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POLICY NUMBER: 18.10.1		
CHAPTER 18: HEALTH CARE SERVICES		
	STATE of MAINE DEPARTMENT OF CORRECTIONS	PROFESSIONAL STANDARDS:
	Approved by Commissioner: <i>DR. Joseph R. Fitzpatrick</i>	See Section VII
EFFECTIVE DATE: October 30, 2014	LATEST REVISION:	CHECK ONLY IF APA []

I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Section 1403.

II. APPLICABILITY

All Departmental Adult Facilities

III. POLICY

It is the policy of the Department to provide hospice services to terminally ill prisoners at the Maine State Prison infirmary. A prisoner, male or female, is eligible for Hospice when it is medically determined that the prisoner is terminally ill, has a limited life expectancy, and meets the other criteria.

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None

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Procedure A: Hospice Interdisciplinary Team (IDT)

1. A Hospice Interdisciplinary Team (IDT) consisting of representatives from various disciplines shall work collaboratively to provide direction and

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coordination of Hospice. Whenever possible, the Warden, or designee, shall select team members from staff who volunteer to serve on the IDT.

2. The IDT shall consist of:
 - a. the Department's Regional Medical Director, or designee;
 - b. the Maine Hospice Council's Hospice Director, or designee;
 - c. the Prison Health Services Administrator (HSA), or designee;
 - d. a Prison Registered Nurse;
 - e. a Prison case manager;
 - f. a member of the security staff assigned to the infirmary;
 - g. the Prison Chaplain; and
 - h. other Prison staff as selected by the Warden, or designee.
3. The Maine Hospice Council's Hospice Director shall provide a minimum of 4 hours of orientation about Hospice to prospective IDT members, as needed.
4. The IDT shall develop an appropriate plan of care for each prisoner who has been admitted to Hospice. The plan of care shall address the physical and emotional needs of the prisoner and shall be documented in the prisoner's health care record.
5. The IDT shall meet on a regular basis as determined by the IDT to establish, review, and update the plan of care for each prisoner admitted to Hospice.

Procedure B: Hospice Admission

1. A departmental adult facility physician, physician assistant or nurse practitioner may decide to evaluate at any time a prisoner's need and desire for Hospice.
2. Other facility health care staff or a case manager may request a facility physician, physician assistant or nurse practitioner to evaluate a prisoner's need and desire for Hospice.
3. A prisoner may request a facility physician, physician assistant or nurse practitioner to evaluate the prisoner's need for Hospice.
4. The physician, physician assistant or nurse practitioner shall document the request, if applicable, in the prisoner's health care record, as well as whether an evaluation is warranted.
5. If the facility physician, physician assistant or nurse practitioner decides to evaluate the prisoner for Hospice, he or she shall document the evaluation in the prisoner's health care record. This shall include, at a minimum, the following information:

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- a. date and time of evaluation;
 - b. diagnosis of terminal illness, if applicable;
 - c. whether the prisoner has refused curative treatment and/or no further curative treatment of the illness would be feasible;
 - d. prognosis of life expectancy; and
 - e. the prisoner's ability to give informed consent for admission to Hospice, if applicable.
6. A prisoner shall not be admitted to Hospice unless all of the following criteria are met:
- a. the evaluating physician, facility physician, physician assistant or nurse practitioner has provided a diagnosis of a terminal illness with a prognosis of limited life expectancy;
 - b. the prisoner has refused curative treatment and/or no further curative treatment of the illness would be feasible;
 - c. the prisoner has received a thorough explanation of the diagnosis, the prognosis and the philosophy, goals and services of Hospice as documented by appropriate facility staff;
 - d. it has been determined by the evaluating physician, physician assistant or nurse practitioner that the prisoner has the ability to give informed consent for admission to Hospice and the prisoner has given such informed consent (or, if applicable, the prisoner's guardian has given consent and the prisoner does not object); and
 - e. the prisoner (and the prisoner's guardian, as applicable) has completed and signed an Advance Directive as set forth in Policy 18.3, Access to Health Care Services, Procedure A.
7. The prisoner may request the facility Chief Administrative Officer, or designee, to allow approved family members to be present during the explanation described in 6.c above. If the prisoner has a guardian, the guardian shall be present during this explanation.
8. If the prisoner has a guardian, the guardian shall be asked to give consent for admission to Hospice. Even if the guardian consents, the prisoner shall not be admitted to Hospice if he or she objects.
9. The Department's Regional Medical Director, or designee, after consultation with appropriate health care staff and other staff, shall make a recommendation as to whether the prisoner should be approved for Hospice to the Warden, or designee, who shall make the final decision.

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10. If the prisoner is not already in the Prison infirmary and is admitted into Hospice, Policy 18.10, Infirmary Services shall be followed and the prisoner shall be transferred to the infirmary.

Procedure C: Discharge from Hospice

1. A prisoner shall be discharged from Hospice if any of the following criteria are met:
 - a. if the prisoner requests discharge;
 - b. if the prisoner’s condition improves to the extent that he or she no longer meets the admission criteria;
 - c. if the prisoner seeks curative treatment;
 - d. for the safety of the prisoner or others as determined by the Warden, or designee;
 - e. if the prisoner has been transferred to a community setting preventing continuity of hospice services; or
 - f. if the prisoner is released from incarceration or dies.

2. The following steps shall be taken when a prisoner is discharged from Hospice:
 - a. the Prison physician, physician assistant or nurse practitioner shall complete a hospice discharge summary and orders, as appropriate, for continuity of care. The discharge summary shall include, but not be limited to: services provided; physical, emotional or other problems requiring intervention or follow-up; and any additional information that would be helpful in order to ensure prisoner comfort.
 - b. the infirmary health care staff shall notify the Hospice Director and prisoner hospice volunteers of hospice discharges.
 - c. the Warden, or designee, shall notify family members.

3. If a prisoner requests discharge, the Hospice Director may, with the prisoner’s permission, meet with the prisoner to discuss and document the reason for the request.

Procedure D: Hospice Vigil

1. When in the opinion of the Prison physician, physician assistant or nurse practitioner a prisoner in Hospice has an approximate one week or less of life expectancy, the Department’s Regional Medical Director, or designee, if in agreement with the opinion, shall, unless the prisoner objects, declare the appropriateness of initiating a vigil.

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2. The HSA, or designee, shall inform the terminally ill prisoner and prisoner hospice volunteers of the decision to initiate a vigil.
3. The HSA, or designee, shall post in the infirmary a list of the prisoner hospice volunteers that have been selected by the terminally ill prisoner to sit vigil and shall notify security staff and other appropriate staff of the list.
4. The Warden, or designee, shall notify the prisoner's family of the decision to initiate a vigil.
5. The Warden, or designee, may allow extended visits and/or exceptions to visitor authorization requirements as described in Adult Facility Policy, 21.4 Prisoner Visitation in order for a family member to sit vigil.
6. A visitor's vigil may be terminated at any time by security staff if it is deemed that the visitor's behavior places the safety of the prisoner, staff or prisoner hospice volunteers or the security of the facility at risk. If this occurs, an incident report shall be written with a copy to the IDT.
7. All persons sitting vigil shall be required to step out of the terminally ill prisoner's room and wait in a designated area when patient care services are being discussed or provided by Prison health care staff or at any time for any other reason deemed necessary by health care or security staff.
8. The vigil shall end when the prisoner dies or if the prisoner requests that the vigil be ended.
9. The vigil shall be terminated if the Prison physician, physician assistant or nurse practitioner judges that the prisoner's condition has improved and the prisoner is no longer within one week of death, and the Department's Regional Medical Director agrees.
10. The HSA, or designee, shall notify security and other appropriate staff and prisoner hospice volunteers of the termination of the vigil. The Warden, or designee, shall notify the prisoner's family members.

VII. PROFESSIONAL STANDARDS

None

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