

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-G-12

SUBJECT: CARE FOR THE TERMINALLY ILL/HOSPICE

PHILOSOPHY: The Oregon Department of Corrections (ODOC) recognizes that dying is part of the normal process of living and that inmates who are in the last stages of a terminal illness often will require a "special" kind of care. ODOC therefore adopts a palliative care Hospice approach to end-of-life care in which the physical, social, spiritual and emotional needs of dying inmates are addressed. The desired outcomes of palliative/Hospice care are: safe and comfortable dying, self-determined life closure and effective grieving. Palliative/Hospice care affirms life and neither hastens nor postpones death.

POLICY: Palliative/Hospice care will be provided for inmates who are diagnosed with a terminal illness and a prognosis of months rather than years. All care will be clinically-directed by an interdisciplinary team consisting of patients and their families, professionals and volunteers. Members of the hospice interdisciplinary care team shall include, but are not limited to: physician, Health Services Manager or designee, Registered Nurse, CTS professional, representative from institution administration, representation from security, representation from Religious Services, representation from Food Services, representation from the inmate hospice volunteers, and inmate family.

REFERENCE: HS P&P #P-A-08, Communication on Special Needs Patients
HS P&P #P-D-05, Hospital and Specialty Care
HS P&P #P-G-01, Special Needs Treatment Plans
HS P&P #P-G-02, Management of Chronic Disease
HS P&P #P-G-03, Infirmary Care

PROCEDURE:

A. Eligibility for palliative/Hospice care:

1. Patients become eligible for palliative/Hospice care when they are diagnosed with a terminal disease and a prognosis measured in months rather than years. The treating provider shall discuss the diagnosis, prognosis and treatment options, with the patient which will include palliative/Hospice care.

B. Admissions to palliative/Hospice care:

1. Health Services staff will make a referral to the institution Health Services Manager or designee for the admission to the palliative/Hospice care program.
2. The Health Services Manager or designee will request from the treating practitioner the patient's diagnosis and estimated prognosis.

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3. If the patient's medical condition meets the criteria in (A), "Eligibility for palliative/Hospice Care," the Health Services Manager or designee shall meet with the patient to inform him/her of the care that is available and to determine if the patient wishes to participate in palliative/Hospice care.
4. The Health Services Manager or designee will notify the Chief Medical Officer and schedule an interdisciplinary care conference within seven days to review the patient's condition and level of care needed.
5. The interdisciplinary care conference will include all members of the interdisciplinary care team as listed in the policy statement.
6. Upon placement of the patient in the palliative/Hospice care program, the Health Services Manager or designee will stamp "Hospice Care" on the progress note to indicate the admission of the patient into the palliative/Hospice care program and will review the hospice treatment plan which will be placed in the front of the patient's health care record.
7. The Health Services Manager or designee will make an entry in the patient's progress note acknowledging the start of palliative/Hospice care within 24 hours of the interdisciplinary team meeting.
8. The infirmary part of the palliative/Hospice Program is staffed by nursing personnel. The number of patients and care requirements will be considered by the Health Services Manager or designee in staffing palliative/Hospice care.
9. Nursing care is provided according to procedures outlined in the manual entitled, "Clinical Nursing Skill: Nursing Process Model" and other written instructions. These are available in the Health Services Infirmary area. Training will be developed, directed, and monitored through Health Services Training Department.
10. Inmate orderlies/volunteers will be assigned to assist the patient as necessary with activities of daily living in accordance with Policy and Procedure #P-C-06, Inmate Workers.
11. Ongoing interdisciplinary team care conferences will be scheduled as deemed appropriate by the interdisciplinary team.

C. Admission Assessments:

1. At the time of admission to the palliative/Hospice program all patients shall receive a comprehensive assessment to include:
 - The patient's symptoms, pertinent medical history, medication and allergy history, and a full physical assessment.
 - An initial pain assessment with the goal of achieving the patient's preferences for pain management.
2. CTS will conduct a psychosocial assessment to include matters related to the end of life, as well as issues identified by the patient as important and relevant.

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3. Religious Services will conduct a spiritual assessment which identifies the patient's beliefs and/or philosophies and which honors these in all care decisions and a bereavement assessment which identifies significant persons in the patient's life who may need support following the death of the patient.
 4. The interdisciplinary team will formulate a written Care Plan.
 - The written plan of care is based upon all of the assessments, and is developed for each patient and family prior to providing care.
 - The plan should include the desired goals or outcomes; the patient's problems/issues/needs and opportunities for growth, the scope and frequency and type of services to be provided including the interdisciplinary team interventions, pharmaceuticals and any medical equipment to be provided.
 - The interdisciplinary team shall review and revise the plan of care every two weeks or as necessary to reflect the changing needs of the patient/family. The Health Service Manager or designee will be responsible for the coordination of care.
- D. Responsibilities of certain health care providers during palliative ill/hospice care:
1. The Chief Medical Officer or designee (provider) will:
 - a. Complete a comprehensive assessment (which would include symptom or system specific examinations) and develop a plan of clinical care detailing treatment, pain control and resuscitation status for presentation at the interdisciplinary case conference within 48 hours.
 - b. Have regular contact with and make complete progress notes on all palliative/Hospice care patients.
 - c. Note all changes in plans of care in the progress note. Physician orders will be written as indicated.
 - d. Attend and participate in the interdisciplinary team care meetings on all palliative/Hospice care patients.
 2. The Health Services Manager or designee will:
 - a. Schedule interdisciplinary team meetings.
 - b. Coordinate with security special visits when appropriate for palliative/Hospice care patients and their family.
 - c. Be responsible for ensuring that all aspects of care are carried out and that goals of the interdisciplinary treatment plan are met.
 - d. Consistent with state regulations, facilitate the early release of terminally ill inmates in a timely manner when appropriate.

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- e. Arrange for the utilization of a private room for the palliative/Hospice patient when appropriate.
 - f. At the time of a palliative/Hospice patient's imminent death, shall notify the facility Officer in Charge and start a vigil.
 - g. After each patient's death, arrange for health services staff involved in the patient's care to access ESS and arrange for the orderlies to access counseling and other bereavement services as necessary.
3. Infirmiry Nurse is responsible for:
- a. Ensuring that the physician orders are processed and carried through.
 - b. Completing a daily nursing assessment, take vital signs every shift and make an entry on the patient's progress note at least every shift or as ordered by the practitioner.
 - c. Notifying the Chief Medical Officer or treating practitioner of any significant changes in the patient's condition.
 - d. Ensuring that treatment orders, medications, etc. are administered as prescribed and documented and that activities of daily living are met.
 - e. Providing at the end of each shift, a report to be given to the oncoming infirmiry nurse.
 - f. Reporting all palliative/Hospice patient deaths per Policy and Procedure #P-A-10, Procedure in the Event of an Inmate Death.
- E. Monitoring and Review:
- 1. Palliative/Hospice admissions and assignments to the infirmiry shall be monitored by the Chief Medical Officer and Health Services Manager for clinical appropriateness, quality of care and pain management.
 - 2. Palliative/Hospice admissions, average daily census and average length of stay shall be tabulated on the monthly statistical report and submitted to the Health Services Section Administrator according to Policy and Procedure #P-A-04, Administrative Meetings and Reports.
- F. Training:
- 1. All services shall be provided by appropriately qualified, trained staff and inmate volunteers.
- G. Annually, a continuous quality improvement review of the palliative/Hospice care program will be conducted. This may be completed at each institution or as part of a statewide review.

Effective Date: _____
Revision date: November 2006
Supersedes P&P dated: April 2005

**Oregon Department of Corrections
Health Services
Hospice**

Counseling and Treatment Services Mental Health Screening

1. What is your understanding of your present medical condition?

2. Have you ever received mental health treatment in the past? If so, when and for what reason?
 - a. Were you prescribed mental health medication at that time? Do you recall what?
 - b. Were you hospitalized for your condition?
 - c. For how long a period did you receive mental health treatment?
 - d. Were there any other periods in your life when you received mental health treatment?
 - e. Have you ever made a suicide attempt? When and how?

3. Do you feel that you need mental health treatment at the present time? If so, what symptoms are you currently experiencing?

4. Would you like to speak with a mental health professional about your feelings and concerns regarding death?

5. What are the things that you have concerns about leaving undone, such as religious, legal, or family matters? Can a mental health professional help with connecting you to people who could help with these matters?

6. What are the other ways a mental health professional might help you while you are in the hospice program?

Conclusions:

- I. Based on the results of this intake screening, CTS will conduct a more in-depth assessment for mental health need.
Yes___ No___

Note: If conducted, the in-depth Mental Health Assessment will be filed in the mental health section of the medical chart.

- II. Mental health recommendations regarding hospice services:

CTS Staff Signature: _____ Date: _____

CTS Staff Title: _____

Consent for Hospice Philosophy As My Plan of Care

Name of Patient _____ SID# _____

Hospice philosophy is rooted in the concept of comfort and care as opposed to curative care. It has an emphasis on effective pain management and symptom control to improve the quality of life when an illness cannot be cured or even controlled. The purpose of my choosing to be part of this type of care is to make this last part of my life as filled with care and comfort as possible.

I, _____, voluntarily and knowingly execute the following document as consent for hospice care. The meaning and effect of this document has been fully and clearly explained to me, and I completely understand its terms, how they apply to my medical care, and their likely effects in the event the terms of this document need to be put into place. The terms and meaning of this document were explained to me on, _____ by _____ at which time I had the opportunity to ask questions in order to fully understand the terms of this document. Therefore, I _____, hereby request that I receive care based on the hospice philosophy explained to me by _____.

I direct that my treatment be limited to measures to keep me comfortable and to relieve pain. _____ (Inmate Initials)

I understand that in choosing this care, if my heart stops or my breathing stops, no medical care will be started. _____ (Inmate Initials)

I understand that I can withdraw from this comfort care philosophy whenever I want and return to aggressive care aimed at controlling my illness. _____ (Inmate Initials)

I give permission for a Hospice Counselor to contact the following person(s) to provide emotional support to them during my illness and after my death. _____ (Inmate Initials)

Name and Telephone Number: _____

Relationship: _____

Name and Telephone Number: _____

Relationship: _____

Name and Telephone Number: _____

Relationship: _____

Oregon Department of Corrections
Health Service
Hospice

Intake and Care Plan

Name: _____ SID#: _____

DOB: _____

Date of Hospice Admission: _____

Diagnosis: _____

Attending Physician: _____ Nurse Manager: _____

Reviewed/Completed	Yes	No
Handbook issued		
Consent for evaluation obtained		
Physician's Referral Obtained		
Consent for Program signed		
Nursing Intake Assessment		
Health Service Emergency Notification sheet updated		
Mental Health Referral		
Religious Service Referral		
Living Will		
Durable Medical Power of Attorney		
Post Order-life-sustaining intervention		
Is the patient able to make care decisions for themselves?		
Comments:		

Hospice Volunteers: _____

Inmate Family: _____

Family Members in the community: _____

Other Significant Relationships: _____

Date patient informed of diagnosis and prognosis: _____

Has the patient informed family/friends of his/her diagnosis and prognosis? _____

- Do they discuss the diagnosis/prognosis openly together? _____

Favorite Foods: _____

Home Town: _____

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Health Service
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Intake and Care Plan

Career: _____

Hobbies: _____

Other: _____

Patient Strengths: _____

Patient Wishes/Concerns: _____

Patient Wishes at Time of Death (who they would like present): _____

Family Members Wishes and Concerns: _____

What arrangements have been made for the remains? _____

- Does the family outside of the prison intend to claim the body? _____

Religious preference? _____

- Preference of Clergy: _____
- Frequency of Clergy Visits: _____
- Specific Religious or Spiritual Concerns: _____

Staff Concerns: _____

Bereavement Needs: _____ Mild _____ Moderate _____ Severe

Patient's presenting physical symptoms and needs: _____

Plans/Goals/Comments: _____

Person completing this form: _____
Signature/Date

Oregon Department of Corrections
Health Services
Hospice

PHYSICIAN'S REFERRAL

Referral Date: _____

Referred to: _____

Physician requesting referral to Hospice Program: _____

Patient Name: _____ DOC #: _____ Location: _____

Charge: _____ Sentence: _____ SSN: _____

DOB: _____ Age: _____ Race: _____ Marital Status: _____ Religion: _____

Diagnosis: _____ Prognosis: _____

Has the patient been told he is terminally ill? _____ Yes _____ No

Is patient aware of referral to Hospice? _____ Yes _____ No

Has physician verified prognosis? _____ Yes _____ No

Date referral is received: _____

Person receiving referral: _____

Personnel Notified of Referral	Acceptance	
	Yes	No
• Health Services Manager		
• Attending Physician		
• Nurse Manager		
• Executive Assistant to Superintendent		
• Counseling and Treatment Services		
• Security		
• Assistant Superintendent of Program Services		
• Chaplain		
• Food Services		
• Other		

Recommending Physician's Signature: _____ Date: _____

**Oregon Department of Corrections
Spiritual Assessment/Entry Interview**

Name: _____ Age: _____ Faith: _____

Name of Pastor or Spiritual Advisor: _____

Current Significant Relationships (Inmate Family and Community Family):

Life Guiding Beliefs (Spiritual or Religious): _____

Specific Spiritual or Religious Requests for Personal Care or Care of Loved Ones:

Wishes for Significant Items of Property: _____

Wishes for Bodily Remains: _____

Relationship to and Feelings about Death: _____

Pastoral/Ministerial Visits Scheduled: Dates & Times

_____	_____
_____	_____
_____	_____

Other: _____

Chaplain Name: _____

Signature: _____

Date & Time: _____

**Oregon Department of Corrections
Hospice Program Volunteer Agreement**

I, _____, SID# _____, agree to serve as a volunteer with the program at _____ (Institution/Facility Name).

I agree to volunteer until such a time as when I inform the hospice in writing that I wish to resign. The hospice reserves the right, at its discretion and upon explanation to me, to terminate my affiliation with the hospice. I may not subsequently represent the hospice without the hospice's knowledge and permission.

As a volunteer, I understand that my responsibilities will include the following:

- Visits with the inmate in the housing unit where he resides.
- Documentation of initial and subsequent visits.
- Light duties such as emotional support, respite care, errand-running, and personal care.
- Participation in volunteer support meetings, and in-services education up to at least 30 hours a year.

I understand that any patient/family information to which I have access through volunteer care conferences, individual conferences, or patient/family contact is privileged and shall be held in strict confidence. Patient/family information I acquire will only be shared with appropriate hospice personnel. I also understand that while volunteering I must abide by any institutional rules and regulations and that my volunteer status does not automatically shield me from disciplinary action for clear violations or those rules and regulations. Any violation of the above agreement will include, but not limited to, removal from the hospice program.

Volunteer Inmate Signature and SID#

Date

Hospice Coordinator Signature

Date

Hospice Volunteer Coordinator Signature

Date

**SRCI Site Specific Attachment
P&P #P-G-12**

1. Patients diagnosed with terminal illness and in the last stages will be provided with the opportunity to receive end of life care using a hospice model.
2. End of life care will be coordinated utilizing an interdisciplinary team approach.
3. The interdisciplinary team at Snake River Correctional Institution may consist of the Chaplain assigned to Health Services, a representative from Counseling and Treatment Services, the Program Counselor assigned to the patient, Health Services staff, Chief Medical Officer, other health care or non-health care providers as deemed necessary by the Health Services Manager and Chief Medical Officer, and Security staff assigned to Health Services or as designated by the Security Manager assigned to Health Services.
4. Patients diagnosed with terminal illness who choose not to participate in a end of life care program will be provided with care respectful of physical, emotional, and spiritual needs specific to the end of life.
5. Visits from significant others to terminally ill patients in the infirmary will be coordinated through Health Services, Security, Religious Services, and Program Counseling.
6. Support through the "Critical Incident Stress Debriefing Program" will be available to all staff involved in providing care to terminally ill inmates.
7. Inmate orderlies/volunteers utilized in providing care to terminal patients will be provided with opportunities for support through the Religious Services Department.
8. Memorial remembrance services for deceased inmates may be coordinated and conducted by Religious Services. Attendance at these memorials will be open to inmates and staff.