

N OVA V A

May 1978, Vol. I

USUALLY, THERE IS TOO LITTLE CONTACT BETWEEN HOSPITAL ADMINISTRATION AND THE OFFICE OF HOSPITAL ACCREDITATION. AND, WHEN THIS DOES OCCUR, IT IS MOST OFTEN VIEWED WITH NEGATIVE THOUGHTS. . . TIME FOR A SURVEY, AN ON-SITE, A MANDATORY CONSULTATION, PLEASE REMIT, AND OTHER PAINFUL REMINDERS.

MANY TIMES, IMPORTANT QUESTIONS ARISE, ISSUES NEED BE ADDRESSED, CLARIFICATION IS REQUESTED. IN ADDITION TO ANSWERING EACH OF THESE PERSONALLY, I WOULD LIKE TO SHARE THESE VARIOUS AREAS OF CONCERN

WITH ALL OF YOU ON A REGULAR BASIS, PROBABLY QUARTERLY, IN THE FORM OF A BRIEF NOTE.

THIS FORMAT IS TO BE THE START OF ALL FUTURE ISSUES. IT IS TO BE IN THE FORM OF AN INFORMAL AND CASUAL PUBLICATION. THIS FIRST ISSUE IS EXPERIMENTAL IN NATURE, HOPEFULLY EXPANDED IN CONTENT AND CONTEXT IN THE FUTURE.

I THEREFORE WOULD LIKE TO INVITE ALL OF YOU TO SHARE INFORMATION, IDEAS, ADVICE, PROBLEMS, REQUESTS AND CRITICISM WITH ME. WHATEVER IS SENT WILL BE APPRECIATED, A FEW WORDS OR A MONOGRAPH, (SIGNED OR UNSIGNED). AND, FOR YOUR CONVENIENCE, I AM ENCLOSING A SELF-ADDRESSED ENVELOPE.

.....DID YOU KNOW.....

- ...THAT I HAVE BEEN DIRECTED BY DR. ROBERT E. OWEN, CHAIRMAN OF THE COMMITTEE ON HOSPITAL ACCREDITATION TO REMIND YOU ONCE AGAIN THAT ANY MATERNAL MORTALITY IS TO BE REPORTED TO THIS OFFICE.
- ...THAT PA'S ARE CONSIDERED TO BE PRIVATE EMPLOYEES OF THE PHYSICIAN AND MAY ONLY PERFORM THEIR DUTIES IN THE SETTING OF THEIR EMPLOYER'S OFFICE. A PA IS NOT PERMITTED TO WRITE H & P'S, PROGRESS NOTES, ORDERS, ETC., FOR HOSPITAL INPATIENTS.
- ...THAT PREVIOUS AREAS OF NONCOMPLIANCE ARE NO LONGER BEING GIVEN TO THE SURVEYOR, PRIOR TO A HOSPITAL SURVEY. EACH HOSPITAL IS TO BE JUDGED ONLY ON ITS PERFORMANCE OF THE PREVIOUS YEAR.
- ...THAT RUBBER STAMP SIGNATURES ARE PERMITTED ONLY ON REPORTS FROM RADIOLOGY, PATHOLOGY AND EKG'S. THE PHYSICIAN WHOSE SIGNATURE APPEARS ON THE STAMP IS THE ONLY ONE WHO POSSESSES IT AND USES IT; AND THAT HE HAS FILED A SIGNED STATEMENT WITH THE C.E.O. AFFIRMING THAT HE, ALONE, WILL USE IT.
- ...THAT ALL PATIENTS' RECORDS SHALL BE COMPLETED IN ALL REQUIRED DETAILS WITHIN 15 DAYS FOLLOWING DISCHARGE AND ARE TO BE RECORDED AND FILED BY THE MEDICAL RECORDS DEPARTMENT WITHIN 30 DAYS.
- ...THAT THE BOARD OF TRUSTEES OF THE AMERICAN OSTEOPATHIC ASSOCIATION CONVENES IN CINCINNATI ON JULY 12, 1978. ANY POLICY CHANGES, RE: HOSPITAL ACCREDITATION REQUIREMENTS WILL BE "PUBLISHED" IN THE NEXT "ISSUE" OF THIS BRIEF, INFORMAL NOTE.
- ...THAT THE STANDARDS FOR REGISTRY OF NON-TEACHING OSTEOPATHIC HOSPITALS WERE FIRST ADOPTED IN 1944.
- ...THAT I WISH TO THANK ALL OF THE HOSPITAL ADMINISTRATORS WHO HAVE SO GRACIOUSLY AND WILLINGLY GIVEN THEIR VALUABLE TIME TO ACCOMPANY THE D.O. TEAM CAPTAINS ON HOSPITAL SURVEYS.

N Ω V A

*August 1978
Volume I, Number 2*

THERE HAS ALWAYS BEEN A CONSIDERABLE AMOUNT OF PRO AND CON DISCUSSION IN REGARD TO THE THREE-YEAR ACCREDITATION STATUS. SOME VIEWED IT AS A SUPREME ACHIEVEMENT, A GRAND AND GLORIOUS GOAL. (IS THIS REALLY AN ACCOMPLISHMENT OR JUST RELIEF THAT THE SURVEY TEAM WOULD NOT BE MAKING A VISIT FOR THREE YEARS?)

THOSE FAVORING THE DECISION HAVE THE ATTITUDE THAT IF A HOSPITAL IS ABLE TO ATTAIN THIS COVETED STATUS DUE TO THE DILIGENT EFFORTS OF ALL HOSPITAL STAFF AND PERSONNEL, THEN THEY SHOULD BE ALLOWED THAT PRIVILEGE.

OTHER ADMINISTRATORS ARE OPPOSED TO THE THREE-YEAR STATUS. THEY MAINTAIN THE POSITION THAT A GENERAL LAXITY AND SENSE OF COMPLACENCY WILL PREVAIL ONCE THIS ACCREDITATION IS GRANTED. IT IS THEIR CONTENTION THAT A TWO-YEAR ACCREDITATION IS A WORTHY ATTAINMENT AND THAT IMPOSING A MAXIMUM OF TWO YEARS IS MORE THAN ADEQUATE, PROVIDING A FORM OF SELF DISCIPLINE. ANY COMMENTS ON THE SUBJECT?

DR. DONALD SIEHL, PRESIDENT OF THE AMERICAN OSTEOPATHIC ASSOCIATION, INFORMED THIS OFFICE THAT APPROXIMATELY NINE YEARS AGO, THE AREAS OF NONCOMPLIANCE SENT TO HOSPITALS FOLLOWING THEIR SURVEY, CONTAINED LINE/PAGE DESIGNATIONS REFERRING TO THE ACCREDITATION REQUIREMENTS MANUAL. THE PURPOSE OF THIS WAS TO FACILITATE A RAPID MEANS OF REFERENCE AND COMPARISON.

ALL HOSPITALS SURVEYED AFTER JUNE 1, 1978 WILL FIND THESE REFERENCES WILL BE MADE ONCE AGAIN. THEY WILL APPEAR IN PARENTHESIS, AFTER THE AREA OF NONCOMPLIANCE. THE NUMBERS TO THE LEFT WILL REPRESENT THE PAGE NUMBER AND THOSE TO THE RIGHT OF THE DECIMAL POINT, WILL DESIGNATE THE LINE NUMBER, E.G. (56.14). HOPEFULLY, THIS WILL BE AN AID TO YOU IN IDENTIFYING AND CORRECTING THESE AREAS OF NONCOMPLIANCE.

.....DID YOU KNOW.....

...A RATHER INTERESTING DISCUSSION CAME ABOUT AND I'D LIKE TO RELATE IT TO YOU.

THE SURVEYOR REPORT BOOK (THE ONE THAT ASKS ALL THE QUESTIONS USED DURING THE SURVEY) POSES THE QUESTION ON PAGE 9, "DOES THE HOSPITAL HAVE AN ALTERNATE POWER SOURCE". THIS IS ASKED STRICTLY AS A POINT OF INFORMATION. A NEGATIVE REPLY IS NOT AN AREA OF NONCOMPLIANCE.

IDEALLY, AN INSTITUTION HAS TWO SEPARATE POWER LINES COMING INTO THE FACILITY, ONE FROM ONE SUB-STATION, THE SECOND POWER LINE FROM A SEPARATE STATION. THEORETICALLY, A POWER FAILURE AT ONE SUB-STATION WOULD ALLOW THE HOSPITAL TO SWITCH TO THE SECOND SOURCE AND MAINTAIN OPERATIONS WITHOUT THE USE OF LIMITED, EMERGENCY GENERATOR POWER.

THIS SAME SITUATION APPLIES TO THE FOLLOWING QUESTION FOUND ON PAGE 10 OF THE MANUAL, "DESCRIBE ALTERNATE FUEL FACILITIES FOR HEATING". SINCE SOME BOILERS ARE NATURAL GAS FUELED, AN ALTERNATE MIGHT BE A CONVERSION, UTILIZING #2 HEATING OIL OR DIESEL FUEL, WITH STORAGE ON THE HOSPITAL GROUNDS.

THIS, TOO, IS AN IDEAL SITUATION WHERE, IN THE EVENT OF A DISASTER, SUCH AS A RUPTURE IN THE GAS LINE, HEAT AND HOT WATER ARE STILL A REALITY. BUT, AS STATED ABOVE, A NEGATIVE REPLY TO THIS QUESTION IS NOT CONSIDERED TO BE AN AREA OF NONCOMPLIANCE.

... "PRINTED INSTRUCTIONS FOR EMERGENCY ACTION SHALL BE POSTED PROMINENTLY WITHIN THE LABORATOR." THIS STATEMENT, TAKEN DIRECTLY FROM THE MANUAL (PAGE 56.14) IS IN REGARD TO A SAFETY PROGRAM FOR LABORATORY PERSONNEL.

THE VAST USE OF REAGENTS, SOME FLAMMABLE, CAUSTIC, ACIDIC OR TOXIC IN NATURE, NECESSITATE NOT ONLY THE PHYSICAL PRESENCE OF AN EYEWASH STATION, BODY SHOWER AND FIRE BLANKET, BUT PRINTED EMERGENCY INSTRUCTIONS AS WELL.

LABORATORY PERSONNEL SHOULD BE BRIEFED ON EMERGENCY PROCEDURES IN THE EVENT THAT A CO-WORKER ACCIDENTALLY SPLILLS, SPLASHES, SWALLOWS OR INHALES ANY OF THESE USUALLY DELETERIOUS CHEMICALS. IN MOST CASES, IMMEDIATE ACTION MUST BE TAKEN PRIOR TO EMERGENCY ROOM TREATMENT.

ACQUISITION OF THESE INSTRUCTION CHARTS IS RELATIVELY SIMPLE. MAJOR LABORATORY SUPPLY HOUSES LIST SAFETY CHARTS IN THEIR CATALOGS AND ARE AVAILABLE IN EASY-TO-READ WALL CHART SIZE.

PRICES VARY FROM A COUPLE OF DOLLARS UP TO APPROXIMATELY \$15. ADDITIONALLY, SOME CHEMICAL REAGENT CATALOGS CONTAIN NUMEROUS PAGES ADDRESSING SAFETY, HANDLING AND STORAGE OF DANGEROUS SUBSTANCES. WITH A MINIMUM OF TIME AND EFFORT, ONE COULD EXTRACT SOME OF THIS PERTINENT INFORMATION AND POST IT AT VARIOUS SITES AROUND THE LABORATORY.

...A HOSPITAL SURVEY TEAM IS COMPRISED OF A PHYSICIAN SURVEYOR AND AN ADMINISTRATOR/SURVEYOR. THE PHYSICIAN MEMBER IS EMPLOYED BY THE AOA, OFFICE OF HOSPITAL ACCREDITATION. THE ADMINISTRATOR/SURVEYOR IS UTILIZED ON A VOLUNTARY BASIS.

PRIOR TO BECOMING AN ADMINISTRATOR/SURVEYOR, THE HOSPITAL ADMINISTRATOR IS PLACED AS AN OBSERVER, ACCOMPANYING THE SURVEY TEAM TO FOUR HOSPITALS AS A LEARNING EXPERIENCE. THE OBSERVER MAY ELECT TO MAKE THESE TRIPS AT HIS CONVENIENCE, EITHER SPACING THEM IN PAIRS, A WEEK AT A TIME OR BACK-TO-BACK OVER A TWO-WEEK PERIOD.

THE OBSERVER IS REQUESTED TO SCHEDULE HIS OWN FLIGHT TRANSPORTATION TO THE FIRST HOSPITAL AND HIS RETURN FROM THE SECOND. THE PHYSICIAN SURVEYOR WILL MAKE ALL NECESSARY (CONFIRMED) HOTEL ACCOMMODATIONS AND INTER-HOSPITAL TRAVEL ARRANGEMENTS. HOWEVER, THE OBSERVER, OR HIS HOSPITAL, IS RESPONSIBLE FOR ALL EXPENSES INCURRED DURING THIS PERIOD.

AFTER THIS TRAINING, HE IS EVALUATED BY THE PHYSICIAN SURVEYOR AND MAY THEN BE ACCEPTED AS A QUALIFIED ADMINISTRATOR/SURVEYOR. FOR ALL FUTURE TRIPS, HE WILL RECEIVE REMUNERATION FOR TRAVEL EXPENSES, AN HONORARIUM AND A PER DIEM ALLOWANCE.

ANY ADMINISTRATOR IS WELCOME TO SUBMIT HIS NAME TO THIS OFFICE FOR A FUTURE CANDIDATE IN THIS PROGRAM.

...THE BOARD OF TRUSTEES OF THE AMERICAN OSTEOPATHIC ASSOCIATION MET IN CINCINNATI, OHIO ON JULY 12-16, 1978, FOLLOWED BY THE HOUSE OF DELEGATES, BRINGING THE WEEK TO A CLOSE WITH THE INAUGURATION OF OUR NEW PRESIDENT, DONALD SIEHL, D.O.

THERE WERE TWO AREAS OF PRIME IMPORTANCE TO THIS OFFICE DISCUSSED AT THE MEETING. NEW POLICY HAS DETERMINED THAT CONSULTATION PRIOR TO THE PERFORMANCE OF A PRIMARY CAESAREAN SECTION WILL NO LONGER BE AN ACCREDITATION REQUIREMENT, (ALTHOUGH INDIVIDUAL HOSPITAL POLICY MAY REQUIRE THIS PRACTICE AND SHOULD NOT BE DISCOURAGED FROM DOING SO).

...CONTINUED

IT IS, HOWEVER, NOW REQUIRED THAT ALL PRIMARY AND SECONDARY CAESAREAN SECTIONS BE REVIEWED AND THE ACTUAL MECHANICS OF THIS CHANGE WILL BE PROVIDED IN THE NEAR FUTURE.

THE UTILIZATION OF ASSISTANTS TO THE PHYSICIAN WAS DISCUSSED AT LENGTH AND THIS RESOLUTION WAS REFERRED BACK TO THE COMMITTEE ON HOSPITAL ACCREDITATION FOR FURTHER REVIEW WITH RECOMMENDATIONS TO BE PRESENTED AT THE NEXT BOARD OF TRUSTEES MEETING.

AT THE PRESENT TIME, PA'S ARE STILL CONSIDERED TO BE PRIVATE EMPLOYEES OF THE PHYSICIAN AND PRESENT ACCREDITATION REQUIREMENTS DO NOT PROVIDE FOR ASSISTANTS TO THE PHYSICIAN IN ANY CAPACITY WITHIN THE HOSPITAL FACILITY.

...A FEW OTHER CHANGES HAVE BEEN MADE IN THE MANUAL. THESE HAVE BEEN CONSIDERED MINOR, RATHER THAN MAJOR POLICY CHANGE AND WILL BE FORWARDED TO YOU UNDER SEPARATE COVER IN THE FORM OF MANUAL REVISION PAGES IN THE NEAR FUTURE.

...THE MONTH OF AUGUST, 1978 WILL LONG BE REMEMBERED BY THIS OFFICE. FOUR HOSPITALS WILL BE VISITED FOR THE FIRST TIME BY THE AMERICAN OSTEOPATHIC ASSOCIATION SURVEY TEAM, BRINGING THE TOTAL NUMBER OF AOA ACCREDITED HOSPITALS TO 144.

THEREFORE, IT IS WITH GREAT PLEASURE THAT WE WELCOME WESTVIEW OSTEOPATHIC MEDICAL CENTER, INDIANA (8/7), PACIFIC HOSPITAL OF LONG BEACH, CALIFORNIA (8/21), ONTARIO COMMUNITY HOSPITAL, CALIFORNIA (8/23) AND THE SAN MIGUEL HOSPITAL ASSOCIATION - HILLSIDE AND HEARTLAND HOSPITALS, CALIFORNIA (8/30).

...IT IS WITH DEEPEST GRATITUDE THAT I THANK YOU FOR YOUR WARMTH, ENTHUSIASM AND GOOD WISHES ON THE FIRST ISSUE OF NOVA. MUCH COMMUNICATION HAS GENERATED BETWEEN YOU AND THIS OFFICE REGARDING VARIOUS TOPICS AND HOPEFULLY, SOME CLARIFICATION AND INFORMATION HAS BEEN PROVIDED.

N O V A

*November 1978
Volume I, No. 3*

OCTOBER 5, 1978 WAS THE DATE OF THE FALL COMMITTEE ON HOSPITAL ACCREDITATION MEETING. THE AGENDA WAS FULL AND THERE WERE 55 HOSPITALS THAT WERE UP FOR REVIEW AND RECOMMENDATION.

PRIOR TO REVIEW, EVERY HOSPITAL IS URGED TO SEND IN PROGRESS REPORTS IN ORDER TO DOCUMENT THE CORRECTIONS THAT WERE MADE IN THE AREAS OF NONCOMPLIANCE.

THE THOUGHT CROSSED MY MIND THAT MANY OF YOU MAY NOT BE AWARE OF THE IMPORTANCE PLACED ON THESE DOCUMENTS.

PERHAPS IF I WERE TO DESCRIBE THE PROCESS INVOLVED, IT MIGHT CLARIFY THE SITUATION. WHEN THE ORIGINAL LETTERS ARE SENT TO YOU, LISTING THE AREAS OF NONCOMPLIANCE, A COVER LETTER IS ALSO SENT, URGING YOU TO SUBMIT PROGRESS REPORTS, IN DUPLICATE, OF ACTION TAKEN TO CORRECT THESE DEFICIENCIES. THEY ARE TO BE REPRODUCED ON PLAIN PAPER, ELIMINATING HOSPITAL IDENTIFICATION, PHYSICIANS NAMES, STATES, CITIES, ETC., ALONG WITH A COVER LETTER ON HOSPITAL STATIONERY.

NEEDLESS TO SAY, EACH DOCUMENT IS CATALOGED AND PROOF READ, ON THE OUTSIDE CHANCE THAT SOME IDENTIFICATION HAS REMAINED. CONSIDERABLE TIME IS INVOLVED, PREPARING THE PROGRESS REPORTS AND PLACING THEM WITH THE SURVEY REPORTS AND THIS IS THE REASON THAT A "CUT-OFF DATE" IS ESTABLISHED, ALLOWING SUFFICIENT TIME TO PROCESS ALL THESE REPORTS.

THESE DOCUMENTS ARE GIVEN A HOSPITAL IDENTIFICATION NUMBER AND PLACED WITH THE SURVEY REPORT, FOR PERUSAL BY THE REFERENCE COMMITTEE, PRIOR TO THEIR RECOMMENDATION.

THIS OFFICE THEN DIVIDES THEM BETWEEN THE TWO REFERENCE COMMITTEES, TAKING CARE NOT TO PLACE A HOSPITAL IN THE SAME GEOGRAPHIC LOCALITY/STATE AS A MEMBER OF THE REFERENCE COMMITTEE.

THE SURVEY REPORTS ARE REVIEWED ONE AT A TIME, BY THE ENTIRE REFERENCE COMMITTEE, COMPARING THE AREAS OF NONCOMPLIANCE WITH THE PROGRESS REPORT. IT IS THE PROGRESS MADE IN CORRECTING THE AREAS OF NONCOMPLIANCE THAT PROVIDES THE MOST INFLUENCE. CONSIDERATION IS GIVEN TO HOSPITALS SURVEYED CLOSE TO THE CUT-OFF DATE AS A REPORT OF PROGRESS IS AN IMPOSSIBILITY.

CONTINUED.....

FOR THE MOST PART, IT IS YOUR PROGRESS REPORT THAT DETERMINES THE ACCREDITATION STATUS OF YOUR HOSPITAL. IT IS OF THE UTMOST IMPORTANCE THAT YOU DOCUMENT YOUR PROGRESS, NOT SIMPLY STATE THE PLAN FOR CORRECTION. IF BYLAWS WERE CHANGED, SEND IN THE PAGE INDICATING THE CORRECTION. IF FUNCTIONS WERE NOT BEING PERFORMED, SEND IN MEETING MINUTES DEPICTING THE ACTIVITY. IF PHYSICAL PLANT CHANGES WERE MADE, INVEST IN A COUPLE OF PICTURES AND SEND THEM IN WITH THE EXPLANATION. THESE THINGS ARE WHAT CONSTITUTES A PROGRESS REPORT, NOT A STATEMENT THAT THINGS ARE BEING REVISED AND WILL ELIMINATE A SPECIFIC SITUATION.

AND, IN ACCORDANCE WITH THE DISCUSSION OF PROGRESS REPORTS, PLEASE NOTE THE FOLLOWING ON YOUR 1979 CALENDAR, THAT EVERY HOSPITAL SURVEYED BETWEEN SEPTEMBER 11, 1978 AND MARCH 3, 1979 WILL BE REVIEWED BY THE COMMITTEE ON HOSPITAL ACCREDITATION ON APRIL 5, 1979. ALL PROGRESS REPORTS MUST BE SENT INTO THIS OFFICE NO LATER THAN MARCH 20TH IN ORDER TO BE CATALOGED AND PRESENTED TO THE COMMITTEE.

**** DID YOU KNOW ****

- ...THAT THE STEMS OF SOME OF YOUR FAVORITE PIPES LOOK AS THOUGH YOU USED THEM TO POKE AROUND IN THE GRAVEL? THEY CAN BE RESTORED TO NEAR-NEW CONDITION BY RUBBING THEM WITH SOME TOOTHPASTE ON A SOFT CLOTH.
- ...THAT THE PER DIEM ALLOWANCE FOR ADMINISTRATOR/SURVEYORS HAS BEEN RAISED TO \$70.00, HOPEFULLY ELIMINATING ANY OUT OF POCKET EXPENSE.
- ...THAT NO OBSERVERS OF ACCREDITATION PROCEDURES HAVE BEEN PLACED ON THE NEW SCHEDULE AS YET. FOR THOSE OF YOU WHO ARE INTERESTED, WITH THE INCREASED AMOUNT OF HOSPITALS ON THE NEW SCHEDULE, MANY HOSPITALS MAY BE DUE FOR SURVEY NEAR OR FAIRLY CLOSE TO YOUR OWN HOSPITAL. ALTHOUGH ADMINISTRATOR/SURVEYORS ARE NOT SCHEDULED IN THEIR OWN STATE, OBSERVERS ARE, AS THEY MUST BEAR THE BRUNT OF ALL EXPENSES INCURRED DURING THE TRAINING PERIOD. IF YOU ARE FROM AN AOA ACCREDITED HOSPITAL, INTERESTED IN BECOMING AN ACCREDITATION ADMINISTRATOR/SURVEYOR, PLEASE CONTACT ME BY TELEPHONE (312) 944-2713, AND I WILL TRY TO FIND A DATE AND LOCATION THAT'S AGREEABLE. IF FOR SOME REASON, YOU FIND THAT YOU MUST CANCEL A SCHEDULED OBSERVATION, PLEASE ALLOW US SUFFICIENT TIME TO CANCEL YOUR HOTEL AND INTER-TRAVEL ARRANGEMENTS AS THEY ARE MADE ON A GUARANTEED BASIS BY THE TEAM CAPTAIN IN ADVANCE OF THE SURVEY.

PAGE 3

IT SEEMS AS THOUGH EACH TIME HOSPITALS ARE SENT LETTERS OF NON-COMPLIANCE FOLLOWING A SURVEY, THERE IS ALWAYS A PARAGRAPH THAT STATES, "UNABLE TO DETERMINE PHYSICIAN RESPONSIBILITY WHEN..."

POSSIBLY, TO ALLEVIATE SOME CONFUSION, ONLY ONE PHYSICIAN MAY BE THE RESPONSIBLE PARTY. THIS IS THE ADMITTING PHYSICIAN, HAVING OVER-ALL CHART RESPONSIBILITY.

THE ADMITTING MAY REQUEST "DR. ABLE TO PARTICIPATE". THIS MAY BE A PARTNER OR PHYSICIAN THAT COVERS FOR HIM. DR. ABLE MAY THEN WRITE NOTES, ORDERS, ETC. THE ADMITTING IS STILL THE RESPONSIBLE PHYSICIAN.

OR

THE ADMITTING MAY REQUEST "DR. BAKER TO CONSULT". THIS WILL ALLOW DR. BAKER TO VOICE A SECOND OPINION. HE MAY NOT WRITE ORDERS OR NOTES, ETC., HOWEVER, IT IS EXPECTED THAT THE CONSULTATION BY DR. BAKER BECOMES A PART OF THE PATIENT'S CHART.

OR

THE ADMITTING MAY REQUEST "DR. CHARLIE TO CONSULT AND PARTICIPATE". DR. CHARLIE MUST PLACE HIS CONSULTATION ON THE CHART AND IS ALSO ALLOWED TO WRITE ORDERS ALONG WITH THE ADMITTING PHYSICIAN, WHO STILL HAS THE OVER-ALL CHART RESPONSIBILITY.

OR

THE ADMITTING MAY REQUEST "DR. DELTA TO MANAGE THE ORTHOPEDIC ASPECT". DR. DELTA MAY THEN WRITE ORDERS, NOTES, DO SURGERY, ETC., ONLY IN REGARD TO THAT ENTITY. THE ADMITTING IS RESPONSIBLE FOR THE REMAINDER OF THE PATIENT'S CARE AND CHART RESPONSIBILITY.

OR

THE ADMITTING MAY REQUEST "DR. ECHO TO CONSULT AND MANAGE". A CONSULTATION MUST BECOME A PART OF THE PATIENT'S CHART, THE CONSULTANT THEN BECOMES THE MANAGING PHYSICIAN, ASSUMING FULL RESPONSIBILITY FOR THE PATIENT AND THE CHART. THE ORIGINAL ADMITTING MAY NO LONGER WRITE ON THE PATIENT'S CHART WITHOUT AUTHORIZATION.

OR

THE ADMITTING MAY REQUEST "DR. FRANK TO MANAGE". DR. FRANK IS NOW THE RESPONSIBLE PHYSICIAN, CARE TRANSFERRED TO HIM AND THE ORIGINAL ADMITTING PHYSICIAN MAY NO LONGER WRITE ON THE CHART WITHOUT AUTHORIZATION.

ALSO

ORDERS MAY NOT BE WRITTEN FOR "DRS. A.B.C." OR "CARDIAC CONSULTATION". PHYSICIANS ARE TO BE DESIGNATED BY NAME, AGAIN INDICATING A SPECIFIC INDIVIDUAL.

- ...THAT THERE ARE 63 HOSPITALS ON THE NEW SURVEY SCHEDULE BETWEEN THE DATES OF NOVEMBER 1978 AND MAY 1979. THERE IS NO BACKLOG OF HOSPITALS TO BE SURVEYED AND IT IS ONLY THROUGH YOUR WILLINGNESS AND CONSIDERATION THAT THIS HAS BEEN ACCOMPLISHED. A VERY SPECIAL THANKS AND DEEPEST GRATITUDE TO THOSE ADMINISTRATORS THAT HAVE VOLUNTEERED TO GO ON TWO WEEKS OF SURVEYS, MAKING THIS ALL POSSIBLE.
- ...THAT IT WAS DETERMINED BY THE COMMITTEE ON HOSPITAL ACCREDITATION THAT INTERNS AND RESIDENTS MAY WRITE THE ADMITTING NOTE AND DISCHARGE NOTE, PROVIDING THEY ARE COUNTERSIGNED BY THE ATTENDING PHYSICIAN.
- ...THAT THE HOUSE OF DELEGATES OF THE AMERICAN OSTEOPATHIC ASSOCIATION AT ITS JULY 1978 MEETING IN CINCINNATI REFERRED THE RESOLUTION REGARDING ASSISTANTS TO THE PHYSICIAN TO THE COMMITTEE ON HOSPITAL ACCREDITATION, REQUESTING THEM TO DEVELOP GUIDELINES RECOGNIZING THE EXISTENCE OF PHYSICIANS ASSISTANTS AND NURSE PRACTITIONERS, DELINEATING THEIR APPROPRIATE DUTIES AND PRIVILEGES IN AOA ACCREDITED HOSPITALS AND CONSISTENT WITH LOCAL LAWS AND REPORT BACK TO THE 1979 HOUSE OF DELEGATES. AT PRESENT, AT THE DIRECTION OF THE COHA, CONTACT IS BEING MADE WITH THE ATTORNEY GENERAL OF EACH STATE IN ORDER TO DETERMINE THE PRIVILEGES ALLOWED IN THEIR STATE. ALL THIS INFORMATION WILL BE ON THE AGENDA OF THE APRIL COHA MEETING FOR DISCUSSION AND RECOMMENDATION TO THE HOUSE OF DELEGATES OF THE AOA.
- ...THAT THE UNITED STATES MAIL SYSTEM IS SOLELY RESPONSIBLE FOR ANY DELAY IN REPLIES TO YOUR CORRESPONDENCE. EVERY LETTER RECEIVED IN THE MORNING MAIL IS ANSWERED AND SENT OUT THAT SAME DAY. MAIL RECEIVED IN THE AFTERNOON DELIVERY IS SENT OUT THE FOLLOWING MORNING. THE ONLY EXCEPTION TO THIS ROUTINE IS IF INFORMATION HAS TO BE RESEARCHED PRIOR TO A REPLY. YOU WILL BE CALLED, INFORMING YOU OF THE DELAY. THERE HAVE BEEN INSTANCES WHERE IT HAS TAKEN UP TO TWO WEEKS, FROM THE TIME YOU WRITE TO THE TIME IT IS RECEIVED IN THIS OFFICE. PLEASE BE ASSURED THAT YOUR CORRESPONDENCE IS NOT PILED IN A CORNER COLLECTING DUST. THERE IS NO HESITANCY IN REPLYING TO YOUR LETTERS AND I HOPE THAT THERE IS NO HESITANCY ON YOUR PART REQUESTING INFORMATION, WHETHER THE REQUEST IS FROM YOU DIRECTLY OR ONE OF YOUR STAFF. THIS OFFICE MAINTAINS HOURS FROM 8:30 AM (CST) TO 4:30 PM. MONDAY THROUGH FRIDAY AND ITS OPERATION IS DEVOTED TO YOU.
- ...THAT ALMOST ONE YEAR HAS PASSED SINCE I FIRST JOINED THE ASSOCIATION. I HAVE HAD THE PRIVILEGE OF MEETING MANY WONDERFUL PEOPLE AND I THANK ALL OF YOU FOR YOUR KINDNESS. THE NEXT ISSUE OF NOVA WILL BE IN FEBRUARY AND SO, I WISH ALL OF YOU A MOST HAPPY HOLIDAY SEASON.



MEMORANDUM

DECEMBER 1978

...DID YOU KNOW...

...THE ENCLOSED INDEX IS A REFERENCE GUIDE FOR YOU TO INSERT INTO THE ACCREDITATION REQUIREMENTS OF THE AMERICAN OSTEOPATHIC ASSOCIATION. HOPEFULLY, THIS INDEX WILL AID YOU IN UTILIZING THE ACCREDITATION MANUAL.

...THE COHA AT ITS OCTOBER 5, 1978 MEETING REAFFIRMED ITS POSITION THAT PHYSICIANS ATTEND 75% OF THE MEETINGS OF EACH HOSPITAL WHERE HE IS A MEMBER OF THE ACTIVE STAFF, AND, NO PROVISIONS WERE DISCUSSED WITH REGARD TO EXCUSED ABSENCES.

ESTABLISHMENT OF A "BASE HOSPITAL" WITH THE MAJORITY OF THE MEETINGS ATTENDED THERE AND THE BALANCE AT OTHER HOSPITALS IS NOT ACCEPTABLE.

