



A new federal law and recent changes in hospital accreditation policies greatly extend the right of consumers to participate in the surveys taken of hospitals in their communities by the Joint Commission on Accreditation of Hospitals (JCAH).

The Joint Commission is the recognized body for surveying and accrediting hospitals. In the past, hospitals accredited by the JCAH, for example, were automatically deemed to be eligible for participation in the multi-billion dollar Medicare Hospital Program. Accreditation by the JCAH is of vast importance to a hospital. Nationwide, hospitals without the JCAH accreditation cannot receive Medicare payments nor be approved for internship and residency training programs. In the New York City areas, unaccredited hospitals are also excluded from participation in the Blue Cross program. The new law gives to the consumer the right to participate, to a limited extent, in the bi-annual survey process of hospitals. It is, therefore, important for health consumers to understand all the implications of P. L. 92-603 of the Social Security Amendments of 1972.

The new law authorizes the Secretary of Health, Education and Welfare (HEW) to make surveys, either on a selective sample basis, or on the basis of substantial complaint. This means that even if a hospital has been surveyed and accredited by the JCAH, it may be surveyed again by the Secretary. The standards of the HEW Conditions of Participation in the Medicare program will be used in HEW validation surveys. If significant deficiencies in any hospital are found to be detrimental to the "health and safety" of patients, the Secretary may consider the hospital ineligible for participation in the Medicare program and, therefore, ineligible to receive Medicare money, notwithstanding JCAH accreditation. The Secretary will communicate his actions and decisions to the JCAH.

Under the law, community, labor, patients and staff representatives may write directly to the Secretary of HEW specifying substantial allegations and evidence of a hospital condition adverse to the health and safety of its patients. If significant allegations regarding deficiencies are presented to the Secretary of HEW, the hospital may be surveyed again by the State Certification Agency (i. e., in New York State - NYS Health Department).

Under the terms of this law, all participating hospitals in the Medicare program will be required, as a condition of participation, to supply the Secretary with JCAH reports and recommendations when HEW validation surveys are to be made. These will be held confidential by the Secretary and will be used only in connection with the HEW surveys.

Another implication of the 1972 amendments is that the Secretary is now authorized, after consultation with JCAH to promulgate standards, as necessary for the patients' health and safety, which may be higher or more precise than those of JCAH and which all hospitals would have to meet after appropriate and adequate time for compliance. However, this power will not be used often because as changes in accreditation requirements are identified by the Secretary, they will in all probability be adopted by the JCAH.

The Joint Commission surveys each hospital about once every two years. These surveys are performed exclusively by health professionals. In response to public pressure, the JCAH last year established new policies and procedures which allow consumers a limited, but potentially powerful role in accreditation surveys.

These new policies state that upon written request to the hospital and JCAH:

- JCAH will provide the past accreditation history of the hospital,

- the hospital must provide the exact date that the hospital will be surveyed (the hospital is notified of this date at least six weeks in advance),

- and, the hospital and JCAH must hold a Public Information Interview.

At the Public Information Interview, which takes place at the beginning of the survey of the hospital, labor, community, patients and hospital staff representatives are given an opportunity to meet JCAH surveyors. At the Public Information Interview, complaints, commendations and suggestions can be made. Your comments or complaints should be tied into JCAH standards (available from the Commission for a small charge) or be directly related to the patients' rights (see JCAH Preamble to JCAH standards), safety and health. You should present statistical data and supportive documents, if possible, at the Public Information Interview to support your statements about the hospitals services and deficiencies.

The survey team will then proceed to conduct a survey of the hospital which may last one or more days. It is assumed that the team members will be alerted to the areas of commendations, complaints and deficiencies during the hospital survey. At the conclusion of the survey, there is a summation (exit) interview between JCAH surveyors, and the trustees, administration and medical and nursing staff members. JCAH encourages members of these groups to attend the summation interview. You should encourage concerned and cooperative trustees, administrators, physicians or nurses to attend the summation interview so that you may obtain a first-hand report of the JCAH's findings.

The summation interviews are considered by JCAH to be an educational experience. The survey team's findings are discussed point by point and the hospital may explain or rebutt any findings of the JCAH staff.

Summation interviews have been taped for the last two years by JCAH. You should request an opportunity to hear these tapes; although present JCAH policy is based on the confidential relationship of JCAH with each hospital.

The surveyed hospital will receive a letter, based on the findings of the survey team, from JCAH within 90 days notifying the hospital of its accreditation status. Any difficulties or problem areas and specific recommendations for improvement are listed in a separate attachment to this letter. The letter and attachment are considered confidential and will not be released by JCAH.

Hospitals, on occasion, extract parts of the JCAH letter that is favorable to them and release it to the local press. This practice and recent changes in JCAH policy and procedures should encourage and support your request to the JCAH to receive the full contents of the letter to the hospital. A copy of the JCAH letter and attachment is sent to the Chief Executive Officer, the President of the Board of Directors (Trustees) and the Chief of the Medical Staff. You should solicit the cooperation of one of these parties so that you can get a copy of this letter.

As of December 7, 1973, the following hospitals have been scheduled for survey during January, February and March, 1974 in New York City and Nassau, Suffolk and Westchester counties. This list is subject to change. No nursing homes are scheduled for JCAH accreditation survey in the first quarter, 1974.

BROOKLYN - Adelphi, Brooklyn Eye and Ear, Cumberland, Lefferts Samaritan, V.A., Bay Ridge, Community, Greenpoint, Lutheran (Medical Center), Brooklyn.

QUEENS Booth Memorial, Hillcrest

BRONX Westchester Square

STATEN ISLAND Richmond Memorial, Staten Island, U. S. Public Health Service, Doctors, St. Vincents

NASSAU & SUFFOLK Syosset, Southside, North Shore, St. Charles, John T. Mather, Community Hospital at Glen Cove

As a service to our subscribers, we will make arrangements for a Public Information Interview upon request. For more information, write to:

The Consumer Commission, 4 West 58th Street, New York 10019

or

JCAH 875 North Michigan Avenue, Chicago, Illinois 60611,  
Att: John D. Porterfield, M.D., Director