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<b>Section-14 Health Services</b>	<b>OP-140146</b>	<b>Page: 1</b>	<b>Effective Date: 01/25/2017</b>
<b>Palliative Care Program</b>	<b>ACA Standards: 2-CO-4E-01, 4-4350, 4-4393</b>		
<b>Joe M. Allbaugh, Director</b> <b>Oklahoma Department of Corrections</b>		<b>Signature on File</b>	

## Palliative Care Program

The purpose of palliative care is to offer physical, emotional and spiritual support services to the terminally ill inmate and to provide the opportunity for death with dignity in a safe, pain free and humane environment.

For the purpose of this procedure, the term “inmate” will apply to anyone under the authority, custody or care of a prison or a community-based facility operated by or contracted with the Oklahoma Department of Corrections (ODOC).

### I. Palliative Care Services

Palliative care services are made available to every eligible inmate.

#### A. Eligibility for the Palliative Care Program

Eligibility for the palliative care program is appropriate when it is medically determined that the inmate has a prognosis of six months or less to live. The healthcare provider will inform the inmate of his/her prognosis and treatment options, including the palliative care program.

#### B. Medical Transfers

Inmates requiring palliative care will be medically transferred, in accordance with [OP-140113](#) entitled “Health Assessment for Inmate Transfers” to one of the following facilities: Dick Conner Correctional

Center, Lexington Correctional Center, Mabel Bassett Correctional Center, or Oklahoma State Penitentiary.

C. Palliative Care Services

Palliative care services will be based on the physical, emotional, and spiritual needs of the inmate and will include but are not limited to:

1. Medical and nursing services;
2. Pastoral and bereavement services;
3. Volunteer services, if utilized by the facility;
4. Mental health services; and
5. Extended visitation with immediate family as defined and in accordance with [OP-030118](#) entitled "Visitation."

D. Interdisciplinary Team

The Interdisciplinary Team (IDT) consists of representatives who are significantly involved in rendering care. At a minimum, it will consist of:

1. Correctional health services administrator (CHSA);
2. Healthcare provider;
3. Nurse;
4. Mental health representative;
5. Chaplain; and
6. Security staff.

Others that may serve as IDT members will include but are not limited to:

1. Food service staff; and
2. Appropriately trained inmate volunteer.

II. Palliative Care Procedures (2-CO-4E-01)

A. Admission Procedure

1. Upon determining that an inmate is eligible for palliative care, the health care staff, through the IDT, will review the inmate's medical condition and level of care to determine if the inmate is appropriate

for the palliative care program. The “Palliative Care Progress Note and Checklist” (MSRM 140146-02) will be implemented and used for documentation for IDT activities.

2. Inmates will be placed in an infirmary when they require medical or comfort services which exceed the capacity of other housing or medical units.
3. At a time deemed appropriate by the medical provider, the availability of the Advanced Directives, Living Will and DNR” will be discussed with the inmate. Documentation will be in accordance with [OP-140138](#) entitled “Inmate Living Will/Advance Directive for Health Care and Do Not Resuscitate (DNR) Consent.”
4. The IDT will develop a plan of care, which will include the physical, emotional, and spiritual needs of the inmate. (4-4350)
5. If the inmate determines that the palliative care program is appropriate and necessary, the inmate will be admitted to the palliative care program.

B. Inmate Volunteers (4-4393)

Palliative care inmate volunteers may be assigned to assist inmates who are in need of support, companionship, or are no longer able to independently carry out activities of daily living. Each facility will determine the use of inmate volunteers.

1. Inmate volunteers will be utilized and trained in accordance with [OP-140103](#) entitled “Inmate Assistants.” Required training must be completed prior to providing service.
2. The palliative care inmate volunteer training curriculum and the “Inmate Assistant Curriculum” is located in the Medical Services Resource Manual (MSRM-140146-01)
3. Palliative care inmates may provide input into the selection process of the volunteers to assist them.
4. The duties may qualify as an inmate’s employment for the purposes of classification; however, the palliative care inmate volunteer is able to terminate their volunteer status without negative ramifications (i.e., level demotion, etc.).

C. Visitation

The IDT, in coordination with the facility head, may determine exceptions to [OP-030118](#) entitled “Visitation” for inmates in the palliative care program.

#### D. Medical Records

The following forms will be utilized to maintain palliative care documentation and will be filed in accordance with [OP-140106](#) entitled "Healthcare Record System":

1. "Edmonton Symptom Assessment Graph" ([Attachment A](#), attached);
2. "Edmonton Symptom Assessment System Numerical Scale" ([Attachment B](#), attached);
3. "Inmate Volunteer Agreement" ([Attachment C](#), attached);
4. "Consent for Palliative Care" ([Attachment D](#), attached);
5. "Authorization for Release of Protected Health Information" ([DOC 140108A](#)); and
6. "Palliative Care Progress Note and Checklist" (MSRM 140146-02).

#### E. Inmate Discharge

Inmates may be discharged from the palliative care program through completion of sentence, parole, commutation, death, improved prognosis, or the inmate's request. A discharge summary will be documented in the inmate's electronic healthcare record (EHR).

#### F. Death Vigil

A death vigil will be organized and implemented when, in the opinion of the medical staff, an inmate is within 48 hours of his/her death. In preparation of the death vigil, a list of inmate volunteers assigned to the inmate will be maintained by the facility chaplain. A copy of the list of volunteers will be sent to the CHSA.

#### G. Inmate Death

Upon an inmate's death, notification and documentation will be in accordance with [OP-140111](#) entitled "Inmate Death, Injury and Illness Notification and Procedures" and [OP-050108](#) entitled "Use of Force Standards and Reportable Incidents."

### III. References

Policy Statement No. P-140100 entitled "Inmate Medical, Mental Health and Dental Care"

OP-030118 entitled "Visitation"

OP-050108 entitled "Use of Force Standards and Reportable Incidents"

OP-140103 entitled "Inmate Assistants"

OP-140106 entitled "Healthcare Record System"

OP-140111 entitled "Inmate Death, Injury and Illness Notification and Procedures"

OP-140113 entitled "Health Assessment for Inmate Transfers"

IV. Action

The chief medical officer is responsible for compliance with this procedure.

The division manager of Health Services is responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the director.

This procedure is effective as indicated.

Replaced: Operations Memorandum No. OP-140146 entitled "Palliative Care Program" dated June 18, 2014

Distribution: Policy and Operations Manual  
Agency Website

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
<a href="#">DOC 140108A</a>	“Authorization for Release of Protected Health Information”	<a href="#">OP-140108</a>
<u>Attachments</u>	<u>Title</u>	<u>Location</u>
<a href="#">Attachment A</a>	“Edmonton Symptom Assessment Graph”	Attached
<a href="#">Attachment B</a>	“Edmonton Symptom Assessment System Numerical Scale”	Attached
<a href="#">Attachment C</a>	“Inmate Volunteer Agreement”	Attached
<a href="#">Attachment D</a>	“Consent for Palliative Care”	Attached
MSRM 140146-02	“Palliative Care Progress Note and Checklist”	MSRM