

Abstract

As an institution, we developed perioperative specific guidelines to ensure that incarcerated patients receive proper compassionate care. These vulnerable patients are entitled to the same ethical standards provided to non-incarcerated patients. Our guidelines work in concert with correctional officers ensuring that we protect the patient as well as the staff members providing care.

These guidelines ensure that we, as nurses, are practicing compassionate, ethical, responsible and safe care for this vulnerable patient population. The guidelines have been presented to senior leadership to be placed into policy so that not only staff members of the operating room know how to provide compassionate care, but to also provide knowledge for all staff throughout the hospital to ensure compassionate and ethical care is being provided.



Introduction

Incarcerated patients, or forensic patients, are individuals who are under the custody of correctional facilities. These individuals are restricted to a controlled security environment, in custody of a law enforcement officer. Forensic patients are escorted by prison officials from secured correctional facilities to local/community hospital for treatment or to a surgical procedures. During transportation, forensic patients to be mechanically restrained and must always be a company by a minimum of one officer. The patient will remain in mechanical restraints, except when medical treatment requires the removal of the mechanical restraints. Law enforcement officers maintain continuous direct line of sight of the forensic patients always.

Nurses should be able to provide care in an unbiased manner that corresponds to the practice guidelines and ethnics of nursing care. Medical personnel including doctors and nurses must recognize the difference in care between non forensic patients and forensic patients to provide care that does not place healthcare workers, security personnel, or correction officer in harms way. It's important for medical staff that encounter these forensic patients to remember that they polls a high security risk went outside of prison or correction facility. Medical personnel should be aware of security issues, provide care in the safest way, and follow the facilities policy regarding forensic patients and instructions from correction offices.

The goal of the project was to review the current hospital practice and policy and compare it against current literature to ensure best practice was being provided for this unique patient population.

Methods and Materials

A collaborative team of leadership, educators, and staff was formulated to review the current policy at our institution. A literature search through PubMed was conducted with the following key terms: incarcerated, patient, surgery, prison, forensic. After conducting the literature search, key terms such as incarcerated presented a challenge since it encompassed an emergent surgical procedure. Five articles were reviewed and four were deemed relevant to be compared against the current standards of practice. The inclusion criteria for article review consisted of the patient population, the surgical environment, and within the last twelve years.

Results

The articles were reviewed using the Johns Hopkins Appraisal Tool to determine validity and strength of research. Articles were appraised, evidence type was documented, and key findings were listed along with a sample size, if provided. Observable key measures were also listed as well as any limitations within the study. Strength of evidence was also provided to reflect support for any policy change integration. A table was created to reflect the literature review to present to leadership group. The table provided concrete information that was needed to support changes to promote best practice.

Table 1. Literature Review.

Article Number	Author and Date	Evidence Level, Quality
1	Y Sarpong, A Dagal, S Sharar, A Avellino (2010)	VI – single descriptive study
2	Scarlett & Deen (2017)	VII – expert opinion
3	Scarlet, Meyer, and Dreesen (2018)	VII – expert opinion
4	Smith (2016)	V – evidence from systematic reviews of descriptive studies and qualitative studies



Discussion/Conclusion

Forensic patients undergoing surgery outside of the correctional facility can be a complex situation but maintaining privacy protection and the need to control the incarcerated patient for the safety of the healthcare workers are priorities. Providing high-quality surgical care to incarcerated patients necessitates the development of trust between healthcare care professionals and patients and ensuring that unnecessary violation of their privacy does not always occur and maintaining a dignified environment. The articles that are highlighted in the Johns Hopkins Appraisal tool focused on various practices to provide safe care like ensuring the grounding pad be placed on the lateral thigh, by placing padding between the ankle bracelet and the patient's thigh, or by maintaining their privacy by having the correctional officer stand in the corner of the room where the patient can be visualized which allows privacy and specific procedure details can be concealed.

The experience of incarceration is socially isolating and creates a situation of loss of control; however, forensic patients still have the autonomy to make decisions, hence signing their consent for medical treatment. They should not be exposed to any unnecessary privacy violations or substandard care.

Currently, University Hospital Newark does have a policy that addresses forensic patients and their delicate needs. Our current policy speaks to inpatient patient care and excludes specific needs in the perioperative environment. The practices utilized in the four articles selected coincide with the practices of the facility, and we will be making recommendations to formulate a policy that will encompass all the elements; privacy, patient safety, equipment utilization, and patient and healthcare worker relationship to ensure we treat our forensic patients with dignity and respect. Staff members should also consider changing terminology from “incarcerated” to “forensic” to reduce stigmatization of this patient population.

After reviewing the policy and addressing the needed concern for this unique patient population, policy change will be recommended to incorporate the perioperative nursing practice and patient care into our hospital guidelines, protocols, and practices.

More research needs to be conducted in understanding best practices for this unique patient population. This is supported through the limited amount of research and evidence acquired through our literature search.

References

- Sarong, Y., Dagal, A., Sharar, S., Avelino, A. (2010). Safety of electronic home monitoring devices in the operating room *The internet journal of anesthesiology*, 29(1), 1-5.
- Scarlet, S., Meyer, A. A., & Dreesen, E. B. (2018). Lack of information on surgical care for incarcerated persons. *JAMA surgery*, 153(6), 503-504.
- Scarlet, S., & Dreesen, E. (2017). Surgery in shackles: what are surgeons' obligations to incarcerated patients in the operating room?. *AMA Journal of Ethics*, 19(9), 939-946.
- Smith, F. D. (2016). Perioperative care of prisoners: providing safe care. *AORN journal*, 103(3), 282-288.
- University Hospital (2021). *Care and treatment of forensic patients at university hospital* 831-200-008. <https://universityhospital.ellucid.com/documents/view/2780>

