In late 2014, The Joint Commission applied to the Centers for Medicare & Medicaid Services (CMS) for renewed deeming authority for accredited hospice organizations. In response to CMS’s review of its application, The Joint Commission revised several standards and elements of performance (EPs) for the Home Care Accreditation Program. The revisions, which are effective July 1, 2015, are designed to demonstrate equivalency to the current Medicare Hospice Conditions of Participation (CoPs).

The revised requirements appear on The Joint Commission website at http://www.jointcommission.org/standards_information/prepublication_standards.aspx and also have been published in the spring E-dition® and the 2015 Update 1 to the Comprehensive Accreditation Manual for Home Care (CAMHC). The box that begins on page 5 displays the revised requirements; new text is underlined and deleted language is crossed out. Please see “Hospice Occupancy” below for specific information regarding changes to occupancy requirements in the “Life Safety” (LS) chapter.

In addition to the revisions shown below, the Hospice Crosswalk on E-dition has been modified with updated CoP tag numbers and existing Joint Commission requirements that further demonstrate equivalency to certain CoPs.

For more information, please contact Kathy Clark, MSN, RN, associate project director, Department of Standards and Survey Methods, at kclark@jointcommission.org or 630-792-5932.

**Hospice Occupancy**

The Joint Commission historically has required inpatient hospice providers with 11 or fewer patients to meet the requirements for Rooming and Lodging occupancies (Chapter 26) in the National Fire Protection Association (NFPA) *Life Safety Code®* (NFPA 101-2000). Recently, it was called to the attention of The Joint Commission that CMS requires the following (extracted):

§ 418.110(d) Fire protection. (1) Except as otherwise provided in this section—


The CMS requirement does not restrict applicability based on number of patients served; rather, it requires all freestanding and inpatient hospice facilities—or a segregated hospice unit in a hospital or nursing home—to meet the health care provisions of the *Life Safety Code*. Therefore, effective July 1, 2015, all hospice inpatient buildings must meet the requirements of Chapters 18/19 of the NFPA *Life Safety Code*, 2000 edition (NFPA 101-2000). These requirements are identified in the Comprehensive Accreditation Manual for Home Care in the “Life Safety” (LS) chapter.

Significant differences between the Rooming and Lodging occupancy requirements (the former Standards LS.04.01.20, LS.04.01.30, and LS.04.01.50) and the Health Care occupancy requirements (Standards LS.02.01.10, LS.02.01.20, LS.02.01.30, LS.02.01.34, LS.02.01.35, LS.02.01.40, LS.02.01.50, and LS.01.02.70) include issues with compartmentation, building exiting, and an automatic fire alarm system. Compartmentation includes separating different occupancies (for example, health care occupancies from business occupancies) with barriers fire rated for at least two hours, creating smoke compartments, and separating hazardous areas (such as soiled utility rooms) from patient care areas. Building exiting includes ensuring that the means of egress (exit access, exits, and exit discharge) are clear and unobstructed, keeping eight feet of patient care corridors clear of storage, and maintaining compliant door configurations. Finally, automatic activation of the fire alarm system is required by NFPA 72-1999.

Please feel free to contact the Joint Commission Department of Engineering at 630-792-5900 with any questions regarding this expectation.

* *Life Safety Code®* is a registered trademark of the National Fire Protection Association, Quincy, MA.

Deeming-Related Requirements for Hospice

Applicable to Deemed Hospices (Home Care Program)

Effective July 1, 2015

Environment of Care (EC)

Standard EC.02.06.01
The organization establishes and maintains a safe, functional environment.

Element of Performance for EC.02.06.01
C 15. For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: Each patient’s room has the following characteristics:

- Is at or above grade level
- Has a suitable bed and other furniture for each patient
- Has closet space that provides security and privacy for clothing and personal belongings
- Accommodates no more than two patients and their family members
- Measures at least 100 square feet for a single-patient room, or 80 square feet for each patient in a double room
- Is equipped with an easily activated, functioning, accessible device for calling the staff member on duty

Note: The Centers for Medicare & Medicaid Services (CMS) may waive the space and occupancy requirements if they would cause unreasonable hardship on the hospice if strictly enforced or jeopardize the hospice’s ability to continue to participate in the Medicare program, and if CMS determines that waiving the requirements meets patients’ needs and does not adversely affect their health and safety.

Human Resources (HR)

Standard HR.01.02.01
The organization defines staff qualifications.

Element of Performance for HR.01.02.01
A 26. For hospices that elect to use The Joint Commission deemed status option: The interdisciplinary group confers with an individual with education and training in medication management as defined in hospice policies and procedures and state law, is available to the interdisciplinary group to ensure that drugs and biologicals meet each patient’s needs.

Note: This individual may be an employee or may be under contract.

Standard HR.01.03.01
Staff are supervised effectively.

Element of Performance for HR.01.03.01
C 14. For home health agencies and hospices that elect to use The Joint Commission deemed status option: In order to assess the quality of care and services provided by the aide and to ensure that services ordered meet the patient’s needs, the registered nurse supervises the home health aide or hospice aide during an on-site visit to the patient’s home no less frequently than every two weeks for a home health aide or every 14 days for a hospice aide. If nursing services are not provided, a physical or occupational therapist or speech-language pathologist can supervise the home health aide or hospice aide.

Note: The aide does not need to be present during the supervisor’s visit.

Standard HR.01.04.01
The organization provides orientation to staff.

Element of Performance for HR.01.04.01
A 21. For hospices that elect to use The Joint Commission deemed status option: The hospice provides orientation about the hospice philosophy to all employees and contracted staff who have patient and family contact. The hospice also provides, maintains, and documents volunteer orientation and training that are consistent with current standards of hospice practice.

Standard HR.01.05.01
Medicare-certified hospices and home health agencies provide initial training to home health and hospice aides.

Element of Performance for HR.01.05.01
A 2. For home health agencies and hospices that elect to use The Joint Commission deemed status option: An organization cannot offer a home health aide training or competency evaluation program, or a hospice aide training program, if it met one of the following criteria within the previous two years:

- Has been found out of compliance with requirements of 42 CFR 484.36(a) or (b)
- Has been found to permit an individual who does not meet the definition of “home health aide” to...
Deeming-Related Requirements for Hospice (continued)

- Furnish home health aide services (with the exception of licensed health professionals and volunteers)
  - Has been subject to an extended or partial extended survey as a result of having been found to have furnished substandard care (or for other reasons at the discretion of CMS or the state)
  - Has been assessed a civil monetary penalty of not less than $5,000 as an intermediate sanction
  - Has been found to have compliance deficiencies that endanger the health and safety of the home health agency’s patients, and has had a temporary management appointed to oversee the management of the home health agency
  - Has had all or part of its Medicare payments suspended

This provision also includes an organization that, under any federal or state law within the two-year period beginning October 1, 1988 met one of the following criteria:

- Has had its participation in the Medicare program terminated
- Has been assessed a penalty of not less than $5,000 for deficiencies in federal or state standards for home health agencies
- Was subject to a suspension of Medicare payments to which it otherwise would have been entitled
- Has operated under a temporary management that was appointed to oversee the operation of the home health agency and to ensure the health and safety of the home health agency’s patients
- Was closed or had its patients transferred by the state

*Note: Organizations that do not meet these criteria may still provide aide in-service education.*

Standard HR.01.06.01
Staff are competent to perform their responsibilities.

Element of Performance for HR.01.06.01

A 12. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The home health aide or hospice aide does not perform any task for which he or she tested as “unsatisfactory” without direct supervision by a licensed registered nurse until the aide passes a subsequent training evaluation.

Leadership (LD)

Standard LD.04.03.09
Care, treatment, or services provided through contractual agreement are provided safely and effectively.

Elements of Performance for LD.04.03.09

A 15. © For hospices that elect to use The Joint Commission deemed status option: The written agreement with an outside agency providing contracted services for the hospice includes the following:

- Identification of the services to be provided
- A stipulation that services may be provided only with the authorization of the hospice
- A stipulation that services will be delivered in accordance with the patient’s plan of care
- The manner in which contracted services will be coordinated, supervised, and evaluated by the hospice
- The delineation of the role of the hospice and contractor in the admission process, patient/family assessment, and the interdisciplinary group conferences
- Requirements for documenting that services are furnished in accordance with the agreement
- The qualifications of the individuals providing the services
- A stipulation that the outside agency will complete criminal background checks on contracted employees who provide direct patient care or have access to patient records

A 17. © For hospices that elect to use The Joint Commission deemed status option: The written agreement for inpatient care includes the following:

- That the hospice furnishes the inpatient provider with a copy of the patient’s plan of care and will specify the inpatient services to be provided
- That the inpatient provider has policies that are consistent with those of the hospice and that it agrees to abide by the patient care protocols established by the hospice for its patients
- That the record will include documentation of all inpatient services and events and that a copy of the discharge summary and, if requested, a copy of the record will be provided to the hospice
- The party responsible for the implementation of the provisions of the agreement
Deeming-Related Requirements for Hospice (continued)

- That the hospice retains responsibility for appropriate training of the personnel who provide hospice care under the agreement
- That the hospice documents a description of the training provided along with the names of those providing the training

Standard LD.04.04.01
Leaders establish priorities for performance improvement. (Refer to the “Performance Improvement” [PI] chapter.)

Element of Performance for LD.04.04.01
A8. For hospices that elect to use The Joint Commission deemed status option: The hospice has an ongoing, hospice-wide, data-driven quality assessment and performance improvement program. This program is evaluated annually.

Note: The governing body is ultimately accountable for the development, implementation, maintenance, and evaluation of the quality assessment and improvement program.

Standard LD.04.04.05
The organization has an organization-wide, integrated patient safety program.

Element of Performance for LD.04.04.05
A1. The leaders implement an organization-wide patient safety program.

Note: For hospices that elect to use The Joint Commission deemed status option: The governing body is ultimately accountable for the development, implementation, maintenance, and evaluation of the patient safety program. This program is evaluated annually.

Life Safety (LS)

Standard LS.04.01.20
The organization maintains the integrity of the means of escape.

Note 1: This standard only applies to facilities with 11 or fewer hospice beds that are either in a free-standing, inpatient hospice facility or in a segregated hospice unit in a hospital or nursing home that is not accredited by The Joint Commission.

Note 2: The elements of performance of this standard apply only to the space in which the hospice unit is located; all exits from the unit to the outside at grade level; and any Life Safety Code building systems that support the unit (for example, fire alarm system, automatic sprinkler system).

Rationale for LS.04.01.20
Means of egress include any corridors, stairways, and doors that allow individuals to leave a building or to move between specific spaces in a building. They allow individuals to escape from fire and smoke, and therefore, are an integral part of any fire protection strategy. The organization should make sure that a sufficient number of exits exist and that they are configured to provide safe passage from fire. It is important that egress doors are not locked in a way that restricts passage to safety.

Elements of Performance for LS.04.01.20
A1. Sleeping rooms above or below the level of an exit discharge have one of the following as the primary means of escape:
   - An interior stairway
   - Exterior stairway
   - Horizontal exit
   - Existing fire escape stairway
   (For full text and any exceptions, refer to NFPA 101-2000: 26.2.1.1)

A2. Sleeping rooms have a primary and secondary means of escape. (For full text and any exceptions, refer to NFPA 101-2000: 26.2.1.2)

A3. Every story that has more than 2,000 square feet has a separate primary means of escape, or the travel distance to the primary means of escape is less than 75 feet. (For full text and any exceptions, refer to NFPA 101-2000: 26.2.1.3)

A4. Doors and paths of travel to a means of escape are at least 28 inches wide. (For full text and any exceptions, refer to NFPA 101-2000: 26.2.3)

A5. Closet doors are capable of being opened from the inside, and bathroom doors are capable of being opened from the outside. (For full text and any exceptions, refer to NFPA 101-2000: 26.2.4 and 26.2.5).

A6. Interior stairways are enclosed with 1/2-hour fire rated walls, and stairway doors are positive locking and are self-closing or automatic closing upon detection of smoke. (For full text and any exceptions, refer to NFPA 101-2000: 26.2.2 and NFPA 80-1999: 2.4.4.3).

A7. Nothing is stored in interior stairways. (For full text and any exceptions, refer to NFPA 101-2000: 7.2.2.5.3)

A8. Exit doors are unlocked in the direction of egress when the building is occupied. (For full text and any exceptions, refer to NFPA 101-2000: 26.2.2.4.3).
Deeming-Related Requirements for Hospice (continued)

exceptions, refer to NFPA 101-2000: 26.2.7)

C 9—The organization meets all other Life Safety Code means of escape requirements related NFPA 101-2000: 26.2. (See also EC.02.03.03, EP.1)

Standard LS.04.01.30

The organization maintains and protects vertical openings, fire alarm systems, and separation of sleeping rooms.

Note 1: This standard only applies to facilities with 11 or fewer hospice beds that are either in a freestanding, inpatient hospice facility or in a segregated hospice unit in a hospital or nursing home that is not accredited by The Joint Commission.

Note 2: The elements of performance of this standard apply only to the space in which the hospice unit is located; all exits from the unit to the outside at grade level; and any Life Safety Code building systems that support the unit (for example, fire alarm system, automatic sprinkler system).

Rationale for LS.04.01.30

Openings, such as doors and stairways, must be able to protect the safety of the occupants in an emergency situation. The fire alarm system is also an important safety feature: immediate notification allows occupants an opportunity to access vertical openings and leave the building in safety.

Elements of Performance for LS.04.01.30

C 1.—Vertical openings in the primary means of escape are protected by fire-rated construction of 1/2 hour and limit the transfer of smoke. (For full text and any exceptions, refer to NFPA 101-2000: 26.3.1.1)

C 2.—Existing wall and ceiling interior finishes are rated Class A, B, or C for preventing smoke and the spread of flames. (For full text and any exceptions, refer to NFPA 101-2000: 26.3.2.2)

A 3.—The building is equipped with a manual fire alarm system. (For full text and any exceptions, refer to NFPA 101-2000: 26.3.3.1)

A 4.—The building has an audible alarm that notifies individuals of fire without delay. (For full text and any exceptions, refer to NFPA 101-2000: 26.3.3.3 and 9.6.3)

A 5.—Sleeping rooms have approved, single-station smoke alarms powered by the building’s electrical service. 

Note: Existing buildings may have battery-powered smoke detectors as long as a written policy exists with procedures defining testing, maintenance, and battery replacement. These activities are documented. (For full text and any exceptions, refer to NFPA 101-2000: 26.3.2.6 and 9.6.2.10)

A 6.—Sleeping rooms are separated from escape route corridors by walls and doors that are smoke resistant and do not have louvers, transoms, or transfer grills. (For full text and any exceptions, refer to NFPA 101-2000: 26.3.4)

C 7.—Patient sleeping rooms without sprinklers have doors that are self-closing or automatically close when smoke is detected, have latching that keeps the door closed, and are not obstructed in any way that would prevent the door from closing. (For full text and any exceptions, refer to NFPA 101-2000: 26.3.4)


Standard LS.04.01.50

The organization provides and maintains building services to protect individuals from the hazards of fire and smoke.

Note 1: This standard only applies to facilities with 11 or fewer hospice beds that are either in a freestanding, inpatient hospice facility or in a segregated hospice unit in a hospital or nursing home that is not accredited by The Joint Commission.

Note 2: The elements of performance of this standard apply only to the space in which the hospice unit is located; all exits from the unit to the outside at grade level; and any Life Safety Code building systems that support the unit (for example, fire alarm system, automatic sprinkler system).

Elements of Performance for LS.04.01.50

A 1.—All fuel-fired heaters are fully vented to the outside when used. (For full text and any exceptions, refer to NFPA 101-2000: 26.5.2.2)


Medication Management (MM)

Standard MM.03.01.01

The organization safely stores medications.

Element of Performance for MM.03.03.01

A 17. For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: The hospice stores all medications in a locked compartment in accordance with state and federal laws. The only personnel who have access to the locked compartment are those who are authorized to administer controlled drugs. (For further
Deeming-Related Requirements for Hospice
(continued)

information on authorized personnel, see 42 CFR 418.106(d)(2).)

Provision of Care, Treatment, and Services (PC)

Standard PC.01.02.01
The organization assesses and reassesses its patients.

Element of Performance for PC.01.02.01
A 6. © Based on the patient’s condition and the care, treatment, or services it provides, the organization defines, in writing, which of following information it collects in the patient’s assessment and reassessment:
   ● Pertinent prognosis
   ● Laboratory values
   ● Medication history, including drug allergies, drug sensitivities, medication compliance, and past adverse drug reactions
   ● Current medication use, including prescribed and over-the-counter medications
   ● For hospice organizations that elect to use The Joint Commission deemed status option: Current medication use also includes herbal remedies, other alternative treatments that could affect drug therapy, and therapy currently associated with laboratory monitoring.
   ● Nutritional status
   ● Diet, including the therapeutic regimen, if any, reason for the therapeutic regimen, and its route of administration
   ● Medical equipment in the home

Standard PC.01.02.09
The organization assesses the patient who may be a victim of possible abuse and neglect or exploitation.

Element of Performance for PC.01.02.09
A 6. © The organization internally reports cases of possible abuse, neglect, and exploitation. (See also RI.01.06.03, EP 3)
   For hospice agencies that elect to use The Joint Commission deemed status option: These cases are reported immediately to the hospice administrator.

Standard PC.01.03.01
The organization plans the patient’s care.

Element of Performance for PC.01.03.01
A 33. © For hospices that elect to use The Joint Commission deemed status option: A registered nurse who is a member of the interdisciplinary group and is responsible for hospice aide supervision prepares written patient care instructions for the hospice aide.

Performance Improvement (PI)

Standard PI.03.01.01
The organization improves performance.

Element of Performance for PI.03.01.01
A 8. © For hospices that elect to use The Joint Commission deemed status option: The number and scope of annual performance improvement projects is based on the patients’ needs and internal organization needs. The projects reflect the scope, complexity, and past performance of the hospice’s services and operations.

Rights and Responsibilities of the Individual (RI)

Standard RI.01.01.01
The organization respects, protects, and promotes patients’ rights.

Elements of Performance for RI.01.01.01
A 2. © The organization informs the patient of his or her rights prior to beginning care, treatment, or services or during the initial evaluation visit before beginning care, treatment, or services. (See also RI.01.01.03, EPs 1–3)
   For hospice organizations that elect to use The Joint Commission deemed status option: The organization informs the patient of his or her rights both orally and in writing.
Deeming-Related Requirements for Hospice (continued)

<table>
<thead>
<tr>
<th>Deeming-Related Requirements for Hospice (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A 21. For hospices that elect to use The Joint Commission deemed status option:</strong> The hospice advises each patient and his or her family on the availability of spiritual counseling services.</td>
</tr>
</tbody>
</table>
| **Standard RI.01.06.03**  
The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse. |

<table>
<thead>
<tr>
<th>Element of Performance for RI.01.06.03</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A 1.</strong> The organization determines how it will protect the patient from neglect, exploitation, and abuse that could occur while the patient is receiving care, treatment, or services from the organization.</td>
</tr>
</tbody>
</table>

**Note:** For hospices that elect to use The Joint Commission deemed status option: The hospice also determines how it will protect residents so they are free from corporal punishment.