

	DEPARTMENT OF PUBLIC SAFETY CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: OCT 20 2015	POLICY NO.: COR.10.1G.12
		SUPERSEDES (Policy No. & Date): NEW	
SUBJECT: CARE FOR THE TERMINALLY ILL		Page 1 of 3	

1.0 PURPOSE

To have a program that addresses the needs of the terminally ill inmate so as to allow the patient to die with dignity in a supportive environment without pain and in the company of family and friends wherever possible.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. Hawaii Revised Statutes; Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. National Commission on Correctional Health Care, Standards for Health Services in Prisons and Jails, (2014).

.2 Definitions

- a. Hospice Care: The delivery of medical care and support services aimed at providing patient comfort. Treatment is focused on symptom control and quality of life issues rather than attempting to cure the condition.
- b. Terminal Illness: An illness that by its nature has a prognosis of less than one (1) year.

3.0 POLICY

- .1 Patients with terminal conditions shall be considered for medical release.
- .2 Patients with terminal illness shall have their case reviewed by the Special Utilization Review Panel to assess the patient's condition, likely prognosis, treatment history and the available therapeutic options. Based on the community standards, the review determines whether the patient could benefit from aggressive cure orientated therapy or is dying and could benefit from a hospice program that emphasizes comfort measure.
- .3 Enrollment in a hospice program is offered, the decision shall rest with the patient. If the patient is incapacitated, the decision to consent or refuse shall rest with the family, a friend or other surrogate.

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4.0 PROCEDURES

- .1 Enrollment in the Hospice program is the patient's informed choice.
- .2 Hospice care shall be rendered in facilities with medical infirmaries.
- .3 Nursing shall contact a Certified Hospice Program vendor who will come into the facility and assess the medical and palliative needs of the patient.
- .4 State providers will review hospice protocols and write orders supporting the provision of end of life services.
- .5 Arrangements shall be made with security to receive whatever medical equipment the hospice case manager deems necessary for the provision of service for the patient.
- .6 Notifications to the Warden and security shall be made of a patient's terminal condition to facilitate family and friends visitation. Inmates incarcerated in the same facility as the patient shall be included in visitation, when appropriate.
- .7 The hospice vendor shall supply all medications and medical equipment necessary to maintain patient comfort and pain relief.
- .8 Nursing staff shall receive periodic instruction in hospice care by the assigned nurse Hospice case manager.
- .9 Nursing staff shall remain in close contact with assigned Hospice nurse and participate in the development and implementation of a plan of care.
- .10 If needed, additional nursing support staff may be brought into the facility to assist in the provision of terminal care for the patient.
- .11 Terminally ill patients refusing enrollment in hospice services shall receive care that addresses the patient's needs for relief of pain, provision of comfort and a supportive environment.

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5.0 **SCOPE**

This policy and procedure applies to all correctional facilities and their assigned personnel.

APPROVAL RECOMMENDED:

a change
G. David Saldaña, MD 10/6/15
 Medical Director Date

[Signature] 10/6/15
 Health Care Division Administrator Date

[Signature] 10-07-15
 Deputy Director for Corrections Date

APPROVED:

[Signature]
 Director
10/20/15
 Date