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SEPARATE AND DISTINCT

OF ALL THE FUNCTIONS NECESSARY IN THE DAILY OPERATION OF A MEDICAL FACILITY, ONLY TWO REQUIRE FORMAL COMMITTEES. ONE OF THESE, THE (SUGGESTED NAME OF) COMMITTEE ON UTILIZATION OF OSTEOPATHIC PRINCIPLES AND METHODS.

IN FEBRUARY, 1966, THE BOARD OF TRUSTEES OF THE AMERICAN OSTEOPATHIC ASSOCIATION ADOPTED THE RESOLUTION THAT THIS BE A RECOGNIZED COMMITTEE, COMPOSED OF REPRESENTATIVES OF EACH ORGANIZED DEPARTMENT TO EVALUATE THE UTILIZATION OF DISTINCTIVE

OSTEOPATHIC METHODS IN HOSPITAL PRACTICE AND RECOMMEND MEANS OF IMPROVED APPLICATION.

THE OBJECTIVES OF THIS COMMITTEE ARE TO PROMOTE THE MOST EFFECTIVE USE OF DISTINCTIVE OSTEOPATHIC PROCEDURES FOR BETTER PATIENT CARE, IMPROVE THE RECORDING OF DISTINCTIVE OSTEOPATHIC FINDINGS, DIAGNOSES, THERAPY AND TO PROVIDE AN EFFECTIVE VEHICLE FOR CONTINUING EDUCATION IN DISTINCTIVE OSTEOPATHIC PRINCIPLES AND METHODS.

MEETING MONTHLY, THE MEMBERSHIP SHOULD INCLUDE AT LEAST ONE OSTEOPATHIC PHYSICIAN FROM EACH OF THE ORGANIZED DEPARTMENTS, E.G. MEDICINE, SURGERY, OBSTETRICS AND GENERAL PRACTICE AND ANY OTHER FORMALLY ORGANIZED DEPARTMENT RECOGNIZED BY THE BYLAWS OF THE HOSPITAL.

THE FUNCTIONS OF THIS COMMITTEE ARE TO EVALUATE AND MAKE RECOMMENDATIONS TO IMPROVE THE UTILIZATION OF OSTEOPATHIC PRINCIPLES AND METHODS (RECORDING OF OSTEOPATHIC FINDINGS, DESCRIPTION OF OSTEOPATHIC MANIPULATIVE TREATMENT AND APPLICATION OF THESE PRINCIPLES AND METHODS TO THE TOTAL HEALTH CARE OF THE PATIENT). THE CHARTS OF INPATIENTS AS WELL AS THOSE OF DISCHARGED PATIENTS SHOULD BE REVIEWED.

THE COMMITTEE ALSO RECOMMENDED THAT THE RECORDING OF FINDINGS, DIAGNOSES AND TREATMENT BE IN NARRATIVE FORM AND THAT THE USE OF SPINOGRAMS AND ALL SUCH PICTORIAL EXAMINATIONS NOT BE ACCEPTABLE AS AN OSTEOPATHIC STRUCTURAL AND PALPATORY EXAMINATION. THIS DOES NOT PRECLUDE THE USE OF THESE METHODS TO SUPPLEMENT THE NARRATIVE DESCRIPTION.

AND, AS IN EVERY OTHER COMMITTEE/FUNCTION, THE LABOR AND ACCOMPLISHMENTS ARE NOTED AND DOCUMENTED IN THE MEETING MINUTES.

THE ONLY OTHER REQUIRED, SEPARATE COMMITTEE IS THAT OF UTILIZATION REVIEW. IT, TOO, IS TO BE COMPRISED OF A CROSS-SECTION OF MEMBERS OF ALL THE CLINICAL SERVICES. APPOINTMENTS TO THIS COMMITTEE ARE ARRANGED SO THAT A PHYSICIAN WITH EXPERTISE IN ITS FUNCTION IS ALWAYS IN ATTENDANCE. IF THE HOSPITAL IS A TEACHING FACILITY, THE ATTENDANCE OF SENIOR RESIDENTS IS TO BE ENCOURAGED. THE MEDICAL RECORDS LIBRARIAN SERVES AS AN ADVISOR TO THIS COMMITTEE.

THE FUNCTION OF THIS COMMITTEE IS TO ENSURE PROPER UTILIZATION OF HOSPITAL FACILITIES AND RESOURCES, EVALUATE THE QUALITY OF PATIENT CARE ON THE BASIS OF DOCUMENTED EVIDENCE AND REVIEW CURRENT INPATIENT RECORDS ON THE FLOORS.

THE COMMITTEE IS TO PERFORM QUALITATIVE AS WELL AS QUANTITATIVE ANALYSES OF MEDICAL CARE, NOTING ANY DEFICIENCIES OF STAFF MEMBERS, REPORTING THESE AREAS TO THE PROFESSIONAL STAFF ALONG WITH RECOMMENDATIONS TO CORRECT THESE DEFICIENCIES.

THESE FUNCTIONS MAY BE PERFORMED BY CLINICAL DEPARTMENTS OR OTHER STAFF COMMITTEES. AND, ITS FUNCTIONS SHALL BE IN ACCORDANCE WITH CURRENT FEDERAL REQUIREMENTS AS ACCEPTED BY THE DEPARTMENT OF HEALTH, EDUCATION AND WELFARE.

ALTHOUGH NO SPECIFIC NUMBER OF MEETINGS ARE STATED IN THE ACCREDITATION REQUIREMENTS OF THE AMERICAN OSTEOPATHIC ASSOCIATION, THIS COMMITTEE IS TO MEET FREQUENTLY, ON A REGULAR BASIS TO PERFORM THIS VITAL FUNCTION AND RENDER ANY ASSISTANCE NECESSARY TO THE PROFESSIONAL STAFF, INSURING THAT ITS FUNCTIONS ARE UTILIZED TO THEIR FULLEST EXTENT.

AND, ALTHOUGH PSRO MAY BE A PART OF THIS COMMITTEE, IT MAY NOT TAKE THE PLACE OF UTILIZATION REVIEW.

THE OTHER FUNCTIONS SUCH AS THE EXECUTIVE, CREDENTIALS, JOINT ADVISORY, MEDICAL RECORDS, MORTALITY REVIEW, TUMOR, TISSUE, MEDICAL DISASTER, LIBRARY, TRANSFUSION, PHARMACY AND THERAPEUTICS AND INFECTION CONTROL COMMITTEES NEED NOT BE PERFORMED BY INDIVIDUAL COMMITTEES. SMALLER HOSPITALS MAY DESIGNATE MEMBERS OF THE PROFESSIONAL STAFF OR, THE STAFF, SERVING AS A COMMITTEE-OF-THE-WHOLE MAY PERFORM THESE FUNCTIONS.

IT IS IMPORTANT THAT THESE VARIOUS COMMITTEES/FUNCTIONS ARE DOCUMENTED BY DETAILED MINUTES. IN THE EVENT THAT A FUNCTION IS NOT PERFORMED IN A PARTICULAR MONTH, E.G., NO MORTALITIES, MINUTES SHOULD DOCUMENT THIS, INDICATING THAT THE MEETING WAS HELD, SINCE MORTALITY REVIEW IS A MONTHLY FUNCTION.

DID YOU KNOW

-THAT AN INDEX FOR THE ACCREDITATION REQUIREMENTS OF THE AMERICAN OSTEOPATHIC ASSOCIATION WAS INCLUDED WITH THE ANNUAL HOSPITAL APPLICATION PACKAGE THAT WAS SENT TO ALL ACCREDITED HOSPITALS IN THE BEGINNING OF DECEMBER? ALSO INCLUDED IN THAT PACKET WAS A NOVA MEMO STATING,...AND TO REPEAT THE FOLLOWING ITEM....
-THAT THE COMMITTEE ON HOSPITAL ACCREDITATION, AT ITS OCTOBER MEETING, REAFFIRMED ITS POSITION STATING THAT 75% ATTENDANCE IS REQUIRED AT EACH HOSPITAL WHERE A PHYSICIAN IS A MEMBER OF THE ACTIVE STAFF. ESTABLISHMENT OF A "BASE HOSPITAL" WITH THE MAJORITY OF THE MEETINGS ATTENDED THERE AND THE BALANCE AT ANOTHER HOSPITAL IS NOT ACCEPTABLE.
-THAT, ALONG WITH AIRLINES COMPENSATING THOSE WHO HAVE BEEN BUMPED FROM FLIGHTS OR CANCELLED FLIGHTS, PROVIDING THOSE STRANDED MORE THAN FOUR HOURS WITH MEALS, HOTEL ACCOMMODATIONS IF NECESSARY AND A TELEPHONE CALL, (SEE CAB RULING NUMBER #380 FOR COMPLETE DETAILS), A SIMILAR FORM OF COMPENSATION IS ALSO AVAILABLE TO THOSE OF YOU MAKING HOTEL RESERVATIONS ON A GUARANTEED BASIS THROUGH AMERICAN EXPRESS. THE HOTEL IS OBLIGED TO GIVE YOU THE FIRST NIGHT'S LODGING WITHOUT CHARGE IN A COMPARABLE ROOM, NEARBY. YOU'LL ALSO RECEIVE TRANSPORTATION COSTS TO THESE ACCOMMODATIONS PLUS A COMPLIMENTARY PHONE CALL TO YOUR HOME OR OFFICE. THIS SERVICE IS KNOWN AS AE ASSURED RESERVATIONS. AND, IF YOU SHOULD FIND IT NECESSARY TO CANCEL A GUARANTEED RESERVATION, MAKE CERTAIN THAT YOU RECEIVE THE CANCELLATION NUMBER IN ORDER TO BE ASSURED OF THE CREDIT. I UNDERSTAND THAT SOME HOLIDAY INNS WILL PARTICIPATE IN THIS, AS INDIVIDUAL POLICY, ON ANY KIND OF BILLING CARD.
-THAT THERE WILL BE THE ADDITION OF AT LEAST ONE MEMBER TO THE HOSPITAL SURVEY TEAMS. HEW LABORATORY STANDARDS NOW SPECIFY THAT AN INDIVIDUAL WITH EXPERTISE IN THE AREA OF LABORATORY MEDICINE BE INCLUDED IN THE HOSPITAL SURVEY TEAMS. AT THE PRESENT TIME, THIS ENTITY IS BEING ASSUMED BY MEMBERS OF THE AMERICAN OSTEOPATHIC COLLEGE OF PATHOLOGISTS, INC. THIS PLAN IS TO BE IMPLEMENTED AFTER THE FIRST OF THE YEAR AND AS SOON AS MORE DEFINITE INFORMATION IS AVAILABLE ON THIS SUBJECT, IT WILL BE FORWARDED TO YOU.
-THAT TO DATE, THREE MORE HOSPITALS HAVE HAD PRE-ACCREDITATION SURVEYS, PRIOR TO BEING SCHEDULED FOR THEIR FIRST SURVEY. AND, THE SPRING COHA WILL, FOR THE INITIAL TIME, REVIEW FOR PROVISIONAL ACCREDITATION, THREE ADDITIONAL HOSPITALS, DOCTORS HOSPITAL, HOUSTON, TX, OAK HILL OSTEOPATHIC HOSPITAL, JOPLIN, MO, AND OLYMPIA FIELDS OSTEOPATHIC MEDICAL CENTER, OLYMPIA FIELDS, IL. HEARTIEST CONGRATULATIONS TO ALL SIX HOSPITALS AND VERY BEST WISHES FOR CONTINUED SUCCESS.

*** DID YOU KNOW ***

-THAT THE TOTAL NUMBER OF HOSPITALS ACCREDITED BY THE AMERICAN OSTEOPATHIC ASSOCIATION WILL CLIMB TO 148, AS OF THE JULY, 1979 BOARD OF TRUSTEES MEETING OF THE AOA.
-THAT THE FEE OF \$1000.00 TO BE SENT IN WITH THE ANNUAL APPLICATION IS PER FACILITY, SATELLITE OR SPECIALTY UNIT TO BE SURVEYED. DUE TO AN ERROR IN OUR BILLING, PAST BILLING DID NOT ALWAYS REFLECT THIS.
-THAT A REQUEST FOR CONSULTATION IS TO BE A SECOND OPINION BY ANOTHER PHYSICIAN. IN THE CASE OF E.G., PHYSICAL THERAPY, DISCUSSION OF CASE MANAGEMENT WITH THE THERAPIST IS NOT A CONSULTATION AND SHOULD NOT BE DOCUMENTED AS SUCH.
-THAT EVERY HOSPITAL SURVEYED BETWEEN SEPTEMBER 11, 1978 AND MARCH 3, 1979 WILL BE REVIEWED BY THE COMMITTEE ON HOSPITAL ACCREDITATION AT THEIR APRIL 5, 1979 MEETING. YOU ARE ENCOURAGED TO SEND IN PROGRESS REPORTS AND THESE ARE TO BE SENT INTO THIS OFFICE NO LATER THAN MARCH 20TH IN ORDER TO BE CATALOGUED AND PRESENTED TO THE COHA.

PLEASE SUBMIT THESE PROGRESS REPORTS IN DUPLICATE, ON PLAIN BOND PAPER, WITHOUT IDENTIFICATION OF THE HOSPITAL, NAMES OF PHYSICIANS, ETC., ALONG WITH A COVER LETTER ON HOSPITAL STATIONERY. THE COHA PLACES A LOT OF IMPORTANCE ON THESE REPORTS AS THEY DOCUMENT IMPROVEMENTS IN PREVIOUS AREAS OF NONCOMPLIANCE. CONSIDERATION IS GIVEN TO HOSPITALS PLACED LATE ON THE SURVEY SCHEDULE AS IT IS REALIZED THAT IN THESE CASES, A PROGRESS REPORT IS AN IMPOSSIBILITY.

-THAT THE FOLLOWING WAS SEEN, "WRITE RIGHT: DOCTORS AT KAISER-PERMANENTE MEDICAL CARE GROUP, OAKLAND, CALIFORNIA ARE OFFERED COURSES ON HOW TO IMPROVE THEIR HANDWRITING, NOTORIOUSLY BAD AMONG PHYSICIANS. THE COURSE HANDBOOK WARNS THAT MALPRACTICE RISKS MAY INCREASE WITH POOR PENMANSHIP, WHICH THE HANDBOOK SAYS, 'MAY BE DANGEROUS TO YOUR WEALTH'." EXCERPTED FROM THE WALL STREET JOURNAL, C 1973 DOW JONES & COMPANY, INC. ALL RIGHTS RESERVED.
-THAT AS OF JANUARY 15, 1979, THE STORM OF 1967 HAS BEEN SUPERSEDED BY THE BLIZZARD OF 1979. AND, AS OF THIS DATE, THERE WAS 31" OF SNOW ON THE GROUND WITH A POSSIBLE 2-4" MORE EXPECTED BY THE EVENING OF THE 16TH. THAT'S A GRAND TOTAL OF 61", SO FAR IN 1979, 2/3 OF THE ENTIRE AMOUNT FOR 1978. THE ICE-AGE COMETH.
-THAT NOVA IS A PUBLICATION FROM THE OFFICE OF HOSPITAL ACCREDITATION. PLEASE SEND ME YOUR CRITICISM AND ANY SUGGESTIONS. SINCERELY, JOAN GROSS, SECRETARY, COHA



MARCH 1979

MEMORANDUM

TO: CHIEF EXECUTIVE OFFICERS,
OSTEOPATHIC HOSPITALS

FROM: JOAN GROSS, SECRETARY
COMMITTEE ON HOSPITAL ACCREDITATION

IN ORDER TO UPDATE OUR PRESENT HOSPITAL FILE SYSTEM, THE
FOLLOWING INFORMATION IS REQUESTED:

DOES YOUR HOSPITAL PRESENTLY HAVE A DEPARTMENT/SERVICE OF
OSTEOPATHIC MEDICINE PROVIDING OSTEOPTHIC DIAGNOSIS AND
THERAPY?

IF IN THE AFFIRMATIVE, PLEASE STATE THE NAME AND QUALIFICATIONS
OF THE DIRECTOR.

PLEASE STATE THE NAME OF THE DIRECTOR OF THE HOSPITAL LABORA-
TORY, HIS QUALIFICATIONS AND LICENSURE (E.G., D.O., M.D., PH.D.).

IS THE PATHOLOGIST FULL-TIME, PART-TIME OR ON A CONSULTATIVE
TYPE OF SERVICE?

IS YOUR HOSPITAL LABORATORY CAP AND/OR CDC APPROVED?

YOUR IMMEDIATE REPLY WOULD BE APPRECIATED.



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LABORATORIES

ON APRIL 12, 1979, ALL HOSPITALS ADMINISTRATORS WERE MAILED THE NEW LABORATORY STANDARDS AS ADOPTED BY THE BOARD OF TRUSTEES OF THE AMERICAN OSTEOPATHIC ASSOCIATION. THESE PAGES WERE TO BE ADDED TO THE ACCREDITATION REQUIREMENTS AS REVISED LABORATORY STANDARDS.

INCLUDED WITH THIS MAILING WAS A SAMPLE QUESTIONNAIRE SHEET THAT IS TO BE FORWARDED TO THIS OFFICE PRIOR TO THE HOSPITAL SURVEY. ALSO WITH THIS PACKET WAS A 25 PAGE BOOK, THE SURVEY REPORT BOOKLET WHICH WILL BE UTILIZED BY THE LABORATORY SURVEYOR DURING THE TIME OF THE HOSPITAL SURVEY.

FOLLOWING THE FULL SURVEY OF THE HOSPITAL, AS WAS PREVIOUSLY DONE, DEFICIENCIES WILL BE SENT TO THE HOSPITAL. THOSE PERTAINING TO THE LABORATORY PORTION WILL BE SENT AT THAT SAME TIME, BUT ON SEPARATE SHEETS FROM OTHER AREAS OF NONCOMPLIANCE.

THE SHEET ON WHICH LABORATORY DEFICIENCIES ARE NOTED WILL BE ON A SPECIAL FORM, ALLOWING ROOM FOR HOSPITAL RESPONSE, INDICATING BOTH AREAS ALREADY CORRECTED, WHICH MIGHT HAVE BEEN MINOR IN NATURE, AND, A PLAN FOR CORRECTIVE ACTION FOR THE OTHER DEFICIENCIES.

RESPONSE TO THE LABORATORY DEFICIENCIES ARE TO BE MADE WITHIN 30 DAYS FOLLOWING NOTIFICATION, IN DUPLICATE, AND THESE REPORTS AND SUBSEQUENT PROGRESS REPORTS WILL BE RETAINED WITH THE HOSPITAL FILE. ALL REPORTS ARE SUBMITTED FOR COHA EVALUATION AT THE TIME OF DETERMINING THE HOSPITAL ACCREDITATION STATUS DURING THE APPROPRIATE COMMITTEE ON HOSPITAL ACCREDITATION MEETINGS WHICH ARE HELD TWO TIMES PER YEAR.

IT IS EXPECTED THAT AT A LATER DATE, THESE NEW REVISIONS WILL BE REPRINTED IN A MANNER CONSISTENT WITH THE ACCREDITATION MANUAL.

..... PROGRESS REPORTS CONTINUE TO BE HIGHLY REGARDED BY THE COMMITTEE ON HOSPITAL ACCREDITATION AND ARE CAREFULLY SCRUTINIZED DURING THE COHA MEETINGS.

DOCUMENTATION OF CORRECTION OF AREAS OF NONCOMPLIANCE SHOULD BE GIVEN CAREFUL STUDY. IT IS NOT SUFFICIENT TO INDICATE THAT "THIS HAS BEEN CORRECTED", OR THAT A MEMO HAS BEEN CIRCULATED TO ALL THOSE CONCERNED, REQUESTING THAT A PARTICULAR PRACTICE BE INITIATED, COMPLETED OR ELIMINATED.

THE COMMITTEE IS INTERESTED IN ACTUAL ACCOMPLISHMENT (AND TRUE DOCUMENTATION), RATHER THAN "INTENT". AND, ALL HOSPITALS SURVEYED BETWEEN MARCH 19, 1979 AND SEPTEMBER 15, 1979 WILL BE REVIEWED FOR ACCREDITATION STATUS AT THE MEETING OF THE COMMITTEE ON HOSPITAL ACCREDITATION HELD ON OCT. 5, 1979.

ASIDE FROM LABORATORY RESPONSE WHICH IS REQUIRED WITHIN 30 DAYS OF NOTIFICATION, PROGRESS REPORTS FOR THE BALANCE OF THE AREAS OF NONCOMPLIANCE WILL BE ACCEPTED NO LATER THAN SEPTEMBER 13, 1979. IF YOU WISH THE COMMITTEE TO CONSIDER THESE REPORTS, PLEASE ALLOW THIS OFFICE ADEQUATE TIME TO PROCESS THEM.

THESE PROGRESS REPORTS ARE TO BE SUBMITTED IN DUPLICATE, WITH ALL HOSPITAL/DOCTOR/STATE, ETC., IDENTIFICATION REMOVED AND PLACED WITH A COVER LETTER ON HOSPITAL STATIONERY, INDICATING THE SOURCE OF THE REPORT.

HOSPITAL IDENTIFICATION IS TO REMAIN ANONYMOUS DURING THE TIME OF REVIEW AND EACH HOSPITAL NAME IS REPLACED BY A SPECIAL IDENTIFICATION NUMBER WHICH IS ON FILE AND FOR USE ONLY BY THIS OFFICE. MEMBERS OF THE COMMITTEE DO NOT HAVE ACCESS TO THIS IDENTIFICATION SYSTEM.

..... APPROXIMATELY 40 TO 50 HOSPITALS ARE REVIEWED AT EACH COHA MEETING. TWO REFERENCE COMMITTEES ARE TO REVIEW APPROXIMATELY 25 HOSPITALS, ALLOWING ADEQUATE COMMITTEE EVALUATION FOR EACH INDIVIDUAL HOSPITAL, TAKING INTO CONSIDERATION ALL OF THE PROGRESS REPORTS AND DOCUMENTATION.

EVERY EFFORT IS MADE TO ELIMINATE A COMMITTEE MEMBER FROM REVIEWING A HOSPITAL WITHIN HIS OWN STATE. AND, ALTHOUGH THE PHYSICIAN SURVEYORS ARE PRESENT AT THESE MEETINGS, THEY ARE NOT VOTING MEMBERS OF THE COMMITTEE AND ARE UTILIZED AS RESOURCE PERSONS.

AFTER RECOMMENDATION OF ACCREDITATION STATUS IS DETERMINED BY THE VOTE OF THE ENTIRE COMMITTEE, (AND GUIDED BY THE VOTE OF THE PARTICULAR REFERENCE COMMITTEE), A COURT REPORTER DOCUMENTS THESE DECISIONS.

....CONTINUED

ALL HOSPITALS THAT WERE REVIEWED ARE NOTIFIED APPROXIMATELY ONE WEEK AFTER THE COMMITTEE MEETING. AND, IT SHOULD BE NOTED THAT THIS DECISION IS A RECOMMENDATION AND NOT FORMAL UNTIL IT IS PLACED IN THE FORM OF A RESOLUTION AND PRESENTED TO THE BOARD OF TRUSTEES OF THE AMERICAN OSTEOPATHIC ASSOCIATION FOR POSSIBLE ADOPTION.

..... A HOSPITAL APPEALING A DECISION OF THE COHA MAY DO SO WITHIN 30 DAYS OF NOTIFICATION OF THEIR ACCREDITATION STATUS RECOMMENDATION.

AN APPEAL MAY BE BASED ON ERROR IN FACT AND/OR CORRECTION OF AREAS OF NONCOMPLIANCE. THIS REQUEST IS TO BE DIRECTED TO THE APPEAL COMMITTEE OF THE COHA AND A HEARING WILL THEN BE SCHEDULED APPROXIMATELY 60 DAYS AFTER THE ORIGINAL COHA MEETING.

THE HOSPITAL IS PERMITTED REPRESENTATION BY TWO INDIVIDUALS, E.G., THE ADMINISTRATOR AND THE CHIEF OF STAFF. THEY WILL BE NOTIFIED AS TO THE SPECIFIC DATE AND TIME THAT THEIR APPEAL WILL BE HEARD. THEY ARE REQUESTED TO PREPARE SIX COPIES OF THEIR PRESENTATION OF DOCUMENTATION AND SEND THIS INTO THIS OFFICE PRIOR TO THE HEARING. THIS PERMITS THE DOCUMENTATION TO BE FORWARDED TO THE MEMBERS OF THE APPEAL COMMITTEE SO THAT THEY MAY THOROUGHLY EVALUATE IT IN ADVANCE OF THE HEARING.

THE HEARING IS APPROXIMATELY ONE HALF HOUR IN LENGTH. A 15 MINUTE PRESENTATION IS ALLOWED FOR THE REPRESENTATIVES OF THE HOSPITAL AND AN OPEN DISCUSSION BETWEEN MEMBERS OF THE COMMITTEE AND HOSPITAL REPRESENTATIVES THEN FOLLOWS.

THE COMMITTEE WILL THEN GO INTO CLOSED SESSION AND THE HOSPITAL WILL BE NOTIFIED OF THE RECOMMENDATION WITHIN A WEEK TO TEN DAYS AND THE APPEAL COMMITTEE WILL REPORT ITS RECOMMENDATION TO THE AOA BOARD OF TRUSTEES. PRESENTATION OF SUCH CORRECTION DOES NOT BIND THE APPEAL COMMITTEE TO MAKE A DIFFERENT RECOMMENDATION THAN THAT MADE BY THE COHA.

ANY HOSPITAL DENIED ACCREDITATION BY BOTH THE COMMITTEE ON HOSPITAL ACCREDITATION AND THE APPEAL COMMITTEE MAY REQUEST A FINAL APPEAL AND HEARING BEFORE THE FULL BOARD OF TRUSTEES OF THE AMERICAN OSTEOPATHIC ASSOCIATION.

HOSPITALS REQUESTING APPEALS ARE AUTOMATICALLY CONTINUED ON THEIR CURRENT ACCREDITATION STATUS UNTIL THE APPEAL HEARING HAS BEEN CONDUCTED AND RECOMMENDATIONS MADE AND ACTED UPON BY THE AOA BOARD OF TRUSTEES.

*** DID YOU KNOW ***

.....THAT THE AMERICAN OSTEOPATHIC COLLEGE OF PATHOLOGISTS HAS ASSUMED THE RESPONSIBILITY FOR SURVEYING THE LABORATORY PORTION OF THE FULL HOSPITAL SURVEY FOR THE AMERICAN OSTEOPATHIC ASSOCIATION. LABORATORY SURVEYS WILL TAKE PLACE PRIOR TO OR DURING THE FULL SURVEY. TIMES MAY NOT NECESSARILY COINCIDE. THE PATHOLOGIST WILL, HOWEVER, HOLD A POST-SURVEY LABORATORY CONFERENCE AND HIS FINDINGS WILL BE GIVEN TO THE D.O. TEAM CAPTAIN PERFORMING THE FULL SURVEY. EVERY HOSPITAL SURVEYED BY A LABORATORY-SURVEYOR PRIOR TO THE FULL SURVEY WILL BE NOTIFIED OF THE NAME OF THE PATHOLOGIST SO THAT HE MAY BE CONTACTED TO DETERMINE THE DATE OF THIS PORTION OF THE SURVEY.

FEDERAL REQUIREMENTS HAVE NECESSITATED THE ADDITION TO THE ORIGINAL TWO-MAN SURVEY TEAM AND IN AN EFFORT TO CONTAIN COST, SOME HOSPITALS WILL HAVE THEIR LABORATORIES SURVEYED PRIOR TO THE FULL SURVEY, UTILIZING THE SERVICE AND EXPERTISE OF THE PATHOLOGIST WHILE HE IS IN THE AREA. EXPENSES FOR THIS INDIVIDUAL WILL BE CONSIDERABLY LESS IF THEY ARE SHARED BY FOUR HOSPITALS AS OPPOSED TO HIS MAKING A SPECIAL TRIP FOR ONE HOSPITAL.

.....THAT DUE TO RISING COSTS, THE ACCREDITATION REQUIREMENTS OF THE AMERICAN OSTEOPATHIC ASSOCIATION HAVE RISEN FROM \$3.00 TO THE PRESENT \$10.00. THE SURVEY REPORT BOOK WILL CONTINUE TO REMAIN AT \$3.50 FOR THE PRESENT TIME. ANYONE WISHING TO PURCHASE THESE DOCUMENTS MAY DO SO DIRECTLY FROM THE ORDER DEPARTMENT, AS THEY HANDLE ALL REQUESTS FOR THESE PUBLICATIONS.

.....THAT THE NURSING STAFF SHEETS SENT TO HOSPITALS PRIOR TO A SURVEY HAVE BEEN REVISED? IT WILL NO LONGER BE NECESSARY TO INCLUDE THE NAME OF THE NURSING SCHOOL THAT WAS ATTENDED. THE ORIGINAL INTENT WAS TO DETERMINE THE NUMBER OF FOREIGN GRADUATES. THIS HAS BEEN MODIFIED AND WILL NOW ONLY REQUIRE THE LETTERS US OR, F, IN THE CASE OF A FOREIGN GRADUATE.

.....THAT LABORATORY PERSONNEL SHEETS WILL ALSO BE INCLUDED WITH THE SURVEY NOTIFICATION. THIS IS A NEW FORM, INDICATING THE NAME, LICENSURE NUMBER, ETC. ALTHOUGH THIS INFORMATION HAD ALWAYS BEEN REQUIRED, A FORM HAD NEVER BEEN PREVIOUSLY SENT.

.....THAT "SELECTED LIST OF BOOKS AND JOURNALS FOR THE SMALL MEDICAL LIBRARY" IS NO LONGER AVAILABLE FROM THIS OFFICE OR THE AOA. FURTHER INFORMATION MAY BE GOTTEN FROM THE AMERICAN LIBRARY ASSOCIATION, 919 N. MICHIGAN AVE., CHICAGO, IL 60611

JOAN GROSS SECRETARY
COMMITTEE ON HOSPITAL ACCREDITATION

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NOVA

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HELP WANTED

PERHAPS THERE IS NOTHING MORE MADDENING OR FRUSTRATING THAN THE DESPERATE NEED FOR QUALIFIED HELP AND NOT BEING ABLE TO FIND IT. THE DICTIONARY HAS DEFINED QUALIFIED AS "FITTED (BY TRAINING OR EXPERIENCE) FOR A GIVEN PURPOSE".

YOUR QUALIFIED HELP IS SOMEWHERE OUT IN YOUR COMMUNITY, FOR THE MOST PART, UNIDENTIFIED. AND, WITH LUCK, YOU CAN HOPE TO FIND THESE PEOPLE.

MY SITUATION IS SLIGHTLY DIFFERENT AS THE AVAILABILITY IS VAST, NUMBERING APPROXIMATELY 300 HIGHLY QUALIFIED INDIVIDUALS. I AM EVEN MORE FORTUNATE THAN YOU AS I KNOW THAT THESE PEOPLE ACTUALLY EXIST. IN FACT, EACH ONE OF THESE PERSONS IS READING THESE WORDS AT THIS VERY MOMENT IN TIME.

THE FIRST ISSUE OF NOVA CONTAINED A STAMPED, SELF-ADDRESSED ENVELOPE ALONG WITH A REQUEST FOR SOME FORM OF RESPONSE. A FEW, (VERY FEW) DID REPLY, AND I APPRECIATED IT. HOWEVER, I WAS NOT LOOKING FOR A THANK-YOU, BUT MEANINGFUL COMMENTS, SUGGESTIONS AND CRITICISM. IN THIS RESPECT, I WAS NOT SO FORTUNATE.

THEN, AT A LATER DATE, A MEMO IN THE FORMAT OF NOVA WAS SENT OUT REQUESTING INFORMATION IN ORDER TO UP-DATE OUR OFFICE FILES. NO POSTAGE-PAID ENVELOPE WAS INCLUDED AND THE RESPONSE WAS OVERWHELMING. I COULD PROBABLY HAVE COUNTED ON ONE HAND THE NUMBER OF THOSE NOT REPLYING. THAT WAS REALLY GRATIFYING.

AND, NOW WE'RE BACK TO "HELP WANTED" AND I'M LOOKING TO YOU ONCE AGAIN FOR GUIDANCE. THIS OFFICE CAN ONLY EFFECTIVELY AND EFFICIENTLY FUNCTION WITH YOUR HELP AND SUGGESTIONS.

CONT'D

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THIRD PARTY COMPLAINTS AND COMMENTS ARE NOT ALWAYS BROUGHT TO THE ATTENTION OF THIS OFFICE AND TIME IS A MAJOR FACTOR. WHAT MIGHT BE EXTREMELY IMPORTANT NOW MAY NOT NECESSARILY BE AS CRITICAL OR PERTINENT IN SIX MONTHS. AND, WHAT IS BROUGHT TO LIGHT AFTER BEING SHELVED FOR SIX MONTHS MAY HAVE BECOME A LARGE ISSUE THAT COULD HAVE EASILY BEEN RESOLVED 180± DAYS PREVIOUSLY.

THEREFORE, WOULD YOU PLEASE TAKE A FEW MINUTES OUT OF YOUR BUSY SCHEDULE, FILL IN THE ENCLOSED QUESTIONNAIRE AND RETURN IT TO ME. I DON'T CARE IF IT IS OR ISN'T SIGNED. THAT ISN'T AN IMPORTANT THING TO ME. WHAT IS IMPORTANT ARE VALID SUGGESTIONS, WHAT CAN BE CHANGED TO IMPROVE THE PROGRAM AND WHAT YOU MIGHT LIKE TO SEE ADDED OR DELETED FROM THE PROGRAM.

IN ADDITION TO THE QUESTIONS ASKED IS ROOM FOR "COMMENTS" AND I SINCERELY HOPE THAT YOU ADD SOME. SIGN IT IF YOU WISH OR ENCLOSE IT IN A "PLAIN BROWN WRAPPER", BUT PLEASE, RETURN IT TO ME. ALL OF THE QUESTIONNAIRES WILL BE READ AND CAREFULLY EVALUATED. THOSE PROBLEM AREAS WHICH EVOKE HEAVY OR CONSIDERABLE RESPONSE WILL BE PASSED ON TO THE COMMITTEE ON HOSPITAL ACCREDITATION FOR CONSIDERATION AS AGENDA ITEMS.

A LETTER FROM THE ACHA WAS SENT TO THE COMMITTEE ON HOSPITAL ACCREDITATION REQUESTING ADDITIONAL CLARIFICATION OF SPECIFIC AREAS. THE ADMINISTRATIVE COMMITTEE OF THE COHA MET ON MAY 25, 1979 AND THE FOLLOWING DETERMINATIONS WERE MADE:-

...THAT THE GOVERNING BOARD BYLAWS NEED NOT STATE THAT THE PROFESSIONAL STAFF SIGN AN AGREEMENT TO ABIDE BY THE BYLAWS, RULES AND REGULATIONS OF THE HOSPITAL AND PROFESSIONAL STAFF.

...THAT THE GOVERNING BOARD BYLAWS NEED NOT STATE THAT THE G.B. HAS THE RESPONSIBILITY FOR PROVIDING A PHYSICAL PLANT EQUIPPED AND STAFFED TO MAINTAIN THE NEEDED FACILITIES AND SERVICES FOR PATIENTS.

...THAT FIRE DOORS MUST BE LABELED AND RATED AND A DESCRIPTION OF EMERGENCY POWER FACILITIES BE SPECIFICALLY STATED IN THE SURVEY REPORT BOOK.

...THAT CRITICALLY ILL IS DEFINED AS "IN A STATE OF CRISIS OR IMPENDING CRISIS".

...THE DIETARY DEPARTMENT MUST BE UNDER THE SUPERVISION OF AN ADA DIETITIAN. (PAGES 2 AND 64, WORD "QUALIFIED" WAS DELETED.)

...THAT THE ACCREDITATION REQUIREMENTS CONTAIN SECTIONS ON INTERNAL MEDICINE AND GENERAL PRACTICE.

DID YOU KNOW

.....THAT A PATHOLOGIST HAS BEEN APPOINTED AS A MEMBER OF THE COMMITTEE ON HOSPITAL ACCREDITATION. REPRESENTATION BY THE PATHOLOGIST WILL AID THE COMMITTEE IN EVALUATING THE AREA OF LABORATORY SERVICE. PARTICIPATION BY A PATHOLOGIST ON THE COMMITTEE WAS CONSIDERED VITAL WITH THE ADDITION OF A PATHOLOGIST TO THE HOSPITAL SURVEY TEAMS. THIS WAS ACCOMPLISHED BY RESOLUTION NUMBER 8.

.....THAT TO THE DATE OF THIS MAILING, 36 HOSPITAL LABORATORIES HAVE BEEN SURVEYED AS PART OF THE FULL HOSPITAL SURVEY, UTILIZING THE NEW STANDARDS THAT WERE ADDED TO OUR REQUIREMENTS EARLIER THIS YEAR. AS WAS ANTICIPATED, HOSPITAL LABORATORIES APPEAR TO BE IN SUBSTANTIAL COMPLIANCE. THE DEFICIENCIES HAVE BEEN SENT IN THE SAME MAILING AS THE OTHER AREAS OF NON-COMPLIANCE AND CORRECTION OF THE LABORATORY DEFICIENCIES ARE TO BE RETURNED TO THIS OFFICE WITHIN 30 DAYS OF RECEIPT OF THE AREAS OF NONCOMPLIANCE BY THE HOSPITAL. THIS LABORATORY PROGRESS REPORT IS TO INCLUDE PLANS FOR CORRECTION AS WELL AS CORRECTIONS THAT HAVE BEEN COMPLETED. HOSPITALS ARE URGED TO SUBMIT A PROGRESS REPORT AFTER A SURVEY BUT REQUIRED TO ADDRESS LABORATORY DEFICIENCIES WITHIN THE 30 DAY PERIOD. THIS DOCUMENT WILL BECOME A PERMANENT PART OF THE HOSPITAL FILE, TO BE SUBMITTED IN DUPLICATE, ELIMINATING ALL IDENTIFICATION, WITH A COVER LETTER ON HOSPITAL STATIONERY.

AS WITH ALL DOCUMENTATION, SUPPORTING DATA IS TO BE INCLUDED. IF, FOR EXAMPLE, A BLOOD BANK REFRIGERATOR HAS BEEN CITED AS BEING DEFECTIVE, DOCUMENTATION SHOULD INCLUDE A COPY OF A PURCHASE ORDER AND/OR SERVICE COMPANY REPAIR ORDER. IT IS NOT ACCEPTABLE TO SUBMIT A STATEMENT, E.G., REPAIRED 7/79 OR ORDERED IN JUNE. SUPPORTIVE DOCUMENTATION SHOULD BE INCLUDED WITH EVERY PROGRESS REPORT, WHETHER FOR THE HOSPITAL AS A WHOLE OR FOR THE LABORATORY. A MEMO, PER SE, SIGNIFIES INTENT AND NOT CORRECTION/DOCUMENTATION.

.....THAT THE BOARD OF TRUSTEES ALSO ADOPTED RESOLUTION NUMBER 9, ALLOWING PHYSICIANS HAVING MULTIPLE STAFF APPOINTMENTS AT AOA ACCREDITED HOSPITALS TO ATTEND A MINIMUM OF 25% ATTENDANCE AT STAFF AND DEPARTMENT MEETINGS AT EACH HOSPITAL WHERE HE/SHE IS A MEMBER OF THE ACTIVE STAFF. THE 75% ATTENDANCE IS STILL MAINTAINED BUT ALLOWS THE PHYSICIAN THE OPPORTUNITY TO RETAIN ACTIVE STAFF MEMBERSHIP AT MORE THAN ONE FACILITY, MEETING THE ATTENDANCE REQUIREMENT. IT IS THE RESPONSIBILITY OF THE PHYSICIAN TO DOCUMENT TO EACH HOSPITAL STAFF HIS ATTAINMENT OF THIS REQUIREMENT.

DID YOU KNOW

.....THAT THE BOARD OF TRUSTEES AT ITS JULY 21-24, 1979 MEETING APPROVED AND ADOPTED NEW STANDARDS FOR INFECTION CONTROL. THESE ARE PRESENTLY BEING PLACED INTO THE STANDARD MANUAL FORMAT AND WILL BE PRESENTED TO THE COMMITTEE ON HOSPITAL ACCREDITATION FOR REVIEW AT THEIR OCTOBER MEETING. AT THE APPROPRIATE TIME THESE NEW STANDARDS WILL BE SENT TO EACH HOSPITAL IN THE FORM OF REVISIONS AND ADDITIONS TO THE PRESENT ACCREDITATION REQUIREMENTS OF THE AMERICAN OSTEOPATHIC ASSOCIATION MANUAL.

THESE NEW STANDARDS WERE PRESENTED BY LEE M. ADLER, D.O. CHAIRMAN, INFECTION CONTROL TASK FORCE, CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE. MEMBERS OF HIS STAFF INCLUDE THE SERVICES OF TWO EPIDEMIOLOGISTS AND A MICROBIOLOGIST. DR. ADLER AND HIS STAFF ARE AVAILABLE FOR GUIDANCE AND CONSULTING SERVICE TO ALL MEMBERS OF THE OSTEOPATHIC PROFESSION.

INFORMATION REGARDING INFECTION CONTROL IN YOUR HOSPITAL MAY BE OBTAINED BY CONTACTING LEE M. ADLER, D.O., (312) 947-4610 OR WRITING TO HIM AT CCOM, 1122 E. 53RD ST., CHICAGO, IL 60615.

.....THAT THE BOARD OF TRUSTEES HAVE ALSO ADOPTED A MANUAL FOR ACCREDITATION OF ALCOHOLISM TREATMENT CENTERS. THIS COMPLETE DOCUMENT WAS PRESENTED TO THE BOARD AND ADOPTED AS RESOLUTION NUMBER 13.

.....THAT THE AMERICAN OSTEOPATHIC ASSOCIATION HAS A FREE 800 NUMBER? THE ASSOCIATION CAN BE REACHED BY DIALING 1-(800) 621-1773. (EXT. 5837 IS HOSPITAL ACCREDITATION.)

.....THAT THE ENTIRE TELEPHONE SYSTEM HAS ALSO BEEN CHANGED. FOR YOUR CONVENIENCE, DIRECT DEPARTMENT DIALING CAN BE A TIME SAVER. (312) 280-5837 IS A LISTING FOR THE OFFICE OF HOSPITAL ACCREDITATION. HOWEVER, IF YOU WANT A PARTICULAR DEPARTMENT AND NOT CERTAIN OF THE NUMBER, JUST CALL THE CENTRAL NUMBER, (312) 280-5800 AND ASK FOR YOUR PARTY.

.....THAT THREE NEW HOSPITALS HAVE BEEN GRANTED PROVISIONAL ACCREDITATION AT THE JULY BOARD OF TRUSTEES. THESE INCLUDE DOCTORS HOSPITAL IN HOUSTON, TEXAS, OAK HILL OSTEOPATHIC HOSPITAL IN JOPLIN, MO. AND OLYMPIA FIELDS OSTEOPATHIC MEDICAL CENTER IN OLYMPIA FIELDS, IL., BRINGING THE TOTAL NUMBER OF HOSPITALS ACCREDITED BY THE AOA TO 150. WE WELCOME THESE NEW HOSPITALS AND CONGRATULATE THEM ON THEIR ACHIEVEMENT.

JOAN GROSS, SECRETARY
COMMITTEE ON HOSPITAL ACCREDITATION

PLEASE RETURN TO:-

N OFFICE OF HOSPITAL ACCREDITATION N
O AMERICAN OSTEOPATHIC ASSOCIATION O
V 212 EAST OHIO STREET V
A CHICAGO, ILLINOIS 60611 A

OFFICE PROCEDURES:

YES

NO

Communications: Telephone

Is your call met with courteousness? _____

Follow-up letter sent if requested? _____

Is clarification satisfactory? _____

If call-back is necessary, within reasonable time? _____

COMMENTS, PLEASE!

Communications: Written (With rare exception, all mail has a one day turnaround)

Is the response satisfactory? _____

Are the replies clear in meaning? _____

Are "official" (Board and COHA) notifications clear in meaning? _____

COMMENTS, PLEASE!

HOSPITAL SURVEY:

Preparation:

YES

NO

Do you periodically conduct a mock survey? _____
Are all pertinent documents available for the
surveyors upon their arrival at the hospital? _____

Surveyors: (Including D.O. Team leader, Administrator, Pathologist)

Were you satisfied with surveyor interpretation? _____
Were surveyors consistent with the Manual? _____
Did the surveyors provide consultation? _____
Were the surveyors supportive? _____

Was the exit interview well attended by the hospital
Board/Staff/personnel? _____
Was there time for discussion? _____
Was the critique beneficial? _____

Were the areas of noncompliance sent from this Office
consistent with the surveyor findings at the time
of the survey? _____

COMMENTS, PLEASE!

MANY THANKS,



NOVA

EVERYTHING YOU WANTED TO KNOW
BUT WERE AFRAID TO ASK.....

HOW DID THIS PIECE OF PAPER COME INTO BEING? THE ORIGINAL CONCEPT WAS TO DEVISE SOME SORT OF NEWSLETTER, GEARED TO DISSEMINATE INFORMATION TO HOSPITAL ADMINISTRATORS FROM THE OFFICE OF HOSPITAL ACCREDITATION.

*Office of
Hospital Accreditation*

*November 1979
Volume II, No. 4*

I WANTED IT TO BE EASILY IDENTIFIABLE SO COLORED PAPER WAS A CONSIDERATION. WHITE SEEMED TO BLEND INTO THE SHUFFLE OF OTHER CORRESPONDENCE. PINK WAS OUT, HARDLY APPLICABLE TO BE SENT TO A 99% MALE POPULATION OF HOSPITAL ADMINISTRATORS AND BESIDES, IT MADE ME THINK OF THE OLD PINK SLIP, OR "WALKING PAPERS", BLUE WASN'T EVEN IN THE RUNNING BECAUSE FOR SOME REASON I THOUGHT OF BILLS AND INVOICES..SO DEPRESSING. SO, MY CHOICE WAS HAPPY SUNSHINE YELLOW. (TALK ABOUT FEMININE LOGIC)

SINCE THE FORMAT WAS TO BE CASUAL EVEN THOUGH INFORMATIVE, I CHOSE THIS ORATOR TYPE THAT EVEN I COULD READ WITHOUT GLASSES, SOMETHING THAT COULD BE READ ON THE RUN, IF NEED BE.

LAST ON THE LIST, AND THEY SEEMED TO GO HAND IN HAND, CAME THE NAME AND A LOGO. MOST HOSPITALS HAVE THEIR OWN PUBLICATIONS USING NAMES LIKE THROB, PULSEBEAT, HEARTLINE, ETC. SOUTH FLORIDA HAD A SUPERIOR HIGHSCHOOL AND UNIVERSITY NAMED NOVA. GENERAL MOTORS SEEMED TO DO WELL WITH A NEW MODEL CAR USING THAT NAME, SO WHY NOT ALSO FITTING FOR A NEWSLETTER?

NOVA = A DERIVATIVE FROM NEO-LATIN, (FEM), MEANING....NEW

INFLATION CONTINUES TO MAKE THE NEWS. IT IS SOMETHING FROM WHICH WE CAN'T SEEM TO ESCAPE. GOLD PRICES HAVE SOARED HIGHER THAN ANYONE HAS EVER IMAGINED AND THE PRICE OF GASOLINE IS OVER \$1.00 IN MOST AREAS. THE PRIME INTEREST RATE HAS ESCALATED BEYOND 13%, PRICES CONTINUE TO SPIRAL IN AN UPWARD CLIMB AND THERE SEEMS TO BE NO END IN SIGHT.

COSTS AT THE OFFICE OF HOSPITAL ACCREDITATION HAVE RISEN DRAMATICALLY, MUCH OF IT DUE TO THE DAY-TO-DAY COSTS OF RUNNING AN OFFICE. PAPER VOLUME HAS ALMOST DOUBLED BECAUSE OF THE NEWLY ADOPTED AND REQUIRED STANDARDS. A PATHOLOGIST HAS BEEN ADDED TO THE SURVEY TEAM. THE ONLY CONSOLATION IS THE FACT THAT THERE WAS NO INCREASE IN OFFICE PERSONNEL. AS LONG AS THE WORK FLOW CONTINUES AT A SATISFACTORY RATE, THAT COST WILL REMAIN CONSTANT.

TAKING ALL OF THE ABOVE INTO CONSIDERATION, A DECISION TO INCREASE APPLICATION FEES WAS REACHED, DETERMINED BY NECESSITY, AND CERTAINLY NOT BY CHOICE. AT THE COMBINED BOARD AND HOUSE FINANCE COMMITTEE, HELD IN FLORIDA DURING THE JULY 1979 BOARD OF TRUSTEES/HOUSE OF DELEGATES MEETING, APPLICATION FEES WERE INCREASED BY \$300.00. THE NEW APPLICATION PACKETS WHICH WILL BE MAILED LATER IN THIS MONTH WILL REFLECT THAT \$1300.00 IS TO BE SUBMITTED FOR EACH HOSPITAL, SATELLITE AND OR SPECIALTY CENTER SEEKING ACCREDITATION.

HERE WE GO AGAIN. WHAT HAS TAKEN UP MOST OF MY TIME SINCE LAST NOVEMBER? LABORATORIES, OF COURSE AND I SUPPOSE THAT FROM HERE ON, THAT AREA WILL CONTINUE TO OCCUPY SPACE IN EACH AND EVERY NOVA. A NUMBER OF ISSUES HAVE ARISEN.

FIRST OF ALL, IF YOU WILL LOOK AT THE LETTER THAT ACCOMPANIES THE AREAS OF NONCOMPLIANCE, YOU WILL NOTE A STATEMENT THAT STATES THAT YOU HAVE THIRTY (30) DAYS TO REPLY TO DEFICIENCIES IN THE LABORATORY. IT CONTINUES TO STATE THAT FAILURE TO RESPOND MAY RESULT IN A DENIAL OF ACCREDITATION. THIS IS A RESPONSIBILITY THAT HAS BEEN PLACED UPON US BY THE GOVERNMENT. JUST AS WE HAVE BEEN GIVEN THE RESPONSIBILITY FOR SURVEYING THE LABORATORIES, SO MUST WE DOCUMENT THE CORRECTION AND/OR PLANS FOR CORRECTIVE ACTION. THE CENTER FOR DISEASE CONTROL IS THE AGENCY THAT WILL BE RESPONSIBLE FOR THE SURVEILLANCE OF THE LABORATORY. THEY HAVE THE RIGHT TO ENTER A LABORATORY WITHIN 30 DAYS ± OF AN AOA SURVEY FOR A MONITOR SURVEY. THIS WILL BE AN UNANNOUNCED VISIT. CDC WILL BE NOTING THE AREAS OF NONCOMPLIANCE AND DETERMINING WHAT PLANS HAD BEEN MADE FOR CORRECTION.

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A SECOND ISSUE IS WITH REGARD TO OTHER AREAS WITHIN THE HOSPITAL THAT INCLUDE LABORATORY PROCEDURES, E.G., NUCLEAR MEDICINE THAT MAY BE A PART OF RADIOLOGY AND BLOOD GASES PERFORMED IN RESPIRATORY THERAPY. THESE TESTS ARE LABORATORY PROCEDURES AND THE WORK AREA AND QUALITY OF THE TESTS PERFORMED ARE THE RESPONSIBILITY OF THE LABORATORY SURVEYOR, NO MATTER WHERE THE WORK SITE IS PHYSICALLY LOCATED.

THE RESPONSE TO THE NOVA QUESTIONNAIRE WAS GREATER THAN I HAD HOPED FOR. I CERTAINLY WANT TO THANK EACH AND EVERY ONE OF YOU THAT TOOK THE TIME TO FILL IT OUT AND RETURN IT TO ME. ONE FANTASTIC SUGGESTION CAME OUT OF IT AND I KNOW THAT EACH ONE OF YOU WILL BE ABLE TO BENEFIT BY IT. I WISH THAT I HAD THOUGHT OF IT, BUT A SPECIAL THANKS TO KEN MALCHOIDI FOR THE IDEA OF THE MEMO THAT WENT OUT WITH THE REVISION PACKS, INDICATING ALL REVISION PAGES SINCE 1976.

I APPRECIATED ALL YOUR COMMENTS. SOME WERE GREAT AND SOME WERE NOT SO GREAT, BUT THAT'S WHAT IT WAS ALL ABOUT. WITHOUT IDENTIFYING CERTAIN AREAS, CORRECTIONS CAN'T BE MADE OR, ONE DOESN'T REALIZE THAT THINGS SHOULD BE CHANGED.

AFTER REVIEWING ALL OF THEM, THEY WERE SENT TO WALTER L. WILSON, D.O., CHAIRMAN OF THE COMMITTEE TO STUDY HOSPITAL ACCREDITATION (AD HOC), FOR REVIEW AT THE NOVEMBER MEETING WHICH WILL TAKE PLACE IN DALLAS. PLEASE CONTACT DR. WILSON AT ANY TIME THAT YOU WISH TO DISCUSS ACCREDITATION PRACTICES OR PROBLEMS STEMING FROM THE OFFICE OF HOSPITAL ACCREDITATION. HIS ADDRESS IS 4146 S. HARVARD, TULSA, OK 74135. HIS COMMITTEE IS CHARGED WITH MONITORING THE ACCREDITATION PROGRAM AND INPUT FROM THE FIELD IS THE ONLY WAY THAT IT CAN EFFECTIVELY IMPROVE THE PROGRAM.

A NUMBER OF THE RESPONSES SURPRISED ME. ONE WAS THE LARGE NUMBER OF HOSPITALS THAT DIDN'T CONDUCT MOCK SURVEYS. ANOTHER WAS THE LACK OF EDUCATIONAL PROGRAMS FOR THE STAFF AND HOSPITAL PERSONNEL OUTLINING THEIR RESPONSIBILITY IN THE SURVEY. IN-SERVICE EDUCATIONAL CLASSES MIGHT INCLUDE EACH DEPARTMENT'S ROLE AS AN INTEGRAL PART OF THE HOSPITAL.

MANY OF YOU EXPRESSED THOUGHTS ABOUT REVISIONS TO THE MANUAL AND SURVEY REPORT BUT DIDN'T SPECIFY ANY PARTICULAR AREAS. THE MANUAL/SURVEY REPORT IS REVISED TWICE A YEAR. HOWEVER, PARTICULAR AREAS SHOULD BE ADDRESSED AND YOUR OPINIONS VOICED. IT IS USUALLY WHEN THERE IS CORRESPONDENCE INTO THIS OFFICE ABOUT SPECIFIC ITEMS THAT THESE BECOME AGENDA ITEMS AT THE NEXT COHA MEETING AND CHANGES ARE MADE.

*****DID YOU KNOW*****

.....THAT ON RESEARCHING SOME DATA I COMPILED A SET OF STATISTICS THAT MIGHT BE OF SOME INTEREST TO YOU.

THERE ARE 150 AOA-ACCREDITED HOSPITALS WITH AN AVERAGE BED SIZE OF 151 BEDS. THIS ACCOUNTS FOR A TOTAL OF APPROXIMATELY 23,000 AVAILABLE BEDS.

HOWEVER, OF THESE,

30% OF THE HOSPITALS ARE UNDER 100 BEDS
45% OF THE HOSPITALS ARE BETWEEN 100 AND 200 BEDS
20% OF THE HOSPITALS ARE BETWEEN 200 AND 300 BEDS
+2% OF THE HOSPITALS ARE BETWEEN 300 AND 400 BEDS
+2% OF THE HOSPITALS ARE BETWEEN 400 AND 500 BEDS

KEEPING THESE STATISTICS IN MIND, IT BECOMES EVEN MORE AND MORE APPARENT THAT WE CONTINUALLY DOCUMENT OUR DISTINCT AND ADDITIONAL SERVICE, THAT OF THE PRACTICE OF THE OSTEOPATHIC PRINCIPLES. OVER-BEDDED AREAS ARE CONSTANTLY BEING REVIEWED AND UNLESS HOSPITALS CAN DOCUMENT THE NEED FOR OSTEOPATHIC FACILITIES, THE RESPONSIBILITY FOR THIS BED LOSS WILL BE OURS AND OURS, ONLY.

.....THAT TIME FLIES WHEN YOU'RE HAVING FUN....THIS IS THE LAST ISSUE BEFORE THE NEW YEAR. A TIME TO WISH YOU A HAPPY TURKEY DAY AND THE VERY BEST FOR THE COMING YEAR. A TIME TO REFLECT ON ALL THOSE RESOLUTIONS THAT YOU MADE WHEN 1979 CAME INTO BEING, LIKE GIVING UP SMOKING, THAT (ROTTEN) DIET, THE ANNUAL PHYSICAL THAT YOU USUALLY HAVE EVERY FIVE YEARS AND, TAKING THAT VACATION TIME THAT YOU'VE BEEN ACCUMULATING.... WELL, MAYBE NEXT YEAR.....

.....THAT ONCE AGAIN, MY VERY SPECIAL THANKS TO THOSE OF YOU THAT HAVE BEEN SO HELPFUL AND VOLUNTEERED YOUR TIME AND EXPERTISE AND PARTICIPATED IN THE ADMINISTRATOR/SURVEYOR PROGRAM.

BEST WISHES FOR A HAPPY, HEALTHY NEW YEAR


JOAN GROSS, SECRETARY
COMMITTEE ON HOSPITAL ACCREDITATION

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