

JCAHO REPORTS FIRST RESULTS OF CLINICAL INDICATOR FIELD TESTING

To date, the data burden involved in the collection of obstetrics/gynecology and anesthesiology clinical indicators is minimal, according to Betty Fuchs, project manager for field activities at the Joint Commission for Accreditation of HealthCare Organizations (JCAHO).

Three different sets of data have been obtained from hospitals participating in the field testing of 30 obstetrics/gynecology clinical indicators and 45 anesthesiology indicators. JCAHO is finding that the time needed to collect the necessary data ranges from 5 to 25 minutes, "depending on the complexity of the medical record," Fuchs explains.

Participating hospitals have also been supplying JCAHO with resource assessment information. Fuchs says that hospitals' reported resource requirements to collect the data have ranged from \$254 to \$8,000. However, Fuchs points out that only one hospital's resource needs totaled \$8,000—a figure which she says is "far out of line with the needs reported by other institutions." In fact, the next highest reported data collection cost was \$1,900. Cost variations, according to Fuchs, are primarily due to the "type of personnel" used to collect data. For instance, at hospitals where nursing staff are collecting data, the costs are higher than in hospitals that are using medical record staff.

Furthermore, because data have been collected manually, the expected switch to an automated system of collection should "easily cut costs in half," Fuchs predicts.

Future possible revisions to collection procedures may include "dropping some of the elements currently being collected, especially in the area of anesthesiology," Fuchs notes. Other possible revisions to the data collection process could include a switch to random collection procedures or, instead of collecting 100 percent of the data, the JCAHO may elect to collect summary information.

Right now, however, JCAHO is concerned with validating current indicators and determining the data capacities within field test hospitals. JCAHO expects to be ready to institute the ongoing collection of data in the areas of obstetrics/gynecology and anesthesiology by the beginning of next year.

The development of oncology clinical

indicators will begin in November, when the oncology task force, chaired by John Yarbrow, M.D., Ph.D., meets for the first time. Field testing of those indicators should begin next June, Fuchs says. Moreover, because many hospitals have "highly developed cancer registries, the collection of oncology indicators may be automated immediately, bypassing the initial, manual collection method employed in other areas."

In addition to oncology, the development of clinical indicators for cardiology and trauma will proceed this year. The next areas targeted for action are long-term care, psychiatric care, and general surgery.

RABSON APPOINTED NCI ACTING DIRECTOR

Alan Rabson, director of the Division of Cancer Biology & Diagnosis, has been appointed acting director of the National Cancer Institute, effective September 1. Dr. Vincent DeVita's 25 years of service at NCI ended on August 31.

The Reagan Administration plans to appoint a replacement for DeVita before a new Administration is in office. White House staff have drawn up a list of candidates for review, none of whom are currently employed by NCI.

ACCC'S YARBRO TO CHAIR JCAHO TASK FORCE

John Yarbrow, M.D., Ph.D., professor of Medicine, University of Missouri School of Medicine, and a founder and past president of the ACCC, has been appointed by the Joint Commission on Accreditation of HealthCare Organizations (JCAHO) to serve as chairman of its Oncology Clinical Indicator Task Force.

The task force is charged with the responsibility for developing oncology clinical indicators to be field tested by June 1989.

CALL FOR PROPOSED BYLAWS AMENDMENTS

The ACCC Bylaws, adopted by the House of Delegates in March 1984, state: "These Bylaws may be amended by the vote or written assent of two-thirds of the Delegate Representatives voting. Written notice of proposed Bylaws amendments must be sent to voting members at least 30

days prior to the meeting at which they are to be acted on."

Any delegate representative may submit a proposed Bylaws amendment. Submissions should be in writing and addressed to Susan Dimpfel, Bylaws Chairman, ACCC, 11600 Nebel St., Suite 201, Rockville, MD 20852.

All suggestions for amendments must be received at the ACCC Executive by December 1, 1988, for consideration by the House of Delegates in March 1989.

NOMINATIONS FOR ACCC OFFICERS AND TRUSTEES

The ACCC Nominating Committee is soliciting nominations for the following 1989-90 board positions:

- President-Elect
- Secretary
- Four Trustees

The term of President-Elect is one year. The Secretary and Trustee positions are two-year terms. While nominees are not required to be the voting representative from their institution, they must represent an ACCC Delegate Institution. ■

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planned for the rest of you is going to be paid for, now that the Blues have decided to only pay for whatever is listed on PDQ."

So folks, chaos reigns. It's supposed to be good for innovation, but lousy for things we know how to do. It's a damn shame that it's being introduced to areas that need stability, like payments for patient care that we know has a positive effect, and payment for research, which guarantees reductions in innovation. Chaos can be okay, but sometimes we've got it backward.



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