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Maine Association
Medical Staff Services

THE LIGHTHOUSE

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President's Message

Kim Pelletier, CPMSM

SALUTE TO YOU!

*Success should be measured not by the position you reach but by the obstacles you have overcome.
Booker T. Washington*

This is my last President's Message to you, the medical staff service professionals of Maine. It has been an absolute honor and pleasure to have served as your President for the past two years. As I look back, I reflect on the good times, and there are many of them. I can tell you that, although there were a few bumps in the road, it has been well worth the ride. I believe I have grown professionally, but not without your help. I have learned an incredible amount about different types of people, things that I thought I already knew (but as always there was more to learn). I learned to be a better person, to recognize individuals simply as

that – *individuals*. I learned to be more tolerant. Not that I didn't do those things before, I just do them better now because of working with and getting to know each of you.

I would be remiss if I did not also salute the MeAMSS board members. You are an incredible group of intelligent, caring individuals who gave of your time and talents to help foster continued growth in many areas for our profession, in our membership, and in me. You were supportive, and I cherish that.

Remember as you continue through your careers that you do matter. You are not, and should not be, taken for granted. Take every opportunity to better yourself, with or without the support of those around you. And most importantly, believe in yourself. You can do the impossible, and better yet, you should strive to always do the impossible. Raise the flag on your own mountain, and then look for another mountain to climb.

EDUCATIONAL COMMITTEE REPORT

Twenty-five members attended the September 10 meeting during which Dan Sprague from the Board of Licensure in Medicine provided updates on licensing law and listened to our questions (see article beginning on Page 2). Mary Mayhew from the Maine Hospital Association discussed Dirigo Health. We learned about the licensing and credentialing requirements of an ambulatory surgical center from Stephanie Roop, RN. Lisa Davis suggested credentialing professionals should consider querying ambulatory surgical centers as some of the physicians working at surgical centers also hold privileges at hospitals. Warene Eldridge and Tammy Butts discussed the Maine Practice Group, hospital owned physician practices whose hospitals are MHA members that meet monthly to discuss issues. NAMSS certified the September session for 3 CEUs. **Educational sessions for 2005: March 18, June – MHA Forum (3rd Friday?), September 16 and November 4. If you have room for us at your facility, please call MaryCarol. We look forward to seeing our members November 5 at CMMC in Lewiston-Auburn!**

BOLIM & LICENSE LAW

At the invitation of the Education Committee, Dan Sprague, Assistant Executive Director of the Board of Licensure in Medicine spoke at the September 10 MeAMSS meeting held at Central Maine Orthopedics, Auburn, Maine to discuss recent changes at the BOLIM and to answer questions participants had previously submitted. He emphasized the importance of the medical staff services professionals and the Board as “partners”, all having the same mandate; i.e. ‘the protection of the health of our citizens’:

The legislature enacted a law in July 2004 that allowed for an “emergency” license not to exceed 100 days, which is issued under certain circumstances (e.g. 9/11 type disasters). The revised law, Title 32, §3278, entitled “Locum tenens”, allows for a physician who presents a current active unconditioned license from another United States licensing jurisdiction and who can provide reasonable proof of meeting qualifications for licensure in this State must be issued a license to serve as locum tenens for declared emergencies in the State or for other appropriate reasons as determined by the Board. The locum tenens license is effective for not more than 100 days. The fee for this locum tenens license may be not more than \$400. [The underlined language amends the statute’s previous language, effective July, 2004.] The Board expects to charge \$300 for this locum tenens license. (At this time the emergency license process is under discussion at the BOLIM and no application exists.) The Board’s goal is a turnaround of 24-48 hours to issue this license. The Board may require that an applicant for this 100-day license also submit an

application for a permanent license simultaneously. A permanent license application and registration fee is currently \$600, besides the FCVS credentialing fee of around \$300.

Title 32, §3276, temporary license, allows for a physician who qualifies for licensure in Maine to be granted a temporary license without examination for a period not to exceed one year when the Board determines that this action is necessary in order to provide relief for local or national emergencies or for situations in which the number of physicians is insufficient to supply adequate medical services or for the purpose of permitting the physician to serve as locum tenens for another physician who is licensed to practice medicine in this state. The fee for the temporary license is currently \$200. [The underlined language was added by the Legislature, effective July, 2004.]

Application forms for physicians (renewals and initial) and physician assistants (initial only, because PA’s renew once a year, in March) are available on the website. The Board has redesigned the applications so that the questions are standardized on the forms. License applications can be obtained on line at www.docboard.org/me/me_home.htm. A member from the audience suggested the BOLIM might consider creating only one application with check boxes at the top indicating what type of license the physician is applying for as a means to reduce redundancy. Mr. Sprague indicated he would take the suggestion under advisement.

There has been confusion about physician assistants as to when and

how they can practice. A physician assistant may not practice without first registering a physician supervisory relationship with the BOLIM. If a physician assistant works in more than one location, a supervisory relationship must be registered for each work site. Plans of Supervision must be updated at time of license renewal. In limited circumstances, a physician assistant may apply for and be granted prescriptive authority to write for Schedule II medications. An updated Plan of Supervision detailing diligent supervision must accompany any such requests. The request must adequately describe why there is a need for Schedule II prescriptive authority. Every situation in which schedule II drugs are prescribed must be fully supervised/monitored. The Board will be interested in knowing whether the PA is managing the medications or whether the PA is making the diagnosis and decisions about initiating pharmaceutical management, and if the PA does make the diagnosis, how that diagnosis is confirmed or corroborated.

An audience member noted that the BOLIM does not require that advanced practice nurses resubmit updated Plans of Supervision because they are under the Board of Nursing jurisdictional authority. She suggested implementing a requirement that the plans of supervision for APRNs be updated at time of supervising physician renewal. This would provide a system for weaning out plans of supervision for relationships that no longer exist. Physicians neglecting to include the plans of supervision for their APRNs would face a \$100 penalty.

CME and license renewals: The Board is willing to accept an attestation from a physician that he/she has the requisite number of CME credits to obtain license renewal. The Board will

routinely and regularly audit about 10% of the renewal registrations from the previous month to ensure accuracy of the CME attestation. Failure to provide proof of CME credits claimed upon request by the Board may be grounds for discipline. Therefore, it is vitally important that the practitioner retain documentation of all CME claimed.

In answer to a question from the audience asking under what circumstances must actions be reported to the Board, Mr. Sprague referred the member to Title 24, §2506 of the Maine Health Security Act, Provider, entity and carrier reports:

A health care provider or health care entity shall, within 60 days, report in writing to the disciplined practitioner's board or authority the name of any licensed, certified or registered employee or person privileged by the provider or entity whose employment or privileges have been revoked, suspended, limited or terminated or who resigned while under investigation or to avoid investigation for reasons related to clinical competence or unprofessional conduct, together with pertinent information relating to that action. Pertinent information includes a description of the adverse action, the date, the location and a description of the event or events giving rise to the adverse action. Upon request, the following information must be released to the board or authority: medical records relating to the event or events; written statements signed or prepared by any witness or complainant to

the event; and related correspondence between the practitioner and the provider or entity. The report must include situations in which employment or privileges have been revoked, suspended, limited or otherwise adversely affected by action of the health care practitioner while the health care practitioner was the subject of disciplinary proceedings, and it also must include situations where employment or privileges have been revoked, suspended, limited or otherwise adversely affected by act of the health care practitioner in return for the health care provider or health care entity terminating such proceeding. Any reversal, modification or change of action reported pursuant to this section must be reported immediately to the practitioner's board or authority, together with a brief statement of the reasons for that reversal, modification or change. The failure of any health care provider or health care entity to report as required is a civil violation for which a fine of not more than \$1,000 may be adjudged

Carriers providing managed care plans are subject to the reporting requirements of this section when they take adverse actions against a practitioner's credentials or employment for reasons related to clinical competence or unprofessional conduct that may adversely affect the health or welfare of the patient.

Mr. Sprague explained that according to Title 10, §8003, materials placed on file are only

confidential to the extent that confidentiality is required pursuant to Title 24, §2510 of the Maine Health Security Act. Therefore, disciplines and letters of guidance are not confidential.

License turnaround time for a physician who has a license in another state is about 112 days and 83 days for a new licensee. The Board hopes to have online licensing renewals by next year.

And, finally, the Board of Licensure in Medicine will be relocating in 2005.



MeAMSS Board Members 2004
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HELPFUL WEBSITES
ecri.org
jcaho.org
namss.org
docboard.org
msleader.com
msspnextus.com
qualityforum.org
credentialinfo.com
http://www.upinregistry.com/provider_form.asp

QUIZ CORNER

Source:
www.msspnexus.com/quiz/quiz15.htm

ADMINISTRATION & MANAGEMENT

1. Span of Supervision is defined as:
 - a. The function of getting things done through and with people.
 - b. distributing and accomplishing the work of the organization.
 - c. Motivation, coaching, problem-solving
 - d. The maximum number of subordinates a manager can effectively supervise.
2. Maslow’s Theory of Hierarchical needs states:
 - a. The average person prefers to be directed, avoids responsibility
 - b. Basic needs must be satisfied before higher needs can be met
 - c. Involved workers are the key to increased productivity
 - d. Properly motivated people will seek to attain the firm’s objectives.
3. Management by face to face interaction and direct observation of the workforce is sometimes referred to as:
 - a. Management by wandering around
 - b. Management by objectives
 - c. Management by goals
 - d. Management by analysis
4. QI Theorist and Deming’s Mentor who developed Statistic Process Control:
 - a. Frederick Taylor
 - b. Walter Shewhart
 - c. W. Edwards Deming
 - d. Joseph Juran
 - e. Philip Crosby
5. He stated that methods for doing work should be based on statistical quality control, not on opinion of managers.

- a. Frederick Taylor
 - b. Walter Shewhart
 - c. W. Edwards Deming
 - d. Joseph Juran
6. QI Theorist who developed the Quality Trilogy: quality planning + quality control + quality Improvement.
 - a. Frederick Taylor
 - b. Walter Shewhart
 - c. W. Edwards Deming
 - d. Joseph Juran
 - e. Philip Crosby
 7. QI Theorist who defined quality as “conformance to requirements” and stated that the performance standard must be “zero defects”.
 - a. Frederick Taylor
 - b. Walter Shewhart
 - c. W. Edwards Deming
 - d. Joseph Juran
 - e. Philip Crosby
 8. QI Theorist who developed Fourteen Points/Seven Deadly Sins - Theories that were originally shunned by U.S. manufacturing but welcomed by Japanese auto industry:
 - a. Frederick Taylor
 - b. Walter Shewhart
 - c. W. Edwards Deming
 - d. Joseph Juran
 - e. Philip Crosby
 9. A bar graph that plots data from high (left) to low (right):
 - a. Histogram
 - b. Pareto
 - c. Scatter Diagram
 - d. Run Chart
 10. The statistical tool displays what happens to one variable when another variable is changed. It is used to test a theory that the two variables are related:
 - a. Histogram
 - b. Pareto Chart
 - c. Scatter Diagram
 - d. Run Chart

Consider the implementation of Deming's 14 Points for Management

Dr. Deming shows these 14 steps toward an improved management.

- Create and communicate to all employees a statement of the aims and purposes of the company (create constancy of purpose toward improvement of product and service).
- Adapt to the new philosophy of the day; industries and economics are always changing (management must take on new leadership).
- Cease dependence on inspection to achieve quality. Eliminate the need for inspection on a mass basis by creating quality into the product in the first place. (eg. Supervising physician checking a nurse practitioner’s order.)
- End the practice of awarding business on the basis of price tag alone; instead, try a long-term relationship based on established loyalty and trust. (Buyers should promote long-term relationships.)
- Work to constantly improve quality and productivity and constantly reduce costs. (If one focuses only on results, information can be distorted.)
- Institute on-the-job training. (Strive to have training manuals so that all employees adhere to the same standards.)
- Teach and institute leadership to improve all

QUIZ ANSWERS

1. (d); 2. (b); 3(a); 4 (b); 5 (a); 6 (d); 7 (e); 8 (c); 9 (b); 10 (c)

job functions. The aim of leadership should be to help people do their jobs. (Deming said that supervisors should stop being managers and become leaders. Leaders bring conflict into the open so that issues can be resolved.)

- Drive out fear; create trust. (Improvement cannot be made without accurate data. If workers are afraid, they will not report accurate data.)
- Strive to reduce intradepartmental conflicts; encourage interdepartmental teams to foresee problems of production or service. (Encourage workers to think globally.)
- Eliminate exhortations and slogans for the work force; instead, focus on the system and morale. (Deming noted that Crosby said workers should be given targets, "zero defects"; however, often it is the system that causes the errors, not the workers.)

(a) Eliminate work standard quotas for production. Substitute leadership methods for improvement. (Setting quotas can cause people to cut corners.)

(b) Eliminate management by objective. Avoid numerical goals. Alternatively, learn the capabilities of processes, and how to improve them (The problem with these objectives is that they push results at the expense of process. In order to get the necessary results on paper, managers will have incentive to distort information or distort the

system. In the end, MBO leads to deteriorating long term results rather than improving ones.)

- Remove barriers that rob people of pride of workmanship (Eliminate merit increases; rely on quality. Workers should be receiving constant internal feedback on how well they are doing).
- Educate with self-improvement programs. (Everyone in the organization should be encouraged to self improve, no matter how long they have been employed.)
- Include everyone in the company to accomplish the transformation. The transformation is everybody's responsibility.

Dr. Deming states that only a commitment to a process of continual improvement truly rewards. A company cannot expect to ignite and feed a quality revolution from which it will prosper for all time. Instead, it must adopt an evolutionary philosophy; such a philosophy prevents stagnation and arms the company for the uncertain future. Part of the evolutionary mentality is to abandon practices that, despite their obvious short-term benefits, ultimately detract from the company's effectiveness.

SEVEN DISEASES OF MANAGEMENT:

1. Lack of constancy of purpose to plan product and service that will have a market and keep the company in business, and provide jobs. (Focus on the long-term objectives; management should not be constantly changing objectives.)

2. Emphasis on short-term profits: short-term thinking (just the opposite of constancy of purpose to stay in business), fed by fear of unfriendly takeover, and by push from bankers and owners for dividends. (In the case of hospitals, this occurs with an emphasis on cutting costs without regard for the long-term consequences.)

3. Personal review systems, or evaluation of performance, merit rating, annual review, or annual appraisal, by whatever name, for people in management, the effects of which are devastating. Management by objective, on a go, no-go basis, without a method for accomplishment of the objective, is the same thing by another name. Management by fear would still be better. (When management employs merit rewards, it fosters "kissing up"; management should concentrate on gaining cooperation through the work environment.)

4. Mobility of management; job hopping. (When management changes every three or four years, continuity of improvement is fragmented or broken as new leaders take time to "get up to speed.")

5. Use of visible figures only for management, with little or no consideration of figures that are unknown or unknowable. (You cannot analyze situations without good data; however, there is no way to measure the "what if" no change had been made - that is unknowable.)

6. Excessive medical costs.

7. Excessive costs of liability. (Deming blamed America's lawyers in part for the problems of American business. The US has more lawyers per capita than any other country in the world. They make their livings to a considerable extent by finding people to sue. Like health care costs, Deming believed the solution to this



The Lighthouse

disease will probably have to come from the government.)

SOURCE:

<http://www.endsoftheearth.com/Deming14Pts.htm>

CONSIDERING DEVELOPING CLINICAL PATHWAYS? Here are links to helpful websites:

<http://www.ahcpr.gov/>

<http://www.ihl.org/ihl>

<http://www.surgicalinfectionprevention.org/>

<http://www.ahrq.gov/clinic/ptsafety/>

<http://www.macoalition.org/initiatives.shtml>

From HcPro
Sample letter requesting
additional information from
applicant

Dear Doctor,

During the processing of your request for staff privileges at General Hospital, certain information has come to our attention that needs further clarification. Based on our review, it appears you were not on a medical staff or in a residency-training program between the following dates: *(insert information)*.

In order for us to process your application further, it will be necessary for you to forward complete and verifiable details concerning your clinical or non-clinical activities during this time period.

Once we are in receipt of those materials and have been able to confirm those events, we will continue to process your application. If we do not receive the information

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within 30 business days, the processing of your application will be terminated.

(In confirming or verifying a physician's activities during an identified gap, the organization may rely upon confirmatory letters received from recognized and respected physicians/non-physicians who have direct knowledge of the application's activities.)

In the event you have any questions concerning this letter, please do not hesitate to contact my office at your convenience.

Sincerely,

Medical Staff
Coordinator/Credentialing Specialist

Congratulations!

Kim Pelletier, CPMSM, recently received the Charlotte Cochrane Scholarship while attending the NAMSS conference in Miami, Florida.

Kim plans to use the scholarship award to further her goal of completing a bachelor's degree in Business Administration through Husson College located in Bangor. Although not entirely sure what she will do afterwards, she truly believes doors will open that are currently off limits without a degree. Right now, it is a competition between Kim and her son, who just started college himself, to see who receives the better grades.

Kim is the second MeAMSS member in two years to be granted this prestigious scholarship and has every confidence that others will follow.

If you're looking to expand your education in the field of medical staff services, you might consider applying for this scholarship.

PICTURES OF THE GOLDEN STAR PRESENTATION

On hand for the presentation of the Golden Star Award were Sister Norberta, St. Joseph Hospital; Joyce Allen, Treasurer; Claudia Edwards, Editor; Laurie Jones; and Lena McDougal, Secretary.



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