



D29 An Analysis of Conjoint Roles in Hospitals: The Clinical Forensic Nurse, and Quality Management

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The goals of this presentation are to demonstrate the value of the Clinical Forensic Nurse (CFN) in the identification of staff members responsible for serial killing of patients.

This presentation will outline two cases of serial killings within VAMC settings. In both cases, the keen observations, the management of evidence, and suspiciousness of experienced nurses were key factors in solving the crimes. Due to on-going civil litigation proceedings, certain details will not be disclosed in this presentation.

The first case example includes that of former registered nurse Kristen Gilbert who was found guilty of four counts of first-degree murder and three counts of attempted murder of patients under her direct care. It was the astute observation and persistence of nursing staff that finally opened the door for an investigation.

The second example is that of the notorious Dr. Michael Swango. A nurse who noted highly atypical medical practice patterns conducted the forensic medical record review for the investigation. Her insights helped redirect investigation efforts that led to an eventual break in the case.

In the day-to-day activities of any medical center where patient care is provided, the potential for forensic issues to arise is greater now than ever. With the *do-more-with-less* mandates, high patient acuties, and a generalized shortage of personnel to manage the patients, personnel experience high levels of stress and often have little or no support or supervision. In addition, in the eagerness to get staff vacancies filled promptly, employee-screening procedures may be abbreviated and back-ground checks, references, and employee histories may lack thoroughness. Furthermore, marginal performing staff members may be retained with the belief that they are better than a vacant position. The short staffing, hectic schedules, chaos and confusion in the highly charged work setting, and personal stresses combine to create the ideal environment in which both serious errors and personal misconduct may occur and yet may go unnoticed. Quality management (QM) has recognized that the employment of a CFN in the hospital setting is one way to assist in the alleviation of preventable, adverse events. The Clinical Forensic Nurse may make significant contributions in patient safety as well as risk management within any medical facility. This nurse is an ideal complement to any Quality Management Department or Process Improvement Team.

While QM staff of any medical facility may not play the same role as a court of law or jury, they do share one responsibility, root cause analysis (RCA). Sets of data or a collection of facts must be reviewed before a course of action or process improvement plan may be implemented. The plan may entail recommendations to monitor staff competency or a suspicious trend of events. In any case, all must be based upon accurate data and good evidence. Unfortunately, critical information does not reach the QM staff until long after the event. Opportunities to capture specific details about the scene and circumstances as well as the immediate recall of those involved no longer exist. In these litigious times, health care providers are hesitant to admit or to discuss activities that could be viewed as *an error*.

The CFN should be an essential part of any hospital staff charged with RCA in association with adverse patient events. Most medical errors and therapeutic misadventures are not criminal in either intent or nature. However, in all cases, the precise identification, collection, and preservation of facts, data and medical evidence are vital for appropriate resolution and follow-up.

The CFN serves as the critical link between medicine and law, having an increased awareness of forensic implications in every day patient care as well as working hand-in-hand with those charged with investigating patient complaints, suspicious patient events, unexpected death, questionable trends, and emergency / traumatic patient admissions. The CFN is in a position to provide vital protection to victims of foul play when they are at their most vulnerable. In today's health care system, all health care providers should have some level of awareness of what constitutes medico-legal significance. Ideally, facilities would benefit from having a core team of individuals knowledgeable in forensic principles and able to apply these principles to adverse patient care scenarios.

The astute forensic nurse practicing in a clinical setting maintains a professional balance between routine management of "natural" illness and consistently entertaining the possibilities of foul play. The CFN has no bias towards any one element of a patient's case. Human rights will be protected and laws will be upheld without regard for personal or institutional consequences.

As this specialty continues to evolve, clinical forensic nursing practice appears to be developing into 5 different roles: 1) the forensic nurse provider, 2) the forensic nurse examiner, 3) forensic psychiatric nurse examiner, 4) forensic nurse specialist, and 5) the forensic nurse investigator.

It has been established that the vast majority of law enforcement and investigative personnel are not trained to navigate through a complicated medical or surgical area, nor do most comprehend the medical /nursing jargon commonly used within medical facilities. The practice of clinical forensic nursing with its broad focus upon health care expertise, the ability to apply forensic science to the hospital setting and knowledge of



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justice system requirements, is the critical link between law enforcement and healthcare practice. Nurses, in general, are key players with immediate access to nearly every activity that occurs in a medical facility. Nurses know other key players, the environment, the language, and routines of daily scenarios with regards to patient care delivery; therefore, they are most likely the ones to recognize irregularities. A nurse who is indoctrinated in the forensic sciences will have an *edge* in spotting even the subtlest of inconsistencies. The unique vantage point and professional perspective of the CFN can serve law enforcement and the criminal justice system, while continuing to act in the best interests of the patients and the hospitals they serve.

It is also possible that in some instances, the administration of any given health care facility would prefer to keep some forensic cases or specific aspects of these cases *under wraps* and decline to report them to external authorities. The desire to handle problems discretely and internally is often akin to *cover-up*. The CFN would ideally be involved in case reporting and disclosure decisions.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has laid the groundwork for the roles of forensic nurse providers and examiners within hospitals in its published scoring guidelines for patient care assessment. Additionally, the Joint Commission includes the review of organizations' activities in response to sentinel events in its accreditation process that opens the door for a CFN specialist and/or investigator.

The unique vigilance of nurses, when combined with analytical skills, a natural curiosity, and a sense of duty, provides the necessary acumen for success in the clinical forensic nursing role.

Clinical Forensic Nurse, Quality Management, Root Cause Analysis (RCA)