

Library Development and the Joint Commission on Accreditation of Hospitals Standards*

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ABSTRACT

The author traces the historical development of standards for library services prepared by the Joint Commission on Accreditation of Hospitals, emphasizing those elements of the present standards that auger well for the development of libraries in hospitals. Then examined are the role of librarians and new roles for libraries, stressing sound management practices that ensure continued development.

DEVELOPMENT has been defined as the process of going through a natural growth; it is evolution by successive changes [1]. Both libraries and the standards for their services have evidenced development, and each has had an influence on the other. Standards for library services in health care institutions have been prepared and touted by numerous agencies; Yast detailed these in the October 1972 issue of *Library Trends* [2]. For the present article, however, the focus is on those standards developed by the Joint Commission on Accreditation of Hospitals (JCAH) and on health sciences libraries in hospitals. As Koughan has written, "The only hospital library standards of which administrators are aware are those published by the Joint Commission on Accreditation of Hospitals" [3]. This organization has become recognized as the accrediting body for hospitals.

DEVELOPMENT OF JCAH STANDARDS THROUGH 1970

Historically, hospital accreditation had its beginning in 1918, when the American College of Surgeons compiled a one-page standard of accreditation, "Minimum Standard for Hospitals," and began on-site inspection of hospitals with over 100 beds. Only 89 of the nearly 700 hospitals inspected could meet the minimum standard. Physicians,

administrators, and trustees were shocked by the publication of the statistics, thus creating widespread support for a hospital accreditation program. The program grew and so did the costs. Participation was solicited from other national professional organizations. In 1951 the American College of Physicians, the American Hospital Association, the American Medical Association, and the Canadian Medical Association joined forces with the American College of Surgeons to form JCAH. The Canadian Medical Association continued its participation in the joint commission until 1959, when it withdrew to participate in its own national hospital accreditation program [4].

In 1953 JCAH published its first set of standards, *Standards for Hospital Accreditation*, which included the medical library as a desirable but not an absolute prerequisite for hospital accreditation. The standard for the medical library reads:

1. **Organization.** There shall be a medical library directed by a competent medical librarian.
2. **Facilities.** Books and journals shall be cataloged and shall be readily accessible.
3. **Personnel.** Personnel shall be provided to assure efficient service to the medical staff [5].

Three years later, in 1956, JCAH published a revision of its standards in which the medical library became an essential service. This time the statements about the medical library had increased from three to four:

- a. The hospital must maintain a medical reference library according to the needs of the hospital.
- b. Facilities should be provided to meet the requirements of the service in the hospital.
- c. Basic textbooks and current periodicals should be available and cataloged according to the needs of the hospital.
- d. Personnel should be provided to assure efficient service to the medical staff [6].

The basic JCAH standards were again revised in 1957, 1960, 1964, and 1965. The only change

*Based on a paper presented May 16, 1978, at the Tenth Middle Atlantic Health Congress, Atlantic City, New Jersey.

LIBRARY DEVELOPMENT AND JCAH STANDARDS

made in the medical library requirements during this period was the deletion in 1960 of "reference" in "medical reference library" [7].

In 1966 JCAH voted to undertake the project of completely reviewing, reevaluating, and rewriting its standards. To ensure relevant and reliable standards and to utilize the expertise in the field, thirty advisory committees were established, one of which was the Medical Library Advisory Committee [8-9].

New standards were approved by the JCAH Board of Commissioners in December 1970 and published as the *Accreditation Manual for Hospitals* in 1971. The basic standard under the heading "Professional Library Services" reads: "Library services shall be made available to the medical and hospital staff. There shall be books, periodicals and other materials appropriate to meet their needs" [10]. The accompanying interpretation outlined three areas of service—reference, document delivery, and audiovisual; required an adequate and available basic collection; and recommended that hospitals providing extensive library service employ at least one full-time librarian.

DEVELOPMENT OF LIBRARY SERVICES IN HOSPITALS

During this same period libraries in hospitals were evolving, partially in response to pressures of the environment. Even prior to the initiation of hospital accreditation, health care institutions had begun to establish medical libraries. The Pennsylvania Hospital was in the forefront of this development with the establishment of a medical library in 1762. This genesis was followed by the establishment of a library in the New York Hospital in 1796; and in 1823 the trustees of the Massachusetts General Hospital appointed a committee to collect a library. The Boston City Hospital received gifts of medical books before the hospital building was even erected in 1861; by 1891 a new library building was provided to house the growing collection [11].

Since the turn of the century there has been an explosion in the amount of information available. The demand for that information has increased, with much of the demand for service originating within the hospital setting. The increase in requests for service can be attributed to a number of factors. The millions of dollars poured into medical research generated increasing demands for information. The increase in the number of health professionals trained in specialized fields created

specialized information needs. As recertification and relicensure became commonplace, resources for continuing education were demanded. Parallel to this expansion in the kinds of requests for service was the burgeoning number of sources from which these requests originated, as evidenced by the increase in hospital construction and the expansion of medical centers that took place in this century.

Libraries' responses to these increased demands have been both aided and complicated by a number of developments. The passage of the Medical Library Assistance Act in 1965 provided needed federal support for library resources, facilities, and research. Health sciences libraries in hospitals throughout the country were designated as entry points into the National Library of Medicine's Biomedical Communications Network. In addition, many of the Regional Medical Programs, also established in 1965, had library components. The introduction of new technology facilitated the rapid dissemination of information, and resource sharing extended it.

Given the constantly changing role of libraries in hospitals—as evidenced by the increased demand for services, the growth of the health care industry, libraries' growing role in the national information network, and the introduction of new technology—standards could not remain static. Ultimately, standards should ensure the institutional support required to provide information for utilization in the provision of high-quality patient care throughout the hospital and throughout the country.

NEW STANDARDS AND LIBRARY DEVELOPMENT

In 1973 JCAH asked the Medical Library Association for recommendations on revisions to the 1970 standards. An ad hoc committee was formed and suggestions were prepared. These were approved by the MLA Board of Directors at its December 1974 meeting and referred to JCAH in January 1975 [12]. Despite continued prodding from the health sciences library community, no visible action was taken on these recommendations until August 1977, when Draft A of the revised standards for professional library services was prepared and circulated. Draft B was distributed in October 1977 to those who had made comments on Draft A. At the December 1977 meeting of the JCAH Board of Commissioners, revised standards were approved. They were published and distributed in the February 1978 edition of the *Accreditation Manual for Hospitals* [13] and went into effect immediately.

Noting that there is a section devoted to professional library services within the *Accreditation Manual for Hospitals*, it is appropriate to ask what elements of the present standards auger well for the continued development of libraries in hospitals. The general principle reads: "The hospital shall provide library services to meet the informational, educational, and, when appropriate, the research-related needs of the medical and hospital staffs." This principle is then supported with two standards. Standard I states: "The professional library services shall be organized to assure appropriate direction or supervision, staffing, and resources." Standard II indicates: "The provision of professional library services shall be guided by written policies and procedures" [14]. Both standards are accompanied by interpretations.

In the standards one must look at the joint commission's use of the terms *shall*, *must*, *should*, and *may*. They are precisely defined in the glossary and used in the standards to convey an exact meaning. *Shall* or *must* are terms indicating a mandatory statement, the only acceptable method under the present standards. *Should* is a term used in the interpretation of a standard to reflect the commonly accepted method yet allow for the use of effective alternatives. *May*, on the other hand, is used in the interpretation of a standard to reflect an acceptable method that is recognized but not necessarily preferred. Precise definition is also provided in the glossary for the term *organized*. This term is used to indicate that the service is administratively and functionally structured [15]. According to Standard I, "The professional library services shall be organized to assure appropriate direction or supervision, staffing, and resources" [16].

Note, too, that library services are to meet the diverse needs of hospital personnel. The extent of services will influence staffing, collection, and equipment. This approach is supported in the American Hospital Association's statement on *Health Science Libraries in Hospitals*, which indicates: "The modern health science library represents all the interests of the hospital, including patient care, public health, education, research, and administration. Its scope must cover the totality of the hospital with its many disciplines, professions, and health care interests" [17]. This focus is relatively new; it was not until 1970 that JCAH standards advocated library services directed to more than the medical community. In 1962 Dr. Kenneth B. Babcock, then director of JCAH, speaking at a symposium on library standards

at the Annual Meeting of the Medical Library Association in Chicago, expressed a different focus [18]. He reviewed the requirements of the joint commission as they specifically related to the medical library serving *physicians* in accredited hospitals.

We must keep in mind that, although the standards are designed as comprehensive and applicable to all hospitals that may seek accreditation, JCAH recognizes that the methods used to meet these standards may vary with the type and size of hospital. This diversity is accepted; it is expected. This point was underscored in a recent interview with Dr. John Ellsworth Affeldt, who was installed as the new president of JCAH in August 1977. Affeldt indicated that JCAH does not wish to be regarded as a regulatory agency, but rather wishes to be seen as having a role as an educator and consultant [19].

MANAGEMENT PRINCIPLES IMPLICIT IN THE STANDARDS

In reviewing the standards elements of management are obvious: organizing, staffing, planning, coordinating, reporting, and budgeting. If these elements are observed and applied the atmosphere is conducive to library development. We can examine these elements in more detail and correlate them to the present standards.

Organizing

"The interrelationship between the professional library and other hospital units shall be reflected in the overall hospital organizational plan" [20]. Undoubtedly, placement of the services within the organizational structure will vary, depending upon the size of the institution and the organizational structure devised by the administrator and the governing board. Departmental status may or may not be assigned. Keep in mind that the majority of the nation's hospitals have less than 200 beds. The need for organization is also reflected in JCAH's enumeration of specific areas in which there should be written policies and procedures. These will ensure that activities are performed and monitored on a regular basis.

An organizational issue is the placement of all professional library collections under a single library service. Organization of the collection is defined in the standards, but only in general terms. The standards state, "It is desirable that all professional library collections within the hospital be under a single library service, at least administra-

tively when not physically possible" [21]. This will mean that, at a minimum, materials housed within departments, such as audiovisual and patient education resources, should be recorded in a central resource catalog. Whenever possible the physical facilities allocated to library service should be reserved for that purpose only.

Staffing

Statements made in the standards relate directly to staffing. Whenever feasible all professional library resources should be under the direction of a qualified medical librarian. This individual is defined as "an individual who holds a graduate degree in library science from a school accredited by the American Library Association, and who is certified by the Medical Library Association, or an individual who has documented equivalent training and/or experience" [20]. Hospitals requiring extensive library services should employ at least one full-time qualified medical librarian as well as adequate support staff. Administrators are given the names of two professional library organizations, the American Library Association and the Medical Library Association, to which they can turn for assistance in locating qualified personnel or in defining what a qualified individual would be expected to know.

For hospitals where library services may not be extensive or where employment of a full-time or part-time qualified individual is not possible, an alternative is suggested: the use of consultative assistance. The standards require that when this is the case a suitably trained employee be available on site to provide basic library services. These services are enumerated and may be considered the nucleus of a job description in which responsibilities include ordering, cataloging, organizing, and circulating library resources, in addition to document reproduction and maintenance of the library collection. This individual should provide document delivery and bibliographic and reference services.

The quality of the staff is an important factor in the effectiveness of the library. If effectiveness is to remain high the staff members must avail themselves of in-service and external educational opportunities. Instruction about the library and information services might also be provided by library staff members for others within the hospital.

Planning

In order to plan effectively, needs must be continually studied. The standards speak to a

continuing effort to ascertain need for the provision of professional library services. Identification of needs results in the formulation of desirable goals and objectives. Librarians should be prepared to survey needs through formal written surveys, needs assessments, and structured reviews of the library collection.

To assist in planning, a professional library committee might exist. The standards specify that such a committee should be multidisciplinary and have representation from the medical staff, nursing service, and administration. When a qualified medical librarian serves the hospital on a full-time or part-time basis, this individual is to be a member of the committee, with a defined role in committee functions. Such a committee would assist with planning by reviewing policies and procedures and evaluating the effectiveness of the library in meeting goals and objectives.

Successful planning provides the proper direction for activities within the library. Planning is needed if the library is to have an up-to-date, authoritative collection of print and nonprint materials, with an emphasis on quality rather than quantity. At the aforementioned symposium on library standards in 1962, Babcock indicated that one of the grass-roots requests of the joint commission was for a list of books necessary for the hospital library as a prerequisite to hospital accreditation [22]. Brandon has responded to this need through his preparation of a biennial "Selected list of books and journals for the small medical library" [23].* This has been an invaluable guide to those who use it.

The librarian must identify recent editions of textbooks, determine which periodicals are pertinent to the programs of his or her institution, and ascertain which resources might be available through sharing arrangements. In addition to a familiarity with *Index Medicus* or *Abridged Index Medicus*, library staff should have knowledge of which hospital, nursing, and dental indexes are available to meet the needs of that hospital and should be well versed in their use.

Once again, planning and foresight are necessary if the collection is to be organized in such a way that users can locate materials without assistance. Plans should be laid carefully if access to the library is required during periods when it is not staffed.

*The eighth revision of this list appears elsewhere in this issue.

Coordinating

The extent of services will be related to cooperative arrangements with other libraries or information systems. The standards emphasize that, in order to broaden the availability of community resources and to avoid unnecessary duplication, professional libraries should share their resources through loans or document delivery services which are consistent with any applicable legal restrictions and should coordinate selection and retention of materials.

Library staff members should be cognizant of what shared-services agreements with other hospitals already exist, so that the inclusion of library arrangements can be encouraged. In 1977 the American Hospital Association issued guidelines on *Shared Services for Hospitals* that foster a cooperative relationship among health care institutions [24]. The coordination of resources is also encouraged by the National Library of Medicine's Resource Improvement Grant Program.

In order to provide the multiple services enumerated within the standards, staff members need to be conscious of coordinating activities, so that time can be allocated to each of the essential programs.

Reporting

Provisions are made for the reporting of particular activities and services. Administrative staff members will be looking for documented policies and procedures that cover the preparation of regular records and reports. The standards also specifically state that educational opportunities and consultant visits should be documented, as should interlibrary cooperation and sharing arrangements.

Budgeting

No specifics are given as to the extent of the budget that should be allocated to library services. However, the standards indicate that there must be evidence of a continuing effort to study the hospital's needs for professional library services and to ascertain whether such services are provided. Immediate and long-term goals, as well as the means of providing funding to achieve these goals, should be defined in writing. Preparation of a budget by the librarian for ultimate submission to the administrator is in order here.

Note that, in establishing priorities for the acquisition of library materials, recommendations made by members of the medical and hospital staff and by the medical librarian should be considered

for both appropriateness and available funding. Budget planning will be influenced by the staffing, size, content, equipment, and services required by the particular institution. Administrators are critically interested in the allocation of budget and the direct benefits of each allocated dollar.

ROLES FOR LIBRARIANS

Now that we have looked at how the standards can promote the development of libraries in hospitals and what implications the standards have for library management, we should look to see how we as librarians can use standards to ensure that development occurs.

A first step is to be familiar with the standards for professional library services and with the *Accreditation Manual for Hospitals*. Another relevant document to study is the *Hospital Survey Profile* [25]. It is designed to provide an easy method for hospitals to obtain an overview of their operations and includes a section corresponding to each of the areas in the *Accreditation Manual for Hospitals*. The *Hospital Survey Profile* is available for sale and is sent to every hospital that applies for survey.

Librarians within the hospital setting must be visible and politically astute, promoting the library and its services. It is important to communicate with the hospital administrator about accreditation. The librarian can inquire about the hospital's next accreditation visit and preliminary preparations. In most cases administrative staff members are eager to comply with JCAH standards and will welcome any information the library can supply that is useful for compliance.

Being visible and politically astute will also mean participation in local, regional, and national library organizations and activities. The development of standards is an ongoing process, and the joint commission does solicit input from special interest groups, including library organizations. Library organizations offer the strength in numbers to conceptualize and advance a position or to suggest change. These groups also offer excellent formal and informal educational opportunities. One important part of this education is the development of an awareness of the trends in the delivery of health care and their impact on library services.

We must not preclude meetings in which librarians and administrative staff members within hospitals mingle; both professionals then have a forum for the exchange of ideas and concerns. Schools with programs in hospital and health

administration can be encouraged to incorporate an introduction to libraries into their curricula. Surveyors supplied by the joint commission might be oriented to this area of the hospital at the time they receive other formal introductions.

Many librarians in hospital libraries find themselves in the challenging position of handling both administrative and operational responsibilities. For this reason they must understand and practice the elements of management, knowing the difference and giving attention to both responsibilities. Compliance with the standards will require the execution of policy and the development of plans and procedures for reaching goals. Cost consciousness is imperative so as to stretch available dollars.

The new standards suggest consortia possibilities. Many libraries have banded together to prepare union lists, share interlibrary loans, initiate cooperative acquisitions programs, and avail themselves of educational opportunities. These groups might now design needs assessment instruments, surveys, and self-audits for use in specific institutions. Other sharing possibilities can be identified.

In addition to the development of health sciences libraries in hospitals, the JCAH standards speak to the development of new roles for libraries in other settings. There must be an increase in the multifaceted sharing of resources between libraries of various sizes and types. The public, academic, junior college, and law library all have materials that would be of interest to the hospital-based health professional. Metropolitan, state, and national hospital and health care associations will be required to define their levels of services and to provide education and consultation opportunities for both librarians and administrators.

Consultants are needed for hospitals that do not employ a full-time qualified medical librarian. Such individuals may be supplied by geographically contiguous libraries or trained through courses offered by the Medical Library Association, regional medical libraries, or other such groups or institutions. In instances where the medical librarian serves on only a part-time or consultative basis, a suitably trained employee is needed to provide basic library services. Responsibility for providing this training must be assumed by someone, and creative approaches will be required. Regional medical library programs, medical schools with extension services, library organizations, and health care associations are suitable candidates. Junior colleges might be encouraged to

provide library technician training for such employees.

Library development is an ongoing process. It will not occur without effort nor be mandated by standards alone. We all have a part to play.

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Received November 1, 1978; accepted November 30, 1978;