

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Clinical Practice Guidelines

POLICY # CP-08

SUBJECT: Palliative Care

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EFFECTIVE DATE: September 2009

SUPERCEDES DATE: None

PURPOSE

To provide interdisciplinary and comfort oriented care for seriously ill dying inmates, that allows these inmates to live their final days with dignity, the highest level of function possible, and the least amount of adverse symptoms.

POLICY

1) **Palliative Care:**

- a) An inmate must meet all the following criteria to be eligible for Palliative care:
 - i) Have a terminal illness from which recovery is not expected
 - (1) May be any terminal illness not just cancer
 - (2) May also include end stage chronic diseases
 - ii) Have a prognosis for their condition of ≤ 12 months
 - iii) Have symptoms severe enough to require aggressive management, i.e.:
 - (1) Severe pain requiring continuous opioid therapy
 - (2) Other severe symptoms requiring continuous or frequent therapy
 - (3) Draining or ulcerating lesions requiring aggressive nursing care
 - (4) Inability to do essential ADLs without assistance
 - (5) Inmates requiring high levels of nursing care
 - iv) Show progressive deterioration in the condition before and during Palliative Care admission
 - v) Have completed an advance directive form
 - (1) Accepting a DNR order will be encouraged but not required for admission to Palliative Care, however advance directives form must be completed.
 - (2) Forgoing further aggressive life-prolonging therapy will be encouraged but not required for admission to Palliative Care
- b) Once an inmate has been deemed appropriate for palliative care, the inmate, if at all possible, will be housed in a special Palliative Care Unit (PCU)
- c) Wherever possible and in keeping with security rules, inmates in Palliative Care will be granted special privileges including but not limited to:
 - i) Liberal visitation rules, with increased access to family, non-inmate friends, and inmate friends
 - ii) Home visitation
 - iii) Access to comfort foods (i.e. fresh or canned fruits, cereals, crackers, cookies, ice cream, cold or hot beverages, etc.)
 - iv) Increased access of telephone
- d) Palliative Care patients housed in the PCU will have access to spiritual counseling, social work, and mental health services through an on site Interdisciplinary Team (IDT).
- e) Inmates who are admitted to Palliative Care will have aggressive control of their symptoms including, where appropriate, use of opioids medications
- f) Where appropriate Palliative Care inmates will be referred for consideration for early release.
- g) The Interdisciplinary Team will provide consultation and supervision to the primary care providers and nursing staff caring for Palliative Care inmates (waiting list) who are not housed at Palliative Care units.

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PROCEDURE

1) Referral:

- a) Any DOP primary care provider may refer a terminally ill inmate who they feel meets the above criteria and who has voluntarily agreed to be considered for admission for evaluation for admission to Palliative Care Unit.

2) Admission to Palliative Care Unit

- a) Inmates referred for admission will be evaluated by a Palliative Care provider
 - i) Initially by telephone consultation with the referring provider with/without a chart review
 - ii) A face-to-face consultation with the terminally ill inmate may be required.
- b) Inmates deemed appropriate will be admitted if there is bed space available
- c) Inmates may be referred directly from outside hospitals when diagnosed with a terminal condition and needing palliative care services.
- d) If bed space is not available, inmates deemed appropriate may be placed on a waiting list. The order on the waiting list will be determined by the palliative care medical director based on the following criteria:
 - i) Time of the referral
 - ii) The inmate's expected length of survival
 - iii) The inmate's current condition and immediacy of need for palliative services
- e) Inmates not deemed appropriate for admission will be returned to their previous unit or referred to another appropriate facility along with a detailed explanation as to why they were not deemed appropriate for admission to the PCU at that time.
- f) **Completion of advance directive**
 - i) The terminally ill inmate's PCP should initially present and review with the inmate. The inmate should be able to discuss any concerns with the facility nursing staff, social worker or chaplain. The IDT can also be contacted to counsel on completion of the form.
 - ii) Advance directives should be reviewed by the IDT at least every 60 days and where appropriate be re-reviewed and updated with the terminally ill inmate

- 3) **Recertification:** Every 60 days inmates admitted to the PCU must be evaluated by a palliative care provider and recertified that they continue to meet the above criteria

4) Intra-disciplinary team (IDT)

- a) Each Palliative Care Unit will have an IDT, that will assume the primary responsibility for the care of the inmates admitted to the unit
- b) IDT should not exceed 8-10 members.
- c) The IDT will be composed of:
 - i) Hospice/palliative care provider(s) with one designated as director for palliative care unit
 - ii) Hospice registered nurse(s)
 - iii) Social worker
 - iv) Chaplain
 - v) Custody Officer - rank of lieutenant or above
 - vi) Clinical Dietician
- d) In addition to the above the IDT may also include one or more of the following:
 - i) LPN/nurses aides
 - ii) Medication technicians
 - iii) Other custody/programming representatives
 - iv) Pharmacist
 - v) Psychologist
- e) IDT will also provide consultation for Palliative Care inmates in their region that are not currently residing in the Palliative Care Unit

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- f) IDT will meet as a group twice a month to review the care of all inmates currently in the palliative care unit or under consultation.
 - i) At the conclusion of the meeting an **IDT report** will be entered in the progress notes of the inmate's medical record.
 - ii) The report may include input from all appropriate members of the team and will be signed by all members attending the meeting.
- g) IDT staff qualifications and responsibilities
 - i) **Hospice/palliative care providers:** preferably will have expertise in palliative care either by experience and/or specialized training. The hospice/palliative care provider will be the overall Team Leader and will:
 - (1) Make the final determinations on all therapeutic interventions
 - (2) Provide palliation where possible of all symptoms through the use of pharmaceuticals including opioids and other treatment modalities where appropriate
 - (3) Be responsible for determining whether or not a given therapy is palliative or life-prolonging
 - (4) Provide telephone and/or face-to-face consultation on hospice/palliative care patients in their region not currently housed at the hospice/palliative care unit
 - (5) Refer all appropriate inmates admitted for possible early release
 - ii) **Hospice registered nurses:** preferably will have expertise in palliative care either by experience and/or specialized training. They will:
 - (1) Provide primary care nursing for patients admitted to the unit
 - (2) Carry out orders and treatments prescribed by the hospice provider and the IDT
 - (3) Seek to alleviate all adverse symptoms and provide emotional support
 - (4) Provide telephone consultation for nursing staff caring for palliative care patients in their region
 - iii) **Social worker:** A qualified DOP social worker preferably with expertise in caring for terminally ill patients will:
 - (1) Help the patient and family prepare for funeral service and other final arrangements
 - (2) Provide emotional support for patient and family
 - (3) Expedite arrangements for visitation and home visits
 - (4) Provide resource referrals for help with financial issues
 - iv) **Chaplin:** A qualified DOP Chaplin or an appropriately trained volunteer chaplain preferably with experience in caring for terminally ill patients will:
 - (1) Provide spiritual counseling and support for the patient and family
 - (2) Coordinate spiritual care with the family/patient's personal spiritual advisers
 - (3) Help arrange for volunteers
 - v) **Custody Officer:** Should be a ranking officer, Lieutenant or above who will:
 - (1) Be sympathetic to the need to provide terminally ill inmates with competent and humane Palliative Care during stages of their lives
 - (2) Serve as a liaison between the IDT and the custody department
 - (3) Expedite modifications and security procedures to allow for the special privileges accorded to Palliative Care patients
 - vi) **Clinical Dietician:** preferably with experience in caring for the terminally ill.
 - (1) Provide nutritional assessment and consultation to improve inmates nutritional status
 - (2) Coordinate availability of comfort foods with food services.
 - vii) **Volunteers:** either inmate or non-inmates who meet security requirements. They:
 - (1) Do not need medical training and will not provide medical services, but should receive volunteer training usually arranged for by the Chaplin
 - (2) Primarily provide emotional support and minor assistance with ADLs
 - (3) Inmate volunteers should be housed at the same unit as the PCU.

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viii) **Other members of the IDT:**

- (1) May be permanent or temporary
- (2) Should be actively involved with the care of the Palliative Care inmates
- (3) Should be able to provide useful information to the discussion about the care of the inmates in Palliative Care

h) **Palliative Care Units**

i) **Inpatient Units**

- (1) Will be maintained at each of the major institutions: Central Prison, McCain Hospital, and NCCIW
- (2) Palliative Care inmates requiring high levels of nursing care, will preferentially be housed at these units

ii) **Infirmiry Units**

- (1) DOP Health Services will strive to maintain Palliative Care units at infirmiry level units in each region, i.e. Piedmont, Alexander, Maury
- (2) Palliative Care inmates who are semi-ambulatory and need only lower levels of nursing care will preferentially be housed at these units

iii) **Admission:**

- (1) The requirements for the admission to the various Palliative Care units will be determined through consultation with the Palliative Care Directors and the DOP Health Services Deputy Medical Director or his/her designee
- (2) When there is disagreement as to the best location for any individual patient the final authority will rest with the DOP Health Services Deputy Medical Director or his/her designee.

iv) **Physical Location** – The following would be preferable, but not a requirement in the PCU:

- (1) Be in a separate location that expedites providing the specialized services afforded these inmates
- (2) Have the option of private rooms with TV/radio
- (3) Be fully handicap accessible
- (4) Have access to a private/semi-private visitation area
- (5) Have access to comfort foods with refrigerator, microwave, an area for preparing and consuming food and a small sink

v) **Special Provisions** – The following would be preferable, but custody approval would be required to:

- (1) Allow in-room visitation for inmates who are physically unable to go to visitation room including visits by minors
- (2) Allow food to be brought from home or commercial establishments.
- (3) Allow for pictures, mementos, or small objects from home to be kept in the inmates room
- (4) Allow clothing and/or footwear from home
- (5) Allow access to telephone use
- (6) Allow any other provision that would increase the quality of living for these inmates that is identified by the IDT or provider.



9/29/09

Paula Y. Smith, MD, Director of Health Services Date

SOR: Deputy Medical Director