

Defending the Kingdom

Effective Pre-Incarceration
Diversion

Handouts and slides available at

www.wellcon.net

Case Study

- 46 year old male
- Brought to jail by local police for public intoxication
- Screened by EMT, placed in drunk tank
- No additional screening performed
- 8 hours later, time for release
- Pt found obtunded, unable to be aroused
- Sent to hospital where he had an acute subdural
- Investigation showed he slipped and fell in drunk tank, no staff were aware
- Award for injury = \$ 1.4 million

Getting Started

- Identifying your licensure limits
- Identifying your liabilities
- Identifying your community issues

Benefits of Pre-incarceration Diversion

- Limits facility liability
- Limits healthcare costs to the jail
- Don't exceed care delivery systems
- Improves all clinical care by obtaining more information up front
- Allows nurses to develop more advanced assessment skills

Pre-incarceration diversion

- What it is:
 - On-the-spot triage
 - Decision = accept vs. reject
- What it is not:
 - Discharge planning
 - Diversion
 - Case management

Outline for Implementation

- Identify local stakeholders and agendas
- Obtaining correctional buy-in
- Developing a correctional—healthcare partnership
- Developing a police—healthcare partnership
- Developing clinical pathways
- Writing policies to match practice
- Training, training, training
- Continuous Quality Assessment

Identifying Agendas of Stakeholders

- Local law enforcement agencies
- Local Courts
- Local politicians
- Local hospitals
- Local not-for-profit care groups
- Local advocacy groups

Obtaining Correctional Buy-In

- Should be a pre-existing working relationship
- Education about benefits of program
- Education of costs/liabilities
 - "All healthcare is expensive, bad healthcare is more expensive"
- Cooperative problem-solving, cooperative sharing of the pain
- Collection of pertinent data to defend the program
- Continuous Quality Assessment

Developing Correctional / Healthcare Partnership

- Establish effective data collection
- Establish good communication skills
- Respecting boundaries
 - Healthcare respects primacy of safety and security
 - Custody defends autonomy of Health Care decisions
- Informed Consent when boundaries must be crossed
- Crime against person vs. crime against property

Developing Community Police / Healthcare Partnership

- Education of field officers
- Adequate staffing to ensure that healthcare is not a bottleneck
- Willingness to consider options
- Officers can pre-authorize via phone

Developing Clinical Pathways

- Initial screening must be done by staff who can legally perform independent assessments
 - Medical = RN
 - Mental Health = Masters clinical psych
- Higher-level licensed staff back up the front line screeners on complex cases

Developing Clinical Pathways

- Objective assessments are the foundation for making decisions
 - Glasgow Coma Score
 - Vital signs
 - CIWA scores
 - Pregnancy assessments
 - Structured Mental Health Assessments
 - Physical exam
- BUT, they don't always trump clinical judgment

Developing Clinical Pathways

- TRAINING!!!
- Staff development is key to success
- Partnership with physicians
- Credentialing
- Ongoing training
- Appropriate recruitment

Policies and Procedures

- Needs to empower the RN and allow for clinical judgment
- Provide for chain of command for questions / issues
- Objectify those items that are concrete in the policy
- Policies are matched to known high-risk medical conditions
- Administration (healthcare and correctional) needs to back up the decisions made as a result of the policies

Training

- Credentialing program to assess minimum competencies and an understanding of the spirit of the policy
- Training / Education of the community
 - Tours of jail to ER physicians / staff
 - Briefing meetings for police agencies
 - CERT council
 - EMS

Continuous Quality Assessment

- Carefully look at all components of this program
 - Bottlenecks
 - Clinical outcomes
 - Assessment tools
 - Credentialing process
 - Information flow

Overview of the Process

- Initial screening by RN
- Accept / Reject
- If reject, fill out Prisoner Refusal Form
- Reassess if prisoner returns

Initial Screening by RN

- Vital signs / objective physical signs
- Past medical history
- Chronic Diseases
- Substance abuse history
- Mental Health survey
- Hands-on physical exam
- Diagnostic testing
- Verification of medications
- Accept / reject

Rejection

- Prisoner Refusal Form utilized
 - Triplicate
 - Cites reason for refusal from jail
 - Recommends treatment necessary
 - Signatures of arresting officer and advising RN captured on form
 - Forms saved for future reference
 - Provides space for ER to provide diagnosis and treatment provided in response to rejection
 - Provides space for final disposition

Importance of Refusal Form

- Educates arresting officer to our process
- Documents officer's knowledge of recommended disposition
- Documents those concerns that must be addressed before acceptance
- Good communication with ER
- Satisfies our obligation professionally and legally for transfers
- Easily allows for reassessment—may be hours down the road
- Protects the jail from liability should care not be rendered

Problems to Anticipate

- Conflict at the door from arresting officer
- Dumping of refused prisoners instead of acquiring recommended care
- ER's will do medical screening exam and nothing more

Public Relations Issues

- Can be a political hot button from the community mindset
- Need to prepare for some bad publicity at some point over some case(s)
- Must weigh that bad publicity against the bad publicity from in-custody deaths

Salt Lake County Experience

- Average 100 intakes per day
- All of them are screened in this methodology
- Refuse approximately 30 per month
- 10 per month return to jail after receiving appropriate care

Summary

- Pre-incarceration diversion limits liability and costs and maintains higher quality care on site
- Implementation requires significant foresight and communication skills
- It has been a very successful program for us with buy-in from both custody and healthcare staff

Handouts and slides available at

www.wellcon.net