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Breaking Barriers: Improving Care for Incarcerated Patients while Hospitalized

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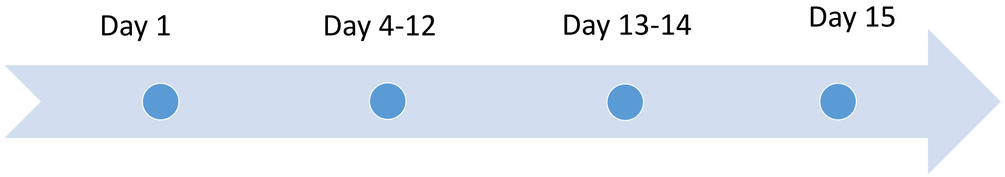
Case Description/Time Line

A 26-year-old male presented from jail to the Emergency Department for acute onset of altered mental status.

He was in his usual state of health the evening prior and was found unresponsive in his jail cell the following morning.

Collateral information from family members was prohibited per Washington State Department of Corrections policy and clinical record was limited given his incarcerated status.



Day 1	Day 4-12	Day 13-14	Day 15
Labs/lumbar puncture/CT MRI Head/EEG Neurology consult	CT chest/abdomen/pelvis Neurosurgery/ Psychiatry consult	PEG considered Ethics consult Hospitalist contacted jail directly to contact family	Mother visits Talked patient “out of episode”

5 Whys (own institutional knowledge)

Why was ethics consulted so late?
- Why didn’t our team think that ethics would be a helpful consult?
  - Why did we assume that ethics could not help with contacting collateral?
    - Why did we view the policy as fixed?
      - Why were we not familiar with these policies?

Action

Incarcerated patient policy training

Incarcerated patient dotphrase

Awareness of ethics consultation

5 Whys (institution-institution handoff)

Why is care coordination for incarcerated patients challenging?
- Why are medical records for incarcerated individuals so limited?
  - Why are prison medical staff not routinely contacted for handoff?
    - Why are provider teams not aware of how to navigate this process?
      - Why are these policies not readily available for SHMC staff?

Action

Establish DOC provider contact exchange at transfer to SHMC

Multi-disciplinary team training on caring for incarcerated patients

5 Whys (implicit bias)

Why couldn't the mother see the patient sooner?
- Why is there more bias against incarcerated patients?
  - Why do healthcare providers feel uncomfortable taking care of incarcerated patients?
    - Why is there no formal training for taking care of those in prison? Specifically on implicit bias

Action

More emphasis needs to be placed on recognizing personal bias at med school, residency, and professional levels to help recognize bias

5 Whys (lack of policy)

Why was DOC Sergeant contacted about a medical decision/medical update?
- Why is the Sergeant the first point of contact?
  - Why are there different contact rules for inmates than for the general public?
    - Yet, why, was the patient’s mother allowed to visit?

Action

Clarification from DOC on:
- Surrogate decision maker for incarcerated patients
- Threshold of illness that would permit a family visit.