



# 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

**May/June 2008**  
Volume 8, Issue 3

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The April showers are over and now we can look forward to May flowers. And that is not the only thing we have to look forward to in May. For those of us who have children, the one day in the year we can count on them to be on their best behavior is Mother's Day. Memorial Day is May 26 this year and for some, marks the start of the summer season. I personally don't feel it is summer until it is hot – sometime in July usually. There are graduations and weddings.

Our biennial conference is shaping up nicely and looks like it will be another success for MeAMSS. We have attracted more vendors and are expecting 50+ attendees. See you in Wells May 8-9, 2008!

### SCHOLARSHIP FUNDS AVAILABLE

The Board has authorized an annual sum to be awarded each year to support professional education. The amount each year will be dependent on the funds available to the organization. This year, the allocated amount is \$500. Any member may apply for a portion or the full amount, if necessary. The funds could be used for registration fees for educational conferences or meetings, independent study programs, certification exam fees or any other purpose related to professional development.

To apply for the scholarship monies, please submit a written request including:

- ❖ Name and work address
- ❖ Position held
- ❖ Reason for request. Include copies of any information for which funds would be used and the amount of other financial support, if any, available to applicant
- ❖ Amount being requested

Requests should be submitted to the President by June 1 for the 2008 calendar year and will be awarded by July 15, 2008.

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### Mark Your Calendars



#### Educational Meeting Schedule

May 8 & 9 - MeAMSS Biennial Conference, Wells, Maine

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

# **Tips For A Successful PowerPoint Presentation**

*By Sarah Paidá, Credentialing Assistant*

Have you ever gone to a presentation that you know the presenter put a lot of time and effort into, but you still went away somewhat disappointed with the overall talk? In a professional setting, this can sometimes be a common occurrence. Perhaps the slides were too busy or the font too small? Below are a few suggestions for PowerPoint presentations that I created using personal experience and information from several Internet sites. We intend to distribute these tips to our physicians who want to present grand rounds before the medical staff. I thought the MeAMSS members might find them helpful.

## **Presentation Preparation**

- Clearly state the problem/purpose and its importance.
- Research/collect material which relate to the topic.
- Talk about your topic in a logical sequence.
- Try to limit the talk to key concepts, avoid specifics.
- Short, concise sentences will keep your audience focused.
- Try to refrain from ambiguity and aim for clarity.

## **Slide Preparation**

- Try to keep the number of slides to a minimum.
- To prevent overloading slides, enter most text into PowerPoint Notes instead.
- Keeping slides with similar topics together will limit the confusion of jumping from topic to topic.
- Font size 28-34 in bold is recommended for subtitles, font size 44 is recommended for titles.
- Using the same font instead of multiple fonts will help prevent distraction.
- Using contrast for text and background (light on dark, dark on light) will make your slides easier to read.
- Try to keep the background basic, especially during scientific presentations involving graphs or data sets.
- Changing backgrounds when changing topics is recommended for long talks.
- Using graphics will help to make concepts clearer to the audience.
- Try to limit the amount of numbers and round fractions of units up or down.
- Using the same scale for numbers on a slide will keep you data consistent and easy to follow.
- Try to label charts clearly.
- Use animation and sound effects sparingly.

## **Practicing your presentation**

- Talking through your presentation will help you to see how much time you spend on each slide.
- You can set the automatic slide transition to coincide with the amount of time you want to discuss each slide.
- Decide which slides or comments need alteration.
- Try not to memorize your text, think about the ideas, and the words will follow.
- Try to end your talk early, to help keep your actual presentation within the allowed time.

## **Presentation Delivery**

- Plan to get to the presentation room early to set up/test the equipment.
- Dressing appropriately for your audience leaves a good impression.
- Turning off your cell phone will help avoid any unnecessary interruptions.
- Distribute handouts at the beginning of your talk; try to have extras.
- Try to create an opening statement that grabs the attention of the audience.
- State the problem/topic for discussion, summarize the main theme.
- Talk at a natural and moderate rate of speech, projecting your voice.
- Try to speak clearly, with your eyes on the audience.
- Repeating any critical information will help the audience remember it.
- Pause briefly between slides.
- Always leave time for questions at the end of the presentation.
- Refrain from allowing questions during the talk. This will lengthen the talk.
- If you are unable to answer a question, simply tell the audience you will try to get the answer.
- Summarize key concepts
- Try to end on time.

**MEET A NEW MEMBER**  
**Sarah Paida, Credentialing Assistant**  
**Maine Coast Memorial Hospital**



My name is Sarah Paida. I am originally from Pennsylvania, but moved to Maine over two years ago, after my husband and I came to Maine on our honeymoon and fell in love with the area.

I graduated from Bucknell University in 1998, and have worked primarily in the science field in jobs varying from chemistry and microbiology to patient care.

I began working in the medical staff office two days a week in May of 2006. In November of 2007, I became a full-time employee in the Medical Staff Office. My current duties include credentialing our medical staff (reappointment and appointment), and basic office functions. In addition, I am currently doing two special projects: creating both a practitioner orientation packet and a credentialing manual.

One of the things I enjoy most about my job is being able to use my science-based research skills in the credentialing process. I also love learning, and am learning new things every day.

When I am not working, I enjoy spending time with my husband, playing and cuddling with our cat "Snickers", reading, cross-country skiing, snow-shoeing, hiking, swimming and kayaking.

***2007 Golden Star Recipient***

*Sue was nominated by Claudia Edwards, CPMSM*

***Sue Flanders***  
***Physician Network Coordinator***  
***Maine General Hospital***



**Our heartiest congratulations to Sue!!**

Sue has been an active member of MeAMSS for several years. She has participated in discussions at the MeAMSS education sessions providing useful information regarding regulations affecting credentialing with managed care. This information is valuable as it relates to Medicare payments.

Sue has been particularly helpful to Claudia in instances where she found herself on unfamiliar ground. With no one available in her hospital to answer her questions regarding enrolling physicians in MaineCare, CMS and other managed care companies, Sue came to her rescue. She even took time out of her busy schedule to personally deliver important information to Claudia. Claudia states, "She is a great resource and a treasure to our organization. Sue is always upbeat and a pleasure to work with."

MeAMSS is fortunate to have Sue as a member!

# NOTEWORTHY

## Tips for determining how far back to verify employment history

The topic of how far back into a practitioner's past to delve with regard to employment and/or appointment history is often a controversial one. Some credentialing specialists feel that verifying a practitioner's entire career when attempting to assess current clinical competence is not useful. It is not unreasonable to think that verification of an affiliation where the physician practiced more than 10 years ago is not an indication of that physician's current clinical competence.

However, in the current environment of negligent credentialing lawsuits, the public expects hospitals to be aware of any problems in a practitioner's background. Further, it is difficult to defend a lack of due diligence to obtain a complete picture of an applicant's healthcare-related work history.

While the vast majority of healthcare practitioners are well qualified and highly ethical, fraudulent completion of applications does occur. A practitioner may include on an application healthcare facilities where he or she has not practiced, or may give inaccurate details about an existing affiliation to enhance his or her resume. Querying all healthcare-related affiliations minimizes the risk to your hospital and patients should the credentialing process be scrutinized.

Verification of current clinical competence is obtained from current professional references (and/or program directors if the applicant is recently out of training), a report of recent clinical activity, and a query of recent healthcare affiliations. However, the best practice is collecting information about the practitioner's entire career to the greatest extent possible.

**Talk back:** *What are your thoughts on this topic? What tried-and-true advice would you share about it to fellow MSPs? Please send comments to [mcoler@hcpro.com](mailto:mcoler@hcpro.com). We'll compile them and print your feedback in future issues of CVU*

### Tip of the week: Tips from the Credentialing 101 series, part IV

*From September 2007 through the April 2008 issues, the **Briefings on Credentialing** newsletter featured a series of Credentialing 101 articles. Each article focused on a single credentialing topic, and provided a refresher course for the seasoned pro and a just-the-facts introduction for the new MSP on the block. This week's tip is from the article "Medical terminology," printed in the November 2007 issue:*

Most of us who work in the healthcare field are bound to be stumped by medical terminology at some time. If you're looking for a quick answer to your vocabulary question on the Web, visit:

- [www.medterms.com](http://www.medterms.com), the dictionary feature from Medicine Net
- <http://dictionary.webmd.com>, WebMD's guide to medical terms

However, if you want a Web site that offers more, visit:

- <http://www.dmu.edu/medterms/>, a Des Moines (IA) University Web page that organizes its vocabulary lists by body systems (e.g., circulatory, digestive, etc.)

<http://ec.hku.hk/mt/>, The University of Hong Kong's English Center Web site also contains a wealth of information, including self-assessment tools and audio clips to teach pronunciation.

Subscribers can access the **Briefings on Credentialing** archives through the **Credentialing Resource Center**.  
[www.online-crc.com](http://www.online-crc.com)

## **MEDICARE CHANGES REGARDING PAYMENT FOR COMPLICATIONS DURING TREATMENT**

Beginning October 1, Medicare will use a framework for eight hospital-acquired conditions to change the way it pays for complications during treatment. Hospitals that include a complication code in a DRG must document that the complication was present on admission. If Medicare determines that the condition developed after admission as a result of a mistake in the hospital, the cost of care related to that complication will not be reimbursed. (See list of conditions below) The policy was part of the final 2008 IPPS rule

The CMS proposed adding an additional five conditions to the list for the final 2009 inpatient prospective payment system, or IPPS rule.

Hospitals are working hard to prepare for a new policy in which Medicare will not reimburse for eight conditions the agency deemed to have developed as a result of a hospital mistake. The conditions are

- Air embolism
- Blood incompatibility
- Catheter associated urinary tract infection
- Falls/trauma
- Objects left in during surgery
- Pressure ulcers
- Surgical site infection after coronary artery bypass grafts
- Vascular catheter associated infection

Excerpted from Modern Healthcare, March 10, 2008

## **Good to Know**

### **HOME SECURITY**

By far, the most common threat to an apartment unit is burglary. Burglary, by the definition, is a non-confrontational crime, but being victimized can leave a family feeling vulnerable and violated. To prevent a burglary, it is important to first gain an understanding of who commits burglary and why. The majority of burglaries occur during the daytime when most people are away at work or at school. Burglaries also occur at night when there are obvious signs that no one is home. Most burglars are young males looking for things that are small, expensive, and can easily be converted to cash. Items like cash, jewelry, guns, watches, laptop computers, and small electronic devices are high on the list since quick cash is often needed for living expenses and drugs.

Statistics tell us that more than 30% of all burglars gained access through an open or unlocked door or window. Ordinary household tools like screwdrivers, channel-lock pliers, small pry bars, and small hammers are most often used by burglars. Although burglaries may seem random in occurrence, they actually involve a selection process.

#### **Here are a few tips:**

Use solid core wood or metal door for all entrance points

Doors should fit tightly into the doorjamb

Use a quality, heavy-duty, deadbolt lock with a one-inch bolt

Use a quality, heavy-duty, door knob-in-lock set with a dead-latch mechanism

Use a heavy-duty four-screw strike plate installed with 3-inch screws to penetrate into a wooden doorframe

Use a wide-angle 160-degree peephole mounted no higher than 58 inches

*Information provided by Ken Reid, Security Department Manager,  
Lawrence & Memorial Hospital, New London, CT*

# From The Joint Commission

On April 1, The Joint Commission (formerly JCAHO) published a new FAQ related to core privileges on its Standards Frequently Asked Questions Web page for the Comprehensive Accreditation Manual for Hospitals (CAMH). Another term for core privileges is bundled privileges.

The FAQ states, “Joint Commission’s credentialing and privileging standards in all accreditation manuals do not reference the concept of core privileges nor do they suggest or promote a particular format for granting privileges.”

The Joint Commission clarifies that an organization’s core privileges (if it uses them) must be:

- Clearly and accurately defined to reflect specific activities/procedures/privileges to be included in the core terminology, as well as those activities/procedures/privileges that are outside the core
- Clearly and accurately defined to reflect only activities/procedures/privileges actually performed at the organization
- Clearly defined to reflect activities that the organization believes a majority applicants should be able to perform

For implementation purposes, the organization must evaluate each applicant’s education, training, and current competence to perform each procedure or activity listed in the core privileges, as well as any privileges that are requested/granted outside the core. The Joint Commission also notes that “the expectation for the evaluation of each applicant’s education, training, and current competence to perform each specific activity would be the same if the organization were to use a ‘laundry list’ format for the applicant to select activities.”

An organization also cannot assume that every applicant can perform every procedure or activity it lists in the core. The organization must clearly define the process for an applicant to not request or to request the deletion of specific procedures or activities that an organization may include in the core if the applicant does not wish to apply for those procedures or activities. Additionally, if the organization deems that the applicant is not qualified or competent to perform specific procedures or activities which are included in the core, there must be a mechanism in place to modify the core appropriately.

MS.4.00 requires organizations to ensure that the resources necessary to support requested privileges are currently available, or available within a specified time frame, prior to granting privileges. When developing a privileging system, whether core format or laundry list format, organizations must determine that there is sufficient space, equipment, staffing, and financial resources to support each procedure/privilege at each location where the organization will offer that procedure. Additionally, most organizations are also incorporating their focused professional practice evaluation criteria.

*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 departments.*



Be an “essential piece.”

## FROM THE EDITOR

### ***Spring has Sprung!!***

#### ***A Sure Sign***

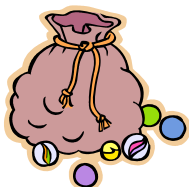


***When you see upon the walk  
Circles newly made of chalk,  
And around them all the day  
Little boys in eager play***

***Rolling marbles, agates fine,  
Banded, polished, red as wine,  
Marbles crystal as the dew,  
Each with rainbows twisted through,***

***Marbles gay in painted clay,  
Flashing, twinkling in your way,  
When the walk has blossomed so,  
Surely every one must know  
None need wonder who has heard  
Robin, wren, or Peter-bird;  
Sure the sign is on the wing,  
Thank goodness - It is spring!***

***-Evaleen Stein***



#### ***Be Grateful for Spring***

After the long, very snowy Maine winter, aren't we grateful that May is here and that spring has sprung?

May is a time of year when it's easy to feel gratitude. The crocuses, daffodils and other early spring flowers have begun peeking through the earth to show their colorful faces. Bird songs are in the air as birds mate to create their new generation.

As life rebounds in Springtime, what thoughts come to your mind? Perhaps you're planning your vegetable garden or deciding which annuals will complement your perennial beds this year. You may even be thinking about spring cleaning!

Spring is a time of new beginnings and gives us a chance to evaluate our priorities and to also dedicate ourselves to the beauty of Nature. When we step into the flow of Nature's rhythms, we are presented with opportunities to contribute our energies to that which sustains and nurtures the beauty of our homes and our planet. It's just a matter of bringing forth the right attitude.

We have a choice every morning about the attitude that we will embrace for the day. We can't change what has gone on yesterday or the day before nor can we change how others will behave around us. We CAN however, change the ways that WE react and respond. Our responses have a powerful impact not only on our quality of life, but also on the people and the world around us. An attitude of gratitude has the power to rebalance our inner and outer environments. It has the power to make our days happy, enjoyable and fruitful.

This month provides many opportunities for new beginnings. The air is warm, the woods are vibrating with new and returning life forms and the earth is beginning to awaken to magnificent beauty and color.

Be grateful that you have senses to enjoy all that nature holds in store and let your attitude help to create the life you wish for yourself. Find a way to express your appreciation for being able to participate in another spring.

Have fun this spring – play marbles or hopscotch or jump rope. It's amazing how the simple things can bring such joy and happiness.

**2008 MeAMSS Board**

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**HELPFUL WEBSITES**

<http://www.mainedental.org/>  
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<http://www.archives.gov/st-louis/military-personnel/letter>  
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[namss.org](http://namss.org)  
[docboard.org](http://docboard.org)  
[msleader.com](http://msleader.com)  
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[credentialinfo.com](http://credentialinfo.com)  
[www.aana.com](http://www.aana.com)  
[jointcommission.org](http://jointcommission.org)  
<https://www.nursys.com/Common.asp?pt=LICENSEVERIFICATION>  
<http://www.maine.gov/boardofnursing>

***PLAN NOW TO ATTEND THE OCTOBER EDUCATIONAL SESSION IN PRESQUE ISLE – YOU’LL FIND OUT EVERYTHING YOU WANTED TO KNOW ABOUT THE KADLEC NEGLIGENT CREDENTIALING CASE PLUS OTHER TOPICS OF INTEREST***

Next deadline for submission of items is June 20th  
email submissions to [poconnor62@msn.com](mailto:poconnor62@msn.com)

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