to the professional practice of registered nurses.

The committee decided to offer a survey to professional nurses across the state. Survey Monkey was used and a link to the survey was provided across electronic means such as email newsletters and social Media. At the time of this report, the findings are minimal at best, because of the lack of respondents in the survey. The committee decided to extend the survey for an additional 8 weeks to include time during the ONA Convention for individuals to participate in the short 10 question assessment.

- Findings from the survey will tell us what kinds of program topics possess the greatest appeal what cost is reasonable for the programs if someone would be interested in compiling an educational program

**At our meeting on August 21, 4 task groups were established.**

**Group 1:** Chair: Elaine Blackwell. This group will work to explore and compare online platforms – learning management systems that may be used to house and administer CE programs through the ONA.

**Group 2:** Co-chairs: Shelia Stewart and Jenny Fields. This group will work to evaluate data collected through the survey monkey and add any paper entry surveys to compile the data from the survey regarding CE opportunities, educational topic interests, and contributor interest.

**Group 3:** Chair: Rhonda Lawes. This group will work to establish a template for the information needed for each learning module, consistent with CE requirements with established providers.

**Group 4:** Chair to be determined. This group will Contact individuals who expressed an interest in sharing expertise toward development of educational modules to be delivered via online means. Contacts will be made and questions asked about expectations of payment/service for the profession.

Respectfully Submitted,  
Karen Cotter, MS, RN
On May 31, 2001, H.B. 1372 passed during the Oklahoma 48th legislative session to create the Oklahoma Domestic Violence Fatality Review Board. In 2013 the board was renewed for another five years. 


DOMESTIC VIOLENCE DEFINITIONS

MISSION
The mission of the Oklahoma Domestic Violence Fatality Review Board is to reduce the number of domestic violence related deaths in Oklahoma. The Board will perform multi-disciplinary case reviews of statistical data and information derived from disciplines with jurisdiction and/or direct involvement with the case to develop recommendations to improve policies, procedures and practices within the systems involved and between agencies that protect and serve victims of domestic abuse.

PURPOSES:
1. Coordinate and integrate state and local efforts to address fatal domestic violence and create a body of information to prevent domestic violence deaths
2. Collect, analyze and interpret state and local data on domestic violence deaths
3. Develop a state and local database on domestic violence deaths
4. Improve the ability to provide protective services to victims of domestic violence who may be living in a dangerous environment
5. Improve policies, procedures and practices within the agencies that serve victims of domestic violence
6. Enter into agreements with other state, local, or private entities as necessary to carry out the duties of the Domestic Violence Fatality Review Board

ACTIVITIES:
As a result of ODVFRB data analysis and a lethality assessment Subcommittee chaired by Dr. Wilson, Janet Wilson, PhD, RN (OUHSC), Sheryll Brown, MPH (OSDH), Jill Messing, MSW, PhD (ASU), and Jacquelyn Campbell, PhD, RN(JHMC), submitted, received, and began implementation of the study, Police Use of Lethality Assessments During Domestic Violence Calls: An Experimental Evaluation Grant, 2009, sponsored by National Institute of Justice, in partnership with Johns Hopkins University and Arizona State University. This study will be completed 2013.

Publications from this research:


2012 ODVFRB Recommendations are based on review of all deaths in Oklahoma due to intimate partner violence. See the full report for recommendations to all professional disciplines.

**ODVFRB Recommendations for Healthcare:**

  - Traumatic nature of domestic violence & post-traumatic stress disorder
  - Oklahoma's domestic violence reporting law
  - Assessment of domestic violence
  - Referral to appropriate services for care
  - Documentation in the medical record

**2012 ODVFRB Recommendations for Mental Health & Substance Abuse Providers**

- Implement trauma screening and assessment in all presenting cases. When a history of domestic violence is present an appropriate referral should be made. Educate mental health providers of appropriate referral options within their communities for domestic violence.
- Explore best practices and develop appropriate mental health training for all professionals to include at a minimum, screening, identification and referral of domestic violence.

**2012 ODVFRB Recommendations for All Systems**

- Awareness that not all domestic violence homicides are preceded by physical violence. In some 30% of cases coercive control is the leading indicator.
- Always document domestic violence incidences in order to establish a paper trail, especially law enforcement, medical, and social service agencies. These written records should be made even if no follow-up is requested/required.
- Continue to find ways of getting the SAFELINE number, 1-800-522-SAFE, out to the public. The SAFELINE number is a 24-hour hotline answered by crisis intervention specialists trained in domestic violence, sexual assault and stalking issues. All disciplines should understand risks and safety planning.
- The Oklahoma Legislature should appropriate funding to agencies involved in direct services to victims of domestic violence and prevention/intervention services to batterers, at a level adequate to maintain
at a minimum baseline services to all those seeking services

- **Annual Partnership Conference:** The Office of the Attorney General sought VAWA funds to coordinate and staff the annual conference that will be held September 4-5, 2013, Norman, Oklahoma. For more information contact:

  Fara Brown  
  Program Manager | Victim Services Unit  
  Oklahoma Attorney General  
  313 NE 21st Street | Oklahoma City, OK | 73105  
  Direct: 405-522-4397 | Fax: 405-557-1770

If you or someone you know needs help in a Domestic Violence situation, please call:

  Safeline – 1-800-522-SAFE (7233)

  If you need general information about Domestic Violence, please call:
  Oklahoma Coalition Against Domestic Violence and Sexual Assault – (405) 524-0700  
  The Office of the Attorney General, Victim Services Unit – (405) 521-3921

If you need more information about the Oklahoma Domestic Violence Fatality Review Board, please call:

  The Office of the Attorney General – (405) 522-1984

**If you are in an emergency situation please dial 9-1-1 immediately**
This has been a very active year for Oklahoma Nurses Association and the Medical Reserve Corps nurse volunteers in terms of disaster and preparedness! The Medical Reserve Corps accomplishments has been numerous and extensive.

In terms of personal preparedness, each nurse has been encouraged for the last few years to prepare themselves and their families for disasters by the out-going ONA Disaster Preparedness and Response Director, Janet Gallegly, and by the Medical Reserve Corps State Leadership led by the State Coordinator, Debra Wagner. This has held us in good stead for the last few months so that our families are ready and the MRC could respond to the crises and disasters in OK. Let us remember to go through our supplies and processes with our family members and re-furbish them, as needed. The websites below are a great resource for ideas on renewing supplies and processes:

- [http://www.ready.gov/build-a-kit](http://www.ready.gov/build-a-kit)
- [http://www.redcross.org/prepare/location/home-family/get-kit](http://www.redcross.org/prepare/location/home-family/get-kit)
- [http://www.ready.gov/individuals-access-functional-needs](http://www.ready.gov/individuals-access-functional-needs)

In regards to community preparedness, Debra Wagner has developed a partnership with the Preparedness and Response Department of the local American Red Cross so that Medical Reserve Corps volunteers can educate the public, religious sites, clinics, etc., to prepare for individual and family emergencies. There are multiple age groups and types of programs that you may be interested in training the community, which may fit your schedule and interests.

Regarding responses: The Medical Reserve Corps responded to the Tulsa dental crisis; the medical and dental free clinics; chemical response planning; and, the Oklahoma Tornadoes.

The largest response OK has had for a while was the May 2013 Oklahoma Tornadoes. The nurses from ONA and MRC participated whole-heartedly. There were 71 nurses who volunteered to do first aid and case management with the American Red Cross. Some nurses worked with Integris at their medical clinic and mobile clinics. Some provided administrative support so that all of the work could be accomplished. Each role was needed and appreciated. So that you can know what impact in which the 71 nurses participated per American Red Cross statistical information: there were over 13,000 health contacts made and over 1500 health services cases closed during the immediate, emergency part of the operation which could not have been accomplished without MRC and ONA's participation.

No matter the volunteer effort that each person chooses to give to the community whether in preparedness or disaster response, it will always come back full bloom to benefit the giver as well as the individual intended. The state of Oklahoma and its citizens have benefited mightily from OK disaster nurses this year!

Debra Williams, RN., MSN, CS.
Disaster Preparedness and Response Director
Oklahoma Medical Reserve Corps Nurses
Division Nurse Lead American Red Cross
Southwest Division (2) – AR, OK, TX, NM, AZ, NV, UT, CO, WY
Crossroads Division (4) – WV, KY, OH, IN, MI
Volunteer Advisor to LA, MS, and AL Division Disaster Director
405-919-4562 (c)
Debra.Williams@redcross.org
This year the Political Activities Committee/PAC-GAC joined forces with the ONA Practice Committee in a collaborative effort to increase the awareness of the most important political issues and concerns impacting nursing in Oklahoma and on a national level. Both groups were well represented at the ONA Legislative retreat on January 11, 2013, which convened at the OU Faculty House in OKC. Vickie White Rankin and Jane Nelson expertly guided a discussion and the identification of priorities for the year to come.

The Legislative Retreat was followed up by regular conference calls on Friday afternoons throughout the legislative sessions. Vickie White Rankin led the calls with up-to-the minute updates of the most critical activities at the capitol and provided extremely helpful background information to the processes. Each phone call increased the accessibility of important information to our organization and provided the opportunity for questions to be addressed by both Jane Nelson and Vickie White Rankin. We also added some multi-media options to the meeting to allow those who attended to not only hear the conversation but also see pictures of the politicians involved and summaries of the legislation to be discussed.

Legislative Day for Nurses at the Capitol 2013 provided our members and future members the opportunity to learn how to get involved with making a difference in issues facing nursing and healthcare in Oklahoma. The student organization ONSA leadership provided significant service with registration throughout the event and represented future nurses with excellence! Many thanks to Jane Nelson and the ONA staff for all of their hours invested in making this event a success.

Thank you for the privilege of serving ONA in this position in the completion of this term.

Warm Regards,
Rhonda Lawes MS, RN, CNE
Political Activities Committee/PAC-GAC
ONA Region 1 Report- 2013 by Eileen Stephens, outgoing President.

**Region 1 Board of Director meetings**: We had one board meeting during 2013 in Eileen’s office. Teresa Hunter attended and Debbie Walsh attended by phone conference due to distance and weather. Scholarship applications were discussed and future meetings. Several attempts to plan board meetings did not work out due to 12 hour shifts and odd days worked by board members.

Membership meetings are set on last Tuesday of even months in 2013.

**December 2012** – Planned Christmas party cancelled due to a low RSVP response.

**February 28, 2013** – Meeting at Java Dave’s on NW 10th in OKC. The room was free and the meal was great. About 12 SNU students in the RN to BS program attended with about 6 ONA members and 2 OCU Master in Nursing quests that were here from Iran. Eileen presented Legislative issues with handouts. There was an open discussion about nursing in Iran that was very interesting.

**April 23, 2013** – ONA hosted a meeting at On the Border at Reno and Meridian. Three OUCN professors presented the program, “Heart Mapping.” Several SNU traditional students attended as well as about 10 members. We discussed Graduation celebrations and members signed up to take congratulation cards. Eileen ordered more cards through ONA print shop vendor for cost of $260.85. We have enough cards now for spring, summer and December nurse pinning ceremonies.

**July 16, 2013** – The meeting was held at SNU Presidents Suite. Nine members attended a presentation by Erin Engelke of Feed the Children. ONA paid for 10 other meals that were RSVP’d, but no shows or late cancels. We collected $106+ donation for 8 meals and Jessica Benda Treasurer attended and paid the rest for total of $265 with ONA Region 1 check. Scholarship applications were delivered to Langston OKC for Dr. Hunter to meet with volunteers to review.

**August** – No meeting planned.

**October**: No meeting planned due to Convention month

**Activities:**

1. Graduation Celebration: Less participation by ONA Region 1 board and/or members this year. About 3-4 members covered as many nursing pinning ceremonies as possible. Eileen plans to attend the August 16th Platt College Pinning. She encourages the new board to continue this vital welcome to the profession for new potential RN’s and members.

2. We had 2 scholarship applications. Teressa Hunter, Valmarie Swing and Teresa Williams (in attendance) volunteered to be a committee and determine the recipient. Funding was limited to one $500 scholarship this year. With additional funding from ONA, we hope to award a second scholarship later this year.
3. Eileen Stephens submitted a list of offices open for nominations to ONA. Nominations are open until August 30th. Elections are slated to open and close on Sept 21st. Installation of new officers will take place before convention in October. Devyn Denton is slated to take over as President for Region 1 in her 2nd year of elected office. Eileen continued in this position one extra year while Devyn was busy with newly appointed ANA activities.

4. Region 1 memberships increased in 2012-2013. Region 1 bank balance is approximately $1100.
Rick Odiorne served as President of ONA Region 2 from May 2012 to May 2013. Highlights of the year included:

- Region 2 members were mailed ‘Save the Date’ post cards for upcoming events and activities.
- September 11th was the date of the first “Issues Forum,” titled “Spread Too Thin, and We’re Not Talking about Icing: Safe Staffing” which was presented by Dr. Pam Price-Hoskins.
- Tulsa was the site of the Annual ONA Convention held October 24-25, 2012 at the Tulsa Hyatt Regency Downtown, featuring keynote speaker Peter Burhaus: “Overcoming Challenges/Changes in Nursing, Future of Nursing Workforce, & Research he has collected.”
- Region 2 member Cindy Lyons, MS, RN, CNE, received the State ONA ‘Excellence in Nursing Award’ presented at the ONA Convention.
- November 13, 2012, was the date of the second “Issues Forum” which highlighted the topic “Pharm Parties: Status of Alcohol and Drug Use in Oklahoma” presented by Jessica Hawkins from the Oklahoma Department of Mental Health and Substance Abuse Services.
- December 11, 2012, we had a Christmas Holiday Dinner and partnered with Domestic Violence Intervention Services (DVIS) collecting numerous donations for their clients.
- The 2013 Winter Newsletter for Region 2 was updated on the ONA website with a welcome letter from our Region President Rick Odiorne, BSN, CCRN, along with other important Region business and information.
- Beginning January 2013, Region 2 was the first to decide on going to a “Paperless” system for all information and monthly meetings to save money and the environment via Dropbox.com.
- February 12, 2013, was the third “Issues Forum” presented by Angela Kihega, MS, RN, titled “Update on Nursing’s Role in Responsible Pain Management.”
- Legislative Day: Region 2 members participated in the annual Nurses Day at the Capitol, March 5, 2013 in Oklahoma City.
- The Annual Spring Luncheon, held April 19, 2013 at Tulsa Community College-Center for Creativity to honor nurses and graduating nursing students, featuring “Civil War Nursing,” a historical review of the changing roles of nurses, featuring TCC Nursing Faculty. ONA President, Cindy Lyons and ONA Executive Director Jane Nelson were in attendance at the special event. The Region 2 ‘Nightingale Award of Excellence’ was presented to Linda Lyons Coyle, MS, RN, CNE, during this year’s 2013 Annual Spring Luncheon.
- April 25, 2013, was the 10th Annual Evidence-Based Practice Nursing Symposium held at OU-Tulsa Schusterman, “Evidence-Based Practice: Advancing Practice and Improving Outcomes” featuring keynote speaker Kathleen M. White, PhD RN, NEA-BC, FAAN
- On-line balloting resulted in the following Region 2 members being selected as the officers to serve from May 2013-2014:

  - President: Linda Lyons Coyle
  - President-Elect: Rick Odiorne
  - Vice President: Lisa Gerow
  - Treasurer: Louis Stackler
  - Secretary: Pam Price Hoskins
  - Outreach Coordinator: Irene Pappas
• Region 2 Representative: Emelia LaFortune
• Chair, Council of Education: Janet Chappell
• Directors at Large: Jamesha Williams, Brenda Nance, Leslie Brown, Teresa Frazier
• Chair, Nominating Committee: Mary Helen Freter

Respectfully Submitted by Leslie C. Brown, Region #2 Representative
President – Arlene Siereveld
Vice President – Lisa Copeland
Secretary – Diana Mashburn
Treasurer – Claudia McElvania
Region 3 Rep to ONA Board – Joyce Van Nostand

Region 3 had a productive year; we met the second Thursday of each month from September through May at the Jack C. Montgomery VAMC in Muskogee. September was an organization and planning meeting. In October, Heather Fenton and Diana Mashburn presented their recently completed dissertation research on Cherokee with Type 2 Diabetes and Practical Nursing Student Success, respectively. With Gary Lawrence also completing his doctorate, we want to extend a special congratulations to our three new doctorally prepared Region 3 members on this milestone. Student posters were also displayed from the Annual Evidence Based Nursing Practice Symposium. Gladys Melvin, a former member of the Army Nurse Cadet Corps was our November speaker. The annual Christmas social was held in December at the Amish Restaurant and included a special rendition of “The Twelve Days of Christmas.” Jaquita Gardner took us to the future of nursing in January when she shared about her role as a new Clinical Nurse Leader. Janet Bahr, Region 3 member, retired as Provost/Vice President of Academic Affairs from Northeastern State University, and was honored for 28 years of service with a nursing scholarship in her name. February was heart month with Bobbi Knack speaking about exercise tolerance testing. In March, Region 3 decorated a table at the 7th Grade Girls Tea promoting abstinence and hosted by the local Pregnancy Resource Center. Catherine White and Hyacinth Rogers delighted us by sharing a bit of nursing history at the April meeting and reminded us of the “good old days.” In April, many members also attended the 50th anniversary of the Bacone College associate degree nursing program. We concluded the year in May with a covered dish dinner and highlights from Cindy Lyons, ONA president and Tiffany Richardson, OSNA president. Thanks to both for taking the time to visit Region 3!
Region 6 met three times during the year, of which we were held during the months of September –April. Meetings were conducted over the OneNet ITV system to 3 sites in the (Ada, Ardmore, Durant). Meetings originated from the ECU campus in Ada. The region officers elected or re-elected are:

Donna Urbassik, President/Board Rep
Jeff Jordan, Vice President - vacant at this time as of May 2013
Nancy Postier, Treasurer and Secretary
Anne Davis, Public Relations and Technology

Donna Urbassik, ONA Board Representative, attended most of the Board meetings throughout the year. She also served as a member of the Convention Planning Committee and the PAC/GAC Committee. Donna also served as Nurse of the Day with Senator Paddack and Representative Tomsen.

Many Region 6 members participated in the annual convention in October 2012 in Tulsa. All six possible delegate positions were filled plus two board members. Joseph Catalano was elected as president elect for ONA. He also attended the ANA National Convention as a representative in the membership assembly.

Region 6 held its annual “Spring Fling” on April 29, 2013. Donna Urbassik gave a short presentation on the Emerging Nurse organization and its importance to the transition of new graduates into professional nurses. Jane Nelson presented on ONA and a vision into the future of ONA. Candace Shaw was the main presenter and discussed Telehealth. The presentation included a short presentation on what Telehealth really is, and how it will be used to provide comprehensive medicine to patients in all regions. A live demonstration followed with a satellite unit, where a NICU NP presented a possible case to those present. Her presentation was followed by a lively question and answer period. Many questions related to the ethical aspects of Telehealth and how proficient Telehealth really is. The program was offered over the OneNet ITV system and approximately 90 nurses and nursing students attended at four sites, ECU Ada, SOSU Durant, and AHEC, Ardmore.

The Region 6 distributed the “Celebrate Nursing” cards and ANA “Scope of Practice” bookmarks at the graduation ceremonies of nursing schools in the Region. We have been working hard at increasing our membership and helping nurses see the benefits of ONA.

Region six officers have also been working on revamping and adopting bylaws.

Region 6 continues to span a large area of southeastern Oklahoma (most of southeastern Oklahoma). With this in mind, we will continue to use the OneNet ITV system originating in Ada to include as many members as possible in the meetings. Region 6 continues to try to make the region as electronic as possible for communication purposes by using e-mail to send announcements to members. Next meeting will be held in September 2013 to fill delegate positions and vote on Region 6 officer positions that are currently vacant.

Respectfully submitted,
Donna M. Urbassik, MSN, RN, ONC
President, Region 6
The primary goal of the FNERTF is to evaluate the standards and criteria of the NCSB Model Act, the ACEN (formerly the NLNAC) and AACN-CCNE for accreditation and compare them to the standards of the OBN for approval of nursing education programs. If the task force finds that the accrediting agencies’ standards meet or exceed OBN’s standards, then consideration will be given to accepting the national accreditation visits and approvals in place of an OBN visit to and approval of nursing programs. This would be a cost saving effort. Many states already accept accreditation by a national nursing organization as proof of continued approval.

The first meeting of the Task Force was held May 2, 2013 at the OBN office. Fifteen members were present. The meeting lasted 1 hour and 45 minutes. The large group was divided into smaller groups of 3-5. Each group was assigned an accreditation document. The mission, goals and purposes of each organization were analyzed and then reported to the group at large for consideration.

The second meeting of the Task Force was held May 2, 2013 at the OBN office. Fourteen members were present. The meeting lasted 2 hours. The group discussed a table compiled by Dr. Hubbard that compared the NCSB Model Act and Rules with the ACEN accreditation standards with the CCNE standards and the approval standards of the Oklahoma Board of Nursing. The goal was to evaluate whether the national accrediting agencies’ standards and criteria would meet the requirements for approval for the OBN.

The three areas under consideration were:

- Administration of program requirements
- Nursing Administrator Qualifications
- Resources

The group discussed at length the administration of program requirements. The concepts involved are abstract and significant time was spent on attempting to understand the exact meaning of the verbiage used by the national accreditation agencies. The group concluded that although there were some discrepancies, the national accreditation standards would fulfill the OBN requirements.

The OBN has very specific requirements for nursing administrators of nursing education programs. The national standards requirements were less specific, but again seemed adequate to fulfill the requirements of the OBN.

Due to time limitations, the discussion of resources was tabled until the next meeting in September 2013.

Respectfully submitted,

Joseph T. Catalano, Ph.D., RN
ONA Representative to the FNETF
Oklahoma Department of Human Services—Aging Services
Long-term Care Ombudsman Services

The Oklahoma State Council on Aging has several professional advisors, one of whom is a nurse. I serve as ONA’s representative to the State Council and serve as chair of the council’s Long-term Care Ombudsman sub-committee. The State Council on Aging is an advisory committee to Oklahoma’s Department of Human Services, Aging Services Division. Committee members are appointed by the governor and advisory members are appointed by their respective professional organizations. Mr. Lance Robertson serves as the Director of Oklahoma’s Aging Services Division. I urge each of you to visit the website so that you can be an effective nurse when providing referrals to our state’s older adults: http://www.okdhs.org/divisionoffices/visd/asd/ Aging in American: We Can Do Better!*

As ONA’s representative, I attend monthly State Council on Aging meetings as well as at the quarterly Long-term Care Ombudsman Committee meetings. This committee advises Oklahoma’s state ombudsman director, Esther Houser, and her staff on issues related to care of elders residing in our state’s long-term care facilities. Shirley Cox, JD, legal services developer, is especially vigilant about notifying state council members about frauds perpetrated against Oklahoma’s older adults. Many of these frauds pertain to exploitation or identity theft. Please, remind everyone you know to refrain from providing identifying information, such as social security numbers and bank account numbers, over the phone.

Facts about Oklahoma’s LTC Ombudsman Program:
1. Approximately 150 LTC ombudsman volunteers currently make weekly visits to LTC residents in and advocate for residents’ rights.
2. This year’s legislative advocacy, partnering with the Oklahoma Aging Partnership resulted in passage of SB 587 which gives Nursing Home residents the right to use video surveillance in their rooms. A second bill, SB 629 requires Oklahoma’s Veterans Nursing Homes to maintain licensure under the Oklahoma Nursing Home Care Act, which includes unannounced inspections and complaint investigations by the State Health Department.

*Here’s what YOU need to know about: Aging in America: We Can Do Better. We Should Do Better. We MUST Do Better. This important National Association of States United for Aging and Disabilities (NASUAD) campaign argues for the continuing support of Older Americans Act (OAA) services. What does OAA fund? Services to help our older adults maintain independence! And, Dignity! Health aging through nutrition programs – both congregate meals and home delivered meals – as well as transportation services, abuse prevention, even employment opportunities are available. Why are these programs so important now, you ask? Statistics from 2012 reflect that one in ten seniors are abused, neglected or exploited annually, and a whooping one in seven seniors is threatened by hunger – we can do better!

NASUAD’s web address for more information: http://www.nasuad.org/

Please refer to Oklahoma’s Long-term Care Ombudsman Program annual report as well as the Oklahoma’s DHS Aging Services Division for more information... and, get involved!

If you have questions or comments, I’d enjoy hearing from you: adavis@ecok.edu
• Mr. Jim Durbin, Executive Director continues to serve as the non-nursing co-lead for Oklahoma’s Future of Nursing Action Coalition which is responding to the RWJF / Institute of Medicine initiatives.

• The OHCWC continues to represent Oklahoma on the Forum of State Nursing Workforce Centers. This past year the Forum and the National Council of State Boards of Nursing collaborated in a national survey of nurses to fill in the gap left when the Health Resources and Services Administration (HRSA) stopped conducting its National Sample Survey of RNs in 2008. The results of this survey have just been published and state-level data will be available soon.

• Another strong initiative of the OHCWC has been promoting The Clinical Hub, the Web-based clinical student management system in use in Oklahoma City, Tulsa, and Stillwater. In the fall of 2013, Lawton, Duncan, and Enid will begin using the system. For the first time, the Oklahoma Board of Nursing has requested schools who would like to begin new nursing programs in OKC or Tulsa to obtain a report from The Clinical Hub through OHCWC which shows the availability of clinical space as part of the school’s application process.

• The 7th annual simulation conference took place on May 30-31, 2013 at Oklahoma City Community College with approximately 100 attendees.

OHCWC served a member of the Tahlequah Community Campus advisory board, which works to make Tahlequah a destination of choice for health care students looking for clinical rotations/residencies in the hopes they will return to Tahlequah to practice.
The Oklahoma Immunization Advisory Committee is comprised of representatives from 14 professional organizations, including the Oklahoma Nurses Association. Loren Stein is currently the ONA representative to this advisory committee. The purpose of the committee, which was originally formed in 2007, is to advise the Commissioner of Health on matters related to the practice and policy for adult and child immunizations. Membership is appointed by the Commissioner of Health and includes representatives from the medical profession and institutions or agencies impacted by immunization policy.

The purpose of the committee is to advise the Commissioner of Health on the following general items:
1) New rules or rule changes for vaccines necessary for attendance in Oklahoma schools, child care facilities and colleges;
2) New rules or rule changes for vaccination of health care workers;
3) Strategies for improving immunization coverage rates among state children and adults; and
4) Other immunization matters and activities as directed by the Commissioner of Health or the Commissioner’s designee.

This year discussion included:
   Immunization Rates in Oklahoma by County
   Update on Universal Hepatitis Birth Dose Rule
   OSIIS updates

I am proud to represent the Oklahoma Nurses Association on this vital state committee.

Loren Stein, MSN, RNC-NIC
Purpose
To support and implement the mission of the National League for Nursing (NLN) to advance quality nursing education to meet the needs of diverse populations in an ever changing health care environment at the constituent level.

Functions of OLN
• To promote and utilize the products and services of the NLN
• To participate in securing of funds at the local/state level to promote faculty development and quality nursing education at the constituent level
• To serve as a monitor for public policy issues related to education of nurses at the constituent level
• To identify, recruit, engage, and develop members for constituent and national leadership work groups and task forces
• To develop alliances at the constituent level to advance quality nursing education
• To serve as a channel of communication between NLN and the OLN members

Notable Activities
OLN once again was recognized as being in full compliance of all standards and requirements for NLN Full Affiliated Constituent League status. The period of recognition is for June 1, 2013 – May 31, 2014. OLN is 1 of 25 affiliated constituent leagues serving 30 states. OLN also continues to be an ONA Organizational Affiliate.

This year, OLN was a general sponsor for Oklahoma Healthcare Workforce’s Seventh Annual Simulation Conference, which was held May 30-31, 2013 in Oklahoma City. The 2nd Annual OLN Outstanding Nurse Educator Award was presented to Marie Ahrens, Clinical Assistant Professor with the University of Tulsa during the annual OLN general membership meeting held last October. Dr. Francene Weatherby, Professor with the University of Oklahoma, was recognized for her induction as a Fellow into the NLN Academy of Nursing Education. Also during the general meeting, three professional development awards were given to one NLN affiliated school from each level of education. The schools receiving the awards were: Oklahoma City University (Graduate nursing program); University of Oklahoma (BSN program); Western Oklahoma State College (ADN program) and Caddo-Kiowa Technology Center (LPN program). OLN plans to sponsor a spring educational conference in Spring 2014.

Current Officers
President – Dr. Nancy Diede
President Elect – Eileen Stevens
Secretary – Emma Kientz
Treasurer – Mary Helen Freter

OLN is open to any person interested in fostering the development and improvement of nursing services or nursing education. For an application or more information on OLN, please contact: LLyons@Coyleweb.com. Membership fees are $20/year.

Respectfully submitted,

Nancy Diede,
President, OLN
Submitted by Beverly Botchlet, RN, MS
Nursing Scholarship Advisory Committee for
Physician Manpower Training Commission
Academic Year of 2013-2014

For the past several years I have represented ONA as a committee member on the Nursing Scholarship Advisory Committee (NSAC) with the Physician Manpower Training Commission (PMTC). Meetings are held each year in July after the statewide interviews have been completed with applicants from all over the state of Oklahoma. Members of the NSAC Committee, in addition to the Oklahoma Nurses Association, are comprised of representatives from the Rural Hospital Nursing Service, Urban Hospital Nursing Service, Oklahoma Association of Healthcare Providers, Oklahoma Hospital Association, Oklahoma League for Nursing, Oklahoma State Association of Licensed Practical Nurses, Oklahoma League for Nursing, Associate Degree Nursing Director's Council, Association of Deans and Directors of Baccalaureate and Higher Degree Nursing Programs, and one Lay Member.

My role involves conducting interviews of the student nurses who have applied for a scholarship. I also have been re-elected Vice-Chairperson and serve in that capacity during the annual Nursing Scholarship Advisory Committee meeting held annually. When needed, I have traveled with the various committee members to conduct interviews at the out-lying sites.

The scholarships are either matching or non-matching, depending upon whether the student has matched with a sponsoring facility or not. These student nurses are enrolled in LPN, ADN, BSN and Masters Nursing Programs from across the state of Oklahoma as well as some national online Internet programs. Locations for interviews include Burns Flat, McAlester, Tulsa, Duncan and Oklahoma City, Oklahoma. If the applicant has found an institution that is willing to sponsor them with matching funds, the student will generally interview with that sponsor, otherwise students interview alone.

In order to qualify for a scholarship a recipient must be a legal resident of the State of Oklahoma, citizen of the United States, and unconditionally accepted into a nursing program. For each year of financial assistance, there will be a one year full-time work obligation (or equivalent thereof) worked by the recipient. The obligation is fulfilling at the sponsoring health institution if the funds are matched/sponsored or at a qualified health institution if the scholarship is a non-match. Maximum assistance is for two years for each program.

Physician Manpower has assisted nearly 5,900 nursing students since 1982 and will provide scholarships to approximately 300 students for the academic year of 2013-2014. The interviews were conducted during the month of July and August of 2013.

PMTC has placed nurses in all 77 counties, mostly in rural hospitals and nursing homes. The purpose of the program is to provide assistance to Oklahoma nursing students pursuing LPN, ADN, BSN or MSN degrees.
and who are interested in practicing or teaching nursing in Oklahoma communities, with emphasis placed on rural or smaller communities. There are many more applicants that will be turned down due to limited funding. The funding for the current academic year is as follows:

<table>
<thead>
<tr>
<th>Nursing Student Assistance Program</th>
<th>July 9, 2013</th>
</tr>
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<tbody>
<tr>
<td>FY2014 Appropriation</td>
<td>$ 497,000.00</td>
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<td>Acct. 450 Nurse Repayments (approximate)</td>
<td>$ 70,000.00</td>
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<td><strong>TOTAL AVAILABLE STATE FUNDS</strong></td>
<td><strong>$ 567,000.00</strong></td>
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<td>RENEWALS</td>
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<td><strong>TOTAL</strong></td>
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<td>NON-MATCHING</td>
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<td>RENEWALS</td>
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<td><strong>TOTAL</strong></td>
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<td><strong>TOTAL STATE FUNDS COMMITTED</strong></td>
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<td>Total Recipients:</td>
<td>298</td>
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<td><strong>BALANCE</strong></td>
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<td>RENEW:</td>
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Purpose: The purpose of the OACNS shall be to become a cohesive, supportive group to promote the practice of CNSs and increase recognition of CNSs and to unite as Advanced Practice Nurses for the advancement of the practice of nursing.

Goals: The goals of the OACNS shall be to address issues impacting the advanced practice of CNSs, to increase visibility of the CNSs through participation on appropriate national, state and local committees, to act as a resource group and provide continuing education programs for CNSs and other Advanced Practice Nurses to support the coalition of advanced practice groups, such as

- CNS = (Clinical Nurse Specialists),
- ARNP = (Advanced Registered Nurse Practitioner)
- CRNA = (Certified Registered Nurse Anesthetist)
- CNM= (Certified Nurse Midwife)

Activities:

- OACNS held an Advanced Pharmacology Conference in April 2013 with approximately 105 attendees from Oklahoma and Kansas.
- Sent two officers to the National NACNS Conference in March 2013.

2012 Current Officers:
President: Candace Becker, APRN-CNS, BC
President-Elect: Kelly Lang-Sheppard, APRN-CNS
Immediate Past President: Tamara Meier, APRN-CNS
Secretary: Elaine Haxton, MS, APRN-CCNS
Treasurer: Debra Perdue, APRN-CNS, MS, ACNS-BC

Membership:
Current Members – 86
Membership entitles you to:
- reduced registration fees at OACNS education offerings including conferences
- free attendance to membership meetings
- the opportunity to publish your work
- network with other CNS's
- e-mail notifications to stay up-to-date with Federal Regulations and other legislation that affects CNS's and their practice.

Membership Levels:
Regular Membership shall be composed of CNSs recognized by the Oklahoma Board of Nursing. Any registered nurse who is practicing as a CNS or is employed by the United States Government or any bureau, division or agency thereof, who would otherwise be eligible
Discover the career opportunities available for experienced nurses. Opportunities also available for new graduate nurse residency programs.

Residency programs are designed to help new graduate nurses transition from the student role to the specialized nurse.

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for recognition by the Oklahoma Board of Nursing is eligible for regular membership with approval of the Board of Directors.

Regular members shall pay dues, and may vote, hold elected/appointed office, and serve on committees.

Associate Membership shall be open to any registered nurse who is educationally prepared for the CNS role but has not been recognized by the Oklahoma Board of Nursing. Any other APRN. Associate members shall pay dues, have a voice, and serve as committee members. Associate members may not vote nor serve as elected officers of the OACNS.

Student Membership shall be open to any registered nurse enrolled in a graduate program pursuing Advanced Practice Nurse studies. Student members shall pay dues, have a voice, and serve as committee members. They may not vote nor serve as elected officers of the OACNS (unless they will become a regular member by the time the officer position is to be filled).

For more information see our website at www.oacns.org or email info@oacns.org
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ONA Convention Committee

Jackye Ward, ONA Vice President

**Members:**

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<td>Joseph Catalano</td>
<td>Eileen Kupper-Grubbs</td>
<td>Betty Kupperschmidt</td>
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<tr>
<td>Karen Cotter</td>
<td>Jackie Lamb</td>
<td>Raenna Means</td>
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<tr>
<td>Debbie Dahl</td>
<td>Patti Muller-Smith</td>
<td>Brenda Nance</td>
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<td>Connie Davis</td>
<td>Jane A. Hill</td>
<td>Dean Prentice</td>
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<tr>
<td>Devyn Denton</td>
<td>Fayth-An Hope Gray</td>
<td>Lucas Richardson</td>
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<td>Emma Kientz</td>
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**ONA Committee on Professional Practice in the Workplace**

Lynn Sandoval, ONA Practice Director

**Members:**

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<tr>
<td>Kay Lee Barnes</td>
<td>Rebecca Frenger</td>
<td>Lisa Rother</td>
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<td>Cindy Barnhill</td>
<td>Kim Goldman</td>
<td>Teri Round</td>
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<td>Johnna Blanco</td>
<td>Tino Gonzalez</td>
<td>Margie Selby</td>
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<td>Susan Boyd</td>
<td>Ragina Holiman James</td>
<td>Ashley M Speicher</td>
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<td>Karen Cotter</td>
<td>J Jeffery Jordan</td>
<td>Gina Stafford</td>
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<td>Clare Delaney</td>
<td>Pamela Kiser</td>
<td>Jackye Ward</td>
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<tr>
<td>Linda Fanning</td>
<td>Kimberly Lynch</td>
<td>Shannon Ware</td>
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<td>Jamesha Williams</td>
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INTEGRIS Heart Hospital is one of the most advanced cardiovascular centers in the region, implanting the first Levacor™ Ventricular Assist Device in the nation.

INTEGRIS Baptist Medical Center was named #1 hospital in Oklahoma City by U.S. News & World Report Best Hospitals by Metro Area, for a second consecutive year.
ONA Governmental Activity Committee

Rhonda Lawes, ONA Political Activities Director

Members:
Aletha Bigham
Johnna Blanco
Lana Bolhouse
Melissa Craft
Callie S Craig
Patricia Darnell
Christine Diltz
Janet Gallegly
Kim Glazier
Mary Ann Gwartney
Robin Harris
J Jeffery Jordan

Melissa Kelly
Liz Klingensmith
Trish Kuper
Katie Lamar
Victor Long
Dianne Miller Boyle
Deborah Morgan
Erin Ogee
Debra Sue Ollila
Andrea Pogue
Lisa Rother
Shelley Sanders
Karen Ann Taylor

Donna Urbassik
Laura J Valle
Jackye Ward
Shannon Ware
Lisa Watkins
Francene Weatherby
Georgene Westendorf
Larcile White
Vickie White Rankin
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Chris Carpenter
Angela Martindale
Diana Mashburn

Joyce Van Nostrand
Jamesha Williams
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ONA Organizational Affiliates
AWOHN – Association of Women’s Health, Obstetrics & NeoNatal Nurses
Oklahoma Association of Nurses Anesthetists
Oklahoma Case Management Association
Oklahoma Association of Clinical Nurse Specialists
Oklahoma Faith Community Nurses
Oklahoma League of Nurses
Oklahoma Nurse Practitioners
Oklahoma State Council of Perioperative Nurses
School Nurse Organization of Oklahoma

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- Nurses legal liability when care deviates from the Nurse Practice Act.
- Types of statutory law and potential impact on a nursing license.
- Legal Issues in Nursing Practice.
- Wills, Trusts, Advanced Directives, and the Power of Attorney and the DNR order.

Timothy J. Pickens
Attorney At Law & Registered Nurse
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1437 S. Boulder Ave, Ste 170
Tulsa, Oklahoma 74119-3638
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2 The nurse’s primary commitment is to the patient, whether an individual, family, group, or community.

3 The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

4 The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum care.

5 The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.

6 The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

7 The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.

8 The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.

9 The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.
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