

CHECK THESE OUT...



The Job Accommodation Network (JAN) is the leading source of free, expert, and confidential guidance on workplace accommodations and disability employment issues. [Job Accommodation Network](#)

The ADA National Network provides information, guidance and training on the Americans with Disabilities Act (ADA), tailored to meet the needs of business, government and individuals at local, regional and national levels. [ADA Disability and Business Technical Assistance Centers](#)

ISSUE 29

focus

Issue 29 2013

TOPIC WATCH

Each month we will feature a different topic; expanding the knowledge, resources, and peer networking in targeted areas.

These target areas will include workforce development, transition, supported education, leadership, organizational development, sustainability, and others as they are identified.

Accreditation Process: Leadership in Consumer Centered Care

“Accreditation” is the process whereby a health care provider obtains impartial, outside approval for the manner in which it provides services. It is a kind of seal of approval that can be a sign to clients, patients, families and communities that a given health care provider has met a set standard for safe, high quality care, treatment or services.

Traditionally, the accreditation process has involved outside experts looking closely at health care providers, their staffs, their internal processes, and other measurable factors. States, cities and counties often require accreditation of hospitals and providers, and so the process has often been perceived as a sort of hoop that an institution must jump through in order to stay in the good graces of various authorities.

Rarely has accreditation been seen as an opportunity for a meaningful improvement in services. That’s beginning to change, however, thanks to the growth of consumer-centered care in the behavioral health arena. In fact, according to Mary Cesare-Murphy, Ph.D., executive director of Behavioral Health Care Accreditation for the Joint Commission, the behavioral health field has led the rest of medicine toward a new kind of accreditation process that is based not only on objective measurement, but also on the experience of the people receiving the care.

The Joint Commission has been active in behavioral health care accreditation since 1969 when it began accrediting organizations providing services for persons with intellectual and developmental disabilities. In 1972, The Joint Commission began evaluating and accrediting organizations providing mental health and chemical dependency services. Today, The Joint Commission accredits more than 2,000 behavioral health care organizations under the Comprehensive Accreditation Manual for Behavioral Health Care.

Continued on Next Page



For more information on this publication contact us at:

The CAFÉ TA Center
www.CAFETACenter.net
CAFETACenter@gmail.com
1-855-CAFETAC
(1-855-223-3822)

Accreditation Process Cont'd

Commenting on the commitment of advocates to person-centered care in behavioral health, Dr. Cesare-Murphy told Behavioral Healthcare Magazine “They are true believers. Throughout my tenure, the behavioral health field—and I mean this in the broadest sense of mental health, substance abuse, and developmental disabilities—has had an approach to accreditation that has been driven by wanting to constantly improve the care, treatment, and services they provide.” Other healthcare providers subject to accreditation are motivated primarily by regulatory and payment concerns; behavioral health providers are “internally motivated,” according to Cesare-Murphy.

One contributing experience stands out to Dr. Cesare-Murphy in building the foundation of person-centered approaches to accreditation. “After the expose by the *Hartford Courant* [“Deadly Restraint,” 1998], the Joint Commission, including the board of commissioners, took this issue very seriously,” she said. “We conducted public hearings across the country. We listened to people who had been in restraints. We listened to families.” The hearings marked a turning point at the Joint Commission. From then on, there was an appreciation of the “value of the input and perspective of the people who receive services,” she said. “It changed the direction of all of our processes, because it changed how people thought about care.” The new restraint and seclusion standards came out in 2000.

Why is Consideration of Lived Experiences Important in Accreditation?

Joint Commission behavioral health accreditation provides a management framework for providers.

- It helps manage risk and enhances the quality and safety of care, treatment and services;
- As recognized by more than 189 state authorities, accreditation can be a useful tool to demonstrate compliance with state regulations or licensure requirements;
- It is a condition of reimbursement for certain insurers and payers; and
- The process provides a customized, intensive review, and enhances staff recruitment and development.

Though the review of records and surveys are helpful within any process, certainly the end result as felt by the consumer is the ultimate measure of effectiveness. By taking into consideration and documenting consumer and family experiences, those receiving services have a role in being a part of the final accreditation decision, by determining whether services “measure up.”



Survey Process

The Joint Commission's accreditation process concentrates on operational systems critical to the safety and quality of the care, treatment or services provided to the individual. To earn and maintain accreditation, a behavioral health care organization must undergo an on-site survey every three years. The objective of the survey is not only to evaluate the organization, but to provide education and guidance that will help staff continue to improve the organization's performance. The survey process evaluates actual care, treatment or services provided by tracing individuals and analyzing key operational systems that directly impact the quality and safety of their care, treatment or services.

Surveys are conducted by experienced behavioral health care professionals including psychologists, social workers, behavioral health care nurses and administrators. Many of the Joint Commission surveyors are actively working in a range of behavioral health care settings. Surveyors must also pass a certification examination. Although it has yet to occur, the future may present an opportunity for certified peer specialists to join the group of professionals that typically make up accreditation teams.

The Joint Commission's behavioral health care accreditation requirements address important functions relating to the care, treatment or services of individuals and the management of behavioral health care organizations. The Joint Commission develops all its accreditation requirements in consultation with behavioral health care experts, providers, measurement experts, and most importantly, individuals with behavioral health needs and their families. The standards-based performance areas for all behavioral health care organizations are:

- Care, Treatment and Services (CTS)
- Environment of Care (EC)
- Emergency Management (EM)
- Human Resources (HR)
- Infection Prevention and Control (IC)
- Information Management (IM)
- Leadership (LD)
- Life Safety (LS)
- Medication Management (MM) Performance Improvement (PI)
- Rights and Responsibilities of the Individual (RI)
- Record of Care, Treatment and Services (RC)
- Waived Testing (WT)



A recovery-oriented philosophy and approach to care, treatment and services are embedded in all the requirements.

The Future of Accreditation

One of the major trends in behavioral health that is sure to alter the accreditation process is the integration of behavioral and physical health care among a range of providers. In fact, the Joint Commission is currently developing a new Behavioral Health Home Certification to recognize organizations that have successfully integrated primary physical and behavioral health care. The optional certification will go above and beyond what is required for accreditation and provide additional recognition. The Joint Commission will begin offering this new certification option for organizations accredited under its Behavioral Health Care Accreditation program beginning January 1, 2014.

519 N. Gadsden St.
Tallahassee, FL 32301
1-855-CAFETAC (1-855-223-3822)
www.cafeTACenter.net

