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Comparison of a Self-Audit Tool to Accrediting Health Care Agencies' Standards of Care in a Corrections Setting

Matthew C. Widerman
Grand Valley State University

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Matthew C. Wideman

Kirkhof College of Nursing

Grand Valley State University

Advisor: Dr. Patricia Thomas

Advisory Team: Dr. Katherine Moran and Duncan Howard MSW

Abstract

Millions of individuals enter correctional facilities each year and require health services. Inmates are bound to a set of rules, wherein they are thought of as objects of surveillance, punishment, or rehabilitation, rather than as patients. In addition to standards of care defined by national accrediting bodies and state boards of practice, correctional facilities also have state laws that define expected health services for incarcerated persons. All health care providers have a responsibility to provide the highest quality care, but in prisons, patients are still inmates bound to correctional rules. Policies and procedures guide health care practices in correctional facilities, but unlike hospitals or other community settings, the state Department of Corrections is not currently affiliated with a single accrediting health care body that sets the benchmarks of quality. Rather, they are expected to meet distinct department of corrections (DOC) regulations in addition to health care accreditation requirements found in primary care, rehabilitation, and hospital level of care. The DOC uses an internal, self-audit process in place of a formal affiliation with external accrediting bodies.

The goal of this project was to evaluate the state Department of Corrections' (DOC) self-audit process in four facilities, create a cross-map to compare the self-audit tool to accreditation standards of governing healthcare bodies, analyze historic data, and make recommendations for change in the existing tool or realignment with external accrediting bodies. The aim of this project was to conduct a gap analysis of accrediting body standards and the self-audit process to make data-driven, evidence-based recommendations to key stakeholders. The outcome of this evaluation was to recommend that the DOC to re-establish an affiliation with an external accrediting agency.

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Quality and safety are always being measured in health care. One method that organizations use to measure quality is an audit process that can be done by affiliation with national accrediting bodies or through a formal internal audit. A thorough audit process can help ensure that an organization is meeting certain standards that are expected in health care. The Department of Corrections (DOC) has a unique audit process that it follows. The audits are performed by DOC staff rather than by external accrediting agency auditors. Stakeholders identified that the internal audit process is ineffective because of inconsistencies and the departments' own inabilities to self-identify areas of weakness.

Prisoners are a vulnerable population and are constitutionally entitled to the same quality of care they would receive outside the prison system. Prisoners face a unique set of health care needs given that prisons have limited access to resources and funding, prisons are overcrowded, and there are several steps inmates have to take in order to receive care. According to Kendig (2016), more than two million Americans receive their primary medical care in correctional facilities. It is imperative that these facilities have the capabilities to provide quality health care to incarcerated individuals. Regular audits ensure that the facilities are up to date and the services that are provided meet quality standards that are defined in the audit tool. The state in which the correctional facilities lie has 31 correctional facilities in 21 counties. The latest statistical report from the DOC, published September 5, 2017, showed that at the end of 2016 there were 42,203 individuals incarcerated in this state. This number does not include inmates at county jails.

There are standards for timely access to high quality health care services (The Joint Commission, 2017), regardless of where the services are provided. Prisoners understand these standards and expect to be provided with the same access and quality of care that they would

receive if not incarcerated (Pont et al., 2018). The incarcerated deserve and need high-quality, evidence-based care, but they face the barriers found in the physical limitations of correctional facilities and in the overarching rules and regulations of being a prisoner in the department of corrections (DOC) system. These barriers affect the quality of health services found in the prison system. Kendig (2016) postulates that available resources should be relocated or condensed to help develop broad and deep collaborations between correctional health care facilities and academic medicine.

Standards of care are not absolute and may evolve over time with quality improvement initiatives. Quality improvement seeks to turn observed and measured data into insights that can be developed into evidence-based interventions to improve treatment options, care delivery, and overall patient health. The goal of a quality improvement project is to answer whether a given intervention worked to improve a specified quality domain to address a focused clinical question. Depending on the clinical inquiry, a quality improvement design may be more appropriate and helpful than a research design (Zhao & Granger, 2018).

One of the ways quality is measured in health care is by using audits. The clinical audit typically consists of measuring a clinical outcome or process against well-defined standards that are based on the principles of evidence-based medicine to help identify the changes needed to improve quality of care. The aim of the audit is to highlight discrepancies between actual practice and the standard, so that a recommendation for change can be made (Esposito & DalCanton, 2014).

Many times, clinical audits are performed by members of an external accrediting health care body such as the Joint Commission (JC), the American Correctional Association (ACA), the National Committee for Quality Assurance (NCQA), or the Commission on Accreditation of Rehabilitation Facilities (CARF). Accreditation in and of itself is a form of quality control. Accreditation ensures that institutions satisfy certain standards. These accrediting agencies have

developed standards that health care facilities must meet to receive accreditation. Meeting these standards helps a facility organize and strengthen patient safety efforts, gives them a competitive advantage, improves risk management and reduction, and may reduce liability insurance costs. Accreditation also signifies to the public that an institution is committed to provide the highest quality services because it aligns the institution with one of the most respected names in health care. Third party payers and insurance companies recognize accreditation in establishing reimbursement structures (The Joint Commission, 2017). Reimbursement is not a factor in the DOC; however, it is still important to the stakeholders and key to this underserved population that the DOC demonstrates a quality of care that is equivalent to what patients receive in the community. That is why the DOC created its own extensive audit tool that is used to audit its facilities.

Framework for Assessment: Burke & Litwin's Model of Organizational Performance and Change

Burke and Litwin (1992) built an assessment tool based on the concept that organizational effectiveness depends on the degree of match between the organization's external environment and internal structure (See Appendix A). Burke and Litwin's (1992) model has twelve concepts that are interrelated with two main categories: transformational and transactional variables. Transformational variables are deeply embedded processes and characteristics of an organization. The three transformational variables are mission and strategy, leadership, and organizational culture. Transactional variables are day-to-day operations within an organization. The transactional variables are structure, systems, management practices, work climate, tasks and individual skills, individual needs and values, and motivation. The beginning and end of the model represent the input to the organization and the organization's output, which is individual and organizational performance.

The Burke and Litwin (1992) model has arrows to specify which organizational variable influences other variables more directly, and distinguishes transformational and transactional dynamics in organizational behavior and change (See Appendix A). The arrows in the diagram that go both directions illustrate the open-systems principle, meaning a change in one or more box(es) will have an impact on the others.

This project focused on leadership, structure, climate, systems, motivation, and the output which is individual and organizational performance. The relative lack of influence from outside the DOC makes leadership within the DOC crucially important to affecting positive change. The DOC is a very structured, hierarchical organization and it is important to understand to whom each person or division reports. Climate is important in the DOC because each facility has its own unique setup and staff and therefore each climate varies slightly from the overarching organizational culture. Motivation is reportedly low in the DOC and because of this, individual performance and ultimately organizational performance suffers.

Transformational Variables.

The transformational variable that was emphasized in this project is leadership (Burke & Litwin, 1992). The DOC describes leaders as people who do the right thing for the right reason and help their team by creating a work environment where team members feel valuable and supported. They help the team set goals and priorities that facilitate accomplishing the team's purpose and analyze and allocate the work so that it is performed according to the team's strengths and weaknesses (DOC, 2018). The site mentor chosen for this project is a transformational leader. He is a man of high integrity and is committed to high quality within every facet of the DOC. He has decades of experience in the department and visits each facility to conduct audits, so he knows the little nuances of each place. Staff within each of the four DOC facilities hold him in high regard and seek his mentorship and guidance on a regular basis.

Transactional Variables.

Structure refers to the arrangement of functions and people into specific areas of responsibility, authority, communication, and relationships to have an effective impact on the organization's mission statement (Burke & Litwin, 1992). The DOC is a very hierarchical organization. It begins at the top with the state's governor, then the DOC director XXX XXX. The hierarchy is further broken down into Field Operations, Correctional Facilities Administration (CFA), and Budget and Operations Administration. Each of these subsets then has its own defined tiers of administration and leadership. Each facility has a hierarchy within itself. The Bureau of Healthcare Services (BHCS) is a division of the CFA and also has its own hierarchy.

Systems refer to standardized policies, procedures, and mechanisms that facilitate work. These can be manifested in the organization's reward systems, management information systems, performance reviews, goal development, and human resource allocation (Burke & Litwin, 1992). There are specific policies and procedures for DOC employees that are unique to the department in which they work and the job descriptions that come with that department. Corrections officers are not familiar with health care policies and procedures, and the health care staff are not familiar with the corrections' policies and procedures (DOC, 2018).

Climate is a collection of the current impressions, expectations, and feelings that members of local work units have of the organization. These feelings affect relationships with bosses, with each other, and with other units in the organization (Burke & Litwin, 1992). The climate is different at each DOC facility and is dependent upon the level of prisoners the facility houses, the physical capabilities and limitations of the facilities, and the leadership and management within each site (X. XXX, personal communication, September 25, 2018

Individual needs and values are psychological factors that provide desire and worth for individual behaviors. Employees need to feel valued and motivated if the organization is going to

continue to be a success. The concept of motivation can be described as behavioral tendencies to move toward goals, take action, and persevere until goals are achieved (Burke & Litwin, 1992). Motivation varies from individual to individual and is a weakness in the DOC. There is little incentive or opportunity to improve or advance one's career because the organization is seemingly more valuable than the individual (X. XXX, personal communication, September 25, 2018).

Organizational Assessment

The purpose of assessing the Department of Corrections (DOC) was to analyze their current standards of healthcare delivery and identify any opportunities for improvement, if they exist. This was accomplished at four facilities by meeting with stakeholders, reviewing policies and procedures, analyzing the DOC's current self-audit process, interacting with medical staff, guards, prison wardens, and attending quality and safety meetings. Findings were used to identify areas where there were gaps in care and make recommendations to improve them.

The project was conducted at four state correctional facilities. They will be referred to as Facility A, Facility B, Facility C, and Facility D. Prisoners in the DOC system are given a level from 1-5 indicating security level. Level 1 indicates a minimum-security prisoner and level 5 indicates a maximum-security prisoner. Prisoners are automatically assigned a level 5 status upon entering the DOC. They can move down to lower levels of security by not getting misconduct tickets, and by getting along with other inmates and not instigating or participating in fights. According to DOC staff, there is research that shows that having multiple security levels of inmates at a facility can help encourage the higher security prisoners to achieve a lower status by simply observing the freedom that low-level security prisoners have within the facility.

Facility A is a security level II prison. It was opened in 1974 and houses over 1,200 prisoners. This institution provides inmates with opportunities to continue their education while they are incarcerated, and it also has the means to provide basic medical services if needed.

Academic programs include basic adult education and General Equivalency Diploma (GED) completion. There is also a food preparation program and canine training program. Services include routine medical and dental treatment. Facility A is a lower level- security prison, so the inmates are able to roam the facility. They are given additional responsibilities such as jobs or acceptance into the canine program as a reward for good behavior. This encourages further cooperation and enhances inmates' moods

Facility B houses Security Level II and Level V prisoners. It opened in 1987. There are five Level V housing units and two Level II housing units. The Level V units consist of five bi-level, double-winged cell units. There is a day room area, showers, laundry room, staff offices, and a fenced-in activity and recreational yard. The Level II units are located in a pole-barn that is divided into two units with 140 beds in each unit. They each have shower, laundry, and recreation areas. Level II prisoners have separate yard areas with access to weights, basketball, volleyball, baseball, horseshoes, and a running track. Jobs are available for all Level II prisoners, and there is a Michigan State Industries factory on site that employs the inmates. Academic services at Facility B include basic education, special education, GED completion, and post GED programs. Treatment services include Secure Status Out-patient Treatment (SSOTP), outpatient mental health treatment, counseling, substance abuse programs, psychotherapy and religious services. Prisoners also have access to on-site medical and dental care.

Facility C houses Security Level I, II and Level IV prisoners. It opened in 1989. There are 120 Level I beds, three units that have a total of 720 Level II beds, and two Level IV units with 384 beds. There is a separate segregation unit with 22 additional beds. Academic programming is available to help prisoners achieve GED certification. Prisoners who have already obtained a GED have the opportunity to obtain training in food technology. Level I prisoners even have the

opportunity to obtain public work assignments where they can work in the community under supervision of corrections staff. Routine medical and dental care are provided on-site.

Facility D houses Security Level I, II, and IV prisoners. It was opened in 2009 and houses over 2,000 prisoners in 13 total housing units. This site offers the same educational training as Facilities A, B, and C. It also has specialized courses in auto mechanics, building, business education, horticulture, food technology, and custodial maintenance. Prisoners have access to religious programs, substance abuse treatment, psychosocial services, and several other programs. Routine medical and dental care are also provided on-site.

There were two key points of contact who assisted with access to these facilities and overall MDOC system knowledge. The medical social worker assigned to be the site mentor has spent more than three decades in the MDOC system, and his administrative assistant was also helpful in getting access granted to facilities, computer training, and contacting staff at each facility to help navigate. The DNP student also gathered information from other key stakeholders who will be identified in a separate section.

Stakeholders

Key stakeholders are those who touch the project in a tangible way and have an interest in the outcome (Moran, Burson, & Conrad, 2017). Key stakeholders at the DOC include medical staff from all four facilities, including nurses, unit managers, physician assistants, nurse practitioners, and doctors; the aforementioned medical social worker, who oversees healthcare delivery within the corrections system; and the prison wardens, who oversee and direct all day-to-day activities at the specific facility they oversee. Through personal discussions and interviews, they have revealed that the current audit process is not ideal, but they are unsure of how to create and sustain change within the DOC.

SWOT

The SWOT analysis tool (See Appendix C) is used for strategic planning, research and development, investment, sales, and resource allocation. It has an internal component and an external component. The internal analysis focuses on traits within the organization that are inherently helpful while identifying traits that could be harmful. A potentially harmful trait within an organization may be dissension between key stakeholders or knowledge disparities. These potential harmful traits can create interference with the program's ability to progress forward. External factors are analyzed to identify any potential opportunities from outside the organization that could help the program, such as a collaboration with other members of the community. External threats are also identified. These threats may include external competition or lack of funding for implementation of the areas of improvement identified. The combination of evaluating internal strengths and weaknesses along with external opportunities and threats provides a broad view of the current organizational situation. This information can lead to the identification of a gap in the current state of practice or help validate current standards (Moran, Burson, & Conrad, 2017).

Strengths. There were four correctional facilities analyzed. They all shared certain strengths, and each facility also has its own unique strengths based on age and layout of the facility, staff commitment and involvement, and productive working relationships with corrections staff. Employees are given specific roles and responsibilities, which are clearly documented in policy and procedure manuals that are available to all staff. All facilities offer a variety of health care services. These include primary care, simple acute care, dentistry, optometry, and psychiatry (X. XXX, personal communication, June 7, 2018). As a whole and in the BHCS, the DOC is committed to patient safety, privacy, and quality. The stakeholders have all expressed a desire to provide quality, evidence-based care to their patients. They are also committed to physical safety of staff, as each interaction between inmate and health care personnel is observed by corrections staff.

Weaknesses. The correctional facilities share weaknesses, but each facility also possesses its own unique internal weaknesses. One weakness that is shared by the facilities is the lack of a consistent electronic health record (EHR). There is a combination of paper charting and electronic charting, and per interview with medical staff (June 7, 2018), the EHR that is in place does not entirely correspond with the correctional system's needs. The DOC internal audit process is also not utilized to its full potential. The DOC was affiliated with JC, ACA, and CARF in the past. However, they have not renewed their accreditation because of budget restraints. A single DOC employee conducts all the audits for the health care department, which is also an internal weakness (X. XXX, personal communication, June 7, 2018).

The DOC contracts all of its health care providers. There are advantages to this in regard to competitive salary, but the weakness lies in accountability for providers. They are not accountable to the DOC directly, and because of that there is a perception by nursing staff and DOC healthcare administration that they do not work as hard as they could or should. This is highlighted in the DOC's integrated care model. Mental health staff are overwhelmed with patient volume, so they are trying to push some of the routine mental health care to the physical health care providers. The physical health care providers simply state they are uncomfortable with these inmates and push them back to the mental health staff with no questions or repercussions (X. XXX, personal interview, September 25, 2018).

Opportunities. The DOC is a very tight, closed institution (X. XXX, personal communication, June 7, 2018). It is difficult for someone outside the department to gain access to the facilities for any type of evaluation. The first opportunity identified by DOC administration was to partner with GVSU and have an outside surveyor, the DNP student, enter the DOC to conduct an analysis of its current audit process. The second opportunity is to partner with an informatician to design a standard EHR that will work in facilities across the state of Michigan and be tailored to the

specific needs of the DOC healthcare team. A study by Martelle et al., (2015) showed that the use of information technology, specifically the meaningful use of an EHR in prison health systems, enhances the ability of the correctional facility to provide coordinated, quality care to its inmates. The Joint Commission (JC) standards aim to help improve quality of patient care by reducing variation in clinical processes. Using the standards set by the JC can help to establish a consistent approach to care, thus reducing the risk of medical errors (The Joint Commission, 2017).

Threats. Threats are forces in the environment or community that can disrupt the change process in an organization. The major threat identified in this project is that only one individual in the DOC conducts the audit process. He visits each facility and performs this task alone. There are multiple potential risks with this process. The DOC audit process would cease to exist if this individual became injured or incapacitated. The second major risk is from a liability or legal standpoint. The benefit of having an external accreditor is that they are unbiased and objective, and their accreditation signifies to the public that the healthcare system within the DOC is meeting standards for quality and safety. DOC staff cited reimbursement and funding as a threat to their healthcare system. They stated a lack of funding as the primary reason that the healthcare system within the DOC has lost its ties to governing bodies (personal interview, June 7, 2018).

Clinical Practice Question

There were two questions that this project sought to answer. The first was “Are the elements on the DOC audit consistent with the healthcare standards that are defined by external accrediting agencies?” The second question was “If the DOC audit elements are consistent with external accrediting agencies’ standards of quality and care, is the current self-audit process the best recommendation for the DOC to document quality, or would they benefit from re-aligning with an official accrediting agency?

Review of the Literature

Aims of the Review

The review of literature aimed to examine the following questions:

1. What are commonalities in health care standards shared by The Joint Commission (JC), The American Correctional Association (ACA), The Commission on the Accreditation for Rehabilitation Facilities (CARF), and the National Committee for Quality Assurance (NCQA)?
2. How does the DOC internal audit process compare to the goals and standards of accreditation of these governing bodies?
3. How does the DOC measure quality?
4. What recommendations for change can be made to the internal audit process based on accreditation standards?

PRISMA

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guideline served as the framework for this review (Moher, Liberati, Tetzlaff, Altman, & PRISMA Group, 2009). A comprehensive electronic search was performed in CINAHL, PubMed, and Cochrane Library. The search was limited to articles in the English language during the time period of 2012 to 2018. Key words were prison, correctional facilities, health care, accreditation, and accrediting bodies. More detailed searches were performed with the combination of prison AND health care; correctional facilities AND health care; correctional facilities AND accreditation; and prison AND accreditation. Included were articles which featured adult correctional facilities that house inmates 18 years of age or older and provide primary care services to their population. Also included were the gray literature documents from the DOC, JC, NCQA, CARF, and ACA. Exclusion criteria included any data that was collected outside the United States. Juvenile

correctional facilities and county jails were also excluded from the samples. State specific DOC documents were all pertinent to the population.

The initial search yielded 155 articles (See Appendix B). There were no duplicate results. Each article was screened using the inclusion and exclusion criteria and the PRISMA criteria (Moher et al., 2009). After requesting only meta-analyses, randomized control trials, and peer reviewed articles, there were no search results in CINAHL. However, little relevance was found between search items and DOC specific information. Many of the articles included in the review contained information and data gathered overseas, so they were not used in the literature review.

This literature review also included a significant amount of gray literature in addition to systematic reviews. Gray literature is not published in commercial publications or journals but can still make an important contribution to the review process. Gray literature includes academic papers, committee reports, conference papers, government reports, and ongoing research, among others. Gray literature may provide data not found in commercial publications which can reduce publication bias and provide a balanced picture of available evidence (Paez, 2017). Systematic reviews guide the analysis of evidence with rigorous and transparent methods, and identify all relevant evidence related to the research question(s).

Summary of Results

All of the included documents used from this review were from the gray literature. The current standards for health care in the DOC facilities were examined. Websites and documents from the four governing bodies were also individually examined and cross-examined. Commonalities were noted between the accreditation bodies and then compared to the DOC standards. The common overarching themes that were identified in the external accrediting agencies' audit standards were safety, quality, infection control, consistency and continuity of care, access to care, and OB/GYN care (See Appendix J).

Evidence to be Used for Project

Based on quality improvement standards for health care that are defined by accreditation agencies, there was enough evidence to support the DOC audit process, which is in place. The literature reviewed is not sufficient to suggest whether the self-audit process is appropriate, comprehensive, or sufficient. Therefore, additional analysis was needed to ascertain whether the DOC would benefit from realignment with external accrediting bodies.

Ethics and Protection of Human Subjects

This project was deemed quality improvement in nature because it focused on process improvement and was data that stakeholders would use to make decisions about whether organizational change was warranted. No identifiable data was used. All self-audit data were retrospective, and no new interventions were introduced. All prisoners in the DOC are protected human subjects and therefore, no individual records were accessed. The DNP student reviewed aggregate reports, the current audit tool, and existing audit reports that have been conducted in the DOC system. The results of the knowledge gained were turned into evidence to make recommendations for change in the audit process. The DOC administration and site mentor approved the project (See Appendix E), and the GVSU IRB reviewed the quality improvement application and approved it as non-human subjects quality improvement (See Appendix D).

Project Plan

Purpose of Project and Objectives

The purpose of this project was to conduct a program evaluation that included a gap analysis of current DOC healthcare policies, procedures, and audit system to determine whether realigning with an accrediting body or improving the current self-audit tool will continue to elevate patient care in the DOC. The steps for planning in this project included the following:

1. Meet with DOC staff and GVSU faculty (Completed May 2018)

2. Visit four DOC sites (Initiated June 2018)
    a. Interview upper level staff
        i. Wardens
        ii. Health Unit Managers (HUM)
        iii. Mental Health Unit Chiefs
        iv. Site Mentor, who serves as health care director of lower Michigan
3. Interview and shadow hands-on health care staff (Initiated June 2018)
        i. Registered Nurses
        ii. Physician Assistants
        iii. Psychiatrists
4. Evaluate DOC's availability and transparency of data to its front-line, hands-on staff (Initiated June 2018)
5. Review accreditation standards from JC, CARF, NCQA, and ACA (Initiated June 2018)
6. Perform organizational assessment (Completed October 2018)
7. Review literature related to healthcare in correctional facilities (Completed October 2018)
    a. DOC policies and procedures
    b. DOC audit processes and documents
8. Create a cross-map comparing DOC existing audit criteria to standards of accrediting bodies (Completed November 2018)
9. Analyze past 12 months of audits and reports from DOC facilities (Initiate January 2019)
10. Identify gaps between current practice and standards (January 2019)
11. Develop a pareto chart, process flow diagram, or fishbone diagram, tables or figures to visualize the analysis (February 2019)
12. Make recommendations based on parameters of:

a. If there greater than 75% of alignment between the DOC and the accrediting agencies' standards, then continue to use the current audit tool
b. If there is greater than 50% of alignment between the DOC and the accrediting agencies' standards but less than 75%, then modify current audit tool to more closely resemble accreditation standards
c. If there is less than 50% of alignment between the DOC and the accrediting agencies' standards, then recommend the DOC re-align with one or more accrediting agencies (February-March 2019)

Methods

Design for Evidence-Based Initiative

The design for the project was a program evaluation that included a gap analysis to support quality improvement efforts. A program analysis is a process of looking at an organization's intended behavior change and identifying enabling and limiting factors in the implementation of the change (Compass, 2019). One defining characteristic of a program evaluation is that it is performed according to a set of guidelines. Planning a program evaluation involves engaging stakeholders, describing the program, gathering credible evidence, justifying conclusions, and ensuring use and sharing the lessons that were learned (Center for Disease Control and Prevention [CDC], 2019). The DOC's health care team is working to develop an efficient, integrated, and consistent delivery of care that gives value to the clients they serve.

A gap analysis is a stepwise process of identifying a gap in available knowledge and by doing so expose an area for future study (Schuster et al., 2019). A gap analysis involves the comparison of actual performance with the potential or desired performance by utilizing foundational documents and comparing them to current practice. The DOC is a very complex system. In a complex health

care system, it is imperative to establish a systematic, data-driven approach to identifying needs or gaps in care (Golden et al., 2017).

Setting

The setting for this project was four state DOC facilities out of twenty-nine total. Each facility in this project provides a variety of medical services including primary care, dental, vision, and mental health services to adult patients, or inmates, in the facilities. The focal point of the project, or evaluation, is use of an audit tool across all DOC facilities in the state. Each facility has its own strengths and limitations, and these were taken into consideration when the results of the audit were evaluated.

Participants

Participants in the project were limited to DOC staff. Because inmates are vulnerable human subjects, the DOC is very protective of inmates' information and data. Therefore, only aggregate deidentified data informed this analysis. Members of the DOC staff who are involved in or responsible for care delivery standards and outcomes and the site mentor who conducts the audits were the participants in this study. The site mentor was with the DNP student for interviews and collection of aggregate reports in the DOC health system.

Model Guiding Implementation: The PARIHS Framework

The Promoting Action on Research Implementation in Health Services (PARIHS) model (see Appendix F) was used to guide this quality improvement project. PARIHS suggests that successful implementation of evidence is a function of three elements: evidence, context, and facilitation. (Ulrich, Sahay, & Stetler, 2014). The PARIHS framework considers evidence, context, and facilitation to have a dynamic, simultaneous relationship. The PARIHS model was chosen for the DOC project because it is a broad framework that helps guide the development of a program of interventions that enable evidence-based changes. The PARIHS model can engage stakeholders in

self-reflection regarding critical aspects of implementation and the nature of needed change (Ulrich, Sahay, & Stetler, 2014). As indicated, buy-in from key stakeholders and leaders was essential for this project to succeed because of the hierarchy in the DOC and how the leaders are empowered to make changes in the organization. Within the context of the DOC, they are the facilitators that can spark the rest of the organization to embrace change.

Evidence. The PARIHS framework identifies the sources from which evidence can be derived as research, clinical experience, patient experience, and local data/information. Successful implementation is likely to occur when research and clinical and patient experience are high on the continuum, which would indicate that the research is well conceived and conducted, and there is a consensus about it. In the case of clinical experience, high means that experience has been verified through reflection, critique, and debate. Patient experience is high when patient preferences are used as part of the decision-making process and when patient experiences are viewed as a valid source of evidence (Rycroft-Malone, 2004). Thus far, there has been no discovery of any patient satisfaction or patient preference forms. Furthermore, there is limited published evidence-based research about DOC care. Patient preferences are not a driving part of health care in the DOC, so the proxy for patient experience will be evaluated based on the stakeholders' input and reflection on their ability to consistently meet DOC standards.

Performance audits and data are not made readily available to front line health care staff. However, the HUMs, health care director, and warden of each facility all have access to the necessary reports and are committed to improving transparency and availability of data to all staff.

Context. The context in which health care is delivered is vast, which is to say it takes place in a variety of settings, communities, and cultures that are all influenced by economic, social, political, historical, financial, and psychosocial factors. Leaders have a crucial role in transforming cultures and therefore are the ones that shape a context that is ready for change. Transformational leaders are

those who have the ability to transform cultures to create contexts that are conducive to implementing evidence into practice. These leaders inspire their staff in a stimulating, challenging, and enabling way. The staff then clearly understand their roles and demonstrate effective teamwork and structure. Effective leaders can combine the science of health care practice with the art of health care practice and produce quality care (Rycroft-Malone, 2004).

Leaders in the DOC have expressed the desire for change in the way the audit process is conducted, and with the right direction and motivation they will be able to affect change within the organization. The hierarchal structure of the DOC could aid this work. If upper level management can buy-in to change, the rest of the staff will be more inclined to also buy-in to new philosophies, policies, and procedures. Making the audits and data more accessible will also ensure that staff are kept in the loop and have access to the most up-to-date information.

Facilitation. A facilitator affects not only the context in which change is taking place but works with the practitioners to make sense of the evidence that is to be implemented (Rycroft-Malone, 2004). Key factors of facilitation are purpose, role, and skills and attributes. The facilitator's role is dictated by learners' needs. Role can range from hands-on to multi-faceted. The key is to enable the development of the team by guiding group processes, encouraging critical thinking, and assessing the achievement of learning goals. Facilitators are required to have a wide range of skills and attributes. Skilled facilitators can adjust their role and style based on different phases of an implementation project (Rycroft-Malone, 2004).

Each sector of the DOC has its own facilitators that bring different skills and attributes to the table. As mentioned, they are in places to influence peers and coworkers, and their unique knowledge of their own department and its members will help them to empower their teams to succeed. In collaboration with the site mentor, the DNP student will serve as the facilitator for this project. In the student's absence and after the DNP project has concluded, the site mentor will serve

as the facilitator for any evidence-based recommendations for change that are made. He is committed to high quality health care, transparency of quantifiable clinical outcomes, and availability of resources.

Implementation Steps and Strategies

The DNP student spent time observing the delivery of care in the DOC and compared observations to the standards in both the DOC audit tool and the external surveyors' accreditation standards. Based on observations made in DOC care facilities and data reviewed from the DOC audit system and the external auditors' systems, a data-driven, evidence-based recommendation for change will be made going forward.

The first step taken was for the DNP student to create a cross map that listed the DOC's audit elements and the accrediting agencies' standards of care in an organized manner (See Appendix H). After the elements were listed, standards of care from the four chosen external accrediting agencies were identified by the DNP student and grouped into categories that they held in common. The DNP student then sorted the 151 DOC individual audit elements into the categories to find the percentage of similarity between the DOC audit tool and the external agencies' standards. The percentage of similarity was the data-driven result that guided recommendations for the future. The DNP student calculated the overall percentage of similarity by organizing the DOC audit elements into the overarching categories identified in the external accrediting agencies' standards. The number of items that fit into these themes of care (n=127) was then divided into the total number of DOC audit elements (n=151) to find the final percentage of DOC audit elements that fit into the external accrediting agencies' standards.

After dividing the DOC audit elements into the categories identified from the accrediting agencies' standards, the proposed if-then logic was applied: If the DOC audit tool was consistent with the external agencies' standards less than 50% of the time, the recommendation was to

completely disengage from the current audit process and realign with an accrediting agency. If the DOC audit tool was consistent with the external agencies' standards between 51% and 75% of the time, the recommendation was to continue the self-audit process but make revisions to the tool based on the identified categories where the DOC was less consistent with accrediting agencies' standards. If the DOC tool was consistent with external accrediting agencies' standards greater than 76% of the time, the recommendation based on the data was to make no changes to the self-audit process or to the audit tool.

Data Collection Procedures

Existing data in current aggregated reports and results from the self-audit tool from the calendar year 2018 was collected by attending audit sessions with appointed DOC staff and by reviewing past self-audit findings. There are no patient/inmate identifiers in the aggregate reports. Interviews were conducted with health care staff and managers at each facility, as well as with the medical directors that oversee the entire DOC. Information collected during the interviews was placed on the DNP student's password protected computer as field notes.

Data Management

The student managed all data retrieved during the project. The student recorded data in an Excel spreadsheet stored on a password-protected computer. The DNP student, faculty advisor, and site mentor were the only individuals with access to the documents, data, and findings. No identifiable data were collected. The GVSU statistician was consulted by the DNP student for recommendations on how to present the data.

The DNP student used the DOC audit tool to create a cross map by using an Excel spreadsheet. The DOC standards of care were along the horizontal axis and the accrediting agencies' standards of care were along the vertical axis. The external accrediting agencies' standards were analyzed and separated into groups, or themes in their standards of care. The student

created notecards with the 151 total DOC audit elements. The student placed the 151 individual DOC audit elements into the overarching themes of care identified from the external accrediting agencies' care standards. These groupings were used to create the percentages discussed in the results section.

Measures and Analysis

The measures were unique to this project. There were no studies found in the literature on the problem identified in the project, so the DNP student created a crossmap of the standards of the chosen external accreditors along one axis and the DOC standards along the other axis. Similarities were highlighted, and this information is what was used to create the percentages of similarities between the DOC and external accreditors that was required to make the recommendation for the DOC's audit process going forward. Data were analyzed to compare current DOC healthcare policies and practices to accrediting body standards.

The pre-implementation data were presented to the site mentor and the key stakeholders. Post-implementation data were discussed with the project advisor, the site mentor, and key stakeholders in order to determine the final recommendation for the DOC audit system going forward. The information was presented in tables to make the results visible and transparent to all key stakeholders.

Resources and Budget

Appendix I demonstrates the budget for the proposed project. The DNP student acted as the project manager and spent 200 total hours on observation, interviews, data collection, and data analysis. The DNP student/project manager provided in-kind donations of time. The DOC site mentor spent an estimated eighty hours discussing the project, driving to DOC sites, verifying plans, communicating, and following through with plans. Other members of the team included Health Unit Managers (HUM), Mental Health Unit Chiefs, Prison Wardens, health care providers

including physician assistants, nurse practitioners, and psychiatrists, and registered nurses at DOC facilities. One hour was allocated for each individual for observation and interviews, and that was multiplied by four DOC sites. Their estimated hourly salaries and projected time spent with the DNP student are listed in Appendix H. The time they donated toward the project would otherwise be dedicated to patient care or other paid activities, so compensation is calculated as such.

Timeline

The timeline for this project can be viewed in Appendix G. The project began in Spring of 2018 when the DOC representatives met with GVSU faculty and the appointed student to discuss gaps in care in the DOC system. Approval by the GVSU IRB is shown in Appendix D. The literature review and organizational assessment were completed and approved in October of 2018. Project implementation took place between December 2018 and April 2019. After final recommendations are presented to the stakeholders, the DNP student project defense manuscript will be submitted to Scholarworks.

Results

The external accreditors' standards for accreditation were reviewed extensively and grouped into categories, or themes of care. There were seven major themes identified from the ACA, JC, CARF, and NCQA. They are as follows: Safety; quality; consistency and continuity of care; infection control; contracts and provider requirements; and pregnancy and obstetrics care (See Appendix J). There were 151 identified DOC audit elements that were then placed into the identified categories when the DOC standards were consistent with the external standards. The total number of audit elements on the DOC audit tool that fit into one of the themes of the accrediting agencies is 127 out of 151, or 84.1% (See Appendix M).

The DOC audit elements were most heavily aligned with the safety theme of the external accreditors. Safety within the DOC were categorized into the subgroups of inmate/patient safety,

staff safety, medication safety, facility safety, and equipment safety. There were 61 of the 151 DOC standards that fall into the safety category (See Appendix K). Four of the DOC standards addressed inmate/patient safety, four addressed staff safety, seventeen addressed medication safety, twenty-one addressed facility safety, and fifteen addressed equipment safety.

The DOC audit elements were also heavily focused on quality. Twenty-eight elements fit in the quality category. These elements addressed themes such as staff training and development and regular interdisciplinary meetings. The remaining themes from the accrediting agencies were not as emphasized in the DOC audit. The breakdown is as follows: seventeen DOC standards addressed access to care; nine DOC standards addressed the consistency/continuity of care category; eight DOC standards addressed infection control; three DOC standards addressed provider contracts and inclusion; and two DOC standards addressed obstetric and gynecologic care. The remaining twenty-four elements on the DOC audit tool do not fit into one of the identified categories from the accrediting agencies' standards.

Discussion

The recommendation for the DOC going forward is based on the findings from this project, which sought to answer two questions. The first question was whether the DOC audit process was consistent with the standards of quality that are defined by formal accrediting agencies. The second question was based on the literature, organizational assessment, SWOT analysis, and stakeholders' opinions, whether the best practice for the DOC is to continue their current audit process or re-align with an external accrediting agency.

The total number of audit elements identified in the DOC audit tool was 151. The DOC standards aligned with external accrediting agencies' standards 84% of the time (See Appendix M). Solely based on the findings of the comparisons between the DOC and the four selected external accrediting bodies, the recommendation for the DOC moving forward is to continue with its current

audit process and audit tool. The DOC healthcare administration utilized experience and research to compile a tool that is extensive, very thorough, and consistent with the expectations of patient care in the community based on accreditation standards. However, the final recommendation, despite the evidence showing 84% consistency between the DOC audit and the accrediting agencies, is for the DOC to discontinue its current audit practice and re-affiliate itself with an official accrediting agency.

The decision to abandon the current practice was based on the threats identified in the SWOT analysis. The current practice describes an audit process that is implemented by a single DOC representative; however, the audit process is too robust for one person to handle. In addition to that, if something were to happen to this individual, there is no one else in the DOC with the broad knowledge and capability to perform the audits. Also, as mentioned, an external accrediting agency adds to the legitimacy of how the public views the healthcare system within the DOC. Having an official accreditation indicates a program has met specified quality indicators. This would be a benefit to the DOC because currently the only voice for the quality of the health care received by inmates within the DOC system is the opinion of a designated member of the DOC administration team.

Limitations

This project has several limitations. The first limitation is that there are no peer-reviewed or evidence-based research to support the project. The second limitation is the fact that the external accreditors require payment for full disclosure of accreditation standards. If it had not been for professional connections, the DNP student would not have had access to the information needed to make comparisons between the DOC audit and the audits of the other surveyors. A third limitation is that there were only four external accrediting bodies that were selected for comparison, which

makes for a small sample and increases the margin of error. There also were very few data for the statisticians to compile into visual aids to help the readers understand the student's project and plan.

Implications for Practice and Further Study in the Field

The fact that there were no available evidence-based sources for this project indicates the need for further study in this field. Inmates are an extremely vulnerable population and because of the challenging circumstances they face including limited access to care, lack of funding, and lack of resources depending on their prison assignment, they can be subject to substandard care. This makes documentation of quality standards even more important than in other health care delivery systems.

Conclusion

Prisoners have a unique set of health care needs, such as limited access to resources and funding, overcrowding, and the difficulty of functioning within the DOC system. There are standards for health care in the community, and inmates are very aware of these standards and expect to receive the same care while incarcerated. According to Kendig (2016), more than two million Americans receive their primary medical care in correctional facilities. It is imperative that these facilities have the capabilities to provide quality health care to incarcerated individuals. There are standards for timely access to high quality health care services (The Joint Commission, 2017). One way to measure quality is with an audit. The DOC utilizes an internal audit process rather than paying for an official external accreditor to audit its facilities and health care delivery.

Based on the comparison of the DOC to the ACA, JC, CARF, and NCQA, the best evidence-based recommendation is for the DOC to continue to use its current tool and current audit process. The DOC is consistent with accrediting agencies' standards of care 84% of the time, which based on the described decision scale of 0-50%, 51-75%, and greater than 75%, indicates that no change in current practice is warranted. However, in order to reduce liability, eliminate the potential for

biased results, as well as standardize the audit process across the state, it would be beneficial for the DOC to re-align itself with an external accrediting agency.

Dissemination of Results

The project and results will be presented to the assigned project team along with the DNP student's family and friends who attend the formal defense at the Kirkhof College of Nursing. Prior to the defense but upon approval of the written work, the DNP student will also present the information to the key stakeholders at the DOC's quality improvement committee meeting The DNP student will give the same presentation to the DOC's medical services advisory committee on a date yet to be determined. Lastly, this project will be submitted to GVSU's ScholarWorks platform. The overall paucity of evidence in the literature further emphasizes the importance of this work being published.

Sustainability Plan

As this is a program evaluation with a gap analysis, the DOC leaders and stakeholders will make decisions about how the data and analysis will influence and inform whether the current DOC self-audit process will continue, whether revisions will be made, or if engaging the external accrediting bodies will ensue. A continued partnership between GVSU and the DOC for future DNP student support is contingent on the results of the project. There is opportunity for future DNP students to either create changes to the current DOC audit system or to assist with selection and realignment with an external accreditor based on the findings of this project.

Reflection on DNP Essentials

Essential I: Scientific Underpinnings for Practice. Nursing is a science that requires a unique type of knowledge. This knowledge contains theories and ideas that are tested and observed by nurses in the process of human health. The ability to follow where the evidence leads is a unique contribution that a DNP-prepared nurse can make to nursing science. Essential I includes ethical

knowledge, historical knowledge, biophysical and psychosocial knowledge, analytical knowledge, and organizational knowledge (Zaccagnini & White, 2017). This DNP Essential was met in several ways, but two that stand out are by using analytical knowledge and organizational knowledge. The DOC is a unique organization. It was imperative for the organizational assessment to be thorough so that the project could establish roots. Analytical knowledge was important in this project because there is very little literature on the topic discussed. The DNP student had to analyze results and create conclusions without published literature to guide the process. This Essential was also addressed by attending meetings and online webinars about utilizing evidence-based practice and how to find the highest quality research by using medical databases.

Essential II: Organizational and System Leadership for Quality Improvement and Systems. Advanced practice leadership must acknowledge that each healthcare system is affected by and, in some cases, dependent upon a larger system of which it is a part (Zaccagnini & White, 2017). This DNP Essential was met by spending knee-to-knee hours with providers at the DOC. These hours made a clear distinction between health care delivery and the DOC as a corrections system. Every subsystem within the DOC still must function as part of the larger system. This concept helped the DNP student understand that systems understanding, and systems leadership are essential to practice.

Essential III: Clinical Scholarship and Analytic Methods for Evidence-Based Practice. Clinical scholarship is described in Zaccagnini and White (2017) as an intellectual process and a willingness to scrutinize the nursing practice, and as something that is informed by and inspires research. This DNP Essential was met by spending significant time at the DOC facilities in order to scrutinize current practice in the DOC and use the findings to spark further research. There is very little published literature in this field, so this project will ideally be used to spark further interest and research about the delivery of care and the measure of quality in corrections health systems.

Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care. Technology has changed the face of health care by utilizing computers, tablets and other handheld devices, and internet software applications (Zaccagnini & White, 2017). These devices allow data input and retrieval of research to ensure quality, evidence-based practice. This DNP Essential was met by utilizing databases CINAHL, PubMed, and Cochrane Library to conduct a thorough literature review. The DOC's intranet was also accessed to retrieve the most up to date policies, procedures, protocols, and health care audits in the DOC system.

Essential V: Healthcare Policy for Advocacy in Health Care. Despite the fact that the Institute of Medicine (IOM) released a report called "The Future of Nursing: Leading Change, Advancing Health," APRNs are still handcuffed by scope of practice restrictions and reimbursement challenges (Zaccagnini & White, 2017). This Essential was met by participating in Nurse Practitioner Advocacy Day in Lansing, Michigan. DNP students were able to meet with local and state legislators and discuss APRN scope of practice and other pertinent health care issues. This DNP Essential was also met by GVSU's curriculum requirement of a Policy and Politics course, and by analyzing the policies within the DOC and making a recommendation.

Essential VI: Inter-professional Collaboration for Improving Patient and Population Health Outcomes. Patients are best served by an interdisciplinary approach to care. This improves quality, maximizes resources, and coordinates care (Zaccagnini & White, 2017). This DNP Essential was a big focus in this project. The site mentor, who is the primary knowledge contributor to this project, is a Medical Social Worker (MSW). This project also included observation and discussions with registered nurses, physician assistants, medical doctors, dentists, psychiatrists, prison wardens, and corrections officers. The DNP student spent time outside the assigned facility observing and meeting with quality analysts, data analysts, and statisticians in a major health care network.

Interprofessional collaboration also included working with GVSU statisticians and various faculty, specifically the assigned project chair, Dr. Tricia Thomas.

Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health. This DNP Essential focuses on social determinants of health. The U.S. Department of Health and Human Services (USHHS) has several overarching goals in *Healthy People 2020.* These include: Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; Achieve health equity, eliminate disparities, and improve the health of all groups; Create social and physical environments that promote good health for all; and Promote healthy development and healthy behaviors across every stage of life (Zaccagnini & White, 2017). This was achieved by performing the organizational assessment and literature review, and also be observing the delivery of health care in the DOC system. The audit was a tool used to measure quality in health care, and the observation was to ensure that the patients in the DOC health care system are receiving care that is aimed at these goals. The DNP student spent a great deal of time analyzing the audit tool against the current practice in the DOC. This was done by spending time in the DOC facilities and auditing their performance and patient care.

Essential VIII: Advanced Nursing Practice. There are different avenues for the nurse to pursue advanced practice. This DNP Essential was met by performing knee-to-knee hours with providers in the DOC This Essential was also met by GVSU coursework including advanced pathophysiology, pharmacology, and advanced health assessment classes, and also with the accumulation of 600 clinical hours in different clinical settings in order to satisfy the state's requirements for Nurse Practitioner educational programs.

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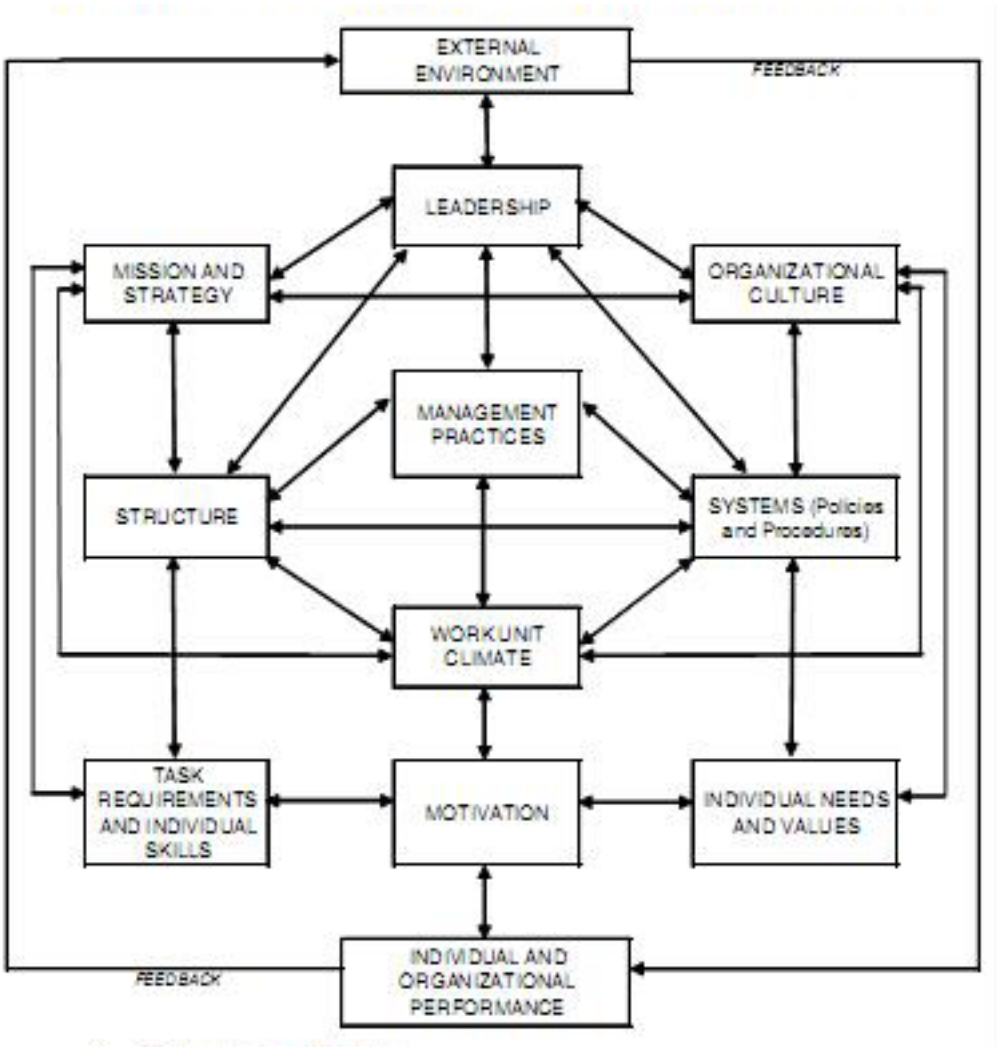
Appendix A

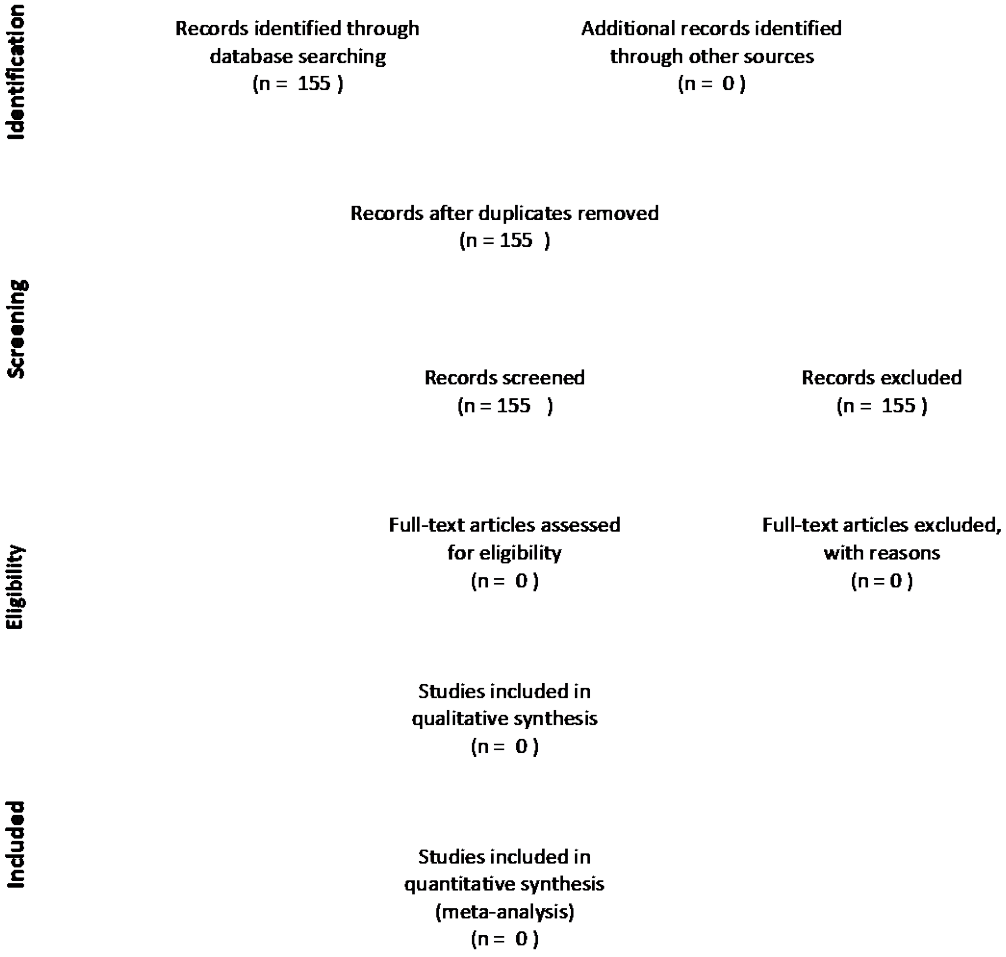
Burke and Litwin Model of Organizational Performance and Change (Burke & Litwin, 1992).



Adapted from “A Causal Model of Organizational Performance and Change,” by W. W. Burke and G. H. Litwin, 1992, *Journal of Management, 18, 528.* Copyright 1992 by Southern Management Association.

Appendix B

PRISMA



Appendix C

SWOT Analysis of the DOC Facilities

Strengths • Variety of services: medical, dental, vision, and psychiatry • Additional programs for inmates incentivize good behavior • Lower level prisons provide extra free time and ability to walk the prison grounds, which also incentivizes good behavior • Secure environment which makes medical staff feel safe • Proximity of health care facilities to prison housing units	**Weaknesses** • Lack of consistent electronic health record • Internal self-audit process instead of standardized, accredited audit • Wide range of services is harder to govern • Lack of outside funding • Lack of incentive for staff • Lack of retention • Currently not engaged with external accrediting bodies to evaluate performance of the health teams
Opportunities • External surveyor to review the DOC's audit process and make recommendations for change • Partner with informatics team to develop a consistent, relevant EHR for the DOC • Gain financial assistance by conjoining with accrediting bodies and using an EHR to streamline patient care	**Threats** • Lack of funding can lead to further deterioration of DOC facilities and ability to provide services • Risk of inmates or families accusing DOC of providing inferior care. External accreditation gives credibility that an internal source may lack.

Appendix D

IRB Approval

GRAND VALLEY STATE UNIVERSITY
www.gvsu.edu

DATE: July 03, 2019

TO: [redacted]
FROM: Office of Research Compliance & Integrity
PROJECT TITLE: Comparison of a Self-Audit Tool to Accrediting Health Care Agencies' Standards of Care in a Corrections Setting
REFERENCE #: 20-002-H
SUBMISSION TYPE: IRB Research Determination Submission

ACTION: Not Research
EFFECTIVE DATE: July 03, 2019
REVIEW TYPE: Administrative Review

Thank you for your submission of materials for your planned scholarly activity. It has been determined that this project does not meet the definition of research* according to current federal regulations. The project, therefore, does not require further review and approval by the IRB. Scholarly activities that are not covered under the Code of Federal Regulations should not be described or referred to as *"research"* in materials to participants, sponsors or in dissemination of findings. While performing this project, you are expected to adhere to the institution's code of conduct and any discipline-specific code of ethics.

A summary of the reviewed project and determination is as follows:

The purpose of this project is to compare the self-audit process utilized in the health care system within the [redacted] (DOC) to the standards of care defined by four different external accrediting health care agencies. The DOC healthcare system has voiced a desire to have a detailed analysis of their current audit practice so that data-driven best evidence recommendations can be made to the key stakeholders. While this is a systematic investigation, it is not designed to create new generalizable knowledge. Therefore, it does not meet the federal definition of research and IRB oversight is not required.

This determination letter is limited to IRB review. It is your responsibility to ensure all necessary institutional permissions are obtained prior to beginning this project. This includes, but is not limited to, ensuring all contracts have been executed, any necessary Data Sharing Agreements and Material Transfer Agreements have been signed, and any other outstanding items are completed.

An archived record of this determination form can be found in IRBManager from the Dashboard by clicking the "_ xForms" link under the "My Documents & Forms" menu.

If you have any questions, please contact the Office of Research Compliance and Integrity at (616) 331-3197 or rci@gvsu.edu. Please include your study title and study number in all correspondence with our office.

Appendix E

Site Mentor Acceptance Letter

Grand Valley State University
Kirkhof College of Nursing
Doctor of Nursing Program

Immersion Mentor Agreement

Student Name: [redacted]

Project Site: (Include Unit if applicable): [redacted]

I will serve as a mentor for the above student and facilitate completion of the project in the organization.

Mentor (print name) [redacted]

Mentor Signature [redacted] Date: 4 MAY 2018

Phone (O) 517.373.3246 (C) 517.282.9570

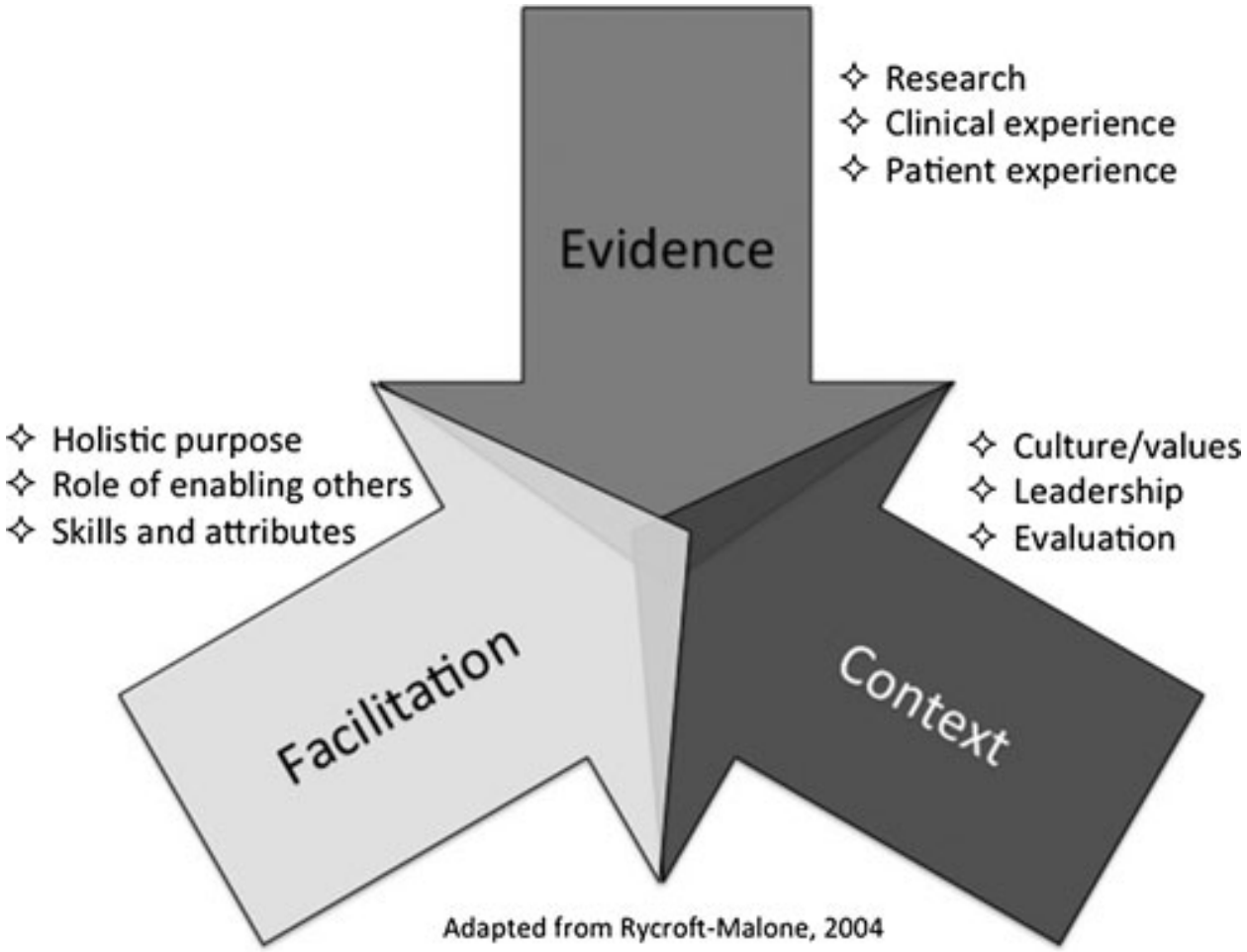
Email: [redacted]

Submit in DNP Immersion Bb Site, "Submit Assignments Here" DNP Immersion Mentor Agreement icon.

Academic Community Liaison
Kirkhof College of Nursing
Grand Valley State University
616-331-5763 (office)
616-331-2510 (fax)

Appendix F

PARIHS Framework



Appendix G

Project Timeline

Observation and Interviews in DOC Facilities	Organizational Assessment	Literature Review	Data Collection	Review Feedback, analyze data, recommend changes	Proposal	IRB Approval	Final Report, Project Defense, Submit to Scholarworks
June 2018-April 2019	October, 2018	October, 2018	November 2018-March 2019	December 2018-March 2019	January 2019	January 2019	November 2019

Appendix H

Grid of Accreditation Standards

MDOC	JC	ACA	CARF	NCQA
Privacy	Hospital submits information to JC as required	Offenders have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and effective manner	The network documents its structure	Program structure-annual review and update
Quarterly meetings with warden and health unit manager to review health care delivery system	Hospital provides accurate information throughout accreditation process	Upon arrival at a facility, all offenders are informed about how to access health care services and the grievance system. This information is communicated orally and in writing, and in a language that is easily understood by the offender	The network documents parameters regarding its scope; shares information about its scope with stakeholders; reviews its scope annually and updates it as necessary	Operations-does the committee meet regularly and document meetings?
Screenings and appraisals conducted at a reception facility	Hospital reports changes in information provided in the application between surveys	When medical copayment fees are imposed, the program ensures that: All offenders are advised, in writing, at the time of admission to the facility of the guidelines of the copayment program; Needed offender health care is not denied due to lack of available funds; Copayment fees shall be waived when appointments or services are	Administration provides opportunities for participating providers to engage in integrated network planning processes	Health services contracting-do participants and providers cooperate with QI activities, maintain confidentiality?

		initiated by medical staff.		
DOC	**JC**	**ACA**	**CARF**	**NCQA**
Pregnancy testing for all female prisoners and pregnancy information provided to pregnant inmates	Hospital permits the performance of a survey at the JC's discretion	There is a process for all offenders to initiate requests for health services on a daily basis. These are triaged by health care professionals or trained personnel. A priority service is used to schedule clinical services.	The network addresses unanticipated changes in services precipitated by funding or other resource issues	
DNA sample collected from all prisoners	Hospital fulfills requirements for focused standards assessment	Continuity of care is required from admission to transfer or discharge from the facility, including referral to community-based providers when indicated. Offender health records should be reviewed by the facility's qualified health care professional upon arrival from outside entities.	The network establishes criteria for the inclusion of providers in the network and implements written procedures for the selection of providers	
Annual health care screening	Hospital selects and uses core measure sets from those available through ORXY vendor	Offenders who need health care beyond the resources availability of the facility are transferred under appropriate security provisions to a facility where the needed care is available.	The network reviews to determine whether the prospective provider demonstrates fiscal stability, ethical principles, and adherence to law	
DOC	**JC**	**ACA**	**CARF**	**NCQA**
Prisoner's health status updated and	Hospital allows JC to review results of external	A transportation system that assures	The network specifies contract	

documented in the health record and reviewed by the provider every 30 days leading up to offsite evaluation	evaluations from publicly recognized bodies	timely access to services that are only available outside the correctional facility is required. The safe and timely transportation of offenders for medical, mental health, or dental appointments, inside or outside the correctional facility, is the joint responsibility of the program administrator and the health services administrator	details with each participating provider	
Outside health services available at prisoner's expense	Applicant/accredited hospitals do not use JC employees to provide consulting services	A written individual treatment plan is required for offenders requiring medical supervision, including chronic and convalescent care.	The network conducts a quarterly (at minimum) analysis of services provided	
Locked container provided to all general population prisoners to place health care requests with appropriate review and triage by a health provider	Hospital accepts the presence of the JC surveyor in the role of an observer of an on-site survey	There is a written plan for access to 24-hour emergency medical, dental, and mental health services availability.		
Pregnancy and STI tests for all victims of sexual assault	Hospital accurately represents its accreditation status and the programs and services to which JC applies	Offenders are provided access to infirmary care within the correctional facility or off-site. If provided on site, it must comply with seven standards.		
DOC	**JC**	**ACA**	**CARF**	**NCQA**
Maintenance of urgent/emergent log	Hospital notifies the public about how to contact	If female offenders are housed, access to		

to document such visits, and appropriate follow-up for prisoners seen off-site for such complaints	hospital management and JC to report patient safety concerns	pregnancy management is required as it relates to pregnancy testing, prenatal care, high-risk prenatal care, management of addicted pregnant inmate, postpartum follow-up.		
Prisoners with same complaint 3 times in 30 days seen by provider	Any person who provides care or services can report concerns about safety or quality of care to the JC without retaliation from the organization	Where nursing infants are allowed to remain with their mothers, provisions are made for a nursery where infants are placed when they are not in the care of their mothers		
	Hospital is truthful and accurate when describing information in its Quality Report	There is a written plan to address the management of communicable diseases in offenders. These are discussed at least quarterly.		
	Hospital provides services and an environment that pose no risk of “immediate threat to health or safety”	The management of offenders with MRSA includes procedures for isolation when indicated, and follow-up care that includes arrangements with appropriate health care authorities for continuity of care if the offender is relocated prior to the completion of treatment		
DOC	**JC**	**ACA**	**CARF**	**NCQA**

		Management of TB in offenders includes procedures as identified in the communicable disease and infection program. This includes when/where offenders are to be screened/tested, treatment of active and latent TB, medical isolation when necessary, and appropriate follow-up		
		Hepatitis/HIV program includes when/where offenders will be tested/screened, immunizations for hepatitis, counseling for HIV, appropriate treatment protocols, and confidentiality		
		There is a plan for the treatment of offenders with chronic conditions such as hypertension, diabetes, and other diagnoses that require periodic care. This plan includes monitoring of medications, lab testing, the use of chronic health care clinics, health record forms, and the frequency of specialist consultation and review		

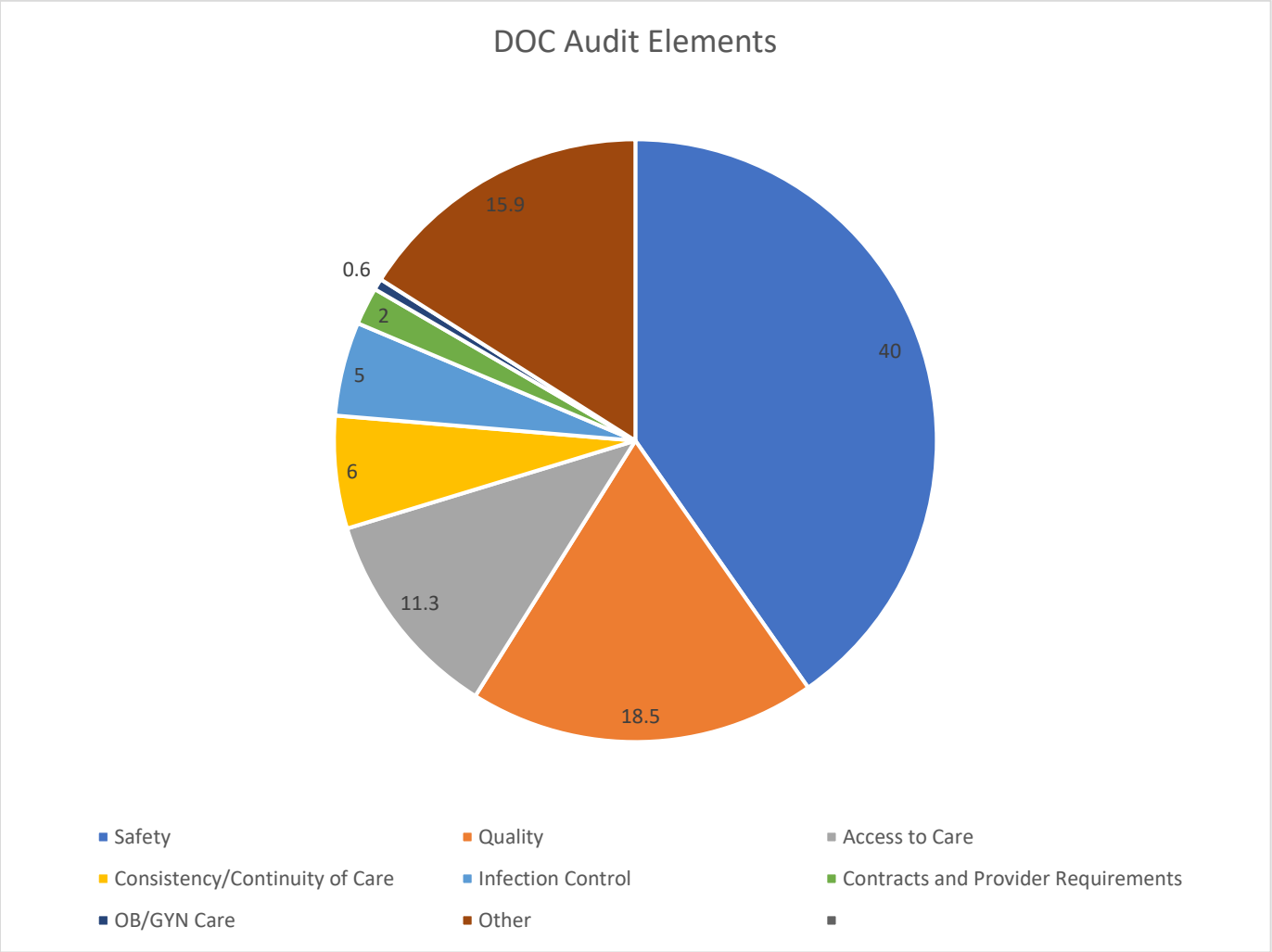
Appendix I

Budget for Project

Project Manager/DNP (In-kind Donation) 200 hours x $50/hr	$10,000
Team Members' Time:	
Health Unit Manager (HUM): $35/hr; 4 HUMs approx. 2h each	$280
Registered Nurses: $30/hr; 4RNs approx. 2h each	$240
MSW/Project Chair: $40/hr; estimating 80h of work (including emails)	$3200
Mental Health Unit Chief: $35/hr; 4 unit chiefs approx. 2h each	$280
Wardens: $45/hr; 4 wardens, approx. 2hr each	$360
Providers: $80/hr; 4 health providers and one psychiatrist approx. 1h each	$400
Total Project Budget	**$14, 760**

Appendix J

DOC Audit Elements



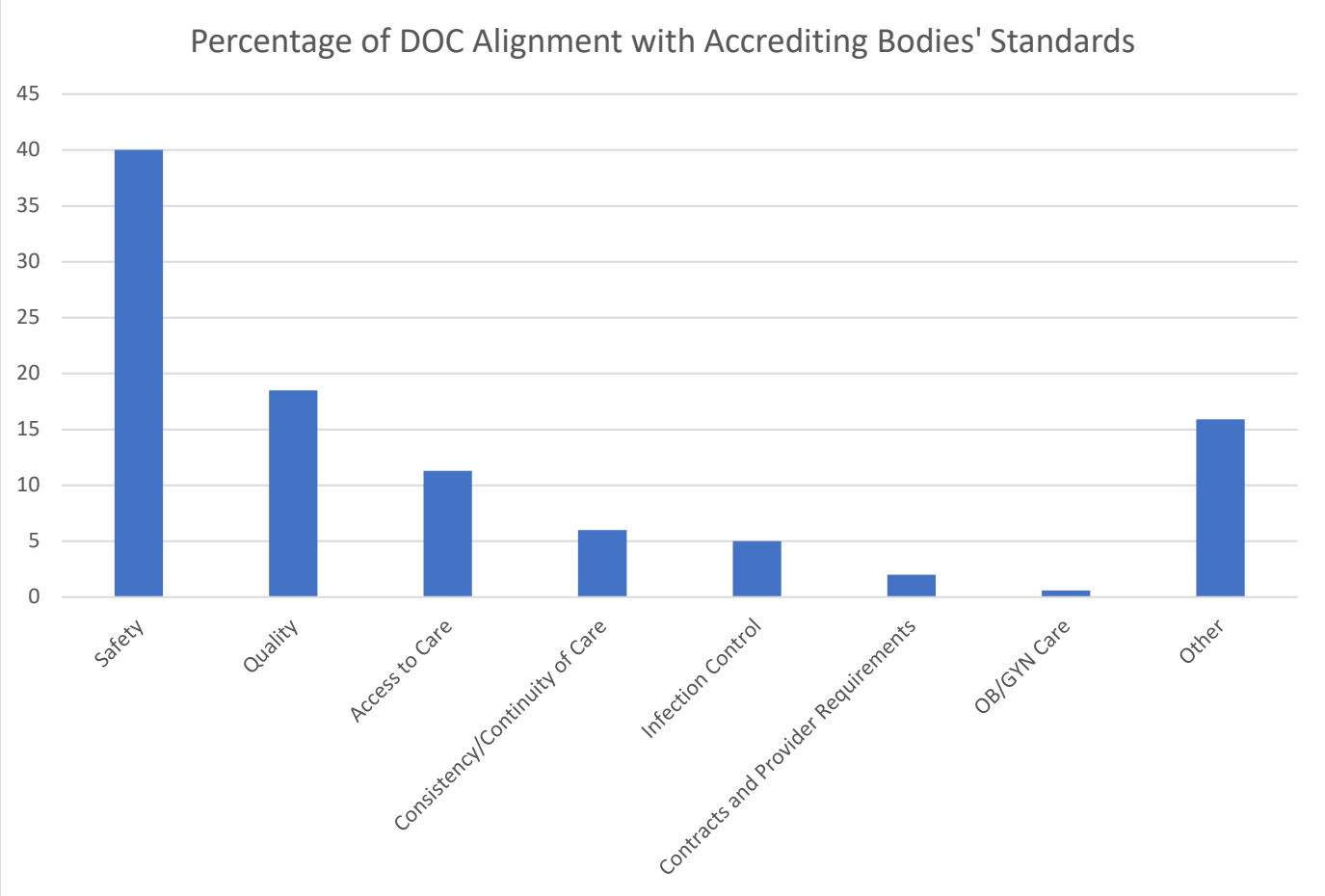
Appendix K

Safety Categories

Facility Safety- 21/61
Medication Safety- 17/61
Equipment Safety- 15/61
Staff Safety- 4/61
Prisoner/Patient Safety- 4/61

Appendix L

Individual Percentage of DOC Audit Tool Consistency with Accrediting Agencies



Safety 61/151 = 40%
Quality 28/151 = 18.5%
Access to Care 17/151 = 11.3%
Consistency/Continuity of Care 9/151 = 5.9%
Infection Control 8/151 = 5.3%
Contracts/Provider Requirements 3/151 = 1.9%
OB/GYN Care 2/151 = 1.2%
Other 24/151 = 15.9%

Appendix M

Overall Percentage of DOC Audit Tool Consistency with Accrediting Agencies