

A STUDY TO DETERMINE THE BEST ORGANIZATION OF A
DEPARTMENT OF DENTISTRY FOR HILLCREST
MEDICAL CENTER, TULSA, OKLAHOMA

[Signature]
Director of the Program

APPROVED BY THE THESIS COMMITTEE:

A Problem Solving Thesis
Submitted to the Faculty of
Baylor University
In Partial Fulfillment of the
Requirements for the Degree
of
Master of Hospital Administration

By

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Waco, Texas

August 1973

DATE: August 19, 1973



APPROVED BY THE U.S. ARMY MEDICAL FIELD SERVICE SCHOOL:

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August 18, 1973

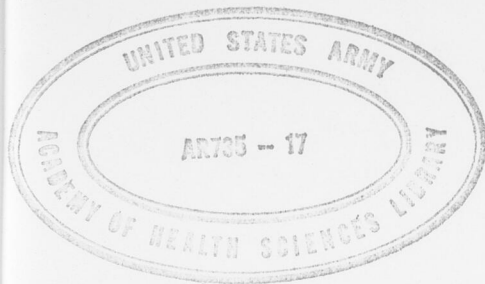


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By 1968 the American Dental Association reported that 2,756 hospitals had organized dental departments, and the total figure was increasing by an average of forty new departments a year.

CHAPTER I

INTRODUCTION

General Information

It is imperative that the modern hospital of today continually strive to maintain the highest possible standards for all facets of medical care for the consumer. Dental care, one of the essential parts of total health care, has in the past been relatively ignored by the hospital administrators and boards of trustees, and has been shunted aside in planning for the more glamorous phases of medicine. Within the last decade, the commissioners of the Joint Commission on Accreditation of Hospitals have begun to encourage hospitals to organize the dental facilities in their establishments to provide this needed service to the community.

By 1968 the American Dental Association reported that 2,756 hospitals had organized dental departments, and the total figure was increasing by an average of forty new departments a year.¹

Although the concept of including dental services as part of the hospital's community responsibility is accepted by most hospitals, the establishment of a dental department will be a new and frustrating experience for the hospital administrator and the chief of the dental service. Aside from the general guidelines provided by the American Hospital Association, the American Dental Association, and the Joint Commission on Accreditation of Hospitals,² the hospitals have little reference material which will assist them in organizing a dental department.

It is hoped that the mechanics of establishing a dental department at Hillcrest Medical Center will act as a guide for other hospitals that will attempt to organize dental services in the future.

Conditions Which Prompted the Study

The administrative staff at Hillcrest Medical Center, heeding the encouragement of the Joint Commission to organize hospital dental departments throughout the country, desired to establish such a department in their hospital.

Statement of the Problem

The problem is to determine the best organization of the dental staff at Hillcrest Medical Center, Tulsa, Oklahoma.

Objectives

The objectives of this study are:

1. To analyze the hospital's existing dental service.
2. To discuss the possible organizations of the dental service that are accepted by the Joint Commission.
3. To establish accepted guidelines for Hillcrest in the establishment of an organized dental service.
4. To evaluate the advantages and disadvantages of the alternative acceptable systems as they apply to Hillcrest.

Criteria

Criteria for the problem is divided into three sections:

Criteria I--When to organize:

1. The American Dental Association and the American

Hospital Association recommend that a dental service should be formed when several dentists are on a hospital staff.³

2. The Joint Commission on Accreditation of Hospitals encourages hospitals to establish a dental service.⁴

Criteria II--How to organize:

1. The American Dental Association and the American Hospital Association recommend:

In teaching hospitals and other large hospitals, the functional division of the medical and dental staff into more than minimal departments or services is frequently desirable. In these instances, the organization of the department of dentistry should be comparable to that of other departments of the hospital. The dental department should be organized into sections to conform to the areas of the recognized dental specialties, so far as is consistent with the available staff facilities and the needs of the community.⁵

2. The Joint Commission says:

In small hospitals and those hospitals where the principal activity of the dental department is limited to a single specialty, this service may be organized as a section of the surgery department co-equal with the other surgical specialties. In larger hospitals and in teaching hospitals the section on oral surgery is a section of the department of dentistry with full consultative and advisory relations with the department of surgery and that the organization shall be comparable to that of other services or departments.⁶

Criteria III--Requirements of an organized dental service:

1. Requirements of the American Dental Association and the American Hospital Association for accreditation of the dental department by the Council on Hospital Dental Services (Appendix A).⁷

2. Standards of the Joint Commission governing the practice of dentistry in accredited hospitals (Appendix B).⁸

Limitations

According to James Harvey, the administrator at Hillcrest Hospital, the following limitations will be imposed:

1. A full-time chief of the department of dentistry is not desirable at this time.

2. Complete dental records of the outpatient clinic are only available back to 1966.

3. Only patients admitted to the hospital for a primary diagnosis of dental disease are used for inpatient data.⁹

Factors Bearing on the Problem

Upon completion of the observation period, the following factors are considered bearing upon the problem:

1. The complete dental service of the hospital is functioning under the department of surgery.

2. The governing body bylaws and medical staff bylaws of Hillcrest Medical Center do not include sufficient provisions to legally authorize the practice of dentistry at the hospital.

3. Because of lack of authority for dental service, the hospital is extremely susceptible to legal suits over dental procedures.

4. The dental records do not go through the Medical Audit of the hospital.

5. The dental staff, which completes a great number of dental procedures each year, is under no direct dental supervision.

6. A review of past dental records indicates that some dental patients do not receive adequate medical lab work-ups of urinalysis, hemoglobin, hematocrit, complete blood count, and serology.

7. The dental staff practicing at Hillcrest

includes specialists of oral surgery, periodontics, orthodontics, pedodontics, and general practice.

8. The hospital is considered large by Joint Commission standards and has a total of 510 beds.

Assumptions

It is assumed that the hospital will make necessary funds available to: (1) provide an adequate selection of dental books and periodicals in the hospital library; and (2) provide adequate space to the dental service and provide equipment, instruments, and supplies necessary to carry out all procedures in accordance with generally accepted standards of dental practice.

Research Methodology

To conduct this study, it was necessary to analyze the dental procedures performed by the dental staff of the hospital. This was accomplished by interviews with the chief administrator and assistants of the hospital and with members of the medical and dental staff. Surveys were made with the chief of Data Retrieval and Analysis to gather data on the types and numbers of dental procedures accomplished in the hospital by the dental staff. The chief nurse of the outpatient clinic was contacted for

the records of the Outpatient Dental Clinic to determine the number and types of dental procedures accomplished by the outpatient clinic. The chief of the Medical Records Branch was interviewed concerning dental records. The medical secretary of the Medical Staff was contacted to obtain information concerning committee meetings.

The office of the Oklahoma Hospital Association and the Chicago office of the American Dental Association were contacted to determine accepted standards for the formation of the dental department; and new bylaws, rules, and regulations were written using these standards.

Literature Review

A review of the literature reveals a void in information concerning hospital dental practice organization. However, it does reveal that the professions of dentistry, medicine, and hospital administration agree that the practice of dentistry is an essential part of a total community health service; but to this date it is not necessary for a hospital to have a dental staff to be

accredited by the Joint Commission on Accreditation of Hospitals.

The American Dental Association, through the Council on Hospital Dental Service, has long attempted to become a member of the Joint Commission, for only through participation of this commission can adequate hospital dental programs be developed.¹⁰

The efforts of the American Dental Association have failed thus far; but in 1960, in lieu of full membership, the Joint Commission agreed with the American Dental Association that a liaison committee would be established which would meet, subject to call of either organization, whenever there was a mutual problem in hospital dentistry to discuss.¹¹

These meetings resulted in the publication of a bulletin in 1964, by the Joint Commission, encouraging hospitals that do not have dental departments to establish them as a means of strengthening and broadening the role of the hospital in community health care. The bulletin further stated that if a hospital possessed a dental service, the service must meet established standards. These standards defined a dentist, the practice of dentistry,

an oral surgeon and oral surgery, the types of organization the dental service may take, the dual responsibility of the physician and dentist, and the specific bylaw changes to authorize the dental service.¹²

In 1965 the American Dental Association, in cooperation with the Council on Professional Practice of the American Hospital Association, produced (1) a document that would assist hospitals in developing an accepted dental service program; and (2) guidelines that have been approved by the American Dental Association and the American Hospital Association. These same guidelines became the criteria on which the Council on Hospital Dental Service, of the American Dental Association, evaluates and accredits dental services in hospitals.¹³

At the present, accreditation of the hospital dental service by the American Dental Association is voluntary, not compulsory; but the accredited dental department can attract a better qualified staff, for it is recognized by dentistry and medicine alike that it is a unit that is seeking to improve the quality of its service.¹⁴

These two publications, the standards bulletin

published by the Joint Commission and the guidelines published jointly by the American Dental Association and the American Hospital Association, are virtually the only

reference materials available to the hospital for the process of adding to or including a dental service in their organizational structure.¹⁵

Organization of a department based on traditional organization theory is complicated by the presence of a self-governing body of physicians and dentists within the organized framework of the hospital. It must be remembered that the majority of the professional staff of the hospital are not salaried personnel, controlled by the hospital administrative members, but are self-employed individuals who use the facilities at their own discretion and convenience; therefore, any formal organizational structure must be based upon the recommendations of standards by the professional organization to which the physician or dentist belongs. In the future this might change, but for the present, the criteria for organization of the professional staff should be based on that suggested by the professional societies.

Footnotes

¹"Survey of Hospital Dental Departments, 1969, vs. Present Facilities and Planned Expansion," Journal of the American Dental Association, LXXXI (July, 1970), 183-86.

²American Dental Association and the American Hospital Association, Guidelines for Hospital Dental Services (Chicago: American Hospital Association, 1966), p. 1.

³American Dental Association, Council on Hospital Dental Service, "Hospital Dentistry and the Joint Commission on Accreditation of Hospitals," Journal of the American Dental Association, LXII (February, 1961), 82.

⁴Joint Commission on Accreditation of Hospitals, "Dentistry in Accredited Hospitals," Bulletin No. 36, August, 1964, p. 1.

⁵American Dental Association and the American Hospital Association, p. 5.

⁶Joint Commission on Accreditation of Hospitals, p. 1.

⁷Joint Commission on Accreditation of Hospitals, "Medical and Allied Health Professions and Services in Accredited Hospitals," Bulletin No. 44, April, 1967, pp. 1-8.

⁸Joint Commission on Accreditation of Hospitals, "Dentistry in Accredited Hospitals," pp. 1-3.

⁹Interview with James Harvey, Administrator, Hillcrest Medical Center, Tulsa, Oklahoma, February 7, 1968.

¹⁰American Dental Association, Council on Hospital Dental Service, p. 83.

¹¹Ibid.

CHAPTER II

¹²Joint Commission on Accreditation of Hospitals, "Dentistry in Accredited Hospitals," pp. 1-3.

¹³American Dental Association and American Hospital Association, p. 1.

¹⁴American Dental Association, Council on Hospital Dental Service, "Accreditation of Hospital Dental Department," Journal of the American Dental Association, LXIV (March, 1962), 137.

¹⁵J. R. Hooley and D. H. Jeppson, "Organizing a Hospital Dental Service," Hospital Topics, XLVI (February, 1968), 47.

survey should provide information for future organizational structure.

Number of dentists and types of specialties

As of January 1, 1968, Hillcrest Medical Center had a total of twenty-nine dentists on the hospital staff. The specialties consisted of oral surgery, periodontics, pedodontics, orthodontics, and general dentistry (Table 1).

Types of dental procedures performed, inpatient

Information on the types of dental procedures performed in the hospital was obtained from the Department of Data Retrieval and Analysis.¹

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CHAPTER II

DISCUSSION

Inventory of the Dental Staff

Survey of hospital dental service

A survey of the dental service was made to obtain information on the scope and characteristics of the dental services being performed at the hospital. Results of the survey should provide information for future organizational structure.

Number of dentists and types of specialities

As of January 1, 1968, Hillcrest Medical Center had a total of twenty-nine dentists on the hospital staff. The specialities consisted of oral surgery, periodontics, pedodontics, orthodontics, and general dentistry (Table 1).

Types of dental procedures performed, inpatient

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TABLE 1

DENTAL STAFF CENSUS BY CATEGORY, JANUARY 1, 1968

Dental Speciality	Regular	Associate	Courtesy	Honorary	Interim	Special	Total
Oral Surgery	6		1				7
Periodontics	1		1				2
Pedodontics	2	2	1		1		6
Orthodontics		1					1
General Dentists	2	1	1	1	1	7	13
	11	4	4	1	2	7	29

Source: Interview with James Harvey, Administrator, Hillcrest Medical Center, Tulsa, Oklahoma, February 7, 1968.

TABLE 2

The information available was limited to the years 1964 through 1967 and included only those patients ad-

mitted with a primary diagnosis of dental disease. The data did not include secondary dental procedures performed on patients admitted for some other diagnosis.

The basis for the information was the semiannual report of the Patient Administration Service and was detailed into categories of diagnosis by year, total length of stay by diagnosis, average length of stay for total cases, number of cases without minimum laboratory workup, and total operative procedures performed on dental admittees (Tables 2 and 3).

Types of dental procedures performed, outpatient clinic

To obtain the number and type of dental services performed by the outpatient clinic, the outpatient records were obtained from the record reports.² The total number of outpatient visits was available from 1964 through 1967, but the breakdown of visits to procedures was available only for years 1966 and 1967 (Tables 4, 5, and 6).

Source: Interview with James Harvey, Administrator, Hillcrest Medical Center, February 7, 1968.

TABLE 2

DENTAL SERVICES--HILLCREST MEDICAL CENTER,
1964-1967--DIAGNOSIS

Diagnosis	1964		1965		1966		1967	
	Cases	Days	Cases	Days	Cases	Days	Cases	Days
Dental Caries	66	207	70	163	62	142	109	222
Abscess, Supporting Structures	1	3	3	10	2	15	1	4
Other Inflammatory Diseases	66	166	63	180	47	156	60	160
Disorders of Occlusion and Development	52	158	55	141	50	126	46	132
Diseases of Buccal Cavity (Excl Tumors)	5	12	1	5	4	10	21	77
Fracture, Mandible and Other Face Bones	25	173	17	107	21	90	32	158
Lacerations of Face (Broken Tooth)	2	5	2	2	3	8	2	4
Benign Tumor, Buccal Cavity	2	4	4	6	2	4	4	10
Osteomyelitis	1	13	-	-	1	6	3	10
Malignant Tumor, Buccal Cavity	-	-	1	6	1	3	-	-
Totals	220	741	216	620	193	560	278	777
Average Length of Stay		3.4		2.9		2.9		2.8
Pts. Without Minimum Lab (Admission urinalysis and/or Blood	5		3		3		3	

Source: Interview with James Harvey, Administrator, Hillcrest Medical Center, February 7, 1968.

TABLE 3

DENTAL SERVICES--HILLCREST MEDICAL CENTER
1964-1967--OPERATIVE PROCEDURE

Operative Procedure	Number of Procedures (Primary)			
	1964	1965	1966	1967
Incision and Drainage, Alveolar Abscess	1	-	-	-
Extraction of Tooth, Simple	65	87	52	85
Surgical Removal of Tooth	109	103	131	111
Root Resection	-	1	1	1
Alveolectomy	1	1	1	1
Gingivectomy	14	18	5	21
Repair of Tooth	17	21	18	51
Alveoloplasty	4	9	10	2
Other Operations, Teeth and Gums (includes dental wiring, suture of gums, etc.)	38	32	40	46
Totals	249	272	258	318

Source: Ibid.

TABLE 4

OUTPATIENT CLINIC VISITS TO HILLCREST
DENTAL CLINIC

Month	1964	1965	1966	1967
January	27	34	48	38
February	35	36	35	46
March	23	42	39	35
April	40	35	33	26
May	34	36	41	30
June	41	34	32	43
July	38	38	35	20
August	31	24	38	36
September	41	26	30	26
October	34	58	30	42
November	27	35	29	41
December	34	36	19	44
Total	405	434	409*	427*

*See Tables 5 and 6 for further breakdown of procedures.

Source: Ibid.

Source: Ibid.

TABLE 5

HILLCREST OUTPATIENT DEPARTMENT DENTAL
CLINIC, 1966

Operative Patients

236 Patients	2 Pulp caps-- 1-1/2 Hour Procedure
320 X-rays	41 Surveys
50 Rocky Mountain Crowns	53 Examinations
274 Fillings	175 Instructions
22 Bases	3 Root Canal
20 Silicone Fillings	10 Adjustments
61 Extractions	4 Appliances Delivered
19 Prophylaxis	7 Impressions
1 Plastic Jacket	2 Gingevectomies
2 Porcelain Jackets	2 Consultations
12 Pulpotomies	2 Bands Removed

Orthodontic Patients

52 Patients
52 Adjustments
20 Appointments Referred for Further Head X-rays, Measurements, and Impressions
12 Consultations
2 Bandings
2 Bandings Removed and Patients Dismissed

Source: Ibid.

Source: Ibid.

TABLE 6

HILLCREST OUTPATIENT DEPARTMENT DENTAL
CLINIC, 1967

Operative Patients

145 Patients	4 Silicote Fillings
70 Extractions	78 Examinations
271 X-rays	1 Referral
215 Fillings	2 Front Teeth Diamond Dust Filled and Built Up
34 Instructions	2 Referral to Dental Office for Resection
20 Rocky Mountain Crowns	2 Referral to Dental Office for Complete Mouth Restoration and Capping
1 Pulpotomy	1 Frenectomy
1 Porcelain Jacket Crown	1 Acrylic Jacket
7 Prophylaxis	2 Partial Dentures
5 Impressions	
3 Appliance Adjustments	

Orthodontic Patients

93 Patients	
2 Six-month Check-ups	
18 Evaluations with possible appointment	
46 Examinations with evaluations	
3 Dismissed	
1 Child comes in each month to visit so his confidence can be gained.	
A plactic palate will be made as soon as possible.	

Source: Ibid.

Survey of present organization
of the dental staff

Information as to the organization of the dental staff was obtained from the present Hillcrest Medical Staff Bylaws³ and the Medical Staff Roster.⁴ The present dental staff are members of the subsection of Oral Surgery and Dentistry under the direction of the Surgical Department.

Survey of medical records as they
apply to the dental service

The following information was obtained from the Chief of the Medical Records Department:

1. Dental records are not reviewed by the medical records audit.
2. Inadequacy of the dental records was usually the result of the lack of proper physical examinations.⁵
3. Some dental patients were admitted under physical examinations given by physicians, not on the staff. This is contrary to the Medical Staff Rules and Regulations.⁶
4. A large number of patients admitted for dental procedures were not seen by a staff physician

DENTAL SECTION ORGANIZATION

while they were in the hospital; or, if they were, a note of the visit was not recorded in the patient's chart.

Survey of the meetings at Hillcrest Medical Center

The following information was obtained from the minutes of the meeting of the Medical Executive Committee:

MINUTES
OF
MEETING OF THE MEDICAL EXECUTIVE COMMITTEE--
FEBRUARY 15, 1966

The regular monthly meeting of the Medical Executive Committee was held at 6:30 P.M. on February 15, 1966 in the Conference Dining Room of the hospital.

- Present:
- Dr. George Adams, Chief of Staff
 - Dr. A. N. Vammen
 - Dr. Sam Capehart
 - Dr. Herman Flanigin
 - Dr. Joe L. Spann
 - Dr. M. K. Ledbetter
 - Dr. Leo Lowbeer
 - Dr. Homer Hardy
 - Dr. Craig Jones
 - Mr. James D. Harvey, Administrator

Absent: None

- Others present:
- Mrs. Elaine Brown, R.N.
 - Mr. Harry C. Mobley
 - Mr. George Dickinson
 - Mr. Dan Wilford

Dr. Adams presided and called the meeting to order.

MEETING OF DENTISTS

A special meeting of the DENTISTS OF HILLCREST

DENTAL SECTION ORGANIZATION

Dr. Hardy again brought up the question of the Dental Section and reiterated that they wish to be an organized section and have privileges in the hospital. He stated he had talked to most all of the General Practice dentists and all of the Oral Surgeons, and all but two of them were in general agreement with this. Lengthy discussion and a review of past efforts to organize the dental section ensued. Dr. Flanigin made the following motion, which was seconded by Dr. Capehart, to-wit:

'That a member of the Executive Committee be appointed to meet with the dentists, who shall be invited by written invitation from this body, to meet with our representative in an organizational meeting and asked to come prepared to make recommendations for organization of a Dental Section.'

Dr. Hardy offered the following amendment to the motion which was accepted by Dr. Flanigin and seconded by Dr. Capehart, to-wit:

'That because of the rules and regulations set down by the American Hospital Association or accrediting agency, the Dental Section shall be organized in this hospital.'

ACTION--motion passed unanimously. Dr. Adams appointed Dr. Hardy to meet with the dentists.⁷

The following is extracted from the Official Minutes of a Special Meeting of Dentists at Hillcrest Medical Center:

OFFICIAL MINUTES: SPECIAL DATE: March 8, 1966
MEETING OF DENTISTS

A special meeting of the DENTISTS OF HILLCREST

MEDICAL CENTER was called to order by the President of the Medical Staff, Homer D. Hardy, M.D., Tuesday, March 8, 1966 at 7:30 P.M. in Room No. 1409 of the Hospital.

Those present were:

Homer D. Hardy, M.D., Presiding

J. William Bell, D.D.S.

Ben D. Caudle, D.D.S.

R. Phil Caudle, D.D.S.

George Coe, Jr., D.D.S.

Mack Delk, D.D.S.

Denny Estes, D.D.S.

Vincent Kelly, D.D.S.

Joe McLoud, D.D.S.

William Miller, Jr., D.D.S.

Arthur Taubman, D.D.S.

Those excused:

Dan E. Brannin, D.D.S. (Working in Emergency Room)

D. E. Hawthorne, D.D.S. (Out of town)

Ed Smith, D.D.S. (Called out of the meeting)

William Swartz, D.D.S. (Another meeting)

Ross Waltzer, D.D.S. (Out of town)

The dentists expressed their lack of interest in attending Surgery Section meetings to listen to surgery death cases. They would rather have their own meetings with appropriate dental cases presented and discussed.

They believe the Dental Section should be a separate functional part of the hospital. It was the feeling that the integrity of the Dental Section should be such as to be self-governing.

Dr. Hardy reported that he talked with all the men in the Special Dental Service who work in the

Disadvantage:

Outpatient Department, and they have all voiced the desire that Hillcrest have an organized Dental Section.

American Dental Association and the American Hospital As-

Dr. Ben Caudle will contact all members of the Special Dental Service to see if they would not like to be among the standard categories of the staff, i.e., Courtesy, Associate, Regular, Visiting, etc.⁸

Type II.

MEDICAL AND DENTAL STAFF

Types of Dental Staff Organizations

Information was obtained from the American Hospital Association as to possible organization structures for the dental service at Hillcrest Medical Center.⁹

Type I.

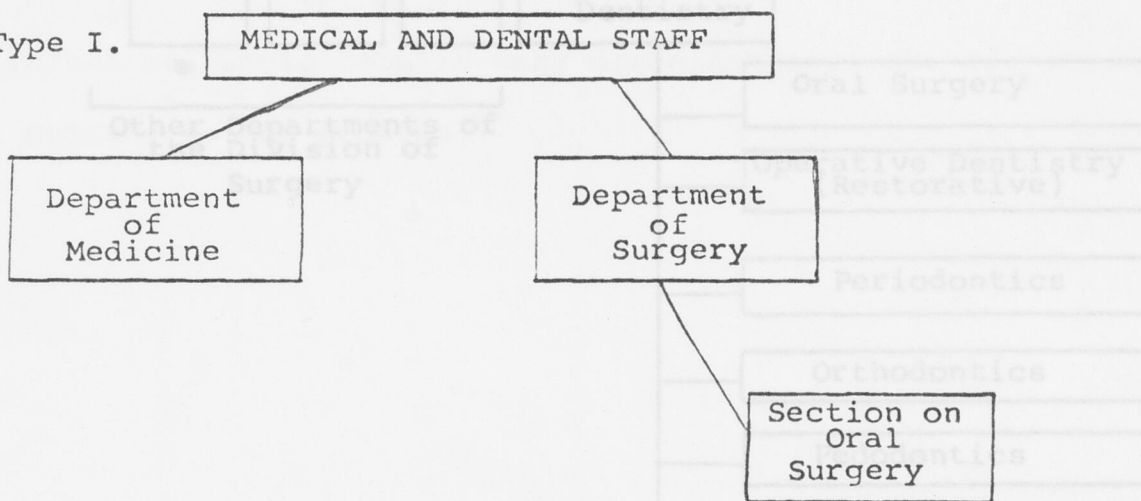


Fig. 1.--Section of oral surgery as a subsection of the department of surgery (as it now exists).

Fig. 2.--A department of dentistry co-equal to other departments of the division of surgery.

Disadvantage:

This type of organization was recommended by the American Dental Association and the American Hospital Association only for small hospitals where the dental service is limited to a single speciality.¹⁰

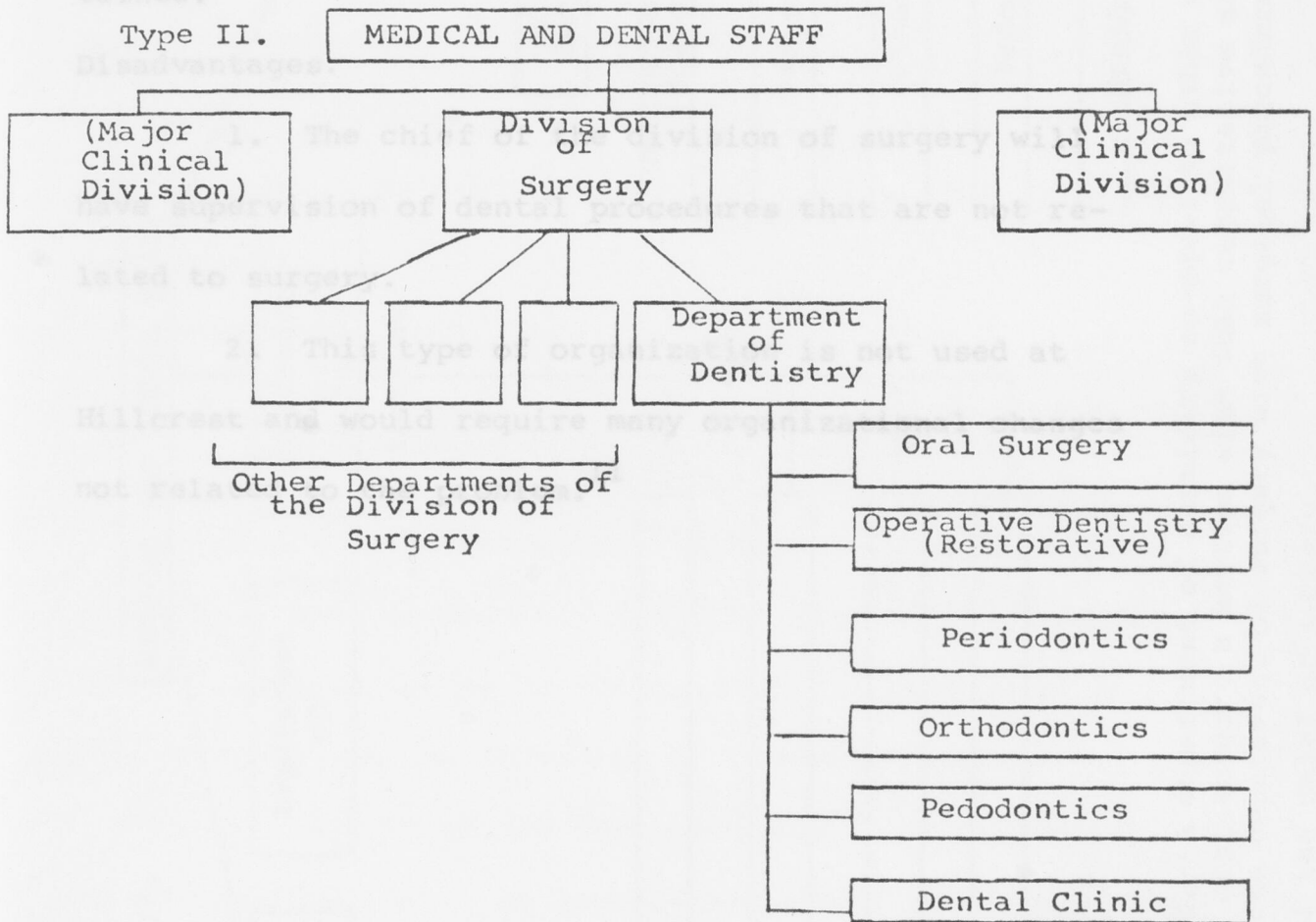


Fig. 2.--A department of dentistry co-equal to other departments of the division of surgery.

Advantage:

Because of the great number of surgical procedures performed at Hillcrest, close consultative and advisory relations with the department of surgery could be maintained.

Disadvantages:

1. The chief of the division of surgery will have supervision of dental procedures that are not related to surgery.

2. This type of organization is not used at Hillcrest and would require many organizational changes not related to the problem.¹¹

Type III.

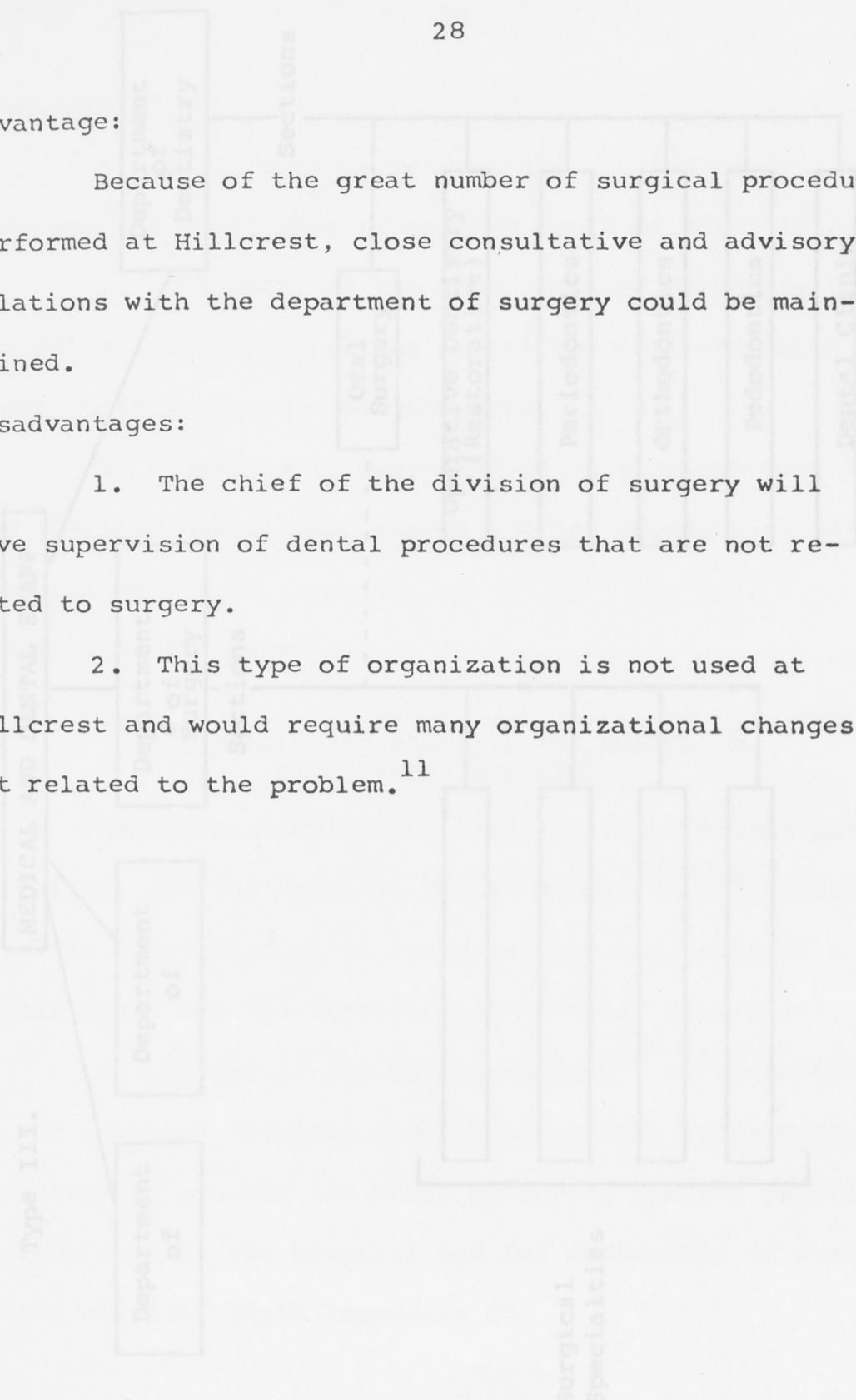


Fig. 3.--A department of dentistry co-equal to other departments in the hospital with oral surgery a section with full consultative and advisory relations with the department of surgery with surgical procedures under the overall supervision of the chief of surgery.

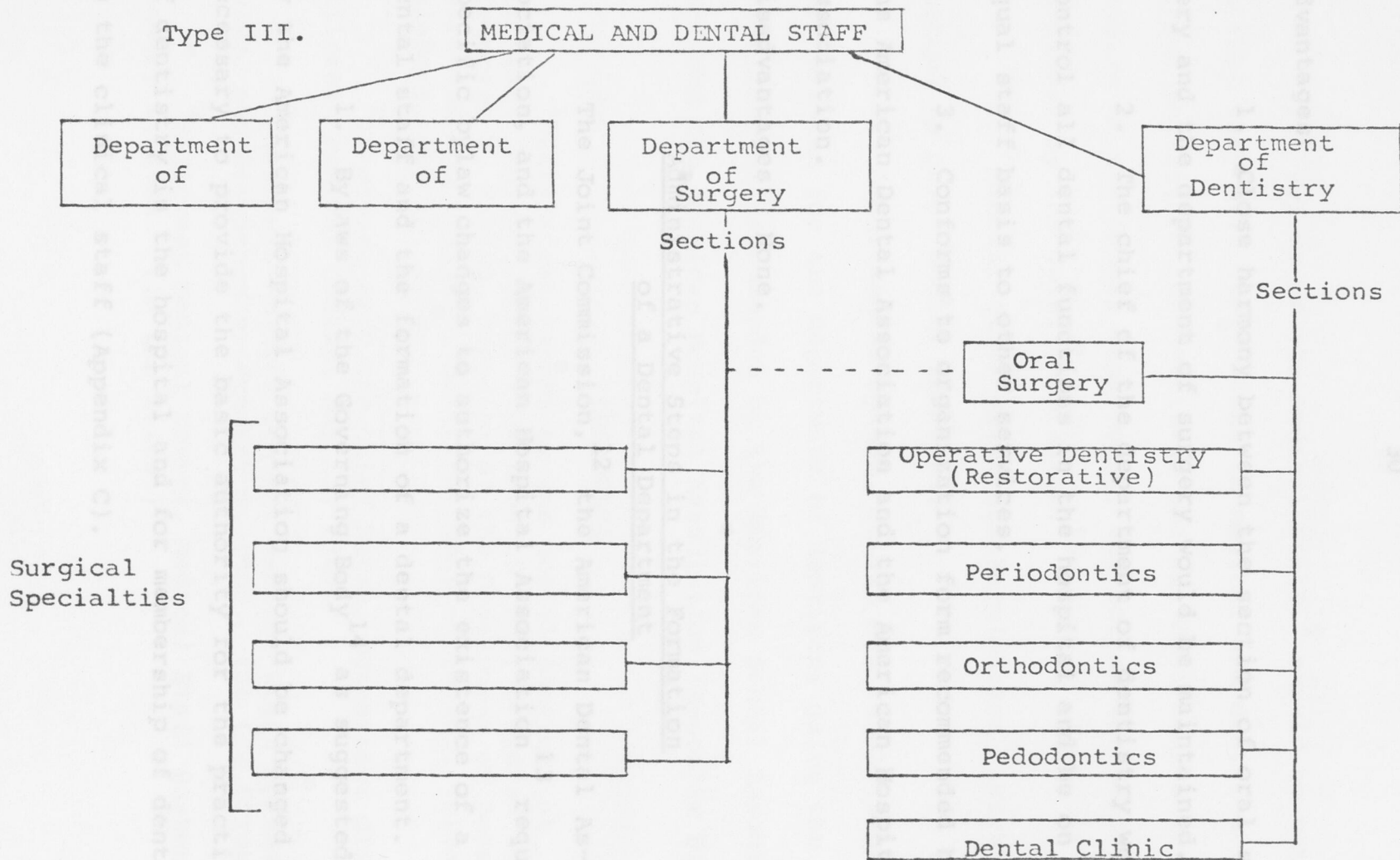


Fig. 3.--A department of dentistry co-equal to other departments in the hospital with oral surgery a section with full consultative and advisory relations with the department of surgery with surgical procedures under the overall supervision of the chief of surgery.

Advantages:

1. Close harmony between the section of oral surgery and the department of surgery would be maintained.

2. The chief of the department of dentistry would control all dental functions in the hospital and be on an equal staff basis to other services.

3. Conforms to organization form recommended by the American Dental Association and the American Hospital Association.

Disadvantages: None.

Administrative Steps in the Formation
of a Dental Department

The Joint Commission,¹² the American Dental Association, and the American Hospital Association¹³ require specific bylaw changes to authorize the existence of a dental staff and the formation of a dental department.

1. Bylaws of the Governing Body¹⁴ as suggested by the American Hospital Association should be changed when necessary to provide the basic authority for the practice of dentistry in the hospital and for membership of dentists on the clinical staff (Appendix C).

2. Bylaws of the Medical Staff¹⁵ should be changed so that they will apply alike to medical and dental services, physicians and dentists, and all departments inclusive of the dental department, and follow the guidelines published by the Joint Commission.¹⁶

3. Medical Staff Rules and Regulations¹⁷ were changed to cover dental services.

4. Departmental bylaws, rules, and regulations were written for the department of dentistry using the guidelines as recommended by the American Dental Association and the American Hospital Association (Appendix D).¹⁸

Footnotes

¹Statistical report on the Dental Services at Hillcrest Medical Center from 1964 to 1967, prepared by Frederick T. Taylor, Director of the Department of Data Retrieval and Analysis, Hillcrest Medical Center, Tulsa, Oklahoma, May 10, 1968.

²Interview with the Chief Nurse, Outpatient Clinic, Hillcrest Medical Center, May 10, 1968.

³Hillcrest Medical Center, Medical Staff Bylaws, Rules, and Regulations, January 1, 1966. (In the files.)

⁴Hillcrest Medical Center, Medical Staff Roster, January 1, 1968. (In the files.)

⁵ Interview with Mrs. Sammie Mills, Chief of Medical Records Department, Hillcrest Medical Center, May 11, 1968.

⁶ Hillcrest Medical Center, Medical Staff Bylaws, Rules, and Regulations,

⁷ Hillcrest Medical Center, Minutes of the Meeting of the Medical Executive Committee, February 15, 1968. (In the files.)

⁸ Hillcrest Medical Center, Minutes of a Special Meeting of Dentists, March 8, 1966. (In the files of the Medical Executive Committee.)

⁹ American Dental Association and the American Hospital Association, Guidelines for Hospital Dental Services, p. 4.

¹⁰ Ibid., p. 3.

¹¹ Ibid.

¹² Joint Commission on Accreditation of Hospitals, Dentistry in Accredited Hospitals, p. 2.

¹³ Hillcrest Medical Center, Medical Staff Bylaws, Rules, and Regulations.

¹⁴ American Hospital Association, Suggested Constitution and Bylaws for a Voluntary Hospital, A pamphlet prepared by the American Hospital Association (Chicago: American Hospital Association, 1968), pp. 9-18.

¹⁵ Joint Commission on Accreditation of Hospitals, Model Medical Staff Bylaws, Rules, and Regulations, A pamphlet prepared by the Joint Commission on Accreditation of Hospitals (Chicago: Joint Commission on Accreditation of Hospitals, 1964), pp. 4-17.

¹⁶ Joint Commission on Accreditation of Hospitals, Guidelines for the Formulation of Medical Staff Bylaws, Rules, and Regulations, 1971 (Chicago: Joint Commission on Accreditation of Hospitals, 1971).

¹⁷ Joint Commission on Accreditation of Hospitals, Model Medical Staff Bylaws, Rules, and Regulations, pp. 4-17.

¹⁸ American Dental Association and the American Hospital Association, Guidelines for Hospital Dental Services, p. 4.

has functioned as a subsection of the department of surgery. During the last four years, the dental staff has admitted an average of 226 patients per year to the hospital and has performed an average of 274 surgical procedures on these patients. The staff has also treated a yearly average of 418 clinic visitors to the outpatient dental clinic. A survey of the medical records indicates that some discrepancies have occurred in the dental service. A survey also indicates that the members of the Medical Executive Committee and the majority of the dental staff would prefer an organized dental department.

The dental staff may be organized three different ways. The section may be organized as a subsection of the department of surgery; however, because of the great

CHAPTER III

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

Summary

The present staff of twenty-nine dentists, with five specialities, has functioned as a subsection of the department of surgery. During the last four years, the dental staff has admitted an average of 226 patients per year to the hospital and has performed an average of 274 surgical procedures on these patients. The staff has also treated a yearly average of 418 clinic visitors to the outpatient dental clinic. A survey of the medical records indicates that some discrepancies have occurred in the dental service. A survey also indicates that the members of the Medical Executive Committee and the majority of the dental staff would prefer an organized dental department.

The dental staff may be organized three different ways. The section may be organized as a subsection of the department of surgery; however, because of the great

number of different specialities, this type of organization is not recommended by the American Hospital Association.

The department of dentistry may be organized under the

Recommendations

division of surgery, but the division form of organization

is not used at Hillcrest. The department could also be organized as co-equal to the other departments of the hos-

pital with the oral surgery section having full consulta-

tive and advisory relations with the department of surgery.

This type of organization is recommended by the American Hospital Association.

The formation of the department of dentistry re-

quires many changes in the Bylaws of the Governing Board, Medical Staff Bylaws, and the Medical Staff Rules and

Regulations. New department bylaws, rules, and regula-

tions must also be compiled for the dental department.

Conclusion

The best organization of the dental staff at Hillcrest Medical Center is the formation of a dental department co-equal to other departments in the hospital with oral surgery a section with full consultative and advisory relations with the department of surgery and with

all surgical procedures under the overall supervision of the chief of surgery.

Recommendations

It is recommended that the type of organization found in the conclusion be adopted at Hillcrest Medical Center, Tulsa, Oklahoma.

To implement this organization, it is recommended that the Bylaws of the Governing Board be changed to authorize the dental department, as per examples found in Appendix C.

It is recommended that Dental Departmental Bylaws, Rules, and Regulations be written similar to those found in Appendix D.

It is recommended that the medical staff Bylaws, Rules, and Regulations be written to comply with the Guidelines for the Formulation of Medical Staff Bylaws, Rules, and Regulations, 1971 published by the Joint Commission on Accreditation of Hospitals.

Criteria III (A)

The Guidelines for Hospital Dental Services is now the criteria on which the Council on Hospital Dental Service evaluates and accredits dental services in hospitals.

I. HOSPITAL ORGANIZATION

A. Governing Body

APPENDIX A

The governing board is ultimately responsible for everything involved in the operation of the hospital. It establishes broad objectives and the scope of services to be offered. It has authority for final approval of policies, bylaws, rules, and regulations established for the operation of the hospital, including those pertaining to medical and dental care as well as those pertaining to administration. It makes all appointments to the medical and dental staff. The governing authority is represented within the hospital by a chief executive officer (administrator) who is responsible for the execution of all policies established by the governing authority. Insofar as is legally and morally possible, the governing body delegates the responsibility and necessary authority for medical-dental care and appraisal activities to the clinical staff, and

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I. HOSPITAL ORGANIZATION

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The governing authority or board is ultimately responsible for everything involved in the operation of the hospital. It establishes broad objectives and the scope of services to be offered. It has authority for final approval of policies, bylaws, rules, and regulations established for the operation of the hospital, including those pertaining to medical and dental care as well as those pertaining to administration. It makes all appointments to the medical and dental staff. The governing authority is represented within the hospital by a chief executive officer (administrator) who is responsible for the execution of all policies established by the governing authority. Insofar as is legally and morally possible, the governing body delegates the responsibility and necessary authority for medical-dental care and appraisal activities to the clinical staff, and

that for internal operations to the chief executive officer (administrator) of the hospital. The board, through a reporting mechanism, determines whether these delegated responsibilities are being carried out.

B. Clinical Staff

The staff consists of a group of physicians and dentists who have qualified for the privilege of membership. Final approval of appointment to the staff rests with the governing body.

Meetings of the clinical staff should be held on a regular basis. The primary objective of staff and departmental meetings is improvement in the care and treatment of patients in the hospital.

II. DENTAL SERVICE IN RELATION TO STAFF ORGANIZATION

The name of the dental service should be similar to that of other services of the hospital.

III. THE DENTAL SERVICE

A. Responsibilities

The governing body of the hospital delegates the responsibility for patient care and for making recommendations as to the professional qualifications of staff physicians and dentists who practice in the hospital. The

dental service, in turn, is responsible to the governing body through the medical and dental staff for the quality of dental care and treatment in the hospital.

Maintaining high standards of dental care will depend upon the character of the staff and the effectiveness of its organization in carrying out the following duties:

1. Establishing the rules and regulations for the conduct of the department.
2. Selection of those recommended for dental staff appointments and hospital privileges.
3. Constant analysis and review of the clinical work done in the hospital.
4. Support of hospital, medical and dental staff, and dental department policies.
5. Maintenance of adequate records.
6. Holding necessary consultations.

B. Functional Areas

The dental department should operate on the basis of the following functions:

C. Administrative--conducting the affairs of the dental department in accordance with the established administrative procedures of the hospital.

Consultative--acting in a consultative capacity, through customary channels, on all problems related to the dental health of the patient. Included in consultations are those required under the rules of the clinical staff.

Clinical--rendering professional services to the patients in accordance with the concepts of modern scientific dentistry and periodic evaluation of patient care.

Educational--providing training for junior staff members in clinical diagnosis, consultations, restorative and surgical procedures and operating room decorum; participating actively in the educational program of the hospital; orienting the medical and dental staff in the problems of oral health as they relate to the total health care of the patient; engaging, when facilities permit, in the teaching of graduate and postgraduate students who are preparing themselves, either as interns or as residents, for the practice of one of the specialties, and providing an educational program for dental hygienists, dental assistants, and both student and graduate nurses.

C. Internal Organization

The organization of the department of dentistry should be comparable to that of other departments of the

hospital. The dental department should be organized into sections to conform to the areas of the recognized dental specialties, so far as is consistent with the available staff facilities and the needs of the community. The section on oral surgery should be administered as a section of the department of dentistry, coequal with the other specialties of surgery and having full consultative and advisory relations with the department of surgery.

The chief of the dental service should be responsible for the conduct of the dental service and the quality of the professional care of patients on his service. He should be selected for his training, experience, and executive ability. He should be designated by a title comparable to that of the chiefs of other services and should have the same privilege of appointment to the executive committee or medical board as do the chiefs of other services. His duties also include making recommendations to the administration as to the planning of hospital facilities, equipment, routine procedures, and any matter concerning dental patient care.

D. Services Provided

The extent of dental care provided for the hospital patient will vary with the size of the hospital, the type of

hospital, and the type of service rendered by the hospital. More specifically, the dental service should develop programs in the following areas in accordance with local needs and facilities:

Dentistry for Children (Pedodontics)--Hospitalization of children for dental procedures is often necessary, and the establishment of a pedodontic service may be indicated.

Oral Surgery--In all hospitals accepting dental patients for oral surgical procedures, there should be adequate facilities for oral surgical diagnosis and treatment. Just as in any other field of surgery, the privileges approved for oral surgeons should be decided by the staff on the basis of each individual's education, experience, and demonstrated capability.

Periodontics--In all hospitals, it is desirable that patients have consultation and therapy available from a dentist qualified in the field of periodontics.

Restorative Dentistry--In certain hospitals, a restorative dental service is highly desirable.

E. Departmental Conferences

The dental department should have frequent, periodic

conferences to consider clinical problems of the service. Records of these meetings must be kept as part of the permanent record of the dental service and should be available for inspection.

The frequency of dental department meetings should be determined by the active staff and clearly stated in the bylaws. Attendance requirements for all dental department meetings should be determined by the active staff. The requirements for each member of the staff and for the total attendance at each meeting should be clearly stated in the bylaws of the staff. Records of attendance should be kept.

F. Staff Membership: Qualifications of Dentists

All dentists who are appointed to the staff or are granted privileges in a hospital should have qualifications based on education, experience, and demonstrated competence.

Further, they should be:

1. Graduates of dental schools recognized at the time of matriculation or of graduation by the Council on Dental Education of the American Dental Association, and legally licensed to practice dentistry in the state in which the hospital is established.

2. Members of the American Dental Association or

the National Dental Association are eligible for membership in one of these associations.

3. Worthy as to personal character and professional ethics. Guidance on this score is provided by Principles of Ethics of the American Dental Association (current edition). Dentists who engage in the practice of one of the specialties of dentistry recognized by the American Dental Association should, insofar as possible, meet the requirements established by the appropriate specialty board.

IV. APPLICATIONS, APPOINTMENTS, AND CREDENTIALS COMMITTEE PROCEDURES

Application for Staff Membership--Applications for membership on the staff should be presented to the hospital administrator on the prescribed form, stating the qualifications and references of the applicant. Applicants should be required to signify their agreement to abide by the bylaws, rules, and regulations of the staff.

Procedures for Appointment--Procedures for appointment are, in general, the same for dentists as for physicians.

Granting of Privileges--Dentists are granted privileges on an individual basis commensurate with their education, experience and ability. As in the case of physicians,

privileges should not be made dependent solely upon certification, fellowship or membership in a specialty body or society.

In processing dental applications for recommending privileges, the credentials committee of the staff should have the benefit of consultation with and recommendations from the dental staff or its duly nominated representatives.

Term of Appointment--In most hospitals the first appointment is made for one year or until the next annual meeting of the staff, immediately prior to which the credentials committee will have reviewed the records, qualifications and privileges of all staff members and made its recommendations. The staff then makes recommendations on all members to the governing body which takes appropriate action on reappointments.

Categories--Following are the categories of appointment:

Active Staff--The active staff has the responsibility for conducting the business of the staff. Dentists should be eligible for appointment to the active staff and should perform all the organizational duties pertaining to such appointment.

Consulting Staff--The consulting staff is, in most hospitals, composed of recognized specialists willing to serve in such capacity. A consultant must be well qualified to give an opinion in his specialty field. The status of consultant is determined by the dental staff on the basis of an individual's education, experience, and demonstrated competence.

Associate Staff--The associate staff comprises members who use the hospital infrequently or less experienced members undergoing a period of probation before being considered for appointment to the active staff.

Courtesy Staff--The courtesy staff is made up of members who desire to attend patients in the hospital, but who, for some reason not disqualifying, are ineligible for appointment to another category of the staff.

Honorary Staff--The honorary staff is composed of former active staff, retired or emeritus, and other dentists of reputation whom it is desired to honor.

V. COORDINATION OF SERVICES, FACILITIES, AND PROCEDURES

Relations between the dental service, hospital administration, and the clinical staff involve numerous mutual responsibilities. Among these are:

Admission and Discharge of Dental Patients--Dentists may admit and discharge patients requiring dental treatment. Bylaws establishing this authority are approved by the Joint Commission on Accreditation of Hospitals. Dentists admitting patients should be held responsible for giving such information as may be necessary to assure the protection of other patients from those who are a source of danger for any reason whatsoever. On all admissions, a medical history and physical examination by a physician and at least the hospital's minimum laboratory workup must be performed.

Care in Hospital--The Joint Commission on Accreditation of Hospitals requires that a physician be in attendance and responsible for the medical aspects of the patient's condition throughout his stay. Thus, the care of dental admissions is a dual responsibility. If oral surgery or any procedure requiring general anesthesia is performed more than 48 hours after the admission workup, an adequate medical survey, including physical examination and at least the minimal preoperative laboratory tests, must be performed and recorded.

Consultations--A satisfactory consultation includes examination of the patient and the record. Consultation is

appropriate in all situations in which (1) the patient is not a good risk; (2) diagnosis is obscure, or (3) there is doubt as to the best therapeutic measures to be used. The consultant should make and sign a record of his findings and recommendations in every such case. The consultation note, except in emergencies, shall be recorded before definitive treatment.

Requests for Consultations--The patient's dentist is responsible for requesting consultations when indicated. It is the duty of the hospital staff through its chiefs of service and executive committee to make certain that members of the staff do not fail in the matter of requesting consultations as needed.

Records--Careful records of all histories, physical examinations, diagnoses and therapeutic and operative procedures should be kept on charts in accordance with the standard procedure of the hospital.

Conferences and Meetings--The members of the dental department should attend and participate in general staff conferences and meetings. The dental staff should have the privilege of attending clinicopathologic conferences and other meetings that will enhance the understanding of medical

problems related to the dental service.

Research--Research and investigation should be encouraged, and the hospital should make every effort to provide needed assistance and support.

Library--An adequate selection of dental books and periodicals should be available in the hospital library.

Physical Equipment--The space allotted to the dental service and the equipment, instruments and supplies of the service should be adequate to carry out all procedures in accordance with general accepted standards of practice.

Availability of Hospital Beds--Hospital beds should be available to the dental service in the same manner as to other services of the hospital.

Relation to School of Nursing--If the hospital maintains a school of nursing, it is desirable for members of the dental service to participate in the training of student nurses in the fundamental principles and practical knowledge of dental health as well as in dental problems and procedures that will be encountered in the hospital.

VI. BYLAWS, RULES AND REGULATIONS

In most hospitals having dental services, four documents will be found that relate to the authority for conducting

dental services and the regulation of their operation. In establishing a dental service, the first three of these documents, where applicable, should be studied to determine what changes need to be made, and the fourth will need to be drafted. The four documents are:

Bylaws of the Governing Body

Bylaws of the Staff

Staff Rules and Regulations

Departmental Bylaws, Rules and Regulations.¹

DENTAL STANDARDS JOINT COMMISSION
Footnote

¹American Dental Association and the American Hospital Association, Guidelines for Hospital Dental Services (Chicago: American Hospital Association, November, 1965), pp. 2-8.

Criteria III (B)

Bulletin No. 36

August, 1964

DENTISTRY IN ACCREDITED HOSPITALS

The modern hospital is emerging as the health center of the community and as such should maintain the highest possible health standards. Since dentistry is an essential part of total health care its development in a hospital atmosphere should be encouraged.

DEFINITIONS

A dentist is a **APPENDIX B** a school of dentistry approved by the American Dental Association and legally licensed to practice dentistry in his respective state.

DENTAL STANDARDS OF THE JOINT COMMISSION

The dental service of a hospital may encompass the total practice of dentistry or it may be limited to a particular area of dentistry. The total practice of dentistry includes the diagnosis, prevention and treatment of any injuries, diseases or deformities of the teeth, the jaws and those structures generally involved in trauma or infection of dental origin. It includes oral diagnosis and operative (restorative) dentistry as well as oral surgery, oral pathology, orthodontics, pedodontics, periodontics and prosthodontics. The last six areas of practice are recognized specialty divisions of dentistry.

An oral surgeon is a dentist who has taken additional graduate work in his specialty, and it is presumed that because of this he may be eligible for or is actually a diplomat of the American Board of Oral Surgery. The practice of dentistry in its surgical specialty, oral surgery, varies according to state laws but in general it is defined as that part of dental practice which deals with the diagnosis, the surgical and adjunctive treatment of the diseases, injuries and defects of the human jaws and contiguous structures.

In small hospitals and in those hospitals where the principal activity of the dental department is limited to a

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In small hospitals and in those hospitals where the principal activity of the dental department is limited to a

single specialty, this service may be organized as a section of the surgery department co-equal with the other surgical specialties. In larger hospitals and in teaching hospitals the section on oral surgery is a section of the department of dentistry with full consultative and advisory relations with the department of surgery. The Joint Commission's Standards state that "the organization of the department of dentistry shall be comparable to that of other services or departments."

DUAL RESPONSIBILITY

Patients admitted to the hospital for dental care must be given the same careful medical appraisal as those admitted to other services. This makes the care of dental patients the dual responsibility of the dentist and a physician on the hospital staff, each limited to his respective field as defined. Policies concerning the admission and discharge of dental patients should be mutually agreed upon by the medical and dental staffs, and clearly stated in the bylaws of the hospital. The important factor is not the procedure, but the assurance that the dental patient is well cared for by both the dentist and a physician. It is reiterated that every dental inpatient must have a staff physician who is available and will be responsible for the medical aspects of the patient's care throughout the hospital stay.

BYLAWS

Each hospital should have specific bylaws concerning the dental staff. These can be written in either of two ways; (1) as combined medical-dental staff bylaws using pertinent language wherever applicable, or (2) write separate or adjunct dental bylaws. In either event they should contain the following information:

I. Qualifications. The applicant for membership on the dental staff shall have the same general qualifications as outlined for the medical staff.

II. Ethical Relationship. The dental staff shall conform in general to standards established for the medical staff and shall be governed by the same ethical and moral codes

and the Principles of Ethics of the American Dental Association.

III. Appointment. The terms and procedures of appointment to the dental staff shall be the same in general as outlined for the medical staff.

IV. Rules and Regulations. The dental staff shall conform in general to the Rules and Regulations of the medical staff with the following additions:

(a) Patients admitted for dental services may be admitted by the dentist either to the department of dentistry or to an organized clinical service which is the oral surgery or other specialty service as periodontics, pedodontics, etc. In either instance, however, they must also be assigned to an attending physician on the staff.

(b) As in all surgical cases, an adequate medical survey by a member of the medical staff shall be required on each patient before surgery. Consultation with the medical staff shall be required when medical complications are present. A licensed physician must be responsible for the care of any medical problems that may be present or arise during hospitalization.

(c) Complete records, both dental and medical, shall be required on each patient and shall be a part of the hospital records.

QUESTIONS AND ANSWERS

1. May a dentist admit and discharge his cases?
Yes, if the hospital has approved this procedure.

2. Who writes the history and physical? Both--the dentist is responsible for his field and will write the dental history and physical and its implications on the patient's general health; the physician, the medical history and physical. An adequate medical survey by a member of the medical staff shall be required on each dental patient before surgery.

3. Who writes the progress notes and the summary? Both if necessary, though if the case is primarily dental, it is presumed the dentist will write the bulk of the chart, and vice versa if the case is primarily medical.

4. Can a dentist sign a death certificate? No, except in seven states, namely, Alaska, Florida, Kentucky, Louisiana, New Mexico, Tennessee and West Virginia.

5. Can a dentist prescribe narcotics? Yes, if he has a narcotics license.

6. May an intern or resident write the medical history and physical examination? Certainly.

7. Must a physician be "scrubbed in" when a dental case is operated on? Usually no. This is a question of judgment depending upon the qualifications and training of the oral surgeon and the severity or complexity of the case.¹

BYLAWS FOR THE GOVERNING BODY

Footnote

¹Joint Commission on Accreditation of Hospitals, "Dentistry in Accredited Hospitals," Bulletin No. 36, August, 1964, n.p.

This Bylaws for the Governing Body was published by the American Hospital Association in Suggested Constitution and Bylaws for a Voluntary Hospital, Chicago, 1968, and was modified by the writer to comply to the Guidelines for Hospital Dental Services, 1966. The additions to the text are placed in parenthesis ().

BYLAWS

APPENDIX C

ARTICLE I. CORPORATION

Alter: BYLAWS FOR THE GOVERNING BODY adding a membership feature:

Section 1. Membership in the corporation shall be (follow the provisions of Article 3 of the Constitution).

Section 2. Each member of the corporation in good standing shall be qualified to vote on any issue that may properly come before any meeting of the members of the corporation, and to hold any office in the corporation to which he may be elected or appointed.

Section 3. The annual meeting of the corporation shall be held on the (specify a day, such as the first Tuesday in January) at (designate a place, such as the _____

Hospital) at (specify the hour), or such other hour as may be designated in the call. A quorum for the transaction of the American Hospital Association in Suggested Constitution and Bylaws for a Voluntary Hospital, Chicago, 1968, and was modified by the writer to comply to the Guidelines for Hospital Dental Services, 1966. The additions to the text are placed in parenthesis ().

BYLAWS

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Alternative A for corporations having a membership feature:

Section 1. Membership in the corporation shall be (follow the provisions of Article 3 of the Constitution).

Section 2. Each member of the corporation in good standing shall be qualified to vote on any issue that may properly come before any meeting of the members of the corporation, and to hold any office in the corporation to which he may be elected or appointed.

Section 3. The annual meeting of the corporation shall be held on the (specify a day, such as the first Tuesday in January) at (designate a place, such as the _____)

Hospital) at (specify the hour), or such other hour as may be designated in the call. A quorum for the transaction of business at the annual meeting shall consist of not less than one-fourth of the members of the corporation present in person or by duly certified proxy.

Section 4. Special meetings of the corporation may be held at the call of the president of the corporation or at a call signed by not less than five (5) members of the corporation. Such call shall be sent by mail not less than ten (10) days in advance of the date for which the meeting is called, and shall state the purpose for which it is called. Not less than one-fourth of the total membership, present in person or by duly certified proxy, shall constitute a quorum for the transaction of business at such special meeting; and no business may be transacted except such as is set forth in the call for the meeting.

Alternative B for corporations without members:

Section 1. The corporation shall be governed by a (title of governing board) whose members shall be the sole voting members of the corporation and shall elect the persons to serve on such (title of governing board).

Section 2. The annual meeting of the corporation

shall be held (specify a time, such as the first week in January), on a date and at a time designated in the official call. Such call shall be governed by the procedure specified in Article III, Section 2.

ARTICLE II. GOVERNING BOARD

Section 1. Election of Members. A (governing board) of (specify number) members (of the corporation) shall be elected at the annual meeting of the corporation and shall hold office as provided in Article 5 of the Constitution (or charter or articles of incorporation).

Section 2. Powers. The administrative powers of the corporation shall be vested in the (governing board), which shall have charge, control, and management of the property, affairs, and funds of the corporation; shall fill vacancies among the officers for unexpired terms; and shall have the power and authority to do and perform all acts and functions not inconsistent with these bylaws or with any action taken by the corporation.

ARTICLE III. REGULAR AND SPECIAL MEETINGS OF THE GOVERNING BOARD

Section 1. The (governing board) shall hold a regular meeting at the hospital or other convenient location as

designated by the president on (specify a day in the second or third week of the month in order to permit completion of all reports that may have to come before the board).

Section 2. Special meetings may be called by the president and also shall be called within fourteen (14) days of receipt of a written request of one-third of the members of the (governing board). Written notice of special meetings shall be mailed to each member of the board at least seven days before the date of such special meeting. This notice shall state the business for the transaction of which the special meeting has been called, and no business other than that stated in the notice shall be transacted at such special meeting.

Section 3. For regular or special meetings of the board of trustees, a quorum shall be one-half the number of members thereof.

ARTICLE IV. OFFICERS OF THE GOVERNING BOARD

Section 1. The officers of the (governing board) shall be a president (chairman), a vice president (vice chairman), a secretary, and a treasurer, and such other officers as the (governing board) may authorize, all of whom shall be elected or appointed by the (governing board) from

among its own membership at the first regular meeting after it has been elected, and shall hold office for a period of one year or until successors shall have been duly elected and qualified.

Section 2. The president shall preside at all meetings, whether of the corporation or of the (governing board), and shall be, ex officio, a member of all committees.

Section 3. The vice president shall act as president in the absence of the president and, when so acting, shall have the power and authority of the president.

Section 4. The secretary shall act as secretary of both the corporation and the (governing board), shall send appropriate notices and prepare agendas for all meetings of the corporation and of the (governing board), shall act as custodian of all records and reports, and shall be responsible for the keeping and reporting of adequate records of all meetings of the corporation and of the (governing board).

Section 5. The treasurer shall have custody of all funds of the hospital. Acting with the executive and finance committees, he shall see that a true and accurate accounting of the financial transactions of the hospital is made, that reports of such transactions are presented to the executive

committee, and that all accounts payable are presented to such representative as the executive committee may designate for authorization of payment.

ARTICLE V. COMMITTEES OF THE GOVERNING BOARD

Section 1. Committees of the (governing board) shall be standing or special. Standing Committees shall be an executive committee, a finance committee, a medical-dental staff committee, a nominating committee, a long-range planning committee, and such other standing committees as the (governing board) may authorize. At a committee meeting, a quorum shall be one-half the number of members of the committee.

Section 2. The executive committee shall consist of the president, as chairman, the secretary, the treasurer, and two additional members of the (governing board) elected by the (governing board) at its first meeting after its election. The executive committee shall have power to transact all regular business of the hospital during the period between the meetings of the (governing board) subject to any prior limitation imposed by the (governing board). The executive committee shall cause to be prepared, and shall submit to the (governing board) at its last meeting before the end

of the fiscal year, a budget showing the expected receipts, income, and expense for the ensuing year. It shall be the further duty of the executive committee to examine the monthly financial reports.

Section 3. The finance committee shall consist of the treasurer as chairman and two other members of the (governing board). It shall be responsible for supervising the management of all the endowment and trust funds of the hospital. It shall arrange for all endowment and trust funds to be properly invested with one or more trust companies or banks duly authorized to conduct such business in the state. It shall require prompt reports concerning such investments, and shall see that the income, after deduction of legitimate expenses, is paid into the proper fund of the hospital, and that both principal and income are used in accordance with the terms of the trust.

Section 4. The medical (-dental) staff committee shall consist of at least three members of the (governing board). This committee shall:

- a. Receive recommendations from the medical-dental staff and make final recommendations to the (governing board) on all appointments to the medical (-dental) staff of the

hospital, and on assignments of responsibilities within the medical (-dental) staff, including definition of the scope of privileges, reappointments, and reductions, extensions, suspension, or termination of privileges;

b. Recommend to the (governing board) the types and extent of professional work permitted to be done by each member of the medical-dental staff;

c. Recommend to the (governing board) the adoption of amendments to, or repeal of, rules and regulations governing the medical (-dental) staff;

d. Receive and make recommendations to the (governing board) respecting any communications, requests, or recommendations presented by the medical (-dental) staff through its duly authorized representatives;

e. Constitute, together with an equal number of representatives from the medical (-dental) staff, the joint-conference committee, a liaison group which, with the administrator, shall discuss medical-dental administrative matters and be the official point of contact between (governing board), administrator, and medical (-dental) staff; and

f. Receive and consider all reports on the work of the medical-dental staff and make such recommendations to the

(governing board) in respect thereto as the committee considers to be in the best interests of the hospital and its patients.

Section 5. The nominating committee shall have the duty of nominating at the annual meeting of the corporation, and at other meetings when vacancies are to be filled, candidates to be voted upon in electing officers and members of the (governing board).

Section 6. Special committees may be appointed by the president, with the concurrence of the (governing board), for such special tasks as circumstances warrant. A special committee shall limit its activities to the accomplishment of the task for which it is appointed, and shall have no power to act except such as is specifically conferred by action of the (governing board). Upon completion of the task for which appointed, such special committee shall stand discharged.

ARTICLE VI. ADMINISTRATION

Section 1. The (governing board) shall select and appoint a competent chief administrative officer who shall be its direct executive representative in the management of the hospital. This administrative officer shall be given

the necessary authority and responsibility to operate the hospital in all its activities and departments, subject only to such policies as may be adopted and such orders as may be issued by the (governing board) or by any of its committees to which it has delegated power for such action. He shall act as the duly authorized representative of the (governing board) in all matters in which the (governing board) has not formally designated some other person to so act.

Section 2. The authority and duties of the chief administration officer shall include the responsibility for:

- a. Carrying out all policies established by the (governing board);
- b. Development, and submission to the (governing board) for approval, of a plan of organization of the personnel and others concerned with the operation of the hospital;
- c. Preparation of an annual budget showing the expected receipts and expenditures, as required by the (governing board);
- d. Selection, employment, control, and discharge of employees, and development and maintenance of personnel policies and practices for the hospital;

ARTICLE e. Maintenance of physical properties in a good state of repair and operating condition;

f. Supervision of business affairs to ensure that funds are collected and expended to the best possible advantage;

g. Cooperation with the medical (-dental) staff and with all those concerned with the rendering of professional service, to the end that high-quality care may be rendered to the patients;

h. Presentation to the (governing board) or its authorized committee, of periodic reports reflecting the professional service and financial activities of the hospital and preparation and submission of such special reports as may be required by the (governing board);

i. Attendance at all meetings of the (governing board) and committees thereof;

j. Serving as the liaison officer and channel of communications for all official communications between the (governing board) or any of its committees and the medical (-dental) staff;

k. Performance of other duties that may be necessary in the best interests of the hospital.

ARTICLE VII. MEDICAL STAFF

Section 1. Organization, appointments, and hearings:

a. The (governing board) shall organize the physicians (and dentists) granted practice privileges in the hospital into a medical (and dental) staff under medical-dental staff bylaws approved by the (governing board). The (governing board) shall consider recommendations of the medical (and dental) staff and appoint to the medical (and dental) staff, in numbers not exceeding the hospital's needs, physicians (and dentists) who meet the qualifications for membership as set forth in the bylaws of the medical (and dental) staff. Each member of the medical (and dental) staff shall have appropriate authority and responsibility for the care of his patients, subject to such limitations as are contained in these bylaws and in the bylaws, rules, and regulations for the medical (and dental) staff and subject, further, to any limitations attached to his appointment.

b. All applications for appointment to the medical (-dental) staff shall be in writing and addressed to the administrator of the hospital. They shall contain full information concerning the applicant's education, licensure, practice, previous hospital experience, and any unfavorable

history with regard to licensure and hospital privileges.

c. All appointments to the medical (-dental) staff shall be for one year only, renewable by the (governing board) without formal reapplication. When an appointment is not to be renewed, or when privileges have been (or are proposed to be) reduced, suspended, or terminated, the staff member shall be afforded the opportunity of a hearing before (the executive committee or credentials committee) of the medical-dental staff, whose recommendation shall be considered by the (governing board) prior to taking final action on the matter. Such hearings shall be conducted informally under procedures adopted by the (governing board) so as to assure due process and afford full opportunity for the presentation of all pertinent information.

Section 2. Medical, Dental Care and Its Evaluation:

ARTICLE a. The (governing board) shall, in the exercise of its discretion, delegate the medical (and dental) staff the responsibility for providing appropriate professional care to the hospital's patients.

b. The medical (and dental) staff shall conduct a continuing review and appraisal of the quality of professional care rendered in the hospital, and shall report such

activities and their results to the (governing board).

c. The medical (and dental) staff shall make recommendations to the (governing board) concerning: (1) appointments, reappointments, and alterations of staff status, (2) granting of clinical privileges, (3) disciplinary actions, (4) all matters relating to professional competency, and (5) such specific matters as may be referred to it by the (governing board).

Section 3. Medical (-Dental) Staff Bylaws.

There shall be bylaws, rules, and regulations for the medical (and dental) staff, setting forth its organization and government. Proposed bylaws, rules, and regulations may be recommended by the medical (and dental) staff, but only those adopted by the (governing board) shall become effective.

ARTICLE VIII. AMENDMENTS

Alternative A for corporations having members:

These bylaws of the corporation and (governing board) may be amended by affirmative vote of a two-thirds majority of the members present (or represented by proxy) at the annual meeting or any special meeting of the corporation, providing a full presentation of such proposed amendments

shall have been published in the notice calling the meeting.

Alternative B for corporations not having members:

These bylaws of the corporation and of the (governing board) may be amended by affirmative vote of a two-thirds majority of the members of the (governing board), provided notice shall have been mailed to each member of the (governing board) at least seven days prior to said meeting and provided, further, that such written notice shall fully present the proposed amendments.¹

Footnote

¹American Hospital Association, Suggested Constitution and Bylaws for a Voluntary Hospital (Chicago: American Hospital Association, 1968), pp. 1-18.

This model of bylaws, rules and regulations for a department of dentistry was written by the author, using information and criteria as provided by the American Hospital Association's publication Guidelines for Hospital Dental Services, 1966.

BYLAWS

RULES AND REGULATIONS

APPENDIX D

The Dental Department of _____ Hospital

Date Adopted _____ DENTAL DEPARTMENT BYLAWS,

RULES, AND REGULATIONS

ARTICLE I

Name

The name of this organization shall be "department of Dentistry of _____ Hospital."

ARTICLE II

Purpose

The purpose of this organization shall be:

1. To conduct the affairs of the department in accordance with the established administrative procedures of _____ hospital.

2. To act in a consultative capacity, through

This model of bylaws, rules and regulations for a department of dentistry was written by the author, using information and criteria as provided by the American Hospital Association's publication Guidelines for Hospital Dental Services, 1966.

BYLAWS

RULES AND REGULATIONS

of

The Dental Department of _____ Hospital

Date Adopted _____

ARTICLE I

Name

The name of this organization shall be "department of Dentistry of _____ Hospital."

ARTICLE II

Purpose

The purpose of this organization shall be: _____ Hospital.

1. To conduct the affairs of the department in accordance with the established administrative procedures of _____ hospital.

2. To act in a consultative capacity, through _____ in

customary channels, on all problems related to the dental health of the patient at _____ hospital as required under the rules of the Medical-Dental Staff.

3. To render professional services to the patients of _____ hospital in accordance with concepts of modern scientific dentistry and to perform periodic evaluation of such care rendered these patients.

4. To provide training for junior staff members.

5. To participate actively in the educational programs of _____ hospital.

6. To orient the clinical staff at _____ hospital in the problems of oral health as they relate to the total health of the patient.

ARTICLE III

ARTICLE IV Membership

Section 1. Qualifications

Subsection 1. Membership shall consist of all dentists on the Medical-Dental Staff of _____ Hospital.

Subsection 2. Members must be graduates of dental schools recognized at time of matriculation or of graduation by the Council on Dental Education of the American Dental Association, and legally licensed to practice dentistry in

the state of _____.

Subsection 3. Members must be members of the American Dental Association or the National Dental Association or eligible for membership in one of these associations.

Section 2. Ethics

Members must be worthy as to personal character and professional ethics as outlined by Principals of Ethics of the American Dental Association (current edition).

Section 3. Terms of Appointment

Terms of appointment shall be the same as outlined under the Medical-Dental Staff Bylaws.

Section 4. Procedure of Appointment

The procedures for appointment shall be the same as outlined under the Medical-Dental Staff Bylaws.

ARTICLE IV

Categories of the Dental Staff

The dental staff shall be divided into honorary, consulting, active, associate, courtesy, and special groups as outlined in the Medical-Dental Staff Bylaws.

ARTICLE V

Organization

The dental department shall be organized into the

following sections:

1. Oral Surgery
2. Periodontics
3. Restorative dentistry
4. Pedodontics
5. Orthodontics
6. Outpatient Clinics
7. Others as they are deemed necessary by the Chief of the Dental Department

ARTICLE VI

Determination of Qualifications

Section 1. Classification of privileges granted to members of the Dental Department shall be recommended to the Executive Committee of the Medical-Dental Staff by the Credentials Committee.

Section 2. Determination of Privileges

Subsection 1. Determination of initial privileges shall be based upon an applicant's training, experience, and demonstrated competence.

Subsection 2. Determination of extension of further privileges shall be the same as outlined under the Medical-Dental Staff Bylaws.

Subsection 3. Consultation with and recommendation to the Credentials Committee shall be made by the Privileges Committee as provided in Article VII, Section 2 of these by-laws.

ARTICLE VII

Officers and Committees

Section 1. Officers

Subsection 1. The officers of the Department of Dentistry shall be the chief, the vice chief, secretary, and chiefs of the various sections.

Subsection 2. The chief of the Department of Dentistry shall be appointed by an election of the members of the department and shall serve a term of one year.

Subsection 3. The chief of the Department will appoint a vice-chief, a secretary, and the chiefs of the various sections.

Subsection 4. The chief of the department shall call and preside at all meetings and shall be a member ex-officio of all committees.

Subsection 5. The vice-chief of the department, in the absence of the chief, shall assume the duties of the chief and have all his authority.

Subsection 6. The secretary shall keep accurate and complete minutes of all meetings, call meetings on order of the chief of the department, attend to all correspondence and perform such other duties as ordinarily pertain to his office.

Section 2. Committees. Committees shall be standing and special and all shall be appointed by the Chief of the Department. Standing Committee shall be:

The Privileges Committee shall consist of the chief of the various sections of the dental department and shall consult with and make recommendations to the credentials committee in the granting of dental privileges.

ARTICLE VIII

Meetings

Section 1. All members of the department shall attend the general meetings of the Medical-Dental Staff as provided by the Medical-Dental Staff Bylaws.

Section 2. Departmental Meetings

Subsection 1. Department meetings will be held monthly.

Subsection 2. Special meetings of the department

may be called at any time by the chief of the department. At any special meeting no business shall be transacted except that stated in the notice calling the meeting.

Section 3. Attendance at Meetings

Subsection 1. Active staff attendance shall average at each meeting at least _____ per cent of active staff who are not excused by the chief of the department for just cause.

Subsection 2. All members of the associate staff may be expected to attend meetings with the same regularity as members of the active staff.

Subsection 3. Members of the special, consulting, honorary, and courtesy staff shall not be required to attend meetings, but it is expected that they will attend and participate in these meetings unless unavoidably prevented from doing so.

Section 4. Quorum

Fifty per cent of the total membership of the active dental staff shall constitute a quorum.

Section 5. Agenda

The agenda at any regular meeting shall be:

Business

1. Call to order.
2. Acceptance of the minutes of the last regular and of all special meetings.
3. Unfinished business.
4. Communications.
5. Reports of standing and of special business committees.
6. New business.

Dental

7. Review and analysis of the dental work in the hospital.
8. Discussion and recommendations for improvement of the professional work of the department.
9. Adjournment.

The agenda at special meetings shall be:

1. Reading of the notice calling the meeting.
2. Transaction of the business for which the meeting was called.
3. Adjournment.

ARTICLE IX

Rules and Regulations

The Department shall adopt such rules and regulations

as may be necessary for the proper conduct of its work.
 Such rules and regulations shall be part of these bylaws,
 except they may be amended at any regular department meeting
 without previous notice by a two-thirds vote of the total
 membership of the active dental staff. Such amendments
 shall become effective when approved by the executive com-
 mittee of the Medical-Dental Staff.

ARTICLE X

Amendments

These bylaws may be amended after notice given at any
 department meeting. At the next department meeting the amend-
 ment shall be adopted by a vote of two-thirds of those pres-
 ent. Amendments so made shall be effective when approved by
 the executive committee of the Medical-Dental Staff.

ARTICLE XI

Adoption

These bylaws, together with the appended rules and
 regulations, shall be adopted at any regular meeting of the
 department, shall replace any previous bylaws, rules and
 regulations and shall become effective when approved by the
 executive committee of the Medical-Dental Staff.

Adopted by the Dental Department _____

Hospital

Chief of Dental Department

Secretary of the Dental Department

Date _____

Approved by the executive committee of the Medical-

Dental Staff of _____ Hospital

Chairman of the Executive Committee

Date _____

Rules and Regulations

1. The meetings of the department shall be on _____
_____ (date and time).

2. All members of the Department of Dentistry shall follow the bylaws, rules and regulations as outlined by the Medical-Dental Staff.

3. All dentists holding appointments to the Dental

Staff of the Dental Department, except Special Dental Staff, may admit and discharge patients requiring dental treatment to and from the hospital.

4. Staff members admitting patients to the hospital shall be held responsible for giving such information as may be necessary to assure the protection of other patients from those who are a source of danger for any reason whatsoever.

Footnote
5. On all dental admissions, a Medical history and physical examination by a staff physician must be performed and noted in the patient's record.
American Dental Association, Guidelines for Hospital November, 1963, pp. 2-8.

6. A minimum laboratory workup must be performed on all dental admissions as directed in the Medical-Dental Staff Bylaws.

7. A staff physician must be in attendance and responsible for the medical aspects of the dental patient throughout the stay in the hospital.

8. If oral surgery or any procedure requiring general anesthesia is performed more than 48 hours after the admission workup, an adequate medical survey, including physical examination and at least the minimal preoperative laboratory tests, must be performed by a staff physician and recorded.

9. A consultation shall be performed on all dental patients in which, the patient is not a good risk; there is doubt as to the best therapeutic measures to be used; diagnosis is obscure. The consultant shall make and sign a record of his findings and recommendations before definitive treatment.¹

Footnote

¹American Dental Association, Guidelines for Hospital Dental Services (Chicago: American Dental Association, November, 1965), pp. 2-8.

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LTC William C. Donovan was born February 24, 1927, in Waterloo, Iowa. He received a BS in 1949 from the same university. After completion of his dental education, he practiced general dentistry in Waterloo, Iowa, until 1961 when he entered the United States Army Dental Corps. He was assigned as an instructor in the Enlisted Training Branch, Medical Field Service School, from 1962-1965.

In 1965 he attended the Officers' Advanced Course and after completion was assigned to Vietnam as Deputy Commander of the 94th AS HQ. From 1967 to 1968 he attended the Health Care Administration Course and served his residency at Brooke General Hospital. In 1968 he was assigned as executive officer with Dental Activities, Medical Department Activities, Fort Bragg, North Carolina.

While assigned as instructor with the Medical Field Service School, he held an appointment as an instructor with San Antonio College from 1963-1965. Colonel Donovan is married and the father of two daughters, ages 22 and 24.

ABSTRACT

A STUDY TO DETERMINE THE BEST ORGANIZATION OF A
DEPARTMENT OF DENTISTRY FOR HILLCREST
MEDICAL CENTER, TULSA, OKLAHOMA

A Problem Solving Thesis Submitted to the Faculty
of Baylor University in Partial Fulfillment of
the Requirements for the Degree of
Master of Hospital Administration

by

Lieutenant Colonel William C. Donovan, DC

August 1973

91 Pages

A copy of this document may be obtained from University Micro-
films, University of Michigan, Ann Arbor, Michigan 48108.

This study was conducted to determine a suitable organization of the dental staff at Hillcrest Medical Center, Tulsa, Oklahoma. Research methodology for the study included three weeks of on-site observation of the present organization at the Center, a review of the literature, interviews, and a review of selected dental department organization to determine which structure might best be adapted to Hillcrest Medical Center. Among the major findings and conclusions were: (1) the size and scope of the dental operation at the Center; (2) the Center was not organized as recommended by the American Dental Association for a institution of this size; and (3) organization of a department of dentistry is limited to those suggested by the American Dental Society for accreditation. The plans suggested by the American Dental Association were studied and a suitable organization with appropriate bylaws was recommended for implementation by the Center. This study recommended the formation of a Dental Department co-equal to other departments in the hospital. Oral surgery was given a section with full consultative and advisory relations with the department of surgery. All surgical procedures performed by dentists were designed to be under the overall supervision of the chief of surgery.