

**Standardizing an Organizational Approach to Hospital Accreditation  
at an Inpatient Rehabilitation Unit**

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### **Abstract**

Accreditation is a process that many healthcare organizations undergo in order to evaluate the quality, efficiency, and effectiveness of the services they provide. Current literature suggests that many organizations struggle with the accreditation process because it is such a large undertaking. An organization that obtains accreditation status is found to comply with a set of international recognized standards which demonstrates to stakeholders that they provide high quality, evidence-based, and safe care. In the last decade, healthcare has rapidly evolved from volume-based care to high-quality value-based care. With increased focus on valuable healthcare, accreditation has never been more important. The aim of this capstone project was to evaluate the impact of implementing a standardized organizational approach to CARF medical rehabilitation accreditation for an inpatient rehabilitation unit at a hospital in the Midwest. Various organizational resources such as a policy library, an accreditation tracking tool, a meeting structure with schedules and agendas, and a project management structure were developed to assist therapy leaders in preparing for and maintaining compliance with CARF accreditation standards. The results of this project were highly satisfactory in terms of its purpose, relevance, and utility. By utilizing occupational therapy's unique role in utilizing evidence-based research, analysis skills, and patient-centered care, a systematic project management structure was successfully created and implemented thus improving the overall quality of healthcare services at an inpatient rehabilitation facility. This project demonstrates the impact of engaging in accreditation on maximizing the overall quality of healthcare services.

*Keywords:* accreditation, leadership, management, quality improvement, quality healthcare, value-based healthcare, inpatient rehabilitation, project management, occupational therapy

## **Introduction**

Previously at Carle Foundation Hospital, there was no systematic preparation process for accreditation of their medical rehabilitation programs. Carle's rehabilitation services and programs are accredited through the Commission on Accreditation of Rehabilitation Programs (CARF). CARF is an international, non-profit organization founded in 1966 that develops standards to assist health and human service providers in improving the quality, value, and performance of their services (CARF International, n.d., c.). Accreditation is an ongoing process that requires service providers to stay diligent in tracking outcomes, updating policies and procedures, and obtaining feedback from consumers and stakeholders. This continuous improvement demonstrates an organization's commitment to meet internationally recognized program standards in order to enhance the lives of the communities they serve (CARF International, n.d.). Before, Carle did not utilize a standardized approach to CARF accreditation preparation and continuous quality improvement, thus limiting their full potential in providing the highest quality care. Without having an organizational structure in place to prepare for accreditation, Carle was at risk for not complying with certain standards which in turn affects service delivery and overall operations. This project is important because it educates, encourages, and facilitates continuous commitment to accreditation which in turn improves the overall quality of healthcare services for patients, populations, and communities. The overall purpose of this capstone project was to develop a systematic approach to CARF accreditation ongoing preparation through the provision of quality improvement initiatives and resources in order to ensure compliance with accreditation standards.

## **Needs Assessment**

Carle Foundation Hospital is a 433-bed regional care hospital, level I trauma center, and not-for-profit organization located in Urbana, Illinois. It is Carle's mission to "serve people through high-quality care, medical research, and education" with a vision to "improve the health of the people we serve by providing world-class, accessible care through an integrated delivery system" (Carle, n.d., para. 2). Carle, although centrally located in Champaign-Urbana, Illinois, has recently expanded its system to other regions in Illinois in order to promote increased access to care. This needs assessment focused on Carle Foundation Hospital located in east central Illinois. In order to identify the needs, the process was broken down into two phases, Phase I and Phase II. Phase I began with an initial meet and greet at the site. After discussing the potential for a capstone project, an agreement was made between Carle and Indiana University. Phase I then evolved into a deeper exploration of the site through the completion of community and service profiles. After gaining a sense of the community and community site, the needs assessment process moved onto Phase II which included multiple interviews with stakeholders and a review the current literature. This paper will describe in detail the needs assessment conducted to identify the need, analyze the gap and problem, and determine the purpose of the capstone project.

### **Phase I**

#### ***Community Profile***

Carle Foundation Hospital was founded in 1918 and has exponentially grown since then in order to meet the needs of the rapidly growing community and healthcare system. Carle is located in Region 6 of Illinois which includes 21 counties. Carle also serves parts of Indiana due to its close proximity to the state dividing line. However, for the purpose of this needs

assessment, the community profile was completed for Champaign County, in which Carle Foundation Hospital is located. Champaign County has a population of 209,689 residents (United States Census Bureau, 2019), which includes the students enrolled at the local University of Illinois which had an enrollment of 52,231 in 2020 (Illinois News Bureau, 2020). The county is 71.8% white, 13.8% black, 10.9% Asian, 6.3% Hispanic/Latino(a), 3% two or more races, 0.4% American Indian and Alaska Native, and 0.1% Native Hawaiian and other Pacific Islander (U.S. Census Bureau, 2019). In terms of age, 13.3% of the population is 65 years or older, 18.7% are 18 years or younger, and 5.4% are 5 years old or younger (U.S. Census Bureau, 2019). Ninety-five percent of the population has at least a high school diploma and 45% have at least a bachelor's degree (U.S. Census Bureau, 2019). Sixty-two percent of the population is a part of the civilian labor force (U.S. Census Bureau, 2019). Approximately 20% of the county lives in poverty, with 18% being children (U.S. Census Bureau, 2019). Of people 65 years and under, 5.9% have a disability and 6.2% do not have health insurance (U.S. Census Bureau, 2019). In comparison, 6% of the total adult population are uninsured (U.S. Census Bureau, 2019). In a community health survey, 31% of the population reported being obese, 16% reported smoking, 21% reported excessive drinking, and 22% reported being physically inactive (Champaign County Community Health Plan 2021-2023, n.d.). Lastly, the four most important health concerns identified by community respondents were cancer, gun violence, drug and alcohol abuse, and obesity (Champaign County Community Health Plan 2021-2023, n.d.).

It was important to conduct a community profile to better understand the community that is being served in order to identify their needs. These demographics were used to analyze the gaps and determine the physical and social determinants of health of the population. Social determinants of health are identified as “conditions in the environments in which people are

born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks” (Office of Disease Prevention and Health Promotion, n.d., para. 5). As healthcare continues to emphasize outcomes-based and value-based care, it is crucial to determine community social determinants of health, especially in regard to healthcare. CARF accreditation seeks to improve the value of healthcare by improving patient outcomes which are directly correlated to social determinants of health. CARF standards are set in place in order to push organizations to improve outcomes in areas such as health, functioning, and quality of life. The mission of CARF accreditation is “to promote the quality, value, and optimal outcomes of services through a consultative accreditation process and continuous improvement services that center on enhancing the lives of persons served” (CARF Int., n.d., b., para. 1). Likewise, the mission of Carle’s inpatient rehabilitation unit is to “maximize potential for independence, and to positively impact the quality of life of our patients, families, and caregivers through a team approach” (Daniels, n.d., slide 3). There is a common theme between the community, Carle, CARF, and the overall population – to improve quality, whether it’s quality of healthcare, quality of the community, or quality of life.

The final step in completing a community profile was identifying stakeholders. The main stakeholder for this capstone experience and project was this student’s site mentor as she is the main leader for CARF survey preparation. She is the director of rehabilitation, wound, and therapy services at Carle. She has oversight over all acute, inpatient, and outpatient wound and therapy services. Carle utilizes a dyad leadership structure therefore her partner is the physical medicine and rehabilitation medical doctor who is the medical director of Carle’s rehabilitation and wound center. Underneath this partnership are the respective supervisors for rehabilitation nursing staff, inpatient rehabilitation therapists, acute therapy therapists, and outpatient therapy

therapists. It was important to know the leadership structure as CARF survey preparation heavily relies on the delegation of tasks which requires downstream communication from leadership to staff. The staff were also important stakeholders as they are the ones implementing the care that will produce the outcomes needed for CARF accreditation. Staff are also important in preparing materials for CARF preparation. The team included social workers, an admissions coordinator, occupational therapists, physical therapists, speech language pathologists, nurses, doctors, rehab technicians, and nursing technicians. Other stakeholders that were identified as integral to the development of this capstone project were individuals well versed in CARF accreditation. These included the former director of therapy services who is also a CARF surveyor, a physical therapist who completed an internship with the current director focusing on CARF requirements, and multiple employees at Carle with specific job descriptions related to CARF accreditation. In interviewing with these stakeholders, which will be discussed in more detail in later sections, it was discovered that there was a desire from all to have a more organized and standardized approach to CARF accreditation preparation.

### *Service Profile*

The Carle healthcare system currently has 10,686 employees, 68% of which are employed at Carle Foundation Hospital in Urbana, IL (Daniels, n.d.). The focus of this capstone was on the therapy services at Carle Foundation Hospital. The therapy programs at Carle are accredited using CARF's medical rehabilitation standards. Through CARF, rehabilitation facilities can apply for specialty programs. These programs have their own set of standards that must be addressed during accreditation in order to be approved. Carle has five accredited programs: adult general medical rehabilitation, children and adolescent general medical rehabilitation, adult traumatic brain injury, child and adolescent traumatic brain injury, and adult

stroke. Carle is one of 12 organizations in the entire state of Illinois that is accredited through CARF and is only one of 2 organizations that has more than two specialty programs. Carle has a vision to eventually add an amputations specialty program and a spinal cord injury specialty program. At Carle, these programs are included as part of the inpatient rehabilitation unit. The inpatient rehab team includes the leadership team previously mentioned and also includes 3 physicians, 2 advanced practice nurses, 2 neuropsychologists, 21 nurses, 15 health care technicians, 2 social workers, 4 physical therapists, 2 physical therapy assistants, 7 occupational therapists, 2 occupational therapy assistants, 4 speech therapists, and 1 therapy technician. In 2019, the inpatient rehab unit had 345 admissions with 104 of those for strokes and 62 for brain injuries (Daniels, n.d.). Important statistics to note about Carle's rehab unit include 76% of patients discharge home and 98.1% of patients report they were satisfied with the care they received on the inpatient rehab unit (Daniels, n.d.). Although Carle is an accredited stroke and traumatic brain injury unit, there are many other conditions seen at the facility that include but are not limited to spinal cord injuries, amputations, orthopedic conditions, cardiopulmonary conditions, neurological conditions, polytrauma, and general medical conditions.

After conducting the community profile, identifying stakeholders, and conducting a service profile over Carle's current services, a more thorough needs assessment was conducted on site. This involved reading through Carle's most recent CARF survey results and associated quality improvement plan in order to identify the standards that need the most improvements. This subsequently involved reading through the CARF standards manual to better understand the CARF accreditation process and specific standards. It was also important to read through Carle's CARF materials (e.g., binders, data, written analyses) that were submitted for the most recent CARF survey in September of 2020. The last step in the needs assessment process was

interviewing with important stakeholders to discuss their needs and to conduct a literature review to gather evidence of current and best practices.

## **Phase II**

One of the most important aspects of the needs assessment process was the interviews because it moved beyond research to a boots-on-the-ground effort to investigate the current problems and needs of the organization. The needs assessment process began a few months before the actual start of the doctoral capstone experience and occurred during this student's level II fieldwork. This student asked therapy staff if there were any current projects being implemented that could benefit from having an occupational therapy doctorate student. This initial question led to the first interview with the site mentor. The purpose of the first interview was an informal meet and greet to talk about how the director could benefit from an occupational therapy capstone student. This meeting consisted of learning about the many roles that the director serves and thus the many projects she is involved with that a student could potentially help with. This initial interview sparked ideas that resulted in more research that were discussed with other important stakeholders – the faculty advisor and the doctoral capstone coordinators.

After the initial interview with the site mentor and brainstorming with Indiana University faculty on potential capstone project ideas, it became clear that there was a need for assistance with CARF accreditation at Carle. A physical therapist on Carle's inpatient rehab team who has a considerable amount of experience with CARF was also interviewed in order to obtain another perspective on Carle's current accreditation process. This interview provided further insight into the staff's experience with accreditation rather than just a management perspective. This interview also involved further brainstorming of project ideas as this staff member expressed certain processes that she desired in order to improve the accreditation preparation process.

After processing and synthesizing these first two interviews, it was determined that the capstone project would focus on the area of leadership. The needs assessment revealed that the organization was in most need of a project with a focus on developing a more organized approach to CARF accreditation survey preparation in order to promote the highest quality and person-centered care possible for the patients at Carle. A second interview with the site mentor was held to discuss this pursuit. In this meeting, the results of Carle's most recent accreditation survey were discussed in order to analyze the gaps and areas of improvement. Ultimately, this meeting allowed collaboration on a direction for the capstone project.

The first two weeks of the capstone experience were designated to conducting a more formal on-site needs assessment. This involved more interviews with the site mentor and other relevant stakeholders including the medical director of the rehabilitation center, the previous director of therapy services who is a current CARF surveyor, the hospital's accreditation specialist, the nursing supervisor, the inpatient rehab supervisor, the acute therapy supervisor, and the outpatient therapy supervisor. All of these stakeholders were involved in numerous discussions to gain their perspective on accreditation needs and areas of improvement. Along with conducting these on-site interviews, the needs assessment also involved shadowing the site mentor in her role as director, reading through CARF materials, and researching occupational therapy best practices in leadership roles.

The last step of the needs assessment process was conducting a SWOT analysis with the site mentor to discuss the current strengths, weaknesses, opportunities, and threats for the accreditation process. The SWOT analysis will be discussed in greater detail in subsequent sections. The main theme gathered from this analysis and from the interviews were that Carle rehabilitation services were in need of an organized and systematic approach to CARF

accreditation maintenance and preparation. In finalizing the needs assessment, it was determined that this capstone project would develop a quality improvement initiative to help standardize ongoing CARF accreditation preparation.

### **Doctoral Capstone Purpose**

At the start of this capstone project, Carle Foundation Hospital had no systematic organizational process for maintaining and preparing the necessary documentation, training, and procedures required for CARF medical rehabilitation accreditation. The purpose of this capstone was to operationalize a standardized approach to CARF preparation in order to assist Carle with maintaining their conformance to CARF standards and to prepare for the next CARF accreditation survey in three years. This quality improvement project aimed to develop sustainable, organizational strategies and resources to assist Carle staff with meeting operational timelines, submitting required written documentation, implementing required staff education and training, and engaging all disciplines and levels of staff in the accreditation process. All in all, by maintaining compliance to CARF standards, Carle will be better equipped in providing high-quality, patient-centered, and cost-effective care.

### **Literature review**

Since the enactment of the Patient Protection and Affordable Care Act (ACA) in 2010 (ACA; Pub. L. 111-148), healthcare has steadily evolved from volume-based care to high-quality value-based care. With increasing emphasis on high-quality healthcare, accreditation has never been more relevant and important. Through a consultative accreditation process, “CARF assists service providers in improving the quality of their services, demonstrating value, and meeting internationally recognized organizational and program standards” (CARF Int., n.d., a, para. 2). Accreditation bodies provide a blueprint for organizations to follow in order to ensure they are

not only meeting the basic minimum standards of care, but also engage organizations in continuous quality improvement of their services. This review discusses the value of hospital accreditation and how it promotes quality of healthcare services. Moreover, this review also discusses strengths and weaknesses of various organizations that impact the accreditation process according to the current literature. Lastly, this review discusses current literature on the role of occupational therapy in improving quality of healthcare services.

### **Accreditation**

Accreditation is a process in which an organization first internally evaluates their service programs and overall business function against an established set of internationally recognized standards. Then, the organization is externally reviewed by professional surveyors to assess the organization's fulfillment of these standards through interviews, on-site visits, and review of documentation records. After a survey is conducted, the surveyors from the accrediting body make a decision of whether an organization is to be deemed accredited or not. Although current literature states the significant value of accreditation in improving the quality of healthcare services, the literature also demonstrates skepticism of healthcare professionals regarding the positive impact of accreditation (Alkhenizan & Shaw, 2011). In a systematic review of 17 studies analyzing health care professionals' (e.g., physicians, nurses, and allied health personnel) attitudes toward accreditation, it was found that not all staff perceive there to be a meaningful impact that outweighs the cost and time demands of the accreditation process (Alkhenizan & Shaw, 2012). Other negative attitudes toward accreditation were that the process is bureaucratic, time-intensive, expensive, and inefficient (Alkhenizan & Shaw, 2012). Similarly, Greenfield and colleagues (2011) found that some leadership and frontline staff expressed concerns that the accreditation process is cumbersome, demanding, and takes too much time and resources away

from clinical practice. Negative perceptions from staff at a Danish hospital undergoing accreditation were that the process can be chaotic, filled with uncertainty, and takes time away from patient care (Bogh et al., 2017).

Longenecker and Longenecker (2014) conducted focus groups with 167 frontline leaders from four Midwest hospitals to explore why hospital change efforts fail. Participants included people from nursing, respiratory therapy, physical therapy, pharmacy, labs, transportation, front office workers, information systems, facilities, security, and food services. According to these frontline hospital workers, the top ten barriers to successful hospital change included 1.) poor planning and overly ambitious timelines, 2.) lack of ownership of the initiative, 3.) ineffective leadership and distrust with management, 4.) unrealistic plans or change process, 5.) inefficient communication, 6.) unclear focus and desired outcomes, 7.) lack of teamwork or cooperation, 8.) lack of continuous measurement, feedback, and accountability, 9.) unclear roles, outcomes, expectations, and 10.) lack of time, resources, and upper management support (Longenecker & Longenecker, 2014).

A SWOT analysis literature review conducted by Ng and colleagues (2013) found similar results regarding the barriers to accreditation. Weaknesses of engaging in hospital accreditation identified in the literature search included “organizational resistance to change, increased staff workload, lack of awareness about continuous quality improvement, insufficient staff training and support for continuous quality improvement, lack of applicable accreditation standards for local use, and lack of performance outcome measures.” (Ng et al., 2013, p. 1). Threats of the hospital accreditation process include opportunistic behaviors, lack of funding, low participation due to lack of incentives, a controlling approach to mandatory participation, and the high cost of sustaining accreditation (Ng et al., 2013). It is evident from the current literature that there are

many perceived barriers and weaknesses of hospital accreditation. Many of these perceptions and concerns in the literature are very similar to ones gathered from the needs assessment process at Carle.

Although there is skepticism about the value of hospital accreditation in relation to its cost and time demands, the literature reveals that some healthcare workers and leaders do view accreditation as important and necessary (Alkhenizan & Shaw, 2012). Moreover, healthcare staff reported that accreditation ensures high standards of care for their patients, results in improved management, contributes to marketing efforts, improves patient outcomes, and improves healthcare services (Alkhenizan & Shaw, 2012). Leadership and frontline staff at a large teaching hospital in Australia reported that accreditation promotes self-reflection and clarification, gives staff a direction, provides quality improvement ideas and recommendations, and encourages accountability to keep policies, procedures, and best practices up to date (Greenfield et al., 2011). Strengths of engaging in accreditation identified in the literature included increased engagement, communication, teamwork, organization, leadership, and awareness of continuous quality improvement (Ng et al., 2013). Many opportunities for hospital accreditation have also been identified and include having better awareness of improvement areas, enhanced patient safety, increased reimbursement, and marketing opportunities (Ng et al., 2013). Therefore, although there are many perceived weaknesses and barriers, there are also many strengths and opportunities to hospital accreditation.

A few reasons hospital accreditation is not always positively regarded or implemented to the fullest potential is because healthcare staff are not always aware of the accreditation process, understand it, or are included in it. Greenfield and colleagues (2011) state “healthcare professionals can be motivated to engage positively in their organizations’ accreditation

activities when given the opportunity in a collaborative, supportive context” (pg. 13). This is when hospital leadership and management is crucial in the accreditation process. Leaders are the key to motivating staff to engage in the accreditation process. Leaders can motivate through educating staff on the benefits of accreditation, equipping staff with the right knowledge and resources to participate in the accreditation process, coaching staff in taking ownership of quality improvement initiatives related to accreditation standards, and creating an environment that is collaborative and flexible. Researchers exploring the influence of accreditation on organizational culture at a large teaching hospital in Hong Kong found that health care organizations that have a culture of “collaboration, flexibility, and risk-taking are more successful implementing quality improvement initiatives, whereas, bureaucratic and hierarchical cultures may inhibit improvement efforts” (Andres et al., 2019, p. 2). Researchers Singh & Rangnekar (2020) discovered an empowering leadership culture is associated with higher levels of employee commitment to managers. Moreover, high levels of commitment to managers and the organization as a whole resulted in higher employee proactive behavior (Singh & Rangnekar, 2020). By creating a culture that provides job autonomy, support, and opportunities to enhance knowledge and skills, leaders are more likely to have increased commitment and engagement (Singh & Rangnekar, 2020). The literature suggested here indicates that one of the key steps in developing a more manageable approach to accreditation is to create a culture that successfully engages staff.

As previously mentioned, one way leaders can increase staff motivation and positivity toward accreditation is to share the benefits of it with them. This section discusses the documented benefits of hospital accreditation in improving the quality of healthcare services and programs. In a systematic review of 26 studies evaluating the impact of general and specialty

accreditation programs on quality of healthcare services, it was found that accreditation programs significantly improve clinical outcomes and quality of healthcare processes due to the impact of accreditation in improving the overall organization and structure of healthcare facilities (Alkhenizan & Shaw, 2011). Moreover, accreditation programs have been found to have improvements in compliance of standards, medical staff organization, nursing organization, physical facilities, safety, satisfaction scores among providers, and mortality rates (Alkhenizan & Shaw, 2011). This is evidenced by Lam and colleagues (2018) who revealed that 30-day mortality rates are lower at accredited hospitals than at hospitals reviewed by a state survey agency. Additionally, 30-day readmissions for 15 different medical conditions were significantly lower at accredited hospitals compared to state survey hospitals (Lam et al., 2018). In contrast, patient experience scores were slightly higher at state survey hospitals compared to accredited hospitals (Lam et al., 2018). Black and Roberts (2001) suggest that accreditation helps organizations develop and implement effective and efficient organizational strategies and operations that instill confidence in consumers, providers, and purchasers of care. Lastly, “accreditation demonstrates to others that certain standards of excellence have been achieved” (Black & Roberts, 2001). Ultimately it is the continuous demonstration of excellence that constitutes high quality care.

### **Role of Occupational Therapy**

As occupational therapists in this rapidly evolving healthcare system that emphasizes value-based care, we must advocate for our profession’s distinct value and importance in improving patient outcomes, decreasing healthcare costs, and promoting overall quality of life. These three goals are referred to as the Triple Aim framework, developed by the Institute for HealthCare Improvement (IHI, n.d., b.). This framework suggests that the most successful

organizations are ones that improve care, population health, and healthcare costs (IHI, n.d., b.). To improve care, organizations are encouraged to provide more patient-centered, reliable, and safe care (Sandhu, 2015). Organizations can improve population health by providing evidence-based interventions that address physical and social determinants of health (Sandhu, 2015). Lastly, organizations can improve the quality of healthcare by ensuring it is affordable and accessible (Sandhu, 2015). Occupational therapists have a distinct value in that they can implement care processes that are patient-centered, cost-effective, and evidence-based to a wide variety of specific patient populations. However, the increased emphasis on moving from quantity to quality has resulted in documentation programs that are not well aligned with patient outcomes that are achieved and demonstrated by occupational therapy services (Sandhu, 2015). This is why it is crucial for occupational therapy practitioners to demonstrate and advocate for their valuable contributions in improving patient outcomes through participation in quality improvement initiatives, evidence-based research, leadership and management, accreditation surveys, and during patient care.

In today's healthcare system, value-based quality improvement initiatives focus on negative outcomes that are preventable, such as hospital readmissions and hospital-acquired conditions (Leland et al., 2015). Occupational therapists have unique roles and skills that specifically target the goals of the Triple Aim and thus contribute to improved patient satisfaction scores, reduced readmissions, and improved patient outcomes. After analyzing the association between spending categories and readmission rates for heart failure, pneumonia, and acute myocardial infarction, researchers Rogers and colleagues (2017) found that occupational therapy was the *only* spending category significantly associated with lower readmission rates for

these populations. The authors suggest that this is due to occupational therapy's "unique and immediate focus on patients' functional and social needs, which can be important drivers of readmission if left unaddressed" (Rogers et al., 2017, p. 668). Occupational therapists provide valuable patient-centered care by implementing an occupational profile that assists therapists in evaluating all facets of a person's life. This allows occupational therapists to implement care plans that integrate a patient's individualized daily habits and routines in order to promote overall function and safety. Occupational therapists are also adept in providing individualized discharge planning and education in order to ensure appropriate and safe discharge plans for patients thus preventing the likelihood of readmissions.

Along with reducing readmissions, occupational therapists have also been found to significantly contribute to preventing controllable hospital acquired conditions through individualized interventions and education. Occupational therapists prevent falls through evaluation and interventions involving balance, cognition, vision, early mobilization, self-care training, environmental modifications, exercise, and safety education (Roberts & Robinson, 2014). Occupational therapists prevent pressure injuries through interventions involving positioning, early mobilization, and education to patients, caregivers, and staff (Roberts & Robinson, 2014). Occupational therapists prevent deep vein thromboses by promoting mobility through engagement in meaningful occupational activities (Roberts & Robinson, 2014). Lastly, occupational therapists address diabetes self-management by helping educate patients in managing their diet through meal planning and preparation, managing their medications and blood sugar monitoring, engaging in activities and daily routines, stress management strategies and healthy coping techniques, hygiene and foot care, and compensatory strategies for decreased vision and sensation (Roberts & Robinson, 2014).

Presented here is a review of the current literature regarding hospital accreditation and occupational therapy's role in improving quality of healthcare services as it relates to accreditation. The current literature demonstrates the benefits, barriers, strengths, and weaknesses of participating in the hospital accreditation process. The aim of this capstone project was to demonstrate occupational therapy's unique role in implementing a quality improvement project that improves the accreditation process at Carle Foundation Hospital in order to promote the delivery of high-quality rehabilitative services. Lastly, another aim of this capstone project was to emulate the American Occupational Therapy Association's vision 2025 which states, "As an inclusive profession, occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living." (American Occupational Therapy Association, n.d., para. 1).

### **Gap Analysis Statement**

Previously at Carle Foundation Hospital, there was no system in place for approaching preparation for CARF accreditation. Policies and procedures were reviewed and updated randomly, written documentation was completed right before an accreditation survey, annual trainings and drills were not scheduled in a timely manner, and CARF meetings did not have any structure or agenda developed to help guide discussions and workflow. This former approach to CARF accreditation was not efficient and often resulted in increased time demands, stress, and lack of engagement from staff, also evidenced in the literature.

The literature reveals a gap between engaging in accreditation and upper management. The literature demonstrates that employees are more likely to perceive accreditation positively if they feel supported and empowered in their workplace, have an understanding of the accreditation process and its benefits, and have opportunities to learn and engage in the accreditation process

(Greenfield et al., 2011; Singh & Rangnekar, 2020). The literature also states that healthcare workers can provide higher quality care, which in turn meets accreditation standards, by providing patient-centered, evidence-based, cost-effective, reliable, and accessible care (Sandhu, 2015). Moreover, the literature is clear that occupational therapists have a unique role in promoting high-quality care by reducing re-admissions and preventing hospital acquired conditions (Roberts & Robinson, 2014; Rogers et al., 2017).

This capstone project filled that gap by developing an organized, standardized approach that helps managers involve all members of their staff in the accreditation process. This involved developing a project management system that helps managers stay on top of deadlines for policy reviews, facility drills, staff training, and documentation. This also included creating meeting agendas, timelines, and structures for the CARF accreditation committees. Additionally, the staff were educated on how to utilize these organizational resources, systems, and strategies in order to ensure sustainability of the CARF accreditation management tools. Lastly, staff and other stakeholders were educated on occupational therapy's distinct role in management, accreditation, and overall healthcare initiatives throughout the experience.

### **Guiding Model**

The model that is framing the design of this capstone project is the Plan-Do-Study-Act (PDSA) model. PDSA, also called "The Model for Improvement", is a four-stage framework developed by the Institute for Healthcare Improvement (IHI, n.d., a.) that is used to improve healthcare processes and outcomes. This model was chosen to guide this project because it uses a process that seeks to implement a change and see if that change resulted in an improvement. The main principles of this model include using iterative cycles to test predicted changes, using small-scale testing, measuring data over time, and documenting changes over time (Taylor et al.,

2014). This model was appropriate for this quality improvement capstone project because it takes place in the complex and real world of rehabilitation care as it happens” and allows organizations to “make incremental changes that bring you closer and closer to your goal, while collecting data along the way to track your progress.” (Guo et al., 2019, p. 775). As previously mentioned, healthcare is ever evolving and driven by measurable outcome data. This model allows organizations to efficiently make improvements by selecting, testing, analyzing, and implementing changes in real time and in natural contexts (Guo et al., 2019).

The PDSA model is guided by three questions: 1. “What are we trying to accomplish?”, 2. “How will we know that a change is an improvement?”, and 3. “What changes can we make that will result in an improvement?” (Minnesota Department of Health, n.d., section 1). There are four stages of this model that are designed to be implemented in iterative cycles. These stages are Plan, Do, Study, and Act. In the plan stage, the organization selects a quality improvement target, conducts a gap analysis, forms an aim statement, recruits a team, and then develops a plan to test the change (Guo et al., 2019; IHI, n.d., a.; & Minnesota Department of Health, n.d.). In the do stage, the team implements the change while tracking data, problems, and unexpected observations (Minnesota Department of Health, n.d.). In the study stage, the change and plan used to implement the change are evaluated by analyzing the data and studying the results (IHI, n.d., a.). In the act stage, the change plan is modified based on what was learned from the previous stages by conducting further PDSA cycles (Guo et al., 2019; & IHI, n.d., a.). Once a change is successfully implemented, it should be standardized, used within a broader context, and reassessed regularly (IHI, n.d., a., & Minnesota Department of Health, n.d.). The key to PDSA is that the process is ongoing and builds on itself.

## **Doctoral Capstone Plan and Process**

### **Goals and Objectives**

Numerous goals and objectives were created at the beginning of this capstone project to guide this doctoral student. These goals and objectives are as follows:

1. Project Goal 1: Student will gain and utilize knowledge about CARF accreditation standards in order to develop a quality improvement project that aligns with the site's results from the CARF accreditation report during the 14-week capstone experience.
  - a. Objective 1: Student will review Carle Hospital's CARF accreditation survey results in order to develop a quality improvement project that addresses these results during week 1.
  - b. Objective 2: Student will attend CARF meetings with site mentor and collaborate with site mentor on various CARF management processes and tasks in order to better understand standards as it relates to a medical rehabilitation setting.
2. 2) Project Goal 2: Student will develop, implement, and evaluate a quality improvement project in line with CARF standards beginning week 2 through the end of week 14.
  - a. Objective 1: Student will conduct an on-site needs assessment during weeks 1-2 to further determine the site's needs for a quality improvement project.
  - b. Objective 2: Student will review and complete a literature search in order to develop an evidence-based quality improvement project.
  - c. Objective 3: Student will collaborate with site mentor, therapists familiar with CARF standards, CARF surveyors, and other stakeholders to develop and

- implement a quality improvement project that improves preparation for CARF accreditation.
- d. Objective 4: Student will use the Plan-Do-Study-Act model in developing and evaluating a quality improvement project at Carle Hospital.
3. 3) Project Goal 3: Student will ensure sustainability of quality improvement initiatives by week 14 in order to prepare site for the next CARF accreditation survey.
- a. Objective 1: Student will educate staff on how to use and implement the Excel CARF tracking tool, online project management system, meeting schedules and agendas, and CARF documentation templates in order to promote ongoing readiness for CARF accreditation.
  - b. Objective 2: Student will create and provide site with educational resources to educate staff and other stakeholders on the importance of CARF accreditation (e.g., PowerPoint) that can be used in future meetings.

### **Evaluation Plan**

In order to evaluate the success, usefulness, and meaningfulness of this capstone project, a satisfaction survey was developed using Qualtrics and given to leadership staff during week 13. The survey was 12 questions and provided both quantitative and qualitative data through 5-point Likert scales and open-ended text box questions. This survey evaluated staff's satisfaction with the CARF preparation resources, strategies, and infrastructure. This survey also evaluated leadership staff's understanding and confidence in implementing these strategies and materials to sustain CARF preparation. See Appendix A for survey questions. The results of the survey will be discussed later in the capstone project evaluation section.

### **Doctoral Capstone Project Implementation**

As described earlier, the implementation of this capstone project was guided by the PDSA model. This section discusses how this project implemented each specific stage of the model.

#### **Plan**

The first step of this stage was to recruit a team that has knowledge of the subject matter. During the needs assessment, important stakeholders were identified and interviewed. The team assisting with the implementation of this capstone project included the director of therapy services (site mentor), the former director, the therapy leadership team, and the hospital accreditation specialist. After the team had been identified, it was necessary to describe the present context and processes at the site. In order to do this a SWOT analysis was conducted with the team. The main strengths identified were Carle's long history and experience with CARF accreditation and Carle's strong, collaborative leadership structure and team. The main weaknesses noted were low staff engagement and accountability. Many opportunities were recognized during the SWOT analysis with the main theme being the potential in creating a standardized infrastructure that will foster the addition of new specialty programs, improvements in workflows, and the ability of other inpatient rehab units in the Carle system to obtain accreditation status. The main threats detected were productivity standards, reimbursement, and physical space. See Appendix B for a detailed table of the results of the SWOT analysis.

After determining the current processes, a problem statement was formed which is as follows: The current problem at Carle was that there is no standardized process for maintaining and preparing the required documentation, training, and procedures necessary for CARF medical rehabilitation accreditation. Once the problem was acknowledged, a direction was cast. The next

step of the plan stage was formulating an aim statement. The aim statement is a trifold statement based on the three main questions posed in the model:

1. What are we trying to accomplish? – We are trying to accomplish a more standardized and organized approach to preparing for the next CARF accreditation survey.

2. How will we know that a change is an improvement? – We will know that a change is an improvement if there is increased staff satisfaction and participation, there are less recommendations on the next CARF survey report, and there is reported satisfaction from CARF experts and surveyors.

3. What changes can we make that will result in an improvement? – Changes that can be made that will result in an improvement include creating and following organized timelines and task lists using an online project management system, developing and utilizing templates for meeting minutes and written reports, and building an online library for data, policies, and written documentation.

The last step of this stage was to determine an action plan to test the changes. This is discussed in the third guiding question above. To help guide the implementation of the goals and objectives set for this project, a timeline was developed on a week-by-week basis. Additionally, tasks completed were documented on a day-by-day basis.

## **Do**

This stage involved developing a variety of organizational resources and strategies that would help implement the needed changes identified in the plan stage. These included an Excel tracking tool, an Excel policy library, CARF mini manuals, meeting agenda templates using a web-based project management system, CARF plan templates, Microsoft Outlook meeting

schedule, and a script for a potential video touring the inpatient rehab unit and interviewing staff about the importance of CARF accreditation.

### *Organizational Resources*

**Excel Tracking Tool.** The first change that was needed was an organized structure that helps keep track of required standards such as written documentation and analyses, facility drills, and staff education and training. Previously, Carle completed most, if not all, of the required documentation right before an accreditation survey which resulted in a lot of stress because staff were scrambling to get these activities done. In order to improve this process, an Excel tracking tool was created to help staff keep track of what is required, when it is required, and how to complete it. The Excel tracking tool included tabs for each chapter of the accreditation manual. Each chapter tab has required activities that are in a checklist format. There are numerous columns that indicate what is needed for each accreditation standard, when it is due, how to complete it, and the person responsible for completing it. Along with tabs for each chapter of the manual, there are also tabs that indicate the related standards for each patient population and discipline. This was included because staff expressed difficulty in finding information for certain standards because it was not within their scope of practice but within another discipline's scope. For example, the physical therapist who is charge of standards related to the spinal cord and traumatic brain injury population stated having difficulty finding information related to medications and often had to dig through nursing notes. The hope now is that with these additional tabs that indicate what standards fall under what discipline, that all disciplines will have more awareness over the standards that best align with their role and scope. This will result in a more efficient process to finding documentation for the relative standards. See Appendix C to for an example of the overall format of the sheet and an example of the nursing standards tab.

**Excel Policy Library.** The second activity that was completed in this stage to improve the accreditation process was the creation of a policy library in an Excel sheet. A large majority of the CARF standards are met through documentation of written policies and procedures. All policies whether they are system-wide organization policies or department-specific policies require frequent reviews and updates, typically annually. The inefficiency at Carle was that the policies and procedures were previously being reviewed and updated randomly. There was no systematic process to organizing policies which in turn affects compliance to certain accreditation standards as a majority of standards are met through submitting documented policies. In order to improve this process, an Excel sheet was created that organizes all the policies used for CARF accreditation by each accreditation section. The Excel sheet was organized by tabs for each chapter of the accreditation standards manual. Each tab was then organized by section and lists all the policies used to meet each specific standard. Next to each policy is a hyperlink that directly links to the policy document on Carle's policy website. This website also indicates when the next policy review is due. This Excel policy library can be viewed in more detail in Appendix D.

**CARF Mini Manuals.** As previously mentioned, staff expressed difficulty obtaining information to meet certain standards because they fell under a different discipline's scope of practice. Another concern with accreditation preparation at Carle was the lack of staff engagement. In order to engage all disciplines and all levels of staff, not just upper management, the doctoral student created "CARF mini manuals" for each discipline and specialty program. The CARF accreditation manual is over 400 pages and includes thousands of standards. This makes it hard for staff members to find standards that they are responsible for. To improve efficiency with obtaining the necessary documentation to meet the standards and to increase staff

engagement and accountability, the site mentor and the doctoral student categorized all the standards and assigned them to the appropriate discipline and specialty program. This student then took those standards and created miniature CARF manuals with only the necessary standards for each discipline. CARF mini manuals were created for nursing, social work, admissions, psychology, traumatic brain injury program, stroke program, spinal cord injury population, pediatric population, amputation population, and for the health and safety coordinator. These manuals were formatted in a Word document format and were uploaded to the staff's online shared drive.

**Smartsheet.** Throughout the needs assessment process, it became very clear that accreditation is a huge undertaking for an organization. At Carle, much of the accreditation documentation is completed by leadership staff. After the last survey, staff realized there were many gaps in their approach to accreditation and that there must be another way. Through interviews with relevant stakeholders, it was determined that there needs to be a system in place that allows leadership staff to hand off tasks to other staff members so that leadership is not trying to complete everything on their own at the last minute. Additionally, a system that helps staff continuously track and trend their data was a significant need as this was an area of noncompliance on the most recent survey. Although the Excel tracking tool was created to help manage all of the tasks required for accreditation, it became apparent that this process could still be more efficient. The Excel tracking tool would still require a lot of cumbersome, manual work that may not decrease the load of work, but actually add to it. After a lot of research and brainstorming, an online project management system was discovered that seemed to be the answer to all of Carle's needs. This tool is called Smartsheet.

Smartsheet is a web-based project management tool that takes many features from Excel spreadsheets and Google platforms and combines them into a project management system that helps teams and organizations manage their projects and operations. The most attractive feature about Smartsheet was that it has many automation features that would allow leadership staff to be more hands off while also still engaging all levels of staff members. Smartsheets templates were created to not only function as a meeting agenda, but also as a working document for staff to upload their files by the required deadline. A Smartsheet was made for each relevant meeting which includes all the CARF champion meetings, the rehab advisory meeting, the rehab leadership meeting, and the performance improvement meeting. This student utilized a 30-day free trial period to develop the Smartsheet templates to see if they would be beneficial for the organization. After many meetings, it was determined that the software was exactly what Carle was looking for and that other departments in the organizations are using it to manage their projects as well. The program director decided to buy a license to keep and use the software for their ongoing CARF preparation. This project management system created the systematic structure that Carle so desperately needed. See Appendix E for examples of the Smartsheet for the traumatic brain injury champion meeting, the nursing champion meeting, and the meeting agenda for the rehab leadership meeting.

**Microsoft Outlook Meetings.** Another activity that was completed in this stage to help standardize Carle's approach to continuous CARF preparation was a meeting structure with schedules and agendas. This doctoral student and the site mentor collaborated together to create a meeting structure with all the necessary meetings that needed to occur in order to ensure Carle continuously engages in CARF accreditation preparation. The site mentor and capstone student set up recurring meetings on Microsoft Outlook, which is the software Carle uses as an

organization. The type, frequency, attendees, and purpose for the appropriate meetings was determined with the site mentor and scheduled on Outlook. This was one of the highest priority needs determined by the site mentor because their biggest struggle is continuous preparation. By setting up meetings that are already scheduled and have a determined agenda for each date will set up the team in a way that allows them to continuously address CARF accreditation on a monthly basis as opposed to a few months before a survey.

**Plan Templates.** Much of the required written documentation for CARF needs to be reviewed and updated annually even if an organization has been awarded a three-year accreditation. Many of the sections require written plans such as a strategic plan and risk management plan. Carle does not have a standardized template for writing these plans and does not have a document for all the plans that are required. To ensure Carle is better equipped to meet the written requirements for these plans, templates were created for each plan. These included Microsoft Word templates for the cultural plan, strategic plan, risk management plan, technology plan, accessibility plan, and performance measurement and management plan.

**Video Script.** The final activity that was completed was a script for a potential video that can be uploaded on the website. This video would highlight the inpatient rehabilitation facility, team, and CARF accreditation status. The script includes prompts for interviews with the medical director, program director, and therapists. This video would also include a tour of the inpatient rehabilitation unit such as the therapy gym and patient rooms. This video would also meet certain CARF accreditation standards in the manual. Unfortunately, the student did not have time to complete this video. However, the video script created by the student will provide a resource to the site for when they are ready to create a video for their website. This script was uploaded to the department's online shared drive.

### *Do Cycle*

Many meetings were held with the site mentor and other relevant stakeholders throughout the development of these resources in order to discuss any problems, unexpected effects, and overall observations. This stage served as a continuous needs assessment process in which strengths and weaknesses were analyzed for each resource and activity. Modifications were made according to any identified strengths and weaknesses in order to ensure that the resources developed and implemented were still in line with the overall aim statement.

Due to the timeline of the capstone experience, the capstone project finished in this stage. Many of the resources were in the beginning stages of implementation at the end of the capstone experience or have not yet been implemented. However, in order to ensure sustainability, this capstone student provided a training session with a recorded module to ensure the staff understand how to continue implementing and monitoring the action plan. Sustainability of this capstone project will be discussed in more detail later in this paper.

### **Study**

The organization will study the results of the project at the time of their next survey to see if the methods and resources employed resulted in less recommendations and consultations on the 2023 survey, as this was the metric identified in the plan stage and included in the aim statement. The site was provided with resources and training on how to implement this stage when the time comes in order to assess whether the action plan resulted in an improvement, the degree of improvement, and any areas for further improvement based on the overall results gathered from this stage. In order to study the overall satisfaction, confidence, and utility of the resources developed, a combined quantitative and qualitative survey was implemented and will be discussed in more detail in the next section of this paper.

## **Act**

Due to the iterative nature of PDSA, the act stage was also not completed. However, again, the team was educated on how to continue implementing PDSA cycles to continuously assess their CARF preparation process.

### **Doctoral Capstone Project Evaluation**

In order to evaluate this capstone project, a satisfaction survey was sent via email to the site mentor using Qualtrics, an online survey tool. This survey included both quantitative measures using 5-point Likert scales and qualitative measures using written text boxes. The five point Likert scales included responses ranging from “extremely satisfied” to “extremely dissatisfied”, “extremely optimistic” to “extremely pessimistic”, and “extremely likely” to “extremely unlikely.” Using a mixed methods survey allowed this student to obtain both objective and subjective data in order to gain a full perspective on the site mentor’s evaluation of the capstone project. Green and colleagues (2015) ascertain that “mixed methods designs capitalize on the strengths of each method used while attempting to reduce each method’s weaknesses.” (p. 2). Moreover, mixed methods help combat against the limited generalizability of qualitative methods and the limited depth of meaning from quantitative methods (Green et al., 2015). The survey results were then compared with the SWOT analysis that was conducted during the needs assessment process to analyze whether the capstone project addressed the improvement area themes identified during this interview. This will be discussed in the discussion section.

In terms of the overall satisfaction with this capstone project, the site mentor reported being extremely satisfied with the overall project. When surveyed about the resources provided by this student, the site mentor reported being extremely satisfied with the resources developed and indicated that she is extremely likely to use the resources in the future. According to the survey,

resources that will most likely be used are the Smartsheet meeting templates and the Microsoft Outlook calendar recurring meeting schedule. The site mentor also reported feeling extremely optimistic with her ability to use and implement the resources because they are well organized. Additionally, the site mentor agreed that the resources will assist the organization with preparing for CARF accreditation and will result in less recommendations and consultations on the next CARF survey. When surveyed on whether the resources provided will be utilized for other projects or workflows in the organization besides CARF accreditation, it was reported “maybe.” The site mentor reported in the free text box that if the implementation of the resources is a successful project management approach to accreditation, this may become a best practice for other operations in the organization. All in all, the results from this survey in the evaluation of this capstone project are highly satisfactory.

### **Discussion**

At the beginning of this capstone experience, Carle Foundation Hospital had no organized, standardized process for preparing for and maintaining compliance with the necessary documentation, training, and activities required for CARF medical rehabilitation accreditation. The purpose of this capstone was to operationalize a systematic approach to CARF preparation in order to assist Carle’s inpatient rehabilitation facility with maintaining their compliance with CARF standards. The main theme gathered from the initial interviews, needs assessment, and SWOT analysis were that Carle rehabilitation services were in need of an organized and systematic approach to CARF accreditation maintenance and preparation. In analyzing the evaluation results, it can be determined that this project will meet this need once fully implemented by the site. On the evaluation survey, the site mentor reported being satisfied with the capstone project because the student’s research and interview process was thorough and the

student was able to “take a highly complex and unfamiliar standards manual and [work them] into an organized and systematic approach to the accreditation process.” In analyzing the data from the survey, it can be concluded that the resources developed by the capstone student achieved the purpose of the overall capstone project and met the needs of the capstone site.

### **Impact on Capstone Site and Population**

It is clear from the evaluation results that this capstone project has and will continue to have a significant impact on Carle Foundation Hospital’s CARF accreditation efforts. It was known that Carle’s inpatient rehabilitation team desperately wanted and needed a different way to approach the daunting CARF accreditation process but did not have the time, research, or resources to support this endeavor. This capstone project significantly helped Carle’s therapy team organize their tasks to better manage not only CARF accreditation but also day-to-day manager operations.

Barriers to accreditation identified in the literature and the needs assessment have effectively been knocked down by the resources and strategies provided by the doctoral capstone student. The literature revealed many reports from staff members that the accreditation process is time-intensive, inefficient, cumbersome, demanding, and takes away too much time from patient care (Alkhenizan & Shaw, 2012; Bogh et al., 2017; & Greenfield et al., 2011), which were also weaknesses and threats identified in the SWOT analysis at Carle. According to the doctoral capstone evaluation results, this project adequately combatted those inefficiencies through the development of the Smartsheet software, meeting schedule and agendas, and organizational resources. When trying to implement any kind of change or quality improvement structure, interventions that are often used first are staff education sessions or the development of new policies (Guo et al.,2019). Ironically, these interventions actually were found to have the lowest

effectiveness in implementing change behaviors (Guo et al., 2019). In contrast, interventions that have the highest effectiveness in affecting change are reminders, checklists, standardization, and automation (Guo et al., 2019), which are all features embedded into the Smartsheet software created by this doctoral capstone student.

This capstone project broke down the accreditation process into manageable steps that do not create an accreditation atmosphere that feels demanding, time-consuming, chaotic, or inefficient, but actually does the opposite. The resources provided will help staff continuously address accreditation at frequent intervals instead of all at one time right before a survey. The resources provided also helped eliminate the top ten accreditation barriers identified by Longenecker & Longenecker (2014) because the resources created a structure that has realistic timelines and plans, effective guidance and support from leadership, efficient communication and collaboration, clear outcomes and feedback, distinguished roles and expectations, and accountability.

Additionally, the resources provided by this student have allowed for increased staff engagement, more efficient and productive meetings, and increased awareness of the importance of CARF accreditation. The literature suggests that engaging in accreditation encourages staff to be accountable for updating policies, procedures, and best practices (Greenfield et al., 2011). This student created a policy library that promotes just this. By creating this policy library and embedding it into the project management system, staff members are now set up to keep these up to date.

Other strengths of accreditation identified in the literature that are also supported by this capstone project are increased staff engagement, communication, organization, management, and awareness of quality improvement (Ng et al., 2013). By hosting numerous meetings educating

staff about the importance of CARF accreditation, staff are already more engaged, aware, and accountable to Carle's accreditation efforts. Moreover, the Smartsheets platform allows staff to better communicate, organize tasks, and stay up to date with performance improvement initiatives. Nicklin (2013) states "Organizations that participate in accreditation confirm their commitment to quality improvement, risk mitigation, patient safety, improved efficiency, and accountability; it sends a powerful message to key decision-makers and the public." (p. 6). The ultimate goal of this capstone project was to help the leadership staff at Carle obtain a better grasp on CARF accreditation preparation because this in turn results in Carle's commitment to providing the highest quality care to their patients and highest quality services to their stakeholders.

Although it may seem that this capstone project only impacts the staff engaged in accreditation activities, it actually has a much larger impact than just the staff. Creating a standardized, organizational structure that will continuously engage staff in accreditation ultimately allows for improved quality of care for the patients in the hospital. This project has helped the team realize that accreditation is not just about checking off the boxes simply to meet the standard. Accreditation is about doing the required activities listed in each and every standard to provide the highest quality of care to all of the populations served on the inpatient rehabilitation unit. It is about meeting the standard to ensure Carle is providing the most comprehensive, safe, evidence-based, and patient-centered care they can.

### **Impact on the Occupational Therapy Profession**

The overall purpose of an occupational therapy doctoral capstone project is to create a meaningful, organization-centered, and sustainable project that not only leaves a lasting impact on the site, but also on the profession. This doctoral capstone is very unique compared to most

occupational therapy doctoral projects in that most projects are not typically in the focus area of leadership and administration. As occupational therapy programs transition to doctorate programs, academic programs will be seeking out ways to include leadership and management into their curriculums. Completing a capstone project in therapy management can provide tremendous opportunities for occupational therapy students to learn the important role of managers. There is so much more to the occupational therapy profession than direct patient care, however, this is often not covered in detail in occupational therapy academic programs. Upper management has direct implications on patient care because of its unique position to advocate for patients, staff, and the overall profession. Some programs may include a management course or two, but do not provide a hands-on management observation or immersion experience. This capstone project reveals the huge benefits of occupational therapy students immersing themselves in management opportunities rather than just taking a didactic course. Occupational therapy academic programs should strongly consider making it a requirement for fieldwork students to shadow a therapy manager or leader during their fieldwork rotation, encourage capstone students to explore capstone projects in the field of leadership, and include more meaningful management coursework into their curriculums. Doing so will create a strong future generation of doctorate-level occupational therapy leaders.

Although there are many facets to leadership, management, and administration, this project's focus was specifically on accreditation. Nearly all occupational therapy settings go through some form of accreditation process whether it is a hospital, school, skilled nursing facility, or even an academic setting. This student was able to glean a tremendous amount of insight into accreditation across the spectrum of occupational therapy settings by working on a capstone project for a hospital accreditation at the same time the doctorate program at Indiana

University was going through academic accreditation. Whether it was Carle's inpatient rehabilitation facility or Indiana University's occupational therapy program, many similarities between the two accreditation processes were identified. Both require a continuous dedication to meeting accreditation standards in order to provide the best experience to stakeholders, whether they are patients or students. With occupational therapy transitioning to a doctorate degree level, many programs will be undergoing accreditation. There are often many emotions that come with any type of accreditation – stress, uncertainty, confusion, and so forth. The hope is that this capstone project urges occupational therapy programs to educate students about accreditation processes, both clinically and academically. Educating students about academic accreditation will help ease any fears, clear up any confusion, and provides an opportunity for students to learn about academic accreditation which is important if they ever enter academia during their career. Furthermore, educating students about clinical accreditation processes in different practice settings prepares them to engage in accreditation efforts when they enter the field. All in all, this capstone project significantly impacts the profession by highlighting occupational therapy's role in promoting high quality healthcare through participation in accreditation. By assuming leadership roles, contributing to accreditation and quality improvement initiatives, and engaging in evidence-based research, occupational therapists have a distinct value in contributing to The Triple Aim and AOTA's vision 2025.

### **Impact on the Doctoral Capstone Student**

Along with discussing the impact this capstone project had on Carle Foundation Hospital, Carle's patient population, and the occupational therapy profession as a whole, it is also important to discuss the impact it had on the doctoral capstone student. What makes an occupational therapy capstone unique is that it not only involves the completion of a scholarly

project, it also provides a unique and meaningful learning experience that moves the student beyond a generalist level to a more advanced level. This capstone experience and project allowed the student to gain a wealth of knowledge and skills related to the advanced areas of leadership and administration. The site mentor of this capstone experience shared and demonstrated her expertise on critical manager skills such as communication, conflict resolution, supervision, mentoring, professionalism, ethics, and advocacy. The capstone student was also mentored in many leadership activities including but most definitely not limited to interviewing potential employees, interviewing potential supervisors, conducting performance reviews for employees, managing new construction projects, creating and following a budget, overseeing staffing, monitoring billing and coding, and engaging in professional development. In conclusion, this invaluable experience has been pivotal in the development of the capstone student as a future occupational therapy practitioner and leader.

### **Sustainability**

This capstone project will have a lasting impact on the site for many reasons. The main need that has been met by this capstone project was creating a structure that enables Carle to engage in continuous preparation and quality improvement towards CARF accreditation beyond the time of this capstone experience. Sustainability was always of utmost importance when developing the CARF preparation tools and resources in order to ensure Carle is prepared for the 2023 survey and beyond. Resources that promote sustainability included scheduling recurring meetings with no end date, developing standardized meeting agendas and meeting minute templates that can be used year after year, creating written CARF plan templates, and implementing an automated project management structure through Smartsheet. The site mentor was able to purchase three licenses for the Smartsheet software which will allow the team to

continue using Smartsheet for as long as their license is renewed. A training session was also held with the site mentor and other relevant stakeholders to train them on how to use Smartsheet and its automation features. Moreover, a video tutorial of Smartsheets was also recorded and uploaded to the online shared drive for future reference. To ensure sustainability with reviewing and updating policies, the site mentor and capstone student met with Carle's policy manager who was able to automate policy updates. Carle will also be better equipped to handle the workload of CARF accreditation because they will be hiring an accreditation specialist in the future who will help manage all of the tasks that need to be completed for CARF. Lastly, all tools and resources have been uploaded to the department's online shared drive allowing all staff to access them.

### **Conclusion**

The purpose of this capstone project was to develop a standardized, systematic approach to preparing for CARF accreditation for the inpatient rehabilitation unit at Carle Foundation Hospital. Through the creation and implementation of numerous sustainable, organizational resources, the staff at Carle are now able to maintain and continuously improve their compliance with CARF accreditation standards. By utilizing the organized policy library, meeting schedule and structure, and automated project management system, Carle is already on their way in improving their approach to CARF accreditation. This project displays the feasibility of approaching CARF in a more systematic manner by engaging all levels of staff, organizing materials in a more efficient and functional way, and increasing awareness of the importance of engaging in CARF accreditation. Additionally, this project demonstrates occupational therapy's unique role in leadership initiatives, such as accreditation, in improving overall quality of healthcare services in order to better serve patients, populations, and communities. In conclusion, this capstone project guided by current evidence, a detailed needs assessment, and the PDSA

model, has effectively standardized an organizational approach to CARF accreditation that will improve an inpatient rehabilitation unit's commitment to quality healthcare.

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## Appendix A

### Carle CARF Capstone Project Survey

The purpose of this questionnaire is to evaluate the Carle CARF project that was implemented at Carle Foundation Hospital by the Indiana University Occupational Therapy Doctoral Student. Try your best to answer the following questions as honestly as possible. The information obtained from this questionnaire will help evaluate the effectiveness of this program in improving your preparation for CARF accreditation, commitment to continuous quality improvement, and your satisfaction with this project. Your cooperation, honesty, and feedback are greatly appreciated.

Please circle the response that best expresses how you honestly feel at this point after the implementation of this program at your facility.

1. In terms of my overall satisfaction with this project, I am
  - a. Extremely satisfied
  - b. Somewhat satisfied
  - c. Neither satisfied nor dissatisfied
  - d. Somewhat dissatisfied
  - e. Extremely dissatisfied
2. How satisfied are you with the resources provided by the student? (i.e., Excel policy library, Smartsheet meeting agenda templates, CARF plan templates, CARF mini manuals, meeting schedules)
  - a. Extremely satisfied
  - b. Somewhat satisfied
  - c. Neither satisfied nor dissatisfied
  - d. Somewhat dissatisfied
  - e. Extremely dissatisfied
3. What were you most satisfied with during this student's capstone project and why? Write your response in the text box.
4. My overall feelings about my ability to use and implement the resources provided by the student are
  - a. Extremely optimistic
  - b. Optimistic
  - c. Neither optimistic or pessimistic
  - d. Pessimistic
  - e. Extremely pessimistic
5. What are your reasons for feeling optimistic or pessimistic about your ability to use and implement the resources provided by this student? Write your response in the text box.
6. How likely are you to use the resources provided by this student in the future?
  - a. Extremely likely
  - b. Somewhat likely
  - c. Neither likely nor unlikely
  - d. Somewhat unlikely
  - e. Extremely unlikely

7. Which resources provided by the student are you most likely to use and why? Write your response in the text box.
8. Which resources provided by the student are you most likely **not** to use and why? Write your response in the text box.
9. In your opinion, do you feel these resources will assist the organization with preparing for CARF accreditation?
  - a. Yes
  - b. No
  - c. Maybe
10. In your opinion, do you feel these resources will result in less recommendations and/or consultations on the next CARF survey?
  - a. Yes
  - b. No
  - c. Maybe
11. Do you feel these resources will be utilized for projects and/or workflows other than CARF accreditation?
  - a. Yes
  - b. No
  - c. Maybe
12. What other projects or workflows might benefit from the resources provided by this student and why? Write your response in the text box.

## Appendix B

<b>Carle SWOT Analysis</b>	
<p style="text-align: center;"><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Carle has 27 years of accreditation status</li> <li>• Prior director had extensive CARF experience and continues to assist and collaborate with current director</li> <li>• Gained wider perspective of CARF accreditation after most recent survey</li> <li>• Increased awareness of importance and magnitude of CARF results in increased staff motivation and value</li> <li>• Dyad partner leadership structure</li> <li>• Physicians are very involved</li> <li>• Highly tenured staff result in a lot of experience with CARF</li> <li>• Binders with CARF documentation are very organized</li> <li>• Strong ties with the University of Illinois engineering and research programs</li> </ul>	<p style="text-align: center;"><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Tenured staff can be resistant to change limiting development of new ideas and strategies</li> <li>• Low desire for continuing education and continuous career improvement</li> <li>• Division of staff</li> <li>• Staff accountability and assuming responsibilities</li> <li>• Time and productivity</li> <li>• No marketing</li> <li>• Creating binders is time-consuming</li> <li>• Response rate for MedTel surveys</li> <li>• MedTel questions do not align well with new CARF standards</li> <li>• EPIC is set up for acute care and not inpatient limiting continuity</li> </ul>
<p style="text-align: center;"><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Specialty certifications especially nursing</li> <li>• IU OT student capstone project</li> <li>• Developing a systematic infrastructure</li> <li>• Developing a meeting structure and frequency</li> <li>• Recruiting a nursing and therapy champion for stroke and TBI programs</li> <li>• Adding an amputation and SCI program</li> <li>• CARF accreditation for other hospitals in Carle system using systematic framework</li> <li>• Carle is a large region with a large safety net</li> <li>• Gained many opportunities through public health waivers during covid-19 pandemic (5+ beds on covid-19 floor and 5+ non-covid beds)</li> <li>• Advancing technology for annual reports</li> <li>• EPIC rehab module resulting in enhanced connection between EPIC, UDS, and MedTel</li> <li>• Tableau dashboards</li> </ul>	<p style="text-align: center;"><b>Barriers</b></p> <ul style="list-style-type: none"> <li>• Time</li> <li>• Competing responsibilities between productivity standards and finances</li> <li>• Managed care / insurance dictating denials and length of stay</li> <li>• Increased complexity of patient population</li> <li>• Covid-19 pandemic</li> <li>• Reimbursement</li> <li>• Space limits ability to add new programs, accommodate certain patient populations, and receive grants for new equipment and technology</li> </ul>

### Appendix C

AutoSave OFF | CARF Tracking Tool

Home | Insert | Draw | Page Layout | Formulas | Data | Review | View | Tell me

Calibri (Body) | 11 | Bold | Italic | Underline | Text Color | Fill Color | Bullets | Numbering | Indentation | Paragraph | Styles | Conditional Formatting | Format as Table | Cell Styles | Insert | Delete | Format | Sort & Filter | Find & Select | Analyze Data

H8 | fx

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	*changes	Standard	Activity to be completed / Required written documentation	Frequency of review / completion	2	2	2	Elements that need addressed based on CARF recommendations (R) / consultations (C)	Necessary actions / How to complete	Document source (i.e., data source, survey, training materials, reports, meeting minutes, etc.)	Location of documents	Date Scheduled (month-year)	Date for next review	Person responsible for task	
1					1	2	3								
2	Section 1: ASPIRE to Excellence														
3	1.A. Leadership														
4		1.A.5.a.	Written cultural competency and diversity plan	annually						orientation materials, training course materials/modules, Diversity and Inclusion Steering Committee charter documents, Patient Rights and Responsibilities document, click reference center resources, Hispanic/Latino resources, policies		Oct-21			
5		1.A.5.c.	Review cultural competency and diversity plan for relevance	annually					email group - input at meeting, input from staff/patients/stakeholders as appropriate			Oct-21			
6		1.A.6.a., b.	Written ethical codes of conduct and written procedures to deal with allegations of violations of ethical codes							Policies					
7		1.A.6.c.	Educate personnel and other stakeholders on ethical codes of conduct												
8		1.A.7.a.	Written policy on corporate compliance adopted by organization leadership for organizations receiving federal funds							Policies					
		1.A.7.b.	Written procedures that address exclusion of individuals and entities from federal funded												

Section 1 | Section 2 | Section 3 | Section 4 (TBI & CVA) | SCI | Amputation | Peds | Nursing | Case Mgmt | Psychology | +

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### Appendix D

AutoSave OFF CARF Policies

Home Insert Draw Page Layout Formulas Data Review View Tell me

Calibri (Body) 11 General Conditional Formatting Format as Table Cell Styles Insert Delete Format Sort & Filter Find & Select Analyze Data

B158 fx EM400- Utilities Failure - HVAC

Section 1. ASPIRE Excellence						
Section 1.A. Leadership						
Standard	Policy	Link	Exiration Date	Date Reviewed	Owner	
1.A.3.e.	AD317- Management of Intercompany Financial Hardship Cases - Charity Fund	<a href="https://carle.policytech.com/dotNet/documents/?docid=1405">https://carle.policytech.com/dotNet/documents/?docid=1405</a>				
1.A.3.g.	REH147- Program Information and Outcome Management	<a href="https://carle.policytech.com/dotNet/documents/?docid=534">https://carle.policytech.com/dotNet/documents/?docid=534</a>				
1.A.3.h.	REH145- Professional, Community, and Advocacy Involvement	<a href="https://carle.policytech.com/dotNet/documents/?docid=532">https://carle.policytech.com/dotNet/documents/?docid=532</a>				
1.A.3.L.	REH116- Educational Efforts for Patients, Families and Community	<a href="https://carle.policytech.com/dotNet/documents/?docid=506">https://carle.policytech.com/dotNet/documents/?docid=506</a>				
	REH107- Community Reintegration Safety Guidelines	<a href="https://carle.policytech.com/dotNet/documents/?docid=500">https://carle.policytech.com/dotNet/documents/?docid=500</a>				
	REH137- Safety Precautions for Patients	<a href="https://carle.policytech.com/dotNet/documents/?docid=526">https://carle.policytech.com/dotNet/documents/?docid=526</a>				
	REH117- Rehab Evacuation Policy	<a href="https://carle.policytech.com/dotNet/documents/?docid=29060">https://carle.policytech.com/dotNet/documents/?docid=29060</a>				
	REH157- Rehabilitation Safety Program	<a href="https://carle.policytech.com/dotNet/documents/?docid=543">https://carle.policytech.com/dotNet/documents/?docid=543</a>				
1.A.5.a.(1)	PC302- Assessment and Management of Pain	<a href="https://carle.policytech.com/dotNet/documents/?docid=26386">https://carle.policytech.com/dotNet/documents/?docid=26386</a>				
	FS431- Diet Education for Patients	<a href="https://carle.policytech.com/dotNet/documents/?docid=34405">https://carle.policytech.com/dotNet/documents/?docid=34405</a>				
1.A.5.a.(2)	HR626- Staff Rights	<a href="https://carle.policytech.com/dotNet/documents/?docid=10851">https://carle.policytech.com/dotNet/documents/?docid=10851</a>				
1.A.5.a.(3)	AD121- Code of Ethics	<a href="https://carle.policytech.com/dotNet/documents/?docid=312">https://carle.policytech.com/dotNet/documents/?docid=312</a>				
1.A.5.b.	RI101- Limited English Proficiency (LEP) Interpreter Services	<a href="https://carle.policytech.com/dotNet/documents/?docid=251">https://carle.policytech.com/dotNet/documents/?docid=251</a>				
	RI100- Interpreters for Individuals who are Deaf/Hard of Hearing	<a href="https://carle.policytech.com/dotNet/documents/?docid=250">https://carle.policytech.com/dotNet/documents/?docid=250</a>				
1.A.6.a.(1)	AD524- Business Courtesies to Actual and Potential Referral Sources	<a href="https://carle.policytech.com/dotNet/documents/?docid=1587">https://carle.policytech.com/dotNet/documents/?docid=1587</a>				
	AD121- Code of Ethics	<a href="https://carle.policytech.com/dotNet/documents/?docid=312">https://carle.policytech.com/dotNet/documents/?docid=312</a>				
1.A.6.a.(2)	AD110- Marketing Plans	<a href="https://carle.policytech.com/dotNet/documents/?docid=305">https://carle.policytech.com/dotNet/documents/?docid=305</a>				
	AD526- Advertising and Marketing Communication Practices	<a href="https://carle.policytech.com/dotNet/documents/?docid=1589">https://carle.policytech.com/dotNet/documents/?docid=1589</a>				
1.A.6.a.(3)	AD107- Contract Creation, Review and Approval	<a href="https://carle.policytech.com/dotNet/documents/?docid=302">https://carle.policytech.com/dotNet/documents/?docid=302</a>				
1.A.6.a.(4)	AD547- Conflicts of Interest	<a href="https://carle.policytech.com/dotNet/documents/?docid=29698">https://carle.policytech.com/dotNet/documents/?docid=29698</a>				
	HR621- Outside Employment (Moonlighting)	<a href="https://carle.policytech.com/dotNet/documents/?docid=12277">https://carle.policytech.com/dotNet/documents/?docid=12277</a>				
1.A.6.a.(5)	HR636- Social Networking	<a href="https://carle.policytech.com/dotNet/documents/?docid=4954">https://carle.policytech.com/dotNet/documents/?docid=4954</a>				
1.A.6.a.(i-iii.)	AD106- Charitable Gifts, Donated Goods, Services and Charitable Funds	<a href="https://carle.policytech.com/dotNet/documents/?docid=301">https://carle.policytech.com/dotNet/documents/?docid=301</a>				
	HR631- Receiving/Accepting Gifts and Business Courtesies from Business Associates	<a href="https://carle.policytech.com/dotNet/documents/?docid=12275">https://carle.policytech.com/dotNet/documents/?docid=12275</a>				
1.A.6.a.(6).b.	HR625- Solicitation, Distribution, and Disruption	<a href="https://carle.policytech.com/dotNet/documents/?docid=37194">https://carle.policytech.com/dotNet/documents/?docid=37194</a>				
1.A.6.a.(6).c.	EC619- Patient Valuables	<a href="https://carle.policytech.com/dotNet/documents/?docid=4159">https://carle.policytech.com/dotNet/documents/?docid=4159</a>				
	EC618- Lost/Stolen Items and Lost and Found	<a href="https://carle.policytech.com/dotNet/documents/?docid=4158">https://carle.policytech.com/dotNet/documents/?docid=4158</a>				
	EC620- Personnel Responsible for Security Services	<a href="https://carle.policytech.com/dotNet/documents/?docid=4160">https://carle.policytech.com/dotNet/documents/?docid=4160</a>				
	REH100- Accountability for Funds Belonging to Persons Served	<a href="https://carle.policytech.com/dotNet/documents/?docid=494">https://carle.policytech.com/dotNet/documents/?docid=494</a>				

Section 1 Section 2 Section 3 Section 4 Therapy Policies

100%





