

This checklist provides hospice and home care agencies with a range of considerations and corresponding resources as they prepare and implement their response to the COVID-19 pandemic. It draws from guidance from CDC, CMS, NHPCO and state hospice organizations, LeadingAge, The Johns Hopkins Center for Health Security, and from leaders of hospice and home care organizations. For additional COVID-19 response tools, visit: <https://www.capc.org/toolkits/covid-19-response-resources/>

Hospice and Home Care COVID-19 Crisis Planning Checklist

Action	✓ Started	✓ Completed
Comprehensive Planning		
Create an organization-wide multi-disciplinary COVID-19-specific emergency response team that includes representatives from senior leadership, clinical, and ancillary support departments.		
Develop a COVID-19 Preparedness Plan, centrally available to all staff, that codifies decisions made and processes implemented by the COVID-19 response team.		
Use evidence-based guidelines and recommendations from CDC, CMS, national professional organizations (such as the ANA), and local and state authorities as the standard of care for clinical decision-making.		
Develop protocols with hospital and nursing facilities for accepting and transferring patients.		
Review the organization’s existing Emergency Preparedness Plan and infection control policies, updating as necessary to reflect your agency’s COVID-19 response.		
Determine a communication schedule to convey information from the emergency response team to staff and other stakeholders with predictable frequency; designate a spokesperson to provide consistent, accurate messages.		
Review national and state-specific regulatory changes and waivers, including provisions of CMS’ 1135 Blanket Waiver for Hospices , designating an individual to be responsible to monitor changes in regulations, if needed.		
Review and disseminate telework policies to all staff.		
Liaison with care delivery partners (other COVID-19 response teams, local healthcare coalitions, pharmacies, emergency preparedness organizations, etc.) to collaboratively establish referral patterns , share information, problem solve, and identify community-wide resources.		
Share estimates of quantities of essential patient care materials and equipment with other local emergency preparedness groups to support a community-wide response.		
Engage the board of directors and clarify its role as a partner in strategic planning, ensuring resources, and expediting routine approval processes during the COVID-19 crisis.		
Adopt an ethical framework for decision-making during the COVID-19 pandemic, and develop ethical protocols in accordance with guidelines for crisis standards of care and in collaboration with other local health care entities, when possible.		

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Internal and External Communication		
<p>Develop an internal communication plan to provide information and reduce staff fears. The Communication Plan should:</p> <ul style="list-style-type: none"> • Identify a centralized, one-stop place (such as a SharePoint page) for staff to receive continually updated information and resources related to COVID-19 and details about the organization’s response to the crisis. • Allow for regular opportunities for staff to ask and receive information from leadership on the COVID-19 crisis, such as routine town hall meetings. • Define multiple levels and vehicles of communication to keep external audiences (patients, families, and healthcare delivery partners, etc.) informed and reassured about the organization’s response to COVID-19. 		
Workforce Mobilization		
Provide just-in-time education and training to increase staff understanding of COVID-19, its prevention and control measures.		
Circulate CAPC’s COVID-19 Response Toolkit for COVID-specific training on communication skills and symptom management.		
Distribute a Readiness Protocol for hospice, home care and palliative care teams.		
Vaccinate all staff members, as possible, for influenza to reduce the burden of that disease.		
Update staff and volunteer contact information.		
Ensure the corporate/agency call tree is updated and reviewed.		
Solicit information from front-line staff on their capacity to care for patients presumed or confirmed to be COVID-19 positive and/or their availability to work additional or flexible hours.		
Develop a list of staff who are willing, able, and capable to be frontline COVID-19 caregivers and a list of high-risk staff based on age, health conditions, etc.		
Develop a daily surveillance protocol for staff monitoring of coronavirus signs and symptoms per CDC guidelines .		
Create a surveillance tool for tracking staff exposures and other related illnesses for monitoring purposes.		
<p>Prepare alternative staffing strategies to address anticipated surges in patients and/or workforce shortages, with guidelines for:</p> <ul style="list-style-type: none"> • Redeploying staff and volunteers to assume new tasks • Identifying staff positions where adjustments in workload have created capacity to assume other tasks • Shifting clinical staff to highest-need areas • Cross training the workforce and volunteers • Creating procedure guideline, algorithms and/or videos that allow staff to efficiently and consistently perform each other’s tasks when needed • Contracting with other agencies for additional workforce 		
Evaluate the need for family support to enable staff to work (childcare, pet care, etc.)		

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Review and revise HR policies related to occupational health , employee furloughs and time off for illness, considering federal guidelines.		
Explore assistance available to small businesses for paid leave and payroll expenses during the COVID-19 crisis.		
Supporting and Protecting the Workforce		
Establish risk-mitigation strategies and mechanisms for routine staff screening .		
Review CMS Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) by Hospice Agencies .		
Implement processes to ensure the organization provides staff with supplies and materials necessary to adhere to recommended infection prevention and control practices.		
Provide resources to support team health and resiliency and mental and behavioral health , including Employee Assistance Programs (EAP).		
Provide mechanisms for team members to routinely communicate with each other to fill the void in personal contact with colleagues caused by social distancing.		
Develop a list of resources to assist staff with grief and bereavement.		
Personal Protective Equipment (PPE)		
Review CDC guidance on decontamination , extended use and limited reuse of masks.		
Offer training on properly donning and doffing PPE, with clear directions regarding the type of PPE for specific restrictions such as universal, droplet or contact isolation.		
Develop a process to inventory PPE supplies and other consumable supplies (keeping outdated supplies for emergency), document PPE burn rate, and control access to PPE inventory.		
Develop a protocol for PPE stewardship that aligns crucial need with available supplies.		
Develop a contingency plan to address likely shortages of PPE supplies that addresses allocation of limited supplies.		
Patient Care		
Estimate quantities of essential patient care materials and equipment and pharmaceuticals.		
Determine patient COVID-19 screening process, including telephone-screening questions for determining telehealth options vs. in-person visits.		
Develop care pathways for two distinct types of patients: those who are COVID-19 positive and those who are not.		
Develop a plan for protecting patients, their families and caregivers from COVID-19, including the evaluation, diagnosis and management of the disease.		
Review hospice-specific information on controlling infection and provide patients, caregivers and household members with CDC's guidance on preventing the spread of COVID-19 in the homes .		
Develop protocol for reviewing options for telehealth involvement for families.		
Proactively review advance directive documents with patients and conduct COVID-19-specific goals of care conversations .		

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Coordinate with pharmacies to ensure availability of comfort medications.		
Utilize a shared decision-making tool to discuss the risk of COVID-19 and articulate the desired course of treatment.		
Review patients' medications to determine modifications that could reduce the frequency of medication administration by staff.		
Assess and routinely reassess Patient Classification Levels for possible triage.		
Develop care pathways designed to avoid hospitalization of patients when possible.		
Develop strategies to best support dying patients in consideration of social-distance requirements.		
Share hospice and palliative care communication and symptom management tools with other health care professionals.		
Mobilize in-home comfort packs for symptom relief or end-of-life care for patients who would benefit from them.		
Provide patients and families with information about stress responses, resilience, and available professional mental health/behavioral health resources.		
Virtual Technology		
Develop mechanisms to assess home-based patient and/or family skills to utilize electronic means of communication and provide assistance accordingly.		
Launch an initiative to increase patient awareness of, and enrollment in, the organization's app to facilitate communication between staff and patients and families.		
Reassess staffing patterns in anticipation of a surge in patients accessing virtual telehealth/telemedicine visits.		
Develop or expand telehealth capabilities for provider-initiated visits; patient or caregiver call response; and provider-to-provider communications .		
Work with payers to approve reimbursement for telehealth visits.		
Providing Care in Skilled Nursing Facilities and Residential Hospice Facilities		
In collaboration with administrators in skilled nursing facilities, develop a plan to continue providing care to patients in nursing facilities, in accordance with proper infection control measures.		
Develop a flowchart for screening hospice workers and visitors for inpatient hospice and nursing homes.		
Deploy electronic devices (iPads, etc.), as possible, to nursing facilities to assure ability to conduct virtual visits and coordinate care.		
Identify a primary contact in nursing facilities to assist the hospice and palliative care teams with virtual visits.		
Develop facility plan to designate a portion of the residential hospice house for patients with COVID-19 disease.		
Facility Maintenance		
Address infection control in all organizational settings, including patients' homes and hospice residences and units.		
Enact protocols to increase frequency and intensity of cleaning in the office and hospice residences and units.		
Circulate reminders for clinical staff to clean and disinfect equipment, including stethoscopes, laptops, phones, etc.		
Provide guidance to field staff that addresses maintaining safety in their homes.		

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Recovery Plan - Develop a plan that:		
Catalogues lessons learned as the crisis evolves and identifies issues that will need immediate attention once the crisis subsides (such as issues related to staff grief).		
Identifies resources that will aid in the organization's recovery.		

Sources:

- CMS COVID-19 Healthcare Planning Checklist
- CDC Comprehensive Hospital Preparedness Checklist for Coronavirus Disease 2019 (COVID-19)
- Coronavirus COVID-19 Homecare & Hospice Checklist developed by Barbara Citarella, RBC Limited Healthcare & Management Consultants, 3/20/20
- The Society of Critical Care Medicine's COVID-19 ICU Preparedness Checklist
- The Johns Hopkins Center for Health Security publication: "What US Hospitals Should Do Now to Prepare for a COVID-19 Pandemic, 2/27/20
- NHPCO.org
- LeadingAge.org
- CDC.gov
- CMS.gov
- Interviews with hospice and homecare leaders

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