Home Care Accreditation

Organization
Survey Activity Guide

January 2026

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What’s New for Home Care Survey Process 2026

No changes for January 2026.

Home Care
Organization Survey Activity Guide (SAG)

How to Use this Guide

Joint Commission's Survey Activity Guide is available on your organization's extranet site.

This guide contains:
- Information to help you prepare for survey.
- An abstract of each survey activity that includes logistical needs, session objectives, an overview of the session, and suggested participants.
- Sessions are listed in the general order that they are conducted.

A template agenda and a list of survey activities that occur during an onsite visit are posted to your organization's *Joint Commission Connect* extranet site in proximity to the time your application is received and reviewed. When the template agenda and survey activity list is available, please download and review the activities and think about the people you might like to have involved. The activity list includes a column in which you can record participant names or positions next to each of the sessions. Identifying key participants (and their phone numbers) for each session, including back-ups, is important. Consider including possible meeting locations and surveyor workspace in your planning documents. Reference the sessions in this Survey Activity Guide and learn more about what you can expect to occur during the activity.

The template agenda and activity list include suggested duration and scheduling guidelines for each of the activities. On the first day of survey, there will be an opportunity for you to collaborate with the surveyor in preparing an agenda for the visit that is considerate of your day-to-day operations.

Please Note: Not all the activities described in this guide are included in the activity list or on the agenda template. Many of the accreditation program-specific activities are designed to take place during individual tracer activity. Surveyors will incorporate these into the onsite survey when they are applicable to your organization.

For multiple services being surveyed under a single accreditation program, be sure to include contact names and phone numbers from all your organization's services. For example, Home Care might have the following services: Home Health, Hospice, Personal Care/Support Services, Home Medical Equipment, or Pharmacy.

For organizations being surveyed under more than one accreditation manual or for more than one service under one accreditation manual, you will receive an activity list and agenda template for each of the programs being surveyed (e.g., home care, behavioral health care, nursing care center). Include an organization contact name and phone number for each program, as well as names or positions and phone numbers of activity participants from all the programs on these activity lists.

This Survey Activity Guide is created for small and large organizations. Some organizations will have one surveyor while others will have multiple surveyors. If you have any questions about the number of surveyors who will arrive at your site, please contact your Account Executive. If you are unsure of your Account Executive's name or phone number, call Joint Commission's switchboard operator at 630-792-3007 for assistance.

Preparing for Surveyor Arrival

Overview

The surveyors arrive unannounced or with short notice for most surveys. Please consult the program accreditation manual, "The Accreditation Process chapter", "Unannounced Surveys" section, for more information about exceptions to the unannounced survey process. Changes to these exceptions may occur at any time and are published in Joint Commission's newsletter *Perspectives*.

***All CMS deemed surveys or surveys conducted for CMS recognition are unannounced.**

Comments received from staff in accredited organizations indicate that a planned approach for the surveyor's arrival allows them to feel calmer and more synchronized with the survey. Whether the surveyor arrival is announced or unannounced, the first hour of the surveyor's day is devoted to planning for your survey activities. This planning requires review of specific documents provided by your organization which can be found on the Document List for Home Care on the pages that follow. If these documents are not available when the surveyors arrive, they immediately begin to evaluate the care, treatment, or services provided to one of your patients through an individual tracer.

Preparing for Survey

Prepare a plan for staff to follow when surveyors arrive. The plan should include:

- Greeting surveyors: Identify the staff usually at the main entrance of your organization. Tell them about Joint Commission and educate them about what to do upon the arrival of surveyors. Explain the importance of verifying any surveyor's identity by viewing their Joint Commission identification badge. This badge is a picture ID.
- Who to notify upon their arrival: Identify leaders and staff who must be notified when surveyors arrive. Create a list of names, phone numbers, or cell phone numbers. Also, include the individual who will be the surveyor's "contact person" during the survey. Identify alternate individuals in the event that leaders and staff are unavailable.
- A location for surveyors: Ask surveyors to wait in the lobby until an organization contact person is available. Surveyors will need a location that they will call their "base" throughout the survey. This location should have a desk or table, electrical outlet, phone access**, and internet access**.
- Validation of survey: Identify who will be responsible for the validation of the survey and the identity of surveyors. Identify the steps to be taken for this process. (See Surveyor Arrival activity description for these steps.)
- Readiness Guide and Accreditation Program-specific Document List: The Guide is created for you to use as a planning tool and can be included with your survey plan. Your organization should be prepared to have the requested documents available for review by surveyors as soon as your organization validates their identity. **If this information is not immediately available for surveyors at the Surveyor Preliminary Planning Session, they will begin the survey with an individual tracer.**
- Identifying who will provide the Safety Briefing for the surveyors.

    - The purpose of the Safety Briefing is for your organization to inform surveyors about any current safety or security concerns and how Joint Commission staff should respond if your safety plans are implemented while they are on site.
    - **The briefing is informal, five minutes or less**, and should take place once the surveyors are settled in the "base" location reserved for their use throughout the survey.
    - Situations that should be covered include fire, smoke, or other emergencies; workplace violence events (including active shooter scenarios); any contemporary issues the surveyors may experience during the time they are with you (for example, seasonal weather-related events, anticipated or current civil unrest, or labor action).
- Identifying who will serve as escorts for the surveyors.
- Identifying who will assist the surveyors with review of electronic records of care, if applicable to your organization; surveyors may ask to print some components of the record in order to facilitate tracer activity and subsequent record review.
- Identifying your organization's expectations for the on-site survey and who will share these with the survey team.

Note: When a situation is identified that could be a threat to health and safety, surveyors contact Joint Commission's administrative team. Joint Commission either sends a different surveyor to investigate the issue or the surveyor on site will be assigned to conduct the investigation. Investigations include interviews, observation of care, treatment and service delivery and document review. Your cooperation is an important part of this process. Surveyors collaborate with Joint Commission's administrative team and outcomes will be communicated to your organization when a determination is reached.

Readiness Guide

Actions to take when surveyor arrives	Responsible Staff	Comments:
Greet surveyor(s)		
Verify identity		Look at picture ID to ensure they are from Joint Commission
Ask them to wait		Location:
Validate authenticity of survey		Contact: _____ (this individual has a user ID and password to access the organization's Joint Commission extranet site) Phone number:_____

Note: Please download the entire Survey Activity Guide for additional information on how to prepare for survey

Survey Planning and Readiness Notes:

1. Please review the Home Care Survey Activity List to assist you in preparing for your survey. The list includes the potential survey activities that can occur on an accreditation survey, including the suggested duration, and suggested timing for these activities. This information will allow your organization to begin identifying participants that need to be involved in the survey. The activity list includes a column for your organization to use for recording participant names, possible meeting locations, times that could conflict with participant availability, or any other notes.
2. Make available as many of the materials noted on the Home Care Document List as possible for the Surveyor Preliminary Planning Session.
3. Work with your surveyor(s) to confirm the best day and time for specific survey activities to take place.

   Contact your Account Executive with any questions related to this information.

Home Care Accreditation Program – Requested Document List

As a Home Health, Home Infusion Therapy, Hospice, Pharmacy and/or Home Medical Equipment/DMEPOS organization, you will need the following information and documents available for the surveyor to review during the Preliminary Planning Session and Surveyor Planning Session, which occurs on the first day of survey.

Note: The 12-month reference in the following items is not applicable to initial surveys.

Documents Needed Within One Hour of Surveyor Arrival

- Name and phone number of key contact person who can assist surveyors in patient visits, guidance with the electronic medical record, or observation of service delivery
- A copy of your organizational chart including parent and branches
- Current list of all direct and contracted employees including job title and date of hire
- List of all sites, branches and services provided, if applicable
- State licenses, certificates, etc.
- CLIA waiver and Waived tests being performed. CLIA certificates for the labs being used to process specimens.
- List of contracted agencies or contracted staff and the contract(s)
- Hospice only: List of patients on GIP, CC, or Respite

Tracer Selection Documentation (Lists needed within one hour of surveyor arrival)

- Active patient list with
  - Patient name
  - Diagnosis or therapy, equipment provided
  - Start of care date

- List of scheduled home visits for the duration of the survey including:
  - Type of service (home health, hospice, personal care and support)
  - Disciplines
  - Diagnosis
  - Date of admission

- List of scheduled deliveries, mail orders or planned walk in business for the days of survey and from specific points in time as delineated by the surveyor, including: Home Medical Equipment/DMEPOS, Pharmacy
  - Type of medication/therapy
  - Durable Medical Equipment, Prosthetics or Orthotics being supplied/delivered
  - Supplier's date of first encounter/admission
  - Address, IF delivery is part of the service

- List of all active rental equipment patients

Documents Needed During the Course of the Survey

General Organization Information

- Marketing material

- Admission packet – Documents such as patient rights and responsibilities, advanced directives, consents, charges, medication education information, and any additional education documents

- Policies and Procedures including:
  - Home Safety – safety checklist, O2, signs, fire extinguisher, smoke alarm (see NPSG.15.02.01)
  - Do not use abbreviations, approved abbreviations
  - Medication management policy
    - High-risk, high-alert medications
    - Look Alike Sound Alike (LASA) [for inpatient Hospice only]
  - Management and disposal of controlled drugs
  - Use and maintenance of equipment
  - Expired/recalled medication process
  - Assessment and reassessment policies
  - Process/criteria for pain assessment and reassessment
  - Process/policy for case conferencing
  - Complaint process/policy
  - Bag Technique and Hand Hygiene policy
  - Budget & Surety Bond - DMEPOS
  - Equipment cleaning policy - DMEPOS
  - After Hours On-Call log - DMEPOS and Pharmacy

- Inpatient and In-home Hospice policies and procedures (in addition to the documents above)
  - Advance directives
  - Policy on plan of care
  - IDG Coordination of service
  - Staff training and education
  - Clinical record maintenance
  - Pain and symptom management
  - Restraint and seclusion
  - Managing of home medications in IPU

- Selected personnel files for employees and contractors observed during the survey will be requested for review.

Performance Monitoring and Improvement Documentation

- Performance improvement data (12 months for re-surveys) including performance improvement projects, and perception of care/satisfaction data
- Medication error reports and adverse drug reactions
- Fall reduction program, fall risk assessment and evaluation of program
- Patient event, incident, or unusual occurrence reports, logs, or summary data
- Complaint logs
- Abuse tracking log, if available
- Staff event, incident, unusual occurrence reports (for example: falls, sharps injury)

- Infection Control surveillance activities documents
- Infection Control policies and procedures
- Home health and hospice: Action plans to address infection control issues and improve its infection prevention and control program
- Hand hygiene program, including policy, goals and surveillance data
- Emergency Management plan (Drills and evaluation of drills)
- Clean room monitoring records - Providers of Infusion Pharmacy Services
- Most recent culture of safety and quality evaluation data

Documents Required on Deemed Status Home Health Surveys

1. List of unduplicated admissions for the past 12 months with patient names, patient certification dates (start of care/resumption of care dates), admitting diagnosis, services provided by discipline, and clinically complex, specialized services or treatments for example, infusion therapies, pediatrics, anticoagulant therapy management, mechanical ventilation, tracheostomy care, wound care or pressure ulcers.
2. List of all discharged patients for the past six (6) months with start of care and discharge dates, diagnosis, services provided, and the disposition of the patient.
3. List of home visits scheduled to occur during survey for all locations, both parent and branches.
4. List of current patients receiving clinically complex services or treatments.
5. Last State survey report, if applicable
6. Annual program evaluation, if required by the State
7. Budget, capital expenditures – 3 years
8. Quarterly record review documentation (recent 12 months), if required by the State
9. HHA 12-month education calendar (HHA training program, if applicable)
10. iQIES provider reports (Please provide this data by lunch of day one.)
    a. The Potentially Avoidable Event Report (12 months)
    b. The Potentially Avoidable Event Report: Patient Listing (12 months)
    c. The Agency Patient Related-Characteristics Report (12 months)
    d. The HHA Error Summary by Agency Report (12 months)
11. Document: The governing body authorization for the person who is authorized in writing to act on behalf of the administrator.

Emergency Management

Note: Document formats may vary, and many of the documents listed below may be included in the Emergency Operations Plan.

1. Emergency management program
2. Hazard Vulnerability Analysis
3. Emergency operations plan, policies, and procedures

    - ***For hospices providing inpatient care in their own facilities*** the EOP must also include written procedures for the following:
        - Evacuation and sheltering in place
        - Providing essential needs
        - 1135 waivers & alternate care sites

    - Systems to track location of on duty-staff and patients
    - Alternative sources for maintaining energy (lighting, sewage, temperatures, fire detection and alarm systems)
- ***For deemed home health agencies*** the plan must also include written procedures for the following:
    - The patient's home emergency plan is conducted as part of the comprehensive patient assessment (42 CFR 484.55)

4. Communications plan

    - **For *deemed home health agencies and hospices*** the plan must also include written procedures for the following:
        - Informing state and local officials of on-duty staff or patients they are unable to contact
        - Sharing and releasing patient information consistent with 45 CFR 164.540(b)(1)(ii) and (b)(4)

5. Continuity of operations and recovery plan
6. Education and training program
7. Testing program (exercises/drills)
8. Program evaluation (after-action/improvement plans)
9. Unified and integrated EM program (if applicable). **Note:** This is optional for all OME accredited programs to participate in, it is not a mandatory requirement.

For Hospice Inpatient facility-based care sites:

- Environment of care data

- **LOGS DEMONSTRATING TESTING FOR:**
    1. Generator load tests
    2. Automatic transfer switches
    3. Battery powered exit and egress signs
    4. SEPSS
    5. Supervisory signals
    6. Audible, manual and visual fire alarms
    7. Fire pumps
    8. Fire department outside connections
    9. Staff badges that open locked doors
    10. Sliding and rolling smoke and fire doors
    11. Water tank level alarms (cold weather)
    12. Water tank temperature
    13. Main drain for obstruction
    14. Fire extinguishers
    15. Fire extinguisher maintenance

- **DOCUMENTS DEMONSTRATING:**
    1. Fire drills with staff participation
    2. Water temperature in patients' rooms
    3. Policy and testing for water biologicals
    4. Cooler and freezer temperature logs (kitchen)
    5. Fire suppression system in hood over gas range is cleaned (kitchen)
    6. Kitchen hood, duct work and filters are cleaned
    7. Dishwasher temperatures
    8. Eye wash water tests

9. SDS for all cleaning products
10. Wood fireplace vents / chimney cleaned

- **POLICIES:**
  1. Conduct of environmental tours
  2. Biological testing
  3. Narcotic disposal process
  4. Expired / recalled medication process
  5. Patients bringing home medications into IPU

Additional Documentation Required for Pharmacy Surveys

- A list of current patients with start of care date and the type of compounded medication being provided. If there are a limited number of active patients receiving compounded medication, provide a list of discharged patients who received compounded medications representative of those provided by the organization. If the organization does high-risk medication compounding, at least one of the individual tracers should involve a patient that is receiving a high risk compounded medication such as a non-sterile bulk powder that becomes sterile through the compounding process). If no high-risk compounding is done at the organization, then medium risk compounded medications should be selected.
- Pharmacy organizational chart
- List of staff involved in medication compounding, including the pharmacist in charge
- Job descriptions for each category of pharmacy staff involved in medication compounding
- Beyond Use Dating assignment policy
- List of all Primary Engineering Controls (PECs) and Secondary Engineering Controls (SECs)
- Clean room monitoring and certification records for all PECs and SECs (certification records for the last year will be needed)
- All pharmacy facility licenses
- Most recent State Board of Pharmacy reports
- Policy, procedures, and software supporting medication recall and compounded medication returns
- Submitted DEA Form 222 and associated powers of attorney
- Competency assessments and performance evaluations for staff involved in medication compounding
- Remedial follow-up on failed competency reviews
- Pharmacy quality control checks and performance improvement data
- Performance improvement action plans that demonstrate how data have been used to improve care and services, when available
- All medication compounding related policies and procedures

Please note that this is not intended to be a comprehensive list of documentation that may be requested during the survey. Surveyors may need to see additional documents throughout the survey to further explore or validate observations or discussions with staff.

Home Health Accreditation Survey—Deemed—Requested Document List

WHAT	WHEN
Beginning of Survey	
Your organization's expectations	Opening Conference
Name and phone number of contact person	Within 1 Hour of Surveyor Arrival
Organizational chart for parent and branches	Within 1 Hour of Surveyor Arrival
The identity of, and governing body authorization for, the person who is authorized in writing to act on behalf of the administrator.	Within 1 Hour of Surveyor Arrival
Current list of all direct and contracted employees including job title and hire date.	Within 1 Hour of Surveyor Arrival
List of all sites, branches, services provided, if applicable	Within 1 Hour of Surveyor Arrival
State licenses, certificates, etc.	Within 1 Hour of Surveyor Arrival
CLIA Certificate of Waiver for the agency and CLIA licenses for clinical laboratories where the agency sends specimens.	Within 1 Hour of Surveyor Arrival
List of contracted agencies or contracted staff and contracts.	Within 1 Hour of Surveyor Arrival
Tracer Selection Documentation	
Active patient list with • Patient name • Admitting diagnosis • Start of Care Date • Services provided • Clinically complex, specialized services or treatments the patient is receiving.	Within 1 Hour of Surveyor Arrival
List of scheduled home visits for the duration of survey: • Disciplines • Diagnosis • Date of admission • Clinically complex, specialized services or treatments the patient is receiving.	Within 1 Hour of Surveyor Arrival
Unduplicated admissions for past 12 months	Within 1 Hour of Surveyor Arrival
Discharged patients for the past six (6) months	Within 1 hour of Surveyor Arrival
iQIES provider reports 1. The Potential Avoidable Event Report (12 months) 2. The Potentially Avoidable Event Report: Patient Listing (12 months) 3. The Agency Patient Related-Characteristics Report (12 months) 4. The HHA Error Summary by Agency (12 months)	By lunch Day 1
Documents Needed During Course of Survey	

WHAT	WHEN
General Organizational Information	
Last state survey report if applicable	
Annual program evaluation	
Budget, capital expenditures—3 years	
Quarterly record review documentation (recent 12 months)	
HHA training program, if applicable	
12-month HHA training education	
Marketing material	
Admission packet—documents such as patient rights and responsibilities, advanced directives, consents, charges, medication education information	
Policies and Procedures	
Home safety—safety checklist, O2, signs, fire extinguisher, smoke alarm.	
o Do Not Use abbreviations o Approved abbreviations	
Medication management policy o High risk medications o Look alike sound alike	
Assessment and reassessment policies	
Pain assessment and reassessment policies	
Process/policy for case conferencing	
Complaint process/policy	
Competency	
Selected personnel files for employees observed during survey	
Performance Monitoring and Improvement	
Performance improvement data (12 months for resurveys)	
Annual performance improvement project(s)	
Perception of care/satisfaction data	
Medication error reports and adverse drug reactions	
Fall reduction program, fall risk assessment and evaluation of program.	
Patient event, incident, unusual occurrence reports (for example: falls, sharps injury)	
Infection Control	
Infection control surveillance activities documents	
Home health and hospice: procedures or methods for identifying infections and communicable disease issues	
Hand hygiene program including policy, goals and surveillance data	
Emergency Management	
Emergency management program	
Hazard Vulnerability Analysis	

WHAT	WHEN
Emergency operations plan, policies, and procedures, including: ○ Written procedures for the patient's home emergency plan, conducted as part of the comprehensive patient assessment (42 CFR 484.55)	
Communications plan, including written procedures for the following: ○ Informing state and local officials of on-duty staff or patients they are unable to contact Sharing and releasing patient information consistent with 45 CFR 164.540(b)(1)(ii) and (b)(4)	
Continuity of operations and recovery plan	
Education and training program	
Testing program (exercises/drills)	
Program evaluation (after-action/improvement plans)	
Unified and integrated EM program (if applicable). **Note:** This is optional for all OME accredited programs to participate in, it is not a mandatory requirement.	
Other Items Needed	

Please Note that this is not intended to be a comprehensive list of documentation that may be requested during the survey. Surveyors may need to see additional documents throughout the survey to further explore or validate observations or discussions with staff.

Hospice Accreditation Survey—Deemed—Requested Document List

WHAT	WHEN
Your organization's expectations	Opening Conference
Organization Information Needed for Planning	
Name and phone number of contact person	Within 1 Hour of Surveyor Arrival
Organizational Chart	Within 1 Hour of Surveyor Arrival
Hospice charter	Within 1 Hour of Surveyor Arrival
Active employee list with discipline and title (include medical director(s), volunteers, and all staff under contract or arrangement)	Within 1 Hour of Surveyor Arrival
List of all sites (multiple locations), including addresses and services provided (e.g., inpatient facility), if applicable. NOTE: For deemed surveys this list should reflect all locations that the hospice operates under the CCN.)	Within 1 Hour of Surveyor Arrival
State licenses, certificates, etc.	Within 1 Hour of Surveyor Arrival
CLIA Waiver and waived tests performed and CLIA licenses for clinical laboratories where the agency sends specimens	Within 1 Hour of Surveyor Arrival
List of contracted agencies or contracted staff and the contracts/agreements (e.g., SNF/NF, DME, pharmacy, inpatient facilities)	Within 1 Hour of Surveyor Arrival
Written agreements with all long-term care facilities (nursing homes, ICF/IIDs) where the hospice is currently treating patients	Within 1 Hour of Surveyor Arrival
Interdisciplinary Group (IDG) meeting schedule for duration of survey	Within 1 Hour of Surveyor Arrival
Documentation Needed for Individual Tracer Selection	
Active patient list from all payer sources and all hospice locations. Include the following information: • Patient Name • Diagnosis • Start of Care Date • Location of the patient (home, ALF, SNF/NF or ICF/IID, or inpatient facility on a short-term basis) • Current level of care (routine or continuous home care, general inpatient care, or respite • Core services • Non-core services	Within 1 Hour of Surveyor Arrival
List of scheduled home visits for duration of survey for all hospice locations: • Disciplines • Diagnosis • Date of admission	Within 1 Hour of Surveyor Arrival
Number of unduplicated admissions for entire hospice (all payer sources, and all locations) during the 12-month period prior to the survey	Within 1 Hour of Surveyor Arrival
List of patients who, in the last 12-months revoked the hospice benefit (patients discharged alive)	Within 1 Hour of Surveyor Arrival

WHAT	WHEN
List of patients in the last 12-months who died while receiving hospice care	Within 1 Hour of Surveyor Arrival
List of family members currently receiving bereavement counseling	Within 1 Hour of Surveyor Arrival
Documents Needed During Course of Survey	
Marketing material	
Admission packet—documents such as patient rights and responsibilities, advanced directives, consents, charges, medication education information	
Policies and Procedures	
Home safety—safety checklist, O2, signs, fire extinguisher, smoke alarm.	
Do Not Use abbreviations Approved abbreviations	
Medication management policy • High risk medications • Look alike sound alike	
Narcotic disposal policy/procedure for both, in-home and facility-based policy	
Expired / recalled medication policy and process	
Policy on use and maintenance of equipment and supplies	
Assessment and reassessment policies	
Pain assessment and reassessment policies	
Advanced directives policies	
Plan of care policies	
Process/policy for Interdisciplinary Group (IDG) case conferencing/coordination of services	
Policies and training documentation on the prevention of abuse, neglect, and patient harm	
Complaint process/policy, including complaint logs and investigations with their outcomes during the past 12-months	
Competence Assessment	
Selected personnel files for employees observed during survey	
Restraint and seclusion training curriculum and course trainer education and qualifications	
Documentation of hospice aide training and/or competency evaluations and in-service training	
Performance Monitoring and Improvement	
Performance improvement data (12-months for resurveys)	
Perception of care/satisfaction data	
Hospice Compare data (Hospice Compare Website | CMS)	
Medication error reports and adverse drug reactions	

WHAT	WHEN
Fall reduction program, fall risk assessment and evaluation of program.	
Patient event, incident, unusual occurrence reports (for example: falls, sharps injury)	
Infection Control	
Infection control surveillance activities documents	
Home health and hospice: Procedures or methods for identifying infections and communicable disease issues	
Hand hygiene program including policy, goals and surveillance data	
Emergency Management	
Emergency management program (which may be incorporated with other documents)	
Hazard Vulnerability Analysis	
Emergency Operations Plan, policies, and procedures	
Communications Plan For deemed hospice organizations: The communications plan must include written procedures for: • Informing state and local officials of on-duty staff or patients they are unable to contact • Sharing and releasing patient information consistent with 45 CFR 164.540(b)(1)(ii) and (b)(4)	
Continuity of Operations and recovery plan	
Education and training program	
Testing program (exercises/drills)	
Program evaluation (after-action reports and improvement plans)	
Unified and integrated EM program (if applicable)	
Regulatory, Leadership and Interdisciplinary Documentation	
Last state survey report if applicable	
Governing body meeting minutes	
Interdisciplinary Group (IDG) meeting minutes	
For Hospice Inpatient Care Sites	
Facility floor plan Identify locations of: • Dining rooms • Medication storage rooms • Medication carts	
Current active inpatient census including, date of admission, diagnosis, reason for admission, and level of care patient receiving (GIP, respite)	
List of inpatient admissions for the last 30-days prior to survey start date. List should include patient name, date of admission, diagnosis, reason for admission, and level of care patient receiving (GIP, respite), date of discharge	
Work schedules for licensed and registered nursing staff for the 30-days prior to survey start date	
Visitor policy	
List of IDG personnel, location, and phone numbers	

WHAT	WHEN
List of patients who were placed in restraints or seclusion in the past 12-months	
Restraint and seclusion policies and procedures	
Policy on patients bringing home medications into IPU	
Life Safety and Environment of Care For Hospice Inpatient Care Sites	
See the *Inpatient Hospice Life Safety and Environment of Care Document List and Review Tool* at this link Inpatient_Hospice_LS_EC_Document_List **NOTE:** Much of the following content is found on the above noted tool.	
LOGS DEMONSTRATING TESTING FOR: 1. Generator load tests 2. Automatic transfer switches 3. Battery powered exit and egress signs 4. SEPSS 5. Supervisory signals 6. Audible, manual and visual fire alarms 7. Fire pumps 8. Fire department outside connections 9. Staff badges that open locked doors 10. Sliding and rolling smoke and fire doors 11. Water tank level alarms (cold weather) 12. Water tank temperature 13. Main drain for obstruction 14. Fire extinguishers 15. Fire extinguisher maintenance	
DOCUMENTS DEMONSTRATING: 1. Fire drills with staff participation 2. Water temperature in patients' rooms 3. Policy and testing for water biologicals 4. Cooler and freezer temperature logs (kitchen) 5. Fire suppression system in hood over gas range is cleaned (kitchen) 6. Kitchen hood, duct work and filters are cleaned 7. Dishwasher temperatures 8. Eye wash water tests 9. SDS for all cleaning products 10. Wood fireplace vents / chimney cleaned	
Facility-Based Hospice Environment of Care policies 1. Conduct of environmental tours 2. Biological testing	

Please Note that this is not intended to be a comprehensive list of documentation that may be requested during the survey. Surveyors may need to see additional documents throughout the survey to further explore or validate observations or discussions with staff.

Home Care Accreditation Survey Activity List

Survey Activity Name	Suggested Duration of Activity	Suggested Scheduling of Activity	Organization Participants (Refer to the Survey Activity Guide for more information)
Surveyor Arrival and Preliminary Planning, includes the Safety Briefing	30-60 minutes	1st day, upon arrival	
Opening Conference	30-60 minutes	1st day, as early as possible; may be combined with the Orientation to Organization on surveys of shorter duration	
Orientation to Organization	45 minutes	1st day, as early as possible; may be combined with the Opening Conference on surveys of shorter duration	
Individual Tracer	90-120 minutes	Individual Tracer activity occurs throughout the survey; the number of individuals that surveyors trace varies by organization. Travel to perform tracer activity (e.g., patient home visits) will be planned into this time.	
Lunch	30 minutes	At a time negotiated with the organization	
Issue Resolution **OR** Surveyor Planning/Team Meeting	30 minutes	End of each day except last; can be scheduled at other times as necessary	
Daily Briefing	15-30 minutes	Start of each survey day except the first day; can be scheduled at other times as necessary	
Competence Assessment	30-60 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization or in conjunction with Leadership session	
Environment of Care and Emergency Management	45-90 minutes	After some individual tracer activity has occurred; at a time negotiated with the organization. Does not apply to Inpatient Hospice Deemed surveys	
Leadership and Data Use	60 minutes	Towards the middle or end of multi-day surveys at a time negotiated with the organization	
System Tracer – Data Management	30-45 minutes	Takes place on one day surveys only	
Report Preparation	90-120 minutes	Last day of survey	
CEO Exit Briefing	15-30 minutes	Last day of survey	
Interim Exit	30 minutes	Last activity on last day of survey on surveys occurring simultaneously with other program surveys, e.g., hospital, or multi-service surveys, such as home care and pharmacy	
Organization Exit Conference	30-45 minutes	Last day, final activity of survey	
Life Safety Code® Building Assessment – Inpatient Hospice Non-Deemed	45-60 minutes	**Only occurs on Facility-Based Inpatient Hospice Non-Deemed surveys**; at time negotiated with organization	
Regulatory Review	45-60 minutes	**Only occurs on HME/DMEPOS surveys**; At time negotiated with organization	

Survey Activity Name	Suggested Duration of Activity	Suggested Scheduling of Activity	Organization Participants (Refer to the Survey Activity Guide for more information)
Life Safety Code Surveyor Activities – Applies to Inpatient Hospice organizations that are seeking Medicare deemed status.			
Facility Orientation and Document Review – Inpatient Hospice Deemed	90–120 minutes	**Only occurs on Inpatient Hospice Medicare deemed status surveys;** at a time negotiated with the organization	
Life Safety Code® Building Assessment – Inpatient Hospice Deemed	120-150 minutes	**Only occurs on Inpatient Hospice Medicare deemed status surveys**; at time negotiated with organization	
Emergency Management Session – Inpatient Hospice Deemed	60 minutes	**Only occurs on Inpatient Hospice Medicare deemed status surveys**; at time negotiated with organization; clinical surveyor joins in this activity, when possible.	

*Please note: Surveyors will adjust the duration of activities as needed to complete the required evaluation and session objectives.

Surveyor Arrival

Organization Participants
Suggested participants include the organization's accreditation contact or survey coordinator.

Logistical Needs
- Identify a location where surveyors can wait for organization staff.
- Identify a location surveyors can consider as their "base" or work area throughout the survey.

Overview
Surveyors arrive at approximately 7:45-7:50 a.m. unless business hours, as provided in the application, indicate that your organization opens later. Surveyors will check in at the front desk, identifying themselves as Joint Commission surveyors.

Surveyor Arrival Activities
- Implement your Readiness Guide as discussed in the Preparing For Surveyor Arrival section
- Notify key organization members as identified in the pre-survey planning session of the surveyor's arrival
- Validate that the survey is legitimate by accessing your Joint Commission extranet site. A staff member in your organization with a login and password to your Joint Commission extranet website will follow through with this by:
    - Accessing Joint Commission's website at www.jointcommission.org.
    - Click on the "Joint Commission Connect" logo.
    - Enter a login and password.
    - If you cannot access the extranet site to validate the survey or surveyors, call your Account Executive.
- Your organization's extranet site contains the following information:
    - Confirmation of scheduled Joint Commission event authorizing the surveyor's presence for the unannounced survey
    - Surveyor name(s), picture, and biographical sketch
    - Survey agenda.
- If you have not already downloaded a copy of your survey agenda, do so at this time.
- Begin gathering and presenting documents as identified in the Home Care Document List. Surveyors will start reviewing this information immediately.

Surveyor Preliminary Planning Session

Organization Participants

Suggested participants include the staff responsible for coordinating the Joint Commission survey, individual or individuals that will provide the Safety Briefing to surveyors, if different than the accreditation contact or survey coordinator, and others as needed and identified by surveyors.

Logistical Needs

- The suggested duration of this session is approximately 30 to 60 minutes, with only a few minutes of this time designated for the Safety Briefing.

Surveyors need:

- A work area they can use as their "base" for the duration of the survey with a desk or table, telephone, **internet access,** and access to an electrical outlet, if possible.
- A means to secure their belongings.
- The name and phone number of a key contact person to assist them in survey planning and tracer selection.
- As much information and material noted on the Home Care Document list as possible.

Objectives

Surveyors will:

- Learn about any current organization safety or security concerns and how they should respond if organization safety plans are implemented.
- Begin review of available documents to become acquainted with your organization.
- Plan for tracer activity.

Overview

After surveyors arrive and their identification has been verified, surveyors immediately begin planning for tracer activity by reviewing the documents you provide them. Refer to the Home Care Document List on the preceding page for the materials that surveyors need to review during the survey. They begin discussing the focus of the survey with the other surveyors (when applicable). If documents are not available for surveyors to review during this session, they will proceed to areas where care, treatment, or services are provided and begin individual tracer activity.

The organization is requested to provide surveyors with a Safety Briefing (informal, no more than five minutes) sometime during this activity. The purpose of this briefing is to inform the surveyors of any current organization safety or security concerns and how Joint Commission staff should respond if your safety plans are implemented while they are on site. Situations to cover include:

- Fire, smoke, or other emergencies
- Workplace violence events (including active shooter scenarios)
- Any contemporary issues the surveyor may experience during the time they are with you (for example, seasonal weather-related events, anticipated or current civil unrest, or labor action)

Opening Conference

Organization Participants

Suggested participants include members of the governing body and senior leadership (representing all accredited programs/services). Attendees should be able to address leadership's responsibilities for planning, resource allocation, management, oversight, performance improvement, and support in carrying out your organization's mission and strategic objectives. Other attendees may include at least one member of the governing body or organization trustee and leaders of the medical staff, when applicable.

Logistical Needs

The duration of this session is approximately 15 minutes. Immediately following this session is the Orientation to Your Organization. If possible, designate a room or space that will hold all participants and will allow for an interactive discussion. Inform surveyors at this time of any agenda considerations that may impact the activities for the day.

Objectives

Surveyors will:

- Describe the structure of the survey
- Answer questions your organization has about the survey
- Review your organization's expectations for the survey

Overview

Surveyors introduce themselves and describe each component of the survey agenda. Surveyors describe the System Tracers they will conduct. It is important for you to discuss and review your organization's expectations for the on-site survey with the surveyor(s). Questions about the on-site visit, schedule of activities, availability of documents or people and any other related topics should be raised at this time. Surveyors will also take time to introduce your organization to the revised Clarification procedures and new SAFER™ reporting process.

Orientation to Your Organization

Organization Participants

Suggested participants include the same participants as the Opening Conference. Suggested participants include members of the governing body and senior leadership (representing all accredited programs/services). Attendees should be able to address leadership's responsibilities for planning, resource allocation, management, oversight, performance improvement, and support in carrying out your organization's mission and strategic objectives. Other attendees may include at least one member of the governing body or organization trustee and leaders of the medical staff, when applicable.

Logistical Needs

The suggested duration of this session is approximately 30-60 minutes. **Do not prepare a formal presentation**. This session is an interactive discussion, and it is usually combined with the Opening Conference.

Objective

Surveyors will learn about your organization through an interactive dialogue to help focus subsequent survey activities.

Overview

During this session surveyors become acquainted with your organization. They begin to learn how your organization is governed and operated, discuss leaders' planning priorities, and explore your organization's performance improvement process.

Governance and operations-related topics for discussion include:

- Organization's mission, vision, goals, and strategic initiatives
- Organization structure
- Operational management structure
- Information management, especially the format and maintenance of medical records
- Contracted services and performance monitoring, including telemedicine services
- Health care errors reduction and/or patient/resident/individual served safety initiatives
- National Patient Safety Goals
- Community involvement
- Leader's role in emergency management planning
- The organization's patient population
- Organization activities related to risk awareness, detection and response as it relates to cyber emergencies
- Cleaning, disinfection and sterilization
- Pain assessment, pain management including nonpharmacologic treatment modalities, and safe opioid prescribing, when applicable
- **Home Care, Pharmacy:** Medication compounding services, scope, types, structure, workflows, and technology in use

Discussion topics include your:

- Leaders' ideas of your organization's potential risk areas
- Leader's approach to completing the Focused Standards Assessment (FSA) Tool and methods used to address areas needing improvement (resurveys only)
- Management and leadership's oversight and other responsibilities

Senior Leadership Role in Improving Performance discussion topics may include:

- How leaders set expectations, plan (set priorities), assess, and measure initiatives to improve the quality of services
- Organization approach to safety, including selection of Proactive Risk Assessment topics, resulting improvements, and Board/Governance involvement in safety issues
- Provision of personnel and resources including time, information systems, data management, and staff training

  Note: Surveyors will request examples of performance improvement initiatives including evidence that performance was achieved and sustained.

Individual Tracer Activity

Joint Commission Participants
One surveyor per individual tracer

Organization Participants
Suggested participants include staff and management involved in the patient's care, treatment, and services.

Logistical Needs
The suggested duration of individual tracer activity varies but typically is 60-120 minutes. Care is taken by surveyors to assure confidentiality and privacy and they will seek the help and guidance of staff in this effort. Surveyors may use multiple patient records of care, treatment or services during an individual tracer. The purpose of using the record is to guide the review, following the care, treatment, or services provided by the organization to the patient.

A surveyor may arrive in a setting/unit/program/service and need to wait for staff to become available. If this happens, the surveyor may use this time to evaluate environment of care issues or observe the care, treatment, or services being rendered.

If there are multiple surveyors conducting the survey, they will make every effort to avoid visiting areas at the same time and will try to minimize multiple visits to the same location. However, an individual tracer does follow where the patient received services.

Objective
The surveyor will evaluate your organization's compliance with standards as they relate to the care and services provided to patients.

Overview
Most of the survey activity occurs during individual tracers. The term "individual tracer" denotes the survey method used to evaluate your organization's compliance with standards related to the care, treatment, and services provided to a patient. Most of this survey activity occurs at the point where care, treatment, or services are provided.

Initially, the selection of individual tracer candidates is based on your organization's clinical services as reported in your e-application and the general risk areas identified for the accreditation program which are listed in the Intra-Cycle Monitoring (ICM) Profile. Surveyors will also consider any organization-specific risk areas listed in the ICM Profile. As the survey progresses, the surveyors may select patients with more complex situations, which are identified through the system tracers, and whose care crosses programs.

The individual tracer begins in the setting/unit/program/service/location where the patient and his/her record of care are located. The surveyor starts the tracer by reviewing a record of care with the staff person responsible for the patient's care, treatment, or services. The surveyor then begins the tracer by:

- Following the course of care, treatment, or services provided to the patient from preadmission through post discharge

- Assessing the interrelationships between disciplines, departments, programs, services, or units (where applicable), and the important functions in the care, treatment or services provided
- Identifying issues that will lead to further exploration in the system tracers or other survey activities such as Environment of Care and Leadership Sessions

During the individual tracer, the surveyor observes the following (includes but is not limited to):

- Care, treatment or services being provided to patients by clinicians, including physicians
- The medication process (e.g., preparation, dispensing, administration, storage, control of medications)
- Infection control issues (e.g., techniques for hand hygiene, disinfection of equipment). For further details, see the Infection Prevention and Control Assessment Tool Infection_Control_Assessment_Tool
- The process for planning care, treatment or services
- The environment as it relates to the safety of patients and staff
- **Home Care, Pharmacy:** Actual compounding process and reviewing applicable policies as needed. He or she will enter the clean room to observe and will follow all organization requirements for staff entering the clean room (e.g., level of garb used for a pharmacist observing, but not engaging in actual sterile compounding).
    - A minimum of three (3) compounding activities per compounding risk level (low, medium, and high) will be selected. These must:
        - Be representative of the target therapies compounded in the organization
        - Include hazardous medications and radiopharmaceuticals, if they are being compounded in the organization
        - NOTE: If the organization receives compounded radiopharmaceuticals from an outside source, the reviewer will visit the area and speak to the staff that receives these medications.
    - Medium and high-risk compounding will be prioritized. For example, compounding of TPN, compounding of chemotherapy, compounding of product from non-sterile powder such as narcotic infusions
    - If your organization does not do any high-risk compounding, 3 medium and 3 low risk medications will be selected for review.

During the individual tracer, the surveyor interviews staff about:

- Processes as they relate to the standards
- Intradepartmental and interdepartmental communication for the coordination of care, treatment or services. (e.g., hand offs)
- The use of data
- National Patient Safety Goals
- Patient education
- Orientation, education, and competency of staff
- The IM systems they use for care, treatment and services (paper, fully electronic or a combination of the two) and about any procedures they must take to protect the confidentiality and integrity of the health information they collect

    - Back up procedures they've been instructed to use if the primary system is unavailable
    - If internet-connected health information, equipment, or devices are used in care, treatment, or service, staff may be asked to describe their access procedures (passwords, authentication, etc.), confidentiality measures, and instructions on down-time procedures
    - How they approach risk awareness, detection and/or response as it relates to potential cyber emergencies
- Pain assessment, pain management and safe opioid prescribing initiatives, when applicable, and resources made available by the organization; Prescription Drug Monitoring Database and criteria for accessing, when applicable
- **Home Care, Pharmacy:** Medication compounding related topics such as orientation, performance review of technique, gloved fingertip test and performance of media fill, accessing safety data sheets, staff safety and protection when hazardous medication are being prepared, cleaning hoods or isolators, checking compounding work, beyond use date (BUD)
- Other issues

During the individual tracer, the surveyor may speak with available physicians and other licensed practitioners about:

- Organization processes that support or may be a barrier to individual served/patient/resident care, treatment and services
- Communications and coordination with physicians and other licensed practitioners (hospitalists, consulting physicians, primary care practitioners)
- Discharge planning, or other transitions-related resources and processes available through the organization
- Awareness of roles and responsibilities related to the Environment of Care, including prevention of, and response to incidents and reporting of events that occurred
- Pain assessment, pain management and safe opioid prescribing initiatives, when applicable and resources made available by the organization; Prescription Drug Monitoring Database and criteria for accessing, when applicable

During the individual tracer, the surveyor interviews patients and their families about:

- Coordination and timeliness of services provided
- Education, including discharge instructions
- Response time when call bell is initiated or alarms ring, as warranted by care, treatment or services
- Perception of care, treatment or services
- Staff observance of handwashing and verifying their identity
- Understanding of instructions (e.g., diet or movement restrictions, medications, discharge and provider follow-up), as applicable
- Rights of patients
- **Home Care, Pharmacy:** The infusion the patient is receiving, including about the frequency, delivery, storage, etc.
- Other issues

Home Medical Equipment only: The surveyor requests the manufacturer, model, and serial numbers for all medical equipment provided by your organization.

Home Medical Equipment Mail Order: The surveyor traces mail order clients/patients in the same manner. They will utilize telephone support in lieu of patient home visits.

Home Medical Equipment Walk-in Business: The surveyor traces the client/patient services when they arrive at your organization. Due to the unscheduled nature of this business, survey activity is interrupted to accommodate tracers for walk-in clients/patients.

Using individual tracers for continuous evaluation

Many organizations find tracer activity helpful in the continuous evaluation of their services. If you choose to conduct mock tracers, in addition to clinical services, consider the following criteria in selecting patient.

Selection Criteria

- Patients related to systems such as infection control and medication management
- Patients who move between programs/services (e.g. home care or hospice patients received from the hospital, assisted living residents receiving home care services)
- Patients recently admitted to service
- Patients due for discharge or recently discharged from service
- Patients who cover multiple additional criteria listed below

Home Care (any service, as applicable)

Care provided to a patient:

- Receiving a high-risk medication or piece of equipment
- Receiving ventilator care
- Less than or equal to 18 years of age
- Receiving Maternal and/or childcare
- Receiving IV/Infusion therapy
- Receiving blood/blood component administration
- Undergoing acute care re-hospitalizations
- Receiving personal care and support services
- Receiving alternative complementary care
- Receiving oxygen therapy
- With a terminal condition

Hospice Services:

- Patient receiving facility-based care within the past 12 months
- Patient receiving continuous care/respite care
- Patient to whom infusion therapy is being administered
- Pediatric patient or a patient <18 years old
- Patient receiving alternative complementary care
- Patient being treated for pain

Pharmacy:

- Patient receiving a high-alert medication

Home Medical Equipment:

Patients receiving and using:

- Custom adult wheelchairs (usually fixed frame requiring assessment and fitting)
- Custom pediatric wheelchairs (usually fixed frame requiring assessment and fitting)
- Custom seating systems associated with the provision of wheelchairs
- Custom power wheelchairs (including power stretchers, etc.)
- Standard adult and pediatric power wheelchairs (custom and non-custom)
- Custom adult and pediatric ambulatory aids (prone standers, circular walkers, etc.)
- Multiple types of equipment
- Clinical respiratory services
- Rehab technology services
- Customized orthotics or prosthetics
- Respiratory equipment
- Durable medical equipment
- Specialized equipment with supplies

Program Specific Tracer – Equipment & Supply Management

Applicability
Applies to Home Medical Equipment organizations only.

Organization Participants
Suggested participants include staff from various areas such as drivers, technicians, and warehouse employees.

Logistical Needs
This focused tracer occurs during time designated for Individual Tracer Activity

Objectives
The surveyor will:
- Learn how your organization processes equipment and supplies from initial receipt through decommissioning
- Evaluate the implementation effectiveness for specific pieces of equipment
- Identify processes and system issues contributing to failed equipment/supply management

Overview
During this tracer the surveyor focuses on high risk equipment identified from individual tracers. They evaluate all aspects of procurement, inventory, cleaning, maintenance, and decommissioning. The surveyor spends time walking through the sites responsible for the equipment management plan to evaluate the following:
- Safe environment and processes
- Staff education about the equipment/supplies
- Storage
- Obtaining physician orders
- Selection of the most suitable equipment/supplies to meet the patient's needs
- Preparation for delivery
- Delivery and set-up
- Tracking equipment location
- Patient education about the care and use of equipment/supplies
- Preventive maintenance
- Equipment failure management, including back-up
- Recall of equipment – monitoring, back-up equipment process
- Equipment return - cleaning and inspection processes
- Equipment repair
- Obsolete inventory
- Incident management

The surveyor interviews staff about:
- Any of the above processes
- Orientation, training and competency evaluation processes

Program Specific Tracer – Fall Reduction

Applicability
Applies to Home Health, Personal Care, Home Infusion Therapy, Home Medical Equipment and Hospice service providers

Organization Participants
Suggested participants include staff and management who have been involved in the individual's care, treatment, or services

Logistical Needs
This focused tracer occurs during time designated for Individual Tracer Activity

Objectives
The surveyor will:
- Learn how your organization evaluates the patient's risk for falls
- Evaluate the action taken to reduce the risk of falling
- Understand your organization's plan for reducing the risk of injury, should a fall occur
- Identify processes and system issues contributing to a high re-hospitalization rate
- Evaluate the organization's compliance with NPSG.09.02.01 (Reduce the risk of falls).

Overview
During this tracer, the surveyor begins with review of the patient's home care record.

The surveyor interviews the individual providing care about the following topics related to the selected patient:
- Entry into care
- Risk assessment process for falls
- Identification of in-home environment
- Care planning process
- Coordination of care and communication process to internal and external customers
- Fall reduction education to the patient and caregiver

The surveyor conducts a home visit and interviews the patient and/or the caregiver about:
- Possible unsafe environmental issues that could lead to a fall
- Relevancy of the patient's medication to potential for falls
- Knowledge level about their fall risk status and preventive techniques to remain safe in the home

Program Specific Tracer – Hospital Readmission

Applicability
Applies to Medicare-certified Home Health organizations only.

Organization Participants
Suggested participants include staff and management involved in the individual's care, treatment, or services.

Logistical Needs
This focused tracer occurs during time designated for Individual Tracer Activity

Objectives
The surveyor will:
- Evaluate the action taken to reduce the hospital readmission rate
- Evaluate the accuracy of medication lists and education
- Identify processes and system issues contributing to a high re-hospitalization rate

Overview
This tracer is conducted when the home health organization has a significantly higher percentage of patients who had to be admitted to the hospital or need urgent, unplanned medical care.
The surveyor begins this tracer where the home care record is maintained.

The surveyor interviews the case manager or **individual providing** care about the following issues:
- Entry into care
- Assessment of the patient
- Care planning process
- Coordination of care between patient care **staff and** providers
- Education provided to the patient

The surveyor conducts a home visit and interviews the patient/caregiver about the following issues:
- Conditions leading to re-hospitalization
- Review medication
- The patients understanding about their medical condition and treatment.
- Educational materials received from your organization

Special Issue Resolution

Organization Participants
None, unless otherwise requested by the survey team

Logistical Needs
For surveys lasting more than one day, 30 minutes is scheduled toward the end of each day except the last.

Surveyors will inform your organization's contact person of what documentation, if any, is needed and any staff who they would like to speak with or locations they want to visit.

Overview
Surveyors explore issues that surfaced during the survey that could not be resolved. Depending on the circumstances, this may include:

- The review of policies and procedures
- The review of additional patient/resident/individual served records to validate findings
- Discussions with staff, if necessary
- Review of personnel and credentials files
- Review of data, such as performance improvement results
- Other issues requiring more discussion

Surveyor Planning/Team Meeting

Organization Participants
None

Logistical Needs
The suggested duration for this session is 30 minutes.

Overview
Surveyors use this session to debrief on the day's findings and observations and plan for upcoming survey activities.

Before leaving the organization, surveyors will return organization documents to the survey coordinator / liaison. If surveyors have not returned documentation, your organization is encouraged to ask surveyors for the documents prior to their leaving.

Daily Briefing

Organization Participants
Suggested participants include representative(s) from governance, CEO/Administrator or Executive Director, individual coordinating the Joint Commission survey, and other staff at the discretion of organization leaders

Logistical Needs
The suggested duration for this session is approximately 15 to 30 minutes and occurs every morning of a multi-day survey, except for the first day. Surveyors may ask to hold a daily briefing before concluding activity on the first day, depending on circumstances. If a surveyor cannot participate in this session because they are surveying at a remote location, you may be asked for assistance with setting up a conference call to include all surveyors and appropriate staff.

Objective
The surveyor will summarize the events of the previous day and communicate observations according to standards areas that may or may not lead to findings.

Overview
The surveyors briefly summarize the survey activities completed the previous day. During this session the surveyors make general comments regarding significant issues from the previous day, note potential non-compliance, and emphasize performance patterns or trends of concern that could lead to findings of non-compliance. The surveyors will allow you the opportunity to provide information that they may have missed or that they requested during the previous survey day. You may also present surveyors with information related to corrective actions being implemented for any issues of non-compliance. Surveyors will still record the observations and findings but will include a statement that corrective actions were implemented by the organization during the on-site survey.

Your organization should seek clarification from the surveyors about anything that you do not understand. Note that the surveyors may decide to address your concerns during a Special Issue Resolution Session, later in the day. It is important for you to seek clarification if you do not understand anything that the surveyors discuss.

Competence Assessment and Credentialing/Privileging

Organization Participants

Suggested participants include staff responsible for the human resources processes; orientation and education of staff; assessing staff competency; assessing physician and other licensed practitioner competency. There should be someone with authority to access information contained in personnel and credential files.

Logistical Needs

The suggested duration for this session is 30-60 minutes. In order to plan for a file review, inform the surveyors of your process for maintaining competency records. The review of files is not the primary focus of this session; however, the surveyor verifies process-related information through documentation in personnel or credential files. The surveyor identifies specific staff, physicians, or other credentialed licensed practitioners whose files they would like to review.

Objectives

The surveyor will:

- Learn about your organization's competence assessment process for staff, licensed practitioners, and physicians.
- Learn about your organization's orientation, education, and training processes as they relate to staff, physicians, and other credentialed licensed practitioners encountered during individual tracers.

Overview

The surveyor discusses the following topics:

- Internal processes for determining compliance with policies and procedures, applicable law and regulation, and Joint Commission standards
- Methods used to determine staffing adequacy, frequency of measurement, and what has been done with the results
- Performance improvement initiatives related to competency assessment for staff, physicians, and other credentialed licensed practitioners
- Orientation of staff, physicians, and other credentialed licensed practitioners to your organization, job responsibilities, and/or clinical responsibilities
- Experience, education, and abilities assessment
- Ongoing education and training
- Competency assessment, maintenance, and improvement
- Competency assessment process for contracted staff, as applicable
- Process for granting of privileges to physicians and other licensed practitioners
- **Home Care, Pharmacy:** Compounding staff competence assessment
- Other topics and issues discovered during the tracer activity

Environment of Care and Emergency Management Session

Applicability

This **activity applies to all Home Care segments, EXCEPT organizations providing inpatient hospice care that are seeking Medicare deemed status.** The Home Care clinical surveyor will conduct this activity.

Organization Participants

Suggested participants include leaders and other individuals familiar with the management of the environment of care and emergency management in all major areas within your organization. This may include the safety management coordinator, security management coordinator, facility manager, building utility systems manager, information technology (IT) representative, and the person responsible for emergency management.

Logistics

In preparation for the EC discussion, the surveyor will evaluate written documentation of the following:

- Preventive maintenance of essential mechanical, electrical, and patient care equipment in accordance with manufacturer's recommendations
- Annual evaluation of the EC management plans (as required by the services provided)
- Performance of fire drills and fire response activity
- Safety data analysis and actions taken by the organization
- EC multidisciplinary team meeting minutes for the previous 12 months

In preparation for the EM discussion, the surveyor will evaluate written documentation of the following and make certain that the documents have been updated and reviewed at least every two years:

- Emergency management program
- Hazard vulnerability analysis
- Emergency operation plan and policies and procedures
- Communications plan
- Continuity of operations & recovery plan
- Education and training program
- Testing program (exercises/drills)
- Program evaluation (after-action/improvement plans)
- Unified and integrated EM program (if applicable)

Objective

The surveyor will assess your organization's degree of compliance with relevant standards and identify vulnerabilities and strengths in your organization's management of the environment of care and emergency management processes.

Overview

The duration of this session is approximately 45-90 minutes depending on the type of organization, services provided and facilities, and will consist of two parts: Environment of Care/Emergency Management discussion and Environment of Care tracer.

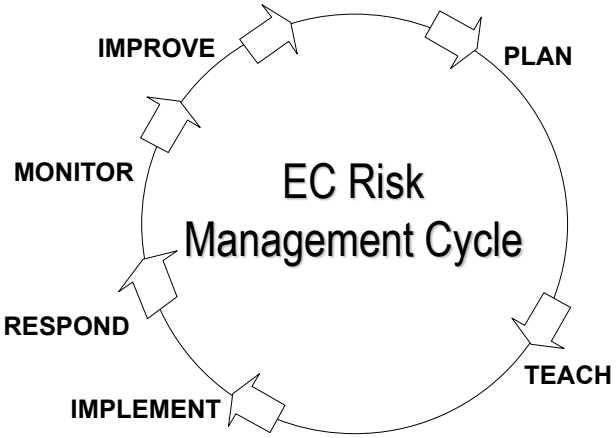
During the first part, there is a group discussion that takes approximately 70% of this session. The surveyor will initiate a discussion about the organization's environment of care practices that include a focus on high-risk areas, such as life sustaining medical equipment and fire prevention activities relevant to the service or setting where care is provided (home-based or facility-based).

The surveyor will also initiate a discussion about the organization's recent emergency management activities that have occurred in the past 12–36 months. The EM discussion is broken into four distinct discussion topics as

described below and the organization should be prepared to discuss the application and use of the emergency operations plan and policies and procedures during an emergency (real or simulated).

The remaining time (approximately 30%) is spent as the surveyor observes and evaluates your organization's performance in managing a particular risk or management process in the environment of care. The management process or risk selected for observation is based on the environment of care documents previously reviewed, observation by other surveyors, and knowledge gained during the group discussion of this session.

Environment of Care Discussion – Be prepared to discuss how the various Environment of Care risk categories[1] and construction activities, when applicable, are addressed in each of the following six management processes.



Plan

What specific risks related to its environment of care have been identified by your organization?

Teach

How have roles/responsibilities for staff/volunteers been communicated by your organization.

Implement

What procedures and controls (both human and physical components) does your organization implement to minimize the impact of risk to patients, visitors, and staff?

Respond

- What procedures does your organization implement to respond to an environment of care incident/failure?
- How, when, and to whom are environment of care problems, incidents, and/or failures reported within your organization.

Monitor

- How is environment of care performance (both human activities and physical components) monitored by your organization
- What monitoring activities have taken place within the last 12 months (on re-surveys)?

Improve

- What environment of care issues are currently being analyzed?
- What actions have been taken as a result of monitoring activities?

1 The environment of care risk categories include general safety and security, hazardous materials and waste, fire safety, medical/laboratory equipment, and utilities (see matrix on the next page for applicability of risk categories to each accreditation program).

The following matrix is provided to assist in determining patterns of management process or risk category areas of concern and strengths.

	SAFETY and SECURITY	HAZMAT	EMG. MGT	FIRE	MED/LAB. EQ.	UTILITIES	CONSTRUCTION
PLAN							
TEACH							
IMPLEMENT							
RESPOND							
MONITOR							
IMPROVE							

If your organization wants to conduct a mock Environment of Care Session:

1. Identify a high risk process or category
2. Determine the location for that risk or category in your plans, e.g. safety, security etc.
3. Trace the risk or category through the phases in the first column: planning, teaching, implementing, responding, monitoring and improving
4. Note any gaps between what exists and what should be in place
5. Modify the process, as needed

Emergency Management Discussion

During this portion of the discussion, the organization should be prepared to discuss the following.

Part 1: "Actual" emergencies or disaster incidents

The organization describes what "real" events impacted them and how they utilized their risk assessment, emergency operations plan, policies, and procedures, and the six critical areas to prepare for these events.

Be prepared to discuss:

- Recent emergencies or disaster incidents that have occurred in the past 12-36 months in which the emergency operations plan was activated
- What services you were you able to provide during the event(s)
- How the recent events were identified, and risk prioritized as part of the risk assessment (hazard vulnerability analysis)
- The communication methods that were used to notify staff, patient, and others about the event(s)
- The collaboration between the organization and their community partners and/or relevant authorities during the event(s)
- How staffing was managed to meet patient care needs and if any additional staffing (such as volunteers, etc.) was used/needed during the recent event(s)

Part 2: Emergency exercises

As part of planning and preparedness, the organization describes what emergency exercises they recently conducted as they should be based on past experiences, known risks/hazards, recent changes to their emergency operations plan, policies, or procedures. These exercises should have included evaluation of one or more of the six critical areas that were used to assess responses.

For Home Care Agencies and all other accredited home care services/programs be prepared to discuss**:**

Describe the one (1) required annual exercise conducted.

- Did the organization conduct at least one operations-based exercise (either a full-scale, community-based or a functional, or facility-based exercise)?
- **And**, in the opposite year did the organization conduct at least one operations-based ***or*** a discussion-based exercise (such as mock disaster drill, a tabletop, seminar, or workshop)?
- How or why were the exercises selected?

For hospices providing inpatient care in their own facilities be prepared to discuss**:**

Describe the two (2) required annual exercises conducted.

- Did the organization conduct at least one operations-based exercise (either a full-scale, community-based or a functional, facility-based exercise)?
- And did the organization conduct another annual exercise, which can be either an operations-based or a discussion-based exercise (such as mock disaster drill, a tabletop, seminar, or workshop)?
- How or why were the exercises selected?

Part 3: Education and training

The organization describes what education and training they provided to their staff, volunteers, etc. in the past 12–36 months.

Be prepared to discuss:

- The education and training that was provided to staff (new and existing).
- The validation used to assess staff knowledge of emergency response procedures.

Part 4: Evaluation, After-action and improvement plans, and review

The organization describes the evaluation process, lessons learned, and actions taken to improve the program.

Be prepared to discuss:

- As a result of recent events and/or exercises, were any gaps identified in the emergency operations plan or policies or procedures.
- The lessons learned, what was identified as opportunities for improvement because of recent events and/or exercises and how were they incorporated into plans, policies, and procedures.

For organizations that participate in their health care system's unified and integrated emergency management program

In addition to the above, if the organization is part of a unified and integrated EM program, be prepared to discuss:

- Participation in the systemwide development of policies and procedures (communication plan)

- Involvement in systemwide exercises
- Participation in education and training
- Lessons learned and how the lessons learned/improvement opportunities are incorporated into the unified EM program.

After the EM session has concluded the surveyor(s) will continue relevant discussions and review of emergency management-related activities that include the following:

- During tracer activity, asking staff about any orientation or training they have received in emergency preparedness roles or responsibilities, and their involvement in emergency management exercises, and/or responses to recent actual emergencies or disaster incidents.
- During the competency and credentialing/privileging activities, reviewing personnel and provider files to verify completion of initial and ongoing EM-related education and training.

Environment of Care Tracer (Approximately 30% of session time)

The surveyor observes and evaluates your organization's performance in managing the selected Environment of Care risk. They observe implementation of those particular management processes determined to be potentially vulnerable or trace a particular risk(s) in one or more of the environment of care risk categories your organization manages by:

- Beginning where the risk is encountered or first occurs. (i.e., a starting point might be where a particular safety or security incident occurs, a particular piece of medical equipment is used, or a particular hazardous material enters your organization)
- Having staff describe or demonstrate their roles and responsibilities for minimizing the risk, what they are to do if a problem or incident occurs, and how to report the problem or incident
- Assessing any physical controls for minimizing the risk (i.e., equipment, alarms, building features)
- Assessing the emergency management plan for mitigation, preparedness, response, and recovery strategies, actions and responsibilities for each priority emergency
- Assess the emergency plan for responding to utility system disruptions or failures (e.g., alternative source of utilities, notifying staff, how and when to perform emergency clinical interventions when utility systems fail, and obtaining repair services)
- If equipment, alarms, or building features are present for controlling the particular risk, reviewing implementation of relevant inspection, testing, or maintenance procedures
- If others in your organization have a role in responding to the problem or incident, having them describe or demonstrate that role, and reviewing the condition of any equipment they use in responding

If the risk moves around in your organization's facility (i.e., a hazardous material or waste), the surveyor follows the risk from "cradle to grave."

Life Safety Code® Building Assessment, Inpatient Hospice – Non-Deemed

Applicability

This **activity only applies to organizations providing inpatient hospice care that are NOT seeking Medicare deemed status.** The Home Care clinical surveyor will conduct this activity.

Organization Participants

Suggested participants include the individual who manages your organization's facility and other staff at the discretion of your organization.

Logistical Needs

The surveyor will need a ladder and flashlight for this activity and the escort needs to have keys or tools necessary to open locked rooms, closets or compartments in order to allow the surveyor access to and observation of space above the ceilings.

In preparation for this session, the surveyor meets with an organization staff member to become oriented to the layout of the building (including arrangement of smoke compartments, location of any suites, age of building additions, areas with sprinklers, areas under construction, and any equivalencies granted by Joint Commission). This activity is greatly facilitated if the organization has plans and drawings available that display the building fire safety features. The surveyor will also review your organization's processes for Interim Life Safety Measures (ILSMs).

Objectives

The surveyor will:

- Evaluate the effectiveness of processes for maintaining fire safety equipment and fire safety building features
- Evaluate the effectiveness of processes for identifying and resolving *Life Safety Code*® problems
- Evaluate the effectiveness of processes for activities developed and implemented to protect occupants during periods when a building does not meet the applicable provisions of the *Life Safety Code*® or during periods of construction
- Evaluate the effectiveness of processes for maintaining and testing any emergency power system*s*
- Evaluate the effectiveness of processes for maintaining and testing any medical gas and vacuum systems
- Determine the degree of compliance with relevant *Life Safety Code*® requirements
- Educate attendees on potential actions to take to address any identified *Life Safety Code*® problems

Facility Orientation

1. Meet with appropriate organization staff to become oriented to the:
    - Layout of the building (including arrangement of smoke compartments, location of any suites, age of building additions, areas with automatic sprinklers, areas under construction, and any equivalencies granted by Joint Commission
    - Organization processes for Interim Life Safety Measures (ILSMs)

Overview of Building Tour

Surveyor(s) will:

- Assess operating/procedure rooms for proper pressure relationships (if any)
- Assess hazardous areas, such as soiled linen rooms, trash collection rooms, and oxygen storage rooms
- Assess required fire separations
- Assess required smoke separations (at least two)
- Conduct an "above the ceiling" survey at each location identified above by observing the space above the ceiling to identify:
  - penetrations of smoke, fire or corridor walls
  - smoke or fire walls that are not continuous from slab-to-slab and outside wall to outside wall
  - penetrations or discontinuities of rated enclosures including hazardous areas, stairwells, chutes, shafts, and floor or roof slabs
  - corridor walls that are not slab-to-slab or do not terminate at a monolithic ceiling (if the building is fully sprinklered and the ceiling is smoke tight, the walls may terminate at the ceiling line)
  - the presence or absence of required smoke detectors or fire dampers
  - the presence or absence of required fire proofing on structural members such as columns, beams, and trusses
- Verify that fire exits per building and verify that they are continuous from the highest level they serve to the outside of the building
- Assess any kitchen grease producing cooking devices
- Assess the bottoms of any laundry and trash chutes
- Assess the **main** fire alarm panel (if any)
- Assess the condition of emergency power systems and equipment
- Assess any medical gas and vacuum system components including master signal panels, area alarms, automatic pressure switches, shutoff valves, flexible connectors, and outlets

Documentation of Findings
A Life Safety Code® deficiency will be recorded as a Requirement for Improvement in the Summary of Survey Findings Report.

Life Safety Code Surveyor Activities

The following three activities only apply to organizations providing Inpatient Hospice Care that are seeking Medicare deemed status.

- Facility Orientation and Document Review – Inpatient Hospice Deemed
- Life Safety Code® Building Assessment – Inpatient Hospice Deemed
- Emergency Management Session – Inpatient Hospice Deemed
- Life Safety Code Surveyor Agenda – Inpatient Hospice Deemed

Facility Orientation and Document Review – Inpatient Hospice Deemed

Applicability
This activity applies to inpatient hospice organizations that are seeking Medicare deemed status.

Joint Commission Participants
Life Safety Code Surveyor

Organization Participants
Suggested participants include the individual who manages your organization's facility(ies) and other staff at the discretion of your organization. **Due to the limited amount of time the Life Safety surveyor is onsite, please be prepared to facilitate this activity upon his/her arrival.**

Logistical Needs
- Upon arrival of the surveyor, an escort will be needed to take him/her to the **main** fire alarm panel to verify that it is functional.
- The surveyor will meet with an organization staff member(s) to become oriented to the layout of the building. This activity is greatly facilitated if the organization has plans and drawings available that display the building fire safety features.
- Other documents needed for the Orientation activity include:
  - Policies and procedures for Interim Life Safety Measures (ILSMs)
  - Written fire response plans
  - Evaluations of fire drills conducted for the past 12 months
  - Maintenance records for fire protection and suppression equipment
  - Maintenance records for emergency power systems
  - Maintenance records for piped medical gas and vacuum systems
- A detailed list of documents along with related standards and elements of performance appears in the ***Inpatient Hospice Life Safety and Environment of Care Document List and Review Tool*** Inpatient_Hospice_LS_EC_Document_List found later in this guide.

Objectives
The surveyor will:
- Become familiar with the building, including specific systems (for example, generator, fire pump) and plan an efficient survey of Life Safety Code® (NFPA 101-2012) and selected Environment of Care standards (NFPA 99-2012 Health Care Facilities Code)
- Review identified building systems, life safety drawings, and select policies to support the building tour activities.
- Review documentation related to other Environment of Care standards per the *Inpatient Hospice Life Safety and Environment of Care Document List and Review Tool*

Overview
The surveyor will:
- Assess the **main** fire alarm panel

- Become familiar with the building layout (including arrangement of smoke compartments, location of any suites, age of building additions, areas with sprinklers, areas under construction, and any equivalencies granted by Joint Commission).
- Evaluate the effectiveness of processes for identifying and resolving *Life Safety Code® (NFPA 101-2012)* or environment of care risks
- Evaluate the effectiveness of processes for activities developed and implemented to protect occupants during periods when a building does not meet the applicable provisions of the *Life Safety Code® (NFPA 101-2012)* or during periods of construction
- Evaluate the effectiveness of processes for maintaining fire safety equipment and fire safety building features
- Evaluate the effectiveness of processes for maintaining and testing any emergency power system*s*
- Evaluate the effectiveness of processes for maintaining and testing any medical gas and vacuum systems
- Educate attendees on potential actions to take to address any identified *Life Safety Code® (NFPA 101-2012)* or environment of care risks

Immediately following the Orientation activities, the surveyor will continue to review documentation required by the Environment of Care standards using the ***Inpatient Hospice Life Safety and Environment of Care Document List and Review Tool.***

Life Safety Code® Building Assessment – Inpatient Hospice Deemed

Applicability
This **activity only applies to inpatient hospice organizations that are seeking Medicare deemed status.** (see the Life Safety chapter overview in the program's *Accreditation Manual* for more information).

Joint Commission Participants
A Life Safety Code Surveyor will perform this activity in inpatient hospice organizations **that are seeking Medicare deemed status.**

Organization Participants
Suggested participants include the individual who manages your organization's facility and other staff at the discretion of your organization.

Logistical Needs
The surveyor will need a ladder and flashlight for this activity and the escort needs to have keys or tools necessary to open locked rooms, closets or compartments in order to allow the surveyor access to and observation of space above the ceilings.

In preparation for this session, the surveyor meets with an organization staff member to become oriented to the layout of the building (including arrangement of smoke compartments, location of any suites, age of building additions, areas with sprinklers, areas under construction, and any equivalencies granted by Joint Commission). This activity is greatly facilitated if the organization has plans and drawings available that display the building fire safety features. The surveyor will also review your organization's processes for Interim Life Safety Measures (ILSMs).

Objectives
The surveyor will:
- Evaluate the effectiveness of processes for maintaining fire safety equipment and fire safety building features
- Evaluate the effectiveness of processes for identifying and resolving *Life Safety Code*® problems
- Evaluate the effectiveness of processes for activities developed and implemented to protect occupants during periods when a building does not meet the applicable provisions of the *Life Safety Code*® or during periods of construction
- Evaluate the effectiveness of processes for maintaining and testing any emergency power system*s*
- Evaluate the effectiveness of processes for maintaining and testing any medical gas and vacuum systems
- Determine the degree of compliance with relevant *Life Safety Code*® requirements
- Educate attendees on potential actions to take to address any identified *Life Safety Code*® problems

Facility Orientation
2. Meet with appropriate organization staff to become oriented to the:
    - Layout of the building (including arrangement of smoke compartments, location of any suites, age of building additions, areas with automatic sprinklers, areas under construction, and any equivalencies granted by Joint Commission
    - Organization processes for Interim Life Safety Measures (ILSMs)

Overview of Building Tour
Surveyors will:

- Assess operating/procedure rooms for proper pressure relationships (if any)
- Assess hazardous areas, such as soiled linen rooms, trash collection rooms, and oxygen storage rooms
- Assess required fire separations
- Assess required smoke separations (at least two)
- Conduct an "above the ceiling" survey at each location identified above by observing the space above the ceiling to identify:
  - penetrations of smoke, fire or corridor walls
  - smoke or fire walls that are not continuous from slab-to-slab and outside wall to outside wall
  - penetrations or discontinuities of rated enclosures including hazardous areas, stairwells, chutes, shafts, and floor or roof slabs
  - corridor walls that are not slab-to-slab or do not terminate at a monolithic ceiling (if the building is fully sprinklered and the ceiling is smoke tight, the walls may terminate at the ceiling line)
  - the presence or absence of required smoke detectors or fire dampers
  - the presence or absence of required fire proofing on structural members such as columns, beams, and trusses
- Verify that fire exits per building and verify that they are continuous from the highest level they serve to the outside of the building
- Assess any kitchen grease producing cooking devices
- Assess the bottoms of any laundry and trash chutes
- Assess the **main** fire alarm panel (if any)
- Assess the condition of emergency power systems and equipment
- Assess any medical gas and vacuum system components including master signal panels, area alarms, automatic pressure switches, shutoff valves, flexible connectors, and outlets

Documentation of Findings
A Life Safety Code® deficiency will be recorded as a Requirement for Improvement in the Summary of Survey Findings Report.

Emergency Management Session – Inpatient Hospice Deemed

Applicability

This activity applies to inpatient hospice organizations **that are seeking Medicare deemed status.**

Joint Commission Participants

A Life Safety Code surveyor will assess Emergency Management (EM) standards compliance at a time negotiated with your organization. When possible, the hospice clinical surveyor will join to conduct this session as a team.

Organization Participants

Suggested participants include leaders and other individuals familiar with emergency management planning and preparedness in your organization. This may include the safety management coordinator, security management coordinator, facility manager, building utility systems manager, information technology (IT) representative, and the person responsible for emergency management.

Logistics

In preparation for the emergency management discussion, the surveyor will evaluate written documentation of the following and make certain that the documents have been updated and reviewed at least every two years:

- Emergency management program
- Hazard vulnerability analysis
- Emergency operation plan and policies and procedures
- Communications plan
- Continuity of operations & recovery plan
- Education and training program
- Testing program (exercises/drills)
- Program evaluation (after-action/improvement plans)
- Unified and integrated emergency management program (if applicable)

Objective

The surveyor will assess your organization's degree of compliance with relevant standards and identify vulnerabilities and strengths in your organization's emergency management processes.

Overview

The duration of this session is approximately 45-90 minutes depending on the type of organization, services provided and facilities

The surveyor will want to discuss the organization's recent emergency management activities that have occurred in the past 12–36 months. The emergency management discussion is broken into four distinct discussion topics as described below and the organization should be prepared to discuss the application and use of the emergency operations plan and policies and procedures during an emergency (real or simulated).

The organization should be prepared to discuss the following.

Part 1: "Actual" emergencies or disaster incidents

The organization describes what "real" events impacted them and how they utilized their risk assessment, emergency operations plan, policies, and procedures, and the six critical areas to prepare for these events.

Be prepared to discuss:

- Recent emergencies or disaster incidents that have occurred in the past 12-36 months in which the emergency operations plan was activated

- What services you were you able to provide during the event(s)
- How the recent events were identified, and risk prioritized as part of the risk assessment (hazard vulnerability analysis)
- The communication methods that were used to notify staff, patient, and others about the event(s)
- The collaboration between the organization and their community partners and/or relevant authorities during the event(s)
- How staffing was managed to meet patient care needs and if any additional staffing (such as volunteers, etc.) was used/needed during the recent event(s)

Part 2: Emergency exercises

As part of planning and preparedness, the organization describes what emergency exercises they recently conducted as they should be based on past experiences, known risks/hazards, recent changes to their emergency operations plan, policies, or procedures. These exercises should have included evaluation of one or more of the six critical areas that were used to assess responses.

For hospices providing inpatient care in their own facilities be prepared to discuss**:**

The two (2) required annual exercises conducted.

- Did the organization conduct at least one operations-based exercise (either a full-scale, community-based or a functional, facility-based exercise)?
- And did the organization conduct another annual exercise, which can be either an operations-based or a discussion-based exercise (such as mock disaster drill, a tabletop, seminar, or workshop)?
- How or why were the exercises selected?

Part 3: Education and training

The organization describes what education and training they provided to their staff, volunteers, etc. in the past 12–36 months.

Be prepared to discuss:

- The education and training that was provided to staff (new and existing).
- The validation used to assess staff knowledge of emergency response procedures.

Part 4: Evaluation, After-action and improvement plans, and review

The organization describes the evaluation process, lessons learned, and actions taken to improve the program.

Be prepared to discuss:

- As a result of recent events and/or exercises, were any gaps identified in the emergency operations plan or policies or procedures.
- The lessons learned, what was identified as opportunities for improvement because of recent events and/or exercises and how were they incorporated into plans, policies, and procedures.

For organizations that participate in their health care system's unified and integrated emergency management program

In addition to the above, if the organization is part of a unified and integrated EM program, be prepared to discuss:

- Participation in the systemwide development of policies and procedures (communication plan)
- Involvement in systemwide exercises
- Participation in education and training
- Lessons learned and how the lessons learned/improvement opportunities are incorporated into the unified EM program.

After the EM session has concluded the surveyor(s) will continue relevant discussions and review of emergency management-related activities that include the following:

- During tracer activity, asking staff about any orientation or training they have received in emergency preparedness roles or responsibilities, and their involvement in emergency management exercises, and/or responses to recent actual emergencies or disaster incidents.
- During the competency and credentialing/privileging activities, reviewing personnel and provider files to verify completion of initial and ongoing EM-related education and training.

Life Safety Code Surveyor Agenda -- Inpatient Hospice Deemed

Time	Activity ***Arrival first day of Inpatient Hospice survey***
8:00 – 8:30 a.m. 8:30 – 9:00	Surveyor Arrival and Facility Orientation with Document Review • Visit main fire alarm panel, generator, fire pump, if applicable • Discuss waivers and equivalencies • Review ILSM policy and procedures • Review written fire response plan • Review LS drawings
9:00 – 9:15	Opening Conference – Introductions only (approximately 15 minutes)
9:15 – 10:00 10:00 – 10:30	Facility Orientation with Document Review, *continued* • Review other standards required documentation items on the *Inpatient Hospice Life Safety and Environment of Care Document List and Review Tool*
10:30 – 11:00 11:00 – 11:30 11:30 – 12:00 p.m.	Life Safety Code® Building Assessment • Building Tour
12:00 – 12:30	Surveyor Lunch
12:30 – 1:00 1:00 – 1:30	Life Safety Code® Building Assessment, *continued* • Building Tour
1:30 – 2:00 2:00 – 2:30	Emergency Management
2:30 – 3:00 3:00 – 3:30	Surveyor Report Preparation
3:30 – 4:00 4:00 – 4:30	Interim Exit Conference

System Tracer – Data Management

Applicability
Applies to home care surveys that are one day in duration only. Multiple day surveys will have a combined Leadership and Data Use activity.

Organization Participants
Suggested participants vary depending on the focus of the tracer. Surveyors inform your organization who should participate in this session.

Logistical Needs
The suggested duration for this activity is 30-45 minutes. Space that can accommodate both organization and Joint Commission participants.

Objective
Surveyors will learn about how your organization is using data to evaluate the safety and quality of care and services being provided to patients. They will also seek to understand, as well as, assess your organization's performance improvement processes including the management and use of data.

Overview
During the Surveyor Preliminary Planning Session, surveyors review your organization's data and performance improvement projects in preparation to discuss the following fundamental principles of performance improvement:

- Planning for data use including how your organization identifies and prioritizes measurement and performance improvement projects
- Data collection methodology to ensure that all data is collected as planned, and that it is accurate and reliable
- Data aggregation and analysis and the processes for turning it into useful information
- Data use in your organization – be prepared with examples of how it is used on an ongoing basis, how it is used in periodic performance monitoring and project based activities

Data-related topics that will be discussed during this session include:

- The organization's strengths in relation to the performance improvement principles
- Principles that the organization would like to improve upon
- Tools and methodologies being used in quality assessment and performance improvement activities and initiatives
- Infection Control
- Staff compliance with employee health screening requirements
- Medication Management
- National Patient Safety Goal performance data
- Contracted services performance monitoring
- Organization directed data collection
- Proactive risk assessment, when applicable
- Regulated data collection, e.g., OASIS, MDS, other federal or state reporting, etc.
- Incident/error reporting

- Assessing the organization’s culture of safety
  - Instrument being used and scope of use (organization-wide or limited implementation)
  - Response rate and tracking over time
  - Results reporting
  - Benchmarking (internal and external)
  - Quality improvement projects undertaken to improve safety culture

Leadership and Data Use Session

Organization Participants

Suggested participants include:

- Leaders with responsibility and accountability for design, planning, organizational processes, and data management
- At least one member of the governing body or an organization trustee
- Senior organization leaders such as administrator, director(s)

Logistical Needs

The suggested duration for this activity is 60-90 minutes. Meeting space that can accommodate both organization and Joint Commission participants will be needed.

Objective

To learn about:

- Leadership's role on the journey to high reliability
- Organization's culture of safety and assessment process
- Leadership's oversight and participation in the collection and use of data
- Organization's performance improvement process
- Leadership's role in revising and adjusting goals and plans to achieve improvement and positive outcomes

Overview

During this session, surveyors will explore, through organization-specific examples,

- Leadership commitment to improvement of quality and safety
- Creating a culture of safety
- Robust process improvement
- Observations that may be indicative of system-level concerns

The surveyor facilitates discussion with leaders to understand their roles related to performance of your organization-wide processes and functions. This discussion will be a mutual exploration of both successful and perhaps less successful organization performance improvement initiatives, or introduction of a new service or an optimal performing department, unit, or area vs. one in need of improvement. Surveyors will want to hear how leaders view and perceive these successes and opportunities and learn what they are doing to sustain the achievements, as well as encourage and support more of the same success.

Throughout the discussion surveyors will listen for examples of:

- Adoption of performance improvement fundamental principles of planning, data collection, data aggregation and analysis, and data use.
- Leaders' chosen improvement methodology and tools and their satisfaction with the approach and how well it is serving their needs and those of staff.
- The planning process, including how leaders envision the performance of processes that are selected for improvement.

- Use of data once it is collected
- Approaches used to change processes and workflow
- Communication about newly implemented processes throughout the organization
- Leadership support and direction, including planning and resource allocation
    - The degree to which the implementation is comprehensive and organization-wide
    - The relationship of the function or process to patient safety and quality
    - How the effective performance of the function or process is evaluated and maintained

The surveyor will discuss with leaders and staff the organization's:

- Compliance with National Patient Safety Goals.
- Challenges related to coordination of patient care.
- Efforts to achieve the characteristics of a high reliability organization—flexibility, agility, ability to sustain effective performance, including:
    - Examples of progress being made and what characteristics they are struggling to achieve and maintain.
    - Internal systems and how they do or do not support their efforts to be a high reliability organization.
    - If leaders have studied the organization's ability to sustain effective performance, and what aspect of performance they chose to study, why and what approach was taken to research performance sustainability.
- Safety culture in the organization, including
    - Assessment process/tool
    - Scope of assessment activity
    - Response rates
    - Willingness of people at all levels to discuss safety issues
    - Internal or external benchmarks
    - Board involvement in setting expectations
    - Leaders' response to safety concerns
    - Improvement projects undertaken to improve safety culture scores
    - Code of conduct for staff and leaders
    - Process for reporting of intimidating and disrespectful behavior
    - Process for dealing with intimidating and disrespectful behaviors.

The surveyor will want to discuss how performance improvement principles are integrated into organization systems, processes, and outcomes such as:

- Patient satisfaction surveys.
- Infection prevention and control, including:
    - Home health and hospice: procedures or methods for identifying infections and communicable disease issues.
    - Home health and hospice: action plans to address infection control issues and improve its infection prevention and control program.
    - Staff compliance with employee health screening requirements.
    - Medication management systems, if applicable.

- Managing near misses, close calls, actual errors
  - What is the process for staff to report such occurrences?
  - How often is it used? Any recent examples?
  - How does the organization determine whether actual errors, when a patient is harmed, were a system error or a person is responsible and should be held accountable?
  - Does the organization conduct root cause analyses of all near misses/close calls?
- Utilization of data, resources, and services.
- Risk assessment/management activities.
- Pain assessment and management (opioids).
- Performance of contracted services, if applicable.

Regulatory Review – Home Medical Equipment

Applicability
This activity only applies to Home Medical Equipment service providers.

Organization Participants
Suggested participants include those responsible for billing, posting revenue and reconciliation of accounts. Additionally, staff responsible for budgeting and oversight of client complaints will be interviewed.

Logistical Needs
The suggested duration of this session is approximately 60 minutes. A location with access to accounting documents is needed. Surveyors can go to the billing staff desks and review information on the computer if that is the most convenient way of viewing the information.

Objective
The surveyor will learn about your organization’s financial management processes relative to Medicare/Medicaid billing and receivables

Overview
During this session the surveyor will want to learn about your organization's processes for internal oversight and reconciliation processes (monitoring) to ensure that:

- Medicare/Medicaid is being billed only for supplies and equipment provided the a patient/client; and
- Medicare/Medicaid payments are being appropriately assigned to a patient/client account; and
- Money is being deposited into the organization's account.

Surveyors will want to interview staff about your organization's process for complaint receipt, tracking and resolution and will ask to see your complaint log.

Annual Budget Review: Your organization’s annual budget will be reviewed if it is available.

Surveyor Report Preparation

Organization Participants
None

Logistical Needs
The suggested duration of this session is approximately 60-120 minutes. Surveyors need a room that includes a conference table, power outlets, telephone, and internet access.

Overview
Surveyors use this session to compile, analyze, and organize the data collected during the survey into a report reflecting your organization's compliance with the standards. Surveyors will provide you with the opportunity to present additional information at the beginning of this session if there are any outstanding surveyor requests or further evidence to present from the last day of survey activity. Surveyors may also ask organization representatives for additional information during this session.

CEO Exit Briefing

Organization Participants
Suggested participants include the Chief Executive Officer (CEO) or Administrator, if available

Logistical Needs
The suggested duration of this session is approximately 10 to 15 minutes.

Objectives
Surveyors will:
- Review the survey findings as represented in the Summary of Survey Findings Report
- Discuss any concerns about the report with the CEO/Administrator
- Determine if the CEO/Administrator wishes to have an Organization Exit Conference or if the CEO/Administrator prefers to deliver the report privately to your organization

Overview
Surveyors will review the Summary of Survey Findings Report (organized by chapter) with the most senior leader. Surveyors will discuss any patterns or trends in performance. Surveyors will also discuss with the most senior leader if they would like the Summary of Survey Findings Report copied and distributed to staff attending the Organization Exit Conference.

Organization Exit Conference

Organization Participants
Suggested participants include the CEO/Administrator (or designee), senior leaders and staff as identified by the CEO/Administrator or designee.

Logistical Needs
The suggested duration of this session is approximately 30 minutes and takes place immediately following the Exit Briefing.

Objectives
Surveyors will:
- Verbally review the Summary of Survey Findings Report, if desired by the CEO
- Review identified standards compliance issues

Overview
Surveyors will verify with participants that all documents have been returned to the organization. You are encouraged to question the surveyor about the location of documents if you are unsure.

Surveyors will review the Summary of Survey Findings Report with participants. Discussion will include the SAFER™ matrix, Requirements for Improvement, and any patterns or trends in performance. Surveyors will provide information about the revised Clarification process. If follow-up is required in the form of an Evidence of Standard Compliance (ESC) the surveyors explain the ESC submission process.

Note: Surveyors will direct you to information on your extranet site that explains "What Happens after Your Survey."

For organizations being surveyed under more than one accreditation manual or for more than one service under one accreditation manual, there may be instances when surveyors from other programs will not be present for the entire duration of the survey. In this situation, the surveyor departing early will request an Interim Exit Conference where they may provide your organization with a brief oral report of their findings and at that time will respond to questions.

For Home Care & Hospice Deemed Status, surveyors communicate their findings relating to the Medicare Conditions of Participation. This includes describing the regulatory requirements that the organization does not meet and the findings that substantiate these deficiencies.

Infection Prevention and Control Assessment Tool for Home Care

For organizations performing medication compounding: Refer to the Medication Compounding (MC) chapter for infection prevention and control requirements in the medication compounding areas.

Standard Applicability for OME Program Services

	HH	HH PCS	HI	HOS	DME F/PR	RE	SUPP PR	OP F/PR	CRS	RT F/PR	PHARM FAI
IC.04.01.01											
EP 3	X	X	X	X	X	X	X	X	X	X	X
EP 6	X			X							
EP 7	X			X							
EP 8	X	X	X	X	X	X	X	X	X	X	X
IC.06.01.01											
EP 3	X	X	X	X	X	X	X	X	X	X	X
EP 6	X			X							
EP 7				X							
EP 8				X							

Abbreviations Used for Services: HH Home Health; PCS Personal Care and Support Services; HI Home Infusion Therapy; HOS Hospice; DME F/PR Durable Medical Equipment Facility Based/Patient Residence; RE Respiratory Equipment; SUPP PR Supplies Patient Residence; OP F/PR Orthotics and Prosthetics Patient Residence/Facility Based; CRS Clinical Respiratory Services; RT F/PR Rehabilitation Technology Facility Based/Patient Residence; PHARM FAI Pharmacy Freestanding Ambulatory Infusion

Required Documents:

- Infection prevention and control policies and procedures
- Documentation of completed job-specific staff education on infection control and prevention
- **For home health agencies and hospices:**
  - A procedure(s) for the identification of infections or the risk of infections among patients
  - A corrective plan(s) for infection control (if appropriate based on the results of surveillance and data analysis)

Policies and Procedures
Standard/EP: IC.04.01.01 EP 3

✓ The organization has written policies and procedures to guide its activities and methods for preventing and controlling the transmission of infections and communicable diseases. The policies and procedures are in accordance with applicable law and regulation, nationally recognized evidence-based guidelines, and standards of practice, including the use of standard precautions.

Standard Precautions include the following:

1. Hand hygiene
2. Environmental cleaning and disinfection
3. Injection and medication safety (if applicable to organization)
4. Appropriate use of personal protective equipment based on the nature of the patient interaction and potential for exposure to blood, body fluids and/or infectious material
5. Minimizing potential exposures (respiratory hygiene and cough etiquette)
6. Cleaning and disinfection (reprocessing) of reusable medical equipment between each patient and when soiled

Note: *For organizations providing care in the patient's residence:* Policies and procedures address how to implement/apply infection prevention/treatment practices in the home setting.

✓ *For organizations that use and manage temporary invasive medical devices (for example, intravascular catheter, enteral feeding tube, indwelling urinary catheter, ventilator)*: The organization has policies and procedures on the management of invasive medical devices used among the organization's patient population.

✓ *For organizations that use the point-of-care testing devices (for example, blood glucose meter, INR monitor):* The organization has policies and procedures on cleaning and disinfection after every use according to device and disinfectant manufacturers' instructions.

✓ *For organizations that perform high-level disinfection or sterilization of reusable medical equipment or devices onsite*: The organization has policies and procedures on cleaning and disinfection (high-level disinfection and sterilization) that are in accordance with manufacturers' instructions for use.

For home health agencies and hospices: **Procedures for Identifying Infections and Communicable Disease Issues**
Standard/EP: IC.04.01.01 EP 6

✓ The organization develops a procedure for the identification of infections or the risk of infections among patients (for example, wound infections, surgical site infections, respiratory viral illness, tuberculosis)

Note: The organization determines the methodology to be used for such identification. Examples of methodologies include, but are not limited to clinical record review, staff reporting procedures, review of laboratory results, data analysis of physician and emergency room visits for symptoms of infection, or identification of an infection's root cause through evaluation of staff technique and patients' or caregivers' self-care technique.

For home health agencies and hospices: **The Infection Prevention and Control Program and Quality Assessment and Performance Improvement**
Standard/EP: IC.04.01.01 EP 7

- ✓ The organization observes and evaluates services from all disciplines to identify sources or root causes of infection and to track patterns and trends of infections.
- ✓ Based on the results of surveillance and data analysis, the organization establishes a corrective plan for infection control (if appropriate) and monitors the effectiveness of the corrective plan.

Infection Control Education to Staff, Patients, Family, and Other Caregivers
Standard/EP: IC.04.01.01 EP 8

- ✓ The organization provides job-specific training and education on infection prevention and control. The staff's records confirm completion of education and training.
- ✓ The organization provides training to staff expected to have contact with blood or other potentially infectious material included in the blood borne pathogen standards upon hire, at regular intervals, and as needed.
- ✓ The organization staff receive training in the following:
  - When personal protective equipment (PPE) is necessary
  - What PPE is necessary
  - How to properly don, doff, adjust, and wear PPE

Staff infection control education includes the following, at a minimum:

- ✓ Information on appropriate use, transport, storage, and cleaning methods of patient care equipment according to manufacturers' instructions
- ✓ Job-specific infection prevention education and training to all health care staff includes routes of infection transmission, appropriate disinfection and transport of equipment and devices used for patient care, proper medical waste disposal techniques, and instructions on how to implement current infection prevention/treatment practices in the home setting.
- ✓ The organization has processes to ensure that staff are competent in and adhere to infection prevention requirements, consistent with their roles and responsibilities.
- ✓ Training occurs before individuals are allowed to perform their duties and periodically thereafter, as designated by organization policy. Additional training is provided in response to recognized lapses in adherence and to address newly recognized infection transmission threats (for example, introduction of new equipment or procedures).
- ✓ Education for patients, families, and other caregivers includes hand and respiratory hygiene practices and how to clean and care for equipment.
- ✓ The education provided to patients, families, and other caregivers is specific to a patient's plan of care, health condition(s), and individual learning needs.
- ✓ ***For hospices:*** The hospice may provide infection control education to the patient/caregiver during the visit (when indicated) or may have provided the education during prior treatments. When provided in prior treatments, verify the education is documented in the patient's record.

Infection Prevention and Control Activities, Including Surveillance
Standard/EP: IC.06.01.01 EP 3

- ✓ **Hand hygiene** is performed, at a minimum, as follows:
  - Before contact with a patient
  - Before performing an aseptic task (for example, insertion of IV, preparing an injection, performing wound care)
  - After contact with the patient or objects in the immediate vicinity of the patient
  - After contact with blood, body fluids, or contaminated surfaces
  - Moving from a contaminated body site to a clean body site during patient care
  - After removal of personal protective equipment (PPE).
- ✓ Staff adhere to **safe injection and medication practices,** including the following:
  - Use of aseptic technique when preparing and administering medications in an area that has been cleaned and separated from potential sources of contamination (for example, body fluids, sinks or other water sources)
  - Not reusing needles, lancets, or syringes for more than one use on one patient; using single-dose vials for parenteral medications whenever possible
  - Not administering medications from a single-dose vial or ampule to multiple patients
  - Use of fluid infusion and administration sets (intravenous bags, tubing, and connectors) for one patient only and appropriate disposal after use
  - Considering a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient's intravenous infusion bag or administration set
  - Entering medication containers with a new needle and a new syringe even when obtaining additional doses for the same patient
  - Dedicating insulin pens for a single patient and never sharing, even if the needle is changed
  - Disposing of sharps in accordance with applicable state and local laws and regulations.

Environmental cleaning and disinfection

- ✓ Cleaners and disinfectants, including disposable wipes, are used in accordance with manufacturers' instructions (for example, dilution, storage, shelf-life, contact time).

Personal protective equipment (PPE)

- ✓ Staff have immediate access to PPE and are able to select, put on, remove, and dispose of PPE in a manner that protects themselves, the patient, and others.
- ✓ Gloves are worn when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, nonintact skin, potentially contaminated skin, or contaminated equipment could occur.
- ✓ Staff change gloves and perform hand hygiene before moving from a contaminated body site to a clean body site.
- ✓ Staff wear a gown that is appropriate to the task to protect skin and prevent soiling of clothing during procedures and activities that could cause contact with blood, body fluids, secretions, or excretions.
- ✓ Protective eyewear and a mask or a face shield are worn to protect the mucous membranes of the eyes, nose, and mouth during procedures and activities that could generate splashes or sprays of blood, body fluids, secretions, and excretions. Note: Masks, goggles, face shields, and combinations of each are selected according to the need anticipated by the task performed.
- ✓ Personal protective equipment (PPE) is removed and discarded upon completing a task before leaving the patient's room or care area.

Minimizing potential exposures

- ✓ Staff with direct patient contact adhere to the organization policies and procedures when having a respiratory infection or other communicable infection.
- ✓ Staff handle, transport, and store medications, specimens, and body fluids in the manner that prevents spillage or breakage that may lead to contamination of staff, supplies and equipment or the transport vehicle.

Storage and transport

- ✓ Staff follow manufacturers' instructions for use and current standards of practice for the transport and storage of personal care equipment and supplies. For example, clean/sterile wound supplies are stored/protected in the home and during transport by staff.
- ✓ Staff follow organization procedures for prevention of transmission while transporting medical specimens and medical waste, such as sharps.

Cleaning and disinfection

- ✓ Reusable medical equipment (for example, blood glucose meters, blood pressure cuffs, oximeter probes) are cleaned/disinfected prior to use on another patient and when soiled.
- ✓ Staff maintain separation between clean and soiled equipment to prevent cross contamination.
- ✓ Single-use equipment is discarded after use.
- ✓ Staff who provide direct patient care are able to verbalize which medical devices or equipment they use are intended for single use (use once and discard), single patient use (use for one patient only but may require processes for management of the equipment and cleaning/disinfection at specific intervals), and multi-patient use (require cleaning/disinfection according to manufacturers' instructions for use prior to use for a different patient).
- ✓ *For organizations managing invasive mechanical ventilation and Intermittent Positive Pressure Breathing (IPPB) equipment and providing care for patients using such equipment:* Nebulizers, humidifiers, IPPB circuits, ventilator circuits, and other reusable components are cleaned and changed in accordance with manufacturers' instructions for use.

Invasive medical devices

- ✓ Staff adhere to invasive medical devices maintenance practices, in accordance with organization policies and procedures. Note: Examples of invasive medical devices include vascular catheter, indwelling urinary catheter, feeding tube, and ventilator.

Surveillance

Note: Surveillance is defined as "the ongoing, systematic collection, analysis, interpretation and evaluation of health data closely integrated with the timely dissemination of this data to those who need it." Analysis of surveillance data is used to improve care practices and control infections and transmission of communicable diseases.

- ✓ Organization surveillance activities address processes and/or outcomes as determined by the organization.
- ✓ ***For hospices providing inpatient care in their own facilities that elect to use Joint Commission's deemed status option:*** The organization has an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the hospice.

For home health agencies and hospices: **Action Plans**
Standard/EP: IC.06.01.01 EP 6

- ✓ The organization develop a corrective action plan to address or prevent infections or transmission of communicable diseases. Such plan is based on surveillance findings, any identified root causes of infection or disease transmission, tracking data, and analysis of data findings. The organization evaluates and revises the plan as needed.
  Actions to facilitate improvements and disease prevention may include the following:
  - Policy, procedure, or practice changes to improve care
  - Education for patients, caregivers, and staff to prevent infections and transmission of communicable diseases
  - Development of process or outcome measures that could be used to monitor and address identified issues

(for example, infection prevention and control observations for technique)

***For hospices providing inpatient care in their own facilities that elect to use Joint Commission's deemed status option*:**
Sanitary Environment and Linen
Standard/EP: IC.06.01.01 EPs 7, 8

- ✓ The hospice provides a sanitary environment by following current standards of practice, including nationally recognized infection control precautions, to minimize sources and transmission of infections and communicable diseases. "Sanitary" includes, but is not limited to, preventing the spread of disease-causing organisms by keeping patient care equipment clean and properly stored. Patient care equipment includes, but is not limited to, toothbrushes, dentures, denture cups, glasses, water pitchers, emesis basins, hairbrushes, combs, bed pans, urinals, and positioning or assistive devices.
- ✓ Linens are handled, stored, processed, and transported in such a manner as to prevent the spread of contaminants.

Inpatient Hospice Life Safety and Environment of Care Document List and Review Tool

The Inpatient Hospice Life Safety and Environment of Care Document List and Review Tool presents standards from the Life Safety (LS) and Environment of Care (EC) chapters of the Comprehensive Accreditation Manual for Home Care (CAMHC). These standards, many of which require detailed documentation to demonstrate compliance, will be the immediate areas of focus for Joint Commission's Life Safety Code surveyor, if one is part of your on-site survey team. This is the same tool that the surveyors will use in their assessment work.

Organizations are not required to complete or present the tool to surveyors during the on-site visit. It is provided in this guide so that organizations can be prepared for surveyor documentation requests and use it as a tool in continuous compliance and survey readiness efforts.

Effective: 7/1/2022

Inpatient Hospice Life Safety & Environment of Care Document List and Review Tool

Effective: 7/1/2022

Legend: C=Compliant; NC=Not compliant; NA=Not applicable; IOU=Surveyor awaiting documentation

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Q1 Semi	Q2	Q3 Semi	Q4 Annual
	C	NC	NA	IOU						
EC.02.03.05					**Fire Protection and Suppression Testing and Inspection**					
EP 1					Supervisory Signal devices - including pressure supervisory indicating devices (including both high- and low-air pressure switches), water level supervisory indicating devices, water temperature supervisory indicating devices, room temperature supervisory indicating devices, valve supervisory switches, and other supervisory initiating devices. NFPA 72-2010: Table 14.4.5.	Quarterly				
EP 2					Water flow devices	Semiannual				
					Tamper switches NFPA 72-2010: Table 14.4.5. NFPA 25-2011: Table 5.1.1.2)	Semiannual				
EP 3					Duct, heat, smoke detectors, and manual fire alarm boxes NFPA 72-2010: Table 14.4.5; 17.14.	Annually				
EP 4					Notification devices (audible & visual), and door-releasing devices NFPA 72-2010: Table 14.4.5.	Annually				
EP 5					Emergency services notification transmission equipment NFPA 72-2010: Table 14.4.5.	Annually				
EP 6					Electric motor-driven fire pumps tested under no-flow conditions	Monthly				
					Diesel-engine-driven fire pumps tested under no-flow conditions NFPA 25-2011: 8.3.1; 8.3.2.	Weekly				
EP 9					Sprinkler systems main drain tests on all risers NFPA 25-2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1.	Annually				

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Q1 Semi	Q2	Q3 Semi	Q4 Annual
	C	NC	NA	IOU						
EC.02.03.05					Fire Protection and Suppression Testing and Inspection					
EP 10					Fire department connections inspected (Fire hose connections N/A) NFPA 25-2011: 13.7; Table 13.1.1.2.	Quarterly				
EP 11					Fire pump(s) tested – under flow Fire pump supervisory signals for “pump running” and “pump power loss” NFPA 25-2011: 8.3.3; 8.3.3.4	Annually				
EP 12					Standpipe flow test every 5 years NFPA 25-2011: 6.3.1; 6.3.2; Table 6.1.1.2.	5 years				
EP 13					Kitchen suppression semi-annual testing NFPA 96-2011: 11.2.	Semiannual				
EP 14					Carbon dioxide systems tested NFPA 12-2011:4.8.3.2	Annually				
					Halon systems NFPA 12A-2009: 6.1	Semiannual				
					Other special systems per National Fire Protection Association standards and manufacturers’ recommendations NFPA 11-2010; NFPA 16-2011; NFPA 17-2009; NFPA 17A-2009					
EP 15					Portable fire extinguishers inspected monthly NFPA 10-2010: 7.2.2; 7.2.4.	Monthly				
EP 16					Portable fire extinguishers maintained annually NFPA 10-2010: 7.1.2; 7.2.2; 7.2.4; 7.3.1.	Annually				
EP 17					Fire hoses hydro tested 5 years after install; every 3 years thereafter NFPA 1962-2008: Chapter 7 and NFPA 25-2011: Chapter 6.	5 years / 3 years				
EP 18					Smoke and fire dampers tested to verify full closure	1 year after install				
						At least every 6 years thereafter				

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Q1 Semi	Q2	Q3 Semi	Q4 Annual
	C	NC	NA	IOU						
EC.02.03.05					Fire Protection and Suppression Testing and Inspection					
					NFPA 90A-2012: 5.4.8; NFPA 80-2010: 19.4; NFPA 105-2010: 6.5.					
EP 19					Smoke detection shutdown devices for HVAC tested NFPA 90A-2012: 6.4.1.	Annually				
EP 20					All horizontal and vertical roller and slider doors tested NFPA 80-2010: 5.2.14.3; NFPA 105-2010: 5.2.1; 5.2.2.	Annually				
EP 25					Inspection and testing of door assemblies by qualified person. Does not include nonrated doors, including corridor doors to patient care rooms and smoke barrier doors. NFPA 101-2012: 7.2.1.5.10.1; 7.2.1.5.11; 7.2.1.15; NFPA 80-2010: 4.8.4; 5.2.1; 5.2.3; 5.2.4; 5.2.6; 5.2.7; 6.3.1.7; NFPA 105-2010: 5.2.1.	Annually				
EP 26					Every 12 months, the organization tests the following: - Manual pull stations - Smoke detectors - Visual and audible fire alarms The results and completion dates are documented. NFPA 25-2011: 4.3; 4.4 and NFPA 72-2010: 14.2.1; 14.2.2; 14.2.3; 14.2.4.	Annually				
EP 27					Elevators with firefighters' emergency operations NFPA 101-2012: 9.4.3; 9.4.6	Monthly				
EP 28					Documentation of maintenance testing and inspection activities for EPs 1-20 and 25 includes: activity name; date; inventory of devices, equipment or other items; frequency; contact info for person performing activity; NFPA standard; activity results					

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Q1 Semi	Q2	Q3 Semi	Q4 Annual
	C	NC	NA	IOU						
EC.02.03.05					Fire Protection and Suppression Testing and Inspection					
					NFPA 25-2011: 4.3; 4.4; NFPA 72-2010: 14.2.1; 14.2.2; 14.2.3; 14.2.4.					
COMMENTS:										

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Yes	No / Missing Date
	C	NC	NA	IOU				
EC.02.05.07					Emergency Power Systems are Maintained and Tested (NFPA 99-2012)			
EP 1					At least monthly performs functional test of emergency lighting systems and exit signs required for egress and task lighting for a minimum duration of 30 seconds, along with a visual inspection of other exit signs NFPA 101-2012: 7.9.3; 7.10.9; NFPA 99-2012: 6.3.2.2.11.5	Monthly		
EP 2					Every 12 months performs functional test of battery powered lights on the inventory required for egress and exit signs for a duration of 1 ½ hours For new construction, renovation, or modernization battery-powered lighting in locations where deep sedation and general anesthesia are administered is tested annually for 30 minutes with test results and completion dates documented NFPA 101-2012: 7.9.3; 7.10.9; NFPA 99-2012: 6.3.2.2.11.5)	Annually		
EP 3					Functional test of Level 1 SEPSS, monthly; Level 2 SEPSS, quarterly, for 5 minutes or as specified for its class Annual test at full load for 60% of full duration of its class	Monthly Quarterly Annually		
					Note 1: Non-SEPSS tested per manufacturer's specifications	Per Mfr.		
					Note 2: Level 1 SEPSS defined for critical areas and equipment			
					Note 3: Class defines minimum time which SEPSS is designed to operate at rated load without recharging			
					Note 4: For additional guidance on operational inspection and testing NFPA 111-2010: 8.4.			
EP 4					Emergency power supply system (EPSS) inspected weekly, including all associated components and batteries	Weekly		

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Yes	No / Missing Date
	C	NC	NA	IOU				
EC.02.05.07					Emergency Power Systems are Maintained and Tested (NFPA 99-2012)			
					NFPA 110-2010: 8.3.1; 8.3.3; 8.3.4; 8.4.1			
EP 5					Emergency generators tested monthly for 30 continuous minutes under load (plus cool-down) NFPA 99-2012: 6.4.4.1	Monthly		
EP 6					Monthly load test for diesel-powered emergency generators conducted with dynamic load at least 30% of nameplate rating or meets mfr. recommended prime movers' exhaust gas temperature; **OR**	Monthly		
					Emergency generators tested once every 12 months using supplemental loads of 50% of nameplate rating for 30 minutes, followed by 75% of nameplate rating for 60 minutes for total of 1 ½ continuous hours NFPA 99-2012: 6.4.4.1	Annually		
EP 7					All automatic and manual transfer switches monthly/12 times per year with results and completion dates documented NFPA 99-2012: 6.4.4.1	Monthly		
EP 8					Fuel quality test to ASTM standards NFPA 110-2010: 8.3.8	Annually		
EP 9					Generator load test once every 36 months for 4 hours NFPA 110-2010, Chapter 8.	36 Months		
EP 10					Generator 4-hour test performed at, at least 30% nameplate NFPA 110-2010, Chapter 8.	36 Months		
COMMENTS:								

STANDARD - EPs	See Legend				Document / Requirement	THIS MAY BE SCORED AS CONDITIONAL OR STANDARD			Testing Dates
	C	NC	NA	IOU			Yes	No	
EC.02.05.09					Medical Gas and Vacuum Systems are Inspected and Tested (NFPA 99-2012)				
EP 1					Medical Gas and air supply designated as follows: Category 1:- systems in which failure may cause major injury or death	Per policy			

STANDARD - EPs	See Legend				Document / Requirement	THIS MAY BE SCORED AS CONDITIONAL OR STANDARD			Testing Dates
	C	NC	NA	IOU			Yes	No	
EC.02.05.09					Medical Gas and Vacuum Systems are Inspected and Tested (NFPA 99-2012)				
					Category 2:- systems in which failure likely to cause minor injury to patients Category 3:- systems in which failure not likely to cause harm, but may cause discomfort Category 4:- systems in which failure would have no impact on patient care. NFPA 99-2012: 5.1.1.1; 5.2.1; 5.3.1.1; 5.3.1.5; 5.1.14.2				
EP 2					All master, area and local alarms systems used for medical gas and vacuum systems comply with category 1-3 warning system requirements	Per policy			
EP 3					Containers, cylinders, and tanks are designed, fabricated, tested and marked in accordance with NFPA 99-2012: 5.1.3.1.1–5.1.3.1.7.	Building tour			
EP 4					Locations containing only oxygen or medical air have doors labeled “medical Gases: NO Smoking or Open Flame”. NFPA 99-2012: 5.1.3.1.8 and 5.1.3.1.9	Building tour			
EP 5					Precautionary sign readable from 5 feet is on each door or gate of a cylinder storage area, where the sign, at a minimum includes the wording “CAUTION; OXIDIZING GAS(ES) STORED WITHIN.NO SMOKING”	Building tour			
EP 6					When the organization uses cylinders with an Integral pressure gauge, a threshold pressure considered empty is established. NFPA 99-2012: 5.1.3.1; 5.1.3.2.3; 5.2.3.1; 5.3.10; 11.3; 11.6.5.2.1	Per policy			
EP 7					Test, inspect and maintain critical components of piped medical gas and vacuum systems, waste anesthetic gas disposal (WAGD), and support gas systems on the inventory. Inventory of critical components includes at least all source subsystems, control valves, alarms, manufactured assemblies containing patient gases, and inlets and outlets with activities, dates and results documented	Per policy			

STANDARD - EPs	See Legend				Document / Requirement	THIS MAY BE SCORED AS CONDITIONAL OR STANDARD			Testing Dates
	C	NC	NA	IOU			Yes	No	
EC.02.05.09					Medical Gas and Vacuum Systems are Inspected and Tested (NFPA 99-2012)				
					No prescribed frequency; recommend risk assessment if < annual NFPA 99-2012: 5.1.14.2; 5.1.15; 5.2.14; 5.3.13				
EP 10					Review medical gas installation/modification/breech certification results for cross connection, purity, correct gas, and pressure NFPA 99-2012: 5.1.2; 5.1.4; 5.1.14.4.1; 5.1.14.4.6; 5.2.13	As applicable			
EP 11					Medical gas supply and zone valves are accessible and clearly labeled	On Bldg. Tour			
EP 12					Implements policy on cylinders that includes: • Transfer, storage, labeling, transporting of cylinders • Physically segregating full and empty cylinders • Labeling empty cylinders • Prohibiting transfilling in any compartment with patient care NFPA 99-2012: 11.6.1; 11.6.2; 11.6.5; 11.7.3	Per policy			
EP 13					At no time is transfilling done in any patient care room. A designated area is used away from any section of the organization where patients are housed, treated, or examined. The designated area is separated by a barrier of at least 1-hour fire-resistant construction from any patient care areas. Transfilling cylinders is only of the same gas (no mixing of different compressed gases). Transfilling of liquid oxygen is only done in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring. Storage and use of liquid oxygen in base reservoir containers and portable containers comply with sections NFPA 99-2012: 11.7.2–11.7.4. (For full text, refer to NFPA 99-2012: 11.5.2.2; 11.5.2.3.1; 11.5.2.3.2; 11.7.2–11.7.4)	Per policy			
EP 14					The hospice meets all other NFPA 99-2012: Health Care Facilities Code requirements	Per policy			

STANDARD - EPs	See Legend				Document / Requirement	THIS MAY BE SCORED AS CONDITIONAL OR STANDARD			Testing Dates
	C	NC	NA	IOU			Yes	No	
EC.02.05.09					**Medical Gas and Vacuum Systems are Inspected and Tested (NFPA 99-2012)**				
					related to gas and vacuum systems and gas equipment. (For full text, refer to NFPA 99-2012: Chapters 5 and 11) Note: For hospices providing inpatient care in their own facilities that elect to use Joint Commission's deemed status option: The organization meets the applicable provisions of the Health Care Facilities Code Tentative Interim Amendments (TIAs) 12-4 and 12-6.				
COMMENTS:									

STANDARD - EPs	See Legend				Document / Requirement	Yes	No	
	C	NC	NA	IOU				
LS.01.01.01					**Buildings serving patients comply w/ NFPA 101 (2012)**			
EP 2					The organization performs Building Assessment to determine compliance with Life Safety (LS) chapter, in timeframes established by Hospice policy *(Frequency of assessment is defined by the Hospice)*			
EP 4					When the organization plans to resolve a deficiency through a Survey-Related Plan for Improvement (SPFI), the organization meets the 60- day time frame. NFPA 101-2012: 1.4.			
EP 6					The organization does not remove or minimize an existing life safety feature when such feature is a requirement for new construction. NFPA 101-2012: 4.6.12.2; 4.6.12.3; 18/19.7.9			
COMMENTS:								

STANDARD - EPs	See Legend				Document / Requirement	Addressed in policy?		Implemented as required?	
	C	NC	NA	IOU		Yes	No	Yes	No
LS.01.02.01					Interim Life Safety Measures (ILSM)				
EP 1					ILSM policy identifying when and to what extent ILSM implemented				
EP 2					Alarms out of service 4 or more hours in 24 hours or sprinklers out of service more than 10 hours in 24 hours in an occupied building - Fire watch / Fire Dept. notification NFPA 101-2012: 9.6.1.6; 9.7.6; NFPA 25-2011: 15.5.2				
EP 3					Signs for alternate exits posted				
EP 4					Daily inspection of routes of egress (See also 19.7.9.2 RE: daily inspections)				
EP 5					Temporary but equivalent systems while system is impaired				
EP 6					Additional firefighting equipment provided				
EP 7					Smoke tight non-combustible temporary barriers				
EP 8					Increased surveillance implemented				
EP 9					Storage and debris removal				
EP 10					Additional training on firefighting equipment				
EP 11					Additional fire drill per shift per quarter				
EP 12					Temporary systems tested and inspected monthly				
EP 13					Additional training on building deficiencies, construction hazards, temporary measures				
EP 14					Training for impaired structural or impaired compartment fire safety features				
EP 15					Other ILSM's				
COMMENTS:									

STANDARD - EPs	See Legend				Document / Requirement	Yes	No	
	C	NC	NA	IOU				
EC.02.03.01					Hospice Manages Fire Risk – Fire Response Plan			
EP 9					The written fire response plan describes the specific roles of staff and LIPs at and away from fire including • When and how to sound and report fire alarms • How to contain smoke and fire • How to use a fire extinguisher • How to assist and relocate patients • How to evacuate to areas of refuge Staff and LIPs periodically instructed on/kept informed of duties under plan Copy of plan readily available with telephone operator or security	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	
COMMENTS:								

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Q1	Q2	Q3	Q4 Annual
	C	NC	NA	IOU						
EC.02.03.03					Fire Drills					
EP 1					Fire drills once per shift per quarter in health care occupancies; Quarterly in each building defined as ambulatory health care occupancy (If available, please provide five quarters of fire drill data)	Quarterly				
EP 2					Fire drills every 12 months from date of last drill: Business Occupancies	Annually				
EP 3					When quarterly fire drills are required, ALL are unannounced • Drills held at unexpected times and under varying conditions – greater than one hour apart for each shift from quarter to quarter, through four consecutive quarters • Drills include transmission of fire alarm signal and simulation of emergency fire conditions	Quarterly (See fire drill matrix)				
EP 4						YES	NO			

STANDARD - EPs	See Legend C	NC	NA	IOU	Document / Requirement	Frequency	Q1	Q2	Q3	Q4 Annual
EC.02.03.03					Fire Drills					
					Staff participate in the drills according to the hospital's fire response plan					
EP 5					Critiques include fire safety equipment and building features, and staff response	YES	NO			
COMMENTS:										

STANDARD - EPs	See Legend C	NC	NA	IOU	Document / Requirement	Frequency	Yes	No / Missing Date
EC.02.05.01					Manages risks associated with utility systems			
EP 4					Identifies high-risk operating components of utility systems on the inventory for which there is a risk of serious harm or death to a patient or staff member should the component fail. Note: High-risk utility system components include life-support equipment.			
EP 5					Identifies activities and associated frequencies, in writing, for inspecting, testing, and maintaining all operating components of utility systems on the inventory. These activities and associated frequencies are in accordance with manufacturers' recommendations or with strategies of an alternative equipment maintenance (AEM) program. Note 1: The strategies of an AEM program must not reduce the safety of equipment and must be based on accepted standards of practice. * Note 2: For guidance on maintenance and testing activities for Essential Electric Systems (Type I), see NFPA 99-2012: 6.4.4. Footnote *: An example of guidelines for physical plant equipment maintenance is the American Society for Healthcare Engineering (ASHE) book Maintenance Management for Health Care Facilities.			
COMMENTS:								

STANDARD - EPs	See Legend C	NC	NA	IOU	Document / Requirement	Frequency	Yes	No / Missing Date
EC.02.05.05					Utility system Inspection, testing and maintenance			
EP 2					The organization tests utility system components before initial use. The completion dates and test results are documented			
EP 3					Utility systems. The completion dates and test results are documented			
COMMENTS:								

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