Scope of Correctional Nursing Practice

"Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations" (ANA 2015b, 1). Nursing is both a science and an art, the essence of which is caring for and respecting human beings, including those who are detained or incarcerated and those who are under legal supervision in the community.

Definitions

Correctional nursing is the delivery of evidence-based nursing to protect, promote, and optimize health and abilities; prevent illness and injury; facilitate healing; alleviate suffering through the diagnosis and treatment of human response with care and respect; and advocate for individuals, families, groups, communities, and populations under the jurisdiction of the justice system.

Correctional nursing occurs in correctional facilities, where the primary mission is to ensure the security of people incarcerated within them and the safety of staff and the public. "Correctional staff" is the general term to describe all staff members who work with incarcerated persons, enforce custody facility rules, and maintain the secure and orderly running of those facilities (Bureau of Labor Statistics 2018). Within this document, correctional staff describes those without a healthcare role. Healthcare staff will be identified and addressed by their professional roles as necessary.

The term "incarcerated person" is used throughout this specialty scope and standards document to identify an individual detained in a prison, jail, or other custody setting. "Person under community supervision" is used to identify someone on probation, parole, or other legal supervision in the community. An incarcerated or community-supervised person who is a consumer of correctional healthcare services is a "patient." As human-to-human caring is "foundational to the practice of nursing" (ANA 2015b, 11), person-first language acknowledges the humanity of justice-involved people. The terms inmate, prisoner, and offender are intentionally excluded from this document.

A History of Nurses Within the Correctional Environment

The history of correctional nursing reflects a blurry timeline of events, as the first reference to the correctional nurse emerged in 1975.

1800s

In 1831, Catherine McAuley founded the Sisters of Mercy (SOM) in Dublin, Ireland. The sisters offered services to the dioceses in which they were located. The sisters visited prisons and offered catechesis, religious formation, and training of the caregivers (Hart and O'Brien 2019). In the United States, also during the 1800s, Dorothea Dix played a valuable part in prison reform. She traveled throughout the country visiting prisons and meeting with prison officials. Dix took the opportunity with these travels to evaluate the systems for effectiveness. Despite her efforts, nursing remained unavailable in correctional facilities. While history doesn't detail work with incarcerated people, it could be believed that work of nursing during the Crimean War (1853–1856) also included nursing care to incarcerated military members. Along with the SOM and Florence Nightingale, Mary Seacole (1805–1881) was also a pioneering nurse and heroine of the Crimean War (BBC 2019).

Seacole learned her nursing skills from her mother by helping care for invalid soldiers who resided in her mother's boarding house. In later years, Seacole traveled to England and asked the war office to allow her to be an army nurse. This request was denied. Not discouraged by this, she funded her own trip to Crimea and established the British Hotel to provide care to the sick and convalescent officers. Seacole also went to the battlefield, sometimes under fire, to nurse the wounded (BBC 2019).

In the mid-1800s, England workhouses had become much like prisons. Families in these workhouses were separated. Meals were served in dining rooms and uniforms were issued. General nursing care was performed by elderly residents (Schoenly 2015). Nightingale teamed up with philanthropist William Rathboone in the mid-1860s to begin the transformation of the Liverpool workhouse infirmary. Transformation began as Nightingale added trained nursing staff, established standard healthcare practices, and addressed environmental issues.

1900—Present

Throughout most of US history, correctional settings provided little to no health care to incarcerated people. Provision of adequate health care in prisons and jails was an internationally accepted norm by at least the mid-20th century (United Nations 1955). US courts, however, rationalized a permissive approach by citing respect for the sovereignty of state and local governments to operate correctional facilities within their borders. Thus, administrators in correctional

settings had enormous freedom, with little regulation of, accountability for, or judicial oversight of daily operations. By the 1960s, incarcerated people were increasingly petitioning the courts for relief from negative healthcare conditions of their confinement (see as examples *Church v. Hegstrum* 1969; *Coppinger v. Townsend* 1968; *Martinez v. Mancusi* 1970).

The 1970s were an important decade for correctional health. Major healthcare provider organizations, including the American Nurses Association (1974) and the American Medical Association (1971), began advocating for improved correctional health services. In 1976, the landmark Supreme Court case, *Estelle v. Gamble* (1976), established health care as a constitutional right for incarcerated people based on the Eighth Amendment prohibition of cruel and unusual punishment. The Supreme Court held that "deliberate indifference to serious medical needs" of people held in custody constituted the "unnecessary and wanton infliction of pain" (*Estelle v. Gamble* 1976, 104), since they are deprived of their liberty and unable to seek care on their own. Since then, litigation based on the *Estelle* decision has contributed to the development of healthcare standards and improved access to health care. The decision also contributed to improved correctional healthcare staffing that better meets patient needs and increased correctional healthcare provider professionalism (Greifinger 2007). Such attention has also led to forced reductions in the number of incarcerated people in certain jurisdictions when healthcare needs were not being adequately met due to overcrowding (*Brown v. Plata* 2011).

Correctional nursing began to gain increased visibility around this time. Rena Murtha, a pioneer in correctional nursing, served as a director of nursing in the New York correctional system. She described that nurses fifty years ago "functioned at the pleasure of the warden… and at the command of the prison physician…" (Murtha 1975).

Since that time, correctional nursing practice has evolved into a variety of essential roles ranging from primary health care, mental health services, hospice, telemedicine, geriatrics, discharge planning, chronic care management, and management and administration. Today's correctional nurse is a valued and respected member of the correctional healthcare team.

In 2017, an estimated 29,461 US registered nurses (RNs) worked in a correctional facility (Smiley et al. 2019). A correctional facility was the primary practice location for an estimated 0.8% of the total US RN workforce (Smiley et al. 2019), a proportion relatively unchanged since the Health Resources and Services Administration (HRSA) began reporting this information in 2000 (HRSA 2000). An additional 20,009 licensed practical nurses/vocational nurses worked in a correctional facility. The number of advanced practice registered nurses (APRNs) who provide clinical services within correctional settings remains unknown.

The number of nurses working in correctional settings may be greatly underestimated. First, the primary employer of a correctional nurse may be a university, county health department, private/for-profit ambulatory care agency, or home health organization that has been engaged to provide health care at a correctional facility. Second, the organizational unit may be a licensed hospital within a correctional system or a hospital or clinic operated by the federal government that provides care for incarcerated people. Third, many experienced correctional nurses have more than one employer, especially if they prefer a part-time or intermittent schedule.

The Institute of Medicine's 2010 report, *The Future of Nursing: Leading Change, Advancing Health*, mentioned nursing in correctional settings twice. Both references made the point that nursing is diverse and that nurses will be present anywhere there are people who have healthcare needs. Nurses in correctional facilities today demonstrate passion, devotion, and advocacy in caring for an underserved and disenfranchised population that is often forgotten by the public.

Over the years, several organizations have promoted the development and growth of correctional nursing. The ANA facilitated the creation and subsequent revisions of the scope and standards of correctional nursing. The online resources of CorrectionalNurse.net helped meet the needs of nurses working in the correctional setting. The National Commission on Correctional Health Care (NCCHC) established a RN certification program. Many other resources and organizations continue to help shape the correctional nursing specialty.

Population Served

Correctional nurses serve a large population mainly hidden from the public. At the end of 2018, the Bureau of Justice Statistics (BJS) reports an estimated 6.7 million individuals (1 in 7) in the US were under some type of correctional supervision, which includes approximately 2.2 million individuals detained in jails and incarcerated in prisons (Carson 2020), and an estimated 4.5 million individuals who are supervised under probation and parole, known as community corrections (Kaeble 2018). An estimated 1,465,200 individuals were under state and federal jurisdiction, with 88% in state prisons as of December 2018. Most of the justice-involved individuals, 3.6 million or 55% of those under community corrections supervision, are on probation, and 11% are on parole (Jones 2018). Thirty percent of state and 10% of federal admissions were due to post-custody supervision violations (Kaeble 2018). From October 2017 to September 2018, approximately 400,000 people were booked into Immigration and Customs Enforcement (ICE) detention facilities, a 22.5% increase over the prior fiscal year (ICE 2018).

During the period 2008–2018 the jail incarceration rate dropped by 12%, although five states reported increased rates of incarceration. During 2008–2018 BJS reports the incarceration rate for male detainees decreased by 9%, while the incarceration rate for female detainees increased by 15% (Carson 2020; Zeng 2020). For the same period, federal and state prisons saw an overall 9% decline in the population (143,100 individuals). The male prison population declined by 1.7%, and the female prison population decreased by 0.5 % (Carson 2020).

Rates of confinement occur in other facilities as well. At the end of 2019, 480,000 youth were confined to various juvenile facilities: juvenile detention facilities, 16,858; long-term secure facilities, 10,777; residential treatment facilities, 10,256; adult prisons and jails, 4,535; and group homes, 3,375 (Sawyer 2019). These rates reflect a 60% decline in confinement for juveniles.

The US incarcerates more people than any other country in the world (Walmsley 2018). Incarceration rates began to grow dramatically in the 1970s. Multiple policy actions, including increased drug-law enforcement (the "war on drugs") and mandatory minimum sentences, have been implicated in the increase (Garland 2001). Structural racism has contributed to disproportionately higher rates of arrest and incarceration for black people (Bailey et al. 2017). Prison incarceration rates in the states have begun to stabilize or decrease in all but 15 states (Kaeble and Cowhig 2018) and juvenile residential placement rates have decreased over the past decade (Child Trends n.d.).

However, this trend has not occurred for all groups. Since 1980, the number of incarcerated women has risen 700% (Sentencing Project 2018) and the number of people 55 and older has increased 280% in the past twenty years (McKillop and Boucher 2018). Jail incarceration rates have also remained unchanged (Kaeble and Cowhig 2018).

Correctional nurses serve a socially marginalized population. Incarcerated adults in the US have lower levels of educational attainment (Rampey et al. 2016) and lower precarceration incomes (Rabuy and Kopf 2015) than adults who are not incarcerated. Marginalization does not resolve after release for many justice-involved people. A history of incarceration negatively affects job prospects after release, with formerly incarcerated black people being especially disadvantaged in the labor market (Western and Sirois 2018). The vast majority of incarcerated people are male (e.g., 93% of adults in prisons [Carson 2018]; 85.5% of adults in jails [Zeng 2018]). Incarcerated women are particularly vulnerable, are less likely to have been employed prior to their last arrest, and are also less likely to complete further education during a prison stay (Rampey et al. 2016). These instances reflect the importance of attending to social determinants of health.

Correctional nurses serve a population with multiple health disparities. People incarcerated in prisons and jails are more likely than those who are not incarcerated to have a chronic health condition, such as hypertension, diabetes, cardiovascular disease, and asthma (Maruschak, Berzofsky, and Unangst 2015). They are also more likely to have a chronic infectious disease. The HIV rate in US prisons was 1,297 per 100,000 in 2015 (Maruschak and Bronson 2017) compared to a rate of 303.5 in non-incarcerated US adults at that time (CDC 2017). The prevalence of hepatitis B and C, and tuberculosis is also higher among incarcerated people than in the general population (Dolan et al. 2016). Overcrowding in correctional settings is also conducive to the spread of infectious diseases, such as Community-Acquired Methicillin-Resistant Staphylococcus Aureus (CA-MRSA; Haysom et al. 2018).

Mental health disparities are also observed in justice-involved people. Lifetime trauma exposure is much higher for incarcerated women (Grella, Lovinger, and Warda 2013) and men (Wolff et al. 2014) than for people without a history of incarceration. Incarcerated people are more likely to be diagnosed with serious mental illness (Fazel et al. 2016) or substance use disorder (Fazel, Yoon, and Hayes 2017) than those who are not incarcerated. Mental illness contributes to initial and repeat criminal justice contact. While these health disparities can be partially explained by precarceration health and risky behaviors, incarceration itself has been independently associated with long-term negative health outcomes, including early mortality (Aalsma et al. 2016; Schnittker and John 2007).

Correctional nurses serve vulnerable populations in conditions often not designed to safely house them. Women, older people, transgender people, and adolescents represent a smaller portion of the incarcerated population but have unique characteristics that pose significant challenges to appropriate care in correctional facilities. For example, approximately three-fourths of incarcerated women are of reproductive age (Carson 2018) and an estimated 4–5% of incarcerated women (Maruschak 2006, 2008) are pregnant on intake. Incarcerated pregnant women are at higher risk for adverse perinatal outcomes, both from precarceration health behaviors and inadequate care during incarceration (Ferszt and Clarke 2012; Kelsey and Forestell 2017).

For older adults, chronic illness disparities seen in younger incarcerated people may be exacerbated with age and deprivation that characterizes correctional environments (Kim and Peterson 2014). Age-related functional limitations, dementia, mobility deficits, incontinence, and hearing and visual impairments create special needs that are challenging to address in correctional settings and often require nursing care and support that may not be necessary for younger people. In the correctional setting, preoperative transgender patients may be assigned housing units that are for the gender they

were assigned at birth. This puts them at risk for experiencing sexual assault and violence. They are at risk for depression, autocastration, or suicidality if they are not receiving adequate treatment (Jaffer et al. 2016). For detained adolescents, suicide attempts are estimated to be two to four times higher than their nondetained peers (Gallaguer Dobrin 2006).

Incarceration also affects the health of the individual's family members and communities. For example, over half of adults in state and federal prisons report having at least one minor child (Glaze and Maruschak 2010). Physical and behavioral health disparities are observed in the children of incarcerated parents from infancy into adulthood (Wakefield and Garcia-Hallett 2017). For women who are not incarcerated themselves, the incarceration of a loved one is associated with increased odds of having a cardiovascular event and being in fair or poor general health (Lee et al. 2014). For communities, having high concentrations of formerly incarcerated people is associated with higher HIV and infant mortality rates (Wildeman and Wang 2017). Correctional nurses can help improve the health of justice-involved people so that they are able to fill their important family roles during incarceration and after release.

Correctional Nursing Practice and Roles

Correctional nursing is performed in an environment that does not embrace health care as its primary mission. Correctional nurses are often the initial point of contact or primary link for all adult and juvenile patients for healthcare services access for medical, dental, and psychological needs and health education.

Correctional nursing requires flexibility, attention to detail, critical thinking, a strong ability for clinical decision-making, and a sound grasp of the standards of professional nursing practice. The correctional nurse relies on the nursing process to complete a comprehensive assessment, construct an individualized diagnosis, identify patient outcomes, develop and implement a patient centered plan of care, and evaluate the effectiveness and attainment of patient's movement towards achieving the agreed-upon goals. This plan should include a mechanism to coordinate care in the event the patient transfers, i.e. from ambulatory care to inpatient care or from one facility to the community.

Additional important competencies of the correctional nurse include triage skills as well as strong communication and negotiation skills. Depending on the length of stay in a correctional facility, most patients will require nursing services, some for treatment of minor illnesses or injuries and others for major health concerns and chronic diseases needing appropriate follow-up. Correctional nurses have a primary role as patient advocates, educators, and champions for access to quality health care.

> The provision of humane and gender-responsive programs and services for the accused and adjudicated requires addressing the special needs of juvenile, youthful, and adult offenders. To meet this goal, correctional agencies should develop and adopt procedures for the early identification of offenders with special needs. Agencies should provide the services that respond to these needs and monitor and evaluate the delivery of services in confined and community settings. (American Correctional Association 2017, 7)

Correctional nurses practice in a variety of settings and occupy multiple roles while providing care to their patients. The correctional nurse works in one or more of the following areas: a primary/ambulatory care clinic, an urgent/emergent care clinic, an inpatient infirmary/hospital setting, a community-based facilities, and in palliative/hospice care. In addition to the clinical roles necessary to work in these settings, the nurse provides substance abuse care, sexual abuse care, mental health care, transitional care, medication management, health promotion screening and teaching, individual and group health education, and patient advocacy. A correctional nurse practice may encompass bedside patient care, activities associated with the advanced practice registered nurse role, and executive leadership team decision-making and boardroom responsibilities.

Primary Care

In the primary care setting, patient access occurs via nursing encounters during intake screenings and assessments, patient requested visits (currently identified as sick call visits), chronic care clinic visits, medication administration, and in response to emergencies. In addition to patient requested visits, the correctional nurse is actively involved in providing preventive health services, infectious disease screening, and health education to the incarcerated patient population. Each encounter provides an opportunity for the nurse to assist the patient in understanding all aspects of their healthcare plan. Correctional nurses also coordinate care between providers, arrange for testing and follow-up visits within the correctional and community healthcare entities, and assist the patient with transitional care into the community.

Correctional nurses and APRNs assume critical roles as primary caregivers as they interview, assess, develop clinical decisions for each patient encounter, and help create or revise a patient's plan of care. Correctional nurses utilize critical thinking, clinical judgment, professional education, experience, standards of care, nursing guidelines, organizational policies and procedures, and the appropriate delegation of other healthcare team members in the primary care setting. Correctional nurses have an important role as an advocate for correctional healthcare services and standards of care comparable to those in the community.

Acute Care

Larger correctional systems may include their own healthcare facilities providing acute care services comparable to those available in community hospitals and standalone surgical centers. Patients are transferred to these correctional settings for more complex healthcare services and procedures. Correctional nurses and other healthcare team members provide the requisite healthcare services.

The World Health Organization (Hirshon et al. 2013) proposes a standardized definition for acute care. Care provided in an acute care setting is for treating "sudden, often unexpected, urgent or emergent episodes of injury and illness that can lead to death or disability without rapid intervention. The term acute care encompasses a range of clinical healthcare functions, including emergency medicine, trauma care, pre-hospital emergency care, acute care surgery, critical care, urgent care and short-term inpatient stabilization."

The correctional nurse's role is to triage their patients and ensure that the appropriate acute care is provided to minimize the patient's potential disability and suffering. If the facility does not have the appropriate capability to meet the needs of its acute care patient, the nurse will help stabilize the patient and assist in arranging transfer to an appropriate facility to meet the acute needs.

Urgent or Emergency Care

The correctional nurse is usually the first healthcare responder to a patient, a visitor, or a corrections staff member with complaints of sudden illness, emergencies, and trauma within the facility. The correctional nurse responds to the patient location with all essential emergency equipment and provides emergency care as needed. Based on the correctional nurse's assessment of the patient's status; the nature and severity of the patient illness or injury; and applicable triage protocols, policies, and procedures, the correctional nurse will initiate the appropriate emergency plan of care. If the correctional nurse determines that emergency medical services (EMS) are required, local notification procedures are followed to activate EMS, and the correctional nurse continues the provision of emergency care until EMS personnel arrives and assumes that care.

Because the correctional nurse plays a vital role in ensuring continuity of care and appropriate transition of care for the patient in all settings, the correctional nurse will need to communicate information to ensure that the transition in care is appropriate, smooth, and safe and that the plan of care continues in the new care setting. When receiving the patient upon return to the correctional facility, the correctional nurse is responsible for assessing the patient, reviewing information provided by emergency services and the treatment facility, and effectively communicating with health care and correctional staff to ensure continuation of necessary care in the correctional setting.

Palliative Care

"Every nurse should have the knowledge and ability to facilitate healing and alleviate suffering through the delivery of safe, quality, and holistic person-centered primary palliative care," said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN (ANA 2017). Palliative care includes four attributes: individualized patient care, support for the family, interdisciplinary team approach, and effective communication. While providing care for the patient receiving palliative care, the correctional nurse should utilize the current version of the *Palliative Nursing: Scope and Standards of Practice* manual and the National Consensus Project for Quality Palliative Care's *Clinical Practice Guidelines for Quality Palliative Care*.

The correctional nurse is often the first to recognize the need to provide palliative care for the patient. The correctional nurse advocates for palliative care and provides patient education on the value and characteristics of palliative care (ANA-HPNA 2017). The correctional nurse utilizes the nursing process to develop a plan for palliative care and motivates the interprofessional team to ensure that appropriate patient-centered care is provided for the patient. The correctional nurse advocates for release from custody for treatment, nursing home/home placement, and for family involvement when possible. The correctional nurse works with the custodial team for review of an alternative care setting when a change in clinical condition warrants and upon entry into hospice. The correctional nurse communicates the patient-centered plan of care when transfers have been authorized.

Those dealing with serious injury also can benefit from palliative care services. Healing is part of the palliative care experience and is associated with moving toward a positive focus of mending and reaching an acceptable quality of life, not necessarily a "cure." Correctional nurses provide palliative care by

- Providing relief from pain and other distressing symptoms
- Providing and/or coordinating treatment for the underlying disease
- Affirming life includes a normal dying process
- Neither hastening nor postponing death
- Integrating the psychological and spiritual aspects of care
- Offering a support system to help patients live as actively as possible
- Helping patients understand their choices for medical treatment
- Advocating for release from the facility (if possible)

Hospice care is palliative care provided for patients with less than six months to live if their terminal disease follows its normal course (National Coalition for Hospice and Palliative Care 2018). The correctional nurse provides hospice care designed to make a patient's remaining time as comfortable and meaningful as possible. Correctional nurses understand and respect the patient's wishes as outlined in advanced directives, durable power of attorney documents, living wills, and "Do Not Resuscitate" orders. Correctional nurses provide hospice care to

- Respect and carry out the end of life wishes of the patient
- Advocate for the patient
- Provide comfort measures
- Advocate for release from the facility (if possible)

Restricted Housing Care

Restricted housing is any type of detention that includes voluntary or involuntary removal from the general incarcerated population: placement in a locked room or cell for the majority of the day, typically twenty-two hours or more (Federal Bureau of Prisons 2016). Some synonyms for restricted housing are segregation (administrative or disciplinary), special housing, solitary confinement, supermax facilities, enhanced security units, secure housing units, and isolation units, to name a few (National Institute of Justice 2016).

> Correctional agencies are responsible for housing offenders in safe and secure facilities. It is the responsibility of staff at those facilities to maintain public safety as well as the safety of the staff and offenders. To achieve this goal, it may be necessary for correctional staff to place certain offenders who might be a threat to others or danger to themselves into a restrictive housing unit. (American Correctional Association 2017, 83)

Correctional nurses will act to ensure that any practice of segregation does not adversely affect a patient's health (NCCHC 2018, 131), because numerous studies have shown that those subjected to restricted housing may experience psychiatric illnesses ranging from anxiety and depression to hallucinations and psychosis, and this can potentially lead to the incarcerated person developing suicidal ideations (NCCHC 2018, 131; Drogin and Williams 2016).

As an important member of the healthcare team and primary advocate for patients, the nurses' role in caring for restrictive housing patients should be articulated in, but not limited to, the initial assessment/evaluation and the

interprofessional care plans. Correctional nurses are in a unique role to support NCCHC's position statement on solitary confinement:

> Correctional health professionals' duty is to the clinical care, physical safety and psychological wellness of their patient and should not condone or participate in cruel, inhumane, or degrading treatment of patients (NCCHC 2016).

Special Care

Some populations may be placed in mental health step-down, sheltered living, geriatric, special needs, or medical step-down units. Correctional nurses follow facility policies and procedures regarding any additional visits by nurses that may be required.

Nurses within the correctional settings may work in environments providing specialty levels of care, such as oncology, geriatric, intensive/critical, and perioperative care. In addition to following the correctional nursing scope and standards of practice, nurses in these specialty settings will also need to follow the applicable specialty scope and standards of practice.

In addition to clinical care, correctional nurses must be constantly engaged in the development and updating of institutional/organizational policies and procedures. Keeping in mind that the correctional nurses' priority is their patient, their role in relation to policy development is to advocate for policies to enhance the quality of care for their patients. This is a vital skill for nurses in the correctional environment, especially with the potential conflicting roles of healthcare providers in the correctional environment.

Transitional Care

Transitional care may be defined as movement from one housing area or unit to another or transition back into the community upon release. Correctional nurses assess patients for proper adjustment to new housing units within the facility, make appointments, educate, and help facilitate a discharge plan for the patient to continue current medications, treatments, and services for medical, dental, and/or psychiatric care upon release from the correctional facility.

Reintegration of the patient back into society needs to begin upon entry into the correctional system. The correctional nurse's invaluable skill set should be included as part of the interprofessional team addressing the transition planning process to assist the patient in reintegrating back to society. The nurse can assist the patient in ensuring adequate preparation to self-manage upon release. The nurse provides education on numerous aspects of the patient's life

to include disease management, injury prevention, self-care, and appropriate utilization of healthcare resources.

Care Coordination

Continuity of care in correctional environments is often interrupted by factors associated with security measures such as moves, restriction of movement, and limitation of personal items. Therefore, the correctional nurse provides care coordination services from the patient's entry into the facility, during their stay, and when preparing for the transition back into the community. Correctional nurses partner with the patient to identify health issues; make appropriate referrals to advanced level and specialty providers; track pending treatments, appointments, and specialty care services to ensure necessary care is completed; and ensure needed healthcare information is available to those providing care to the patient. The nurse also ensures that the patient has the appropriate education and information to make an informed decision related to the coordination of their care. Maintaining patient confidentiality and privacy remain important information management responsibilities for correctional nurses.

Medication Management

Correctional nurses must be knowledgeable of the medications administered, including appropriate dosage, side effects, contraindications, and food and drug interactions. In addition, they must know their state's practice acts and statutes regarding distribution, administration, storage, accountability, and delivery of all medications.

Correctional nurses include the added steps to ensure patients take the medication administered and not try to "cheek" or divert the medication. Correctional nurses review medication administration records for medication adherence and implement protocols to address "missed" medications (e.g. patient was out for court, patient is refusing medication, etc.). Such initiatives may include steps to reduce barriers to patient adherence and provide patient counseling.

One barrier to effective medication management is that patients do not always get to keep their prescribed medications with them. Because of the potential abuse or harm associated with certain medications, patients may have to visit the medical unit at prescribed times to obtain a dose of their medication or have a dose of their medication delivered to them. Such a process helps to ensure medication management adherence, permits correctional nurses to monitor for side effects of medications, and provide patients with opportunities to discuss medication-related issues with health services staff. The major

drawback for this administration method is the demand on staff to administer the medications.

Some medications are allowed to be kept on person (KOP) or be self-carried. These are typically medications that pose reduced chance of harm to the patient and limited abuse potential. Correctional nurses are responsible to ensure their patients are properly educated about their medications, their own role in managing their disease processes, and self-care. If patients demonstrate non-adherence with a prescribed treatment, the nurse should reeducate the patient on the importance of adherence and work with the patient to identify barriers to adherence.

Correctional nurses will respect and promote patient safety and follow the prescribed rights of medication administration. Regardless of how patients receive their medications, the correctional nurse has a responsibility to ensure that patients know what medications they are taking, the reason why they are taking each medication, the proper dosage and frequency of the medication, and side effects or adverse reactions to the medications.

Health Promotion

Health promotion, maintenance, and education are particularly important to this patient population due to preexisting factors such as lack of access to health care, health insurance, and healthy lifestyle choices. Health promotion and surveillance require community health and public health nursing skills and play an important role in the healthcare management of this population focused on having the patient obtain and maintain a healthy state. Correctional nurses as members of the healthcare team provide health education and health promotion activities for healthy lifestyles, evaluate the effectiveness of planned care, encourage preventive health practices, and address public health issues. The skills this patient population learns can be transferred upon release to the patients' families and communities. The correctional nurse also educates custody staff about infectious diseases, emergency first aid, response to mental health emergencies, and suicide prevention. Correctional nurses must recognize the potential to make a difference in a patient's health and well-being by engaging patients to understand how to promote wellness.

Patient Education

One of the most important and lasting nursing roles is that of patient educator enabling patients to take a proactive role in their own health care (Purdue University Northwest 2017). Correctional nurses will primarily provide education to their patient population and occasionally to their families. It is also

important for the correctional nurse to educate the community on the benefits of correctional medicine and how it can impact the community at large.

Patient education ensures that patients are well-informed about their own health and well-being. Correctional nurses are responsible for assessing each patient's educational and comprehension level to provide comprehensive and easily understood information. Transitional or discharge planning must begin at the time of entry to the facility since a patient's release date may be unknown. Without proper education the patient may return to the community to resume previous poor lifestyle habits. One example of patient education is teaching a newly diagnosed diabetic about medication management, blood glucose monitoring, diet, and exercise.

Correctional nurses must provide time during patient encounters to address patient questions regarding diagnosis, medication, treatments, tests, etc. Correctional nurses also educate patients on the importance of chronic and infectious disease follow-up visits with providers both within the facility and in the community upon release. Correctional nurses educate the community, outside providers, and population that the care patients receive within the facility may reduce overall healthcare costs and increase the health and well-being of the community. Correctional nurses must incorporate education to families, communities, and groups whenever possible. An example of this would be education on naloxone administration for opioid overdose because the patient may have been given naloxone upon release but it may be a bystander or family member who would administer the drug.

Advocacy

Correctional nurses advocate for the patient when the patient's health or well-being may be compromised. The nurse's role as patient advocate is not relieved when they enter the confines of the correctional environment. In fact, the advocacy role may become more important, yet more challenging. Correctional nurses work with custody staff to limit barriers that might affect timely healthcare treatment or intervention.

Advocacy also includes, but is not limited to,

- Following up to ensure that patients who have scheduled appointments are escorted to the appropriate visit
- Ensuring that all requests for healthcare attention have been triaged appropriately according to the facility policies and procedures
- Reporting verbal or physical abuse through the proper chain of command

- Collaborating with facility administrative custody staff and elected and court officials to ensure patients receive health services deemed necessary by qualified healthcare professionals and that legally sanctioned examinations are completed
- Discussion with providers about the best quality outcome-based care for patients
- Collaboration with custody staff to attain proper hygiene and clean housing units
- Discussion with custody staff related to transfer or release of patients to provide specialized healthcare needs (example dialysis)

Delegation

Nursing staff in a correctional environment may include APRNs, RNs, licensed practical or vocational nurses (LPNs, LVNs), and unlicensed assistive nursing personnel (UAP). Each licensed professional has differing scopes of practice defined in state laws and administrative code and differing educational preparation and practice requirements. A correctional RN retains accountability for patient outcomes when delegating specific tasks of care delivery to qualified others. The delegating nurse is expected to know that the delegate is capable of performing the delegated duty (Blair et al. 2014).

Preservation of Safety

There may be occasions when security concerns and the safety of the facility may conflict with an individual patient's healthcare needs. Correctional nurses must be knowledgeable of agency policy and state licensure regulations and be skilled to effectively negotiate these concerns with custody staff and/or administrative staff to resolve the conflict in a manner that preserves patient safety.

Threats to safety often begin with small violations of policy. Nurses are particularly vulnerable at times of personal life difficulties, with poor self-esteem and unmet emotional need, with perceived low job satisfaction or when new on the job. Action to address these situations include increased supervision and training, acting early in response to such "red flags," conducting a self-check (National PREA Resource Center 2019), recognizing one's personal stress level, and seeking assistance.

Correctional nurses must maintain professionalism at all times.

"Professional boundaries separate therapeutic behavior in a nurse-patient relationship from other behaviors which may be well-intentioned but are not therapeutic or part of professional nursing practice" (Schoenly 2014, 18). Undue

familiarity or professional misconduct is a challenge within secure environments. Crossing professional boundaries includes joking, use of nicknames for individuals, gossiping or discussing personal matters within hearing of patients, and awarding any type of special privilege, including contacting a family member when not a part of the treatment plan. Such actions threaten security, erode trust among staff and in the nurse-patient relationship, exposes the agency to criminal liability, and undermines public support.

Correctional nurses convey caring by placing emphasis on the interpersonal communication with the patient rather than physical or personal contact.

Furthermore, the correctional environment requires that nurses carry out their practices in collaboration with custody staff in order to maintain the strict safety orientation required in secure settings. Effective communication with custody staff supports the mission of preserving safety and helps to strengthen the nurse's voice within the correctional system. However, collaborating with custody staff does not mean that correctional nurses participate in custody activities, such as the collection of purely forensic evidence, body cavity searches, disciplinary procedures, or the execution process (NCCHC 2018, 135).

Correctional nurses will collaborate with custody staff to provide a safe environment and actively engage in the institution's performance improvement process. This nonpunitive process should look at the healthcare delivery system, address identified problems or errors, and work to mitigate future real or potential errors. Within the context of safe patient care, correctional nurses recognize that the promotion of patient and staff safety includes adherence to facility security rules and the provision of education to patients and staff about safe work practices and infection prevention and control measures.

The Institute for Healthcare Improvement (IHI) has a framework for strategic, clinical, and operational concepts that are critical to creating a system of safety that achieves safe, reliable, and effective care (Stiefel and Nolan 2012). Correctional nurses are active in the institution's performance improvement process to provide and advocate for a safe environment including health care.

Correctional Nursing Practice Settings

The correctional nurse provides nursing care and treatment in many different settings, always demonstrating respect, caring, advocacy, and vigilance wherever the nurse encounters the patient. Correctional nurses care for patients throughout the entire jurisdiction of the justice system from locked correctional settings to the community. Correctional nurses working with incarcerated patients may not work directly with the families of the patients they serve, and correctional nurses working with families to plan for successful community

reintegration might not work directly with patients during their incarceration. However, correctional nurses in all justice settings must understand their responsibilities to patients, the correctional settings, and communities.

Correctional health care takes place in both healthcare and non-health-care environments. The non-health-care settings may include police departments, local jails, state prisons, federal detention centers, and immigration detention centers. Correctional nurses may also be found in the following community healthcare environments: forensic hospital units, joint mental health-Department of Correction (DOC) hospitals, and DOC-managed nursing homes. With correctional nursing case management, patients are receiving care in community ambulatory and acute care settings, temporary stay facilities, mental health institutions, and rehabilitation facilities. Nurses working in the general hospital might also find themselves taking care of patients from correctional settings. The patients might be in the emergency department, labor and delivery, perioperative unit, critical care, behavioral health, or medical/surgical ward.

Point of Care

There are two main types of locked correctional facilities in the US: jails and prisons. Jails house people pending trial or sentencing and those who have been sentenced to less than one year of incarceration (BJS 2018). Administration of most jails occurs at the city or county level. The Bureau of Indian Affairs, US Department of the Interior, or the tribal authorities have jurisdiction and operate Indian Country Correctional Institutions, adult and juvenile detention centers, and jails (BJS 2018).

Prisons hold people convicted of crimes and sentenced to at least one year of incarceration. Most prisons are administered at the state level. Federal prisons are run by the Federal Bureau of Prisons (BOP). These facilities hold people under legal authority of the federal government, with the exception of those private institutions that are under contract with BOP. Private prison corporations are contracted by local or state governments or the federal BOP for services and bed space (BJS 2018). Correctional facilities' custody levels may vary from minimum security camps to medium and maximum security facilities or even super maximum security facilities. The correctional facilities may include special housing areas for people in need of higher levels of care or protection, such as those with dementia and those who are transgender.

Persons under legal supervision may also be found in community settings. Probation is community supervision in lieu of incarceration or after a short jail stay, whereas parole is a conditional supervised release to finish a prison sentence in the community (BJS 2019). Community correctional settings include diversion programs, transitional housing, and mental health and drug treatment

facilities. Correctional nurses in community correctional settings might have special training in mental health and substance dependence.

Correctional nurses also serve people detained by the US Immigration and Customs Enforcement (ICE) for immigration violations. Adults, families, and children detained by ICE can be housed in ICE-operated facilities; federal, state, and local prisons and jails; as well as in privately-operated contract facilities (Bureau of Justice Statistics 2018). Persons detained by ICE represent virtually every country in the world (ICE 2018).

Institutional Designs

Correctional settings vary widely in size and institutional design. They may range from large, maximum security multiple-facility systems to small, minimum security single institutions. Larger systems may employ RNs with different educational levels and APRNs, while small institutions may have only one part-time nurse. Institutional staffing determines what type of healthcare services are offered within the correctional facility and when they are available. On-site health care is not available twenty-four hours a day, seven days a week in all facilities. Larger institutions may have observation, skilled nursing, and hospice beds; an infirmary; and dialysis or other specialty services. There can be a wide variation in the number and skill mix of nurses employed in correctional settings. The size and scope of health services provided have an impact on nurse staffing, as do the institution's configuration, patient acuity, and institution's budget. Nevertheless, correctional nurses must ensure that appropriate health care is provided to patients in a timely manner by competent staff.

Delivery of nursing care to patients can occur both in the health services unit or on the housing units where incarcerated people are living. Housing units might be configured as several tiers and large pods or small single-story housing units. Sometimes the correctional nurse must provide immediate and emergency medical care in classrooms, dayrooms, visiting areas, restrictive housing units, or outside areas where incarcerated people exercise or where there is movement back and forth between buildings. Regardless of the healthcare delivery setting, security measures are typically in place to protect the correctional nurse from harm. Collaboration between the correctional nurse and custody staff helps foster positive patient outcomes.

Access to specialty and subspecialty care can be difficult for correctional healthcare programs (Young and Badowski 2017). Telehealth has become a reliable means to access specialty services in correctional health care. Correctional nurses support the clinical encounter between the specialist and patient by ensuring that relevant clinical information about the patient has been communicated in advance of the encounter and facilitate the specialist's examination of the patient. Correctional nurses assist in implementing the

recommended plan of care, including the provision of patient education and follow-up.

Accreditation in Correctional Health Care

Incarcerated persons should have access to the necessary health care to meet their serious health needs. This is the basic principle established by the *Estelle v. Gamble* case. Since that time, various organizations have established correctional healthcare standards and accreditation programs to prevent barriers to access to care.

NCCHC grew out of a program begun at the American Medical Association in the 1970s with the mission to improve the quality of health care in jails, prisons, and juvenile confinement facilities. NCCHC was the first to establish and continues to regularly update standards for health services in correctional facilities. NCCHC also operates a voluntary accreditation program for institutions that meet those standards. Accreditation provides validity through industry standards of competency, authority, and credibility to institutions.

The American Correctional Association (ACA) began developing a process for correctional facility accreditation in 1978. Health care is one of many areas evaluated during this process. The accreditation program offers the opportunity to evaluate a facility's operations against national standards, remedy deficiencies, and upgrade the quality of correctional programs and services.

Other accrediting bodies such as The Joint Commission (TJC), the Accreditation Association of Ambulatory Health Care (AAAHC), and others also developed guidelines that describe the organization of a correctional healthcare delivery system. These accrediting bodies require that barriers be reduced by establishing an adequate correctional healthcare delivery system.

Many standards established by NCCHC and other correctional healthcare accrediting bodies directly affect the correctional nurse. Such resources include

- NCCHC *Standards for Health Services in Jails*
- NCCHC *Standards for Health Services in Prisons*
- NCCHC *Standards for Health Services in Juvenile Detention and Correctional Facilities*
- NCCHC *Standards for Mental Health Services in Correctional Facilities*
- NCCHC *Standards for Opioid Treatment Programs in Correctional Facilities* (https://www.ncchc.org/standards)
- ACA *Performance-Based Health Care Standards for Adult Correctional Institutions, Fourth Edition*

- ACA *Performance-Based Health Care Standards for Adult Local Detention Facilities, Fourth Edition*
- ACA *Performance-Based Health Care Standards for Juvenile Correctional Facilities, Fourth Edition* (http://www.aca.org)

Standards, such as medical autonomy, staff safety, credentials, clinical performance enhancement, and nursing assessment protocols and procedures, support and guide correctional nurses' practice.

Other professional organizations have emerged, such as the Academy of Correctional Health Professionals and the American Correctional Health Services Association (ACHSA), leading to an exchange of ideas among professionals working in similar environments, creating a support system among the providers focused on quality correctional health care.

In the early 1970s, the very few published articles related to correctional health care were descriptive studies on the needs of the incarcerated or an individual's experience in working in a correctional institution. As the correctional healthcare domain developed, literature and publications on best practices and research relating to correctional health care increased. As noted by Goshin and Culbert (2018), nursing clinical research contributions leading to evidence for practice include creation of an end-of-life toolkit (Loeb et al. 2018), care of incarcerated women (Ramaswamy et al. 2015; Ferszt and Clarke 2012), infectious disease (Fogel et al. 2015), mental health (Shelton and Wakai 2011), and self-care management (Reagan, Anderson, and Shelton 2016).

Professional Guidance for Correctional Nursing Practice

Nine Provisions of the *Code of Ethics for Nurses*

The *Code of Ethics for Nurses with Interpretive Statements* (ANA 2015a) provides a framework for ethical nursing practice in the correctional setting. All nine provisions of the code apply to every correctional practice environment. The correctional nurse should know how to access their institutional/organizational ethics review board and have trusted mentors to discuss ethical issues that may arise within the correctional environment.

Provision 1. The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

Central to nursing is caring, healing, and the respect of everyone as having intrinsic value regardless of where the nurse encounters the patient. The corrections environment and its culture at times may challenge the nurse and health team to remain professional. Despite the setting, nurses' role model professional practice and patient-centered care.

Due to the effects of incarceration in a highly structured and secure environment, the patient may not recognize their own dignity, worth, and role in the treatment process in patient-centered care. Efforts by nurses to engage the patient include providing accurate and complete information, creating opportunities for patient input regarding their health in a way that allows them to make an informed decision regarding their health and healthcare choices. The correctional nurse must understand the constitutional rights of patients in correctional systems.

Provision 2. ***The nurse's primary commitment is to the patient, whether an individual, family, group community, or population.***

The fact that the patient is in a secure environment does not negate the nurse's primary commitment to the patient, family, and other support networks. A guide to assisting nurses in meeting the needs of the patient are outlined in this correctional nursing scope and standards of practice resource, the 2015 *Code of Ethics for Nurses,* the 2010 *Social Policy Statement,* and state nurse practice act and regulations. It is possible that nurses striving to achieve integration of these guidelines in their clinical practice may at times experience conflict between their approach and that of custody staff. Recognizing that at times these are competing philosophies aids the nurse in maintaining professional boundaries and executing their professional role.

Provision 3. ***The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.***

The nurse protects the patient's right to privacy and confidentiality of his or her medical information by being alert to inappropriate communication of health conditions outside the healthcare team. This can be done by providing only the required information necessary to maintain safety and accomplish patient care requirements without excessive disclosure. The nurse may need to emphasize to custody staff the limitations of sharing the patient's personal and health information on a need to know basis that supports care delivery.

The focus of correctional nurses on advocacy for the patient's health, safety, and rights is evident in their continued contributions in recommending, developing, refining, and requesting removal of correctional policies and procedures related to healthcare services and practices, as well as for other associated components in the corrections environment. For example, challenges and the resultant opportunities for change that support patient-centered care may emerge in the discharge/transition planning process. The correctional nurse may need to engage in extensive collaboration and coordination efforts with corrections staff, justice system representatives, and diverse community services and resources to ensure successful transition to appropriate healthcare services.

Provision 4. ***The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.***

Responsibility and accountability for individual practice are major concerns for correctional nurses who deliver care in an environment that may lack the support afforded to nurses working in other healthcare practice settings. The increased autonomy required of many correctional nurses can blur scope-of-practice boundaries. Correctional nurses are required to articulate their scope of professional nursing practice and to defend their ethical and professional obligations to their patients. Correctional nurses are expected to deliver high quality, ethically sound, compassionate care without violating ANA's *Code of Ethics with Interpretive Statements*; *Correctional Nursing: Scope and Standards of Practice, Third Edition*; and the correctional health institution's policies and procedures.

Provision 5. ***The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.***

Correctional nurses have a duty to take the same care for their own health: these are self-regarding duties. These duties include promotion of health and safety, preservation of wholeness of character and integrity, maintenance of competence and continuation of personal and professional growth. The constant unhappiness and unrelenting sadness that often permeates the correctional healthcare setting require that the correctional nurse engage in activities that allow the nurse to maintain balance as a complete person, ethically, professionally, and as part of the correctional health team.

Provision 6. ***The nurse through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.***

Correctional nurses must be able to create, maintain, and contribute to morally good environments, as such a moral climate fosters caring, communication, dignity, kindness, prudence, respect, and transparency. Correctional nurses should address concerns about the healthcare environment through appropriate channels and/or regulatory agencies and/or accrediting bodies.

Provision 7. ***The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.***

As a member of the nursing profession, correctional nurses have a professional obligation to advance the profession. Additionally, correctional nurses

have a professional obligation to advance the specialty of correctional nursing. Nursing is a profession that requires continued learning, development, and advancement based on new knowledge, continuing development and evidence to support practice and nursing contributions to practice. Correctional nurses contribute to practice through their interactions and focus on patient-centered care, patient advocacy, patient and family engagement, population health, and patient education. They adhere to the foundations of nursing practice, as evidenced by the use of the nursing process, critical thinking and reasoning, and coordination of patient care. Correctional nurses engage in advocacy by promoting quality care, patient safety, and changes to policy to enhance delivery of care.

The correctional nurse has an ethical obligation to remain current in practice through knowledge development, application of evidence-based practices, participation in quality improvement efforts, and discussion with nursing peers. The specialty practice standards are developed by correctional nurses and reflect responsibility to patients and society in daily practice. The specialty scope of practice is informed, specified, or directed by state and federal law and regulation, by relevant societal values, and by ANA's *Code of Ethics with Interpretative Statements* and other foundational documents. Correctional nurses must lead and mentor other nurses on institutional or agency policy committees within the practice setting.

Provision 8. ***The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.***

Despite its constraints, incarceration offers opportunities to improve and impact the health of justice system populations. Correctional nurses are integral in identifying and addressing the social determinants of health that have impacted their patient population. Promoting health advocacy and diplomacy and contributing to the reduction of health disparities require the correctional nurse to enhance communication and collaboration within the justice setting with custody staff, correctional administrators, and community partners. Health and healthcare delivery include recognition of the individual's environment during incarceration and at return to the community. The correctional nurse plays a significant role in coordination of services to address the incarcerated individual's health and environmental needs.

Ethics, human rights, and nursing converge as a formidable instrument for social justice. The nursing profession holds that health is a universal right and must address the context of health. Collaborating to shift unjust care structures and processes that affect their patients will better prepare those individuals to manage their personal care across the service continuum. Correctional nurses

have discharge responsibilities that include a duty to prepare their patients for return to their communities and to assure communication with providers in various settings. Structural, social, and institutional inequalities and disparities exacerbate the incidence and increase the burden of illness, trauma, and premature death for those who have been incarcerated, especially at points of transition. Correctional nurses must bring attention to human rights violations and work to stress human rights protection for incarcerated persons and those stigmatized within correctional systems.

Provision 9. ***The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.***

Correctional nurses recognize the value of supporting and participating in their professional organizations. Correctional nurses can gain value from engagement in professional organizations and associations to improve the work environment and promote professional nursing practice. Further, individual nurses can collaborate through their professional associations and organizations to influence the outcomes of clinical care and shape healthcare policy.

Correctional nurses do not practice in isolation from others in the profession of nursing. They share values of fairness, respect, and caring within the local, regional, national, and global nursing communities in order to promote health in populations on behalf of those detained within the justice system. Correctional nurses also find additional guidance in foundational documents such as the *Code of Ethics* established by ACHSA, the *Code of Ethics* established by ACA, and the position statement published by the International Council of Nursing (ICN) on the nurse's role in the care of detainees and incarcerated persons.

The correctional nurse incorporates insights from their professional nursing education, nurse practice act and applicable regulations, and professional scope and standards of practice to address barriers that conflict with nursing practice, quality healthcare delivery, or access to services. The correctional healthcare standards of NCHC and ACA provide additional support to the profession and specialty enabling the provision of quality care, demonstration of caring behaviors, and support for advocacy roles for patients without violating correctional policies and rules.

Guiding Principles for Correctional Nursing Practice

Today's correctional nursing practice also builds on previously published tenets and principles of correctional nursing (ANA 2013) and tenets that guide nursing practice (ANA 2015b). A single concise collection of seven guiding

principles for correctional nursing practice reflects the evolution of the correctional nursing specialty and those tenets and principles.

1. Patient-centered care is at the core of correctional nursing practice.

- Nursing practice in the correctional setting respects dignity and diversity of each patient and considers the patient, the patient's family, population, and society while respecting established safety and security guidelines.
- Correctional nurses consider the patient's prior health, personal health goals, culture, life circumstances, the importance of family, and plans for future community living when developing a therapeutic care plan.
- Correctional nurses advocate for the patient's healthcare needs.

2. The nursing process is fundamental to correctional nursing practice.

- Correctional nurses use the nursing process to plan and provide individualized care to their patients.
- Critical thinking guides each step of the nursing process, problem solving, and decision-making.
- Correctional nurses customize the therapeutic care plan and patient education to help patients promote their own health.
- Correctional nurses use theory and evidence-based knowledge of human experiences and responses to collaborate with patients to assess, diagnose, identify outcomes, plan, implement, and evaluate care.
- Nursing interventions are intended to produce beneficial effects, contribute to quality outcomes, and above all, do no harm.
- Correctional nurses evaluate the effectiveness of their care in relation to identified outcomes and use evidence-based practice to improve care (ANA 2015b).

3. Professional nurses know their correctional nursing role.

- Correctional nurses demonstrate excellence in clinical practice through proficient use of the nursing process, strong health assessment skills, and clinical competence based on the principles of evidence-based practice (ANA 2015a).
- Correctional nurses recognize their primary role in correctional settings is delivery of nursing services.

- Correctional nurses demonstrate caring behaviors consistent with their professional role as a correctional nurse. The therapeutic relationship between the correctional nurse and patient is based on the prevention of illness, lessening discomfort and suffering, and promotion of health and health education.
- Professional boundaries exist between correctional nurses and other disciplines within correctional settings, as well as between correctional nurses and their patients.
- Correctional nurses must have knowledge of laws, prison reform, and the constitutional rights of the incarcerated population. Knowledge of the litigation process may assist correctional nurses in understanding and managing their practice.

4. Correctional nurses recognize the value of teamwork and collaboration by establishing partnerships.

- Correctional nurses participate in teams and committees to identify problems and find solutions within correctional settings.
- Correctional nurses collaborate with other healthcare disciplines to meet the holistic needs of their patients, which may include the physical, psychosocial, and spiritual aspects of care.
- Correctional nurses reach out to community/public health, re-entry and/or specialty care professionals to provide for continuity of the individual's therapeutic care plan.
- Correctional nurses build strong relationships with correctional officers for maintenance of a safe, clean, and secure environment for incarcerated persons, staff, and visitors.
- Correctional nurses engage in collaborative interpersonal team planning based on mutual trust, respect, open discussion, and shared decision-making, recognizing the value and contributions of each team member.

5. A strong link exists between the professional work environment and the professional nurse's ability to provide quality care and achieve optimal outcomes.

- Correctional nurses recognize that the obligations of their practice do not diminish or change because of the environment in which they practice.
- Correctional nurses have an ethical obligation to maintain and improve healthcare practices, avoid cynicism, and foster a healthy work environment (ANA 2015a).

- Evidence suggests that negative, demoralizing, and unsafe conditions in the workplace contribute to patient care errors, ineffective care delivery, and conflict and stress among health professionals. This is an important factor in patient safety, quality, care and treatment, best patient outcomes, advocacy, job satisfaction, recruitment, and retention.

6. All correctional nurses promote quality patient care.

- Correctional nursing practice is guided by nurse administrators and leaders who foster professional and personal development through application of fair and equitable policies and procedures. Sensitive to employee needs, they promote knowledge of the specialty's scope and standards of practice and encourage continuing education, certification, and participation in professional organizations.
- Correctional nurses are responsible for overseeing the delivery of health care and hold an important role in developing, directing, and guiding other members of the healthcare team as specified by licensure.
- Correctional registered nurses assume leadership responsibilities for a variety of licensed and unlicensed staff members.

7. Correctional nurses demonstrate compassion and caring within secure facilities.

- Correctional nurses use truthful and respectful communication when interacting with patients.
- Correctional nurses employ intentional and nonjudgmental listening during patient encounters.
- Correctional nurses provide care that is age appropriate and culturally competent.
- Correctional nurses practice strategies for self-awareness and moral actions to transform the intent to do the right thing into reality. This includes moral ownership, moral efficacy, and moral courage (Gentile 2010).

Educational Preparation and Certification

Nurses enter correctional nursing with a wide range of nursing knowledge and expertise. Some have extensive knowledge and certifications in other nursing specialties, while others are newly graduated nurses. In her work regarding how

nurses progress from novice nurses to expert nurses, Benner (1984) noted that even expert nurses return to novice status when they enter a different specialty of nursing practice. Given this research and the Institute of Medicine report on health professions education that emphasizes teamwork and active collaboration between nursing education and nursing practice, correctional healthcare leadership should consider partnering with nurse educators and academicians to provide for workforce education and professional development (IOM 2003; Shelton 2019).

Upon entry into practice, correctional healthcare-specific orientation should introduce newly hired nurses to the goals, policies, practice-related skills and role expectations that will help them adjust successfully to nursing practice in a healthcare setting with unique cultural influences and where health care is not the primary mission. Orientation training can range in length from a few days to weeks or months. A survey of correctional nursing leaders found that new nurse orientation varied from under two weeks to twelve months, with the median range being five to eight weeks (Smith 2016). Depending on the size of the correctional setting, orientation training may include in classroom education, self-study, on-the-job training, or some combination of these three approaches. Many correctional systems use correctional nurse preceptors, coaches, and mentors to supplement on-the-job training. A more recent addition to correctional nurse orientation is the use of nurse residency programs to prepare nurses entering correctional health care to practice safely and competently within the correctional setting (Dallas Examiner 2018).

Excellence in clinical practice requires that nurses commit to lifelong learning and continuous professional development. By doing so, correctional nurses will improve their practice competence through enhanced knowledge, skills, and abilities (Shelton et al. 2015). All nurses are responsible for assessing and identifying their own educational needs, while correctional healthcare leadership has the responsibility to provide access to educational opportunities. An increasing number of sources of continuing education specific to correctional health care are available to correctional nurses. Correctional healthcare special interest groups, such as NCCHC, ACA, as well as academic institutions and highly qualified correctional nurse entrepreneurs, offer continuing education for correctional nurses. In addition, correctional nurses may consider expanding their skills and knowledge through participation in clinical specialty programs that complement correctional health care, including public/community health, pediatric, forensic, psychiatric-mental health, oncology, hospice, palliative care, and gerontological nursing.

Although ANA (2015b) has long held that the preferred educational preparation for entry level registered nurses is a bachelor of science in nursing (BSN), the need for advanced levels of academic preparation is particularly important in the specialty of correctional nursing where incarcerated patients

have very complex healthcare needs and correctional nurses practice at a high level of professional autonomy. Correctional healthcare leadership must recognize the value that highly educated nurses bring to their facilities. Acquiring such knowledgeable and skilled nurses requires that correctional nursing leadership recognize that preparing tomorrow's correctional nurse leaders includes achieving higher levels of academic education. Organizational strategies to support those seeking higher education include financial incentives like tuition reimbursement, higher pay, and nonfinancial incentives such as flexible scheduling to enable school attendance (Phillips and Evans 2017).

Correctional nurses have also started to partner with nurse educators across academic and healthcare settings to develop educational programming and evidence-based practices that are specific to correctional nursing. Under current development is a common core curriculum for correctional nurse education. This strategy has been successfully used by other nursing specialties to provide guidance for specialty nurse education and will be helpful in further role clarification and growth for the correctional nursing specialty (Shelton 2018). Initial development work has been started by academic nurse educators and their specialized correctional healthcare team who are collaborating with the correctional nurse practice community to develop the correctional nurse core curriculum (Barta et al. 2016; Shelton, Barta, and Reagan 2018).

In the latest edition of *Nursing: Scope and Standards of Practice*, ANA states that "The public has a right to expect registered nurses to demonstrate professional competence throughout their careers" (ANA 2015b, 43). While correctional nurses are primarily responsible for maintaining their individual competence, assurance of nurse competence is the shared responsibility of employers, regulatory agencies, correctional professional organizations, and credentialing entities (ANA 2016). Completion of advanced education and specialty certification reflect competence.

Graduate-Level Prepared Nurses in the Correctional Setting

Correctional nurses who have earned master's degrees in nursing or other disciplines are expected to demonstrate additional competencies as identified in the standards of professional practice (ANA 2015b). These nurses are academically prepared for advanced roles that include nurse education, nursing administration, clinical nurse leadership and, in some cases, licensure as an APRN.

Doctoral degrees in nursing include the doctor of philosophy (PhD) and the doctor of nursing practice (DNP). A PhD in nursing is a research-oriented degree designed to educate nurses in a wide range of scientific areas that may include clinical science, social science, policy, and education, whereas the doctor of nursing practice degree is a clinical-practice-oriented leadership degree. Both PhD- and DNP-educated registered nurses work in correctional

healthcare settings in leadership and administrative roles (see below, Nursing Leadership in the Correctional Setting). They also participate in consultant or partnership roles, collaborating with correctional organizations to conduct research and evidenced-based practice change projects to improve the quality of care (Ferszt and Hickey 2013; IOM 2011).

Advanced Practice Registered Nurses in the Correctional Setting

APRNs practicing in the corrections environment include certified nurse practitioners (CNPs), clinical nurse specialists (CNSs), certified nurse midwives (CNMs), and certified registered nurse anesthetists (CRNAs). All focus on the provision of clinical patient care based on their advanced nursing education. Individual state laws and licensure regulations define aspects of their practice, but all APRNs plan, implement, and manage evidence-based health care for their patients.

APRNs in the correctional setting have an important role in the development, role modeling, and coaching of other professional nurses and in the enhancement of professional nursing practice in the correctional setting. As nurse leaders, APRNs participate in guiding the practice and critical thinking of nursing and other healthcare personnel, carry out advanced clinical practice activities, manage one or more clinical practice settings, incorporate scientific knowledge from other disciplines into their practice, and manage and evaluate the health care provided in their correctional setting through a comprehensive quality improvement program.

In recent years, correctional health care has increasingly become a career option for APRNs. With their advanced knowledge and skills in the clinical aspects of care, leadership, and management, APRNs are positively impacting the provision of correctional health care (ANA 2019). Through role modeling, conducting research in topics integral to correctional nursing, and the provision of correctional health care, APRNs are advancing professional nursing practice in corrections.

Partnerships with Community and Academic Nurses

Historically, misconceptions about the practice of correctional nursing have resulted in the isolation of correctional nurses from the larger nursing community. However, no area of nursing can exist in isolation and it is essential for community and correctional nurses to recognize that their practice areas are interconnected. The flow of incarcerated persons between community settings and correctional facilities is continuous and demands that community and correctional nurses collaborate to ensure that needed treatment is uninterrupted. Consequently, it is necessary that correctional nurses and nurses in community settings reach out to one another and develop mutually beneficial partnerships

that will ensure provision of high quality care, promote the smooth transition of incarcerated patients between correctional and community settings, and enrich the knowledge of all nurses involved in the care of this population. Innovative efforts between academic and justice systems are now underway to improve workforce development, quality, and availability.

Nursing Leadership in the Correctional Setting

The role of the correctional nurse leader is dynamic and challenging. Roles are diverse and may include shift charge nurse, nurse supervisor, director of nursing, or chief nursing officer depending on the span of authority across a unit, department, organization, or system. The chief nursing executive in the correctional setting, like nurse executives working in noncorrectional environments, are leaders in the business of correctional health care, professional nursing, and human caring (Englebright and Perlin 2008). The role-related competencies for correctional nurse leaders may include

- Facilitating the delivery of high quality care and the efficient management of resources.
- Fostering healthy work environments.
- Advancing professional autonomy, professional development, and clinical competence and championing a nursing practice model in which all nurses are encouraged to practice to their full scope of practice.
- Creating a culture of quality and safety through collaboration with other administration members, nursing staff, and interprofessional colleagues to design, implement, and evaluate models of care that support nursing practice and assure quality outcomes at the individual and population health levels.
- Managing fiscal needs to assure that resources are available to support patient care, delivery models, and human capital needs.
- Using data from nationally recognized sources, such as National Database of Nurse Quality Indicators, to assess the quality of correctional nursing care and to promote the positive impact that correctional nursing practice has on patient outcomes and costs (Montalvo 2007).
- Comprehension of and adherence to local, state, and federal laws and regulations, also ensuring compliance by those within their span of influence.
- For nurses who are the sole provider of nursing services, as in the case of many smaller facilities, leadership competencies include recognition of their position as the onsite healthcare authority. These nurses

must take the leadership role, collaborating with and directing correctional staff in the provision of appropriate healthcare services.

Nursing leadership in correctional settings requires expertise in nursing practice, scholarship, implementation science, innovation and improvement processes, strategic planning, communication, fiscal management, and resource allocation. Given the emphasis on nursing expertise and business processes, suggested preparation for nurse supervisors includes baccalaureate education that includes leadership and management education, an active registered nurse license, and meeting the requirements of the state nurse practice act. Nurse administrators and executives, with their greater span of authority, need graduate-level education and commitment to lifelong learning in order to have the skills required to merge business operations and decision-making with clinical practice and outcomes improvement (ANA 2016). Specialty certification as a nurse manager or nurse administrator provides validation of expertise and knowledge in nursing and healthcare management. There are several certification opportunities available for nurse administrators that are outlined in *Nursing Administration: Scope and Standards of Practice* (ANA 2016).

Specialty Certification

While nursing licensure establishes legal authority for an individual to practice at the entry level of nursing, specialty certification reflects achievement of special knowledge and more advanced skills needed for that specialty practice area. Certification and advanced certification in correctional health care are offered through NCCHC and ACA.

NCCHC identifies four types of certification.

- The Certified Correctional Health Professional (CCHP) certification was established in 1991. The CCHP designation identifies the individual as one who has demonstrated mastery of national standards and the knowledge expected of leaders working in the field of correctional health care.
- CCHP-A for the advanced level was established in 1994. It is designed to assess experience in and knowledge of the delivery of healthcare services in correctional environments.
- CCHP-RN for the RN, established in 2009, provides formal recognition of nurses' specialized knowledge, skills, and experience specific to the practice of nursing in correctional settings.
- CCHP-MH for psychiatric nurses, established in 2013, is a validation of the psychiatric nurses' continuing competence and service delivery of mental health care in a correctional setting.

In 2007 ACA established its own certification program for correctional nurses. ACA's Corrections Certification Program is offered in four categories.

- The Certified Corrections Nurse (CCN) is for staff nurses who work in a correctional environment and who work with both staff and incarcerated persons. It includes those responsible for implementing agency policies and procedures.
- The Certified Corrections Nurse/Manager (CCN/M) is for individuals who work as nurse managers in a correctional environment. They are management staff who may contribute to the development of policy and procedures, are responsible for their implementation, and have authority over staff members.
- The Certified Health Service Administrator (CHSA) is for health service administrators. They are management staff who contribute to the development of policy and procedures, are responsible for their implementation, and have authority over staff members. They plan, direct, coordinate, and supervise the healthcare system.
- The Correctional Behavioral Health Certification (CBHC) is for correctional officers, community corrections officers and allied behavioral health staff who, because of their education, credentials, and experience, are associated with the provision of behavioral health services for mentally ill incarcerated persons. A minimum of forty hours of behavioral- and mental-health-related training is required for the examination.

Many correctional nurses seek or maintain specialty certification that is available in complementary areas of nursing, such as nursing administration, community health nursing, forensic nursing, psychiatric/mental health nursing, gerontological nursing, diabetes educator, critical care, emergency nursing, and others through the American Nurses Credentialing Center (ANCC) and other nurse credentialing bodies.

Certification programs often require proof of ongoing continuing education, which is available through online learning opportunities, attending correctional health care or other professional conferences, and reading journals, articles, and other educational materials.

Research and Evidence-Based Practice

Correctional nurses provide health services to a population known to have higher incidences of chronic diseases, infectious diseases, and mental health and substance abuse disorders. Few population health models are available

that directly address correctional health care, and there is a scarcity of research available about the circumstances, health histories, and environment of incarcerated populations (Reagan and Shelton 2015; Maruca and Shelton 2015). Ongoing stringent federal regulations initially designed to protect vulnerable incarcerated persons have resulted in a lack of a solid evidence base for correctional nursing practice, unmet needs for safe and effective nursing interventions, and little insight into the cultural and safety aspects that are inherent in correctional settings (Wakai, Shelton and Trestman 2009; Colbert 2009). Policy initiatives and clinical research are needed to expand evidence-based knowledge and practices of correctional health care (Williams et al. 2012).

Translation of Evidence into Practice in Correctional Settings

The practice of nursing is rooted in the application of evidence-based (EB) knowledge. Evidence-based practice (EBP) is a life-long problem-solving approach that integrates the best evidence from well-designed research studies and evidence-based theories; clinical expertise and evidence from assessment of the health consumer's history and condition, as well as healthcare resources; and patient/family/group/community/population preferences and values (Shelton 2018; ANA 2015b). Because EBP considers information derived from objective research, expert opinion, clinical practice guidelines, clinical nursing expertise, and the unique needs of patients and populations, clinical decisions within the context of EBP are made to yield positive patient outcomes (Melnyk et al. 2014).

The growing body of evidence generated from within and across various correctional settings can be used to inform EB decision-making and practice (Schoenly 2016). In patient care, EB decision-making includes developing clinical expertise and use of clinical judgment in combination with understanding patient preferences and values and applying valid external evidence (e.g., research, clinical practice guidelines and expert opinion) when available to provide the best possible care. (Melnyk 2015, 180). Additionally, an EB approach involves an ongoing, critical review of research literature to determine what policies and practices would be most effective in the correctional setting, considering the best available evidence along with a process for continuous rigorous quality assurance/improvement and evaluation (National Institute of Corrections 2009). "In contrast to the terms 'best practices' and 'what works,' EBP implies that 1) there is a definable outcome(s); 2) it is measurable; and 3) it is defined according to practical realities" (National Institute of Corrections 2009).

Correctional nurses should use EB decision-making to provide guidance and allow for informed, intelligent dialogue that brings best practice options to particular patient and practice situations (Melnyk 2015). Correctional nurses need to intentionally search for EB knowledge in the form of research that includes

systematic reviews and individual research studies and clinical practice and expert opinion guidelines (Melnyk 2015). EBP provides the foundation and guidelines for the efficient management of correctional and community supervision agencies to meet expectations for quality (Serin 2005). Correctional nurses can influence implementation of EBP by being involved in maintaining a healthy organizational culture, staff recruitment and training, and setting priorities for patient care. (Shelton 2018).

Issues and Trends in Correctional Nursing

In the ten years following publication of *The Future of Nursing: Leading Change, Advancing Health* (IOM 2010), the blueprint for transforming the American health system by strengthening nursing care and improving preparation of nurses has fallen short for nurses in this specialty. The trickle down of nurses in practice who hold a BSN degree or higher is unknown. The changes called for by the report have not made their way to settings in which correctional nurses are employed.

Workforce Recruitment and Retention

There is a workforce recruitment and retention crisis in correctional nursing. Not only are there insufficient numbers of highly qualified and certified RNs prepared for practice in jails, prisons, detention centers, and community transitional programs across the country, there are challenges associated with recruitment and retention (Hale et al. 2015; Almost et al. 2013). Factors contributing to this workforce crisis include the public's perception of this type of work and the fact that too few RNs are hired for the number of patients in need of nursing care. The lack of clarity about the correctional nurse's role is reflected in substitution with less educated professionals and agency policies that restrict the ability of RNs to work to the full capacity of their license and administrative expertise. This situation is magnified by insufficient preparation of nurses for this specialty by academic programs, lack of national consensus regarding curricular requirements, and poor orientation (mentoring and supervision once nurses are in the workplace).

Workforce studies and data for the correctional nursing specialty are few and far between. Knowledge of the correctional nursing scope and standards is not widespread among nurses who do work in this specialty. Improvement has been made regarding options for certification that now include correctional nurse certification through NCCHC and ACA, as well as varied specialty nursing certifications by ANCC and other nurse credentialing bodies.

According to an IOM (2010) report, the "silo" approach of single-provider management must soon give way to meet future healthcare challenges. Correctional facilities have a tremendous opportunity to improve the care

provided inside the correctional facility or institution and protect the public health of the nation by considering new models of care (Strugar-Fritsch and Follenweider 2016). The following suggested actions address the improvement of health care in the correctional environment:

- Grooming nurse leaders is critical for development of a pipeline of professional correctional nurses capable of drawing upon evidence-based practice and multidisciplinary approaches to build, develop, enhance and grow the specialty's leadership impact (Hassmiller and Truelove 2014).
- Build partnerships within the nursing profession. Correctional nurses are encouraged to build collaborative relationships with academia, between roles and levels of licensure within nursing, and with other clinical specialties that impact correctional nursing practice to influence policy, improve workforce recruitment and retention, and ultimately quality of care (Besner et al. 2005).
- Enhance the visibility of correctional nursing by encouraging correctional nurses to participate in the One Voice One Plan Future of Nursing Action Coalition which believes that nursing, the largest sector of the healthcare workforce, plays a significant role in improving health outcomes while reducing costs. Participate on local and national boards to implement the eight recommendations of the coalition (Boyle 2014).
- Implement evidence-based approaches to teamwork with correctional administrators and officers so that the clinical care of all patients can be advocated for and addressed (Diaz et al. 2019).
- Commit to caring for patients with mental illness and substance abuse disorders, particularly around assessments, adherence to medication and treatment to reduce suffering and improve clinical outcomes which effect recidivism (Spaulding et al. 2011).
- Collaborate with the public health department for compliance with national guidelines (CDC n.d.), help ensure continuity of care while persons are incarcerated and upon their release.
- Advocate for national policies that extend Medicare and Medicaid services to eligible patients so that correctional programs can receive federal funding to support equitable access to health care.
- Include primary prevention efforts as part of the scope of healthcare services available. That means looking "upstream" for factors related to increased morbidity and mortality in people who are incarcerated and designing interventions aimed at prevention. For example, suicide prevention efforts should include action by healthcare staff.

Suicide rates are higher for both incarcerated people (and even higher among special populations within, such as LGBT) and for people working in corrections.

- Advocate for and participate in the collection of program data. Despite significant efforts by those who provide care, in comparison with other vulnerable groups, very little is known about the needs of individuals in the criminal justice system and the best ways to intervene to improve outcomes. Nurses should be leaders in all aspects of evidence-based practice in the correctional setting.
- Participate in criminal justice reform efforts at the local, state, and federal levels. Efforts, driven by policy, are underway to make significant changes across all jurisdictions, and nurses must respond to those actions to ensure that standards of care are included and enforced. Issues such as diversion programs for people with substance abuse and/or mental health histories, reentry planning, and availability of comprehensive services within facilities can and should be part of criminal justice reform.

Call for National Specialty Organization of Correctional Nurses

Looking to the future, development of a national specialty nursing organization for correctional nurses would help contribute to the further development of a professional identity and provide a political and policy voice for the specialty, opening doors for nurse leaders to articulate best practices and best models for nursing care in these settings. Considering the IOM report findings and the changing policy landscape, efforts by academia and employers of correctional nurses should promote development of correctional health education programming to better address patient care (Lasko 2012). Such a nursing specialty organization could promote continued innovation and change within correctional health care.

New Technologies

Telehealth, in support of the Institute for Healthcare Improvement's (Steifel and Nolan 2012) triple aim, has demonstrated improved access, quality, and cost-efficiency of healthcare delivery and has resulted in an increased demand for telehealth nursing practice (Dehann 2016). Telehealth nursing (THN) has been defined as the delivery, management, and coordination of nursing care and nursing services provided by telecommunications technology (Greenberg et al. 2003). THN encompasses all types of nursing care and services using one or more types of telecommunications technologies: telephone, fax, electronic mail, internet, video monitoring, and interactive video. The ever-increasing incidence of chronic illness and multimorbidities, and their associated rise in

healthcare costs, has led to the role of telehealth nurses providing surveillance and monitoring for disease management, care management, case management, care coordination, and clinical prevention programs.

While utilization of telehealth for specialist appointments is more common to prison and jail settings, expansion to community-based transitional care has the potential to greatly enhance continuity of care and reduce recidivism related to the collateral damages associated with poor health. Implementing nursing models such as the RN care coordination and transition management (AAACN 2015) is one example of a nursing model to be implemented in correctional nurse systems of care. The RN is recognized as the appropriate provider of telehealth nursing services by both ANA and the American Academy of Ambulatory Care Nursing (AAACN). *The Scope and Standards of Practice for Professional Telehealth Nursing*, now in its 6th Edition, can be used to develop the structures and processes of THN, including policies, procedures, role descriptions and competencies.

Today's healthcare industry is faced with increasing demand for information related to the financial, clinical, administrative, research and managed care aspects of healthcare delivery. The use of an electronic medical record (EMR) ensures that information is transferred in a timely and confidential manner and accurate data are available (Knight 2009). Multiple software companies have developed EMR technology specific to correctional health care. Correctional nurses should work with these companies and their academic partners to develop nursing measures and nursing outcomes and EB nursing knowledge for administrative, supervisory, and clinical care.

Advanced technologies within correctional systems need to meet the complex demands of nursing systems for improved workforce development and patient care, demonstrate evidence-based nursing practice, as well as support the needs of other healthcare agencies. Automated medication dispensing technology (MDT), designed to improve access, does not remove the responsibility from the nurse for follow-up with patients on adherence and medication effectiveness. MDTs are simply tools for administering medications. Medication administration requires knowledge of where the person is located within the institution, which can often change, and knowledge about the medication, its dosage, schedule, and course of treatment. In addition, inventory needs to be tracked, reconciled, and reordered (Butler 2018).

Technology can expand the capacity of those nurses who are knowledgeable in professional performance in telehealth practice but does not replace clinical reasoning. Linking medication administration records (MARs) and EMRs reduces medication documentation, omissions, administration errors, and ultimately nurse liability. In addition, strategies incorporating MDT are developing to lower the risk of narcotics diversion.

Self-service kiosk systems are poised to change health care. With an interface directly to EMRs, systems to support nurse visits can better track patient requested visits and nursing services provided in response to the request. Language translation options are available through kiosk systems, providing access to non-English speaking individuals in a system where translators are limited. Computer literacy is always a noted precaution, but interactive "see and point" touch screens facilitate their use.

Restrictive Housing

Restrictive housing is any type of detention that includes removal from the general incarcerated population, whether voluntary or involuntary; placement in a locked room or cell for twenty-two hours or more (DOJ 2016). Originally intended to manage people who committed violence within jails and prisons, restrictive housing has become a common tool for responding to all levels of rule violation, managing challenging populations, and housing people considered vulnerable, especially those living with mental illness (Kline, Vanko, and Digard 2018). While some claim it is a necessary tool for correctional population management, others argue if it is used excessively and when it involves restrictive and isolating conditions, it has damaging effects on the patient.

Restrictive housing takes many forms and an individual's experience in segregation can vary considerably depending on certain external factors, such as the length of stay, conditions of confinement, and degree of social isolation, as well as factors specific to each person, such as age and psychological resiliency. Nurses caring for patients in restrictive housing should have knowledge of the details of the placement to assist in patient initial and ongoing assessments and determination of medical and mental health risk in care plan development. Particular attention should be paid to vulnerable patients, such as those exhibiting behavioral and psychological symptoms that may lead to suicidal or homicidal actions. Nursing participation in interprofessional care planning should include therapeutic evidence-based interventions to improve coping and environmental adaptations (Maruca and Shelton 2016).

Following "guiding principles" for all correctional systems, the US Department of Justice should ensure best practices for correctional nurses engaged in caring for patients in restrictive housing. Some examples include initial and ongoing placement review by an interprofessional team, including medical and mental health professionals; regular staff training on restrictive housing policies; care planning for returning patients to less restrictive conditions; and increasing the minimum out-of-cell time to include opportunities for recreation, education, and clinically appropriate treatment therapies (DOJ 2017). Incarcerated persons in restrictive housing shall have access to medical and mental health services and Americans with Disabilities Act (ADA 1990) accommodations.

In addition, it is important that correctional nurses, especially nurse executives, actively support the DOJ's initiatives to safely reduce the use of restrictive housing. As advocates for patients, correctional nurses can focus on policy development for high risk patients with serious behavioral, mental health and medical illnesses. Assuring staff training for risk management topics, responding proactively to mental health issues, crises response, working collaboratively with custody, and employing effective communication skills can positively impact patient care while potentially decreasing the effect of and use of restrictive housing. Correctional nurses should participate in quality improvement initiatives with reporting of key outcome measures. This helps assure learning from EBP that improves safety and quality of life for restrictive housing patients and staff who care for them.

Collaboration and Entrepreneurship

Collaboration. To promote criminal justice reform, nurses are interested in improving the experience of care, improving the health of populations, and reducing the per capita costs of care. Care delivery models such as accountable care organizations and population health management are intentionally collaborative, designed to include physicians, nurses, pharmacists, data analysts, and operations leaders to provide expertise in every stage of the patient's journey in wellness and reentry to the community.

Four competencies—values/ethics for interprofessional practice, roles/responsibilities for collaborative practice, interprofessional communication, and interprofessional teamwork and team-based care—are adjunct to the general professional competencies of the individual health professions (IPEC 2011). Moving the criminal justice system toward teamwork, real-time healthcare analytics designed for all providers and other clinical decision-making tools support health programs' use of best-practice guidelines and holistic care pathways.

Collaborative nursing practice is a cooperative venture of the three nursing groups licensed in the discipline of nursing (APRNs, RNs, and LPNs) with the shared goal of providing quality nursing care (Besner et al. 2005). To develop the correctional nursing specialty, collaborative practice agreements which are seen more frequently among advanced practice registered nursing might be expanded across all correctional nursing. Role clarification and areas for intraprofessional collaboration may be organized around the type and complexity of patients served; the most common nursing diagnoses made; the availability of emergency services, diagnostic centers, and specialists; and whether the nurse is a recent graduate versus a "seasoned" practitioner, or a "seasoned" practitioner coming for the first time into a criminal justice setting. This can change the arrangement for continuous physician availability and for the ongoing supervision, consultation, collaboration, referral, and evaluation of care provided by nursing. Correctional nursing is strengthened when nurses address how they will practice together.

Entrepreneurship. Correctional nurse entrepreneurs are grounded in their role as a professional nurse in order to learn the correctional health industry and discover business opportunities within it. While an advanced degree is not required to be a nurse entrepreneur, many nurses may consider a dual master's degree program in nursing and business administration validated through specialty certifications in correctional health (CCHP and CCHP-RN), as well as Nurse Executive Certification (NE-BC and NEA-BC) through ANCC. National nurse executive organizations, such as the National Nurses in Business Association (NNBA) and the American Organization of Nurse Leaders (AONL) support nurses transitioning from traditional nursing to small business ownership and self-employment.

Nurse entrepreneurs have developed managed care companies to provide health care in correctional settings. These nurses have been very successful in obtaining public offerings and receiving enhanced capital for expansion of their corporations. Nursing entrepreneurs realize that without control of the budget for correctional health care, few changes can be made in the management of the correctional healthcare system. Private-sector healthcare companies can negotiate lower hospitalization rates, utilize emergency rooms less, and offer a higher level of job placement that provides a recruitment-incentive advantage over other systems. These programs, which are designed to specialize in correctional health care, can offer clinical guidelines, education, accreditation, and attractive career patterns.

Research and Dissemination of Knowledge

Continued definition of the scope of practice within the correctional nursing specialty requires ongoing rigorous research efforts to further characterize the nurses, nursing interventions, and nursing practice that constitute the specialty. With reflection upon the past, health equity and human rights have been and continue to drive correctional nursing practice. Continued testing of models and their application to criminal-justice-involved populations is required to reach consensus within the specialty and further define what creates this specialty and its contribution to the profession of nursing and correctional health care. Dissemination of this type of professional work will contribute to the public's understanding of what correctional nurses do and the value that should be attributed to them.

Muse's Proposed Framework for Correctional Nursing

As the specialty of correctional nursing continues to evolve and grow, greater emphasis and attention is placed on how correctional nursing practice con-

tributes to better patient outcomes. The uniqueness of the correctional patient population, complexity of the environment, organizational structure and philosophy, reporting relationships of nurses working in correctional settings, and educational preparation and experience of nurses are contributing factors to nursing practice in corrections. It is well documented in the literature that patient care delivery and nursing practice in corrections are influenced by several variables:

- Levels of nursing practice within correctional settings
- How the correctional nurse defines and adheres to scope and standards of practice
- The integration of professional nursing within a custody environment
- Potential barriers to practice

Correctional nurses continue to explore opportunities to address those variables and strengthen correctional nursing practice, guide correctional nursing practice support, and improve patient outcomes.

Muse has introduced the Proposed Framework for Correctional Nursing (Figure 1) as a potential resource for focused discussion and innovative research to support and strengthen correctional nursing professional practice. The framework, adapted from The Banner Health Care Professional Practice Framework, is based on an ecological model used in psychology, public health, and nursing and begins with quality centered patient (person and family) care in the center. It includes four additional concentric but interconnected circles, allowing for fluidity centered around the patient where health care begins. The circles are identified as contributions to patient care, justice involved setting/corrections, contributions to the profession, and contributions to society.

Summary

Correctional nurses must always be advocates for their patients by maintaining adequate healthcare systems, following accreditation guidelines, and attending continuing education specific to the ever changing and challenging needs of the correctional patient population. Providing health care to an underserved and vulnerable population in a challenging environment demands personal and professional commitment and a high degree of culturally sensitivity. Correctional nurses must develop strong interprofessional collaborative models to continue to evolve this specialty nursing practice.

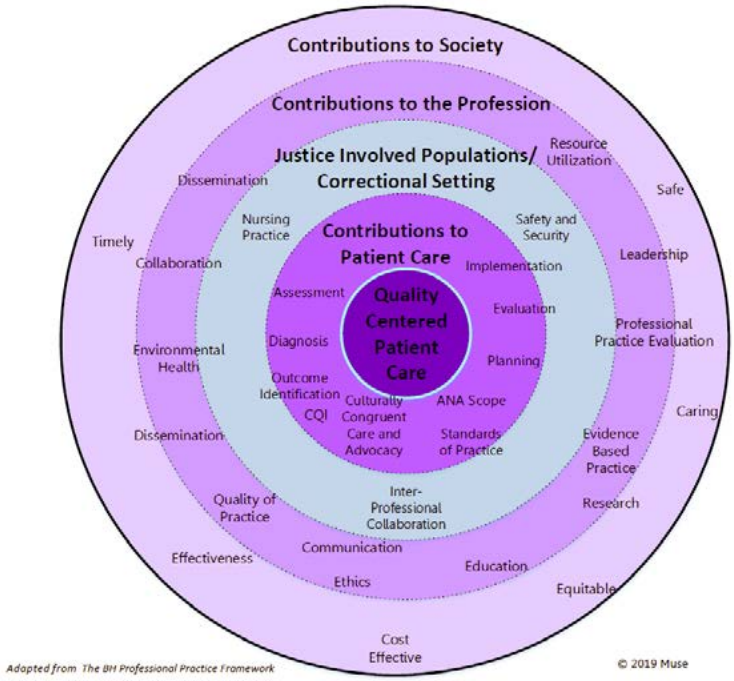

FIGURE 1. Muse's Proposed Framework for Correctional Nursing

See the Appendix for a detailed discussion of Muse's Proposed Framework for Correctional Nursing.