The organization has an Emergency Operations Plan. Note: The organization’s Emergency Operations Plan (EOP) is designed to coordinate its communications, resources and assets, staff responsibilities, utilities, and patient clinical and support activities during an emergency (refer to Standards EM.02.02.01, EM.02.02.03, EM.02.02.07, EM.02.02.09, and EM.02.02.11). Although emergencies have many causes, the effects on these areas of the organization and the required response effort may be similar. This all-hazards approach supports a general response capability that is sufficiently nimble to address a range of emergencies of different duration, scale, and cause. For this reason, the plan’s response procedures address the prioritized emergencies but are also adaptable to other emergencies that the organization may experience.

Element(s) of Performance for EM.02.01.01

10. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The Emergency Operations Plan, including the communication plan, must be reviewed and updated at least annually.

10. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The Emergency Operations Plan, including the communication plan, must be reviewed and updated at least every two years.

Key: D indicates that documentation is required; R indicates an identified risk area;
17. For inpatient hospices that elect to use The Joint Commission deemed status option: The inpatient hospice provides staff and volunteers access to the emergency preparedness plan to review procedures that are necessary to protect patients and others. This review is performed at least annually.

17. For inpatient hospices that elect to use The Joint Commission deemed status option: The inpatient hospice provides staff and volunteers access to the emergency preparedness plan to review procedures that are necessary to protect patients and others. This review is performed at least every two years.

**EM.02.02.01**

As part of its Emergency Operations Plan, the organization prepares for how it will communicate during emergencies.

**Element(s) of Performance for EM.02.02.01**

22. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization maintains documentation of completed and attempted contact with the local, state, tribal, regional, and federal emergency preparedness officials in its service area. This contact is made for the purpose of communication and, where possible, collaboration on coordinated response planning for a disaster or emergency situation.

Note: Examples of these contacts may be written or e-mail correspondence, in-person meetings or conference calls, regular participation in health care coalitions, working groups, boards, and committees; or educational events sponsored by a third party (such as a local or state health department).

22. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization has a process for cooperation and collaboration with the local, state, tribal, regional, and federal emergency preparedness officials’ efforts to maintain an integrated response during a disaster or emergency situation.

**EM.02.02.07**

As part of its Emergency Operations Plan, the organization prepares for how it will manage staff during an emergency.

**Element(s) of Performance for EM.02.02.07**

13. For home health agencies and hospices that elect to use The Joint Commission deemed status option: Initial and ongoing training relevant to their emergency response roles is provided to staff, volunteers, and individuals providing on-site services under contracts and other arrangements. This training is documented and then reviewed and updated annually and when these roles change.

13. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization provides emergency preparedness training to staff, volunteers, and individuals providing on-site services under arrangement at the following intervals:

- Initial training
- At least every two years
- When roles or responsibilities change
- When policies and procedures are significantly updated

This training is documented.

**Key:**  
$\square$ indicates that documentation is required;  
$\bigotimes$ indicates an identified risk area;
21. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization has an emergency preparedness training program based on its Emergency Operations Plan. This training program is reviewed and updated at least every two years.

**EM.03.01.03**

The organization evaluates the effectiveness of its Emergency Operations Plan.

**Element(s) of Performance for EM.03.01.03**

3. For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: The organization conducts exercises to test the emergency plan at least twice per year.

   The first annual exercise is selected from one of the following:
   - A full-scale, community-based exercise
   - When a community-based exercise is not possible, a facility-based, functional exercise

   The second annual exercise includes, but is not limited to, one of the following:
   - A second full-scale, community-based exercise
   - A second facility-based, functional exercise
   - Mock disaster drill
   - Tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan
   Note 1: If the organization experiences an actual emergency (natural or man-made) that requires activation of the emergency plan, the hospital is exempt from engaging in its next required full-scale, community-based exercise or facility-based, functional exercise following the onset of the emergency event.
   Note 2: See the Glossary for the definitions of community-based exercise, full-scale exercise, and functional exercise.

20. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization conducts an additional exercise each year as follows:

   - One of the two annual exercises must be an operations-based exercise that is conducted either as part of a full-scale community exercise, or if a community exercise is not available, is conducted as an exercise within the organization. (Refer to EM.03.01.03, EP 1)
   - The other of the two annual exercises may be a tabletop exercise.
   Note: If the organization activates its Emergency Management Plan in response to one or more actual emergencies, these emergencies can serve in place of emergency response exercises.
20. For home health agencies and hospices that provide care in the patients home that elect to use The Joint Commission deemed status option: The organization conducts an exercise to test the emergency plan at least annually. The organization is required to conduct either one community-based, full-scale exercise if available, or a facility-based, functional exercise, every other year. In the opposite year, the organization’s annual exercise includes, but is not limited to, one of the following:
- A second full-scale, community-based exercise
- A second facility-based, functional exercise
- Mock disaster drill
- Tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

Note 1: If the organization experiences an actual emergency (natural or man-made) that requires activation of the emergency plan, the organization is exempt from engaging in its next required full-scale, community-based exercise or facility-based, functional exercise following the onset of the emergency event.

Note 2: See the Glossary for the definitions of community-based exercise, full-scale exercise, and functional exercise.

21. For home health agencies and hospices that elect to use The Joint Commission deemed status option: If the organization conducts a tabletop exercise to fulfill this requirement, the tabletop exercise includes a group discussion led by a facilitator using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

EM.04.01.01

For home health agencies and hospices that elect to use The Joint Commission deemed status option: If the organization is part of a health care system that has an integrated emergency preparedness program, and it chooses to participate in the integrated emergency preparedness program, the organization participates in planning, preparedness, and response activities with the system.

Element(s) of Performance for EM.04.01.01
1. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization demonstrates its participation in the development of its system’s integrated emergency preparedness program through the following:
   - Designation of a staff member(s) who will collaborate with the system in developing the program
   - Documentation that the organization has reviewed the community-based risk assessment developed by the system’s integrated all-hazards emergency management program
   - Documentation that the organization’s individual risk assessment is incorporated into the system’s integrated program
   - Documentation that the organization’s patient population, services offered, and any unique circumstances of the organization are reflected in the system’s integrated program
   - Documentation of an integrated communication plan, including information on key contacts in the system’s integrated program
   - Documentation that the organization participates in the annual review of the system’s integrated program

1. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization demonstrates its participation in the development of its system’s integrated emergency preparedness program through the following:
   - Designation of a staff member(s) who will collaborate with the system in developing the program
   - Documentation that the organization has reviewed the community-based risk assessment developed by the system’s integrated all-hazards emergency management program
   - Documentation that the organization’s individual risk assessment is incorporated into the system’s integrated program
   - Documentation that the organization’s patient population, services offered, and any unique circumstances of the organization are reflected in the system’s integrated program
   - Documentation of an integrated communication plan, including information on key contacts in the system’s integrated program
   - Documentation that the organization participates in the review at least every two years of the system’s integrated program

Human Resources (HR) Chapter

**HR.01.01.01**

The organization defines and verifies staff qualifications.

**Element(s) of Performance for HR.01.01.01**

26. For hospices that elect to use The Joint Commission deemed status option: The interdisciplinary group confers with an individual with education and training in medication management as defined in hospice policies and procedures and state law to ensure that drugs and biologicals meet each patient’s needs. Note: This individual may be an employee or may be under contract.

**HR.01.03.01**

Staff are supervised effectively.

**Element(s) of Performance for HR.01.03.01**

Key:  indicates that documentation is required;  indicates an identified risk area;
30. For home health agencies that elect to use The Joint Commission deemed status option: If a deficiency in aide services is verified by the registered nurse or other appropriate skilled professional during an on-site visit, then the agency must conduct, and the home health aide must complete, a competency evaluation in accordance with 42 CFR 484.80(c). (See HR.01.06.01, EP 8)

30. For home health agencies that elect to use The Joint Commission deemed status option: If a deficiency in aide services is verified by the registered nurse or other appropriate skilled professional during an on-site visit, then the agency must conduct, and the home health aide must complete, a competency evaluation related to the deficient skill(s).

HR.01.04.01
The organization provides orientation to staff.

Element(s) of Performance for HR.01.04.01

22. For hospices that elect to use The Joint Commission deemed status option: For hospice care provided to a resident of a Skilled Nursing Facility (SNF), Nursing Facility (NF), or Intermediate Care Facility for the Mentally Retarded (ICF/MR), the hospice orients and trains the SNF, NF, or ICF/MR staff providing care to hospice patients in the hospice philosophy, including hospice policies regarding methods of comfort, pain control, and symptom management; principles about death and dying; individual responses to death; patient rights; and appropriate forms and record-keeping requirements.

22. For hospices that elect to use The Joint Commission deemed status option: Hospice staff, in coordination with a nursing facility, skilled nursing facility, or an intermediate care facility for individuals with intellectual disabilities' staff, orients and trains these staff members in providing care to hospice patients in the hospice philosophy, including hospice policies regarding methods of comfort, pain control, and symptom management; principles about death and dying; individual responses to death; patient rights; and appropriate forms and record-keeping requirements.

HR.01.06.01
Staff are competent to perform their responsibilities.

Element(s) of Performance for HR.01.06.01

Key: ☐ indicates that documentation is required; ☐ indicates an identified risk area;
9. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The supervisor evaluates the following areas by observing a home health or hospice aide's performance of the tasks with a patient:
- Appropriate and safe techniques in personal hygiene and grooming that include bed, sponge, tub, or shower bath; sink, tub, or bed shampoo; nail and skin care; oral hygiene; toileting and elimination
- Safe transfer techniques and ambulation
- Normal range of motion and positioning
For home health agencies that elect to use The Joint Commission deemed status option: The supervisor evaluating the aide must be a registered nurse.

9. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The supervisor evaluates the following areas by observing a home health or hospice aide's performance of the tasks with a patient or pseudo-patient as part of a simulation:
- Appropriate and safe techniques in personal hygiene and grooming that include bed, sponge, tub, or shower bath; sink, tub, or bed shampoo; nail and skin care; oral hygiene; toileting and elimination
- Safe transfer techniques and ambulation
- Normal range of motion and positioning
For home health agencies that elect to use The Joint Commission deemed status option: The supervisor evaluating the aide must be a registered nurse.

Provision of Care, Treatment, and Services (PC) Chapter

PC.04.01.05

Before the organization discharges or transfers a patient, it informs and educates the patient about his or her follow-up care, treatment, or services.

Element(s) of Performance for PC.04.01.05

17. For home health agencies that elect to use The Joint Commission deemed status option: The organization provides patients being transferred to another home health agency or discharged to a skilled nursing facility, inpatient rehabilitation facility, or long-term care hospital the quality and resource-use measure data for these settings. The measures pertain to the patient’s goals of care and treatment preferences and are used to assist in selecting the next care provider.

PC.04.02.01

When a patient is discharged or transferred, the organization gives information about the care, treatment, or services provided to the patient to other service providers who will provide the patient with care, treatment, or services.

Element(s) of Performance for PC.04.02.01
2. For home health agencies that elect to use The Joint Commission deemed status option: When a patient is transferred to another health facility, the organization provides a copy of the record or a summary of the record within two business days.

Note: In the event of an unplanned transfer, a completed transfer summary is sent within two business days of the organization becoming aware (if the patient is still receiving care in that health care facility at the time when the home health agency becomes aware of the transfer).

2. For home health agencies that elect to use The Joint Commission deemed status option: When a patient is transferred or discharged to another health facility or practitioner, the organization provides the following medical information about the patient within two business days to facilitate a safe and effective transition of care:

- Current course of illness and treatment
- Post-discharge goals of care
- Treatment preference

Note 1: The organization provides additional clinical information necessary for providing care as requested by the receiving care provider.

Note 2: In the event of an unplanned transfer or discharge, this medical information is sent within two business days of the organization becoming aware (if the patient is still receiving care in that health care facility).