

# **Critical Communication:**

**Improving Care Transitions for Incarcerated  
Patients Requiring Palliative and End-of-Life Care**

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# Disclosures

None

## Outline

**1**

**Introduction to Medical Care  
of Incarcerated Persons**

**2**

**Description of QI Project to  
Improve Care Transitions**

**3**

**Frequently Asked Questions**

# Medical Care of Incarcerated Persons

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# Constitutional Right to Health

## Amendment VIII

Excessive bail shall not be required, nor excessive fines imposed, **nor cruel and unusual punishments inflicted.**

***Farmer v. Brennan***  
**511 U.S. 825 (1994)**

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A prison official's deliberate indifference to a substantial risk to a prisoner violates the Eighth Amendment and results in cruel and unusual punishment

**“Incarceration itself, not sub-standard health care, is the intended punishment for criminal acts.”**

— Linder and Meyers, 2007

# New Mexico Corrections Department

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## **New Mexico Corrections Department State Operated Facilities:**

### **Central New Mexico Correctional Facility (Los Lunas)**

- **Mental Health Treatment Center**
- **Long Term Care Unit**
- **Geriatric Unit**

Northeast New Mexico Correctional Facility

Penitentiary of New Mexico

Roswell Correctional Center

Springer Correctional Center

- **Women's Facility**

Southern New Mexico Correctional Facility

### **Western New Mexico Correctional Facility (Grants)**

- **Adult Female Facility**
- **Special Management Facility**



# **Medical Capabilities at Central New Mexico Correctional Facility (CNMCF)**

**August 2020**

Wexford Health is a private correctional healthcare company that is contracted to provide comprehensive correctional health care for the New Mexico Department of Corrections.

# Hospital Discharge

- Please keep the Wexford Health Utilization Management nurses up-to-date on the plans for the patient/inmate so that discharge planning may occur.
- When medically stable, all NM DOC patients/inmates discharged from the hospital will be returned to the medical unit at CNMCF.
- If clinically appropriate the discharged patient/inmate will be admitted to the infirmary unit at CNMCF. The **CNMCF infirmary is to be viewed as a step down unit, approaching the care found on a typical Med-Surgical floor.**
- Please do not tell the patient/inmate a specific date for a follow-up appointment or give any paperwork detailing a specific future plan of care.
- Please do not dispense any samples of medication.
- Please do not give the patient/inmate any type of equipment or supportive aid without involving the security officers.

# Staffing at Central NM Prison

- There is a full component of clinicians, nurses, and mental health staff in our correctional facility's medical unit.
- The CNMCF infirmary has 24-hour medical staffing:
  - On-site physician coverage exists during normal business hours, Monday through Friday.
  - There is 24-hour “on-call” physician coverage seven days a week.
- Nursing care is provided 24 hours a day, seven days a week.

# Infirmary Setting

- The infirmary at CNMCF consists of:
  - **39** beds (some may have more than one purpose)
  - **1** psychiatric observation cell
  - **3** negative pressure rooms

# Infirmery Capabilities

The medical staff in the infirmery can provide most basic medical/surgical care and some specialized care. Services provided include, but are not limited to:

- Vital signs
- EKG acquisition and interpretation
- Wound care
- Dressing changes (including sterile)
- Medication administration (PO, IV, IM, etc.)
- Tracheotomy care
- Cast/splint care; cast placement
- Enteral feedings
- NG suction (portable)
- Isolation
- Parenteral treatments including; solutions, antibiotics, PICC lines, Porta caths, and Peripheral lines
- Supportive end of life care
- Medicated aerosol treatments
- Oxygen administration
- Foley catheter care
- Nephrostomy tube care
- Ureteral stent care
- Gastrostomy tube care
- Penrose drain care
- JP drain care
- T-Tube drain care
- Urine testing
- Turning and positioning
- Accu-Cheks
- Specimen collection
- Pain management

# Diagnostic Services

Wexford Health subcontracts to provide diagnostic specialists for the following services either at CNMCF or within transport range:

- Full Laboratory services—with 24-hour Stat Lab availability
- X-ray
- Endoscopy/colonoscopy
- Ultrasounds
- Pulmonary function testing
- Holter monitors
- Echocardiograms
- Mammography
- Defibrillator/Pacer check
- Wound vac- notify UM nurse who will facilitate working with our purchasing department and vendor

# Additional Services

Various specialists provide the following services either at CNMCF or within transport range:

- Optometry
- Ophthalmology
- Dental
- Psychiatry—acute stabilization and long term care
- Podiatry
- Physical therapy
- General surgery (minor procedures and evaluations)
- Orthopedics (minor procedures, evaluations, and post-op care)
- Routine respiratory therapy

## **A Little More Background . . .**

**Aging  
Populations**

**Medical  
Complexity**

**Care  
Transitions**

## The aging prison population

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The number of state and federal prisoners 55+ years old is estimated to increase by 234% between 1999 and 2013.<sup>1</sup>

With this aging population comes more palliative care needs.

With increasing age comes increasing healthcare costs.<sup>2</sup>

The most serious challenge facing correctional administrators with regard to elderly and infirm inmate population is containment of healthcare costs.<sup>3</sup>

<sup>1</sup> Pew Charitable Trusts

<sup>2</sup> Ahalt et al

<sup>3</sup> US DOJ, Correctional Healthcare

# Medical Complexity

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Incarcerated persons are often sicker than the general population,  
with more medical comorbidities\*

Higher levels of medical illnesses (diabetes, asthma, infectious diseases)

Low health literacy

Poverty

Substance use disorders

Housing insecurity

High rates of mental illness

\*Linder J and Meyers F.

# Care Transitions



Care Transition (def): Movement of a patient from one setting of care to another<sup>1</sup>

- Settings: Hospitals, ambulatory care practices, long-term care facilities, home health, rehabilitation facilities

Transitions increase risk for adverse events due to potential miscommunication during transfers

Hospital discharge = complex process representing period of significant vulnerability for patients

Safe and effective transfer of patient medical care relies on effective provider communication<sup>2</sup>

<sup>1</sup> Centers for Medicare and Medicaid Services (CMS)

<sup>2</sup> Agency for Healthcare Quality and Research

Palliative Medicine Fellowship  
Quality Improvement Project:



## Critical Communication:

Improving Care Transitions for  
Incarcerated Patients Requiring  
Palliative and End-of-Life Care

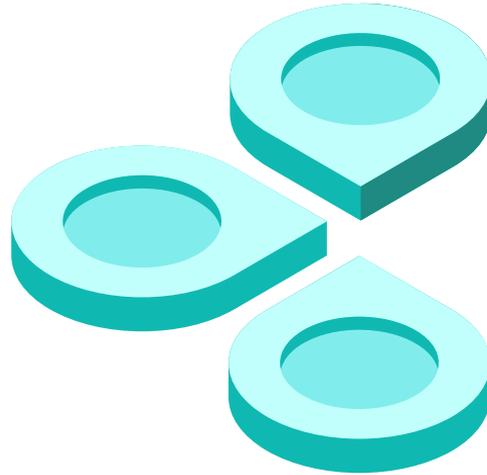


# Project Aims

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## EDUCATION

Create an educational intervention for inpatient clinical staff to identify patients with palliative care needs, and encourage use of a best practice algorithm when discharging these patients to Corrections Department (CD) Long-Term Care Unit (LTCU) facilities



## IDENTIFY CHALLENGES

Identify unique challenges related to care transitions of persons who are incarcerated, specifically those with complex medical needs

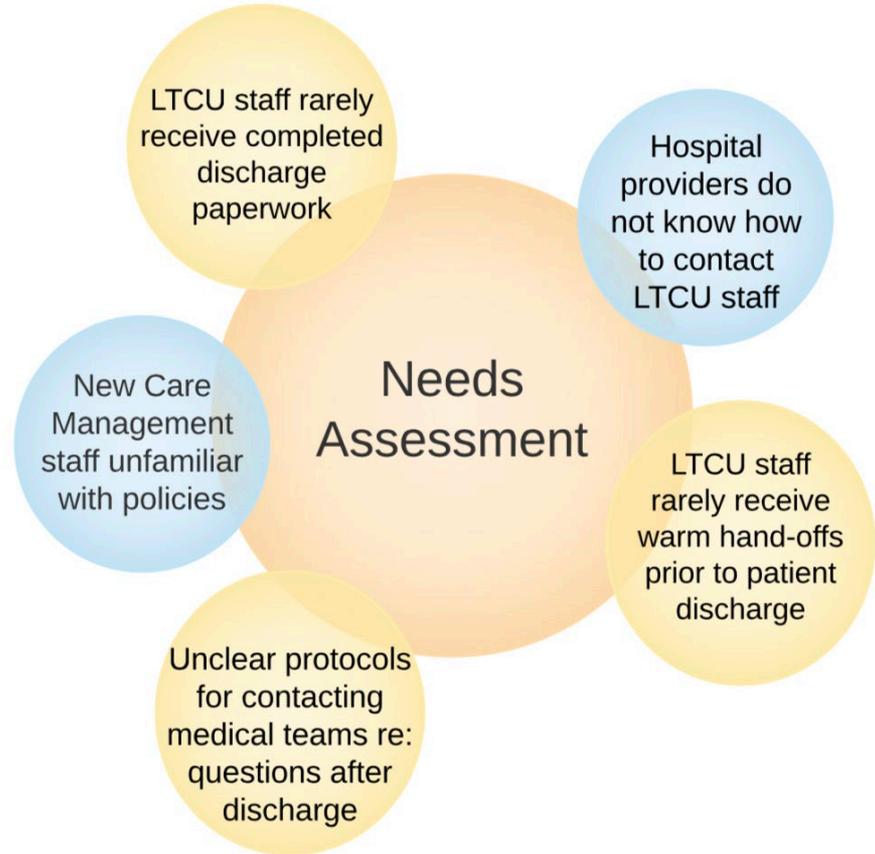
## BUILD RELATIONSHIPS

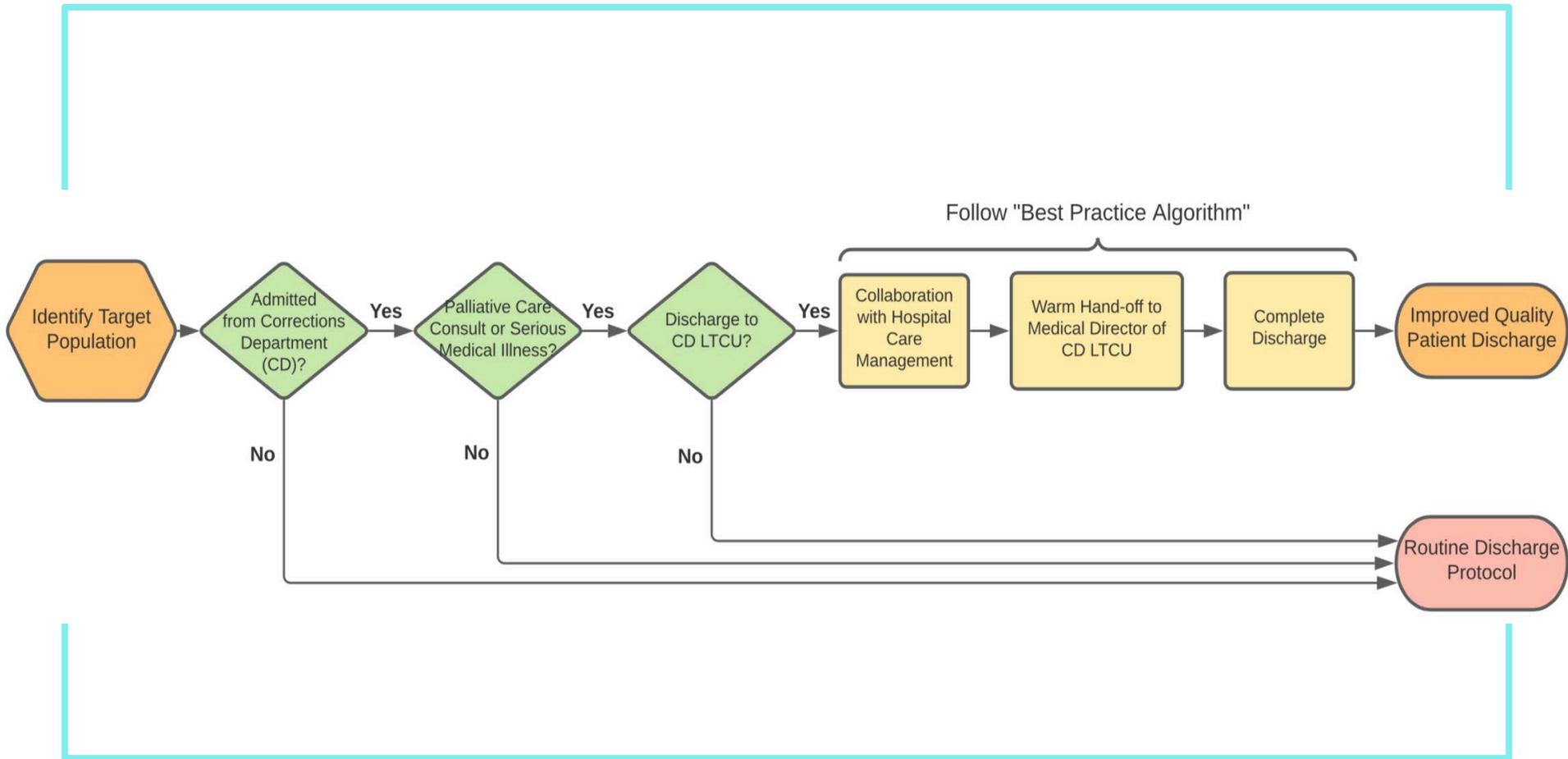
Establish relationships between the inpatient Palliative Medicine Consultation Service and Corrections Department LTCU staff to improve care coordination and communication about shared patients during and after hospital discharge

# Methods

Discussions with key stakeholders:

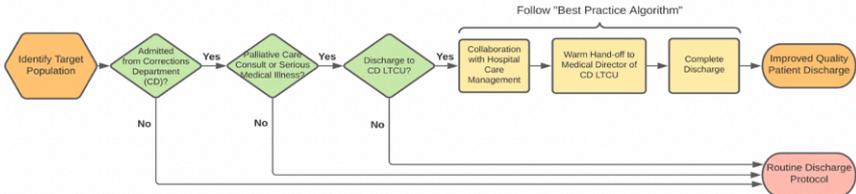
- Corrections Department Central New Mexico Long-Term Care Unit (LTCU) medical staff
- UNMH Medical Administration
- UNMH Care Management
- UNMH Internal Medicine Department representatives
- UNMH Family Medicine Residency representatives





# BEST PRACTICE ALGORITHM

## Improving Hospital Discharge Of Incarcerated Persons



### TARGET POPULATION:

**Patients admitted from ANY New Mexico Corrections Department facilities WITH planned discharge to the Corrections Department (CD) Long Term Care Unit (LTCU) in Los Lunas, NM**

**Primary Target:**  
Incarcerated patients with **Palliative Care consults**

**Secondary Target:**  
Incarcerated patients with **any serious medical illness**

UNMH Care Management Liaison  
 →  
 Post-Acute Facility Discharge Protocol

### QUALITY IMPROVEMENT DISCHARGE PLAN:

#### Discharge to Corrections Dept LTCU (Los Lunas)

- 1. WARM HAND-OFF**
  - \* Call **Dr. Rajesh Sharma (505-259-3474 or 847-414-9710 24/7)**<sup>†</sup>, **Medical Director of Central New Mexico Corrections Department**, to discuss:
    - Hospital diagnosis and treatments
    - Discharge medications (ensure on formulary)
    - Status of potential Compassionate Release application (if in process)
    - Covid test results (if performed)
    - Provide contact information for primary team if follow up questions
  - \* **Ideal: Provide daily progress report to Dr. Sharma (505-259-3474)**
- 2. DISCHARGE PREPARATION**
  - \* Complete and sign discharge summary prior to patient discharge
  - \* Include copy of Advance Directive paperwork, if completed

<sup>†</sup> If not available:  
**Long-Term Care Unit:** (505) 383-3526 / (505) 383-3529  
**Joseph Montoya, Director of Nursing:** (505) 239-4029  
**Long-Term Care Unit Fax:** (505) 383-3503

#### Discharge to Other Corrections Department Facilities

**Routine Discharge**

- Sign discharge summary prior to patient discharge
- Include copy of Advance Directive, if completed

# Measures

## University of New Mexico Internal Medicine and Family Medicine Residents:

Pre- and post-educational intervention change in knowledge among Internal Medicine and Family Medicine Residents:

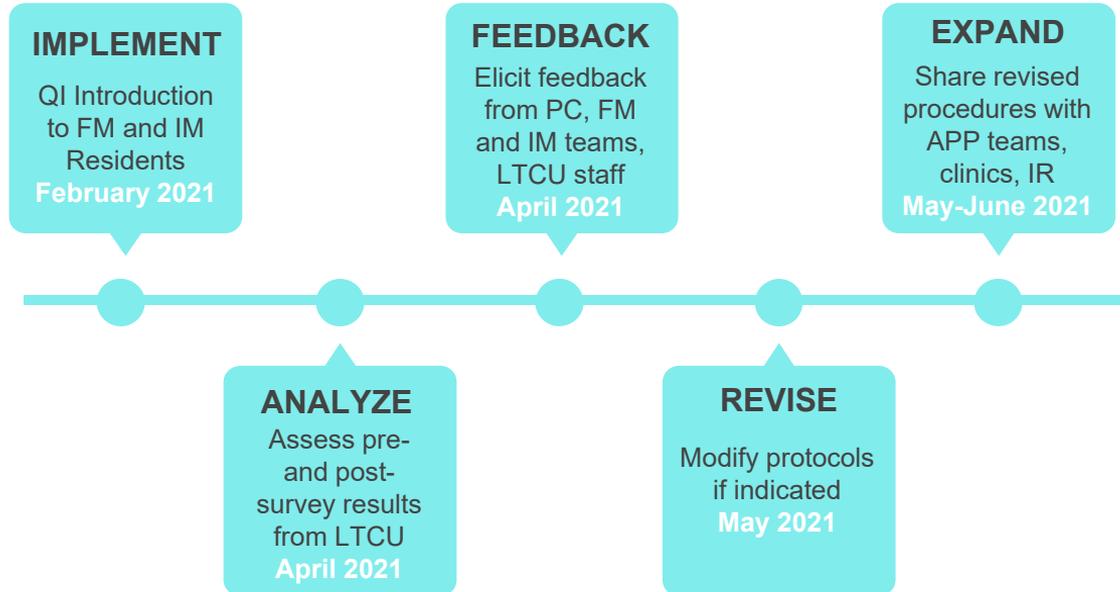
- Navigating care transitions for incarcerated patients
- Understanding vulnerabilities specific to medical care of incarcerated persons

## New Mexico Corrections Department (CD) Long-Term Care Unit (LTCU) Staff:

Pre- and post- Quality Improvement Project Pilot:

- Number of warm (verbal) hand-offs from UNM Hospital received by CD LTCU Medical Director
- Number of completed discharge summaries and medication reconciliations received by CD LTCU medical staff for patients transferred from UNM Hospital
- Number of Advance Care Planning documents received by CD LTCU for patients transferred from UNM Hospital

# Next Steps



# Frequently Asked Questions

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Jail vs. Prison?

Medical Parole  
“Compassionate Release”

Code Status

Surrogate Decision Making

Other Logistics

# Jail versus Prison

## Jail

Often local facilities under jurisdiction of a city or county

Short-term holding facilities for newly arrested and those awaiting trial or sentencing

Those serving shorter sentences (< 1 year) may be housed in jail

Often operate work release programs and boot camps

## Prison

Under jurisdiction of state or federal government

For those serving longer sentences

If convicted of breaking state law → state prison (some privately operated by contractors)

If convicted of breaking federal law → Federal Bureau of Prisons

# Jail versus Prison

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- New Mexico has **33 jails** in 33 counties
- As of December 31, 2018, the number of prisoners under the jurisdiction of the State of New Mexico correctional authorities was **7,030** located in **6 state prisons** and held in custody of private prisons or local jails.
- State operated facilities had a staff of 4,048 employees and budget of **\$298 million**.
- In both jails and prisons:
  - Basic rights of any prisoner:
    - Humane treatment
    - No cruel and unusual punishment
    - No sexual crimes or harassment
    - Right of access to the courts
    - Right to medical care
    - Right to not suffer racial discrimination
    - Right to free speech
    - Right to visitation

# Medical Parole aka “Compassionate Release”

 CD-050400	NEW MEXICO CORRECTIONS DEPARTMENT	
	<small>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always." Courage. Responsibility. Ethics. Dedication. - CREDibly serving the public safety of New Mexico.</small>	
	ISSUE DATE: 07/01/94	REVIEWED: 08/31/18
	EFFECTIVE DATE: 07/01/94	REVISED: 01/26/16
	TITLE: Parole of Geriatric, Permanently Incapacitated, or Terminally Ill Inmates	

## APPLICABILITY

All inmates of the New Mexico Corrections Department (NMCD) serving New Mexico sentences who have not been convicted of First Degree Murder and who are geriatric or who are medically certified as permanently incapacitated or terminally ill and all employees of the NMCD involved in the administration of this policy.

## DEFINITIONS:

- A. **Geriatric Inmate:** Person who is sentenced to be incarcerated by the NMCD and who is 65 years of age or older who suffers from permanent chronic infirmity.
- B. **Permanently-Incapacitated Inmate:** Person who is sentenced to be incarcerated by the NMCD who is medically-certified as permanently and irreversibly physically-incapacitated.
- C. **Terminally-Ill Inmate:** Person who is sentenced to be incarcerated by the NMCD who has an incurable condition caused by illness or disease that would, within reasonable medical judgment, result in death within six months.

## POLICY

Staff may make recommendations to parole authorities for the movement forward of parole dates in hardship or exceptional cases, unless prohibited by law.

Inmates who are geriatric or who are permanently incapacitated or terminally ill, may seek parole consideration by written application to the New Mexico Parole Board (Parole Board). On a yearly basis, inmates over the age of 65 will be provided with a copy of this policy and applicable attachments by their Classification Officer. Inmates arriving at a Long Term Care or Geriatric Unit will be provided with a copy of this policy and applicable attachments during orientation. Inmates will be asked to sign the **Geriatric/Incapacitated/Terminally Ill Parole Policy/Procedure Acknowledgement** Attachment (CD-050401.C).

## PROCEDURES:

### A. Parole Application:

1. An inmate, a family member of an inmate, an attorney, or an NMCD Health Care Provider, may submit an application through the inmate's classification officer using the **Geriatric/Incapacitated/ Terminally Ill Parole Consideration Application** Attachment (CD-050401.A) (2 Pages).
2. The classification officer will review the completed application, make his/her recommendation, attach any appropriate documents and forward the application to the Medical Services Unit.
3. The State Medical Director for the healthcare vendor will review the application, evaluate the health status of the individual including all diagnostic tests and consultation reports, attach any pertinent medical records and provide a letter of review to the NMCD Medical Director. A **Consent to Release Medical Information** Attachment (CD-171401.A) must accompany the information.
4. The NMCD Medical Director will review the documentation and make summary recommendations as to the severity of the illness; disease or infirmity and future medical needs and forward these documents to the mental health unit.
5. Mental Health Unit staff will review the application, particularly with respect to whether the inmate would constitute a danger to him/herself or society if released on parole, and make recommendations, attach any pertinent mental health reports and forward the application to the Institutional/Unit Classification Supervisor.
6. The Institutional/Unit Classification Supervisor will review the application for completeness and attach a progress report and any other pertinent documentation and forward them to the Facility Warden.

<https://cd.nm.gov/policies/> → Probation and Parole Management



## Code Status

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“The issue of resuscitation status can be particularly problematic in correctional settings. So much of the litigation has turned on issues of deliberate indifference that prison health systems are primed to provide aggressive care to patients “in extremis,” whether those interventions are desirable and indicated or not.”

# Surrogate Decision Making

**When competent and not incapacitated, all patients have the right to make their own healthcare decisions, including the right to refuse certain kinds of medical care.**

**All patients, including prisoners, have the right to designate who should make their medical decisions if they become incompetent or incapacitated**

**All patients, including prisoners and their appointed surrogate medical decision-makers, have the right to be properly informed of medical conditions, prognosis, diagnosis, risk and treatment alternatives through the process of informed consent**

**Wardens, guards, sheriffs and police officers are not court-appointed legal guardians and therefore cannot make medical decisions on behalf of incarcerated patients.**

**2014 New Mexico Statutes**  
**Chapter 24 Section 7A Uniform Health-Care Decisions**  
**Section 24-7A-5 Decisions by surrogate.**

A. A surrogate may make a health-care decision for a patient who is an adult or emancipated minor if the patient has been determined to lack capacity and no agent or guardian has been appointed or the agent or guardian is not reasonably available.

B. **An adult or emancipated minor, while having capacity, may designate any individual to act as surrogate by personally informing the supervising health-care provider. In the absence of a designation or if the designee is not reasonably available, any member of the following classes of the patient's family who is reasonably available, in descending order of priority, may act as surrogate:**

- (1) the spouse, unless legally separated or unless there is a pending petition for annulment, divorce, dissolution of marriage or legal separation;
- (2) an individual in a long-term relationship of indefinite duration with the patient in which the individual has demonstrated an actual commitment to the patient similar to the commitment of a spouse and in which the individual and the patient consider themselves to be responsible for each other's well-being;
- (3) an adult child;
- (4) a parent;
- (5) an adult brother or sister; or
- (6) a grandparent.

C. If none of the individuals eligible to act as surrogate under Subsection B of this section is reasonably available, an adult who has exhibited special care and concern for the patient, who is familiar with the patient's personal values and who is reasonably available may act as surrogate.

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**Clinical provider should get permission from the warden to contact the surrogate decision maker (for safety and security concerns)**

**Incarcerated adults can act as decision makers for their loved ones who are hospitalized.**

*This is difficult in practice as it is generally difficult to reach people who are incarcerated by phone (but it is possible)*

Even though state and federal laws do not exclude prisoners from being surrogate medical decision-makers, the federal Bureau of Prisons' policy 6031.4 explicitly states, "Under no circumstances will another inmate be appointed as proxy decision maker."

Correctional or law enforcement policies do not trump state law, and prison and jail infirmaries and clinics are not excluded from compliance with state decision-making requirements.

## Other Logistics

Where do I find medical information about patients being admitted from other Corrections Department facilities aside from the LTCU?

Call the sending facility directly:

<https://cd.nm.gov/divisions/adult-prison/nmcd-prison-facilities/>

# References

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