

Eli's Hospice Insider

Operations: Use This Medicare Document To Gain Access To Your Patients In Facilities

Do you have your COVID-19 screening policies and procedures in place?

Providers have a big job ahead of them to make sure they're geared up for COVID-19. The **Centers for Medicare & Medicaid Services** has stepped in with provider-specific guidance to help hospice agencies prepare and operate in the face of the pandemic.

Job 1: "Hospice agencies should be monitoring the health status of patients, residents, visitors, volunteers, and staff under their care setting for signs or symptoms of COVID-19," CMS says in its March 9 memo to surveyors, Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) by Hospice Agencies. Per [the **Centers for Disease Control and Prevention**], prompt detection, triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel, and visitors at the facility."

CMS adds, "for exposed staff, hospice agencies should consider frequent monitoring for potential symptoms of COVID-19 as needed throughout the day."

Hospice agencies should screen for COVID-19 with four questions (see box, this page). For patients identified as at risk, agencies should "implement source control measures (i.e., placing a facemask over the patient's nose and mouth if that has not already been done)" and "inform the HHA clinical manager, local and state public health authorities about the presence of a person under investigation (PUI) for COVID-19," CMS instructs.

For inpatient hospice facilities, "isolate the patient in a private room with the door closed," CMS says. "If the patient cannot be immediately moved to a private location, ensure they are not allowed to wait among other patients who reside in the inpatient unit. Identify a separate, well-ventilated space that allows patients to be separated by 6 or more feet, with easy access to respiratory hygiene supplies."

Testing: "For hospice patients with symptoms, determination about whether or not to conduct diagnostic testing versus presuming a positive COVID-19 diagnosis (based on his/ her symptoms and exposure) should be a decision among the patient, patient representative, hospice agency and state and local public health authority," CMS says.

Medicare regulations usually "require that hospice agencies provide the types of necessary supplies and equipment required by the individualized plan of care. For a patient with COVID-19, this would include supplies for respiratory hygiene and cough etiquette, including 60%-95% alcohol-based hand sanitizer (ABHS)," the memo notes. "However, given supply shortages, State and Federal surveyors should not cite hospice agencies for not providing certain supplies (e.g., personal protective equipment (PPE) such as gowns, N95 respirators, surgical masks and alcohol-based hand rubs (ABHR)) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect providers/ suppliers to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible."

Don't Abandon Nursing Homes

While hospice worker shortages are a threat, agencies obviously can't send infected or even potentially infected workers into patients' homes. CMS offers guidance on how to determine who is off-limits.

Tip: CMS also advises hospices to consider allowing certain volunteer activities to be performed via phone or other electronic devices to minimize risk of exposure.

Plus: "If hospice care is provided in a nursing home, we have advised nursing homes that hospice workers should be allowed entry provided that hospice staff is following the appropriate CDC guidelines for Transmission-Based Precautions, and using PPE properly," CMS says in its memo.

Hospices should place a number of other items on their COVID-19 checklists, advises **Barbara Citarella** with **Limited Healthcare & Management Consultants** in a COVID-19 guidance document posted on the **National Association for Home Care & Hospice** website.

For example: Reviewing and updating your related policies and procedures, and educating your staff on them is important. So is cross-training your employees and volunteers, developing a contingency plan for handling "surge capacity" with a reduced workforce, and reviewing bag and PPE techniques with staff.

Note: The hospice guidance memo is at www.cms.gov/files/document/qso-20-16-hospice.pdf. Citarella's 29-item COVID-19 checklist is at www.nahc.org/wp-content/uploads/2020/03/COVID-19-Home-Care-Hospice-Checklist.pdf.