

# NOVA

*Office of  
Hospital Accreditation*

*February 1980  
Volume I, No. 1*

## NOVA ? ? ? WHAT'S THAT ? ? ?

NOVA IS AN INFORMAL NEWSLETTER THAT WAS "BORN" IN MAY, 1978 AND SENT TO ALL OF THE HOSPITAL ADMINISTRATORS OF OSTEOPATHIC HOSPITALS. SOME OF YOU MAY HAVE SEEN IT, HAVING HAD IT PASSED DOWN FROM ADMINISTRATION.

NOVA COVERED VARIOUS AREAS OF THE HOSPITAL, A MEANS OF DISSEMINATING INFORMATION ON A TIMELY BASIS. IT WAS ALWAYS SENT ON THIS EASILY IDENTIFIABLE COLOR PAPER, ORATOR TYPE FOR FAST SCANNING AND WITH THIS LOGO SO AS TO SEPARATE IT FROM OTHER COMMUNICATIONS.

THERE WAS A LOT OF FEED-BACK, WHAT DOES NOVA MEAN? MOST GOT AS FAR AS "NATIONAL OSTEOPATHIC....." AND WONDERED ABOUT THE REST. AND SO, THE NAME.....

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

THE ORIGINAL NOVA WAS SENT ON A REGULAR BASIS, FOUR TIMES A YEAR, BEING SENT IN THE MONTHS OF FEBRUARY, MAY, AUGUST AND NOVEMBER. IT COINCIDED WITH THE CONCLUSION OF THE MEETINGS OF THE BOARD OF TRUSTEES OF THE AMERICAN OSTEOPATHIC ASSOCIATION AND THE COMMITTEE ON HOSPITAL ACCREDITATION.

IT INFORMED ADMINISTRATION OF THE PERTINENT REVISIONS TO THE ACCREDITATION REQUIREMENTS, DECISIONS OF THE BOARD OF TRUSTEES PRIOR TO THE TIME THAT THE "OFFICIAL" NOTIFICATION OR REVISIONS WERE MAILED AND DISCUSSED CHANGES IN PROCEDURES AND REPORTS.

MANY, MANY OF THE PAST ISSUES DEALT WITH THE SUBJECT OF LABORATORY MEDICINE. THIS HAD, OF COURSE, BEEN DIRECTED TO THE OFFICE OF THE ADMINISTRATOR WITH THE HOPES THAT IT WOULD FILTER DOWN (OR UP, AS THE CASE MAY BE) TO THE PATHOLOGIST AND LABORATORY DIRECTOR.

TO MY CHAGRIN I HAVE FOUND THAT NOT ONLY HAS THIS NOT ALWAYS OCCURRED, BUT SPECIFIC INFORMATION REQUIRED FROM THE LAB WAS NOT RE-LAYED TO THE DEPARTMENT, EITHER. AND SO, A NEW NOVA IS BEING BORN IN ADDITION TO THE ONE SENT TO ADMINISTRATION.



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THIS OFFICE IS OPEN FROM 8:30 TO 4:30, CST AND THE PHONE NUMBER IS (312) 280-5837 FOR DIRECT DIALING OR THE TOLL-FREE NUMBER OF (800) 621-1773 AND REQUESTING THE OFFICE OF HOSPITAL ACCREDITATION. PLEASE FEEL FREE TO CONTACT ME AT ANY TIME AND IF I CANNOT PROVIDE YOU WITH THE INFORMATION THAT YOU REQUEST, I WILL DIRECT YOU TO THE PERSON THAT CAN AID YOU.

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TO THOSE OF YOU THAT HAVE NOT HEARD, A LETTER WAS SENT TO ALL OF THE HOSPITAL ADMINISTRATORS REQUESTING COPIES OF PROFICIENCY TEST RESULTS FROM 1979 TO BE SENT TO THIS OFFICE FOR FILING. THIS IS NECESSARY IN ORDER TO COMPLY WITH A STIPULATION MADE BY THE HEALTH CARE FINANCING ADMINISTRATION (HCFA) THAT A "TRACKING SYSTEM" BE INITIATED BY THE AOA. TO THOSE OF YOU WHO HAVE ALREADY SENT THE COPIES, MY THANKS. TO THOSE OF YOU WHO ARE HEARING OF THIS FOR THE FIRST TIME, PLEASE SEND THESE COPIES TO ME AND A COPY OF A LETTER TO YOUR TESTING SERVICE(S) REQUESTING THAT DUPLICATE COPIES OF ALL FUTURE PROFICIENCY TEST BE FORWARDED DIRECTLY TO ME, JOAN GROSS, OFFICE OF HOSPITAL ACCREDITATION, AT THE AOA, 212 EAST OHIO STREET, CHICAGO, IL 60611.

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MOST OF THE TOPICS OF PREVIOUS ISSUES OF NOVA HAVE DEALT WITH THE SUBJECT OF DOCUMENTATION. THIS PROBABLY ARISES FROM THE SAYING "NOT DOCUMENTED, NOT DONE". THE PROBLEM ARISES NOT ONLY IN THE FULL HOSPITAL SURVEY, BUT THE LABORATORY AS WELL. I CAN'T BEGIN TO TELL YOU THE TIMES THAT SURVEY (LABORATORY) REPORTS HAVE COME BACK AND COMMENTS IN THE MARGIN READ, "BEING DONE BUT NOT DOCUMENTED".

PROBABLY AT LEAST HALF OF THE QUESTIONS IN THE SURVEY BOOK RELATE TO THOSE OF DOCUMENTATION. IN THIS FIRST NEWSLETTER, I WOULD LIKE TO PASS ON SOME GUIDELINES THAT I HAVE SEEN IN A REPORT FROM HEW AND PERHAPS ELIMINATE YOUR RE-INVENTING THE WHEEL. IT'S A RATHER INFORMATIVE REPORT AND IT'S SUGGESTIONS WORTH REVIEWING. PLEASE UNDERSTAND, THESE ARE SUGGESTIONS AND NOT TO BE CONFUSED WITH REGULATION. THE DOCUMENTATION HAS TO BE DONE BUT THE MANNER IN WHICH IT IS ACCOMPLISHED IS YOURS.

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A STATEMENT IN THE ACCREDITATION REQUIREMENTS AND ASKED IN THE SURVEY REPORT READS, "THERE IS DOCUMENTATION OF PREVENTATIVE MAINTENANCE, PERIODIC INSPECTION AND TESTING FOR PROPER OPERATION OF EQUIPMENT AND INSTRUMENTS; VALIDATION OF METHODS, (ACCURACY, LINEAR RANGE, COMPARISON WITH OTHER METHODS AND NORMAL RANGES); SURVEILLANCE OR RESULTS; EVALUATION OF REAGENTS AND VOLUMETRIC EQUIPMENT AND REMEDIAL ACTION TAKEN IN RESPONSE TO DETECTED DEFECTS".

AT FIRST GLANCE THIS IS ONE QUESTION/STATEMENT AND YET, IT COVERS DOCUMENTING APPROXIMATELY EIGHT DIFFERENT FUNCTIONS. AS FAR AS PREVENTATIVE MAINTENANCE IS CONCERNED, THIS PROGRAM MUST BE ESTABLISHED TO ENSURE THE PROPER OPERATION OF EQUIPMENT AND INSTRUMENTS.



THIS PROGRAM IS TO INCLUDE A PLANNED WRITTEN SCHEDULE OF SERVICING AS RECOMMENDED BY THE MANUFACTURER OR ESTABLISHED BY THE LABORATORY DIRECTOR. IT SHOULD CONTAIN SPECIFIC INSTRUCTIONS FOR VERIFYING THE FUNCTIONAL ACTIVITY OF EQUIPMENT AND INSTRUMENTS AT APPROPRIATE TIME INTERVALS AND THE RECORD SHOULD REFLECT THAT THIS IS DONE. THIS RECORD SHOULD NOTE DEFECTIVE EQUIPMENT AND THE REMEDIAL ACTION THAT WILL BE TAKEN.

A COMPREHENSIVE LOG MIGHT RESEMBLE THE FOLLOWING:

	I.D.	PREV.	MAIN.	REPAIR/REPLACEMENT	VALIDATION	CALIBRAT.		
		FREQ.	REC.	RECORDED	FREQ.	REC.	FREQ.	REC.
CENTRIFUGES:								
HEMAT. #123								
HEMAT. #234								

THIS LOG WOULD SERVE AS AN INVENTORY FOR YOUR EQUIPMENT, IDENTIFY IF THE SERVICE WAS PREVENTATIVE OR CORRECTIVE, ESTABLISH THE TIME INTERVAL, E.G. DAILY, WEEKLY, ETC. AND NOTE THE TECHNIQUE OR DEVICE USED FOR MONITORING THE FUNCTION.

INCLUDED IN THIS MANUAL SHOULD BE A LIST OF EACH PIECE OF EQUIPMENT WITH THE DATE IT WAS PURCHASED OR INSTALLED, SERIAL NUMBER, DATES OF SERVICE, TYPE OF SERVICE (PREVENTATIVE OR CORRECTIVE) I.D. OF PERSON PERFORMING THE SERVICE AND THE NAME AND NUMBER OF PERSON TO CALL FOR REPAIRS/SERVICE.

ANOTHER STATEMENT IS...VALIDATION OF METHODS. A QUANTITATIVE PROCEDURE SHOULD BE CHECKED FOR ACCURACY, PRECISION, SPECIFICITY, SENSITIVITY, AND RANGE OF LINEARITY BEFORE IT IS ACCEPTED FOR ROUTINE USE. THE VALIDATION OF EACH PROCEDURE IS PERFORMED TO DEFINE 1) THE REQUIREMENTS FOR PRIMARY CALIBRATION, 2) THE OPERATING PARAMETERS, 3) THE VARIOUS REQUIREMENTS FOR CALIBRATION DURING EACH ANALYTICAL RUN, 4) ANY CALIBRATION VERIFICATION THAT IS USED IN LIEU OF A CALIBRATION AND 5) BENCH CONTROL PROCESSES DESIGNED TO ALERT THE ANALYST WHEN TO A) ACCEPT, B) TERMINATE OR C) REJECT RESULTS OF AN ANALYTICAL RUN.

WHEN COMPARING PROCEDURES PRIMARY CALIBRATION SHOULD INCLUDE AT LEAST A ZERO POINT AND FIVE LEVELS OF CALIBRATORS WHICH SPAN THE ANALYTICAL RANGE. THE PRIMARY CALIBRATION IS PERFORMED AT LEAST THREE TIMES. CRITERIA ARE ESTABLISHED TO ASSURE THAT THE RESULTS OF EACH ANALYTICAL RUN WILL CONFORM TO LEVELS OF ACCEPTABLE ACCURACY AND PRECISION PREVIOUSLY DETERMINED. THE RANGE OF NORMAL VALUES AND SENSITIVITY TO ABNORMAL VALUES MUST BE ESTABLISHED. WRITTEN RECORDS ARE MAINTAINED OF THE VALIDATION OF EACH PROCEDURE AND ARE RETAINED FOR SO LONG AS THAT PROCEDURE IS IN USE.

WITH REGARD TO THE QUALITATIVE PROCEDURE, BEFORE IT IS APPROVED FOR ROUTINE USE, IT SHOULD BE VALIDATED FOR SPECIFICITY AND SENSITIVITY. THE LABORATORY DETERMINES MINIMUM CONCENTRATION OF THE MEASURED COMPONENT (ANALYTE) REQUIRED TO GIVE A POSITIVE RESULT AND CONCENTRATION RANGE FOR EACH GRADED QUALITATIVE RESULT. THE



LABORATORY MUST ACQUIRE SUFFICIENT INFORMATION REGARDING SPECIFICITY OF EACH PROCEDURE TO ASSURE THAT THE TEST RESULTS ARE A VALID DETERMINATION OF THE PRESENCE OF THE ANALYTE FOR WHICH THE PROCEDURE IS INTENDED TO MEASURE.

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YOU'VE HEARD THE EXPRESSION, "THE TIP OF THE ICEBERG", AND AS FAR AS THE AMOUNT OF DOCUMENTATION THAT IS NOW REQUIRED BY HEW, YOU HAVE JUST SEEN THE VERY BEGINNING. IT IS CERTAINLY A DISCIPLINE THAT IS TO BE INITIATED, RADIATING PAIN FAR SOUTH OF THE CERVICAL SPINE, BUT A NECESSARY EVIL IN THE AREA OF PATHOLOGY AND LABORATORY MEDICINE.

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YOU ARE ALL PROBABLY AWARE THAT THE CENTER FOR DISEASE CONTROL IS THE MONITOR FOR THE LABORATORIES BY AGREEMENT WITH HEW. A CDC VISIT IS AN UNANNOUNCED VISIT AND THEY MAY EVEN BRING SAMPLES OF SPECIMENS TO BE TESTED FOR ON-SITE PROFICIENCY TESTING. IT WOULD BE GREATLY APPRECIATED IF YOU WOULD NOTIFY THIS OFFICE IF YOU ARE SUBJECT TO A CDC INSPECTION. THE PROJECTION BY THAT AGENCY IS TO REVIEW APPROXIMATELY 10% OF THE HOSPITALS PER YEAR AND AS I DON'T RECEIVE A COPY OF THEIR REPORT, I HAVE NO WAY OF KNOWING THE NUMBER OF SURVEYS THAT THEY PERFORM. THEY ARE NOT PRIVILEGED TO REQUEST DOCUMENTATION OF PREVIOUS SURVEYS FROM THIS OFFICE AND CAN NOT REQUEST IT FROM YOU.

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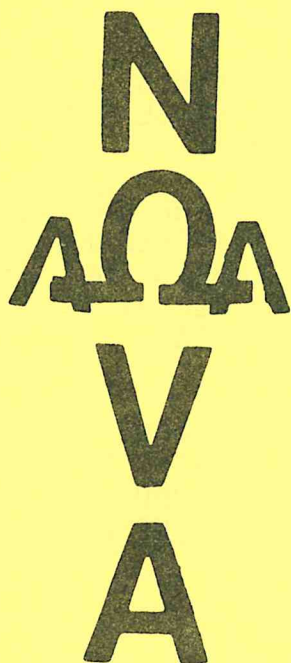
\*\*\*\*\*DID YOU KNOW\*\*\*\*\*

- ....THAT AS OF NOVEMBER, 1979, 44 HOSPITAL LABORATORIES HAD BEEN SURVEYED. THERE WERE 22 PATHOLOGIST/SURVEYORS OF THE AACP AND, OF THESE, FIVE PATHOLOGISTS PERFORMED 46% OF THE SURVEYS.
- ....THAT I WOULD LIKE TO EXPRESS MY SINCEREST THANKS TO THE MEMBERS OF THE AMERICAN OSTEOPATHIC COLLEGE OF PATHOLOGY WHO HAVE GIVEN SO WILLINGLY OF THEIR EXPERTISE AND TIME TO MAKE THIS PROGRAM THE SUCCESS THAT IT HAS BEEN.
- ....THAT THE PURPOSE OF NOVA IS NOT TO INFLICT PAIN AND GRIEF BUT TO POSSIBLY AID YOU IN IDENTIFYING THE MAJOR AREAS OF CONCERN OR PREPARE YOU FOR A SURVEY. I WOULD APPRECIATE ANY COMMENTS THAT YOU MIGHT HAVE WITH THE CONTENTS OF THIS NEWSLETTER, AS SUBJECTS THAT YOU MIGHT LIKE TO SEE COVERED, CRITICISM, ETC., AND IN GENERAL, IS IT WORTHWHILE TO CONTINUE?

SINCERELY,

JOAN GROSS, SECRETARY  
COMMITTEE ON HOSPITAL ACCREDITATION





*Office of  
Hospital Accreditation*

*February 1980  
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FEBRUARY FEBRUARY FEBRUARY FEBRUARY

FEBRUARY.....WHICH IN BEAUTIFUL DOWNTOWN CHICAGO CAN MEAN ONLY ONE THING... ANOTHER WINTER. FEBRUARY ALSO HAS ANOTHER MEANING.....THE BOARD OF TRUSTEES OF THE AMERICAN OSTEOPATHIC ASSOCIATION HAS CONVENED AND NEW RESOLUTIONS WERE PRESENTED FOR ADOPTION.

A NUMBER OF RESOLUTIONS WERE ACTED UPON BY THE BOARD OF TRUSTEES THAT WERE DIRECTLY RELATED TO HOSPITAL ACCREDITATION. YOU WILL BE RECEIVING THESE IN THE FORM OF REVISIONS TO THE MANUAL, JUST AS SOON AS IT IS POSSIBLE. HOWEVER, I WOULD LIKE TO PASS THEM ON TO YOU AT THIS TIME, ALSO.

THERE WERE TWO CHANGES IN THE LABORATORY STANDARDS. THE FIRST WAS WITH REGARD TO DEFINING "ACCEPTABLE" REGISTERED OR LICENSED LABORATORY PERSONNEL. BASICALLY, THIS WAS AN EDITORIAL CHANGE, ELIMINATING NAMING ANY SPECIFIC CERTIFYING BODY. IT WILL NOT REQUIRE ANY CHANGE IN HOSPITAL POLICY.

THE SECOND CHANGE WAS MORE SIGNIFICANT. ALTHOUGH IT WAS IN THE AREA OF LABORATORY STANDARDS, IT MAY POSSIBLY REQUIRE A CHANGE IN THE MEDICAL STAFF BYLAWS. THE ORIGINAL STANDARD WAS THAT THE MEDICAL STAFF ESTABLISH REQUIRED ROUTINE ADMISSION LABORATORY EXAMINATIONS. THIS REQUIREMENT HAS BEEN ELIMINATED FROM THE ACCREDITATION REQUIREMENTS OF THE AOA. ACCORDING TO A MEMO FROM DR. HELEN SMITS, DIRECTOR OF THE HEALTH CARE FINANCING ADMINISTRATION, (HEW), THIS STANDARD IS NOW IN THE PROCESS OF BEING DELETED FROM THE CONDITIONS OF PARTICIPATION FOR HOSPITALS AND IS NO LONGER BEING ENFORCED BY GOVERNMENT AGENCIES.

A CHANGE IN THE DIETARY DEPARTMENT DOES NOT REQUIRE THAT THE DEPARTMENT BE DIRECTED BY AN ADA DIETITIAN. NEW STANDARDS NOW STATE THAT THE DIRECTOR BE A QUALIFIED DIETITIAN. "QUALIFIED" IS DEFINED AS "BY FORMAL TRAINING".



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ANOTHER CHANGE IN THE ACCREDITATION REQUIREMENTS OF THE AOA IS IN THE AREA OF MEDICAL RECORDS, CONCERNING HOUSE STAFF MEMBERS PERFORMING HISTORY AND PHYSICAL EXAMINATIONS.

HOUSE STAFF MEMBERS PERFORMING H & P'S THAT ARE WRITTEN ARE TO SIGN THEM AND HAVE THESE REPORTS COUNTERSIGNED BY THE ATTENDING PHYSICIAN. HOWEVER, HOUSE STAFF MEMBERS THAT DICTATE H & P'S ARE TO IDENTIFY THEMSELVES IN THIS REPORT AND THE REPORT IS TO BE SIGNED BY THE ATTENDING PHYSICIAN.

AND FINALLY, IN A MEMO ARISING FROM THE NOVEMBER, 1979 MEETING OF THE BOARD OF TRUSTEES OF THE AOA, ALL MEMBERS OF THE AOA THAT TRAVEL ON OFFICIAL BUSINESS SHALL BE REIMBURSED FOR COACH AIRLINE FARES. THIS INCLUDES ADMINISTRATOR/SURVEYORS AS WELL AS OTHER SURVEYOR AND COMMITTEE MEMBERS.

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TIME REALLY FLIES. IN LESS THAN TWO MONTHS IT WILL BE TIME FOR ANOTHER COMMITTEE ON HOSPITAL ACCREDITATION MEETING. EVERY HOSPITAL SURVEYED BETWEEN SEPTEMBER 24, 1979 AND MARCH 14, 1980 WILL BE REVIEWED BY THE COMMITTEE AT IT'S APRIL MEETING.

PROGRESS REPORTS WILL BE ACCEPTED UNTIL MARCH 21, 1980. HAVE YOU MAILED IN YOURS OR ARE YOU IN THE PROCESS OF COMPILING ONE? THIS MAY BE REDUNDANT, BUT THE COHA REGARDS THESE REPORTS WITH MUCH INTEREST. I URGE YOU TO SUBMIT COMPREHENSIVE DOCUMENTATION. A MEMO OR DIRECTIVE SOUNDS VERY OFFICIAL BUT ONLY SIGNIFIES INTENT. TRUE DOCUMENTATION IS EVIDENCE OF CHANGE. FOR EXAMPLE, IF THE DEFICIENCY WAS IN THE AREA OF BYLAWS, SUBMIT THE SIGNED REVISION TO THE BYLAWS. IF IT WAS IN THE AREA OF POOR MINUTES THAT DOCUMENT COMMITTEE FUNCTION, SEND IN COPIES OF THE MINUTES. UNFORTUNATELY, IT'S A CASE OF, "NOT DOCUMENTED, NOT DONE".

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WHEN YOUR LABORATORY IS SURVEYED.....THE PATHOLOGIST WILL ENTER A RECOMMENDATION AS TO WHETHER HE/SHE CONSIDERS THE LABORATORY TO BE "IN SUBSTANTIAL COMPLIANCE". THIS IS AN INITIAL IMPRESSION, TO BE USED AS A GUIDELINE BY THE COMMITTEE ON HOSPITAL ACCREDITATION AT ITS MEETING, AS NO SURVEYOR MAY ASSUME ANY OF THE PREROGATIVES OF THE COMMITTEE.

AREAS OF NONCOMPLIANCE THAT HAVE BEEN CORRECTED CAN REVERSE AN UNFAVORABLE IMPRESSION. IT IS YOUR RESPONSE, DOCUMENTING THESE CORRECTIONS THAT ARE SENT HERE 30 DAYS FOLLOWING THE SURVEY, AND ANY SUBSEQUENT PROGRESS REPORTS THAT INFLUENCE THE COMMITTEE DECISION.



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HAVE YOU EVER WONDERED WHAT THE DISTRIBUTION OF NOVA MIGHT BE? AT THE PRESENT TIME, IT IS INDIVIDUALLY MAILED TO THE ADMINISTRATOR OF EVERY HOSPITAL ACCREDITED BY THE AMERICAN OSTEOPATHIC ASSOCIATION, ADMINISTRATORS OF EVERY HOSPITAL WHO HAVE, AT ONE TIME OR ANOTHER, EXPRESSED INTEREST IN THE ACCREDITATION PROGRAM OF THE AOA, BATCH MAILED (125 COPIES) AND DISTRIBUTED BY THE ACADEMY OF OSTEOPATHIC DIRECTORS OF MEDICAL EDUCATION, PLUS AN ADDITIONAL 25-50 ISSUES DISSEMINATED TO VARIOUS OTHER INDIVIDUALS WITH AN EXPRESSED INTEREST IN THE HEALTH-CARE INDUSTRY.

THE IMPORTANT THING OF COURSE, IS NOT THE VOLUME OF PEOPLE THAT RECEIVE IT, BUT THE NUMBER OF INDIVIDUALS THAT READ IT. HOPEFULLY, THE PERSON TO WHOM IT IS SENT, READS IT, BUT DOES HE/SHE PASS ALONG THE ITEMS OF INTEREST TO, AS IN THIS ISSUE, THE LABORATORY DIRECTOR, THE DIETITIAN OR MEDICAL RECORDS LIBRARIAN?

THAT PROMPTS ME TO ASK YOU, DEAR HOSPITAL ADMINISTRATOR, WAS IT YOUR MEDICAL RECORDS LIBRARIAN OR ASSISTANT ADMINISTRATOR THAT CALLED THIS OFFICE FOR CLARIFICATION OF AN ITEM AND, IN THE COURSE OF CONVERSATION FOUND OUT THAT HE COULD HAVE CALLED ON A TOLL-FREE NUMBER? 1-(800) 621-1773.....THE ASSOCIATION, OFFICE OF HOSPITAL ACCREDITATION IS DEDICATED TO HELPING YOU. WHY DON'T YOU ALLOW US TO PROVIDE THAT SERVICE?

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HOW MANY ACCREDITATION REQUIREMENTS OF THE AMERICAN OSTEOPATHIC ASSOCIATION MANUALS DO YOU HAVE IN YOUR HOSPITAL? WHEN REVISION PAGES ARE SENT, ONE SET IS SENT TO EACH HOSPITAL ON THE MAILING LIST. IF YOU WOULD CHECK ON THE NUMBER OF MANUALS IN YOUR FACILITY AND LET ME KNOW, EITHER THE NEXT TIME THAT YOU CALL OR BY MAIL, I WILL BE ABLE TO KEEP A RECORD OF THIS AND SEND YOU A SUFFICIENT NUMBER OF REVISION SETS AT EACH NEW MAILING. ORDERS FOR MANUALS ARE ROUTED TO THE ORDER DEPARTMENT AND NOT SENT BY THIS OFFICE. I REALIZE THAT IT IS TIME-CONSUMING FOR YOU TO REQUEST THESE REVISION SETS EVERY SIX MONTHS AND POSSIBLY THIS WOULD BE ONE WAY TO ELIMINATE THIS INCONVENIENCE.

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REQUESTS FOR ADDITIONAL ACCREDITATION REQUIREMENTS OF THE AOA MANUALS MAY BE MADE DIRECTLY BY CALLING THE AOA AND ASKING FOR THE ORDER DEPARTMENT, EXT. 5861. WRITTEN REQUESTS SHOULD ALSO BE DIRECTED TO THEM REGARDING ADDITIONAL PURCHASES OF MANUALS OR SURVEYOR WORKBOOKS. THE ORDERS ARE FILLED PROMPTLY AND THE BILLING ARRANGED AND RECEIVED BY THEM.



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

- .....THAT 25 OF 50 STATES IN THE USA HAVE HOSPITALS THAT ARE ACCREDITED BY THE AMERICAN OSTEOPATHIC ASSOCIATION? HOW LONG WILL IT BE BEFORE WE HAVE REPRESENTATION IN ALL 50? ( TO TRY AND EVEN THINGS OUT, ALL ALASKA HOSPITALS WILL ONLY BE SURVEYED IN THE WINTER MONTHS AND HAWAII IN THE SUMMER/MONSOON SEASON.....)
- .....THAT THE ADMINISTRATOR/OBSERVER/SURVEYOR PROGRAM IS STILL IN EXISTENCE. IF YOU ARE INTERESTED IN EMBARKING ON THIS NEW, EXCITING (AND VOLUNTARY) CAREER, PLEASE CONTACT ME FOR FURTHER DETAILS. WHERE ELSE CAN YOU ATTEND A "SEMINAR" FOR AN ENTIRE WEEK, ON A ONE-TO-ONE BASIS, PAYING ONLY FOR PERSONAL EXPENSES WITH NO TUITION FEES? THOSE GREENER PASTURES ARE IN YOUR OWN BACK YARD. DON'T OVERLOOK THEM.
- .....THAT THERE IS PROBABLY NO LARGER GROUP OF CREATIVE AND INNOVATIVE INDIVIDUALS THAN THE FRATERNITY OF HOSPITAL ADMINISTRATORS. THEY ARE ASTUTE, ARTICULATE AND INGENIOUS, PARTICULARLY WHEN TRYING TO POSTPONE THAT LONG AWAITED SCHEDULED LEARNING EXPERIENCE, OTHERWISE KNOWN AS THE HOSPITAL SURVEY.
- EXCUSES HAVE RANGED FROM VACATION, ILLNESS, NEW TRAINING PROGRAMS, DEATH, NEW ADMINISTRATORS, OLD BUILDING, MOVING, EXPANSION PROGRAMS AND PREGNANCY (?), TO MENTION A FEW.
- ALTHOUGH I SINCERELY APPRECIATE YOUR DISTRESS, DIRECTLY CONNECTED WITH YOUR REQUEST ARE THE COSTS OF THREE OTHER HOSPITALS AND THE PRIOR SCHEDULING OF AS MANY AS EIGHT SURVEYORS. GEOGRAPHIC DISTRIBUTION OF INDIVIDUAL SURVEYORS AND FACILITIES ARE TAKEN INTO CONSIDERATION AT THE TIME OF SCHEDULE PLANNING. IT IS A LONG AND ARDUOUS PROCESS THAT REFLECTS CAREFUL PLANNING, BELIEVE IT OR NOT.....
- .....THAT DELTA AIR LINES HAS A FREE PRIVATE LOUNGE. IT IS AVAILABLE TO DELTA TICKET HOLDERS, ONLY ON THE DAY(S) OF TRAVEL. THERE IS NO CHARGE FOR THIS "MEMBERSHIP" AND A COMPLETE BAR IS AVAILABLE WITH NO CHARGE OF ANY KIND. IT MAY SEEM HARD TO BELIEVE, BUT IT'S TRUE. REQUIREMENT IS THAT A "RESERVATION" BE MADE IN ADVANCE WITH THE DELTA MARKETING DEPARTMENT, REQUESTING ACCOMODATION IN THE CROWN ROOM, GIVING YOUR NAME AND FLIGHT NUMBER. IT IS SIMILAR TO EVERY OTHER AIRLINE LOUNGE WITH THE EXCEPTION OF THAT OLD COMMODITY, \$\$\$\$

*Best wishes -*  
JOAN GROSS, SECRETARY  
COMMITTEE ON HOSPITAL ACCREDITATION

February 1980  
Volume III, No. 1



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FEBRUARY 1980

MEMORANDUM

To: CHIEF EXECUTIVE OFFICERS,  
OSTEOPATHIC HOSPITALS

From: JOAN GROSS, SECRETARY  
COMMITTEE ON HOSPITAL ACCREDITATION

SUBJECT: DOCUMENTATION

SHERLOCK HOLMES NEVER TOOK THE BUTLER'S WORD AS VERBATIM WHEN HE SAID HE "DIDN'T DO IT". THE COMMITTEE ON HOSPITAL ACCREDITATION WOULD LIKE TRUE DOCUMENTATION THAT YOU DID.

IF YOUR PROGRESS REPORTS RESEMBLE THE FOLLOWING, I URGE YOU TO RE-SUBMIT A FOLLOW-UP REPORT.

PROFESSIONAL STAFF:

EXECUTIVE COMMITTEE-THIS FUNCTION WAS NOT DOCUMENTED (23.3)  
CORRECTION- NOW BEING DONE

UTILIZATION OF OSTEOPATHIC METHODS AND CONCEPTS COMMITTEE- BY-LAWS DID NOT PROVIDE FOR THE FUNCTION OF THIS COMMITTEE (29A.11)  
CORRECTION- PROFESSIONAL STAFF BYLAWS HAVE BEEN REVISED

PHARMACY AND THERAPEUTICS COMMITTEE- THERE WAS NO RECOMMENDATION OF DRUGS TO BE STOCKED ON NURSING FLOORS (28.13) MEETINGS WERE NOT HELD ATLEAST FOUR TIMES A YEAR (28.26)  
CORRECTION- A LIST OF RECOMMENDED DRUGS HAS BEEN SUPPLIED TO THE NURSING FLOOR. MEETINGS WILL BE HELD AS REQUIRED

IF YOU WERE A MEMBER OF THE COHA, RESPONSIBLE FOR DETERMINING THE ACCREDITATION STATUS OF A HOSPITAL, HOW MUCH CREDIBILITY WOULD YOU ALLOW THE ABOVE? WOULDN'T YOU WANT TO SEE, E.G., MEETING MINUTES, A SIGNED COPY OF THE AMENDED BYLAWS, THE LIST OF PHARMECEUTICALS SENT TO THE FLOOR, SIGNED, AND A SET OF MINUTES, DOCUMENTING THE MEETING DATES?







# NOVA

*Office of  
Hospital Accreditation*

??WHO READS NOVA??

SHARING ISN'T THE WORST THING IN THE WORLD. WE TRY TO INSTILL THIS IN OUR CHILDREN BUT SOMETIMES WE ARE GUILTY OF NOT DOING WHAT WE TEACH. BELIEVE IT OR NOT, SOME PEOPLE HAVE EVEN GOTTEN A SENSE OF SATISFACTION FROM SHARING, KNOWING THAT THEY MAY HAVE GIVEN SOMETHING TO SOMEONE ELSE THAT THEY COULDN'T HAVE GOTTEN OTHERWISE.

*May 1980  
Volume III, No. 2*

DO YOU SHARE NOVA? NOVA, ALTHOUGH ORIGINALLY SENT ONLY TO HOSPITAL ADMINISTRATORS, CONTAINED BITS AND PIECES OF INFORMATION THAT APPLIED TO VARIOUS AREAS OF THE HOSPITAL. EACH FACILITY IS A TOTAL UNIT, ENCOMPASSING MANY DIFFERENT SERVICES AND DEPARTMENTS. EACH ONE IS DEPENDENT UPON THE OTHER FOR SMOOTH AND EFFICIENT OPERATION, NOT SEPARATE ENTITIES, BUT A PORTION OF A WHOLE.

THE LABORATORY IS A PART OF THAT WHOLE AND MORE THAN ANY OTHER SERVICE/DEPARTMENT, HAS COME INTO THE LIMELIGHT LATELY. MANY OF THE PREVIOUS ISSUES HAVE BEEN DEVOTED TO NEW DEVELOPMENTS IN REGARD TO REGULATION AND LABORATORY MEDICINE. HAVE YOU "SHARED" ALL THE INFORMATION IN NOVA WITH YOUR PATHOLOGIST/LABORATORY DIRECTOR?

BY THAT SAME LINE OF REASONING, DOES YOUR PATHOLOGIST/LABORATORY MANAGER SHARE WITH YOU? DID YOU KNOW THAT AS OF FEBRUARY, 1980, A SECOND ISSUE CAME INTO EXISTENCE? THIS NEWEST (ADDITIONAL) NOVA IS THE SAME FORMAT, COLOR, TYPE, ETC., AS THIS ONE THAT YOU ARE NOW READING, BUT IT IS DEVOTED STRICTLY TO THE LABORATORY, OFFERING SUGGESTIONS, CLARIFICATIONS AND, WITH A LITTLE LUCK, WILL HELP ELIMINATE SOME OF THE MOUNTING CONFUSION. THIS NEW NOVA WILL NOT BE A PART OF YOUR NOVA, BUT COMPLETELY DIFFERENT. WHY DON'T YOU ASK SOMEONE IN THE LAB TO SHARE IT WITH YOU?



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SLOWLY, THINGS ARE RETURNING TO THE NORMAL PACE. APRIL 11, 1980 WAS THE LAST DAY OF THE SPRING COMMITTEE ON HOSPITAL ACCREDITATION MEETING. IT WAS THE USUAL LONG TWO AND A HALF DAYS. WEEKS AND WEEKS OF PREPARATION AND ALL OF A SUDDEN, IT'S OVER.

FORTY HOSPITALS WERE REVIEWED BY THE COMMITTEE, NOT A RECORD, BUT STILL A HEALTHY NUMBER. THE WEEK-END LEFT A COUPLE OF DAYS TO TAKE A DEEP BREATH AND BY THE TIME MONDAY MORNING ROLLED AROUND, EVERYONE WAS KNEE DEEP IN CORRESPONDENCE AND FILES. BY TUESDAY AFTERNOON, ALL THE NOTIFICATION LETTERS WERE IN THE MAIL TO THOSE HOSPITAL ADMINISTRATORS WHOSE HOSPITALS WERE SURVEYED AND REVIEWED BY THE COMMITTEE IN APRIL.

NOW THAT THE PUSH IS OVER, A DIFFERENT SET OF PRIORITIES WILL TAKE PLACE. AT THIS POINT IN TIME, THE "THING" IS GETTING THE NEW FALL 1980 SURVEY SCHEDULE LINED UP. OF COURSE, IT TAKES A LITTLE LONGER, THESE DAYS AS IN ADDITION TO ARRANGING FOR THE HOSPITAL, THE D.O. TEAM CAPTAIN, ADMINISTRATOR AND SOME ADMINISTRATOR-OBSERVERS, THE PATHOLOGISTS HAVE TO BE CONTACTED, TOO.

THERE IS ALWAYS A NEED FOR SURVEYORS AND IF YOU ARE INTERESTED IN PARTICIPATING IN THIS PROGRAM, PLEASE DON'T HESITATE TO GET IN TOUCH WITH ME.

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THE ACCREDITATION PROGRAM CONTINUES TO GROW AND THIS IS ALWAYS GRATIFYING. AS OF THE JULY 1980 BOARD OF TRUSTEES MEETING OF THE AOA, THE TOTAL NUMBER OF FACILITIES WILL BE 153. THAT'S A GOODLY NUMBER AND STILL GROWING. THERE'S AN OUTSIDE CHANCE OF ADDING ANOTHER FIVE BY JANUARY, 1981, SO WE'LL SEE WHAT THE NEW YEAR BRINGS.

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YOU WIN SOME AND YOU LOSE SOME. PROBABLY MOST OF YOU ARE AWARE OF THE FACT THAT G. ERLE MOORE, D.O. IS RETIRING FROM HIS PRESENT POSITION AS ONE OF THE TEAM CAPTAIN SURVEYORS. WE WILL ALL MISS HIM VERY MUCH ALTHOUGH HE HAS ASSURED US THAT HE WILL CONTINUE TO LEND A HELPING HAND, SHOULD THE OCCASION ARISE. HE HAS CONTRIBUTED MUCH TO THE OSTEOPATHIC PROFESSION AND TO THE OFFICE OF HOSPITAL ACCREDITATION. GOOD LUCK, ERLE.

AND, WE WELCOME BOYD B. BUTTON, D.O. TO THE RANKS OF HOSPITAL TEAM CAPTAIN. TO HIM, WE ALSO WISH GOOD LUCK AND BEST WISHES IN HIS NEW PROFESSION. MAINE MAY HAVE LOST ONE SURVEYOR TO FLORIDA BUT THEY MADE CERTAIN THAT THEY HAD A REPLACEMENT.



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I SUPPOSE THAT BY THIS TIME, EVERYONE IS AWARE OF THE FACT THAT THE AMERICAN OSTEOPATHIC ASSOCIATION HAS OFFICIALLY RECEIVED DEEMED STATUS. IT WAS SIGNED INTO LAW BY (HEW) MS. PATRICIA ROBERTS HARRIS ON MARCH 24, 1980 AND PUBLISHED IN THE FEDERAL REGISTER ON MARCH 31, 1980. THE SECRETARY HAS UNOFFICIALLY ACKNOWLEDGED ALL SURVEYS PERFORMED BY THE AOA, AWAITING THE FINAL SIGNING.

AND, SPEAKING OF THE SECRETARY OF HEALTH, EDUCATION AND WELFARE, THE AMERICAN OSTEOPATHIC ASSOCIATION IS FORMALLY REQUESTING THAT THE ASSOCIATION HAVE THE STATUS TO PERFORM INSTITUTIONAL PLANNING AND UTILIZATION REVIEW. STATUS FOR THESE AREAS WILL PROBABLY ELIMINATE A FEDERAL SURVEY, ACCEPTING THE REVIEW AT THE TIME THAT THE AOA SURVEY IS PERFORMED. IT'LL MEAN MORE WORK FOR THE SURVEY TEAMS, BUT ONE LESS SURVEY THAT A HOSPITAL WILL HAVE TO ENDURE. ANYTHING TO CUT DOWN ON THE NUMBER OF SURVEYS.

PLEASE, DO NOT CALL AND ASK FOR THE NEW STANDARDS. THEY ARE NOT AVAILABLE AT THIS TIME. FEDERAL GUIDELINES ARE BEING RECOMMENDED FOR ADOPTION BY THE COMMITTEE ON HOSPITAL ACCREDITATION TO THE BOARD OF TRUSTEES OF THE AOA. THESE GUIDELINES ARE THE SAME ONES THAT YOU HAVE BEEN USING AND USED BY THOSE AGENCIES NOW SURVEYING YOU. AS SOON AS OFFICIAL (FEDERAL) ACTION IS TAKEN, WHICH MAY NOT BE FOR SIX MONTHS, THESE STANDARDS WILL BE PRINTED IN MANUAL FOR AND SENT OUT TO YOU AS REVISIONS TO THE ACCREDITATION REQUIREMENTS OF THE AMERICAN OSTEOPATHIC ASSOCIATION. IN THE MEANTIME, SURVEILLANCE OF INSTITUTIONAL PLANNING AND UTILIZATION REVIEW WILL CONTINUE AS IN THE PAST.

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A NUMBER OF NEW DOCUMENTS ARE GOING TO BE REVIEWED DURING THE OCTOBER MEETING OF THE COMMITTEE ON HOSPITAL ACCREDITATION. THESE INCLUDE STANDARDS FOR PSYCHIATRIC FACILITIES AND FREE-STANDING AMBULATORY CARE UNITS.

ONCE THESE ARE REVIEWED BY THE COHA, THEY WILL HAVE TO BE RECOMMENDED TO THE BOARD OF TRUSTEES OF THE AOA FOR FINAL ACTION. AT THIS POINT, A TARGET DATE IS SET FOR THE BEGINNING OF NEXT YEAR.

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A CHANGE WILL BE NOTED NEXT NOVEMBER WHEN THE APPLICATION PACKET IS MAILED. SOME OF THESE DOCUMENTS ARE GOING TO BE REVISED TO BETTER REFLECT THE SERVICES AND STRUCTURE OF THE HOSPITAL. A REVIEW BY THE COHA WILL TAKE PLACE IN OCTOBER.



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

.....THAT NO SOONER THAN ONE COHA MEETING ENDS, THE TIME FOR PLANNING THE NEXT ONE BEGINS, AND SO, TO EACH HOSPITAL SURVEYED BETWEEN MARCH 31, 1980 AND THRU SEPTEMBER 5TH..YOUR HOSPITAL WILL BE REVIEWED BY THE COMMITTEE ON HOSPITAL ACCREDITATION AT ITS OCTOBER 9-10 MEETING. PROGRESS REPORTS WILL HAVE A LOT OF INFLUENCE WITH THE COMMITTEE, AS ALWAYS. IT INDICATES THAT YOU ARE NOT CONTENT TO HAVE A MEDIOCRE FACILITY, BUT ONE THAT IS CONSTANTLY ON THE MOVE, STRIVING FOR IMPROVEMENT IN THE DELIVERY OF HEALTH CARE.

.....THAT, SPEAKING OF PROGRESS REPORTS, YOU MAY SEND IN PERIODIC PROGRESS REPORTS OR SAVE THEM UNTIL THE END. PROGRESS REPORTS WILL BE ACCEPTED THROUGH SEPTEMBER.

AGAIN, WHEN YOU SEND THEM, PLEASE REMOVE ALL IDENTIFICATION, E.G., HOSPITAL NAME, STATE, NAMES OF PEOPLE, ETC. SEND TWO COPIES AND INCLUDE A COVER LETTER ON HOSPITAL STATIONERY.

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.....THE CENTER FOR DISEASE CONTROL, (CDC) HAS BEEN MOST ACTIVE IN MONITORING AOA HOSPITAL SURVEY VISITS. I AM MAKING NOTE OF EVERY CDC MONITOR SURVEY AND I WOULD APPRECIATE IT IF YOU WOULD NOTIFY ME IF YOUR HOSPITAL LABORATORY HAS HAD A CDC INSPECTION THIS YEAR. PLEASE, DO NOT PROVIDE CDC WITH YOUR AOA SURVEY DOCUMENT. THEY ARE NOT PRIVILEGED TO THAT INFORMATION AND IT IS TO BE CONSIDERED CONFIDENTIAL.

I WOULD LIKE TO HAVE AS MUCH INFORMATION ABOUT THEIR INSPECTION AS POSSIBLE, SUCH AS THE NAME(S) OF SURVEYORS, WAS ON-SITE PROFICIENCY TESTING DONE, WHEN WAS THE SURVEY PERFORMED, WAS AN EXIT CONFERENCE HELD. NO MORE THAN 15 MONITOR INSPECTIONS SHOULD BE MADE EACH YEAR AS CDC INDICATED TAKING RANDOM SAMPLING OF 10% OF THE AOA ACCREDITED FACILITIES. I HAVE TO RELY ON YOU FOR THIS INFORMATION AS CDC DOES NOT INFORM THIS OFFICE OF THEIR ACTIVITIES.....

UNTIL JULY, BEST WISHES,

SINCERELY,

JOAN GROSS, SECRETARY  
COMMITTEE ON HOSPITAL ACCREDITATION



# NOVA

*Office of  
Hospital Accreditation*

*May 1980  
Volume I, No. 2*

??WHO READS NOVA??

SHARING ISN'T THE WORST THING IN THE WORLD. WE TRY TO INSTILL THIS IN OUR CHILDREN BUT SOMETIMES WE ARE GUILTY OF NOT DOING WHAT WE TEACH. BELIEVE IT OR NOT, SOME PEOPLE HAVE EVEN GOTTEN A SENSE OF SATISFACTION FROM SHARING, KNOWING THAT THEY MAY HAVE GIVEN SOMETHING TO SOMEONE ELSE THAT THEY COULDN'T HAVE GOTTEN OTHERWISE.

Do you share NOVA? NOVA, ALTHOUGH ORIGINALLY SENT ONLY TO HOSPITAL ADMINISTRATORS, CONTAINED BITS AND PIECES OF INFORMATION THAT APPLIED TO VARIOUS AREAS OF THE HOSPITAL. EACH FACILITY IS A TOTAL UNIT, ENCOMPASSING MANY DIFFERENT SERVICES AND DEPARTMENTS. EACH ONE IS DEPENDENT UPON THE OTHER FOR SMOOTH AND EFFICIENT OPERATION, NOT SEPARATE ENTITIES, BUT A PORTION OF A WHOLE.

THE LABORATORY IS A PART OF THAT WHOLE AND MORE THAN ANY OTHER SERVICE/DEPARTMENT, HAS COME INTO THE LIMELIGHT LATELY. MANY OF THE PREVIOUS ISSUES HAVE BEEN DEVOTED TO NEW DEVELOPMENTS IN REGARD TO REGULATION AND LABORATORY MEDICINE. DID YOU, BY ANY CHANCE, SHARE ANY OF THE INFORMATION IN THE FEBRUARY NOVA WITH YOUR HOSPITAL ADMINISTRATOR?

BY THAT SAME LINE OF REASONING, DOES THE ADMINISTRATOR SHARE WITH YOU? DID YOU KNOW THAT THE "ORIGINAL" NOVA HAS BEEN IN EXISTENCE FOR OVER TWO YEARS? IT IS THE SAME FORMAT AS THIS ISSUE AND DEALS WITH A GREAT VARIETY OF TOPICS, BUT MANY OF THEM WERE CONCERNING THE LABORATORY. IF COPIES OF THOSE NEWSLETTERS ARE STILL AROUND, WHY DON'T YOU GLANCE OVER THEM IF YOU HAVEN'T SEEN THEM. POSSIBLY SOME OF ITS CONTENTS ARE NO LONGER APPLICABLE, BUT OTHER PORTIONS ARE. AND, HOW 'BOUT RUNNING OFF A COPY OF THIS ISSUE AND SENDING IT TO ADMINISTRATION?



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WHAT HAPPENS AFTER AN AOA SURVEY? AREAS OF NONCOMPLIANCE, SPECIFICALLY THOSE DEFICIENCIES FOUND AT THE TIME OF THE LABORATORY SURVEY ARE SENT TO THE HOSPITAL ADMINISTRATOR ALONG WITH OTHERS NOTED DURING THE TIME OF THE FULL HOSPITAL SURVEY.

LABORATORY DEFICIENCIES ARE TO BE ADDRESSED WITHIN 30 DAYS AFTER NOTIFICATION TO THE ADMINISTRATOR. THESE "PROGRESS REPORTS" ARE TO INCLUDE CORRECTIVE ACTION TAKEN SINCE THE TIME OF THE SURVEY AND A PLAN OF CORRECTION FOR THE REMAINDER OF THE DEFICIENCIES. ESTIMATED COMPLETION DATES ARE TO BE INCLUDED IN THE REPORT.

I SUPPOSE THAT THE 11TH COMMANDMENT WILL READ, "THOU SHALT DOCUMENT". IF THE DEFICIENCY CITED STATES THAT THE TEMPERATURE IN THE BLOOD BANK REFRIGERATOR WAS NOT RECORDED, PLEASE DO NOT STATE THAT "THIS IS BEING DONE". INCLUDE THE COPIES OF THE TEMPERATURE LOGS THAT ARE NOW BEING MAINTAINED.

IF THE AREAS OF NONCOMPLIANCE STATED THAT THERE WAS NOT SUFFICIENT VENTILATION OR A HOOD IN MICROBIOLOGY, PLEASE SUBMIT A COPY OF THE PURCHASE ORDER FOR THE NEW EQUIPMENT AND THE ESTIMATED DATE OF INSTALLATION.

LACK OF, OR INCOMPLETE PROCEDURE/MANUALS CAN BE THE CAUSE OF AN AREA OF NONCOMPLIANCE. DOCUMENTATION CAN STATE THE ESTIMATED DATE OF CORRECTION AND AT THAT TIME, THE COMPLETED MANUAL, SIGNED BY THE PATHOLOGIST CAN BE FORWARDED TO THIS OFFICE.

IT'S A COMBINED RESPONSIBILITY, BOTH YOURS AND YOUR ADMINISTRATOR, TO FULFILL THESE STANDARDS. THERE IS NO SEPARATION OF HOSPITAL AND LABORATORY. A HOSPITAL CANNOT BE ACCREDITED IF THE LABORATORY IS SUB-STANDARD AND A LABORATORY WITH POORLY DOCUMENTED PROCEDURES OR MANY AREAS OF NONCOMPLIANCE CAN CAUSE A HOSPITAL TO RECEIVE MINIMAL ACCREDITATION, BE REQUIRED TO HAVE A LABORATORY CONSULTATION/ON-SITE VISIT OR, EVEN WORSE, BE DENIED ACCREDITATION ENTIRELY.

SINCE A POST-SURVEY CONFERENCE OR EXIT INTERVIEW IS HELD AFTER THE LABORATORY SURVEY AND THIS SURVEY MAY OCCUR MUCH EARLIER THAN THE FULL HOSPITAL VISIT, THERE MAY BE MUCH MORE THAN THE THIRTY DAYS TO START THIS CORRECTIVE ACTION. YOU MAY EVEN BE AWARE OF THESE AREAS BEFORE DETAILED NOTIFICATION TO YOUR ADMINISTRATOR AND CAN POSSIBLY CORRECT MANY OF THE ITEMS SHORTLY FOLLOWING THE SURVEY.

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I AM DEEPLY CONCERNED WITH AND INTERESTED IN THE NUMBER OF CDC ON-SITE INSPECTIONS THAT MAY HAVE BEEN PERFORMED BETWEEN OCTOBER 1978 AND THE PRESENT TIME. I AM SPECIFICALLY INTERESTED IN THOSE CONDUCTED BY CDC, NOT STATE AGENCIES, CLIA INSPECTIONS OR INSPECTIONS FOR "CDC-APPROVED LABORATORIES".

IT IS UNDERSTOOD THAT CDC WILL ENTER A HOSPITAL LABORATORY, UNANNOUNCED, AND INSPECT APPROXIMATELY 10% OF ALL AOA ACCREDITED HOSPITAL LABORATORIES PER YEAR. THIS SHOULD NOT EXCEED 15 LAPS.

HOWEVER, I AM UNABLE TO DETERMINE AN ACCURATE NUMBER, OR ANY NUMBER AT ALL, FOR THAT MATTER, UNLESS THAT INFORMATION IS PROVIDED BY YOU. IT IS MOST IMPORTANT THAT THIS OFFICE IS INFORMED OF THESE ON-SITES AS CDC DOES NOT "SHARE" THEIR INFORMATION WITH ME. AS A MATTER OF FACT, I WOULD APPRECIATE IT IF YOU WOULD CONTACT ME IN THE EVENT OF ANY FEDERAL SURVEY. THIS INFORMATION IS STRICTLY CONFIDENTIAL AS IS ANY CORRESPONDENCE WITH THIS OFFICE.

AND, SPEAKING OF CONFIDENTIALITY, I STRONGLY URGE YOU NOT TO PROVIDE ANY FEDERAL SURVEY TEAM OR CDC INSPECTOR WITH A COPY OF YOUR AOA SURVEY REPORT, I.E., AREAS OF NONCOMPLIANCE. THEY ARE NOT PRIVILEGED TO REQUEST IT AND IT IS IN YOUR BETTER INTEREST THAT IT IS NOT OFFERED BY YOU AS IT MAY BE SUBJECT TO PUBLIC DISCLOSURE.

IF YOU HAVE HAD A CDC UNANNOUNCED INSPECTION FOR THE PURPOSE OF A MONITORING INSPECTION ANY TIME AFTER OCTOBER 1978, I WOULD APPRECIATE THE FOLLOWING INFORMATION IF YOU HAVE IT:

1. THE NAME(S) OF THE INSPECTOR(S)
2. WAS A COPY OF YOUR AOA AREAS OF NONCOMPLIANCE REQUESTED?
3. DID YOU VOLUNTARILY SURRENDER A COPY?
4. IF SO, WAS IT RETURNED TO YOU AT THE CONCLUSION OF THE ON-SITE?
5. WAS ON-SITE PROFICIENCY TESTING PERFORMED, E.G., DID THE INSPECTOR BRING IN SAMPLE SPECIMENS FOR TESTING AT THE TIME OF HIS/HER INSPECTION?
6. WAS AN EXIT CONFERENCE HELD?
7. ON WHAT DATE WAS THIS INSPECTION CONDUCTED?

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THE LABORATORY SURVEY PROGRAM HAS BEEN IN EXISTENCE FOR ONE YEAR. THERE HAVE BEEN SOME "TRIALS AND TRIBULATIONS" AS IN MOST PILOT PROGRAMS. THANKS TO THE AOCP, THE PROBLEMS HAVE BEEN RELATIVELY FEW. THERE IS ALWAYS A BIT OF CONFUSION UNTIL THE MECHANICS ARE WORKED OUT AND THAT IS WHEN YOU HOPE THAT THERE'S ENOUGH TRIAL SO THAT THERE'S MINIMAL ERROR.

ONE OF THE PROBLEMS THAT DID SURFACE WAS THAT FOR THE LARGER LABORATORIES, SURVEYING PERSONNEL WOULD HAVE TO BE INCREASED IN ORDER TO REVIEW THE LABORATORY, PROVIDING THE CONSULTATION THAT IS A PART OF EVERY SURVEY. AS IN THE PAST, EVERY LAB WILL BE REVIEWED BY A PATHOLOGIST AND IN SOME INSTANCES, AN ADDITIONAL PATHOLOGIST AND/OR MEDICAL TECHNOLOGISTS WILL ALSO PARTICIPATE, DEPENDING UPON THE BED SIZE OF THE HOSPITAL AND THE SCOPE OF SERVICES PROVIDED BY THE LABORATORY.

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

.....THAT THE LABORATORY IS A HIGH-HAZARD AREA AND SPECIAL PRECAUTIONS SHOULD BE TAKEN TO PROTECT AND INSURE THE SAFETY OF THE PERSONNEL. IN-SERVICE EDUCATIONAL PROGRAMS SHOULD REVIEW WHAT PROCEDURES SHOULD BE FOLLOWED "IN THE EVENT OF.....

ARE ALL PERSONNEL AWARE OF THE PLACEMENT OF FIRE EXTINGUISHERS? ARE PERIODIC FIRE DRILLS HELD IN THE LAB? DO YOU HAVE A WORKING SAFETY SHOWER? (HAVE YOU TESTED IT?) IS THERE AN EYE-WASH STATION, A FIRE BLANKET, BUCKET OF SAND? IS THERE A POSTED SIGN, INDICATING THE STEPS TO BE TAKEN IN THE EVENT OF AN ACCIDENT, E.G., SPILLING OF ACID, CONTAMINATED SPECIMENS, FLAMMABLE MATERIALS?

.....THAT SAFETY STANDARDS ARE A PART OF THE REQUIREMENTS AS ARE THOSE OF PROFICIENCY TESTING AND QUALITY CONTROL.

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.....THAT I WONDER IF THIS SECOND NOVA IS WORTHWHILE. I WOULD APPRECIATE ANY CRITICISM OR COMMENTS. ARE THERE SPECIFIC AREAS THAT YOU WOULD LIKE TO SEE COVERED OR CLARIFICATION OF ANY SPECIAL REQUIREMENT? I HAVE A WEALTH OF REFERENCE MATERIAL AVAILABLE. TO SUM IT ALL UP, WHEN YOU HAVE A FEW MOMENTS, DROP ME A LINE..... DO YOU STILL WANT NOVA?????

SINCERELY,

JOAN CROSS, SECRETARY  
COMMITTEE ON HOSPITAL ACCREDITATION  
May 1980, Vol. I, No. 2



# NOVA

*Office of  
Hospital Accreditation*

*August 1980  
Volume III, No.3*

A FUNNY THING HAPPENED ON THE  
WAY TO THE MAILBOX.....

SOME OF YOU MAY WONDER WHY THIS MAILING OF NOVA IS A LITTLE THICKER THAN THOSE IN THE PAST, AND WITH GOOD REASON. TWO DIFFERENT ISSUES ARE ENCLOSED.

SIX MONTHS AGO, (HOW TIME FLIES WHEN YOU ARE HAVING FUN) A SECOND ISSUE OF NOVA CAME INTO EXISTENCE. IT WAS SENT, BEGINNING WITH THE FEBRUARY MAILING, TO ALL OF THE LABORATORY DIRECTORS. THE CONCEPT WAS TO DEVOTE AN ENTIRE ISSUE TO THE AREA OF LABORATORY MEDICINE. TOPICS COVERED IN IT WOULD BE THOSE OF LABORATORY INTEREST E.G., DOCUMENTATION THAT WAS NECESSARY IN CERTAIN PHASES OF THE LABORATORY, RECORD KEEPING, MANUAL CONTENTS, ETC. THERE WERE NO TECHNICAL PROCEDURES OR NEW (TO THE ADMINISTRATOR), STANDARDS.

IN FACT, THERE WAS QUITE A BIT OF PLAGIARISM INVOLVED. (CAN IT BE CALLED PLAGIARISM IF YOU TAKE SOMETHING THAT YOU HAVE WRITTEN?) MUCH OF THE PREVIOUS TWO ISSUES OF THE LABORATORY NOVA WERE FROM TOPICS THAT HAD BEEN COVERED IN EARLIER NEWSLETTERS. THE MAIN REASON THAT IT CAME INTO BEING WAS FOR THE WEALTH OF INFORMATION THAT I HAVE AVAILABLE FROM BOTH GOVERNMENTAL AGENCIES AND THE PRIVATE SECTOR. SINCE THE LABORATORY HAS BECOME SUCH A VITAL PHASE OF HOSPITAL SURVEYS, I THOUGHT THAT THIS TYPE OF BULLETIN MIGHT ELIMINATE SOME OF THE TYPES OF DEFICIENCIES THAT WERE CROPPING UP. SO MANY OF OUR LABORATORIES HAVE SUCH A FINE TRACK RECORD AS FAR AS PERFORMANCE IS CONCERNED AND ON THE "SHORT SIDE" WHEN IT COMES TO DOCUMENTING MANY OF THE ROUTINE PRELIMINARY STEPS.

SINCE YOU WERE ALL AWARE OF THE SECOND NOVA AND MANY OF YOU HAD EXPRESSED INTEREST IN RECEIVING IT, (WHY?), AS OF THIS MAILING, A COPY WILL BE ENCLOSED FOR YOU IN ADDITION TO THE ONE SENT TO EACH LABORATORY DIRECTOR.



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THE FOLLOWING DISCOURSE WILL APPEAR IN BOTH ISSUES OF THIS NEWSLETTER, NOVA FOR THE HOSPITAL AND THE LABORATORY. IT SEEMS AS THOUGH A SITUATION HAS ARISEN THAT IS CAUSING MUCH GRIEF AND DISCORD.

WITH REGARD TO (LABORATORY) PROFICIENCY TESTING RESULTS, SOME OF YOU MAY HAVE ALREADY RECEIVED MEMOS STATING THAT "CERTAIN AREAS INDICATE UNSUCCESSFUL PARTICIPATION...."

THESE MEMOS ARE SENT TO THE HOSPITAL ADMINISTRATOR FOLLOWING A REVIEW OF THE CURRENT PROFICIENCY TEST RESULTS THAT CONTINUE TO BE FORWARDED TO THIS OFFICE. EVERY PROFICIENCY TEST THAT IS RECEIVED IS REVIEWED AND UNACCEPTABLE RESULTS LOGGED. THE TRACKING SYSTEM AS MAINTAINED BY THIS OFFICE IS A MONUMENTAL TASK AND THE RESULTING MEMOS ARE ONLY A SMALL REFLECTION OF IT. AS A SUGGESTION SENT IN BY ONE OF THE PATHOLOGISTS, A COPY OF THIS MEMO WILL ALSO BE SENT TO THE LABORATORY DIRECTOR.

THE PURPOSE OF SENDING THESE MEMOS IS TO REQUEST AN APPROPRIATE RESPONSE, INDICATING ACTION/CORRECTIVE ACTION, NOT, CONTRARY TO POPULAR BELIEF, INCITE A RIOT. THE REPLIES ARE DULY NOTED AND KEPT ON FILE FOR FUTURE REFERENCE.

A CONTINUED PATTERN OF "UNSUCCESSFUL PARTICIPATION" IN A SPECIFIC AREA(S) INDICATES THAT LESS THAN OPTIMAL RESULTS ARE BEING PRODUCED WITH REGARD TO THAT LABORATORY PROCEDURE. THREE OUT OF FOUR QUARTERS WOULD MEAN THAT A SPECIFIC AREA WAS OUT OF COMPLIANCE AND UNLESS IMMEDIATE CORRECTIVE ACTION WERE TAKEN, THE ENTIRE LABORATORY WAS OUT OF COMPLIANCE. HOWEVER, IF THE LABORATORY IS OUT OF COMPLIANCE, THE HOSPITAL IS OUT OF COMPLIANCE. AT THE PRESENT TIME, RATHER THAN WAIT UNTIL AN AREA IS OUT OF COMPLIANCE, MEMOS ARE SENT AFTER EACH PROFICIENCY TEST REVIEW.

A CHOICE AND ONE METHOD OF CORRECTION WOULD BE TO DISCONTINUE THE SPECIFIC PROCEDURE(S) AND UTILIZE THE SERVICES OF A REFERENCE LABORATORY. THE PRIME GOAL IS THE DELIVERY OF QUALITY PATIENT CARE, NOT THE NUMBER OF TESTS THAT A LABORATORY CAN PERFORM. THE BENEFICIARY OF THESE LABORATORY PROCEDURES, THE PATIENT, IS NOT TO BE COMPROMISED.

FIRST AND FOREMOST, THESE MEMOS ARE NOT TO BE REGARDED AS A PUNITIVE ACTION, BUT AS A VEHICLE, A REMINDER IN UP-GRADING THE PRESENT LABORATORY SERVICE THAT IS PROVIDED. EACH HOSPITAL LABORATORY IS EXPECTED TO REPRODUCE ACCEPTABLE RESULTS IN EACH



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AREA THAT THEY PROVIDE SERVICE. ADDITIONALLY, A HOSPITAL IS TO ENROLL IN PROFICIENCY TESTING PROGRAMS THAT REFLECT THE SCOPE OF SERVICES THAT THEY PROVIDE. IN FACT, IF YOU SUBSCRIBE TO A BASIC TYPE OF PROGRAM AND PERFORM TESTS THAT ARE NOT COVERED IN THE TESTING PROGRAM, SERIOUS CONSIDERATION SHOULD BE GIVEN TO A TYPE OF PROGRAM THAT WOULD MORE CLOSELY MONITOR THE PROFICIENCY IN THESE AREAS.

THE DOCUMENTATION PROCEDURE IS A TWO-WAY STREET. NOT ONLY IS THE HOSPITAL REQUIRED TO DOCUMENT EVERY PROCEDURE, PROFESSIONAL ACTIVITY AS WELL AS LABORATORY SERVICES, BUT MUST DUPLICATE IT AND IN TURN, SEND IT TO THIS OFFICE. THIS OFFICE, TOO, HAS RESPONSIBILITIES AND IS ALSO REQUIRED TO RETAIN THIS DOCUMENTATION IN ORDER TO SUBSTANTIATE AND SUPPORT THE ACCREDITATION PROCESSES OF THE ASSOCIATION IN ITS OBLIGATION TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, THE CENTER FOR DISEASE CONTROL, ETC. IT SHOULD ALWAYS BE REMEMBERED THAT THE FILES REMAIN CONFIDENTIAL.

FINALLY, ACCREDITATION IS GIVEN TO A HOSPITAL, NOT AN INDIVIDUAL DEPARTMENT. A LOSS OF ACCREDITATION AFFECTS THE ENTIRE FACILITY, NOT JUST AN AREA WITHIN THE HOSPITAL. THIS IS THE REASON THAT ALL COMMUNICATION IS DIRECTED TO THE HOSPITAL ADMINISTRATOR, INCLUDING THE FAMOUS MEMO, "CERTAIN AREAS.....". ANOTHER DEPARTMENT MAY BE COPIED WITH THE INFORMATION, BUT THE RESPONSIBILITY IS TO THE ADMINISTRATOR.

IN THE CASE OF "OFFICIAL LETTERS", THE LINE OF RESPONSIBILITY IS CARRIED ONE STEP FARTHER. OFFICIAL LETTERS ARE THOSE THAT ARE SENT BY CERTIFIED MAIL, E.G., AOA BOARD OF TRUSTEES ACTION NOTIFICATIONS, AREAS OF NONCOMPLIANCE SENT TO THE HOSPITAL FOLLOWING A SURVEY, ETC. IN THIS INSTANCE, AND ONLY IN THIS INSTANCE, COPIES ARE ALSO SENT TO THE HOSPITAL PRESIDENT OF THE BOARD OF TRUSTEES AND THE CHIEF OF STAFF.

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FOR YOUR INFORMATION, THE AVERAGE LIFE EXPECTANCY RATE IN THE UNITED STATES IS 72.8 YEARS. IN CHICAGO, HOWEVER, IT IS ONLY 68.3 YEARS. THIS DISCREPANCY IS ATTRIBUTED TO A HIGH INFANT MORTALITY RATE AND HIGHER-THAN-NORMAL DEATH RATE DUE TO CARDIOVASCULAR DISEASE, CANCER, HOMOCIDE (AND THE OFFICE OF HOSPITAL ACCREDITATION). THE ABOVE, (SANS THE PARENS) IS FROM A STATISTICAL PORTRAIT, COURTESY OF THE CHICAGO TRIBUNE.

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THEY BLEW IT... THE DEPARTMENT OF HEALTH & HUMAN SERVICES HAVE PUBLISHED PROPOSED CONDITIONS OF PARTICIPATION FOR HOSPITALS AND MISTAKENLY STATED THAT THE AOA AND THE JCAH DO NOT HAVE "DEEMED STATUS" FOR SURVEYING LABORATORIES. THE FEDERAL REGISTER WILL REPRINT THE REG WITH THE CORRECTION, SO IF YOU HAPPEN TO SEE THE ORIGINAL, REMEMBER THAT IT WAS IN ERROR.

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THE ANNUAL APPLICATION PACKET THAT WILL BE SENT TO HOSPITALS THAT PARTICIPATE IN AND ARE APPLYING TO THE ACCREDITATION PROGRAM OF THE AMERICAN OSTEOPATHIC ASSOCIATION IS IN THE PROCESS OF REVISION.

ONE SHEET OF THE QUESTIONNAIRE WILL RELATE TO INSTITUTIONAL PLANNING AND ANOTHER TO LABORATORY SERVICES. OTHER CHANGES WILL BETTER DEMONSTRATE THE SERVICES PROVIDED BY THE HOSPITAL IN ADDITION TO REFLECTING ON THE UTILIZATION OF SPECIAL CATEGORIES OF PERSONNEL.

THE STATISTICAL QUESTIONNAIRE IS ALSO UNDER REVISION AND POSSIBLY LESS CUMBERSOME. ONE SPECIFIC QUESTION HAS BEEN MOVED TO THE FRONT PAGE IS THAT RELATING TO MATERNAL MORTALITIES, ANY OF WHICH ARE TO BE REPORTED TO THIS OFFICE WITHIN TEN DAYS. HOSPITALS WHICH NEED A FORM MAY CALL AND I'LL SEE THAT ONE IS SENT TO YOU. HOPEFULLY, IT WILL BE A RARITY.

THESE FORMS/QUESTIONNAIRES WILL, AS USUAL, BE SENT OUT IN NOVEMBER WITH THE REQUEST FOR THE SIGNED CODE OF ETHICS, STAFF LISTING AND APPLICATION FEE. THIS FEE IS AN ANNUAL FEE AND IS TO BE SENT EACH YEAR. IT HAS NO BEARING ON THE NUMBER OF YEARS A HOSPITAL HAS BEEN GRANTED FOR ACCREDITATION.

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\*\*DID YOU KNOW\*\*

.....THAT ONCE AGAIN, INFLATION REARS ITS UGLY HEAD. ALTHOUGH IT WAS HOPED THAT THE FEE STRUCTURE WOULD NOT HAVE TO BE ADJUSTED TO COPE WITH THE TWO DIGIT INFLATIONARY FIGURE, MAINTAINING PRESENT FEES FOR THE ACCREDITATION PROCESS IS AN IMPOSSIBILITY.

NOT ONLY HAVE THE BASIC COSTS OF THE SURVEY SKYROCKETED, AIR LINES AND HOTELS BEING UNCOOPERATIVE, BUT, BY NECESSITY, THE ADDITION OF LABORATORY SURVEY PERSONNEL HAS MADE A DEVASTATING IMPACT IN THE BUDGET. THEREFORE, BY AOA BOARD OF TRUSTEES ACTION, AS OF THE JULY 1980 MEETING, ALL HOSPITALS WILL BE BILLED FOR SURVEY COSTS AT THE TIME OF SURVEY, IN ADDITION TO THE ANNUAL (UNCHANGED) APPLICATION FEE.



.....THAT I USUALLY PANIC ABOUT TWO DIFFERENT TIMES AS I START OUT ON EACH EDITION OF NOVA. THE FIRST TIME, AS I WONDER HOW I CAN POSSIBLY FILL FOUR PAGES AND THE SECOND TIME AS I GET NEAR THE END. NOVA HAS NEVER EXCEEDED FOUR PAGES, THE OBJECT, RAPID READING. HOWEVER, I SUPPOSE THAT THERE CAN ALWAYS BE AN EXCEPTION AND THIS HAPPENS TO BE THE ONE.

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.....THAT FOR A COUPLE OF YEARS, THE ISSUE OF PHYSICIAN ASSISTANTS HAS BEEN UNDER REVIEW. EXTENSIVE RESEARCH INTO THE SUBJECT HAS BEEN DONE AND BY DIRECTION OF THE HOUSE OF DELEGATES OF THE AMERICAN OSTEOPATHIC ASSOCIATION, THE COMMITTEE ON HOSPITAL ACCREDITATION DEVELOPED A STATEMENT, PRESENTED IT AT THE JULY 1980 MEETING AND IT WAS FORMALLY ADOPTED.

THIS POLICY STATEMENT HAS BEEN PLACED IN MANUAL FORM, HAS BEEN REPRODUCED FOR DISTRIBUTION AND, WILL MOST LIKELY BE RECEIVE AT THE SAME TIME AS THIS ISSUE OF NOVA.

IT SHOULD BE NOTED THAT THE COHA REAFFIRMS ITS POSITION IN DISCOURAGING THE USE OF PHYSICIAN ASSISTANTS. HOWEVER, IT HAS RECOGNIZED THE RESPONSIBILITY PLACED IN THIS COMMITTEE AND PREPARED THESE GUIDELINES. AND, IT SHOULD BE NOTED, THAT THESE ARE GUIDELINES AND THE SUGGESTIONS CONTAINED IN THEM WERE MADE AFTER MUCH THOUGHT AND DELIBERATION.

THE GUIDELINES WILL BE PLACED IN THE ACCREDITATION REQUIREMENTS OF THE AMERICAN OSTEOPATHIC ASSOCIATION UNDER THE TAB OF "ALLIED HEALTH PROFESSIONS". THE STATEMENT IS DIVIDED INTO FIVE BASIC AREAS:

THE FIRST, A GENERAL STATEMENT, DISCUSSING STRICT DELINEATION OF PRIVILEGES AND COMPLIANCE WITH INDIVIDUAL STATE LAW.

THE SECOND ADDRESSES THE PLACE OF THE PHYSICIAN ASSISTANT IN THE HOSPITAL AND HIS/HER RELATIONSHIP TO THE SUPERVISING PHYSICIAN.

THE THIRD SECTION IS RATHER LENGTHY, DISCUSSING "SPECIFIC HOSPITAL RULES". IT COVERS RESPONSIBILITY, TERMINATION, PRIVILEGES, HOSPITAL LIABILITY, THE POSSIBILITY OF LITIGATION, VIOLATION OF THE MEDICAL PRACTICE ACT AND LIMITS ON THE NUMBER OF PHYSICIAN ASSISTANTS EMPLOYED BY A LICENSED PHYSICIAN.



THE FOURTH SECTION IS DIRECTED TO THE HOSPITAL AS AN EMPLOYER, WITH WHOM THE RESPONSIBILITY LIES, SUPERVISION AND CONTROL, USE OF A PHYSICIAN ASSISTANT IN THE EMERGENCY ROOM AND THE UTILIZATION OF A PHYSICIAN ASSISTANT VERSUS A REGISTERED NURSE.

THE LAST AREA THAT IS MENTIONED COVERS "CATEGORIES OF PHYSICIAN ASSISTANTS' FUNCTIONS". THIS SECTION SIMPLY STATES VARIOUS AREAS THAT ARE TO BE CONSIDERED BY THE HOSPITAL IN RELATION TO TREATMENT OF THE PATIENT, ORDERING OF TREATMENT AND MEDICATION, RECORDING INFORMATION, THE EMERGENCY ROOM AND THE RELATIONSHIP OF THE PHYSICIAN ASSISTANT TO THE R.N. AND OTHER HOSPITAL PERSONNEL.

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.....THAT THE OTHER AREA COVERED UNDER THE REVISION PAGES IS THAT OF INSTITUTIONAL PLANNING. THESE REGULATIONS ARE TO BE PLACED UNDER THE GOVERNING BODY AS THEY ADDRESS THE BUDGET, CAPITAL EXPENDITURE, PREPARATION OF THE BUDGET AND CAPITAL EXPENDITURE PLAN AND AN ANNUAL REVIEW OF THE BUDGET. THE QUESTIONNAIRE GOVERNING THESE REGULATIONS IS TO BE A PART OF THE SOON TO BE REVISED ANNUAL ACCREDITATION APPLICATION THAT WAS MENTIONED ON PAGE 4. THE QUESTIONNAIRE ASKS IF THESE VARIOUS PLANS ARE IN EFFECT AND IN COMPLIANCE WITH THE MEDICARE AND MEDICAID ACTS. IT IS IDENTICAL TO THE QUESTIONNAIRE THAT YOU HAVE BEEN REQUESTED TO FILL OUT PREVIOUSLY BY THE FEDERAL AGENCIES.

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.....THAT IT IS WITH A DEEP SENSE OF RELIEF THAT I FINALLY SEE THE FINAL PAGE OF NOVA COMING TO AN END. IT IS WITH REGRETS THAT TWO MORE PAGES WERE ADDED AND WITH MORE CAREFUL PLANNING, WILL NOT BE REPEATED AGAIN.

.....THAT I HOPE YOUR SUMMER CONTINUES TO BE A GOOD ONE AND THAT THE HEAT SPELL THAT HAS DOMINATED MOST OF THE U.S. HAS NOT CREATED TOO MUCH OF A HARDSHIP IN YOUR AREA.

BEST WISHES,

  
JOAN GROSS, SECRETARY  
COMMITTEE ON HOSPITAL ACCREDITATION





*Office of  
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THE USUAL GOVERNMENT SCHEDULE, THE ACTUAL DATE MIGHT BE MORE TO THE YEAR 1981. TIME ALONE WILL TELL AND I WILL CONTINUE TO KEEP YOU INFORMED AS THINGS PROGRESS.

DO YOU KNOW WHAT V.I.P. MEANS?

OH WELL, EVERYONE IS ENTITLED TO BE WRONG ONE TIME...VIP STANDS FOR NATIONAL VOLUNTARY LABORATORY IMPROVEMENT PROGRAM. IT'S ALL IN THE PLANNING STAGE, BUT I'LL GIVE YOU AS MUCH INFORMATION AS I HAVE AT THIS TIME.

VIP IS A PROGRAM THAT'S BEING BROUGHT TO YOU BY ALL THOSE WONDERFUL FOLKS THAT ARE INHABITING THE GRANITE BUILDINGS IN D.C. IT IS TO BE, AS STATED, VOLUNTARY, NOT REGULATORY. PRESENT INFORMATION IS IN THE FORM OF A PROPOSAL WITH A TARGET DATE SET FOR OCTOBER, 1980. IF THINGS PROGRESS ON

THE OBJECTIVE IS TO IMPROVE LABORATORY PRACTICES ON A VOLUNTARY BASIS, PROVIDING TECHNICAL ASSISTANCE, REFERENCE MATERIALS AND CONDUCTING MEETINGS AND SEMINARS ON A REGIONAL BASIS. IT IS NOT MEANT TO REPLACE REGULATORY ACTION, BUT TO ENCOURAGE LABORATORIES TO USE THESE RESOURCES IN ORDER TO PRACTICE LABORATORY MEDICINE FAR ABOVE THE "MINIMUM" STANDARDS NOW REQUIRED BY REGULATORY ACTION.

THE SPONSORS OF THIS PROGRAM, THE HEALTH CARE FINANCING ADMINISTRATION (HCFA) AND THE CENTER FOR DISEASE CONTROL (CDC) LOOK FOR THE SUPPORT OF THE AMERICAN OSTEOPATHIC ASSOCIATION, THE JCAH, STATE AND MEDICARE AGENCIES. ADDITIONALLY, HCFA SEEKS COOPERATION FROM THE AACP, CAP, AAB, ETC.

EVENTUALLY, COMMITTEES WILL BE FORMED, AD HOC COMMITTEES, TASK FORCES, BASIC FEDERAL MODUS OPERANDI. PRIOR TO THIS, HOWEVER, MANY AREAS NEED TO BE DEFINED AND IDENTIFIED. AT THIS TIME, NO FURTHER INFORMATION IS AVAILABLE.



PAGE 2

THE FOLLOWING DISCOURSE WILL APPEAR IN BOTH ISSUES OF THIS NEWSLETTER, NOVA FOR THE HOSPITAL AND THE LABORATORY. IT SEEMS AS THOUGH A SITUATION HAS ARISEN THAT IS CAUSING MUCH GRIEF AND DISCORD.

WITH REGARD TO (LABORATORY) PROFICIENCY TESTING RESULTS, SOME OF YOU MAY HAVE ALREADY RECEIVED MEMOS STATING THAT "CERTAIN AREAS INDICATE UNSUCCESSFUL PARTICIPATION...."

THESE MEMOS ARE SENT TO THE HOSPITAL ADMINISTRATOR FOLLOWING A REVIEW OF THE CURRENT PROFICIENCY TEST RESULTS THAT CONTINUE TO BE FORWARDED TO THIS OFFICE. EVERY PROFICIENCY TEST THAT IS RECEIVED IS REVIEWED AND UNACCEPTABLE RESULTS LOGGED. THE TRACKING SYSTEM AS MAINTAINED BY THIS OFFICE IS A MONUMENTAL TASK AND THE RESULTING MEMOS ARE ONLY A SMALL REFLECTION OF IT. AS A SUGGESTION SENT IN BY ONE OF THE PATHOLOGISTS, A COPY OF THIS MEMO WILL ALSO BE SENT TO THE LABORATORY DIRECTOR.

THE PURPOSE OF SENDING THESE MEMOS IS TO REQUEST AN APPROPRIATE RESPONSE, INDICATING ACTION/CORRECTIVE ACTION, NOT, CONTRARY TO POPULAR BELIEF, INCITE A RIOT. THE REPLIES ARE DULY NOTED AND KEPT ON FILE FOR FUTURE REFERENCE.

A CONTINUED PATTERN OF "UNSUCCESSFUL PARTICIPATION" IN A SPECIFIC AREA(S) INDICATES THAT LESS THAN OPTIMAL RESULTS ARE BEING PRODUCED WITH REGARD TO THAT LABORATORY PROCEDURE. THREE OUT OF FOUR QUARTERS WOULD MEAN THAT A SPECIFIC AREA WAS OUT OF COMPLIANCE AND UNLESS IMMEDIATE CORRECTIVE ACTION WERE TAKEN, THE ENTIRE LABORATORY WAS OUT OF COMPLIANCE. HOWEVER, IF THE LABORATORY IS OUT OF COMPLIANCE, THE HOSPITAL IS OUT OF COMPLIANCE. AT THE PRESENT TIME, RATHER THAN WAIT UNTIL AN AREA IS OUT OF COMPLIANCE, MEMOS ARE SENT AFTER EACH PROFICIENCY TEST REVIEW.

A CHOICE AND ONE METHOD OF CORRECTION WOULD BE TO DISCONTINUE THE SPECIFIC PROCEDURE(S) AND UTILIZE THE SERVICES OF A REFERENCE LABORATORY. THE PRIME GOAL IS THE DELIVERY OF QUALITY PATIENT CARE, NOT THE NUMBER OF TESTS THAT A LABORATORY CAN PERFORM. THE BENEFICIARY OF THESE LABORATORY PROCEDURES, THE PATIENT, IS NOT TO BE COMPROMISED.

FIRST AND FOREMOST, THESE MEMOS ARE NOT TO BE REGARDED AS A PUNITIVE ACTION, BUT AS A VEHICLE, A REMINDER IN UP-GRADING THE PRESENT LABORATORY SERVICE THAT IS PROVIDED. EACH HOSPITAL LABORATORY IS EXPECTED TO REPRODUCE ACCEPTABLE RESULTS IN EACH



AREA THAT THEY PROVIDE SERVICE. ADDITIONALLY, A HOSPITAL IS TO ENROLL IN PROFICIENCY TESTING PROGRAMS THAT REFLECT THE SCOPE OF SERVICES THAT THEY PROVIDE. IN FACT, IF YOU SUBSCRIBE TO A BASIC TYPE OF PROGRAM AND PERFORM TESTS THAT ARE NOT COVERED IN THE TESTING PROGRAM, SERIOUS CONSIDERATION SHOULD BE GIVEN TO A TYPE OF PROGRAM THAT WOULD MORE CLOSELY MONITOR THE PROFICIENCY IN THESE AREAS.

THE DOCUMENTATION PROCEDURE IS A TWO-WAY STREET. NOT ONLY IS THE HOSPITAL REQUIRED TO DOCUMENT EVERY PROCEDURE, PROFESSIONAL ACTIVITY AS WELL AS LABORATORY SERVICES, BUT MUST DUPLICATE IT AND IN TURN, SEND IT TO THIS OFFICE. THIS OFFICE, TOO, HAS RESPONSIBILITIES AND IS ALSO REQUIRED TO RETAIN THIS DOCUMENTATION IN ORDER TO SUBSTANTIATE AND SUPPORT THE ACCREDITATION PROCESSES OF THE ASSOCIATION IN ITS OBLIGATION TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, THE CENTER FOR DISEASE CONTROL, ETC. IT SHOULD ALWAYS BE REMEMBERED THAT THE FILES REMAIN CONFIDENTIAL.

FINALLY, ACCREDITATION IS GIVEN TO A HOSPITAL, NOT AN INDIVIDUAL DEPARTMENT. A LOSS OF ACCREDITATION AFFECTS THE ENTIRE FACILITY, NOT JUST AN AREA WITHIN THE HOSPITAL. THIS IS THE REASON THAT ALL COMMUNICATION IS DIRECTED TO THE HOSPITAL ADMINISTRATOR, INCLUDING THE FAMOUS MEMO, "CERTAIN AREAS.....". ANOTHER DEPARTMENT MAY BE COPIED WITH THE INFORMATION, BUT THE RESPONSIBILITY IS TO THE ADMINISTRATOR.

IN THE CASE OF "OFFICIAL LETTERS", THE LINE OF RESPONSIBILITY IS CARRIED ONE STEP FARTHER. OFFICIAL LETTERS ARE THOSE THAT ARE SENT BY CERTIFIED MAIL, E.G., AOA BOARD OF TRUSTEES ACTION NOTIFICATIONS, AREAS OF NONCOMPLIANCE SENT TO THE HOSPITAL FOLLOWING A SURVEY, ETC. IN THIS INSTANCE, AND ONLY IN THIS INSTANCE, COPIES ARE ALSO SENT TO THE HOSPITAL PRESIDENT OF THE BOARD OF TRUSTEES AND THE CHIEF OF STAFF.

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FOR YOUR INFORMATION, THE AVERAGE LIFE EXPECTANCY RATE IN THE UNITED STATES IS 72.8 YEARS. IN CHICAGO, HOWEVER, IT IS ONLY 68.3 YEARS. THIS DISCREPANCY IS ATTRIBUTED TO A HIGH INFANT MORTALITY RATE AND HIGHER-THAN-NORMAL DEATH RATE DUE TO CARDIOVASCULAR DISEASE, CANCER, HOMOCIDE (AND THE OFFICE OF HOSPITAL ACCREDITATION). THE ABOVE, (SANS THE PARENS) IS FROM A STATISTICAL PORTRAIT, COURTESY OF THE CHICAGO TRIBUNE.

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

.....THAT A WORTHWHILE (\$3.50) INVESTMENT IS THE NFPA CODE BOOK, LABORATORIES IN HEALTH-RELATED INSTITUTIONS "56-C". IT IS AVAILABLE THROUGH THE NATIONAL FIRE PROTECTION ASSOCIATION, INC., 470 ATLANTIC AVENUE, BOSTON, MA 02210

THE BOOKLET SPECIFIES STANDARDS FOR LABORATORIES AND IS A PART OF THE LIFE SAFETY CODE, APPLICABLE TO EVERY HOSPITAL. AREAS IN THE BOOK IDENTIFY HAZARDS AND ADDRESS AREAS OF LABORATORY SAFETY, INCLUDING STORAGE REQUIREMENTS FOR THE FLAMMABLE AND COMBUSTIBLE LIQUIDS/GASES THAT ARE USED IN EVERY LABORATORY.

FOR EXAMPLE, HOW MANY CYLINDERS OF GAS ARE IN YOUR LAB? THE STANDARD STATES THAT "....AT ANY ONE WORKING STATION SHALL NOT EXCEED ONE EXTRA CYLINDER FOR EACH CYLINDER ACTUALLY CONNECTED FOR USE"...."AND SECURED IN AN UPRIGHT POSITION".

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.....THAT THE CENTER FOR DISEASE CONTROL IS DILIGENTLY MONITORING/INSPECTING LABORATORIES. TO DATE, EIGHT HOSPITALS HAVE "HAD THE PLEASURE". I APPRECIATE YOUR NOTIFICATION OF THE INSPECTIONS AND REQUEST THAT YOU CONTINUE TO PROVIDE ME WITH THE INFORMATION.

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.....THAT THE AMERICAN USTEOPATHIC COLLEGE OF PATHOLOGISTS, INC. CONTINUES TO PARTICIPATE AS SURVEYORS AS A PART OF THE AOA HOSPITAL SURVEY TEAM. ADDITIONALLY, MEMBERS OF THE COLLEGE HAVE GRACIOUSLY AND GENEROUSLY DONATED THEIR EXPERTISE AND TIME, PROVIDING ASSISTANCE AND ADVICE IN ESTABLISHING A VIABLE LABORATORY PROGRAM.

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.....THAT IT'S AUGUST AND THE SUMMER IS HALF OVER. HOPE THAT YOU HAVE HAD/EXPECTING TO HAVE, A FANTASTIC VACATION.

SINCERELY,

JOAN GROSS, SECRETARY  
COMMITTEE ON HOSPITAL ACCREDITATION





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## GOOD NEWS AND BAD NEWS.....

TODAY, LIKE IT OR NOT, WE ARE EXISTING IN AN ERA OF REGULATIONS AND, TO A GREAT EXTENT, GOVERNMENT CONTROL. IT DOMINEERS OUR EVERY WAKING HOUR, GOOD, BAD OR OTHERWISE. FOR THE MOST PART, OUR PREFERENCE IN THIS MATTER IS OF LITTLE CONSEQUENCE. BUT, IN ONE PARTICULAR AREA, THERE IS A CHOICE AND IT'S ENTIRELY UP TO YOU TO EXERCISE IT.

THE CENTER FOR DISEASE CONTROL, (CDC) AS MANY OF YOU ARE AWARE, HAVING HAD FIRST HAND EXPERIENCE, IS MONITORING LABORATORIES ON A RANDOM SAMPLING BASIS. THEIR UNIQUE METHOD OF SELECTION IS A HIGHLY COMPLICATED, SOPHISTICATED SYSTEM, PROBABLY RESEMBLING A DART BOARD AND, THEIR CHOICES ARE A MYSTERY AS ARE THEIR FINDINGS. NEEDLESS TO SAY, THEY USUALLY CHOOSE TO MAKE THEIR (UN-ANNOUNCED) INSPECTIONS AT THE MOST INOPPORTUNE TIME.

AT THE CONCLUSION OF THEIR INSPECTION OR SOME TIME IN BETWEEN, CDC USUALLY ANNOUNCES THAT, AS A MONITORED LABORATORY, YOU NOW HAVE THE "PRIVILEGE" OF PARTICIPATING IN CDC PROFICIENCY TEST PROGRAMS, FREE, FOR THE COMING YEAR.

IF YOU WISH TO PARTICIPATE, ALL WELL AND GOOD. BUT, UNDERSTAND THAT THIS IS VOLUNTARY PARTICIPATION AND IF YOU DO NOT WISH TO BE ENROLLED, THAT PRIVILEGE IS YOURS, ALSO. NO ONE IS TO FEEL INTIMIDATED BY THEIR INSPECTORS AND IF, FOR SOME REASON, YOU FIND THEIR PROFICIENCY TESTS ARRIVING, (UNWANTED) AT AN ALARMING RATE, SIMPLY DIRECT A LETTER TO WILLIAM KNOUSE, WITH A COPY TO ME, PLEASE, AT THE CENTER FOR DISEASE CONTROL, ATLANTA, GA, 30333, INFORMING HIM THAT YOU ELECT, AS OF THE DATE OF THE LETTER, NOT TO ENROLL IN THE PROFICIENCY TESTING PROGRAM PROVIDED BY CDC. IT ISN'T NECESSARY TO STATE A REASON FOR DISENROLLMENT AS THIS IS ONE OF THE FEW TIMES WHEN THE CHOICE IS YOURS.



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AND, AS LONG AS WE'RE ON THIS GRAND AND GLORIOUS SUBJECT, (CDC) I BEG OF YOU, PLEASE CONTINUE TO KEEP ME INFORMED OF THE CDC MONITORING INSPECTIONS. I DON'T NEED A "FORMAL NOTIFICATION", A TELEPHONE CALL WILL SUFFICE. MY PRIME INTEREST IS THE DATE OF THEIR INSPECTION, THE NAME OF THEIR INSPECTOR AND BASICALLY, THEIR ATTITUDE. CDC PROFESSES TO BE SUPPORTIVE AND "WE AIMS TO SEE THAT IT STAYS THAT WAY".

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WOW...PROBABLY THE BIGGEST NEWS SINCE THE JANUARY 1979 NOTICE WHEN THE NEWEST LABORATORY STANDARDS FIRST WENT INTO EFFECT IS AN ANNOUNCEMENT THAT WAS SENT OUT IN AUGUST, DESCRIBING THE FIRST IN A SERIES, (HOPEFULLY), OF LABORATORY SEMINARS. IT IS BEING PRESENTED BY THE AMERICAN OSTEOPATHIC COLLEGE OF PATHOLOGISTS, INC., IN COOPERATION WITH THE AMERICAN OSTEOPATHIC ASSOCIATION AND THE AMERICAN OSTEOPATHIC HOSPITAL ASSOCIATION. AND, THERE IS STILL TIME, BUT NOT MUCH.... AND STILL ROOM, BUT NOT MUCH...., TO ENROLL AS A PARTICIPANT IN THAT SEMINAR.

THE DATE WAS SET FOR DECEMBER 5, 1980, AT THE HOLIDAY INN-METRO LOCATED AT THE AIRPORT IN DETROIT, MICHIGAN. IT WILL BE A FULL DAY, FROM 8:30 AM TO 4:30 PM, CAREFULLY STRUCTURED IN ORDER TO EXPOSE YOU TO ALL OF THE FACETS OF LABORATORY ACCREDITATION, THE PROCESSES INVOLVED, THE STANDARDS, PROGRESS REPORTS, COMPLIANCE AND PROFICIENCY TESTING REQUIREMENTS.

A PANEL OF FIVE SPEAKERS HAS BEEN SELECTED AND, TO WHET YOUR APPETITE, ONE IS A LABORATORY CONSULTANT FROM THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, REGION V. ANOTHER PANELIST IS THE REPRESENTATIVE TO THE COMMITTEE ON HOSPITAL ACCREDITATION APPOINTED BY THE AOCP, INC., CHAIRMAN OF THE DEPARTMENT OF PATHOLOGY AT A LARGE TEACHING INSTITUTION, PATHOLOGIST/SURVEYOR FOR THE AOA AND COLLEGE OF AMERICAN PATHOLOGISTS, CAP SURVEYOR. HOW IS THAT FOR STARTERS?

AT THE CONCLUSION OF EACH PRESENTATION, TIME WILL BE ALLOCATED FOR A DIALOG BETWEEN THE PANELIST AND PARTICIPANTS. REGISTRATION FEES OF \$125.00 WILL COVER THE COSTS OF ALL EDUCATIONAL MATERIAL, COFFEE BREAKS AND THE LUNCHEON. SO, EVEN ON THE "OFF TIME" YOU WILL HAVE A CHANCE TO MEET WITH THE EXPERTS. IF YOU HAVE ALREADY BEEN SURVEYED OR IF YOU ANTICIPATE A LABORATORY SURVEY, YOUR PARTICIPATION IN THIS FINE PROGRAM WILL CERTAINLY PROVE TO BE A WORTHWHILE INVESTMENT.



AND, TO PUT THE ICING ON THE CAKE, EVERY OSTEOPATHIC PHYSICIAN IN ATTENDANCE WILL HAVE THE OPPORTUNITY OF OBTAINING SIX HOURS OF CATEGORY 1 F AOA CME CREDITS AND EVERY ALLOPATHIC PHYSICIAN IN ATTENDANCE MAY OBTAIN THE EQUIVALENT SIX HOURS, CATEGORY 2 PHYSICIAN RECOGNITION AWARD IN CME CREDIT BY THE AMA, ACCORDING TO CLARKE MANGUN, MD, AMA.

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PROGRESS REPORTS...EVERY ONE IS AWARE OF THE NEED TO SUBMIT A PROGRESS REPORT FOLLOWING A SURVEY. JUST ABOUT EVERYONE HAS VERY METHODICALLY SENT ONE IN, SOME EVEN WITHIN THE REQUIRED TIME FRAME. SO MUCH FOR THE GOOD NEWS...THE BAD....? FOR ALL INTENTS AND PURPOSES, THE BEST THAT ONE COULD SAY IS THAT THEY ARE SCANTY.

THE COMMITTEE ON HOSPITAL ACCREDITATION AT ITS OCTOBER MEETING, CONSIDERED THE POSSIBILITY OF NOT ACCEPTING ANY PROGRESS REPORT THAT DIDN'T HAVE SUPPORTING BACK-UP DOCUMENTATION. AS A MATTER OF FACT, THE COHA WAS DISTURBED, TO PUT IT MILDLY, WHEN THEY TOOK A LOOK AT A LIST OF TWENTY LABORATORY DEFICIENCIES AND FOUND A ONE PAGE PROGRESS REPORT, SAYING REPEATEDLY, "NOW BEING DONE" OR "ON ORDER".

ONE OF THE BIG AREAS TO BE COVERED IN THE DECEMBER SEMINAR IS THE IMPORTANCE OF SUBMITTING A COMPREHENSIVE REPORT, DOCUMENTING ALL OF THE CORRECTIONS. THE FEDERAL GOVERNMENT TAKES THE ATTITUDE, "NOT DOCUMENTED, NOT DONE" AND THE COHA MAY FOLLOW.

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IN A TELEPHONE CONVERSATION WITH THE COLLEGE OF AMERICAN PATHOLOGISTS (CAP), A VERY INTERESTING FACT CAME TO LIGHT. THE MAJORITY OF THE ABBERANT TEST SCORES ARE DUE TO CLERICAL ERRORS. PROFICIENCY TEST RESULTS, WHEN GRADED, DO NOT TAKE INTO CONSIDERATION THE FACT THAT A MATHEMATICAL ERROR WAS MADE OR A DECIMAL POINT WAS OMITTED OR PUT IN THE WRONG PLACE. THEY CONSIDER AN ERROR TO BE AN ERROR. MAKING NO ALLOWANCE OR EXCEPTION FOR BOOKKEEPING MISTAKES, I CAUTION YOU TO HAVE LABORATORY PERSONNEL CHECK AND DOUBLE CHECK THEIR FINDINGS SO THAT THE DECIMAL POINT ISN'T HERE. INSTEAD OF HERE.

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KEEP THOSE CARDS AND LETTERS COMING.... COPIES OF PROFICIENCY TESTS FROM CAP HAVE BEEN ROARING IN, AT AN ALMOST ALARMING PACE. HARDLY A WEEK GOES BY THAT UPS DOESN'T DELIVER A CARLOAD OF RESULTS TO ME. AND, IN CASE YOU THINK THAT THEY'RE JUST PILED IN A HEAP OR FILED IN A CIRCULAR FILE, YOU'RE WRONG.

EVERY PROFICIENCY TEST PROGRAM TO WHICH YOU SUBSCRIBE (AND THAT INCLUDES ONE HOSPITAL LABORATORY THAT IS ENROLLED IN 13 DIFFERENT PROGRAMS), IS REVIEWED INDIVIDUALLY AND MANUALLY LOGGED ON A MASTER TRACKING SHEET.

THESE TRACKING SHEETS GIVE AN INSTANT OVERVIEW OF THE PERFORMANCE OF A LABORATORY. YOU HAVE BEEN NOTIFIED VIA COPY OF A MEMO TO THE ADMINISTRATOR OF ANY AREA THAT IS OUTSIDE OF ACCEPTABLE LIMITS FOR MORE THAN TWO TEST PERIODS. IT IS THEN YOUR RESPONSIBILITY TO CORRECT THE SITUATION AND DOCUMENT YOUR RESPONSE BY SENDING IN YOUR CORRECTIVE PLAN TO THIS OFFICE. A "TICKLE FILE" IS IN PLACE AND ONCE YOU RESPOND, YOU'RE OFF THE LIST.

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

.....THAT YOU HAVE BEEN RECEIVING NOVA FOR ONE YEAR.... HOW TIME FLIES WHEN YOU'RE HAVING FUN. IT'S ALSO ALMOST THANKSGIVING AND TIME FOR THE NEW YEAR. HAVE YOU GOTTEN ALL OF THE THINGS DONE THAT YOU HAD PLANNED...GONE ON THAT LONG NEEDED VACATION ...GOTTEN THE EXTRA HALF-BODY IN THE LAB THAT YOU NEEDED SO DESPARATELY...OR MAYBE FOUND OUT THAT THE WORK HAD A WAY OF GETTING DONE AFTER ALL?

WHEN YOU SIT DOWN ON THANKSGIVING DAY, BE THANKFUL THAT THINGS DIDN'T TURN OUT ANY WORSE. I'M THANKFUL AND I'M GRATEFUL... TO YOU, FOR ALL OF THE HELP THAT YOU, THE PATHOLOGISTS, HAVE GIVEN ME IN GOING OUT, VOLUNTEERING FOR THOSE SURVEYS IN SOME OF THE STRANGEST PLACES, AND FOR YOUR SUPPORT. BEST WISHES FOR THE NEW YEAR, AND...THANK YOU.

SINCERELY,

  
JOAN GROSS, SECRETARY  
COMMITTEE ON HOSPITAL ACCREDITATION





Office of  
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AH, SO.....

EVERYONE HAS HEARD THE ADAGE, "IN ROME, DO AS THE ROMANS DO". AND, THIS HOLDS TRUE EVERYWHERE AS EACH COUNTRY HAS ITS OWN CUSTOMS AND MORES, WITH JAPAN BEING NO EXCEPTION TO THIS STATEMENT.

ONE OF THE MOST IMPORTANT THINGS TO THE JAPANESE PEOPLE IS LEAST KNOWN TO OTHER NATIONS. IT'S CALLED A "HAN". A HAN IS A VERY IMPORTANT, PERSONAL THING AND, AN INTEGRAL PART OF DAILY LIFE. NO BUSINESS IS TRANSACTED WITHOUT ONE, NO BANK ACCOUNT IS OPENED, NO MONEY WITHDRAWN, NO

PACKAGES SENT, NO REGISTERED MAIL IS DELIVERED, WITHOUT THE USE OF A HAN.

THE HAN, AS YOU MAY HAVE DEDUCTED, IS THE CUSTOM ADOPTED BY THE JAPANESE TO AUTHENTICATE, VERIFY OR DOCUMENT. IT'S MORE COMMONLY KNOWN AS THE SEAL. YOUR NAME, USUALLY YOUR LAST, IS SIMPLY OR ELEGANTLY CARVED ON IVORY, WOOD, STONE, ETC. AND, THERE ARE TWO DIFFERENT TYPES OF HAN. THE FIRST IS USED FOR A VARIETY OF DAILY PURPOSES AND IT'S CALLED A "MITOME". THE SECOND ONE IS CALLED A "JITSUIN" AND IT CAN BE REGISTERED IN THE TOWN AND IS USED FOR LEGAL DOCUMENTS SUCH AS REAL ESTATE TRANSACTIONS.

THIS PARTICULAR MORE IS INDIGINOUS TO THE EAST AND HAS NOT, AS YET, RECEIVED WESTERN ACCEPTANCE. BUT, IN THE UNITED STATES, WE DO, AS A PROGRESSIVE NATION, HAVE ITS COUNTERPART. HERE, WE CALL IT A "RUBBER STAMP". WHILE RUBBER STAMPS DO HAVE THEIR USE IN THIS COUNTRY, SUCH AS FOR RETURN ADDRESSES ON ENVELOPES, THEY DON'T HAVE THE STATUS THAT IS GIVEN THEM IN THE ORIENT.

A MITOME IS NEVER USED IN A HOSPITAL AND A JITSUIN, ON RARE AND LIMITED OCCASIONS. PLEASE REFER TO THE GLOSSARY FOR THE USE OF A "RUBBER STAMP SIGNATURE". THIS CAN BE FOUND IN THE ACCREDITATION REQUIREMENTS OF THE AMERICAN OSTEOPATHIC ASSOCIATION, GL-6.



DEAR MOM... I THINK OF HER FONDLY...AND ALL THE NAGGING THAT SHE DID. SO, I MADE A PROMISE THAT I WOULD NEVER FOLLOW IN THAT PATH. HOWEVER...I FIND THAT I AM IN THAT SAME CATEGORY AND IN A WAY, A MOTHER TO A BUNCH OF HOSPITAL ADMINISTRATORS, DID I CALL YOU BEFORE THE COHA MEETING TO REMIND YOU THAT YOU HADN'T SENT IN A PROGRSS REPORT? WERE YOU THE ONE THAT FINALLY SENT IN YOUR PROGRESS REPORT (ONE COPY INSTEAD OF TWO) AND SO DILLIGENTLY BLANKED OUT THE NAME OF THE HOSPITAL...AND LEFT IN THE NAMES OF ALL OF THE MEDICAL STAFF MEMBERS AND THE NAME OF THE CITY AND STATE? OR, WERE YOU THE ONE THAT SENT IN TWO COPIES OF YOUR PROGRESS REPORT WITH ALL IDENTIFICATION BLOCKED OUT AND NO COVER LETTER, AND THERE WAS NO WAY OF TELLING WHO HAD SENT IT IN?

A PROGRESS REPORT IS YOUR WAY OF TELLING THE COMMITTEE ON HOSPITAL ACCREDITATION THAT YOU HAVE REVIEWED THE AREAS OF NONCOMPLIANCE THAT WERE SENT OUT AFTER YOUR SURVEY AND THAT YOU ARE TAKING APPROPRIATE ACTION TO CORRECT THOSE DEFICIENCIES. CHANCES ARE, FOLLOWING THAT STATE OR FEDERAL SURVEY YOU HAVE SENT IN YOUR PLAN OF CORRECTIVE ACTION WITHIN 20 DAYS. THE SAME RESPONSIBILITY IS OWED TO THE AOA AFTER A SURVEY. THAT PROGRESS REPORT INDICATES YOUR WILLINGNESS TO COMPLY WITH THE STANDARDS...AND TO QUALIFY FOR MEDICARE AND MEDICAID REIMBURSEMENT AS AN ACCREDITED INSTITUTION.

PROGRESS REPORTS CONTINUE TO COME INTO THE OFFICE, BOTH FOR THE HOSPITAL AND LABORATORY, WITHOUT SUPPORTING DOCUMENTATION. IT LEAVES THE COMMITTEE IN A QUANDRY. ADDRESSING SIX DEFICIENCIES IN THE PROFESSIONAL STAFF WITH A STATEMENT, "NOW BEING DONE" IS A RATHER HARD THING TO IMAGINE...WITHOUT AN ON-SITE VISIT. AND YET, WHEN A DENIAL WITH AN ON-SITE VISIT IS A DECISION THAT THE COMMITTEE RECOMMENDS, YOU ARE THE FIRST ONES THAT SQUAWK. PERHAPS SOME FACET IN SUBMITTING PROGRESS REPORTS IS MISUNDERSTOOD.

EVERY FACILITY THAT IS SURVEYED BETWEEN THE DATES OF SEPTEMBER 8, 1980 AND MARCH 16, 1981 WILL BE REVIEWED BY THE COHA AT ITS APRIL 2-3, 1981 MEETING. IF YOU WERE SURVEYED OR ARE GOING TO BE SURVEYED BETWEEN THOSE DATES, HOW ABOUT MAKING SOME NOTES ON YOU CALENDAR SO THAT YOU REMEMBER TO SEND IN YOUR PROGRESS REPORTS. YOU DON'T HAVE TO WAIT UNTIL THE LAST DAY. PROGRESS REPORTS ARE ACCEPTED ALL THROUGH THE YEAR AND ARE CODED AND PLACED WITH YOUR SURVEY REPORT. THESE REPORTS CAN ALSO BE SENT IN AS EACH DIFFERENT STAGE IS CORRECTED. IT ISN'T NECESSARY TO WAIT UNTIL ALL AREAS HAVE BEEN CORRECTED. YOU MAY FEEL THAT YOU WOULD RATHER WAIT UNTIL IT IS CLOSER TO THE MEETING, TO SEND IN THE MEETING MINUTES, DOCUMENTING CLINICAL REVIEW, BUT YOU CAN SEND IN OTHER DOCUMENTATION, E.G., APPOINTMENTS TO THE STAFF, OR COPIES OF INVOICES FOR NEW EQUIPMENT ON ORDER, OR THE PREVENTATIVE MAINTENANCE PROGRAM THAT YOUR LABORATORY DIRECTOR HAS INITIATED.

PLEASE, TWO COPIES, ALL IDENTIFICATION BLOCKED OUT AND A COVER LETTER ON HOSPITAL STATIONERY. ANY QUESTIONS? DON'T HESITATE TO CALL.



PAGE 3

NOVEMBER WILL BRING A CHANGE IN BOTH THE ANNUAL APPLICATION AND THE STATISTICAL QUESTIONNAIRE. BOTH HAVE BEEN REVISED IN ORDER TO UP-DATE SOME OF THE INFORMATION THAT IS NEEDED FOR THE FILES, COMPLYING WITH, FOR EXAMPLE, INSTITUTIONAL PLANNING AND THE LABORATORY.

THE APPLICATION IS SENT ANNUALLY AND IS TO BE FILLED OUT AND MAILED BACK TO THIS OFFICE WITH THE APPLICATION FEE. THIS FEE IS AN ANNUAL FEE, DUE FROM EACH HOSPITAL, SATELLITE AND/OR SPECIALTY CENTER THAT APPLIES FOR ACCREDITATION. THE FEE IS DUE EACH YEAR, WHETHER THE FACILITY HAD A ONE, TWO OR THREE YEAR ACCREDITATION.

THE APPLICATION FORM NOW HAS FOUR PAGES. THE FIRST TWO ARE BASICALLY THE SAME AS THE PREVIOUS YEAR, WITH A FEW REVISIONS AND MODIFICATIONS. THE THIRD PAGE IS ONE THAT HAS QUESTIONS RELATING SOLELY TO INSTITUTIONAL PLANNING. THIS SHOULD NOT POSE ANY PARTICULAR PROBLEM AS IT IS IDENTICAL TO THE FEDERAL FORM THAT YOU WERE USED TO IN THE PAST.

THE LAST PAGE IS AN OVERVIEW OF THE LABORATORY SERVICES AND SCOPE OF SERVICE PROVIDED BY THE FACILITY, INCLUDING THE CATEGORIES OF PERSONNEL, NUMBER OF LABORATORY PROCEDURES PERFORMED IN EACH SECTION OF THE LABORATORY, ETC.

THE APPLICATION FORM HAS BEEN DESIGNED SO THAT PAGES ONE AND TWO CAN BE FILLED OUT BY POSSIBLY EXECUTIVE OFFICE PERSONNEL, PAGE THREE, A SEPARATE PAGE, MAY BE DIRECTED TO THE FINANCIAL OFFICER AND THE LAST PAGE, ALSO A SINGLE SHEET, CAN BE FORWARDED TO THE LABORATORY DIRECTOR FOR HIS/HER SIGNATURE AND INFORMATION.

THERE HAS ALSO BEEN A MODIFICATION OF THE STATISTICAL QUESTIONNAIRE. THIS HAS, IN ADDITION TO BEING REVISED, EDITED TO REFLECT A MORE MEANINGFUL SET OF STATISTICS RELATING TO OBSTETRICAL CARE. IT IS LESS CUMBERSOME THAN THE OLDER FORMS, PARTICULARLY FOR OB AND NEW-BORN DATA.

ADDED TO THESE FORMS IS A COMPLETELY NEW DOCUMENT WHICH WILL BE USED FOR THOSE FACILITIES WHICH INVOLVE "SUBSTANCE ABUSE". THIS IS A SHORT STATISICAL QUESTIONNAIRE REFLECTING THE SPECIAL NEED OF THIS TYPE OF PROGRAM.

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THE COMMITTEE ON HOSPITAL ACCREDITATION MET FOR TWO AND A HALF DAYS, OCTOBER 8-10, 1980. AT THAT TIME, APPROXIMATELY 40 FACILITIES WERE REVIEWED. THREE NEW INSTITUTIONS ARE BEING PRESENTED TO THE BOARD



OF TRUSTEES OF THE AMERICAN OSTEOPATHIC ASSOCIATION. THIS WILL BRING THE NUMBER OF ACCREDITED FACILITIES UP TO 156, NOT INCLUDING ANOTHER SEVEN INSTITUTIONS THAT HAVE APPLIED FOR ACCREDITATION.

THERE WILL BE ONE MAJOR ADDITION TO THE ACCREDITATION MANUAL. THE COHA IS PRESENTING A RESOLUTION TO THE BOARD SPECIFICALLY ADDRESSING DISCHARGE PLANNING. A STATEMENT REGARDING THE RESPONSIBILITY FOR SUCH A PROGRAM WILL APPEAR IN THE GOVERNING BODY PORTION OF THE MANUAL AND THE FUNCTION WILL BE DESIGNATED UNDER THE AEGIS OF THE UTILIZATION REVIEW COMMITTEE.

A NUMBER OF CLARIFICATIONS WERE DISCUSSED, E.G., "RUBBER STAMP SIGNATURES", ETC., BUT THERE WERE NO CHANGES AND THE COMMITTEE REAFFIRMED THEIR POSITION.

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

.....THAT IT'S NOVEMBER (ALREADY?) AND ALMOST TIME FOR THE BIG START OF THE HOLIDAY SEASON, PRETTY SOON, THANKSGIVING DAY, AND A TIME TO TAKE IT AS IT'S MEANT, A TIME FOR THANKSGIVING. WE CAN TAKE TIME TO REVIEW, IN RETROSPECT, THE EVENTS OF THE PAST YEAR, THE CRISES THAT AROSE, THOSE THAT RESOLVED THEMSELVES...AND THOSE THAT DIDN'T, THOSE THAT SEEMED UNSURMOUNTABLE AND WEREN'T, THOSE THAT APPEARED MINOR...AND MUSHROOMED.

BUT, IN SPITE OF IT ALL, MOST OF US CAN LOOK BACK AND ACCEPT THE FACT THAT OUR PROBLEMS WEREN'T NEARLY AS GLOOMY AS THEY FIRST SEEMED. WE SHOULD BE THANKFUL, LOOKING FORWARD TO A NEW YEAR, ANTICIPATING A CHANGE FOR THE BETTER, A NEW START.

I KNOW THAT I'M THANKFUL, IN ADDITION TO PERSONAL REASONS, TO ALL OF YOU, THE ADMINISTRATOR/SURVEYORS WHO, WITH ALL OF YOUR PROBLEMS HAVE VOLUNTEERED TO PARTICIPATE IN HOSPITAL SURVEYS. WARM PERSONAL REGARDS AND BEST WISHES FOR THE NEW YEAR.

SINCERELY,

  
JOAN GROSS, SECRETARY  
COMMITTEE ON HOSPITAL ACCREDITATION

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