GEORGIA DEPARTMENT OF CORRECTIONS

Standard Operating Procedures

Policy Name: Care of the Terminally Ill		
Policy Number: 507.04.60	**Effective Date:** 02/10/2021	**Page Number:** 1 of 11
Authority: Commissioner	**Originating Division:** Health Services Division (Physical Health)	**Access Listing:** Level I: All Access

I. Introduction and Summary:

The Georgia Department of Corrections (GDC) will provide Palliative Care to Terminally Ill Offenders through a structured, patient-centered program to address their physical, psychological, social, and spiritual needs. Medical reprieves will be considered for all offenders with terminal illnesses.

II. Authority:

A. GDC Standard Operating Procedures (SOPs): 507.04.66 Medical Reprieves, 507.04.67 Offender Deaths and Mortality Reviews, 507.04.87 Advance Directives, and 507.04.89 Do Not Resuscitate (DNR) Orders;

B. NCCHC 2018 Adult Standard: P-F-07; and

C. ACA Standard: 5-ACI-6A-07.

III. Definitions:

A. **Terminally Ill Offender** - One who is experiencing an illness for which therapeutic intervention directed toward cure is no longer appropriate, and the patient's medical prognosis is one in which the life expectancy is six (6) months or less.

B. **Palliative Care** - Medical care and support services that a patient with an advanced disease receives in the last phase of life. Services are aimed at providing comfort, including adequate pain management. Treatment is focused on symptom control and quality of life issues rather than attempting to cure conditions.

C. **Palliative Care Team** - An interdisciplinary working unit including the patients' attending physician, registered or licensed practical nurse, social worker, counselor, clergy, activity therapist, volunteers, pharmacist, dietician, and Deputy Warden of Care and Treatment.

D. **Activities of Daily Living** - Tasks that enable offenders to meet basic needs, e.g., eating, dressing, bathing etc.

IV. Statement of Policy and Applicable Procedures:

A. Palliative Care Program:

1. The Palliative Care Program is a structured inpatient and outpatient program to address the physical, psychological, social, and spiritual needs of Terminally Ill Offenders.

2. The Palliative Care Team will consist of:

   a. A designated physician who will be responsible for the medical care of all inpatients and outpatients in the Palliative Care Program.

   b. A Palliative Care Nurse Coordinator who is responsible for coordination and supervision of the program, including staffing, staff orientation and training, scheduling of Palliative Care Team treatment meetings, treatment planning and implementation. Other nurses who are caregivers are members as well.

   c. A counselor who is responsible for working with the patient and family to deal with issues surrounding the patient's terminal illness, including communication, visitation and plans for burial after death.

   d. A Mental Health Counselor who is responsible for assisting the offender patient with psychological and mental health issues.

   e. A GDC chaplain designated by the Inmate Services Division who will be responsible for assisting the offender patient and family with spiritual issues arising from the patient's terminal illness. This may involve coordination with other clergy of the offender patient's religious background.

   f. Offender volunteers identified by the GDC, who will provide support to the offender patient by visiting, reading, writing letters on behalf of the offenders, and performing non-medical functions such as obtaining ice,

requested books, etc. However, offender volunteers will not participate in Palliative Care Treatment Meetings.

g. A pharmacist who will be responsible for the collaboration with the medical staff of all inpatients and outpatients in the Palliative Care program.

h. An Activity Therapist who is responsible for assisting the offender patient with the physical activity needs.

i. A Dietician who is responsible for assisting the offender patient with the nutritional needs and issues.

j. The Deputy Warden of Care and Treatment who will be available to the Palliative Care Team for support and assistance with the implementation of the inpatient and outpatient program.

B. Palliative Care Training:

1. The Medical and Nursing Directors will coordinate orientation and training for the Palliative Care Treatment Team to address the following topics:

a. The hospice concept: an overview of services provided by hospice;

b. Death and Dying: the emotional, physical, and spiritual aspects of the dying process;

c. Comfort Measures: non-medicinal applications to ease pain and suffering;

d. Spirituality: the spiritual aspect of the transition from this life to the next;

e. Pain management: information regarding state-of-the-art pain management;

f. Grief and Loss: the impact on offenders, families, and caregivers;

g. Advance Directives: understanding and writing last wishes;

h. Nonverbal Pain: assessing the signs and symptoms of pain; and

i. Grief and the Holidays: the impact of Holidays after a loss.

C. Offender Eligibility for the Palliative Care Program:

1. To be eligible for the Palliative Care Program, offenders will meet the following criteria:

   a. Have been clinically diagnosed with a terminal illness by a physician and have been informed of the diagnosis and treatment options by the primary care physician;

   b. Have exhausted treatment options or refused further treatment for their illness;

   c. Understands that the care provided in the Palliative Care Program is targeted toward relief of disease symptoms including pain, and is not curative; and

   d. Understands that the decision to enroll in the Palliative Care Program is voluntary and rests with the patient.

2. Offender patients are not required to sign a "Do Not Resuscitate Order" in order to participate in the program.

3. Participation in the program is voluntary and patients may, at any time request resumption of medically appropriate treatment. When this occurs, offender patients will no longer be in the program.

D. Patient Referral to the Palliative Care Program:

1. When a physician determines that an offender has been diagnosed with a potentially terminal illness, the physician will contact the Utilization Management Medical Director contract vendor to discuss the case and treatment options. Options include:

   a. Maintaining the offender patient at the permanent facility for further evaluation, treatment, or consideration for the Palliative Care Program; and

   b. Transfer of the offender patient for further evaluation, treatment, or consideration for the Palliative Care Program.

2. Upon transfer, the assigned primary care physician will evaluate the patient to determine the clinical status of the patient and treatment options.

3. If criteria for admission to the program are met, the primary care physician will consult with the Palliative Care physician to review the case and confirm patient eligibility.

4. The Palliative Care physician will interview the patient and explain the program. If the patient desires to enroll in the program following informed consent, the patient will sign the Palliative Care Program Informed Consent (P-45-0003-01).

5. The Palliative Care physician will write a physician order enrolling the patient into the program. The physician will communicate this information to the Palliative Care Program Nursing Coordinator, who will enter the patient enrollment on the Palliative Care log.

6. The Palliative Care physician will determine whether the offender patient should be monitored and treated on an inpatient or outpatient basis. This determination will be made based upon the offenders:

a. Ability to function independently regarding Activities of Daily Living;

b. Pain management needs; and

c. Rapidly progressing symptoms (e.g., weight loss, shortness of breath, increased weakness, etc.).

7. If the patient is admitted to an inpatient unit for continuous care, the Attending Physician will admit the patient in accordance with Standard Operating Procedure. The Palliative Care physician and the Attending Physician will round on the patient twice weekly. The Attending Physician will document patient findings on the Palliative Care Program Encounter Form (P45.0003.02).

8. If the patient is capable of functioning independently, and does not require continuous pain management, the patient may be monitored on an outpatient basis. The Physician on site will document patient findings on the Palliative Care Program Encounter Form (P45.0003.02).

   a. The patient will be monitored a minimum of monthly by the physician, or more frequently as clinically indicated.

   b. Outpatients may require brief periods of admission to the inpatient unit for pain management or other acute medical needs but may be discharged to a dormitory as clinically appropriate.

   c. Once patients require assistance with Activities of Daily Living or frequent relief of pain and other symptoms, the physician should admit the patient to the inpatient unit for continuous care.

9. The Palliative Care Nurse Coordinator and/or delegated Nursing Staff will complete the Nursing Assessment on admission for Palliative Care Program (P45.0003.03) for Inpatient participants.

E. Palliative Care Team Treatment Planning:

1. The Palliative Care Nurse Coordinator will establish the treatment team schedule and agenda for each meeting.

2. The Palliative Care Treatment Team will meet a minimum of weekly to develop a written treatment plan (P45.0003.04) for new patients and discuss the needs and progress of other patients in the program.

3. The medical and nursing care plan includes but is not be limited to the following aspects of care:

   a. Medical treatments (e.g., palliative radiation, etc.);

   b. Pain management and relief of other symptoms;

   c. Assistance with Activities of Daily Living and physical activity needs of the patient;

   d. Nutritional requirements and elimination needs;

   e. An evaluation of the psychological and emotional needs of the patient;

   f. Contents of Advance Directives such as a Living Will or Durable Power of Attorney for Health Care (DPAHC) if available; and

   g. Consideration for a medical reprieve.

4. The mental health plan will include the following:

   a. An assessment of the patients' psychological and emotional needs; and

   b. A plan addressing the patients' needs that includes weekly monitoring for inpatients and monthly for outpatients.

5. The patient will be offered spiritual support services. Coordination of spiritual support services will be made through current chaplain services at ASMP. If the patient desires spiritual support the plan will include:

    a. An assessment of the spiritual needs of the patient and family by the Chaplain; and

    b. A plan to address the needs of the patient and family.

6. Offender Volunteer: Offender Volunteers are not formally part of the Palliative Care Team. They will be screened and trained by the GDC.

F. Advance Directives and "Do Not Resuscitate" (DNR) Orders:

1. During the initial evaluation, the Palliative Care physician should discuss Advance Directives with the offender patient. Advance Directives include:

    a. A Living Will - This permits the patient to express his/her wishes for end-of-life care;

    b. A Durable Power of Attorney for Health Care DPHAC) - The patient designates a person to make medical decisions for the patient in the event that decision-making capacity is lost; and

    c. Do Not Resuscitate (DNR) Orders-Patients may elect to withdraw life-sustaining measures when death is imminent.

2. Advance Directives such as the Living Will or DPAHC should be obtained in accordance with 507.04.87.

3. Do Not Resuscitate Orders should be obtained in accordance with 507.04.89.

4. Offender patients are not required to complete Advance Directives or agree to DNR orders in order to participate in the Palliative Care Program.

G. Visitation:

1. Family members may visit patients in accordance with more flexible institutional visitation policies for patients in the Program.

2. As the patient nears death, the warden or designee may approve special arrangements for visitation.

3. Expanded visitation is allowed only for offender patients on the nursing units:

   a. Offenders who are admitted to nursing units may be allowed visits by family members in their rooms if they are unable to visit in the visitation room; and

   b. Offenders who are diagnosed with a terminal illness and/or require long-term hospitalization may be allowed to have visitation more frequently in accordance with visitation procedures in Section Four.

4. Visitation Procedure:

   a. The attending physician will inform the Warden that the offender's condition warrants special visitation.

   b. The Warden or his/her designee will determine if it is appropriate to contact the offender's family to arrange visits for the family members or significant other.

   c. The completed visitation list will be presented to the Deputy Warden of Care and Treatment for final approval.

   d. The approved list will be presented to the Security Shift Supervisor to arrange the visit. Copies of the list will be distributed to appropriate staff.

e. The time of the Special Visit will be determined by the Warden after giving condition of the offender. Return visits will be allowed as needed.

H. All Terminally Ill Offenders will be evaluated to determine whether they meet the criteria for a medical reprieve (See SOP 507.04.66). The Responsible Health Authority will initiate requests for appropriate patients.

I. Upon a patient's death, procedures will be followed in accordance with SOP 507.04.67.

All forms associated with this SOP may be found on the GDC Intranet at Captiva/Resources/Health Services Documents/02 Physical Health/Health Record Manual.

V. Attachments: None.

VI. Record Retention of Forms Relevant to this Policy: None.