



ISQUA14-1282

Introducing and Promoting Community-Based Mental Healthcare Model Through Accreditation

Li-Yun Wen, Ching-Feng Chiang, Pei-Yu Chen, Hung-Jung Lin
Taiwan Joint Commission on Hospital Accreditation, Taiwan

Purpose

Statistical data published by the Department of Health(DOH), Executive Yuan in 2011 showed that 123,572 cases were registered on file as mentally disabled(due to organization re-structuring on July 23rd, 2013, the DOH will henceforth be referred to as the Ministry of Health and Welfare(MOHW)). To assist the chronic mental disabled patients, who may have suffered multiple disabilities due to increasing old age and have decreased living functions, to return to community life and improve their quality of life, the government sought to promote a community-based mental healthcare model. It has implemented an accreditation mechanism to regularly review and confirm the service qualities of psychiatric rehabilitation institution and psychiatric nursing home.

Methods

The standards on Psychiatric Rehabilitation Institution Accreditation have gone through several reforms since its first implementation in 2003, in order to comply with current national health policies. The TJCHA collected foreign and domestic literatures on community-based mental rehabilitation institutions in 2012, and performed analysis on the items and results of the 2010~2011 accreditation standards. The original standard is consisted of seven chapters on human resource allocation, facility location and space, service facility, provision of rehabilitation services, integration of community resources and accreditation improvements. There are 49 items for rehabilitation center accreditation, in which 20% were community related criteria. The achievement rate was 95%; 52 items in rehabilitation home accreditation, with 25% community related criteria and a 92% achievement rate. We revised the following principles based on the 2011 meeting of consensus of the committee on psychiatric rehabilitation institution, recommendations from the institutions themselves, and policies of central competent agency: (1) Integration and simplification of standard items: reduce the verification of structural and setting standards and revert the responsibility of inspection back to the local health bureaus. (2) Direct institutions to community development. (3) Enhance self-empowerment of students/residents and environment safety.

Table: Accreditation results in community related criteria

	Items	Related community-based rate(%)	Achievement rate(%)
Community Rehabilitation Center	49	20	95
Rehabilitation Home	52	25	92

The standards for Accreditation of Psychiatric Nursing Home were announced in 2010. They included six dimensions on administrative organization and management, personnel management, rights of residents, living care and professional care, institution environment and safety settings, and monitoring of quality. To improve the functions of the psychiatric nursing homes and enhance the operational standards, and to ensure that the accreditation standards of psychiatric nursing homes comply with current government policy requirements and community integration, the MOHW re-examined the current accreditation mechanisms and standards in 2013. It commissioned the TCHA to set up a task force, inviting experts to collect and review domestic and foreign psychiatric nursing home literatures, opinion feedbacks from psychiatric nursing homes, and committee member's opinions from psychiatric nursing home related meetings. We analyzed the achievement rates of the psychiatric nursing home accreditation clauses from 2011 to 2012 to devise principles of revision: Simplifying the standard items: considering omitting those who scored high on structural and setting standards, but keep the quality parts as-is. For necessary item such as personnel, facility equipment and management, the scoring should be Met/ Not Met. List the personnel, fire and emergency escape system items as key points of accreditation; those who were not qualified should be asked to improve within a time limit.

Results

We revised an updated draft of the accreditation standards based on the aforementioned principles and provided a revision checklist for reference by the MOHW. The revised standards on Psychiatric Rehabilitation Institution Accreditation included six chapters on human resource management, space and facility, provision of rehabilitation services, management of rehabilitation services, integration of community resources, and the recommendations of improvement from previous evaluation; the overall community clauses increased 15%. The revised standards on accreditation of psychiatric nursing homes remained six chapters, focusing on aging of chronic mentally disabled patients and integrity of long-term care. Aside from the integration of public health and social policies, the key areas of improvement are capacity building of professional personnel. The managers of psychiatric nursing homes should educate their staff about their management philosophy, set up a management plan and implements follow-up and review mechanisms, and devise short-, mid- and long-term plans to improve the living quality of their residents. In addition, mental healthcare education of professional staff should also include treatment of chronic diseases and emergencies. The revision also incorporated emergency process and basic life support (BLS) courses into the scope of continuing education for reference by the institution.

Conclusion

The revised accreditation standards fit closer to the goal of community-based institution. In the future, we will continue to monitor the current situations facing the institutions, and re-iterate the necessity of community-based development of the institutions. Psychiatric rehabilitations should support convalescent patients to achieve the fully integrated. Then they can exercise civil right and explore opportunities in becoming the member of community and society.

The national mental healthcare policies should integrate resources and expand on the healthcare subsidies to the psychiatric patients, through combination of accreditation and the project of psychiatric healthcare network. The strategies may include establishing administrative organization to govern mental healthcare, building or expanding on mental healthcare facilities, improving primary mental healthcare, promotion of rehabilitation homes, community rehabilitation centers, household treatment and risk management.

Reference

1. Anthony, W.A., & Farkas, M.D. (2009). Primer on the psychiatric rehabilitation process., Boston University Center for Psychiatric Rehabilitation.
2. Article 16 of the Mental Health Act (2007)
3. Article 17 of the Regulations on Establishing and Management of Mental Rehabilitation Institution and Paragraph 1 (2008)



Taiwan Joint Commission on Hospital Accreditation
www.tjcha.org.tw / rd@tjcha.org.tw