



# THE LIGHTHOUSE

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

**PRESIDENT'S MESSAGE**  
**Cheryl Schilke, CPMSM**

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I had been ill for over a month before we finally identified the cause and had surgery to correct the problem. I am now well on the road to recovery and am starting to feel myself again. Some of the things that got me through this period were the support of my wonderful staff (You guys are the best!) and the circle of friends and colleagues whose patience, understanding and assistance are very much appreciated. This personal note reminds me of how much we all need a network to rely on each other professionally.

This is the very essence of MeAMSS – an organization of talented and knowledgeable professionals who are always there to share problems, suggest solutions, provide a listening ear and the support, both technical and emotional, we all need from time to time. Don't hesitate to call on that network, either globally through the network questions or to individual members. We have all either been there, done that or will be there soon. We understand the frustrations, can provide perspective on problems and join in to celebrate your triumphs.

Thank you all for just being there.

*Mark Your Calendars*



*Educational Meeting Schedule*

*May 8 & 9 - Biennial Conference  
Village by the Sea, Wells, ME*

*August 15 – Educational Meeting  
Maine General, Waterville, ME*

*October 10–Educational Meeting  
TAMC, Presque Isle, ME*

*Just think of all the CME credits you will  
obtain by attending these meetings!*

*October 11-15 NAMSS Conference  
Milwaukee, Wisconsin*

*A Bouquet of Get Well Wishes for Cheryl*



*From all of us in MeAMSS*



**to Rose Lyons & the Education Committee  
for planning such a great biennial conference.**

# NOTEWORTHY

## Affiliation certification vs. clinical evaluation: Save time by knowing the differences

Published in the Credentialing & Privileging Advisor January 2008  
by **Anne Roberts, CPMSM, CPCS**

*Anne Roberts, CPMSM, CPCS, is the director of medical affairs at Children's Medical Center in Dallas, where she oversees the medical administration, graduate medical education, and medical staff services department.*

### Dear credentialing colleague:

While consulting and in day-to-day practice, I have noticed that some hospitals have been struggling with formatting and developing affiliation verification forms and clinical evaluation forms. In 2007, The Joint Commission (formerly JCAHO) implemented a new requirement for hospitals to incorporate the ACGME's six general competencies into their credentialing process. This new requirement is a great opportunity to clearly delineate the difference between these two very different forms.

An affiliation verification form should be sent directly to the medical staff office (MSO) should NOT include clinical evaluation questions. This form should verify the applicant's status at the organization, for example, dates of affiliation, staff status, and the department of practice. Additionally, an affiliation verification form should ask questions specific to the applicant's practice at the organization, for example:

- *Has the applicant ever been under any type of review and/or investigation or have they been the subject of any complaints or allegations of unprofessional or unethical behavior?*
- *Have there been any major health problems or substance abuse issues reported regarding this applicant?*
- *Has the applicant been derelict in their performance of medical staff duties, such as medical record documentation, meeting attendance, etc.?*
- *Has the applicant's membership or privileges ever been subject to review, restrictions, reduction, special oversight, or termination?*

There are several other questions that MSPs can include in the form. These questions can be phrased in many different ways; however, the key is that they are specific to the affiliation.

A clinical evaluation is a separate form and MSPs should not combine its questions with the affiliation verification form's questions. The MSO should send the clinical evaluation form directly to the department chief or peer reference for completion, and you should not ask these individuals to verify dates of affiliation (this is the purpose of the affiliation verification form, as noted above). The clinical evaluation should ask the department chief or peer reference to evaluate the practitioner's competency and review the privileges that the applicant has requested. This form should include the ACGME's six general competencies, and the questionnaire can be broken out by each of the six sections. Not only will ensuring that these forms are separate and specific help the MSP to obtain a more detailed, thorough response, but the turn around time is probably going to be quicker since the right people have the right form from the beginning. If you send the MSO a clinical evaluation, they cannot complete it. If you send the department chief affiliation verification, they simply have to turn around and send it to the MSO. Therefore, keeping the two processes and forms separate will help to improve the efficiency of the process and ensure that you receive the meaningful data to help your organization make a sound decision on whether to grant or renew medical staff membership and privileges.

## ANCC Announces New Credentials for Advanced Practice Nurses Effective January 2008

Submitted by Lena McDougal, CPMSM, CPCS

The American Nurses Credentialing Center (ANCC) Commission on Certification (COC) has officially announced ANCC's new advanced practice credentials for clinical nurse specialists (CNSs) and nurse practitioners (NPs). The previous credential, APRN, BC (Advanced Practice Registered Nurse, Board Certified) is retired effective January 1, 2008.

### CNS Credentials

The new ANCC credential for the advanced practice role of clinical nurse specialist (CNS) will be CNS-BC. (Clinical Nurse Specialist – Board Certified).

This change has been supported by the major CNS stakeholder organizations, the American Psychiatric Nurses Association (APNA), the International Society of Psychiatric Nurses (ISPN) and the National Association of Clinical Nurse Specialists (NACNS); ANCC worked closely with these groups to assure that all issues and perspectives were considered. It was also supported by a majority of certified CNSs, who were given the chance to submit their feedback in an ANCC survey, which was posted on the NACNS website. One concern some CNSs had was that the change could undermine their status as advanced practice nurses. According to Kelly A. Goudreau DSN, RN, CNS, Immediate Past President of NACNS, "the CNS role is best served by a unique credential that differentiates the CNS role from that of other advanced practice nurses. In some states the CNS role is not recognized, and state boards allow the NP to practice as a CNS. This trend poses a challenge to the continuation of the unique CNS role. NACNS and ANCC support the independence and continued recognition of the CNS as a separate and distinct advanced practice role. The new CNS-BC credential will help to highlight this important distinction"

### NP Credentials

The new credentials for ANCC-certified nurse practitioners will be NP-BC (nurse practitioner-board certified) preceded by a letter indicating the particular specialty, i.e.:

- |   |          |
|---|----------|
| • Family Nurse Practitioner                                     | FNP-BC   |
| • Adult Nurse Practitioner                                      | ANP-BC   |
| • Acute Care Nurse Practitioner                                 | ACNP-BC  |
| • Pediatric Nurse Practitioner                                  | PNP-BC   |
| • Gerontological Nurse Practitioner                             | GNP-BC   |
| • Family Psych and Mental Health Nurse Practitioner             | PMHNP-BC |
| (Family will be on the certificate and can be added if desired) |          |
| • Adult Psych and Mental Health Nurse Practitioner              | PMHNP-BC |
| (Adult will be on the certificate and can be added if desired)  |          |

### *Implementation of New Advanced Practice Credentials*

ANCC's new advanced practice credentials go into effect January 1, 2008. ANCC will notify state boards of nursing and other stakeholders of this change. Furthermore, all ANCC-certified NPs and CNSs will receive an updated certificate by mail during the second quarter of 2008, with the new credentials clearly stated. ANCC hopes this will help to avoid or overcome any potential confusion or difficulty.

### *You're an Essential Piece*



*Isn't it a wonderful thing that we're all different?  
Each of us has strengths and skills  
to share. And when we link our  
individual strengths together,  
we're invincible.*

*Can't imagine us without you.*

## GOOD TO KNOW

### VEHICLE SECURITY WHEN PARKED OR PARKING

When you park your vehicle take the key out of your ignition, close the windows all the way and make sure all the doors are locked. Only parking for a minute? Do it anyway, it only takes a second for the opportunist thief to slip into the drivers seat and your vehicle is gone.

Do not leave any valuables in plain view in your vehicle, even if it is locked. Put them somewhere out of sight or take them with you. Left your wallet in the vehicle because it only had a few dollars in it...but then there were the credit cards and the rest of your identity! On top of that there is the cost of the damage that the thief did to get your wallet.

If your vehicle is fitted with an alarm system always activate it every time that you leave your vehicle. Make it a habit. You also may purchase a device that locks the steering wheel to the brake pedal, which provides highly visible vehicle security.

What do you think?

### Should applicants and/or current medical staff members be able to read their letters of reference?

A: If a hospital promises a reference that his or her letter will not be shared, then of course that needs to be respected. As a practical matter, most references would probably prefer that organizations don't share their letters, allowing them to be comfortable and give a candid response.

The fact that a state's peer review privilege may protect the reference from being sued by the applicant is generally not something that provides the reference with great comfort. However, if a hospital intends to deny an application based in whole or in part upon a reference, the organization must permit the practitioner to see the reference in order to have an opportunity to rebut it.

The best practice for balancing the rights of each party is as follows: The institution needs to have a policy of either disclosure or nondisclosure to the practitioner, and must ensure that all references are aware of all aspects of the policy. If the policy is nondisclosure, then it needs to further provide that in the event the medical executive committee (MEC) or board intends to rely upon a reference as the basis of an adverse recommendation or action, the MEC and board will need to obtain the reference's consent to use this reference's information during fair hearing proceedings.

**Answer by Catherine Ballard, JD**, a partner at Bricker & Eckler in Columbus, OH, fielded this question. It originally ran in the February issue of *Briefings on Credentialing*, published by HCPro, Inc.

**Editor's Note:** If a practitioner is pursuing due process in order to rebut a reference's input that adversely affected privileges and/or membership on the medical staff, please be sure to contact your attorney to draft a special release such as one entitled, "Authorization for Sharing of Certain Confidential Peer Review Information" that specifies what will be released and that both the practitioner and legal counsel will comport themselves in the course of the hearing and all other proceedings in compliance with either bylaws and/or disclosure policies.



### Maximize a standard workday

It is common to find MSPs under significant time-management challenges. A few ways you can maximize your standard workday are by:

- Taking action - conduct a time survey of your office to uncover where problems (personnel, training, interruptions, etc.) stem from
- Networking with your colleagues to identify solutions to common problems
- Identifying what resources, such as software enhancements, might add value to the credentialing process

## CMS Issues Guidance on Interpretive Guidelines

Submitted by Joyce Allen, CMSMM

The Centers for Medicare and Medicaid Services ("CMS") issued a [memorandum](#) to its State Survey Agency Directors on the use of Interpretive Guidance by surveyors for long term care facilities. In a footnote, CMS states that "although surveyors must use the information in Guidelines, they must be cautious in their use. Guidelines do not replace or supersede the law or regulation, and therefore, may not be used as the basis for a citation." Ali Hilt-Lash has taken Denise Osgood's place. Contact her for further information.

## SOMETHING TO THINK ABOUT

from Joyce Allen, CPMSM



In a recent phone conversation, Randal Manning clarified that if a hospital cancels a contract with a locums company because the hospital no longer wants the services of a certain provider (for reasons relating to the provider and not a change in staffing needs), then this is equal to firing the provider. This, by law, must be reported to the BOLIM within 60 days. Since this was news to TAMC, it's possible that other Maine hospitals may not be interpreting the cancellation of a locums provider contract as firing. Randal was asked to elaborate on this topic the next time he's invited to speak at a MeAMSS conference.

## IN FROM NAMSS

### Recertification Changes for Dual Certificants

The Certification Commission of NAMSS has discussed the need to increase the requirement for continuing education (CE) credits for recertification of dual-certified individuals for several years. The CCN recognizes that the two NAMSS certifications (CPMSM and CPCS) were created because there are distinct differences in the level of skill, knowledge, and expertise needed to perform the specific job functions and to pass each exam. Therefore, since such differences exist initially, the same holds true for recertification. We conducted extensive research that provided overwhelming evidence indicating organizations offering multiple certifications and/or licensures typically have specific recertification/re-licensure requirements for each certification/license held.

Considering such, the CCN, (with the support of the NAMSS Board) unanimously agreed to increase the recertification continuing education (CE) requirements for individuals holding dual certification. Therefore, in the future, individuals holding dual certification will be required to obtain 45 CE credits for recertification, of which 25 must be NAMSS approved. Recertification cycles will remain the same; however, this requirement becomes effective the first recertification cycle in which an individual holds dual certification the entire three-year period beginning this year.

For example:

- Recertification in 2007, 45 credits due in the next recertification cycle of 2010.
- Recertification due in 2008, 45 credits due the next recertification cycle of 2011.
- Recertification due in 2009, 45 credits due the next recertification cycle of 2012.

The CCN continues to strive to ensure our certification and maintenance of certification programs are meaningful and valuable. These changes were made in an effort to enhance continued knowledge, skill and proficiency in each field represented by certification.

## FROM THE EDITOR

### *Fitness Myths Busted!*



#### **Myth: You have to work out for at least half an hour to make any fitness gains**

The Truth: “Anything you do, for any period of time, will give you some benefit” says Matt Feigenbaum, PhD, professor of health and exercise science at Furman University in Greenville, S.C. “You can accrue the same health benefits with three 10-minute bouts of aerobic exercise as during a single 30-minute one.” If you’re trying to lose weight, though, obviously the more you do, the faster you’ll succeed. Running short one time? Ramp up the intensity to maintain your fitness level and your habit.

#### **Myth: Muscle can turn to fat**

The Truth: “Muscle and fat are two completely different tissues that have different functions,” says Walter R. Thompson, PHD, professor of kinesiology, health and nutrition at George State University in Atlanta. “One can’t turn into the other.” When you stop exercising, muscles atrophy so you’ll lose the tone you worked so hard to attain. And if you don’t adjust your diet, you will gain fat.

#### **Myth: Lifting heavy weights will make you bulk up**

The Truth: Repeat after me: Women simply don’t have enough of the muscle-building hormone testosterone to get bulky, even using heavy weights. “Some people will gain muscle faster than they lose fat, so they may be bigger until they shed some of the flab,” explains Tom Seabourne, PHD, director of exercise science at Northeast Texas Community College in Mount Pleasant.

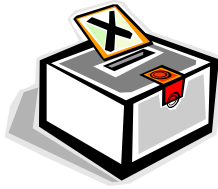
#### **Myth: You don’t really need to warm up or cool down**

The Truth: Your best mode of injury prevention is a good warm-up and cool-down that involves a milder version of your workout, such as walking before and after you jog, says Michael Bracko, EdD, a sport physiologist in Calgary, Alberta, Canada. A warm-up prepares your muscles and joints to work – cold muscles are more susceptible to injury – and a cool-down gradually lowers heart rate, body temperature and blood pressure. Skipping the latter could lead to dizziness and even cardiovascular complications.

#### **Myth: Doing too many crunches will give you a stomach pouch**

The Truth: “Even a woman who uses added resistance and challenging moves won’t build up her abs enough to make them stick out,” Seabourne says. That pooch you see is likely the layer of fat on top of your ab muscles. Only cardio exercise will burn that off.

*Pat O’Connor*



## It's a MeAMSS Election Year!



Be an "essential piece."

Not only is it a national election year, but it's a MeAMSS Election year as well. Soon the Nominating Committee will be soliciting nominations for the following positions:

- President Elect
- Secretary
- Treasurer
- Education Chair
- Lighthouse Editor
- Media Chair
- Membership Chair
- Member-at-Large

If you or anyone you know is interested in any of these positions, contact the individual now holding the position and chat about the duties and responsibilities. Email addresses are below and phone numbers can be found in the Membership section on [www.MeAMSS.org](http://www.MeAMSS.org). You'll find out how much fun and how rewarding being a member of the Board can be.

**MeAMSS gives a lot to you. Consider how you can give back.**

2007 MeAMSS Board		HELPFUL WEBSITES
<p><b>President</b> Cheryl Schilke, RN, CPMSM <a href="mailto:cschilke@synernet.net">cschilke@synernet.net</a></p>	<p><b>Education Chair</b> Rose Lyons, CPCS <a href="mailto:rylons@synernet.net">rylons@synernet.net</a></p>	<p><a href="http://www.mainedental.org/">http://www.mainedental.org/</a>  <a href="https://profiles.ama-assn.org/amaprofiles/">https://profiles.ama-assn.org/amaprofiles/</a>  <a href="https://www.do-online.org/index.cfm?PageID=cme_guidereqs">https://www.do-online.org/index.cfm?PageID=cme_guidereqs</a>  <a href="http://www.maine.gov/sos/cec/rules/10/chaps10.htm">http://www.maine.gov/sos/cec/rules/10/chaps10.htm</a>  <a href="http://www.royalcollege.ca/">http://www.royalcollege.ca/</a>  <a href="http://www.state.me.us/pfr/olr/">http://www.state.me.us/pfr/olr/</a>  <a href="http://www.archives.gov/locations/index.html">http://www.archives.gov/locations/index.html</a>  <a href="http://www.archives.gov/st-louis/military-personnel/letter">http://www.archives.gov/st-louis/military-personnel/letter</a>  <a href="http://www.nccpa.net/">http://www.nccpa.net/</a>  <a href="http://namss.org">namss.org</a>  <a href="http://docboard.org">docboard.org</a>  <a href="http://msleader.com">msleader.com</a>  <a href="http://msspnext.com">msspnext.com</a>  <a href="http://qualityforum.org">qualityforum.org</a>  <a href="http://credentialinfo.com">credentialinfo.com</a>  <a href="http://www.aana.com">www.aana.com</a>  <a href="http://jointcommission.org">jointcommission.org</a>  <a href="https://www.nursys.com/Common.asp?pt=LICENSEVERIFICATION">https://www.nursys.com/Common.asp?pt=LICENSEVERIFICATION</a>  <a href="http://www.maine.gov/boardofnursing">http://www.maine.gov/boardofnursing</a></p>
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Next deadline for submission of items is April 25th  
email submissions to [poconnor62@msn.com](mailto:poconnor62@msn.com)

**Remember – this is YOUR newsletter and the content reflects your input**