

SCOPE and STANDARDS of Nursing Practice in Correctional Facilities American Nurses Association

Introduction

The American Nurses Association (ANA) is responsible for defining the scope and standards of generic nursing practice. In 1991, ANA revised the standards of clinical nursing practice, broadening professional role expectations. This document builds on those basic standards to delineate the scope and standards of clinical practice in correctional facilities. The revised specialty standards also incorporate information from prior correctional health nursing standards.

Throughout history, nursing has been responsive to the ever-changing needs and demands for health care. Just as the practice of nursing is a dynamic, evolving process, so too is the process of defining the profession and the specialty areas within it. The Scope and Standards of Nursing Practice in Correctional Facilities is presented as the profession's guide to current correctional health nursing practice. This publication is intended to be used in conjunction with other documents that articulate the values of the nursing profession and the definition and scope of nursing practice.

The standards apply to nurses in clinical practice across all correctional health settings and may be used in quality assurance programs as a means of evaluating and improving care. The standards are also a resource for assessment tools and plans of care, and may be used in the peer review and performance appraisal processes. Nurse colleagues and other professionals with an interest in correctional health will find this publication useful.

Within some standards, criteria are presented for two levels of professional nursing practice as defined in Nursing: A Social Policy Statement. The roles of the basic and advanced practice nurse in correctional facilities are described in the scope statement in this document. The nurse who is prepared at the basic level provides care primarily to individuals and families and participates in the planning, implementation, and evaluation of nursing care. This nurse draws on the expertise of the advanced practice nurse. If an advanced practice nurse is not available, the nurse with basic preparation may assume some aspects of the advanced practice nurse's role, but the use of a consultant is recommended.

Advanced practice nurses, within their scope of practice, may perform all functions of the nurse who is prepared at the basic level. In addition, the advanced practice correctional health nurse has advanced education and substantial clinical experience with individuals, families, and groups; expertise in the formulation of health and social policy; and demonstrated proficiency in planning, implementing, and evaluating health programs.

As the specialty of correctional health nursing expands to meet increased demand, these standards and the description of the scope of correctional health nursing practice will require ongoing refinement. This document thus constitutes a challenge to correctional nurses to provide quality care and to refine the scope and standards statement as the specialty evolves.

Nursing is a dynamic, independent profession. In corrections, the nurse is frequently employed in an isolated environment where there is constant pressure to expand his or her scope of practice to meet new needs and demands. This unique environment may be stressful and antagonistic, and it may limit the range of available interventions. It may also require nurses to acknowledge their responsibility for providing only those services that fall within their legal practice parameters.

Nurses in correctional facilities provide health care to individuals incarcerated in jails, prisons, juvenile detention facilities, and similar settings. The populations incarcerated vary from youths to aged adults and include both women and men, from the healthy through the chronically ill, the mentally ill, and the developmentally disabled. In some settings, long term care access to inmates facilitates planned care as well as the development of trusting professional relationships that enable nurses to do more than maintain the inmate's general health through screening and emergency interventions.

Nurses practicing in correctional facilities provide health care services as their sole responsibility, and matters of nurse's judgment are solely their province. Therefore, it is inappropriate for nurses to be involved in the security aspects of the facility and registered nurses would not participate in procedures performed solely for correctional purposes. It is also inappropriate for nurses to participate in disciplinary decisions or committees or to participate directly or indirectly in executions by lethal injection. However, security regulations applicable to facility personnel also apply to health personnel.

Historical Perspectives and Trends

ANA/American Correctional Health Services Association Organizational Units

ANA councils are organizational units through which individual members of state nurses associations participate in improving or advancing the profession in an area of nursing practice or interest. The councils provide a community of peers and a principal source of expertise in the areas of interest and serve as a forum for discussing relevant issues and concerns. They develop standards, positions, and policies for recommendation to the Congress of Nursing Practice. The councils propose the establishment of certification offerings and recommend specific certification requirements in an area of interest to the appropriate governing structures. Currently, there are six councils, which are as follows:

1. Council for Acute Care Nursing Practice
2. Council for Advanced Nursing Practice
3. Council for Community, Primary, and Long Term Care
4. Council for Nursing Research
5. Council for Nursing Systems and Administration
6. Council for Professional Nursing Education and Development

The ANA Council on Community, Primary, and Long Term Nursing Practice affiliates includes nurses involved in caring for the community and for individuals who are well, at risk for health problems, or in need of long term care (e.g., in the home, schools, public health agencies, community health clinics or other community-based agencies, work sites, or correctional facilities, ambulatory care clinics, provider offices, or nursing homes).

The American Correctional Health Services Association (ACHSA) is the membership organization for all correctional health care professionals. It serves as a forum for current issues and needs confronting correctional health care. It provides education, skill development, and support for personnel, organizations, and decision makers involved in correctional health services, thus contributing to a sense of community and creating positive health changes for detained and incarcerated individuals. The Scope and Standards of Nursing Practice in Correctional Facilities published by the American Nurses Association is adopted as ACHSA policy.

Changes in Population and Services

Over 1.3 million persons are incarcerated in the United States, and approximately 1 in every 428 adults was in jail on June 30, 1992. According to Bureau of Justice statistics, the inmate population has doubled over the past decade and is currently growing at the rate of 14 percent yearly. During the same 10 years, the number of incarcerated women tripled in state and federal prisons and doubled in jails.

Overall, inmates are poor and undereducated, and ethnic minority populations are disproportionately represented. Before incarceration, the inmate's lower socioeconomic status tends to limit access to health care services, thereby contributing to higher than average risk for heart disease, hypertension, diabetes, and mental illness.

Because of a significant history of substance abuse, inmates have rates of infection for human immunodeficiency virus (HIV), tuberculosis, hepatitis B, and sexually transmitted diseases that far exceed those of other populations.

Beliefs

The basic philosophy underlying these standards is that health care provided in the correctional facility should be equivalent to that available in the community and subject to the same regulations. The Supreme Court of the United States recognizes that detainees in correctional facilities are totally dependent on the employees of the institution for their health care. This increases the nurse's responsibility for assisting the incarcerated persons with their health care problems.

Ensuring inmates' human rights is of major importance in the controlled environment of correctional facilities. Justice, a cardinal concept guiding the nursing profession, mandates that all persons receive nursing services that are equitable in terms of accessibility, availability, and quality.

Nursing shares in the belief that learning is a lifelong process and demonstrates such through certification of continued education and competency.

Nursing Practice in Correctional Facilities

The major thrust of nursing care in correctional settings is the provision of primary care services for the population. Primary health services in this field include screening activities, providing direct health care services, analyzing individual health behaviors, teaching, counseling, and assisting individuals in assuming responsibility for their own health to the best of their ability, knowledge, and circumstances.

Basic Nursing Practice

Nursing care may be provided in collaboration with other nurses or health professionals, or independently, which is often the case in a small or rural facility. The practice includes providing a full range of nursing services emphasizing disease prevention and health promotion activities, recognizing and treating illnesses and injuries, counseling, and evaluating the effectiveness of planned care.

Advanced Nursing Practice

Advanced nursing practice in correctional facilities is characterized by depth and breadth of knowledge in a nursing specialty and the ability to incorporate knowledge of the correctional field in planning, implementing, and managing health care. The advanced practice nurse guides the practice and critical thinking of nursing and other health care personnel; carries out direct advanced clinical practice; manages one or more clinical practice settings; incorporates scientific knowledge from other disciplines into practice and management, and evaluates the health care provided in those settings.

Standards of Care

Standard I. Assessment

The Nurse Collects Health Data

Rationale

Correctional nursing practice is characterized by a high degree of autonomy and requires a broad-base of subjective and objective data.

Measurement Criteria

1. The priority of data collection is determined by the client's immediate condition or needs.
2. Pertinent data are collected by using appropriate assessment techniques, adapted to ensure security and provider safety.
3. Data collection involves the client, significant others, health care providers, and other criminal justice system personnel, when appropriate.
4. The data collection process is systematic and ongoing.
5. Relevant data are documented in a retrievable form.

Standard II. Diagnosis

The nurse analyzes the assessment data in determining diagnoses.

Rationale

The nurse in a correctional facility uses independent judgment and available data to formulate diagnoses.

Measurement Criteria

1. Diagnoses are derived from assessment data.
2. Diagnoses are validated with the client, significant others, health care providers, and records maintained by other institutions, when possible.
3. Diagnoses are documented in a manner that facilitates the determination of expected outcomes and care plan.

Standard III. Outcome Identification

The nurse identifies expected outcomes individualized to the client.

Rationale

The nurse in the correctional facility identifies outcomes based on unique factors (such as length of stay, overall safety, and a lack of information about the prior health status of clients) that affect the nurse's ability to provide services.

Measurement Criteria

1. Outcomes are derived from the diagnoses.
2. Outcomes are documented as measurable goals.
3. Outcomes are mutually formulated with the client and health care providers, when possible.
4. Outcomes are realistic in relation to the client's present and potential capabilities.

5. Outcomes are attainable in relation to resources available to the client.
6. Outcomes include a time estimate for attainment.
7. Outcomes provide direction for continuity of care.

Standard IV. Planning

The nurse develops a care plan that prescribes interventions to attain expected outcomes.

Rationale

Effective planning is essential for appropriate interventions.

Measurement Criteria

1. The plan is individualized to the client's condition or needs.
2. The plan is developed with the client, significant others, health care providers, and other criminal justice personnel, when appropriate.
3. The plan reflects current nursing practice.
4. The plan is documented.
5. The plan provides for continuity of care from the time of entry into the system, through transfers to other institutions, to final release from custody, when appropriate.
6. The plan provides for discharge follow-up based on the client's need for health care, when appropriate.

Standard V. Implementation

The nurse implements the interventions identified in the care plan.

Rationale

The nurse is the most appropriate health care provider in the correctional setting for ensuring that actions are taken to meet the physical, mental, and health education needs of the client.

Measurement Criteria

1. Interventions are consistent with the established care plan.
2. Interventions are implemented in a safe, appropriate, and timely manner.
3. Interventions are documented.

Standard VI. Evaluation

The nurse evaluates the client's progress toward attainment of outcomes.

Rationale

The nurse in the correctional setting uses the nursing process to evaluate the outcome of nursing actions, interventions, and client education. The nurse may alter the care plan, expand the database, introduce new interventions, and develop client education activities.

Measurement Criteria

1. Evaluation is systematic and ongoing.
2. The client's responses to interventions are documented.
3. The effectiveness of interventions is evaluated in relation to outcomes.
4. Ongoing assessment data are used to revise diagnoses, outcomes, and the care plan, as needed.
5. Revisions in diagnoses, outcomes, and the care plan are documented.
6. The client, significant others, health care providers, and other criminal justice system personnel are involved in the evaluation process, when appropriate.

Standards of Professional Performance

Standard I. Quality of Care

The nurse systematically evaluates the quality and effectiveness of nursing practice.

Rationale

The nurse in the correctional setting ensures that quality nursing care meets measurable community standards.

Measurement Criteria

1. The nurse participates in quality-of-care activities as appropriate to the individual's position, education, and practice environment. Such activities may include the following:
 - a. Identifying aspects of care important for quality monitoring.
 - b. Identifying indicators used to monitor the quality and effectiveness of nursing care.
 - c. Collecting data to monitor the quality and effectiveness of nursing care.
 - d. Analyzing quality data to identify opportunities for improving care.
 - e. Formulating recommendations to improve nursing practice or client outcomes.
 - f. Implementing activities to enhance the quality of nursing practice.
 - g. Participating in the work of interdisciplinary teams that evaluate clinical practice or health services.
 - h. Developing policies and procedures to improve the quality of care.

2. The nurse uses the results of quality-of-care activities to initiate changes in practice.
3. The nurse uses the results of quality-of-care activities to initiate changes throughout the health care delivery system, as appropriate.

Standard II. Performance Appraisal

The nurse evaluates his/her own nursing practice in relation to professional practice standards and relevant statutes and regulations.

Rationale

The nurse in the correctional setting balances professional performance with the maintenance of safety and security.

Measurement Criteria

1. The nurse regularly engages in performance appraisal, identifying areas of strength as well as areas for professional and practice development.
2. The nurse seeks constructive feedback regarding his/her own practice.
3. The nurse takes action to achieve goals identified during performance appraisal.
4. The nurse participates in peer review as appropriate.

Standard III. Education

The nurse acquires and maintains current knowledge in nursing practice.

Rationale

The diverse health care needs in the correctional facility and the attendant need for nursing autonomy require the nurse to engage in ongoing education.

Measurement Criteria

1. The nurse participates in ongoing educational activities related to clinical knowledge and professional issues.
2. The nurse seeks experiences to maintain clinical skills.
3. The nurse seeks knowledge and skills appropriate to the practice setting.

Standard IV. Collegiality

The nurse contributes to the professional development of peers, colleagues, and others.

Rationale

The nurse in the correctional facility has the responsibility and opportunity to positively influence peers, colleagues, and others regarding health care issues, education, and practice.

Measurement Criteria

1. The nurse shares knowledge, skills, and information with peers, colleagues (including other criminal justice system personnel), and others.
2. The nurse provides peers with constructive feedback regarding their practice.
3. The nurse contributes to an environment that is conducive to the clinical education of nursing students, as appropriate.

Standard V. Ethics

The nurse's decisions and actions on behalf of clients are determined in an ethical manner.

Rationale

The nurse in the correctional setting has an ethical commitment to the client and the nursing profession that must not be compromised.

Measurement Criteria

1. The nurse's practice is guided by The Code for Nurses and related ANA position statements, such as the Position Statement on Nurses' Participation in Capital Punishment.
2. The nurse maintains patient confidentiality.
3. The nurse acts as a client advocate.
4. The nurse delivers care in a nonjudgmental and nondiscriminatory manner that is sensitive to client diversity.
5. The nurse delivers care in a manner that preserves and protects client autonomy, dignity, and rights.
6. The nurse seeks available resources to help formulate ethical decisions.

Standard VI. Collaboration

The nurse collaborates with the client, significant others, other criminal justice system personnel, and health care providers in providing patient care.

Rationale

The nurse in the correctional facility collaborates with public and private health care providers to ensure comprehensive continuity of services.

Measurement Criteria

1. The nurse communicates with the client, significant others, criminal justice system personnel, and health care providers regarding client care and nursing's role in the provision of such care.
2. The nurse consults with health care providers for client care, as needed.

3. The nurse makes referrals, including provisions for continuity of care, as needed.

Standard VII. Research

The nurse uses research findings in practice.

Rationale

Utilization and practice of research activities within the correctional setting promotes the professional development and knowledge base within this unique setting. The nurse is expected to adhere to research method guidelines.

Measurement Criteria

1. The nurse uses interventions substantiated by research as appropriate to the individual's position, education, and practice environment.
2. The nurse participates in research activities as appropriate to the individual's position, education, and practice environment. Such activities may include the following:
 - a. Identifying clinical problems suitable for nursing research.
 - b. Participating in data collection.
 - c. Participating in a unit, organization, or community research committee or program.
 - d. Sharing research activities with others.
 - e. Conducting research within the guidelines of the individual facility, statutes, and regulations.
 - f. Critiquing research for application to practice.
 - g. Using research findings in the development of policies, procedures, and guidelines for client care.

Standard VIII. Resource Utilization

The nurse considers factors related to safety, effectiveness, and cost in planning and delivering client care.

Rationale

The nurse in the correctional facility is uniquely positioned to determine the priority, availability, and appropriateness of resources required to meet the client's health care needs.

Measurement Criteria

1. The nurse evaluates factors related to safety, effectiveness, efficiency, and cost when two or more practice options would result in the same expected client outcome.
2. The nurse assigns tasks or delegates care based on the needs of the client and on the knowledge and skill of the provider selected.

3. The nurse assists the client and significant others in identifying and securing appropriate, available services to address health-related needs.