



# THE LIGHTHOUSE

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**2011 Education Meeting Dates**  
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**May 6, 2011**  
**Maine General Medical Center**  
**Waterville**

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

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



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

Change. It happens to us and around us. Sometimes we cause the change, sometimes we are part of the change. Sometimes we like the change, sometimes we resist the change. But change does happen. We are all a part of the changes happening in the healthcare environment. As medical staff professionals we are affected by these changes as we struggle with less than adequate staffing, diminished budgets and lack of administrative support or understanding of what we do from day to day. As medical staff professionals, our role is one in which we wear many hats. Those hats are changing as we are asked to take on more. "Do more with less" is being heard throughout the halls of healthcare. How each of us deals with change is one aspect of our professionalism that identifies us as leaders. Are we resistant to change? Are we willing to help others adapt to change? Do we develop ideas for change? Do we welcome change as positive or negative? Are we "change agents"?

There are two areas of change that several of our colleagues recently accepted as challenges in a very positive way - I applaud them. The first area is personal growth. Despite busy schedules of work and personal lives, every year a few of our members make the decision to change direction professionally and sit for one of the NAMSS certification exams. The decision to do this is a commitment of time, energy, money and a big change in how your time is spent for several weeks, even months, as many hours are spent in study. A hearty congratulations to Susan Gilson at TAMC, Sandra Fickett at Synernet, and Fiona Ferguson at Spectrum, for passing the CPCS certification exam. They should be proud of taking on this commitment for personal growth to become a certified professional credentialing specialist.

The second area of change is taking on a challenge that involves time out of the office in hopes of affecting change. Deb Hall, Adrienne Zaccai, Shirley Hotchkiss and Allison Meyer all took time from their already busy work days to make a difference in the hopes they could affect the outcome of proposed legislation. On behalf of MeAMSS and everyone that would have been impacted by proposed LD947, I want to thank each of you for writing, researching and speaking for Maine medical staff professionals. You stepped forward and put a stop to what would have been a detrimental change to the integrity of credentialing. Thank you for your representation. Job well done.

As this message goes to print, I will have already attended the NAMSS Leadership Conference. I did not know this before writing the article, but the conference focus will be about change – how timely! I will share more of this conference in my next message. Until then, I will end with the role that thinking and feeling plays in change, according to the research of John Kotter. **Thinking** differently can help change behavior and lead to better results. **Feeling** differently can change behavior MORE and lead to even better results. Susan, Sandy, Deb, Adrienne, Shirley and Allison put thought and feeling into action that led to very positive results.

# LABOR, COMMERCE, RESEARCH AND ECONOMIC DEVELOPMENT COMMITTEE HEARS BILL THAT WOULD UNDERMINE STATE REGULATION OF THE PROFESSIONS

*Respectfully submitted by Allison Meyer, CPCS MEAMSS' Legislative Liaison*

Those of us involved in health policy in Maine recognize that the state faces a shortage in many of the health professions, but most of those speaking at a public hearing on L.D. 947, *An Act to Encourage Professionals to Move to the State* seemed to feel that this bill went too far. The bill proposed to allow a professional who possesses a license in any other jurisdiction, not just any other U.S. state, to practice in Maine with no further review. It would essentially provide complete reciprocity with consumers left to pursue any complaint against the professional in the jurisdiction of licensure.

On March 31<sup>st</sup>, before the Committee on Labor, Commerce, Research and Economic Development, several healthcare constituents joined representatives of many other professions in opposing the bill. Compelling testimony was offered by MMC's Debbie Hall, MMA's Gordon Smith, Esq. and me as MEAMSS' Legislative Liaison along with Gary

Palman, D.O. The Committee apparently heard our message concerning the potential risks this bill would have on patient safety and quality of care if enacted and on April 5<sup>th</sup>, the Committee voted "ought not to pass".

I'd like to thank MEAMSS members Debbie Hall and Adrienne Zaccai for their advocacy and support. Also a special thanks to Dr. Palman, who initially made us aware of this proposed bill, which enabled MEAMSS to take immediate action and swiftly respond.



## 15 Ways to Increase Your Influence in Meetings

1. Learn about the participants - Google participants, check out profiles on Linked-In, get to know your audience in advance before the meeting.
2. Dress appropriately - The way you appear in meetings is how you will be viewed consciously and unconsciously.
3. Come prepared - Review agenda in advance and come prepared for discussion.
4. Arrive early - Showing interest in people before the meeting makes them more receptive to what you are sharing in the meeting.
5. Pick a good seat - Find an appropriate seat that will yield the most eye contact with others at the table.
6. Conceal your cell phone - Put it on silent mode and out of sight. Looking at phone during meeting shows a lack of respect and also that the meeting is not a priority.
7. Listen with your whole body - Make 100 percent eye contact with the speaker and lean toward them attentively.
8. Never interrupt - Wait for your own turn to participate to show respect of others opinions at the meeting.
9. Think before you speak - What is the best way for my point to be easily understood using the fewest number of words possible?
10. Participate - You can't gain influence if you aren't contributing value
11. Take notes - Taking notes indicates that you understand what's being said and are taking your responsibility seriously.
12. Don't be distracted - Whispering, note sharing, leaving for the bathroom indicate your lack of interest in the subject being discussed.
13. Include everyone when talking - Share eye contact with each member in the room to make sure everyone feels included.
14. Disagree respectfully - Ask questions for clarification, control emotions, and body language.
15. Don't check out - If the subject being discussed does not impact your position stay attentive and involved

Article Source: [www.thorbahn.com](http://www.thorbahn.com)

## Kudos Korner

### Three New Certifications!



**Susan Gilson**, Managed Care & Medical Staff Communication Specialist has successfully passed the national certifying exam and now holds the credentials “CPCS” (Certified Provider Credentialing Specialist). Susan has worked for the past 17 years, of which the last 5 years have been in Medical Staff Services. She is responsible for all aspects of managed care credentialing and medical staff communication/events. She also facilitates all aspects of quality improvement/assurance which includes Medical Quality Improvement Committee and the OPPE/FPPE collecting and reporting process.

**Fiona Ferguson**, After working for 10 years in the television and feature film production industry in Los Angeles, Fiona changed course to pursue an education in science and enrolled in the Microbiology program at The Ohio State University in Columbus, Ohio. In 1996 she joined Ventana Medical Systems - a Tucson, Arizona based medical technology company specializing in automated tissue diagnostics and slide preparation systems. In 1997 she became licensed as an Emergency Medical Technician and in 2001 she joined Misys Healthcare Systems, a leader in electronic medical records technology. Most recently Fiona worked as a Credentialing Specialist for Mercy Hospital in Portland, Maine and became a CPCS in June of 2010. Fiona joined Spectrum Medical Group as a Credentialing Specialist in August of 2010 and will complete an Associate's Degree in English from Southern Maine Community College this summer. Fiona lives in Yarmouth with her 14 year old son, Graeme.

**Sandra Fickett**, Sandra started her career at Synernet, CVO in August of 2005, after many years of working in banking operations. Being certified in the field has been a goal of hers for the past couple of years. She started studying sporadically about a year ago with a co-worker (who plans on taking the exam this summer), then picked up the pace of study in the past month. With the help of Cheryl Schilke, advice and pop quizzes from Rose Lyons and Deb Carter, study guides and online quizzes, Sandy successfully met her goal of passing the CPCS certification exam this April. Sandy lives in Portland with her two cats.

### Other Acknowledgements

**Coleen McGeachey** is the Medical Staff Coordinator at New England Rehabilitation Hospital in Portland. She has been there for nine years, quietly but consistently doing her job. Not only was she recognized as Employee of the Month in December of 2010 but she was recognized by the medical staff at its Annual meeting in December. She was presented with an Appreciation Award. Dr. Syed Kazmi, President of the Medical Staff, said the following of Coleen:

“People working at NERHP are truly fibers of a fabric. Each one provides strength and texture to this fabric. There are some that are shining stars in the fabric. There is one that I would like to acknowledge on behalf of the medical staff. This person is always meticulous in her work, appearance and communication. She will tackle even the hardest problem with a smile on her face. She is hardworking, friendly, intelligent, dedicated and devoted. She has exceptional hospitality. She is a bridge between the physicians in the community and our hospital. She emanates communication as both a science and an art. She is Coleen McGeachey!”

*Congratulations to each of you!*

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## Riding a Dead Horse

Many times we find ourselves performing functions and when asked why we do it the reply usually is “because we have always done it” or “because we have always done it that way” and so on.

At St. Joseph Hospital, most meetings begin with a reflection. While attending a meeting this week, the following was read and I immediately thought, “when is the last time I really took a look at what I do and why I do it?” And I bet each of you can come up with an analogy for each of the numbered items, which might be a fun exercise in itself.

I hope you enjoy this as much as I did and find some wisdom in the reading.

*Kim Sibley, CPMSM, CPCS - Medical Staff Coordinator*

## Riding a Dead Horse – The Wisdom of the Dakota Indians

The tribal wisdom of the Dakota Indians, passed on from generation to generation, says that when you discover that you are riding a dead horse, the best strategy is to dismount.

In modern education and government, however, a whole range of far more advanced strategies are often employed, such as:

1. Buying a stronger whip.
2. Changing riders.
3. Threatening the horse with termination.
4. Appointing a committee to study the horse.
5. Visiting other sites to see how others ride dead horses.
6. Lowering the standards so that dead horses can be included.
7. Re-classifying the dead horse as “living impaired”.
8. Hiring outside contractors to ride the dead horse.
9. Harnessing several dead horses together to increase the speed.
10. Attempting to mount multiple dead horses in hopes that one of them will spring to life.
11. Providing additional funding and/or training to increase the dead horse’s performance.
12. Doing a productivity study to see if lighter riders would improve the dead horse’s performance.
13. Declaring that as the dead horse does not have to be fed, it is less costly, carries lower overhead, and therefore contributes substantially more to the bottom line of the economy than do some other horses.
14. Re-writing the expected performance requirements for all horses.
15. Promoting the dead horse to a supervisory position.



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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.

## 2011 Board Members

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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](http://namss.org)  
[docboard.org](http://docboard.org)  
[msleader.com](http://msleader.com)  
[msspexus.com](http://msspexus.com)  
[qualityforum.org](http://qualityforum.org)  
[credentialinfo.com](http://credentialinfo.com)  
[www.aana.com](http://www.aana.com)  
[jointcommission.org](http://jointcommission.org)  
<https://www.nursys.com/Common.asp?pt=LICENSEVERIFICATION>  
<http://www.maine.gov/boardofnursing>  
  
[http://cms.hhs.gov/manuals/Downloads/som107ap\\_a\\_hospitals.pdf](http://cms.hhs.gov/manuals/Downloads/som107ap_a_hospitals.pdf)