Suggested Solutions Planning and Goals

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THE TIME HAS COME to put into action the recommendations of the Planning and Goals Conference in Continuing Medical Education (see CALIFORNIA MEDICINE, August and September 1967). The entire program as presented may seem difficult to implement, especially on a state-wide basis.

The following suggestions are offered as a way to get started now:

I. "The Role of Hospitals" Every community hospital is required to audit the work done in the hospital. The audit should become an educational exercise and not police work.[1] The audit should be systematic, based on individual diagnoses, and consist of comparing the professional care rendered with criteria developed previously to insure uniform evaluation of the quality of care and of appropriate utilization of the hospital and hospital services.

Criteria have been developed for more than 50 disease entities to measure both quality of care and effectiveness of the use of the hospital.[2] The use of the audit as an educational device should be supplemented by systematic educational programs selected in the light of demonstrable needs. The program should be innovative and include lectures, clinical pathological conferences, symposia, distribution of literature, Audio-Digest, television, and staff newsletters. Help could be obtained for the educational program from medical schools, local medical societies, and California Medical Association.

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II. "Evaluation" In this system evaluation of the results of the educational effort is automatic by comparing data continually produced by the audit. Hospitals can be compared with one another if similar criteria were used.

III. "Motivation" Motivation is also built into this system. Every physician likes to feel that he practices high-quality medicine. Unfortunately, many current audits let pass all but the most outrageous and flagrant examples of poor practice, thereby implying that mediocre practice is acceptable. The involvement of the medical staff in the educational audit would rectify this problem by its effort to insure uniform high-quality medical care. Service on the audit committee is a recognized duty of all staff members and could be made a requirement for continuation of hospital privileges.

IV. "Certification or Accreditation" The CMA survey team would have access to the educational audit and could readily determine the effectiveness of each hospital's program of continuing medical education. If identical criteria were used, the survey teams would be better able to determine the quality of medical care and appropriate hospital utilization.

These suggestions are offered as a coordinated program to implement the recommendation of the Planning and Goals Conference. By making better use of the time physicians already devote to the necessary committee work of the community hospital, any hospital or county medical association can start now.

REFERENCES

1. Eisele, C. W.: Bulletin of the American College of Physicians, Sept. 1967.

2. Payne, Beverly C.: Continued evolution of a system of medical care appraisal, JAMA, 201:536-540, 14 Aug. 1967.