

## Section A. Agency Plan (Update June 2020)

This document serves to support Hope Hospice Policy EC.8 by detailing the Emergency Preparedness and Response Plan. It incorporates Hope Hospice "Parent Office" and the Hope Hospice Bulverde Alternate Delivery Site "ADS location."

1. The following person is the Agency's Disaster Coordinator (Director of Quality) and Alternate Disaster Coordinator (Chief Executive Officer).
2. The Chief Executive Officer is the primary spokesperson for the agency. In the absence of the Chief Executive Officer (CEO), the HR Manager or Director of Finance are the backup spokesman.
3. The Disaster Coordinator/Alternate Disaster Coordinator, in cooperation with the Agency Leadership, will make the decision to initiate each phase of the Emergency Preparedness Plan when appropriate.
4. The effectiveness of the Emergency Preparedness Plan will be evaluated at least annually and after each actual emergency response and be included in the annual evaluation.
5. The following natural and man-made disasters could impact our business:
  - a. Floods, hurricanes, tornadoes, hot weather, winter storms, wildfires, chemical exposure/hazardous materials, biological threat, widespread power outage, explosion, IT system/cyber-attacks, epidemic/pandemic, civil disturbance
6. **The State of Texas Hazard Mitigation Plan 2018** (updated every 3 years) includes:
  - a. Droughts, severe coastal flooding/inland flooding, tornadoes, severe winds, wildfire, winter weather, lightning, extreme cold, extreme heat, hurricanes/tropical storms
  - b. <https://www.dps.texas.gov/dem/Mitigation/txHazMitPlan.pdf>;  
<https://www.fema.gov/media-library-data/20130726-1545-20490-2423/mhira-te.pdf>

- i. **Kendall County:** flood, wildfire, drought (high), extreme heat, wind, hail, tornado, winter storm, hazardous material (moderate), hurricanes, lightning, pipeline failure, terrorism, dam failure (low);  
<https://www.co.kendall.tx.us/upload/page/0128/docs/Kendall%20County%20HMAP%20APA%207.19.17%20Final.pdf>
- ii. **Caldwell County:** wildfire (high), flooding, hazmat, hurricane (moderate), dam failure, pipeline failure, thunderstorm (low);  
<https://www.gbra.org/documents/hazardmitigation/update/FinalPlanUpdate.pdf>
- iii. **Gonzales County:** flooding (high), drought, dam failure, hazmat, hurricane, tornado (moderate), pipeline failure, thunderstorm, winter storm (low);
- iv. **Guadalupe County:** drought, flooding, extreme heat, tornado, wildfire (moderate), hazmat, pipeline failure, thunderstorm, winter storm (low)
- v. **Comal County:** flood, extreme heat (high), lightning, thunderstorm, wind, hail, drought (moderate), tornado, wildfire, winter storm (low);  
<https://www.co.comal.tx.us/EOC/Comal%20County%20HMAP%20Update%20-%206.21.18%20-%206.20.23.pdf>
- vi. **Hays County:** expansive soil, dam/level failure, extreme heat (high), winter storms, wind, hail (moderate), lightning, wildfires (low);  
[https://hayscountytexas.com/download/residents/hazard\\_mitigation\\_plan/Hays-County-Annex.pdf](https://hayscountytexas.com/download/residents/hazard_mitigation_plan/Hays-County-Annex.pdf)

7. Essential functions for patients and families as part of continuing business operations:
  - a. Medical oversight by physician
  - b. Nursing services
  - c. Medical social services
  - d. Counseling services
  - e. Equipment, supplies, medications for symptom management designated in the patient's Plan of Care
  - f. Other services as designated in the POC for palliation of symptoms
8. Maintain a current list of staff, contract staff, patients' physicians, volunteers – for use as a communication/disaster calling tree.

- a. The list should include routine and emergency numbers as contacts (preferably with out of state numbers included).
  - b. The agency will notify local and state officials of any on-duty staff or patients that are unable to be contacted/confirmed.
  - c. Disaster Call List is updated by the receptionist and emailed out to staff
9. Critical Personnel for the survival and recovery of the business/succession plan – process for identifying and developing internal staff with the potential to fill key business leadership positions in the company.
- a. Administrator/Alternate Administrator (CEO, DPCS)
  - b. Director of Patient Care Services
  - c. Clinical Managers
  - d. Finance Director
  - e. HR Manager
  - f. Other key staff
    - i. Medical oversight by physician: Medical Director
    - ii. Medical social services: DPCS
    - iii. Counseling services: DPCS
    - iv. Equipment, supplies, medications designated in patients’ POC: DPCS
    - v. Operations critical to the survival/recovery of agency: DPCS
    - vi. Patient care (nursing, MSW, SCC, counseling, therapies, etc.): DPCS
    - vii. Physical locations of agency: CEO
    - viii. Medical records: Director of Quality
    - ix. Financial records: Director of Finance
    - x. Information systems: Operations and Development Coordinator
10. Disaster/Alternate Disaster Coordinator will be responsible for monitoring public information systems for disaster-related news and information – including after hours, weekends, and holidays by radio, internet, local emergency management officials. **Hope Hospice will follow New Braunfels Independent School District closing to determine actions of administrative offices.** In the event of office closing, staff should follow the agency’s Emergency Plan The following will be monitored
- a. Local radio: KNBT FM 92.1 or KGNB AM 1200
  - b. Weather.com
  - c. KSAT.com
  - d. Comal County Website (<http://www.co.comal.tx.us/Notices-Alerts.htm>)

- e. AlertSA (regional alert system for all surrounding counties). Hope Hospice is part of system and will receive alerts to [info@hopehospice.net](mailto:info@hopehospice.net) and the email of the Disaster/Alternate Disaster Coordinator
- f. FEMA Wireless Emergency Alerts to all company cell phones

11. Procedures for the release of patient information in the event of a disaster:

- a. Patient population – agency has a combination of facility and home patients. Our facility patients will follow the emergency plan of the facility in which they reside. Hope Hospice will be in contact with facility and these patients will be included in our disaster plan, triage system, and a part of our contingency plan in the event of an evacuation.
  - i. For patients in nursing facilities, assisted living facilities, or hospitals – we will defer to the facility’s disaster/evacuation plan
    - 1. Agency will keep in contact with emergency management/healthcare coalition personnel to know of accepting facilities for nursing home or assisted living facilities for those patients affected with communicable disease.
    - 2. These updates will be communicated to staff.
  - ii. For patients living in their own homes
    - 1. In the event there is a need for evacuation during a pandemic, agency will keep current on arrangements for changes in shelter processes due to infection control issues.
    - 2. These updates will be communicated to staff.
- b. Agency will not be required to provide care to patients in situations that are beyond our control and make it impossible to provide services. This will be documented.
- c. HIPAA privacy during disaster – agency will respect the patients’ right to privacy, will comply with federal and state laws and will follow established policies for release of information. We will follow privacy practices as published in admission packets and laid forth by HHS.gov
  - i. HIPAA protected information in EP (decision flow chart)
    - <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/disclosure-to-other-person-or-agency/index.html>

12. Procedure to triage patients – allow agency to readily access documented information about patients’ triage category and provide a way to categorize patients into groups.

- a. Triage Level Descriptions

- i. Level A – services required within 72 hours (lowest level) or longer based on the needs of the patient and family. Patients who could adequately manage in the event no visit is possible due to an emergency. Someone is available to assume responsibility of the patients’ emergency plan.
  - ii. Level B – services required within 24-48 hours based on the needs of the patient and family. Patients may be experiencing uncontrolled symptoms.
  - iii. Level C – services required within 4-24 hours (highest level) based on the needs of the patient and family. Patients whose control of symptoms or life is dependent on electrically powered medical equipment. No one is able to assume responsibility of patients’ emergency plan.
- b. The triage prioritization level for each patient will be assigned by the admitting RN upon assessment and entered into the patient’s electronic medical record.
  - i. RNCM will update the patient triage level as needed and ensure information is accurate. This will be discussed at IDT.
  - ii. At time of admission and upon request, patient’s team will provide the patient and family information on how to handle emergencies in their place of residence and refer them to the admission information. The patient and family will be provided education on their responsibilities in an emergency/disaster situation and this will be documented in the patient’s record.
  - iii. Procedures for identifying a patient who may need evacuation assistance from local or state jurisdictions are registered each year with STEAR for Texas (calling 211 or online).
  - iv. During the event of an emergency/disaster – local/state officials will be notified of any patient that are unable to be confirmed safe.

### 13. Suppliers and contractors critical to business

- a. Hospice Source (DME Provider) – 800-299-9277
- b. Enclara (PBM Pharmacy) – 877-882-7820
- c. Salco (contracted IT) – 830-358-7275; [support@salcosolutions.com](mailto:support@salcosolutions.com)
- d. Go Sharps (medical waste) – 888-784-8884
- e. Concordance (medical supply) – (T) 419-447-0222; (F) 419-447-7201; 85 Shaffer Park Dr., Tiffin, OH 044883; <http://b2bconcordancehealthcare.com>; Rep: Chris Besinger 512-636-1966; [cbesinger@concordancehs.com](mailto:cbesinger@concordancehs.com); Acct # M360005
- f. Local pharmacy – Gruene Rd. #1 830-387-4378, Gruene Rd. #2 830-221-9030

- g. Electronic fax – Documo Acct# 1201960051 – fax number for Efax – 833-823-7244;  
<https://app.documo.com/signin>
14. Hope Hospice Parent Office at 611 N. Walnut Ave., NB 78130 – 830-625-7525
- a. City of NB - 830-221-4000
  - b. City of NB Fire – 830-221-4200
  - c. City of NB Police – 830-221-4100
  - d. City of NB Emergency Management – 830-221-4270
  - e. Electricity/Water/Trash – NB Utilities Account # 00057956-51, customer service 830-629-8400
  - f. Cell provider – ATT Account # 839078065 Foundation # 05798482; 800-380-1196;  
<https://www.wireless.att.com/business> (login info Office Manager PW with Executive Assistant/Operations and Development Coordinator)
  - g. IT – Salco Solutions - 210-390-6999; [support@salcosolutions.com](mailto:support@salcosolutions.com)
  - h. Phone – Adtel Solutions – 210-614-9909
  - i. Building Security – Security One – 210-341-8900
  - j. After Hours On-Call Service – TeleMed – (T) 800-420-4695; (F) 888-283-5363; P.O. Box 740038, Atlanta, GA 30374
  - k. Phone Provider – Time Warner
15. Hope Hospice Bulverde Alternate Delivery Site at 29710 US 281, Bulverde 78163 – 210-686-3131
- a. Electricity/Water provided by building owner
  - b. Internet – GVTC Customer # 195056, support 800-367-4882, [www.gvtc.com](http://www.gvtc.com)
  - c. Phones – Ring Central, Account # phone, “What’s your dream job? Hospice,” support 877-323-8684, <https://service.ringcentral.com>
  - d. After Hours On-Call - TeleMed – (T) 800-420-4695; (F) 888-283-5363; P.O. Box 740038, Atlanta, GA 30374
  - e. City of Bulverde – 830-620-3400
  - f. IT Salco (see above)
  - g. Comal County Emergency Management – 830-221-1108
16. Critical Financial Functions
- a. Accountant: Armstrong, Vaughan, and Assoc. 210-658-6229
  - b. Frost Bank, Wells Fargo, Prosperity – multiple accounts listed in Z/Finance/Banking
  - c. Plan for meeting payroll: Foundation will fund payroll in the event it is needed if the employees time is entered correctly into time management system; all checks EFT

- d. Payroll: Paycom (0HK24); Paylocity (5810)
  - e. Plan for billing/invoicing service: we will forward mail to the alternate location; pay vendors by internet, or checks that we will go get temporary reprinted at Frost Bank
  - f. Insurance: Catto & Catto 210-222-2161; 106 S. St. Mary's St., Suite 800, SA 78205
  - g. Insurance coverage: General Liability, Flood – Deductible \$500,000
  - h. Door system/security: Security One 210-341-8900 – manages the door access/control system called NetAXS123 for main building only. It can be managed inside the network IP address is <https://192.168.0.9/> and is PW protected (Office Manager PW spreadsheet)
    - i. Primary building control plan – no power loss, system functions normally
    - ii. Secondary building control plan – system functions on backup battery
    - iii. Tertiary building control plan (after backup battery expires) – employee entrance at the back door has a slide chain lock and will remain manually locked until power is restored and system functions normally. Front door will be manually locked with key (all clinical leadership have key)
    - iv. All other buildings (Finance, Thrift, Grief) are locked manually with key
    - v. Bulverde: The building has a security system that is maintained and controlled by the management company. Contact is Sumner Bowen or Mary Ashworth at (830) 609-1131. Hope's specific suite has a numeric code lock on the front door and keyed lock at the back door. Doors are kept lock during and after business hours.
17. Computer Equipment and Software – computer equipment hardware, software critical to the survival and recovery of the business and the employees and their alternatives responsible for executing a manual work-around for computer failure
- a. Items: contracted with Salco that is backing up all information to a DATTO that is backed up to a cloud, which is then replicated at two different secured sites. Primary site is Reading, PA and the secondary is Bluffdale, UT.
  - b. Personnel responsible for the manual work-around for computer failure: all clinical will have access to EMR via iPads. Administrative staff will utilize work around by using the alternate location to access files.
  - c. Primary suppliers: Salco, Alternate is Hill Country Docs
18. If the agency is unable to operate at one of its two locations – we will operate from the other location (NB and Bulverde)

19. Local, federal, state, tribal, and regional emergency contact information (Agency is required to document contact with or efforts to contact officials)

- a. The CEO or designee will contact the following as needed. Texas Health and Human Services will be notified of a disaster in progress or that the we have temporarily relocated agency operations. Notice will be given no later than 5 days after a move or expanding service areas during disaster.
- b. American Red Cross: 830-608-9876
- c. City of NB (Main): 830-221-4000
- d. City of NB Emergency Mgmt.: 830-221-4270
- e. City of NB Fire: 830-221-4200
- f. City of NB Police: 830-221-4100
- g. Comal County Emergency Mgmt.: 830-221-1108
- h. Comal County Public Health: 830-221-1150
- i. Comal County Sheriff: 830-620-3400
- j. Bexar County Emergency Mgmt.: 210-206-8551
- k. Bexar County Non-Emergency Dispatch: 830-207-7744
- l. Bexar County Red Cross: 210-224-5151
- m. SA Fire: 210-207-8400
- n. SAPD: 210-207-7360
- o. Bexar County Sheriff: 210-335-6000
- p. Bexar County Weather Line: 210-335-2258
- q. Hays County Red Cross: 512-928-4271
- r. San Marcos Police: 512-753-2108
- s. San Marcos Fire: 512-393-8460
- t. Hays County Sheriff: 512-393-7896
- u. Guadalupe Sheriff Dispatch: 830-379-1224
- v. Caldwell County Sheriff Dispatch: 512-398-5747
- w. Boerne Police Dispatch: 830-249-8645
- x. Blanco County Sheriff: 830-868-7104
- y. FBI (SA): 210-225-6741
- z. Texas Dept. of Public Safety
  - i. Comal: 830-625-0700
  - ii. Kendall: 830-249-6335
  - iii. Guadalupe: 830-379-6802



- iv. Caldwell: 512-398-4480
  - v. Blanco: 830-868-7581
  - vi. Hays: 512-353-2270
  - vii. Bexar: 210-737-1911
  - aa. TX HHS (T): 512-438-2630 (F) 512-438-2213
  - bb. Centers for Medicare & Medicaid: 877-267-2323
20. Public information: Information on services availability and patients will be handled through the Chief Executive Officer or the Emergency Disaster Coordinator
21. List of medical supplies included in Excel Spread Sheet
22. List of office supplies needed to maintain operations:
- a. Checks from Frost Bank
  - b. Pens x 50
  - c. Paper x 50 (reams?)
  - d. Copier/Fax/Printer – on parent site or ADS site; or FEDEX
  - e. Computers will be provided – purchased locally for all web-based business (SALCO will set up to obtain local directory files)

## **Section B. Essential Functions for Critical Personnel - How to Return to Normal Operations as Quickly as Possible (Update June 2020)**

### **1. Preparedness Phase**

- a. For effective communication both internally and externally, the following staff will be responsible for developing a communication plan with local, state, federal, tribal, and regional emergency management agencies or other entities as required, other healthcare providers, suppliers: **Chief Executive Officer or Designee**
- b. Each Monday the **QAPI Auditor** will run the Disaster Triage List and email list out to All Clinical as well as place the list along with any updates to the Disaster Call List in the Red Emergency Binder in the Intake Office: **QAPI Auditor/Director.**

- c. For public information, the following staff will be responsible for contacting local radio and/or television stations to ensure public information systems are monitored for disaster related news and information: **Chief Executive Officer or Designee**
- d. Fire Drills for parent and ADS location performed annually and documented:
  - i. **Main office – meeting spot is in front of Thrift Store by the tree (for Thrift Store, Bereavement Offices, and Finance Building**
  - ii. **Bulverde office – meeting spot is by the big sign on the far end of the parking lot**
- e. **For sheltering in place in the event of a tornado for patient and ADS location**
  - i. **Main office** – hallway downstairs outside of community room – all doors to hallway closed
  - ii. **Finance** – centrally located storage room to include the hallway leading to the bathrooms if needed (considering number of people present)
  - iii. **Bereavement** – Interior staff restrooms (Staff have access to emergency/first aid kits and water, light, blankets. If any clients in the building, staff working with that client would bring client in to shelter as well.)
  - iv. **Thrift Store** – Thrift Manager’s office
  - v. **Bulverde – supply room**
- f. **For an incidence of civil disturbance for Parent and ADS locations**
  - i. **Main** – upstairs (locked outside door and doors to upstairs locked) and then behind another locked office door if possible – Alert 911
  - ii. **Finance** – exterior doors will be locked, all lights and computers turned off, and staff will lock themselves in the storage room or the supply are using the door in the kitchen – alert 911
  - iii. **Bereavement** – Interior staff restrooms (if client present, staff member would bring them into the shelter as well). – alert 911
  - iv. **Thrift Store** – lock doors and move into Thrift Store Manager’s Office
  - v. **Bulverde** – **outside doors will be locked and all staff will move behind locked interior doors – Alert 911**

## 2. Mitigation Phase

- a. The triage prioritization level for each patient will be assigned by the **admitting RN** upon initial/comprehensive assessment and documented in patient's record. **RNCM** will update/ensure correctness and discuss during IDT.
- b. At time of admission and upon request, **hospice team** will provide the patient and family information on how to handle emergencies in the home related to disasters and refer them to admission information. The patient and family will be educated on their responsibilities. Delivery and explanation of this information will be documented in the patient's clinical record.
- c. The **Executive Assistant** will ensure that fire extinguishers and smoke detectors are in appropriate places within the office buildings at the parent office and ADS location, thrift store, grief center, and finance building. Fire drills will be conducted at the main campus and ADS site annually.
- d. All exits will be clearly marked indicating emergency evacuation routes.
- e. Extra office supplies will be kept on hand for emergency use. The **Executive Assistant** will oversee ordering office supplies.
- f. Extra patient supplies will be kept on hand for emergency use. The **Clinical Coordinator** will oversee ordering patient care supplies.
- g. The **Chief Executive Officer**, or designee, will be responsible for heating/air conditioning units and know how to shut down if necessary as well as any tasks associated with securing the physical building. **Turn off main building AC switch upstairs and water valve (front corner of building) up the escalating walkway up to the back door.**
- h. The **contracted IT provider** will ensure that anti-virus software and firewalls are in place and working appropriately and that the computer equipment, hardware, and software critical to the survival and recovery of the business is secure.
- i. Backup data will be secured in an offsite location
- j. **All staff members** accessing a personal computer/device will use passwords and change the password frequently. **Staff members** will never give out password information to others. **Staff members** will never open emails from unknown sources or unexpected emails with attachments.

- k. In the event that our EMR is not working, we will refer to the Red Emergency Binder in the Intake Office at the parent location and the CTL's office at the ADS location and utilize backup paper documentation.
- l. The **Chief Executive Officer** will review property insurance coverage for "Acts of God" and/or other disasters.
- m. Agency will maintain records and inventories of property.
- n. An emergency call list known as the "Disaster Call List" with emergency numbers will be maintained and emailed to staff when updated.

**3. Response Phase – Administrator or designee will initiate the implementation of the Response Phase of the Emergency Preparedness Plan. When a situation has been declared a disaster/emergency by local or state authorities:**

- a. Chief Executive Officer or designee will be responsible for initiation and discontinuation of the emergency response.
- b. Chief Executive Officer or designee (Director of Finance) will be the only spokesperson for media distribution of information.
- c. Chief Executive Officer or designee (DPCS, Emergency Coordinator/Director of Quality, or Director of Finance) will be responsible for monitoring public information systems for disaster related news and communicating this information to staff)
- d. Chief Executive Officer will determine location for command post, inform staff, and provide oversight for the coordination of the disaster.
  - i. HH will administratively operate from the parent location in NB. If the main office building is inaccessible, the staff will be instructed. If no means of communication is available, all staff who can safely travel will report to the main location or otherwise designated site.
- e. The Chief Executive Officer will activate the Disaster Call list by calling department leaders.
  - i. If an employee does not answer, the department head will skip that employee and call the next person on their list.
  - ii. The manager will document the no contact in order to pursue further follow-up as to the safety of the employee.

- iii. Any employee living in a disaster-affected area will be contacted by appropriate leader to determine the safety of the employee. Any visits to the employee will be dispatched by the department head to the appropriate emergency medical service in the area.
- f. Director/Manager will contact the employees they are responsible for as outlined on the Disaster Call List. At this time the manager/director will let the employee know what the situation is and the known affected areas.
- g. Director/team leader will report back to command post after calling the staff they are responsible for and provide information on any problems reaching their team.
- h. In the event of patient evacuation out of the counties serviced by Hope Hospice (Bexar, Blanco, Caldwell, Comal, Gonzales, Guadalupe, Hays, Kendall, Travis, Wilson) – agency has contracts for care with hospices in surrounding areas. (R Drive/Contracts/NHPCO Contract Template/Contingency Plan Document) – also in appendix B on this plan
  - i. Christus VNA
  - ii. CTMC Hospice
  - iii. Hospice Austin
  - iv. Hill Country Memorial Hospice
- i. In the event a patient will be evacuated - a **HOPE HOSPICE WRISTBAND WITH MEDICAL RECORD NUMBER WILL BE PLACED ON PATIENT**
- j. Team Leaders will report to command post after calling their team to help man phones and dispatch calls and coordinate care. Essential functions for patients and families will be managed by the following critical personnel:
  - i. RNCM will contact their own case load of patients according to triage level – beginning with any patients that may be in affected zones first.
  - ii. DPCS or designee will ensure that all patients are appropriately triaged to ensure coordination of care – to include but not limited to:
    - 1. Life supporting equipment
    - 2. Life sustaining medication, equipment, or nutrition
  - iii. Once the RNCM places all calls to case load, they will report back to the command post and be instructed to perform any visits that can be made without jeopardizing their own personal safety.

1. If RNCM in collaboration with DPCS/CTL determine that it is not safe for the employee to make a visit, the visit will be referred to emergency medical services in that area.
  2. DPCS/CTL may assign another employee who can travel safely to the patient residence to perform visit
- iv. Clinical employees will visit all patients as soon as possible based on time, disaster, and plan of care.
    1. Medication, supplies, and equipment will be delivered if possible.
    2. Local emergency medical services will be contacted and utilized/notified as necessary.
  - v. All non-essential visits will be rescheduled based on the services needed
  - vi. The patient's primary physician or hospice director if no attending, will be advised of the patient's status as calls and visits deem necessary.
  - vii. Patients would contact agency by the main number. If that number is not operational, the call will be directed to the answering service. If the answering service is not operational, calls may be directed to an "on-call staff phone number"
- k. The Chief Executive Officer and the DPCS, along with the Clinical Team Leaders, will be responsible for monitoring where dispatched employees are at all times
  - l. CTLs will be responsible for coordinating needed social work and spiritual support visits with appropriate staff that may be able to make the visit and/or call. Team making visit/call are responsible for reporting changes and patient care needs back to the command post and/or manager/leader.
  - m. CTLs will be responsible for coordinating needed aide visits and assigning appropriate aide to make visit for needed care or supplies. Hospice aides will be responsible for reporting changes and patient care needs back to the command post and/or manager/leader.
  - n. CTLs will be responsible for coordinating needed equipment delivery.
  - o. All employees will arrange for personal issues to be taken care of such as childcare, groceries, personal medications, etc.
  - p. All employees will fill their vehicle fuel tank at first knowledge of pending emergency/disaster, and then maintain at  $\frac{3}{4}$  tank of fuel if possible.

- q. All employees will be responsible for maintaining contact with the command post for further instructions and status of disaster situation. Employees will only utilize phone lines when necessary. Use of radio, TV, and internet will serve as resources for updated information.
  - i. In the event there is a temporary interruption of phone service, employees should tune in to local new or radio stations regarding weather and service availability. (KNBT and KGNB are local NB channels)
  - ii. If phone lines are not working, employees will use cell phone and internet services as an alternate means of communication. Patient information can be sent through TeleMed, but no doctor's orders can be accepted by text.
- r. Employees will not jeopardize their own safety at any time during a disaster.
- s. Hope Hospice Foundation will provide interim financing for paying creditors and meeting payroll, if needed.
- t. The Chief Executive Officer and/or Director of Finance will access financial and insurance records, off site if required.
  - i. The Chief Executive Officer or designee will contact Texas Health and Human Services as needed and notice will be given no later than 5 days after move or expanding services during a disaster.

#### **4. Recovery Phase – The Administrator or designee will be responsible for the recovery phase of the plan**

- a. The Chief Executive Officer oversees communications. In the event of telephone or power failure, primary mode of communication/alternate communication or alert system will be HIPAA protected texting (TeleMed), text of non-patient information, encrypted email within our hopehospice.net system
  - i. Primary mode of contact – phone
  - ii. Secondary – encrypted email or TeleMed
- b. Procedure to triage patients (levels described above A, B, C)
- c. The Chief Executive Officer, DPCS, and Disaster Coordinator will receive a full briefing of activities related to disaster.
- d. Depending on the severity of the disaster, support groups may be offered. Staff will be encouraged to participate in that instance.

- e. The Chief Executive Officer or designee and the Director of Patient Care Services will review adequacy of staffing.
- f. The DPCS or designee will ensure that all patients that were moved are placed back on the schedule and receiving care as per their Plan of Care.
- g. The DPCS or designee will follow up on any transfers or discharges of patients for continuity of care.
- h. The Executive Assistant will replenish office supplies as needed
- i. The Chief Executive Officer and/or Director of Finance will inventory financial needs, review costs expended, payors of patients, and contact insurance carrier as needed.
- j. All clinical staff will document any incidents that occurred during the disaster.
- k. The Safety Committee members as well as the agency Executive Leadership staff will review incidents and provide feedback for improvement of processes/response.
- l. RNCM will contact patients and notify primary physicians or hospice physician when there is no attending doctor of patients status, as needed.
- m. RNCM and other IDT members involved with patient care will assist the patient and families with updating their personal emergency preparedness and response plan.
- n. IDT members will reassess patients' triage status

**Ongoing – all staff should monitor radio and television for road closures**

The Hope Hospice Emergency Preparedness and Response Plan will be reviewed with staff members upon hire and annually. Additionally, the plan may be reviewed with staff periodically as changes occur.

Stephan Wilson 7/17/2020

**Reviewed/Revised by** **Date**

Monumond 7/17/2020

**Chief Executive Officer** **Date**