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College of Social and Behavioral Sciences

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Monique Day

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Walden University
2016

Abstract

Alignment of Standards, Assessment, and Compliance for a Residential Support Provider Organization

by

Monique C. Day

MPA, Walden University, 2009

BA, University of Maryland, Baltimore County, 1998

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

Walden University

November 2016

Abstract

Although Code of Maryland policy mandates multidisciplinary, integrated teams for residential service provider organizations (RPOs) for an intellectual/developmental disabilities (IDD) population, alignment criteria to identify and evaluate the functional characteristics of such teams do not exist. This ambiguity has resulted in potential conflict in the goals of service delivery, as well as misaligned quality assessment and policy development criteria. The intent of this general qualitative study was to use complex adaptive systems theory and Vitkiene's work on corporate ethos to determine whether the services provided by a single RPO were consistent and aligned with the regulatory mandate set by the state. Data were acquired from the Maryland Office of Health Care Quality, for the years 2010-2015 that consisted of compliance inspections, reports, citations, as well as responses and corrective actions made by the IDD-RPO. Data were deductively coded according to Vitkiene's 3 ethos principles: *economy* (profit), *procedure* (task completion), and *beneficence* (customer service) and then subjected to a content analysis procedure. The study affirmed the lack of alignment criteria within the RPO by demonstrating ambiguity in how services were measured. Findings identified beneficence as most likely to be associated with a multidisciplinary team. Positive social change implications stem from recommendations to repurpose public health compliance data to address issues of misalignment in institutional service delivery; these findings may also be used by policy makers to focus on ethos as a means to focus on realigning policy objectives, the regulatory environment, and the work done at the RPO level to encourage better quality of life for individuals diagnosed with IDD.

Alignment of Standards, Assessment, and Compliance for a Residential Support Provider Organization

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Dedication

In loving memory of my grandparents, Henry and Mary Lee McMener.

To Paris and Seth Day, my children – you made me a whole person, gave me an identity and continue to inspire me in indescribable ways.

Acknowledgments

I would like to extend my deepest and most heartfelt gratitude to the most wonderful educator I have ever had the privilege to encounter: my committee Chair, Dr. Elizabeth Hagens. It was because of her tireless support and dedication I was able to complete this project. I share this accomplishment with her. I would also like to thank the other members of my committee, Dr. Joyce Haines and Dr. Mai Moua, for their support. I would like to thank my Washington and Robinson family for their support throughout this long journey. I would like to say thank you to Stephen Day, the father of my children, for his support co-parenting our children and being a good friend. To my friend of over 25 years, Kevin Lewis, thank you for being my counselor and big brother. Last, but certainly not least, I would like to share my unending love and gratitude to David Binger for being my partner, family, protector, motivation, and supporter as I complete this journey and begin another.

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Chapter 1: Introduction to the Study

The purpose of a person-centered approach to support services for individuals diagnosed with disabilities is to create a holistic plan that results in normalization and community inclusion for the service recipient (Macarthur, McKechaine, Mack, Hayes, and Fletcher, 2015). What is lacking in this service field is a means to align performance with policy standards and assessment to gauge service quality. For example, in Maryland State, regulations do not provide a clear description of the type of team required for intellectual/developmental disabilities (IDD) residential support. Code of Maryland Regulations (COMAR) labels this type of team alternately as *resource*, *interdisciplinary*, or *multidisciplinary* (Maryland Office of the Secretary of State, 2014). Although these terms have different meanings, they are used interchangeably, and all are assessed based on the same standards.

In health care environments similar to residential support provider organizations (RPOs), stilted patient safety is related to a lack of mutual agreement on patient care (Have & Nap, 2014). Interdisciplinary teams are employed to remediate this inconsistency (Jessup, 2007; Kotecha et al., 2015). The purpose of this type of integrated team is to establish a common goal and basis for decision-making that drives productivity. Fitch (2014) and Vitkiene (2013) referred to these functional parameters as *corporate ethos*, that is, what a company does and how the company delivers a service or product. By examining corporate ethos in RPOs for IDD populations, the results could serve as a foundational component to assess alignment of policy standards, performance, and quality assessment and establish *tacitly shared ethos* as a basic characteristic of an

interdisciplinary team. These developments could lead to evidence-based improvement strategies based on replicable measurement/assessment processes using established, universally applied State compliance standards.

The evolution of residential support services for individuals diagnosed with IDD and similar populations has progressed from large state-run institutions to smaller community-based programs and in-home services (Kane & Cutler, 2014). Since the 19th century, state-run residential institutions for IDD populations have been gradually replaced with state-regulated networks of support services provided primarily by nonprofit, community-based organizations. In the 1960s, the group home model was created to provide more integrated and humane services driven by legislation resulting from a federal class action suit supported by families of individuals with disabilities and The Arc (Parish & Lutwick, 2005). In 1999, the Supreme Court reinforced this movement with the Olmstead decision requiring all state programs that receive Medicaid funding to develop programs for individuals diagnosed with disabilities, to live independently in their community. States have subsequently increased initiatives to provide increasingly individualized, long-term care solutions that have replaced outmoded practices of placement without consideration of individual needs (Berta, 2013).

In 2006, the Center for Medicare and Medicaid Services implemented the Money Follows the Person Rebalancing Demonstration Project to encourage transitioning individuals from state institutions to smaller programs (Kane & Cutler, 2014). This initiative allows funding to travel with the recipient to eligible community-based settings (Medicaid.gov, 2015). Though the use of large, state facilities has been drastically

reduced, Medicaid funding standards do categorize some community-based programs as institutions. Nursing homes, intermediate care facilities for individuals with intellectual/developmental disabilities (ICF-IDD), and long-term psychiatric hospitals are examples (CMS, 2012).

The two major funding streams for nonprofit RPOs are Medicaid and the Home and Community Based Services (HCBS) Waiver Program (Parish & Lutwick, 2005, p. 347). These programs were established in 1971 and 1981 respectively. Based on the most recent Medicaid expenditure report published in 2013, Medicaid paid out over $1 billion in funding for institutional long-term care and almost $900 million toward in-home and community-based residential support services in 2011 (Medicaid.gov, 2015). Such a significant investment in support and medical services for disabled populations without significant empirical examination of cost-benefits indicates a need to investigate these complex adaptive systems.

This study used the theory of complex adaptive systems (CAS) and the conceptual framework of corporate ethos to explore how secondary state compliance data can be used to assess alignment of service output and regulatory input for one RPO for persons diagnosed with IDD in Baltimore, Maryland. The ways in which this data can be used to identify an RPO-IDD team as interdisciplinary based on the characteristic of a tacitly shared ethos for service delivery were explored

Because CAS theory takes into account nonlinear yet interconnected relationships, this theory allows a researcher to examine the way team members work to accomplish a prescribed goal (Ellis, 2011). In this case, the prescribed goals are

established by the service recipient's Individual Plan (IP). Using CAS theory as the basis for examination expands the application of the theory to an understudied service system (Ellis, 2011). A literature search revealed extremely limited sources related to repurposing nonprofit RPO compliance data to assess alignment. Chapter 2 provides further discussion of this knowledge gap. There is, however, sufficient relevant literature related to alignment, support services for individuals diagnosed with disabilities, interdisciplinary teams, multidisciplinary teams, corporate ethos, and complex adaptive systems to provide a strong foundation for the study's findings.

Problem Statement

Although there are increased advocacy and policy mandates supporting the use of interdisciplinary teams for health related services, a significant problem is the absence of performance criteria for interdisciplinary teams which align with State compliance assessment and policy standards for nonprofit RPOs for IDD populations (Klipfel, et al, 2014; Parr et al., 2013; Urban, Hargraves, & Trochim, 2014). As previously stated, in Maryland, residential support teams for IDD populations are labeled *interdisciplinary*, *multidisciplinary*, or *resource* by COMAR, and the provider organizations are assessed for compliance by way of institutional inspection (Maryland Office of the Secretary of State, 2014). The state of Maryland offers a list of service components (e.g. social work, speech, nursing, etc.) that the organization must provide but does not give a definition by stipulating measurable descriptors to establish functionality (Maryland Office of the Secretary of State, 2014). Policy ambiguity has resulted in miscommunication, potential

conflict in the goals of service delivery, and misaligned quality assessment and policy development criteria (Moseley et al., 2013).

As residential services for IDD populations have progressed, nonprofit RPOs have evolved into intricate systems of supports developed to adapt to the changing needs of individual service recipients. IP development has become a holistic process that incorporates determining the service recipient's needs and preferences, planning goals and outcomes, establishing services, and determining an appropriate time frame for meeting objectives (Maryland Office of the Secretary of State, 2014). The Developmental Disabilities Act of 2002 mandated this sophisticated process; however, the involvement of all stakeholders in IP design and implementation has been lacking (Government Printing Office, 2002). The inclusion of all stakeholders is a core tenet to developing performance criteria (Kearney, Bloom-Ellis, & Jordan, 2010). To date, researchers have not established aligned performance criteria for interdisciplinary teams or a reliable means of measuring such alignment in the RPO-IDD service area. A literature search revealed significant research on measuring the effectiveness of health care provider organizations, but this work does not address nonprofit RPOs for IDD populations (Gine et al., 2014).

Nature of the Study

Based on a thorough literature search, nonprofit RPOs for IDD populations have not been sufficiently studied. In contemporary practice, the preferred method for health care decision making is the use of interdisciplinary teams (Parr et al., 2013). There is a gap in the literature, however, on how to align this concept in policy, assessment, and

performance outcomes for RPOs. Developing an aligned framework for evaluating current support models and developing new models is needed (Koenig, 2014).

Research Questions and Design Rationale

This study uses secondary data analysis to address this need by examining state compliance data on service teams within a single mid-sized nonprofit RPO-IDD in Baltimore, Maryland. The following research questions were addressed:

1. How can state regulatory compliance data be used to assess alignment of nonprofit RPO for IDD population service output with regulatory input?
2. In what ways can state regulatory compliance data identify a nonprofit RPO for IDD population service delivery team as interdisciplinary based on the characteristic of a tacitly shared ethos for service delivery?

Because the data are completely narrative, a qualitative inductive content analysis methodology was chosen for this case study (Yin, 2014). Initially, the study was designed using focus group, staff observation, and record review to generate original data, and the plan was to use mixed-methods. Informal inquiries to various nonprofit RPOs revealed a reluctance to participate in such a study. I had previously observed that during state institutional inspections, interviews, staff observation, and record reviews were all performed. The resulting compliance surveys are publicly available data, making these documents a viable source of secondary data (Crowley, Jean, & Rosenthal, 2013). This resulted in my decision to perform a content analysis of the compliance data to identify and examine RPO team characteristics (Elo & Kyngas, 2008; Yin, 2014).

Research Method

To answer the research questions, inductive content analysis of compliance data using corporate ethos was used. The corporate ethos framework was chosen based on established state compliance categories and prior research establishing focus tendencies of RPO staff (Brame, 2014; Finfgeld-Connett, 2014; Windley & Chapman, 2010). Although an inductive analysis method is most commonly used in the absence of a conceptual framework, it is appropriate for this case study because there are few preliminary studies of this service area and field of inquiry (Finfgeld-Connett, 2014; Jolley, 2013).

Data sample. To maintain a reasonable scope and to improve transferability, a single RPO with four or more embedded units was selected, and the case is bounded by the size of the organization (Yin, 2014). Data covering a 5-year span for one nonprofit RPO were obtained from the Maryland Office of Healthcare Quality. These documents included recertification inspection reports and incident inspection reports drafted by state inspectors, as well as plans of correction submitted by the RPO. Elo and Kyngas (2008) identified content analysis as a suitable option for this sample size if the observational protocol used during institution inspections are "large enough to be considered as a whole and small enough to be kept in mind as a context for meaning unit during the analysis process" (p. 109).

Role of the researcher and researcher bias. The data set did not necessitate the use of qualitative research software (Creswell, 2012). I acted as the primary tool for data analysis and kept a reflexive journal to document my opinions. The journal entries and

analysis results were compared during the data analysis process (Cope, 2014). Chapter 3 includes more detailed discussion of the research methodology.

Purpose of the Study

Jun (2006) identified the need for organization management techniques to evolve and develop frameworks for "dealing with a multiplicity of realities" (p. xxi) via collective participation and communication of organization members. Jun noted that public administration is lacking a critical perspective that incorporates democratic practices within the organization's current environment (assumptions, values, and methods) to reconstruct new, progressive and consistent practices. In the field of residential support for IDD populations, this is missing on two levels.

1. Critical examination of the performance of RPO teams has not been sufficiently conducted to evaluate alignment with performance assessment and policy standards.
2. The organization does not treat all team members as equal contributors to the culture of the organization.

RPOs are regularly examined by state agencies for compliance, but there has been insufficient scholarly consideration of how policy input, service output, and quality assessment align in these entities (Jolley, 2014). Executing the IP is the responsibility of direct care staff, however, such staff are often not involved in developing the vision of an organization (Beadle-Brown, Bigby, & Bould, 2015). In turn, provider organizations are not included in drafting technical publications such as Maryland's Assisted Living Program Evaluation. These exclusions offer evidence of service provider and direct care

staff absence in the policy and performance standard development process to which they are held accountable (Maryland Office of Healthcare Quality, 2005).

The purpose of this study was to reinterpret state compliance data for a single nonprofit RPO for a primarily IDD population in Baltimore, Maryland. Using the theory of complex adaptive systems and the conceptual framework of corporate ethos, the study proposes ways such data can address the need for standards, assessment, and performance alignment criteria for IDD residential service delivery. Compliance entries for the selected RPO case were analyzed to determine whether or not this data could yield insights into the ethos composition of the RPO. This proved to be possible. The second stage of analysis gauged how effectively the ethos data could be used to characterize the service delivery team as functionally interdisciplinary.

A comparative review was conducted using the following compliance reports obtained from the Maryland Office of Healthcare Quality: statement of deficiency reports, incident investigation reports, and plans of correction from the service provider. These documents include data gathered through record review, interviews, and direct observation. In the IDD-RPO service field, these data are already established and recognized. Though the original purpose for collecting the data was state assessment of regulatory compliance, I explored the utility of these data in identifying team members' ethos focus. Industry recognition and respect for the original compliance data should aid in the transferability of findings to similar nonprofit organizations.

In the nonprofit RPO environment, there are many common service-related contingencies. Changes can include improvement/deterioration of service recipient health

and variability in the service milieu (staff rate of attrition, funding, policy changes, etc.). Despite environment fluidity, all components must work in an integrated fashion to accomplish the common goals as established in the IP (Beadle-Brown et al., 2015). Accordingly, CAS theory was appropriate to explore team integration and alignment within a single residential provider organization in-depth via a corporate ethos contextual lens. Because the compliance data are narrative, a qualitative exploratory case study using content analysis was chosen to analyze the data (Yin, 2014).

Initially, the study was designed using focus group, staff observation, and record review to generate original data. Informal inquiries to various nonprofit RPOs revealed a reluctance to participate. One common reaction was fear of having their weaknesses documented by an outside party. Another concern was confidentiality and remaining compliant with the 1966 Health Insurance Portability and Accountability Act (HIPAA) privacy regulations that protect individuals from the unnecessary disclosure of health information deemed personally identifiable (U.S. Department of Health and Human Services, 2014). Compliance data gathered through interviews, staff observation, and record review during the institution inspections, however, constitute a viable, triangulated source of secondary data (Crowley, Jean, & Rosenthal, 2013). As a result, I made the decision to use content analysis of compliance data to examine policy standards, assessment, and performance alignment in an IDD-RPO (Elo & Kyngas, 2008; Yin, 2014).

Theoretical Foundation

Because residential services for IDD populations, like many health care related services, involve the ethical and functional application of a complex array of supports that require adaptation to fluid policy and service recipient needs, CAS theory was used (Ellis, 2011; Hempe, 2013). Primarily based on the work of Ellis (2011) in the United Kingdom, CAS theory has been applied to similar health care environments. Ellis noted that health care services constitute a CAS as the behavior of health practitioners is a response to the introduction of new policy and changing needs of service recipients. Ellis also described a CAS as containing many interdependent parts and nonlinear, disorderly interactions. These parts adapt based on “the history and properties of the elements at a given time” (p. 100) as well as the relative effect the input has on the system.

One of the core components of CAS theory is the integrated thinking and collective attitudes of system members (Karemere, Ribeesse, Marchal, & Macq, 2015). Multiple tools are utilized to accomplish shared goals including automated process, sharing information, and supportive-technology. Ellis (2011) noted that this level of synergy can lead to the emergence of new outcomes and ideas through “recombination of agents or their schemata” (p. 100). Ellis proposed that the natural state of a CAS is system-wide governance as a closed-loop flow of communication which gives the system, and the units, an opportunity for mutual influence. In the case of IDD-RPOs, all members of the service delivery team should have as much influence on the system as the system has on them, thereby resulting in a dynamic reflexive yet recursive system of support.

CAS has four primary elements: multiple agents with schemata, self-organizing networks, coevolution, and system adaptation as a case management tool for quality improvement. *Multiple agents with schemata* reflect the degree of connectivity amongst system units (Ellis, 2011), analogous to sharing a common ethos. The *networks* use a holistic approach to performance output that encourages units to become vested in their contribution to overall process rather than to their individual goals (Karemere et al., 2015). *Coevolution* involves using emergent behavior to establish nonlinear governance built on mutual causation. It includes monitoring the implications of feedback (output) and using these results to help guide and inform input. *System adaptation* involves the concept of the system developing through incremental change (Ellis, 2011). Based on my own professional experience with IDD-RPOs, changes in residential service environments should be done gradually and in an interdisciplinary way that considers the coexistence of different service specialties and the active participation of the service recipients. All of these components are reasonably attributable to team members abiding by a tacitly shared ethos, an overarching principle that guides decision making by the team members (Ellis, 2011; Wood, Svensson, Singh, Carasco, & Calaghan, 2004).

Policy development for residential services for IDD populations to date has been anecdotal and only marginally based on empirical examination of the field (Moseley, 2013). In the contemporary environment, examining these services has become a national priority. The National Quality Forum (2015) established the Home and Community-Based Services Committee to develop a conceptual framework to address HCBS performance gaps. One of the aims of this project is to provide a functional definition for

HCBS. Although this initiative is primarily focused on disabilities associated with aging, it is related to this study because of its emphasis on long-term care for individuals diagnosed with disabilities and the need to clearly define what is being measured.

Conceptual Framework

Wood et al. (2004) defined *ethos* as the guiding principle behind decision making. As it relates to an organization, corporate ethos is the prescribed, shared theme or guiding principle of members of an organization (Vitkienė, 2013). For this study, corporate ethos was used as the interpretive tool for nonprofit IDD-RPO compliance data. These data were categorized according to an identified guiding principles (ethos) associated with citations noted in the institution inspection reports. Three ethos principles were applied: economy, procedure, and beneficence. I demonstrated how these data can be successfully used to identify a tacitly shared ethos.

Definition of Terms

Alternative Living Unit (ALU): COMAR defined an alternative living unit as a residence owned, leased, or operated by a licensee that:

- Provides residential services for individuals who, because of a developmental disability, require specialized living arrangements
- Admits not more than three individuals
- Provides 10 or more hours of supervision per unit, per week (Maryland Office of the Secretary of State, 2014, para 5-7).

Assisted Living Program: In the state of Maryland, an assisted living program is a residential or facility-based program where services (housing, supervision, support,

personalized assistance, health-related services) are provided specifically or in some combination. The objective is to promote dignity and independence for the individuals being served (Maryland Office of the Secretary of State, 2014). This type of program does not include:

- Nursing homes
- State Run facilities
- Hospice care
- Services provided by family members
- Services provided by a licensed residential service agency or licensed home health agency in the individual's home
- Certified Adult Residential Environment (CARE) programs for individuals who require support but not nursing services
- Foster care homes

Alignment Criteria: A set of standards/criteria used to determine the degree to which program output corresponds with program input (Urban, Hargraves, & Trochim, 2014).

Citation: As part of an institution inspection, the specific regulation violated as noted in an inspection report by a Maryland Office of Health Care Quality (MOHCQ) inspector (Maryland Office of Health Care Quality, 2011).

Closure Letter: Letter sent from MOHCQ summarizing the resolution of an inspection or investigation (Maryland Office of Health Care Quality, 2011).

Corporate Ethos: A guiding principle, or theme, used by organizations and their staff to make decisions (Fitch, 2014; Vitkienė, 2013).

Deficiency: As part of an institution inspection, the specific circumstances justifying that a regulatory violation has occurred as noted by an MOHCQ inspector in an institution inspection report (Maryland Office of Health Care Quality, 2011).

Developmental Disability: Centers for Disease Control and Prevention (2012) described this condition as severe and chronic impairment of functioning occurring to an individual before the age of 22. These impairments include social, learning, mobility, self-help, language, and independent living limitations.

Direct Care Staff: Also referred to as residential counselors or day staff, these are staff who provide the hands-on implementation of services listed in the IP (Maryland Office of the Secretary of State, 2014).

Ethos: A theme or principle that guides decision making and behavior, e.g. democracy, financial gain, women's rights (Wood et al., 2004).

Ethics: A set of moral codes to which an individual adheres, e.g. the Ten Commandments (Hunt, Schwartz, Sinding and Elit, 2014).

Group Home: In Maryland, a group home is a residence owned, leased, or operated by a licensee that:

- Provides residential services for individuals who, because of a developmental disability, require specialized living arrangements;
- Admits at least four, but not more than eight individuals; and

- Provides 10 or more hours of supervision per week (Maryland Office of the Secretary of State, 2014).

Habilitative Services: Industry jargon based on the word *habilitate* which is to "make fit or capable (as for functioning in society)" (Merriam-Webster, 2013, para 1). These services are aimed at maintaining skill level, rather than recovering lost skills typical of rehabilitative services (e.g. learning to walk again after a spinal injury). The National Association of Insurance (2013) defined habilitation services as

> Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings. (p. 2)

This definition has not been universally adopted by entities such as the Department of Health and Human Services or Centers for Medicare and Medicaid Services.

Individual Family Care Home (IFC): "A private, single family residence which provides a home for up to three individuals with developmental disabilities, who are unrelated to the care provider" (Maryland Office of the Secretary of State, 2014).

Individual Plan (IP): Developed for adult service recipients, an IP is the document listing the medical and social history of a service recipient as well as goals and objectives for the upcoming year. These documents are written annually and reviewed quarterly for updates based on the fluctuating needs of the individual (Maryland Office of the Secretary of State, 2014).

Inspection Report: In Maryland State, the document generated by MOHCQ that details the compliance investigation or inspection of a residential service provider organization. The document includes demographic information of the organization surveyed and the statement of deficiencies (Maryland Office of Healthcare Quality, 2012).

Institution: By federal definition, an institution is "A residential facility that provides shelter, food and treatment services for four or more persons who are not related to the proprietor" (Center for Medicare and Medicaid Services, 2012, p. 9).

Institution Inspection: Assisted living provider compliance inspections that are conducted by MOHCQ for the organization to maintain licensure or as a result of an investigation (e.g., allegation of abuse, major illness or hospitalization of a service recipient, etc.) to assess an organization's compliance with regulation and policy. This includes not only services provided but also in the case of assisted livings facility maintenance (Maryland Office of Healthcare Quality, 2012).

Interdisciplinarity: "Process in which [team members] work jointly, but from each of their respective disciplinary perspectives, to address a common problem" (Abramo, D'Angelo, & Di Costa, 2012, p. 2206).

Interdisciplinary: Term used to describe the integration of separate disciplines into a single unit to carry out a treatment plan for a variety of disorders and clinical diseases. These separate disciplines work interdependently, to accomplish patient outcomes (Jessup, 2007).

Interdisciplinary Team (IDT): In Maryland State, industry jargon/label for the team responsible for drafting the IP consisting of

> a group convened by the waiver participant's service coordinator, which meets to design effective, efficient individualized plans and programs, with membership comprised of, but not limited to, the waiver participant, the waiver participant's family or representative, the waiver participant's service coordinator, representatives of providers, individuals with various professional skills which are relevant to the needs of the waiver participant, and other human services staff (Maryland Office of the Secretary of State, 2014, para 40)

Intermediate Care Facility for Individuals with Intellectual Disabilities or Persons with Related Conditions (ICF-IID): By federal definition, these entities are considered facilities that provide

> diagnosis, treatment, or rehabilitation of the intellectually disabled or persons with related conditions; and provides, in a protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services to help each individual function at his greatest ability. (CMS, 2012, p.7-8)

In the state of Maryland, these institutions fall under COMAR Title 10 Subtitle 7 establishing facilities such as hospitals and other types of assisted living entities (Maryland Office of the Secretary of State, 2014).

Level of Care: A specification of the need that a patient has for three services: physician services, skilled nursing services and acute hospital services. Each location –

that is, acute hospital services, skilled nursing facility or home health agency – has a specified level of care available only at that location. (Fynn, 1973)

Multidisciplinary: Term used to describe a team formed of "different disciplines [that] work independently and sequentially, each from his or her own discipline-specific perspective, to address a common problem" (Abramo et al., 2012, p. 2206).

Plan of Correction: According to the Maryland Office of Healthcare Quality (2011), it is the licensee's proposed response to findings of noncompliance identified by MOHCQ.

Recertification: In the State of Maryland, the process a residential service provider organization must undergo periodically (typically on an annual basis) to maintain licensure to provide assisted livings (Maryland Office of the Secretary of State, 2014).

Residential Support Services: Maryland State support services provided to individuals who require specialized living arrangements due to a physical, intellectual, or developmental disabilities diagnosis. In the state of Maryland, there are many different forms of this type of service based on level of care including: residential habilitative service, assisted living units and programs, alternative living units, group home, in-home, and community supported living arrangements. The specific term used is based on the number of service recipients in the home, who is providing the service, and where the services are being received (Maryland Office of the Secretary of State, 2014).

Statement of Deficiencies: In Maryland State, this document lists violations of state regulations governing assisted living facilities which result from annual surveys or complaint investigations (Maryland Department of Health and Mental Hygiene, 2014).

System: A system is generally defined as a set of interdependent components that interact to form an integrated unit (Bailey, 2004).

Assumptions

Studying IDD-RPOs can be complicated by the uniqueness of the service recipient needs and the established processes (both formal and informal) used to provide services (Cocks, Thoresen, Williamson, & Boaden, 2014). It was assumed that a larger organization would be a better gauge of the service area as a whole and would result in transferable findings (Kralewski et al., 2014). The size of the organization can be an influential factor to overall performance that can affect the transferability of the study results (Kralewski et al.). A strength of this study is that the data gathered used uniformly applied service jargon, standards, and processes. This factor makes using the proposed conceptual framework credible, dependable, and accommodating to the fluidity of the RPO environment.

Nonprofit organizations providing residential services to individuals diagnosed with disabilities is a highly specialized field based on individual needs (Cocks et al., 2014). The organization must take into consideration the overall needs of the program milieu by balancing the often conflicting and changing needs of service recipients. These factors can range from the direct care staff, demographic location of the provider (e.g., level of oversight, funding and support based on state mandates), or the service

recipients' diagnosis, particularly in cases of comorbidity (Ellis, 2011). The innate complexity is impactful to data interpretation and transferring results because the information gathered and the results generated can be unique and situational based on the system developed to form a functional program.

The diverse roles and responsibilities of residential service team members may have an effect on the data collected. Responsibilities range from task completion on the part of direct care workers, program administration by the management staff, as well as the compliance needs of the organization by the executive staff. These differences can influence how team members view the purpose of their role and the relationship of that position with the other members of the team. Although exposure to different bodies of knowledge and requirements of a given specialty are not significant to the proposed project they are worth noting as possible influential factors to establishing a tacitly shared ethos. For example, it would be reasonable to question whether a direct-care worker whose position requires a high school diploma will have the same ethos as a psychiatrist with an advanced degree (Bosch et al., 2009). Such considerations may limit how study findings can be transferred and fundamentally applied (Windley & Chapman, 2010).

There is insufficient historical data to establish a precedent for using nonprofit RPO compliance data for the proposed purpose. Scholarly data exists about all components of this study; however, they have not been sufficiently applied to the nonprofit IDD-RPO environment in order to establish evidence-based policy development. To date, policy decisions have been anecdotal and without much evidentiary support (Macarthur et al., 2015; Slevin et al., 2008). To expand the empirical

examination of the field, baseline data needs to be developed, which is the basis for the proposed study.

Limitations

Only the ethos composition of the compliance data gathered from the selected nonprofit IDD-RPO was examined. Data were analyzed to determine the ethos composition of the RPO. Further analysis gauged how the ethos data could be used to characterize the service delivery team as functionally interdisciplinary. Though the project could lead to a future quality assessment schema, effectiveness and quality was not measured. The number of citations was not considered. The frequency of the same type of citation was used to determine if the team can be identified as interdisciplinary. Because the chosen population is nonprofit organizations, the results may not be transferable to for-profit organizations. Because the population was medium to large entities, the results may not be transferrable to small nonprofit entities. The geographic location of Baltimore, MD may also limit transferability of results to nonprofit RPOs in different states. Regulation and assessment of these entities is subject to state approved standards and compliance measurement tools.

Scope and Delimitations

The scope of the project was limited to one medium to large nonprofit RPO for IDD populations in the Baltimore, MD area. The project began as a qualitative examination of team effectiveness within the chosen environment. As discussions with colleagues (both academic and professional) continued, the importance of first gaining perspective on alignment within the field became increasingly evident. Literature

research supported this notion as the absence of data on the topic was apparent (Jolley, 2014). As the project further developed, examining the RPO compliance data was determined to be an innovative way to evaluate standards, assessment and performance alignment based on identifying a core team characteristic (Urban et al., 2014).

Urban et al. (2014) offered one form of identifying program characteristics during various phases of feedback, exploration, and testing. Urban et al. highlighted the need to align evaluation criteria with program phases that preserves resources and decreases costly, poor decision making. These program development phases were characterized by initiation (new program), development (small scale change), stability (execution of formal protocols and procedures), and dissemination (protocols executed at multiple sites). These program development phases are dynamic and responsive to changes in service demands and policy formulation.

In a related study using secondary inspection data from child care centers, Crowley et al. (2013) used a quantitative means to assess improved compliance by examining noncompliance. Variables were developed based on the items within the inspection reports that represented child care regulations. To further conceptualize the regulations, categories were created to group related regulations. Crowley et al. found that using compliance data to identify “characteristics of child care centers associated with compliance regulations” (p. 53) could offer a generalizable methodology to strategic planning initiatives.

Researching many different theories established the need for a theoretical foundation that could best accommodate the fluidity of residential service delivery for

IDD populations. This service area must adapt to changing support needs of the individual, changing industry ideology, and the interconnected means of providing support (Jordon, Lanham, Anderson, & McDaniel, 2010; Urban et al., 2014). Because of previous examinations of similar organization structures such as Ellis's (2010) exploration of the informatics driven complex social interactions within primary care organizations (PCOs), CAS theory was chosen for the proposed project. Ellis found that CAS principles provide an appropriate framework for examining how system components communicate and interact.

There were distinct types of organizations not included in the study. Based on my professional experience, I found that individual residential programs within an RPO can develop a distinct subsystem that is not a reflection of the organization. Each program can develop different approaches to service delivery. Based on previous studies the size of an organization can impact research results (Kralewski et al., 2014). Because of this, it was determined that a small organization with fewer than four residential programs would likely affect the transferability of the results.

Individuals diagnosed with disabilities can receive residential support services from family in their home, or they can receive professional drop-in care. Both of these settings are outside the scope of this project. Although there has been increased advocacy for in-home care, to justify this shift, the current nonprofit RPO model should also be examined to guide policy decisions (Berta, Laporte, Deber, Baumann, & Gamble, 2013). The results generated were limited to assessing nonprofit organizations. Because the data source is specifically from the Maryland Office of Healthcare Quality (MOHCQ), for-

profit agencies were not examined. This particular department facilitates services through a network primarily composed of nonprofit providers. The primary funding sources for these entities is Medicaid, Waiver, or DDA funds (Maryland Developmental Disabilities Administration, 2014).

Service quality was not directly addressed in this study although an organization with a high number of citations could demonstrate poor service quality. By focusing on examining and establishing a fundamental characteristic of the team and building from there, it gives the quality assessment evolutionary process more credence as the finer points of this complex adaptive system are explored in-depth (Urban et al., 2014). In the RPO environment, there are many variables and contingencies related to service delivery. These changes can include the fluctuating health of the service recipient and the delivery service milieu (staff rate of attrition, funding, etc.) it would be premature to assess quality at this stage.

Significance

The results from the proposed project could have substantial research, policy and long-term care quality assessment implications. While researchers such as Karemere et al. (2014) and Ellis (2010) have examined CAS theory in health care, researchers have not extensively applied CAS to the nonprofit IDD-RPO field. Exploring residential services for IDD populations within the theoretical lens of CAS theory allows for the examination of both the organization as a whole and where the variations within the system may be occurring. Regarding institutional policy development, this study could help establish a meaning for the term *interdisciplinary team* for better alignment of

funding, program output, and policy requirements (Gine et al., 2014). By operationalizing a fundamental characteristic of such a team, the results could substantively add to the literature. The results could offer a basis for future examination and a broader range of uses for the wealth of data generated by nonprofit RPO institution inspections which historically has had little use outside of examining regulatory compliance (Crowley et al., 2013).

On March 23, 2010, President Obama signed the Affordable Care Act into law (U.S. Department of Health and Human Services, 2014). Even before this legislation was passed, there were calls from health care providers and patients alike for evidence-based quality assessment and medical decision making because of the growing complexity of health care and medical policy. These decision making and policy development methods are undeveloped or not universally applied (Ticha, Hewitt, Nord, & Larson, 2013). The results could provide an evidence-based foundation for policy development for IDD populations by expanding the use of compliance data and synthesizing it into substantive, transferrable concepts that could be used to implement improvement strategies (Brownson, Chriqui, & Stamatakis, 2009; Crowley et al., 2013).

Interdisciplinary teams are the preferred means of health care delivery (Parr et al., 2013; Sibbald, Wathen, Kothari, & Day, 2013). Despite this advocacy, ambiguity remains in defining what it means for a team to be functionally interdisciplinary. This ambiguity can be found in COMAR with the use of interchangeable RPO team labels with different meetings. Results could serve as a foundational component to align policy

standards, performance, and quality assessment by establishing tacitly shared ethos as a fundamental characteristic of an interdisciplinary team.

Summary

Increased advocacy and mandates for the use of interdisciplinary teams have not sufficiently led to alignment criteria that can identify the functional characteristics of this type of team in IDD-RPOs (Engum & Jeffries, 2012; Gine et al., 2014). The alignment of performance, policy, and assessment is hampered by the interchangeable use of *resource*, *multidisciplinary*, and *interdisciplinary* labels in the regulations (Maryland Office of the Secretary of State, 2014). This study repurposed Maryland state compliance data for these entities, using the theory of complex adaptive systems and the conceptual framework of corporate ethos. The examination helped to determine how Maryland state regulatory compliance data can be used to measure the alignment of nonprofit RPO service output with regulatory input. The ways these data can identify such teams as interdisciplinary based on the characteristic of a tacitly shared ethos for service delivery was also examined. This study is significant as it could move this industry from anecdotal policy development to sophisticated evidence-based processes. This study could also better align policy standards, performance and quality assessment by establishing tacitly shared ethos as a fundamental characteristic of an interdisciplinary team (Slevin et al., 2008; Ticha et al., 2013; Urban et al., 2013).

Although the scope of the project was limited to ethos composition and identifying if the nonprofit RPO team is interdisciplinary based on the characteristic of a tacitly shared ethos for service delivery, it is presumably the first step toward establishing

a quality assessment rubric. That the type of organization selected was nonprofit and located in the state of Maryland were additional limitations. The nonprofit criterion may affect transferring results to for-profit entities. Although, the majority of IDD-RPOs in Maryland State are nonprofit, all RPO entities must meet COMAR licensing standards (Maryland Office of Healthcare Quality, 2015). The geographic location may limit transferability to similar entities in other states with different policy standards and assessment processes. Despite this difference, all such provider entities must meet a licensing standard. Small organizations were deemed too unique for the results to be transferrable (Elo et al., 2014; Kralewski et al., 2014).

Though quality was not a consideration of this study, the number of citations may prove to be significant for future studies but is not an immediate concern. Only ethos focus consistency was considered. Another consideration for developing the project was establishing an evidence-based means to affect policy decisions. At present, in-home support advocated and reinforced by policy. As a result, to expand knowledge of the residential support service area in-home support services (delivered by family members in their home or the home of the service recipient) was not considered.

In Chapter 2, the theoretical and conceptual foundation for the study will be discussed. A literature search produced limited information on using CAS theory to repurpose compliance data for nonprofit IDD-RPOs. Background information on how CAS theory has been applied to similar environments (primarily health care) and how it is applicable to the nonprofit IDD-RPO environment will be discussed. Ellis (2011) provides a comprehensive perspective on complex adaptive systems in health care in the

United Kingdom that could be applied to similar systems in the United States. The state of nonprofit entities will be reviewed; primarily supported by Koenig (2015). Chapter 2 includes an explanation of support team structure and member roles, another related area chosen to help frame the discussion of team-based health care. This topic was largely framed by the work of Slevin et al. (2008), Berta et al. (2013), and Beadle-Brown et al., (2014). A summary of the research design will be provided to discuss using inductive content analysis for the RPO compliance data. Chapter 3 is a description of project details including the type of data used, coding and data analysis methods. Chapter 4 is a report of the original data and Chapter 5 is the summary and conclusion.

Chapter 2: Literature Review

Introduction

In the state of Maryland regulations, nonprofit RPO teams for IDD populations are interchangeably labeled *multidisciplinary*, *resource,* and *interdisciplinary* (Maryland Office of the Secretary of State, 2014). Regulations do not provide clear alignment criteria to identify the characteristics of this type of team. Communication and conflicts in the goals of service become problematic when there is not a universal understanding of the service system framework (Gine et al., 2014). Existing regulatory compliance data was repurposed and analyzed to examine how Maryland state compliance data can be used to assess alignment of nonprofit IDD-RPO service output with regulatory input. Additionally, the alignment of policy, assessment and performance was determined by evaluating in what ways the data can identify a service delivery team as interdisciplinary based on the characteristic of a tacitly shared ethos for service delivery.

The theory of CAS and the conceptual framework of corporate ethos was used to examine in what ways compliance data can address the need for standards, assessment, and performance alignment criteria for IDD residential service delivery. Specifically, the institutional compliance data from a single nonprofit RPO was used to assess the ethos composition of the service delivery team. Vitkiene (2013) noted that corporate standards and the way an organization communicates these standards (corporate ethos) has a profound influence on employee behavior and organization output. This premise was the basis for examining corporate ethos in a nonprofit RPO.

The challenge with this project from its inception has been finding previous research on which to base the study. Following a thorough literature search, only minimal scholarly research on IDD-RPOs has been conducted. Shogren and Turnbull (2014) noted the need for developing a core set of concepts that guide disabilities policy development. To further develop these ideas, the most basic concept of this service delivery system (functional team characteristics) was examined.

The literature review established the need to conduct the study; however, scholarly literature does not thoroughly examine this service area. As a result, the topics covered in the literature review will show parallels between similar fields and nonprofit IDD-RPOs. The chapter begins with the literature search strategy followed by a discussion of the theoretical and conceptual framework. A review of literature on the background and evolution of nonprofit entities, specifically residential support service organizations will be provided.

Literature Search Strategy

When constructing this project, a review of prior research and literature on CAS theory, interdisciplinary teams, multidisciplinary teams, and alignment was conducted. The primary sources of information were the Walden University Library Academic Search Complete database, and Google Scholar. This method offered a multi-database option that included the ability to limit results to scholarly peer-reviewed journals. The search included variations of the following terms: *alignment, compliance data, compliance, complex adaptive systems theory, teams, interdisciplinary teams, interdisciplinary, interdisciplinary teams, interdisciplinarity, multidisciplinary,*

multidisciplinary teams, multidisciplinarity, complex systems, critical theory, content analysis, ethics, ethos, corporate ethos, program evaluation, plan of correction, deficiency report, group home, developmental disabilities, developmental disabilities act, intellectual disability, residential support service, individual outcomes, residential support, assisted living, assisted living support, long-term support, long-term care, leadership, nonprofit, and *community-based service.*

An exhaustive search combining these terms as they relate to alignment of complex support for cases such as individuals diagnosed with autism spectrum disorder (ASD), uncovered very little scholarly material. Consequently, in addition to articles directly addressing the proposed topic, literature covering related components and subjects, trade, and government publications were chosen (Day, 2011). In aggregate, these articles addressed:

- The evolution of CAS theory
- Conceptual framework: Corporate ethos
- The state of the nonprofit organizations: How it has evolved from philanthropy to satisfying society needs, the use of teams, and the need for alignment
- Study design: Inductive content analysis method and CAS theory to assess alignment

The Evolution of Complex Adaptive Systems Theory

Systems Theory

As a related method and forerunner of CAS theory, systems theory began as an examination by von Bertalanffy (1972) who incorporated information and entropy analysis into the overall examination of social systems. von Bertalanffy theorized that concepts such as centralization, equifinality, and finality were present in all systems. Though the initial theory was about biological systems he found it applicable to “all sciences dealing with systems” (von Bertalanffy, 1972, p. 411). Of particular interest is von Bertalanffy’s theory on the effect of progressive segregation of system components and their subsequent gain of independence from each other. von Bertalanffy theorized that the result of components acting as separate entities threatens to “destroy the whole of which it is part” (p. 116). This conflict of interest is significant to the study given the possibility that when residential service team members do not share a common ethos and act as separate, unrelated components it could diminish the probability of providing quality service.

Miller and Miller further developed systems theory. They discussed the 20 critical subsystems needed for every living system to function. The study included the identification of a hierarchy of eight nested system levels: cell, organ, organism, group, organization, community, society, and supranational. The absence or malfunctioning of one subsystem potentially endangers the functioning of the larger system, supporting the notion of equity between all system components (Miller & Miller, 1991).

General Systems Theory

The successor to systems theory, general theory of social systems (or general systems theory), was developed in the early public administration career of German sociologist Luhmann (Drechsler & Trepper, 2014). Individual motives have to be taken within the context of the group with a focus on how members of the group (e.g. system components) communicate with one another and share information based on orthodox rules that attribute meaning to the information shared (Luhmann,1995). There are three components to general systems theory: structure, processes, and patterns. Though the components of a system are important, the primary purpose of examining a system is to gain perspective from a broader viewpoint, while considering the individual components that constitute the whole. Davis et al. (2008) noted that when the orientation of a system is holistic, each component functions with greater efficiency as they recognize their role in accomplishing a common goal, rather than having competing interests. Davis et al. suggested that this is likely the level of synergy that nonprofit RPOs for IDD populations should strive to achieve. Drechsler and Trepper (2014) asserted that social systems are correlated, interconnected subsystems and organizations are one type of social system. For social systems such as IDD-RPOs, as Shogren and Turnbull (2014) noted the changing conceptualization of disabilities research, policy development, and outcomes measurement are “filtered through the multiple systems in which individuals with disabilities live, learn, work, and recreate” (p. 20).

Complex Systems Theory

There has been some difficulty expanding the work on complex systems theory beyond the natural sciences and mathematics in the past (Newell, 2001). It would seem this difficulty can be attributed to a fundamental misunderstanding of what a living complex system is compared to a nonliving complex system (Dreschsler & Trepper, 2014). Newell used a human cell as an example of a living complex system because cell components “help produce and transform one another” (p. 10) and the subsystems are fundamentally interdependent. Newell went on to say that nonliving complex systems “can merely inter-link their sub-systems” (p. 10). This description presents a fundamental contradiction to the very definition of what it means for a system to be complex. If a system were that rigidly straightforward, it would not meet the definition of a complex system; there would be clear and finite linkages between system components and sub-systems that were predictable and easily measured.

Newell (2001) expanded his ideas about complex systems involving human beings, where human beings can, in fact, create new feedback channels and influence relationships that affect the overall system. While apparently contradicting himself, Newell did acknowledge that nonliving systems involving human beings can be innately complex because of the indeterminacy of human behavior. Johnson (2010) clarified the changing aspects of complex systems involving human beings. Such systems are dynamic social and physical subsystems. For IDD-RPOs, these dynamic systems involve a complex web of subsystems (Shongren & Turnbull, 2014). There are subsystems of families, advocacy groups, legislatures and the service delivery teams with complicated

interactions. Ultimately, RPO environments, though complex, do not easily fit into the "well-defined principles of logical argument" established by complex systems science (Johnson, 2010, p. 127; Shongren & Turnbull).

Complex Adaptive Systems Theory

The Ellis (2011) exploration of CAS in health care formed the basis for the conceptual framework of this project. In the RPO environment selected, service recipients have complex needs that cannot be supported by the family, or there is no family available. These needs extend beyond basic activities of daily living (ADLs) such as cooking meals and bathing, and typically include several health care components (nutrition, speech, occupational therapy, nursing care, psychological services). Providing such services in turn makes IDD-RPOs a quasi-health care environment.

Ellis (2011) noted that complex adaptive systems are both proactive and reactive. In the case of nonprofit residential support for IDD populations, system members are proactive advocates for the changing needs of service recipients and reactive to sudden changes in the needs of service recipients, as well as the flux in policy and regulatory compliance application. Adaptability is the nature of this service delivery team as it acts not only to provide ongoing services but also facilitate service delivery evolution to include policy and best practice changes. Moseley et al. (2013) noted that these concepts are key to gaining an understanding of how to progress the industry as a whole from reactionary, anecdote based policy development to evidence-based policy development by understanding how nonprofit RPOs approach service delivery.

The nonlinear nature of human relationships in nonprofit RPOs creates a diverse mixture of complex behaviors as learning agents contribute to and benefit from the knowledge of other system members (Hempe, 2013). Hempe noted that health care organizations, similar to nonprofit IDD-RPOs, are indeed complex adaptive systems. It would benefit researchers to approach studying these organizations by using models that can take into account the diversity among members. The support services for IDD populations would benefit from non-static qualitative approaches that can accommodate team diversity and settings involving a variety of disciplines such as a nonprofit RPO setting.

Organizations are complex human social systems (Hammer, Edwards, & Tapinos, 2012). Hammer et al. suggested that organizations are made up of human components that "are capable of independent, spontaneous, self-organization offering opportunities and threats to organization managers" (p. 913). Although there has been support for the application of complex theories to strategy development for some time, direct application by executive management is a fairly new practice. How information flows through the organization is imbalanced with a strong bottom-up sense of internal and external demands compared to the weaker top-down communication. What this means in the nonprofit RPO environment is that it is easier for team members to get a sense of the overall need than it is for management to facilitate the team which can lead to a fragmented approach to goals and an inability to accomplish outcomes.

In contrast, in their examination of geriatric care organizations Verleye and Gemmell (2011) viewed these entities as only partially CAS. Totally acting as a CAS was

limited in these organizations by regulations, procedures, and top-down governance. Ellis and Herbert (2011) noted that self-regulation, feedback, and non-linear causation are the basis for governance in an organization. These circumstances can make it difficult to create universal measures for patient (or service recipients) outcomes. A complex adaptive systems approach is particularly suited to examining organizations such as nonprofit RPOs since it considers both process and outcome-oriented measures.

In addition to organizations as a whole, the type of service provided can also be a CAS. Fishman (2013) noted that the psychotherapy process is made of a diverse collection of subsystems interconnected by “nonlinear relationships and reciprocally casual influences” (p. 408). Using the term *disciplined inquiry*, Fishman viewed the client-therapist relationship as having many interconnected feedback loops that guide the therapeutic process.

Conceptual Framework

Bosch et al. (2009) noted that functional demands of specific roles separate members of professional teams. It becomes necessary for organizations to facilitate team integration by establishing a guiding principle (ethos) for decision (Hempe, 2013; Lozano, 2012; Wood et al., 2004). This description of corporate ethos is the basis for examining ethos composition in IDD-RPO compliance data (Wood et al.). Analyzing compliance data through a corporate ethos conceptual framework could establish the following:

- A means of identifying a team as interdisciplinary based on establishing a functional characteristic

- A means of measuring performance output, policy, and assessment alignment
- Policy and assessment standards that include an operational definition based on a functional characteristic

Corporate ethos is distinguishable from an ethical framework which is best described as "the moral dimensions of providing development and humanitarian… assistance to individuals and communities" (Hunt, Schwartz, Sinding, & Elit, 2014, p. 47). An ethical framework focuses on morality, whereas the purpose of this examination is to determine the driving principle of decision making. This principle may, in fact, be morality (i.e. the beneficence ethos which focuses on the happiness of the service recipient). Morality, is in fact, only one possible guiding principle in this study as is procedure (task completion or compliance) and economy (maximizing profit at the expense of those under care). Holtzhausen and Fourie (2011) noted this guiding principle as the corporate identity that defines how organization members approach service delivery.

Gine et al. (2014) noted the importance of alignment and integration of residential services with policy. Similar to healthcare organizations, connections among nonprofit IDD-RPO system components are nonlinear; these organizations must draw insight from several disciplines while integrating these perspectives to provide comprehensive, cost-effective services (Hempe, 2013). Examining ethos composition could provide insight on how the organization learns and develops practices that align policy input with program output (Torralba, Palazzi, & Seguro, 2011; Vitkiene, 2013).

The State of Nonprofits

As the popularity of nonprofits has increased, gaining a greater share of the workforce, the financial and social effectiveness of nonprofit organizations is of greater interest (Dill, 2014; Irvin, 2005). According to the Bureau of Labor Statistics employment in the nonprofit sector has increased from 4.4% of all U.S. workers in 1994 to 5.9% in 2007 (Day, 2011). As of October 2014, "nonprofits account for 11.4 million jobs, 10.3% of all private sector employment" (Bureau of Labor Statistics, 2016). The nonprofit industry is growing and becoming increasingly accountable for a greater portion of the labor market (Day). This growth underscores the need identified in this study to investigate alignment of policy standards, assessment, and nonprofit RPO team output.

Nonprofit residential support services, for any special needs population, have three major components: health care, education, and social work (Koenig, 2015). According to Dill (2014) and Koenig (2015) these components require complex coordination of various specialties and areas of expertise, each with separate regulations, jargon, and processes. The challenge for RPOs is the need for standards, assessment, and performance alignment criteria. Dunford et al. (2007) noted criticism of the supporting literature containing fragmented empirical work and lacking a unifying theory. Instead, literature should be based on typical case studies to develop a perspective on appropriate practices (Day, 2011; Dunford et al.). Koenig explained that a comprehensive framework is needed to evaluate such integrated service models by examining service components.

Irvin (2005) noted the increased calls for nonprofit organization accountability. In recent findings, Shogren and Turnbull (2014) affirmed that accountability is an administrative principle for service delivery to individuals diagnosed with a disability. For example, in Croatia, as nonprofit organizations in a post-socialist environment take on health and disabilities needs calls for accountability and analysis are growing (Dill, 2014). Nonprofit managers and administrators can no longer view their endeavors as merely an act of philanthropy. They must function as a business that meets service recipient, regulatory, and societal standards. Block (2014) also wrote about the difficulty of human service organizations meeting these standards with the expansion of state oversight and reporting requirements. He noted the difficulty these entities face satisfying expanded reporting requirements and meeting individual outcomes in a timely and cost effective way (Block; Day, 2011). Contemporary research and disability policy view unifying frameworks that align assessment, standards, and performance as the foundation for enabling these entities, more specifically nonprofit IDD-RPOs, to meet these standards (Shogren & Turnbull).

A Team-Based Approach

In contemporary nonprofit research, there has been a call for a more extensive review of complex service teams. Slevin et al. (2008) reviewed 100 relevant sources that referenced Community Learning Development Teams (CLDT). These teams are equivalent to residential support teams in the state of Maryland. Although there were numerous references to CLDTs, Slevin et al., and more recently Moseley et al. (2013), I found that little empirical research exists on the topic and that most related literature was

primarily anecdotal and based on opinion and theory rather than evidence. This gap in the literature indicates a critical need to establish empirical and replicable techniques (Day, 2011).

Berta et al. (2013) noted that policy for support services for IDD populations has experienced an ideological shift from supporting long-term care programs, to in-home services with expanded roles by unregulated direct-care workers. Despite this shift, evidence for person-centered approaches remains limited and understudied with significant procedure variability, particularly in clinical care (Beadle-Brown et al., 2015; Wood et al., 2014). Historically, policy development in this field has primarily been based on a symbiosis between the courts and professionals whose testimony has primarily relied on previous court rulings (Taylor, 2004). In contemporary policy development for support services for IDD populations, there is some (though minimal) observation and inclusion of practitioners (Shogren & Turnbill, 2014). For example, Wood et al. conducted a qualitative examination of the healthcare pathways service method used in the UK. The study consisted of comparison analysis of coding meeting minutes, email correspondence, and issue logs. Among the findings from this study is the critical role of those responsible for implementing approaches have in team cohesion. Although these results are intriguing, as noted by Piven and Rabins (2011) and Beadle-Brown et al., these theories and frameworks have largely been understudied within long-term care environments such as an IDD-RPO. These findings suggest the need to explore further the topic and offer additional evidence-based insight (Day, 2011; Moseley et al., 2013).

Alignment

Establishing a comprehensive, interdisciplinary model for the treatment of individuals diagnosed with autism and other diseases/disorders requiring complex support can be difficult (Cox, 2012; Kucharczyk et al., 2015). For example, within the process of moving toward professionalization for each team member's area of specialty, there is no "working road map toward integration of care" (Cox, p. 2730). Another complication to establishing an interdisciplinary treatment model is the lack of a definition of what it means for a team to be functionally interdisciplinary. Overcoming this problem begins with establishing a universal definition of the term interdisciplinary to better align service output with policy input (Gine et al., 2014). Cox suggested a code of ethics which involves appropriately integrating the disciplines in a manner that best accomplishes service recipient outcomes. This integrating code that drives decision-making (whether it is ethics or profit) is the essence of corporate ethos that asserts what an organization does and how team members go about doing it (Fitch, 2014).

Establishing a tacitly shared ethos for service delivery in a nonprofit IDD-RPO environment involves the ethical and functional application of supports that balance a complex array of medical, social, financial, educational, and human capital needs within the given ethos theme (Jolley, 2014). Currently, direct care staff tends to focus on customer service (making the service recipient happy) and maximizing quality of life, while organization leadership focuses on care needs, emphasizing the functional component of providing care (Brame, 2014; Windley & Chapman, 2010). Given this fact,

there is a need to develop comprehensive methods understood by all components of the service delivery system including policy makers, families, and service recipients (Russell and Bray, 2013).

Study Design

Hammer et al. (2012) wrote about the challenges of strategy development in highly complex organizations that involve individuals from different disciplines. Because of the constantly changing external factors (input) and organization adaptation to these factors (output), studying this environment compels applied complex theories to develop practical tools and practice models to conduct operational research. CAS theory based studies can contain an infinite number of variables which makes the survey and experimental designs mostly irrelevant (Yin, 2014). Hammer et al. (2012) noted this method requires academics and practitioners to develop strategies for empirical studies to understand more fully these relationships and how to apply CAS theory as a contextual framework. Jun (2006) in the examination of critical theory wrote about the Western professionals need to understand the complexity of politics and organizational culture that are indigenous to other countries.

The need for understanding is also true of the empirical examination of the culture indigenous to nonprofit RPOs. Using inductive content analysis of RPO compliance data offers the opportunity to examine these entities within the context of jargon and standards already used in the field. This research method is useful for drawing logical conclusions from text such as compliance data (Stenberg & Wann-Hansson, 2011). Although research using this method to examine compliance data is limited, this method has been used to

study similar text such as Campopiano and De Massis (2014) examination of corporate social responsibility (CSR) reporting for family versus non-family firms where the family component was found to be an influential variable to CSR reporting. Because this significant gap in the research was identified, a more definitive exploration of whether family or nonfamily firms are better corporate citizens is needed.

The functional characteristics of the RPO team needs to be examined to accurately evaluate the alignment of performance, assessment and policy with the functional characteristics of the RPO team (Jolley, 2014). The interchangeable labeling of RPO teams using conflicting terms is the reason for using corporate ethos to identify a team as interdisciplinary based on having a tacitly shared ethos. A common theme when researching teams is that to be interdisciplinary members must do more than just co-exist but must have a common goal, theme or understanding that bonds the members together which enhances team functioning (Kotecha et al., 2015; Montagnini et al., 2014). Using the theory of CAS, the conceptual framework of corporate ethos, and the content analysis research method offers the opportunity to consider how the various disciplines that form the residential service team engage collectively to support the system and how this effort aligns with policy and assessment expectations (Ellis & Herbert, 2011; Urban et al., 2014).

Summary

Very limited information is available on the alignment of policy, assessment and performance within nonprofit IDD-RPOs. As a result, it was determined there is a need to examine the most fundamental information: how state regulatory compliance data can be

used to assess alignment of service output with regulatory input. To examine the ways state regulatory compliance data can identify a nonprofit IDD-RPO service delivery team as interdisciplinary based on the characteristic of a tacitly shared ethos for service delivery, the theory of complex adaptive systems and the conceptual framework of corporate ethos was used to examine functional characteristics of the team. The purpose of the research is to reinterpret historical state inspection data to consider in what ways these data can address the need for standards, assessment, and performance alignment criteria for IDD residential support service delivery.

Because of the frequency of comorbidity for RPO service recipients, finding a balance between the various specialties can be complex increasing the need for a universal theme (ethos) that guides member decisions (Cox, 2012; National Institutes of Mental Health, 2015). Community-based residential support using integrated teams is the preferred method for delivering support to IDD populations, based on the idea of inclusion of not only clinicians, specialists, and paraprofessionals, but also the service recipient and families (Hughes, 2014; Koenig, 2014; Shogren & Turnbull, 2014). Generally, an interdisciplinary approach to healthcare is the preferred method; however, this matter is understudied in IDD-RPO environments, and policy does not clearly define the functional nature of an RPO team (Engum & Jeffries, 2012; Parr et al., 2013). Key themes from the literature that impact the research are the guiding principle of each team member (ethos) and whether those members share the same guiding principle (corporate ethos).

The most significant finding from conducting the literature review was not the breadth of related knowledge but the almost complete lack of in-depth exploration of nonprofit IDD-RPO teams. Because there have not been many empirical examinations of this type of entity, very little of what is known has been supported through scholarly study and data collection. Moseley et al. (2013) noted the difference between evidence derived from scientific and technological exploration and evidence derived from common sense application of rhetorical knowledge. The former being transparent and involving the use of empirical data and measures, the latter based on faith and open to external scrutiny. Common sense procedures based on untested anecdotes have been the norm for support services for individuals diagnosed with disabilities (Moseley et al.). Chapter 3 is a detailed explanation of the methods applied to synthesizing the available compliance data to extend further knowledge of this type of complex adaptive system.

Chapter 3: Research Method

Introduction

The evolution of residential support services for individuals diagnosed with IDD has not been explored in-depth (Ticha et al., 2013). There remains a significant gap in the literature of evidence-based examination of nonprofit RPOs. An interdisciplinary approach to health care is preferred where "teamwork serves as the platform to provide quality care to the patient" (Engum & Jeffries, 2012, p. 146). The problem is that although integrated teams are mandated there are inconsistencies with alignment criteria used to identify the characteristics of this type of team in nonprofit IDD-RPOs. For example, COMAR describes this team alternately as resource, interdisciplinary, and multidisciplinary (Maryland Office of the Secretary of State, 2014). By using these terms interchangeably, the regulations do not offer a clear, functional definition of the IDD-RPO team. This lack of clarity has resulted in miscommunication, potential conflict in the goals of service delivery, and misaligned quality assessment and policy development criteria.

This chapter is an explanation of the research design, the role of the researcher, methodology, conceptual framework for coding the data, data analysis, and issues of trustworthiness. The purpose of this qualitative exploratory study was to repurpose state compliance data for nonprofit IDD-RPOs, using the theory of complex adaptive systems and the conceptual framework of corporate ethos to examine in what ways these data can address the need for standards, assessment, and performance alignment criteria for IDD residential support service delivery. The research design involved categorizing these data

based on three ethos principles: economy, procedure, and beneficence. The original purpose of these inspections was to assess regulatory compliance, and the inspection data only cites policy infractions. For this study, this data was used to evaluate ethos focus. Results could serve as a foundational component to assess alignment of policy standards, performance, and quality assessment by establishing tacitly shared ethos as an essential characteristic of an interdisciplinary team.

Research Design and Rationale

Inductive content analysis method was used to assess compliance data for the selected RPO. This method allows examination of contemporary phenomena without limiting the means of data collection (Yin, 2014). The following questions were used to evaluate policy, performance and assessment alignment in the nonprofit RPO for IDD populations:

1. How can state regulatory compliance data be used to assess alignment of nonprofit RPO for IDD population service output with regulatory input?
2. In what ways can state regulatory compliance data identify a nonprofit RPO for IDD population service delivery team as interdisciplinary based on the characteristic of a tacitly shared ethos for service delivery?

Because the nonprofit RPO environment is dynamic, CAS theory was used as the theoretical basis for the study. Before deciding on CAS theory as the theoretical framework for the study, there were many theories and concepts related to examining complex systems considered. Phenomenology theory was considered to interpret the shared experience of the team members (Mertens, 2014). Phenomenology is modeled

after the social sciences and takes an analytical approach to the group experience (Mertens). It is a theory concerned with the day-to-day experiences of human beings and is not limited to a particular area of life; but, because the proposed study is not focused on an in-depth review of a particular experience, phenomenology is not applicable (Day, 2011).

Ethnography takes the group experience a step further and considers the role of culture in the group members' experiences. Culture is not merely religious or racial designation but refers to a group of individuals with commonality. A culture group could be nurses, civilian government workers, or social groups. It takes into consideration the assumptions and understandings that are innate within a group because of their shared culture, which influences their perception of an experience as well as how that experience can manifest for them (Mertens, 2014). The study was not focused on a particular niche group within the assisted living provider organization (e.g., direct-care workers, administrators, etc.), making this theory inappropriate for the study (Day, 2011).

Grounded theory is a logical and systemic approach that is intended to generate theory based on data collected (Creswell, 2012). It proposes that theory is developed from data within a given field, "especially in the actions, interactions and social processes of people" (Creswell, p. 84). Grounded theory is also based on sociology and uses a visual model to demonstrate the theory developed by the study conducted. Researchers using grounded theory apply a scientific means of data collection analogous to quantitative research. This theory maintains the in-depth data analysis typical of qualitative studies. Initially grounded theory was thought to be most appropriate for the

study. Grounded theory was ultimately rejected because baseline data needed to be established before a theory is developed (Day, 2011).

Corporate ethos served as the conceptual framework. Using corporate ethos is a novel approach to compliance data analysis, but this method has few preliminary studies. As a result, the process was an inductive content analysis of secondary compliance data (Finfgeld-Connett, 2014; Jolley, 2013). As the researcher, I acted as an interpreter, filter, and the primary tool for secondary data analysis (Yin, 2014). The examination was completely unobtrusive to the natural environment of the selected RPO because secondary data were used (Yin). A request to the Maryland State Office of Health Care Quality, Developmental Disabilities Unit was submitted to collect the public data. All analysis was conducted using a purposive sample based on three inclusion criteria:

- Organization size
- Organization location
- Staff members cited during the institution inspection (Kralewski et al., 2014; Yin, 2014).

A single RPO case, with at least four embedded units, bound by the location of the organization was selected to maintain a reasonable scope and to improve transferability (Yin, 2014). Because the data collected was entirely narrative, content analysis was used to categorize each citation based on one of three ethos principles: economy, procedure, and beneficence (Elo & Kyngas, 2008; Vitkiene, 2013). The Maryland State Office of Health Care Quality 2011 Plan of Correction Guidelines established the criteria for these categories (Maryland Office of Healthcare Quality,

2011). This document outlines the institution inspection process, citation categories, applicable terminology, and the process for submitting the RPO plan of correction.

Though qualitative research tends to be a preferred method of study for social scientists, the relationship between a researcher and the data tends to generate greater concerns with issues of trustworthiness compared to quantitative research (Cope, 2014). Considered a soft science by some researchers, qualitative methods have been criticized as bias because of the relationship between a researcher and the data where a researcher acts as the primary tool of interpretation. Because these types of studies offer an in-depth review more so than considering the breadth of a phenomenon, critics also question the transferability of qualitative research results. What some critics have failed to consider is the often circumstantial and unique nature of human behavior. Fully gaining perspective on human behavior requires an in-depth examination to develop theories on behavior patterns (Cope).

Based on more recent exposure to federal and state entities' implementation of the Developmental Disabilities Assistance and Bill of Rights Act (DD Act), there is a widespread desire for such studies and data interpretation. A core component of the DD Act legislation is for states to establish a means to "research and test innovative new service delivery models" (Administration for Community Living, 2015). University Centers for Excellence in Developmental Disabilities Education, Research and Services (UCEDDs) primarily perform these research activities. For example, the MIND Institute at the University of California-Davis has conducted autism research on the effect of early interventions. The National Quality Forum is working in partnership with the Department

of Health and Human Services to develop a conceptual framework addressing performance gaps in home and community-based long-term care services (National Quality Forum, 2015). These initiatives, in addition to the rise in the number of entities offering support services for individuals diagnosed with disabilities, demonstrate the desire and need for evidence-based studies examining the nature and effectiveness of these services.

Role of the Researcher

Analyzing a data set of fewer than 500 pages of text does not necessitate the use of qualitative research software (Creswell, 2012). I acted as the primary tool for data analysis without the assistance of qualitative software. Because I used secondary data, my examination of the RPO team was completely unobtrusive. I had no contact with the staff or service recipients.

As the mother of a son diagnosed with autism, my life is dedicated to improving IDD support services for the sake of my beloved son. As a former practitioner, I have 5 and a half years of prior experience as both a direct care staff and administrator within the IDD-RPO environment. I have experienced the difficulty of finding an appropriate balance between service delivery and regulatory compliance. Observed waste in the field is an important contributing factor for studying this topic. I have been an IDD-RPO administrator providing services for adolescents diagnosed with autism in both a residential and academic setting. I have also provided services for adults diagnosed with developmental, intellectual, and psychological disabilities. The individuals I served had

complex needs involving comorbidity and usually with limited family involvement (Day, 2013).

I conducted mixed-methods evaluations of program data and analyzed organizational policies/procedures to accomplish individual outcomes for a population of 8 adults diagnosed with varying forms of severe to profound disabilities. As a Qualified Developmental Disabilities Professional (QDDP) and chair of an interdisciplinary team (IDT) for a mid-sized residential provider in Washington, DC, I performed these tasks for 2 and a half years. It was my responsibility to coordinate the efforts of contracted specialists (occupational therapist, physical therapist, speech therapist, behavioral specialists, nutritionist, social worker, registered nurse, and other specialists) and ensure that all IP domain criteria were satisfied. I interpreted data based on patterns and trends, collaborated with the IDT on a quarterly (or as needed in acute cases) basis to determine IP effectiveness and recommend changes (Day, 2013).

My observations uncovered replicated tasks, inefficient use of human capital, financial manipulation, service negligence and improperly maintained facilities. Despite these circumstances, there were also extraordinary cases of effective knowledge and information management, as well as systematic processes to generate positive individual outcomes. I noted the informal program methods used by the direct care staff were seemingly more effective than recommendations in the IP assessments. Though effective, the methods used were non-compliant because they did not correspond with the specialist recommendations. I presumed what was needed was a more integrated team that better understood the common goal of individualized service to improve patient outcomes.

What resulted was the development of a process to formalize these methods, incorporate them in the assessments and increase inclusion of direct care staff in IP development which generated a replicable training and program development process we termed the Applied Method of Residential Services or AMRS (Day, 2013).

AMRS involved retraining all members of the team to refocus on the individual, open communication streams and see beyond the requirements of a staff member's role. All staff that worked in the residence (from the nurse to the direct care staff) was required to take a pledge to relearn the needs of the service recipient and each other. It was called a Clean Slate Agreement. Staff was also trained on how all roles were interrelated and the impact of their performance on the ability of others to perform their duties. Finally, staff were trained on the nature of service recipient's diagnoses, the importance of the service recipient being an active participant in healthcare decisions, and our roles as advocates not parents or caretakers (Day, 2013).

The results were expeditious and thorough resulting in the removal of erroneous diagnosis, updated and effective behavioral intervention plans, dramatic decreases in targeted behaviors, and improved quality of life for service recipients. Data collected and feedback from service recipients, families, staff, attorneys, and medical personnel supported these improvements. The most notable results were from one individual who was documented to have five to 10 daily incidents of aggression. These incidents decreased to five to 10 episodes per week. His demeanor transformed from depressed and combative to cooperative and contented. When AMRS was introduced to the day program staff his psychologist immediately incorporated AMRS components into the day

program IP goals and objectives. These changes yielded the same immediate and profound results. The impact these experiences had on meeting individual outcomes led to my interest in alignment, corporate ethos and the definition of what it means for a team to be interdisciplinary (Day, 2013).

Researcher Bias

Because of my personal experience as the parent of a service recipient and professional experience as a service provider, separating my biases from the analytical process was somewhat challenging (Elo et al., 2014). As the mother of a child diagnosed with autism, there is a personal interest in this topic for the sake of my son and the many families and individuals impacted by finding quality support services. As a former practitioner, I have experienced difficulty with forming an interdisciplinary team without a clear definition of what it means for the team to be interdisciplinary. Establishing a guiding set of principles (in the case of ARMS it was individualized care which could be considered a beneficence ethos) may contribute to unfounded predictions while analyzing the data. Although I have no personal knowledge of the service recipients or the staff cited in the data and I have not interacted with them in any way; I had many assumptions and biases about procedures and organization culture based on my professional and personal experiences. A reflective journal was used to document my reaction to the data review process. Keeping a reflective journal and using that as a means to document my personal perceptions allowed me to purge these biases and gave me a record to compare with my data interpretation (Cope, 2014). As recommended by Elo et al., quotes from the data will be provided in Chapters 4 and 5 to substantiate the results and data association.

Methodology

In social science research, Yin (2014) identified content analysis as a rigorous tool for coding raw data from text into contextual themes that can be synthesized to develop meaning. Using this method allowed the evaluation of how compliance data narrative can be used to examine the guiding principle (ethos) of nonprofit RPO team members. It also revealed if these differences were limited to a single program, an individual, or if they could be found across the entire agency (Yin). The main purpose of the study was to reinterpret compliance data from the Maryland State inspection records to examine in what ways these data can address the need for standards, assessment, and performance alignment criteria for IDD residential service delivery.

Publicly available inspection data from the MOHCQ were gathered. These data (redacted by MOHCQ as a privacy precaution) include annual recertification, incident inspections, and rebuttal data (i.e. plans of correction) collected over a 5-year period for a mid-sized nonprofit IDD-RPO. The research design was primarily derived from the question of in what ways state regulatory compliance data can be used to assess alignment of nonprofit RPO for IDD population service output with regulatory input. The inquiry also sought to answer in what ways state regulatory compliance data can identify a nonprofit RPO for IDD population service delivery team as interdisciplinary based on the characteristic of a tacitly shared ethos for service delivery. To answer these questions, citations (instances of noncompliance) as reflected in the institutional inspection documents were assessed. Inductive content analysis was used to take the narrative data

and "build a model to describe the phenomena in a conceptual form" (Elo & Kyngas, 2008, p. 107). The data were categorized by ethos (economy, procedure, beneficence).

For the purposes of conducting social science research, there are many advantages to using secondary data. It is an efficient use of resources allowing a researcher to conserve the effort typically invested in generating raw/primary data (e.g., securing subjects or a location to conduct the study). Because the data are based on established industry jargon and measures that all nonprofit IDD-RPOs are subject to, the use of these data increases the transferability of the results (Crowley et al., 2013). The use of secondary data for analysis also decouples the processes of collection and analysis which allows repurposing archived data for different contexts and aims (Glaser & Laudel, 2008). Because so little empirical evidence exists on this service area, repurposing compliance data is an innovative way of taking previously collected data and using it to expand the literature and broaden understanding of the topic. Results will be presented in-depth in Chapter 4 and will include the ethos frequency overall and the make-up of ethos frequency based on type of residential support (e.g. alternative living unit, group home etc.). Analysis conducted in Chapter 5 will include a discussion on what ways the compliance data can be used to identify the team as interdisciplinary based on the functional characteristic of a tacitly shared ethos for service delivery.

Conceptual Framework for Coding Compliance Data

Corporate ethos was used as the conceptual framework. Woods et al. (2004) defined ethos as the driving principle of decision making. Corporate ethos is established by the organization and shared by team members that identify what the organization does

and how it is done (Fitch, 2014; Vitkiene, 2013). Three ethos principles were utilized to code the citations: economy, procedure, and beneficence. The inspection documents only contain data on staff in violation of a regulation or policy, these deficiencies were used to develop an ethos composite of the internal team across multiple programs.

The ethos of economy and procedure was determined based on two factors: how many people are affected (scope) and the severity of the deficiency (impact), respectively. A beneficence construct was self-identified by the staff member during the interview portion of the inspection. The team member reports that the citation occurred from an attempt to satisfy the service recipient (e.g. customer service). Windley and Chapman (2010) and Brame (2014) noted the tendency for direct care staff to act in the best interest of the service recipient, that is, direct care staff tend to have an ethos focus based on morality. Windley and Chapman also noted the need for direct-care staff to possess expanded knowledge beyond their delegated role to include a more precise understanding of how the tasks assigned to them benefit the service recipient.

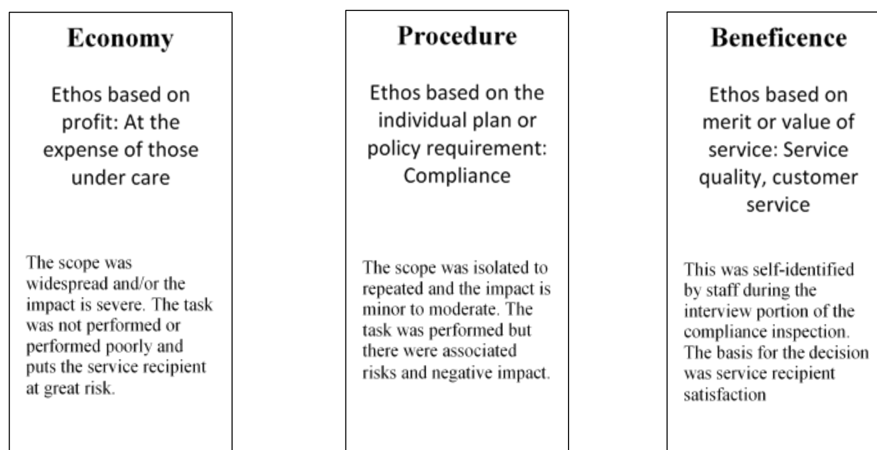

Figure 1. Ethos categories.

Using Compliance Data

A literature search did not reveal many attempts to repurpose RPO compliance data in scholarly research. In a similar study, Crowley et al. (2013) used compliance data to conduct a quantitative study using regression analysis to examine the frequency of noncompliance and characteristics associated with increased compliance for licensed child care centers. The purpose was to assess factors associated with regulatory compliance. Reports from unannounced licensing inspections were used to examine the several pre-determined factors based on state regulations. The results showed identifiable associations between specific characteristics and compliance as well as determine the frequency of noncompliance showing that “licensing reports can assist efforts to improve the quality of childcare” (p.10). As Crowley et al. noted, although the results of the study may not apply to other states since regulations vary state-by-state, it can be a useful tool to apply the same process using state-based criteria.

Nonprofit RPO compliance data have been referenced by MOHCQ in Maryland’s Assisted Living Program Evaluations conducted from 2003-2005 (Maryland Office of Healthcare Quality, 2005). These reports were used to identify quality standards and help guide legislation development for assisted living providers. The evaluation included a review of 5-years of deficiency reports. During the 2005 evaluation, MOHCQ staff determined that the providers failed to “link level of care of residents to preparing an appropriate care plan for the resident” (Maryland Office of Healthcare Quality, 2005, p. 15). The resulting report was primarily composed of change recommendations based on deficiencies, but did not include the plan of correction response from the provider or offer

an examination of the provider environment outside of pass-fail regulatory compliance. The report noted that in 1996, Maryland was ahead of the curve in providing assisted living services but has not kept up with its counterparts regarding service quality. The report also noted that a one-size fits all regulatory framework is not effective, and it suggested developing a new regulatory structure.

Ethical Procedures

The philosophical basis of content analysis is to allow subjective interpretation of text data through systematic coding by identifying patterns and themes (Finfgeld-Connett, 2014). Although the general philosophy behind content analysis has been well documented, the required procedures (including ethics) “have not been well articulated in the literature” (Cho & Lee, 2014, p. 9). It is worth noting that all secondary data that were analyzed are highly scrutinized and undergo a three-step redaction process to remove personally identifiable information (Staff from the Maryland Office of Healthcare Quality, personal communication, June 16, 2015). The data collected are publicly available, in no way confidential, and do not contain any identifiable personal data. The MOHCQ was contacted to obtain the necessary documents. Other than demographic information about the provider (general location, size, population served, date of the evaluation), no identifiable information was used in the study. There are no human or animal subjects. Institutional Animal Care and Use Committee (IACUC) approval was not required, and the Institutional Review Board (IRB) at Walden University attests to these research conditions (IRB approval number 01-06-16-0122034). All data will be kept at my home on a password protected computer with antivirus software. After 5-

years, all inspection records will be deleted from the computer where they are stored and any paper documents will be shredded. There were no identifiable conflicts of interest.

There are no foreseeable ethical issues given that public data was used (Glaser & Laudel, 2008). The inspection reports are public information available upon request. Similar to accessing census data, permission from the organization is not required. Though the inspection documents include the name of the organization, the organization (including residential programs under its purview and roster of service recipients) was only identified in the study based on demographics (primarily location and program type). Personally identified information about the staff, and service recipients was not revealed. The inspection documents were originally coded based on a facility/program identification number. A number system was also used during the inspection process to identify service recipients. The reports identify staff only by title and perhaps identifiable gender pronouns (he or she).

Data Sample

To maintain a reasonable scope while still maintaining transferability, a single case with embedded units was selected. A purposive sample method was used to select a single nonprofit RPO with at least 4 embedded units based on the following inclusion criteria:

- Organization size
- Organization location
- Staff members cited during the inspection (Kralewski, Dowd, Savage, and Tong, 2014; Yin, 2014)

A list of all RPO organizations was obtained from the Maryland Health Care Commission. This list includes the number of beds (i.e. number of individuals the organization can serve). Once the organization was selected, a query was sent to the MOHCQ Developmental Disabilities Unit for all relicensing surveys, incident surveys, and plans of correction associated with the selected organization. In addition to housing, services provided by the nonprofit RPO includes assistance with performing ADLs and possibly nursing services depending on the level of care identified in the IP. The types of programs under the regulatory compliance purview of the MOHCQ are the basis for these characteristics (Maryland Department of Health and Mental Hygiene, 2015).

A provider was selected based on the number of beds indicated on the Maryland Department of Health and Mental Hygiene Office of Health Care Quality assisted living programs list (Maryland Office of Healthcare Quality, 2015). COMAR) limits the number of service recipients to a maximum of three service recipients in an alternative living unit (ALU) or individual family care (IFC) home. Group homes are allowed a minimum of four, maximum of 10 service recipients per residential program (Maryland Office of the Secretary of State, 2014). Of the nonprofit RPOs with a minimum of 24 beds (i.e. four residential programs), one was selected. The type of residential program inspected (ALU, IFC, etc.) is described in the institution inspection reports. The size selection criterion was determined based on the need to maintain the scope and transferability of results, and that the size of an organization is a variable that has been found to influence performance (Kralewski et al., 2014; Yin, 2014).

To obtain the most reliable results, choosing a larger organization was most appropriate. According to Elo and Kyngas (2008) to conduct content analysis it is most suitable to choose a sample that is "large enough to be considered as a whole and small enough to be kept in mind as a context for meaning unit during the analysis process" (p. 109). The culture and structure of smaller organizations are likely to present anomalies which cannot be accounted for across the service area (Bigby, Knox, Beadle-Brown, Clement, & Mansell, 2012). Because a larger organization with multiple programs offers the opportunity to examine several locations within its purview, it increases the prospect of reliable results. Due to the city's significance as a central hub of the state of Maryland, the geographic area of Baltimore was selected.

Many of the other sampling options assume the existence of comparison cases. For example, critical case sampling allows a researcher to make generalizations by making the assumption that what occurs in one case would also occur in other cases (Patton, 2002). Given the limited amount of literature found on nonprofit IDD-RPO alignment, without the benefit of previous examples it would be difficult to ascertain what constitutes a standard case. Purposive sampling allowed me to use my professional judgment to select an organization based on the qualities likely to be displayed by similar counterparts (Day, 2011; Elo et al., 2014).

Data Collection

The compliance data requested covered a 5-year period. Results generated were limited to assessing a single nonprofit IDD-RPO. Because the data used are standard for this service area in the State of Maryland, external validity is greatly increased.

Incorporating jargon and terminology utilized in the field increases transferability because these terms are already established and recognized by Maryland State providers, service recipients, and policy makers. Because so little empirical, scholarly data about the field exist, repurposing public data for research is a cost effective and expedient way to expand the literature and broaden understanding of the topic (Crowley et al., 2013).

The data storage and dissemination safeguards that were in place when the data was collected are additional appeals to using compliance data. These privacy measures help secure the service recipient's and staff personally identifiable information (Staff from the Maryland Office of Healthcare Quality, personal communication, June 16, 2015; Maryland Office of Healthcare Quality, 2015). The unit of analysis was recertification surveys, plans of correction, and incident inspection reports for a single nonprofit RPO. The following details further describe the compliance documents.

Recertification survey. The recertification survey is an annual inspection conducted by the Office of Health Care Quality in the state of Maryland. These surveys are used to assess program compliance with COMAR Title 10.22 addressing residential service compliance for the developmentally disabled and Title 10.27 addressing Board of Nursing compliance (Maryland Office of the Secretary of State, 2014). The recertification process assesses the scope of identified problems as either singular in nature and limited to a program's implementation of an IP, or systemic and related to the policies of the organization. It also assesses the severity of an infraction and its impact on the wellbeing of the service recipient.

Incident inspection report. An incident inspection report is filed when an unusual and reportable incident occurs. These incidents cover a range of topics that can occur in the residential setting, community or during a family visit.

- Physical/sexual/psychological abuse
- Use of aversive techniques
- Inhumane treatment
- Violation of civil rights/liberties
- Death or injury
- Incidents requiring law enforcement or fire department
- Theft of individual’s property or funds
- Medication errors
- Elopement of an individual
- Use of unauthorized restraints (Maryland Department of Health and Mental Hygiene, 2012)

Plan of correction. When an organization is found to be deficient in an area, they are required to draft a plan of correction which either refutes the findings of the inspector or demonstrates how the organization plans to correct the problem systemically and not just within a specific program (Maryland Department of Health and Mental Hygiene, 2012).

Incident report plan of correction. Similar to the recertification plan of correction, when an incident report investigation finds an area of deficiency, the

organization must document procedural changes that will ensure the safety and health of the service recipient (Maryland Department of Health and Mental Hygiene, 2012).

This study was designed to accommodate repurposing previously collected data (Glaser & Laudel, 2008). The research questions sufficiently served the purpose of examining ways these data can address the need for standards, assessment, and performance alignment criteria for IDD residential service delivery. Because there is very little previous research on this topic, there are no historical means of establishing content validity (Koenig, 2015). In conversations with many scholarly researchers as well as professionals in the field (including government officials, paraprofessionals, and advocates), there were challenges to the notion of limited historical data upon which to base the study. Skeptics were challenged to produce these data and quote a credible source; this proved to be an impossible task. Only one related article that used daycare compliance data has been found in the several years spent conducting research for this project. This study yielded valuable information and an innovative means to conduct future scholarly research in the field (Yin, 2014).

Data Analysis Plan

A content analysis was conducted based on ethos categories established by Elo and Kyngas (2008) that pinpointed areas of focus which included three criteria, personal, organizational, and institutional. The ethos categories were further developed based on research by Windley and Chapman (2010) that discussed the differences in the intent of purpose between direct care staff (customer service and quality of life) and leadership (compliance) within support services organizations. Emergent themes from the data

analysis process attributed to the final ethos categories: procedure, economy, and beneficence. The beneficence ethos focuses on the quality of service provided to service recipient (e.g. is the service recipient happy). Meaning, the deficiency/error/citation occurred because the staff cited was attempting to satisfy the service recipient. A beneficence ethos is established during the interview by the inspector.

The procedure ethos focuses on satisfying regulatory/policy requirements, e.g. the work/task was performed but not according to the IP and/or COMAR standards. During the interview process, there is no mention of performance based on satisfying the service recipient. The scope of the citation is isolated, and the impact is minor to moderate. An isolated deficiency can be site-specific and only affect a single service recipient or less than 50% of individuals sampled (Maryland Office of Healthcare Quality, 2011).

An economy ethos is based on economic gain at the expense of those under care, e.g. the work/task was not performed at all. During the interview process, there is no mention of performance based on satisfying the service recipient. The scope is global, and the impact is moderate to severe. A global deficiency can be site specific, but must affect more than 50% of the individuals sampled (Maryland Office of Healthcare Quality, 2011).

Inductive Content Analysis

Because the secondary data reviewed were entirely narrative, qualitative content analysis methods was used to derive meaning from the data, particularly broadening the utilization of the data beyond merely regulatory compliance (Elo & Kyngas, 2008). There are frequently used approaches to qualitative data interpretation: grounded theory,

qualitative content analysis, and narrative analysis. The methods used in grounded theory are systemic and aimed at producing a theory. A field with very little empirical data (such as the proposed study) does not support this type of exploration (Cho & Lee, 2014). Narrative analysis would seem the most appropriate way to examine the compliance data; however, this analysis method is primarily applicable to the interpretation of stories that are not necessarily structured but are a reflection of an individual's personal experience (Trotsuk, 2015). The data collected, although narrative, is not a story. The compliance data narrative is structured, derived from multiple sources (interview, record review, observation), defined and categorized based on COMAR regulations. Using qualitative content analysis of the text would allow contextual attribution of ethos principles and assessment of principle frequency. The use of inductive, rather than deductive, content analysis is appropriate since the operational definition of the variables is not based on established variables (Elo et al., 2014).

Based on previous experience with qualitative data synthesis, conducting the analysis manually without the aid of assistive software would be best for this project. It would enable a humanistic approach to coding by allowing easy extraction of meaning from the data and revision through immediate recognition of anomalies (Biernacki, 2012). The step-by-step data analysis guidelines established by Braun and Clarke (2006) was used to develop the coding themes. The steps include:

1. Becoming familiar with the data
2. Creating initial codes
3. Data immersion through thorough review of each inspection report

4. Noting themes

5. Citing and giving definition to themes

Discrepant cases were documented and analyzed to further assess the validity of emerging impressions and evidence (Biernacki). Results will be presented in Chapter 4 mainly using narrative description. Tables and figures will be included to give a reader-friendly representation of the research findings.

Issues of Trustworthiness

As data are categorized by ethos (economy, procedure, beneficence), reflexive journaling was vigilantly used. In the content analysis process researchers must develop a "tolerance of feeling uncertain" and "to resolve this situation, it is also necessary to be prepared to go back to the data to check the reliability of the categories" (Elo & Kyngas, 2008, p. 113). To establish confirmability, the results sustained ongoing comparisons to the experiences and presumptions noted in my reflexive journal (Elo et al., 2014). Chapter 5 will include a reflexive appraisal of the data analysis including suggestions for how it might be refined in future research.

The three data points of the interview, record review, and observation conducted during the inspection process triangulated the data. The data collected by the inspector were compared to the data submitted by the nonprofit IDD-RPO to the state. This comparison allowed an examination of "different textual sources" to corroborate the results (Creswell, 2012; Elo & Kyngas, 2008, p. 114). Data analyzed should be transferable and reliable since it is based on compliance standards written in professional

language that is currently applicable to all IDD-RPOs within the State of Maryland (Crowley et al., 2013).

Summary

The intent of this exploratory qualitative study was to use inductive content analysis to reinterpret state compliance data for nonprofit RPOs for IDD populations. The theory of complex adaptive systems and the conceptual framework of corporate ethos was used to examine in what ways compliance data can address the need for standards, assessment, and performance alignment criteria for residential service delivery to IDD populations. Data were analyzed to establish how state regulatory compliance data can be used to assess alignment of nonprofit IDD-RPO service output with regulatory input. The ways state regulatory compliance data can identify a nonprofit RPO for IDD population service delivery team as interdisciplinary based on the characteristic of a *tacitly shared ethos* for the provision of services was also explored. These compliance documents (recertification survey, plans of correction, incident inspection report) are triangulated, making them substantially useful. The documents are created by way of observation, interview, and document review of these organizations. Results could serve as a foundational component to assess alignment of policy standards, performance, and quality assessment by establishing tacitly shared ethos as a fundamental characteristic of an interdisciplinary team.

As the researcher, I acted only as the interpreter of the compliance data. A nonprofit IDD-RPO in the area of Baltimore, MD was chosen as the setting for the study. Built in triangulation (via the initial data collection method of interview, document

review, and observation) and using already established standards and jargon for the service area will control for both dependability and conformability (Crowley et al., 2013). The intention was to contribute to the literature by expanding the application of CAS theory and corporate ethos to repurpose compliance data from this underrepresented service area. This study offers an in-depth evaluation of a nonprofit IDD- RPO possibly leading to an evidence-based means of addressing the need for standards, assessment, and performance alignment criteria for IDD residential service delivery. Chapter 4 is the research findings and Chapter 5 will provide an interpretation of the results.

Chapter 4: Results

Introduction

The purpose of this study was to reinterpret state compliance data for a single nonprofit RPO for IDD populations. I used the theory of CAS and the conceptual framework of corporate ethos. The goal was to examine the ways these data can address the need for standards, assessment, and performance alignment criteria for residential service delivery for IDD populations. In Chapter 3, I proposed that the results could confirm a basic component of alignment by establishing *tacitly shared ethos* as a fundamental characteristic of an interdisciplinary team by using a corporate ethos to guide decision making. A single nonprofit RPO for individuals diagnosed with IDD in the Baltimore, Maryland area was selected for analysis. The organization had multiple embedded units (residential programs). A comparative review of compliance data gathered from annual recertification inspections, incident inspections, and POCs from the service provider was used to develop themes based on the scope and impact of deficiencies (i.e., instances of noncompliance). When initially collected, compliance data were triangulated by incorporating observation, record review, and staff interview during the original inspection. This chapter is a detail of the logistics of the study by discussing the setting, demographics, data collection, and analysis procedures and processes.

Setting

The organization selected for the study was a nonprofit IDD-RPO in Baltimore, Maryland. The primary service recipients had a medical history of comorbidity with multiple diagnoses that included psychiatric, developmental, and physical disabilities. To

provide greater opportunity for generalization, an organization with a minimum of four distinguishable residential programs (e.g., multiple group homes, assisted living units, etc.) was considered optimal for the study. A provider with a single program was determined to be too unique in its approach to service delivery to be a sufficient representation of the service field as a whole (Kralewski et al., 2014).

Data Collection

One nonprofit RPO was identified from the assisted living provider list maintained by the Maryland Health Care Commission. This list records the number of beds/slots provided by an RPO (Maryland Health Care Commission, 2012). The composition of the programs, accessed from the Maryland Office of the Secretary of State (2014), was as follows.

Table 1

Types of Residential Support Programs

Title	Description
Community Supported Living Arrangement (CSLA)	Services to no more than 3 individuals typically in an apartment setting
Individual Family Care (IFC)	Services in a single family home for up to three people
Group Home (GH)	Services in a single family home for 4-8 unrelated individuals
Alternative Living Unit (ALU or AL)	Services to no more than 3 unrelated individuals in a residence owned, leased or operated by the RPO

Data originally collected for licensure and compliance was examined using CAS theory and a corporate ethos conceptual framework to assess alignment of policy, service output, and assessment. The proactive and reactive nature of residential support services

for IDD populations requires a flexible theory that could evaluate the complex, interdependent facets of service delivery. Recipient needs extend beyond safe housing and require a broad range of support ranging from nursing care to mental health services. The RPO acts as the facilitator balancing service recipient needs (output) with policy/regulatory input. Developing contextual knowledge that provides an evidence-based understanding of decision making in the IDD-RPO complex adaptive system is key to progressing from anecdote-based to evidence-based policy development (Baghbania & Torkfar, 2012; Moseley et al., 2013).

MOHCQ provided data from 2007-2012. When the documents were retrieved, MOHCQ confirmed that the compliance data (delivered in a sealed envelope) included all compliance documents MOHCQ had on file for the selected RPO. The data set included incident inspection reports, annual recertification inspection reports (labeled statements of deficiencies or deficiency statement, interchangeably) and POCs from the RPO. MOHCQ provided a total of four deficiency reports from annual recertification inspections for years 2007, 2008, 2010, and 2012. Each of these inspections constituted a compliance assessment of the entire IDD-RPO and could include the evaluation of all programs, or some programs, under the RPO's purview regardless of type.

The data were inconclusive as to whether all programs were evaluated during a given annual recertification inspection. Data for any program that did not meet the criteria set forth for the project were not included in the data analysis. The length of each annual recertification document ranged from 20 to 63 pages with a total of 140 pages reviewed; variance was due to the following conditions.

- Annual recertification documents from 2007-2010 contained only the deficiency report.
- The 2012 annual recertification document embedded the POC received from the IDD-RPO within the document.
- Only the 2012 recertification survey had a corresponding POC.
- For all reports, some pages referenced only one citation whereas others referenced several citations.

MOHCQ provided seven incident inspection reports for years 2007-2012. Of those seven reports, two were day program surveys and were outside of the scope of this project and not part of the data analysis. None of the incident inspections reports had an embedded POC. One of the five incident inspection reports included in the data analysis did not have a corresponding POC. The length of each report ranged from four to 13 pages with each page containing one or two citations. The associated POC documents were one to two pages in length. A total of 34 incident inspection pages were analyzed.

A codebook was inductively developed to organize the data. The text was categorized into structural codes and themes. The analysis included memos and notes based on observations during data review (Bernard & Ryan, 2010). There was no variation in data collection and I did not encounter any unusual circumstances. In the data sample obtained, there were a total of 324 citations distributed the following way based on program type.

Table 2

Citations Based on Program Type

Program Type	Number
Alternative Living Unit	125
Community Supported Living Arrangement	9
Group Home	1
Independent Family Care	27
unidentified	146
Family Living Unit (FL)	2

Of the 310 citations recorded, 146 did not identify the type of program inspected. The compliance reports identified two programs as Family Living units. Data analysis did not include these programs. For this project, compliance data collected on programs where individuals receive residential support services in their home from nonrelatives were not included in the data analysis. Support provided in the home of a relative and persons who receive these services from family regardless of location were also not included in the data analysis. These settings were outside the scope of this project which was to examine alignment within the communal, nonprofit IDD-RPO model to guide policy decisions (Berta, Laporte, Deber, Baumann, & Gamble, 2013).

Data Analysis

To code the data, I identified linguistic connectors by drafting a word list based on the language used by inspectors in the compliance documents. This technique was used to develop themes to identify the scope and impact noted for each citation. Structural codes were used to describe document features such as survey type, document type, program type, site, staff cited, and the citation/tag number. Structural codes were also used for sorting purposes such as identifying themes across different programs, at

various points in time, and under different circumstances; however, these codes were not used to categorize the data into one of the three ethos categories (Bernard & Ryan, 2010).

In addition to identifying themes, a memo section was included in the codebook to document code, theory, and operational memos. Code and theory memos were useful as I found patterns in the language used in the compliance data that differed from the MOHCQ 2011 Plan of Correction Guide (PCG). As a result, themes were adjusted accordingly. These adjustments will be described in greater detail later in this chapter. Operational memos assisted with identifying and eliminating some compliance data and details that were outside of the scope of the project. For example, day program compliance data were excluded and not considered as part of the data sample (Biernacki, 2012).

Content analysis was used to categorize the data using the following steps (Elo & Kyngas, 2007; Finfgeld-Connett, 2014).

1. Raw coding extracted text from the existing inspection reports.
2. Inferential codes were developed based on themes within the text using the conceptual framework of corporate ethos.
3. Reflective memoing was used to interpret, organize, and clarify coding.
4. Charts and tables were used to document how themes related and supported each other. This also helped demonstrate any methodological weaknesses in the inspection process and highlight areas of alignment or misalignment.

Once the themes were established, they were assessed in the following ways:

- The overall prevalence of a theme across the entire data set.
- How citations were labeled based on associating scope and impact themes.
- The number of times the scope and impact themes were associated.

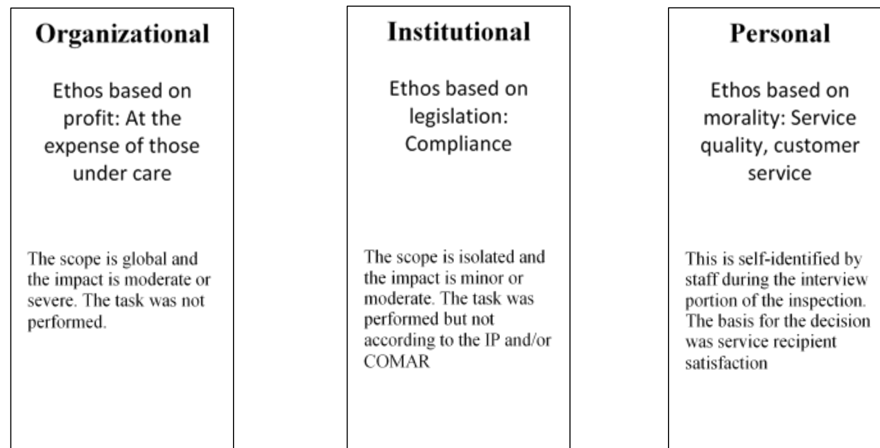

Figure 2. Preliminary ethos codes.

The preliminary ethos codes were based on the scope theme and severity theme. These themes were defined based on the description provided in the PCG.

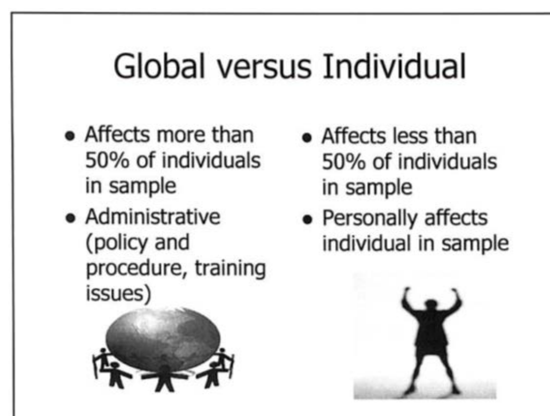

Figure 3. Graphic distinguishing between global versus an individual citation as described in the PCG (Maryland Office of Healthcare Quality, 2011).

Severity – the negative impact during the time period the deficiency is not corrected

Scope – how many people are affected

Figure 4. Definitions of severity and scope definitions as adapted from the PCG (Maryland Office of Healthcare Quality, 2011).

The PCG described the scope of a citation as being assessed based on the number of service recipients negatively affected by the deficiency and described severity as "the negative impact during the time period the deficiency is not corrected" (Maryland Office of Healthcare Quality, 2011, p. 16). Preliminary ethos codes were further adapted from Stajkovic and Luthan's (1997) work on business ethics. The article discussed Bandura's social cognitive theory as "a conceptual framework that identifies and relates comprehensive key factors with explanatory properties leading to propositions," (p. 18) the basis for human behavior within the context of a given environment. Stajkovic and Luthan noted that these factors include the organization environment/culture (institutional factors), the person (personal factors) and behavior or action itself (organizational factors).

Contradictory to the PCG, in the inspection documents, scope was not determined based on identifying global or individual citations. *Global* and *individual* terms were used to describe the inspection process and distinguish between deficiencies found while reviewing records associated with an individual, and deficiencies found while examining organization-wide processes/procedures. These terms did not represent the scope nor

impact of the deficiency. As a result, the ethos codes were modified based on emergent themes established during data analysis.

- *Economy (formerly organizational)* – Decisions are justified based on profitability and typically at the expense of those under care (Baghbanian and Torkfar, 2012). IP tasks were not performed at all or performed so poorly that there was a widespread risk to all service recipients, or there was a severe negative impact. The scope is widespread, or the impact is severe.
- *Procedure (formerly institutional)* – Decision making is related to fulfilling an IP or policy requirement without regard to service quality or recipient preference (Mühlbacher, Bethge, Reed, Schulman, & Mühlbacher, 2016). There were associated risks to some service recipients, or there was some negative impact when performing the task. The scope of the deficiency was isolated to repeated, and the impact was minor to moderate.
- *Beneficence (formerly Personal)* – The merit or value of service is the guiding principle behind decision making (Jansen, 2013). A task, not included in the IP, was performed based on client preference, satisfaction, or benefit. This ethos focus is identified only during staff interviews. The staff interviewed tells the inspector that the task was performed based on client preference or their personal knowledge of the service recipient.

Economy Ethos

Baghbanian and Torkfar (2012), in the review of economics in complex health care systems, showed that economic evaluation has gained in importance to "inform the efficient management of health care resources" (p. 394). It is difficult to develop substantive economic models within different corporate context which includes uncertain and complex health care environments. Health provisions based on economics are fairly mathematical concepts and tend to exclude social context. Applying cost and benefit values can be difficult because economic factors "seldom address the totality of factors underlying the decision context" (p.399).

Procedure Ethos

Muhlbacher et al. (2016) described the procedural aspect of health care as the adherence to treatment guidelines. Muhlbacher et al. examined patient preferences and it was found that that care recipients placed more value on participating in health care decisions than on adherence to procedure. These findings indicate a desire for patient-centered care and engagement with the health care provider. Similarly, Azzopardi-Muscat, Sorensen, Aluttis, Pace, and Brand (2016), in the examination of the Europeanization of health systems, found that health care delivery "is a series of top-down and bottom-up processes affecting both formal and informal rules as well as procedures, policy paradigms, styles and shared beliefs and norms" (p. 2). This system description indicates that the health care process (or procedures involved) with health care delivery comprises only part of the overall health care system.

Beneficence Ethos

Beneficence is not limited to bedside manner (Jansen, 2013). The concept of beneficence should be incorporated at the societal level by developing policies and strategies that are in the best interest of health care recipients. Jansen went on to further define the role of stewardship in medical beneficence. Stewardship includes considering cost as an ethical factor in providing optimal treatment when funds and resources are limited such as residential support for IDD populations.

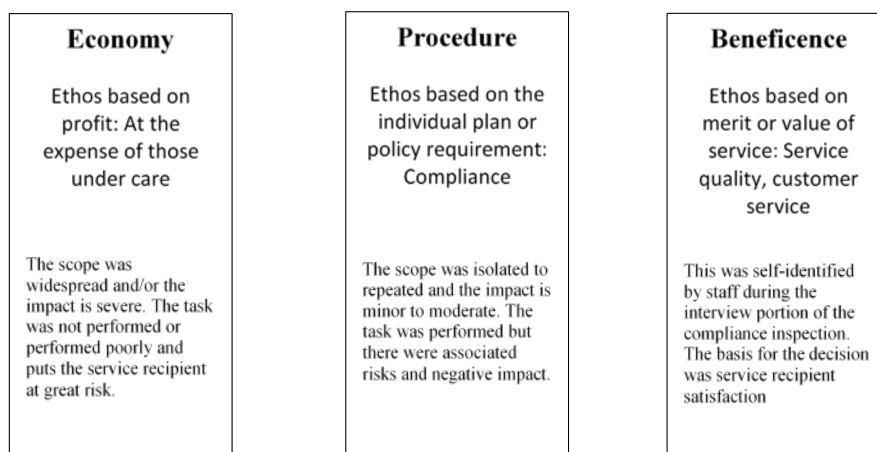

Figure 5. Emergent codes based on data analysis.

Associating Scope and Impact Themes

Table 3

Association Between Scope and Impact Themes

		Impact Negative Impact During the Time Period		
		Minor	Moderate	Severe
Scope Based on the # of people	Isolated-Low	Procedure	Procedure	Economy
	Repeated	Procedure	Procedure	Economy
	Wide spread	Economy	Economy	Economy

Economy. For the chosen RPO environment, the project operationalized the basis for the deficiencies by interpreting ethos based on associating scope (number of people negatively affected) and impact (negative impact during the time of the error). Inductive analysis revealed that citations labeled as having a *widespread* scope were consistently associated with actions that were not performed. As a result, any deficiency given a widespread scope, regardless of impact, was coded as *Economy*. Additionally, any deficiency in the compliance documents labeled as *severe* was consistently associated with errors that put the service recipient at great risk. As a result, any deficiency labeled as *severe*, regardless of the scope, was also coded as Economy.

Procedure. There were several terms used in the inspection documents that were not described in the PCG. For example, *repeated* was a term used to describe the scope of a deficiency; however, the scope of this term was not immediately clear. The *repeated* term could mean an error repeated in five out of 10 programs sampled or repeated in eight out of 10 programs sampled. *Isolated* and *low* scope terms were also used in the

compliance documents but these terms were not described in the PCG. Although the definition for *low* scope was not immediately clear, this scope term routinely referenced tasks that were not performed well rather than tasks that were not performed at all. One section of narrative noted that the "[r]eview of the record revealed an IP dated 2/1/08. However, no sign in sheet was found to document consensus with the plan" (E01D11, p. 24). The IP meeting was held and the team agreed on a service plan, but the required documentation was missing. This deficiency was labeled *low/moderate* (low scope, moderate impact) by the inspector.

When the scope of a deficiency was labeled *isolated, low,* or *repeated,* the impact of the deficiency became the determining factor to distinguish a deficiency based on an *economy ethos* from a deficiency based on a *procedure ethos*. The number of service recipients negatively affected became less relevant compared to the negative impact the action (or inaction) had on the service recipient.

Evidence of Trustworthiness

A qualitative study is considered credible if the descriptions of human experience are immediately recognized by individuals that share the same experience (Cope, 2014; Sandelowski, 1986). The data sample contained systemically applied, transferable service area standards applicable to all IDD-RPOs. These standards were used to establish themes and develop the ethos codes. The inspection process included rebuttal data from the RPO in the form of a POC, which indicated how the error will be corrected and prevented, or provides evidence that the citation was inappropriately applied. The inspection is not considered closed until these matters are reconciled and accepted by

MOHCQ. By closing the inspection, this step gives credibility that the scope and impact of the deficiency as reflected in the compliance data has concurrence from the service provider and the inspector. It can therefore be assumed that the IDD-RPO staff experience descriptions that were included in the study are immediately recognized by IDD-RPO staff from other organizations who share the same experience during compliance inspections. The original method of data collection (interview, document review, and observation) incorporated triangulation in the initial data collection process. The use of a reflective journal and memoing during the analysis process established a method of confirmability to compare findings with opinion and to document emerging themes for any necessary coding adjustments.

Results

The study was designed to examine in what ways state regulatory compliance data can be used to assess alignment of nonprofit RPO for IDD population service output with regulatory input. Additionally, the data was used to determine in what ways state regulatory compliance data can be used to identify a nonprofit IDD RPO team as interdisciplinary based on the characteristic of a tacitly shared ethos. Raw data extracted from the compliance documents are included in Appendix A. These findings may help to understand in what ways state regulatory compliance data can identify a nonprofit RPO for IDD populations’ service team as interdisciplinary based on the characteristic of a tacitly shared ethos. The following sections discuss the analysis results. The findings are summarized and include a section on social change implications.

Input and Output Alignment

The primary document used to establish alignment criteria was the PCG. This document is a handbook for providers that describes the inspection process, the terminology used, anticipated deadlines, and how to draft a POC. The PCG explains the difference between a global versus an individual citation. The latter negatively affects more than 50% of the individuals sampled (reflecting a policy/procedure or training issue); the former negatively affects less than 50% of individuals sampled. The PCG also describes the impact (negative effect on the service recipient) and scope (how many people are negatively affected) terms. In the statement of deficiency (SOD) sample, these descriptors were not used for every citation. For example, in the incident document numbered E7Z311, global and individual terms were not used at all.

The PCG describes *global* and *individual* terms as indicative of the number of people negatively affected, i.e. scope. In the SOD document under the scope/impact column, the scope is described as having an *isolated* to *widespread* value. For example, in the compliance document numbered 5O8Z11, which is an annual recertification inspection, several residence maintenance items across several programs were described as being *low* in scope:

- “[I]tems were not in good repair Inspection of the home revealed that the home only had the following food items yogurt spaghetti sauce and noodles” (p. 18)
- “[T]he following items were not in good repair
    - Black mold growing at the bottom of the basement ceiling

– [step] on the front porch has a [hole] in the cement" (p. 19)

In the compliance document numbered EO1D11, also an annual recertification inspection, a low scope was used to describe an error implementing a goal prescribed in the IP

> The date of the IP is 3/13/07, subsequently this goal of personnel hygiene should have been implemented sometime in early April, 2007. However, there was no documentation found to indicate compliance of implementation within the appropriate time frame (p. 9).

The PCG gives an example of a global deficiency. The language used implies a large scale issue with a relatively high impact. These data gathered differed from the PCG. In SODs such as the document numbered ZEIV11, a *global* deficiency was described as having an *isolated* scope with *moderate* impact. Although the citation was labeled global, the SOD only included the inspection of two sites under the purview of the RPO. The *global/isolated/moderate* term cluster occurred five out of 29 times citations were labeled global. Citations were labeled global/widespread/moderate 12 times. On nine occasions citations were labeled global without a scope and impact term neither specified nor described in the citation narrative. Only one citation labeled *global* had a *widespread* scope with *severe* impact.

Global Deficiency: Affects more than 50% of individuals in a sample. Represents an administrative (policy/procedure, training) issue.

Figure 6. Definition of a global deficiency adapted from the PCG (Maryland Office of Healthcare Quality, 2011).

There was no language provided in the PCG that defined impact. Additionally, the terms *severity* and *impact* were used interchangeably in the PCG. Within the SOD text, the term *impact* is used consistently and is described as *minor* to *severe*. Appendix A includes excerpts from the compliance data demonstrating how the inspectors applied scope and impact.

The following table shows the scope and impact distribution.

Table 4

Distribution of Scope and Impact

Isolated/Minor	Isolated/Moderate	Isolated/Severe
12	29	4
Low/Minor	Low/Moderate	Low/Severe
0	54	0
Repeated/Minor	Repeated/Moderate	Repeated/Severe
0	54	
Widespread/Minor	Widespread/Moderate	Widespread/Severe
0	29	10

Identifying a Team as Interdisciplinary

CAS theory was used to examine the level of integrated thinking and the collective attitudes of team members by coding compliance data based on three ethos categories: economy, procedure, and beneficence. The purpose was to categorize team

members' guiding principle for decision making and assess shared themes for performing tasks. The data were evaluated to identify a tacitly shared ethos unifying the team members which could enable classifying the team as interdisciplinary (an integrated, interdependent unit) rather than multidisciplinary where members work independently and sequentially (Abramo et al., 2012; Jessup, 2007). To answer the question of what ways the data can identify the team as interdisciplinary, corporate ethos was used as the conceptual framework to examine ethos frequency. The table below illustrates how scope and impact themes were coded.

Table 5

Ethos Codes With Associated Scope and Impact Themes

Ethos	Scope	Impact
Economy	Widespread	Severe
Procedure	Isolated-Repeated	Minor-Moderate
Beneficence	Service recipient preference identified via staff interview	

Of all the citations documented, 47.09% were categorized as having a *procedure ethos*. Additionally, 13.57% were classified as having an *economy ethos*, 1.28% as having a *beneficence ethos*, and 38.06% did not have corresponding scope and impact themes to allow classification. It is worth noting that in 3 of the 4 instances where beneficence was identified there were corresponding scope and impact themes. The ethos for the overwhelming majority of deficiencies was *procedure*, or decision making based on completing tasks without regard to service quality or the economic impact of the service provided.

Table 6

Ethos Composition

Procedure	Economy	Beneficence
146	43	4

Discrepant Cases

Programs With an Incorrect Designation

The compliance data included two discrepancies between the services provided and the program designation. The 2012 annual recertification inspection included two incidents where the RPO gave the program the wrong designation. One site was licensed as an ALU but according to the inspector the “services reflect the CSLA model (p. 39).” The POC corroborated the error, and the RPO agreed that “presuming agreement by the individual’s planning team; services will be converted from residentially funded to CSLA (p.41).” For the other program, the IP did not specify what services the individual was receiving. The POC submitted by the RPO indicated that the “team for [the individual] will meet to complete an IP Addendum to include in the IP what services [the individual] receives (p. 39).”

Compliance Data Without a Corroborating Plan of Correction

Out of the nine inspection reports reviewed, five of them did not have a corresponding POC. For the inspection reports with a corresponding POC, there were six instances where the POC revealed that the citation was made in error, all of which occurred in the 2012 annual recertification inspection statement of deficiencies which contained 73 citations.

Table 7

Inspection Reports Without Associated POC

Inspection Type	Total	w/o POC
Annual Recertification	4	3
Incident	5	1

Summary

Chapter 4 was a summary of the compliance data that were collected and analyzed using the theory of complex adaptive systems and the conceptual framework of corporate ethos to examine the ways these data can address the need for standards, assessment and performance alignment criteria for residential service delivery for IDD populations. Multiple themes emerged which solidified the final coding. The emergent themes included terminology not covered in the PCG but consistently used during the inspection process. The data obtained described the scope (number of people negatively impacted) as *isolated* to *widespread* and the impact (negative impact experienced) as *low* to *severe* in range. During the analysis, secondary themes emerged as scope and impact themes were coupled which ranged from *individual*/*low* to *widespread*/*severe*. The association between scope and impact established the criteria for the ethos codes. Despite the discrepancy between the PCG and the compliance data, it was possible to code the data into the three ethos categories: *economy*, *procedure*, and *beneficence*. The codes were re-defined based on emergent language, terminology, and application within the various inspection documents.

In Chapter 5, I will discuss these data findings and offer an interpretation of how these findings further the knowledge and application of CAS theory and corporate ethos

in an IDD-RPO environment. I will discuss any limitations encountered or issues with trustworthiness. I will also discuss recommendations for future research and the social change implications of repurposing compliance data.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

Ethos is the guiding principle behind decision making, and this guiding principle can be shared by members of corporations forming a corporate ethos (Vitkienė, 2013; Wood et al., 2004). The purpose of the study was to reinterpret state compliance data for nonprofit RPOs for IDD populations, using the theory of complex adaptive systems and the conceptual framework of corporate ethos to examine in what ways these data can address the need for standards, assessment, and performance alignment criteria for residential service delivery for IDD populations. For this study, compliance data for a single IDD-RPO were repurposed to answer how state regulatory compliance data can be used to assess alignment of nonprofit RPO for IDD population service output with regulatory input. The data were also used to answer in what ways state regulatory compliance can data identify a nonprofit RPO for IDD population service delivery team as interdisciplinary based on the characteristic of a tacitly shared ethos for service delivery.

Misalignment of Policy, Guidance, and Assessment

When analyzing the data to assess alignment of a nonprofit IDD-RPO service output with regulatory input, the data revealed misalignment within policy text such as the interchangeable use of terms with different meanings to describe RPO teams. In the COMAR, RPO teams are referred to as resource, multidisciplinary and interdisciplinary. Each of these terms have different meanings but are used to establish the bases for assessing compliance. Because of the differences between the terms used in policy to

label IDD-RPO service teams, it is uncertain if the compliance assessment tools and process can accurately measure compliance for each type of team. It is also unclear if the RPO has met the basic requirement of establishing the proper team given the functional distinctions between the teams as described in policy.

The data also suggests misalignment between compliance guidance and assessment. The MOHCQ 2011 PCG gives IDD-RPOs an overview of the inspection process. It explains the terminology used and how the terms are applied and how the RPO administrative staff should respond to citations listed in the deficiency report. The language in the deficiency reports was utilized differently from the PCG. The compliance documents contained terminology that the PCG did not define. Although false deficiencies were relatively infrequent, there were deficient areas noted that were not, in fact, deficient. In these situations, the IDD-RPO was improperly labeled non-compliant. Overall, these results indicate that without alignment of the terminology used in policy, guidance for providers, and assessment, there's no reasonable way to qualify compliance.

Interdisciplinary Team Based on Tacitly Shared Ethos

One of the fundamental components of interdisciplinary service delivery is the integration of separate disciplines that work interdependently (Jessup, 2007). One way of establishing and gauging integration is by assessing the principle or theme that guides decision making and behavior (Wood et al., 2004). It became possible to determine the guiding principle for IDD-RPO team members by categorizing citations (deficient service areas that are not compliant with policy) into discrete categories based on the scope and impact of the deficiency. An initial objective of the project was to develop a replicable,

qualitative tool that could repurpose compliance data to assess the basis of team members' decision making by coding the service areas in which they were deficient.

The analysis process revealed that compliance data can be used to get a sense of why errors are being made and determine areas of improvement and opportunity for training. Contrary to expectations, because of the significant misalignment of policy, guidance, and assessment, this study did not reveal a definitive means to identify a nonprofit IDD-RPO team as interdisciplinary based on the characteristic of a tacitly shared ethos for service delivery. The theoretical implications of these findings are unclear and further research is needed.

One unanticipated finding was the significance of the beneficence ethos. Beneficence is a fundamental theme in healthcare. Traditionally, in the medical field it has been proposed as a primary tenet of doing no harm in the Hippocratic Oath (Walton & Kerridge, 2014). Despite its importance, the concept of beneficence is not precise and leaves much room for interpretation (Kelleher, 2014). Ideally, beneficence should be an integrated part of health care delivery, and incorporated into the care plan developed and executed by the service team (Tracy & McDonald, 2014). Conversely, if members of the team devise independent constructs of beneficence, there is no reasonable expectation of the disciplines working interdependently. It seems plausible that the frequent occurrence of the beneficence ethos would constitute a delineated approach to service delivery. Each incident would reflect the ethos of a particular team member. An implication of this is the possibility that the frequent occurrence of the beneficence ethos principle would reflect a multidisciplinary team rather than an interdisciplinary team. Using beneficence ethos

frequency to distinguish between multidisciplinary and interdisciplinary is one of the most significant findings to emerge from this study.

This study has raised important questions about the role of beneficence in service output. The beneficence ethos can enhance CAS knowledge of service recipient needs based on direct care staff perception. Familiarity with day-to-day needs may not be achieved by a specialist or even by family members with less intimate knowledge of the service recipient's preferences. The findings have significant implications for the understanding of how the frequency of the beneficence ethos could show where the team is deficient in achieving an interdisciplinary approach.

Interdisciplinary May Not Equal Quality

Another finding was that the presence or absence of a particular ethos cannot be used to gauge service quality. For example, though a direct care staff may have a beneficence ethos (customer service), that is not necessarily indicative that the individual's best interests are being served. A service recipient may want to eat the same instant, overly processed food for every meal, every day but that is not nutritionally sound. It is staff responsibility to support the service recipient in making appropriate food choices. A beneficence ethos does not necessarily mean that a prescribed method of treatment is in the economic best interest of the recipient (e.g. prescribing a more expensive medication when a cheaper one would yield the same benefit). Consequently, there are many factors staff must consider when acting in the best interest of the service recipient.

Interpretation of the Findings

State of Nonprofits

Contemporary nonprofit entities must maintain fiscal and social effectiveness. It is increasingly important that policy input, service output, and assessment align optimally to utilize and leverage financial and human capital resources to meet patient outcomes. Nonprofit IDD-RPOs are complex service organizations. A consequence of this complexity is the difficulty with clear definition of service and how it is to be provided; using interchangeable labels with different meanings is one of many examples. This study has further affirmed the complexity of IDD-RPOs by demonstrating the ambiguity with how these services are measured; such as using measurement terms in the compliance documents the PCG does not clearly define.

Team Based Approach

There are calls for a more extensive review of complex health teams to develop evidence-based approaches (Baghbanian & Torkfar, 2012). The findings of this study have a number of important implications for future practice. The data shows that current compliance measurement efforts can yield a wealth of valuable information that goes beyond compliance and can offer a more in-depth examination of how teams (regardless of effectiveness) approach a task. Utilizing the data in this way can reveal qualities of successful teams as well as ways to assess how to improve poorly performing teams.

Alignment

The results of this study show that the most frequently occurring ethos (driving principle) for the selected IDD-RPO team members was task completion, and profit was

secondary. Customer service was a tertiary driving principle. Data from several sources indicated that direct care staff tends to focus on customer service, and maximizing quality of life and organization leadership focuses on care needs, emphasizing the functional component of providing care (Brame, 2014; Windley & Chapman, 2010). Although this was not immediately detectable based on this data assessment, it is noteworthy that during the interview portion of the compliance inspection only direct care staff or the house manager indicated they were familiar with the clients' preferences. The four associated citations that were described in the compliance data as based on client preferences were coded as having a beneficence ethos.

Complex Adaptive Systems

Misalignment hinders the ability of IDD-RPOs to adapt. The data demonstrated an ongoing problem with including the service provider in policy and assessment development. Researchers have focused on the healthcare environment as a CAS which must be both proactive and reactive (Ellis, 2011). Excluding the service provider from policy development leads to the system's inability to adapt to the complex needs of the individual. The findings of this study suggested that inclusive and holistic policy development leads to care plans that better align with current policy and guidance. This research extends knowledge of CAS theory by providing the opportunity to consider both the process of assessment and the value of outcomes.

This is the first study to investigate the effect of how misalignment leads to the IDD-RPO's (more specifically the direct care staff) inability to feed data into the residential support CAS. Data input from the IDD-RPO provides the system with

information on the effectiveness of policy/guidance and assessment. In Figure 7, the state and federal policy infrastructure cell represents the regulations and the assessment (e.g. compliance) process and tools. The IDD-RPO is responsive to and responsible for reacting to the needs of the policy infrastructure, service recipient, family, and advocates. This input is in turn interpreted by the IDD-RPO administration and used as a training method for the service delivery team.

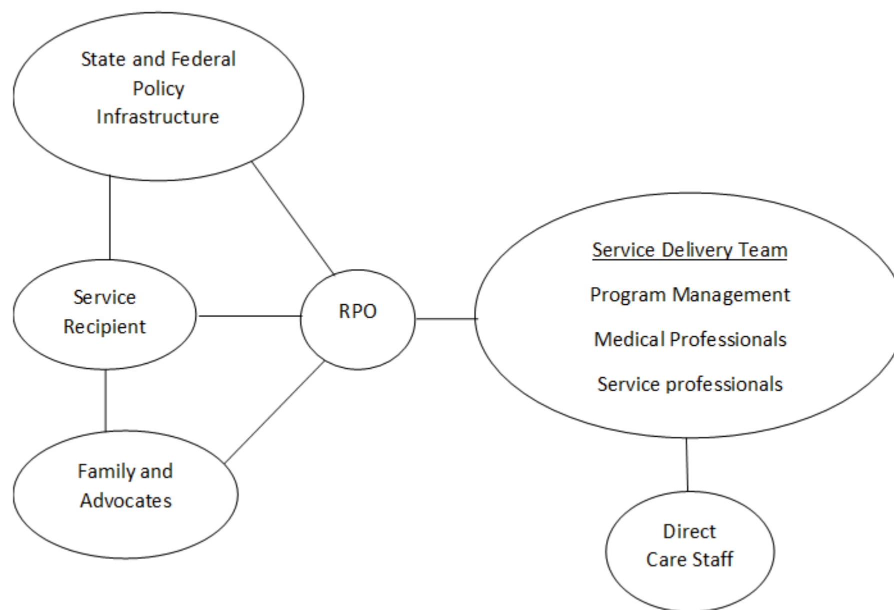

Figure 7. Current system structure of nonprofit RPO for IDD populations.

In the current structure, based on the flow of information into the system, the service delivery team does not include the direct care staff. Service plans that do not reflect the needs and preferences of the service recipient and result in a high number of citations that fall into the beneficence ethos category are an example of excluding direct care staff. The data suggests that the beneficence ethos citations indicates the direct care

staff responsible for implementing the plan were not directly included in the plan development. These results are likely to be related to direct care staff knowledge/opinion not being considered a valued source for developing the plan. With the inclusion of direct care staff (as illustrated in Figure 8) the IDD-RPO has a resource for assessing policy input effectiveness through direct experience with service output. It seems highly likely that by including the RPO in policy development, this process becomes less esoteric and more evidence-based founded on data exchange from all members of the CAS.

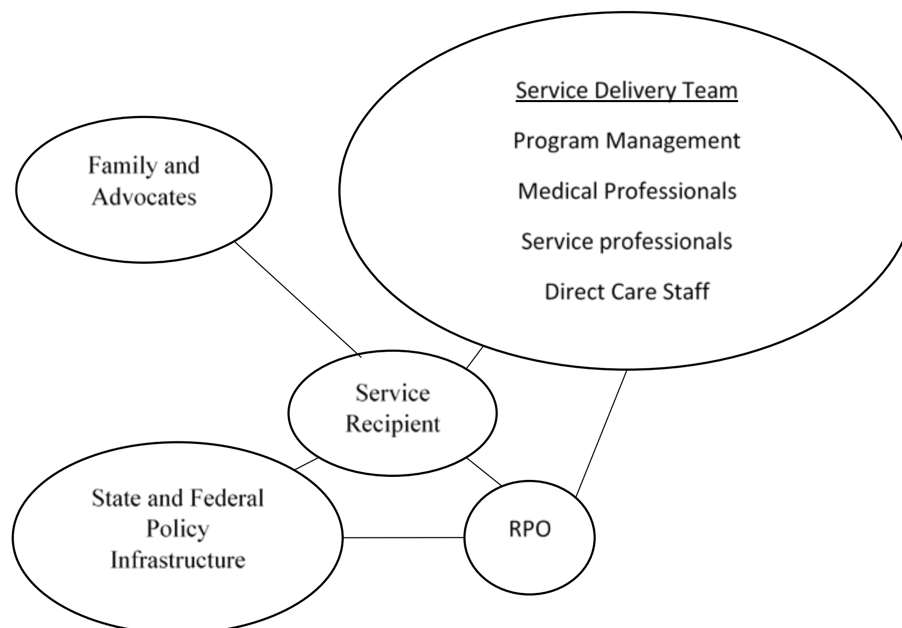

Figure 8. Proposed system structure for nonprofit RPOs for IDD populations.

Limitations of the Study

A key strength of the present study was that there were no immediate nor apparent concerns with trustworthiness. Because all data are publicly available the data collection process is replicable with no concerns about transferability and credibility. The

triangulated inspection process (interview, observation, and record review) in addition to the POC and inspection closeout process establishes confirmability.

A limitation of this study is that terms and standards are inconsistently applied and understood by members in the field leading to some concerns about dependability. Although the compliance inspection process yields an abundance of data, the inconsistencies impact data reliability. The study was limited by gaps in the data and significant inconsistencies between the terminology used in the PCG and in the compliance documents. An issue that was not addressed in this study was whether the same analytical process could be used to assess service quality.

Recommendations for Future Study

The primary finding of this study is that the compliance assessment process and terminology used is universal within the field (at least on a state level). Although how terminology is applied is not used consistently, repurposing compliance data to assess alignment within the field is a major advancement in evidence-based study of residential support services for IDD populations. The use of CAS as the theoretical lens is an innovative and robust way of examining nonlinear causation to develop strategies for organization growth.

The study should be repeated using the prescribed analysis method to assess alignment and ethos composition in other IDD-RPO teams in Maryland and other states. Taking into account that this study is about alignment, the data served a substantive purpose by clearly illustrating misalignment between policy, guidance, and assessment. It was not possible to assess what specific ethos composition constitutes an interdisciplinary

team (e.g. 51% or more of the citations fall into one of the ethos codes); therefore, supplementary research is needed to determine if a shared ethos, is in fact, a necessary component of an interdisciplinary team. Developing a more precise definition of an interdisciplinary team could lead to more comprehensive guidance and assessment of IDD-RPO teams. Future research should therefore concentrate on the investigation of IDD-RPO teams (and similar health care teams) as complex adaptive systems and the role of alignment in health care quality and meeting patient/service recipient outcomes.

Implications for Social Change

Developing an evidence-based means of assessing alignment can lead to significant changes in the culture of residential support services for individuals diagnosed with IDD. The field would be poised to move from anecdote-based policy development to a replicable means of analyzing the current policy climate of community-based and home-based supports. It would give policy makers, advocates, scholars, and practitioners a means to evaluate all components of the service delivery system by determining where weaknesses occur, what methods are most effective, and why these methods are effective. To disseminate information, I will establish networks that include diverse stakeholders: individuals with disabilities, families, businesses, philanthropists, providers, and advocates. These individuals and groups can work interdependently to influence policy makers. I am currently in the process of creating a social media platform to disseminate my work, as well as other scholarly work in the disabilities community and related fields such as elder care and mental health.

Although more recent attention has focused on the provision of in-home support services, the isolation that many diagnosed with disabilities can experience makes examining the communal model of residential support a more comprehensive approach to decision making (Berta, Laporte, Deber, Baumann, & Gamble, 2013). By way of illustration, at a major 2013 disabilities conference, an individual self-advocated for living in a supported housing arrangement with other individuals diagnosed with disabilities. His reasoning was that he enjoyed the companionship that came from being with familiar people with similar lifestyle needs. Advocates and policy makers disagreed with the individual's wishes, choosing to support and advocate for removing him from his preferred living arrangement to an individual apartment with in-home supports. Dismissing service recipient wishes does not conform to one of the primary tenets of the DD Act which is to allow the individual to "make informed decisions about their lives" and to "have interdependent friendships and relationships with others persons" (Administration for Community Living, 2016). The DD Act goes on to state

> As the Nation, States, and communities maintain and expand community living options for individuals with developmental disabilities; there is a need to evaluate the access to those options by individuals with developmental disabilities and the effects of those options for individuals with developmental disabilities (Developmental Disabilities Act, 2000).

The Developmental Disabilities Act

The DD Act was developed to set a nationwide standard for support services and a bill of rights for individuals diagnosed with disabilities. State DD Councils are the

policy development arm of the DD Act. These entities function to “engage in advocacy, capacity building, and systemic change activities that are consistent” with the intent and purpose of the act (Administration for Community Living, 2016). Each State must develop a 5-year comprehensive plan that includes a state office/administration designee to support the council in order to receive funding for the DD Council. The required funding plan may seem reasonable, but the 5-year timetable is somewhat counterintuitive to the immediacy of needs for such a vulnerable population and does not appear to accommodate this complex system’s ability to adapt to changing needs and service/treatment development.

Protection and advocacy are the legal provisions of the DD Act support system. These provisions allow states to establish a system that offers remedies, protection, and referral to programs and services. States must submit an annual plan to receive funding. Requiring the state to submit an annual plan for advocacy; but, a 5-year plan for capacity building is another example of misalignment. Policy implementation is 4-years behind legal and advocacy needs. Taken together, this discrepancy illustrates a misalignment between policy standards and preferred service methods within the field.

National Network of University Centers for Excellence in Developmental Disabilities Education, Research, and Service (UCEDDS) is the research portion of the DD Act. In the UCEDDS section of the DD Act, there is an important reference to the need for an interdisciplinary approach to research, education and public service. The DD Act specifically mentions the inclusion of direct care staff.

> Provision of interdisciplinary pre-service preparation and continuing education of students and fellows, which may include the preparation and continuing education of leadership, direct service, clinical, or other personnel to strengthen and increase the capacity of States and communities to achieve the purpose of this title. (Developmental Disabilities Act, 2000)

The UCEDDS centers are responsible for disseminating information, providing technical support and training in addition to spreading awareness of the latest research/treatment developments and training opportunities. As a practitioner for many years, and the mother of a child diagnosed with autism, I have yet to have any interaction with or receive information directly from UCEDDS. My knowledge of UCEDDS, and their function, comes from professional experience with policy development and enforcement on a federal level. Ensuring proper training and resources for individuals diagnosed with disabilities and their families should be a priority for UCEDDS. The improper dissemination of this vital information to the affected community is another example of misalignment within the disabilities field.

UCEDDS are responsible for developing an advisory committee that includes all stakeholders in the disabilities community which is clearly defined in the DD Act. The committee does not include direct care staff although the center is accountable for training them, which is another example of misalignment. UCEDDS must develop a 5-year plan, which parallels the timeline for Council plan submission. Additionally, UCEDDS must also conduct an annual review, which corresponds with Advocacy. The

inclusion of all stakeholders in the UCEDDS advisory committee could allow this entity to become the bridge to align service output with policy and assessment input.

Complex Adaptive Systems Theory

The National Quality Forum (NQF) focuses on initiatives to improve overall health for Americans. The purpose of their work is to aid in developing set standards, quality improvement priorities, and providing technical support in the way of information and tools for health care decision-makers. HCBS quality is one of their many initiatives that focuses on establishing an operational definition of HCBS and developing a conceptual framework of measurement domains to stimulate research. The HCBS project "project will develop a conceptual framework and perform an environmental scan to address performance measure gaps in home and community-based services to enhance the quality of community living" (National Quality Forum, 2016).

This is an initiative full of complex themes as demonstrated by the extensive list of domains and subdomains created to describe the service areas in need of measure development. Some of the areas included were person-centered planning, workforce adequacy, and system performance and accountability (National Quality Forum, 2016). What the initiative seems to lack is the means by which to assess the way the various domains work together to implement the treatment plan. The findings of this study have a number of important implications by expanding the use of CAS theory to consider all the many nonlinear and interdependent domains identified by the HCBS project. The use of CAS theory would address the service need while simultaneously aligning policy development with the identified real-world needs. The results of this research support the

idea that using the methods developed in this study can successfully repurpose the current RPO compliance assessment process to develop evidence-based data that can drive decision making.

Corporate Ethos

Initiatives such as the NQF Home and Community-Based Services Quality initiative, as well as Maryland Coalition of Families website and blog (Maryland Coalition of Families, 2016), disabilities support service are becoming more sophisticated and require more advanced knowledge of treatment options. The outmoded practice of isolating individuals diagnosed with disabilities is giving way to more progressive treatment and support options for families. As the disabilities support field develops new and more standardized measures, IDD-RPOs must develop cohesive support teams. In anticipation of the proposed evidence-based measures, it would benefit IDD-RPOs to develop a corporate ethos that would coalesce the service team's approach to service delivery by establishing consistent values and principles. The results of this study suggest that incorporating corporate ethos would lead to greater understanding of staff roles within the CAS. Additionally, corporate ethos could allow staff to leverage their position and knowledge to influence the CAS.

Recommendations for Practice

The results of this study have significant positive social change implications for UCEDDS, scholars, practitioners, and policy developers. These findings will give scholars unprecedented bases to conduct further research on the field, evolving the way in which such scholars examine residential support for IDD population quality and

effectiveness. Using the techniques from this study would provide opportunities to develop evidence-based policy and output assessment practices. RPOs can use these techniques to repurpose compliance data to evaluate failing programs and develop tools to identify weaknesses within their service delivery teams. For policy developers such as the National Quality Forum, repurposing compliance data provides the opportunity to create more realistic narratives and ensure that the means to provide care and policy expectations are better aligned.

Results from this study, and subsequent research, would allow service recipients to receive more individualized care based on individual preferences. Families would have more treatment options to discuss with loved ones, and the means to better evaluate those options based on the available data. Organizations could foster opportunities for staff development; creating a consistent means of evaluating program effectiveness by identifying training weaknesses and service delivery inconsistencies. Regulatory bodies can develop policy and performance/compliance assessment tools that align with service output which would lead to increased service quality by identifying areas of deficiency, more efficient use of funds by decreasing staff turnover and replicated tasks, and improved patient outcomes by developing treatment plans that align with patient needs.

I found the research process fascinating and exciting. Repurposing the RPO compliance data was a long journey resulting in a very satisfying analysis process. The viability of compliance data as a scholarly resource has been confirmed. Compliance inspections are a necessary part of RPO for IDD populations operations that yields a

wealth of data that, based on this study, can be repurposed to examine the RPO system in ways not previously considered.

The principal area that deserves more thorough examination is the role alignment plays in policy development and patient outcomes. Scholars should examine how a lack of synergy within the system and confusion with terminology and definitions can create a quagmire of ethos approaches that do not enable a functionally interdisciplinary approach to service delivery. The relationship between service quality and compliance needs to be examined. Based on the data gathered it is not definitive what compliance officers view as a critical need for the service recipient or the organization. The process is a checklist approach based on regulations that are not clearly nor consistently defined. As a result, compliance assessment may not be an accurate reflection of service quality.

Conclusion

Ellis (2011) noted the complexity of delivering healthcare services. The literature suggests that healthcare delivery is a complex adaptive system that uses nonlinear yet interconnected relationships to accomplish patient outcomes. This research extends knowledge and application of CAS theory by examining the alignment of standards, assessment, and performance in residential support services for individuals diagnosed with intellectual/developmental disabilities. Using corporate ethos as a conceptual framework yielded results that gave new dimension and analysis opportunities. The findings of this research provide insights for the role of corporate ethos in service output. The examination of compliance data provided the opportunity to refine the ethos

categories to better reflect the basis for decision making as economy (profit), procedure (policy adherence/task completion) and beneficence (customer satisfaction/preference).

One of the more significant findings to emerge from this study is that by examining the citations (areas of deficiency and noncompliance) I was able to identify that the beneficence ethos is most likely associated with a multidisciplinary team as opposed to an interdisciplinary team. Based on the results, a high frequency of beneficence related deficiencies, that is, errors based on client preferences, is an indicator that the established IP does not sufficiently incorporate all stakeholders, and has not adequately incorporated the most effective and desired support techniques. The results suggest that if team members are making decisions based on their interpretation of client preference they have not established a tacitly shared corporate ethos nor integrated the separate disciplines to carry out the treatment plan as a single unit (Jessup, 2007). Consequently, the team is likely multidisciplinary, made of disciplines that work independently based on a discipline-specific perspective (Abramo et al., 2012).

The compliance data revealed relative homogeny in decision making. The procedure ethos occurred most frequently. Procedure ethos was defined as decision making based on fulfilling an official requirement without regard for service quality or recipient preference. Citations were coded as procedure based on associating scope and impact themes. The scope ranged from isolated-low to repeated, and the impact ranged from minor to moderate. The results of this research support the idea that the primary principle for decision making was adherence to a required practice/task without concern for economic feasibility or service quality.

The study process itself proved highly replicable and transferrable with limited concerns about trustworthiness. The wealth of compliance data which is systemically collected using triangulated techniques provides a unique opportunity to examine the IDD-RPO environment without HIPPA concerns or intrusions to the environment. Residential support services for individuals diagnosed with IDD have evolved from large institutions to individualized, in-home supports. Within the field, there still exists a need to review the composition and structure of the service delivery system. Although the current study is based on a small sample of compliance data, the findings suggest that service output and policy development for the disabilities service field would benefit from the replicable, evidence-based techniques used in this project.

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Appendix A: Raw Data Excerpts Extracted from the Compliance Documents

Isolated-low/Minor

"Review of financial records and interview with the agency financial representative revealed that individuals do accrue money in an agency interest baring account, but there is no indication of how much interest each individual is accruing in there financial records" (5O8Z11, p. 2).

Repeated/Minor

"None"

Widespread/Minor

"None"

Isolated-low/Moderate

"The Behavior Plan dated 7/6/07, does not address his issue of food stuffing which is clearly identified in the record as a behavioral issue, which subsequently leads to him being a choking risk." (EOD11, p. 5).

"Review of the personnel record of care provider K. A. revealed no documentation to support the successful completion of a training in Blood-bourne Pathogens." (EOD11, p. 29).

Repeated/Moderate

"Individual # 3785 was recommended for a vision exam follow up in 1/07. There is no indication in the records that this follow up has been completed." (5O8Z11, p. 14).

"Review of the personnel record of care provider M. B. revealed no documentation to support the successful completion of a training in GERD as well as any dietary considerations that may be required." (EOD11, p. 10).

Widespread/Moderate

"A review of the personnel records of 7 of the 7 care providers included in this survey sample revealed a systematic lack of appropriate documentation to support the successful completion of training in Individual-Directed, Outcome-Oriented Planning for individuals" (EOD11, p. 1).

"Review of the record revealed that several specific trainings based on the needs of the individual were not included in the IP. This individual has a Behavior Plan, Autism, impulse control disorder and is considered a choking risk" (EOD11, p. 4).

Isolated-low/Severe

"[F]ailure of the RN to provide teaching to an unlicensed staff on how to document an order for the medication methylprednisolone on the MAR. The Doctor's order for this medication required daily changes in the dosage for a prescribed number of days. The documentation on the June 2007 MAR was incorrect and confusing, thus it was unclear if the Individual had received the prescribed doses.

This deficiency also relates to tag #s N0130,N0135, N0140 and N0145.

Please see deficiency statements under tag #L0400 & #L0390." (QQS311, p. 1).

"[F]ailure for the Licensee to comply with the MTTP 2:4-25 and failure to comply with Comar 10.27.11.03B(2) & D(2)(3)(4)(5)(6). Following the instruction given by the RN over the phone the documentation of the medication is in error." (QQS311, p. 5).

Repeated/Severe

None

Widespread/Minor

None

Widespread/Moderate

"A review of the personnel records of 7 of the 7 care providers included in this survey sample revealed a systematic lack of appropriate documentation to support the successful completion of training in Individual-Directed, Outcome-Oriented Planning for Individuals" (EOD11, p. 1).

"Review of this agency's records for 57 out of 61 individuals revealed that the outcomes in the Individual Plans are not written as the results of goals. The outcomes do not reflect what the individual wants to accomplish in order to achieve a desired quality of life. An outcome is the end result of a goal. This is applicable for all services this agency is providing." (2012 OHCQ Survey Report, p. 9).

Widespread/Severe

"A review of the records of 7 of the 7 individuals included in the survey sample revealed a systematic lack of documentation to reflect follow up regarding the recommendations of their various licensed health care professionals." (EOD11, p. 2).

“Review of the record revealed a physical exam dated 1/25/06. No current physical exam was found. Licensee staff note that an appointment with her primary care physician has been scheduled for 3/25/08

No dental or vision examinations were found in the record. This individual has a history of seizure disorder and no baseline or follow up labs or were found. In addition, no GYN examination was found.” (EOD11, p. 28)

Appendix B: Stake's Critique Checklist

1. Is the report easy to read?

2. Does it fit together, each sentence contributing to the whole?

3. Does the report have a conceptual structure (for example, themes or issues?)

4. Are its issues developed in a serious and scholarly way?

5. Is the case adequately defined?

6. Is there a sense of story to the presentation?

7. Is the reader provided with some vicarious experience?

8. Have quotations been used effectively?

9. Are headings, figures, artifacts, appendixes, and indexes used effectively?

10. Was it edited well, then again with a last minute polish?

11. Has the writer made sound assertions, neither over-nor under-interpreting?

12. Has adequate attention being paid to various contexts?

13. Were sufficient raw data presented?

14. Were the data resources well-chosen and in sufficient number?

15. Do observations and interpretations appear to have been triangulated?

16. Are the role and point of view of the researcher nicely apparent?

17. Is the nature of the intended audience apparent?

18. Is empathy shown for all sides?

19. Are personal intentions examined?

20. Does it appear that individuals were put at risk?