

## Consumers Play Role in Hospital Accreditation

New York, N.Y.—The 21 consumers who came to hospitals to talk with Joint Commission on Accreditation of Hospitals surveyors during their on-site visits brought questions, complaints, and hope. They were unfail-

ingly polite. They were young to middle-aged, with slightly more women than men and a few more whites than blacks. *AJN* observed them in two hospitals in New York City and one half way out Long Island. The

size of the hospitals ranged from 200 to 340 beds. All three were under religious auspices—two of them Catholic. Consumers' concerns ranged from abortions to outreach programs.

JCAH surveyors were a team of physician and hospital administrator. One pair surveyed both the hospitals in the city, another in the suburb. The physician chaired and in the city shared note-taking with his partner. In the suburb, they used a tape recorder.

In one city hospital, four consumers from the Urban League and the local community council met in the office of the hospital administrator with three of his assistants. The atmosphere throughout the session was friendly and open.

Only one consumer came to the second city hospital. She complained that emergency room physicians who read a wet x-ray had missed her son's fracture. She said she came because she has children who get hurt from time to time and she will need that emergency room again. She gave both an oral and written report, was assured by the JCAH surveyor that the hospital wants this kind of report to take steps to prevent recurrence, and the administration assured her steps had been taken. In this room, the atmosphere was correct in every way, but had a formality reminiscent of a court room.

Sixteen people turned up at the suburban hospital, some representing several organizations, others as "community persons." One was a nursing student from a nearby campus, who attended as part of her education in community health. This meeting, held in a lecture room with consumers scattered around, resembled a class in session.

Frequently interpretations came from the back of the room, particularly from a trustee and a physician who sat in a group of five hospital representatives. In fact, the only angry voice in the three meetings was that of this physician, who demanded sharply that the JCAH not accept or make note of a tentative complaint about lack of outreach services for trauma cases unless the complaint was in writing, with names

and dates. The surveyors said nothing. Meanwhile the tape in the machine continued to run on.

The silence of these surveyors disturbed consumers somewhat. Two told *AJN* later that some response would have helped them know whether they cared what was being

discussed and who they were. "Are they just technicians?"

The physician surveyor in the city did communicate often and help consumers know his interests. He opened sessions with a statement that this interview was a mechanism to enable the JCAH to "accept information in

an orderly manner," and that it would be in their report. "We make no judgments now."

Complaints about specific incidents led him to question both consumer and hospital administration to clarify the incident and what was being done about it. He answered questions about JCAH policy. If no standard applied, he said so. For example, a consumer asked the administrator, "How do you square being a community hospital with your refusal to do abortions, when a sizeable section of the community wants this service?" The hospital administrator said they would refer, but granted that this did not answer the question. The surveyor said this was a social problem for which the JCAH has no answer, but that he would be glad to take the problem back to JCAH headquarters for discussion by the staff there.

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Family planning was an issue in the suburban hospital, where one woman attacked the physicians on the board and staff for the kind of resistance "you would expect 50 years ago." Consumers wanted a health center in an underserved community, and the hospital had applied to administer it. Because the hospital did not include family planning in the service it proposed to administer, the county government had recently said no. A community organizer for the Suffolk County Human Rights Commission, a graduate of the nursing school at Harlem Hospital, said nonetheless, "There are ways to keep the door open for this hospital."

Several consumers complimented this hospital for overcoming architectural barriers, for taking the lead in many services, and for its splendid orthopedic and rehabilitation services. One woman from a health council said she had gone to every JCAH public information interview in the area to see what consumers were complaining about and remarked, "No one has anything bad to say about you since you changed over."

Consumers in two hospitals were concerned about interhospital cooperation, and one suggested that the suburban hospital join any interested groups to promote public trans-

portation in an area with none or next to none.

Many questions dealt with consumer voice in care:

- Why don't you hold these interviews in the evening? Our people work days in Manhattan.

- Do you question patients at discharge about their opinion of the care they have received? How many of the patients respond to mailed questionnaires?

- Do you have an ombudsman? Is she in the outpatient clinic where she is needed most?

- What arrangements have you for consumer representation on your board? Is the representation made public? Does it affect your accreditation with JCAH?

- Will survey findings be made public? (Answer: Not by JCAH, but the hospital can release any or all the reports they receive.)

- Do you give your patients copies of the American Hospital Association's Patients' Bill of Rights?

- What criteria do you use for accepting or rejecting a doctor on your staff? Is there an appeal mechanism? If a physician is put off your staff for incompetence, is he still allowed to take care of us in the community? What can we do?

Sometimes they were looking out for staff interests:

- Do you have an affirmative action program? Are your policies for recruitment and promotion open to public scrutiny?

- How can a staff member who sees poor medical practice report it without being punished by the system? The woman who asked this told of two student nurses who saw a delivery that they thought was badly handled. The hospital asked for enough particulars to follow up, and the JCAH surveyors said if facts support them, students are on safe ground in reporting.

These sessions are one of several avenues recently set up for consumers to voice complaints (see March, page 392).