

# Minnesota Hospice Emergency Preparedness Toolkit



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## Introduction

This toolkit is intended to be used as a resource by hospice staff and hospice leadership in formulating, revising and updated their emergency preparedness plans. As of November 15, 2017 the Centers for Medicare and Medicaid Services (CMS) put into effect § 418.113 the new emergency preparedness condition of participation. This toolkit reviews information regarding the new regulation and divides it into four main sections. These sections are Risk Assessment and Planning, Policies and Procedures, Communication Plan and Training and Testing. In each section, linked resources, tools and templates are provided. These resources are not comprehensive but instead represent a sample of resources that have been used by Minnesota hospices in developing their emergency preparedness plans. This toolkit it not designed to be a comprehensive and complete review of the regulations but instead to provide the reader with a collated listing of resources that are helpful in constructing and revising and emergency preparedness plan and how these resources fit into the four main components of a plan.



## Regional Health Care Coalitions | One

The Minnesota Regional Health Care Coalitions are involved in facilitating preparedness and assisting communities to ensure sustainability and recovery of health care services during an emergency. Even before gathering resources to create or revise your plan it is good to consider reaching out to your Regional Health Care Preparedness Coordinator to review resources available in the community and at the local, state and federal level.



## Health Care Coalitions of Minnesota



## Gathering Resources | Two

Gathering resources that are both applicable and legitimate is one of the biggest challenges in creating a sound plan. There are no shortage of resources and the challenge lies in finding resources that are from a trusted source and are credit worthy, tested and use industry standard material. This list below is not comprehensive but provides a starting point of standardly used reference material appropriate for our state. ASPR TRACIE serves as a gateway to emergency preparedness resources that are approved by the U.S. Department of Health and Human Resources and should be one of the first sites to research.

[ASPR TRACIE](#)

[MDH Emergency Preparedness](#)

[NHPCO Emergency Preparedness \(login first\)](#)

## Risk Assessment | Three

When establishing the risk assessment it is important to know that there is a difference between a risk and a hazard. For this purpose a hazard is anything that has the potential to affect a hospice's patients, staff or continuity of operations. A risk is the likelihood of the hazard occurring and a measurement of the hospices ability and the communities ability to respond to the hazard. In creating a risk assessment it is essential to include not only the evaluation of risk created by the hospice but also the risk assessment done by the local health care coalition and the risk assessment done by the integrated healthcare system if the hospice is part of one. There are many standard tools to use for risk assessment or Hazard Vulnerability Analysis (HVA). The HVA tool that is standardly used by the Minnesota Health Care Coalitions is referenced below. This site includes instructions on how to apply the HVA tool to your agency.

[Kaiser HVA Tool](#)



## Emergency Preparedness Plan | Four

The emergency preparedness plan should be supported and a continuation of the HVA and address the risks and capabilities identified in the HVA. The plan should address how continuity of operations will be provided, the services provided to patients in an emergency, the delegation of responsibilities and the collaboration with agency and community resources. The plan should include how and when the hospice will provide essential functions and identify who the responsible staff will be for the operation of the hospice during an emergency and who their back-ups would be. The plan also outlines how patient information, data and other vital needs are shared inside the agency and outside of the agency during an emergency. The plan outlines how the hospice will collaborate with local, state and federal resources. This would include documentation communications with these officials. Many example plans and instructional documents for the emergency plan exist in ASPR TRACIE and at other sites and some of these are included in the links below.

[NAHC Emergency Preparedness Packet for Home Health Agencies](#)

[Michigan DPH Emergency Preparedness Handbook for Home Health](#)

[NHPCO Emergency Preparedness for Hospice Providers](#)

[North Carolina Emergency Preparedness Handbook Home Health Emergency Operations Plan Template](#)

## Policies and Procedures | Five

The policies and procedures can be part of the plan or can be incorporated into the policies for the individual hospice. The policies and procedures should be known and understood by all staff and management should be able to speak to any aspect of the policies and procedures. The documents if they are electronic should also have a hard copy and should be ideally co-located in the case that the hospice office is not operable. This section should include for a way to prioritize patients that can be understood easily by both staff and agencies that the hospice is collaborating with. They should reflect a process for following up with all patients and addressing patients that can't be communicated with. This section should also include a process for following up with on and off duty staff and should document staff that can't be communicated with.



The policies and procedures will also address medical documentation during an emergency and how patient confidentiality is protected. Also during an emergency there should exist a documented system that addresses staff shortages and how the hospice will contact and manage medical volunteers. There should be documentation of prearranged transfer agreements with other hospices and other agencies in the case that the hospice is not able to provide services or has the limited ability to provide services.

If the hospice is an in-patient hospice there should be processes documented for the safe evacuation of the in-patient unit and if safe evacuation is not possible, policies should be documented for sheltering in place and the provision of subsistence needs.

The policies and procedures should also include the responsibilities of the hospice in providing care in the event of the declaration of a 1135 waiver. For more on the 1135 waiver refer to the link below.

[Chatham Hospice Evacuation Plan Format](#)  
[Louisiana Model Emergency Preparedness Plan](#)  
[HIPAA Waiver Toolkit](#)  
[Long Term Care Evacuation Job Aide](#)  
[LTC Evacuation Plan and Checklists](#)  
[LTC Shelter in Place Plan and Checklists](#)  
[HICS ICS Job Action Sheets](#)  
[HICS Patient Tracking and Patient Evacuation Forms](#)  
[Minnesota Medical Reserve Corps](#)  
[CMS 1135 Waiver at a Glance](#)  
[IAHHC Home Health, Hospice & PSA Agencies EP Plan](#)  
[Resources](#)

## Communications Plan | Six

The hospice should maintain a communication plan that is compliant with the hospice's policies and all local, state and federal requirements. The communication plan should encompass how in the case of an emergency the hospice will communicate with patients and families, within the hospice agency, with other health care providers, local, state and federal emergency management, volunteers and the media. The communication plan should include both primary and alternate means of communication with staff, contractors, health care providers and government emergency management agencies.



The communication plan should include information on how the hospice will share medical records and patient information with other health care providers and emergency management resources. Hospices that are evacuating or transferring patients should have a HIPAA compliant means of releasing and sharing patient information. Guidance on how to maintain HIPAA compliance can be found in the [HIPAA Waiver Toolkit](#) which comes with a HIPAA decision making flowchart.

Considerations that should be taken into account when developing the communications plan should also include how authorities may differ depending on the emergency situation and how the hospice determines which authorities to notify. The hospice will also need to document how the hospice is able to help others and how those means of communication may be different. Check with your Regional Health Care Preparedness Coalition to see if they are using MNTrac as a tool to communicate with other hospice and regional emergency management services. MNTrac is a web application maintained by the Minnesota Department of Health designed to allow inter-facility communication and tracking of patient's bed capacity, pharmaceuticals and resources. The system is operated in real time and supports emergency event planning, emergency chat and alert notifications.

[Facility Contact Lists](#)

[LTC MOU Templates](#)

[Sample MOU](#)

[Sample Transfer Agreement](#)

[NAHC Emergency Preparedness Packet for Home Health Agencies](#)

[Michigan DPH Emergency Preparedness Handbook for Home Health](#)

[MNTrac](#)

## Training and Testing | Seven

The training and testing program should be based off of the data from what was learned in the HVA. The training and testing portion of the plan should be revised annually. During the training and testing the hospice can choose how it will train for and test individual components of the plan such as using the calling lists, using patient tracking or MNTrac and operating the Incident Command System.

The hospice emergency preparedness training should be based off of the HVA and also off what was learned with the plan was tested in the previous year. Each staff member should receive the training during orientation and all staff need to complete the training annually. Staff



training should reflect what the staff will be doing during an emergency and should vary on what their role is. Incident command staff should receive separate and additional training. The FEMA courses, 100, 200 and 700 linked below are a good source for this training. The training needs to be documented and knowledge needs to be demonstrated and recorded. The hospice can also consider periodic trainings or quizzes that reflect relevant or seasonal risks.

Testing should be based on the risks identified in the HVA and on what has recently been tested. The hospice needs to conduct at least two exercises annually. Those can consist of two full scale exercises for one full scale exercise and one table top exercise. The definition for a full scale exercise would be the one used in the CMS regulations and is different from how FEMA defines a full scale exercise. During the testing it is important to use community partners and allied staff from outside the hospice agency as well as having frontline staff represented. The hospice will need to document the exercise and the improvement plans that come from the exercises. A good source for this documentation is in the FEMA after action reports in the resources links below. The FEMA National Incident Management System (NIMS) training courses, ICS 100, 200 and 700 are good sources for this training and are provided at no cost at the link below.

[FEMA Emergency Preparedness Tabletop Exercises](#)

[After Action Report Template](#)

[Florida Training and Exercise Guide for Nursing Homes](#)

[NIMS ICS 100, 200 and 700 Courses](#)

## In-Patient Hospices | Eight

In-patient hospices have additional requirements that encompass evacuation needs, transfers of medical documentation, sheltering in place and subsistence needs. The in-patient hospice should have a system for following up with all on and off duty staff and recording those who can't be reached. Policies and procedures need to be in place for informing emergency management officials of those patients that need evacuation. These need to include the patient's medical needs such as durable medical equipment, life support equipment and medications and if any hospice staff will be accompanying the patient. Systems also need to be in place to communicate basic health care information in a manner that is compliant with HIPAA regulations. In addition, the hospice facility will need to be able to provide for the subsistence needs for all patients and staff for however long that need is required. These provisions should at a minimum include food, medications and medical supplies and consideration should be taken into account for visitors or member of the community who may arrive at the facility seeking to shelter.

The facility needs to have a policy and procedure for supplying alternative sources of energy for heating, cooling and electrical needs. It is up to the facility in compliance with local codes and





guidelines on how this is to be provided. In addition, the facility should have a policy and procedure that has provisions for how sewage and waste will be managed in the event of an emergency. The best practices for the above provisions is to document communication with the local health department, city or county emergency management and the regional healthcare coalition on how these are best provided for.

The facility should review and incorporate their HVA and have policies and procedures in place that speak the means for sheltering in place for all staff, patients and volunteers in the case of needing to fully shelter in place or conduct a partial evacuation. In the case of an evacuation the facility should have prearranged agreements with appropriate facilities in the area that the facility could evacuate patients too. Best practices for this would be to have memorandums of understand and transfer agreements made ahead of time. Examples of these are in the links below.

[LTC MOU Templates](#)

[Sample MOU](#)

[Sample Transfer Agreement](#)

[MDH LTC Preparedness Toolkit](#)

[MDH LTC Evacuation Job Aide](#)

[LTC Evacuation Plan and Checklists](#)

[LTC Shelter in Place Plan and Checklists](#)

[HICS Patient Tracking and Patient Evacuation Forms](#)

[Chatham Hospice Evacuation Plan Format](#)

## Checking Your Work | Nine

Once the plan is completed a good suggestion would be to compliance check the plan and procedures outlined in the plan. For a very comprehensive collection of compliance resources for checking your plan there are many in the NHPCO Emergency Preparedness section if your hospice a member of NHPCO. The first two links below are in relation to that site and you need to be logged into NHPCO for the links to work. The Emergency Preparedness section for NHPCO is at the following path; NHPCO > Regulatory > Hospice Operations > Administration > Emergency Preparedness.

For more in depth regulatory information for compliance checking your plan, a good source is the CMS Integrated Surveyor Training Website. To access this, use the link below. Non-Survey



professionals and other staff who are responsible for compliance are able to and encouraged to take the course. Once in the website, select “I am a Provider”, next, select the course catalog on the top banner and search for Emergency Preparedness. This will bring up the web based Emergency Preparedness Basic Surveyor Training Course.

In addition to CMS compliance, it is important to verify that your plan is compliant with your policies and state regulations. Check your hospice policies and the Minnesota regulations at the link below. In reviewing your plan make sure at least several staff in the agency can speak to each compliance item in the plan and knows where it is located. A best practice suggestion would be to have each L tag referenced to where it is spoken to in the plan and the procedure and that several members of the hospice management can speak to this.

**[Hospice only Interpretive Guidelines - NHPCO Login Required](#)**

**[CMS Surveyor Tool - NHPCO Login Required](#)**

**[CMS Surveyor Training Website](#)**

**[Minnesota Hospice Rules](#)**

**[QCOR](#)**

