Preparing for NCCHC Mental Health or Juvenile Services Accreditation

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Faculty Disclosure & Disclaimer

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Educational Objectives

Upon conclusion of this presentation, attendees will be able to:

1) Understand, evaluate, and organize the content of records for compliance with NCCHC standards and compliance indicators

2) Understand how to summarize a continuous quality improvement process and how to present a CQI study

3) Identify ways to engage staff, individually and as teams, in the accreditation preparation process

Notice

- NCCHC Standards (in all formats), compliance assessment tools, workbooks, etc., are the legal property of NCCHC
- Only individuals authorized by NCCHC may provide classroom instruction on the NCCHC Standards
- Only NCCHC and its affiliates (e.g., NCCHC Resources, Inc.) are qualified and authorized to assess compliance with NCCHC standards

Notice

- NCCHC accredits correctional facilities for the quality of their health care services in compliance with the applicable NCCHC standards.

- NCCHC does not accredit:
  - Individuals (see Certified Correctional Health Professional program)
  - Vendors
  - State or local governments
  - Electronic health records
  - Anything else

- NCCHC does not provide clinical practice guidelines. We do provide:
  - Standards and their interpretation
  - Position statements
  - Other resources

Objective #1 = Survey Preparation:

Understand, evaluate, and organize the content of records for compliance with NCCHC standards and compliance indicators

What is NCCHC accreditation?

- Voluntary (although contracts, court decrees, or other requirements may oblige a facility to be in compliance or seek accreditation)
- Ongoing process (versus project) for continuing improvement
- Peer-review process by health professionals for health professionals (not a “white-glove inspection”)
- Focuses on health care and issues related to providing health services (not a solution to all a facility’s problems)

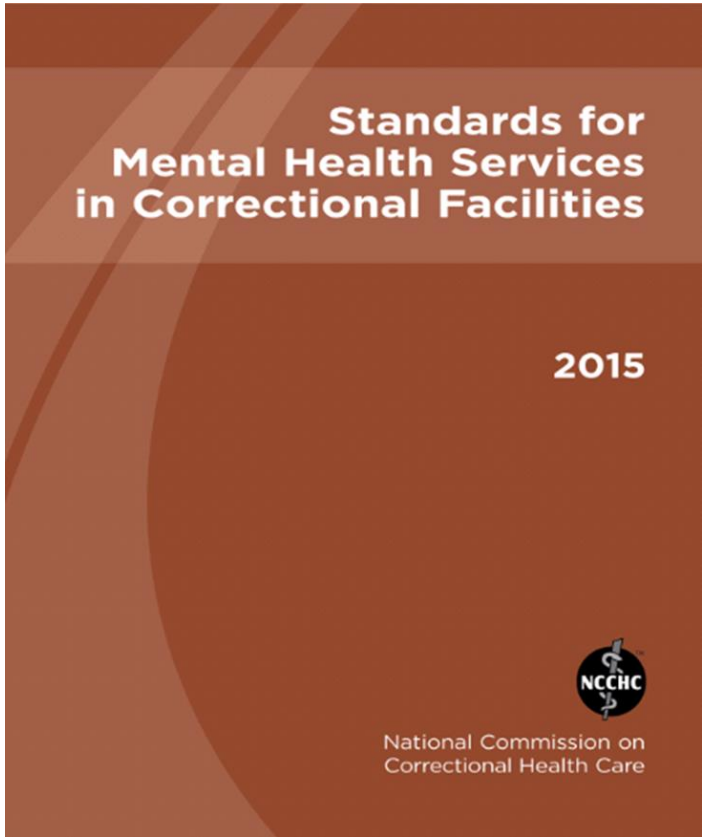
How Does NCCHC Determine Compliance with the Standards

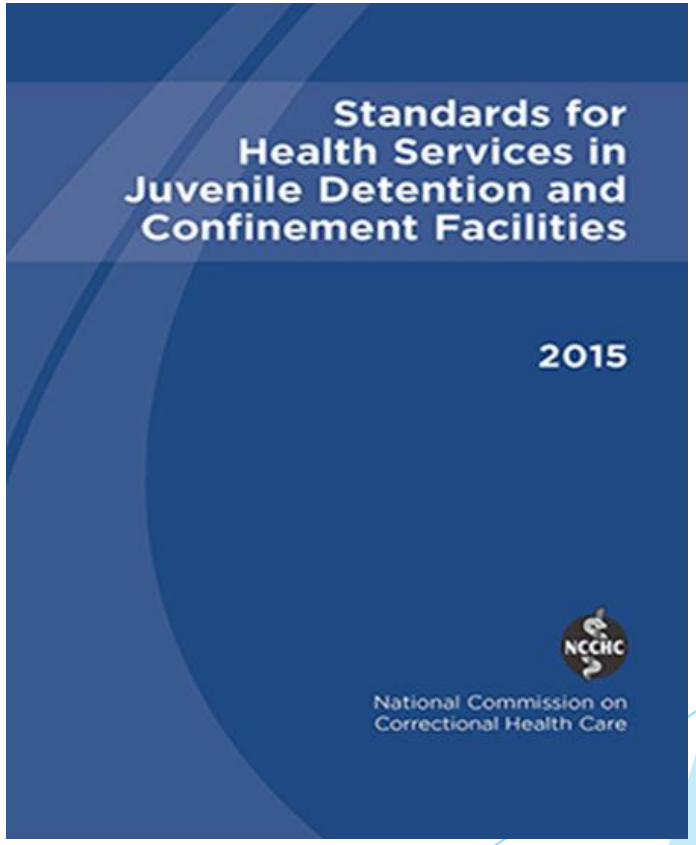
- An NCCHC survey team makes a site visit (which can be done virtually, blended, or on-site) to review health records and procedures and observe health care operations and services
- Survey team members interview administrators, health services staff, custody staff, and inmates / patients regarding their health care within the facility
- Survey team members discusses findings and sends report to the Accreditation Committee (fact finders)
- NCCHC Accreditation Committee makes decision based on the facility's compliance with standards (decision makers)

Accreditation Committee Decisions

Accreditation Status	Definition
Accredited	Facility is awarded Accreditation
Accredited Upon Verification (AV)	Facility is awarded [*initial*] Accreditation with Verification, contingent upon receiving requested compliance verification by a designated date
Continuing Accreditation with Verification (CAV)	Facility is awarded Continuing Accreditation with Verification, contingent upon receiving requested compliance verification by a designated date
Probation with Focused Survey	Facility is placed on probationary status; compliance verification will take place through a focused survey in the coming months
Deferral	Facility accreditation is deferred to give it more time to complete necessary corrective action; on-site verification of compliance will take place at a future date identified based on corrective action needed
Denied / Accreditation Withdrawn	Facility accreditation is denied and withdrawn if, after extended time, support, and consultation with NCCHC, facility is unable to improve its system and demonstrate consistent compliance, or when vital services are absent or severely out of compliance

NCCHC Manuals for Mental Health & Juvenile Standards





2015 Mental Health Standards (58 total standards)

Section & Section Title		Essential Standards	Important Standards	Total Standards
A	Governance and Administration	8	3	11
B	Safety	1	4	5
C	Personnel and Training	5	3	8
D	Health Care Services and Support	3	2	5
E	Inmate Health Care and Treatment	9	1	10
F	Mental Health Promotion	0	2	2
G	Special Mental Health Needs and Services	6	1	7
H	Clinical Records	2	2	4
I	Medical – Legal Issues	2	4	6
		36	22	58

2015 Juvenile Standards (70 total standards)

Section & Section Title		Essential Standards	Important Standards	Total Standards
A	Governance and Administration	8	4	12
B	Safety	3	3	6
C	Personnel and Training	6	3	9
D	Health Care Services and Support	3	2	5
E	Patient Health Care and Treatment	11	2	13
F	Health Promotion	0	5	5
G	Special Needs and Services	8	3	11
H	Health Records	2	2	4
I	Medical – Legal Issues	2	3	5
		43	27	70

Anatomy of an NCCHC Standard

1) Number/Title (e.g., MH-A-01 Access to Care or Y–A–01 Access to Care)

2) Essential or Important Classification

3) Standard [statement]

4) Compliance Indicators (CI)
    - Ubiquitous CI: standard addressed by written policy and procedures

5) Definitions (if any) (words in *italics* in Standard and CIs have a definition)

6) Discussion

Understanding How to Read a Standard

Standards are classified as either:

Essential =

Linked more directly to health, safety & welfare of inmates and critical components of the health care delivery system (100% compliance with these standards is required)

Important =

Related to health services; may also be used to “debut” a new standard

Recommendations for Survey Documentation Readiness

- Go through each standard and each CI to verify you have documentation / evidence to show compliance for each item

  - It is highly recommended you organize your information in a systematic approach for your own benefit, but also for your future survey

  - Options commonly seen for documentation organization include binders, individual file folders, or electronic filing systems

More Recommendations for Survey Documentation Readiness

- Review your training records to ensure all required training is completed and documentation required of the applicable standards is readily available
  - Make sure you also include the required training of custody staff in this review and documentation preparedness process

- Review your policies and procedures to ensure all standards and compliance indicators are addressed

Common P & P Questions

1) Do we need an individual policy and procedure (P & P) for each individual NCCHC standard?
   - No; however, each standard MUST be identified and addressed somewhere in your policies and procedures
   - Having a cross-walk reference document is ideal, but not required

2) Do we need to have a policy on standards that do not apply to us?
   - Yes - Even if an NCCHC standard does not apply to your facility, you should have a policy statement that reports it officially does not apply to you (*the final CI of each standard references written P & P*)
   - Common standards = Transfer Screening, Counseling and Care of the Pregnant Inmate/Patient, MH / Health Care Liaison

Policy & Procedure Cross-walk

- What is it?
  - A guide that tells the reader the specific policies that pertain to each NCCHC standard
  - It is not required; however, is very helpful and can be a great time-saver for you

- Who is it for / who uses it?
  - The cross-walk is a tool that is used by your staff members and is a very valuable resource for survey team members when conducting surveys and reviewing your documents in relation to standards compliance

Policy & Procedure Cross-walk Format

Generally, the following information is reported; however, you can add more information based on what you will be using it for in your daily operations and/or for your reference

- ✔ Your policy number
- ✔ Your policy name
- ✔ Corresponding NCCHC standard

Some facilities also incorporate a list of the specific document(s) that apply to the involved NCCHC standard and where this information is stored / filed

Main Focus *= This document is a REFERENCE TOOL to help you track where each standard and their respective CIs are addressed in your policies and procedures.*

NCCHC 2018 Standards: Preparation

Site: _____

NCCHC Standard #	NCCHC Standard Name	Items Required for NCCHC Survey	Received	Data Source
		Section A: Governance and Administration (10 Standards)		
P-A-01	Access To Care	1. Inmate handbook (current year) with highlighted section on accessing medical care 2. An inmate co-payment charge with associated report showing deduction from inmate account (total 3,1 per year) 3. Sick call request (MR007) for medical, show either JPAY or paper request that is time stamped w/associated sick call log, triage encounter within 24 hrs & nurse sick call visit encounter showing patient was seen w/in 24 hrs of triage (total 3, 1 per year medical) 4. Sick call request (MR007) for a MH & dental appointment with corresponding ITAG appointment schedule (total 2, 1 of each) 5. On-call weekly schedule for medical (total 3, 1 per year) 6. On-call weekly schedule for MH (total 3, 1 per year) 7. Referral from any other staff except nursing to MH (MR-049), w/corresponding MH Progress not addressing request (total 3, 1 per year) 8. CQI study if applicable	Y Y Y Y Y Y Y Y	1. NJDOC Site Administrator 2. RNM 3. RNM 4. RNM 5. RNM 6. RNM 7. Clinician Supervisor 8. RNM
	DOC Policy	MED.AGP.001: Access to Care, MED.AGP.002: Information on Health Services, MED.MHS.001.001: Access to Mental Health Services		
P-A-02	Responsible Health Authority	1. Facility organizational chart 2. Job descriptions: RNM, Site Medical Director, Clinician Supervisor & Dentist (see central office binder) 3. Sign-in sheet showing RNM on site weekly (total 3, 1 per year) 4. Policy & Procedure Attestation or Declaration cover sheet showing approval by RHA & NJDOC Site Administrator (total: 3, 1 per year) 5. CQI study if applicable	Y Y Y Y Y	1. Central Office 2. Medical Secretary 3. Lobby UCHC sign-in book 4. RNM 5. RNM
	DOC Policy	MED.AGP.005: Responsible Health Authority		
P-A-03	Medical Autonomy	1. Approved consult orders showing special transportation (wheelchair, van, etc.) & corresponding transportation log showing custody collaboration (total 3, 1 per year) 2. Order for restrictions (example: No Work – No Rec) (total 3, 1 per year) 3. CQI study if applicable	Y Y Y	1. Scheduler 2. RNM 3. RNM
	DOC Policy	MED.AGP.003: Medical Autonomy		

Standards Most Often Cited – 2021 & 2020

Top 10 ESSENTIAL Standards Missed in 2021			Was also in 2020 Top 10
Rank	# Cited	Standard	
1)	98	A-06 CQI	x
2)	66	D-07 Emerg Services & Emerg Response Plan	x
3)	56	A-05 Policy & Procedure	x
4)	49	C-04 Health Training for Custody Staff	x
5)	32	E-04 Health Assessments	x
6)	32	E-06 Oral Care	x
7)	29	E-07 Non-emergency Health Care Requests	x
8)	25	B-05 Suicide Prevention Program	x
9)	24	C-03 Professional Development	
10)	24	G-01 Restraint & Seclusion	

Top 10 IMPORTANT Standards Missed in 2021			Was also in 2020 Top 10
Rank	# Cited	Standard	
1)	168	B-04 Medical Surveillance of Inmate Workers	x
2)	120	C-02 Clinical Performance Enhancement	x
3)	23	G-05 Informed Consent & Right to Refuse	x
4)	22	A-09 Procedure in the Event of an Inmate Death	x
5)	19	E-08 Nursing Assessment Protocols	x
6)	15	C-07 Staffing	
7)	10	B-09 Staff Safety	
8)	No other Important standards cited at least 10 times in 2021 (only 5 standards had 10 or more citations in 2020)		
9)			
10)			

Note: The information reported in these two charts is for Jails & Prisons – the most common accreditation types

Objective #2 = CQI:

Understand how to summarize a continuous quality improvement process and how to present a CQI study

CQI 101

Intent of a CQI Program =
To ensure a facility uses a structured process to find areas in the mental health / health care delivery system that need improvement, and that when such areas are found, staff develop and implement strategies for improvement, monitoring for acceptable change to desired goal.

Identifying What to Monitor

Always start with this in mind: With this CQI study, what are we trying to accomplish?

- Identify the specific area for examination and monitoring
  - Can be rooted in structure, process, or outcome
  - High-risk, high-volume, problem-prone aspects

- Differentiate between process vs outcome improvement study

Process vs Outcome Improvement Study

Process Study	Outcome Study
Examines the effectiveness of the MH / health care delivery process (facility / health care process concern)	Examines whether expected outcomes of patient care were achieved (patient clinical care related concern)
Common examples = ✔ Delayed sick-call appointments ✔ Discontinuity of medications ✔ Lack of follow-up on abnormal lab results ✔ Delay in treatment referrals following receiving screening ✔ Delay in responding to MH / health care service requests	Common examples = ✔ High volume of self-injury events ✔ High volume of suicide watches ✔ Poor treatment compliance ✔ Poor chronic disease control ✔ High volume of off-site send outs

CQI Monitoring Process

1) Identify an area for examination (this can be rooted in structure, process, or outcome) (*specific problem / concern*)

2) Determine what constitutes acceptable performance (*end goal*)

3) Define how the CQI monitoring will be accomplished (*plan for monitoring, quantitative measurements, thresholds*)

4) Design and implement performance improvement measures, when necessary (*specific items to implement to ensure desired goal is maintained*)

5) Review outcomes (is end goal met or is further monitoring / implementation needed)

6) Re-examine to determine if the desired improvement / outcome has been accomplished (*review, evaluate, establish secondary goal for continued improvement*)

QI MODEL

PLAN

1) Establish a PI Team
2) Decide on PI focus
3) Identify causes to the problem
4) Identify potential interventions
5) Success Indicator (s)
6) Assign tasks for implementing interventions
7) Establish time lines

DESIGN

MEASURE

1) Review existing data/collect new
2) Implement intervention
3) Collect post data

ASSESS

1) Analyze data
2) Compare pre/post data
3) Benchmarks?

IMPROVE

If interventions were successful:
1) Implement new/revised process
2) Educate staff
3) Trend improvements
4) Monitor improvements to ensure gains are maintained

CQI Exercise

1) What is our area for examination?

2) What constitutes acceptable performance for us?

3) How will the CQI monitoring be accomplished?

4) What is our plan for implementing performance improvement measures?

5) Review outcomes

6) Re-examine to determine if the desired improvement / outcome has been accomplished

Ways to Engage Staff in CQI

- Add QI overview to staff orientation with a practical QI training within 4-6 months of hire
- Have staff members participate on a QI project team
- Communicate QI knowledge learned in training through a newsletter or spotlight that is emailed to all staff members periodically to reinforce what was learned in training
- Celebrate QI successes through poster summaries, an annual fair, submitting an article for publication

Objective #3:

Identify ways to engage staff, individually and as teams, in the accreditation preparation process

Engaging Staff in the Accreditation Process

- Have your staff participate in an internal audit (identify teams for a full mock audit or mini audits of components / specific sections or topics)
- Have your staff conduct required NCCHC training for custody staff
- Have your staff actively engaged in collecting and organizing accreditation documentation
- Have your staff participate in creating a policy and procedure cross-walk for each standard

More Ways to Engage Staff in Accreditation

- Incorporate a “Standard’s Review” discussion regularly into your staff meetings…and have it led by your staff members
- Create a team of your staff to compare your policies and procedures with those of the custody staff to ensure there are no contradictions
- Encourage continued education and professional development (e.g., CCHP certification)
- Attend NCCHC conferences / support your staff in attending them

More Ways to Engage Staff in Accreditation

Always remember and remind staff:

Accreditation is a PROCESS, not a PROJECT

Questions / Open Forum

Thank you for attending today

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NCCHC Resources Used in This Presentation

- NCCHC Standards Manuals
- In-Depth Standards Training (during Fall and Spring Conferences)
- "Tips to Help Your System Prepare for an Accreditation Survey," Debilio, L., Mackenzie, M., et.al., Correct Care, Winter 2020, Vol. 34, pp. 14-15
- “Five-Step Challenge to Implement CQI,” Debilio, L.& Steefel, L., Correct Care, Winter 2016, Vol. 30, pp. 20-21
- https://www.ncchc.org/spotlight-on-the-standards
- Position Statements
- CCHP Program