The forensic patient: Clinical, legal, and security challenges
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Forensic patients are far from a rarity. To ensure the safety of everyone concerned, and to minimize liability risks, healthcare facilities should establish management plans that are multidisciplinary and specific to the dangers posed by such patients.

Is your campus prepared to provide care to the forensic patient in the safest possible way? Adequate preparation for a forensic patient means a purposeful review of the security, environmental, regulatory, staffing, safety, and educational components that must exist to create a thoroughly prepared facility plan. If one of the links is weak, or if one department is not on board with such a plan, disaster can ensue.

A 2016 U.S. Department of Justice report found that state and federal prisoners are significantly more likely than the general population to experience serious illnesses that require hospital-level care. Although hospitals are not designed with prisoners in mind, forensic patients may be found, depending on the state, in ambulatory care, outpatient, behavioral health, and acute inpatient care settings.
The case below is a real-life study that illustrates how crucial it is to have department-level and hospital-wide preparedness.

THE DELNOR HOSPITAL INCIDENT

On May 13, 2017, a forensic patient, Tywon Salters—who had been admitted to Delnor Hospital, in Kane County, Chicago, for eating a jail-issued sandal—obtained his guard’s 9mm handgun. Salters, an inmate at the Kane County Jail, then took hospital staff members hostage. Nurses were forced to disrobe and were robbed, beaten, and raped during a standoff situation with Salters, who used one hostage’s cell phone to make calls to his family. After negotiations failed, a SWAT officer ultimately shot and fatally wounded Salters.

WHO AND WHAT CAUSED THIS?

This incident cannot be traced back to only one mistake or simply human error. This kind of event typically happens when processes, policies, educational programs, communication, and collaboration with law enforcement all break down. James Reason’s Swiss Cheese Model of Harm (Seshia et al., 2018) is often used as a visual aid to symbolize systemic failures and is helpful in conceptualizing the process breakdowns that contributed to this incident—that is, how everything “lined up” to enable Salters to obtain his guard’s gun. In the model, slices of Swiss cheese stand on end in a domino-like series, and a hole in each slice lines up perfectly with a hole in the other slices; an arrow shoots through these aligned holes. The slices represent barriers to trouble (such as policies and training), and the holes signify failures in the safeguards; together the failures allow the barriers to be breached and unwanted events to occur.

WHO IS RESPONSIBLE FOR FORENSIC PATIENTS?

Treating forensic patients takes planning, patience, and practice. No department or staff member should be expected to handle it alone. Clinical staff (including physicians), safety and security departments, support staff, and the agency that has the patient in custody are all responsible for ensuring safe, effective, and humane care. With that understanding in
mind, see Table 1 for an overview of the clinical, legal, and security considerations to keep in mind.

COMPONENTS OF A PREVENTION AND MANAGEMENT PLAN

All three of us are educators with Healthcare Legal Education & Consulting Network (HLECN), which provides education to clinical staff, administrators, and security personnel on the intersection of healthcare and the law. Evidence-based risk management strategies and a review of case law indicate that any safety and security plan relating to the care and treatment of the forensic patient should be designed to do the following:

- Improve the safety of visitors, colleagues, and other patients while still maintaining the dignity of the forensic patient;
- Employ risk mitigation strategies that arm all front-line staff with the necessary knowledge to safely and effectively care for the forensic patient;

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<tr>
<th>Clinical Considerations</th>
<th>Legal Considerations</th>
<th>Safety &amp; Security Considerations</th>
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<tr>
<td>All clinical staff that interact with forensic patients need to be trained on forensic patient policies and procedures.</td>
<td>The forensic patient needs unique, multidisciplinary considerations for medical decisionmaking.</td>
<td>Develop a procedure for identifying forensic patients as soon as they arrive at the facility.</td>
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<td>Utilize interdisciplinary teams to assess risk for violence and self-harm.</td>
<td>Forensic patients retain some right to decline care in the absence of a public health threat (such as tuberculosis). At times, treatment may be compelled.</td>
<td>Ensure that your restraint policy addresses medical restraints separately from law enforcement restraints.</td>
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<td>After assessing risk for violence and self-harm, employ care plans that minimize such risk.</td>
<td>A healthcare facility may have liability for the hazards and emotional distress created by an escaped inmate patient.</td>
<td>Develop relationships and partnerships with local law enforcement agencies that utilize your facility for patient care.</td>
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<td>Utilizing and employing the chain of command is vital in these circumstances. Remember your support departments.</td>
<td>Ensure your staff knows the guard’s role in the comprehensive safety plan of the forensic patient.</td>
<td>Provide education to clinical staff regarding any special considerations for the forensic population to ensure that safety, privacy and patient care needs are met.</td>
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<td>Perform a review or debriefing after all forensic patient encounters to assess adequacy of preparedness.</td>
<td>Regardless of where care occurs, prison officials are obligated under the Eighth Amendment to provide prisoners with adequate medical care.</td>
<td>Best practice is a no-visiters policy. If visitation is allowed, coordinate and share the visitation plan with the respective partners (such as security, clinical, support staff, and law enforcement).</td>
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• Ensure that your institution has policies and procedures that detail the process for safely managing a forensic patient;

• Provide all staff training on the safety measures and precautions they should take when caring for the forensic patient;

• Integrate a process improvement plan with data-driven metrics to address patients who are known to be aggressive or deemed to be at risk of being aggressive;

• Develop an interdisciplinary committee focused on threat management and at-risk patients;

• Identify organizational opportunities to improve the provision of safe care for the forensic patient.

We also recommend specific assessment and management strategies for the high-risk patient population, including:

• Safety and security tracking of high-risk patients through the entirety of a patient’s hospitalization;

• Safety and security patient rounding to develop a safety plan for each shift;

• When appropriate, implementation of behavioral contracts;

• Development of a Code Response Team for the violent patient.

Reference