



# MEDICAL STAFF NEWSLETTER

DECEMBER 2017



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## Anniversaries: Congratulations! 35 Years of Service Recognition

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*Christmas gives us the opportunity to pause and reflect on the important things around us – a time when we can look back on the year that has passed and prepare for the year ahead.*

*Merry Christmas from the Medical Staff Office*

# Thank you



### DID YOU KNOW...



You can submit ideas, announcements and important information to be published in our quarterly newsletter? Send them to [mmhcredentiaing@midlandhealth.org](mailto:mmhcredentiaing@midlandhealth.org).

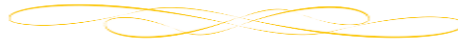




## Roger Belizaire, MD

### General Surgery

- *Born and raised in Port au Prince, Haiti*
- *Educated by the Christian Brothers from Kindergarten through Baccalaureate (equivalent of college in the US)*
- *Came to Midland in 1981 and began practice of General and Vascular Surgery*
- *Married to Amelia, a former ICU nurse, presently a Biology Professor at Midland College, for over 40 years*
- *Has 3 children*
  - Roger Vincent – a MD-PhD practicing and conducting research at Harvard University*
  - Ritha – a colorectal surgeon at Brooklyn Hospital*
  - Raffaella – a prosecutor and Deputy of Hate Crimes in the Manhattan District Attorney's Office*
- *Hobbies include flying and skiing*
- *Spends as much time as possible involved in relief efforts in Haiti since the earthquake of 2010*
  - Considers the effort to be his greatest responsibility and privilege*



## Guillermo Brachetta, MD

### Colon & Rectal Surgery

- *Left Argentina and arrived in New York July, 1974 for Residency*
- *After finishing Fellowship in Dallas, Texas in 1980, was offered a job in West Texas*
  - He was told it would be the end of his career if he moved here*
  - He has certainly proved them wrong!*
- *He always wanted to be a doctor.*
  - His father who was a practicing radiologist pushed him to be a doctor and so a doctor he is!*
- *Has been married 44 years, has 1 daughter and 2 granddaughters*
  - Has hopes at least one grandchild will be a doctor, but will support them in any career choice they make*



*He says he knows it will be time to quit soon. When asked what he will do upon retirement, he first shook his head and said he didn't know how to be anything else. After some further thought with a large grin on his face, he said.... I will be a full time grandfather!!*



## Donald Floyd, MD Orthopedic Surgery

- In 1982, Dr. Floyd found a home in Midland, TX to raise his family and begin his private practice. He has spent over 30 years providing excellent quality orthopedic care to West Texas. Dr. Floyd specializes in knee arthroscopy and sports medicine and has worked with athletes at every level from pee-wee leagues to Olympic teams. Dr. Floyd has worked as the Team Physician for Midland College and the Midland Rockhounds, as well as many local high school teams for over 30 years and traveled all over the world with the United States Olympic Committee Sports Medicine Program.
- Dr. Floyd is one of few recognized by the Southwest Athletic Trainers Association as an Honorary Member for the countless hours and resources given to assist athletic trainers and student athletes throughout the Permian Basin.

In his free time, Dr. Floyd enjoys spending time with his family, traveling, and off-road racing dirt bikes and hummers.



## Debbie Reese, MD Pediatrics

- She and her husband Rick, an internist, finished residency June 30, load the car and U-Haul, drove to Midland and started practicing July 3. They were so poor they checked out pictures from the library to decorate Ricks' office!
- Purchased a home at 17.5% interest.
- 2 children – Sally born in 1983, Harrison born in 1985; after worrying about neglecting her kids due to the long work days and many night calls, they have grown into lovely, caring adults, doing well in their respective careers and have provided 2 grandchildren to adore and dote on.
- Work life has greatly improved in the last few years. She aged out of ER call at 60, and has not been called to the nursery or for a C-section since July.
- Has obtained a “wife” for domestic chores since husband Rick retired.
- Advice for younger providers –
  - Stay involved in the politics of medicine. Otherwise you will become invisible or ineffective.
  - Listen to your patients. They can teach you much.  
Remember that for many patients, a pat on the back is as good as any medication.



## Carolyn Rhode, MD Family Medicine

*This information amazes the residents I mentor!*  
*While in Howell, adopted her 2 sons, 1 in 1976 and the other in 1978, both of whom had spina bifida*  
*Met Joe Rhode, a family physician a medical an in Richmond, VA while at a medical meeting in Florida in 1978*  
*He was a pilot and there was so much traveling between Michigan and Virginia after his encouragement to obtain her private pilot's license they bought a plane*  
*Joe and Carolyn were married in June, 1982*  
*Moved to Midland after marrying and started Midland Family Physicians in July, 1982*  
*Practiced together until his retirement in July, 2013*  
*Works as an Associate Physician with Hospice of Midland*  
*Son, Joey, passed away in 2000 at the age of 26*  
*Son, Jason, recently quit working in their old office after 18 years*  
*He and his wife both use electric wheelchairs, and live in Midland with their 2 dogs*  
*She is very proud of their independence*  
*Daughter, Kathleen, is married to Jack Caraway, a rancher, and lives in Throckmorton TX*  
*They are both employed by and live on the RA Brown cattle ranch*  
*She and Joe enjoy participating at church, target shooting, caring for their numerous pets, rooting for their favorite college football teams and all kinds of travel adventures*  
*What a blessed life!*



## Willie C. Watson, III, MD Pediatrics

- *Veteran US Navy*  
*Active duty 1974 -1979; reserves for 8 years*
  - *Pediatrician since 1977*  
*ABP certificate in 1981*
- Opened a private practice in February 1982 after moving to Midland; co-founded Midland Pediatric Associates with John Foster, Sr., MD in 1986*
- Since joining the Medical Staff of MMH has served as:*  
*Chief of Pediatric Service four times*  
*Chair of Medicine Department*  
*Chief of Staff Elect*  
*Chair of Medical Staff Quality Council*  
*Chief of Staff*  
*Medical Staff Representative to Board of Trustees*  
*Currently serving term as elected member of Board of Trustees*
- Member of pyrotechnics units for 20 years - Way more fun blowing stuff up!!*
- Became a Grandfather in 2015..... finally*  
*Very fortunate to be getting married to Merry Stanley on New Year's Eve*

**Shelton Viney, MD**  
 General, Thoracic & Vascular Surgery



- Dr. Viney is the founding partner of Midland Surgical Associates, one of the largest private surgical groups north of San Antonio and west of Dallas. He has cared for patients in West Texas for more than 35 years.
- He joined the medical staff at Midland Memorial Hospital in 1982, and has held numerous committee positions, including Chairman of the Surgery Department, Surgery Section Chief, and President of the Medical Staff. As Chief of Staff, he spearheaded MMH's transition from paper to Electronic Medical Records.
- Dr. Viney was appointed Regional Dean of the Department of Surgery for the Permian Basin for Texas Tech School of Medicine in 2007, a position he held until 2013. Dr. Viney delights in the opportunity to teach surgical residents and medical students, preparing them to meet the demands of medical care in the Permian Basin and beyond.
- Dr. Viney has maintained his certification by the American Board of Surgery and has been a Fellow of the American College of Surgeons since 1983.
- He specializes in General, Vascular, and Endovascular surgery with emphasis in minimally invasive procedures. He has been instrumental in developing the Surgical Robotic program at Midland Memorial, and is Physician Champion of NSQUIP, an outcome based program to measure and improve the quality of surgical care at MMH.
- Dr. Viney is a member of the Texas Medical Association, Midland County Medical Society, Texas Surgical Society and Southern Society of Clinical Surgeons. He is a past-president of the Texas Surgical Society and served as the Society Secretary from 2007-2011.
- Dr. Viney is married to his wife, JoAnn, has three adult children and six grandchildren.



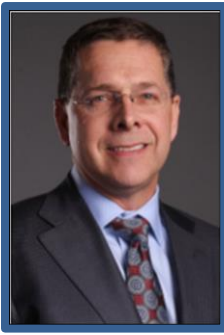
**James Welsh, MD**  
 Obstetrics & Gynecology

- *BS Degree in Chemical Engineering from Louisiana State University – worked in that capacity 1 year prior to Medical School*
- *1982 – First year at Midland Memorial Hospital*  
*Delivers at MMH were about 1700*  
*L&D and OR shared space – surgeons frequently bumped for c/s*  
*Obstetricians did their own Epidurals (Anesthesia was not trained to them)*  
*No Anesthesia call for OB – had to “Request” for C/S*  
*4-5 Radiologist on staff. Occasionally had to get authorization from companies to do OB Ultrasound – new untested diagnostic tool*

Other happenings in 1982 –  
*Midland Population 80,000*  
*Oil prices \$31.83 (Inflation Adjusted \$77.77)*  
*Interest rate on home mortgages was 18%*  
*Late night with David Letterman premiers*  
*Movie – ET and Gandhi premiers*  
*1<sup>st</sup> issue of USA Today*  
*IBM releases PC-Dos version 1*  
*Kodak introduces the First Disc Camera*



# Annual Medical Staff Meeting 2017



## Forward Thinking

Lawrence Wilson, MD, MBA, FACEP  
Vice President, Medical Affairs/CMO



# Unless You Write It, It Didn't Happen

Our mortality rates for pulmonary patients (COPD, Pneumonia, etc.) exceed bench marks compared to like facilities across the country. Similarly more of our cardiovascular cases die than should compared to the rest of the nation.

Reviewing this with the Midland Health Quality Management Department, Vondie Silipo and Robyn Kedzie, we made an observation that provides an actionable means of improving our quality of care.

Documentation of Co-Morbidities is a must. It is not enough to just document the CCM or CM, you need to document them in the appropriate way. I have provided an example below to clarify my point.

A patient is admitted with pneumonia. The PMHX indicates the usual suspects: Obesity, Sleep Apnea, HTN, DM. The appropriate medications are maintained to continue therapy for the underlying conditions.

The Assessment and Plan indicates:

#1: Pneumonia- Antibiotics, respiratory treatments, supplemental O2, etc.

#2: Continue supportive care, or perhaps even lists the meds for the long-standing medical conditions.

Seems pretty clear does it not? As written this would be coded as: Pneumonia; otherwise healthy

### Assessment and Plan:

#1. Pneumonia with O2 requirement (capture if meets respiratory failure)

Antibiotics (specify)

Supplemental O2

Nebulizer treatments with Albuterol and Atrovent

Etc.

#2 Obesity (BMI 35)- nutrition consult

#3 Sleep apnea- respiratory consult for CPAP

#4 HTN- stable at this time, continue home meds

#5 DM- monitor blood glucose; continue home meds (or basal bolus therapy if indicated)

The documentation allows a longer length of stay and captures the actual risk, raising the CMI and indicating a sick patient with lots of complicating issues and risk of aspiration, etc.

There certainly can be more detail, but the point is that better communication and clear documentation reflects to others what is going on with the patient (safer care). Clearly defines the care plan (better quality). Is easier to follow (easy on other providers). Captures the true degree of illness (better reimbursed).

So better quality, safer, cost effective, better for the patient and easier for provider.

It is the Quadruple Aim met!

Please 1. Document clearly and in the proper detail to reflect the care you are providing.

2. Work with your CDIs and CMs when queried about clarity of charting.



## Midland Quality Alliance

January 2018 our clinically integrated network, Midland Quality Alliance (MQA), will begin its work. The ninety or so providers that have joined will begin working together to improve the health of the Midland Health employees and their beneficiaries. We have analytics experts, led by Mr. Jim Jeffcoat, that have developed reporting systems to give claim based data to those providing care to our network beneficiaries. These reports will provide a lens into our patient's care and how well our providers are meeting their care needs. We also have a Care Management team, led by Heather Garza, RN, helping our patients maneuver the care system. As we begin the year we are building the physician led committees for Quality and Integration, Membership and Standards and Finance and Contracting. The provider led committees will guide the continued development of the MQA.

Year one the MQA focus is upon:

Transitions of care management

Wellness Visits

Chronic disease management

Developing a PCMH model

Develop the provider governance to enhance seamless communication to bridge the continuum of health care.

Our claims based metrics for 2018 are:

Wellness Visits

Child Visits Age 3-6

Adolescent Visits Age 12-21

Adult Visits Age 22+

DM: A1C Testing Completed

Generic Fill Rate

Chronic Disease PCP Visit – Twice Annually

Diabetes Mellitus

Congestive Heart Disease

Coronary Artery Disease

Asthma

The MQA will help the Midland Health beneficiaries get and stay healthier and provide a clear tier 1 group of providers interested in engaging them in their own health while providing quality and cost effective care. The MQA will provide resources to all the tier 1 providers help guide the care with our shared goals. Please join us as a tier 1 provider in 2018.

For a membership contract and additional information contact Rebecca Pontaski, MQA Administrator, at 432-221-2315 or [midlandqualityalliance@midlandhealth.org](mailto:midlandqualityalliance@midlandhealth.org)





# MIDLAND HEALTH SPOTLIGHT



After the reset of the launch date to June 2018, we have been making excellent progress on getting the Beacon Project build ready to provide a product we can work with. We are looking forward to seeing an EMR we can work with to evaluate work flows early in the New Year.

My thanks to the SMEs and other interested physicians for their time and effort on the project. The more medical staff engaged and participating, the better the integrity of the system going forward. We have the opportunity to launch an EMR that will improve workflows, the quality of care we provide and ease of communicating about our patients. Thanks again to the engaged medical staff!

- Complex clinical policies, procedures and disparate clinical applications present staff with challenges in patient care collaboration and management. Improvement in these areas will help reduce clinical risks and improve patient outcomes. One such critical process that Beacon streamlines is *Medication Reconciliation*. Our current process requires manual reconciliation across multiple systems, each containing their own patient medication list. This adds additional work for our staff and, more importantly, does not optimize patient safety.
- Beacon, however, will maintain a single patient medication list across all care venues and encompass the following advanced features.
  - Ability to quickly import and compile patient prescription medication history
  - Display refill history sorted by drug class to help physicians easily identify potential abuse, gaps in refills and duplicate therapies
  - Reduce errors due to abbreviations, illegibility and generic vs brand names with clear, concise organization and Joint Commission recommended abbreviations
  - Ability to perform queries within minutes of patient registration, so that the medication data is ready when the patient is seen
- Additionally, as a part of our provider training, we will be hosting provider demonstrations to highlight the significant advancements in clinical processes such as medication reconciliation. The Beacon medication reconciliation process provides Midland Health patients and employees the benefits of streamlined, integrated, cutting edge technology. Improving patient safety is a key advantage of Beacon and ensures a higher quality of care for all patients.

## MIDLAND HEALTH HIGHLIGHTS



**Bravo Award:**  
**Dr. Haritha Sajja**, a Texas Tech Resident, received a Bravo Award because "She has been checking on my dad, coming in and out like every five minutes, which has been very encouraging," stated a family member.



**Bravo Award:**  
**Dr. Ion Chuang**, "was a great listener of my complications and problems. He treated me with so much respect. He helped me get babck to normal and calm down my pain and spasms. He has been one of the best doctors I've seen. Not to mention all the [E.R.] nurses that helped were amazing as well! Thank y'all so much!"



**Midland Quality Alliance**

**Midland Quality Alliance**  
 Please contact Rebecca Pontaski, Administrator for Midland Quality Alliance with any questions or concerns at [midlandqualityalliance@midlandhealth.org](mailto:midlandqualityalliance@midlandhealth.org).

**Thank you, Dr. Dolly Doctor** for your years of service at Midland Memorial Hospital and to the community of Midland. Congratulations on your retirement!



**Nichole Mathis, MS, CCC-SLP**  
 Speech-Language Pathologist

"To ensure that patient's needs are being met consistently and appropriately during this busy cold and flu season, swallowing is screened by nursing using the Modified Simple Water Swallow test. It is a highly reliable tool for briefly assessing a patient's swallowing safety. If a patient passes, they are generally safe to advance to an oral diet. Per our accrediting stroke agency, all patients confirmed to be admitted for a TIA or CVA are supposed to have a Speech Consult (to identify dysarthria, aphasia, or a cognitive-linguistic impairment). A bedside swallow evaluation is not mandatory for patients admitted with CVA or TIA.

