

Engagement of Home Health and Hospice Agencies in Medical Surge Activities



Home health and hospice agencies throughout the country make millions of care visits each year to medically-fragile patients, including those who are managing multiple chronic conditions, are recovering after inpatient hospital treatment, or are terminally ill. Unlike other healthcare services, home health and hospice care goes where the patient is rather than the patient going to the care. Accounting for a continually changing patient population and care setting, safe and efficient travel routes for staff, and continuity of operations for their administrative offices presents unique emergency preparedness and response planning challenges for home health and hospice agencies.

The U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) conducted 245 online surveys and 25 follow-up interviews with home health and hospice leaders in 43 states to learn their perceptions about the role of Medicare-certified home health and hospice agencies in supporting the health and medical response to disasters and emergencies. The survey and interviews sought to assess Medicare-certified home health and hospice agencies' characteristics and infrastructure, role in emergency response, preparedness procedures and collaborations, and barriers to participation. A key finding was that home health and hospice have essential roles in addressing healthcare needs during emergencies; however, those perceived roles have not been clearly defined and vary significantly from agency to agency.

The following questions and answers may assist home health and hospice agencies, healthcare coalitions, and other partners collaborate on and support each other's preparedness and response efforts. The responses also identify resources and offer suggestions to assist home health and hospice agencies in effectively planning to maintain continuity of their operations and integrate into their community's emergency management framework before, during, and after a disaster.

Additional Resources

- [Medical Surge and the Role of Home Health and Hospice Agencies Report](#)
- [Medical Surge and the Role of Home Health and Hospice Agencies Summary](#)

Resources for Home Health and Hospice Agencies

Who should I contact to express interest in contributing to my community's healthcare system emergency preparedness and response activities?

- Your local [healthcare coalition](#)
- Nearby hospitals
- Your local health department
- Your local emergency management agency
- Your local emergency medical services (EMS) agency
- Local fire and police departments

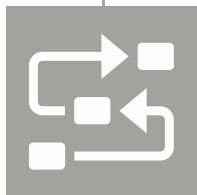


What steps can I take to improve the readiness of my home health or hospice agency?

- Educate your staff and patients on personal and family preparedness.
- Evaluate risks, hazards, and vulnerabilities within your community on an ongoing basis and plan how your agency, staff, and patients would respond during likely scenarios.
- Review existing policies, procedures, or protocols used during normal operations and evaluate their applicability to emergency response operations.
- Maintain a patient roster that includes all patients receiving services and their needs.
- Maintain a “call down” list of staff with their emergency contact information.
- Maintain an updated contact list of community partners, including the healthcare coalition; public health, emergency management, and EMS agencies; police and fire departments; and utility companies.
- Create emergency lists with contact information for other facilities (e.g., other home care and hospice agencies, nursing facilities, hospitals, long term care facilities) with which you coordinate patient care.
- Develop guidance for contacting staff and other facilities during an emergency incident and off hours when your agency is closed. Review the emergency lists annually or after changes in your staff or at other facilities.
- Develop a plan for each patient that provides instructions if there is an emergency in the organization or community that might disrupt care. Base the plan on the patient’s assessed needs, use of medical equipment/ devices (especially those reliant upon electricity), and availability of caregiver support.
- Develop a plan for communicating with your patients and their caregivers whether your agency is operational (fully or partially) during an emergency.

Relevant ASPR TRACIE Topic Collections

- [Continuity of Operations \(COOP\)/Failure Plan](#)
- [Emergency Operations Plans/Emergency Management Program](#)
- [Emergency Public Information and Warning/Risk Communications](#)
- [Exercise Program](#)
- [Hazard Vulnerability/Risk Assessment](#)
- [Incident Management](#)
- [Home Care and Hospice](#)
- [Recovery Planning](#)
- [Social Media in Emergency Response](#)
- [Training and Workforce Development](#)



- Develop and maintain emergency response kits and supplies for your facility and provide guidance and/or go-kits for your mobile staff.
- Provide emergency preparedness training to staff (e.g., incident command) and encourage participation in drills and exercises.
- Ensure your agency is signed up to receive emergency notifications from local preparedness and response partners and agencies and establish a process for sharing this information with staff.
- Determine whether your agency is eligible for priority restoration of utilities, receipt of fuel for generators and/or travel, and other services.
- Participate in coordinated emergency preparedness activities with various partners such as: local hospitals, facilities such as assisted living and nursing homes, healthcare coalitions, the local health department, and the local emergency management agency.
- Know who to contact to request or offer support during an emergency.
- Review resources in ASPR TRACIE's relevant Topic Collections and emergency preparedness materials developed by your affiliated national and state membership organizations or other community partners.



What steps can I take to develop an emergency plan for my home health or hospice agency?

- Conduct a hazard assessment to identify risks, threats, and vulnerabilities to your agency and within the geographic area where your patients reside. Additional information can be found in the [ASPR TRACIE Evaluation of Hazard Vulnerability Assessment Tools](#).
- Seek planning guidance from community partners (e.g., local health department, hospitals, emergency management agency, EMS).
- Enhance existing or develop new protocols, checklists, and guidelines for your staff to refer to during incidents more likely to occur, such as how to:
 - Implement site and personnel safety
 - Switch from electronic to paper medical records
 - Cope with loss of communication, internet, and electronic systems

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- o Secure pharmaceuticals, vaccines, and other temperature-sensitive supplies during a power outage (potentially for multiple days) at your facility and/or in your patients' residences
 - o Lockdown the facility
 - o Shelter in place during severe weather or no-notice incidents at your facility and/or in your patients' residences

- Identify backup systems for critical utility and IT systems used by your agency, including electronic health records and Web-based recordkeeping systems.
- Plan for contingency staffing, water/smoke/damage mitigation, and other situations that will allow the agency to remain open or re-open rapidly following a disaster, including allowing your staff to continue or quickly resume patient visits.
- Determine how patients will be prioritized if your operations are affected and develop continuity of care plans in the event your staff are unable to reach patients' residences.
- Discuss your emergency and continuity of operations plans with local authorities, vendors and suppliers, facilities with which you coordinate patient care, and other healthcare providers and key partners to identify potential gaps and establish back-up contact information.



What training is available for my employees?

- Access free online training on the [incident command system and other emergency management topics](#) through the Federal Emergency Management Agency's Emergency Management Institute.
- Identify training offered through your local or state emergency management agency and healthcare coalition(s).
- Share information with staff and the loved ones of patients about disaster training available through local [Community Emergency Response Teams](#), the [Medical Reserve Corps](#), or [American Red Cross](#).



How can I test my home health or hospice agency's emergency readiness?

- Conduct internal drills that test procedures and protocols specific to your operations.
- Participate in community-based exercises developed by local preparedness and response agencies.
- Ask community partners to include you in their drills and exercises.



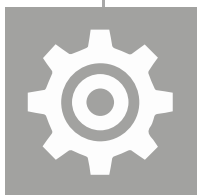
What can I gain through my participation in preparedness activities?

- An enhanced ability to serve patients on a day-to-day and emergency basis. Increased level of readiness for smaller, more common disruptions.
- A culture of preparedness among staff and patients.
- An awareness of ways to improve emergency readiness at your agency.
- The ability to maintain operations and revenue stream despite infrastructure or other challenges during an emergency.
- A plan for the orderly referral of patients to alternate sources of care if your agency is forced to close or your staff cannot get to patients in a disaster.
- A better understanding of community/region needs and vulnerabilities.
- The opportunity to make a difference in the community.
- Recognition and respect for your capabilities and professional expertise.
- Access to information and expertise from local partners.
- Opportunities for networking and professional development.
- Access to resources such as supplies, training, assistance in meeting regulatory/compliance requirements, exercise opportunities, and/or funding.



Where can I find information about healthcare coalitions and the nation's healthcare system preparedness and response framework?

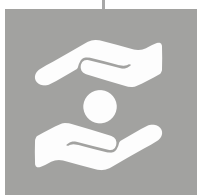
- ASPR [Hospital Preparedness Program \(HPP\) Information](#)
- ASPR [2017-2022 Healthcare Preparedness and Response Capabilities](#)
- Select ASPR TRACIE [Health Care Coalition Resources](#)



What resources are available to help my home health or hospice agency meet the requirements of the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule (the CMS Final Rule)?

- ASPR TRACIE – [CMS Rule Resource Page](#)
- CMS – [Emergency Preparedness Rule](#)
- National Association for Home Care & Hospice – [Home Health Emergency Preparedness Conditions of Participation, Interpretive Guidelines, and Survey Procedures](#)
- Wisconsin Department of Health Services – CMS Emergency Preparedness Rule Home Health Agencies [Toolkit](#) and [Workbook](#) and Hospices [Toolkit](#) and [Workbook](#)

Resources for Healthcare Coalitions and Other Partners



How can home health and hospice agencies contribute to healthcare emergency preparedness and response activities in my community?

- Reduce demand on local emergency departments by maintaining operations and providing additional surge capacity for low acuity patients.
- Provide expertise in proactive collaborative planning and treatment for certain patient populations that are at higher risk or need specialized care such as older adults, those with multiple chronic conditions, and people with disabilities or access and functional needs.
- Improve community resilience by providing continuity of care and ongoing communications to the patients they serve during a disaster.
- Engage in risk communication to existing patients and their loved ones.
- Provide anticipatory guidance to patients such as:
 - Educating and encouraging patients and their loved ones to sign up for emergency alerts from public safety and utility companies.
 - Advising patients with special healthcare needs on the importance of pre-registering for special medical needs shelters and participating in any registries for those with special needs.
- Support local prophylaxis/vaccination efforts.

- Provide follow-up communications and support during the recovery phase of an emergency.



What factors would initiate home health or hospice involvement in emergency response?

- Responding to meet the needs of existing patients affected by a community incident.
- Request from a local, state, or federal emergency management or public health agency.
- A request from a health system partner.



What is the best way to reach out to home health and hospice?

- Direct contact with personnel.
- Establish relationships with [state](#) and [national associations](#) to assist in identifying home health and hospice agencies in your area.
- Through local public health agencies, hospitals, and other partners who have established relationships with home health and hospice agencies.



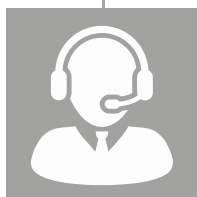
How can community partners engage home health and hospice agencies in ongoing preparedness activities?

- Invite home health and hospice agencies to participate in:
 - Healthcare coalition activities
 - Exercises and drills
 - Emergency preparedness training opportunities
 - Local hazard assessment (hazard vulnerability assessment, threat and hazard identification, and risk assessment), and emergency response planning activities.
- Identify gaps and areas of need and ask home health and hospice agencies if they are able to help address them.

- Provide emergency planning and response guidance and technical assistance to home health and hospice agencies.
- Ensure home health and hospice agencies are signed up to receive emergency notifications and alerts about emergencies in the area.
- Offer access to community-wide resources, such as supply caches, radio networks, priority fuel deliveries for generators, or emergency operations centers.

What support can partners provide to improve home health and hospice agencies' ability to participate in and sustain an emergency response?

- Educate home health and hospice on healthcare coalition and jurisdictional emergency operations plans. Specifically identify opportunities for these providers to contribute.
- Share guidance and technical assistance from local subject matter experts to inform home health and hospice preparedness activities.
- Include home health and hospice agencies in notification/information sharing activities.
- Include home health and hospice agencies in exercise and training opportunities.
- Enable access to disaster supplies and equipment.
- Provide guidance on strategies to seek reimbursement for costs associated with response activities as well as funding available to repair/rebuild facilities, replace lost supplies and equipment, or otherwise recover from a disaster.
- Encourage home health and hospice leadership investment in continuity of operations (COOP) planning to lay a foundation for coordinated community preparedness.
- Exchange experiences and lessons learned while promoting mentorship of home health and hospice staff with less experience in emergency management.
- Increase awareness of the significant role home health and hospice can play in emergency response and recovery.





What challenges might prevent home health and hospice agencies from participating in emergency preparedness and response activities?

- Variations among home health and hospice agencies based on geographic areas served, continually changing patient population and care locations, and opportunities and capacity to engage with other healthcare response partners.
- Lack of knowledge about how to interface with organized emergency response and associated agencies.
- Lack of inclusion or outreach by emergency response agencies.
- Staff may not be accessible or able to report during a response.
- Staff may have limited knowledge or understanding of their roles or how they might contribute in an emergency.
- Inability to attend and/or loss of revenue if community planning meetings, training, and exercise activities are scheduled during patient care hours.
- Time constraints due to patient care responsibilities and other competing priorities.
- The agency's setting/capabilities/funding may not be adequate to support necessary emergency response activities.

Additional Information

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