



THE LIGHTHOUSE

MARCH 2003

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

UPCOMING EDUCATIONAL MEETINGS DATES

June 27, 2003

Waldo County General Hospital, Belfast

September 12, 2003

Mayo Regional Hospital, Dover-Foxcroft

December 12, 2003

Maine General Hospital, Waterville

*(Please note the change from
December 5 to December 12)*

PRESIDENT'S MESSAGE

*"Those who are blessed with the most talent
don't necessarily outperform
everyone else. It's the people with follow-
through who excel."*

- Mary Kay Ash -

February and March were whirlwind months, as far as meetings were concerned, for this president. In addition to regular meetings associated with my job, I spent two days in Austin, Texas attending the NAMSS Leadership Council Forum. The first day, state presidents and president-elects were invited to attend the NAMSS Board of Directors meeting. Thirty-three individuals sat through a very informative meeting which gave us a clear picture of NAMSS' focus for the coming year. The next day, we were fortunate to attend a presentation on

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"The Gift of Leadership", presented by Mark Levin. This was a very powerful meeting which provided us, not only leadership tools for ourselves, but information to identify leaders throughout our membership. It is my intention to share bits and pieces of this conference with you through the coming months.

Next was the MeAMSS Board of Directors meeting and Education conference. Your Board is hard at work developing our direction on many projects for the coming months. The most exciting announcement is *we have a web-site*. Ruth Rose created it (www.meamss.org) and it looks great. We are counting on input from the membership to continue this endeavor. If you have suggestions, questions or comments, please direct them to Allison Meyer, our Media Specialist (AllisonM@martinspoint.org).

During the Business Meeting portion of our March meeting, it was reported that the cost of meeting registration will increase to \$20 beginning January 1, 2004. This is necessary in order to continue offering quality education and to keep our budget in line. Although the Board did not make a decision to increase dues at this time, I would suggest that you keep a possible increase in mind when budgeting for your next fiscal year. Additionally, I would like to suggest increased attendance at the Business meetings when you come to the Education meetings. This is where you have the chance to participate in the Association's future.

We also discussed the Maine Hospital Association Summer Forum, held in June at the Samoset Resort. This is seen as a valuable education forum and your president and president-elect attend on an annual basis. This is also the time when the *Golden Star Award* is presented. Please take the time to nominate a colleague for this prestigious award.

That's all for now. As always, please stay in touch with questions, comments, concerns regarding your Association.

Kim Pelletier, CMSC



St. Joseph Hospital
Bangor, Maine
By MaryCarol Rumsey, CMSC

The physician surveyor seemed to be focused on four topics: the appointment process, license verification, physician health policy & procedures and disaster credentialing.

The survey team was in our hospital Wednesday, Thursday and Friday, February 26, 27 and 28. The physician surveyor called me at 8:30 a.m. on Wednesday and asked for a list of all the locum tenens we had credentialed in the past 12 months, as well as all the temporary privileges we had granted and all the emergency privileges we've granted. At 10:00 I brought him the lists he had requested, and he selected one chart from each category plus one courtesy staff member, one adjunct staff member and one allied health professional by name. For the active staff he picked by name and specialty, an anesthesiologist, a cardiologist, an ER physician, a family practitioner, an internist, an orthopedic surgeon, a pathologist and a radiologist. He also asked me to bring examples of our appointment process. We selected four recent appointment files.

On Thursday, the surveyor began the credentialing session by telling me he couldn't find an actual time line in the bylaws for the "allotted time" for completion of an application and asked if we had a policy covering it. Our initial appointment policy did outline the time periods we established for the processing of a complete application. He reviewed the policy and found it satisfactory.

He asked when were State licenses verified. I told him licenses were verified at the time of appointment, reappointment and expiration. He asked me if I could show him a file that indicated I did this. Fortunately, the file he was reviewing at the time was one in which the applicant's original license expired and had been renewed. The surveyor was very interested in knowing how we knew licenses were due to expire. I explained our medical staff software kept track of the expirations dates for us and at the beginning of every month we ran a report of all the documents expiring that month – licenses,

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DEAs, and insurances. I told him we sent a letter out reminding the physicians to send us copies of their renewed certificates and then near the end of the month we called the offices if we hadn't received copies by then. He was satisfied with that answer.

When he was looking at the appointment files he wanted to see that we had sent a letter to the physician telling them the CEO had granted temporary privileges and another letter telling them of their approval by the Board of Trustees. Since we put our new applicants on provisional staff, he checked to make sure the letter indicated the date of the beginning of the provisional appointment.

Unlike surveyors I've experienced in the past, this one directed lots of questions to the physicians in the room. Fortunately, the two physicians with me in the credentials review session were very familiar with our processes. One physician was the current credentials chair, and the other was the former credentials chair.

He asked the physicians in attendance what our policy on proctoring at appointment covered. The physicians told him we don't proctor our physicians during the first year, but do a review at the end of the year. He took great pains to recommend we consider proctoring and explained his views on that subject. He did indicate he was not speaking for JCAHO because JCAHO does not address proctoring.

He also asked the physicians about our physician health policy. We showed him the section of the Bylaws where we established a Sub-committee of the Medical Executive Committee to deal with impaired practitioners. He wanted me to show him where in the bylaws we required a referral to the State agency. He also carefully looked over our Guidelines for the Subcommittee for Practitioner Health Committee to make sure it was appropriately focused on the physician. He pointed out two places where we had mentioned patient safety. He reminded us that JCAHO is very specific about their expectation that the policies be focused on the physician, not focused on patient safety or hospital risk. If you'd like to review JCAHO's Intent Statement for MS.2.6, you'll find it on Page MS-18 of the CAMH Handbook. It's the one that begins with, "An organization has an obligation to protect patients from harm."!

Before the credentials interview, he had reviewed our Disaster Credentialing Policy and found that quite acceptable (Thank you Debbie Hall!). He mentioned we don't want to add too many impediments to any volunteer that wants to help in the event of a declared disaster. As long as we checked their licenses and active staff privileges at another hospital that should be enough!

All in all, the survey went well. I'm glad it's over and I can now get back to the business of reappointment time lines!

MaryCarol Rumsey, CMSC



TEST YOUR KNOWLEDGE

Medical Terminology

Match the suffix with its meaning:

1. **algia**
 - enlargement
 - softening
 - henia
 - pain
2. **cele**
 - hernia
 - cell
 - pain
 - inflammation
3. **malacia**
 - blood condition
 - softening
 - incision
 - enzyme
4. **emesis**
 - process
 - disease
 - vomiting
 - secretion
5. **phagia**
 - swallowing
 - tear
 - deficiency
 - hardening
6. **plasia**
 - tumor mass
 - drooping prolapse
 - flow/discharge
 - development, formation

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7. **stalsis**
 - inflammation
 - contraction
 - opening
 - stopping
8. **stenosis**
 - stricture
 - opening
 - suture
 - flow, discharge

Law Review

1. **Doctrine of Ostensible Agency HMO found to be liable in patient's death. Chest perforation during breast biopsy. Chest pain/MI six weeks later.**
 - Elam v. College Park Hospital
 - Gonzales v. Nork and Mercy Hospital
 - Boyd v. Albert Einstein
 - Patrick v. Burget
2. **Doctrine of Corporate Negligence – Medical Records had information on many lawsuits against a podiatrist.**
 - Elam v. College Park Hospital
 - Gonzales v. Nork and Mercy Hospital
 - Boyd v. Albert Einstein
 - Patrick v. Burget
3. **Hospitals owe patients a duty to care– laminectomy negligently performed. MD had history of unnecessary or negligent surgeries.**
 - Elam v. College Park Hospital
 - Gonzales v. Nork and Mercy Hospital
 - Boyd v. Albert Einstein
 - Patrick v. Burget

(Answers will appear in next month's newsletter.)

Network Questions:

How many cases must be proctored for pacemaker insertion privileges?

Three responded: Two large hospitals required 50 proctored cases – of which one also required 10 cases also be performed independently for reappointment. At a third hospital, the department chief decided whether or not the physician was qualified.

Submitted by Lu Bois, Inland Hospital.

Are your certified nurse midwives permitted to request vacuum extraction privileges and if so do you have specific criteria that you would be willing to share?

Yes - 3 hospitals

Yes with consultation - 1 hospital

Yes in presence of persistent fetal bradycardia and with concurrent notification of a physician - 1 hospital

No - 2 hospitals, Ob/Gyn department specifically denied.

Most of the hospitals who offered the privileges to CNMW simply state for criteria that they have education & experience in the technique. One hospital, with a very comprehensive privilege sheet for CNMW (very impressive), identified vacuum extraction as a special request and required successful completion of at least 10 cases in the preceding 12 months upon initial appointment and 10 successful cases in the preceding 24 months for reappointment. My Ob/Gyn department is reviewing the results of this survey and the clinical white papers to determine if they will expand the scope to include vacuum extraction and the criteria to be met.

Submitted by Cindy Hutchison, PenBay

Have any of you started paying the medical staff to provide the call coverage needed by the ED and community? If not, has the medical staff raised it as an issue that is under discussion? For plan managers, is there a requirement for physicians in the plan to provide emergency call coverage for the plan's patients?

No - 7 hospitals; Yes - 1 hospital pays general surgeons who take trauma call in addition to general surgery call. They are paid only for the dates they take trauma call. Issue raised - 3 hospitals

Is there a requirement for call coverage in plans - basic answer was that physicians are required to provide 24/7 coverage for their patients. That coverage can be provided by the ED if that is the community standard (EMTALA language). It was indicated by some plan managers that the coverage by Emergency Medicine physicians and not the specialists is the standard the further North and more rural that you go (too few specialists to provide 24/7) but it is not the standard in the South. This means that if you have a specialty service in those areas, the specialty service is expected to provide coverage as back-up to the ED.

This issue has generated the most divisive

environment I have seen in my career, pitting the medical staff against the hospital and ED physicians, as well as older generation physicians against the younger generation. Gordon Smith came and spoke to our MSEC regarding the issue and he acknowledged that it is definitely a national movement, which is just beginning to appear in Maine. One of many concerns is that the cost of paying specialty physicians for call could crush all but the biggest facilities. Having physicians refuse to take call unless paid by the hospital will be equally devastating to the communities.

Submitted by Cindy Hutchison, PenBay



The New York State Association of Medical Staff Services is holding a conference May 1 and 2, 2003, at the Desmond Hotel and Conference Center, 660 Albany-Shaker Road, Albany, NY 12211. Their phone number is (518) 869-8100

Anyone who is a member of the Northeast associations will be charged a member fee of \$325 for the entire conference. Payment and application must be submitted to Teresa Goss, CMSC, CPCS at Finger Lakes Regional Health System 196 North Street, Geneva, NY 14456

Topic Summaries:

How to Deal with the Problem Physicians

Anatomy of an Investigation

Good Hearing Procedures

Effective Medical Staff Documents and

Keys to Confidentiality.

If interest call (315) 787-4170 or

e-mail: teresa.goss@fhealth.org

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Have an article to submit? Please send it to:

cedwards@mainehospital.org