

Eli's Hospice Insider

Strategy: Use These Tips To Sidestep COVID-19 Pitfalls

What's your backup staffing strategy?

Whether you are in a COVID-19 hot spot or a relatively quiet area, you need to be ready to tackle the problems the virus brings.

Follow this advice from a variety of industry sources to increase the success of your COVID-19 response:

1. PPE. One of hospices' biggest concerns is securing the personal protective equipment their staff and patients need to stay safe. Experts offer this advice:

- Work your regular supply chain first.
- Network with other providers and/or your state association to gain access to PPE.
- Convert your sales staff into supply chain researchers and put them to work trying to secure PPE, says an administrator of a home health agency in New Orleans, who requested anonymity.
- "Think outside the box," the administrator urges. Try industrial supply houses, AC distributors, auto parts stores, tattoo parlors, nail salons, beauty supply stores, etc. List your needs on social media.
- Contact your local and/or state health department. In a March 20 call about COVID-19 and home health, the **Centers for Medicare & Medicaid Services** urged providers to contact state and local systems, which can access the national PPE stockpile. "You can submit a request to your health department to access supplies from the national stockpile, as PPE is starting to be released," says **Mary McGoldrick**, a nurse consultant with **Home Health Systems Inc.**
- Make the most of the supplies you do have. "Preserving the PPE supply that you have now is key," McGoldrick stresses. For example, "eye protection ... can be reused when it is not touched during use, carefully removed, and cleaned and disinfected after use, and properly stored," she says. Check out the **Joint Commission's** resources on conserving PPE and managing PPE shortages at www.jointcommission.org/covid-19.
- Train staff on how to use the PPE correctly, but don't waste actual PPE in demonstrations - use videos or other tools instead, the New Orleans administrator suggests.
- Stay tuned for guidance from federal, state, and local governments on PPE availability.

2. Staffing. Hospice staffing is about to become tighter than ever. Follow this advice for combatting the serious problem:

You must screen your employees to make sure sick staff don't infect patients.

"Agencies should be developing contingency plans on where they will get their supplemental staff," advises consultant **Sherri Parson** with **Quality in Real-Time**. "Do they have a temp agency to pull from?" Other sources could include retired personnel and medical and dental practices that reduce or close during the pandemic. Finding staff from nonmedical settings could add training burdens that might defeat the purpose of the move, experts caution.

Hospice staff are by necessity flexible and problem-solvers. Those traits will come in handy when they jump in to fulfill other employees' roles. For example, many agencies are planning to send their supervisory and administrative clinicians into the field if and when needed. Firms that offer outsourced services, such as **Kornetti & Krafft Health Care Solutions**, are ready to step in to help with the vacated nondirect care positions, says co-owner **Cindy Krafft**. "Many agencies use nurses/therapists in Quality Assurance roles, so freeing them up for patient care would be considered," Krafft tells **Eli**.

It's not just at patients' homes that you need to be careful. "Practice strict social distancing in the office," including 6-foot

spacing, the New Orleans administrator urges. "One office worker or one field clinician could ... infect another and affect a large part of your team that you so desperately need during the crisis." Other office precautions include stopping vendors at the door, having field staff wait in the lobby, and moving as much interaction online as possible.

3. Access to patients. A March 13 revision to a CMS letter to state survey agencies reinforces that nursing homes should allow hospice staff to visit patients in their facilities. Hospice workers "should be permitted to come into the facility as long as they meet the CDC guidelines for health care workers," says the memo at www.cms.gov/files/document/qso-20-14-nh-revised.pdf.

The issue is trickier in other types of facilities like assisted living facilities or group homes, the **National Association for Home Care & Hospice** notes in its member newsletter. "For these facilities, state guidance should be followed," NAHC says. But hopefully they'll take a cue from the new CMS guidance.

4. Stay on top of developments. Assign one person to be your COVID-19 guru and have them monitor the daily, sometimes hourly issuances from CMS, CDC, health departments, etc., the New Orleans administrator recommends. Then they can direct the information where it needs to go in your agency. Good places to track information include CMS' emergencies page at www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page, NAHC's COVID-19 page at www.nahc.org/resources-services/coronavirus-resources, and the **National Hospice & Palliative Care Organization's** COVID-19 page at www.nhpco.org/coronavirus.