

Hospice Emergency Preparedness Survey

Purpose: This purpose of this survey is to gather information on Hospice Emergency Preparedness Planning related to evacuation of hospice patients in various settings.

Hospice Name

Address

Contact Person

Phone

E-mail

1. Has your Emergency Preparedness Plan been reviewed in regards to the evacuation of hospice patients receiving care in all settings (for example in the patient's home, short term inpatient care setting, skilled nursing facility, hospice residence) ?

Yes

No

If yes, Date of review:

2. Is the evacuation process incorporated in the hospice's QA/QI Process?

Yes

No

3. Has your hospice participated in agency specific or community wide disaster drills and exercises in the past 12 months?

Yes

No

4. Has your hospice conducted emergency fire drills at least quarterly and for all shifts if you operate a free standing hospice inpatient unit and/or a hospice residence?

Yes

No

5. Does your hospice have transportation contracts to transport patients during an emergency evacuation?

Yes

No

Unsure

REPEATING SECTION

6. How does your Hospice provide short term inpatient services?
Answer questions # 7 – 11A for each Hospice setting selected in question #6.

Hospice Settings - Drop down box: (select all that apply)
Swing bed arrangement in hospital or Skilled Nursing Facility (SNF)
Free standing hospice inpatient unit
Free standing hospice residence with swing beds for inpatient care
Leased space

7. Who takes responsibility for evacuation of hospice patients receiving short term inpatient services during an emergency?

Hospice
Hospital
Skilled Nursing Facility
Building Owner
Unsure
Other: _____

8. Do you have a mechanism to track hospice patients evacuated from this setting?

Yes
No
Unsure

9. Is the evacuation process incorporated in your Emergency Drill(s)?

Yes
No
Unsure

10. If patients are evacuated by another facility type, does this facility use the NYS eFINDS wristbands for patient tracking purposes?

Yes
No
Unsure

11. For the setting chosen, is this hospice inpatient care setting located in an area with the potential for flooding or in an area that has a history of flooding?

Yes
No
Unknown

11A. If Yes, choose the flood or evacuation zone where the inpatient unit is located: (drop down box)

Nassau County Flood Zone 1 -4

New York City Evacuation Zone 1-6

Suffolk County Flood Zones 1-4

Westchester County Flood Zones 1-4

Other _____

END REPEATING SECTION

12. Does your agency operate a Hospice Residence?

Yes

No

(If Yes, please answer questions 13-15A below)

13. Do you have a mechanism to track hospice patients evacuated from the Hospice Residence?

Yes

No

Unsure

14. Is the evacuation process for the Hospice Residence incorporated in your Emergency Drill(s)?

Yes

No

Unsure

15. Is the Hospice Residence located in an area with the potential for flooding or in an area that has a history of flooding?

Yes

No

Unknown

15A. If Yes, choose the flood or evacuation zone where the hospice residence is located: (drop down box)

Nassau County Flood Zone 1 -4

New York City Evacuation Zone 1-6

Suffolk County Flood Zones 1-4

Westchester County Flood Zones 1-4

Other _____

16. Describe any past difficulties or anticipated difficulties your Hospice may encounter during an emergency evacuation event. (Text Box)