

Accreditation . . .

Meeting Standards For Health Services in Jails, Prisons, and Juvenile Confinement Facilities

130984

U.S. Department of Justice
National Institute of Justice

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WHAT IS ACCREDITATION?

Accreditation occurs when a facility is certified as maintaining minimum standards developed by experts in corrections and health care. It recognizes the professionalism and good performance of facilities that voluntarily meet these standards for health services and medical care.

WHAT WILL BEING ACCREDITED MEAN?

The facility, its staff and the community all benefit when the health care system is found to meet the standards for health services originally developed by the American Medical Association (AMA).

The National Commission on Correctional Health Care (NCCHC) has the only program specifically addressing medical and health services in jails, prisons and juvenile facilities. Accreditation by the National Commission adds to the prestige of the institution and its management, increases the professional status of the medical and health professionals providing services in the facility, and helps develop support from government and the media. Being accredited also helps recruitment efforts to attract health professionals.

Improved health status for prisoners and detainees benefits the community as well. The average inmate is confined for a relatively short period of time: under a month in jails and less than three years in prisons. Thus, untreated diseases soon become the community's health and financial burdens.

Some worry that such a program will be more expensive; however, participants in the NCCHC accreditation program report that being accredited means cost savings in the delivery of health care.

WILL ACCREDITATION DETER LAW SUITS?

It is well known that sheriffs, wardens and other correctional administrators have been named frequently as defendants in suits that allege "cruel and unusual punishment" and include, as a primary thrust of the complaints, the lack of adequate medical care.

The decrees of the federal and state courts have provided an added incentive for change in correctional health care systems. Today, that means supporting NCCHC standards and its accreditation process. For example, in one large state correctional system, the court ordered changes to achieve compliance with our standards. In another, prisoners who sued on the basis of unconstitutional health care were turned down by the court because of the facility's accreditation under the National Commission's (AMA) standards. In other instances, plaintiffs' lawyers often refrain from filing class action suits when they learn that the facilities have been accredited by the National Commission on Correctional Health Care.

Since the program began in the mid 70's, we know of no instance in which a correctional facility, while accredited by the National Commission, has suffered an adverse judgement in any class-action litigation challenging the quality or availability of health services.

WHAT WILL IT COST?

A part of the costs of the accreditation process, which includes the on-site survey, is assumed by the National Commission on Correctional Health Care through support from its members and foundations. To maintain the viability of the program, the facility is asked to assume a fair share of the cost based on the facility's average daily population and the number of separate units it has.

The first time a facility is considered for accreditation, its cost is based on population and the number of separate units included in the evaluation. The charge may be as little as \$950 for a jail facility with a population of up to 100. Thereafter, the cost is only \$400-\$525 per year.

At the other end of the scale, a jail system with satellite units and a population of 2,000, once in the system, will be charged annually about \$2,000. Note that after the initial accreditation, the annual charge drops to half. (The charges for prisons and juvenile institutions are fairly comparable).

The prison, jail or juvenile confinement facility remains in the NCCHC accreditation program so long as it chooses to do so by:

- 1) paying the annual charge;
- 2) completing and filing a satisfactory Annual Maintenance Report (AMR);
- 3) attaining a passing grade for the on-site reviews (full surveys and spot checks); and
- 4) continuing to meet NCCHC standards.

When first accredited, and at least once every three years, the prison, jail or juvenile unit receives a full on-site accreditation review. Success is marked by the award of a handsome plaque, a formal letter of congratulations and notice to the appropriate media. Annually thereafter, the facility provides information on an AMR that qualifies it for continued accreditation. With ample notice to the facility, NCCHC also may require a spot check survey to verify information.

All costs and expenses are included in the NCCHC charges; there are no "extras". For example, telephone technical assistance and advice, expenses and salaries of auditors/surveyors, costs of evaluative reviews, travel expenses and per diem, program analysis charges, and the cost of reports, plaques and follow-up work are all included in the one initial survey NCCHC charge and, thereafter, in the annual half-cost fees.

The facility's cost for the accreditation process will be provided upon receipt of information regarding average daily population and the number of separate units or satellite sites (see back cover response card).

WHAT ARE THE STANDARDS FOR HEALTH SERVICES?

Currently there are three sets of standards: *Standards for Health Services in Prisons, Standards for Health Services in Jails and Standards for Health Services in Juvenile Confinement Facilities.*

The majority of requirements in the standards are common to all three sets. They reflect the viewpoint of health care professionals regarding the definition of "adequate" medical care and health services. They form a basic set of criteria for voluntary minimum standards in the areas of:

Administration	Pharmaceuticals
Personnel	Health Records
Care and Treatment	Medical-Legal Issues

The standards also address such issues as:

Health Training	Health Assessment
Training for Emergency Situations	Continuity of Care
Access to Treatment	Receiving Screening
Therapeutic Diets	Suicide Prevention
Documentation	Emergency Services
Sick Call	Detoxification
Mental Health	Triage
Hygiene	Treatment Protocols
Licensure of Health Care Professionals	Communicable Diseases
Early Recognition of Medical Problems	Dental Care
Care of the Physically Disabled	Exercising
Clinic Space	Pregnancy
	Protheses
	Infection Control
	Staffing Levels
	Sexual Assault

It is important to note that the standards do not require that all services be provided on-site. Rather, they require that facilities have arrangements to provide care and services, whether on-site or in the community.

The standards are divided into two categories: *essential* and *important*. For a facility to be accredited, all applicable essential standards and 85% of the applicable important standards need to be met.

In general, a facility's health care system that provides a reasonable level of care is one that:

- Screens individuals on admission to discover those with current medical problems
- Maintains a program of periodic health appraisals
- Provides means for responding to medical emergencies
- Has an on-going system for adequately handling the physical, mental and dental problems of inmates
- Does not use inmates in the medical care delivery process
- Provides drugs and medications in a competent and timely manner
- Allows for exercise and good hygiene practices
- Maintains adequate medical records and documentation
- Provides liaison and communication with the facility's administrator
- Has developed a set of policies and procedures to guide its health care delivery system

HOW TO GET ACCREDITED?

The accreditation process begins when the official legally responsible for a facility submits an application for accreditation to the National Commission on Correctional Health Care. The application form is fairly brief and provides the Commission with basic information about the facility, its population size and the health services provided. The application is sent with an initial processing fee of \$100, which is credited towards the full fee. Upon receiving the application, the Commission notifies the official of the facility's status as an Applicant for Accreditation.

During the application stage, the official will receive a Self-Survey Questionnaire (SSQ) to determine the facility's level of current compliance with the standards. When this form has been completed, a copy is returned to the Commission for review. Should the questionnaire indicate that the facility seems to be in sufficient compliance with the standards to warrant an on-site survey, the facility is notified that its status has been changed to Candidate for Accreditation. At this point, the remainder of the accreditation fee is submitted to the Commission.

If, however, the questionnaire reveals that the facility's health service delivery system needs improvement according to the standards, the areas that need upgrading are discussed with the official responsible for the facility or with the responsible health authority or his/her designee. Technical assistance is offered via resource materials and telephone to help the facility reach a higher level of compliance with the standards. When the needed improvements have been made and the facility seems to be in sufficient compliance with the standards, a date is set for the on-site visit by the Commission's survey team.

The survey team, consisting of physician and non-physician members, interviews a number of individuals including facility personnel, health care providers and inmates. It examines medical records, policies and procedures and other documentation and reviews all aspects of the facility's operation and administration related to health care. The survey team's field report and other pertinent data are presented to the Commission's Accreditation Committee, which includes medical and correctional professionals.

After reviewing the application, the SSQ, the on-site survey documents and the report from the survey team, the Accreditation Committee determines whether a facility is in sufficient compliance with the standards to warrant accreditation. The Committee may:

- Accredit the facility;
- Accredit the facility upon receipt of documentation verifying compliance;
- Defer a decision pending the receipt of additional material or on-site verification; or
- Deny accreditation.

In each case, the official applying for accreditation receives a full report of the Commission's action.

Annually thereafter, the facility files with NCCHC its Annual Maintenance Report, a form which when completed provides the NCCHC Accrediting Committee with an update on the health services program. The facility's achievement in continuing to meet the requirements for accreditation is recognized by the award of an encribed golden bar that is affixed to the original walnut plaque.

The Accreditation Committee meets three times a year (February, June and October). On-site surveys are completed at least six weeks before the Committee's meeting to allow sufficient time to process the survey data.

In all phases of the accreditation process, confidentiality is maintained between the facility and the National Commission on Correctional Health Care. This policy recognizes the existing relationship and is based on the belief that supportive criticism, if kept confidential, is more likely to promote needed improvements.

IS THIS "THE AMA PROGRAM"?

The correctional health care program was begun at the American Medical Association (AMA) in 1974. The standards for health services in jails, prisons and juvenile facilities were originally developed by the AMA and its expert committees. These standards have been revised since by the National Commission on Correctional Health Care.

The AMA continues as a valued member of the professional team that forms the National Commission on Correctional Health Care by naming a member to the Commission's Board of Directors. Importantly, not only does the AMA continue as a vital part of medicine's program to improve health care in corrections, but state and local medical societies and other medical and health professional associations similarly support the Commission's program and in some cases, even have undertaken programs of their own.

WHO ELSE SUPPORTS NCCHC ACCREDITATION?

There are 30 professional associations that support the National Commission on Correctional Health Care. In fact, they do more than simply "support"; each has named a member to the NCCHC's Board of Directors.

The supporting professional associations are mostly in the health care field. In addition to the American Medical Association, such prominent health groups as the American Psychiatric Association, American Dental Association and American Nurses' Association are members of the NCCHC's Board of Directors. And, to provide balance and important counsel, other professional organizations have joined the select group behind NCCHC. Included here are the American Bar Association, National Association of Counties, National Sheriffs' Association and the American Jail Association.

The full roster of supporting organizations with representation on the National Commission's Board is found on page 10.

Support for NCCHC from these groups comes not only in the form of the confidence expressed in its accreditation program by naming representatives as board members, but also in other ways. For example, the National Sheriffs' Association, American Jail Association, National Medical Association and National Association of Counties have adopted resolutions urging their members and member organizations to support NCCHC's accreditation program. And the American Bar Association, in its guidelines on privatization, tells correctional systems and facilities who are planning to go "private", to be sure to include in the agreement that the contractor will have its health care system accredited by the National Commission on Correctional Health Care.

WHAT IS THE NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE?

In 1982, the AMA's correctional health care program expanded into a broad-based coalition of professional associations with a common interest in correctional health care. The result was the establishment of the National Commission on Correctional Health Care.

The primary purpose of the program -- accreditation -- continued, but the focus expanded to include education, training and research. For example, the NCCHC is the author of *Prison Health Care: Guidelines for the Development of an Adequate Delivery System*, a definitive manual on prison health sponsored by the National Institute of Corrections. It also has conducted programs in AIDS education under cooperative agreements with the Centers for Disease Control. Further, NCCHC presents the professions' national conferences and training programs.

In publications, the National Commission sponsors the *Journal of Prison and Jail Health*; develops and distributes the recognized standards for health services (separate volumes for prisons, jails and juvenile confinement facilities); provides the most widely accepted manual on health records (with the cooperation of the American Medical Record Association); offers monographs on various aspects of correctional health care; and publishes a quarterly newspaper, *CorrectCare*, with a circulation of 15,000.

Saying it another way, the goal of the National Commission on Correctional Health Care is to improve health care delivery in the nation's jails, prisons and juvenile confinement facilities through:

- Guidance from the health care professions in developing and maintaining the nationally accepted standards for health services in prisons, jails and juvenile confinement facilities

- Accrediting facilities that meet the National Commission's health care standards
- Developing programs for training correctional and health personnel
- Providing technical assistance
- Developing, publishing and distributing monographs, manuals, forms and guides to assist in the management of correctional health services
- Establishing a clearinghouse of information on correctional health care
- Convening national conferences and regional and local seminars and training programs
- Researching important aspects of correctional health care
- Publishing a journal and newspaper to keep correctional health care professionals informed
- Conducting medical quality assurance reviews
- Initiating a certification program that recognizes the correctional health professional (CCHP).

The National Commission on Correctional Health Care is a not-for-profit, tax-exempt, 501 (c) (3) organization whose Board of Directors is composed of individuals named by the following professional associations:

American Academy of Child & Adolescent Psychiatry
American Academy of Family Physicians
American Academy of Pediatrics
American Academy of Physician Assistants
American Academy of Psychiatry & the Law
American Association of Public Health Physicians
American Bar Association
American College of Emergency Physicians
American College of Neuropsychiatrists
American College of Physicians
American Correctional Health Services Association
American Dental Association
American Diabetes Association
American Dietetic Association
American Jail Association
American Medical Association
American Medical Record Association
American Nurses' Association
American Osteopathic Association
American Pharmaceutical Association
American Psychiatric Association
American Psychological Association
American Public Health Association
American Society for Adolescent Psychiatry
John Howard Association
National Association of Counties
National District Attorneys Association
National Medical Association
National Sheriffs' Association
Society for Adolescent Medicine

Certificate of Accreditation



Is hereby granted to

Hardrock County Jail
Hardrock, Illinois

This Certificate of Accreditation, awarded in recognition of the provision of health services that meet the standards developed by the American Medical Association and revised by the National Commission on Correctional Health Care, is effective and valid in accordance with the dates inscribed on the brass plates affixed below.

Dattanson
President

Carl C. Bell
Chair, Board of Directors

Carl C. Bell
Chair, Accreditation Committee

COMMENTS ON NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE'S ACCREDITATION

"I'm proud of the health care we practice; a stamp of approval is nice."

Laura Ferrell, RN
Fountain Correctional Center, Alabama

"It provides for an objective view of how we provide medical services. I would rather listen to an auditor's views than a plaintiff's attorney."

Allen Moran, Captain
Hennepin County ADC, Minnesota

"Absolutely would seek accreditation of our health services. We welcome the on-site survey and professional methods and procedures employed by the on-site team."

Carmen C. Massimiano, Jr., Sheriff
Berkshire County, Massachusetts

"Your survey personnel were polite and considerate of our need to run the jail. They also had some great suggestions of ways to improve our operation."

Lt. Steven C. Huntsman
Salt Lake County Jail

"The best Quality Assurance and Peer Review program we have going for us. The NCCHC standards give our profession the credibility it needs and deserves."

Barbara Rounds, RN, Hlth. Serv. Admin.
Hamilton County Justice Center, Ohio

"I feel that an outside peer review of our services helps us to maintain the quality of care that's expected of a tax-supported system."

Barney Rubenstein, MD
Mountain View Prison, Texas

"One of the most in-depth reviews I have seen."

Olga White, RN
Onondaga County, NY

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The National Commission on
Correctional Health Care
- a not for profit organization -

This booklet provides answers to the questions:

What is accreditation?

What will being accredited mean?

Will accreditation deter law suits?

What standards are used?

How do we get accredited?

Is this the AMA program?

Who else supports NCCHC accreditation?

and

provides information about the
National Commission on Correctional Health Care.

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NIC Information Center

National Commission on Correctional Health Care
2105 N. Southport / Chicago, Illinois 60614
Telephone: (312) 528-0818 FAX: (312) 528-4915

COMMENTS... continued from inside cover

"A valuable management experience. Healthy to have outside professionals observe and comment."

Craig D. Dobson, Administrator
WSI/INS Processing Center, Aurora, CO

"The National Commission standards are thorough, well designed and reasonable guidelines for running a jail medical unit."

Thomas H. Tucker, II, Admin. of Corr. Med. Programs
Jefferson County Department of Corrections, KY

"Accreditation helps to deter law suits and improves the level of care of inmates. The surveyor was very professional and thorough. An excellent job."

Gene R. Rhodes, Jail Administrator
Wayne County Sheriff's Department, OH

"The surveyors were polite and cooperative. They were willing to discuss standards and suggest methods to increase compliance with the standards."

Michael Maloney, Health Administrator
Ferguson Prison, Texas

"Accreditation leads to an overall much better run health care program and hence much reduced litigation."

J. Smith, Deputy Chief
DuPage County Sheriff's Dept., Illinois

"I was very impressed with their (NCCHC) knowledge of health care delivery in a prison setting. Several suggestions will enhance our delivery of health care."

Gary T. Dixon, Warden
Central Prison, North Carolina

"It rekindles our fires; gives us incentive to check what we're to do to ensure we meet the health needs of inmates."

Susan Cranford, Warden
Gatesville Prison, Texas

For more information and cost of accrediting your facility, call (312) 528-0818 or mail this card.

WE ARE INTERESTED in the National Commission's program for accrediting correctional facilities that meet health services standards originally developed by the AMA. Please send an application and more information to:

(Please print or type)

NAME _____ TITLE _____

MAILING ADDRESS _____

ZIP _____

NAME OF FACILITY _____ PHONE _____

ADDRESS _____

ZIP _____

In addition to the main facility, there are _____ additional (or satellite) units. The average daily population (ADP) is:

Main Unit _____; Other Unit _____; Other Unit _____

Other Unit _____; Total ADP for all units combined _____