



# A Quality Improvement Project of Care Transitions for Incarcerated Women

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## Background

- The number of incarcerated women in the US has increased by more than 800% over the last 30 years, largely among 18-34 year olds, corresponding to the peak childbearing years.
- “Transitions of care” are the movements of patients between various health care providers, health care systems, and other settings as their needs and conditions change.
- Poor transitions of care can lead to adverse events, higher hospital readmission rates, and increased health care costs.
- A gap in literature exists for health transitions for currently incarcerated women, and particularly for pregnant women.

## Objectives

- Assess the current methods of care transfers for incarcerated pregnant women
- Identify the barriers and facilitators to successful transitions of care between the prison system and outside hospitals
- Develop a policy proposal to address gaps in care

## Methods

- Setting: a state correctional institution for women, an academic quaternary care center affiliated with a university and medical school, and a private not-for-profit hospital
- Stakeholders: physicians, administrators, nursing staff, care coordinators, social workers, and clinical support staff
- Interviews: semi-structured, phone or in-person
- Analysis: general inductive approach with specific focus on 3 domains:
  - (1) Specific care coordination needs
  - (2) Challenges or barriers to the smooth transfer of care between institutions
  - (3) Potential policy changes to improve continuity of care

## Results

Location	Response Rate (n=21*)
Academic center	13/14 (92.9%)
Non-for-profit center	4/6 (66.7%)
State prison	5/8 (62.5%)

Table 1. Interview response rate by institution.  
\*One participant works at two locations.

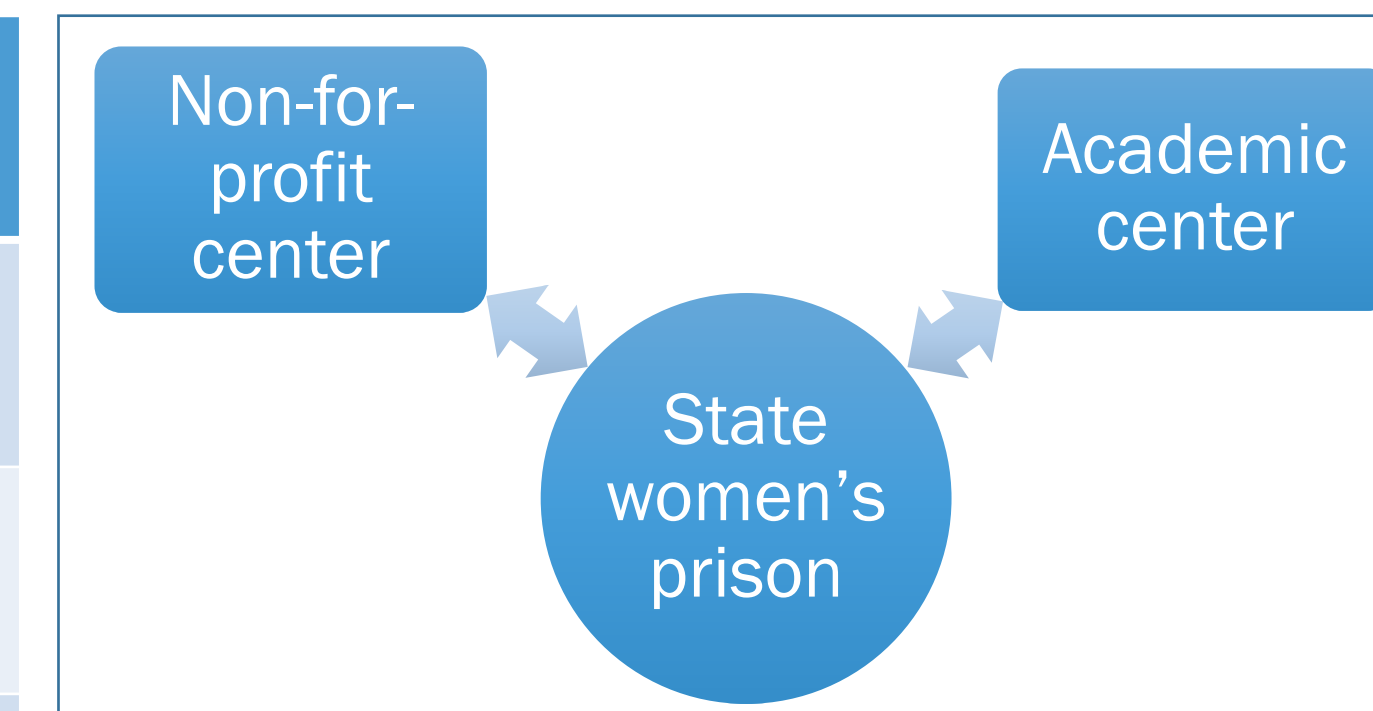


Figure 1. Organization of three health care systems and structure of patient transitions of care.

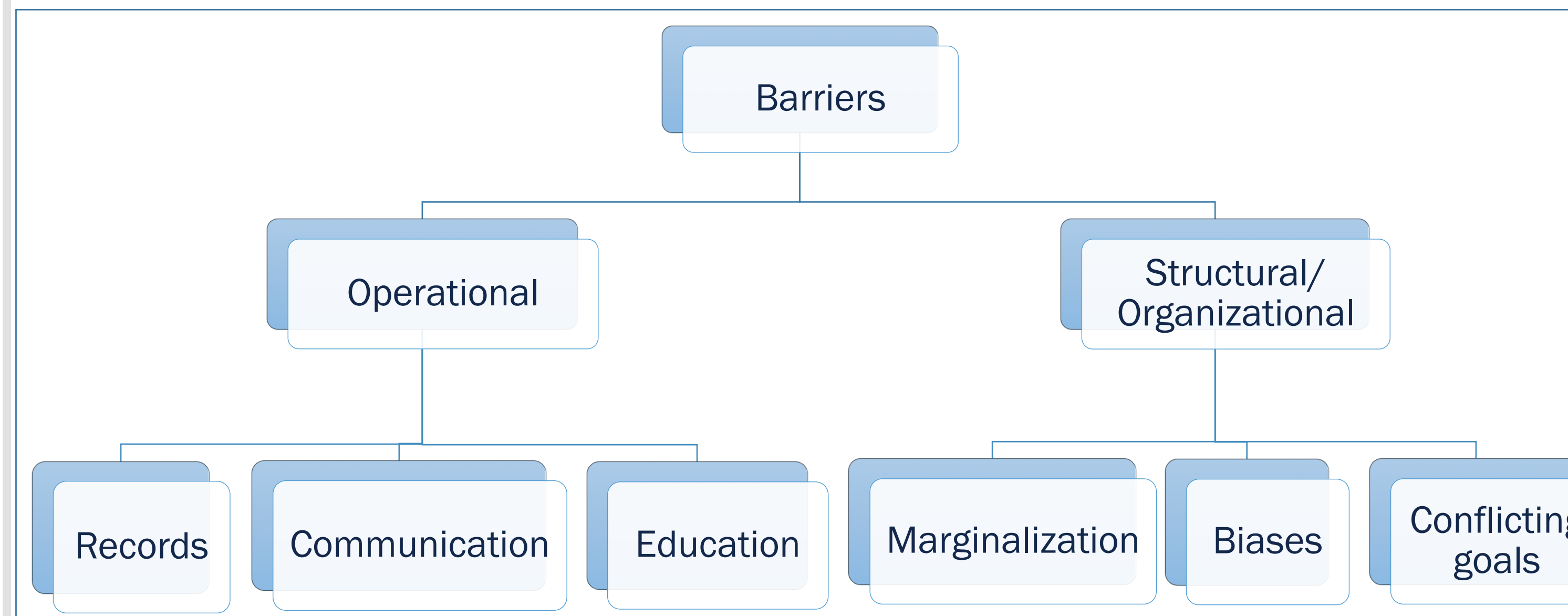


Figure 2. Thematic structure of barriers identified during interviews.

“The records that we get are incomplete, and there’s oftentimes not anyone that we can communicate with in the middle of the night.”

“There’s definitely issues with communication ... it was a kind of a disaster. A lot of lack of clarity and difficulty communicating ... which complicate management.”

“The prison is like this big black box and we don’t know how people move in and out of it... We also don’t know what is going to happen when patients leave [academic center].”

“The patient population that is already marginalized gets further marginalized in receiving health care because there’s already little training to inform how to take care of these women.”

“The process is a little slower but I think that’s part of safety and security, and that has to be our concern, as well as healthcare... that’s just the nature of working in the prison.”

Figure 3. Sample quotes from stakeholder interviews.

## Policy Recommendations

To address several of the issues that inhibit care transitions, we designed a policy with a multipronged approach:

- Strengthen handoffs at each level of care
- Insert a new position into the current system to bridge communication
- Create a short curriculum for Ob/Gyns on care for incarcerated women
- Unconscious bias training at each location

## Conclusions and Next Steps

- Incarcerated women face significant and unique barriers to health transitions that are unaddressed by current literature and policies.
- The multiple priorities of the prison of safety, security, and delivery of health services complicate policy development and implementation.
- Stakeholders at each institution identified policy changes to be implemented by the other health care system to accommodate their own needs.
- Operational and structural barriers to smooth transitions of care require a multipronged approach.

### Next Steps

- Stakeholder meeting to discuss new policies and further facilitate buy-in
- Implement policy and seek feedback
- Patient interviews of experience as another important stakeholder group
- Expand to address care transitions upon release into the community

## Selected References

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