

FOUNDATIONS OF PATIENT CARE

Introduction

The Integrated Care Team (IC Team) was charged by the Receivership to develop a program model and organization design for seven new facilities that will deliver medical, mental health, dental, and rehabilitation services to inmate-patients of California's prison system.

The program model and organization design are described in the *Patient-centered Care* and *Team-based Patient Care* papers.

This document confirms and elaborates on Section 2.0 of the *Options Report: A Value Basis for Medical and Mental Health Care Services* (approved by the Receiver in April 2008) and further describes principles and tenets to meet the goals the Receivership as stated below:

The overall goals of an effective and appropriate prison medical care system are to reduce unnecessary morbidity and mortality, improve inmates' health status and functioning, coordinate care with mental health and dental, and protect public health. The Receiver must create a sustainable, evidence-based, cost-effective system of care that is continually monitored and revised to meet those overall goals.

General Principles

The Integrated Care Team agrees with the standards for health care delivery systems described by the Institute of Medicine in *Crossing the Quality Chasms: A New Health System for the 21st Century*.¹ To the extent possible, the health care delivery system in the new facilities should be:

- Safe
- Effective
- Patient-centered
- Timely
- Efficient
- Equitable

¹ Committee on Crossing the Quality Chasm. *Improving the Quality of Health Care for Mental and Substance-Use Conditions*. Washington, DC: National Academy Press; 2006

Tenets of the Foundation of a System of Care

The Integrated Care Team (IC) believes that the following tenets, based on the values and objectives described in the *Options Report*, are the foundation of a quality system of care for patients of the new health care facilities.

1. MENTAL HEALTH AND MEDICAL CARE INTEGRATION

At the new facilities, the goal is to provide integrated health care, including medical and mental health care. As stated by the Institute of Medicine² and quoted in the *Options Report*:

Mental, substance-use, and general illnesses are highly interrelated, especially with respect to chronic illness and injury. Improving care delivery and health outcomes for any one of the three, depends upon improving care delivery and outcomes for the others.” California prisons, like other health care providers, should transition along a continuum of evidence-based coordination models from (1) formal agreements among mental, substance-use, and primary health care providers; to (2) case management of mental, substance-use, and primary health care; to (3) collocation of mental, substance-use, and primary health care services; and then to (4) delivery of mental, substance-use, and primary health care through clinically integrated practices of primary, mental and substance-use care providers.

Patients move through a continuum of care. Features include:

- Evidence-based patient assessment tools and joint treatment planning.
- Roles and responsibilities of health care professionals are defined.
- Patient care processes are standardized.
- Decisions about care, patient programming and housing unit assignments are team-based with input from the patient’s assigned IDTT.

2. INDIVIDUALIZED CARE AND INDIVIDUAL RESPONSIBILITY

As stated in the *Options Report*:³

Most patients have the ability to make responsible choices regarding personal health and wellness, if provided the guidance and support to do so within an environment that embraces recovery and rehabilitation, reinforces positive behaviors, and fosters self-discipline.

Patients suffering from acute or chronic mental health conditions are provided treatment that facilitates recovery rather than mere management of symptoms.

² Ibid, page 71 and 248

³ Page 6

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Patients have the right to be assessed and treated as individuals; they bear responsibility for their behavior and relationships.

3. ROLES OF HEALTH CARE AND CUSTODY

As stated in the *Options Report*:⁴

In prisons, the missions of health care and custody are interdependent and share a common commitment to safety, security, treatment, and well-being of patients, staff, visitors, and the community. Health care professionals have responsibility and authority for diagnosis and treatment decisions, including admission to and discharge from health care facilities.

4. RECOVERY AND WELLNESS FOCUSED

Treatment of patients is wellness focused, patient-centered and addresses the patient's mind, body and spirit needs. Services are developed using a strength-based approach to build the patient's hope for recovery and self-sufficiency, key elements to recovery and reintegration into the community.

5. EQUITABLE CARE

Each patient shall receive medically necessary services without discrimination based on non-medical factors.

6. TEAM-BASED⁵

Teams manage oversight of health care operations.

- Teams consist of small numbers of consistently assigned staff that are committed to a shared purpose, with common performance goals, complementary and overlapping skills, and a common approach to their work.
- Team members hold themselves mutually accountable for the team's results, outcomes, and, as appropriate, providing treatment to patients.
- Teams are sanctioned by leadership, given the power to make decisions and understand the level of their authority.
- **Interdisciplinary treatment teams (IDTT)** support integrated patient care.
 - The IDTT includes staff from nursing, medical, rehabilitation, mental health and custody as well as the patient. Other disciplines

⁴ Page 5.

⁵ See "*Team-based Patient Care*" for a complete description.

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participate as equal members on the IDTT based on the patient's care plan.

- **Primary work teams (PWT)**, i.e. staff with similar duty statements and responsibilities, ensure consistency of patient care through out the health care facility.
- **Administrative teams** support IDTTs and PWTs and provide efficient services and systems that support the provider to provide care for patients.

7. DIRECT SUPERVISION

- Direct supervision, a management philosophy backed by a supervisory style for patients, is supported by a physical plant design and is adopted by staff of all classification levels.
- Direct supervision places staff face to face with patients with full responsibility for the management of patient behavior.

8. EVIDENCED-BASED TREATMENTS

Care delivered to patients draws on evidenced-based best practices. This includes, but is not limited to medical interventions, mental health therapies, rehabilitation services and direct supervision.

9. ACCOUNTABILITY FOR SERVICE PROVISION

- The clinical and health outcomes of care provided to patients as well as programmatic outcomes are measured, reported to the providers of care and are part of the facility's program of continuous quality improvement.
- The facility has an organization-wide program for quality improvement.
- Staff is accountable for appropriate service delivery.

10. RESOURCE EFFICIENT

Resources are matched to patient needs. Staff assignments are in keeping with staff competencies, skills and expertise.

11. STAFF RECRUITMENT AND RETENTION

A safe, efficient, effective, equitable, accountable and supportive environment facilitates staff recruitment and retention. Other incentives to help recruit and retain staff are:

- Quality supervision
- Support
- Staff development and training
- Educational opportunities