

Accreditation Byline

ACA's Performance-Based Health Care Standards — Accreditation Based on Results

By Kathleen McKim

In 1999, the American Correctional Association (ACA) committed to a major revision of its health care standards. This effort was based on the need to develop a higher-quality health care program that would better meet the needs of the correctional community in an ever-changing health care environment. ACA has succeeded. In July 2000, the Association completed a field test version of its *Performance-Based Health Care Standards*. As part of the Association's mission to upgrade and improve practices, ACA decided to develop the new program using performance-based standards and outcome measures to update and improve the quality of inmate health care.

Sound impressive? It is. ACA's health care initiative is an important step in the evolution of correctional health care. By changing the focus of accreditation from what is being done to how well it is succeeding, ACA has provided agencies with a powerful new management tool. But exactly what does that mean for a facility that wants to be accredited?

Accreditation Based on Results

Essentially, performance-based means exactly what it sounds like: accreditation based on results. Each health care standard defines a goal or condition to be achieved and maintained. The expected practices (what most of us remember as the original standards) are the actions and activities necessary to achieve and maintain the condition or standard. Protocols (previously known as primary documentation), such as policies and procedures, training curriculum and offender handbooks, are used as a written guide for the implementation of expected practices.

Process indicators (previously known as secondary documentation), such as completed forms, logs and health records, then are used to ensure consistent implementation according to protocols.

The manner in which an accreditation audit is completed will vary little from its current form. Organizations must continue to demonstrate compliance with all applicable mandatory expected practices and at least 90 percent compliance with applicable non-mandatory expected practices. A plan of action for compliance must be submitted for all noncompliant expected practices. Audit teams will be comprised of correctional health care professionals who will evaluate expected practices by reviewing protocols (primary documentation) and process indicators (secondary documentation). Additional information will be collected during on-site interviews and by direct observation of daily activities such as sick call and medication administration. This procedure will confirm that expected practices are being maintained, however, it does not indicate if the program is successful and has a positive influence on the target population. To learn whether your program is effective in its efforts, outcome measures must be used.

Outcome Measures And Protocols

Outcome measures describe the consequences of a program's activities, rather than describing the activities themselves. Under the new health care standards, outcome measures are provided to assist agencies in the development of a data collection system that measures events, occurrences, conditions and behaviors within their facilities. For example, the expected practice, "Access to

Care" states that all offenders must be informed how to access health services upon arrival at the facility. Protocols used may include a policy and procedure and an offender handbook. A process indicator may be a document detailing how to access health care signed by the offender at the time of intake. This verifies that a process is in place. But how do you verify that it is effective? By employing an outcome measure that asks for the number of offender grievances denoting failure to access health care, health care and facility administrators will be able to identify problematic areas. If a high percentage of grievances specifies a slow or poor response from the medical unit on sick call requests, it may indicate a systems failure in the collection of sick call requests, a time management problem or a security issue.

Another illustration would be a high percentage of grievances concerning long waiting lists for dental care. This could signify an inadequate number of dental hours or poor use of current dental services. Clearly, outcome measures can be used to detect immediate problems and trending over longer periods of time. Outcome measures were not intended for industry benchmarking. They are to be used as a tool for data comparison within an agency or facility. Over time, agencies can monitor their health care performance, identify issues that may need attention, recognize best practices, support internal quality assurance activities and reduce their risk exposure. During an initial accreditation audit, emphasis is placed on the development of systems to facilitate data collection for measuring outcome requirements. Subsequent reaccreditation will focus on continued data collection, identification of problem areas and the actions taken to correct them.

Quality Assurance

Included in the new performance standards is a requirement for a quality assurance program, which calls for a periodic, internal evaluation that identifies problems or risks and provides corrective action plans for the continuous improvement of health care services. Some of the expected practices include quarterly quality assurance meetings, monthly statistical reports, physician peer review and health record reviews. To demonstrate progress or achievement of overall goals, outcome measures should be analyzed as part of the quality assurance program.

The new ACA performance-based health care standards have been developed and critiqued by a multidisciplinary committee of health care and corrections professionals currently working within the corrections arena. The new standards were designed specifically to reflect today's expectations in correctional health care while providing agencies with detailed information about the progress of their health care programs. The program is unique in that it gives organizations a choice in the accreditation process. The health care standards can be used as a singular accreditation or a dual accreditation can be awarded. ACA has just completed the first field test for the health care standards. Warden Kelly Ward and the staff of the David Wade Correctional Center in Homer, La., volunteered to undertake the task of interpreting the new standards, outcome measures and expected practices at the site level. There are three more field tests scheduled for the early part of this year. ACA currently is seeking other facilities interested in participating in field testing.

As the new millennium progresses, ACA continues to pursue its objective in providing organizations with the tools necessary to navigate the difficult road of correctional health care. To better serve the correctional community, the Association recently added an administrator of health care programs to the Standards and Accreditation staff. ACA hopes that Association members and accreditation participants will become involved with the evolution of health care standards. Perfor-

mance-based health care standards are the key to a higher-quality health care program. With self-monitoring through outcome measures and quality assurance, facilities can be confident that their health care programs are operating safely and effectively.

To receive additional information about the ACA *Performance-Based*

Health Care Standards, contact Kathleen McKim, R.N., of the Standards and Accreditation Department at (301) 918-1848; e-mail: kmckim@aca.org.

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Definitions of Performance-Based Standards Terms

Element	Definition
Standard	A statement that clearly defines a required or essential condition to be achieved and maintained. A performance standard describes a "state of being" or condition and does not describe the activities or practices that might be necessary to achieve compliance. Performance standards reflect the program's overall mission and purpose.
Outcome Measure	Measurable events, occurrences, conditions, behaviors or attitudes that demonstrate the extent to which the condition described in the performance standard has been achieved. Outcome measures describe the consequences of the program's activities, rather than describing the activities themselves, and can be compared over time to indicate changes in the conditions that are sought. Outcome measure data are collected continuously but usually are analyzed periodically.
Expected Practice(s)	Actions and activities that, if implemented properly (according to protocols), will produce the desired outcome. What is thought to be necessary to achieve and maintain compliance with the standard but not necessarily the only way to do so. Activities that represent the current experience of the field, but are not necessarily supported by research. As the field learns and evolves, so will practices.
Protocol(s)	Written instructions that guide implementation of expected practices, such as: policies/procedures, post orders; training curriculum; formats to be used, such as logs and forms; offender handbooks; diagrams, such as fire exit plans; and internal inspection forms.
Process Indicators	Documentation and other evidence that can be examined periodically and continuously to determine that practices are being implemented properly. These "tracks" or "footprints" allow supervisory and management staff to monitor ongoing operations.