

Hospice Guidelines to Meet CHAP Emergency Preparedness Standards During the Pandemic:

Hospice Standard	Pandemic Compliance Consideration
<p>HSEP 1.I: The hospice maintains a written comprehensive emergency preparedness program that: 1. Demonstrates compliance with applicable federal, state, and local emergency preparedness requirements; 2. Uses an “all hazards” approach; 3. Describes the hospice’s approach to meeting the health, safety, and security of: a) The staff; b) The patient population, with attention to their mobility; 4. Describes how the hospice coordinates with other healthcare facilities, as well as the community, during an emergency or disaster situation.</p> <p><i>CFR§418.113</i></p>	<ul style="list-style-type: none"> <li>• What is the incidence level related to COVID-19 for the geographic location of the agency?</li> <li>• The availability of PPE,</li> <li>• the number of staff who are in the high-risk category,</li> <li>• The ability to provide care through telehealth measures.</li> <li>• Number of COVID positive patients the agency can care for.</li> </ul>
<p>HSEP 2.D The hospice develops and maintains an emergency preparedness (EP) plan that is reviewed and updated at least every two(2) years. The plan:</p> <ol style="list-style-type: none"> <li>1. Is based on and includes a documented hospice based and community-based risk assessment, using an “all-hazards” approach specific to the geography and population served;</li> <li>2. Includes strategies for addressing emergency events identified by the risk assessment, including the management of the consequences of: a) Power failures; b) Natural or man-made disasters; c) Emerging infectious diseases (EIDS) that place the health and safety of patients and employees at risk; and d) Other anticipated emergencies that could affect the hospice’s ability to provide care;</li> <li>3. Addresses the patient population served, specifically: a) the care and safety of patients with limited mobility; and b) those requiring evacuation due to a medical or psychiatric condition, or their home environment;</li> <li>4. Addresses when emergency preparedness officials are contacted regarding evacuation of patients;</li> <li>5. Defines the type of care and services the hospice can provide in an emergency;</li> <li>6. Addresses continuity of business functions</li> </ol>	<p>Evaluate the following:</p> <ul style="list-style-type: none"> <li>• Strategies for attaining and maintaining PPE supply, plans to address continuity of operations in case of employee or leadership shortage, and staff availability to provide care.</li> <li>• Is communication with emergency officials including the public health department and/or coalitions occurring to address PPE supplies? Other resources may be state and national associations.</li> <li>• Evaluate whether the hospice location is in a risk area for additional emergency needs such as in a hurricane, flood, fire. Consideration of the need to potentially evacuate and the resources available if evacuation is needed is important for preparedness.</li> </ul>

<p>essential to operations, including identification of staff or positions that can assume key organization roles if current staff and leadership are not available; and,</p> <p>7. Includes a process for cooperation and collaboration with local, tribal, regional, State, or Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency.</p> <p><i>CFR§418.113(a)(1-4)</i></p>	
<p><b>HSEP 3.D</b>          The hospice implements emergency preparedness (EP) policies and procedures, based on the emergency plan, the risk assessment, and the communication plan.          The policies and procedures address:</p> <ol style="list-style-type: none"> <li>1. Development and inclusion of a plan for each hospice patient during a natural or man-made disaster as part of a patient/family comprehensive assessment;</li> <li>2. The documented discussion of the plan provided to the patient/family, and maintained by the hospice;</li> <li>3. Follow up with patients/families to determine needs in the event that care is interrupted during or due to an emergency;</li> <li>4. Arrangements with facilities and other providers to receive patients to maintain the continuity of care to patients;</li> <li>5. Informing local and state emergency officials about patients in need of evacuation from their residence at any time due to the emergency based on the patient's medical or psychiatric condition, or home environment;</li> <li>6. The minimum information provided to facilitate patient evacuation and transportation including: a) If the patient is mobile or not; b) If the patient has life-dependent equipment, and if so, is it able to be transported (e.g. battery operated, size, condition, etc.); and, c) Any patient special needs including cognitive disorders, intellectual disabilities, or communication issues (e.g. deaf, non-English speaking, etc.).</li> </ol>	<ul style="list-style-type: none"> <li>• Evaluate standard based on interview and ability of management/staff to articulate standardized procedures to address the pandemic.</li> <li>• Consultatively, it is time to document specific policy related to those procedures.</li> <li>• Does interview of staff reveal consistent processes for handling patient who are or are not COVID positive?</li> <li>• Is a process in place for screening of staff and patients as recommended by the CDC?</li> <li>• Is a standardized approach to the use and conservation of PPE followed?</li> <li>• Is there a process in place for addressing circumstances that do not allow in-person visits?             <ul style="list-style-type: none"> <li>○ This could include refusal of visits by patients at home and/or refusal to allow entry by skilled facility administration. Assess agency procedure to address an emergency plan for each patient as part of the comprehensive assessment (education, screening),</li> </ul> </li> </ul>

<p>7. A system of medical documentation that preserves patient information, protects the confidentiality of patient information, and secures and maintains the availability of records;</p> <p>8. Informing local and state emergency officials of any on-duty employees that the hospice is unable to contact;</p> <p>9. The role of hospice employees in providing care at alternate care sites during emergencies; and,</p> <p>10. The use of volunteers, off-duty hospice employees and another emergency staffing strategies, including the process and role for the integration of State and Federally designated health care professionals to address surge patient care needs during an emergency.</p> <p>Policies and procedures are reviewed and updated at least every two (2) years.</p> <p>CFR§418.113(b)(1-6)</p>	<ul style="list-style-type: none"> <li>• If the organization is within a location where the potential for needed evacuation is high, have there been plans to address the potential for evacuation. (Hurricane season).</li> <li>• Has an organization who implemented telecommunications in place of in-person visits ensured documentation that provides an accurate portrayal of the patient and their needs?</li> <li>• What processes are in place to ensure the patient continues to receive all medications/treatments/services to meet their needs?</li> <li>• Evaluate the steps taken by the organization in instances of either patients or staff converting to COVID positive.             <ul style="list-style-type: none"> <li>○ Has leadership put a process in place to facilitate contact tracing? Are appropriate measures taken such as quarantine of any COVID positive individual, testing, and reporting to the health department.</li> </ul> </li> <li>• Are measures taken to facilitate safety such as utilization of PPE, social distancing, and testing.</li> <li>• How are other agency caregivers informed of the new positive patient/staff?</li> </ul>
<p>HSEP 4.D</p> <p>The hospice maintains an emergency preparedness communication plan that complies with federal, state, and local laws.</p> <p>The communication plan includes:</p> <p>1. Names and contact information for hospice employees, patients’ physicians, entities</p>	<ul style="list-style-type: none"> <li>• Consider the method of communication with personnel providing services under arrangement.</li> <li>• Consider the availability of contact information for patient providers other than physicians (NP,PA,CNS), contact information for county</li> </ul>

<p>providing services under arrangement, and other hospices;</p> <p>2. Contact information for the federal, state, tribal, regional, local emergency preparedness staff, and other sources of assistance;</p> <p>3. Primary and alternate means for communicating with hospice staff, federal, state, tribal, regional, and local emergency management agencies;</p> <p>4. How information and medical documentation for patients under the hospice’s care is shared, as necessary, with other healthcare providers to maintain the continuity of care;</p> <p>5. Information in the event of an evacuation concerning how to release patient information, including their general condition and location, as permitted by the Health Insurance Portability and Accountability Act (HIPAA). The communication plan, including all contact information, is reviewed, and updated at least every two (2) years.</p> <p><i>CFR§418.113(c)(1-6)</i></p>	<p>emergency manager/ public health department.</p> <ul style="list-style-type: none"> <li>• How does the agency keep track of those who have provided services under arrangement to their patients?</li> <li>• With the need to social distance, what process is being followed to ensure that staff are kept informed of frequent changes in CDC recommendations and or CMS Waivers.</li> <li>• How are contract staff informed of this information?</li> <li>• How is patient information necessary for the continuity of care and to ensure patient needs are being met communicated?</li> </ul>
<p><b>HSEP 5.D</b></p> <p>The hospice maintains an emergency preparedness training program that is based on the emergency preparedness plan, risk assessment, policies and procedures, and the communication plan. The training program is reviewed and updated at least every two (2) years. The hospice EP training program includes the following: 1. For all new hospice employees and those providing services under arrangement, initial training in EP policies and procedures consistent with their expected roles; 2. Demonstration of staff knowledge of emergency procedures; 3. EP training of all hospice employees and individuals providing services under arrangement at least every two (2) years; A. More frequent training occurs if there is a significant update of EP policies and procedures; 4. A periodic review and rehearsal of the hospice’s EP plan with hospice employees (including nonemployee staff), with special emphasis placed on carrying out the procedures necessary to protect patients and others; and, 5. Documentation of each training including the date(s), participants, and content.</p>	<ul style="list-style-type: none"> <li>• Has training related to COVID-19 in general (signs/symptoms, care needs, agency process for screening, alternate care delivery methods, i.e. telehealth.) been provided?</li> <li>• PPE requirements as changes have occurred in availability and CDC recommendations. If the agency utilizes contract staffing, how have these employees been trained?</li> <li>• Has the hospice addressed how to handle the body of an expired patient who was COVID positive or a Person Under Investigation?</li> </ul>

<p><i>CFR§418.113(d)(1)</i></p>	
<p><b>HSEP 6.I</b>          Testing: The hospice providing care in the patient’s home conducts exercises to test the emergency preparedness plan annually, including:          1. Participation in a full-scale exercise that is community-based every two (2) years. a) When a community-based exercise is not accessible, testing includes participation in an individual, facility-based functional exercise every two (2) years. b) If the organization experiences a natural or man-made emergency that requires activation of the emergency plan, the organization is exempt from engaging in its next required full-scale community-based exercise or individual, facility-based functional exercise following the onset of the emergency event.          2. Conducting an additional exercise every two (2) years – opposite the year that a full-scale exercise or functional exercise is conducted.          This exercise may include, but is not limited to:          a) A second full-scale exercise that is community-based or a facility-based functional exercise; or b) A mock disaster drill; or          c) A tabletop exercise or workshop that is led by a facilitator that includes a group discussion using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages, or prepared questions designed to challenge the emergency plan.</p> <p><i>CFR§418.113(d)(2)</i></p>	<ul style="list-style-type: none"> <li>• Remind the organization that they are currently amid implementation of their emergency plan.</li> <li>• Ongoing documentation will help them to present how their plan was implemented and amended as the agency/patient needs changed.             <ul style="list-style-type: none"> <li>○ This could be as simple as the quality team conducting review of infection control data, changes made in processes based on that data, and monitoring the effectiveness of those changes.</li> </ul> </li> </ul>
<p><b>HSEP 7.I</b>          Hospices that are part of a healthcare system consisting of multiple separately certified healthcare facilities that elect to have a unified and integrated emergency preparedness program may choose to participate in the healthcare system’s coordinated EP program.          If selected, the unified and integrated EP program:          1. Demonstrates that the hospice actively participated in the development of the unified</p>	<ul style="list-style-type: none"> <li>• What mechanism does the agency have to remain current with changing information</li> <li>• Is the hospice able to attain PPE and staffing assistance as needed from within the healthcare system?</li> <li>• How does information regarding the Hospice’s needs get communicated with system leadership.</li> </ul>

<p>and integrated emergency preparedness program;</p> <p>2. Is maintained in a manner that considers the hospice’s unique circumstances, patient populations, and services offered; 3. Demonstrates that the hospice is capable of actively using the unified and integrated EP program and follows it;</p> <p>4. Meets the requirements of HSEP 2.D above;</p> <p>5. Is based on a documented community-based risk assessment for the hospice, utilizing an all-hazards approach;</p> <p>6. Includes integrated policies and procedures, a coordinated communication plan, and training and testing programs.</p> <p>CFR§418.113(e)</p>	<ul style="list-style-type: none"> <li>• Is there coordination of care occurring when patients are transferred into other departments of the system and/or from the system to the hospice agency?</li> </ul>
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