

STATEN ISLAND REGISTER

Hospital evaluation... Public in the dark

by Anne Fanciullo

A patient's only concern when hospitalized is to get well. He naturally assumes that efficient medical service — not to mention safe and sanitary conditions and the optimum in specialized care — are automatically provided. But when the patient finds after a brief hospital stay or after treatment in the facility's emergency room that there were too few physicians on duty or that his X-rays were somehow lost, he may wind up feeling sicker than before.

Threatening letters to hospital personnel, repeated calls to the billing department and futile efforts to track down the attending physician can leave the recovering patient in a fluster. And after months of hearing "we'll look into it," the patient often throws his hands up to the whole thing while his formal complaint yellows with age in a dusty file drawer.

What most disgruntled patients don't know is that they can have a voice in setting hospital policy, or at least in improving some tacky areas. But for most consumer groups and individuals, the opportunity to speak out will go as quietly as it came because these individuals have not been made aware of their rights.

Beginning next week, four of the Island's five hospitals will be evaluated by the Joint Commission on Hospital Accreditation. A three member team, consisting of a doctor, nurse and JCAH administrator will audit and observe nearly every facet of the hospital's operation for one or two consecutive days. Since 1972, the Commission has granted consumer groups the opportunity to make their grievances or recommendations known in closed door "public information interviews." A letter to the hospital administrator and a copy to the Chicago-based Commission requesting the "interview" is all that is required. The hospital is obligated to insure that ample time be allowed to the parties requesting the session and it usually takes place on the morning of the first day of the team's survey.

—Dates Not Publicized—

The major problem, it seems, is that the dates of the hospital's evaluation are not publicized, and since the hospital is not required to do so, the very groups that might have something to say never learn of their opportunity.

In fact, a random survey of four consumer-oriented groups on the Island revealed not only that they were unaware that they could be

heard by the accreditation team, but that they did not even know that the four hospitals were nearing these critical evaluation dates: Richmond Memorial, Jan. 29 and 30; Doctors Hospital, Feb. 4; Staten Island Hospital, Feb. 5 and 6; and St. Vincent's, Feb. 12 and 13. The U.S. Public Health Service Hospital is scheduled for appraisal; however, the hospital has not yet been notified of specific dates.

"Something like this should be known to the public," said Roberta Imre, who is chairman of the Family and Child Care Division of the Community Chest and Council.

She reports that her agency is especially concerned over the possible closing of the outpatient psychiatric unit at Staten Island Hospital.

Imre speculated that the interview might be an appropriate time to urge the Commission team to evaluate the situation. "But the real problem seems to be a lack of communication between interested community groups and the hospitals," she added.

David Smith, director of the Staten Island Chapter of the Urban League, was also unaware of the accreditation survey and consumer complaint option. He related, however, that his agency will be requesting a public in-

formation interview. Smith said the interview will center on what he termed the lack of minority group participation on the boards of trustees of the Island hospitals and the insignificant representation of minorities in supervisory staff positions.

—Consumer Participation—

The power of these consumer participation interviews are not to be underestimated. Last year, the Nassau County Medical Center was barraged by irate citizens who were initially spurred on by a local consumer activist's group. During a heated interview, the survey team was given a long list of grievances ranging from charges of job discrimination against blacks to a lack of social workers in the emergency rooms.

The result was the enlargement of the hospital's board of governors to include blacks and women and the accreditation of the hospital for one year instead of the customary two. In all, the JCAH found 49 deficiencies which were made public during the course of a full accreditation report — a precedent-setting occasion which was brought about by public pressure.

According to JCAH standards, the information brought out during the course

continued on page four

Public in the dark

continued from page one
of the public interview are not considered "public" in that the names of hospital personnel and the grievances brought against them are confidential. Those wishing to air grievances should provide documentation in the form of a written statement containing pertinent information relevant to the complaint.

During the course of the actual survey, the team members will be alerted to

these problematic areas and will hopefully check to see that these deficiencies are indeed valid. At the end of the survey, a summation interview is held between JCAH administration and medical personnel. This portion of the process is not open to the public, however, and the final letter indicating whether the hospital has been accredited or not is usually received 90 days thereafter.

According to the Consumer

Medicaid reimbursements. This includes most hospitals in the United States.

Loss of accreditation can mean cancellation of Medicare and Medicaid contracts, and, within New York City, Blue Cross contracts are also affected. Intern and residency programs can also be jeopardized.

Critics of the commission point out that since the

hospital regards the three member team as "guests" of the hospital, and since they are being paid by the accommodating facility, the survey process becomes a "friendly sociable visit."

The May, 1972 edition of Medical World News suggests that hospitals and the JCAH inspectors reach a "mutual accommodation" whereby certain im-

continued on page seven

Commission, a Manhattan based group which provides health related information, many accredited hospitals "extract parts of the JCAH letter that is favorable to them and release it to the local press."

The group urges consumers to bring pressure upon the hospitals (as was done in Nassau County) to release the entire contents of the report. In addition, a consumer can request a re-evaluation of a hospital from the Secretary of Health, Education and Welfare

provided there is "substantial complaint" or ample evidence of a sub standard condition.

Most recent figures supplied by the JCAH reveal that only 78 per cent of the 1,876 hospitals surveyed nationally received the full two year accreditation. Nineteen per cent received one year accreditation and 3 per cent received none.

Often described as a "quasi-public licensing body," JCAH was empowered in 1965 to review those hospitals which receive Medicare and

continued from page four

proprieties, if not outright substandard conditions are cited but do not cost a hospital its accreditation.

According to a national health publication, Hospital Practice, a law suit brought by a senior citizen's group in Washington charges that the District of Columbia General Hospital had more than 76 violations of 16 JCAH standards. Yet it was accredited permitting the hospital to receive \$2 million annually from Medicare.

JCAH has also been criticized for close affiliation with the medical establishments like the American Medical Association and the American Hospital Association. In fact, the commission describes its own standards as having moved up from the "minimum essential" to the "optimum achievable." Under these standards, according to Hospital Practice, "a hospital can approximate a level of performance that is within reach, though not ideal."

--Can't Believe It--

"I can't believe some of the hospitals they've passed," said Barbara Hink, assistant to the director of the Board of Health department which channels federal funds to various hospitals throughout the city. While Hink was aware of the forthcoming accreditation surveys, she expressed surprise that consumers could now have a chance to air their complaints.

"How can consumer groups know about this opportunity," she asked, "when the dates that the hospitals will be accredited are not made public?"

That same question was put to a spokesman for the Commission in Chicago who replied that most hospitals prefer not to publicize the date (nor are they obligated to) simply because they wish to avoid a sudden upsurge of petty complaints and personal gripes from the community at large, many of which prove to be illegitimate.

"A consumer can't get up and say that a doctor was rude to him and hung up the phone abruptly. But he can say that he saw soiled linens in the hall or that the garbage was not properly disposed."