



## THE LIGHTHOUSE

November/December 2003

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

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### President's Message

#### ARE YOU THRIVING OR JUST SURVIVING?

Because you are receiving Northeast Region and NAMSS updates regularly, I wanted to focus on something else, our attitude toward our jobs.

I do want to say that I had a wonderful time in San Antonio during the annual NAMSS conference which you will be hearing more about at the December 12 MeAMSS meeting. Today, I wanted to share a series of articles I recently read by Mary Welchel about *How to Thrive from 9 to 5*. Ms. Welchel is a professional speaker and hosts a daily radio broadcast. She begins by saying that since we have to spend 10 hours or more a day in our professions, it would be better to gain and grow (thriving) rather than to just live through our working days (surviving).

How do you know if you are just surviving? Ms. Welchel suggests asking yourself the following questions. I have paraphrased her responses as well as personalized them to my own situation:

***Do you often say, "I hate my job" or never have anything positive to say?***

Ok, then right now the challenge is to consciously tell yourself at least one good thing about your job. Look at things in a positive light. This can work on, as well as off, the job - in your home, family and personal life.

***Do most of your days start off on the wrong foot?***

I am my own worst enemy in this arena. I sleep until the last possible minute and then rush like mad to get to work on time. I am envious of my colleagues who say they are up before the sun to read, exercise, etc. On the days that I rise early, my entire day is different. I find myself calmer, more relaxed, more productive, and just mentally better able to function.

***Do you often arrive late for work?***

This is easy to do. It starts in small increments. Then, before you know it, you are 15 to 30 minutes late. You think nobody notices, but I assure you they do - be it your co-workers who have to cover for you or your employer. Survey the problem areas and work towards correcting them.

***Do you often miss deadlines, take long lunch breaks, or make a lot of personal calls at work?***

***Do you leave your workstation to chit-chat with coworkers?***

Ms. Welchel says that if you let yourself get sloppy in these areas, it could indicate at least carelessness on your part but might also show a wrong attitude towards responsibilities and duties. We should give

our best to each assigned task, regardless of our likes or dislikes. It shows willingness on our part to thrive no matter the situation. Remember, your attitude towards your job makes a big impression on others.

***Do you have a co-worker that drives you crazy?***

If this is the case, you need to walk the proverbial mile in that person's shoes. Understanding your co-worker is the first step in helping to alleviate the craziness. Getting to know and understand that person helps to better respond to particular situations.

***Do you feel supported?***

If you have an actual grievance, you should try a proactive stance to change the situation. Take the time to talk to individuals involved and tell them how you feel and what you need to work effectively. Sometimes it is simply a miscommunication or misunderstanding and talking it over is the best solution.

***Do you feel your current position uses your talents to the fullest extent possible?***

If you answered 'no', perhaps the problem lies in your attitude or possibly this is not the right job for you. We need to recognize that every job has certain tasks that don't appeal to those who perform them but must be done. Ms. Welchel suggests taking a personality profile to see which jobs are right for you.

***Do you feel you are in a dead-end job?***

Try asking for more responsibility or re-working the way tasks are accomplished. Just like you would get bored eating the same food or doing the same exercise routine each day, you need to constantly be aware of not only what it is you need to do, but what is it that needs to be done. Don't forget to ask for what you want. How else will your company know what it is you need

or wish to accomplish? So many times we take for granted that people should know what we need and when we need it. Clear communication is vital to thriving. What are some other solutions?

- ✓ Return phone calls promptly
- ✓ Follow through with commitments and promises
- ✓ Be on time for work, meetings, and deadlines
- ✓ Don't wait to be reminded
- ✓ Keep track of loose ends and details

Simply put, can your company/boss/co-workers depend on you to do what you say you will do and when you said you would do it? This is what we come to expect from others and should return as well.

In closing, I want to say that Ms. Welchel's article helped me to identify that I was guilty of being in "survivor" mode and not truly thriving. In putting into action some of her suggestions above, it has made a difference in my position at Acadia Hospital, as president of your Association, and at home.

Therefore, I'd like to suggest that, beginning today, and continuing on a daily basis, take the time to find something good about your job and yourself. Let me start by saying that you are intelligent, respected, professionals who are given monumental tasks each day. In our environments it would be easy to submit to *survivor* mode. In the midst of ever changing regulations, budget cuts, and doing more with less, our challenge is to find ways to thrive.

**Here's to you!**

***Kim Pelletier, CMSC***  
*President, MeAMSS*

**REMINDER**

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

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## UPCOMING EDUCATIONAL MEETING

**Remember to invite another colleague from your organization!**

**December 12, 2003**

**MaineGeneral Medical Center Waterville**  
(Remember, an annual Yankee Swap is held. You are invited to participate by bringing a wrapped ornament or other gift of your choice to exchange)

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## Save the Date!

The biennial Education Conference sponsored by MeAMSS has been scheduled for May 13 and 14 at the Grand Summit Hotel and Conference Center in beautiful Sunday River, Maine.

Your Education Committee, chaired by MaryCarol Rumsey, CMSC, has been busy contacting speakers and sponsors to bring you one of our best conferences yet.

Stay tuned! Exciting news will be forthcoming on topics and speakers.

You won't want to miss out on this conference – so mark your calendars!

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## **AND THE WINNER IS? Cheryl Schilke, RN, CMSC!**

Eight names of individuals who had submitted articles to *The Lighthouse* were pooled for a chance to win a one-year membership to MeAMSS. Cheryl's name was drawn by Betsy Balchen at the September meeting. Thank you, Betsy. Congratulations, Cheryl!

You, too, can win! If you have something to share with our membership, please submit your article to Claudia J. Edwards, CMSC at [cedwards@mainehospital.org](mailto:cedwards@mainehospital.org)

Names of individuals submitting articles/information will be included in a drawing held at the September 2004 meeting.

### ADVERTISEMENT FEES

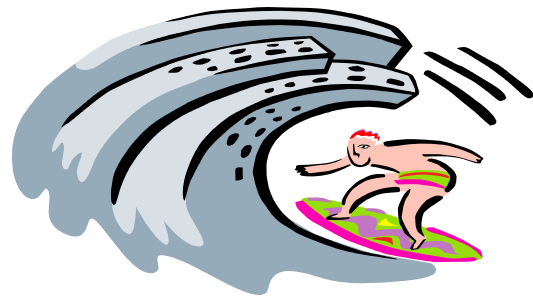
\$25 PER ISSUE OF THE LIGHTHOUSE WITH CONCURRENT WEBSITE POSTING OR \$125 PER YEAR (6 ISSUES) AND CONCURRENT WEBSITE POSTING

# MeAMSS Website

For those who might not know, Kreg Rose is the MeAMSS website developer who has worked closely with Allison Meyer, CPCS, Media Chair. Please visit the website at [www.meamss.org](http://www.meamss.org).

A link now exists from the NAMSS website to MeAMSS.org.

Please send your feedback to Allison Meyer, CPCS, at [allisonm@martinspoint.org](mailto:allisonm@martinspoint.org)



Here's a new site to surf!

New York State Association of Medical Staff Services has launched its new website. The address is [www.nyamss.org](http://www.nyamss.org).

## THE EVOLUTION OF CREDENTIALING

### Part II

This is a second in a series of articles highlighting landmark cases that established the duty of hospitals to verify physicians' credentials, grant privileges and to monitor the quality of their work. Health care is no longer considered a charitable activity immune under the Good Samaritan principle as determined by *Darling v. Charleston Community Memorial Hospital*, which determined that health care is now a commercial enterprise subject to legally enforceable standards.

The doctrine of corporate negligence was first introduced in the *Darling v. Charleston Community Memorial Hospital* case. A hospital, as a corporation, has a duty to protect the public and its patients from harm. Corporate negligence has been cited by the courts in numerous other landmark decisions to ensure that hospital medical staffs are competent.

#### ***Gonzales v. Nork and Mercy Hospital (1973)***

This is the case of a 27-year old California man who had been injured in an automobile accident in 1967 and who was operated on by Dr Nork, an orthopedic surgeon. Dr. Nork performed a laminectomy (excision of a lamina of a vertebra) in which the indication was questionable. Complications ensued in which the man lost bladder and bowel functions thus reducing his life expectancy. It was learned that over the prior nine years Dr. Nork performed 36 unnecessary and/or negligent laminectomies. The court determined the hospital was negligent for failing to scrutinize the physician's credentials. The court decided the hospital knew or should have known of this physician's substandard practice and should have taken steps to protect other patients. The inability to control physician

performance is not a valid defense. Board delegation of quality assurance to the medical staff is not a valid defense. The court found the review process in *Mercy Hospital* flawed. It is the hospital's responsibility and legal duty to have a system for acquiring, monitoring and using the knowledge necessary to protect its patients from malpractice by members of the medical staff.

#### ***Johnson v. Misericordia (1981)***

Patient brought a malpractice action against a Wisconsin surgeon, hospital and liability carrier for alleged negligence in granting orthopedic privileges to a physician who performed an operation to remove a pin fragment from the patient's hip. During the surgery the physician severed Johnson's femoral artery and nerve. It was learned that the physician had falsified information on his application:

- ❑ He had experienced denial and restriction of his privileges elsewhere
- ❑ He was neither board eligible nor board certified in the specialty applied for
- ❑ He had been the target of ten malpractice suits, and
- ❑ Several physicians who had worked with him felt he was not competent

#### **The hospital did not investigate or act on any of these issues**

By not checking the physician's background, the hospital had failed in its duty to "exercise due care in the selection of its medical staff". This case laid out the hospital's legal duty for credentialing physicians.

How often have you heard the comment that hospital administrations were 'interfering with the physician-patient relationship?' Medical staffs have limited self governance but they are not independent entities. Case law has upheld the authority of hospitals (and is now being extended to other health

care organizations) as the ultimate authority to determine patient care within their walls. Due care in credentialing and privileging is paramount in ensuring that only competent practitioners are practicing within the health care environment.

Claudia J. Edwards, CMSC

**Sources:**

**Excerpts were taken from the following:**  
Medical and Public Health Law Site:  
*Classic Hospital Liability for Medical Staff Member Liability – Darling v. Charleston Community Memorial Hospital, 33 Ill.2d 326, 211 N.E. 2d 253, 14 A.L.R.3d 860 (Ill. Sep 29, 1965)*  
HcPro's Credentialinfo.com, *Legal Issues in Credentialing and Privileging*  
amda.com (American Medical Directors Association website), article: *Credentialing & Privileging: One Size Doesn't Fit all*  
*Consumer & Media Resources, ATLA Press Room*  
*HR 208 Quality Management*  
*Medical and Public Health Law Site*

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Here is a credentialing tip from [credentialinfo.com](http://credentialinfo.com)

**Stay alert for red flags!**

- Loss of licensure
- Numerous malpractice suits and/or settlements
- Disciplinary actions by hospitals
- No active DEA number

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**The following excerpt from the HCQIA is presented here to emphasize the need to query the National Practitioner Data. In the event of any malpractice action, your facility will have no defense if you did not query the data bank.**

Section 11135. Duty of hospitals to obtain information:

(a) In general

It is the duty of each hospital to request from the Secretary (Department of Health & Human Services)...information...

(1) at the time a physician or licensed health care practitioner applies to be on the medical staff (courtesy or otherwise), or for clinical privileges at, the hospital, information reported under this subchapter concerning the physician or practitioner;

(2) Once every 2 years information reported under this subchapter concerning any physician or such practitioner who is on the medical staff (courtesy or otherwise) of, or has been granted clinical privileges at, the hospital. A hospital may request such information at other times.

(b) Failure to obtain information

With respect to a medical malpractice action, a hospital which does not request information respecting a physician or practitioner as required under subsection (a) of this section is **presumed to have knowledge of any information reported under this subchapter to the Secretary with respect to the physician or practitioner** (bold lettering added for emphasis).

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