Transforming an Unlikely Setting

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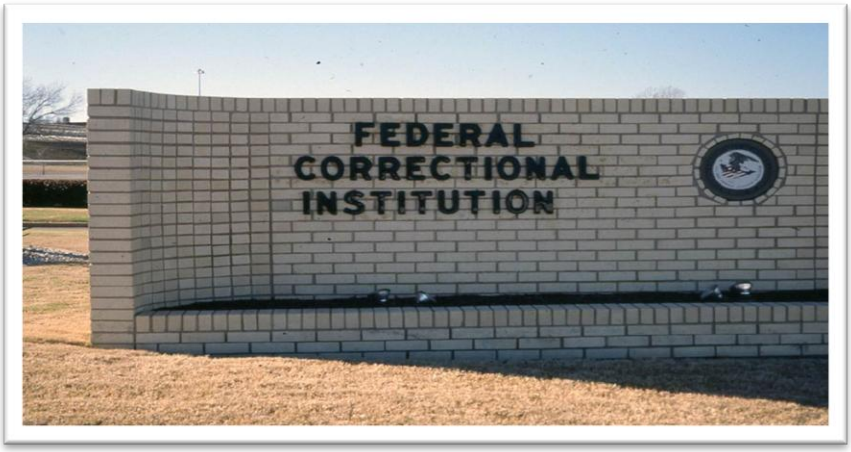
Unexpected possibilities may peak even with a Federal Bureau of Prisons (BoP) commissioned officer assignment in the US Public Health Service (PHS). For me, it turned out to be a unique six-year experience (1989-1995) of stark contrasts—progressing from working in a World War II era hospital building to contributing to the design of a new Health Services Building with a significant long-term care section—appropriate for a 1500-1700 male inmate Federal Correctional Institution (FCI) in the Southwest. Designated to be the director of nursing, I arrived to find no nurses on the staff. Supervised by physicians, the patient care staff consisted of physician assistants (PAs) who administered medications and treatments to inmate-patients in the old hospital. Selected inmates served as orderlies to assist patients and clean the area.



Federal Correctional Institution

Entrance to Facility

Potential health and safety hazards were progressively eliminated—sometimes quickened by a dramatic hard lesson. One instance happened in the treatment room on an evening while a PA was engrossed in a physical examination of an inmate. In one nook was a vintage Gomco gastric suction apparatus that consisted of glass connectors and t-tube, tubing, and two rubber-stopper invertible bottles. Suddenly, another inmate picked up one of the gallon-size Gomco glass jugs and was about to hurl it at the PA's head. The PHS nurse officer nearby, who had just completed her three-week BoP training at Glynco, GA, including the martial art of Aikido, quickly took control by taking down the inmate with an Aikido movement—until the hospital guard arrived.

Unexpected Change

One day while we were still improving the safety of the patient care environment, recruiting an adequate number and mix of nursing staff, and ensuring that all of them completed the required three-part BoP orientation of didactics, competency with three weapons, and the art of self-defense, we received some surprising news from our BoP Medical Director, Dr. Kenneth Moritsugu. He envisioned that not only would our FCI be converted to a Federal Medical Center (FMC), but also that our facility and all the other BoP FMCs in the nation would become accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)--by a certain date. His vision became our motivation. One reason was because he enabled all the key administrative staff to assemble in Oak Park, IL. And we received intensive simultaneous training—tailored to our special settings—and learned the stringent requirements and accreditation process advantageously direct from JCAHO headquarters staff.

Meanwhile, guided by the architect, consultants, and our knowledge of human factors, we designed the new facility for energy-saving and safety for employees and aging patients. Focal points for the new, healthy environment included a multi-purpose room with a sunlit atrium and furniture and green potted plants that could be easily moved and re-arranged for a variety of staff events--and religious services or visiting guests for inmates. In addition to secure rooms for suicide prevention, we designed one specifically for communicable disease isolation, such as for HIV-AIDS.

We invited representatives of various equipment companies to demonstrate their patient transportation and portable electronic devices and monitoring equipment to give staff members opportunity to express their preferences—from the nurse call light system to mattress overlays for pressure redistribution to reduce the risk of patients developing decubitus ulcers. Nurses and the physical therapist chose a state-of-the-art bathing system that enabled even the most frail to be bathed optimally and avoid the danger of accidental falls. With a built-in hydro massage unit, the system was designed to clean and stimulate the skin and promote peripheral circulation and wound healing. To minimize potential medication errors, the pharmacist selected an automated code-operated single dose-loaded drug dispensing machine for the central nurses' station. An administrative PA chose the intravenous fluid (I.V.) administration regulator machines and a mobile Sling Lift for lifting patients comfortably and securely.

Hydro Massage Bathing Unit

Creating Hospice Care

Even though we devoted much effort to staffing and planning the new facility, our lead chaplain ensured that the institution's Hospice Committee met regularly. The Catholic chaplain made a field visit to the Springfield, MO. BoP facility where the first federal inmate-to-inmate hospice program was established. Facilitated by adapting their program model and handbook, we began by carefully selecting hospice inmate volunteers and giving them special training by community experts. Subsequently, we were able to implement the first hospice program for long-term care and aging inmates in the new facility.

The first HIV patient that we chose to initiate the program seemed depressed. He had kept his eyes closed and refused his meal, even when we conversed in French, his preferred language. Sometime after we had started his hospice program, I found him in the atrium sitting with an I.V. being administered, but feeding himself. His caring hospice inmate was sitting beside him—proudly smiling. Soon the I.V. was no longer necessary, and being pleased with his hospice care, the patient expressed the wish to be taken out into the sunny, open courtyard of the FMC. As his hospice care inmate's help, he sat up on the gurney and was delighted with the open air experience.

Health Services Building

To sum up, numerous sentinel events and experiences of staff recruitment, adaptation, participation, in-service staff development and training, and tremendous unified effort and indispensable interdisciplinary collaboration made possible the substantive results of:

- Designing and initiating the first BoP long-term care facility with state-of-the art electronics, patient safety, transportation, and bathing equipment in a secure milieu for aging inmates in a FMC,
- Creating the second federal inmate-to-inmate hospice program with training for volunteers provided by community experts, and
- Achieving our first Long-Term Care Accreditation by JCAHO.

Finally, I believe that our future must be built on imaginative, continuing partnering for multi-dimensional holistic care. If we continue to develop effective and efficient models for long-term care as part of an integrated systems approach, and implement weekly inmate-patient-centered care planning meetings by interdisciplinary professional medical-correctional staff through positive interaction, then we shall surely achieve a vision of care excellence.

About the Author: Rita K. Chow retired as a captain from the USPHS Commissioned Corps.