



THE LIGHTHOUSE

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

**February 4, 2011
Southern Maine Medical
Center, Biddeford**

**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

As I sit at the computer my thoughts turn to the symbolism of beginning my term as MeAMSS president in January. The new year begins a new term of office for each MeAMSS board member just as the month begins a new year. The month of January is named after Janus, the god of the doorway. Western civilization has been celebrating the start of the new year since the 16th century. We reflect on the past year and think about what might be in the year ahead. The doorway seems open to a realm of possibilities, particularly with a group of like minded professionals working together. The MeAMSS board is tasked with carrying forth the mission of MeAMSS: "Promote recognition and visibility of the profession; provide educational resources and opportunities; promote recognition of our expertise as professionals in managing credentialing, privileging and practitioner/provider support."

One of my roles as your President is to establish a common vision for the future the Board seeks to create over the next two years in carrying out the MeAMSS mission. Past presidents and board members have laid a solid foundation on which to build. Job descriptions are more relevant; education programs meet the needs of the membership, offer CME to involve medical staff leaders, and are recognized by other state associations as being "top-notch"; working relationships have been established with both allopathic and osteopathic licensure boards; and the association has been called upon for input into such entities as the State's Emergency Preparedness Task Force. These are just a few examples.

But there is always more to do. My doorway opens upon a pathway in which we are able to define the value in what we do every day. Certification is of value. Its achievement personally and importance professionally should be recognized for what it is – the achievement of a recognized level of expertise and knowledge. The medical staff professionals' value in risk management is often not recognized. January's birthstone is garnet which represents constancy. Garnet should be a symbolization of the medical staff professional – constant adherence to a consistent credentialing process that serves to protect the patient. There is value in each and every task completed and in the support we provide to practitioners.

My vision of the future is the creation of a pathway that recognizes the medical staff professional as the valued expert who is a clearly visible and vitally important member of the healthcare team.

January is also National Thank You month. Let me take this opportunity to thank everyone who took time and energy to serve as officers and committee chairs over the years to carry out the mission of MeAMSS. Best wishes to all for a professionally successful year.



3 Steps to Smart Goal Setting

Smart goal setting starts with learning not to set yourself up for failure. You may have all the ambition in the world but if your goals are not achievable or otherwise beyond your reach you will experience much frustration. The danger in this is not only the wasted time and effort but also that you may be discouraged from setting goals in the future and that would be a terrible shame.

Here are 3 requirements you will want your goals to meet to increase the chances that you can and will actually accomplish them.

Must Be Focused

The objectives you establish for yourself must be clearly defined and specific in order for you to put together a plan as to how you will accomplish them. Consider your goals a target, which is exactly what they are, and with that said if they are not in focus how can you expect to hit them?

Realistic

It is very important that whatever it is you want to achieve is something that is attainable in regards to your particular skill sets and other available resources that may be required. The danger in setting goals that are not realistic is that the disappointment you experience may dissuade you from ever doing so again! Making an accurate and honest assessment of the 'tools' and resources you have to work with and how they measure up to what it is you want to achieve should be your first step.

Measurable

There must exist a means to determine your progress since once again if you are not seeing results your frustration levels will rise along with the temptation to quit!. This helps you make adjustments if needed and also keeps you motivated provided progress is being made. Remember that along with the ambition you may possess, your motivation is a huge factor in whether you will be successful at achieving what you have set out to accomplish. In addition a realistic time table needs to be established to help you better measure your progress!

Smart goals setting involves establishing objectives that are not only suitable for your skill sets but measurable as well. Setting goals is an admirable thing but even if you have all the ambition in the world you likely will not reach them if you get overly frustrated. When establishing your goals the key is to determine ahead of time if they fit your talents and/or resources and will you be able to chart your progress. If both these requirements are not met it is likely your goals will not be met either.

Author: TJ Philpott

Article Source: <http://www.articlebiz.com/article/1051385039-1-3-steps-to-smart-goal-setting/>

Letter to the Editor

I read with interest Cheryl Schilke's article, *Nurse Practitioners after Repeal of Delegation*. In the interest of accuracy in reporting I would like to clarify that the Maine Board of Licensure in Medicine did not repeal the ability of physicians to place APRNs under delegation. A legislative committee voted approval of LD 1702, "**An Act To Amend the Laws Governing Advanced Practice Registered Nurses**" sponsored by **Representative Anne Perry** with an "ought to pass"

in committee vote on April 12, 2010. Approved legislative drafts (unless emergent) become law 90 days later (July 12, 2010). 32 M.R.S.A., Section 2205-B(3) was repealed whereby APRNs may no longer accept delegation to perform medical acts outside their own scope of practice. This subsequently caused the BOLIM to delete Chapter 3 of its rules. Chapter 3 delineated the requirements of registering an APRN under delegation.

Claudia Edwards. CPMSM

Credentialing the APN

Submitted by: Claudia Edwards, CPMSM

This will be a two-part article. Part I will focus on credentialing the nurse practitioner, in particular, their scope of practice. Part II will focus on the certified nurse midwife.

NURSE PRACTITIONER

What are the core accountabilities within the nurse practitioner's standards of practice?

Both primary and specialty nurse practitioners provide initial, ongoing, and comprehensive care that includes histories physical examination and other health assessments such as diagnosing, treating and managing patients with acute and chronic diseases, ordering and interpreting laboratory and initial studies, prescribing medications and durable medical equipment, and making appropriate referrals for patients and families. The nurse practitioner's practice model emphasizes education and preventive care.

Training:

Competency in specialty areas can be acquired either by educational preparation (master's degree or other post-graduate certificate courses) or experience and assessed in a variety of ways through credentialing mechanisms [e.g. portfolios, examinations (pre- and post-assessment under structured, supervised learning such as learning to insert PICC lines or intraosseous fluids)]. Competencies should be identified by professional organizations; e.g. palliative care, oncology, etc. Such practices adhere to the Scope of Practice Decision Tree found on the MSBON website.

Family Nurse Practitioners are educationally prepared to practice primary care. If the family nurse practitioner has specialized in the subspecialty fields such as nephrology, oncology, or cardiology and did not obtain training in these specialized areas within the post-graduate program, there are two other pathways a nurse practitioner may use to establish competency: (1) continuing education course completion and (2) on-the-job training in the specialty. While nephrology, oncology, and cardiology are specialty practices, they are subspecialties of primary care medicine. The extent to which the nurse practitioner treats these specialty patients could be defined in their scope of practice or in the plan of collaboration. As an example, the FNP treating the oncology patient might execute the oncologist's treatment plan and oversee

chemotherapy infusions but would not perform initial assessments of these patients.

In its memo to field surveyors dated November 12, 2004, CMS essentially stated that not all practitioners are equal. When creating scopes of practice for the nurse practitioner, consider creating a "core" that includes the nurse practitioner's core accountabilities noted above and creating a "special core" scope that requires proof of competency for each procedure or intervention the nurse practitioner would like to perform.

Exception to Practice:

The MSBON reserves the right to make an exception to practice for the nurse practitioner. If, as a result of having been under delegation, questions exist as to whether the nurse practitioner is practicing outside his/her scope of practice, the nurse practitioner should consider requesting an advisory opinion from the Board of Nursing. The Board has a practice questionnaire which adheres to the decision tree. The law did not provide any language for grandfathering skills learned for APRNs who were under delegation.

Conclusion:

All medical staff services professionals involved in credentialing nurse practitioners should become familiar with the Scope of Practice Decision Tree on the MSBON website as well as the posted advisory opinions. Be aware, too, that there are patient age limitations for certain specialty nurse practitioners (e.g. adult nurse practitioner or pediatric nurse practitioner).

Sources: Maine State Board of Nursing Chapter 8, American Academy of Nurse Practitioners, American Nurses Credentialing Center, Emergency Nurses Association, National Association of Pediatric Nurse Practitioners, various masters' programs for the advanced practice registered nurse, National Council of State Boards of Nursing Consensus Model for APRN Regulation (7/2008)

10 WAYS TO KNOW THAT YOU'RE A MEDICAL STAFF SERVICES PROFESSIONAL

1. Whenever you try to explain to anybody what you do, their eyes glaze over.
2. Getting a doctor to complete a credentialing application is worse than pulling teeth.
3. You either know more than you need to know, or you need to know more.
4. You feel like a detective, but you aren't working for the FBI or the CIA.
5. You know when to pick up the phone and determine what is really happening after reading a letter of recommendation.
6. You know which hospitals to go to, which ones to avoid, which doctor to use, and which you would not allow to put a bandage on your finger.
7. You don't have the final authority, but you are allowed to worry as if you did.
8. You know where all the skeletons are in the closet.
9. You grade the script writers of *Grey's Anatomy* when the plot involves credentialing.
10. You know that connecting with colleagues at a MeAMSS meeting is your most effective form of psychotherapy.



Taken from: 101 Ways to Know If You're a Medical Services Professional, by Neil Shulman, MD

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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_guideregs
<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>
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www.aana.com
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

Newsletter Submission Invitation

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, and Web.
- 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.

March/April

Week of February 28 -- begin accepting article submissions

Week of March 7 -- copy written

Week of March 14 -- revise & layout and design completed

Week of March 21-- distribution