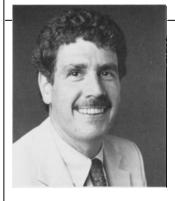
## The President's Corner. . .

## THE STANDARDS: A GIANT STEP FORWARD ON FRIDAY THE 13TH



At the thirteenth National Meeting on Friday, March 13, the Delegate members unanimously approved all 20 of the Standards at the House of Delegates meeting. As was commented at that time, the endorsement of these Standards represents a giant step forward for ACCC. Prior to the House of Delegates meeting, much activity centered around the Standards.

The Ad Hoc Committee on Standards reviewed the results of the Delegate Membership response to the mail questionnaire sent in January. Ninety-seven responses were obtained indicating either that the Standard was acceptable and would contribute to the quality of care (a yes response) or that the Standard was not acceptable and would not contribute to the quality of care (a no response). The two

highest Standards for acceptance at 97.9 percent were Multidisciplinary Team and Pastoral Care Services with the lowest being Medical Director at 82.5 percent. Seventeen of the 20 Standards were accepted by greater than 90 percent of the respondents. The three Standards with a less than 90 percent acceptance rate, i.e. Oncology Nursing, Outpatient Services and Medical Director, were then targeted for special review at the two Standards sessions on March 13. Both these sessions were well attended with significant and meaningful input and discussion from those attending.

Prior to the House of Delegates meeting Friday afternoon, the Ad Hoc Committee on Standards met and collated suggested changes into the language of the Standards. These final changes were then presented to the House of Delegates for approval. Of the 20 Standards, alterations were made in six whereas the remaining 14 were unchanged. These changes were technical rather than substantial in nature. For example, the name Outpatient was changed to Ambulatory, and the Tumor Board Standard is now called Tumor Board/Conference. The requirement for board certification for the Medical Director was altered to be consistent with the Joint Commission on Accreditation of Hospitals (JCAH) position, that is, board certification is only one benchmark for credential-ling. Indeed, the Medical Director Standard without this change would have excluded surgeons from this position since there is currently no separate board certification for surgical oncology. Finally, two new Standards, which are a result of suggestions made at the Meeting, are in the developmental phase. These are Standards for Tumor Registry and Education including lay and professional.

It is the Ad Hoc Committee on Standard's plan under the leadership of the new chairperson, Linda O'Halloran, to send the recently approved Standards with changes to the entire membership. Plans for the Standards for 1987-1988 include the development of a self-assessment instrument, review and approval of new Standards such as Tumor Registry and Education, and a limited number of volunteer pilot surveys if the financial resources are available.

The entire membership of ACCC is to be congratulated for their diligence and hard work on these Standards as well as their courage to take the next step with organizational approval. The amazing part of the Standards' process is that this final approval occurred at the 13th National meeting on Friday the 13th! This undoubtedly is a good omen. However, as emphasized, the Standard process is far from complete. It must be determined if the Standards truly reflect real world settings. Although ACCC will ultimately establish some sort of accrediting process, be it voluntary or mandatory, the exact timetable, structure, and format are yet to be determined. Once again, all members of ACCC should take pride and ownership of these Standards since by adopting them, we all heartily endorse high quality of care for our patients and families.

Robert E. Enck, M.D.

President