

COVID-19 and Hospice Care Safety Protocols and Polices for End of Life Care

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INTRODUCTION

- Amedisys Home health care is a leading provider of home health, hospice, and personal care. Amedisys assist those who need help recovering from illness, injury, or surgery (Amedisys, 2021).
- Amedisys Home Health care helps people avoiding unnecessary re-hospitalization and managed long-term conditions with nursing, therapy, and other services at home (Amedisys, 2021).
- Amedisys Hospice Services provides physical, emotional, and spiritual care and support during a life-limiting illness, along with help for families and caregivers (Amedisys, 2021).
- Amedisys Personal Care provides daily assistance and warm companionship to help keep the patients safe, independent, and empowered in their homes (Amedisys, 2021).

RELATED LITERATURE

- There are concerns about anyone reaching the hospice stage to receive unconditional care. They will have to analyze palliative and hospice care awareness, confusion, and accessibility to that facility (Shalev et al. 2017).
- More people need to be trained to help out due to the growing demand for hospice and palliative medicine physicians. Which could help hospice facilities managing their work. And find more people to help patients out with their needs and provide emotional supports to the ones reaching the end of their lives (Lupi et al. 2018).
- There is a concern on how to find out about racial variations in hospice. This racial variation includes enrollees, hospitalization, and hospice dis enrollment. The hierarchical models will use to control the effects of hospice levels between Blacks and whites (Rizzuto & Aldridge, 2017).

INTERNSHIP RESPONSIBILITIES

- Inform family members and employees about the updating policies about COVID-19 in hospice care facilities.
- Make a tuck-in call every week to make sure patient's needs are completed for the weekend.
- Report any requests or concerns from the patients during tuck-in call to the site supervisor.

Attend all the stand-up calls twice a week and IDG meeting every other Tuesday.

- Discuss patient's status such as deaths, live discharges, and hospitalizations.
- Any updates about patients are recorded on Homecare home base.
- All tuck-in call sheets are sent to the site supervisor five days before reaching the end of the month

MATERIALS & METHODS

Call 20+ facilities every month to record any new policy about COVID-19:

- Calls are made through the facility's health department to record any new policy about COVID-19.
- Updates of the new policies of COVID-19 are also found on the facility websites.
- All new information recorded about COVID-19 is sent to the supervisor by using an excel sheet.
- The photo below is the document used to record updates of COVID-19 policies from 20+ healthcare facilities phoned every month.

COVID-19 Protocols by Month

Month: _____

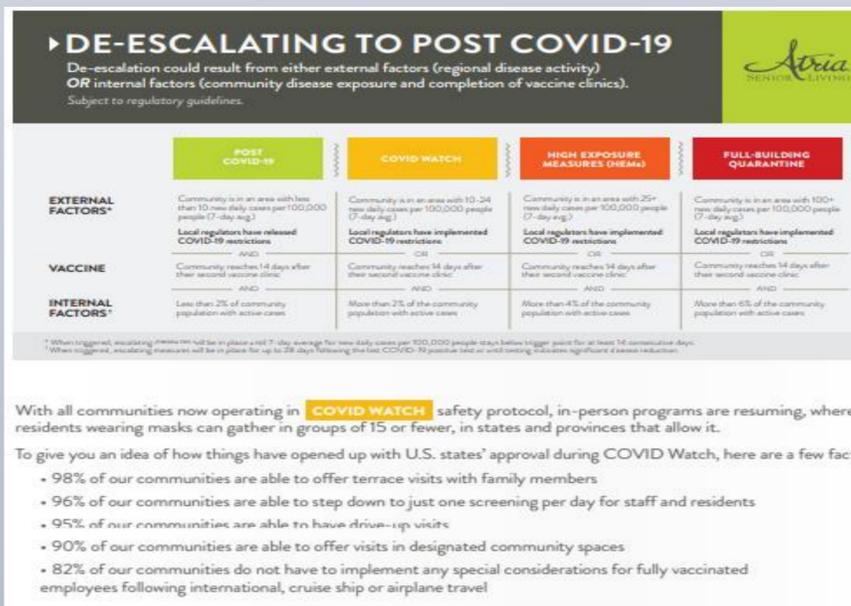
Date & Year: _____

Facility's Name: _____

Updated Policies Recorded: _____

RESULTS

The information found while checking each facilities' updated covid 19 policies yielded some new results. Safety protocols were applied and major precautions were taken which helped in the Person's Program resuming with residents wearing masks and gathering in a group of 15 or fewer.



► DE-ESCALATING TO POST COVID-19
De-escalation could result from either external factors (regional disease activity) OR internal factors (community disease exposure and completion of vaccine clinics).
Subject to regulatory guidelines.

	POST COVID-19	COVID WATCH	HIGH EXPOSURE MEASURES (HEMS)	FULL-BUILDING QUARANTINE
EXTERNAL FACTORS*	Community is in an area with less than 10 new daily cases per 100,000 people (7-day avg.)	Community is in an area with 10-24 new daily cases per 100,000 people (7-day avg.)	Community is in an area with 25+ new daily cases per 100,000 people (7-day avg.)	Community is in an area with 100+ new daily cases per 100,000 people (7-day avg.)
LOCAL REGULATORS	Local regulators have released COVID-19 restrictions	Local regulators have implemented COVID-19 restrictions	Local regulators have implemented COVID-19 restrictions	Local regulators have implemented COVID-19 restrictions
VACCINE	Community reaches 14 days after their second vaccine clinic	Community reaches 14 days after their second vaccine clinic	Community reaches 14 days after their second vaccine clinic	Community reaches 14 days after their second vaccine clinic
INTERNAL FACTORS*	Less than 2% of the community population with active cases	More than 2% of the community population with active cases	More than 4% of the community population with active cases	More than 6% of the community population with active cases

* When triggered, escalating measures will be in place until 7-day average for new daily cases per 100,000 people drops below trigger point for at least 14 consecutive days.
* When triggered, escalating measures will be in place for up to 28 days following the last COVID-19 positive test or until testing indicates significant disease reduction.

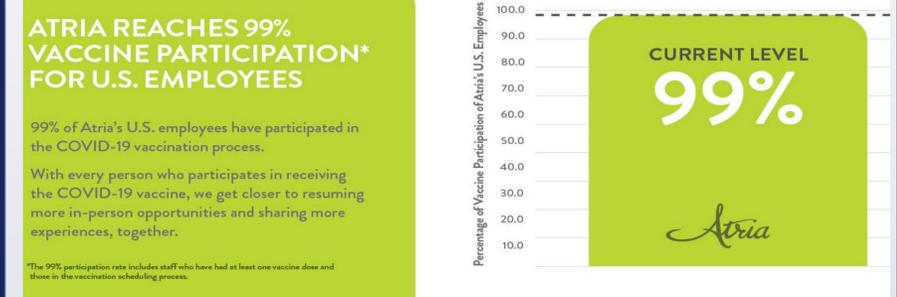
With all communities now operating in **COVID WATCH** safety protocol, in-person programs are resuming, where residents wearing masks can gather in groups of 15 or fewer, in states and provinces that allow it.

To give you an idea of how things have opened up with U.S. states' approval during COVID Watch, here are a few facts:

- 98% of our communities are able to offer terrace visits with family members
- 96% of our communities are able to step down to just one screening per day for staff and residents
- 95% of our communities are able to have drive-up visits
- 90% of our communities are able to offer visits in designated community spaces
- 82% of our communities do not have to implement any special considerations for fully vaccinated employees following international, cruise ship or airplane travel

The photo above is representing the de-escalation to post covid-19. It shows the decrease in the number of people who tested positive daily in the external and the internal factors also the improvement of the vaccine (Atria, 2021).

(Results continued) The photo below shows the current percentage of vaccinated participants in the U.S. at Atria Marland Place. Since the onset of the virus, Atria communities have been working to maintain the health and well-being of the residents through ongoing testing, contact tracing, and strict safety protocols (Atria, 2021).



CONCLUSIONS

The main purpose of this project was to address the covid 19 safety protocols during the pandemic at Beacon Hospice and Amedisys. I called or researched online over 20+ facilities every month to record any updated policies they had in place. I have done this by contacting the health department of each facility. Based on the information gained from phone calls and online research, I reported all the updated policies on an excel spreadsheet before submitting the information to my site supervisor.

This experience has increased my knowledge throughout the healthcare field. I have become more interested in learning about new healthcare policies and my experience with Microsoft Excel has expanded. This project also allowed me to learn how to use a homecare Homebase which helped me record all the patient's information after making the tuck-in calls.

REFERENCES

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Lupu, D., Quigley, L., Mehroud, N., & Salsberg, E. (2018). The growing demand for hospice and palliative medicine physicians. Journal of Pain and Symptom Management, 55 (4), 1216-1223. <https://doi.org/10.1016/j.jpainsymman.2018.01.011>

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