

Healthcare System Preparedness: Utilizing Home Care and Hospice For Surge Capacity

Presented by:

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Surge Capacity

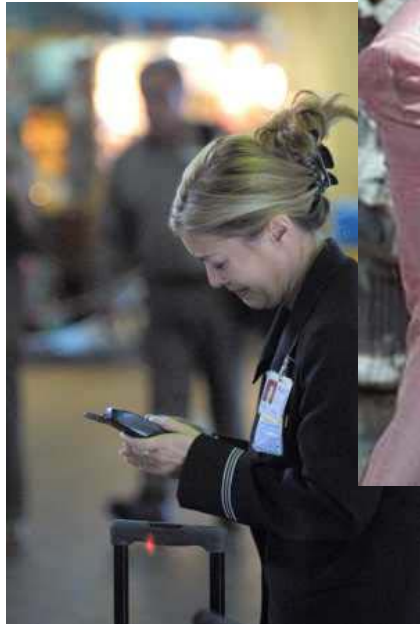
There is very little surge capacity in the United States!

Types of Providers

- Medicare
- Medicaid
- Private Pay
- Companion Services







SURGE CAPACITY

Maximum Capacity/Capability to
Provide Care & Services with
Available Resources

- ✿ Human
- ✿ Medical
- ✿ Physical
- ✿ Financial

9/11 Barriers To Surge In Home Care & Hospice

- Industry not focused on disaster preparedness
- Regulatory impact
- Limited access to HAN
- Completely traumatized
- Unable to triage quickly
- OASIS
- Single driver vehicles barred from Manhattan
- Not designated as emergency responders













Barriers To Surge During Katrina Response

- No support from Secretary of Health and Human Services
- No relief from regulations
- Fiscal Intermediary was difficult to work with
- Worried about surge
- Reality 1.5 million people were evacuated- no surge to home care and hospice

Barriers To Surge During Katrina Response

- Not designated as emergency responders
- Most involved in disaster preparedness don't understand what home care and hospice bring to the table

Columbia University Study

- RN N-633
- Willingness to provide care to a home care patient if the patient was infected with:
 - Anthrax 42% yes, 24% no, 34%?
 - SARS 44% yes 24% no 32%?

Columbia University Study

- Smallpox 48% yes 24% no 28% ?
- Infectious disease
67% yes, 14% no, 20% ?

AVIAN FLU

44% yes, 24% no, 32% ?

HHH Study Columbia University

- N=1258
- Willingness to provide care to a patient in home quarantine
- Yes 12%
- No 49%
- ? 39%



Difficulties During H1N1

- Home care and hospice left out in the cold
- Scrambling for information
- Difficulty in obtaining extra PPE
- Mixed messages on usage of PPE
- Only one guidance document for home care

Initial Findings

- Preparation for pandemic was evident
- Not prepared enough
- Health care system was overwhelmed
- Communications did not go well
- School closings were a major problem

Home Care and Hospice

- What role does home care and hospice play in the National Strategy for Pandemic Flu?
- Communication and Preparedness
- Surveillance and Detection
- Response and Containment



The Role Of Community Care Providers In H1N1 Pandemic

- A unique role
- Ears and eyes of the community
- Most frail and special needs population
- Easily identifiable role for home care and hospice in understanding surge

2010 Study- Home Care/Hospice's Role and Experience with 2009 H1N1 Pandemic

- How many patients did this industry take care of?
- Where did they get their information from?
- What was their surge capacity?
- Convenience sample

2119 surveys sent out via email. 526 returned. 25% response rate

2010 Study- Home Care/Hospice's Role and Experience with 2009 H1N1 Pandemic

- 25 question survey that included disaster preparedness questions as well
- One response per agency.
- Database consisted of a variety of types of providers

2010 Study- Home Care/Hospice's Role and Experience with 2009 H1N1 Pandemic

- Surge capacity was defined as having the ability to accommodate 20% more patients over their normal caseload.
- Items that were left blank by respondents were not included.
- “I don't know” was counted as no.
- 50% of the agencies had an average census of 200 or less.
- 18.6% of the agencies had an average census greater than 700.

2010 Study- Home Care/Hospice's Role and Experience with 2009 H1N1 Pandemic

- Where was information obtained from?
 - CDC
 - Health Departments
 - RBC/ RBC on behalf of the NAHC

2010 Study- Home Care/Hospice's Role and Experience with 2009 H1N1 Pandemic

- 33% had participated in FEMA on line courses. (Most did not know or did not take ICS or NIMS.)
- 75% did not require staff to receive seasonal influenza vaccine.
- 77% did not require staff to receive H1N1 vaccine once it became available.

2010 Study- Home Care/Hospice's Role and Experience with 2009 H1N1 Pandemic

Preparedness Activity

49% of the agencies reported that they conducted disaster drills at least twice annually.

Agencies providing only private duty were less prepared than the other agencies.

2010 Study- Home Care/Hospice's Role and Experience with 2009 H1N1 Pandemic

- Very few home care agencies actually cared for H1N1 patients during the pandemic.

2010 Study- Home Care/Hospice's Role and Experience with 2009 H1N1 Pandemic

- Surge Capacity

33.5% stated they NO SURGE CAPACITY

40.1% stated they could take 1-20 patients.

How would Home care and Hospice be used in a Disaster?

- Surge capacity- discharges from the hospital
- Community referrals
- Cohort large numbers
- Telehealth use increase surge capacity
- Caring for actively dying
- Palliative Care

Home Care and Hospice

- What role does home care and hospice play in the National Strategy for Pandemic Flu?
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Role of Community Care Providers

- Medication distribution
- Vaccinations
- Ventilator care/ hi tech
- Community education
- Creative workforce

SURGE CAPACITY: KEY FACTORS

- ✱ Patient Census
- ✱ Patient Classification
- ✱ Staffing/Human Resources

HUMAN RESOURCES/ STAFFING

- ✱ Staffing capabilities
 - Finite HR pool
- ✱ Impact & ripple effect

SURGE CAPACITY

SERVICE CAPABILITIES/

SURGE CAPACITY

Average Daily Census (cases serviced)

Average number of Admissions/day

Admissions/wk

Max. Admission Capability/day ** Adm/wk

** *Max.*

Cap. to admit:

Level 1 pts ___ *Level 2 pts* ___ *Level 3 pts* ___

PATIENT CLASSIFICATION SYSTEM

Assessed on an ongoing basis, designated by diagnosis, care and /or treatment plan, support systems in place, special equipment needs and safety needs.

Each patient's classification level is reviewed at least weekly to accurately reflect current needs.

PATIENT CLASSIFICATION SYSTEM

Patient Needs

- ✿ Medical – diagnosis/condition related, both treatment and educational
- ✿ Functional – ADL's, adaptive/assistive
- ✿ Equipment – O2, infusion, pulmonary/ventilation
- ✿ Psycho-Social – geographic location, housing, social isolation

Patient Classification System

LEVEL 1: *Require HV within 24 hours*

Clinically Complex; 4 or more HV's/wk
Minimal Support Systems

LEVEL 2: *Require HV within 48 – 72 hours*

Clinically Unstable/ Active Rehab;
2-3 HV's/wk; Supports available

LEVEL 3: *HV can be deferred over 72 hours*

Clinically Stable/ Support or Health
Maintenance needs; 1 or less Skilled
HV/wk; 3 or less HHA/PCA HV's/wk

Preparing The Industry for Surge

- Inclusion
- Education
- coordination

Healthcare Reform and Home Care/Hospice Surge Capacity



“Chance favors the prepared mind”

- Louis Pasteur

1822-1895

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