# JCAH Accreditation and the Hospital Library:

## A Guide for Librarians

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ABSTRACT

The continuing effort to develop standards for libraries in health care institutions has resulted in the creation of two broad groups of standards: (1) quantitative and specific, and (2) qualitative and flexible. The library standards of the Joint Commission on Accreditation of Hospitals (JCAH), a major example of the second type, were revised and expanded considerably in 1978, bringing them into line with standards for other hospital departments.

Possible areas of unclarity or difficulty for the librarian in complying with the revised JCAH standards are discussed, including those relating to staffing, consultants, library technicians, analysis of resources, assessment of needs, documentation, policies and procedures manuals, and the library committee. The JCAH site visit, including preparation of the Hospital Survey Profile, gathering information for the surveyor, and the summary conference, offers opportunities to librarians to participate in an institution-wide effort, to upgrade management practices, and to demonstrate the need for, and effectiveness of, library services in their hospitals.

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THE HEALTH sciences library community has long been concerned about setting standards for library service in health care institutions. Helen Yast summarized the standards existing in 1972 [1], highlighting the 1970 American Library Association Standards for Library Services in Health Care Institutions [2] and the revision of the standard for professional library service by the Joint Commission on Accreditation of Hospitals (JCAH) that appeared in the 1970 *Accreditation Manual for Hospitals* [3].

Since 1972, much effort has been devoted to strengthening hospital library standards. A work-

ing party of health sciences librarians developed Canadian Standards for Hospital Libraries [4], which were accepted by a number of library and medical associations, and which formed the basis for the section on staff library services in the *Guide to Hospital Accreditation* published by the Canadian Council on Hospital Accreditation [5]. The working party also developed appendices which, although not included in the *Guide to Hospital Accreditation,* presented minimum quantitative standards for books, journals, and space required to provide adequate library services for hospitals in various categories.

Another set of standards was published in 1975 by the Standards Committee of the Connecticut Association of Health Science Libraries. It contained, in addition to qualitative standards, a checklist for use as a self-evaluation tool [6].

In 1976, the Ad Hoc Committee to Study the Feasibility of an Accreditation Program or Suitable Alternatives for Hospital Libraries, appointed by the Medical Library Association, published its report, which included a summary of the library requirements used in the accrediting process by eight health sciences associations [7]. Most failed to mention the library or included only general statements about library standards. The Veterans Administration was cited as having the most specific and detailed guidelines for libraries of any group. A further recommendation in the report resulted in the creation of the Subcommittee on Hospital Library Standards and Practices in 1978.

Probably the effort that received the most attention from health sciences librarians in the United States was the revision of the 1970 JCAH standards for professional library services. The process by which the Medical Library Association contributed to the development of the standards that went into effect early in 1978 was well documented by Foster [8].

## Types and Functions of Library Standards

From the many discussions that surrounded these efforts, several basic issues concerning the nature and purpose of standards can be identified. It is interesting to note that these same issues appear in the discussions of standards for other types of libraries. These issues concern the lack of precise definitions of terms [9–10], whether standards should be qualitative or quantitative [11–12], whether minimal levels or levels for excellence should be defined [13–14], and finally, whether compliance with standards should be required or should merely be suggested [15–16].

Although the arguments involved in these issues are too numerous to summarize, it is possible, at the risk of slight oversimplification, to separate them into two groups. One related group of ideas views the purpose of standards as being to force the upgrading of deficient services to minimal levels by providing either external justification of, or requirement for, the change. Two related ideas maintain (1) that the most effective standards are quantitative ones that are easily assessed and translated into costs; and (2) that only when specific standards are required and enforced will significant change occur.

An alternative line of thinking views standards as guidelines, as statements about quality service that can be flexibly applied to the needs of the institution using the service. A related argument warns against the identification of minimal standards as potentially reinforcing mediocrity.

Health sciences librarians, especially those who feel that enforced standards offer the best means for improvement in hospital libraries, have been particularly interested in the revision of the JCAH standards. These librarians feel that the JCAH standards offer the greatest possibility for both enforcement by an influential accrediting body and response from the institution. This approach has been reinforced by Koughan from the point of view of a hospital administrator [17]. The Hospital Library Standards and Practices Committee of the Medical Library Association, therefore, felt that, as a first step in identifying areas of need for standards, it would be valuable to examine the JCAH standards closely to see what they represent, what can be expected from them, and how hospital librarians can work effectively with the standards in their institutions.

## Characteristics of JCAH Standards

As a prelude to a specific discussion of the standards, it will be useful to review the functions of the Joint Commission on Accreditation of Hospitals and the general characteristics shared by its standards.

The JCAH is a voluntary organization composed of commissioners from the American Medical Association, the American Hospital Association, the American College of Physicians, and the American College of Surgeons. Its functions are to publish standards for the operation of hospitals, to conduct surveys and award accreditation for compliance, and to conduct educational and

research programs in support of this effort [18]. The *Accreditation Manual for Hospitals,* published by the JCAH, describes the characteristics of all its standards as follows:

> They are valid, that is, they relate to the quality of care or services provided; they are optimal, reflecting the highest state of the art; they are achievable, meaning that compliance with them has been demonstrated in an existing facility; and compliance with them is measurable [19].

In an address before the Seventy-ninth Annual Meeting of the Medical Library Association in Hawaii, Dr. Douglas Duncan, Associate Program Director of the Hospital Accreditation Program for the JCAH, discussed flexibility as an additional aspect of the standards. The JCAH is committed to the philosophy that one standard of medical care should be required of both large and small hospitals. Therefore, the standards must be written so that they will be valid in all situations. Duncan quoted from the interpretation of the library standard the section that provides such flexibility:

> The extent of the services should be related to the needs of the medical and hospital staffs, to the hospital services provided, and to the cooperative arrangements with other professional libraries and information systems. The staffing, size, contents, and equipment will vary with the extent of services provided [20].

Although the standards are not the specific, quantitative ones that some librarians feel are necessary, they represent a strong commitment to library services on the part of the JCAH. Since they relate services to needs, resources to services, and policies and procedures to the proper management of resources, they clearly open the door for librarians to adopt sound library management principles, as Foster has stressed. In addition, they endorse many fundamental principles for hospital libraries: service to hospital as well as medical staff, interdisciplinary participation on the library committee, central administration of library resources, and dedicated space in the hospital for the library.

## Library Standards in the Total Hospital Context

It is of great importance, too, that the revised JCAH standards for libraries parallel in both subject matter and emphasis the standards for other clinical support departments. The delineation of the qualifications for staff members, the requirement for continuing education, the emphasis on studying needs and developing goals, and the requirement for detailed, written policies and procedures, none of which was included in the standards for libraries prior to 1978, all have parallels in other sections of the *Accreditation Manual for Hospitals.* The library, formerly treated as an entity apart, has, in effect, been recognized as an integral part of the hospital.

Desirable as this certainly is, it may, in the short run, cause difficulties for some librarians as they attempt to apply the standards to their own situations. All the JCAH standards set forth in the *Accreditation Manual for Hospitals,* including the revised standards for libraries, are written in the context of total hospital management for the achievement of high-level patient care. However, the training of librarians, including those who become managers of hospital libraries, is primarily in the skills of their profession, with relatively little emphasis on management in the broad, institution-wide sense. It is therefore likely that some hospital librarians, especially those new to the field or inexperienced in hospitals, may initially feel uncertain about interpreting or applying some aspects of the revised standards. These difficulties will be exacerbated by the professional isolation in which many hospital librarians work. The balance of this article will, therefore, attempt to clarify some aspects of the JCAH standards and accreditation process that may initially seem troublesome or unclear.

## Problems of Interpretation of Standards

### *Section Heading*

The heading of the section dealing with the library, "Professional Library Services," has in itself caused confusion. Some librarians have assumed, on the basis of their own frame of reference, that it refers to library services provided by a professional librarian. This is not the case, since the heading predates the 1978 revision of the accreditation manual, in which the professional qualifications of the librarian were first described. It refers to the provision of library services to the professional and paraprofessional staff and employees of the hospital, rather than to the patients.

Two standards constitute the JCAH requirements for library services in hospitals: (1) the library shall be organized, and (2) there shall be written policies and procedures. Detailed interpretations follow each standard, offering amplification and guidance on compliance. However, the interpretations include a mixture of specific and vague statements that may lead to uncertainty about how to comply.

### *Staffing*

Several areas of uncertainty arise in the section on library staffing. The hospital is required to employ a "qualified medical librarian," described as an individual holding a graduate degree in library science and certification from the Medical Library Association. However, an alternative is offered for institutions in which this is not feasible: employment of a person with "documented equivalent training or experience." Defining this phrase has proved controversial, and sometimes causes uneasiness among librarians who lack a graduate degree and/or MLA certification.

The question of equivalency of skills is a complex one, and debate over professional schooling versus on-the-job training has taken place among librarians for years [21–22]. One approach to the problem is an equivalency ratio between years of experience and professional schooling, such as that developed by the Cleveland Public Library [23].

An official of the JCAH has offered what is probably the best guidance currently available on the subject. Although speaking unofficially while addressing practitioners of another field, his comments undoubtedly apply to librarians as well. Equivalency, as he saw it, has four aspects: (1) evidence of participation in education programs, (2) work experience, (3) demonstration of ability in the field, and (4) recognition of this ability by responsible people in the community and the hospital [24]. In individual cases, it would be incumbent upon library managers to assert to their supervisors and document for the JCAH that these criteria had been fulfilled in their backgrounds.

### *Consultants*

If it is not possible for a hospital to employ a qualified medical librarian or equivalent, the standards require retention of such a person as a consultant. The full qualifications of the consultant, however, are not described, and therefore are open to varying interpretations. Some librarians feel that a consultant should have previous experience as either a hospital librarian or a regional extension librarian, so that the consultant is familiar with the special circumstances of small libraries and the distinctive organizational structure of hospitals. Administrative personnel in hospitals that do not employ qualified librarians are likely to be unfamiliar with the medical library community and to feel uncertain about how to locate suitable consultants. Medical library organizations could serve a constructive function by defining the qualifications and functions of consultants and disseminating this information to hospital librarians and chief executive officers. A promising start has been made by MLA by appointment of an ad hoc committee to develop criteria for hospital library consultants.

### *Library Technicians*

When a hospital does not employ a qualified medical librarian, the JCAH standards require, in addition to the retention of a consultant, that an employee trained in library skills, equivalent if possible to a library assistant or technician, be available to provide basic library services. (These services are enumerated and include all the usual technical and user services.) Although the qualifications of the library technician are not specified, presumably they would consist, as in the case of the medical librarian, of formal education or documented equivalent training or experience. More detailed and specific guidance on the attributes, duties, and training of such personnel can be obtained from an MLA statement, developed in 1970 and now in the process of revision, on standards for technicians in health sciences libraries [25]. Basic library management training is sometimes available through the Regional Medical Library Program [26].

The standards do not deal with the amount of time the library technician should devote to library services, but West has given an assessment of eight hours a week [27], which might be considered a minimum. The literature of librarianship offers a number of useful articles on levels and use of library manpower [28–30]. After an individual has been selected to operate the library, several manuals are available to assist him or her in managing a small library service [31–34].

### *Resources*

The section of Standard I relating to library resources offers few problems of interpretation and application. It enumerates the types of materials and categories of service that should be provided. The library manager can demonstrate compliance with the requirements for authoritative, up-to-date collections of various types of print materials by using such accepted lists as those by Brandon and Hill [35], Allyn [36], and others listed by Onsager [37]. Slavish adherence to any particular list should, of course, be avoided, and modifications should be made based upon individual circumstances.

### *Role of Hospital Administration*

Some of the specific requirements are not solely the librarian's responsibility, but involve interaction with hospital administration. These include delineation of the relationship between the main library and departmental collections, dedication of the library's space to library uses only, and achievement of a balance between library security and ready access. These subjects have been addressed in the literature [38–41], but "substantial compliance" may differ widely in various situations. Because the librarian's policy decisions in these areas require the cooperation and support of hospital administration, it is the librarian's responsibility to educate the chief executive officer and other administrative personnel about relevant issues. Since many hospitals do not have qualified librarians to speak up for the needs of libraries, it would be an important service of local and national library organizations and of the regional medical libraries to inform hospital adminstrators about libraries in general and available medical library resources in particular. Presenting an exhibit at a regional hospital administration meeting is one approach that has been used successfully [42].

### *Assessment of Needs*

The JCAH standards suggest several techniques for evaluating the need for and provision of library services in a hospital, including formal written surveys, needs assessments, and structured reviews of the collection. The literature offers some guidance in these techniques. Chen [43] describes recognized methods for conducting user surveys, and Martin [44] reports on ways that surveys can be used for planning. Techniques can be borrowed from marketing to identify potential users [45], and from public relations to inform users about library services [46].

### *Documentation*

There is repeated emphasis in the standards on documentation of all aspects of library management and library services, including goals, policies, procedures, resource-sharing, interlibrary loan, consultative visits, and continuing education of staff. Good documentation benefits any library, beyond satisfying JCAH requirements. Statistics kept can be analyzed and used to justify the budget, the institution of new services, or the dropping of underused or costly services. Proper design of in-house forms will promote efficiency in statistics-gathering [47].

If the hospital library is a member of a formal consortium, the nature, extent, and cost of shared services should be set forth in the consortium agreement. An example of a shared services agreement may be found in Fink's *Dynamics of Hospital Library Consortia* [48]. When lending is done informally among local hospitals, without a written agreement, documentation may be more difficult to provide. It would be important, in such a case, to maintain records of interlibrary loans received and sent, and to prepare a written description of shared activities. A library's participation in the Regional Medical Library (RML) Program can be documented with records of interlibrary loans from the RML and its subcontractors, and evidence of participation in RML workshops and other projects. Interactions with the RML concerning on-line search services should also be documented.

### *Policies and Procedures*

Standard II deals, for the most part, with the need for written policies and procedures to guide the provision of library services. A list of topics that must be covered is provided in the interpretation section, but most policies and procedures manuals will go considerably beyond this list. Scougall [49], Wender [50], and others offer practical guidance to library managers on preparing manuals. A checklist for the administration of health sciences libraries developed in Connecticut suggests topics that might be considered for inclusion [51]. The development of a policies manual offers a useful opportunity to discuss with administration issues that may not have been considered previously.

Policies and procedures should be reviewed periodically by the librarian and approved by an administrator and the library committee, if there is one. If the manual is arranged in a loose-leaf notebook, changes and updates can be made easily.

### *Library Committee*

Although a library committee is not required, the importance of having one is implied by the detailed exposition of the organization and activities of such a committee, if one exists. When there is a library committee, a record of its activities must be kept to document compliance with the JCAH criteria. The simplest way to accomplish this is by compiling the minutes of meetings, which will indicate the committee's composition, frequency of meetings, its consideration of the topics listed in the standard, and the librarian's role in committee proceedings. The functions of the

library committee should also be described in the policies and procedures manual.

## The JCAH Site Visit

### *Hospital Survey Profile*

Prior to a visit by its survey team, the JCAH provides the hospital administration with a *Hospital Survey Profile,* which contains questions about all areas of the hospital to be evaluated during the site visit. The section of this document relating to professional library services is intended to provide the surveyor with a description of current library practices in the hospital. It is vital that the library manager, rather than an administrator, fill this out, since it is a valuable guide in preparing for the site visit.

At the top of the library portion of the *Hospital Survey Profile* is a list of items that should be available for the surveyor at the time of the site visit. The first two, policies and procedures, and written agreements with outside library resources, have already been discussed. In addition, the librarian must provide a list of texts purchased since the last survey, which can be compiled from the library's accessions record, acquisitions lists or purchase orders. It is important to include any books bought by the library that are kept in other departments.

The librarian is also required to ascertain the percentage of the library's texts published within the last five years. This information can be obtained from the shelf list, or by means of an inventory of the book collection. Since the standards stress the need to provide up-to-date materials, presumably the higher this percentage the better; but again, individual situations will allow for wide variations. Almost all the books in a very new library may be less than five years old, while the percentage in a longer-established library will probably be lower, especially if the hospital is engaged in programs requiring access to retrospective materials. Finally, a list of periodicals acquired or dropped since the last survey should be available.

The remainder of the *Hospital Survey Profile* relating to professional library services is a questionnaire designed to reveal other facts about current library practices. Each statement made in response to this questionnaire must be documentable. Many statements will be sufficiently documented in the policies and procedures manual, but others may require further confirmation. For example, a copy of the library manager's curriculum vitae should be available, to demonstrate compliance with the requirement for a qualified medical librarian or equivalent. There should be a personnel record describing the educational background of the librarian or the consultant and technician, as well as certificates of completion of MLA continuing education courses and participation in library workshops and conferences. A summary of library statistics for the current year, and, if available, for several past years as well, will give the surveyor an overview of circulation of materials, reference and bibliographic services, interlibrary loan activity, and income and expenditures. If possible, arrangements should be made for the library consultant, if any, and the chairman of the library committee to be present for the survey.

### *The Survey Team*

After a hospital has returned the *Hospital Survey Profile* and other documentation to the JCAH, a site visit is scheduled. Depending on the size and complexity of the institution, the JCAH will send up to four surveyors: a physician, a nurse, a hospital administrator, and a laboratory technician. The survey process consists of analyzing documentation, interviewing personnel, observing functional operations and conditions, assessing service outcomes, conducting educational sessions, and reporting evaluation findings [52]. The survey team sets its own schedule for the period of one to three days it spends at the institution, and each hospital department is usually visited by only one surveyor. The library is customarily assigned to the physician.

Hospital librarians are likely to feel disappointed if the library is not visited by a surveyor, especially if they have prepared extensively. If there is no site visit, it may indicate either that the preliminary documentation has satisfied the surveyor of the library's compliance with the standards, or that the surveyor has chosen to spend his or her limited time in departments considered more clinically relevant. Since new surveyors, during the two-week training period by the joint commission, receive only about half an hour of instruction concerning hospital libraries, it is not surprising that visits to libraries are sometimes omitted. If there is a visit, it may seem to the librarian to be short and hurried. It is especially important, therefore, to have all documentation readily available so the surveyor can see a great deal in a short time. Whether or not the library is visited, however, library management practices are likely to be improved as a result of the preparations for the

survey, so the librarian's efforts will not have been wasted.

### *The Summary Conference*

At the end of the accreditation visit, the survey team meets with the hospital administration, representatives of the medical and nursing staffs and of the governing body to summarize its findings. Often, department heads are invited to attend this conference. Members of the survey team comment in turn upon the areas of the hospital that they visited, praising compliance and pointing out deficiencies. Administrators and other hospital personnel may, if they wish, respond. The librarian should attend the summary conference if at all possible, as it is the culmination of the survey process and serves an important educational function. The comments of the surveyors, especially about deficiencies in any department, should be noted, so that information and pertinent literature can be obtained for departments that need to make improvements. Any noncompliance cited in the library should of course be corrected as soon as possible. If it is the result of inadequate financial support, the librarian must take the initiative with the hospital administration and the library committee in obtaining the necessary funds. If the hospital qualifies, applying for a Resource Improvement Grant from the National Library of Medicine could be considered.

## CONCLUSIONS

Before 1978, the JCAH standards for professional library services were so vague as to provide little basis for the librarian to prepare for an accreditation visit, or for a surveyor to judge the caliber of library services provided. This situation has been greatly improved. It is to be expected that surveyors will gradually come to demand of the library evidence of the same high level of professionalism that is expected of other hospital departments. From the librarians' point of view, preparation for the accreditation survey offers a valuable opportunity to participate in an institution-wide team effort, and to demonstrate the need for and effectiveness of the services they provide in their hospitals.

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*Received October 22, 1979; accepted December 21, 1979.*