



D3 An Analysis of the Suspiciousness Factor and Role Opportunity as Related to Forensic Evidence Capture in Hospital Emergency Departments

Barbara Spence-O'Donnell, BSN, RN*, and Carl T. Hayden, VA Medical Center, 650 East Indian School Road (118), Phoenix, AZ

The goals of this poster presentation are to demonstrate the effectiveness of the clinical forensic nurse in case-finding and evidence management within the hospital emergency department. A series of patient cases will be used to illustrate the benefits of having clinical forensic nurse presence during the initial contact with a patient at healthcare's point of entry. In each of these cases, the evidence identified, documented, and preserved by the nurse later became a vital element in medical-legal or criminal proceedings.

There is a significant amount of vital forensic evidence that is unrecognized, compromised, or even irretrievably lost during resuscitation and other emergency care regimens. Failure to recognize and safeguard evidence in healthcare settings may result in medical errors, miscarriages of justice for victims or perpetrators, and may result in lengthy, complex investigations. Healthcare dollars and manpower resources consumed to support these endeavors may derail other mission activities and create immeasurable human burdens. In high-profile cases, healthcare workers, the administration of the medical treatment facility, and the federal government necessarily assume some part of the embarrassment, culpability, and tainted image that accompany public disclosure of adverse patient events and evidence mismanagement.

The emergency department is the point of entry for most patients who are victims of accidents or who become acutely ill. Patients arrive by ambulance or private transportation. In some locations, patients walk in alone, suffering from life-threatening illness or injury. Since nurses triage and obtain the data for the baseline history and physical assessment, they have the rare opportunity to capture information that may subsequently be altered or destroyed during the course of further examinations, diagnostic tests, and medical treatments. A well-honed forensic *suspiciousness factor*, coupled with human experiences and clinical judgment, provides an ideal acumen in the Emergency Department. Careful recording of anecdotal details of how an injury occurred, a thorough body survey, and precise observations about the patient's behavior may reveal important clues that may ultimately prove to be the linchpin for solving a forensic case. A forensic clinical nurse's education, skill training, and indoctrination help to facilitate the identification, preservation, and safeguarding of evidentiary materials. This acumen is "value added" to the typical emergency nurse's role. The hospital's quality management programs, as well as healthcare beneficiaries and justice systems, individually and collectively, derive benefit from the forensic competencies of nursing personnel.

Patients presented to the hospital's emergency department do not wear a tag, **Caution Forensic Case in Process**. However, the clinical forensic nurse believes that any patient encounter may already possess, or could develop, forensic implications. Vigilance and consistency in assessment and documentation are hallmarks of a clinical forensic nurse. The refusal to "take stories at face value," the belief that every detail in the history and physical examination has significance, and that all patients deserve to have their human rights protected during the course of medical care are major tenets of a forensic nurse.

Forensic science indoctrination is no longer an option in healthcare facilities. The standards and scoring guidelines of the Joint Commission for Accreditation of Healthcare Organizations mandate that hospitals must equip all personnel to identify abuse and neglect, to take certain steps to protect the victims, and to refer them to appropriate resources for follow-up. This provides the foundation for a healthcare facility to justify the presence of the clinical forensic nurse, especially at entry points where many individuals may present for care. Hospital resources must be committed to forensic initiatives, even in times of overwhelming workloads, short staffing, and personnel shortfalls. The penalty for missing forensic clues and failing to initiate appropriate interventions may cost the patient his life and place a nurse's professional career in jeopardy. The costs for damage control when nurses fail beneficiaries and violate the public trust cannot be measured. Forensic education and training should be encouraged and emphasized at all levels within the hospital's chain-of-command, and position descriptions should be updated, listing specific forensic roles and responsibilities for the clinicians, supervisors, and administrators. The placement of a qualified forensic nurse in the emergency department is relevant and reasonable and demonstrates to patients the highest standards of patient care delivery.

Evidence, Forensic Nursing, Suspiciousness Factor