

Consumers charge hospital shortcomings

by Anne Fanciullo

When the two member team of the Joint Commission on Hospital Accreditation (JCHA) visited four of the Island's five hospitals last month, only a handful of consumer-oriented representatives showed up for the pre-evaluation hearings.

In a borough such as this, the cry for additional hospital bed space in light of a growing population has been constant. Coupled with the threatened closing of the psychiatric out-patient clinic at Staten Island Hospital and the gradual phasing out of the U.S. Public Health Service Hospital, groups and individuals with these concerns have long clamored for a more complete health care delivery system and improved, expanded facilities.

Yet, all tolled, only two organizations were represented by four persons who testified before the JCHA during those sessions especially designed to give the commission panel greater consumer input into the problems which beset the health network in each locale.

Consumers who have issues to raise, whether administrative or purely medical in nature, are given time usually before the start of the commission's evaluation.

Island consumer groups were made aware of the

upcoming JCAH evaluations through an article which appeared in the January 24th edition of the Register.

Those who attended the meetings with the two JCAH inspectors and hospital administration at St. Vincent's, Staten Island and Richmond Memorial Hospitals report that St. Vincent's hearing appeared to be not only the most productive, but the most receptive to consumer voices. A telephone statement was made to Doctor's Hospital in lieu of an in-person hearing.

Marjorie Gellerman, an urban planner who represented the Staten Island Chapter of the New York Urban League, was impressed both negatively and positively with the response from the two-Island hospitals at which she spoke.

"I felt that the attitude at Staten Island Hospital was set when two people from the Staten Island Community Corporation who were invited by the Urban League were almost denied entrance to the hearing," Gellerman recollected. "The administrative people from the hospital, under pressure from the JCAH team finally consented to let them in -- but as observers only."

JCAH regulations say that those parties requesting time to speak must state their intentions in a letter to both the JCAH in Chicago and the hospital to be evaluated. To Gellerman and the two representatives of the Corporation, this rigid adherence to the rules and the defensive posture sustained by the hospital administrators during the hearings, left them with a poor impression.

"Even though it was understood that the two people from the commission were supposed to be impartial investigators, you knew that it was the hospital's ballpark," said Brian Haugh of the Community Corporation. "We had intentions of reinforcing what the Urban League said at the hearing, but it was obvious that the commission people were annoyed with what had been already said."

The first issue raised by Gellerman was the proposed closing of Staten Island Hospital's out-patient psychiatric clinic. John Miller, director of the hospital, reportedly replied that no definite decision on its closing has been made. The clinic has seen only 2000 visits per year, Gellerman was told, but the hospital has felt a \$100,000 loss in operating it.

"They tried to skirt the issue by saying that there were enough psychiatric beds on the Island," said Gellerman. "But we're talking about out-patient services. And since the trend now is away from in-patient care, we feel that the clinic should be maintained."

Hospital administrators at Staten Island told those at the hearing that the decision to close the psychiatric clinic should be based "on need -- not want." "They don't seem to take into account what would best serve the needs of the constituency that use the clinic," said Gellerman. "Everything is a business to them."

The Urban League representative also raised the question of the effect on the community when the hospital relocates to a new facility in South Beach. The move may be as much as 10 years away, but Gellerman feels that the low income population who take public transit to the clinic will be most hurt.

She asked if the physical plant on Castleton Avenue could be maintained for out-patient services since those who currently use the facility would be greatly inconvenienced to travel to the proposed South Beach facility. And St. Vincent's clinics, she said, would be severely taxed with a new influx of patients from Staten Island Hospital.

Kalman Fortoloczki, director of planning for the hospital, said that a study shows that approximately 88 per cent of those persons who use the hospital's clinics and 98 per cent of those who use the emergency room come by vehicle, either public or private. "The move to South Beach would not preclude these people from getting proper medical care," he said.

"But again, as with the psychiatric clinic," said Gellerman, "they seem to

ignore the fact that the hospital is situated in a low income area. The move would create an economic burden, and would also hamper many patients who cannot afford to spend all that time travelling."

Gellerman feels that the study made by Fortoloczki is not adequate in that the individuals who use the clinic were not surveyed for their reaction to the possible closing of both the emergency room and the clinic.

Fortoloczki did concede, however, that his study does not offer information as to the proximity of the patients' homes to the clinic and how they feel they would be affected by the move. He qualified his belief that a shift would pose no dramatic threat to the clinic population, according to Gellerman, with the announcement to those at the hearing that the hospital had received approval from Community Planning Boards 1 and 2.

"But let's face it," said Gellerman. "The people on those boards are political appointees. They are not truly representative of the clinic population."

Fortoloczki maintains, however, that no plans have been formulated concerning disposal of the Castleton Ave. plant. "It's doubtful that the building could be maintained as another health facility," said the planner, "since it would require a great deal of

renovation to meet current building codes set up by the State Department of Health."

--More Patient Voices--

Dr. Robert Greene, of the Mariners Harbor Health Clinic testified briefly at the Staten Island Hospital hearing session as a "physician in the community." Dr. Greene voiced concern that there is no mechanism whereby patients can generate more input into how the clinic is run. Dr. Greene also agrees with Gellerman that the South Beach move would have catastrophic effect on medical services to North Shore residents.

As for the benefits inherent in this kind of consumer participation with the JCAH evaluation, Dr. Greene remarked, "I judge their (the JCAH team) response on action, not words."

Barbara Anderson, representing the Health Insurance Plan (HIP) Consumer Council, notes that

a mix-up prevented her from speaking at the Staten Island Hospital hearing. She reports, however, that during the course of a private meeting with hospital administrators after the formal hearing, she raised a series of questions. They concerned the admittance of patients to the emergency room, the procedure for complaining against a doctor or other staff person, the formula for acceptance or rejection of candidates for hospital positions, and the need for more intercooperation between Island hospitals.

Staten Island Hospital, she was told, allows every doctor not affiliated with the hospital four patients via the emergency room per year. St. Vincent's however, has an open door policy, she was told.

"I brought up this question because I felt it deserved an honest answer. Is a patient's acceptance or rejection for

emergency medical care contingent on whether he has a HIP doctor, whether his doctor is affiliated with the hospital?" Anderson asks.

While Staten Island Hospital has no HIP doctors, she was assured that any patient who is critically ill or who cannot be moved by ambulance to the proper hospital would be retained as an in-patient despite his doctor's affiliation.

--More Specific--

The HIP representative reports that both hospitals—St. Vincent's and Staten Island—have definite procedures concerning grievances and hiring. She was told by an administrator at Staten Island Hospital that the Joint Commission recommended that the hospital should make its employment rejection formula "more specific."

Anderson also questioned procedures governing patient

complaints relating to hospital service. Staten Island Hospital, she said, as a matter of course, distributes complaint forms to all inpatients before they leave the hospital.

St. Vincent's, she was told, selects 10 per cent of the patient population at random and sends home the forms. "They told me that with this procedure, once the patient is at home, he does not feel intimidated to speak up. But they said that since they mail them to the patient they only get a 50 per cent return."

And with so many doctors from foreign countries taking up internships and residencies in American hospitals, Anderson feels that some English language proficiency test should be administered. "They're supposed to have interpreters for the patients, but there is no law for the doctors," she said. The commissioners reportedly said they would take her suggestion into consideration.

--Adequate Facilities--

Intercooperation between hospitals was also stressed by Anderson, as an interim solution to lack of adequate health facilities. "If one hospital had a special coronary care unit and another had special kidney machines, duplication of services would be avoided and patients could go to either one or the other," she said.

The response to this proposal on the part of both North Shore hospitals, said Anderson, was akin to: "We're trying to do it but the other hospital isn't cooperating."

Morton Flexer, director of St. Vincent's, said channels of cooperation were weak, but improving.

"We do Richmond Memorial's laundry," he said, "and we did have a cooperative data processing program with Staten Island Hospital. But for the most part, there has been no significant sharing of services. Most of the cooperation has been administrative."

As for the effect of Staten Island Hospital's proposed closing of the psychiatric unit and other facilities when the hospital makes its South Beach move, Flexer feels that the hospital will be forced to expand. It will also have plans developed by that time to augment services on the North Shore. "If not, the whole thing will just fall apart," he said.

David Smith who is director of the Urban League's Island Office and chairman of the Comprehensive Health Planning Board for Staten Island feels that the job of coordinating planning and cooperative efforts between the various hospitals is within the jurisdiction of the CHP agency. "CHP should call all of them together for planning for general health care," he said.

--More Minority on Boards--

At all the hospitals, save for the US Public Health Hospital, Urban League representatives emphasized the lack of community participation on the Boards of Trustees and criticized the hospital's procedures.

Part of the problem, it seems, is that the hospitals -- which need the JCAH stamp of approval in order to collect government and private reimbursements—do not publicize the dates when the bi-annual accreditation inspections are to take place.

Anti-poverty agency representative Briah Haugh, of the Staten Island Community Corporation, who observed the hearings at Staten Island Hospital, viewed the response of the institution toward the idea of more blue collar and minority representation as "over zealous." After the issue was raised by Mrs. Gellerman, one member of the Board of Trustees who was present said that members of the Board should have a background in law or business in order to make competent policy-making decisions," said Haugh.

"Then, he suddenly announced that two seats on the Board were being held for minority group members. It seemed as if this came as a shock to everyone. No one—not even the hospital administration seemed to be aware of these two minority vacancies."

Haugh also reports that the JCAH team, composed of Drs. Oliver and Larsen—who, incidentally, are paid by the hospitals they evaluate—were "obviously annoyed that the topic had been brought up."

Dr. Larsen is reported to have said that JCAH "prefers not to get involved in internal disputes," and asked that the parties involved, "get together at a future date to iron this matter out."

According to JCAH standards set forth by the Chicago-based Commission, however, the matter of Board representation is entirely within the purview of the Commission evaluation.

Gellerman, who also raised the question of employment practices on behalf of the Urban League, explained that unlike private companies like Proctor and Gamble who call the League with employment opportunities for minority people, "the Island hospitals have failed to do this," she said.

At the request of Dr. Larsen of JCAH who said that employment practice is not a concern of the commission, the Urban League promptly sent a letter to the director of Staten Island Hospital at-

tempting to set up a date to discuss arrangements for increased cooperation.

"I got the impression that St. Vincent's, on every count, was a lot more receptive to our suggestions than any of the other hospitals," noted David Smith. Staten Island Hospital, he said, appeared to be non-committal in developing a cooperative employment effort with his agency.

Richmond Memorial, at which Smith was the only consumer speaker, "did not appear to react at all to the idea of more minority jobs and community membership on the Board of Trustees," he said.

Lorraine Sorge, who said she had planned to make a presentation before the JCAH evaluators at Richmond Memorial Hospital, but did not, said that she would like to see more women on the Board of Trustees of the South Shore hospital. The formal request had already been made by the hospital's women's auxiliary nearly two years ago, but no reply was ever received.

While at Doctor's Hospital, a privately owned facility in which physicians are shareholders, Smith, who made his request for more minority and blue collar representation by telephone, reports that a promise was made to include more community representation on the hospital's advisory board.

Another issue, one that was raised solely at St. Vincent's, was the hospital's unwillingness to provide abortion services to its patients. Smith, as a representative of low-income and minority constituency who avail themselves of the hospital, feels that this service should be offered.

"St. Vincent's," he said, "is supported by public funds. How can an institution that services the community refuse to perform abortions?"

In response to this, Morton Flexer, director of the hospital, explained that since the facility is a member of the Catholic Hospital Association, the hospital's policy must be in agreement

with those of the Church. He noted that since 1970, when New York State legalized abortion on demand, St. Vincent's has received only two requests.

"There are ample abortion services on the Island," said Flexer. "Those patients who request them here are not being denied. They're merely referred to the city health agency or to Staten Island Hospital."

The Joint Commission's evaluations of the Island hospitals should be received by mid-April. While the hospitals are not obligated to release the commission's report to the public, requests should be made to the office of the director of each facility.