

REPOSITORY Records Holding Area Bldg. 494

The Medical Research Center

COLLECTION Meetings/Minutes/Agendas

Minutes of the Regular Meeting

BOX No. 2

of the Medical Staff Upton, L. I., New York

FOLDER Governing Body 1971-1974

Friday, October 27th, 1972

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Active Clinical Staff:

Present: Drs. Borg, Chanana, Chikkappa, Conard, Downey, Iwai, Love, Mena, Ohl, Papavasiliou, Robertson, Slatkin, Wu.

Excused: Drs. Atkins, Dahl, Laissue, Shreeve.

Absent: Drs. Ansari, Asad, Bradley-Moore, Cotzias, Cronkite.

Scientific Supporting Staff:

Present: Dr. Aronson

Absent: Drs. Drew, Cohn and Stoner

The meeting was called to order by the Presiding Officer, Dr. J.S. Robertson, at about 3:05 P.M.

Dr. Robertson indicated that a memorandum was received from Dr. Cronkite dated October 25, 1972 concerning the Minutes of the September 29th Regular Medical Staff Meeting. It indicated that the decision of the Medical Staff to change rule #18C, made at the September 29th Staff Meeting, would not be put into effect until submitted to and approved by the Governing Board in accordance with hospital regulations. Accordingly, Dr. Cronkite's memorandum was appended to the Minutes of the September 29th Meeting.

It was also stated by Dr. Robertson that the Fire Department "offered" rather than "intended" to stage a demonstration (re: page 2 of September 29th Minutes). No other comments were made concerning the Minutes.

Dr. Slatkin inquired about the mechanism whereby the Secretary of the Medical Staff could classify those not present as "Absent" or "Excused". Dr. Chanana stated that those who wished to be excused should get in touch with the Presiding Officer or the Secretary, and the consensus was that this was acceptable. It was not unequivocally clear that this notification should be done personally, and the Secretary was left with the unsubstantiated impression that an intermediate person could convey a request to be excused provided that the intermediary was a member of the Medical Staff or the Scientific Supporting Staff.

The Hospital Statistics were noted and accepted.

Dr. Chanana, for the Medical Records Committee, stressed the importance of promptly reporting the results of examinations and tests to the referring physician. He indicated that the high reputation of the Hospital demanded that this practice be adhered to rigorously.

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Dr. Papavasiliou, for the Accreditation Committee, indicated that an Accreditation Survey of the Hospital would probably not take place until 1973, and that preparations for an interim internal audit were in progress.

Dr. Chanana, for the Infection Control Committee, read a memorandum dated October 25th, 1972, reiterating the Committee's satisfaction with the existing procedures for isolation of patients with lowered resistance to infections. He invited those staff members who disagreed with the existing recommendations, and in particular those who believed that a special bacteriological survey of contacts or possible contacts may be needed, to contact the Chairman or any member of the Infection Control Committee.

Dr. Robertson, for the Clinical Investigation Committee, drew attention to the fact that requirements for applications have been changed, and that applicants for renewal or initiation of clinical research projects should make due provision for these changes in their formal applications.

Dr. Aronson, for the Clinical Services Committee, welcomed Dr. Slatkin as Pathologist to the Hospital, responsible for the administration of various Clinical Services and in charge of the Histopathology Service. He also noted that various Clinical Services are now participating in the Communicable Disease Center (Atlanta, Ga.) Hospital Laboratory Testing Program on a voluntary basis. As Scientist temporarily in charge of the Clinical Chemistry Service, pro tem, he indicated that the results of the first outside tests were very good.

Dr. Conard, for the Medical Emergency Committee, stated that a series of hospital emergency drills has been started, and will continue in the future. He indicated that the Fire Department's offer of a demonstration would be favorably considered.

Dr. Robertson raised the subject of completion of the Hospital Formulary. A long discussion ensued, and the following points were among those made:

a) The ad hoc Formulary Committee composed of Drs. Atkins, Iwai, and Downey is officially active.

b) The Administration of the Hospital, as represented by Dr. Aronson, will make a secretary available to assist Mr. Goldman and Formulary Committee members to complete their work.

c) The present, provisional, list of about 1000 drugs should be considerably shortened by eliminating all medications other than those which must be continuously on stock in the BNL Hospital Pharmacy, appropriately excluding some medications which are used infrequently and which may be conveniently obtained on a day's notice or sooner from hospitals or pharmaceutical supply houses in this region.

d) Those medications which, finally, must be listed and stocked here, should be specified in fair detail. Information concerning generic name, proprietary names, form and dosages to be stocked, and total amount of medication to be stocked may possibly be included.

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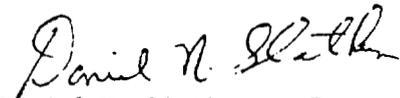
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e) The various clinical groups (Hypertension, Neurology, Hematology, Industrial Medicine, Diabetes, Renal, Nuclear Medicine) should be questioned separately for detailed information concerning those drugs which they use frequently and/or which they deem to be of necessity immediately in stock at all times.

f) The final list, after review and authorization by the Medical Staff at one of its General Meetings, will constitute the Hospital Formulary.

The meeting was adjourned at 4:05 P.M.

Respectfully submitted,



Daniel N. Slatkin, M.D.  
Secretary to the Medical Staff

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