

June 2009

in this issue

Emergency Preparedness

The Journal

Hurricane Facts

- Hurricanes are giant, spiraling tropical storms that can pack wind speeds of over 160 miles (257 kilometers) an hour and unleash more than 2.4 trillion gallons (9 trillion liters) of rain a day.
- These same tropical storms are known as cyclones in the northern Indian Ocean and Bay of Bengal, and as typhoons in the western Pacific Ocean.
- Hurricane season lasts June 1 through November 30. It is rare, but hurricanes have formed in the Atlantic as early as March or as late as December.
- The Atlantic Ocean's hurricane season peaks from mid-August to late October and averages five to six hurricanes per year.
- Hurricanes begin as tropical disturbances in warm ocean waters with surface temperatures of at least 80 degrees Fahrenheit (26.5 degrees Celsius). These low pressure systems are fed by energy from the warm seas.
- If a storm achieves wind speeds of 38 miles (61 kilometers) an hour, it becomes known as a tropical depression.
- A tropical depression becomes a tropical storm, and is given a name, when its sustained wind speeds top 39 miles (63 kilometers) an hour.
- When a storm's sustained wind speeds reach 74 miles (119 kilometers) an hour it becomes a hurricane and earns a category rating of 1 to 5 on the Saffir-Simpson scale.
- Hurricanes are enormous heat engines that generate energy on a staggering scale. They draw heat from warm, moist ocean air and release it through condensation of water vapor in thunderstorms.
- Hurricanes spin around a low-pressure center known as the "eye." Sinking air makes this 20- to 30-mile-wide (32- to 48-kilometer-wide) area notoriously calm. But the eye is surrounded by a circular "eye wall" that hosts the storm's strongest winds and rain.
- These storms bring destruction ashore in many different ways. When a hurricane makes landfall it often produces a devastating storm surge that can reach 20 feet (6 meters) high and extend nearly 100 miles (161 kilometers). Ninety percent of all hurricane deaths result from storm surges.
- A hurricane's high winds are also destructive and may spawn tornadoes. Torrential rains cause further damage by spawning floods and landslides, which may occur many miles inland.
- The best defense against a hurricane is an accurate forecast that gives people time to get out of its way. The National Hurricane Center issues hurricane watches for storms that may endanger communities, and hurricane warnings for storms that will make landfall within 24 hours.

Over the past two hurricane seasons, LMHPCO has gathered data from hospice agencies in south Louisiana and Mississippi and compiled weekly reports for our respective states'



Office of Emergency Preparedness and Homeland Security. This important data is used to by emergency managers and planners to assess and allocate resources available to counties/parishes and regions within each state in the event of an actual emergency evacuation of the coastline. This year, LMHPCO has hired **Jane Smith, GSW**, an undergrad from the *University of Mississippi* and *Master's* prepared social worker from *Tulane University* to fill our newly created At-Risk Specialist position for the 2009 hurricane season. Jane will be contacting and working with hospice agencies throughout Louisiana and Mississippi on a weekly basis to gather census data and At-Risk patient counts. LMHPCO ask for your cooperation and support of our efforts to provide a greater level of safety for hospice patients living along the vulnerable Gulf coast region during this hurricane season. Funding for this position was made possible, in part, from a grant from the *National Hospice Foundation*.



LOUISIANA~MISSISSIPPI
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Not yet a Member?

Get more information about LMHPCO at www.LMHPCO.org

next month: LMHPCO Leadership Conference



The Louisiana-Mississippi Hospice and Palliative Care Organization is a 501(c)3 non-profit organization governed by a board of directors representing all member hospice programs. It is funded by membership dues, grants, tax-deductible donations and revenues generated by educational activities. LMHPCO exists to ensure the continued development of hospice and palliative care services in Louisiana and Mississippi. LMHPCO provides public awareness, education, research, and technical assistance regarding end-of-life care, as well as advocacy for terminally ill and bereaved persons, striving to continually improve the quality of end-of-life care in Louisiana and Mississippi.

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The Journal is produced monthly by Noya Design, Inc.
 Newsworthy submissions are encouraged. Please contact Glenn
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HEN NOTES

The Hospice Education Network joins you in celebrating **National Nursing Assistant Week, June 11-18, 2009.**

CHALLENGE: How do you provide and document that your hospice aides are receiving ongoing end-of-life education, while managing the challenge of scheduling them to come into the office for educational presentations? How do you provide ongoing education to support your hospice aides seeking certification?

SOLUTION: The Hospice Education Network (HEN) offers an e-learning course that is appropriate for your hospice aides' ongoing education that they can access twenty four hours a day, at home or in the office.

THE CERTIFICATION PREP COURSE FOR HOSPICE AIDES

The purpose of this nine module training course is to provide hospice aides with the attitude and knowledge necessary to expand their expertise and competence in end-of-life care delivery. It can also be used to prepare them for certification as a Hospice and Palliative Care Aide. This course, with a view time of close to 4 hours, is appropriate for inclusion in new staff orientation programs or to meet annual in-service requirements.

- Module 1: Introduction**
- Module 2: Pain and Symptom Management**
- Module 3: Communication**
- Module 4: Caring for Dying Patients and Their Families**
- Module 5: Cultural Considerations**
- Module 6: Grief**
- Module 7: Ethics**
- Module 8: Personal and Professional Development**
- Module 9: Program Review**

ABOUT THE CERTIFICATION PREP COURSE FACULTY

Cathy Schutt, APRN-BC, CHPN, RN-BC is President of the Pain Resources Network. Using grant money, Cathy developed a training curriculum for hospice aides and other paraprofessionals to increase their knowledge and prepare them for certification in Hospice and Palliative Care.

To learn more about HEN, call 866-969-7124 or email info@hospiceonline.com to join our regularly scheduled weekly demonstrations on Tuesdays and Thursdays, 1:00-1:30 EST; or you may schedule a review of HEN's features at your convenience.

Visit our website at www.hospiceonline.com to see new courses that are added each month.

December 4-6, 2009
NHPCO's 6th National Conference on
Volunteerism & Family Caregiving
Walt Disney Swan Hotel, Orlando, FL
 For more information go to:
<http://www.nhpc.org/i4a/pages/index.cfm?pageid=3259>

The Leslie Lancon Memorial Education Nursing Scholarship was established in 2005 by LMHPCO. The annual scholarship will be awarded to support hospice nursing excellence and education throughout Louisiana and Mississippi. The awards will focus not only on excellence for those seeking academic degrees in hospice nursing, but also those seeking advanced certification in hospice and palliative care nursing.



Donations may be sent payable to LMHPCO, 717 Kerlerec • New Orleans, LA 70116

HOSPICE EMERGENCY OPERATIONS PLAN

Crosswalk

LA State Minimum Standards

Current as of December, 1999
Proposed Changes in Red

Subchapter D. Administration

§8235. Agency Operations

D. Operational Requirements

1. Hospice's responsibility to the community:
- f. shall have policy and procedures and a written plan for emergency operations in case of disaster;

Subchapter D. Administration

§8235. Agency Operations

D. Operational Requirements

1. Hospice's responsibility to the community:
- f. shall have policy and procedures and a written plan for emergency operations in case of disaster including:
 - i. risk assessment for all hazards
 - ii. education (written and oral) of patients and family regarding hazards
 - iii. assist patient/family in developing an emergency plan
 - iv. alternate agency operations in the event of risk/hazards identified in assessment.

Medicare Conditions of Participation (CoPs)

Revised June 5, 2008 with
Effective Date of Revisions
December 2, 2008

§ 418.116 Condition of participation: Compliance with Federal, State, and local laws and regulations related to the health and safety of patients.

The hospice and its staff must operate and furnish services in compliance with all applicable Federal, State, and local laws and regulations related to the health and safety of patients. If State or local law provides for licensing of hospices, the hospice must be licensed.

§ 418.110 Condition of participation: Hospices that provide inpatient care directly.

A hospice that provides inpatient care directly in its own facility must demonstrate compliance with all of the following standards:

(c) Standard: Physical environment.

The hospice must maintain a safe physical environment free of hazards for patients, staff, and visitors.

(1) Safety management.

- (i) The hospice must address real or potential threats to the health and safety of the patients, others, and property.
- (ii) The hospice must have a written disaster preparedness plan in effect for managing the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide care. The plan must be periodically reviewed and rehearsed with staff (including non-employee staff) with special emphasis placed on carrying out the procedures necessary to protect patients and others.

(2) *Physical plant and equipment.* The hospice must develop procedures for controlling the reliability and quality of—

- (iii) Emergency gas and water supply; and
- (iv) The scheduled and emergency maintenance and repair of all equipment.

MS State Minimum Standards

Current as of February 22, 2008

118 DISASTER PREPAREDNESS PLAN (Refer to Section 143)

143 EMERGENCY OPERATIONS PLAN (EOP)

143.01 The licensed entity shall develop and maintain a written preparedness plan utilizing the "All Hazards" approach to emergency and disaster planning. The plan must include procedures to be followed in the event of any act of terrorism or man-made or natural disaster as appropriate for the specific geographical location. The final draft of the Emergency Operations Plan (EOP), will be reviewed by the Office of Emergency Preparedness and Response, Mississippi State Department of Health, or their designates, for conformance with the "All Hazards Emergency Preparedness and Response Plan." Particular attention shall be given to critical areas of concern which may arise during any "all hazards" emergency whether required to evacuate or to sustain in place. Additional plan criteria or a specified EOP format may be required as deemed necessary by the Office of Emergency Preparedness and Response. The six (6) critical areas of consideration are:

- Communications – Facility status reports shall be submitted in a format and a frequency as required by the Office of EOP.
- Resources and Assets
- Safety and Security
- Staffing
- Utilities
- Clinical Activities.

Emergency Operations Plans (EOPs) must be exercised and reviewed annually or as directed by the Emergency Preparedness and Response. Written evidence of current approval or review of provider EOPs, by the Office of Emergency Preparedness and Response, shall accompany all applications for facility license renewals.

NOTE: The Crosswalk is not all inclusive of all standards. Providers are urged to make certain they have a current copy of the CoPs as well as the State Minimum Standards.

What is your agency doing differently during the 2009 hurricane season?

Here are two Suggestion for Increasing Patient Safety this Hurricane Season

*Use the LMHPCO At-Risk Registry
Consult and Cooperate with the LMHPCO's At Risk Specialist*

1. Use the LMHPCO At-Risk Registry

With encouragement of emergency managers in both Mississippi & Louisiana and the cooperation of **Secure Computing Systems** (the makers of **MUMMS Software**), LMHPCO has expanded our **At-Risk Registry** to now cover all counties and parishes in both states, thus providing a year-round **All Hazards Registry** for the most vulnerable hospice patients. Additionally, the LMHPCO Board of Directors has authorized the hiring of a part-time **At-Risk Specialist** for the upcoming hurricane season (*beginning June 1st and running through November 31, 2009*). The **At-Risk Specialist** will manage the **Registry**, work with hospice agencies to increase usage of the **Registry** and keep local and state emergency managers updated with regards to our efforts to increase patient safety during this hurricane season.

Hospice agencies throughout Louisiana and Mississippi can now use the **Registry** to keep local emergency managers updated as to who, where and what **At-Risk** hospice patients need in terms of assistance, in the event of an emergency evacuation of a county/parish. While the **Registry** does not ensure transportation assistance to anyone in the event of an actual emergency, it does provide parish/county emergency managers and state planners with critical and accurate information as to who and where our most vulnerable hospice patients reside, as well as what kind of assistance they will need in the event of an actual emergency.

At-Risk patients are defined as:

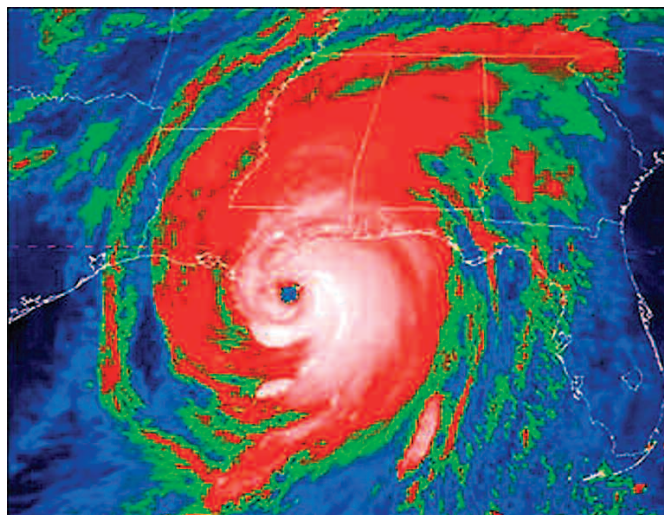
Hospice patient living alone, unable to evacuate self

Hospice patient living with caregiver (either mentally or physically) unable to evacuate patient and self.

Hospice patient/family without financial means to evacuate.

Hospice patient/family refusing to evacuate.

The **Registry** allows hospice agencies to input basic patient information (*i.e., name, location and situation*) into a



secured database which will produce weekly reports for parish/county Emergency Managers as to who and where these **At-Risk patients** are within their jurisdiction. The **Registry** keep patients certified as **At-Risk** for **7 days** and then the hospice agencies has to re-activate their status in order for the patient to be included in weekly reports to local emergency managers.

The **Registry** is easy to use and only requires an agency to register in order to establish its individual username and password. To register a patient with the **At Risk Registry**, the hospice agency must:

(Steps to Using the LMHPCO At-Risk Patient Registry)

First of all, using the **At-Risk patient criteria** (above), identify **At-Risk patients** currently enrolled into their hospice agency.

Secondly, secure the patient's signed **Consent/Release** to be included in the **Registry** and file the signed document into the patient's chart. Consent/Releases forms are found at:

http://www.lmhpc.org/blahdocs/uploads/at_risk_registry_consent_release_2008_8924.doc

Please note: Patients cannot be included in the Registry without a signed Release

Third, Download Mozilla Firefox 3 onto the computer you plan to use to register patients.

<http://www.mozilla.com/en-US/firefox/ie.html?from=sfx&uid=208345&t=209>

Fourth, Login into the **Registry** at <https://hospice.atrisk.mumms.com/>, using the agency's individual username and password.

Fifth, enter all of the required patient information.

Finally, Re-certify (*by checking the box next to the patient's name*) the patient's **At-Risk** status **every 7 days**.

The **Registry** does the rest; sending weekly reports to parish/county and state emergency managers and planners, alerting them as to the existence and location of **At-Risk** hospice patients on a continuous basis. Emergency Managers will have information about your **At-Risk patients** at their disposal when they are planning and deciding how to best use the resources and assets available to them throughout this hurricane season. It is our hope that this new resource will be an **All Hazards Registry**, becoming a standard of care and safety for emergency preparedness and management throughout the year in both states.

LMHPCO is grateful to **Secure Computing Systems** (the makers of **MUMMS Software**) for the thousands of hours they have donated to the development of this new resource for hospice agencies throughout Mississippi and Louisiana. State emergency planners have recognized this system as a valuable tool and have asked Secure Computing Systems to include home health agencies and hospitals into the **Registry**, which they are in the process of doing. The hospice community can take pride in the fact that this **Registry** is being recognized as a critical component of our state's Emergency Preparedness plan for vulnerable patient populations across various healthcare sectors.

2. Consult and Cooperate with the LMHPCO's At Risk Specialist

Additionally, LMHPCO has increased our support to hospice agencies in both states and will be contracting with an **At-Risk Specialist** to manage the **At-Risk Registry** and gather critical data from hospice agencies in the coastal regions of each state for emergency managers and planners.

The **LMHPCO At-Risk Specialist (*ARS)** will:

be available to assist every/any hospice provider interested in participating in our **At-Risk Registry** at atriskregistry@lmhpc.org

maintain weekly contact and support to participating hospice agency within both states, especially within **Area Codes 225, 228** (as well as those **601** providers in proximity to

the Mississippi Gulf coast), **337, 504 & 985** throughout the 2009 Hurricane season (i.e., June 1 through November 31, 2009);

verify and/or identify a contact person within each hospice agency with whom to maintain weekly communications via the phone and internet;

request hospice agency's census and **At-Risk patient** count for that day/week;

follow up with each agency that has not responded to the e-mail request for the agency's census and **At-Risk** patient count by Noon on Wednesdays, in order to keep the data current and as accurate as possible;

encourage and tutor agency contact on usage of the **At Risk Registry**;

refer all technical issues to **Secure Computing Systems** (the makers of **MUMMS Software**) and follow up with the agency to ensure resolution of the issue;

provide the LMHPCO Executive Director with a weekly report of the census and **At-Risk** patient count, as well as any technical issues that surfaced during the week, along with the status of their resolution;

send prepared weekly reports to Louisiana and Mississippi State Office of Emergency Management;

work with emergency planners and managers to ensure the distribution of communication of data & communiqués throughout the 2009 hurricane season.

(in the event of an actual threat of landfall) maintain and assist with communications between LMHPCO, hospice agencies, emergency preparedness planners (at the state level) and managers (at the parish/county level), as well as Designated Regional Coordinators (DRC) and other designated emergency staff.

PROPOSED FY2010 RATES

Code	Description	Proposed FY2010 Rate	Wage Component Subject to Index	Non-Weighted Amount
651	Routine Home Care	\$142.91	\$98.19	\$44.72
652	Continuous Home Care	\$834.10	\$573.11	\$260.99
	Full rate = 24 hours of care/\$34.75 = hourly rate			
655	Inpatient Respite Care	\$147.83	\$80.02	\$67.81
656	General Inpatient Care	\$635.74	\$406.93	\$228.81

The wage component above is multiplied by the wage index for a provider's county. The result is then added to the non-weighted amount to get the rate for FY2010.

2009 Aggregate Cap

On May 6, 2009, CMS released the 2009 aggregate cap amount -- **\$23,014.50**.

At Risk Registry Consent & Release

I, _____, am a hospice patient, enrolled into
_____ (hospice agency)

My address is _____,
_____ (City), _____ (State).

With my signature below, I grant the agency named above the right to include my name, address, phone number, medical conditions (including physician contact information), and living situation (including caregiver contacts and transportation/evacuation needs) in the **LMHPCO At-Risk Hospice Registry**. This Registry is designed to keep Emergency Managers aware of my location and special needs in the event of an emergency in my parish/country. This information will be updated by the hospice agency (named above) on an “as needed basis” (via telephony). Although inclusion in the **At-Risk Registry** does not guarantee that my transportation needs will be met in an actual emergency, my inclusion in the Registry allows Emergency Managers in my parish/county the awareness of my current health and living situation, as well as the opportunity to more accurately prepare for emergency situations in the parish/county and state.

I hereby release the **hospice agency (named above), its agents and employees, the Louisiana-Mississippi Hospice and Palliative Care Organization, Secure Computing Systems, Inc. (sometimes doing business under the name “MUMMS”), and Emergency Managers** from all liability under any and all state and federal health care information privacy laws, including, but not limited to, the federal Health Insurance Portability and Accountability Act, as well as state and federal health care privacy rules and regulations. I further hereby expressly release the **hospice agency (named above), its agents and employees, the Louisiana-Mississippi Hospice and Palliative Care Organization, Secure Computing Systems, Inc. (sometimes doing business under the name “MUMMS”) and Emergency Managers**, of and from any and all liability for any injury or harm to me or my property that may be or may have been caused by any negligence or carelessness committed by or on the part of any of those parties.

Patient Signature _____ Date _____

Print Patient Name: _____

Print Hospice Provider’s Name: _____

Signature of Representative of Hospice Provider: _____ Date _____

Print Name: _____

VIPR— Volunteers in Preparedness Registry

What is VIPR?

- VIPR is a database maintained by the Mississippi State Department of Health (MSDH) that contains contact and credential information on health care professionals who have registered in advance to be volunteers in case of a disaster.

How does the program work?

- In the event of a disaster, MSDH will post standby information on our website. We will identify those of you who volunteered, and will contact you to advise you of the disaster, our needs, the anticipated time away, the duration, and your reporting location.

Who can register with VIPR?

- A variety of medical and related health care professionals are greatly needed to register, including physicians, dentists, nurses, pharmacists, social workers, and mental health counselors.

What information is needed to register with VIPR?

- MSDH will need contact information, two telephone numbers and or an email address which absolutely can be relied upon for EMERGENCY ALERT and message delivery; professional license number; specialty certification (if any); and where, when, and for what duration you are willing to serve during times of disaster.

How do you register with VIPR?

- Registration for VIPR is available through the MSDH website and the Health Alert Network (HAN). The registration component of VIPR is located at the following website: <http://volunteer.msdh.state.ms.us>.

For more information on VIPR and volunteerism, please contact the Mississippi State Department of Health, Office of Emergency Planning and Response at (601) 576-7680 or 1-866 HLTHY4U (1-866-458-4948).

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Mississippi
State
Department
of
Health





Volunteer to Help Save Lives
Louisiana Volunteers in Action

is a registry of people who are willing to help in times of emergency
Sign up today...to help save lives tomorrow!

Register at: www.LAVA.dhh.louisiana.gov

We NEED YOU

to supplement the staffing of the Medical Special Needs Shelters (MSNS) (Who knows and understands your patient's needs better than you!)

- NURSES & NURSING ASSISTANTS**
- PHYSICIANS**
- SOCIAL WORKERS**
- CHAPLAINS**
- HOSPICE VOLUNTEERS**
- NON-MEDICAL PERSONNEL**

We also request your help to:

- Educate your clients concerning expectations of MSNS
- Ensure client medical records are with your client
- Alternative evacuation plan discussion with your client and client's family
- Everyone to get a plan for personal preparedness (www.getagameplan.org)

Meeting Criteria for MSNS Admittance

- Evacuees having no means of evacuation who have any of the following conditions may qualify:
- Physical or mental handicaps that limit their mobility and/or ability to function on their own
- Requirements for special equipment or medication to sustain life
- Chronic, debilitating medical condition that requires intermittent assistance

Steps for Those who may Qualify for MSNS Admittance

- Those who think they may qualify for MSNS may call a toll-free shelter hotline number prior to their evacuation in order to be interviewed and find out their eligibility status.
- Individuals will be physically triaged at the MSNS location to determine their eligibility for admittance.

What Hospice patients Need to Bring to the MSNS

- Medical folders
- Do Not Resuscitate (DNR) orders
- Oxygen tank- if possible, make arrangements ahead of time with suppliers to resupply oxygen
- One caregiver and or service animal
- Make other arrangements for family members
- Medications in prescription bottles and any over-the-counter medications
- If possible, a pharmacy printed list of medications
- Written medical instructions regarding medical care
- Required medical equipment- walker, wheelchair, cane
- Special, non-perishable dietary foods (Ensure)
- Personal Clothes- 7 days
- Personal hygiene items such as toothbrush, toothpaste, deodorant, comb
- Identification, medical insurance, social security cards and emergency contact information
- Extra eyeglasses
- Means to carry personal items
- Flash light/batteries
- If applicable, food for guide animal
- Non-essential valuables should not be brought to shelter

Evacuee/Caregiver Requirements:

- Evacuees/caregivers are responsible for all activities of daily living (ADLs) and for storage and administration of their own medications.
- Evacuees/caregivers must register and log in/out when entering or leaving the shelter.

The MSNS is not a provider of long term care. Accordingly, planning for discharge begins at admission. Any evacuee or caregiver under the influence/possession of alcohol, illegal substances, or weapons will be requested to leave shelter.

Hospice Care in a Disaster....

The Need for Health Care Volunteers

The World Health Organization defines *palliative care* as “an approach which improves the quality of life of patients and their families facing life-threatening illness, through the prevention, assessment, and treatment of pain and other physical, psychosocial, and spiritual problems.”

A mass casualty event (MCE) or large disaster has the potential to overload health care and social service systems and disrupt existing services to persons who were already seriously ill. In any disaster, the first priority will be to save those who can be saved. However, there will be vulnerable individuals, i.e. the elderly, hospital patients, nursing homes residents, the disabled, who were already ill with severe pre-existing conditions and who may be negatively impacted by the resulting scarcity of resources. During a disaster or MCE, standards of care will require adaptation, supplies will be strained, and command structures will need to be established for decision-making and allocation of resources.

Recent disasters have shown that it is better to plan for worst case scenario than to be caught with too little, too late. This planning and preparing for emergencies should include every aspect of our daily living – or dying. Thus, the **need** for the integration of hospice and palliative care into emergency response planning. Health care personnel who are skilled in the principles of palliative care, long-term care, and hospice should be involved in disaster response planning in order to successfully integrate the two paradigms of care and insure continuity of operations with minimal disruption. The recruitment, advance registration and training of such health professionals is neces-

sary in order to designate in advance certain leadership to remain in place and mobilize retired professionals and layperson volunteers.

So, why should health professionals volunteer their services in palliative or hospice situations in disasters or MCEs?

During a disaster most skilled professionals who usually serve those with fatal chronic illness may be diverted to active treatment settings to treat the medically salvageable, so first responders, less well-trained health care personnel, and potentially laypersons may have to fill in to care for the dying. Because resources in hospice and palliative care are already severely limited, other health professionals who volunteer their skills and time in these efforts are crucial to assuring a more coordinated emergency response effort. Priority access to scarce resources (structural and personnel) may be applied to those with the greatest potential for survival. Therefore, in these situations volunteers are needed to help fill the gaps that a medical surge resulting from a major disaster or emergency will cause, such as the need for staffing of **special medical needs shelters**.

Volunteers are **needed**... period. Health professionals, regardless of whether you are currently employed or retired, skilled in palliative, hospice care or other setting; whether you're a physician, nurse, dentist, EMT, phlebotomist,

etc. can pre-register as a volunteer **in advance** of an emergency or disaster so that licensure identity, licensure status, privileges and credentials can be verified and thereby ensuring a swifter, more coordinated response to any disaster or all hazard emergency event.

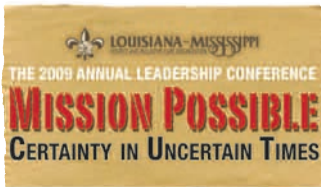


The Volunteers in Preparedness Registry (VIPR) is Mississippi's secured online database of pre-registered and pre-credentialed volunteers who are trained to provide a coordinated response to emergencies in support of our established public health and emergency response systems.

VIPR serves as our state's Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP). Log on to the VIPR website at <http://volunteer.msdh.state.ms.us> and register to become a public health emergency volunteer! Participation in the volunteer registry does not obligate volunteers to serve. If an event occurs, volunteers will be contacted, given details regarding the event and offered the opportunity to accept or decline service.

For more information about VIPR and the benefits of becoming a public health emergency volunteer, call 601.576.7680 or send an email to Laveta.moody-thomas@msdh.state.ms.us.

Submitted by: Laveta Moody-Thomas, MPH, MSW, CHES LSW
State Volunteer Coordinator/State MRC Coordinator
Mississippi State Department of Health
Office of Emergency Planning and Response



LMHPCO Conference at-a-glance

LEADERSHIP CONFERENCE Wednesday, July 29, 2009

7:00–8:30 Registration / Breakfast/Exhibit Hall Open

8:30–8:45 Opening Ceremony
Color Guard

8:45–9:00 Welcome
Sandra Bishop, DNS, LMHPCO President

9:00–10:00 Opening Plenary:
Peter Benjamin, BA, Founding Partner of the
Huntington Consulting Group
"You Have To Know What Is Coming To Be
Prepared For It"

10:00–10:15 Morning Break

10:15–11:45 Morning Concurrent Sessions

A 1 **Assuring Access to Hospice Care AND
Assuring Your Organization's Survival:
Embracing Sales and Marketing**
Peter Benjamin, BA,
The Huntington Consulting Group

A 2 **We Do Not Die Alone**
Marilyn Mendoza, Ph.D., Counseling Psychologist

A 3 **Legislative Update**
John Sullivan, BS, MS / Reid Guy, BS,
Governmental Affairs and Policy Advisor, GPAC

A 4 **African Americans and End of Life Care**
Angelita H. Brown, MS
ONRSS - School of Nursing

A 5 **Methadone: A Double Edged Sword**
John Redden, RPh, CGP, PharmD
VP Clinical Practice, Hospiscript

A 6 **Dementia throughout the Life Cycle:
Considerations for Hospice Care**
Rebecca Hoffman-Spears, LCSW/
Keith Weisheit, LCSW
Options for Independent Care

A 7 **Ensuring Strategic Alignment Using Your
Performance Improvement Initiatives**
Margherita Labson, RN, The Joint Commission

11:45–12:00 Break

12:00–1:30 Lunch/LMHPCO Annual Meeting
(Lunch provided)

1:30–1:45 Break

1:45–3:15 Afternoon Concurrent Sessions

B 1 **The Gift of Time**
Francis James, BFA
Director, Producer, Proprietor Perception Films
Stacey Adams, ACSW, MSW-GSW

B 2 **Using QAPI Data to Manage Your Hospice
Business**
Cindy McCarville, BS
Program Liaison, Secure Computing/mumms

B 3 **Hospice Care in the Nursing Home Setting**
Martha Webb, MSW, LCSW-BACS, CT
Kayla Carmack, LPN
Life Source Services, LLC

B 4 **Eye Donation and the Hospice Patient**
Colleen Oltmann, ABOC
Christy Castillo, BSN
Southern Eye Bank

B 5 **Medication Use in LTC Facilities:
A Regulatory Update**
John Redden, RPh, CGP, PharmD
VP Clinical Practice, Hospiscript

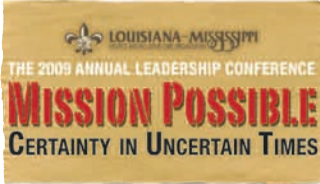
B 6 **Leadership vs. Management: A Theoretical
Approach**
Sandra Bishop, DNS, LMHPCO President

B 7 **Grief, Loss and Self Care for Nurses: ELNEC**
Tanya Schreiber, RN, DNSc, APRN, BC
Assistant Professor, Dept. of Nursing
Nicholls State University

3:15–3:30 Afternoon Break

3:30–4:30 Afternoon General Session:
Dr. Gerald H. Holman, B.Sc. (Med), MD, FAAP,
FRCPC (Ret.)
"Hospice Care in the Nursing Facility –
Advocating For the Pros and Overcoming the
Cons"

4:30–6:00 Exhibitor's Cocktail Reception



LMHPCO Conference at-a-glance

LEADERSHIP CONFERENCE Thursdsday, July 30, 2009

7:30–8:15 Breakfast & Exhibit Hall Open

8:15–8:30 **Morning Remarks:**
Jamey Boudreaux, MSW, M.Div.
LMHPCO Executive Director
Nancy Dunn, RN, MS, CT
LMHPCO Education Director

8:30–9:30 **Morning Plenary**
Rev. Kathleen Rusnak, Ph.D.
President and Founder of The Brick Wall 2, Inc.
"The World of the Dying"

9:30–10:00 Morning Break

10:00–11:30 Morning Concurrent Sessions

C 1 **The World of the Dying Continued**
Rev. Kathleen Rusnak, PhD.
The Brick Wall 2, Inc.

C 2 **MS Medicaid Update**
J. Courtney Horton, III
MS Division of Medicaid

C 3 **LA Medicaid Update**
Kent Bordelon
Section Chief, Rate & Audit, DHH

C 4 **"Since I Have To Go Anyway, I Might As Well Get Ready: Contemplative Preparation for Life and Death and Everything Else"**
Stephen Brandow, M.Div. NACC Cert.
Staff Chaplain, VA Medical Center, Alexandria, LA

C 5 **A Touching Good-bye: The Use of Jin Shin Jyutsu Acupressure with Critically Ill**
Judith Andry, M Ed, NCC
Jin Shin Jyutsu practitioner

C 6 **Ethical Issues in Hospice and Palliative Care**
Dr. Gerald H. Holman, B.Sc. (Med), MD, FAAP,
FRPCP (Ret.)

C 7 **Implementing QAPI & PIPs: What You Need to Know and Do**
C. Andrew Martin, MS, RN, CHPN
Hospice Education Network & Weatherbee
Resources, Inc.

11:30–11:45 Morning Break

11:45–1:30 Lunch/ Heart of Hospice Awards

1:30–1:45 Break

1:45–3:15 Afternoon Concurrent Sessions

D 1 **DHH Update**
Marian Tate, RN, BSN
DHH Medical Certification Program Manager

D 2 **MSDH Update**
Steve Egger, Division Director 1
MSDH Bureau HFL&C

D 3 **MS Emergency Management Update and Expectations for Hospices**
Arthur Sharpe BS, JD
Deputy Director, Office of Health Protection for
Mississippi State Department of Health

D 4 **LA Emergency Management Update and Expectations for Hospices**
Jamey Boudreaux, MSW, M.Div
LMHPCO Executive Director

D 5 **Psychosocial/Spiritual Resilience for Hospice Caregivers: An Overview for Clinicians, Clergy, and Administrator**
Kathleen Regan Figley, MS, DMin
Master Traumatologist, Certified Compassion
Fatigue Therapist, Figley Institute

D 6 **The Changing Face of Hospice**
Jennifer Kennedy, MA, B.S.N., RN, CLNC
NHPCO Regulatory & Compliance Specialist

D 7 **Conditions of Participation: A Focus on Pharmacy**
Curt Bicknell, BS, PharmD
Client Relations Liaison, Hospice Pharmacia

3:15–3:30 Afternoon Break

3:30–4:30 **Closing Plenary:**
"Analysis of Hospice Claims for LA and MS"
Mary Jane Schultz, RN
Director, Medical Review - Palmetto GBA

LMHPCO Post-Conference at-a-glance

POST-LEADERSHIP CONFERENCE
Friday, July 31, 2009

7:00–8:30 Registration & Breakfast

8:30–11:45 Morning Master Classes

- CODE # TOPIC (Presenter(s) listed below topic)**
- PC 1 Regul. The New Hospice Interpretive Guidelines: What Will Surveyors Look For? (Part 1 of 2)**
Jennifer Kennedy, MA, B.S.N., RN, CLNC
NHPCO Regulatory & Compliance Specialist
- PC 2 Finance Palmetto GBA Provider Workshop: Get Wise with Medicare**
Krisdee Foster, BS
Ombudsman, Palmetto GBA
- PC 3 Adm Strategic Planning**
Sandra Bishop, DNS, LMHPCO President
Moving from Mission to Money: How High Performing Organizations Retain Mission in Changing Economic Environment
Laura Crochet, M.Ed.
LA Association of Nonprofit Organizations
- PC 4 Med/Nur Managing Pain in Patients Who May Die**
Jack McNulty, MD, FAAHPM,
Medical Director, Hospice of St. Tammany;
President, Palliative Care Institute of SE LA;
The Management of Non-Pain Symptoms in Palliative Care
Glenn Mire, MD, Medical Director, Hospice of Acadiana, Inc., UMS Family Medicine
- PC 5 SW Hospice Social Work Ethics from a Positive Perspective**
Dr. Larry Grubbs, LCSW-BACS
Professor of Social Work, Graduate Faculty,
Grambling State Univ. School of Social Work
Rethinking the Role of the Hospice Social Worker
Dr. Larry Grubbs, LCSW-BACS
- PC 6 Spiritual Before They Forget: Spiritual Issues and Dementia (Part 1 of 2)**
Rev. Kathleen Rusnak, Ph.D.
The Brick Wall 2, Inc.
- PC 7 Vol. Mgr Get Connected Using Technology to Recruit, Manage and Retain Volunteers**
Janet Pace
Interim Exec. Director of LA Serve Commission

- 11:45–1:15 Lunch (on your own)
- 1:15–4:30 Afternoon Master Classes
- PC 9 Regul. The New Hospice Interpretive Guidelines: What Will Surveyors Look For? (Part 2 of 2)**
Jennifer Kennedy, MA, B.S.N., RN, CLNC
NHPCO Regulatory & Compliance Specialist
- PC 10 Adm Recent Developments in Employment Law: What Every Employer Needs to Know**
Kyle Ferachi, JD
Attorney, McGlinchey Stafford PLLC
- Fundamental Health Laws for Hospice and Palliative Care**
Christopher DeMeo, JD
Attorney, McGlinchey Stafford PLLC
- PC 11 Med/Nur Expanding the Borders of Palliative Care**
Deborah Bourgeois, RN, BSN, CHPN
Manager, Palliative Care Services, Ochsner Clinic
David E. Taylor MD, Chairman, Department of Pulmonary/Critical Care
Medical Director, Palliative Care, Elen Chacko, MBA
Manager, Medical Informatics
Choots DeGarcia, MPH
Senior Analyst, Medical Informatics
Christi Bergeron
Patient Satisfaction Project Leader
- PC 12 SW Funeral Practices Across Religious and Ethnic Cultures**
Martha Webb, MSW, LCSW-BACS, CT
Bruce Worrell, BCC
Life Source Services, LLC
- PC 13 Spiritual After They Forget: Spiritual Issues and Dementia (Part 2 of 2)**
Rev. Kathleen Rusnak, Ph.D.
The Brick Wall 2, Inc.
- PC 14 Vol. Mgr Tuck-in Volunteers – An Easy to Start Hospice Volunteer Program that will Increase Family Satisfaction and Decrease Costs**
Sandra Huster, Director Volunteer Services
Covenant Hospice, Pensacola, FL
- Hook, Line and Sinker**
Michele Burbank, Director Volunteer Services
St. Joseph Holdings, Baton Rouge, LA
Helene Massey, Volunteer Manager
Odyssey HealthCare Hospice, Lake Charles, LA

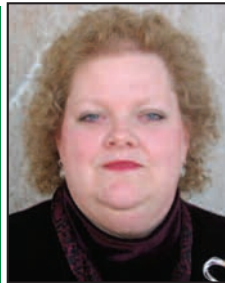
EMERGENCY PREPAREDNESS

Questions & Answers

1. Are state surveyors looking for a special type of Disaster or Emergency Preparedness Plan? Any special key features required?



The only regulatory requirement specified in the Hospice Licensing Standards is found at §8235. Agency Operations D. Operational Requirements 1. Hospice's responsibility to the community: (f.) shall have policy and procedures and a written plan for emergency operations in case of disaster. Nothing in the regulations specifies what must be in that written plan. Home Health Agencies are required to have a written plan that includes reporting and training responsibilities as well as fostering communication and rapport between the agency and the local Office of Emergency Preparedness. There was a Model Plan developed by OEP that may be useful in developing the hospice plan. You may contact your local OEP to request a copy of the Home Health Model Plan. You could then adapt the plan to better meet the hospice rather than the home health patient's needs. If the hospice has an inpatient unit, they should look at actually having a contract with other facilities to evacuate to as the nursing homes do. Basically, patients should be evaluated to determine their care category-Hospital Admit, Hospital Shelter, or Minimal Needs patients. Patients who have caregivers should be encouraged to work with their caregivers to plan



Marion Tate



Art Sharpe

for emergency. When an emergency is declared, the local OEP should be notified of specific names and contact information of those patients requiring community assistance. You should have contracts with local hospitals for those patients that require hospitalization. LMHPCO is working to get information from hospices to determine the needs of individuals who are unable to evacuate without public assistance. I would urge you to update the website that they are using as in the event of an emergency, it will be shared with those that need the information. It is not something that will be used to determine how many patients a particular provider may have, it's not to be used to determine competition, it's only for emergency preparedness.



The Mississippi State Board of Health recently adopted regulations requiring an emergency operations plan for each licensed facility and specifying the requirements for facility emergency operations plans. In concert with the Louisiana-Mississippi Hospice and Palliative Care Organization and other health-

care industry representatives, the Mississippi State Department of Health is developing specific guidelines which will be passed on to health care facilities as they become available. Because the guidelines are not fully developed, facilities with existing emergency operations plans will be provisionally approved pending an in-depth review.

2. What type of patient/family education are you expecting to see?



Patient education should begin upon admit and should be an ongoing process. They should be informed of the hospice's role and responsibilities as well as the patient or family responsibility. Patients and families should be informed of the potential danger from the impending disaster. Patients should be encouraged to evacuate with family in the event of a disaster. Patients should be informed that the hospice also has a responsibility to their staff and therefore will not be able to put staff in danger to rescue the patient who chooses not to evacuate when the need arises. Hospices should give patients an alternate means of communication in the event that telephone land lines are not available. Hospices should, in the event of a disaster, ask for alternate cell numbers for the patient and/or family and ask what their plans are. We need to stress that using a Medical Special Needs Shelter should be the last resort rather than what is

planned for the patients. There are limited resources, limited space, and rather primitive conditions in the MSNS. They would be much better off if they have their own plan and attempt to follow it rather than simply thinking “shelter”.



LMHPCO is doing an outstanding job of coordinating resources for individuals who have no existing resources or plans to evacuate. The software package you have developed is quite useful and, if properly utilized, will be of great assistance to your clients. One opportunity I see for disaster preparation might be to help patients with a disaster preparation inventory and checklist that would ensure adequate preparation for home-health based hospice patients to shelter in place or evacuate.

3. In the event of hurricane or other disaster, what is the hospice's responsibility relating to transportation during an evacuation? Who is financially responsible for this transportation?



Hospices have not typically been responsible for transportation costs and should not be responsible for that cost in the event of a disaster either with the exception of inpatient hospice facilities. While in an inpatient hospice, there should be plans for evacuation in the event that it is necessary. Those plans should include transportation to a receiving facility as well as staff to continue providing care during and after evacuation. Hospices should assist in coordinating the transportation needs of their patients in the event of a disaster. You must take into consideration

that the time required to get a response will increase with the severity and magnitude of the event. As part of your disaster planning, you should have determined prior to a disaster, which patients will require transportation and which have caregivers that will accept that responsibility.



The hospice's responsibility is to first, develop a plan. Second, obtain evacuation transportation resources commensurate with the hospice patient's medical condition. Third, arrange a point for the patient to be transported to that can provide care commensurate with the hospice patient's needs. Fourth, to care medically, socially and psychologically for the hospice patient during transport. Fifth, (especially for residential facilities) don't “abandon” the patient to the mode of transportation. If you evacuate a residential facility, send caregivers who can care for them until they safely arrive at the receiving facility.

4. What about continuing services during a mandatory or other evacuation? Does the hospice have to stay if an evacuation is called? Can the hospice provide services outside of the 50-mile radius if they are evacuated and patients/families have also evacuated to the same area? Example: patients are sheltered in a school gym or city hall outside of your service area and you have a nurse in the area. Can you visit them and provide care even when it is outside of your normal 50-mile service area?



DHH does not expect a hospice to break the law (by remaining when

there is a mandatory evacuation) or to put their employees in danger. Patients should be made aware that if they choose to remain in their home, there will be no one from the hospice available to provide services due to the fact that the hospice is being forced to evacuate. Of course, you should return to business as usual as soon as possible after the emergency situation.

Does the hospice have to stay if an evacuation is called?

No. Can the hospice provide services outside of the 50-mile radius if they are evacuated and patients/families have also evacuated to the same area? Example: patients are sheltered in a school gym or city hall outside of your service area and you have a nurse in the area. Can you visit them and provide care even when it is outside of your normal 50-mile service area? There has been no legislation passed to enable a hospice provider to see patients outside their service area in the event of a disaster. However, if the hospice patient does not require transfer to another hospice for immediate attention, there is nothing that forces the hospice to discharge or transfer a patient. Special Needs Shelters seemed to welcome volunteers. On a case by case basis, I would expect the hospice to evaluate the situation and determine whether the patient in the shelter needs the hospice nurse to follow up and assist in care. Providing care to a hospice's current patients who have temporarily relocated should not be an issue-unless that hospice is also seeking referrals for other patients outside the service area. Hospices should be encouraged to make every effort to follow their patients and continue services within reason. This may be a challenge, depending on where patients go and how many nurses may have also evacuated to

that area, however, if the hospice has the ability to locate the patients and have staff in the area, please encourage the staff to continue to follow the patients when possible.



No, but logically you should evacuate when arrangements have been made for your patients.

Under a declaration of emergency many existing laws, rules and regulations may be waived, enabling you to provide services at whatever location the patients evacuate to.

5. How long can you keep a patient on service during evacuation? What documentation is necessary? Could telephone assistance and referral if necessary be sufficient or until return to area is announced if it does not exceed 2 weeks?



There is no set time frame as to how long a patient can be kept on service during an evacuation. However, if the patient is due for recertification, you must be able to assess and develop that Plan of Care.

Documentation should include any information available about the circumstances- for example, a case conference indicating that the patient evacuated with family to wherever they are, due to the hurricane.

Any phone calls or other communication should be documented in the patient's record as soon as feasible. Even if you don't have your normal computer system, a hand written note documenting the situation and what was done should be available for surveyors to see as well as available for communica-

tion between hospice staff.

Could telephone assistance and referral if necessary be sufficient or until return to area is announced if it does not exceed two weeks? Yes. There's not actually a 2 week deadline. If you can't have the IDT meeting, you can still keep the patient on service, documenting what is going on and attempting to follow the patient. You may not have a formal IDT, but perhaps there could be telephone meetings. The key is documenting what is going on and what you are doing,



This is a matter for you and CMS to work out. You should provide care to patients who have evacuated and with whom you have evacuated until you are relieved of that responsibility by competent authority.

6. What if when your return to your area there is a curfew i.e. no one allowed out of their homes between 6 pm and 6 am? Can you tell returning patients that you can only provide service between those hours to ensure safety of your staff and comply with local authorities? After those hours, you will triage calls and they may have to access emergency services if available.



Yes, you can inform patients that if they choose to return to the area, your staff will be available for telephone assistance only during times of a city imposed curfew. They would be expected to make home visits only during the time that they are allowed on the streets. DHH should never expect a hospice to break the law or endanger their staff by being out after curfew.

Exceptions are usually granted to medical personnel. Get with your local emergency manager and get an exemption, an exception, a pass, or whatever is necessary for you to travel.

7. How many hours of oxygen must you supply for evacuation and backup in the event of loss of electricity? Suppliers often limit supplies as they wait to see where the hurricane will most effect. What responsibility do you have to provide enough oxygen for evacuation if none is available in your area?



DHH cannot specify how many supplies you provide. You must provide what you determine to be necessary. You must make every effort to provide oxygen if the patient requires oxygen.



The same responsibility you have to provide oxygen to your patients under normal circumstances. A realistic planning process, properly implemented, will result in no interruption of oxygen therapy to your patients. Plan ahead.

8. In this type of major disaster with disruption of essential services in the service area of the hospice, do all services have to be provided to resume care? Example: Nurses, Hospice Aides and Spiritual Care staff is available but the Social Workers have not returned.



All services should be provided, however, there is nothing to prevent a Registered Nurse from pro-

viding some of the services that a Social Worker would typically provide.



Your plan should include provisions for competent contract or volunteer personnel to enable you to resume providing care at your location as soon as practical after your return..

9. When receiving evacuated patients from a disaster area and the nursing facility records indicate they are a hospice patient but no legal representative is available for admission, may the hospice admit on good faith until family is located? If so, how long can we provide hospice care for this patient without legal consent? We found that the hospice and the family were often displaced and the patients needed hospice care. Please give guidance to the receiving programs as well as to the evacuating program. What should the evacuating program provide with each patient? If not present, can the receiving hospice still provide care that is needed with the best information they have?



If the patient is not their own legal representative, the hospice would not have the authority to admit the patient if the legal representative is not available.

When the patient is being evacuated, the evacuating program, (if they are aware that the responsible party will be going in a different direction) could possibly send written authorization from the responsible party, to give the receiving hospice authority to care for the patient. Another option

would be for the evacuating hospice to contract with the receiving hospice to provide services. That way, the receiving hospice would not admit the patient as their patient-it would still be a patient of the evacuating hospice which had the authorization to provide services.



The hospice can admit based on several factors, including the patient's record, CMS billing records, a patient census, a letter from the hospice administrator, or other competent records.

Additionally, under Mississippi law, a person of legal age otherwise competent may consent to medical or surgical treatment on their own behalf. There are other provisions for emergency treatment without consent which may also apply.

10. Regarding hospice patients residing in nursing facilities: does the hospice have any responsibility for arranging transportation? Providing staff to the facility during evacuation? Any special guidance to hospices in regards to residential hospice care in nursing facilities?



Coordinating-yes. Arranging and/or paying for transportation-no. The hospice does not have a responsibility for providing staff to the facility at any time. The hospice does retain responsibility for ensuring coordination of care for their patients. When a hospice accepts a nursing home patient, the nursing home is still responsible for providing the care that they would provide to any other nursing home resident (including

transporting the resident to wherever they are evacuating the rest of the residents to). The hospice is responsible for the management of that resident's care.



Yes. Your plan should include provisions to return evacuated patients and staff to your hospice facility or hospice care location. Your plan should also include keeping your hospice patients together if possible so that you don't have to provide staff and services in multiple locations.

11. What can the hospice do when a patient/family refuses to evacuate the area, then at the last minute when it is too late for hospice to assist, they decide they need help? Would referral to the local OEP or agency responsible for assistance be sufficient?



The hospice should be informing the patient/family of the need to evacuate and trying to educate and encourage them to evacuate. Then, in the event that they refuse, let them know that the hospice will be evacuating and therefore unavailable to assist them. If it is safe to assist, then assist them in evacuating. But, if your staff have evacuated as they should, then please call the local authorities and inform them of the situation.

12. What is the hospice's responsibility during a death of a patient in the event of evacuation during a storm or other emergency situation? Examples of situations that did occur are:

- The patient did not evacuate and the family calls for hospice

staff to return to the area and handle the death / destruction of medications. They were very hostile that the hospice did not leave staff in the area under mandatory evacuation nor did they return before authorities allowed return.

- **911 operator calls the hospice to come pick up the body during Katrina during a mandatory evacuation of the New Orleans area.**



The hospice must follow the law. If they were advised to evacuate, then they should do so. A hospice should inform the patients/families that they will not be available due to the mandatory evacuation. They should then instruct the family (when they are called regarding a death) that they (the hospice) will call the local authority to deal with the death in their absence (just as would be done for a death of a non-hospice patient) Hospice does not transport bodies whether it be during an evacuation or not. The hospice should not accept the responsibility for transporting a body during an evacuation when they would not be responsible for such at other times.



Although this answer does not define the legal standard of care, you should continue to assist hospice patients to evacuate until it is no longer humanly possible. Referral to local emergency management authorities at that point may be your only option. LMHPCO's patient tracking software may prove invaluable in such instances.

- 13. Are there any special provisions for Hospice Inpatients Units that can safely provide care in their facility but can't meet the 80/20 rule since housing is not available for residents to return to the area?**



This is a reimbursement issue-not a regulatory issue. To my knowledge, there are no provisions to ignore the 80/20 rule, however, if the patient does not require inpatient care, but you would like to keep them in the inpatient unit for other reasons, you can bill the patient room/board, and bill Medicare for routine home care rate. You may also admit to your inpatient unit, patients from other hospices that may need inpatient care. You would contract with the other hospice and bill that hospice for the inpatient care. That patient would not count as part of your 20%. It would be counted against the hospice that actually is billing Medicare as part of their 20%. In addition, just for clarification, that 20% is determined for the year-not just for the few weeks during a certain time frame. So, technically, this should not really be an issue as you should also be providing care to outpatients all year long.



There is no all-inclusive answer for this question. The answer is entirely situational and depends on the severity of the disaster.

- 14. Please address any other issue that you have heard from providers relating to hurricane preparedness and the provision of hospice care surrounding a hurricane or other disaster.**



Just to reiterate, hospice agency staff should not be sent into hazardous areas or be required to operate under hazardous conditions during disasters. The biggest issue to help you in the long run, is to educate the patients and families. You cannot compel people to follow specific emergency plans, but you can educate them regarding the dangers.

You must also ensure not only that you have an Emergency Plan, but test that plan and evaluate the effectiveness. You should also encourage your staff to have plans regarding their families and their responsibilities to the hospice. Planning ahead is paramount for your staff.

Learn from the experiences of previous hurricanes. Many people didn't have alternate phone numbers to contact patients/families/staff of their agencies. You may consider giving/receiving alternate numbers for communication. Perhaps there is a family member in another state that the patient/family will be checking in with. Would they be willing to give you that person's contact information so you can check on the patient-or even your staff.

Please also address recertification during evacuation. I understood you to say that we had to transfer or discharge a pt if recert came up and we could not physically see them. If a patient is due to be recertified during the time of an evacuation, if you have been able to assess that patient and work out the plan of care, there is no reason to discharge-unless they need to be transferred to another hospice during that time. If you have not been able to assess the patient and develop the PoC, then

you would need to discharge.

Please address the acceptable way to handle a recert during evac. We complete our documentation usually 2 weeks before the recert so proper discharge planning can be completed if will not recert. If you have assessed that patient early, and have met with the IDT and developed the PoC, even if the recert is during the evacuation, you still continue with care as much as possible. You would not discharge, but resume care when the patient and your staff return to the area or when you are able to see the patient wherever they evacuated to. Med. Director reviews and writes a note verifying appropriateness along with rationale.

Could a visit that early be acceptable? Yes. Would need to know about signatures if can't meet the time requirements. If you have assessed the patient and the IDT has meet (even if in these rare circumstances it was a telephone team meeting with minimal participation, document who was participating in that phone conference meeting and get signatures later.

Also, how to handle IDT during evac. Is it acceptable to document that did not have IDT due to mandatory evacuation?

Yes, if you are unable to hold IDT meetings due to an evacuation or other disaster, document the fact that the meeting did not occur and then hold the meetings as soon as possible thereafter. Documentation is vital. You may lose computers and therefore your documentation is not the same as previously, but you must maintain professional standards. Handwritten documentation (physician's order, skilled nurse's notes, aide visit notes, etc.) is necessary in the event that you don't have your computer generated documentation.



The Mississippi State Department of Health has issued a Request for Proposals to provide emergency operations plan review expertise and planning assistance to licensed healthcare facilities, including hospices. We look forward to working with each of you either in person or via a contractor to achieve reliable, realistic and workable emergency operations plans for your facilities, staff and residents.

Editor's Note: Questions were submitted to both the Louisiana Dept. of Health (Marion Tate, Hospice Program Director) and the Mississippi State Department of Health (Art Sharpe, Director, Offices of Emergency Planning and Response). Their respective responses to those questions follows.

Calendar

www.LMHPCO.org

July 29-30, 2009 (Wednesday & Thursday)

**LMHPCO Annual Leadership Conference & Annual Meeting
Loews Hotel, New Orleans, LA**

July 31, 2009 (Friday)

**LMHPCO Annual Leadership Post-Conference
Loews Hotel, New Orleans, LA**

September 24-26, 2009

**NHPCO's 10th Clinical Team Conference
Hyatt Regency, Denver, CO**

For more information go to:

<http://www.nhpc.org/i4a/pages/index.cfm?pageid=3259>

December 4-6, 2009

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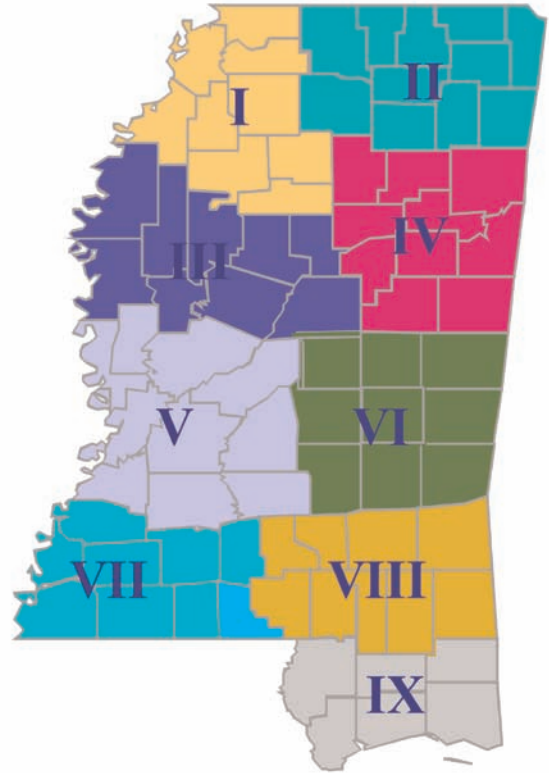
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Hugh Phillips , Director MDH Emergency Response 601-933-6864 office 601-506-5658 cell	

Did you know...

that only 28 Atlantic Hurricanes have formed in the month of June since the year 1851?

Here are the total Atlantic hurricanes by month, 1851-2008:

July:	52
August:	220
September:	325
October:	161
November:	40

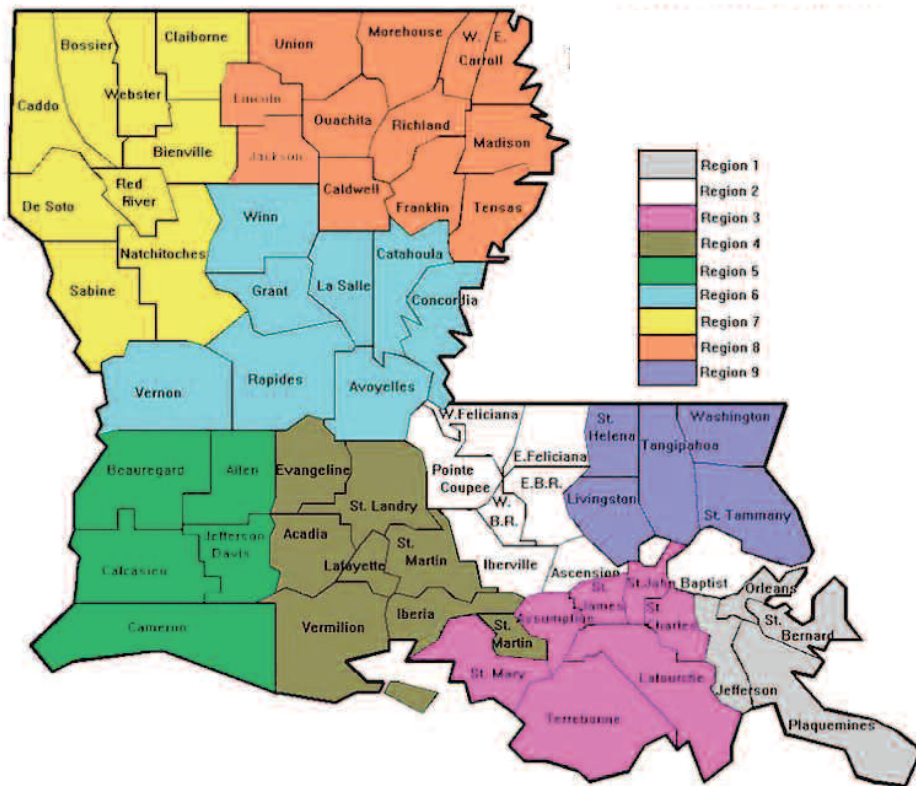
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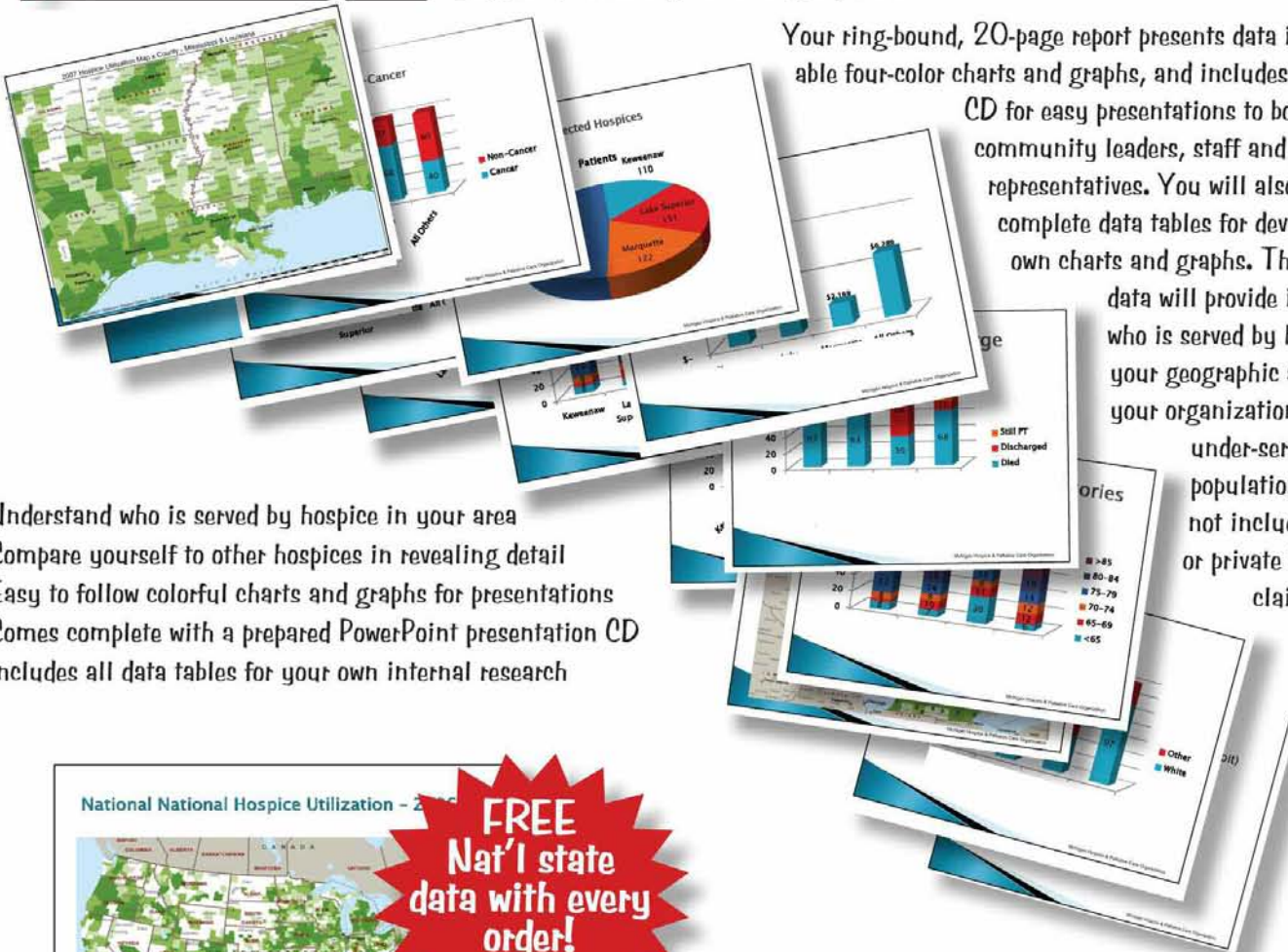
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<input type="radio"/> CLAY	<input type="radio"/> JONES	<input type="radio"/> PEARL RIVER	<input type="radio"/> WASHINGTON
<input type="radio"/> COAHOMA	<input type="radio"/> KEMPER	<input type="radio"/> PERRY	<input type="radio"/> WAYNE
<input type="radio"/> COPIAH	<input type="radio"/> LAFAYETTE	<input type="radio"/> PIKE	<input type="radio"/> WEBSTER
<input type="radio"/> COVINGTON	<input type="radio"/> LAMAR	<input type="radio"/> PONTOTOC	<input type="radio"/> WILKINSON
<input type="radio"/> DESOTO	<input type="radio"/> LAUDERDALE	<input type="radio"/> PRENTISS	<input type="radio"/> WINSTON
<input type="radio"/> FORREST	<input type="radio"/> LAWRENCE	<input type="radio"/> QUITMAN	<input type="radio"/> YALOBUSHA
<input type="radio"/> FRANKLIN	<input type="radio"/> LEAKE	<input type="radio"/> RANKIN	<input type="radio"/> YAZOO
<input type="radio"/> GEORGE	<input type="radio"/> LEE	<input type="radio"/> SCOTT	
<input type="radio"/> GREENE	<input type="radio"/> LEFLORE	<input type="radio"/> SHARKEY	
<input type="radio"/> GRENADA	<input type="radio"/> LINCOLN	<input type="radio"/> SIMPSON	

Select report type

- 2009 Market Report (2007 data)
- 2009 Trend Report (2005, 2006, 2007 data)

Amount enclosed

\$ 699.00
 \$1,199.00

Must be a LMHPCO Member to order

PAYMENT INFORMATION

Advanced Payment Required (By Check Only) - Limit 8 counties per report

Name _____
 Organization _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Email _____

Payment accepted by check only. Order should be sent to: **LMHPCO, 717 Kerlerec, New Orleans, LA 70116** Questions call toll-free telephone **888-546-1500**



Louisiana / Mississippi Hospice & Palliative Care Organization
Louisiana Market Report Order Form
2005-2007 Medicare Hospice Data
Available to LMHPCO members only

Please select parishes within your service area: **(Limit 8 parishes per report)**

<input type="radio"/> ALLEN	<input type="radio"/> EAST CARROLL	<input type="radio"/> MOREHOUSE	<input type="radio"/> ST. MARTIN
<input type="radio"/> ASCENSION	<input type="radio"/> EAST FELICIANA	<input type="radio"/> NATCHITOCHE	<input type="radio"/> ST. MARY
<input type="radio"/> ASSUMPTION	<input type="radio"/> EVANGELINE	<input type="radio"/> ORLEANS	<input type="radio"/> ST. TAMMANY
<input type="radio"/> AVOUELLES	<input type="radio"/> FRANKLIN	<input type="radio"/> OUACHITA	<input type="radio"/> TANGIPAHOA
<input type="radio"/> BEAUREGARD	<input type="radio"/> GRANT	<input type="radio"/> PLAQUEMINES	<input type="radio"/> TENSAS
<input type="radio"/> BIENVILLE	<input type="radio"/> IBERIA	<input type="radio"/> POINTE COUPEE	<input type="radio"/> TERREBONNE
<input type="radio"/> BOSSIER	<input type="radio"/> IBERVILLE	<input type="radio"/> RAPIDES	<input type="radio"/> UNION
<input type="radio"/> CADDO	<input type="radio"/> JACKSON	<input type="radio"/> RED RIVER	<input type="radio"/> VERMILION
<input type="radio"/> CALCASIEU	<input type="radio"/> JEFFERSON	<input type="radio"/> RICHLAND	<input type="radio"/> VERNON
<input type="radio"/> CALDWELL	<input type="radio"/> JEFFERSON DAVIS	<input type="radio"/> SABINE	<input type="radio"/> WASHINGTON
<input type="radio"/> CAMERON	<input type="radio"/> LA SALLE	<input type="radio"/> ST. BERNARD	<input type="radio"/> WEBSTER
<input type="radio"/> CATAHOULA	<input type="radio"/> LAFAYETTE	<input type="radio"/> ST. CHARLES	<input type="radio"/> W. BATON ROUGE
<input type="radio"/> CLAIBORNE	<input type="radio"/> LAFOURCHE	<input type="radio"/> ST. HELENA	<input type="radio"/> WEST CARROLL
<input type="radio"/> CONCORDIA	<input type="radio"/> LINCOLN	<input type="radio"/> ST. JAMES	<input type="radio"/> WEST FELICIANA
<input type="radio"/> DESOTO	<input type="radio"/> LIVINGSTON	<input type="radio"/> ST. JOHN BAPTIST	<input type="radio"/> WINN
<input type="radio"/> E. BATON ROUGE	<input type="radio"/> MADISON	<input type="radio"/> ST. LANDRY	<input type="radio"/>

Select report type

- 2009 Market Report (2007 data)
- 2009 Trend Report (2005, 2006, 2007 data)

Amount enclosed

\$ 699.00
 \$1,199.00

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Name _____
 Organization _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Email _____

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Mississippi State Department of Health Hospice Emergency Operations Plan Crosswalk

Instructions for Using the Plan Review Crosswalk for Emergency Operations Plans

SCORING SYSTEM

- Meets Standard:** The plan meets the requirement for the standard. Reviewer's comments are encouraged, but not required.
- Partially Meets Standard:** The plan has some components of the standard but does not fully meet requirements. Reviewer's comments must be provided.
- Does Not Meet Standard:** The plan does not meet the minimum requirement for the standard. Reviewer's comments must be provided.
- Not Applicable:** The standard is not applicable to the plan.

Hospice Emergency Operations Plan

Facility Name:	Title of the Emergency Operations Plan:	Date of Plan:
Local Point of Contact:	Address:	
Title:		
Agency:		
Phone Number:	E-Mail:	
Reviewer:	Title:	Date:
Plan Reviewer:	Title:	Date:
	Date Received	
	Plan Not Approved	
	Plan Approved	
	Date Approved	

Y / N	Standard
	Does the organization have a written Emergency Operations Plan that describes the response procedures to follow when emergencies occur?
	Is there an approval and implementation signature page?
	Is there a record of changes for the EOP and annexes?
	Are there documented backup personnel or position title designates for critical positions?
	Are the EOP and annexes NIMS and ICS (HICS) compliant?
	Does the EOP contain an emergency responsibilities organizational chart?
	Does the EOP have a hazard vulnerability assessment/analysis?
	Does the EOP contain State/local laws, statutes, ordinances, executive orders, etc. that address emergency operations?
	Is there a Continuity of Operations Plan?
	Is there a published glossary of terms?

	Standards and Guidelines		Planning Requirements	SCORE		
	Joint Commission (EC, IM), NIMS, or MSDH Standard	Location in Plan		Does Not Meet Standard 0	Partially Meets Standard 5	Meets Standard 10
Emergency Operations Planning						
1	EC 4.10, EP5		The plan identifies specific procedures that describe mitigation, preparedness, response, and recovery strategies, actions, and responsibilities for each priority emergency identified in the plan.			
2	EC 4.10, EP6		The plan provides processes for initiating the response and recovery phases of the plan, including a description of how, when, and by whom the phases are to be activated.			

Standards and Guidelines		Planning Requirements	SCORE		
Joint Commission (EC, IM), NIMS, or MSDH Standard	Location in Plan		Does Not Meet Standard	Partially Meets Standard	Meets Standard
Emergency Operations Planning					
3	MSDH 5.4.1.				
4	EC 4.10, EP11				
5	EC 4.10, EP12				
6	MSDH 5.1				
7	MSDH 8.9				
8	MSDH 8.6.2				
9	MSDH 9.0				
Communications					
10	EC 4.10, EP7				
11	EC 4.10, EP10				
12	MSDH 8.1.2.				
13	EC 4.10, EP18				
Resources and Assets					

Standards and Guidelines		Planning Requirements	SCORE		
Joint Commission (EC, IM), NIMS, or MSDH Standard	Location in Plan		Does Not Meet Standard 0	Partially Meets Standard 5	Meets Standard 10
Emergency Operations Planning					
Continuity of Operations					
22	IM.01.01.03, EP 1				
23	IM.01.01.03, EP 2				
24	IM.01.01.03, EP 3				
25	IM.01.01.03, EP 4				
			Sub-Totals		
			Total Score (Total of Sub-Totals ÷ by 25)		

Summary of Assessment Findings:

briefs

Paul Breaux, an attorney and member of the Louisiana's Governor's Advisory Committee on Hospice, worked with the LMHPCO Board of Directors establish the Alliance for the Advancement of End of Life Care, Inc, a 501(c)(4) subsidiary

"to provide enhanced advocacy activities" for LMHPCO and its members. In our IRS application seeking



exempt status for this new entity, LMHPCO states "The designated activities will include, but not be limited to direct lobbying of state Legislative leaders and policy makers in Louisiana and Mississippi on behalf of the hospice and palliative care community. Much of this activity will take place in Baton Rouge, LA and Jackson, MS. In addition, the Alliance will undertake broad-based research and data analysis activities to support the hospice and palliative care community in its outreach efforts to target patient populations, as well as raise the overall awareness of the services provided by this health care delivery system."

Due to repeated requests the in-service "The Needs of the Mourning" was repeated once again, this time at Unity Hospice Care in Southaven, MS. A special thanks to Donna Kirkman, RN, for coordinating the hosting of the location.



Jean Bakus, RN with Unity Hospice Care assisted with registration. Pictured registering are Carla Williams and Earnest Farley of Pax Hospice.



AGAPE HOSPICE VOLUNTEER APPRECIATION LUNCHEON

Agape Hospice Group recently celebrated and honored its volunteers at The West Monroe Convention Center. The welcome for the volunteer luncheon was given by Hospice Group Volunteer Coordinator/Marketer Elspie Franklin. Linda Storm, Agape Hospice Administrator, reiterated that families are grateful for the little things that hospice volunteers do to provide care to patients and their families. Other speakers included Mike Walsworth,

Louisiana State Senator; Kay Katz, State Representative; Dave Norris, Mayor of West Monroe; and Royce Toney, Sheriff. Music was provided by Paul Ford, Agape Hospice Group Chaplain.

Juliana Kemp was named Agape Hospice Volunteer of the Year. "Volunteers are very important to what we do, and they are able to use their different talents in helping out here, said Elspie Franklin."



Members make the work of LMHPCO possible! (2009 memberships received as of 6/10/2009)

PROVIDER MEMBERS:

A&E Hospice, Inc, Olive Branch, MS
 Agape Hospice of Shreveport, LLC, Shreveport, LA
 Agape Hospice Care of Ruston, LA
 Agape Northeast Regional Hospice, LLC, West Monroe, LA
 Agape Northwest Regional Hospice, LLC, Minden, LA
 AseraCare Hospice, LLC, Corinth, MS
 AseraCare Hospice, LLC, Flowood, MS
 AseraCare Hospice, LLC, Philadelphia, MS
 AseraCare Hospice, LLC, Senatobia, MS
 AseraCare Hospice, LLC, Starkville, MS
 AseraCare Hospice, Tupelo, MS
 Baptist Hospice - Golden Triangle, Columbus, MS
 Bayou Region Hospice, Houma, LA
 Brighton Bridge Hospice, LLC, Oberlin, LA
 Circle of life Hospice, Inc, Shreveport, MS
 Christus Cabrini Hospice, Alexandria, LA
 Christus Schumpert Community Hospice, Shreveport, LA
 Camellia Home Health & Hospice, Bogalusa, LA
 Camellia Home Health & Hospice, Columbia, MS
 Camellia Home Health & Hospice, Hattiesburg, MS
 Camellia Home Health & Hospice, Jackson, MS
 Comfort Care, Laurel, MS
 Community Hospice of America, McComb, MS
 Community Hospice of America, Meridian, MS
 Community Hospice of America, Natchez, MS
 Community Hospice of America, Shreveport, LA
 Community Hospice, Inc, Sherman, MS
 Community Hospice, LLC, New Orleans, LA
 Continue Care Hospice, Hollandale, MS
 Crossroads Hospice, LLC, Delhi, LA
 Deaconess Hospice – Biloxi, MS
 Deaconess Hospice – Brookhaven, MS
 Deaconess Hospice – Hattiesburg, MS
 Delta Regional Medical Center Hospice, Greenville, MS
 Destiny Hospice Palliative care & Specialty Services, Inc, Tutwiler, MS
 Elayn Hunt Correctional Center, St Gabriel, LA
 Eternity Hospice, Inc, Gulfport, MS
 Eternity Hospice, Inc, Indianola, MS
 Eternity Hospice, Inc, Laurel, MS
 Faith Foundation Hospice, Inc, Alexandria, LA
 First Choice Hospice, Inc, Olla, LA
 Forrest General Hospital, Hattiesburg, MS
 Generations Hospice Service Corp, Denham Springs, LA
 Gilbert's Hospice, Flowood, MS
 Gilbert's hospice, McComb, MS
 Gilbert's Hospice, Tupelo, MS
 Guardian Hospice Care, LLC, Alexandria, LA
 Guardian Hospice, Inc, Jefferson, LA
 Gulf Coast Hospice, Ocean Springs, MS
 Heritage Hospice, Amory, MS
 Heritage Hospice, Corinth, MS
 Hospice Associates, Metairie, LA
 Hospice of Acadiana, Lafayette, LA
 Hospice of Many, LA
 Hospice of Natchitoches, LA
 Hospice of St Tammany, Mandeville, LA
 Hospice Care of Avoyelles LLC, Alexandria, LA
 Hospice Care of Avoyelles LLC, Marksville, LA
 Hospice Care of Avoyelles LLC, Opelousas, LA
 Hospice Care of Louisiana, Alexandria, LA
 Hospice Care of Louisiana, Baton Rouge, LA
 Hospice Care of Louisiana, Lafayette, LA
 Hospice Care of Louisiana, Monroe, LA
 Hospice Care of Louisiana, New Orleans, LA

Hospice Care of Louisiana, Slidell, LA
 Hospice Care of Mississippi, Waveland, MS
 Hospice In His Care, Baton Rouge, LA
 Hospice in His Hands, Carthage, MS
 Hospice in His Hands, Kosciusko, MS
 Hospice in His Hands, Magee, MS
 Hospice in His Hands, Walnut Grove, MS
 Hospice Ministries, Brookhaven, MS
 Hospice Ministries, McComb, MS
 Hospice Ministries, Natchez, MS
 Hospice Ministries, Ridgeland, MS
 Hospice of Acadiana, Lafayette, LA
 Hospice of Baton Rouge, Baton Rouge, LA
 Hospice of Caring Hearts, LLC, Dubach, LA
 Hospice of Light, Gautier, MS
 Hospice of Light, Lucedale, MS
 Hospice of Many, LA
 Hospice of Natchitoches, LA
 Hospice of St. Tammany
 Hospice of Shreveport/Bossier, LA
 Hospice of South Louisiana, LLC, Houma, LA
 Hospice TLC, Winnsboro, LA
 IBC Hospice, Youngsville, LA
 Infinity Care Hospice of Louisiana, LLC, New Orleans, LA
 Jordan's Crossing Hospice, LLC, Shreveport, LA
 Journey Hospice, LLC, Alexandria, LA
 Journey Hospice of Southwest Louisiana, LLC Lafayette, LA
 Journey Hospice of the Shores, LLC, Metairie, LA
 LifePath Hospice Care Services, LLC, Shreveport, LA
 Life Source Services, LLC, Baton Rouge, LA
 Livingston Hospice Associates, LLC, Walker, LA
 Louisiana Hospice, Mamou, LA
 Louisiana Hospice & Palliative Care, Jennings, LA
 Louisiana Hospice & Palliative Care, Opelousas, LA
 Louisiana State Penitentiary Hospice, Angola, LA
 Magnolia Regional Health Center Home Health & Hospice Agency, Corinth, MS
 Memorial Hospice at Gulfport, Gulfport, MS
 Memorial Hospice & Palliative Care, LLC, Slidell, LA
 Mid-Delta Hospice, Batesville, MS
 My Hospice, Metairie, LA
 North Mississippi Hospice, Oxford, MS
 North Mississippi Hospice, Southaven, MS
 North MS Hospice of Tupelo, MS
 North Mississippi Medical Center, Tupelo, MS
 North Oaks Hospice, Hammond, LA
 Odyssey Healthcare, Jackson, MS
 Odyssey Healthcare of the Gulf Coast, Gulfport, MS
 Odyssey Healthcare of the Gulf Coast, Biloxi, MS
 Odyssey Healthcare of Lake Charles, LA
 Odyssey Healthcare, New Orleans, LA
 Odyssey Healthcare of NW Louisiana, Shreveport, LA
 Odyssey Healthcare, Shreveport, LA
 Patient's Choice Hospice & Palliative Care of Tallulah, LA
 Patient Choice Hospice & Palliative Care, Monroe, LA
 Patient's Choice Hospice & Palliative Care, LLC, Vicksburg, MS
 Pax Hospice, Madison, MS
 Pointe Coupee Hospice, New Roads, LA
 Premier Hospice, LLC, Bastrop, LA
 Quality Hospice Care, Inc Philadelphia, MS
 Regional Hospice & Palliative Services-Southeast, LLC, Lafayette, LA
 Richland Hospice, LLC, Rayville, LA

River Region Hospice, LLC, River Ridge, LA
 River Region Hospice House, River Ridge, LA
 St Catherine's Hospice, LLC, LaPlace, LA
 St Johns Hospice & Palliative Care, Ruleville, MS
 St Joseph Hospice, Baton Rouge, LA
 St Joseph Hospice Bayou Region, Thibodaux, LA
 St Joseph Hospice – CenLa, LLC, Alexandria, LA
 St Joseph Hospice & Palliative Care Northshore, Covington, LA
 St Joseph Hospice of Acadiana, LLC – Lafayette, LA
 St Joseph Hospice of CenLA, Pineville, LA
 St Joseph Hospice of Shreveport, LLC, Shreveport, LA
 St Joseph Hospice & Palliative Care, LLC, New Orleans, LA
 St Theresa's Hospice & Palliative Care, Lafayette, LA
 Sanctuary Hospice House, Inc, Tupelo, LA
 Serenity Hospice Services, New Orleans, LA
 Truecare Hospice, Raymond, MS
 Unity Hospice Care, LLC, Grenada, MS
 Unity Hospice Care, LLC, Oxford, MS
 Unity Hospice Care, LLC, Southaven, MS
 Unity Hospice Care, LLC, Starkville, MS
 Unity Hospice Care, LLC Tupelo, MS
 Vital Hospice, Inc, Hammond, LA
 Willis Knighton Hospice of Louisiana, Shreveport, LA

ASSOCIATE MEMBERS

Ark-La-Tex Medical Services, Inc, Shreveport, LA
 Leonard J Chabert Medical Center, Houma, LA
 Deyta, LLC, Louisville, KY
 Granec Hospice Billing, Inc, Tuscaloosa, AL
 Gulf South Medical Supply, Lafayette, LA
 HealthCare ConsultLink, Ft Worth, TX
 Health Wyse, LLC, Wilmington, MA
 Hospice Pharmacia, Philadelphia, PA
 Hospice Pharmacy Solutions, Grapevine, TX
 HospiScript, Montgomery, AL
 MUMMS Software, New Orleans, LA
 Mutual of America, Metairie, LA
 Outcome Resources, Rocklin, CA
 Patio Drugs, Metairie, LA
 ProCare Hospice Care, Duluth, GA
 The Hospice Pharmacy Group, Grapevine, TX

ORGANIZATION MEMBERS

The ALS Association – Louisiana Chapter, Baton Rouge, LA
 Palliative Care Institute of Southeast LA, Covington, LA
 Southern Eye Bank, Metairie, LA

INDIVIDUAL MEMBERS

Patricia Andrews, New Orleans, LA
 Susan Drongowski, Las Vegas, NV
 Delaine Gendusa, LCSW, Springfield, LA
 Susan N Hart, MD, Baton Rouge, LA

PROFESSIONAL MEMBERS

Gerry Ann Houston
 Heather Liao, RN, Madison, MS
 Jo-Ann D Moore, MSW, LSW, Chalmette, LA
 Matthews, Cutrer & Lindsay, PA, Jackson, MS

PALLIATIVE CARE MEMBERS

Our Lady of the Lake RMC, Baton Rouge, LA