

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 3/17/2016	NUMBER: G-51.8 Page 1 of 6
	Replaces: 9/22/2014	
	Formulated: 12/96	
	Reviewed: 04/2022	
CARE OF INMATES WITH TERMINAL CONDITIONS		

PURPOSE: To provide a continuum of care for patients with terminal conditions, from outpatient palliative care to inpatient hospice care that maximizes the patient’s activities of daily living and enhances the overall quality of remaining life.

DEFINITIONS:

Activities of daily living: Self-care activities including going to dining facilities, eating, showering, performing personal/oral hygiene and toilet activities, waiting in pill lines, and accessing the medical department.

Hospice services: Includes palliative care for inmates with terminal conditions and their families that: (a) are available twenty-four hours a day, seven days a week, during the last stages of illness, during death, and during bereavement; and, (b) are provided by a medically directed interdisciplinary team of care givers, family and support groups.

Imminent death: Refers to the final stage of dying, which can take less than 24 hours or up to 10-14 days.

Infirmatory care: Refers to the medical care provided to inmates at designated inpatient, infirmatory sites within the Texas Department of Criminal Justice. (*see CMHC Policy G 52.1*)

Interdisciplinary team: A group of individuals who work together in a coordinated manner to provide hospice care including a physician, registered nurse, mental health clinician, chaplain, and the facility warden (or designee).

Life sustaining procedures: Procedures which could potentially postpone death include but are not limited to:

- A) Cardiopulmonary resuscitation (CPR)
- B) Defibrillation
- C) Artificial ventilation
- D) Intravenous (IV) fluids for the purpose of hydration
- E) Tube feeding
- F) Total parenteral nutrition
- G) Chemotherapy
- H) Radiation therapy
- I) Antiretroviral therapy
- J) Dialysis

Palliative care: Refers to services provided to a patient facing a life-limiting illness that focuses primarily on reduction or abatement of pain and other symptoms causing discomfort.

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Terminal condition: An incurable or irreversible condition caused by injury or illness that in the physician’s opinion would produce death within six months or less, regardless of the use of life sustaining treatment, if the condition runs its normal course. The application of life sustaining procedures would serve only to postpone the moment of the patient’s death.

Therapeutic care: Refers to health care services which treat disease or disorders. The goal of therapeutic care is to cure the disease or disorder; whereas, the goal of palliative care is to alleviate the symptoms of the disease or disorder which cause discomfort.

Volunteers: Individuals from either the community or the inmate population who elect to participate in the program. Community volunteers will meet the standards established by TDCJ AD 7.35. Inmate volunteers will meet the requirements established in the facility process manual with the approval of the facility warden and chaplain.

POLICY:

- I. TDCJ and its affiliate university providers will offer a continuum of care, support, and education regarding end-of-life care and options for inmates with terminal conditions a, including:
 - A. Palliative care in the outpatient setting.
 - B. Palliative care in the unit infirmary setting.
 - C. Inpatient hospice

- II. Each facility which has a hospice program for inmates with a terminal condition-shall adopt a written facility process for that program which addresses at a minimum:
 - A. The establishment of an interdisciplinary team.
 - B. The definition of care to be provided by the interdisciplinary team.
 - C. The establishment of an inmate volunteer program, if applicable.
 - D. The establishment of a community volunteer program, if applicable.

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- E. A description of recruitment standards, training requirements, supervision standards and service limitations for inmate volunteers, if applicable.
- F. A description of the housing areas to be used.
- G. Documentation of completion of required training for community and inmate volunteers, medical staff, mental health clinicians, chaplains and security staff. Training shall include orientation to the applicable post job description.
- H. Documentation of facility specific training.

III. Palliative care in the outpatient setting

- A. Inmates who have a terminal condition, and are not receiving therapeutic treatment for the terminal condition, but do not meet the criteria for placement in an inpatient hospice, may be offered palliative care in the outpatient setting.
- B. Criteria for palliative care in the outpatient setting:
 1. Inmate has a terminal condition.
 2. Inmate is able to perform all activities of daily living.
- C. All inmates who have been identified as having a terminal medical condition and are receiving palliative care may be allowed special visitation privileges at the discretion of the facility warden or designee. The facility medical director or designee shall be responsible for providing notification in writing to the facility warden or designee of all inmates identified as having a terminal condition.

IV. Palliative care in the unit infirmary setting

- A. Inmates who have a terminal condition, and are not receiving therapeutic treatment, but do not meet the criteria for placement in an inpatient hospice, or meet criteria and are waiting for placement may be offered palliative care in the unit infirmary setting.
- B. Criteria for Palliative care in the unit infirmary setting:
 1. Inmate has a terminal condition

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2. Inmate is housed in an infirmary of a prison facility.

C. All inmates who have been identified as having a terminal medical condition and are receiving palliative care may be allowed special visitation privileges at the discretion of the facility warden or designee. The facility medical director or designee shall be responsible for providing notification in writing to the facility warden or designee of all inmates identified as having a terminal condition.

V. Inpatient Hospice

A. Participation in an inpatient hospice care program shall be considered for all inmates who have a terminal condition, are not receiving therapeutic treatment and who are unable to perform some of their activities of daily living. Referral shall be made through the appropriate utilization review department. That department will coordinate direction for placement to the designated hospice facility. Once the inmate is approved for hospice care, the facility medical department will be responsible for arranging appropriate transportation to the hospice facility.

B. Criteria for referral:

1. Inmate has a terminal condition. (See Attachment B-Hospice Guidelines)
2. Inmate is unable to perform some activities of daily living.
3. Inmate has signed a hospice consent form.
4. Inmate has an expected longevity of 6 months or less.
5. Acceptance of an inmate who is in administrative segregation will be considered on an individual basis by the warden or designee of the facility providing the hospice program. The decision will be based on the inmate's most current status with regard to safety issues. Once accepted, the warden or designee will furnish an individualized plan to the medical staff outlining the security restrictions of the inmate. A copy of the restrictions will be posted outside the inmate's door. As the inmate's condition changes, the warden or designee will adjust the restrictions accordingly.

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C. For those inmates who are unable to make decisions for themselves, the procedures in Correctional Managed Health Care (CMHC) Policy I-70-1, consistent with the Texas Consent to Medical Treatment Act, shall be followed.

VI. All inmates receiving palliative care in the outpatient or inpatient setting, or enrolled in an inpatient hospice program:

A. Shall be given the opportunity to sign an advanced directive to the physician. Hospice programs shall not require an inmate to execute or sign an advance directive as a condition for receiving hospice services.

B. Shall be given the opportunity to sign an Out-of-Hospital DNR order. Hospice programs shall not require an inmate to execute or sign an Out-of Hospital DNR order as a condition for receiving hospice services.

C. Shall be referred for Medically Recommended Intensive Supervision (MRIS). (See CMHC Policy A-08.6).

D. Are made aware that they may terminate hospice and/or advanced directives at any time. If the inmate wishes to re-enter the program at a later time, all procedures for a new admission to hospice must be followed.

VII. Minimum training for interdisciplinary teams, inmate volunteers, community volunteers, and other staff participating in special programs for inmates with terminal conditions shall be standardized and approved by the Division Director for Health Services.

VIII. Right to Try Act

An investigational drug, biological product, or device that has successfully completed Phase I (one) of a clinical trial but has not yet been approved for general use by the United States Food and Drug Administration (FDA) which is still under investigation in clinical trials may be made available outside of a clinical trial under the following specified conditions:

A. The inmate has been diagnosed by a physician to have a terminal illness;

B. the inmate and physician have considered all current FDA approved treatment options and agree those options are unlikely to prolong the patient's life;

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- C. the physician recommends in writing the inmate use a specific investigational drug, biological product, or device;
- D. the inmate signs a written informed consent;
- E. the manufacturer agrees the inmate is eligible; and
- F. the manufacturer makes the investigational drug, biological product, or device available without receiving compensation.

References: Chapter 142, Health and Safety Code
 CMHC Policy A-08.6
 CMHC Policy G-52.1
 CMHC Policy I-70.1
 Texas Consent to Medical Treatment Act
 Texas Department of Criminal Justice, Administrative Directive 7.35
 Health and Safety Code Sec 489
 ACA Performance Standard & Expected Practice 5-6A-4350, Treatment Plan