

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.30.05	Page 1 of 7
	Original Effective Date: 08/24/23	New Effective Date: 08/06/24
	Supersedes:	Dated: 08/24/23
	Administrator's Approval: Sarah Cooper, Administrator – 07/15/24	
	Required Posting or Restricted:	
<input checked="" type="checkbox"/> PIOC	<input checked="" type="checkbox"/> All Staff	<input type="checkbox"/> Restricted
Chapter: 500 Health Services		
Subject: Palliative Care Program		

POLICY

The Division of Adult Institutions Palliative Care Program provides specialized care for those with a terminal condition who are not seeking curative care.

REFERENCES

Standards for Health Services in Prisons, National Commission on Correctional Health Care, Important 2018, P-F-07 – Care for the Terminally Ill; P-F-01 – Patients with Chronic Disease and Other Special Needs

Wisconsin Statutes s. 154 – Advance Directives

Wisconsin Statutes s. 155 – Power of Attorney for Health care

Wisconsin Statutes s. 302.38 - Medical care of prisoners

Wisconsin Statutes s. 302.385 - Correctional institution health care

Wisconsin Statutes s. 302.386 - Medical and dental services for prisoner and forensic patients

DAI Policy 309.06.01 – Visiting

DAI Policy 500.00.01 – Advance Directives for Health Care

DAI Policy 500.10.27 – Continuous Quality Improvement Program

DEFINITIONS, ACRONYMS, AND FORMS

Advance Care Provider (ACP) - A licensed individual such as a nurse practitioner or physician who is authorized to write prescriptions.

ADA - Americans with Disabilities Act

Care Vigil – Allows PIOC to receive PIOC workers/volunteer services. Vigils are scheduled based on PIOC request, PIOC condition, and staff recommendations.

Death Bed Visits – Special visiting hours for the family of the actively dying PIOC are initiated by the attending Advance Care Provider and the Social Worker in compliance with DAI Policy 309.06.01.

DOC-1115 – Special Extended Visit

DOC-3534 – Palliative Care Program Bill of Rights

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DOC-3535 – Consent for Palliative Care Program and Request to Discontinue

DOC-3614 – Activation/Deactivation for Power of Attorney for Health Care

DOC-3707 – Care Plan for Volunteers

DOC-3728 – Pain Medication Patch/Verification Form

DOC- 3779 – Special Needs Worker Assignment Plan

EHC - Extraordinary Health Condition

F-00085 – Power of Attorney for Health Care

HSM – Health Services Manager

Individualized Plan of Care (IPOC) – A plan developed for each PIOC that details the care to be provided. This plan is based on the understanding agreement and involvement of PIOC and subject to regular review and adjustment.

Palliative Care Program – PIOC and family centered care that optimizes quality of life by anticipating, preventing and treating suffering. The illness continuum of end of life care addresses physical, intellectual, emotional, social and spiritual needs while facilitating PIOC autonomy, information access and choice.

Palliative Care Interdisciplinary Team– A group of individuals who meet routinely to coordinate and evaluate palliative care program services. Team members work collaboratively, sharing expertise, insight and information to provide a comprehensive program.

PIOC – Persons in our Care

POA – Power of Attorney

PSU – Psychological Services Unit

Special Needs Worker Assignment Plan (SNW)– Formerly PIOC Special Needs Worker

Terminal Condition – A condition resulting in a limited life expectancy.

Volunteer Care Plan – A PIOC plan of care established by nursing, delegating appropriate tasks to PIOC workers/volunteers to meet PIOC needs.

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Volunteer/Special Needs Worker (SNW) – PIOC who has completed the formal training.

PROCEDURE

I. General Guidelines

- A. The goal of Palliative Care is to improve the quality of life by providing autonomy, dignity, symptom management, comfort and support throughout the dying process.
- B. All PIOC in Palliative Care are considered to be at the end stages of their illness. They may continue to receive palliative treatment for symptom management.
- C. Members of the care team or PIOC may request Palliative Care review.
- D. The ACP determines Palliative Care Program placement.

II. Palliative Care Interdisciplinary Team

- A. The Social Worker and the HSM/designee shall be the coordinators of the Palliative Care Interdisciplinary Team.
- B. Additional Interdisciplinary team members may include but are not limited to:
 - 1. Health Services Manager
 - 2. Corrections Unit Supervisor/Program Supervisor
 - 3. Advance Care Provider
 - 4. Social Worker
 - 5. Psychologist Liaison
 - 6. Security Liaison
 - 7. HSU Security Staff
 - 8. Nursing Staff
 - 9. Chaplain
 - 10. ADA Coordinator
 - 11. Physical Therapist/Occupational Therapist
 - 12. Administrative Liaison
 - 13. Food Service
- C. Roles of the Palliative Care interdisciplinary team include:
 - 1. Evaluation and coordination of the Palliative Care Program including planning, operations, and supervision.
 - 2. Initiation of and completion of the hiring process for volunteers.
 - 3. Supervision of the volunteer scheduling process.
 - 4. Provision of approved training, education, support to staff and volunteers/SNW for the Palliative Care Program.
 - 5. Review of volunteer logs and collection of data for quality improvement.

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- D. Meet with PIOC and/or activated POA/assigned guardian to confirm their decision to enter Palliative Care Program.
 - 1. Ensure PIOC/responsible party has an understanding of palliative care.
 - 2. Ensure DOC 3534 and DOC 3535 have been completed.
 - 3. Provide education and resources regarding palliative care to appropriate PIOC, family, responsible party and community.

III. Responsibilities of Palliative Care Interdisciplinary Team

A. Health Services Unit Manager/Designee:

- 1. Acts as co-coordinator of the Palliative Care Program with the Social Worker.
- 2. Develops, implements, reviews palliative care procedures, guidelines, and directives in accordance with practice standards.
- 3. Ensures the roles of all interdisciplinary team members are performed satisfactorily.
- 4. Coordinate education and training related to palliative care, as necessary.
- 5. Review referrals and admissions to the Palliative Care Program.
- 6. Manage Palliative Care Program resources.

B. Social Worker/Designee:

- 1. Acts as co-coordinator of the Palliative Care Program with the HSM/designee.
 - a. Schedules and coordinates the interdisciplinary team meetings and develops the agenda.
 - b. Ensures service coordination and communication as concerns develop between Palliative Care Interdisciplinary Team meetings.
 - c. Coordinates education and training related to palliative care for staff, community, and palliative care PIOC workers/volunteer through routine in-services.
 - d. Coordinates PIOC worker/volunteer training, including initial and ongoing in-services.
 - e. Ensures that appropriate records are maintained for palliative care including training and expenditures.
 - f. Promotes palliative care throughout the DOC and the community.
- 2. Coordinate visits for Palliative Care PIOC
 - a. Discuss visiting rules with PIOC emergency contact and potential visitors.
 - b. Complete DOC-1115 Special Extended Visit form for any palliative care end of life visits.
- 3. Work with facility designee regarding PIOC/responsible party to coordinate wishes at death, (i.e. funeral, ritual, burial).
- 4. Follow DAI 500.00.01 Advance Directives for Health Care policy.
- 5. Facilitate and coordinate release planning, including EHC petitions/compassionate releases.

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6. Oversee palliative care PIOC worker/ volunteer program
 - a. Coordinates selection process of PIOC worker/ volunteers.
 - b. Coordinates volunteer scheduling to meet PIOC needs.
 - c. Assists in maintaining appropriate records and statistics for the Palliative Care Program.
 - d. Coordinate debriefing following death of PIOC.
- C. ACP/designee:
1. Manages the overall care needs of PIOC, ensuring that care adheres to ethical, professional and medical standards.
 2. Provides medical advisement and consultation to the palliative care interdisciplinary team.
 3. Reviews referrals to palliative care, determining appropriateness.
 4. Ensures PIOC/responsible party has an understanding of the Palliative Care Program.
- D. Nursing Staff/Designee:
1. Develops, implements, and adheres to an individualized plan of care (IPOC).
 2. Ensures nursing care provided by other nursing staff or caregivers is delivered in a manner consistent with palliative care purpose and PIOC IPOC.
 3. Coordinates and communicates an appropriate PIOC worker/volunteer DOC-3707.
 4. Collaborates and coordinates care needs with other disciplines.
 5. Provides input and unit representation to the palliative care interdisciplinary team.
 6. Works with Social Worker to coordinate care vigils as appropriate.
 7. Initiate DOC-3728 as applicable.
- E. Chaplain
1. Visit palliative care PIOC upon request to complete a spiritual assessment and offer pastoral care.
 2. Facilitates communication between PIOC, family/responsible party, and clergy or spiritual counselor of PIOC choosing.
 3. Provides bereavement counseling to PIOC workers/volunteers upon request.
- F. PSU
1. Provides initial evaluation and ongoing psychological support to PIOC.
 2. Provides psychological screening for palliative care PIOC workers/ volunteers regarding their appropriateness for the program.
 3. Provides/facilitates support for PIOC workers/volunteers regarding end of life experience as well as individual sessions as needed and/or identified.

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G. Security Liaison/Designee:

1. Provides oversight and supervision of security procedures in the Palliative Care program.
2. Provides security screening of palliative care PIOC worker/ volunteers regarding their appropriateness for the program.
3. Assists in day to day operations of the palliative care including PIOC worker/volunteer assignments.
4. Notifies security supervisor of security concerns regarding palliative care.

H. Administrative Liaison/Designee:

1. Assists with death bed visit approvals.
2. Advises palliative care interdisciplinary team regarding issues that have the potential to affect palliative care.

I. Palliative Care Special Needs Workers/Volunteer(s)

1. Adheres to palliative care purpose and procedures.
2. Attends palliative care training as outlined in worker/volunteer training
3. Communicates promptly with health care staff or other palliative care interdisciplinary team members regarding PIOC care needs/concerns.
4. Completes DOC-3707 and DOC-3728 according to guidelines.
5. Informs palliative care interdisciplinary team member of status changes affecting availability.

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.30.05	Page 7 of 7
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Palliative Care Program		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
 - C.

II.

III.

RESPONSIBILITY

I. Staff

II. PIOC

III. Other