State of Iowa Department of Corrections
Policy and Procedures

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Applicability: DOC
Policy Code: Public Access
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Chapter 6: Health Services
Sub Chapter: Acute/Specialty Services
Related DOC Policies: N/A
Administrative Code Reference: N/A
Subject: Hospice Services
ACA Standards: 5-ACI-3A-08, 5-ACI-6B-12
Responsibility: Dr. Jerome Greenfield
Effective Date: March 2021
Authority:

1. PURPOSE

To provide medical and supportive care of a patient with a known terminal condition, with life expectancy of six months or less.

2. POLICY

To offer the opportunity for quality, end-of-life care within the correctional setting, based on the community hospice model, which allows a person to die with dignity, humanity and adequate pain control.

3. DEFINITIONS

A. Hospice - program designed to provide a caring environment for supplying the physical and emotional needs of the terminally ill patient.

B. Palliative Care - Health care and support services aimed at providing comfort.

C. Interdisciplinary Care Plan Summary - Identifies the hospice patient's care needs and the strategies to meet those needs.

D. Advance Directives - Expressions of the patient's wishes as to how future care should be delivered or declined, including decisions that must be made when the patient is not capable of expressing those wishes.

E. ADL - Activity of Daily Living

F. IPOST - Iowa Physicians Orders for Scope of Treatment

G. See IDOC policy **AD-GA-16** for additional Definitions.

4. PROCEDURE

A. Those institutions who have a hospice program will develop institutional procedures. A Hospice program may be established to provide the opportunity for patients to participate in a program that allows for choices that will improve the quality of the end-of-life process.

B. Patients are accepted into the Hospice program on a voluntary basis after being provided with a description of the program, its philosophy, goals and services.

C. IDOC Health Services Administrator and/or IDOC Administrator of Nursing are to be consulted concerning patients requiring hospice services. Proper placement of a patient will be made when the current facility does not offer a hospice program.

D. An Interdisciplinary Team (IDT) will provide individualized, comprehensive care with the emphasis on the palliation of physical, social, psychological, spiritual and emotional symptoms. The IDT will be composed of healthcare professionals, treatment staff, security staff, pastoral care, trained patient volunteers and ancillary staff.

E. Initial (and ongoing) education and training will be conducted with patients, family, staff and patient volunteers consistent with community hospice standards.

F. Efforts will be made to offer a greater degree of control in end-of-Life decisions including treatment choices, family involvement and advanced directives.

G. Patients will receive hospice care in the most appropriate setting within the correctional environment where needs can be met, while providing for respect and dignity during the End-of-Life experience.

H. Neither patients in the Hospice program, nor ADLA workers, may exercise authority over other patients.

I. Postmortem bereavement services to ADLA volunteers and staff will be initiated as needed, utilizing a variety of services which may include support

groups, individual counseling, memorial services, and literature where deemed appropriate.

J. Registered Nurses and Physician Assistants may pronounce a patient's death who are in Hospice or on Palliative Care with consultation of the medical practitioner. Appropriate documentation is entered into the EMR.