

## Educational Offerings by Kathy Matzka, CPMSM, CPCS, FMSP

Format		Topic	Description and Objectives	Time Frame (in Hours)
Webinar	In-Person			
		Understanding Negligence in Credentialing	<p>This program will discuss the concept of negligence as it relates to credentialing and privileging. Past and recent negligent credentialing lawsuits and their impact on the credentialing practices of the hospital will be discussed.</p> <p>At the completion of this program the participant will be able to:</p> <ul style="list-style-type: none"> <li>• Define negligence as it relates to credentialing and privileging</li> <li>• Recognize an organization's duty to exercise due care in credentialing</li> <li>• Develop processes that may help to reduce the chance of a finding of negligence in credentialing</li> </ul>	1 to 1 ½ Hours
		Applying Critical Thinking Skills to Avoid Confirmation Bias in Credentialing Decisions	<p>Confirmation bias should be avoided in the credentialing and privileging processes because it can lead poor decisions based on debatable information. One way to avoid confirmation bias is to apply critical thinking skills in credentialing and privileging decisions. Exercises and case studies will be utilized to help the participant understand how to make good decisions. This program is geared toward medical staff leaders, healthcare administrators, and medical services professionals.</p> <p>At the completion of this program the participant will be able to:</p> <ul style="list-style-type: none"> <li>• Utilize critical thinking skills in making credentialing and privileging decisions to help avoid "confirmation bias" in making credentialing decisions</li> <li>• Define the meaning of transparency as it relates to credentialing</li> <li>• Recognize how transparency can lead to greater compliance with policies and procedures</li> </ul>	1 to 1 ½ Hours
		Medical Staff Meeting Management	<p>This program covers the agenda preparation, communication with key speakers or presenters, the roles of the chairman/MSP/members, use of scheduling software, taking and transcribing minutes, record retention, and basics of understanding and evaluating the cost of meetings vs. the benefit.</p> <p>On completion of this program, the participant will be able to</p> <ul style="list-style-type: none"> <li>• Prepare meeting agendas in a manner that allows good flow</li> </ul>	1 to 1 ½ Hours

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Webinar	In-Person			
			<ul style="list-style-type: none"> <li>List roles and responsibilities of meeting participants</li> <li>Take and transcribe minutes in such a way as to provide information necessary to document credentialing and privileging decisions in an accurate, unbiased and timely manner</li> </ul> <p>(This program works great in combination with Evaluating Meeting Effectiveness and Restructuring of Committees)</p>	
		Evaluating Meeting Effectiveness and Restructuring of Committees	<p>Faced with a dwindling pool of managed care and Medicare dollars, physicians are finding themselves with less time to volunteer for medical staff activities including attending meetings. Through discussion and provided tools the participant will learn how to evaluate the effectiveness versus the cost of meetings and will learn ways to increase medical staff participation in meetings.</p> <p>On completion of this program the participant will be able to:</p> <ul style="list-style-type: none"> <li>Evaluate the cost of meetings vs. the effectiveness and accomplishments of the meetings</li> <li>Develop and implement ways of increasing medical staff participation in meetings</li> <li>Discuss restructuring committees for optimum effectiveness</li> </ul>	1 to 1 ½ Hours
		Credentialing Allied Health and Complementary and Alternative Medicine Providers	<p>We often hear that credentialing for Allied Health Professionals (AHP) and Complementary and Alternative Medicine (CAM) providers should be done the same as for other providers. Unfortunately, it is not always that easy. These providers make for some interesting challenges for the MSP.</p> <p>At the completion of this program the participant will be able to:</p> <ul style="list-style-type: none"> <li>Discuss the past history and future need for AHPs and CAM providers</li> <li>Determine the most effective ways to effectively credential and privilege these providers – either through either the human resources department or the medical staff office</li> <li>Recognize Joint Commission and Medicare regulations regarding AHPs</li> </ul>	1 to 1 ½ Hours

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Format		Topic	Description and Objectives	Time Frame (in Hours)
Webinar	In-Person			
			<ul style="list-style-type: none"> <li>Discuss the importance of establishing community need, acceptance by hospital ancillary staff and medical staff when allowing AHPs to function independently</li> </ul>	
		Effective Communication and Networking	<p>Everyone communicates, but some people are more skilled at this than others. Often, we know what we want to say, but lack the skills to effectively convey this information. This program focuses on effective communication including barriers, breakdowns, feedback, verbal and non-verbal communication, listening, and ways to make sure that the information we communicate is meaningful to the receiver. We will discuss in detail how the human resources department evaluates requests for salary changes and how to communicate the importance of the role of the MSP in these evaluations.</p> <p>At the completion of this program the participant will be able to:</p> <ul style="list-style-type: none"> <li>Discuss basic communication dynamics and define skills that will improve communication</li> <li>Develop an effective communication strategy for getting noticed and acknowledged</li> <li>Identify the factors used by human resources department personnel in evaluating salary grade and pay scale and learn how to write a request for salary review addressing each of these issues</li> </ul>	1 to 1 ½ Hours
		Credentialing, Recredentialing, and Privileging Basics - Overview	<p>This program provides a high-level overview of basic aspects of credentialing including primary source verification, applying criteria for appointment, reviewing the application for completeness, identifying “red flags” and roles in the review and approval process. A great program for the new MSP and a refresher for the seasoned professional.</p> <p>At the completion of this program the participant will be able to:</p> <ul style="list-style-type: none"> <li>Track the credentialing process from application through governing body approval</li> <li>Define what constitutes a “complete” application</li> <li>Identify and evaluate “red flags” in an application</li> <li>Discuss primary source verification</li> <li>Recognize the roles of various persons involved in the review and approval process</li> </ul>	1 ½ to 2 Hours

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Format		Topic	Description and Objectives	Time Frame (in Hours)
Webinar	In-Person			
			<ul style="list-style-type: none"> <li>Discuss the concept of negligence in credentialing</li> </ul>	
		Credentialing, Recredentialing, and Privileging Basics – Comprehensive Program	<p>This program provides an in depth discussion of basic aspects of credentialing and privileging including CMS and Joint Commission requirements, primary source verification, applying criteria for appointment, reviewing the application for completeness, identifying “red flags” and roles in the review and approval process. A great program for the new MSP and a refresher for the seasoned professional. The program can be a half day or a whole day, depending on your needs.</p> <p>At the completion of this program the participant will be able to:</p> <ul style="list-style-type: none"> <li>Discuss the CMS and Joint Commission requirements for credentialing and privileging</li> <li>Define what constitutes a “complete” application and one that meets medical staff qualifications (includes exercise)</li> <li>Identify and evaluate “red flags” in an application (includes exercise in identifying “red flags” in an application)</li> <li>Discuss primary source verification and identify appropriate sources for verification of credentials</li> <li>Recognize the roles of various persons involved in the review and approval process</li> <li>Discuss the concept of negligence in credentialing</li> </ul>	<p>4 to 6 Hours</p> <p>Can be a full day or half day program.</p>
		Advanced Credentialing and Privileging Concepts - Overview	<p>This program will build on the basic concepts learned in the Credentialing, Recredentialing, and Privileging Basics program by delving into difficult to understand issues such as, documenting competency, developing privileging criteria for new procedures, and understanding the concept of negligent credentialing. Includes in depth discussion and interactive hands-on sessions reviewing an application for “red flags” and applying credentialing criteria in both the hospital and managed care settings.</p> <p>At the completion of this program the participant will be able to:</p> <ul style="list-style-type: none"> <li>Identify processes to document current competency</li> </ul>	1 ½ to 2 Hours

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Format		Topic	Description and Objectives	Time Frame (in Hours)
Webinar	In-Person			
			<ul style="list-style-type: none"> <li>• Utilize tools provided to develop a policy and procedure for handling requests for new procedures</li> <li>• Identify processes for granting of temporary privileges and expedited credentialing</li> <li>• Determine ways of handling no- and low-volume practitioners</li> <li>• Discuss the concept of negligence in credentialing</li> <li>• Discuss the CMS and Joint Commission requirements for credentialing and privileging</li> </ul> <p>(This program works great in combination with Credentialing, Recredentialing, and Privileging Basics)</p>	
		Advanced Credentialing and Privileging Concepts – Comprehensive program	<p>This program delving in detail into difficult to understand issues such as documenting competency, handling low-volume practitioners, developing privileging criteria for new procedures, credentialing allied health professionals, performing credentials file audits, and understanding the concept of negligent credentialing.</p> <p>At the completion of this program the participant will be able to:</p> <ul style="list-style-type: none"> <li>• Discuss the CMS and Joint Commission requirements for credentialing and privileging</li> <li>• Identify processes to document current competency/OPPE/FPPE</li> <li>• Identify criteria-based privileging processes</li> <li>• Utilize tools provided to develop a policy and procedure for handling requests for new procedures</li> <li>• Discuss the concept of negligence in credentialing</li> <li>• Develop tools and processes for performing credentials file audits in order to assess compliance with accreditation and regulatory requirements</li> <li>• Identify processes for granting of temporary privileges and expedited credentialing</li> <li>• Discuss ways of handling low-and no-volume practitioners</li> <li>• Identify practitioners who should be granted privileges through the medical staff process versus those who should be evaluated through the human resources department</li> </ul>	<p>4 to 6 Hours</p> <p>Can be a full day or half day program.</p>

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		<p>Understanding the Peer Review and Performance Improvement Processes</p>	<p>The peer review process is often misunderstood and mistaken for the performance improvement process. While closely intertwined and sometimes overlapping, they are two separate processes. This program will discuss the differences in these processes as well as where they intersect in the evaluation of practitioner competency.</p> <p>At the completion of this program, the participant will be able to:</p> <ul style="list-style-type: none"> <li>• Define the difference between peer review and performance improvement</li> <li>• Discuss protection under the law for the peer review process</li> <li>• Discuss how to protect the confidentiality of PI and peer review activities</li> </ul>	1 to 1 ½ Hours
		<p>Credentials File Audits: Tools and Techniques for Credentialing Compliance</p>	<p>Although time consuming, credentialing audits play an important role in oversight of the credentialing process. Even the most experienced professionals make mistakes and overlook things – it is part of human nature. In some cases, an element, such as primary source verification of licensure, is completed but the documentation does not get placed in the credentials file. Or perhaps an issue requiring follow-up is identified, but is forgotten when a more urgent issue presents itself. A slip like this can make for a finding of non-compliance on an accreditation survey.</p> <p>At the completion of this program the participant will be able to:</p> <ul style="list-style-type: none"> <li>• Develop customized tools for conducting audits of the credentialing function and process using supplied templates</li> <li>• Evaluate the credentialing process to determine where delays occur and develop strategies to overcome these delays</li> <li>• Using supplied templates, construct presentation tools to show the results of credentialing audits for presentation to medical staff leaders, credentials committee, medical executive committee and governing body</li> <li>• Identify common deficiencies</li> </ul>	1 to 1 ½ Hours
		<p>Hot Topics in Credentialing and Privileging</p>	<p>The field of provider credentialing and privileging is constantly changing due to the evolution of accreditation standards, state and federal regulations and new legal precedents. Throw into this the many differences in interpretation and you end up with a job that is “challenging” to say the least! This program will provide an overview of current “hot topics” in credentialing</p>	1 to 1 ½ Hours

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			<p>and privileging. Due to “hot topics” coming up on a routine basis, the program will be customized to include additional new topics on request of the organization.</p> <p>If your organization wishes to discuss an issue related to medical services, I am ready!! Let me know what issues are important or relevant to <u>your</u> members and I will customize this presentation to meet your members’ needs. I like to include a lot of interaction and encourage audience discussion and questions during the program. This program can also be structured as an informal networking session.</p> <p>On completion of this program, the participant will be able to:</p> <ul style="list-style-type: none"> <li>• Discuss recent changes in accreditation and regulatory requirements and current “hot” topics in credentialing, recredentialing, and privileging</li> </ul>	
		Keeping Medical Staff Bylaws Current	<p>This program will provide an overview of the requirements of the Joint Commission, American Osteopathic Association Healthcare Facility Accreditation Program (AOA-HFAP), and Medicare Conditions of Participation pertaining to bylaws content. The process for developing and implementing bylaws changes will be discussed.</p> <p>At the completion of this program, the participant will be able to:</p> <ul style="list-style-type: none"> <li>• Identify the requirements of the Joint Commission, American Osteopathic Association Healthcare Facility Accreditation Program, and Medicare Conditions of Participation pertaining to bylaws content.</li> <li>• Develop mechanism for review of current medical staff bylaws in light of accreditation and regulatory changes</li> <li>• Recognize the difference between an administrative procedure and a process and determine which steps need to be included in medical staff bylaws and which are better suited to including in policies/procedures.</li> </ul>	1 to 1 ½ Hours
		Documenting Provider Competency	<p>One of the biggest challenges medical staffs face is evaluating the competency of providers. It is difficult, or sometimes impossible, to acquire useful competency data. The increased focus on quality by accrediting organizations, the government, and the public, emphasizes the need for continual monitoring of the quality of services provided as well as having a</p>	1 ½ to 2 Hours

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			<p>strong privileging system. The resources for this program include many forms, policies, and procedures that can be used by the participants.</p> <p>At the completion of this program, participants will be able to</p> <ul style="list-style-type: none"> <li>• Recognize the importance of acquiring evidence to document competency</li> <li>• Develop tools and processes for documenting competency</li> <li>• Discuss the CMS and Joint Commission requirements for privileging and documenting competency including focused and ongoing professional practice evaluation</li> <li>• Recognize processes for developing quality indicators</li> </ul>	
		MSPs Take Charge: Defining and Communicating Your Value	<p><i>MSPs Take Charge: Evaluating and Communicating Your Value</i> will equip the MSP with the tools and information needed to evaluate current job responsibilities, define the value of services provided, and most importantly, put it all together for presentation to the people who make the decisions regarding salary increases and upgrades in job classifications.</p> <p>Upon completion of this lecture, the attendee should be able to:</p> <ul style="list-style-type: none"> <li>• Apply basic communication dynamics and define skills that will improve communication</li> <li>• Identify key approaches to making and keeping strategic career contacts</li> <li>• Develop an effective communication strategy for getting noticed and acknowledged</li> <li>• Perform an evaluation of current duties and responsibilities to define value as an employee</li> <li>• Identify the factors used by human resources department personnel in evaluating salary grade and pay scale and write a request for salary review addressing each of these issues.</li> </ul> <p><i>(This motivational program makes a great lunch time presentation during a conference.)</i></p>	1 to 1 ½ Hours
		Overview of Joint Commission Standards for Hospital Medical Staff	<p>This program will acquaint the participant with the Joint Commission standards for the hospital medical staff as included in the Comprehensive Accreditation Manual for Hospitals. Included are examples of forms, policies, and procedures to help comply with standards. Can be a 2-Hour brief overview of credentialing and privileging standards; a 4-Hour program</p>	2- 6 Hours

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			<p>covering all standards, or a comprehensive 6 Hour program with discussion and networking time. Webinar offerings include three 1.5 Hour-long webinars.</p> <p>At the completion of this program, the participant will be able to:</p> <ul style="list-style-type: none"> <li>• Discuss the Joint Commission's standards relating to the medical staff</li> <li>• Develop strategies for continual compliance with standards in day-to-day operations</li> <li>• Discuss the standards scoring process</li> <li>• Identify standards that are not contained in the Medical Staff Chapter</li> </ul>	
		<p>Understanding Telemedicine Credentialing Options</p>	<p>During this program we will discuss the options and requirements for credentialing telemedicine practitioners under the CMS regulations, HFAP, and Joint Commission standards. It will include a discussion of required policies, procedures, and bylaws language as well as the contractual requirements under the CMS regulations. Both acute care and critical access regulations will be discussed.</p> <p>At the conclusion of this program the participant will be able to:</p> <ul style="list-style-type: none"> <li>• Discuss CMS regulations, HFAP, and Joint Commission requirements for credentialing telemedicine practitioners in both acute care and critical access hospitals</li> <li>• Determine necessary bylaws language, policies, and procedures for credentialing telemedicine practitioners in order to meet CMS regulations and accreditation requirements</li> <li>• Evaluate contracts to determine if all CMS-required language is present</li> </ul>	<p>1 to 1 ½ Hours</p>
		<p>Comparison of Joint Commission and DNV GL Healthcare's NIAHO Accreditation Standards for the Medical Staff</p>	<p>As hospitals consider the option of accreditation under DNV- GL Healthcare's National Integrated Accreditation for Healthcare Organizations (NIAHO) standards, it is important to understand what this will require of the medical staff in regards to credentialing and privileging. This program will provide an overview and comparison between DNV and Joint Commission hospital accreditation standards related to the medical staff.</p> <p>At the completion of this program the participant will be able to:</p> <ul style="list-style-type: none"> <li>• Discuss the DNV-GL Healthcare's NIAHO program</li> <li>• Identify the similarities and differences between the Joint Commission and NIAHO accreditation standards related to the medical staff</li> </ul>	<p>1 to 1 ½ Hours</p>

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			<ul style="list-style-type: none"> <li>Recognize credentialing processes that may need to be changed if considering a change from Joint Commission to DNV_GL Healthcare's NIAHO accreditation</li> </ul>	
		MSP Consulting	<p>Although many MSPs have a vision of self-employment and of providing consulting services, there are no resources available to help the MSP in this decision. This program will explore the hard facts and reality of what is required to become an effective and successful consultant. The program is designed to provide a high-level overview of the roles, responsibilities, rewards, and risks of consultancy. This program will equip the participant with the background information necessary to make a reasoned decision as to whether or not a career in consulting should be pursued. Includes a discussion of the fine points of providing services as a consultant such as setting up a business. Adequate time for questions and discussion will be provided.</p> <p>At the end of the program the participant will be able to:</p> <ul style="list-style-type: none"> <li>Identify the qualifications and wide-ranging competencies required to be an effective consultant</li> <li>Define the necessary steps to establish a small business</li> <li>Recognize the risks and benefits of consultancy</li> <li>Evaluate whether or not being an MSP consultant is an aspect of your career to pursue</li> </ul>	1 to 1 ½ Hours
		Consulting as an Expert Witness in Credentialing and Privileging	<p>Consulting as an expert witness in litigation can be rewarding. Credentialing professionals are often needed to offer an opinion as to whether or not a facility being sued for negligent credentialing met the applicable standard of care. It can become an additional "profit center" with very little overhead involved and can be a rewarding aspect of your career development.</p> <p>Objectives:</p> <ul style="list-style-type: none"> <li>Define the difference between forensic consulting vs. expert witness</li> <li>Discuss what is expected of the expert regarding review of documents, reporting opinions, providing testimony at deposition and trial</li> <li>Discuss risks and benefits of providing expert opinion</li> </ul>	1 to 1 ½ Hours
		You've Been Subpoenaed: What to Expect	<p>There will most likely come a time when your facility is sued for negligent credentialing or retention of a physician or other provider. The medical services professional, as the one responsible for the credentialing process, will be a key witness. Additionally, credentialing</p>	1 to 1 ½ Hours

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			<p>professionals are often needed as expert witnesses to offer an opinion as to whether or not a facility being sued for negligent credentialing met the applicable standard of care. This program will cover what to expect during the discovery process through trial.</p> <p>Objectives:</p> <ul style="list-style-type: none"> <li>• Discuss the discovery process when a lawsuit alleging negligent credentialing is filed.</li> <li>• Define the role of the medical services professional in answering discovery requests and providing testimony.</li> <li>• Discuss what is expected of the expert regarding review of documents, reporting opinions, providing testimony at deposition and trial</li> <li>• Recognize the risks and benefits of providing expert opinion</li> </ul>	
		<p>Understanding CMS Credentialing and Privileging Requirements for Hospitals, Critical Access Hospitals, and Medicare Advantage Organizations</p>	<p>The Centers for Medicare and Medicaid regulations for acute care hospitals and critical access hospitals are required to be met by all facilities providing care to Medicare and Medicaid Patients. This program will cover the CMS requirements for credentialing and privileging and will also discuss what CMS surveyors expect to see when surveying a hospital. Can be customized to cover both Hospital/Critical Access Hospital and Medicare Advantage Organizations (managed care) or to cover only hospital or managed care. Webinar requires two 1.5 Hour sessions for comprehensive, or one 1.5 Hour session for high level overview.</p> <p><b>Educational Objectives:</b></p> <p>At the completion of this program, the participant will be able to:</p> <ul style="list-style-type: none"> <li>• Recognize CMS regulations for the medical staff for credentialing and privileging</li> <li>• Define which practitioners performing surgical tasks are required to be privileged</li> <li>• Evaluate telemedicine credentialing options</li> </ul>	<p>1 to 1 ½ to Hours</p>

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		<p>Documenting Provider Competency for Low and No-Volume Practitioners</p>	<p>One of the biggest challenges medical staffs face is developing a process for evaluating the competency practitioners who have little or no hospital practice. While it is relatively easy to verify licensure, malpractice history, and hospital affiliations, it is difficult, or sometimes impossible, to obtain data to document competency. The increased focus on ongoing professional practice review by accrediting organizations emphasizes the need for an effective process for documenting the ongoing monitoring of the quality of services provided.</p> <p>At the completion of this program participants will be able to</p> <ul style="list-style-type: none"> <li>• Develop appropriate forms and processes for documentation of competency for low- and no-volume practitioners</li> <li>• Discuss focused and ongoing and professional practice evaluation processes</li> <li>• Determine potential changes in bylaws and privileging criteria to account for no- and low-volume practitioners</li> </ul>	<p>1 to 1 ½ to Hours</p>
		<p>Credentialing and Privileging Boot Camp</p>	<p>This program provides an practical, in-depth review of aspects of credentialing, recredentialing and privileging including primary source verification, applying criteria for appointment, reviewing the application for completeness, identifying “red flags”, roles in the review and approval process, meeting management, credentialing telemedicine and allied health professionals, coordinating the peer review process, and performing credentials file audits. This program is geared toward those new to these processes, but can serve as a great refresher for the experienced credentialing professional. Lecture will be reinforced with table top exercises and other discussion-based sessions. There will be adequate time to discuss issues and answer questions.</p> <p>Upon completion of this program, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Identify CMS regulations for credentialing and privileging</li> <li>• Discuss credentialing and privileging requirements of The Joint Commission</li> <li>• Identify and evaluate “red flags” in an application</li> <li>• Define appropriate mechanisms for primary source verification and approved secondary or equivalent sources</li> <li>• Recognize the roles of various persons involved in the review and approval process</li> <li>• Determine effective mechanisms for credentialing and privileging allied health and telemedicine providers</li> </ul>	<p>Can be set up as a one- or two-day Program</p> <p>8 to 12 Hours</p>

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			<ul style="list-style-type: none"> <li>• Discuss the medical services professional's role in the Peer Review and Hearing processes</li> <li>• Evaluate meeting minutes to determine appropriate documentation</li> </ul>	
		Credentialing and Privileging in Ambulatory Care	<p>Good credentialing and privileging practices essential in the ambulatory care setting. This program will explore initial credentialing and recredentialing options, as well as sample privileging processes. Requirements of both The Joint Commission and AAAHC will be addressed. Sample forms and letters will be provided.</p> <p>At the end of the Webinar, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Discuss accreditation standards for AAAHC and Joint Commission related to credentialing and privileging of providers</li> <li>• Define what constitutes a "complete" application</li> <li>• Identify and evaluate "red flags" in an application</li> <li>• Discuss primary source verification</li> </ul>	1 to 1 ½ Hours
		Enter Here, Exit There: Beginning Well and Finishing Exceptionally	<p>This presentation will provide the participant knowledge of various aspects of professional development and self-promotion. This program will also explore developing a succession plan to assure that competent personnel are recruited and trained to fill critical positions in medical staff services.</p> <ul style="list-style-type: none"> <li>• Evaluate potential career paths for MSPs</li> <li>• Discuss mentoring, volunteerism</li> <li>• Develop a succession plan for new talent when getting ready for retirement or moving on to a new career</li> </ul>	

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		<p>Temporary Privileges: Meeting Patient Need without Compromising Patient Safety</p>	<p>This presentation discusses the reasons for granting temporary privileges and how to accomplish this task without compromising patient safety. Discussion will include case studies, sample policies for implementing temporary privileges and barriers to functional credentialing processes.</p> <ul style="list-style-type: none"> <li>• Discuss Regulations and Accreditation Standards for temporary privileges</li> <li>• Determine appropriate ways to get credentialing done expeditiously without compromising patient safety.</li> <li>• Determine an appropriate response when asked to “short cut” the credentialing process</li> </ul>	1 to ½ hours
		<p>Today’s Red Flags: Some Things Change, and Others Stay the Same</p>	<p>Identification of “red flags”, or information that indicates that there may be a problem that should be noticed or dealt with, is an important step in the application process. Some red flags are easy to identify, and others are more subtle. This program will discuss how to identify potential red flags, follow-up of these issues, and appropriate documentation of this follow-up.</p> <ul style="list-style-type: none"> <li>• Discuss today’s “red flags” and how they differ from those of the past</li> <li>• Discuss appropriate follow-up of information received in the application process</li> <li>• Determine how to document medical staff evaluation of red flags</li> </ul>	1 to 1½ hours
		<p>Epic Fails: Avoiding Credentialing and Privileging Errors</p>	<p>We are all human and we all make mistakes, but we can learn from our mistakes and the mistakes of others. Utilizing case studies from such notables as Michael “Double O” Swango, Christopher “Dr. Death” Duntsch, and John Anderson King, we will delve into mistakes made and lessons learned, and we will discuss ways to avoid making these same mistakes. A brief discussion of negligence in credentialing will be included.</p> <ul style="list-style-type: none"> <li>• Discuss cases related to credentialing and privileging errors</li> <li>• Examine why mistakes are made and understand how to avoid making credentialing and privileging errors</li> <li>• Recognize the concept of negligence in credentialing and how negligence is determined in the credentialing and privileging processes</li> </ul>	1 to 1½ hours

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		<p>The Aging Practitioner: Protecting practitioner rights while guarding patient safety</p>	<p>The issue of assessing late career practitioner and determining when it is time to slow down or cease practice has been controversial for many years. The natural aging process and specific diseases have the potential to adversely impact a clinician's capacity to perform some or all of their requested privileges. When this occurs, medical staffs must assess the impact on the practitioner's ability to perform requested privileges. In this program, we will discuss options for dealing with this issue from the standpoint of protecting practitioner rights while guarding patient safety.</p> <p>By the end of this program, the participant will be able to:</p> <ul style="list-style-type: none"> <li>• Discuss the recommendations of the American Medical Association and American College of Surgeons regarding screening for late career practitioners</li> <li>• Identify signs that a practitioner may be dealing with age-related impairments</li> <li>• Determine aspects of a policy for late career practitioners</li> <li>• Discuss the Yale New Haven EEOC Lawsuit and possible repercussions for hospitals with age-related policies</li> <li>• Evaluate options other than age-related policies to address concerns</li> <li>• Determine ways to help the late career practitioner</li> </ul>	
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## Let Me Tell You A Little About Myself!!

I am a speaker, consultant, and writer with over 30 years' experience in credentialing, privileging, and medical staff services. I worked for 13 years as a hospital medical staff coordinator before venturing out on my own as a consultant, writer, and speaker. I hold certification by the National Association Medical Staff Services (NAMSS) in both Medical Staff Management and Provider Credentialing. I am honored to be one of the first recipients of the NAMSS Fellow Designation. The Fellow Designation is the pinnacle of achievement and acknowledgment for the Medical Services Professional (MSP), recognizing a career MSP who has made outstanding contributions to the profession through service as a leader, mentor, and educator.

I have authored and contributed to a number of books related to medical staff services including *Medical Staff Standards Crosswalk: A Quick Reference Guide to The Joint Commission, CMS, HFAP, and DNV Standards*, *Chapter Leader's Guide to Medical Staff: Practical Insight on Joint Commission Standards*, *Compliance Guide to Joint Commission Medical Staff Standards*, and *The Medical Staff Meeting Companion Tools and Techniques for Effective Presentations*. For eight years, I was the contributing editor for *The Credentials Verification Desk Reference* and its companion website *The Credentialing and Privileging Desktop Reference*. I am co-author of the HcPro's publication *Verify and Comply: Credentialing and Medical Staff Standards Crosswalk, Sixth and Seventh Editions*. My latest book is *The Clinician's Quick Guide to Credentialing and Privileging* which is a resource for physicians and other practitioners.

I have enjoyed working with NAMSS' Education Committee developing and editing educational materials related to the field including CPCS and CPMSM Certification Exam Preparatory Courses and I served as instructor for NAMSS for eleven years. I currently serve on the Credentialing Resource Center's News, Analysis, and Education Board.

In my role as an educator, I have developed and presented over 500 programs for professional associations, hospitals, and hospital associations on a wide range of topics including provider credentialing and privileging, medical staff meeting management, peer review, negligent credentialing, provider competency, and accreditation standards.

Since I offer a variety of course selections, your organization can save on travel expenses (which can be as much as speaker fees) by having one speaker cover a number of topics.

Please contact me if I can help you with your next conference!!!

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# Educational Offerings by Kathy Matzka, CPMSM, CPCS, FMSP

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***All topics can be customized to fit YOUR time constraints.***

Is there a topic that your members are wanting but you haven't been able to find a speaker? I can customize a lecture to meet your members' needs!

Can't decide on which topic to place at that hard-to-fill spot right after lunch? NO PROBLEM! All programs are enhanced by creative use of graphics, humor, and real-life examples to keep the attention of your audience.

## WHAT PEOPLE ARE SAYING

**Following are some comments received regarding presentations:**

- Until I heard you speak, I was actually considering leaving MSS but during the conference you gave me fabulous guidance and tools to turn our area of credentialing into a positive, proactive and rewarding environment.
- We had 60 people attend, I received 58 evaluations - and I can honestly tell you that you received ALL "5" (top score) on EVERY SINGLE EVALUATION!!!!!!!!!!!!!! (I'm not surprised!!!) People wrote in notes that they loved the way you explained things and involved the "audience".
- Mrs. Matzka is a very confident and knowledgeable speaker. Good job!
- Detailed coverage of subject. Knowledgeable speaker.
- Well-researched, enthusiastic presenter.
- Kathy's interaction with the group is great!
- Information current and expressed well. Kathy's experience is an asset.
- Kathy is fabulous! All the info was most valuable in helping me in my job.
- Explanations and answers were spontaneous and she definitely knows her job.
- Informative, knowledgeable speaker. Creative slides.
- Excellent speaker, good visuals and handout.
- It's nice to have a speaker who's one of us.
- Kathy was a great presenter! Such energy...no notes...really an expert...The best speaker we've ever had – She was "real".
- Informative, very pertinent information in a clear & concise method. Promoted good discussion & gave good examples, sharing forms & references which is very helpful. Covered a wide comprehensive range of topics. I walked away with a wealth of information.
- What a great addition and honor to have Kathy travel and share her wealth of knowledge! GREAT CHOICE! Thank you. Can't wait to hear more from her.
- Excellent speaker – very concrete examples and helpful suggestions
- I really enjoy Kathy – her enthusiasm and expertise!
- Best presentation on this topic I've heard yet!
- She was very 5-star performance – awesome speaker. Thanks very insightful and knowledgeable.
- Excellent learning session. I think we all came away with learning something new.
- Kathy is a seasoned and informative presenter. Great job!
- Bring Kathy back for additional topics!