


NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.07</u>
SUBJECT: END OF LIFE CARE PROPONENT: <u>Paula Mattis, Director, Medical and Forensic Services.</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office phone #</i>	EFFECTIVE DATE <u>05/18/2018</u> REVIEW DATE <u>05/18/2020</u> SUPERSEDES PPD# <u>6.07</u> DATED <u>05/15/04</u>
ISSUING OFFICER:  <i>Helen E. Hanks, Commissioner</i>	DIRECTOR'S INITIALS _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

I. PURPOSE:

To outline critical elements in care management as it pertains to those approaching the end of life and to provide direction on caring for those who have passed. Approaching the end of life is defined as having a critical and terminal illness for which a cure is improbable and death is imminent.

II. APPLICABILITY:

All staff, patients, visitors, volunteers, family members and significant others.

III. POLICY:

It is the policy of the Department of Corrections (DOC) to provide for as tranquil, dignified and pain-free death in a supportive environment to the maximum extent practicable for people under departmental control and to take the appropriate and necessary steps in respecting them in death. The approach used in assuring that this occurs shall be interdisciplinary.

IV. PROCEDURE:

A. Hospice Care

1. Hospice care is a voluntary program. A patient may decline this service.
2. The decision to place a person into hospice care rests solely with the Chief Medical Officer of the NHDOC or designee.
 - a. The CMO is responsible for notifying the appropriate DOC facility's Nurse Coordinator of the need to appoint a primary care nurse.
 - b. The CMO, or designee, shall provide and document orders that the patient is on hospice status. This may be done in consultation with any community provider involved in providing care to the patient.
 - c. The CMO, or designee, shall determine the most appropriate level of medical care, based on individual needs, both within the DOC system and external to the DOC system. This shall include determining if medical parole, community hospice care, community hospital care or other services will best serve the patient

- to maintain the highest level of quality of life possible and will initiate these actions as appropriate.
- d. The CMO, or designee, will determine who is responsible for discussing with the patient available treatments and outcomes, if any, the expected course of the condition and any palliative treatment options available.
 - e. The CMO, or designee, shall discuss need for advance directives and code status with the patient and honor these to the maximum extent practicable.
3. Hospice Care in a DOC facility: Once hospice orders are written and a primary care Nurse has been appointed; an Interdisciplinary Care Team (ICT) comprised of the following members shall be coordinated by the primary care nurse. The following disciplines are considered to be the core team members. Others may be added as needed.
 - a. The primary care nurse will be responsible for:
 - i. coordinating the ICT.
 - ii. attaining releases to speak with designated family members and communication with these designated family members the course of care as well as assisting the patient in making contact, including arranging visits;
 - iii. coordinating clinical care services including facilitating completion of New Hampshire Advance Directives and Durable Power of Attorney for Health Care and Living Will as available in the *Advance Care Planning Guide* published by the Foundation for Healthy Communities.
 - iiii. providing for nursing care and implementation of the medical regimen;
 - iiiii. assessing the need for and facilitating communication with security for special visits by family and significant others. It is expected that these visits may fall outside of normal visitation parameters.
 - b. The Deputy Director of Forensic Services will ensure that a mental health clinician will be assigned to the ICT. The mental health clinician is responsible for assessing mental health status, counseling, and support. The mental health clinician will also work with the primary care nurse to support completion of any and all advance directives.
 - c. The chaplain will be responsible for:
 - i. providing spiritual support to promote well-being;
 - ii. assisting with funeral arrangements;
 - iii. providing support to family and significant others;
 - iiii. arranging volunteer hospice visits for the patient and coordinating these volunteer visits with security.
 - d. Security will be responsible for approving and/or arranging for authorization for family and/or volunteer visits within the prison and communicating with health services regarding these visits.
 4. Hospice Care in the Community: If a patient is admitted to hospice care in a Community setting, this decision will be in conjunction with security and classifications. A nurse will be assigned to the patient to ensure that communication occurs on a daily basis.
- B. Death Notification:
1. Upon the expected death of a critically and/or terminally ill patient within any DOC facility the following steps shall be taken:
 - a. Nursing staff on duty will notify the Shift Commander, the on-call provider, the CMO, the Director of Nursing and the Director of Medical and Forensic Services.
 - b. For patients on hospice status a registered nurse, medical advance practice registered nurse or physician may pronounce death upon personally viewing and examining the body of the person and then signing the medical portion of the death certificate. This shall occur no later than 24 hours after death. The State Medical

Examiner shall be notified by the approved medical professional pronouncing the death.

- c. Nursing will be responsible for preparing the body for removal by the funeral director.
- d. Security will be responsible for safeguarding the patient's personal property.
- e. The Chaplain will be responsible for notifying family/designated members of the death.
- f. The Shift Commander will be responsible for arranging for on-site access by the funeral director and notifying the warden of the facility, Investigations, the Public Information Officer, the Chaplain and the Commissioner.

REFERENCES

Standards for Health Services in Prisons

National Commission on Correctional Health Care 2014
P-G-11; P-I-04

Advance Care Planning Guide (2017)

Foundation for Healthy Communities 2017
Concord, New Hampshire

New Hampshire Department of Corrections PPD 5.07

New Hampshire RSA 290:1-b

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