Integration of Home Health, Hospice, and Personal Service Agencies into Indiana’s District Preparedness Planning Process
Indiana Association for Home & Hospice Care
Emergency Preparedness

Information for Emergency Preparedness Districts to integrate home health, hospice, and personal service agencies into the District Preparedness Planning Process.

Prepared by the Indiana Association for Home & Hospice Care (IAHHC) utilizing information from the

EMERGENCY PREPAREDNESS PACKET

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IAHHC in coordination with the Indiana Hospital Association (IHA), has developed an all hazard emergency preparedness plan to be utilized in the ten Emergency Preparedness Districts in Indiana. The goal is to incorporate home health agencies, hospices, and personal service agencies into each district’s plan.

IAHHC is utilizing information developed by the National Association for Home Care & Hospice (NAHC) Emergency Preparedness Workgroup. The workgroup was established to develop an all hazards emergency preparedness plan to be used by home care and hospice providers. Nationally, providers have experienced difficulties when promoting the role of home care to local and state emergency planners. IAHHC’s and IHA’s goal is to educate the districts on the potential role for home health, hospice, and personal service agencies during a natural disaster or pandemic. There is no national consensus from community and state planners on how home care and hospice providers should function during an emergency. Some state plans have expected the home care providers to do such things as deliver medications, provide transportation for patients to shelters, and to staff inpatient facilities. These expectations are not only an inefficient use of valuable resources, but they do not take into consideration how home care and hospice providers will continue to care for their existing patients and the possible surge of new patients.
Note: The term “home care” used throughout this packet includes home health, hospice and person service agencies.

THE ROLE OF HOME HEALTH AND HOPICE IN EMERGENCY, DISASTER, AND EVACUATION PLANNING

On November 25, 2002, President Bush signed into law the “Homeland Security Act of 2002” (Public Law 107-296). The Department of Homeland Security’s primary mission is to help prevent, protect against, and respond to acts of terrorism within our nation’s communities. Title V of the law, Emergency Preparedness and Response, directs the Secretary of Homeland Security (Secretary) to carry out and fund public health-related activities to establish preparedness and response programs. The Secretary is directed to assist state and local government personnel, agencies, or authorities, non-federal public and private health care facilities and providers, and public and non-profit health and educational facilities, to plan, prepare for, prevent, identify, and respond to biological, chemical, radiological, nuclear event and public health emergencies.

After many proactive initiatives on the part of home care providers, home health care, hospice, and personal services agencies, are now to be included in Indiana’s emergency planning. Nationally plans for home care and hospice providers during an emergency are unfortunately often based on misconceptions of the role they should play.

The institutional bias towards health care planning and delivery in our nation, both in emergencies and non-emergencies, has left home care poorly defined for many. This has been evident by some state and local emergency plans that expect home care providers to fill-in resource gaps such as augmenting hospital staffs or providing transportation for patients and non-patients to community shelters.

Home care and hospice agencies can be a fundamental foundation that can support the traditional hospital health care system during a time of disaster. However, they should be able to function utilizing their inherent strengths and existing care delivery structure.

Home care and hospice agencies already perform activities necessary for effective emergency planning, such as assisting hospitals when at surge capacity, providing community wide vaccination clinics, participating in community outreach programs to disseminate public health information, and educating patients on disease management. In addition, their ability to deliver health services to individuals in non-structured environments, without additional training, makes them ideal as key responders in times of crisis. For example, during hurricanes Katrina and Rita home care and hospice professionals were instrumental in caring for patients housed in shelters and non-traditional health care facilities. Indiana home health agencies have been providers for “flu clinics” around the state for the last twenty years. During the
flooding of Columbus Regional Hospital, Schneck Memorial Hospital had to immediately discharge many patients to make room for the seriously ill from Columbus Regional Hospital. Schneck Memorial Home Health & Hospice needed to admit these discharged patients to home care. The patients were safely transitioned from the hospital to home within a few hours.

With respect to preparedness and response to disasters affecting the public health, it is critical that home care and hospice agencies’ infrastructure be strengthened, and that the special qualities and abilities of these health care providers be utilized. As a service performed primarily in individual homes and the community, home care and hospice are essential to disaster preparedness and response efforts.

Today, home care is the only “system” that is oriented to the community in a broad enough way to provide a massive infrastructure. Through the home care and hospice agencies in Indiana, it is possible to put a nurse in every zip code. The home care clinicians are well acquainted with their communities to the point that they can be quickly deployed.

The home care clinicians of today are trained in community health service. They are able to assess the patient’s symptoms and the environment in which the patient resides. Clinicians conduct patient and safety assessments, skilled care and treatment, educate patient and family, monitor and instruct on infection control practices in the home, and assist with medical and social supports that are critical to the process of healing the sick and protecting the well. Today these skills are essential to serve and protect our communities’ health.

Home care providers need to be classified as essential health care workers and be provided such considerations as gas vouchers, official identification cards or papers, access to restricted areas, and access to alternate communication systems. IAHHC members know the most fragile and at risk Hoosiers in their community. When a serious tornado hit the Evansville a few years ago, home care and hospice providers reported that law enforcement would not allow the staff to get to the homes of current patients.

As such, home care providers should be included in emergency and preparedness response programs and be allowed greater self-determination regarding their contribution to emergency planning and response initiatives. To utilize home health, hospice and personal service providers as only support systems for other health care providers during emergencies would not be an efficient use of a valuable resource.

**Types of Home Care Agencies**

Emergency planners must understand the various structures in which home care is delivered to recognize the full scope of assistance home care agencies can provide during disaster planning and response efforts. Home care services are provided by home
care organizations that include home health agencies, hospices, and personal care and private duty agencies.

**Home Health Agencies**
The term “home health agency” is defined as providing those services that require an order from a physician or care that must be provided by a licensed professional (RN, LPN, PT, OT, SLP, and social worker). Most of these providers are Medicare certified. A Medicare certified agency has met federal requirements for patient care and management and therefore, can provide Medicare and Medicaid home health services. Indiana is a mandatory licensure state so some home health agencies provide skilled services that are not reimbursed by Medicare or Medicaid. Home health agencies care for patients, adults and children, with multiple medical problems including ventilator care, IV therapy, medical monitoring and teaching.

**Hospices**
Hospice care involves a core interdisciplinary team of skilled professionals and volunteers who provide comprehensive medical, psychological, and spiritual care for the terminally ill and support for patients' families. Hospice care also includes the provision of related medications, medical supplies, and equipment. Indiana hospices are Medicare certified and licensed according to state requirements. Hospices can be highly effective in dealing with emergency situations involving terminal disease and mass casualty deaths. Hospice staffs are trained to support patients and families during the dying process and bereavement.

Medicare certified home health and hospice agencies are more likely to accept patients that are rapidly discharged from hospitals and skilled nursing facilities during an emergency. Medicare certified agencies are usually structured as either: hospital based, proprietary, or community based.

**Personal Service Agencies (PSA)**
PSAs provide non-medical services that support individuals through meal preparation, bathing, dressing, and housekeeping. PSAs provide those services that an individual would normally do for him/herself if able. These services allow an individual to remain in his/her home. In Indiana, PSAs must be licensed by the Indiana State Department of Health.

Personal Service Agencies will also have a role in emergency planning; however, they are not able to provide skilled services. Though the clients serviced are not acutely ill, for many the PSA is the life line. Without PSA services, the individual could not take care of personal needs. PSAs grocery shop, pick up medications at the pharmacy, and cook meals. In an emergency, many of these people would be helpless without assistance.
All IAHHC members have been assigned to a district based on the locations of the primary office. However, most providers may also serve patients/clients in another district. Each district has a team leader who will attend the district meetings. The team leader will then communicate with the other members in the district. The goal of this grant is to fully integrate home health, hospice, and personal service agencies into each district’s plan. This will enhance the measures that will be required during an emergency.

Appendix A contains the list of providers, including the address and phone number, counties serves, agency administrator, and e-mail address of the administrator. The district team leader is noted. This listing will allow each district to see the number of providers who can assist in any emergency in the district.

Over the last three years at IAHHC regional meetings, workshops on emergency preparedness have been presented. Many members currently have Hazard Vulnerability Assessments, HHA Emergency Preparedness Assessment, and Emergency Preparedness Plans.

All IAHHC members will be sent this document and the following information.

1  Hazard Vulnerability Assessment
2  HHA Emergency Preparedness Assessment
3  Incident Command System
4  HHA Preparedness Plan
5  Items to Consider for Admission
6  Abbreviated Assessment
7  Abbreviated OASIS Assessment
8  Memorandum of Understanding
9  Patient emergency Preparedness Plan
10  Family Emergency Preparedness Plan
11  Staff Emergency Preparedness Plan
12  Business Continuity Plan

Medicare and Medicaid rules once hampered providers in the time of emergency. Like many other providers, the Centers for Medicare and Medicaid (CMS) mandates prevent deviation from the norm. However in May 2007, NAHC requested the CMS to grant regulatory waivers for home care and hospice providers in order to facilitate effective and efficient planning and response. In October 2007, the CMS Survey & Certification Group issued a letter to State survey agencies that included a Frequently Asked Question (FAQ) document that uses an all hazards approach to address allowable deviations from provider survey and certification requirements during a declared public health emergency. The letter to providers will be included in the information for providers.
In the fall of 2010, IAHHC will hold regional workshops with the district directors and members to further integrate providers into each district’s plan.

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