MONTANA DEPARTMENT OF CORRECTIONS

MONTANA STATE PRISON
HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS F-07.0	Subject: **CARE FOR THE TERMINALLY ILL/END OF LIFE DECISION MAKING**
Reference: NCCHC Standard P-F-07, 2018, DOC policy 4.6.7 Medical Parole, Montana POLST form	Page 1 of 2
Effective Date: November 1, 2010	Revised: December 31, 2019
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Paul Rees M.D./ Medical Director	

I. PURPOSE

To provide for the needs of terminally ill. The care will include protecting the patient's rights regarding end-of-life decisions, including the opportunity to execute advance directives, POLST orders, do-not-resuscitate orders, and appoint health-care proxies.

II. DEFINITIONS

Medical parole – the release of an inmate before the end of his sentence based on the inmate's terminal condition as authorized by the Parole Board.

Palliative care – medical care and support services aimed at providing comfort, including adequate pain management. Treatment is focused on symptom control and quality-of-life rather than curative.

Terminally ill – refers to an inmate whose physical condition has deteriorated to the point where the prognosis is less than a year to live.

Advance directives - expression of the patient's wishes as to how future care should be delivered or declined, including decision that must be made when the patient is not capable of expressing those wishes. These directives are useful for terminally ill patients but can be used by any inmate regardless of health status.

Do-Not-Resuscitate (DNR) order - a document which serves as a patient's specific refusal of certain measure that may prolong his life.

Provider's Orders for Life-Sustaining Treatment (POLST) - a state of Montana program designed to improve the quality of care for people at the end of life. This is accomplished by the development of an effective communication process to assure patient wishes are communicated to the medical providers. The process utilizes a POLST form as the official documentation of medical orders on a standardized form coupled with a promise by health care professionals to honor those wishes. The POLST form is portable from one care setting to another and translates the wishes of an individual into actual medical orders. The form is dynamic and may be updated by the patient with the provider as preferences change. (definition from the MT Dept of Labor and Industry-Business Standards) http://bsd.dli.mt.gov/license/bsd_boards/med_board/polst.asp

III. PROCEDURES

A. Advance Directives

1. Advance Directives, health care proxies, POLST, and "do not resuscitate" (DNR) orders are available when medically appropriate for terminally ill patients. An advance directive can be requested by any inmate regardless of health status.
2. The POLST form may be utilized for terminal patients at MSP unless requested otherwise by the patient.
3. Healthcare staff will provide the documents needed to complete the advance directive and will ensure appropriate education regarding the meaning and consequences is understood prior to the inmate signing any advance directive. All education will be documented in the patient medical chart.
4. Advance Directives are dynamic documents and may be changed/updated by the inmate at any time upon request. Changes will always include appropriate, documented education from the provider.
5. The original or updated POLST or another Advance Directive will be dated, timed, signed and filed in the patient medical chart.
6. All documentation concerning advance directives will include how the patient's competency to make their decisions was evaluated.
7. Healthcare staff cannot serve as Health Care Proxies for inmate patients.
8. Inmates cannot serve as Health Care Proxies for inmate patients.
9. Before the POLST or any other advance directive is utilized as the basis for withdrawing or withholding care, there will be a review of the patient's care and prognosis by a provider not directly involved with the course of care of that patient.

B. Palliative Care

1. Patients become eligible for palliative care when they are diagnosed with a terminal disease and have a prognosis measured in months rather than years.

2. The treating provider will discuss the diagnosis, prognosis, and treatment options with the patient which will include palliative care. Palliative care includes encouraging the patient to come to terms with his physical, mental, spiritual, and emotional capacity, while providing a safe, pain-controlled, and comfortable environment.

3. Enrollment into palliative care will be at the discretion of the terminally ill patient and includes adequate patient education for an informed choice. When the patient is incapacitated, palliative care will automatically be initiated.

4. Patients diagnosed with terminal illness who choose not to participate in palliative care will be provided with care respectful of physical, emotional, and spiritual needs specific to the end of life.

5. The Palliative Care Team will create a care plan for patients with terminal illness.
   a. Members of the Palliative Care Team may include healthcare service staff, religious services staff, mental health staff, and security staff, and when appropriate, inmate workers.

b. Inmate workers providing services related to palliative care in the housing units will be properly trained and supervised by infirmary staff.
c. Upon written request, inmate workers who provide assistance for terminal patients will be provided opportunities for support through the religious services and mental health departments.
   1) The palliative care plan should include:
      a) The desired goals and outcomes;
      b) the patient's problems/issues/needs;
      c) the frequency and type of services to be provided;
      d) necessary pharmaceuticals;
      e) any medical equipment to be provided; and
      f) as security allows attention to language, culture, religion, and as much as possible inmate relationships with family, friends, and other inmates

6. Visits from family to terminally ill patients in the infirmary will be coordinated by Command Post and Health Services staff in accordance with *MSP 5.4.4, Inmate Visiting*.

7. Consideration of placement for inmates with appropriate diagnosis in the Riverside Facility will happen as per established process.

8. Requests for medical parole for those patients diagnosed with a terminal illness will be processed in a timely and efficient manner pursuant to *DOC 4.6.7*

9. Support will be available to all staff involved in providing care to terminally ill inmates in accordance with *MSP 3.7.8, Post Trauma Response,* including critical incident stress debriefing.

10. Documentation of appropriate therapies and education for terminally ill inmates will be dated, timed, and signed on the progress notes in the health care record.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Clinical Services Manager.

V. ATTACHMENTS none

Montana POLST Updated September 2019.pdf