The How and Why of the American Correctional Association’s Performance Outcome Measures

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Three perspectives

- The ACA Manager
- The Auditor
- The Commissioner
Accreditation is designed to evaluate how you serve the correctional population in your criminal justice field. This includes appropriate treatment of population, use of good security, creating a safe environment for staff and offenders, good management, etc.

Performance outcome measures, annual reports, audits, etc. are all tools to monitor the status of these objectives.
WHY?

Outcome Measures are one component of Accreditation – It is not a “gotcha”

The performance outcome measures are a management tool intended to help identify areas of concern and patterns in your agency. They are for you!

You can see where issues may be emerging and where you can improve your program.
As an Accreditation Manager: What does outcome measures mean to you?
Accreditation Manager Basics

Outcome Measures

Are they:

- Just extra work?
- Never paid attention to?
- Useless?
- Only for ACA and because ‘they make us do them’?
- Someone else’s responsibility?
- Confusing?
Outcomes measures are a tool to be used

But how????
Accreditation Manager Basics

- Start with determining definitions! Some are provided by ACA in the Standards Manual or in other publications/trainings, etc. Also read the corresponding standard, it can help explain what ACA is asking for.
  - What you might consider “an incident” might be more specific than what ACA is looking for. If you over report or under report, this can cause unnecessary questions.

- If a definition is not provided by ACA, then follow your agency’s policy and procedure definition. For example: unauthorized absences, illnesses attributed to poor hygiene practices, assaults, etc.
Assign the tracking and recording of data to the appropriate department.

- Don’t be a “Lone Ranger.” The management team needs to regularly review the numbers (quarterly is ideal).

- Require the departments to provide an explanation for “unusual” numbers as they happen and keep a copy of this reporting. It will save time and energy trying to remember a year from then what the exact incident/occurrence was.
Accreditation Manager Basics

- When the tracking is asking the same question multiple times, each time it should have the same number, e.g., the average daily population should always be the same for the 12 month period, regardless of the area it appears in the outcome measure report.

- Use the correct form. Don’t create a new document to track measures, as it only makes it difficult for the auditors (and subsequently the commissioners) to get the data they need out of the worksheets.
**Time frame?**

- Outcome Measures are recorded from audit to audit.
  - There may be a month or two difference between the end of your recording, to compile the data and when your audit is, but there should not be more time than that.
  - If your audit is in the fall, do not submit outcome measures that ended last December. This does not necessarily reflect the current condition in the facility.
- 12 months of data should be recorded on each outcome measure tracking form.

- During the years in between your audit, the outcome measure worksheet is submitted to ACA annually along with your Annual Accreditation Status Report and the Significant Incident Summary.
Making ACA Performance Outcomes Measurements meaningful to your agency.

- Measure often. Yes, only the annual compilation is required for submission to ACA, but how can you see patterns if you only measure once a year?

- The meaningful “stuff” is in the monthly numbers, where you can readily see changes and can use this information to make adjustments to improve programs/operations.

- Don’t wait for your accreditation audit to come around to address performance measurement data.
Accreditation Manager Basics

- Be Prepared for the Auditors and the Commissioners! Review and see what numbers stand out, have explanations prepared for these numbers.

- If you had 25 new TB cases in a 100-bed facility, you address it in the annual status report (why it happened, how your agency responded, and the outcome of the response) or be able to address it with the auditors/commissioners.
Looking back:

- Check your math!
- “Unknown,” “unknowable,” or “no information” is not an acceptable answer on outcome measures
- If the standard is corresponding standard is applicable, then the outcome measure is applicable
As an ACA Auditor: How you should look at an agency’s performance outcome measures.
Auditor Basics

- Often the Chair of the Audit Team is the only one who is provided the performance measurement data.
  - Chairs: Please share them with the team members!
  - Team members: review the outcome measures, don’t ignore them because you aren’t the chair!

Review the performance outcome measurement on site and ask clarifying questions on site. It’s not something that can be “filled in” later.
Auditor Basics

- Team members can look to make sure what’s recorded in the measure corresponds with what’s in the file, e.g., if there are grievances in the file, they should also appear in the outcome measures.

- Significant Incident Summary – Compare it to the outcome measures. Often times different information is reported on these two forms.
Making ACA Performance Outcomes Measurements meaningful to the agency’s audit.

- If you question it, the agency should expect to address it in the panel hearing.

- Prepare the agency for the fact that while they may meet a standard, additional clarifications may be needed at the hearing.
Auditor Basics

- If an agency uses their own form for measuring performance outcomes, don’t accept it. The format was created for consistency and so commissioners don’t have to figure out 20 different ways of tracking information.

- You can cut and paste their numbers into the final report by highlighting only the numbers, copying, and pasting. This will eliminate typo’s by the audit chair.
How an ACA Commissioner looks at an agency’s performance outcome measures.
The Commissioner’s View

- Commissioners use the performance outcome measures to look at the performance in the facility. They look for gaps, clusters, patterns, inconsistencies, etc.

- Take it seriously – putting “not applicable” when it really is applicable doesn’t cut it.
The commissioners want to know how you are using performance outcome measures as a management tool – and if you aren’t, why not.
The Commissioner’s View

- If your performance outcome measures are all over the board, if they don’t indicate your agency knows what is going on in the facility, the commissioners are going to be concerned.

- Commissioners are not necessarily going to wait until your next accreditation audit to see whether or not you’ve corrected problems in your performance outcome measures.

- An agency can have a 100% compliance rating and the commissioners may still put that agency on a monitoring visit because of the outcome measures.
The Commissioner’s View

- The agency needs to make sure that the people who can appropriately respond to the questions and concerns noted in the auditor’s report are at the panel hearing.

- Agency staff coming to the panel hearing, at the very least, must be familiar with the audit report, including the outcome measures.

- If the staff with the area of expertise in that area of the outcome measures (i.e. medical staff, program staff, etc) can’t be there in person, they can provide a written explanation or they can call in to the hearing.
How do you use the data and how do you manage your facility?

Be able to explain your numbers and definitions. Use ACA definitions wherever they exist and be able to communicate to the commissioners how your agency internally defines other items included in the outcome measures.
Common Questions/Areas of Interest from Commissioners

- If you have either zero grievances or a large number of substantiated grievances, be prepared to talk about it.

- Emergencies, injuries, suspended operations caused by forces external to the facility.

- Emergencies, injuries, suspended operations not caused by forces external to the facility.
Common Questions/Areas of Interest from Commissioners

- Number of code violations identified in the past 12 months. Even if they have been corrected, it’s an issue for discussion – particularly if it is a large number.

- Number of problems identified by the QA team and the number corrected. There shouldn’t be a big difference between these numbers. If there is, why?
Common Questions/Areas of Interest from Commissioners

- Number of incidents involving toxic and caustic materials – often, the numbers in the outcome measures don’t match what is in the written report.

- What did you learn from the morbidity and mortality report?

- Medical staffing – authorized vs. filled and how the clients’ needs are being met if staffing is not at the authorized level.
WHY?
Because of what is entrusted to us.

Do better if possible, which always is possible.

Motto of Vacheron Constantin
(a Swiss watch company considered by many to be the best in the world)
Questions???
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