

Anne K. Morse, MD, FACP

34295 Southern Cross Trail
Kiowa, CO 80117
308-380-0167
akmirs@msn.com

Professional Profile

Over 20 years of clinical experience as an Internal Medicine physician and RN. Proven critical thinking, decision making skills, and quality improvement experience requiring strong team leadership capabilities to address conflict and guide difficult decisions. Experience in leadership roles within the hospital, medical staff structure, and Board of Directors; within the private practice setting; and in the community. I have an understanding of current healthcare dynamics from the practicing MD view as well as from the Board of Directors role. Leadership roles:

- Medical Director UniNet Grand Island
- Bylaws Revision Committee Chairperson
- Patient Care Evaluation Committee (Peer Review) Chairperson
- Served on the Board of Directors for nine years
- Medical Executive Committee member and Chairperson
- Credentials Committee Chairperson
- Medical Staff President
- Medical Staff Development Committee member
- Board of Directors Quality Improvement Committee Chairperson
- Nebraska State Prison Task Force to Evaluate Health Care in the Prisons, member

Professional Accomplishments

Mary Lanning Healthcare, Hastings, NE

- Physician Consultant Quality Department reporting to Vice-president of Quality
- Responsible for conversion of current paper order sets into electronic orders sets for implementation of Computerized Physician Order Entry (CPOE) in conjunction with IT department and medical staff
- Development of new order sets and updates of current order sets based on best evidence medicine
- Developed plan in accordance with CMS guidelines for regular evaluation and update of order sets once developed

Medical Director UniNet Grand Island, NE

- Medical Director of new clinically integrated network (CIN) for Catholic Health Initiatives (CHI) facilities in Nebraska
- Responsible for education of medical staff on functions, roles, and goals of the CIN
- Part of team with hospital and CHI to develop data collection methodology, evaluate data, and identify opportunities for quality improvement. Present this information to medical staff for input and recommendations
- Development of quality improvement projects with measurable metrics for hospitals in Grand Island network in conjunction with the appropriate medical staff

Ascent Clinical Quality Improvement

- Developed a comprehensive Cardiothoracic Surgery Quality Improvement template for rapid extubation, blood conservation, readmission prevention, and prevention of post-operative atrial fibrillation utilizing current clinical guidelines.
- Part of team responsible for implementation of best practices for heart failure, acute myocardial infarction, and percutaneous coronary intervention.
- Assisted in Quality Transformation processes

Partners in Healthcare Quality

- Independent consulting on quality improvement for pneumonia utilizing best evidence medicine including American Thoracic Society Guidelines, IDSA guidelines, order sets, and review of sepsis/pneumonia overlap. Provide continuing education presentations for physicians on best practices.

Physician Consultant, Accelerated Clinical Excellence Team, HealthGrades

- Part of a team consisting of lead consultant and physician who were responsible for assessing quality and processes of care around Orthopedics, Cardiology, Sepsis, Pneumonia, and COPD; developing an implementation plan including metrics ; and assisting in implementation of the plan.
- Physician presentations on documentation improvement, value based purchasing, and risk stratification
- Developed training materials around interpretation of Society of Thoracic Surgeons report, American College of Cardiology report, sepsis get with the guidelines goals, palliative care, outpatient chronic disease/heart failure management clinics, blood utilization guidelines post cardiac surgery, and prolonged mechanical ventilation protocols
- Assisted in development of orientation materials for new ACE team members; training of new team members on materials and processes used in ACE consulting model

Bylaws Committee Chairperson

- Achieved total revision of Medical Staff Bylaws, twice over 10 year period
- Reduced number of Medical Staff Committees from seven to three
- Initiated Credentials Committee
- Developed impaired physician policy
- Guided bylaws revision to be more “user friendly” for Medical Staff

Investigative Committee Chair

- Recommended withdrawal of Orthopedic privileges due to bylaw non-compliance
- Recommended Medical Executive Committee evaluate second MD for similar non-compliance

Quality Improvement Committee (Projects)

- Improve understanding and significance of QI to lay members and Board of Directors through development of Hospital Dashboard
- Implementation of sentinel event review process
- Instituted investigation of Orthopedic Surgeon with limitation of surgery start times and moratorium on spinal fusions for all orthopedic surgeons during investigation
- Implementation of Pneumonia Clinical Pathway with resultant decrease in time to antibiotic from 240 minutes to 120 minutes and decrease in mortality rates
- Leadership for development of Rapid Response Teams with reduced overall mortality of 20%

- Development of physician specific dashboards reporting volume, mortality, LOS, and compliance with Core Measures

Cardiology Services

- Developed integrated Cardiology Program with Nebraska Heart Institute
- Develop and monitor outcomes in conjunction with Nebraska Heart Institute

Electronic Medical Record

- One of three MDs in my practice to initially implement Electronic Medical record
- Training of MDs and nursing staff in implementation of electronic medical record
- Developed process for transfer of hospital information into electronic medical record

Nebraska State Task Force on Health Care in the Prisons

- One of four members appointed by the Governor to evaluate health care provided to inmates in the Nebraska State Penal System
- Project required interviews of inmates incarcerated in the State Penitentiary in Lincoln, Ne and the Women’s Correctional Center in York, Ne.; Interviews of health care providers; public comment; and tours of the facilities
- Task force developed recommendations for process improvement that were presented to the Governor
- Re-evaluated the health care processes 1 year later with further recommendations

Publications

- **Financial-Quality Imperatives of the Future.** Governance Institute Board Room Press Jan. 2012. Marie de Martinez, M.A., FACHE and A. Kathy Morse, MD, FACP.

Work History

Independent Consultant	UniNet Medical Director, Grand Island, NE	2014
	Mary Lanning Healthcare, Quality Department	2014-2015
	Sage Healthcare Collaborative, Consultant	2012-current
	Ascent Clinical Quality Improvement; Partners in Healthcare Quality	2012
Physician Consultant	HealthGrades, Accelerated Clinical Excellence team Denver, CO	2010-2012
Physician	Internal Medical Associates of Grand Island, PC Grand Island, NE	1990-2010
Assistant Clinical Instructor	University of Nebraska Medical Center Department of Internal Medicine Omaha, NE	1990-2010
Registered Nurse	Intensive Care Unit, University of Nebraska Medical Center, Omaha, NE	1980-1982
	Intensive Care Unit, Bishop Clarkson Hospital Omaha, NE	1978-1980
Owner	Internal Medical Associates	1991-2009

Education

Internal Medicine	University of Nebraska Medical Center	1990
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MD	Omaha, NE University of Nebraska Medical Center	1986
BA	Omaha, NE University of Nebraska at Omaha	1982
RN, Diploma	Omaha, NE Bishop Clarkson School of Nursing	1978
	Omaha, NE	

References-available on request