

AIMS
ACCREDITATION FOR INPATIENT
MENTAL HEALTH SERVICES



An Introduction to Accreditation for Inpatient Mental Health Services (AIMS)

COLLEGE CENTRE FOR
QUALITY IMPROVEMENT



AIMS Overview



- AIMS is a standards-based accreditation programme designed to improve the quality of care in inpatient mental health wards.
- Through a comprehensive process of review, we identify and acknowledge high standards of organisation and patient care, and support other services to achieve these.
- Accreditation assures staff, service users and carers, commissioners and regulators of the quality of the service being provided.
- AIMS accredits acute and assessment wards for working-age adults, wards for older people, psychiatric intensive care units, inpatient learning disability services, inpatient rehabilitation units and care for young people on adult wards.
- Operates at a ward/unit level since standards of care can vary dramatically within the same Trust due to differing environments, leadership, and ward culture.

The AIMS Branches



- **Psychiatric Intensive Care Units (AIMS-PICU)**
- Working-Age Adult Acute Wards (AIMS-WA)
- Working-Age Adult Assessment/Triage Wards (AIMS-AT)
- Acute Wards for Older People (AIMS-OP)
- Inpatient Learning Disability Units (AIMS-LD)
- Rehabilitation Units (AIMS-Rehab)

Aims and Objectives



- Accredit inpatient mental health services providing “A timely and purposeful admission in a safe and therapeutic environment”.
- National network to support staff through:
 - a database of standards;
 - peer-review process;
- Self-regulating and self-funding.

Standards



- Revision by multi-professional group, including service users, carers, and representatives from partner orgs.
- c250 criteria.

Five Sections

- General
- Timely and purposeful admission
- Safety
- Environment and facilities
- Therapies and activities

Standard Types



- **Type 1:** failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law.
- **Type 2:** standards that an accredited ward/unit should meet.
- **Type 3:** standards that an excellent ward/unit should meet or standards that are not the direct responsibility of the ward/unit.

The Accreditation Process

Accreditation Process



- First, services complete a self-review against the standards
- A peer-review then takes place to validate the results
- The resulting report is presented to the Accreditation Committee
- The accreditation decision recommended is then ratified by the Royal College of Psychiatrists' Special Committee on Professional Practice and Ethics (SCPPE)

Self-Review



The self-review involves completing and submitting:

- A checklist of policies and protocols
- An environment and facilities audit
- An audit of Health Records
- Questionnaires:
 - Carers
 - Patients
 - Staff
 - Ward/Unit Manager

Wards have three months to collect this data

Peer-Review



- Main purpose is to validate the self-review data
- One-day visit
- Visiting team of up to three professionals and a service user and/or carer
- Opportunity to share good practice

Accreditation Committee



- Core representatives from RCPsych, RCN, COT and BPS
- Expert representatives from NAPICU
- Service users and carers
- Reviews the results of the self- and peer-review
- Recommends an accreditation status for the ward

**The Accreditation
Committee will recommend
one of four levels of
accreditation based on the
results of self- and peer-
review:**

Level 1 (Excellent)



- All Type 1 Standards met
- 95% or more Type 2 Standards met
(not meet <10-12 individual standards)
- Significant proportion of Type 3 Standards met

Level 2 (Accredited)



- All Type 1 Standards met
- >80% Type 2 Standards met
- Many Type 3 Standards met
- No significant gaps in a particular area of the standards

Level 3 (Accreditation Deferred)



- Awarded when criteria for achievement of accreditation is not met (e.g. one or more Type 1 Standards not met, <80% of Type 2 Standards met, Significant gaps in a particular area of the standards), but it is expected that the ward can take action to address the unmet standards in a short period.
- The period of deferral is for between three and six months, depending on what is considered a realistic timeframe for action by the AC.
- Deferred wards must provide evidence demonstrating compliance with outstanding standards by end of deferral period in order to achieve accreditation.

Accreditation Time-scale



| | |
|------------|-------------------------------------|
| Weeks 0-12 | Self-review |
| Week 18 | Peer-review visit |
| Week 21 | Draft report |
| Week 28 | AC recommends status |
| Week 32 | SCPPE ratifies status |
| Week 36 | Certificate and Final Report issued |

Interim Reviews



- Four-year cycle (three for rehab)
 - Year 2 – full self-review/peer-review
 - Brief interim review for rehab at 18 months
- Accreditation status can be suspended or withdrawn following Year 2 self-review
- Excellence can be awarded following further peer-review visit

Cost



- Currently, pa:
£1800 for AIMS-OP and AIMS-Rehab, AIMS-PICU and AIMS-LD
- 10% reduction on four year subscription
- Funded by members' fees: no other income sources
- Costs cover – staff, admin/IM systems, travel and accommodation for training, peer-reviews and meetings
- Economies of scale mean that subscription fees can be reduced as membership increases (as happened with AIMS-PICU this year)

Benefits of the Accreditation Process



- Wide range of stakeholders involved
- Developmental support
- Active ongoing network support
- Sharing good practice
- Personal development
- Intra-organisational learning
- Benchmarking and trend analysis
- Accreditation – certificate on the wall!

Benefits (2)



- Services are able to **demonstrate the quality of care** they provide to service users and carers, their wider organisation, commissioners – and the CQC.
- The **CQC** uses the accreditation status of AIMS members as one of its sources of information used in **Trust Quality and Risk Profiles**.
- Services are able to **demonstrate that they meet national guidelines, standards and legislation**. This can form part of the information provided to regulatory bodies, as recommended by the National Quality Board.
- Information gathered through the accreditation process **can be used in Trust quality accounts**, as recommended by the National Quality Board.
- Achievement of accredited status may support services to **reduce their financial contribution to the NHSLA**.

AIMS-PICU



- Established in 2009
- 33 active members
- Revised Standards due for publication late 2013
- First wave of accredited units now going through re-accreditation
- Working in partnership with NAPICU
- Join us!

Copies of the standards for each branch, plus the latest pilot and national reports, can be found at:

www.rcpsych.ac.uk/AIMS



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