



# THE LIGHTHOUSE

**The official publication of the Maine Association Medical Staff Services, published by and for the MeAMSS membership**

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**2011 Education Meeting Dates  
Mark your Calendars!**

**August 19, 2011  
Houlton Regional Hospital  
Houlton**

**November 4, 2011  
Franklin Memorial Hospital  
Farmington**

**NAMSS 35th Annual Conference  
September 24-28  
Dallas, TX**



***President's Message***  
***Deb Carter, MS, CPMSM, CPCS***

I was able to attend the NAMSS Leadership Conference which was held in April. Medical staff professional state presidents, presidents elect, education chairs, and other state association board members were there to represent his or her state. The NAMSS regional representatives and board members were also present. It was heartening to know that everyone, from small states like Vermont, to large states like Texas and California, all struggle with the same issues – changes in healthcare that are affecting how we do things, changes in our budgets and our staff that affect our ability to participate in our state associations, and changes in legislation and standards that affect the credentialing process. How is NAMSS tackling these issues?

NAMSS leadership has committed themselves to addressing and focusing on three areas – education (which includes legislation and advocacy); membership (including resources for state associations and volunteer management); and leadership (encompassing managing change). The focus at the national level is the same as the focus of each state - that is a good thing. NAMSS leaders are meeting with CMS, NCQA, FSMB, The Joint Commission, and many other organizations that are driving the credentialing process and what we, as medical staff professionals, do on a day to day basis to ensure we are complying with federal and state requirements, as well as accreditation bodies. The medical staff professional is being given a voice and that voice is being heard.

Being aware that decreasing budgets are greatly affecting travel for ongoing professional education, NAMSS wants to remind us that the Annual Conferences are recorded and available for purchase at the online NAMSS store. One DVD can be purchased and shared amongst colleagues. Education is a priority for NAMSS and the organization continues to provide opportunities to its members through online courses, live and recorded webinars and quizzes. NAMSS also provides CE opportunities for writing Synergy articles and participating in the mentoring program.

Advocacy is another area in which all states struggle. NAMSS has developed a Medical Staff Professional video for distribution. It is up to each one of us in our states to share this video with our CEO's and administrative staff. NAMSS is also working with the American Society for Health and Human Resources Administration (ASHHRA) to educate their organization on the importance of MSPs.

So, with NAMSS working at the national level to educate, advocate, provide resources, and recruit members and train leaders, what is there for us to do at the state level? We need to do the very same things. The Maine Association continues to offer high quality education programs, both quarterly and biennially. Not having to travel out of state enables each of us to obtain education credits and ongoing professional education without spending money on airfare and hotels. These programs also allow for networking and

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mentoring. Our lending library affords the MSP with the opportunity for self-learning and exam preparation at only the cost of postage. And MeAMSS offers an education award on a yearly basis for a member to pursue certification/education.

Several of our members have demonstrated that we can advocate and our voices will be heard in Augusta when legislation is being proposed that will adversely affect patient safety. Your current MeAMSS leadership recognizes our organization needs to do more advocacy and member recruitment. We need your help. We need your ideas, your talents, your participation, and your willingness to be a part of the education, membership and leadership of your organization. The winds of change are upon us. As a medical staff professional, how will you manage the change that affects you?

***Highlights from FMH's Joint Commission Visit***  
***Dianna Poulin, BS, CHE***

On Monday, July 11<sup>th</sup>, three surveyors arrived at FMH at 8:00 a.m. for an unannounced five day visit. I was assigned to be the scribe for the physician reviewer (Dr. Booth). The provider credentialing/privileging session was scheduled for the last day of their visit. Listed below is what I observed during the survey.

**Medication Reconciliation.** The surveyors focused a lot of their time on reviewing medication reconciliation records, and talking with the staff about our process. Medication reconciliation continues to be a challenge for most hospitals, and both Dr. Booth and the nurse surveyor found some inconsistencies in our practice versus our policy. In fact, our medication reconciliation policy was stricter than what the JC/CMS defines as the critical elements. We were found deficient in not following our policy even though we met the elements of performance for this indicator.

**Timeouts.** Make sure everyone participates in timeouts during procedures and document that they have been done. We have been doing timeouts for some time, although it was a challenge for us three years ago, compliance has improved 100%. The only comment made by the surveyors is that we may want to have the physician performing the procedure sign off on the sheet. This is not a requirement but was suggested as an additional patient safety measure.

**Quality Programs/Performance Improvement.** They were very impressed with our programs and process. Our managers, staff and physicians spoke enthusiastically about all the quality initiatives that we have in place. They also asked staff in each of the departments they surveyed to describe their performance improvement activities.

**Patient Safety.** They spent a lot of time with Infection Control and touring the physical plant. Their findings, all of which have been corrected with the exception of one; hand gel dispensers were found adjacent to an electrical switch, a few non-GFI protected electrical receptacles were found to be located within six feet of a sink, and our stairways doors were not equipped with approved fire exit hardware. They also asked about compliance with hand washing and our patient safety programs.

**MS.01.01.01.** Of course this standard was an area of focus for the surveyors. Dr. Booth asked to see my medical staff bylaws and we were in compliance with MS.01.01.01 except for one piece... making sure the language related to the H&P is in the bylaws. We had them in the rules and regulations, which for us is considered a part of the bylaws. Our rules and regulations are subject to the same approval process as the bylaws, and we have language in the bylaws that state they are part of the bylaws; however, that was not good enough. I would just like to add that I challenged our MS Bylaws Committee on this issue, but they were adamant they were fine in the rules and regulations.

**FPPE/OPPE.** Be prepared to explain your process for FPPE/OPPE, and show the surveyor(s) examples of both. Make sure you are following your policies. Dr. Booth remarked that it is critical for Service Chiefs and/or Department Medical Directors to define what the process should be for focused reviews in their specialty areas.

**Privilege Sets.** Make sure you don't have anything on your privilege sets that you do not offer at your facility. i.e. brain surgery, transplants, etc. Design your privilege sets to fit the services provided at your facility.

**Telemedicine.** They asked about our credentialing process for telemedicine providers. We have not yet changed the way we credentialed these providers, but for those of you expecting surveys, you will be asked questions around telemedicine.

**Chart Audits.** Health Information Management was asked to pull 10 moderate sedation charts, 10 for patient restraints, and 10 pediatric charts. Following a review of the charts, they were interested in how we prove competency for moderate sedation.

FMH had only three direct observations which, compared to the 15 we had three years ago, is a huge success. The surveyors were engaging, pleasant and commented several times that they were here to help us. Our staff was well versed with the standards and I attribute this to the two-day accreditation fair we held last fall, participation in the Joint Commission's PPR (periodic performance review) process annually, and management leadership changes.

If anyone is scheduled to have a survey, and would like more information regarding our experience, please give me a call.

**The new CMS telemedicine rule goes into effect 7/1/11  
but there are steps that need to be taken before credentialing  
by proxy can be implemented.**



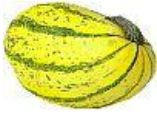


1. The hospital governing body has to decide whether or not they are comfortable with the concept. This is somewhat of a trust issue. How is the other party conducting the credentialing process at their organization? Once the decision has been made to accept credentialing by proxy, there must be a written agreement with the other organization detailing their process and their responsibilities for providing information (what, when, how) on the providers attached to the telemedicine service.
2. The medical staff must amend their bylaws (and have them approved by the Board) to officially authorize the credentialing by proxy process. It is probably also a good idea to create a telemedicine staff category with the rights and responsibilities clearly delineated. It would be prudent to include that cancellation of the telemedicine contract for services or termination of a particular provider in the telemedicine service is grounds for automatic revocation of telemedicine privileges without recourse to the Fair Hearing process.
3. Delineation of privileges form and qualifications for such privileges should be developed by the telemedicine service in accordance with the scope of services in the service agreement. Your MEC should approve in advance.
4. Your facility must develop OPPE and have a mechanism to provide that data back to the telemedicine organization for use in their on-going credentialing and privileging process.
5. I have an outline developed by Maine Health with suggested language for inter-organization agreements, bylaws and credentialing by proxy process. I will share these documents with anyone who asks. These documents are only suggestions and need to be tailored to your own facility and probably reviewed by counsel or risk management.
6. Bottom line: this is an exciting concept with potential to speed the provision of telemedicine services and cut costs but cannot be initiated until the above requirements are addressed.

Submitted by: Cheryl L. Schilke, RN, CPMSM

## HOW TO PLANT A GARDEN FOR THE GARDEN OF YOUR DAILY LIVING

First, you come to the garden alone, while the dew is still on the roses.....



<p><b>PLANT THREE ROWS OF PEAS</b></p>  <ul style="list-style-type: none"> <li>☺ Peace of mind</li> <li>☺ Peace of heart</li> <li>☺ Peace of Soul</li> </ul>	<p><b>PLANT THREE ROWS OF LETTUCE</b></p>  <ul style="list-style-type: none"> <li>☺ Lettuce be faithful</li> <li>☺ Lettuce be kind</li> <li>☺ Lettuce be patient</li> <li>☺ Lettuce really love one another</li> </ul>	<p><b>TO CONCLUDE OUR GARDEN WE MUST HAVE THYME:</b></p>  <ul style="list-style-type: none"> <li>☺ Thyme for each other</li> <li>☺ Thyme for family</li> <li>☺ Thyme for friends</li> <li>☺ Thyme for PRAYER</li> </ul>
<p><b>PLANT THREE ROWS OF SQUASH</b></p>  <ul style="list-style-type: none"> <li>☺ Squash indifference</li> <li>☺ Squash gossip</li> <li>☺ Squash grumbling</li> <li>☺ Squash selfishness</li> </ul>	<p><b>NO GARDEN IS WITHOUT TURNIPS</b></p>  <ul style="list-style-type: none"> <li>☺ Turnip for meetings</li> <li>☺ Turnip for service</li> <li>☺ Turnip to help one another</li> </ul>	

**WATER FREELY WITH PATIENCE AND CULTIVATE WITH LOVE. THERE IS MUCH FRUIT IN YOUR GARDEN BECAUSE YOU REAP WHAT YOU SOW**

**Kudos Korner**  
**Dianna Poulin is Recipient of Maine Association of Medical Staff Services Education Award**

Dianna's career in healthcare began in 1986 when she was hired as a Unit Coordinator on the Med-Surg Unit at Franklin Memorial Hospital. She then had a number of different positions in the hospital that included, Education/Nursing Administration Assistant, Assistant to the Vice President of Nursing, Executive Assistant to the President, and finally to her position as Manager for the Office of Medical Affairs, which she has held for the past five years. While working full-time and raising two children on her own in the 90's, she achieved her BS Degree in Community Health Education from the University of Maine at Farmington. Dianna enjoys her current position and plans to use the educational award towards the application fee to apply to take the Certification exam. She says she is at a point in her career where she can carve time out of her busy schedule to study for the exam. On a personal note, Dianna loves to visit with her four grandchildren, Rylee, Rivers, Cole and Levi. She loves to work in her perennial gardens and enjoys quilting. She lives with her two Himalayan Cats. Congratulations and good luck, Dianna.

## Join us in Dallas for the NAMSS 35th Annual Conference

Please join us in [Dallas, TX](#) from September 24–28, 2011 for the NAMSS 35th Annual Conference & Exhibition. During this time of rapid transition in the healthcare arena, you can't afford to miss this year's program, which has been designed to provide you with all of the opportunities you need to develop your skills and advance your career.

The NAMSS 35th Annual Conference & Exhibition offers more than 40 sessions tracked by medical environment (Hospital, CVO, or MCO) and level of experience (New to the Field, Newly Certified, and Experienced). You're free to choose your own educational adventure—whether you want to learn more about credentialing services, regulations, administration, or groundbreaking technologies, the NAMSS Annual Conference has something for you. As a bonus, all sessions are CE-approved to help you gain credit towards renewing your NAMSS certification.




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## Newsletter Submission Invitation

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Guidelines for submission of articles for the newsletter are:

- Any text submitted other than by electronic means must be typed.
- Any photography submitted must identify individuals pictured, and nature of photograph.
- Provide all details regarding events or announcements, including location and exact address, date, time, contact, and applicable telephone, fax, e-mail & website.
- Data submitted should be concise and not exceed 250 words.
- Please make sure you get permission for any article submissions.

**Remember.** This is your newsletter, let's share forms, policies, processes, and any other tidbits of information that you think others may find useful.

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### HELPFUL WEBSITES

<http://www.mainedental.org/>  
<https://profiles.ama-assn.org/amaprofiles/>  
[https://www.do-online.org/index.cfm?PageID=cme\\_guidereqs](https://www.do-online.org/index.cfm?PageID=cme_guidereqs)  
<http://www.maine.gov/sos/cec/rules/10/chaps10.htm>  
<http://www.royalcollege.ca/>  
<http://www.state.me.us/pfr/olr/>  
<http://www.archives.gov/locations/index.html>  
<http://www.archives.gov/st-louis/military-personnel/letter>  
<http://www.nccpa.net/namss.org>  
[www.docboard.org](http://www.docboard.org)  
[msleader.com](http://www.msleader.com)  
[msspnext.com](http://www.msspnext.com)  
[qualityforum.org](http://www.qualityforum.org)  
[credentialinfo.com](http://www.credentialinfo.com)  
[www.aana.com](http://www.aana.com)  
[jointcommission.org](http://www.jointcommission.org)  
<https://www.nursys.com/Common.asp?pt=LICENSEVERIFICATION>  
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