Acute Hospital Outcomes Among People who Experience Incarceration

By Kayla McLymont

Acknowledgements

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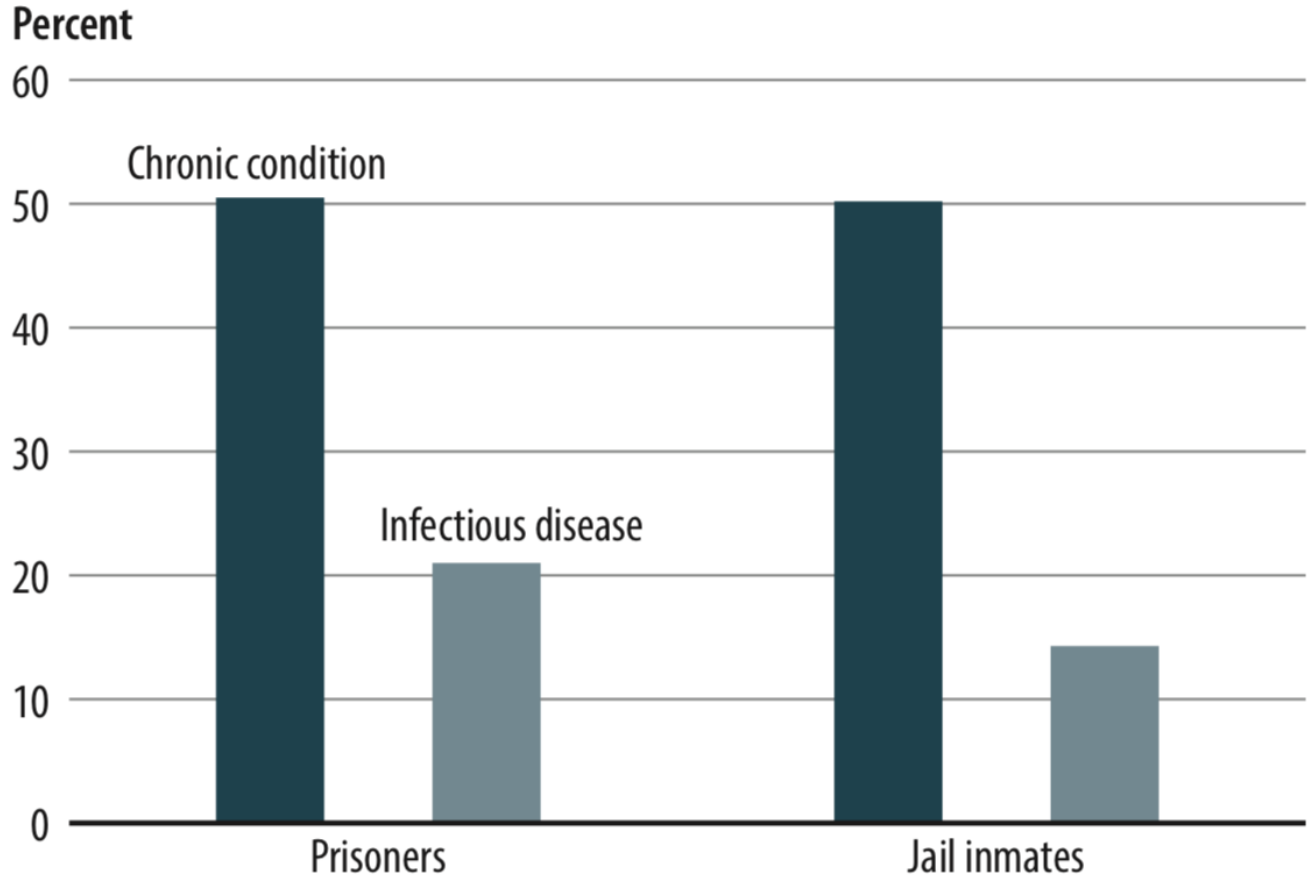
Presentation outline

- Background
- Methods
- Findings
- Policy recommendations

Background

Prevalence of ever having a chronic condition or infectious disease among state and federal prisoners and jail inmates, 2011–12



Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

Chronic disease burden among incarcerated populations

Prevalence of ever having a chronic disease among jail inmates, state and federal prisoners, and the general population, 2011-12‡

Condition	State and Federal Prisoners	Jail Inmates	General population (ref)
High blood pressure	30.2%*	26.3%*	0.2%
Asthma	14.9%*	20.1*	0.2%
Heart related problems	9.8%*	10.4*	0.1%
Diabetes	9.0%*	7.2%*	0.1%
Stroke related problems	1.8%*	2.3*	<0.05%

‡ adapted from Maruschak LM, Berzofsky M. Medical Problems of State and Federal Prisoners and Jail Inmates, 2011-12. Office of Justice Statistics, US Department of Justice. NCJ 248491. February 2015.

* *Difference with reference group is significant at the 95% confidence level.

Chronic disease burden among incarcerated populations

Traumatic Injuries

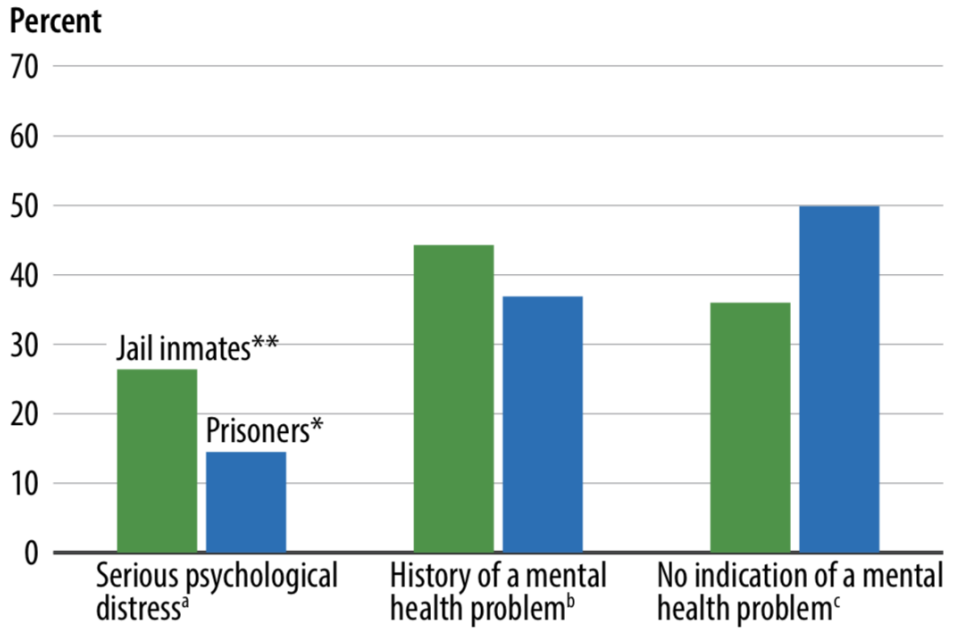
- The estimated prevalence of TBI in the overall inmate population was 60.25%
- In NYC-DOC infirmaries, of the 241 (96%) patients admitted, 213 (84.9%) required operation for traumatic injury

COVID-19

- According to the CDC, the COVID-19 rate in U.S. prisons is three times higher than the general public

Mental Health

Mental health status of prisoners and jail inmates, by type of mental health indicator, 2011–2012



Bureau of Justice Statistics, National Inmate Survey, 2011-12.

Shiroma, E.J. et. al, Journal of Head Trauma Rehabilitation, 2012; Henning, J. et. al, Journal of Correctional Health Care, 2015; CDC, 2021.

Acute hospital outcomes

Heart disease

- For patients with heart disease, being an inmate was statistically significantly associated with a decrease in time to first procedure and an increase in length of stay
- No difference in mortality or severity of illness

COVID-19

- According to a study conducted in the Henry Ford Health System, inmates are more than twice as likely to die from COVID-19 in the hospital

Winter, S.J., Journal of the National Medical Association, 2011; Altibi, A.M., et. al, Scientific Reports, 2021.

Research Question: Why do incarcerated populations experience worse acute hospital outcomes during the COVID-19 pandemic?

Underreporting of COVID-19 in Correctional Settings

- There are inconsistencies in diagnosing and reporting
  - Story of Juan Cruz
- A reported ~2,700 people have died from COVID-19 while in custody

The Real Toll From Prison Covid Cases May Be Higher Than Reported

Some deaths were not counted as part of prison virus tallies because hospitalized inmates were officially released from custody before they died.

Turcotte, M. et. al, The New York Times, 2021.

Hypothesis

Incarcerated populations experience worse acute hospital outcomes because of insufficient regulations and oversight

Methods

Use background research to hypothesize what is causing worse acute hospital outcomes

Conduct research on legal provisions for acute hospital care in incarcerated populations

Make policy recommendations based on findings

Findings

Legal Provisions for Correctional Institutions' Responsibility to Provide Healthcare

1976

Estelle v. Gamble: Protected the right to adequate medical care while incarcerated

Farmer v. Brennan: Established "deliberate indifference"

- the knowledge and reckless disregard of a substantial risk of harm to the person who is incarcerated

1994

Paris, J., AMA Journal of Ethics, 2008.

Who is Being Deliberately Indifferent?

Current Accreditation Guidelines

- Current guidelines for acute hospital care in prisons for inmates are set by the American Correctional Institution (ACA) and the National Commission on Correctional Health Care (NHCC)

National Commission on Correctional Health Care Hospital and Specialty Care Compliance Indicators

- Appropriate and timely access to hospital and specialist care
- Communication of patient needs and information
- The health record contains results and recommendations, or attempts to obtain results were made
- Standards of care are defined through written policy and procedures

American Correctional Association Performance Standards

- Clinical Services
- Referrals
- Transportation
- Emergency Plan (mandatory)

American Correctional Association Performance Standards

Emergency Plan includes:

- On-site emergency first aid and crisis intervention
- Emergency evacuation
- Use of an emergency medical vehicle
- Use of one or more designated hospital emergency rooms
- Emergency on-call or available 24 hours per day
- Security procedures
- Emergency medications, supplies and medical equipment

Current Accreditation Guidelines Are Not Enough

Guidelines provide framework for transferring inmates to hospitals for acute treatment

However, accreditation is *voluntary*

Less than 10% of adult correctional institutions in the United States are accredited by the ACA (574 out of 7,147)

Policy Recommendations

Policy Recommendations

Organizations (such as the ACA and NHCC) should more clearly define what constitutes timely and efficient access to acute hospital care

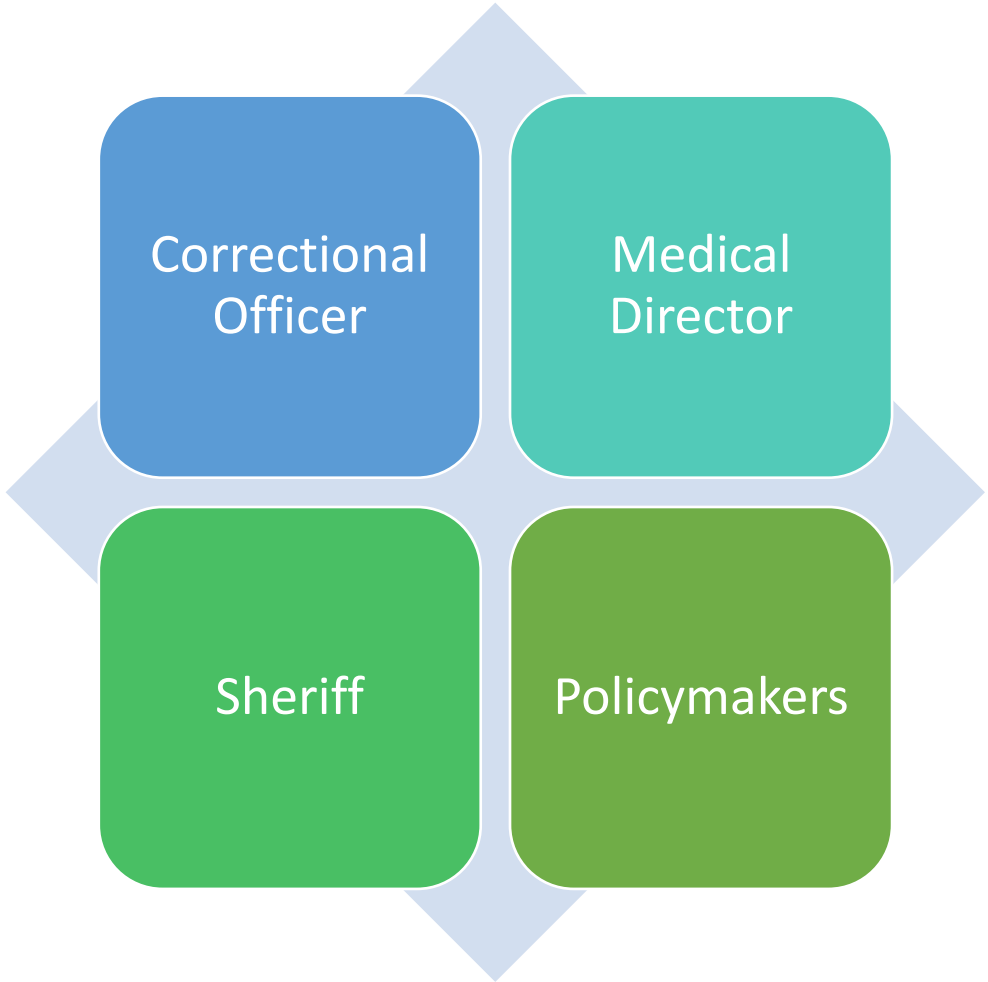
Regulations should ensure that safety measures correctional officials use during transportation to hospitals do not compromise inmates' health and well-being

Policy Recommendations

Regulators should consider making compliance with guidelines mandatory or provide strong financial incentives to comply

Policymakers should ensure that correctional institutions have adequate resources to provide timely, efficient, and flexible access to hospital care

Stakeholders at the Table



Conclusions

- Incarcerated people experience worse acute hospital outcomes
- Institutions are legally responsible for their care, but accountability is not well delineated
- Current accreditation guidelines are vague and not enforced
- Guidelines should be enforced and resources provided for acute care

My Project Role

LITERATURE REVIEW

OP-ED

Lessons Learned

- Importance of lit review methods
- Writing an op-ed requires not only knowledge, but also wisdom
- Mentorship is key for creating a successful product

Final Acknowledgements

- Joanne Levy & SUMR Program
- Dr. Janet Weiner
- Dr. Teixeira da Silva

Thanks!
Questions?

Appendix

Covid Prison Hotspots: June 26 to July 9, 2020

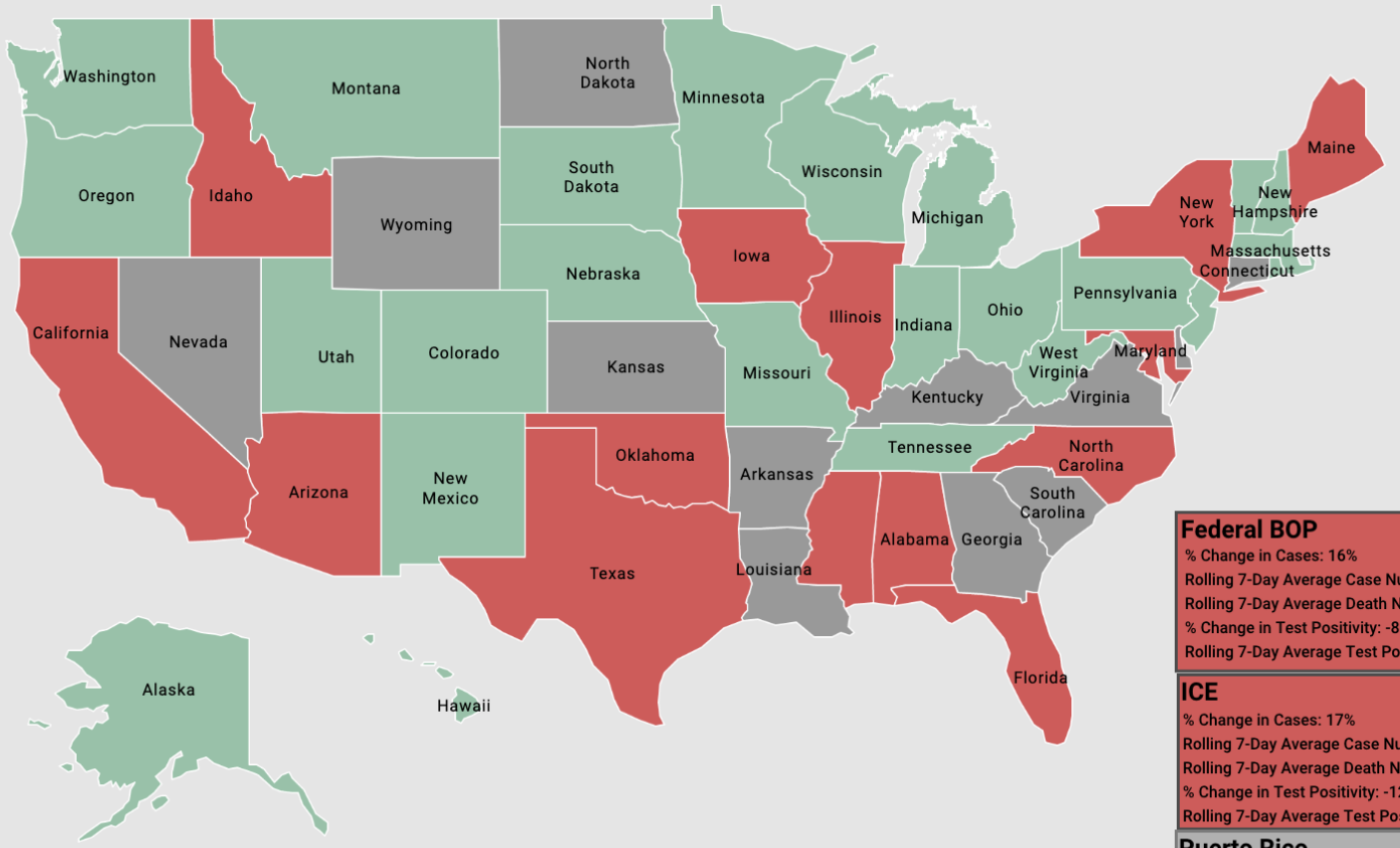
COVID-19 Prison Hotspots are defined by these criteria:

> Cases have increased by 5% or more over the past 14 days **AND**

> Positivity rate has increased by 5% or more over the past 14 days **OR** positivity rate (7-day rolling average) is 10% or greater

For informational purposes only, we also report the rolling 7-day average number of cases and deaths

This analysis uses the criteria established by the Kaiser Family Foundation (KFF) to assess COVID-19 hotspots in the general population. We use their criteria and apply it to prisons at the system-level. See the KFF analysis here: LINK.



Federal BOP
% Change in Cases: 16%
Rolling 7-Day Average Case Number: 7342
Rolling 7-Day Average Death Number: 97
% Change in Test Positivity: -8%
Rolling 7-Day Average Test Positivity Rate: 32%

ICE
% Change in Cases: 17%
Rolling 7-Day Average Case Number: 2835
Rolling 7-Day Average Death Number: 2
% Change in Test Positivity: -12%
Rolling 7-Day Average Test Positivity Rate: 26%

Puerto Rico
% Change in Cases: 0%
Rolling 7-Day Average Case Number: 2
Rolling 7-Day Average Death Number: NR
% Change in Test Positivity: NR
Rolling 7-Day Average Test Positivity Rate: NR

This state is classified as a COVID-19 Prison Hotspot. This state is NOT classified as a COVID-19 hotspot.
This state is not reporting enough information to make a determination. null
NR = Not Reported; N/A = Missing

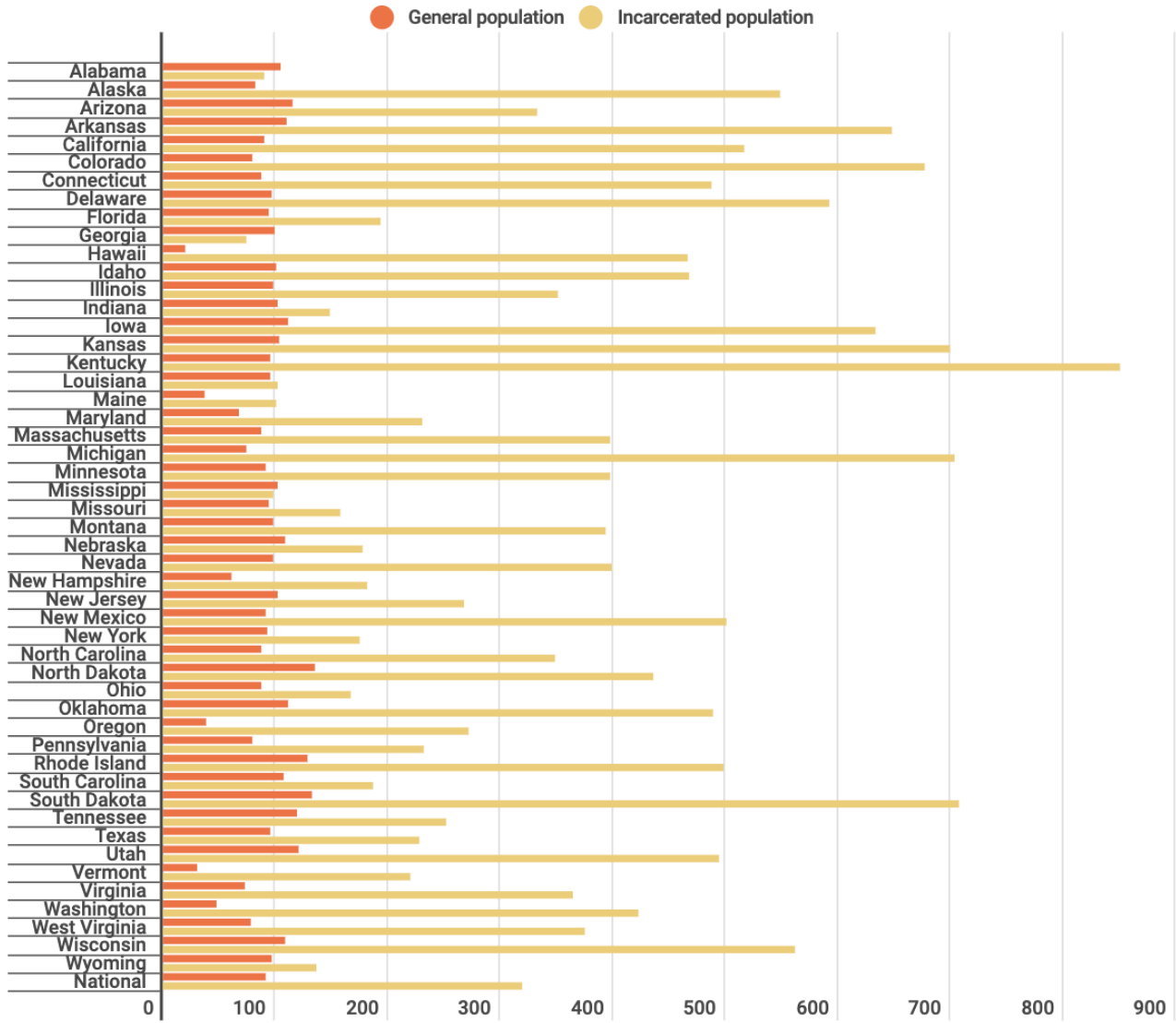
Data last updated July 10, 2020

THE COVID PRISON PROJECT @covidprison

https://covidprisonproject.com

Download data

COVID-19 Cases per 1,000 in the Prison and the General Population as of March 31, 2021



THE COVID PRISON PROJECT

Sources: COVID Prison Project;
Centers for Disease Control and Prevention

ACA Guidelines

American Correctional Association Performance Standards

- Clinical Services
  - There is a process for all offenders to initiate requests for health services on a daily basis. These requests are triaged daily by qualified health care professionals or health trained personnel. A priority system is used to schedule clinical services. Clinical services are available to offenders in a clinical setting at least five days a week and are performed by a health care practitioner or other qualified health care professional.
- Referrals
  - Offenders who need health care beyond the resources available in the facility, as determined by the responsible health care practitioner, are transferred under appropriate security provisions to a facility where such care is available. There is a written list of referral sources to include emergency and routine care. The list is reviewed and updated annually.
- Transportation
  - A transportation system that assures timely access to services that are only available outside the correctional facility is required. Such a system needs to address the following issues:
    - Prioritization of medical need
    - Urgency (for example, an ambulance versus a standard transport)
    - Use of a medical escort to accompany security staff, if indicated
    - Transfer of medical information
  - The safe and timely transportation of offenders for medical, mental health, and dental clinic appointments, both inside and outside the correctional facility (for example, hospital, health care provider, or another correctional facility) is jointly the responsibility of the facility or program administrator and the health services administrator.
- Emergency Plan
  - (MANDATORY) There is a written plan for access to 24-hour emergency medical, dental, and mental health services. The plan includes:
    - On-site emergency first aid and crisis intervention
    - Emergency evacuation of the offender from the facility
    - Use of an emergency medical vehicle
    - Use of one or more designated hospital emergency rooms or other appropriate health facilities
    - Emergency on-call or available 24 hours per day, physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community
    - Security procedures providing for the immediate transfer of offenders, when appropriate
    - Emergency medications, supplies and medical equipment

NHCC Guidelines

National Commission on Correctional Health Care Hospital and Specialty Care Compliance Indicators

- Evidence demonstrates that there is appropriate and timely access to hospital and specialist care when necessary.
- When patients are referred for outside care, written or verbal information about the patient and the specific problem to be addressed must be communicated to the outside entity.
- The health record contains results and recommendations from off-site visits, or attempts by health staff to obtain these results
- All aspects of the standard are addressed by written policy and defined procedures.

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