



September/October 2004
Volume 4, Issue 5

Inside this Issue

- 1,5** President's Message
- 2** Growing Through Education
It's Almost Time to Vote!
- 3 - 4** Maine Licensing Law
- 4** Drawing for Free Membership
MeAMSS Board Members
- 5** Congratulatory messages
- 6** JCAHO Interview Prep
Questions

**We're on the Web! Check
us out!**

meamss.org

Deadline for the next issue of *The
Lighthouse* is October 22, 2004

Maine Association
Medical Staff Services

THE LIGHTHOUSE

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

President's Message

Kim Pelletier, CPMSM

Greetings MeAMSS membership.

Now that summer is winding down and we are getting back into the swing of things – school, working five days a week, etc.; and, as my time as your president dwindles to just over three months remaining, I wanted to give you an update on what your Board of Directors has been doing for the past two years.

I wanted to begin by reminding you about the MeAMSS Vision statement: The Maine Association Medical Staff Services is a recognized organization of professionals providing leadership, education and expertise to the healthcare industry in managing credentialing, privileging and practitioner/provider support. Accordingly, the MeAMSS mission statement is:

- ❖ 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.

In order to promote recognition and visibility of the profession, we successfully implemented a website which involved a project budget, policy and procedure development, content guidelines, links, vendors, etc. Allison Meyer, CPCS, spearheaded this project, working with Kreg Rose, our website developer, and did an outstanding job.

MaryCarol Rumsey, CPMSM, has been the driving force behind the educational offerings for the past two years. In order to promote educational resources and opportunities, as mentioned above, we continue to offer top notch educational sessions 3-4 times annually, which have garnered anywhere from 3.5 to 5 CEUs each session. We decided to present the biennial conference on a solo basis and were very successful with our recent biennial conference (12 CEUs). Our Association meetings provide a solid springboard of CEUs for those of you who must submit educational credits every three years to maintain certification. Educational announcements are also distributed outside of the MeAMSS membership

Our Association regularly participates in the annual MHA Summer Forum in Rockport. An awards luncheon is held at which affiliate members present recognition awards to their members. MeAMSS presents its Golden Star award during this time, and this year's recipient was MaryCarol Rumsey, CPMSM, from St. Joseph Hospital.

Claudia Edwards, CPMSM, from Maine Coast Memorial Hospital totally revamped our newsletter with not only a new format, graphics, etc., but timely and informative articles as well. *The Lighthouse*, is circulated not only to MeAMSS' members (via posting on the website) but to the Northeast Region representatives of NAMSS, NAMSS' *Synergy* editor, MHA, MMA, BOLIM, Osteopathic Licensing Board, DHS, and MSBON. Claudia's recent article in *The Lighthouse*, about our cluttered desks, appeared in the most recent edition of *Synergy*.

In order to maintain financial viability, we adjusted the frequency and timing of Board meetings, eliminating, for the most part, overnight stays. This, together with a very profitable biennial conference, has resulted in having the funds for investment and to provide

Continued on Page 5

Growing through Education

MaryCarol Rumsey, CPMSM
Education Chair

Another education session is through the planning stage and heading to the implementation stage! All we need now is an audience of eager "learners!"

Lisa Davis and Central Maine Orthopaedics will host us on Friday, September 10th.

- ❖ **Dan Sprague** will give us an update on what's new at the licensing board and will provide us some insight into the complaint process.
- ❖ **Mary Mayhew**, the VP of Public Affairs at Maine Hospital Association, has agreed to provide us with a briefing on the Dirigo Health Care Plan. Since this could affect all our futures in healthcare, this will be a very timely presentation.
- ❖ Do you have a free-standing ambulatory surgery center in your town, perhaps competing with your hospital's OR? **Stephanie Roop**, RN, Ambulatory Surgery Center Nurse Manager, will inform us on all the regulatory requirements for establishing just such a center.
- ❖ And finally, **Warene Eldridge** and **Tammy Butts** are going to tell us about the Maine Physician Practice Forum sponsored by MMA & MHA.

We have scheduled the next meeting for November 5th, to celebrate the end of Medical Staff Services Week. Plan to join us as we celebrate ourselves and all that we do! As has been our practice in the past, we will feature our own members who attended the NAMSS 28th Annual Conference in Miami and who are willing to share what they learned. So, if you're lucky enough to be able to go to the conference this year, please let me know so I can begin to plan the agenda.

Thanks to all those members who responded to our Educational Session Survey. Here's what your Education Committee learned:

1. You think quarterly meetings are enough; you find our programs interesting; you think the \$20 charge is reasonable; and most of you submit your CEUs to your HR Department to show you are participating in on-going education.
2. We also learned that some of you find the second Friday inconvenient because of meetings scheduled in your hospital. So, next year we will move the meetings to the third Friday!
3. We also learned that Sunday River was a great facility and would have been even better if we had moved it to Augusta or some other place more centralized and easier to find!

Your Education Committee is always open to your comments and suggestions for topics. Please contact me or any other member of the committee (Laurie Jones, Claudia Edwards, Kim Pelletier, Mary Gifford or Lisa Miller) with your suggestions for future topics.

NETWORK QUESTION

How do you deal with admission privileges, is it in your Medical Staff Bylaws connected with a category or is it part of each Service's privilege list?

There were 11 responses and all stated that admitting privileges defined by type of medical staff category (ex. active, courtesy, consulting). However, one hospital indicated that certain departments do not utilize this privilege by virtue of their specialty (ED, Pathology, Anesthesia, Radiology). Four hospitals also include admitting privileges on some or all of their privilege forms.

It's Almost Time to Vote!!

By Patricia O. O'Connor, MS, CSP
Nominating Committee Chair

Not only is it an election year for our great nation, it is a MeAMSS election year as well. You haven't heard our candidates espousing their platforms and values nor has there been any mudslinging. There is, however, a wonderful proposed slate of candidates that was recently sent to you by email.

The proposed slate includes biographical information on each candidate that briefs you on his or her experience in the medical staff services/credentialing profession and describes the responsibilities of their present positions. It also includes a personal statement from each individual that gives you information about their goals for MeAMSS along with any previous Board experience.

Although the candidates are currently unopposed, there is opportunity for write-in nominations. Write-in nominations may be made by email (poconnor62@msn.com) or FAX (303-443-1503) and are due by September 16. Write-in candidates must consent to run and must provide a candidate profile form by that date.

The official ballot will be sent to you on October 1 via US Mail and will include a self-addressed, postage-paid reply card. Should the slate remain unopposed, **IT IS STILL IMPORTANT TO MAIL YOUR BALLOTS.** By doing this, you will recognize these individuals for the commitment of time and energy they are willing to make to keep our organization on the path of growth and recognition that it has accomplished over the past several years.

LICENSE LAW

*Taken from the Board of Licensure in
Medicine Website.*

Except where otherwise specified by this chapter, all applicants for licensure as a physician or surgeon in the State must satisfy the following requirements.

- 1. Medical education. Each applicant must:
 - A. Graduate from a medical school designated as accredited by the Liaison Committee on Medical Education
 - B. Graduate from an unaccredited medical school, be evaluated by the Educational Commission for Foreign Medical Graduates and receive a permanent certificate from the Educational Commission for Foreign Graduates; or
 - C. Graduate from an unaccredited medical school and achieve a passing score on the Visa Qualifying Examination or another comprehensive examination determined by the board to be substantially equivalent to the Visa Qualifying Examination

2. Postgraduate training. Each applicant who has graduated from an accredited medical school on or after January 1, 1970 must have satisfactorily completed at least 24 months in a graduate educational program approved by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association or the Royal College of Physicians and Surgeons of Canada. Each applicant who has graduated from an accredited medical school prior to January 1, 1970, must have satisfactorily completed at least 12 months in a graduate educational program approved by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association or the Royal College of Physicians and Surgeons of Canada. Each applicant who has graduated from an unaccredited medical school must have satisfactorily completed at least 36 months in a graduate educational program approved by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association, the Royal College of Physicians and Surgeons of Canada or the Royal Colleges of Physicians of England, Ireland or Scotland. Notwithstanding this subsection, an applicant who is board certified in family practice and who graduated prior to July 1, 1974, is board certifiable, board certified or board eligible in emergency medicine and who graduated prior to July 1, 1982, is deemed to meet the postgraduate training requirements of this subsection.

3. Examination. Each applicant must achieve a passing score on each component of the uniform examination of the Federation of State Medical Boards or other examinations designated by the board as the qualifying examination or examinations for licensure. Each applicant must additionally achieve a passing score on a State of Maine examination administered by the board. [

4. Fees. Each applicant shall pay a fee up to \$600 plus the cost of the qualifying examination or examinations.

5. Board action. An applicant may not be licensed unless the board finds that the applicant is qualified and no cause exists, as set forth in section 3282-A, that may be considered grounds for disciplinary action against a licensed physician or surgeon.

3282-A. Disciplinary sanctions

1. Disciplinary proceedings and sanctions. The board shall investigate a complaint, on its own motion or upon receipt of a written complaint filed with the board, regarding noncompliance with or violation of this chapter or any rules adopted by the board.

The board shall notify the licensee of the content of a complaint filed against the licensee as soon as possible, but not later than 60 days after receipt of this information. The licensee shall respond within 30 days. The board shall share the licensee's response with the complainant, unless the board determines that it would be detrimental to the health of the complainant to obtain the response. If the licensee's response to the complaint satisfies the board that the complaint does not merit further investigation or action, the matter may be dismissed, with notice of the dismissal to the complainant, if any. If, in the opinion of the board, the factual basis of the complaint is or may be true and the complaint is of sufficient gravity to warrant further action, the board may request an informal conference with the licensee. The board shall provide the licensee with adequate notice of the conference and the issues to be discussed. The complainant may attend and may be accompanied by up to 2 individuals, including legal counsel. The conference must be conducted in executive session of the board, pursuant to Title 1, section 405, unless otherwise requested by the licensee. Before the board decides what action to take at the conference or as a result of the conference, the board shall give the complainant a reasonable opportunity to speak. Statements made at the conference may not be introduced at a subsequent formal hearing unless all parties consent. The complainant, the licensee or either of

their representatives shall maintain the confidentiality of the conference.

When a complaint has been filed against a licensee and the licensee moves or has moved to another state, the board may report to the appropriate licensing board in that state the complaint that has been filed, other complaints in the physician's record on which action was taken and disciplinary actions of the board with respect to that physician.

When an individual applies for a license under this chapter, the board may investigate the professional record of that individual, including professional records that the individual may have as a licensee in other states. The board may deny a license or authorize a restricted license based on the record of the applicant in other states.

If the board finds that the factual basis of the complaint is true and is of sufficient gravity to warrant further action, it may take any of the following actions it determines appropriate.

- A. With the consent of the licensee, the board may enter into a consent agreement that fixes the period and terms of probation best adapted to protect the public health and safety and rehabilitate or educate the licensee. A consent agreement may be used to terminate a complaint investigation, if entered into by the board, the licensee and the Attorney General's office.
- B. In consideration for acceptance of a voluntary surrender of the license, the board may negotiate stipulations, including terms and conditions for reinstatement, that ensure protection of the public health and safety and serve to rehabilitate or educate the licensee. These stipulations may be set forth only in a consent agreement signed by the board, the licensee and the Attorney General's office.
- C. If the board concludes that modification or nonrenewal of the license is in order, the board shall hold an adjudicatory hearing in accordance with Title 5, chapter 375, subchapter IV.
- D. If the board concludes that suspension or revocation of the license is in order, the board shall file a complaint in the District Court in accordance with Title 4, chapter 5.

The board shall require a licensee to notify all patients of the licensee of a probation or stipulation under which the licensee is practicing as a result of board disciplinary action. This requirement does not apply to a physician participating in an alcohol or drug treatment program pursuant to Title 24, section 2505, a physician who retires following charges made or complaints investigated by the board or a physician under the care of a professional and whose medical practices and services are not reduced, restricted or prohibited by the disciplinary action.

2. Grounds for discipline. The board may suspend or revoke a license pursuant to Title 5, section 10004. The following are grounds for an action to refuse to issue, modify, restrict, suspend, revoke or refuse to renew the license of an individual licensed under this chapter:

- A. The practice of fraud or deceit in obtaining a license under this chapter or in connection with service rendered within the scope of the license issued;
- B. Habitual substance abuse that has resulted or is foreseeably likely to result in the licensee performing services in a manner that endangers the health or safety of patients;
- C. A professional diagnosis of a mental or physical condition that has resulted or may result in the licensee performing services in a manner that endangers the health or safety of patients;
- D. Aiding or abetting the practice of medicine by an individual who is not licensed under this chapter and who claims to be legally licensed;
- E. Incompetence in the practice for which the licensee is licensed. A licensee is considered incompetent in the practice if the licensee has:
 - (1) Engaged in conduct that evidences a lack of ability or fitness to discharge the duty owed by the licensee to a client or patient or the general public; or
 - (2) Engaged in conduct that evidences a lack of knowledge or inability to apply principles or skills to carry out the practice for which the licensee is licensed;
- F. Unprofessional conduct. A licensee is considered to have engaged in unprofessional conduct

if the licensee violates a standard of professional behavior that has been established in the practice for which the licensee is licensed;

- G. Subject to the limitations of Title 5, chapter 341, conviction of a crime that involves dishonesty or false statement or relates directly to the practice for which the licensee is licensed, or conviction of a crime for which incarceration for one year or more may be imposed;
- H. A violation of this chapter or a rule adopted by the board;
- I. Engaging in false, misleading or deceptive advertising;
- J. Prescribing narcotic or hypnotic or other drugs listed as controlled substances by the Drug Enforcement Administration for other than accepted therapeutic purposes;
- K. Failure to report to the secretary of the board a physician licensed under this chapter for addiction to alcohol or drugs or for mental illness in accordance with Title 24, section 2505, except when the impaired physician is or has been a patient of the licensee;
- L. Failure to comply with the requirements of Title 24, section 2905-A; or
- M. Revocation, suspension or restriction of a license to practice medicine or other disciplinary action; denial of an application for a license; or surrender of a license to practice medicine following the institution of disciplinary action by another state or a territory of the United States or a foreign country if the conduct resulting in the disciplinary or other action involving the license would, if committed in this State, constitute grounds for discipline under the laws or rules of this State.

Humor Corner

"I'd ruthah have a bottle in front o'me than a frontal lobotomy."

Quote attributed c. 1929 to my Great Uncle Wilbur, CPMSM (Certified Purveyor of Moonshine, Spirits & Mash)

DRAWING FOR FREE MEMBERSHIP

The following people have submitted articles or information for inclusion in the newsletter in the last twelve months and are eligible for a free 2005 MeAMSS membership:

- Joyce Allen
- Betsy Balchen
- Tammy Butts
- Claudia Edwards
- Warene Chase-Eldridge
- Susan Flanders
- Mary Gifford
- Cindy Hutchison
- Frederica Jackson
- Ron Lambert
- Lois Macias
- Jamie Mark
- Lena McDougal
- Allison Meyer
- Patricia O'Connor
- Kim Pelletier
- Janice Quattrucci
- MaryCarol Rumsey
- Cheryl Schilke
- Patricia Stack

The drawing will be held next week at the September meeting. The Board thanks its members for their support and interest.

MeAMSS Board Members 2004

- President**
Kim Pelletier, CPMSM
- President Elect**
Frederica Jackson, CPMSM
- Past-President**
Patricia O'Connor, MS
- Secretary**
Lena McDougal, CPCS, CPMSM
- Treasurer**
Joyce Allen, CPMSM
- Education Chair**
MaryCarol Rumsey, CPMSM
- Lighthouse Editor**
Claudia Edwards, CPMSM
- Media Chair**
Allison Meyer, CPCS
- Membership Chair**
Ron Lambert, CPCS
- Member at Large**
Jamie Mark, CPCS

President's Message Continued from Page 1

future educational offerings at reasonable prices. Joyce Allen, CPMSM, has diligently performed her duties as Treasurer, providing guidance on our financial stability.

In order to expand membership growth/diversity, our membership chair, Ron Lambert, CPCS, has diligently kept members abreast of hot topics, membership contact information, and worked tirelessly in keeping up with networking e-mails. He has also been instrumental in expanding our lines of communication outside the MeAMSS membership.

In order to practice effective governance, we have developed a leadership Guide and Orientation Manual for incoming Board members to assure smooth transition of board responsibilities to new leadership. Cheryl Schilke, CPMSM, worked with your Board in a Team Building exercise that resulted in a more synergistic group of folks who were able to accomplish a myriad of tasks.

Many policies and the bylaws were reviewed and revised. Jamie Mark, CPCS, who has been an actively involved member of the Board, has compiled an album history of MeAMSS, aided the Board in drafting policies and reliably filled in as secretary when needed. And speaking of the secretary, Lena McDougal,

CPCS, CPMSM worked tirelessly in keeping up with the massive amounts of paperwork generated by all of our work, scheduling meetings, and ensuring we didn't drop the ball on any projects. Frederica (Freddie) Jackson, CPMSM, worked patiently with your Board in revising the bylaws. Members were recently sent an e-mail asking for ratification of the revised bylaws. If you have not done so, please take a moment to send your vote to Freddie at jacksonf@mercyme.com.

Future endeavors include the development of a mentor program to support those members interested in pursuing NAMSS certification. It is my intention to play a role in this program as Past President. We are also working towards purchasing educational materials and have drafted a Purchase and Loan Policy. We will be identifying a repository for these materials so stay tuned.

I would be remiss if I did not recognize the significant contributions of Pat O'Connor, Past President of MeAMSS. Pat retired and moved to Colorado, but she steadfastly maintained an interest in serving on your Board and attending via teleconference. Pat, along with other members of the Nominating Committee, selected the MeAMSS' Golden Star Award recipient and put together a slate of candidates to serve on the Board.

And finally, we have moved our December meeting to November during

Medical Staff Services Awareness Week in continuing the tradition of recognizing our medical staff services and credentialing professionals. Please be sure to attend the November 5th meeting as many special recognitions will take place. Of special note, as a token of our appreciation, there will be **no charge** for MeAMSS members to attend this meeting.

So, as I near the end of my term as your president, I can do so knowing that I am leaving our Association on good, solid footing. The current Board of Directors did a fantastic job of pulling together to keep us in the forefront of the profession. I am deeply indebted to them and look forward to seeing the new Board move MeAMSS even further into the future of medical staff services and credentialing professionals.

QUIZ QUESTION:

When must you have a practitioner consent and release to query the NPDB?

- A. at appointment only
- B. at reappointment only
- C. never
- D. a and b

Answer: (c)

CONGRATULATIONS!

Rose Lyons of Synernet CVO and Cynthia Scott of Mayo Regional Hospital passed their MSO certification exam!

WELCOME!

Please join us in welcoming new MeAMSS member, Denis Sjogren of Dahl-Chase Pathology Associates.

CONGRATULATIONS AND FOND FAREWELL

Mary Dufort, BSN, M. Ed., of the Division of Licensing and Certification, was married August 21 to Fran Finnegan and has resigned her position at DHS effective September 30.

Mary is leaving the state and will be residing in Cambridge, MA, to begin a new career with the Board of Registration in Medicine as Clinical Care Unit Manager. Her duties involve reviewing cases for substandard care and getting cases ready with and for attorneys, selecting expert witnesses and preparing them for testifying as well as conducting interviews as a case is investigated. It sounds all so very interesting.

MeAMSS thanks Mary Dufort for her support and willingness to be a resource for its members. Best wishes, Mary.

Reprinted with permission from
Donna S. Friedman:

**JCAHO CREDENTIALING
INTERVIEW
QUESTIONS THE SURVEYOR
MAY ASK PARTICIPANTS**
Donna S. Friedman, CPMSM, CPCS

**DESCRIBE YOUR PROCESSES
FOR APPOINTMENT,
REAPPOINTMENT, AND
REQUESTING A NEW
PRIVILEGE. IS BUDGETING
FOR EQUIPMENT
CONSIDERED IN
CREDENTIALING NEW
PROCEDURES – COST VS.
VOLUME?**

1. Appointment:

- Applicant must meet requirements set forth in Medical Staff Bylaws.
- Medical Staff Office obtains references, verifications, National Practitioner Data Bank and other external reports.
- Completed application/privileges reviewed by Department, Credentials Committee, Executive Committee, Board of Trustees.

1. Reappointment:

- All staff members are reappointed at least once every 2 years.
- Medical Staff Office reviews/updates information provided by applicant.
- Peer reference, license & clinical competence verification, Data Bank & OIG reports required.
- Detailed information on pending suits, final judgments and settlements.
- Performance improvement data compared to aggregate data.
- Completed application reviewed by Department, Credentials & Executive Committees, Board of Trustees.

3. Request for New procedure:

- Evidence of specific training and competence.
- Appropriate equipment/technology available.
- Procedure must be listed on departmental privilege delineation prior to granting privilege.

**WHAT IS REAPPOINTMENT
BASED UPON?**

- Current demonstrated clinical competence
- Judgment & clinical/technical skills
- Physical and Mental ability to perform the requested clinical privileges
- Performance documented by results of PI activities
- Peer recommendation
- Ethics and conduct
- Participation in teaching responsibilities
- Adherence to medical staff bylaws, rules and regulations
- Continuing medical education

**WHAT DO YOU DO IF A
REAPPOINTMENT GOES
BEYOND 2 YEARS?**

- Reappointment does not go past 2 years; membership and privileges end.

**HOW DO YOU ASSURE THAT
STAFF MEMBERS WITH
CLINICAL PRIVILEGES PROVIDE
SERVICES WITHIN THE SCOPE
OF THOSE PRIVILEGES? HOW
ARE THE PRIVILEGE LISTS
UPDATED TO REFLECT
CHANGES IN PRIVILEGES?**

Center City Campus

- Privilege listings available on Hospital intranet (changes uploaded daily)
- Also available in Medical Staff Office

Other Campus

- Privilege books located in ICU, CCU, OR and Emergency Department
- Methodist Nursing Center privileges available in Medical Staff Office and in the Medical Records Department at the Nursing Center.

Questions after hours

Contact nursing supervisor or administrator on-call

**HOW DOES THE DEPARTMENT
CHAIRMAN PROVIDE AN
APPLICANT-SPECIFIC
STATEMENT FOR
REAPPOINTMENT?**

As part of the reappointment process, there are physician specific evaluation questions addressing the areas which must be considered before recommending reappointment. They are listed on the departmental advisory and department chair recommendation forms.

**WHO SUPERVISES ALLIED
HEALTH PROFESSIONALS? HOW
IS THIS RESPONSIBILITY
DOCUMENTED?**

Either the primary or substitute physician registered with the appropriate State Board of Medicine or by the physician who has entered into a collaborative agreement with the practitioner. Copies of supervisory or collaborative agreements are maintained in the credentials file of each allied health professional and documentation is entered into MSL database in reportable fields.

**WHAT IS THE PROCESS FOR
GRANTING TEMPORARY
PRIVILEGES? FOR HOW LONG?
UNDER WHAT
CIRCUMSTANCES?**

Staff Applicants: Clean file (nothing derogatory, no claims) after Credentials review. Granted for a period of two months and can be extended for an additional period of two months.

(Note: members should check their bylaws regarding temporary privileges and the current DHS regulations. Ms. Friedman is from Pennsylvania.)

Editor's Note: If there is a topic about which you would like to learn more, please send your suggestions to me. Claudia Edwards, CPMSM at cedwards@mainehospital.org