

### “Your Key to the Future”

Volume 2011, Issue 2

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#### President's Report – Jacqueline Bud

As I sit down to write my FINAL President's column, I'm thinking, "what can I write that will be interesting and catch the IAMSS members' attention?" I really can't think of anything. You will all be in such CAPABLE hands when Brenda Becker takes over that you'll be thinking to yourselves, "Jackie who?"

So the first thing I'd like to do is thank my Board members for all their help and support, and making it so EASY to be your President! When I was first elected to the Board, I thought, "Kathy Szary, what did you get me in to?" But, all in all, it hasn't been that bad. All of the Board members pitch in and help out with the conference planning, and anything else I think of, and everything just flows right along.

I guess one thing I'm proud of accomplishing since being President is having our Bylaws and Policy & Procedure Manual approved by NAMSS. These documents had already been written in the past by other Board members, but we worked on getting the deficiencies corrected and both documents have been approved by NAMSS 100%. Now we will only need to submit changes or updates to NAMSS, if any are made in the future. As always, the Bylaws and Policy & Procedure Manual can be found on the IAMSS website in the 'About Us' section, if you would like some light reading material. ☺

Another memorable thing that happened since I've been in office is when one of our speakers, Lynn

Buchanan, had missed her flight and couldn't make the morning portion of our conference - talk about nerve-racking! Lynn suggested a substitute that could carry out the presentation over the phone, so I worked with the Mary Greeley IT people to get that set up first thing in the morning. Of course I had to sit on the stage to 'advance the slides'. Now that I think about it, it was pretty funny, but at the time I was thinking, "Good Lord, what else can go wrong?"

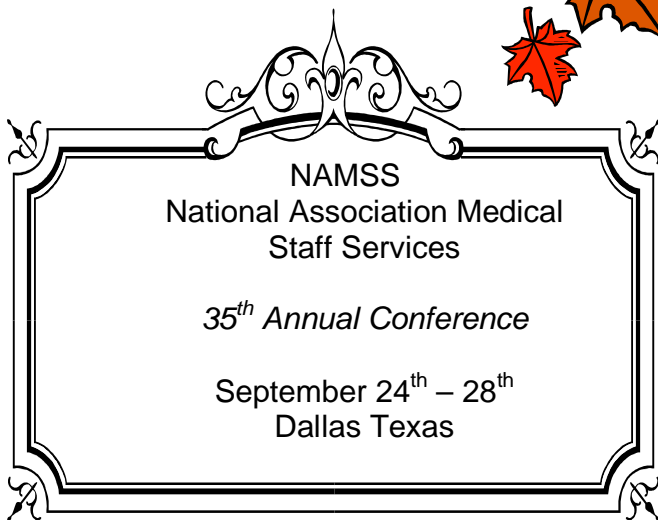
Our organization continues to grow with a strong membership, I think our financial position is doing well and we continue to offer many exciting and informational speakers at our conferences. We should all be proud of how well IAMSS is doing, and the important service we provide for our individual organizations and to our patients. I encourage all of you to consider serving on the IAMSS Board in some capacity. I believe it will help you to keep developing your organizational skills, your public speaking skills, problem solving and budget planning, to name a few.

So, as I close, I think one thing you'll all remember about me is how excited I get about the door prizes at the end of the day! It is a lot of fun for me and I appreciate the enthusiasm many of you show when you come down to claim your prize! ☺ Again, thanks again for the opportunity to serve as your President. Enjoy the rest of your summer and I will see you at our Fall Conference on September 23<sup>rd</sup>! Take care!

## IAMSS Fall Conference

September 23, 2011

Due to construction at Mary Greeley, The Fall Conference will be held at the Holiday Inn Ames Conference Center at 2609 University Boulevard, Ames Iowa. Our keynote speaker is Jerry Bridge and you won't want to miss his topic "If Healthcare is for Wellbeing, why am I so stressed out?" Tom Lownik from ProAssurance will be talking to us about Medical Professional Liability Insurance and Deb Tharnish will wrap up the day with current legal issues and trends. You may have noticed that the Brochure sent out had JoEllen Whitney presenting legal issues and trends but due to a scheduling conflict her partner will now be sharing this valuable information with us!



Don't forget National Medical Staff Services Awareness Week

November 6<sup>th</sup> – 12<sup>th</sup>

NAMSS has a toolkit available on their web site to help make others in your facility aware of what Medical Staff Management is and what we as Medical Staff Professionals do.



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## Member Happenings

Ashley Cole delivered a baby boy on March 21st. Dolan Scott Cole came into the world at 9:43am measuring 8 lbs. 3 oz, 19 1/4 inches long. He joined Big Brother Draven who is 3.

Deb Wernli had a busy spring and summer. Her family welcomed two new grandbabies! Max Alexander (04/05) to daughter Jenni and her husband, Trent and Noah David (06/20) to son Andy and wife, Missy. That brings her total Grandchildren to 11!! --- 9 boys...2 girls, all under the age of 10. She wrote "It is crazy at our house sometimes. I love it!"

Teri J. Allan from Regional Medical Center received a promotion from Medical Services Assistant to Medical Services Coordinator.

Deb Strabala, CPCS University of Iowa, passed the CPMSM test on June 30<sup>th</sup>

Patty Harvey's daughter Katie was married to Marcus Schneider on June 25<sup>th</sup> this year. Patty works at Fort Madison Community Hospital.

### *Congratulations to all of you!*



The Joint Commission has created a mobile version of its public website. Check it out at [www.jointcommission.org/mobile](http://www.jointcommission.org/mobile).

Did you know that The Joint Commission recently released updated Telemedicine requirements for Hospital and Critical Access Hospital Accreditation Programs? Go to the Joint Commission web site to read all the details.



### *DEA/CSA Registration*

Due to ongoing confusion regarding the DEA and CSA registration, I did a little bit of research. I reviewed the websites and called and spoke directly with Terry Witkowski at the Iowa Board of Pharmacy.

#### From the Websites:

##### ❖ Iowa Board Of Pharmacy

Every practitioner who administers, prescribes, or dispenses any controlled substance must be registered under both state and federal controlled substances act. Registration certificates must be maintained at the registered location. Registration is for a specific practice location. Practitioners who stock and dispense controlled drugs at more than one practice location must obtain a registration at each practice address.

##### ❖ DEA

A separate registration is required for each principal place of business or professional practice where controlled substances are stored, administered, or dispensed by a person. If a practitioner will only be prescribing from another location(s) situated within the same state, then an additional registration is not necessary.

When speaking with Ms. Witkowski, she agreed it could be confusing and was happy to share the following with us.

- When a DEA/CSA is obtained for an office location in Iowa, a separate registration is not required for an Iowa hospital.
- When a practitioner has a primary practice location in one state and has a satellite office or works part time at another location within that same state, a separate registration is not required, unless he/she stores or dispenses controlled substances owned by the practitioner at the second location.

- When a practitioner is working in a hospital or clinic where he/she does not “own” the medications, and the practitioner has a DEA and Iowa Registration at a primary Iowa location, they do not need a separate registration for that hospital or secondary clinic location. For example:
  - He/she may write a prescription to be filled at a pharmacy.
  - He/she may order a medication to be administered by the nurse.
  - He/she may administer the medication under their registration at another location, provided that he/she does not have ownership over the medications.
  
- A separate registration is required at each location where samples or stocks of controlled prescription drugs, owned by the practitioner, are stored, administered, or dispensed by the practitioner.
  - A registration can be transferred from state to state if only working in one location at a time. A separate registration is suggested if going back and forth from each location.

The main point that Ms. Witkowski made is that ownership and possession play a role in whether or not separate registrations are required.

One member's experience on this subject . . .

A Federal DEA certificate registration number is only good in ONE state at a time. So, if your provider is going to be working in multiple states, he/she may keep only one registration number but you will have to change the registration address back and forth between the addresses every time they go from one state to another. So in the case of her physician, given the fact that the provider would be traveling back and forth between the states many times within a month, it did not make good business sense to have only one registration because the opportunity for error increased with the frequency of the moves. In this situation, they chose to have the provider apply for a second Federal DEA Certificate registration with the Iowa address listed.

## *National Practitioner Data Bank*

The NPDB changed the name of the proactive disclosure service to Continuous Query on August 22, 2011. The August 22 system enhancement is meant to implement many features that will make Continuous Query even easier to use. The enhancement includes:

- New applicant management features
- Locum tenens practitioner management features
- Consolidated query responses

To learn more, go to <http://www.npdb-hipdb.com>

## **Shared Survey Experience**

Melinda Wheeler shares this with us from a recent Trauma Recertification Survey.

“One of the items brought up was our lack of specific criteria and separate process for credentialing trauma physicians” The surveyor indicated that this is not something others do, but that they will be expecting this in the future. They are a Trauma Level III facility. In addition, it was recommended that in the ED/Trauma/Disaster Committee that the EMS and the Trauma portions of the meetings be specifically separated, that the topics didn’t “blend” together.

# E-Blast



### **The question:**

We have a doctor on staff who has taken a 3rd year medical students under his wing. I know what our Bylaws say and I know what our policy says, and I know what the doctor says, but I really need to know from my counterparts just what the student is allowed to do. Can they perform simple procedures like taking vitals and giving shots? Can they perform non-invasive procedures under the direction of their supervising physician (like H&Ps, etc), can they write orders, dictate H&Ps, discharge instructions or anything else in the medical record?



### Summary of the responses received:

Whatever the student does, the physician is liable for. Everything must be done under the direct supervision of the appropriate attending physician or his/her delegate. The patient must give consent for a student to be in the room with the attending and to participate in their care.

Students can write orders, perform H&Ps, write progress notes, give a tentative diagnosis, propose diagnostic and therapeutic procedures, recommend a course of treatment, and do the discharge summary. This must all be done under the direct observation of the attending physician and co-signed by the attending physician. Students may not assume any responsibility for making a final diagnosis or directing patient care.

Students may assist in surgery or delivery under the direct supervision of the attending according to the level of training and experience. The attending must be present in the room at all times. Direction of the types of procedures a student can assist on must be provided by the appropriate Medical Staff Chief of Service after consultation with the supervising/attending physician.

#### Guidelines for students:

- ❖ Must be covered by liability insurance provided through his/her medical school.
- ❖ Must only work with the providers who have agreed to supervise them.
- ❖ Must wear identifying insignia.
- ❖ May observe patient care, including procedures.
- ❖ Start peripheral IV's.
- ❖ Draw blood.
- ❖ Repair minor lacerations
- ❖ Perform thoracentesis
- ❖ Perform bone marrow aspiration
- ❖ Perform lumbar punctures
- ❖ Perform endotracheal intubation
- ❖ Assist in surgical procedures

One answer stated that once all the documentation (including the H&P) has been appropriately edited by the attending, it will become a part of the official chart. Another answer stated that H&P's can be performed by a student, but this does not fulfill the requirement of the medical record.

The following documentation is needed for students: Current enrollment and whether MS3 or MS4; liability insurance; CV; dates the student plans to be in the facility; name of supervising practitioner (Active Staff or AHP Staff); description of privileges the provider wishes.

If you have something newsworthy come up through the year, send an e-mail to Becky at [bpeitz@grhs.net](mailto:bpeitz@grhs.net). The Newsletter is created twice per year, in the Spring and Fall.

*I would like to extend a big  
"Thank you"  
to everyone who contributed  
to this newsletter.*

