


Idaho Department of Correction  	<b>Standard          Operating          Procedure</b>	Title: <b>Care for the Terminally Ill</b>		Page: 1 of 5
		Control Number: <b>401.06.03.053</b>	Version: <b>2.0</b>	Adopted: 09-26-2008

**Pat Donaldson, chief of the Management Services division, approved this document on 04/27/2015.**

Open to the public:  Yes

### SCOPE

This SOP applies to all Idaho Department of Correction (IDOC) healthcare services staff, offenders, contract medical providers and subcontractors.

### Revision Summary

Revision date (04/27/2015) version 2.0: Periodic review to include administrative updates:

- New/current SOP format
- Changed approval from Education Treatment & Reentry to Management Services division

### BOARD OF CORRECTION IDAPA RULE NUMBER 401

Medical Care

### POLICY CONTROL NUMBER 401

Clinical Services and Treatment

### PURPOSE

The purpose of this standard operating procedure (SOP) is to establish procedures to address the needs of terminally ill offenders, including pain management.

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## RESPONSIBILITY

### ***Health Authority***

The health authority is responsible for:

- Monitoring and overseeing all aspects of healthcare services, and
- The implementation and continued practice of the provisions provided in this SOP.

When healthcare services are privatized, the health authority will also be responsible for:

- Reviewing and approving (prior to implementation) all applicable contract medical provider policy, procedure, and forms; and
- Monitoring the contract medical provider's performance, to include but not limited to reviewing processes, procedures, forms, and protocols employed by the contract medical provider to ensure compliance with all healthcare-related requirements provided in respective contractual agreements, this SOP, **and** in *National Commission on Correctional Health Care (NCCHC) standard P-G-11, Care for the Terminally Ill*. (See section 2 of this SOP.)

### ***Contract Medical Provider***

Nothing in this SOP shall be construed to relieve the contract medical provider(s) of any obligation and/or responsibility stipulated in respective contractual agreements. When healthcare services are privatized, the contract medical provider is responsible for:

- Implementing and practicing all provisions of this SOP, unless specifically exempted by written contractual agreements;
- Ensuring that all aspects of this SOP and *NCCHS standard P-G-11* are addressed by applicable contract medical provider policy and procedure;
- Ensuring facility health authorities utilize all applicable contract medical provider policy, procedure, forms, and educational information to fulfill all healthcare-related requirements provided in this SOP, *NCCHC standard P-G-11*, **or** as indicated in their respective contractual agreement(s); and
- Ensuring all applicable contract medical provider policy, procedure, and forms are submitted to the health authority for review and approval prior to implementation.

### ***Facility Medical Director***

The facility medical director (or designee) will be responsible for:

- Completing a symptom or system specific examination and plan of clinical care detailing treatment, pain control, and resuscitation status for each offender diagnosed with a terminal illness;
- Having, at a minimum, weekly contact with an offender diagnosed with a terminal illness and making complete progress notes on all of the offender's hospice care;
- Recording (a) all changes regarding the plan of clinical care in the progress notes and, (b) the attending physician's orders exactly as indicated (no exceptions); and

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- Attending and participating in the Interdisciplinary Care Team hospice meetings regarding all of the offender's hospice care.

In addition to the above responsibilities, the facility medical director (or designee) **and** the facility health authority will be jointly responsible for assigning and monitoring hospice admissions to the infirmary for clinical appropriateness, quality of care, and pain management.

### ***Facility Health Authority***

The facility health authority will be responsible for:

- Ensuring the presence of an adequate number of appropriately trained staff and materials are available to meet the requirements of this SOP;
- Establishing and monitoring applicable contract medical provider policy and procedure to ensure that all elements of this SOP **and** *NCCHC standard P-G-11* are accomplished as required;
- Scheduling hospice Interdisciplinary Care Team meetings;
- Coordinating with security staff special visits for those offenders receiving hospice care and their families (when appropriate);
- Ensuring that all aspects of the offender's care is carried out and that the goals of the interdisciplinary care treatment plan are met;
- Facilitating the early and timely release of the offender in accordance with SOP [324.02.01.002](#), *Parole of Offenders with a Terminal Disease or Permanent Incapacitation*; and
- Tabulating hospice admissions, average daily census, and average length of stay and for including these data in the Monthly Statistical Report for submission to the health authority.

After the offender's death, the facility health authority will be responsible for arranging for (a) healthcare services staff members involved in the offender's care to access Critical Incident Stress Management (CISM) and (b) the offender's hospice care volunteers to access counseling and other bereavement services as necessary.

In addition to the above responsibilities, the facility health authority and the facility medical director (or designee) will be jointly responsible for assigning and monitoring hospice admissions to the infirmary for clinical appropriateness, quality of care, and pain management.

### ***Infirmary Nurse***

The infirmary nurse will be responsible for:

- Ensuring the attending physician's orders are processed and carried through;
- Ensuring treatment orders, medications, etc. are administered as prescribed and documented and that all activities of daily living are met;
- Completing a daily nursing assessment, taking vital signs every shift, and recording an entry on the progress notes at least once each shift (or as ordered by the attending physician);

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- Providing (at the conclusion of the shift) a report to the oncoming infirmary nurse; and
- Notifying the facility medical director (or attending physician) of any significant changes in the offender's condition.
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## GENERAL REQUIREMENTS

### 1. Guidelines

- Hospice care will be provided for offenders who are in the last stages of a diagnosed terminal illness.
  - ◆ Offenders become eligible for hospice care when they are diagnosed with a terminal disease and have a prognosis of one year or less to live.
  - ◆ The attending physician shall inform the offender of the prognosis and treatment options, to include hospice care.

**Note:** Hospice care includes encouraging the offender to come to terms with his physical, mental, spiritual, and emotional capacity, while providing a safe, pain-controlled, and comfortable environment.

- Offenders diagnosed with a terminal illness shall have a care plan.
  - ◆ Offenders admitted to hospice care shall have a care plan developed by the hospice Interdisciplinary Care Team.
  - ◆ Offenders in hospice care who require skilled nursing intervention can only be admitted to the acute care infirmary.
  - ◆ The hospice Interdisciplinary Care Team may include direct care healthcare services staff, religious activities staff, mental health staff, and off-site consulting practitioners.
- Correctional facilities shall maintain contract medical provider policy and procedure to address, at a minimum,
  - ◆ Nursing care;
  - ◆ Pain management;
  - ◆ Admission criteria;
  - ◆ Admission procedure; and
  - ◆ Training for staff and offenders involved in hospice care.
- Requests for early release (i.e., medical parole) for those offenders diagnosed with a terminal illness shall be processed pursuant to SOP [324.02.01.002](#), *Parole of Offenders with a Terminal Disease or Permanent Incapacitation*.

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## 2. Compliance

Compliance with this SOP and all related IDOC-approved protocols will be monitored by the health authority (or designee) by using various sources to include: this SOP, clinical practice guidelines, routine reports, program reviews, and record reviews.

The health authority (or designee) must conduct two (2) audits per year, per facility (or more frequently as desired based on prior audit results). The audits must consist of monitoring applicable contract medical provider, IDOC policy and procedures, applicable NCCHC standards, and the review of a minimum of 15 individual records.

## DEFINITIONS

**Contract Medical Provider:** A private company or other entity that is under contract with the Idaho Department of Correction (IDOC) to provide comprehensive medical, dental, and/or mental health services to the IDOC's incarcerated offender population.

**Early Release:** The release of an offender from the custody of the Idaho Department of Correction (IDOC) before the expiration of his sentence due to the offender being diagnosed as terminally ill or permanently incapacitated.

**Facility Health Authority:** The contract medical provider employee who is primarily responsible for overseeing the delivery of medical services in an Idaho Department of Correction (IDOC) facility.

**Facility Medical Director:** The highest ranking physician in an Idaho Department of Correction (IDOC) facility.

**Health Authority:** The Idaho Department of Correction (IDOC) employee who is primarily responsible for overseeing or managing the IDOC's medical services. (The health authority is commonly referred to as the health services director.)

**Hospice Care:** A set of specialized healthcare services that (a) provide support to terminally ill offenders and their families, and (b) focus on symptom control and quality-of-life issues (e.g., providing comfort) rather than attempting to cure conditions.

**Terminally Ill:** To have an illness or disease that is in an advanced stage, has an unfavorable prognosis, no known cure, and expected to result in death.

## REFERENCES

National Commission on Correctional Health Care (NCCHC), *Standards for Health Services in Prisons*, Standard P-G-11, Care for the Terminally Ill

Standard Operating Procedure [324.02.01.002](#), *Parole of Offenders with a Terminal Disease or Permanent Incapacitation*

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