



THE LIGHTHOUSE

JULY/AUGUST 2003

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Maine Association
Medical Staff Services,
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MeAMSS membership*

President's Message

**“Occasional failure is the price of
improvement”
(Author unknown)**

The above expression speaks right to the heart of our work. We must never be afraid of failure because if we never try, we can never succeed. We must always strive to look for methods to improve how we accomplish our tasks to meet our customers' needs. Success can be measured in so many ways: good relationships, improvements in our office skills and tasks, improved communication. You name it!

This month, I thought I would share information from the Northeast Regional representative and NAMSS:

Job Task Analysis Project: Let me begin by saying that the organizers of this project were astounded with the responsibilities of an MSSP. This was a four-day event designed to analyze the job-related tasks performed by a medical staff service professional in the role of Medical Staff Coordinator, Manager or Director. The goal was to identify the knowledge and skills required to successfully perform the job tasks. Results will be used to incorporate into the content outline for certification

tests in the future and to identify future educational programs. The following were identified: 66 job tasks, 838 enabling objectives (364 were knowledge based, 402 were skills based, and 72 were attitudinal objectives).

The NAMSS Advisory Council will review this information and send a survey to approximately 1,000 NAMSS members (Medical Staff Coordinators, Managers and Directors). A return of 300-400 surveys will be considered sufficient for validation of the survey.

Continuing Education: The Education Council is working on new opportunities for obtaining CEUs. The Independent Study Program (ISP) has experienced an increase in enrollments annually.

SYNERGY: In an effort to reduce costs, NAMSS is considering an e-mail option regarding the delivery of SYNERGY. Members will be polled via the NAMSS website.

The 2004 Pre-publication Standards are now available at www.jcaho.org, on the right hand side of the page.

That's all for this month. As always, take care, stay well, and please feel free to contact me at any time.

Kim Pelletier, CMSC
President, MeAMSS

LD 423 An Act to Improve the Process of Credentialing Health Care Providers for Managed Care

The legislature passed and the governor signed the law on May 6, 2003. The act provides that carriers must make credentialing decisions within 60 days of a completed application unless the application requires additional investigation and notice

has been provided to the applicant within 60 days of receipt of application. An application is completed “if the application includes all of the information required by the uniform credentialing application used by carriers and providers in this State and such attachments to that application as required by the carrier at the time of application.” The law does not differentiate between the Maine Uniform Applications(s) and the CAQH application.

Cheryl Schilke, RN, CMSC
Synernet CVO

NEW MEMBERS

The Board of MeAMSS would like to extend a warm welcome to our newest members:

Donna Happy
Medical Staff Coordinator
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Network Questions:

Does anyone require proctoring for pacemaker insertion privileges?

3 answers were received (2 from large hospitals). The large hospitals required 50 proctored cases and one of the hospitals required 10 cases performed independently at reappointment. A third hospital left the decision to the department chief’s discretion.

Submitted by Lucille C. Bois, CMSC
Executive Assistant/
Medical Staff Coordinator
Inland Hospital

Does anyone have established immunization requirements for health care workers?

6 responses were received: 3 said ‘yes’, 2 said ‘no’ and 1 was going to establish a requirement in the near term.

Submitted by Judy O’Mara
Medical Staff Coordinator
MaineGeneral, Augusta Campus

Does anyone currently have a form/format for documenting CME information for reappointment?

Are any of you using attestations of CME as opposed to an actual course list or certificates?

Are any of you using language such as “evidence of current licensure is accepted as evidence of continuing education?”

Do any of you have a specific number and/or type of CME hour requirements or do you say “sufficient to meet state licensing regulations?”

8 responses were received:
3/8 responses ask the physician to complete a specific form. Physicians have the option

to submit their own log if it contains the same information as the form.

3/8 do not collect specifics of CME activity stating that current licensure is evidence of CME.

3/8 collect actual certificates. One then generates a report for the physician that can be submitted to their medical licensing board.

1/8 accepts attestation of number of hours.

In addition, the CVO client hospitals (11) have no specific requirements for documentation. They accept certificates, lists, any format submitted by the physician.

Submitted by Cheryl Schilke, RN, CMSC
Synernet CVO

[Does anyone recognize or credential naturopathic physicians?](#)

11 responses were received and all answered 'no'.

Submitted by Patricia Stack, RN, CPCS
Credentialing Lead, Anthem BCBS

UPCOMING EDUCATIONAL MEETINGS DATES

Remember to invite another colleague from your organization!

September 12, 2003
Mayo Regional Hospital
Dover-Foxcroft

December 12, 2003
MaineGeneral Medical Center
Waterville

TEST YOUR KNOWLEDGE

Sample CMSC Test Questions:

1. The procedure, arthroscopy, is a diagnostic tool primarily performed by:
 - a. ophthalmologists
 - b. podiatrists
 - c. orthopedic surgeons
 - d. Gynecologists.
2. An entity that provides coverage of designated health services needed by plan members for a fixed, prepaid premium:
 - a. Capitation
 - b. Fee for service
 - c. Point of service plan
 - d. Health Maintenance Organization (HMO)
3. A methodology of sorting diagnoses by group under major diagnostic categories with defined per discharge reimbursement limits:
 - a. DRG
 - b. Utilization review
 - c. Indemnity
 - d. Medicaid
4. The best word for what an organization chart shows about various jobs in an organization is:
 - a. Power
 - b. Relationship
 - c. Salaries
 - d. Importance
5. Surgical repair of the windpipe is:
 - a. Tracheoplasty
 - b. Rhinoplasty
 - c. Laryngoplasty
 - d. Pyloroplasty
6. Elam v. College Park Hospital was based on:
 - a. Alleged negligence in failing to investigate available information regarding the competence of a staff practitioner.
 - b. Alleged defamation
 - c. Alleged breach of contract

- d. Alleged refusal to respond to a subpoena *duces tecum*
- 7. The type of law created by judicial decision is:
 - a. Common law
 - b. Statutory law
 - c. Murphy's law
 - d. Administrative law
- 8. The management theory that work is natural to man and is not avoided is part of:
 - a. McGregor's Theory Y
 - b. HMO's
 - c. Maslow's Hierarchy of Needs
 - d. McGregor's Theory X
- 9. The term board-in-residence refers to:
 - a. Member of the governing body with an office in the hospital
 - b. Chief executive officer
 - c. Members of the governing body present at a meeting
 - d. The current governing body
- 10. The combining form gravid/o refers to:
 - a. Pregnancy
 - b. Live birth
 - c. Labor
 - d. Fertilization

(Answers at the end of the newsletter)

**HEALTH CARE LAW REVIEW
(Information Gleaned from NAMSS
"Certified Medical Staff Coordinator"
Workshop, Study & Reference Guide**

Tort Law: Tort laws are civil (not criminal) wrongs. Several torts can occur in the healthcare setting:

1. Assault and Battery: Acts against people without their consent. Assault occurs if a person is truck or touched or threatened to be touched without the person's consent. Battery is wrongful infliction of

- physical violence or restraint without consent. Hence a major reason patient consent is critical for medical treatment.
- 2. False imprisonment occurs if people are kept from departing or detained without their consent. Hospitals cannot force patients to stay against their will, but usually document that a patient left "against medical advice" or AMA.
- 3. Defamation of Character is an injury to reputation from malicious and false statements. Included in this definition are libel (written material) or slander (spoken). Peer review documents that might contain critical statements that could be injurious to a practitioner's reputation are usually protected by a privilege of confidentiality to encourage frank discussion without fear of liability for defamation.
- 4. Patients Rights and Responsibilities. Accreditation standards and some states' law frame patient rights and responsibilities. Those include rights of access to care, to treatment (including end of life care and pain management), respect, confidentiality, informed consent and communication.
- 5. Negligence. This tort has four elements:
 - a. Duty to Exercise Due Care (can be established either by statute or common law). As an example a physician owed a very high duty to the patient that the care rendered is the standard of care provided in the community.
 - b. Breach of Duty: As noted in (a) above, if the physician does not exercise standard of care, this could be considered a breach of duty.
 - c. Injury: If there is no injury, there is no liability.

- d. Proximate Cause: The injury must be caused by the breach of duty.

MeAMSS Website

Haven't visited the site yet? The address is www.meamss.org.

**Do you have comments/
suggestions/ideas for the website?**

If so, please contact
Allison Meyer, CPCS, Media Chair
allisonm@martinspoint.org



CALLING ALL WRITERS...

**Do you have an article to submit to
The Lighthouse? Please send it to:**
cedwards@mainehospital.org

[Answers to the Quiz Questions:](#)

1-c; 2-d; 3-a; 4-b; 5-a; 6-a; 7-a; 8-a; 9-b; 10-a

REMINDER

**Beginning January 2004, registration fees at
educational sessions will increase by \$5:
Member fees- \$20; Non-member - \$30**



May you have a safe and happy 4th of July!

MeAMSS Board Members 2003

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