

	State of Indiana Indiana Department of Correction	Effective Date 4/1/2022	Page 1 of 3	Number 2.26A
HEALTH CARE SERVICES DIRECTIVE-ADULT Manual of Policies and Procedures				

Title END-OF-LIFE SERVICES (EOLS)

Legal References (includes but is not limited to) IC 11-8-2-5	Related Policies/Procedures (includes but is not limited to) 01-02-101	Other References (includes but is not limited to) National Correctional Healthcare Standards
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I. PURPOSE:

This Health Care Services Directive (HCSD) presents general guidelines for provision of end-of-life and palliative care.

II. GUIDELINES (See Facility Directive):

Patients who are approaching the end of life shall be offered general health care services that include supportive and palliative care. Patients have the right to receive life-sustaining treatment if desired, and to not have the dying process prolonged through programs such as palliative care. Palliative care can be defined as health care and support services aimed at providing comfort, including adequate pain management. Treatment shall be focused on symptom control and quality of life rather than curative in nature.

Palliative care enrollment is contingent on independent reviews and patient-centered choice. When a patient is incapacitated, the next of kin or legally appointed guardian must evaluate and consent to or refuse to this program. Palliative care may also be referred to as hospice services.

A. EOLS include:

1. Care and encouragement to remain independent in activities of daily living until the progressive disease process makes that impossible;
2. Encouragement to maintain important social contacts and to participate in important life activities;
3. Health care services (as guided by individual patient desires as documented in Advance Directives);

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4. Alleviation of pain and unpleasant symptoms;
5. Support in understanding the process of dying;
6. Support and assistance in addressing the health, emotional, and spiritual aspects of death and dying;
7. Assistance to family members visiting the prison facility;
8. Companionship; and,
9. Access to Religious Services

B. Patients approaching the end of life shall be permitted to execute an advanced directive in accordance with Health Care Services Directive 2.13, "Advance Directives." These advanced directives shall be signed only after the terminally ill patient has received appropriate information regarding his or her disease process and the meaning and consequences of signing these documents. There must be documentation in the electronic medical record (EMR) to support the patient approaching end of life has been provided with sufficient and appropriate information to make a voluntary and informed decision regarding his or her advanced directive.

C. Each facility that provides EOLS for patients shall establish a formal program addressing EOLS and palliative care services.

EOLS and Palliative Care services may use incarcerated individuals as volunteers, in accordance with applicable policies, procedures, and directives. Incarcerated volunteers working with EOLS patients must be screened for emotional stability, trained in the tasks that are expected to perform, and supervised by qualified health care professionals.

Facility Directives and manuals necessary to the programs shall be written and made site specific. Facilities are encouraged to assist each other in this process.

D. EOLS and Palliative Care shall be coordinated by an interdisciplinary team which includes the patient management team and additional representation from other service areas including physical and behavior health, operations staff, clergy, IDP volunteers, and additional staff as directed by patient needs.

The team is responsible for:

- Establishing and maintaining an individualized treatment care plan
- Coordinating services from each discipline

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- Planning incarcerated volunteer activity, as appropriate
- Ensuring services are attentive to issues of language, culture, religion, and relationships with family, friends, and other patients
- Ensuring that involved employees are debriefed and receive support as necessary.

III. APPLICABILITY:

This Health Care Services Directive is applicable to all facilities providing Health Services to incarcerated adults.

signature on file

Kristen Dauss, MD
Chief Medical Officer

Date