



INSIDE:

- **Autism: Unraveling the mystery**
- **Hospice program honors vets in their final days**
- **Pain management involves more than prescriptions**
- **Spotlight on nurses**



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Iris G. –

Survivor Success Story from the Heart

For 7 years, Iris Green experienced chest pain, irregular heart beat and black outs. At 41, she was no longer able to enjoy the things in life that once brought her joy such as riding horses or hosting holiday dinners for her large growing family. Then one day during a sudden seizure, her heart stopped, and enough was enough. Iris knew that only one in four people survive sudden cardiac arrest, so she began to seek help. That's when she found Dr. Anil Goli and The Cardiac Electrophysiology Team at The Medical Center of Southeast Texas. Through a new comprehensive cardiac arrhythmia service, Dr. Goli was able to perform an Electrophysiology study (a study of the heart's electrical system) to diagnose her condition and cause of black-outs. Due to those results, an ablation procedure was performed and an Implantable Cardioverter Defibrillator (ICD) was implanted. Now, she is well on her way to enjoying all the things she has been missing. It's no wonder Iris says, "I am so thankful. I was given a second chance at life!"

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The puzzle of autism

Lamar students, faculty help families put pieces together through treatment, research

Autism now affects the lives of 1 in 68 children, according to the latest statistics from the Centers for Disease Control and Prevention, yet it is a developmental disorder that scientists know little about and costs families millions over a lifetime. Despite the difficulties, families are learning how to live with autism on a daily basis, an experience that Ellen Notbohm describes in her book “Ten Things Every

Child With Autism Wishes You Knew.”

“As the mother of a very young child with autism,” Notbohm writes, “one of the first things I learned was that on some days, the only predictable thing about it is the unpredictability; the only consistent attribute — the inconsistency.

“There is little argument on any level that autism is

baffling, even to those who spend their lives around it. The child who lives with autism may look ‘normal,’ but his behavior can be perplexing and downright difficult.”

Dr. Carl Sheperis, chair and associate professor of counseling and special populations at Lamar University, has been working to unravel the mystery of autism for years. Sheperis is

considered an expert in autism intervention, having been interviewed by the Denver Post, Disney Family, Parenting magazine, and other media outlets nationwide. He has also been a guest on more than 700 radio shows. He is a licensed professional counselor (LPC) and national certified counselor among other certifications. But what sets Sheperis apart from some other experts are his personal experiences with autism. His son, Joe Lee, now 14, was diagnosed with autism at the age of 18 months.

“I identified it, went to a specialist and said, ‘I can’t diagnose him myself; I need you to evaluate him,’” Sheperis said. “We got him services at 18 months old. ... His symptoms were very severe. Today he is functioning very well. ... Now, he is in a Regular Ed classroom. He gets some pullout services. If he wants to go to college, he probably could, but it’s because of the amount of intervention he has had. ... Intervention starting before the age of 3 has the highest correlation with higher functioning in adulthood. If we can do intervention before age 2, we could see the outcomes so much better. It’s really about



Kim Arrington, licensed professional counselor and clinic director of the Cardinal Community Clinic at Lamar University, uses play therapy to evaluate and correct behaviors associated with autism and other developmental disorders.

Photo by Kevin King

We got (Joe Lee) services at 18 months old. . . . His symptoms were very severe. Today he is functioning very well. . . . If he wants to go to college, he probably could, but it's because of the amount of intervention he has had.

— Dr. Carl Sheperis

ulty members with expertise across a broad spectrum of behavioral health issues and offers autism assessment, educational and psychological assessment, general mental health counseling, substance abuse counseling, and other services for special populations. Services are offered at a significantly lower cost to the client compared to other behavioral health facilities, Sheperis said.

In the play room, professionals interact with clients using play therapy.

Children with autism find it extremely difficult to relate to others — particularly to peers — in ordinary ways. They may play alongside their peers — called parallel play — but do not play interactively, said Kim Arrington, LPC and clinic director of the Cardinal Community Clinic. Also, instead of playing with toys in imaginative or symbolic ways (pretending a doll is really “my baby,” for example) they may persevere on objects, use them for

self-stimulation, and become entirely self-absorbed.

Play is a wonderful tool for helping children (and sometimes even adults) to move beyond autism's self-absorption into real, shared interaction, Arrington said. Properly used, play can also allow youngsters to explore their feelings, their environment and their relationships with parents, siblings and peers.

“We look for separate behaviors regarding the ability to take directions and do a lot of redirecting,” she said. “Autistic kids have difficulty with expressive language. So a lot of times . . . we're observing for what is their expressive language. Sometimes it's difficult to understand the conversation, so we usually spend a couple of sessions just getting to know each other.”

One of the clinic's clients, Jacob, 5, has seen great improvement through his play

sessions with Arrington.

“Interacting with other adults in a structured way has helped him at school,” Arrington said. “He gets to play here, but there is still the redirection, and instruction and the rules of the room. It helped him learn to follow more rules at school.”

As a result of play therapy and other services the clinic offered, Jacob's mom, who asked not to be named, has seen drastic improvement in dealing with Jacob in public and with other adults that needed to give him direction, Arrington said.

The clinic targets specific issues Jacob might be having and also works with Jacob's mother in teaching her parenting skills to cope with Jacob's behavior.

“We don't just work with kids; we work with the whole family,” Arrington said. “We put our parents in parenting class with a therapist. Our biggest goal is to build

Dr. Carl Sheperis' son, Joe Lee, now 14, was diagnosed with autism at the age of 18 months. Today he is functioning very well, Sheperis said, thanks to an early diagnosis and a commitment to therapy.

SEE AUTISM • Page 6

a family system. If I am just working with (the child) and have parents who aren't going to back it up the whole thing just falls apart."

For those who are not as high functioning as Jacob an applied behavioral analysis therapist is called in to work with the client. The clinic puts together a behavior plan and coordinates with parents and the client's school, follows up, and watches for any progress, new behaviors, or regression that might occur.

"A lot of it is about filling in the gap with what the school is not able to provide," Arrington said. "We're a little bit more hands on."

The process begins with an evaluation to see where the client fits on the autism spectrum, which includes a range of conditions classified as neurodevelopmental disorders.

"Sometimes there's other things actually happening, and they may not actually have an autism diagnosis," Arrington said. "They may have some other things going on as well."

Jacob's mother said the clinic has worked wonders for her son.

"A year ago he wanted nothing to do with his sister," she said. "Now I am seeing them sitting down to a tea party. ... I'm starting to see more interaction with her. His interaction with adults, I

Once the brain wave data is recorded, it is then analyzed by Gleb Tcheslavski, Lamar University associate professor of the Phillip M. Drayer Department of Electrical Engineering and expert in electroencephalography (EEG), and other professionals using computer software.



Photo by Kevin King



am starting to see more positives, as well."

Jacob's mom said the clinic has also taught her to focus on positive reinforcement rather than negative.

"It's changed a lot of his meltdowns and frustration," she said.

Jacob has also been integrated into Regular Ed classes at his school thanks to the work the family has put in at the Cardinal Community Clinic, his mother said.

Where would Jacob be without the clinic's services?

"There is no way he would be where he is right now without them," she said.

Cutting-edge research at LU

Probably one of the most frustrat-

ing, time consuming facets of autism is how a child is diagnosed, said Dr. Carl Sheperis. Not only is the cause of autism a debate among researchers, diagnosing a child with autism involves little science and is mostly left up to pediatricians and clinicians, he said.

"The way autism is assessed right now is by pediatric interview, which is not very scientific. When you are talking about medical school training, there hasn't

been a lot of focus on autism because it is classified under psychological disorders," Sheperis said. "The problem is the first line of intervention is typically the pediatrician. ... What the pediatrician typically says ... is 'Let's wait and see,' because there are so many developmental changes that occur from (ages) 0-5. That's absolutely the worst thing that could happen for a child with autism."

Sheperis and other Lamar University staff are working on an alternative way to

Lamar University graduate student Reshad UI Hoque demonstrates how an autism patient's brain waves can be recorded using Emotiv technology, a wireless headset that translates them into meaningful data that could then be assessed using computer software.



Photo by Kevin King

SEE AUTISM • Page 8

NURSING SPOTLIGHT

Seth Stephens

Seth Stephens, of Bridge City, is director of the SmartHealth Clinic at Baptist Hospitals of Southeast Texas. He is not only an RN, but is also a nurse practitioner, certified in Adult Acute Care and Adult Critical Care.

Seth has been a nurse practitioner for almost 10 years and has worked at Baptist Hospital for more than three.

Seth is also Heart and Valve Center coordinator at Baptist.

“All patients that are considered to be high risk – surgical aortic valve replacement candidates also come through the (SmartHealth Clinic), and I do a special evaluation and workup on those patients and

present their case to our medical review board to make decisions on what kind of surgeries patients are applicable for. I manage those patients in the hospital and after they are discharged.”

Seth says his biggest challenge is trying to find funding for his patients’ care.

“We tend to see a lot of sick patients here and making sure patients have access to medicine, access to surgical services ... those types of things is ... challenging,” Seth says.

Finding that funding and being able to provide medical care to patients that would not have likely received it otherwise is, by the same token, the



most rewarding aspect of his job, according to Seth.

“Patients that we deal with here have very complex health issues and because they don’t have insurance, they don’t have the ability to see a cardiologist or ... pulmonologist,” Seth

says. “Pretty much all of my experience as a nurse practitioner has been in (pulmonology) and (cardiology) ... so being able to use that expertise and help people that wouldn’t have that opportunity to get care anywhere else is very rewarding.”

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diagnose autism.

“We are coming up with a procedure that gives a scientifically based model for diagnosing autism,” he said. “One of the things we are trying to do ... is take the metabolic blood panel data genetic biomarkers and come up with a better picture of whether somebody has autism or not using EEG studies and observational data.”

Sheperis is working with Gleb Tcheslavski, associate professor of the Phillip M. Drayer Department of Electrical Engineering and expert in electroencephalography (EEG), in cutting edge research that might lead to a diagnosis of autism by measuring a client’s brain waves.

Tcheslavski has already found some success in identifying those with alcohol dependency using EEG, a more convenient and accurate tool for disease screenings within large populations, according to Tcheslavski. He has also used EEG to monitor the effects of smoking and Schizotypal personality disorder on the brain.

“We have shown that the brain of clinically proven alcoholics produce very specific patterns, and those patterns can be detected with accuracy higher than 98 percent. If you name any condition that affects an individual, most of them will show up on EEG,” Tcheslavski said, pointing out that the FDA approved EEG technology to help assess attention-deficit/hyperactivity disorder (ADHD) in children and adolescents 6 to 17 years old in 2013.

What causes autism?

A measles outbreak that started in December at Disneyland in California has infected nearly 90 people in neighboring states, according to media reports, and some believe the virus is spreading, in part, because of parents who refuse to immunize their children for fear the measles vaccine is a possible cause for autism.

The belief has been spread by word of mouth between parents ever since Andrew Wakefield’s study published in *The Lancet*, a UK Medical Journal, in 1998, pointed to measles, mumps and rubella (MMR) immunization as a possible cause for the disorder.

However, since the study was published, 10 of the 13 authors have retracted the findings, and *The Lancet* retracted the study in 2010, citing ethical misconduct on the part of Wakefield, according to the American Academy of Pediatrics website.

This is one of several beliefs about the cause of autism that Dr. Carl Sheperis said has caused more harm than good.

“Parents around the globe picked up on that and stopped vaccinating their kids,” Sheperis said. “We now are seeing higher incidents than in the last 40 years of MMR in emergency rooms. Kids are dying now because they are not getting vaccinated for these diseases believed to have once been eradicated, and it’s all based on false research.”

Sheperis said Jenny McCarthy, who told CNN in 2008 that she believed immunizations played a role her son’s autism, only compounded the myth when she claimed her son recovered from the disorder thanks to a gluten-free diet.

“We’ve seen (those who say) gluten and caseins in food are explanations. There is not a lot of research to support that,” he said. “Caseins and glutes are in a lot of foods, but they are also in things like toothpaste, in shampoo, in all kinds of household products.”

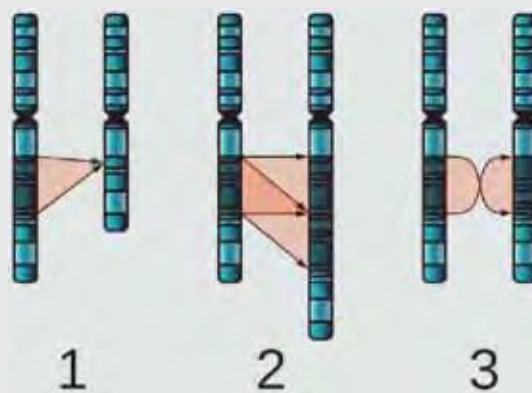
Sheperis said that while gluten-free diets might be healthier in some ways, they are also high in calories.

“If you think about processed foods, you eat a cheeseburger and french fries at a fast-food chain, we feel differently afterward,” he said. “It changes our behavior. If you removed all of those synthetic things from your diet, you would be different too.”

“So kids do change behavior when you put them on these types of diets, but it doesn’t cure autism, and it’s not the cause.”

Others believe autism is caused by high levels of metal in the blood and even subject their children to dangerous chelation therapy, a chemical process in which a synthetic solution — EDTA (ethylenediaminetetraacetic acid) — is injected into the bloodstream to remove heavy metals and/or minerals from the body. Proponents believe that autism is caused by mercury exposure. Chelation therapy supposedly removes from the body the mercury that chelation supporters say cures autism — but there’s no evidence of a link between mercury exposure and autism, Sheperis said.

“They filter blood and go through it,” he said. “They go through this process on a regular basis, and there’s noth-



Deletion (1), duplication (2) and inversion (3) are all chromosome abnormalities that have been implicated in autism.

Illustration by
Richard Wheeler

ing to suggest this is doing anything for autism. There is no research to support it. We all have higher levels of metal in our blood today as a result of things in water and food.

“One thing we know about autism is that it is global. There is no differentiation between it in rural Africa as it is in the U.S., so whatever pollutants we have are different (here than) there, and these kids still have autism,” he said. “That doesn’t explain it, and vaccines don’t explain it because those kids (in rural Africa) were never vaccinated. Those are not good explanations.”

In addition, chelation therapy can be associated with serious side effects, including potentially deadly liver and kidney damage.

So if these beliefs about the cause for autism are not the answer, what is?

Two landmark studies announced in October 2014 by the University of California San Francisco, involving researchers working together in over 50 laboratories across the globe, discovered dozens of sets of genes (and genetic mutations) that are closely connected to and may even be able to form the bases of new treatments for the development of autism.

“Before these studies, only 11 autism genes had been identified with high confidence, and we have now more than quadrupled that number,” said Stephan Sanders, PhD, co-author of the studies in a press release.

Based on recent trends, Sanders said that he estimates that gene discovery will continue at a quickening pace, with as many as 1,000 genes ultimately associated with autism risk.

The new research claims that 60 of the approximately 100 recently identified genes are within a “high-confidence” threshold — meaning that mutations in those genes are 90 percent likely to be tied to autism risk.

“We’re really seeing the potential for this to be a genetic abnormality that has been in existence for a while and is now being activated by a lot of environmental conditions,” Sheperis said. “We are starting to see that there are biomarkers that are clearly tied to autism, and you can start to look at the fact that the brain development is different and you can see different criteria in the metabolic blood panels and see those genetic pieces that are tied to an autism diagnosis. It really is a different and independent phenomenon.”

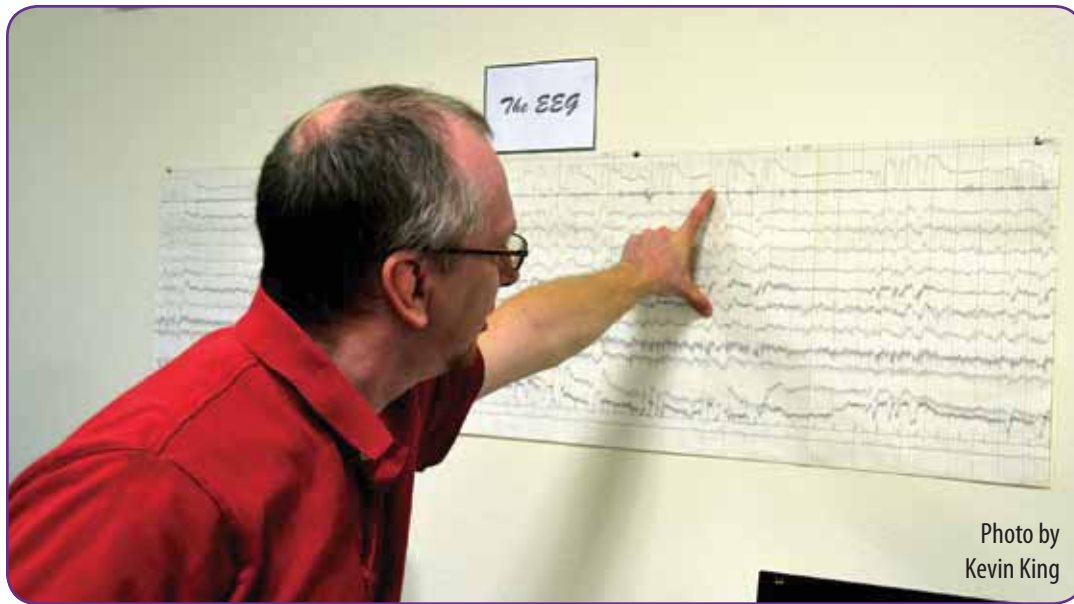


Photo by Kevin King

Although an EEG machine has been used historically to change electrical signals from the brain into patterns that are then drawn onto paper, shown here by Lamar associate professor Gleb Tcheslavski, modern day EEG technology allows data to be collected using wireless headsets like Emotiv then translated into meaningful data that can be analyzed using computer software.

AUTISM • from Page 8

“Like autism, alcoholism is ... diagnosed by a series of questions. ... There’s not a blood test, there’s not a biopsy, but

there is a distinctive EEG pattern,” said Dr. Donna Sheperis, associate professor of counseling and special populations.

To study a client with autism, Tcheslavski and Sheperis would use

Emotiv technology, a wireless headset that records the client’s brainwaves and translates them into meaningful data that could then be analyzed using computer software.

“EEG is quite unique for every person,” Tcheslavski said. “We believe an autistic brain would produce very specific patterns. Perhaps we can study those patterns as compared to the EEG activity of known autistic individuals and compare them with control individuals and find a difference. We are talking about a 5-10 minute ... preliminary decision. We can also see how the autistic brain ... responds to different exercises and treatments and make decisions as to what treatments are better.”

Comparably, a parent’s behavioral rating scale, also intended to help diagnose autism, can be extremely subjective and influenced by a parent’s mood at the time, among other factors, adds Dr. Donna Sheperis.

“We’re trying to develop an objective

SEE **AUTISM** • Page 10



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way to diagnose,” she said. “If we have an objective way ... intervention can start much earlier.

The EEG would also be much less costly than the only other alternative in studying a brain with autism, the MRI, which runs between \$2-2.3 million for each machine and \$50,000 to conduct a study.

“With EEGs, almost every hospital has them,” Dr. Carl Sheperis said. Outpatient centers have them. And so validating ways through this type of measure, where we take the blood panels and look at all types of other data and code it together to have a clear prediction of the diagnosis — that’s revolutionary.”

Lamar could utilize its engineering department to build new machines to use in the

autism study rather than to purchase new, expensive ones, Tcheslavski said.

“Our focus is for the people of Southeast Texas to have an objective measure of autism. This means both children and adults who can be part of the initial research protocol will get the opportunity to have the EEG, to have the behavioral intervention, to have a counselor work with them without any cost to them,” said Dr. Donna Sheperis. “This time last year, the Cardinal Community Clinic was barely opening its doors to a couple of clients. Now we are bursting out the seams with clients coming in for counseling. Now we are going to add in this evaluation piece and cover the cost of their evaluation and treatment.”

“We’re taking all these pieces together ... and com-



Staff at the Cardinal Community Clinic are: Seated: L-R Dr. Joy Snook and Dr. Anna Nguyen, Center: L-R Dr. Cheryl Nelson and Alex Monceaux, Back: L-R Dr. Carl Sheperis, Ellen Rook, Dr. Darryl Mohr, Dr. Patricia Harris, Kim Arrington, Dr. RJ Davis

ing up with a way — almost a mathematical model — of predicting autism,” Dr. Carl Sheperis added.

For more information about the Cardinal Community Clinic, call (409) 880-7681.

— Kevin King



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NURSING SPOTLIGHT

Amanda Daigle

Amanda Daigle is an Oncology Nurse Patient Navigator at the Charlie & Sidney “Chief” Dauphin Cancer Screening & Prevention Center at Baptist Hospitals of Southeast Texas Cancer Center. Amanda lives in Kountze and is an RN. She has been a nurse for more than 15 years and worked at Baptist Hospital for six.

Amanda’s role is to help expedite the cancer treatment process for patients, she says.

“I coordinate their care throughout the continuum — make it a little easier,” Amanda says. “I help them find resources that they may need — gas money to get back and forth. We try to help them make their appointment and encourage them to come. Cancer is a very trying disease process on the patient.

We’re their support system.”

Amanda says the most challenging part of her job is becoming part of the support system for patients that may not have family or friends available to them.

She says, “I carry my cell phone with me 24/7. They have access to me at anytime. I try to make their appointments so I can be there to support them when a family member should be there.”

When patients have finished their cancer treatment, they ring a bell at the cancer center. Amanda identified this as the most rewarding aspect of her job.

“It’s a tearful experience,” she says. “They are so happy and excited that they are finally finished with their chemo treatment and radiation.



That is a great time.”

Amanda is also an active member of the Pink Power Support Group through the Gift of Life organization, which partners with the Dauphin Center.

“If you have a good support system and you are in a good facility where you can feel the passion from people that are on your team, (cancer) can be something you can handle,” Amanda says.

Chat Musick

Chat Musick, of Silsbee, is an RN at Christus-St. Elizabeth Hospital in Beaumont, where she has worked since 1988. She has been a nurse for more than 32 years, having begun her career in her native country, the Philippines. Chat works as a charge nurse in the PACU, or Post-Anesthesia Care Unit, a vital part of the hospital, where she provides care for post-anesthesia and post-operative patients.

Chat says, “They stay ... for about an hour, and when they can manage their airway and their vital signs are stable, and when we feel like they are

safe enough to go ... either to the nursing floor where they are going to be admitted or ... to day surgery where they can go home — we assess them for their readiness to be in a lower standard or care.”

This assessment can be challenging at times because Chat is responsible for patients who have undergone surgery for just about any condition imaginable, and she treats patients of all ages — from neonates to geriatrics.

Chat said the most rewarding part of being a nurse is knowing that you did everything you could to take care of your patients’ needs.



“Doing a good job doesn’t necessarily mean that you never have bad outcomes,” she says, “but ... when you come home and you can say, ‘Hey, he didn’t die today be-

cause of me,’ it’s pretty nice.”

Chat is also a member of the Philippine Nurses Association, which raises funds to sponsor scholarships for nursing students.

In their final days

Veterans receive information, appreciation they deserve through Harbor Hospice program



America's veterans have done everything asked of them in their mission to serve our country, and it is never too late to thank them. That's the philosophy of both Harbor Hospice and the Southeast Texas Veterans Service Group, who collaborate by honoring Harbor Hospice patients with terminal illnesses who served their country through Harbor's "We Honor Veterans" program.

For some of these veterans, it is not only the final opportunity America has to show its thanks for their service, but it might also be the first time gratitude has been shown at all.

"You'd be amazed at how many of these veterans weren't told thank you when they came back (from war)," said Harbor Hospice spiritual counselor Billy Graff.

How is it possible that these veterans could make it to the end of their lives without being thanked for their service?

"Most of them when they come back



Navy veteran and hospice patient Charles Munselle proudly displays his certificate of appreciation. Charles died Monday, Jan. 19, 2015.

(from war), they don't speak of it. They start their lives doing whatever it is they want to do and begin to just fill shoes in society," suggested Mark Strayhorn, a

U.S. Army vet and Harbor Hospice Web administrator, who helped bring the "We Honor Veterans" program to Harbor. "As life goes on and they get closer to death



Retired Sgt. Maj. Clifton D. Brashear shakes the hand of fellow Army veteran Charles Holyfield after presenting him Tuesday, Dec. 23, 2014, with a certificate of appreciation for his service.

or run into another service member who served where they served or with the unit that they served with, it brings ... this (experience) back up. We use the 'Vet to Vet' program, which connects a vet to a vet. We use the Southeast Texas Service Group to try to match someone from that time frame – the same era (the hospice patient served), the same branch of service – so that they'll be able to have a one-on-one with someone. It brings joy to their lives."

The service that these men and women gave to their country is a pivotal chapter in their lives, said the director of spiritual counseling at Harbor Hospice, Jerry Fenter.

"Military service is a huge part of who they are," he said. "No matter what they did when they served, it doesn't make any difference. To them, looking back at their lives at this point, they are going to look at their time in the military as being one of the most important aspects of who they are as a person."

Now at the end of their lives, these veterans are receiving the gratitude they so rightly deserve.

"It means a lot to them to just be recognized and told thank you," Graff said.

"It's a simple gesture, but it goes a long way," Fenter added. "Every one of these patients I give this certificate to, when I go back to visit, they have it on their

wall."

Veterans are given a certificate of appreciation with their name, branch and a special message: "We pay special tribute to you for your military service to America and for advancing the universal hope of freedom and liberty for all." The seal of the veteran's military service branch is also on the certificate. A uniformed veteran from that branch pays the patient a special visit.

"We ... work very closely with the (Southeast Texas Veterans Service Group). For our inpatients here at the hospital, we actually bring them in and have them, in uniform, do the presentations," Graff said.

The veterans swap stories, if the patients are able to speak, and after a handshake, the Southeast Texas Service Group member thanks the patient for his or her service.

"I don't want these guys thinking that the military wasn't there for them," said Clifton Brashear, retired U.S. Army sergeant major and member of the Southeast Texas Veterans Service Group.

"We want to let them know that they are appreciated. We want to thank them for their service."

"It's a great honor. It's a way of showing respect for the generation before us," added Steve Gibson, a retired Air Force sergeant and member of the group. "If it wasn't for those before us, we wouldn't be wearing these uniforms today."

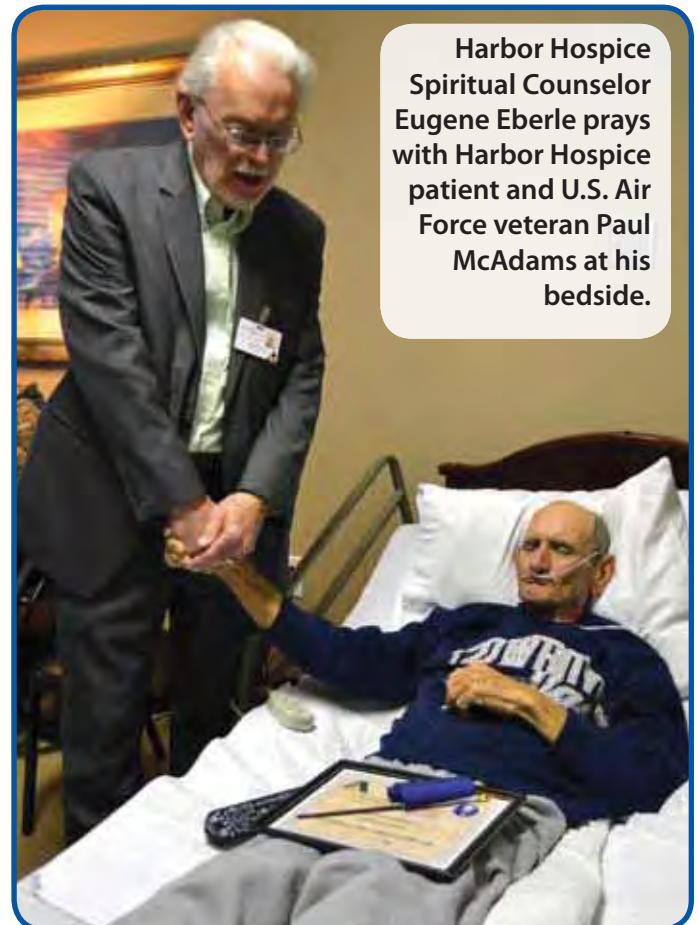
A Harbor Hospice chaplain then says a word of prayer with the veteran and his or her family. The families of the veteran benefit from the experience, as well, Strayhorn said.

"There are many wives who don't even know he served or anything about his service," he said.

"Even the children will say, 'I never knew you did that or I never knew that happened to you,'" added Fenter. "Now at the end of their lives, they are revealing some things that happened to them that they've never told anybody. The family is very moved to find out some things that they've never heard. It creates a legacy for that family."

The "We Honor Veterans" program isn't

SEE VETERANS • Page 14



Harbor Hospice Spiritual Counselor Eugene Eberle prays with Harbor Hospice patient and U.S. Air Force veteran Paul McAdams at his bedside.



Retired U.S. Army Sgt. Maj. Clifton D. Brashear, U.S. Navy Petty Officer 2nd Class John Bares and U.S. Air Force Sgt. Steve Gibson of Southeast Texas Veterans Service Group

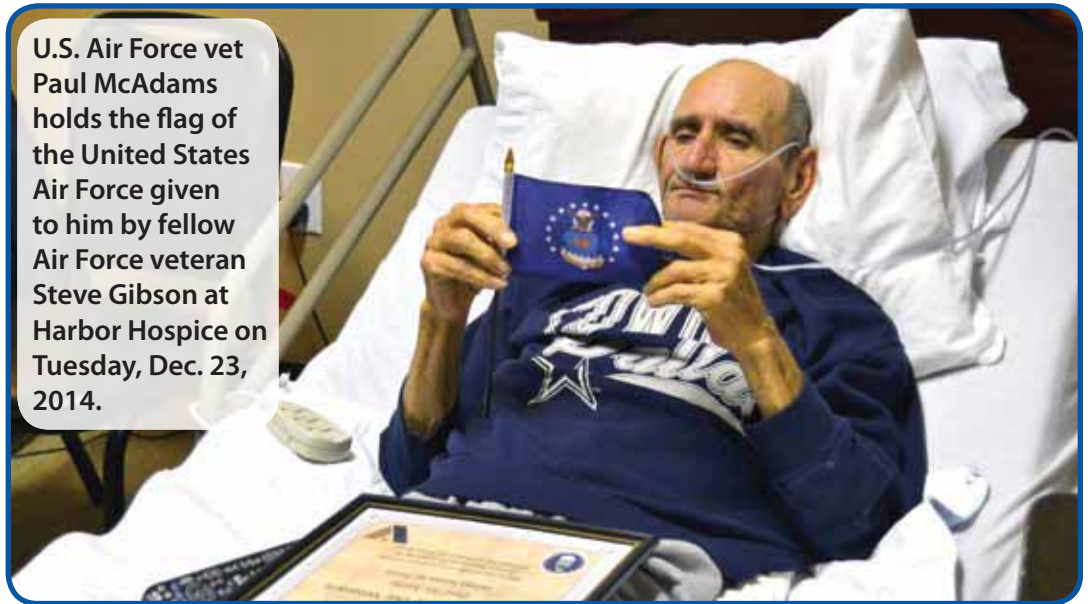
VETERANS • from Page 13

all about ceremonial recognition, however, as Fenter pointed out.

“It is also to make sure that they are getting the benefits that they are due through the veterans administration,” said Fenter. “When they first come on ... we will find out what branch of the military they were a part of, when they served, where they served ... if they have their ... discharge papers and if they are currently signed up for veterans benefits. Depending on that assessment, we’ll then begin to find out what information we need to get to them so that they are getting the benefits that they are due. We as a hospice organization ... advocate for them, help them through that process of filling out any paper work that’s necessary so that they are getting what they deserve.”

If VA benefits are available and patients haven’t made those contacts, Harbor connects them to the right people, Graff said. After those connections are made, the families of the veterans are connected to Southeast Texas Veterans Service Group, who provides the veterans with military funeral services.

U.S. Air Force vet Paul McAdams holds the flag of the United States Air Force given to him by fellow Air Force veteran Steve Gibson at Harbor Hospice on Tuesday, Dec. 23, 2014.



“Most of the families we talk to, they don’t know that those (options) are available,” Graff said. “Most of them don’t know that there are funeral benefits — maybe not (always) financial but ceremonial. We provide that information and that liaison contact. It gives them a good connection.”

Army veteran and hospice patient Charles Holyfield (see pg. 13) was honored Tuesday, Dec. 23, 2014, at Harbor Hospice. Charles served during the Vietnam War. His son, Clay Holyfield, said

the ceremony meant a lot to the family. “It’s special alright,” Clay said. “I don’t think he has ever been honored for his service at all. This means a lot. I know it does to him too.” Charles died five days later of a terminal illness.

Harbor Hospice has honored more than 500 veterans since it adopted the National Hospice and Palliative Care Organization’s “We Honor Vets” program around 18 months ago, the company said.

— Kevin King



SETMA: MAY, 1999 - FOUR SEMINAL EVENTS

Without doubt, in 1995, the first step in forming what is now SETMA was the adoption of a team approach to patient care. That focus will be the central part of the story when the history of SETMA is written. The second critical decision was adoption of the electronic medical record (EMR) system. But, May, 1999 will always be central to our history as in the first week of that month four seminal events took place.

First, SETMA's CEO announced that the EHR was too hard and too expensive if all we gained was the ability to document a patient encounter electronically. We concluded EHR was only "worth it," if we leveraged electronics to improve care for each patient; to eliminate errors which were dangerous to the health of our patients; and, if we could develop electronic functionalities for improving the health and the care of our patients and of population groups. This was our transition from EMR to electronic patient management (EPM).

The second event was that from Peter Senge's *The Fifth Discipline*, we defined the principles which guided our development of an EHR and which defined the steps of SETMA's transformation from an EMR to EPM (<http://www.setma.com/EPM-Tools/pdfs/designing-an-emr.pdf>). These principles would also be the foundation of SETMA's morphing into a patient-centered medical home (PC-MH). The principles were to:

1. Pursue Electronic Patient Management rather than Electronic Patient Records
2. Bring to every patient encounter what is known, not what a particular provider knows
3. Make it easier to do "it" right than not to do it at all
4. Continually challenge providers to improve their performance
5. Infuse new knowledge and decision-making tools throughout an organization instantly
6. Promote continuity of care with patient education, information and plans of care
7. Enlist patients as partners and collaborators in their own health improvement
8. Evaluate the care of patients and populations of patients longitudinally
9. Audit provider performance based on endorsed quality measurement sets
10. Integrate electronic tools in an intuitive fashion giving patients the benefit of expert knowledge about specific conditions

In 2009, we would discover that these principles are essentially those of Patient-Centered Medical Home.

The third seminal event was the preparation of a philosophical base for our future; written in May, 1999 and published in booklet form in October, 1999, this blueprint was entitled, "More Than a Transcription Service: Revolutionizing the Practice of Medicine With Electronic Health Records which Evolves into Electronic Patient Management". This booklet became our declaration that we were going to succeed at any cost and with any effort.

The fourth seminal event was that we determined to adopt a celebratory attitude toward our progress in EMR. In May, 1999, my cofounding partner was lamenting that we were not crawling yet with our use of the EMR. I agreed and asked him, "When your son first turned over in bed, did you lament that he could not walk, or did you celebrate this first milestone of muscular coordination of turning over in bed?" He smiled and I said, "We may not be crawling yet, but we have begun. If in a year, we are doing only what we are currently doing, I will join your lamentation, but today I am celebrating that we have begun." SETMA's celebratory spirit has allowed us to focus on the future through many lamentable circumstances and has allowed us to press forward through many disappointments. Focusing on our successes kept us moving forward and the cumulative effect was always success.

Your doctor has ordered a sleep study, but now what?

About 40 million people in the United States suffer from long-term sleep disorders each year and an additional 20 million people experience occasional sleep problems, according to statistics from the National Institute of Neurological Disorders and Stroke. With so many experiencing sleep disorders, it's understandable that a large percentage of those people could feel some anxiety going into a sleep study.

Will privacy be invaded as technicians watch and record sleep? What will happen if the patient can't fall asleep? How could someone be expected to fall asleep with all of those funny wires attached to them?

Vital Signs visited with Dr. Mustafa Musa, a board certified internist at Zerenity Sleep Center in Beaumont, to try to

find answers to some of the many questions patients might have before agreeing to a sleep study and to shed some light on what exactly a sleep study entails and why it is so important to have one.

About one-third of a person's life is spent sleeping, Musa said.

"You probably spend 10 percent of your life working and a lot of time eating. The biggest chunk of our lives is sleep, and that's the biggest ... we neglect. We cannot live without sleep," he said.

When a person has trouble sleeping,

their family physician usually refers them to a sleep doctor to have a sleep study conducted. A sleep study, also known as a polysomnogram, records brain waves, the oxygen level in the blood, heart rate and breathing, as well as eye and leg movements, and is used to diagnose sleep disorders.

At Altus Sleep Center in Beaumont, sleep studies can be conducted in the more traditional hospital-style setting of the Altus Center at 390 N. 11th St., which has bariatric hospital beds and can accommodate special needs patients,

has light oxygen, oxygen concentrators, suction machines, bedside toilets or whatever a patient might need.

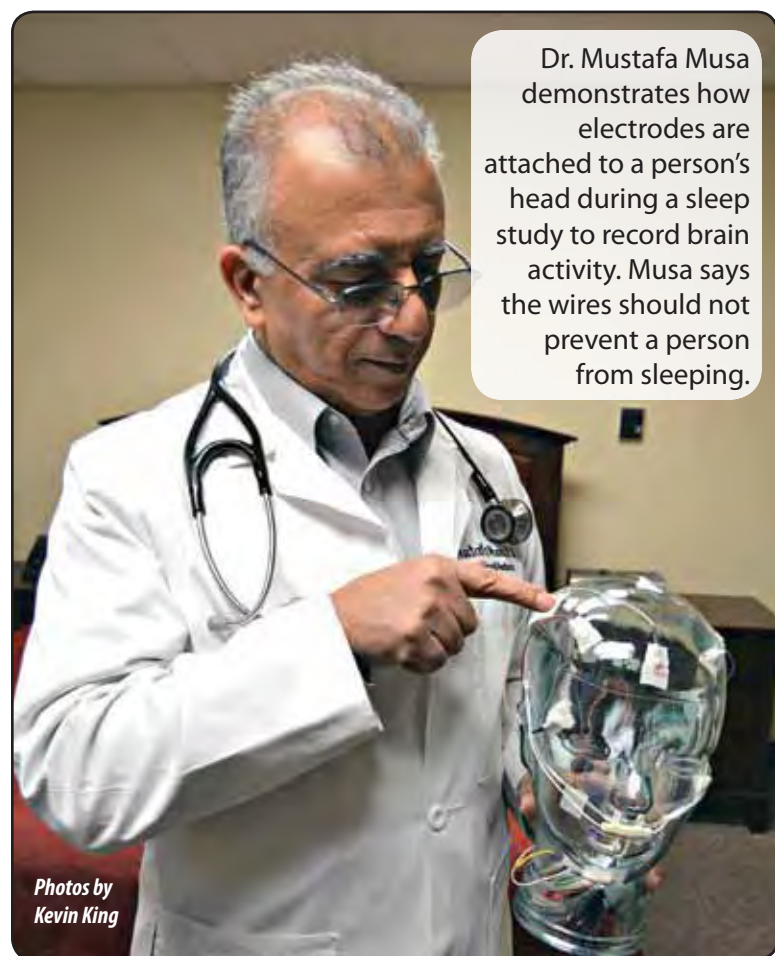
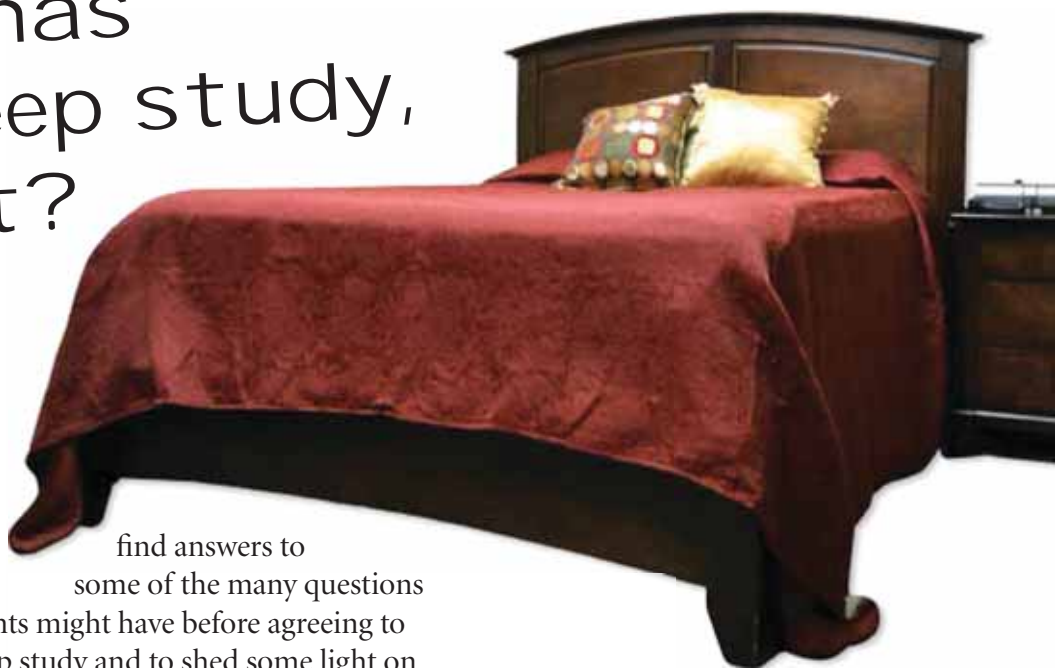
"We have two hospital-style rooms," said Thessa Drake, physician liaison and registered sleep technician at Zerenity Sleep Center. "They have bariatric hospital beds. They are true clinic rooms, but it still has the same basic setting — the recliner, the nightstand, the TV. It's not a room with a bunch of curtain dividers. It's still private, just suited for patients who need (special) care."

Another option is the Zerenity Sleep Center, a tan-colored house next door that provides patients with a smaller, cozier setting. The patient is allowed to sleep in a recliner if they prefer and bring their favorite stuffed animal, pillow, blanket or fan.

"There are four beds in the tan house behind the main facility," Drake said. "Those are more of your home or hotel-style settings. Those rooms have queen-sized beds, and TV. It's more like home. If there is not a need to put them in a hospital bed, we try not to because we want them to sleep comfortably. We try not to make it so clinical."

"We put somebody in the sleep lab in a very comfortable bed. Actually, I call it a 5-star hotel. It's a very nice, extremely clean room," Musa added.

Patients come in about 7-8 p.m. and are put to bed around 10 p.m. Everyone is up by 5 a.m. the next morning, Drake said.



Dr. Mustafa Musa demonstrates how electrodes are attached to a person's head during a sleep study to record brain activity. Musa says the wires should not prevent a person from sleeping.

Photos by Kevin King

Normal



During normal sleep, the muscles that control the tongue and soft palate hold the airway open.

Snoring



When these muscles relax, the airway narrows. This can lead to snoring and breathing difficulties.

OSA



If the muscles over relax, the airway can collapse and become blocked, obstructing breathing.

Source: moderndentistry.com

Special accommodations are available for shift workers, she said.

“We work with them and arrange our staff to what they have available,” she said.

Musa said there are several causes for patient anxiety going into a sleep study.

“They really don’t like to sleep out of their (own) beds. That’s the No. 1 cause,” he said, adding that if patients have a prescription for sleeping pills, they are allowed to take them before the study. “Our beds are very comfortable. The second thing is that they think we are watching them. We are not really watching them. We don’t watch them physically as they sleep. We have the monitor in case an emergency happens. What we do watch is their brain waves. The recording is protected just as much as any other medical information.”

Drake said that patients have to give Altus permission to record them sleeping, and if a doctor, such as a neurologist wants to access the video, the patient must first give his or her consent.

The wires attached to the patient during a polysomnogram are a minor factor and should not disrupt a patient’s sleep, Musa said.

“It’s just like having a headset on,” he said. “It feels funny at the beginning, but once you get used to it, you can sleep with it.”

“We don’t put the wires on the patient right at bed time,” Drake added. “We put

them on them and give them enough time to sit in the room, watch TV, read a book, talk on the phone — get used to having them on.”

Musa said only about two hours of sleep is needed for a successful study.

“They don’t have to sleep all night — we don’t have to have six to eight hours. If I have enough sleep ... the three stages ... and the REM sleep, we can diagnose (them),” Musa said.

Polysomnography monitors many parameters including electroencephalography (EEG), which involves the attachment of electrodes to the patient’s scalp to record his or her brain wave activity. The electroencephalograph records brain

wave activity from different parts of the brain and charts it on a graph, which not only helps doctors establish what stage of sleep the patient is in, but may also detect seizures.

Electrooculography (EOG) records eye movements and is used to determine the time periods during which the patient is going through a stage of sleep called rapid-eye-movement (REM) sleep. Both EEG and EOG can be helpful in determining sleep latency (the time period between getting into bed and the onset of sleep); total sleep time; the time spent in each sleep stage; and the number of arousals from sleep.

The airflow through the patient’s nose and mouth can also be measured by heat-sensitive devices called thermistors. The thermistors can help detect episodes of apnea (stopped breathing), or hypopnea (inadequate or too-shallow breathing).

Pulse oximetry measures the amount of oxygen in the patient’s blood and can be used to assess the degree of oxygen starvation during episodes of hypopnea or apnea.

The electrical activity of the patient’s heart is measured on an electrocardiogram, or EKG, where electrodes are attached to the patient’s chest and pick up electrical activity from various areas of the heart. These help detect cardiac arrhythmias (abnormal heart rhythms),

SEE SLEEP STUDY • Page 18



The Zerenity Sleep Center, a tan-colored house next door to the Altus Center on 11th Street in Beaumont, provides patients with a smaller, cozier setting.

which may occur during periods of sleep apnea. The patient's blood pressure is also measured because some episodes of sleep apnea can raise blood pressure to dangerously high levels.

Movement of the patient's arms and legs during sleep are also monitored during sleep. This measurement can be helpful in detecting such sleep disorders as periodic limb movement disorder or restless legs syndrome.

Sleep doctors look for several disorders in a patient from these results, but the most common is sleep apnea, a serious sleep disorder that occurs when a person's breathing is interrupted during sleep.

There are three types of sleep apnea – obstructive, central, and complex. “(Obstructive) sleep apnea means ... the brain is telling you to breathe, the muscles are contracting, but your throat is closed,” Dr. Musa said. “When you go to sleep, the muscles in your mouth, in your tongue, in your throat relax. Your tongue falls backward and blocks the breathing airway passage. The brain tells you to breathe, you try to suck air in, but no air is going in because your throat is blocked. It feels like somebody is suffocating you.

“Your brain ... tries to tell you, ‘I need oxygen.’ It sends signals to the muscles to forcefully open the airway, but it cannot because the tongue is blocking it.”

Musa said a person doesn't immediately wake up when breathing is disrupted, however. Instead the brain utilizes the three stages of non-REM sleep to achieve this purpose.

“You have stage 1, which is very light, stage 2 a little bit deeper, and stage 3 very deep. Then you have REM sleep when (your muscles) are paralyzed,” Musa said. “If you are in stage 3, the brain will bring you to stage 1, which will cause you to turn in bed. When you turn in bed, you change your position and you breathe because your muscles get tighter.”

A second type of sleep apnea called central sleep apnea causes the brain not to send proper signals to the muscles that control breathing.

“If your brain does not send the signal

... for more than 10 seconds ... you can have a stroke or a heart attack,” he said. “People can die in their sleep.”

Complex sleep apnea is a combination of obstructive and central sleep apnea.

Who is at risk of having sleep apnea?

“Anybody — man or woman — above age 40,” Musa said, adding that children can experience sleep apnea, as well. “There are also specific people who are higher risk than anybody else. If you are overweight, male or female, and your neck size is more than 15 for a woman and more than 16-17 for a man and you snore, and feel tired the next morning when you wake up. You feel like you want to nap during the day. You feel a little bit down most of the time. You like to eat a lot. You are gaining weight. That is probably sleep apnea.”

A doctor should be seen immediately for a sleep study when a person experiences:

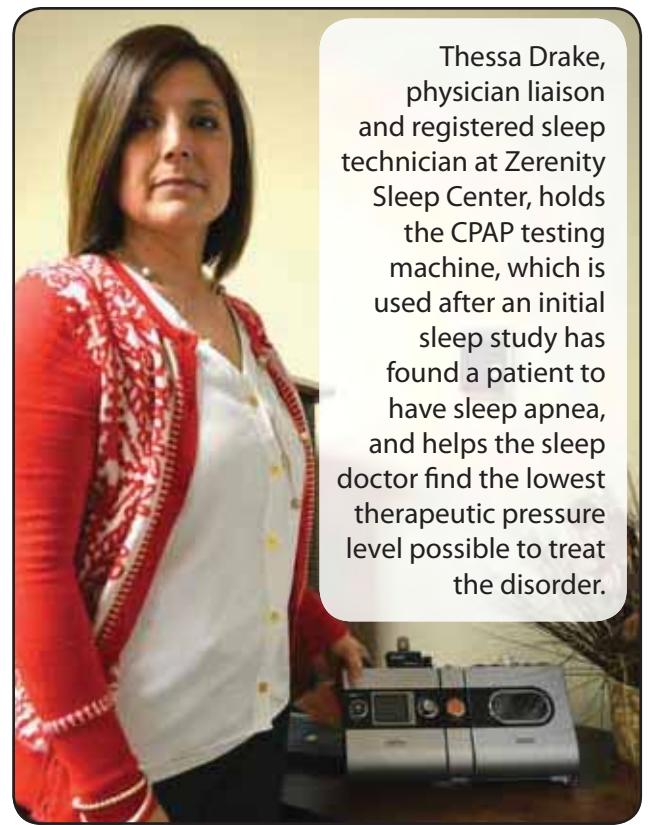
- Snoring loud enough to disturb the sleep of others or themselves
- Shortness of breath that awakens sleep
- Intermittent pauses in breathing during sleep
- Excessive daytime drowsiness, which may cause a person to fall asleep while working, watching television or even driving

Musa said sleep apnea can be especially dangerous when commercial or long haul truck drivers experience the disorder.

“Those people can kill other people, and may even be held criminally responsible,” he said. “When you suspect you have a problem like this and you don't fix it, and you drive an 18-wheeler and kill people, in my opinion, this is really criminal.”

Sleep apnea is also dangerous for those who work with heavy machinery, Musa said.

If a person is found to have sleep apnea in the initial basic diagnostic sleep study, a second study is scheduled where the patient will sleep using CPAP, or continuous positive airway pressure. The machine



Thessa Drake, physician liaison and registered sleep technician at Zerenity Sleep Center, holds the CPAP testing machine, which is used after an initial sleep study has found a patient to have sleep apnea, and helps the sleep doctor find the lowest therapeutic pressure level possible to treat the disorder.

is a shoebox-size unit that will fit on a nightstand. It does not deliver oxygen but rather pressurized, humidified room air to help keep the airways open.

“Before any wires are put on them or they put on their night clothes for bed, we do a desensitization process for the CPAP machine,” Drake said. “We fit them for all mask interfaces. We let them try them all on with the CPAP machine running at its lowest pressure to see if they can acclimate to the therapy.”

Once the patient is on a CPAP machine, 4-6 hours must be recorded for an accurate reading, she said.

As the patient experiences respiratory events throughout the night, the pressure is increased until the problems are eliminated or at least decreased to the lowest therapeutic level possible.

An order is then sent to a medical equipment company, which issues and monitors compliance on the machine.

“You have to wear it every night in order to get the benefit of it,” Drake said.

Altus Sleep Center also treats many other sleeping disorders including narcolepsy, periodic limb movement disorder, restless legs syndrome, and night terrors. For more information, visit altushealthsystem.com.

— Kevin King

NURSING SPOTLIGHT

Danny Harrison

Danny Harrison, of Little Cypress, has worked at Christus-St. Elizabeth Hospital for more than 20 years. He started as a patient care assistant and, ever since receiving his BSN about 18 years ago, has worked as a nurse at the hospital. Danny works in all areas of surgery but is the clinical manager of general surgery, bariatric surgery and trauma.

Danny says, "I see traumas daily — from car accidents to refinery explosions to boating accidents. It is very intense.

"Surgery is a whole different type of nursing. You've got to be able to handle the blood

and guts, and you've got to be compassionate to the patient."

Although time is of the essence in trauma, it is also important to stay calm and work at a steady pace to avoid any errors, Danny says.

"We have major checkpoints. Our major one is what we consider a timeout," he says. "It is basically a two-minute pause before the surgery takes place. Everyone on the room focuses on me (the circulator) and they have to pay attention to make sure we are doing correct site surgery."

Danny says one of the data points he uses to make sure the right patient is in the OR



is the patient's date of birth.

The most rewarding part of his job is when patients go out of their way to thank him and his staff for saving their lives, Danny says.

"We get letters from ...

people. That just makes you feel good at the end of the day," he says. "Saving lives is our job, and that is rewarding in itself. That is why I am in this profession."

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Port Arthur cardiologist leads way in minimally invasive heart procedures



Dr. Anil Goli shows how a defibrillator lead is safely removed from the heart using an excimer laser.

Photo by Kevin King

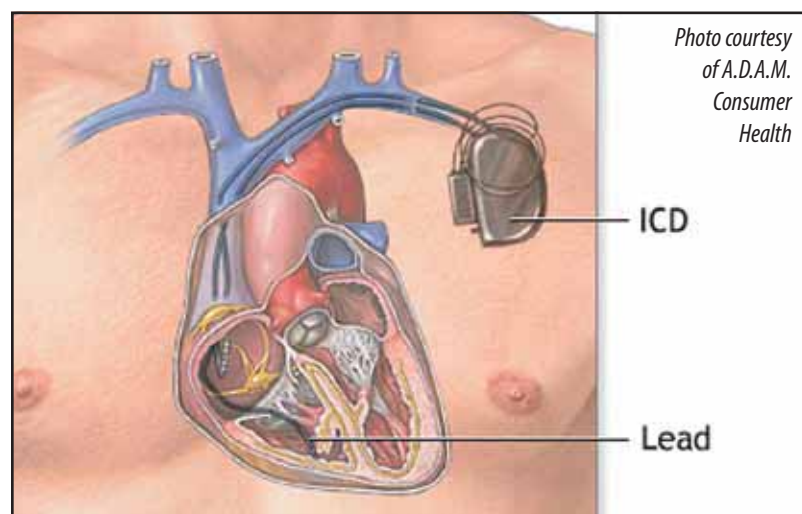
Every month, approximately 10,000 people receive an implantable cardioverter defibrillator (ICD) – a permanent device that shocks the heart back into rhythm when it stops beating or beats irregularly, according to the American Heart Association. Sometimes, the lead wires in these devices become damaged or are recalled, and for many patients in Southeast Texas, the only option for repair has been open-heart surgery or an inconvenient and possibly dangerous trip to Houston. Until now.

Dr. Anil Goli, a Port Arthur cardiologist specializing in cardiac electrophysiology,

performed the first defibrillator lead extraction in the region Jan. 26, 2015, at the Medical Center of Southeast Texas.

The procedure was necessary because patient Daniel Provencher, 68, of Port Arthur, had a fractured defibrillator lead, a flexible wire coated with insulation that connects a pacemaker or implantable cardioverter defibrillator (ICD) to the interior of the heart.

“He was admitted in December because while he was walking, he received shocks,” Dr. Goli said. “Because of the fracture, it was creating noise. The defibrillator was thinking that it was a fast rhythm. The noise created so many fast

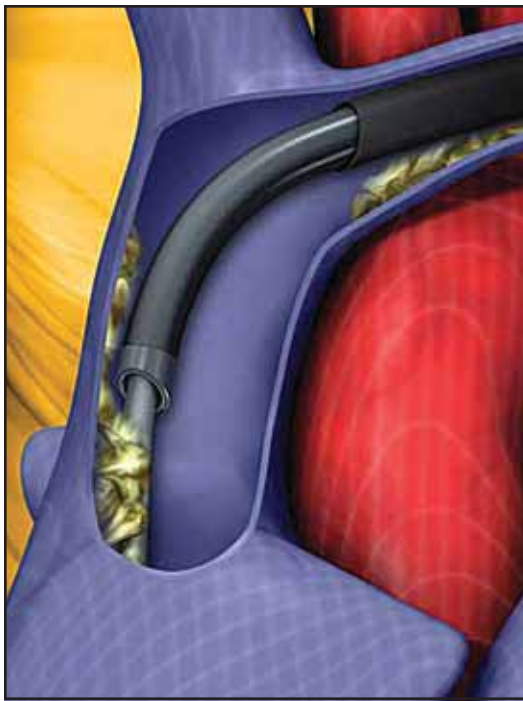


A lead is a flexible wire coated with insulation that connects a pacemaker or implantable cardioverter defibrillator (ICD) to the interior of the heart.

signals that it counted a fast heartbeat. The way that it is programmed is if (the heart) beats too fast, (the device will)

give a shock.”

“I was taking my regular walk, 45-60 minutes a day, and it was almost as if I had



In a laser lead extraction, an excimer laser is used to burn fibrous tissue growing around the tip of the lead, allowing safe removal. Photo courtesy of Spectranetics

experience.”

Provencher’s case is one of several types in which a defibrillator or pacemaker lead extraction might be necessary:

1. The lead is not functioning properly. Sometimes the lead no longer provides a reliable connection between the pacemaker or ICD and the heart. This can be due to damage called lead fracture. Large amounts of scar tissue forming at the tip of the lead may also cause the lead to need more energy to function than the pacemaker or ICD is able to deliver.

2. A pacemaker infection or ICD infection has developed. The device and leads may need to be removed to cure the infection.

3. The lead is interfering with blood flow to the heart. Leads that are not being used may need to be removed if they are blocking the flow of blood to the heart.

4. There may be a manufacturer advisory on the lead. If one of the leads has a higher risk of failure than normal and is under a manufacturer advisory, it may need to be removed.

5. MRI inaccessibility. Newer pacemaker systems are designed to be safe in an MRI environment. The presence of older, non-compatible pacemaker leads may prohibit access to MRI diagnostic testing.

Dustin Graham, cardiology services director at the Medical Center of Southeast Texas, said, “You’ll see patients that have four to eight leads that are old and not in use, so they’ll use this procedure to get those out.”

Lead extraction at the Medical Center of Southeast Texas is done using a medical laser to dissolve old tissue and remove the dysfunctional lead. A new lead can be quickly inserted using the path created by the laser.

The laser used in the surgery, an excimer laser, is similar to the LASIK laser used in eye surgery, according to the laser manufacturer’s website.

The laser uses light energy from the ultraviolet (UV) spectrum of light, producing pulsed bursts of UV light energy that are capable of gently dissolving fibrous

been hit by lightning,” Provencher said. “It sent me across the road. It made me not want to take my walks. It was a scary

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tissue into tiny, microscopic particles.

The laser is necessary because when a pacemaker lead or implantable cardioverter defibrillator (ICD) lead is implanted, fibrous tissue grows around the tip of the lead as part of the natural healing process.

A key challenge in removing a pacemaker or ICD lead from the heart is loosening this fibrous tissue and freeing the lead so it can easily be removed from the body, Spectranetics website states. The Spectranetics Laser Sheath delivers ultraviolet light generated by the Spectranetics Excimer Laser System to free leads from this binding tissue.

A small fiber optic catheter, connected to the excimer laser unit, is inserted over the lead that is to be removed, and the catheter is then advanced through the venous system to the tip of the lead where it is attached to the heart. There, the catheter emits a ring of laser energy that slowly and gently vaporizes scar tissue. This process frees the lead from the binding tissue and enables the physician to remove the lead from the body.

“It’s called a cold laser, and it goes around a tube and basically it puts energy directed at the tissue that it’s touching. As it’s touching that tissue, that tissue melts away,” said Joe Daigle, electrophysiology technologist at the Medical Center of Southeast Texas. “As that piece is melted away, this sheath that is going over the lead, it’s burning as it’s going down, basically melting away the tissue that’s holding the lead down until you get to the

tip.”

For patient Daniel Provencher, once it was discovered that his defibrillator had a lead fracture, it was crucial that a lead extraction be performed, Dr. Goli said.

“Most of the time, the leads are 15, 20, 30 years old,” he said. “The longer a pacemaker’s wire is in the heart, the more difficult it gets to (remove) it. If (Provencher) doesn’t have this procedure, he cannot have a defibrillator. The defibrillator is also a pacemaker for him. It does two jobs. He is dependent on the pacing function. Pacemaker is for the slow heart rate; defibrillator is for the fast heart rate. His heart rate is only 30, so he needed the pacing function from the fractured wire.”

Provencher wanted the procedure performed locally because he could not travel to Houston.

“I couldn’t have family in Houston,” he said. “My wife is handicapped in a wheelchair. If I had the surgery in Port Arthur, I could have family with me.”

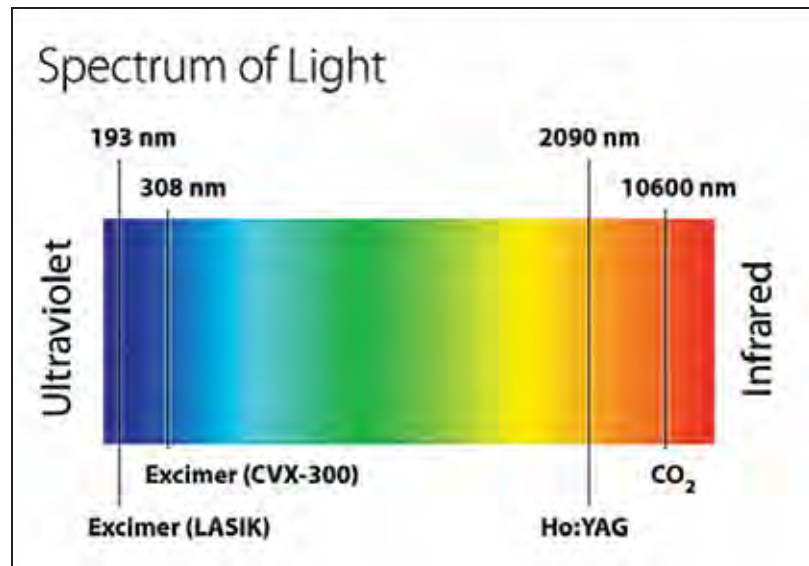
But the procedure was not available in the Beaumont/Port Arthur area, and area surgeons did not want to operate on Provencher anyway because he was a high-risk patient, Goli said.

“(Provencher) is on pain medication. He has bladder cancer. Nobody really wanted to touch him ... because of the broken (lead) and because of the weakened heart,” he said.

“In 2003, I had heart problems. My aorta had closed up,” Provencher said. “They put in a stent. I have arteriosclerosis.”

Provencher also had a double bypass in 2013.

Although things seemed



Similar to the LASIK laser used in eye surgery, the excimer laser uses light energy from the ultraviolet (UV) spectrum, producing pulsed bursts of UV light energy capable of gently dissolving fibrous tissue into tiny, microscopic particles.

Photo courtesy of Spectranetics

grim for Provencher, he went to see Dr. Goli for a possible solution.

“He recommended that I have the wires replaced,” Provencher said.

“When he came and saw me, I was previously employed with the VA, and so he knew my track record,” Dr. Goli said.

“He explained his field and his work with the VA, so I was comfortable with him,” Provencher said, explaining that he had served in the Army from 1968-70.

It wasn’t the first time Goli had performed the laser lead extraction surgery on a veteran.

In 2011, Dr. Goli performed the first laser lead extraction at the Charles George VAMC in Asheville, N.C., on Air Force veteran Stanley Mitchell. Mitchell said the procedure was painless as he “only felt some pressure near the insertion point,” a U.S. Department of Veterans Affairs article reads. For Mitchell, the hardest part was prior

to the procedure.

“Having this thing in my chest and not knowing what was wrong with it caused a lot of anguish; however, Dr. Goli helped me understand what was wrong and how he was going to fix it.” Mitchell said.

Similar to Mitchell, Provencher was reassured by Goli’s expertise, but the surgery was not without its challenges.

“We uncovered that he needed pacing support, meaning that if you are pulling the wires, you need to have some temporary wires in the heart,” Dr. Goli said. “We had to put three temporary pacemakers in the heart. If one fails you have another one. If another one fails, you have a (third).”

Goli said it took him two hours to prepare so that temporary pacemakers would not give him problems during the procedure.

“He’s completely dependent from the external temporary pacemakers,” he said. “Because of his heart condition his heart was so



Daniel Provencher

sensitive. In areas (we) put the temporary pacemaker and pace it, his blood pressure would drop. When the blood pressure drops, you don't know whether it is a procedure-related complication or something normal. So, we had to take that extra two hours to position the wire so his blood pressure wouldn't drop from

the temporary pacemaker.”

The total length of the procedure was around five hours, Goli said.

Provencher quickly recovered, only spending two days in the hospital, mostly due to his weak heart, Goli said.

“The next day he was a little groggy,” he said. “He spent half a day in the Intensive Care Unit. He then went upstairs (to a regular hospital room), where he was able to walk around with his daughter. He is recovering on schedule with no issues. We call him every day to inquire on his progress.”

Because he had a new defibrillator wire installed, Provencher had standard restrictions. An extraction alone, however, usually has no restrictions, Goli said.

“If I pull the wire out, the recovery is immediate — within 24 hours,” he said. “Because I put the new system in the chest, that has to heal. Normal recovery is up to two weeks.”

Comparably, generally four to six days is an average stay in the hospital for open heart surgery, according to Healthline.com, and it may take up to six weeks

before patients start feeling better and up to six months before patients feel the full benefits of surgery.

“Normally, the people who are at this point are elderly and are sickly. Opening their chest up is risky. (Laser lead extraction) is minimally invasive,” Graham said.

Goli described the first lead extraction at Medical Center of Southeast Texas as groundbreaking.

“This lead extraction was very successful with normal recovery,” he said.

He and his team also perform diagnostic electrophysiology studies, permanent pacemaker implants, implantable cardioverter defibrillator (ICD) implants and catheter ablations.

Provencher said he is hopeful that he will now be able to have surgery for his bladder cancer and that he has already begun walking for exercise again. He is no longer afraid of being shocked by his defibrillator.

“I feel that I can walk safely,” he said. “I got back up to 40-something minutes.”

— Kevin King

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Manage the pain

Clinic's treatment involves more than prescriptions



Photo by Brandi Haskett

Soreness in joints, constant muscle aches and all-over body pains are a part of day-to-day life for many Americans.

According to the Institute of Medicine of The National Academies, nearly 100 million people suffer from a version of chronic pain in the United States.

Seemingly normal activities like walking a dog or sitting at a desk can become an excruciating ordeal for those suffering from chronic pain, defined by the National Institute of Health as any pain lasting more than 12 weeks. Chronic pain may arise from an injury, such as a back sprain, or may be ongoing due to illness. There may also be no clear cause for pain, according to the National Institute of Health.

Other health problems such as fatigue, sleep disturbance, decreased appetite and

mood changes often accompany chronic pain, which may limit a person's movements, reducing flexibility, strength and stamina. Difficulty in carrying out important and enjoyable activities can lead to disability and despair.

Christus Hospital-St. Elizabeth's Pain Management Center may be the answer those suffering from chronic pain are looking for.

Dr. Sassan Ehdai, Dr. Adrian Olvera and the staff at the Pain Management Center are available to help not only manage dilapidating pain, but also to help treat patients so they may be able to regain a higher quality of life, Dr. Ehdai said.

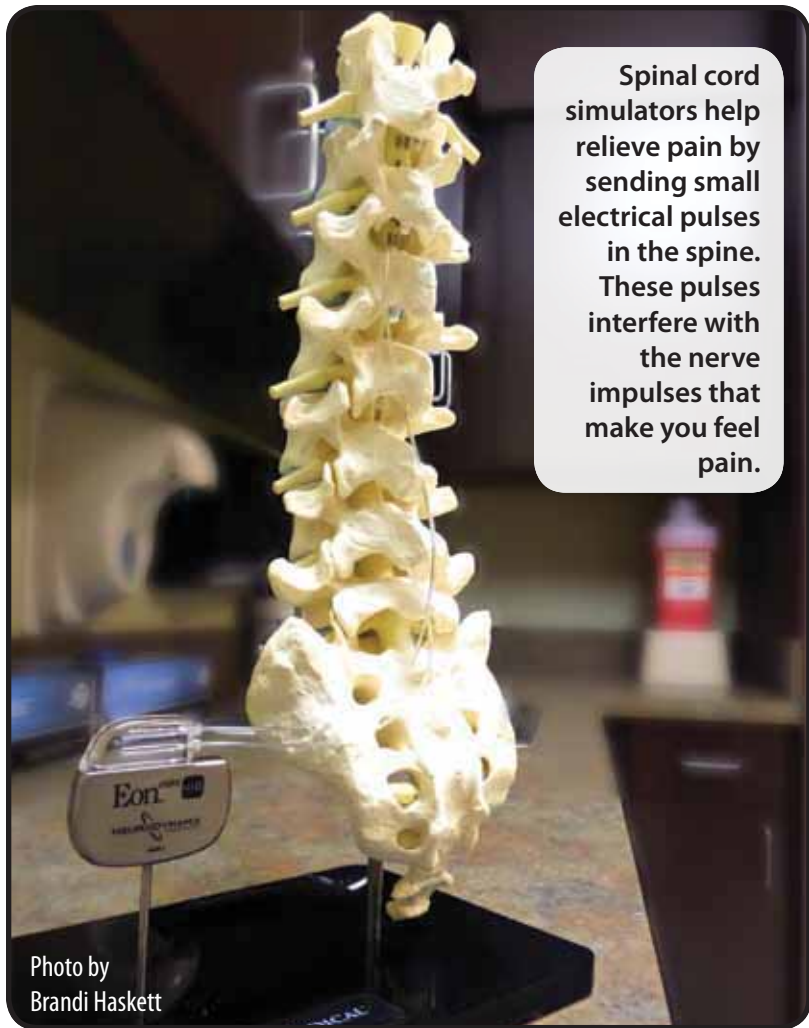
The center comprehensively evaluates patient's physical health with the use of MRI and X-rays and other wide-range testing to determine what kind of pro-



Dr. Sassan Ehdai

Courtesy photo

cedure is needed to help treat pain, also working with other hospital departments such as orthopedics, neurosurgery and physical therapy to ensure every resource



Spinal cord simulators help relieve pain by sending small electrical pulses in the spine. These pulses interfere with the nerve impulses that make you feel pain.

Photo by Brandi Haskett

of treatment is utilized. After thorough testing is completed, a custom treatment plan tailored to the specific conditions and degree of pain is ordered to help patients accomplish their needs and personal objectives. Treatment plans can include the use of anti-inflammatory drugs, topical creams, injections, physical therapy, spinal cord stimulators and even surgery. Dr. Ehdaie said pain medications could also be prescribed, but usually are a last resort.

Patients who suffer from various causes of pain should ask their primary care physician about being referred to the Pain Management Center. The center requires referrals so that they may be provided a patient's complete medical history needed for optimal treatment. A board-certified pain management specialist can

then develop a plan that may include a single approach or a combination of different types of therapies such as medical therapies, including both medications and interventional procedures; psychological therapies; and rehabilitation therapies.

When chronic pain persists — often for months or even longer — it can affect people so that they are often unable to work, lose interest in life, and find physical activity exhausting as it aggravates the pain.

The goal of the pain management center, Dr. Ehdaie said, is to return a person to the highest level of function and independence possible, while improving the overall quality of life — physically, emotionally, spiritually and socially.

SEE PAIN • Page 28

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Alleviating the patient's pain is a priority at the pain management center, Dr. Ehdaie said, but while many patients do not have an issue with using painkillers as prescribed, it is extremely important for patients to be aware of the possibility of becoming addicted to prescription painkillers.

Opioids, both natural opiates and synthetic substances, are prescribed to reduce the intensity of pain signals reaching the brain and affect those brain areas controlling emotion, which diminishes the effects of a painful stimulus. Medications that fall within this class include hydrocodone (Vicodin), oxycodone (OxyContin, Percocet), morphine, codeine and other related drugs.

The American Medical Association states that long-term opioid therapy for chronic pain may be appropriate and beneficial for some patients, but may be harmful for others.

Nearly three out of four prescription drug overdoses are caused by prescription painkillers, according to statistics from the Centers for Disease Control. Nearly 15,000 people die every year of overdoses involving prescription painkillers. In 2010, 1 in 20 people in the U.S. (age 12 or older) reported using prescription painkillers for nonmedical reasons in the past year. Enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for a month.

"Prescription drug abuse is a serious epidemic that cannot be ignored, and any action we take to prevent it must ensure that patients who are suffering from chronic pain get the treatment they need," American Medical Association President Jeremy A. Lazarus, M.D. said in a webinar on prescription opioid overdose.

Dr. Ehdaie agrees: "Unfortunately there are several pain clinics out there that just herd patients through and give them narcotics, and those kinds of clinics become self-evident."

Pharmacies are also aware of the possible dangers associated with patients filling narcotic prescriptions, and use caution when necessary.

Trey Crandall, pharmacist at Family Pharmacy in Beaumont, says he always



runs a customer's information through several different systems to check for red flags when they come in to fill narcotic prescriptions.

"The Texas DPS has a system in place where pharmacies and doctors can screen patients if they feel a need," said Crandall. "A pharmacist must report whenever a narcotic has been filled to the DPS so you can see how many times a patient has filled the prescription, what doctor prescribed it, and where they filled it at."

Crandall said he usually looks for customers who have multiple doctors prescribing the painkillers and have been to different pharmacies to have them filled.

"We fill for doctors in other cities as well, so I usually look out for those when filling those types of scripts," Crandall said. "And if I'm not comfortable filling the prescription, I won't."

Crandall also said that while there are a few people who are trying to get these types of medication for recreational use, more likely than not, the narcotics are for patients with pain disorders.

"As long as the patient is taking the medication as their doctor directs, there isn't a big chance of them becoming dependent," said Crandall. "It's when the patient starts self-medicating, or for some reason changing the dosage on their own that the risk of dependency or addiction becomes greater."

Several types of pain medications are available that relieve both acute and chronic pain, and medications work differently for different people. Some may not give you the pain relief you need. Some may treat your underlying condi-



Pharmacist Trey Crandall demonstrates how pain medication is counted and filled.
Photo by Brandi Haskett

tion, not your pain. Others have serious side effects you should know about before you agree to take them.

"Our goal is to try to get the patients back to functionality, not to just get them in and out with a pain script," Dr. Ehdaie said, emphasizing that it is important to understand that medication is only one type of medical treatment for pain and only one aspect of successful pain management.

No matter what type of pain you suffer, it's important for you to learn the most effective way to relieve or manage it, and the Pain Management Center at Christus-Hospital St. Elizabeth just may be the answer you have been looking for.

— *Brandi Haskett*

NURSING SPOTLIGHT

Josh Schoonfield

Josh Schoonfield, of Vidor, is an LVN at the Medical Center of Southeast Texas, where he has worked for four years. Josh's daily routine includes bathing patients, checking vital signs, and making sure his patients get the medications they have been prescribed, among other duties.

Making sure his patients are taken care of, as a whole, can be difficult at times for Josh, he says.

"Taking care of the patient ... emotionally, medically, physically ... everything — it can be challenging getting all of that to match up and making sure that everybody stays happy

all at the same time," Josh says. A life-changing experience influenced Josh's decision to enter the field of nursing.

"When I was a senior in high school, I had a tumor," he says. "I just really liked the atmosphere of the hospital and the way the nurses were treating me and everybody else. I just thought it was an awesome profession. And even when I was a kid, I would always bandage people up around the neighborhood."

There are many rewarding aspects of being a nurse, but according to Josh, the most rewarding is seeing his patients



recover from their illnesses.

"Just seeing them get better," he says. "Going with them from start to finish with their disease process and see-

ing what's going on with them (along the way). It's like a different puzzle for each person, and it's really cool helping to figure out that puzzle."

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Rheumatology center caters to patient comfort



Photos by Alizeh Ahmad

Beginning last September, Southeast Texas rheumatology patients gained access to a new local provider of specialized health care services. Affiliated with Baptist Hospital, the recently opened Baptist Physician Network Rheumatology Center is in Suite 150 at 740 Hospital Drive, just off College Street in Beaumont.

The center specializes in inflammatory arthritis like rheumatoid arthritis, psoriatic arthritis and ankylosing spondylitis, along with gout and osteoarthritis. Autoimmune diseases such as lupus, scleroderma and Sjogren's syndrome are also diagnosed and managed, along with bone disease such as osteoporosis.

Dr. Mary Olsen and nurse practitioner Melissa Berry shared the details of the center, pointing out that numerous aspects of the new facility are tailored toward patient comfort and superior care.

"We have the only rheumatology-trained nurse practitioner in the area," said Dr. Olsen in reference to Berry. Olsen also noted that the affiliation of the center with Baptist Hospital allows



Dr. Olsen examines patient James DeWitt, checking for joint discomfort.

for ease of access to the Infusion Center; this facilitates patient care, as monthly infusion is often a necessity for individuals "taking medications for rheumatoid arthritis or (undergoing) more specialized

treatment."

The hospital lab and X-ray testing areas are in close proximity to the center, allowing

SEE RHEUMATOLOGY • Page 32

NURSING SPOTLIGHT

Beverly Teller

Beverly Teller, of Groves, is an RN in the endoscopy unit at the Medical Center of Southeast Texas. Beverly has been a nurse for 25 years. She worked at Park Place Medical Center beginning in 1990, and then moved to the Medical Center of Southeast Texas in 2005, when the two facilities merged.

As an endoscopy nurse, Beverly helps physicians look for cancer and different diseases of the GI tract.

“We look at people’s stomachs. We also put feeding tubes in patients that have had strokes or have cancer or any type of stricture where they can no longer eat on their own,” Beverly says. “We can put the tube in endoscopy-

ally so they don’t have to go through a major surgery.”

Beverly also assists in a procedure called Endoscopic Retrograde Cholangiopancreatography or ERCP.

“We can go in and remove stones that are stuck in the common bile duct from the gall bladder,” she says. “It helps relieve pain.

“We also do a lot of colon screenings. We can remove polyps from patients before they turn cancerous.”

Beverly is also a charge nurse, which can be difficult at times.

“Trying to get everything organized with the employees and the patients ... is probably the most challenging part,” she



says. “Everybody is going in different directions, so sometimes you have to get everybody on the same page.”

Despite the challenge of her many duties, Beverly said her job is well worth the stress that comes with it.

“Taking care of the patients

— I love talking to them, I love meeting them, and I love helping them and getting them to feel better. That’s why I became a nurse,” she says. “Seeing that comfort in their eyes and telling them it’s all good, to me that’s what’s rewarding.”



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for prompt receipt of results. Dr. Olsen added that for a patient with limited mobility due to arthritis or another restrictive condition, reducing the need to travel extensively between the center and testing areas is of prime importance.

“Even the ground floor setting of the office is a big deal for someone who is impaired in terms of function,” said Olsen.

The doctor lauded the administration at Baptist Hospital for providing for a scheduling system that allows her to spend more individualized time with each patient.

“A new patient is scheduled for an hour, at the least,” said Olsen. “In a lot of other areas, you might get a 30-minute appointment. ... (Ours) is a very unique approach (with respect to) the way a lot of offices are run.”

“I’m thoroughly enthusiastic about it,” said patient James DeWitt, adding that his mobility has drastically improved under Olsen’s care. “Dr. Olsen changed my life. ... (There is) a normalcy to my life again.”



Conveniently located on the first floor of the Professional Building of Baptist Hospital near the entrance, the center provides ease of access for patients with mobility issues.

DeWitt also mentioned that he finds the new center to be “more customized than other offices,” in reference to patient accommodations.

According to the National Institute of Arthritis and Musculoskeletal and Skin Diseases, treatments for arthritis and rheumatic diseases vary depending on the specific disease or condition; however, treatment generally includes the following:

- **Exercise** – Physical activ-

ity can reduce joint pain and stiffness and increase flexibility, muscle strength and endurance. Exercise also can result in weight loss, which in turn reduces stress on painful joints. The best exercises for people with arthritis are those that place the least stress on the joints, such as walking, stretching, using weight machines, stationary cycling, exercising in water, and swimming. A doctor or physical therapist can recommend a safe, well-rounded exercise program. People with arthritis should speak with their doctor before beginning any new exercise program.

- **Diet** – Although there is not a specific diet that helps arthritis, a well-balanced diet, along with exercise, helps people manage their body weight and stay healthy. Diet is especially important for people who have gout. People with gout should avoid alcohol and foods that are high in purines, such as organ meats (liver, kidney), sardines, anchovies and gravy.

- **Medications** – A variety of medications are used to treat rheumatic diseases. The type of medication depends on the specific disease and the individual patient. The medications used to treat most rheumatic diseases do not provide a cure, but rather limit the symptoms of the disease. In some cases, especially when a person has rheumatoid arthritis or another type of inflammatory arthritis, the medication may slow the course of the disease and prevent further damage to joints or other parts of the body.

Olsen mentioned that the center is in the process of considering participation in trials for medications to treat rheumatoid arthritis, ankylosing spondylitis, and psoriatic arthritis, among others to take advantage of recent and ongoing medical advancements,

For more information about the Baptist Physician Network Rheumatology Center, call (409) 212-5115.

– *Alizeh Ahmad*



Dr. Olsen asks a patient about her symptoms in the center’s triage room.

Maxim Healthcare Services names Beaumont nurse National Caregiver of the Year

Maxim Healthcare Services Inc., a provider of home healthcare, medical staffing, and wellness services, recently announced that Camille Sykes, a licensed vocational nurse at Maxim's Beaumont office, is Maxim's National Caregiver of the Year Award recipient. Sykes was honored by her colleagues and the Maxim leadership team during a special caregiver appreciation ceremony.

"Recognizing and honoring our caregivers is an important part of Maxim's culture," said Brad Bennett, chief executive officer, during the award ceremony. Together, we celebrate not only our best and brightest, but all Maxim caregivers who deliver outstanding quality patient care every day. They truly embody Maxim's Purpose Statement: Caring, Serving, Enriching Lives."

Since joining the Maxim family in 2007, Sykes has worked with a variety of patients. In 2009, she began working with a 14-month-old pediatric patient named Danika, who spent the first year of her life in the NICU with a ventilator and tracheostomy. Since then, Sykes has dedicated herself to caring for the child.

"Danika is a very brave, little girl," Sykes said in a special tribute video shown during the award ceremony. "She weighed 1 pound, 11 ounces. The doctors only gave her a 3 percent chance of surviving."

At 5 years old, Danika now attends school and no longer requires a ventilator, thanks in large part to the quality care that Sykes provides.

"Danika has grown just tremendously since I first met her," Sykes said. "She was on a walker for a short period of time. Now she runs and plays."

Sykes has become a trusted resource the patient's family can rely upon.

"It's been great working with Sykes," Tiffany Yuen said. "I feel very comfortable and confident when she has my daughter. I know Danika's going to be completely taken care of."

"I don't know what we would do without her. She's one of a kind," added the patient's father Jesse Yuen, in praise of Sykes.

Paul Pirtle, director of business operations at Maxim Healthcare Services, said it wasn't an easy choice when deciding caregiver of the year, but that Sykes embodied the definition of what it means to be a caregiver.

"She really embodied ... the caring, the serving, and enriching lives of what she's done in her tenure here with Maxim; she drives over an hour every morning (to Liberty). She drives over an hour every night. She maintains that it's not a big deal, but it is," Pirtle said. "When we put it all together, and not just over the last year, she really embodies what we stand for and what we feel."

Pirtle called Sykes and told her that she won on the local level and then called Sykes back a couple of months later to let her know she had won at the national level as well.

"We are so honored to have the op-



Maxim nurse Camille Sykes and Danika, her patient

Photo courtesy of Maxim

portunity to pay tribute to our caregivers who are truly the heartbeat of Maxim," said Julie Judge, chief experience officer. "Sykes has worked with a warm heart and healing hands to positively impact the lives of this patient and her family. She is truly an inspiration and we are so grateful to have her in the Maxim family."

"This has been such a tremendous experience," Sykes said after receiving the national award. "I'm so honored. Thank you, from the bottom of my heart."

Maxim's Caregiver of the Year Award program was established in 2011 and is designed to enhance the caregiver experience at Maxim and acknowledge and celebrate Maxim's nurses and aides for the outstanding work they do to deliver quality patient-centered care and service to millions of the world's most medically fragile and chronically ill patients.

NURSING SPOTLIGHT

Brittany Sumner

Brittany Sumner, of Silsbee, is an oncology nurse navigator at Christus-St. Elizabeth Hospital, where she has worked for three years. Brittany has been an RN for six years and has always worked in oncology.

“I see all the patients with a history of cancer or cancer diagnosis, ... visit with the patients and get an idea of what brought them in and how we can help them. ... I help the nurses with chemo if they need help with that,” she says.

Brittany’s job consists of much more than medical treatment and moral support, however. Whatever the needs of her patients — be it transportation to and from appointments, help getting legal advice, or even help get-

ting daily meals — Brittany is there to provide it for them. This builds strong bonds between Brittany and her patients, which can be difficult not only as a nurse, but as a compassionate human being.

“The patient population we deal with is ... different. They don’t always get better. There’s a lot of sad moments, but there are also a lot of good moments,” Brittany says. “A lot of our patients we get to see from diagnosis and develop really good relationships not only with our patients but their families as well. We pray with them. We cry with them. They are like family.”

For students contemplating a career as an oncology nurse, Brittany says, “It takes



a special heart. I don’t think oncology is an area that you choose. I think it chooses you. It’s a calling.”

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NURSING SPOTLIGHT

Sondra Lovett

Sondra Lovett is Orthopedic Clinical Nurse Coordinator at Baptist Hospitals of Southeast Texas, where she works at the Joint Rejuvenation Center. Sondra lives in Lumberton and recently earned her Bachelor of Science in Nursing from American Sentinel University. She is also a graduate of Lamar University and possesses both RN and CRRN licenses. Sondra has been a nurse for more than 18 years and has worked at Baptist Hospital for more than two years. Sondra schedules and helps teach joint rejuvenation classes that educate patients facing hip, knee or shoulder

joint replacement surgery, and gives them steps to prepare for surgery, gives them an idea of what to expect the day of the surgery, and arms them with a discharge plan.

Sondra also collects data to help improve the program.

“I do a personal survey on how things are going on the unit,” she says. “I do it on the day the patient is being discharged because I want to capture the overall experience. I use those surveys to come back in my meetings and say, ‘These are some things patients have seen and felt, so let’s see what we can do to improve those things.’ I am always setting fur-



ther goals, and I want to meet those goals.”

Although her job can be quite stressful at times, Sondra says witnessing the results of a job well done is well worth the challenges presented along the way.

“I have been so pleased when patients come back nine days after surgery ... just to say thank you. When I see a smile on their face, I know we have accomplished something – that we’ve done something right,” Sondra says.

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SETMA's Dr. Holly receives national primary care award



Dr. James Larry Holly speaks at the Patient-Centered Primary Care Collaborative in Washington, D.C., Nov. 12, 2014, after receiving the inaugural Patient-Centered Medical Home Practice Award.

James Larry Holly, M.D., Beaumont family physician and CEO of Southeast Texas Medical Associates accepted the inaugural Patient-Centered Medical Home Practice Award in Washington, D.C., Nov. 12, 2014, from the Patient-Centered Primary Care Collaborative.

A patient-centered medical home is a model or philosophy of patient care that is patient-centered, comprehensive, team-based, coordinated, accessible and focused on quality and safety. Marci Nielsen, Ph.D., M.P.H., CEO of the Patient-Centered Primary Care Collaborative, said the award recognizes a primary care practice that serves as a model for medical home transformation through innovation in practice design, partnership with patients in quality improvement and exemplary leadership in promoting the practice of team-based primary care. The Board of Directors of the Collaborative specifically cited, among other qualities, Dr. Holly's genuine concern and focus on patients and families and the role they play in practice transformation.

"Larry Holly is an inspiration to many

of us who practice family medicine and primary care," said Carlos Roberto Jaén, M.D., Ph.D., FAAFP, professor and chairman of the Department of Family and Community Medicine in the School of Medicine, UT Health Science Center at San Antonio. "His leadership of the highly successful SETMA, his advocacy of the concept of a patient-centered medical home, his embracing of technology to create practice efficiencies, his inclusion of patients in improving his practice operations, and his support of medical education and training for the next generation of primary care physicians are impeccable qualities to emulate."

"I am grateful for this award, and I receive it for all those legions of people that should be here tonight ... in order to recognize the value of what they have done," Dr. Holly said during his acceptance speech. "SETMA receives this honor with gratitude — not with arrogance or pride, but with humility and gratitude. Out of gratitude comes diligence, discipline and determination to continue to do what we are doing, to do it better next year than

we have done it this year, and the year after that to do it better still."

Medical Home Summit

Dr. Holly and other SETMA representatives were also invited to present a four-hour pre-conference presentation at the Medical Home Summit March 23-25, 2015, in Philadelphia.

"I am invited to tell SETMA's story all over the country," Holly said. "When this invitation came, I thought about taking members of SETMA's accreditation team. This is unique in healthcare, and others are wanting to learn about our approach. Many groups have come to SETMA to learn how to do what we have done. We have had groups from mainland China, we have a group coming from Australia, Baylor/Scott and White, Kelsey Seybold, multiple schools of medicine including University of Texas and Texas A&M. In addition, SETMA has a Patient-Centered Medical Home Externship for senior medical students and primary care residents where they spend a month at SETMA to learn about PC-MH"

The summit is an opportunity to not only share SETMA's success with its patient-centered medical home approach, Dr. Holly said, but it is also a chance to bring other medical professionals from across the nation onboard with the PC-MH philosophy of care.

"This is one of the principle conferences for the promotion of the PC-MH practice method," he said. "There are appropriately 661,400 physicians practicing in the USA.

"With 246,090 in primary care and 45,107 working in PC-MH practices, 18.33 percent of primary care physicians are participating in patient-centered medical homes. Those who are working in a PC-MH practice can compare their performance to SETMA's. Those who have not begun this pilgrimage can learn why they should and how they can proceed. In such

a conference, (we) can address the challenge Abraham Lincoln gave in his 1856 House Divided speech when he said, 'If we could first know where we are, and whither we are tending, we could better judge what to do, and how to do it.'

This is what is needed in healthcare today. From SETMA, others can learn how to answer the questions posed by Lincoln of where we are, where we are headed, what to do, and how to do it."

Others can benefit by attending the conference, which is not strictly for physicians, Dr. Holly said.

"Employers, health plan administrators, patient advocate representatives, advocates for vulnerable populations, state, local and federal government

agencies and others can learn what the most innovative and creative changes taking place in healthcare delivery are," he said.

Topics discussed by SETMA will include:

- SETMA's Medical Home Journey – the Continuing Pursuit of Excellence
- Unique Billing for PC-MH – Transitions of Care/ HCC Risk Management Audits for PC-MH
- PC-MH Community Council – The Staff, Value and Purpose of a Community Council for PC-MH
- Data Informatics – The Power of Informatics and the Philosophy of Quality Metrics in PC-MH
- PCMH Story Telling – Value and Imperative
- PCMH Medical Student



and Residency Externship

• Patient-Centered Conversation – Patient Activity, Engagement and Shared Decision Making – Transforming a Patient Encounter into Real PC-MH Visit

SETMA, which has recently welcomed five new physicians and will add 10 more in the next 12 months to expand its ability to provide PC-MH services to a larger group of people and to continue to influence healthcare in Southeast Texas, is the only practice in America to have received accreditation by the Joint Commission, National Committee for Quality Assurance, URAC, and the Accreditation for Ambulatory Health Care, Dr. Holly said.

For more information about the Medical Home Summit and SETMA's role in the conference, visit www.medical-homesummit.com.

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UPCOMING EVENTS



Champagne & Ribs benefiting Gift of Life



Hope Women's Clinic "Aim for Life"



Alzheimer's Association Blondes versus Brunettes Powder Puff Football

MARCH

National Colorectal Cancer Awareness Month
National Kidney Month
Multiple Sclerosis Education Month
Sleep Awareness Month

**Friday, March 13 –
Thursday, March 19**

Gift of Life Program
Southeast Texas "Lock Up Tobacco"
Parkdale Mall, Beaumont
(409) 833-3663

Friday, March 27

Baptist Hospitals of Southeast Texas Foundation
Seventh annual Cajun Classic
Beaumont Country Club
Two flights

APRIL

National Autism Awareness Month
National Donate Life Month
National Minority Health Month
Occupational Therapy Month

Sunday, April 12

The Arc of Greater Beaumont
The Arc Autism Support Group Meeting
Foundation for Southeast Texas Building, Beaumont, 4-6 p.m.
(409) 838-9012

Thursday, April 16

Gift of Life
Champagne & Ribs benefiting the Gift of Life Prostate Cancer Program

Ford Park, Beaumont, 6:30 p.m.
(409) 833-3663

Thursday, April 15 –

Saturday, April 17

Muscular Dystrophy Association
Beaumont IAFF Local 399 Fill the Boot
(409) 838-4545

Saturday, April 18

Hope Women's Resource Clinic
Third Annual "Aim for Life" Sporting
Clay Shoot
1-in-100 Gun Club, Lumberton
8 a.m. flight and 11 a.m. flight
(409) 898-4005

Saturday, April 18

Christus Health Foundation
Southeast Texas
35th annual Christus Health
Foundation Southeast Texas Gala
Beaumont Civic Center, 7 p.m.
(409) 899-7555

Saturday, April 18

Alzheimer's Association
Blondes versus Brunettes
Powder Puff Football
Legacy Christian Academy, 10 a.m.
(409) 833-1613

Friday, April 24

The Arc of Greater Beaumont
Stars of The Arc Celebrity Style
Show & Dinner
Holiday Inn & Suites
Beaumont Plaza, 6:30 p.m.
(409) 838-9012

Saturday, April 25

Harbor Foundation
Sixth Annual Butterfly Release
Tyrrell Park, Beaumont
11 a.m. – 2 p.m.
(409) 981-1888

Saturday, April 25

March of Dimes
March for Babies Walk
Event Centre Great Lawn
Beaumont, 10 a.m.
(409) 835-7606

Saturday, April 24, and

Friday, April 30

Muscular Dystrophy Association
Port Arthur IAFF Local 397
Fill the Boot
(409) 838-4545

MAY

American Stroke Awareness Month
Arthritis Awareness Month
Lupus Awareness Month
Mental Health Month

Saturday, May 9

Christus LiveWell Women's Network
Christus LiveWell Women's Conference
Ford Park, Beaumont, all day
(409) 899-7700



Harbor Foundation Sixth Annual Butterfly Release



MDA fill the boot



“IF WE COULD FIRST KNOW WHERE WE ARE AND WHITHER WE ARE TENDING, WE COULD BETTER JUDGE WHAT TO DO AND HOW TO DO IT.”

-Abraham Lincoln (1858)

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