PolicySource™

HOME CARE

Click on the sections below to navigate to each area of the introduction.

Getting Started with *PolicySource*

Policies and Procedures 101

Policy and Procedures Development and Management

Writing Policies and Procedures

Copyright and Acknowledgments

Getting Started with *PolicySource*

What Is *PolicySource*?

PolicySource Home Care is an online repository of dozens of sample policies and procedures (P&Ps) organized by Joint Commission home care standards and elements of performance (EPs) that require written policies. An annual subscription grants you access to all the P&Ps, plus attachments, templates, checklists, and other tools to help with development and management.

The files in *PolicySource* are downloadable and adaptable, so you can (and should) customize each P&P to suit your needs. A **table** of the P&Ps that require written policies is included with your annual subscription, along with their corresponding Joint Commission home care standards and EPs.

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> **A note about terminology:**
> The word *organization* is used throughout *PolicySource Home Care* to refer to settings covered in the home care accreditation program, including home health and hospice (most commonly addressed) as well as pharmacies, durable medical equipment providers (including DMEPOS), and personal care and support among other settings.

The sample policies, procedures, and plans in *PolicySource* meet two key criteria:

1. **Are required by and correlated to a Joint Commission home care standard.** Most of the P&Ps address standards and EPs of the *Comprehensive Accreditation Manual for Home Care (CAMHC)* or its online E-dition® that require written policies and/or appear on the document list of the ***Survey Activity Guide for Health Care Organizations*** (see **Clarifying Required Documentation** for more information). At the top of each P&P, there is a box noting if the P&P corresponds to a standard with required written documentation.

2. **Meet customer needs.** We gathered feedback from Joint Commission surveyors and Joint Commission Resources consultants as well as accredited organizations about which sample policies and procedures would provide the most value to our customers—that is, the topics surveyors have seen organizations struggle with or those that organizations have self-reported needing additional resources to address. These are not necessarily required P&Ps for accreditation but are highly recommended.

To determine which of the two criteria each P&P falls under, refer to the **table** of policies, procedures, or plans.

Why Do I Need *PolicySource*?

PolicySource is not meant to be a complete and comprehensive collection of the policies and procedures your organization needs to function effectively and efficiently, nor is it intended to replace any software or other solutions your organization may use to help store, organize, manage, or update its policies and procedures. Instead, it is a collection of P&Ps and corresponding attachments designed to provide guidance on a wide range of topics directly related to Joint Commission accreditation compliance.

In addition to new and updated P&Ps, *PolicySource* updates include examples of attachments an organization might use to support implementation of a particular P&P. These include a variety of checklists, logs, worksheets, data collection sheets, and other forms. Attachments are denoted with a paper clip icon in the **Table of Contents**, indented under the applicable P&P.

Your home care organization already has dozens, maybe even hundreds, of policies and procedures in a variety of areas. However, there are a number of criteria they should meet to make sure they are effective:

- Do the P&Ps meet applicable laws and regulations, as well as comply with Joint Commission requirements?

PolicySource is the only product of its kind to include sample P&Ps that have been vetted by experts at The Joint Commission, making it an invaluable resource for any organization attempting to grow and manage its collection of P&Ps.

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Please note that *PolicySource Home Care* includes many (but not all) of the required P&Ps for Joint Commission accreditation for the home health and hospice settings. We will continue to add P&P templates for home care organizations biannually. Future updates will address the needs of additional home care settings and services and include supplementary items listed as "Attachments." These are examples of forms an organization might want to reference in support of a specific P&P.

- Do they have a standardized look and format to help staff comprehend and implement them most effectively?
- Are there duplicate P&Ps across settings that should be assessed, merged, and made consistent?

The sample policies and procedures in *PolicySource* can help you establish a P&P collection that meets these and other criteria.

One of the primary benefits of purchasing an annual subscription to *PolicySource* is that the sample P&Ps will be updated to sync with twice-annual Joint Commission standards updates:

- If a new Joint Commission standard or EP has required written documentation, a new sample policy addressing the requirement will appear in the next update of *PolicySource*.
- If a current documentation requirement changes, we will update the correlated sample P&P to align with the changes.

All changes will be easy to identify, with <u>red underlined</u> text for additions and ~~red strikethrough~~ text for deletions. The files themselves will be designated with "NEW!" or "UPDATED!" at the end of the file name, and a **What's New** document lists all significant changes made for the current update, including any new or revised attachments.

Clarifying Required Documentation

One of the goals of *PolicySource* is to provide a standardized policy, procedure, protocol, or plan for nearly every Joint Commission–required written P&P. To help organizations stay compliant and survey ready, The Joint Commission offers two primary sources for identifying documentation that surveyors are likely to request during survey:

1. The document list in the ***Survey Activity Guide for Health Care Organizations***
2. The "Required Written Documentation" (RWD) chapter of the ***CAMHC*** or its E-dition counterpart

Both the *Survey Activity Guide*'s document list and the RWD chapter include many of the documents a surveyor will require or request. Although neither is all inclusive of every document that might be reviewed by a surveyor to establish compliance with Joint Commission standards and EPs, a combination of these two sources comes close.

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> The sample policies and procedures in *PolicySource* include content (shaded in yellow on the sample P&Ps) that goes above and beyond Joint Commission standards and, therefore, is not specifically required. This information is included to assist you in developing policies and procedures.

Survey Activity Guide

The purpose of the document list in the *Survey Activity Guide* is to alert organizations to a combination of required and requested documents the surveyor will want to review during the preliminary planning session and throughout the survey. These documents will help the surveyor better understand the organization itself, its leadership structure, and its daily operations. This document list will also help organizations be ready for survey.

RWD Chapter

The RWD chapter lists all the EPs within a given accreditation program for which the organization must have something in writing to demonstrate compliance. Within the standards chapters, these EPs are denoted with a Ⓓ icon. The RWD chapter can be used as a checklist to help organizations maintain continuous compliance with those requirements needing written documentation. The documentation icon is used for EPs requiring a range of documentation types—for example, a policy, a written plan, bylaws, state verification of licensure, evidence of testing, data, performance improvement reports, safety data sheets, or meeting minutes, among others.

For the purposes of *PolicySource*, when a P&P indicates in its applicability box that it requires written documentation (or it is listed as the basis for inclusion in this **table**), the correlated EP language refers to a written policy, set of procedures or protocols, a plan, or the like. While there are additional EPs that require other forms of written documentation (for example, evaluations, definitions, meeting minutes, training logs, criteria), these EPs are not considered in our count toward providing a P&P for nearly every EP requiring written documentation in *PolicySource*.

Challenges of P&P Development

Today's climate of mergers and acquisitions can make the development of P&Ps even more challenging. Ideally, a new or evolving health care system has a consistent framework for its policies and procedures, including standardized templates and a set review and approval process. At the same time, the system's P&Ps need to account for site-specific differences, such as patient population, practices, and resources.

Whether you are creating a new policy or set of procedures to add to your collection or need to merge existing P&Ps from a number of settings, the following lessons can provide guidance to help ensure your organization has an organized, standardized, and effective collection of P&Ps.

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> Not everything in the RWD chapter—that is, EPs with Ⓓ icons—appears in the document list of the *Survey Activity Guide*. (Nor does everything in the document list have a corresponding documentation requirement in the manual.) Some items will be encountered naturally during survey activity, so there is no need to add them to the document list. For example, you would probably need to provide an organization chart for your organization or department—but that organization chart is not necessarily listed in the RWD chapter. However, when written documentation is required for an EP, organizations should be prepared to provide it when requested during the survey.

The next section, **Policies and Procedures 101**, gives a brief overview of the differences between policies, plans, and procedures, as well as some basics on development and management. To jump to helpful tips on developing and managing P&Ps at the department, organization, and system levels, see **Policy and Procedures Development and Management**.

Policies and Procedures 101

Everyone who works in health care knows how complex it is. There are thousands of rules, regulations, laws, best practices, standards, and guidelines that apply to every component of an organization and the care, treatment, and services it provides. The sheer volume of it all is overwhelming, and it's constantly growing and changing.

Minding Your P&Ps

That's why policies and procedures (sometimes called P&Ps) are so important. Good policies and procedures clearly define the requirements. They break down the vast amount of information into manageable, easy-to-understand goals and actions to accomplish them. They provide the structure and guidance necessary to apply high-level concepts to everyday operations.

Written policies and procedures serve many functions within a health care organization:

- They enable the organization to comply with regulations, laws, accreditation requirements, and best practices.
- They increase safety and reduce risk by setting organizational expectations and reducing variation among individual practitioners, departments, or locations.
- They offer a valuable resource for training new staff members and an irreplaceable reference for long-time employees.

What is a policy?

A statement of rules and principles to guide decisions and actions. Generally, policy refers to a document that includes the policy statement.

What is a procedure?

A specific way of performing a task, usually to comply with a policy.

What is a plan?

A high-level document that guides an organization's operations about a broad topic.

Characteristics of P&Ps

Policies, plans, and procedures are often linked together, but there are important differences between them. Policies and plans give the "big picture" on a topic. They explain concepts and provide goals. Procedures, by contrast, are practical actions that must be taken.

In short, a policy or plan tells you what is required, while a procedure tells you how to meet the requirements.

Policies/Plans

- Guide decision making
- Leave room for managerial discretion
- Are an integral part of organizational strategies
- Are generally formulated by top management

Procedures

- Drive actions
- Are rigid and detailed
- Are designed by frontline staff who know the hands-on process

Key Elements of P&Ps

It's best to use a standardized template for your organization's policies and procedures (see **Basic Strategies for P&P Development and Management** for downloadable templates). Using the same format for all P&P documents makes finding information quick and easy. Ideally, all policies and procedures will include the same basic elements. These elements fall into five main categories:

1. Applicability Elements
2. Elements for Identification and Tracking
3. Elements That Explain the Policy
4. Elements That Explain the Procedures
5. Elements That Reference Other Documents

See the sample policy on the next few pages to learn more about each category.

☒ **REQUIRES WRITTEN DOCUMENTATION**

* *See* Applicability Grid for applicable settings.

Patient Rights Policy

[Logo]	**TITLE** Patient Rights Policy		**IDENTIFICATION NUMBER** [Number]
ORGANIZATION(S) [Organization name]	**LEVEL** ☐ System ☐ Organization ☐ Division ☐ Department	**CATEGORY**	**POSTING DATE**
REVIEW CYCLE ☐ 1 year ☐ 3 years **LAST REVIEW DATE:** [MM/DD/YYYY]			

Applicability Elements
These elements appear in the header of each policy, procedure, or plan (P&P). They include the following:

- Documentation: Indicates whether the policy requires written documentation according to Joint Commission standards.
- Applicability: This link will open the **Applicability Grid**, which identifies whether a P&P applies to particular settings and/or services.

POLICY STATEMENT
The organization provides all patients or their le[gal]
about rights and responsibilities of the patient, [...]

PURPOSE
To educate pat[ient]s about their rights and resp[onsibilities and engage]
them in the process and better meet their needs.

SCOPE
Applies to all patients receiving care, treatment, or services from the organization.

Applies to all staff who provide patient care, treatment, or services on behalf of the organization.

DEFINITIONS
Patient responsibilities – Consistent with law and regulation, the patient (and/or legal representative, as appropriate) has the obligation to take on certain responsibilities. The organization defines those responsibilities and then relays them to the patient. When patients understand and accept their responsibilities, the concept of the patient as a partner in care becomes a dynamic component of the patient's episode of care.

Patient rights – Consistent with law and regulation, the patient (and/or legal representatives, as appropriate) has rights that must be recognized and respected. These rights for example include individual rights, right to effective communication, right to participate in care decisions, right to informed consent, right to know care providers, and right to participate in end-of-life decisions.

Patient-selected representative – The patient-selected representative who participates in making decisions related to the patient's care or wellbeing, including but not limited to, a family member or an advocate for the patient. The patient determines the role of the representative, to the extent possible.

RESPONSIBILITIES
Leadership is responsible for developing and maintaining updated patient rights and responsibilities statements in accordance with law and regulation and for the general oversight of this policy.

Compliance with this policy and its related procedures is the responsibility of all staff members who provide patient care, treatment, or services.

⊠ **Requires Written Documentation**

* See Applicability Grid for applicable settings.

Patient Rights Policy

[Logo]	**Title** Patient Rights Policy		**Identification Number** [Number]
Organization(s) [Organization name]	**Level** ☐ System ☐ Organization ☐ Division ☐ Department	**Category** ☐ Clinical ☐ Management	**Posting Date** [MM/DD/YYYY] **Effective Date** [MM/DD/YYYY]
Review Cycle ☐ 1 year ☐ 3 years **Last Review Date:** [MM/DD/YYYY]			

POLICY STATEMENT
The organization provides all patients or their legal [representatives] about rights and responsibilities of the patient, cons[...]

PURPOSE
To educate pat[...] about their rights and responsi[...] them in the process and better meet their needs.

SCOPE
Applies to all patients receiving care, treatment, or s[...]

Applies to all staff who provide patient care, treatme[...]

DEFINITIONS
Patient responsibilities – Consistent with law and r[egulation...] representative, as appropriate) has the obligation to [...] organization defines those responsibilities and ther[...] understand and accept their responsibilities, the co[...] a dynamic component of the patient's episode of ca[re...]

Patient rights – Consistent with law and regulation [...] appropriate) has rights that must be recognized and [...] individual rights, right to effective communication, r[...] informed consent, right to know care providers, and [...]

Patient-selected representative – The patient-sele[cted...] decisions related to the patient's care or wellbeing, [...] an advocate for the patient. The patient determines the role of the representative, to the extent possible.

RESPONSIBILITIES
Leadership is responsible for developing and maintaining updated patient rights and responsibilities statements in accordance with law and regulation and for the general oversight of this policy.

Compliance with this policy and its related procedures is the responsibility of all staff members who provide patient care, treatment, or services.

Elements for Identification and Tracking
Elements for identification and tracking let the reader know that they've found the policy they were looking for. They also include details about the document's creation and history.

Elements for identification and tracking include the following:

- The organization(s) affected by the policy
- The systems, locations, departments, and categories (for example, clinical or administrative) the policy applies to
- Title of the policy, which expresses the topic it addresses
- Title of any policy it replaces, if applicable
- ID number, often used as a file name, that includes letters and/or numbers to represent the title, category, and so on
- Dates indicating when the policy was posted, became effective, and was reviewed or revised
- Names of the people who approved the policy, when it was approved, and who created, reviewed, and/or revised it

This information is usually found at the very beginning and end of the document.

☒ REQUIRES WRITTEN ⬤ENTATION

* See Applicability Grid *for applicable settings.*

Patient Rights Policy

[Logo] ⬤	**TITLE** Patient Rights Policy		**IDENTIFICATION NUMBER** [Number]
ORGANIZATION(S) [Organization name]	**LEVEL** ☐ System ☐ Organization ☐ Division ☐ Department	**CATEGORY** ☐ Clinical ☐ Management	**POSTING DATE** [MM/DD/YYYY] **EFFECTIVE DATE**
REVIEW CYCLE ☐ 1 year ☐ 3 years **LAST REVIEW DATE:** [MM/DD/YYYY]			

POLICY STATEMENT
The organization provides all patients or their legal ⬤ about rights and responsibilities of the patient, cons⬤

PURPOSE ⬤
To educate pati⬤s about their rights and responsi⬤ them in the process and better meet their needs.

SCOPE
Applies to all patients receiving care, treatment, or s⬤

Applies to all staff who provide patient care, treatm⬤

DEFINITIONS
Patient responsibilities – Consistent with law and ⬤ representative, as appropriate) has the obligation t⬤ organization defines those responsibilities and ther⬤ understand and accept their responsibilities, the co⬤ a dynamic component of the patient's episode of ca⬤

Patient rights – Consistent with law and regulation⬤ appropriate) has rights that must be recognized and⬤ individual rights, right to effective communication, r⬤ informed consent, right to know care providers, and⬤

> **Elements That Explain the Policy**
> These elements describe the policy itself: what it addresses and why. They include the following:
> - Policy statement: The rules and principles that guide decisions and actions
> - Purpose: Brief explanation of the reasons behind the policy or procedures
> - Scope: Summary of the defined confines of the policy or procedures
> - Definitions: Relevant and unique terms that might not be well known to those using the policies and procedures. **Note:** When available, the definitions in the sample P&Ps come from the *CAMHC*. However, some definitions go beyond what The Joint Commission addresses in its manuals.
> - Responsibilities: Explanation of who is responsible for which roles and actions. **Note:** The names of committees or assigned individuals in the downloaded P&P should be adjusted to match the structure in your organization.
>
> This information is usually found near the beginning of the document.

Patient-selected representative – The patient-selected representative who participates in making decisions related to the patient's care or wellbeing, including but not limited to, a family member or an advocate for the patient. The patient determines the role of the representative, to the extent possible.

RESPONSIBILITIES
Leadership is responsible for developing and maintaining updated patient rights and responsibilities statements in accordance with law and regulation and for the general oversight of this policy.

Compliance with this policy and its related procedures is the responsibility of all staff members who provide patient care, treatment, or services.

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Page **1** of 3

PROCEDURES

Qualified staff members do the following, prior to providing care, treatment, or services (such as at admission or during the initial evaluation visit):

1. Describe and explain the patient's rights and responsibilities in the information provided at the time of admission.
2. Provide the documents outlining the patient's rights and responsibilities to all patients prior to beginning care, treatment, or services (such as during the initial evaluation visit).
3. *For hospices that elect to use The Joint Commission deemed status option*
   - Inform the patient and/or legal re
     both orally and in writing.
4. Encourage the patient and/or representat
   responsibilities section of the admission i
5. Ensure the patient and/or representatives
   responsibilities as described in the admis
6. Answer any questions about patient rights
   For hospices and home health agencies t
   status option
   - Document that the patient and/or
     the rights and responsibilities info
   - Obtain the signature of the patien
     location/form that they have rece

For home health agencies that elect to use The J
Qualified staff members do the following, prior to

1. Provide the patient-selected representativ
   within four business days of the initial ev
   - The patient's rights and responsib
   - The organization's transfer and di
2. Provide a patient and/or legal representa
   - Rights and responsibilities docum
   - Contact information for the home health administrator, including:
     ○ Administrator's name
     ○ Business address
     ○ Business phone number
   - Process for submitting a complaint to the home health administrator
   - Written information about the organization's transfer and discharge policies
   - Outcome and Assessment Information Set (OASIS) privacy notice, as applicable

> **Elements That Explain the Procedures**
>
> These elements describe the procedures that are used to carry out the policy explained in the previous section of the document. This section includes the following:
>
> - Instructions to perform each procedure
> - Identification of individual(s) responsible for performing each procedure
> - Time line requirements related to the procedures, if applicable
> - Description of any training needed to perform the described activities
> - Relevant references to other departments, documents, or sections within the same policy and procedure document
>
> This information is usually found in the middle of the document.

REFERENCES

Joint Commission Standard RI.01.01.01, EP 1. The organization has written policies on patient rights.

Joint Commission Standard RI.01.01.01, EP 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. **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.

Joint Commission Standard RI.01.01.01, EP 11. **For home health agencies that elect to use The Joint Commission deemed status option:** The home health agency obtains the patient's or legal

⊠ **REQUIRES WRITTEN DOCUMENTATION**

* See Applicability Grid for applicable settings.

PROCEDURES

Qualified staff members do the following, prior to providing care, treatment, or services (such as at admission or during the initial evaluation visit):

1. Describe and explain the patient's rights and responsibilities in the information provided at the time of admission.
2. Provide the documents outlining the patient's rights and responsibilities to all patients prior to beginning care, treatment, or services (such as during the initial evaluation visit).
3. *For hospices that elect to use The Joint Commission deemed status option*
   - Inform the patient and/or legal representative, as appropriate, of the patient's rights, both orally and in writing.
4. Encourage the patient and/or representatives, as appropriate, to read the patient rights and responsibilities section of the admission information.
5. Ensure the patient and/or representatives, as appropriate, understand the patient rights and responsibilities as described in the admission information.
6. Answer any questions about patient rights and responsibilities.
   For hospices and home health agencies that elect to use the Joint Commission deemed status option
   - Document that the patient and/or leg
     the rights and responsibilities informa
   - Obtain the signature of the patient an
     location/form that they have received

For home health agencies that elect to use The Joint
Qualified staff members do the following, prior to prov

1. Provide the patient-selected representative, if
   within four business days of the initial evalua
   - The patient's rights and responsibilitie
   - The organization's transfer and discha
2. Provide a patient and/or legal representative
   - Rights and responsibilities documents
   - Contact information for the home hea
     - o Administrator's name
     - o Business address
     - o Business phone number
   - Process for submitting a complaint to
   - Written information about the organiz
   - Outcome and Assessment Information

REFERENCES

nt Commission Standard RI.01.01.01, EP 1. The o
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Joint Commission Standard RI.01.01.01, EP 2. The o
rights prior to beginning care, treatment, or services
beginning care, treatment, or services. **For hospice o
Commission deemed status option:** The organization
orally and in writing.

Joint Commission Standard RI.01.01.01, EP 11. **For l
Joint Commission deemed status option:** The home

Elements That Reference Other Documents

These elements provide additional information that is important to the topics addressed in the policies and procedures. Sometimes they refer the reader to other resources, either within the organization or from external sources. This section might include the following:

- Relevant requirements from external organizations, including The Joint Commission and/or the US Centers for Medicare & Medicaid Services
- Applicable laws and regulations
- Citations of evidence-based resources used to develop the policies and procedures
- References to any related documents from the organization itself
- Forms used for implementation of the policies and procedures, if any. **Note:** The items listed as "Attachments" are examples of forms an organization might want to reference in support of the P&P. In some cases, samples of these documents are available in *PolicySource*. Available attachments are denoted in the Table of Contents. However, these lists are merely examples of forms that could support the P&Ps, and we include a few samples of documents an organization may want to reference for additional guidance.

This information is usually found toward the end of the document.

Basic Strategies for P&P Development and Management

Developing and managing policies and procedures can feel like a daunting task. However, approaching the process the right way can save you time and effort in the long run.

The Wrong Way
- Find an example from *PolicySource* or another organization.
- Insert your organization's name or department names throughout the document. (These policy templates are designed for you to customize to your organization's specific needs and any applicable state or third-party payor requirements.)

The Right Way
- Research best practices and requirements from The Joint Commission, the US Centers for Medicare & Medicaid Services, and other regulatory bodies.
- Examine the needs of your organization and, if you are part of a health care system, any related P&Ps that exist at the system level.
- Determine how to balance these factors.
- Develop a policy that reflects that balance.
- Revise based on actual performance.

It's not enough to simply download a sample policy from *PolicySource* and keep it on file. That policy needs to reflect the reality of your organization. If policy does not match practice, patient safety risk increases, as does the likelihood for nonstandardized care, treatment, and services.

The right way takes more time, effort, and resources. However, it is the only way to ensure that the policy and procedures are developed and implemented accurately and effectively and have the desired impact on care, treatment, and services at your organization.

There are some simple strategies you can use to overcome the challenges related to developing strong, effective policies and procedures.

General Strategies
- Create and follow a "policy on policies." In other words, have a designated standardized process for developing P&Ps that applies across the organization.

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To signal the differences in the sample P&Ps between requirements for various types of home care organizations, such as hospices and home health organizations, the references to Joint Commission standards include certain words in brackets. For example:

Joint Commission Standard HR.01.06.01, EP 17. **[For hospices that elect to use The Joint Commission deemed status option:]** The [hospice] has written policies and procedures that describe its method of assessing skills and competence for all individuals furnishing care and services, including volunteers.

- Decide if any P&Ps exist at the system level that can be used to address the needs of your organization.
- Determine which P&Ps will be created and overseen by leadership and any related committees.
- Establish a schedule for the review of P&Ps, using requirements from The Joint Commission, the US Centers for Medicare & Medicaid Services, and other regulatory bodies as a guide.
- Determine guidelines for how P&Ps are to be documented and where they will be stored. Also determine how changes will be tracked and dated, along with appropriate approvals and approval and effective dates.
- Engage relevant leadership, management, and staff throughout the process.
- Use your organization's standardized template or format, or download our **Policy Template**, **Plan Template**, or **Procedures Template**. These templates and other helpful tools can all be found in the Resources section of *PolicySource*.
- Allow ample time for the development process, including time for gathering information, as well as document creation, review, and implementation.
- Obtain the approving party's sign-off on each individual policy.

Strategies for Policies

- Use a "control box" at the top of the policy document that includes information needed to quickly identify and track it. This information includes, at a minimum, the following:
  - Organization name
  - Policy title
  - Policy ID number
  - Effective date
- Compare new policies against existing ones to ensure there is no confusing overlap or contradiction among them.
- Consider creating a policy committee, if you don't already have one or you are not part of a larger health care system, to centralize policy creation and management.
- Avoid use of superlative language, such as *safest*, *highest*, and *best*.
- Evaluate use of absolutes, such as *must* or *shall*, to ensure that they are used only when necessary. Avoid using absolutes in circumstances that allow for clinical judgment.

Strategies for Procedures

- Use simple words that everyone understands.
- Make expectations reasonable and workable.
- Be specific, leaving no room for individual interpretation.
- Use active verbs rather than the passive voice. For example, say "Place a label on the container" rather than "The container should be labeled."

Creating effective policies and procedures involves a great deal of cooperation, communication, and input from individuals throughout your organization and across your health system.

It is important that leadership, management, and frontline staff all understand their roles in the process and feel comfortable sharing their ideas.

Policy and Procedures Development and Management

Developing policies and procedures is not a "check the box" activity. Each organization or system is different, and what works for one organization will not necessarily work for another. Review in detail any sample P&P from *PolicySource* to adapt it and to revise the wording to reflect your unique organization and its circumstances. Although many of the policies included in *PolicySource Home Care* are geared specifically toward home health and hospice practices, they can be adapted easily to other home care settings. For example, many of the policies developed for the Emergency Management (EM), Information Management (IM), Infection Prevention and Control (IC), Leadership (LD), and Record of Care, Treatment, and Services (RC) chapters require minimal changes to be applicable to home medical equipment organizations.

Developing and Managing a P&P Collection

As your organization changes or your system grows, it may be necessary to create new policies and procedures, revise existing ones, or merge documents across locations to establish one comprehensive P&P. For example, if your organization begins providing a new service to patients, you may need to design a P&P to address it. Or, if you are part of a health care system that has recently merged with or acquired a number of organizations, system leaders will need to assess the existing P&Ps across all locations, determine which ones are the strongest, update them for consistency, and educate staff about the changes.

In general, developing and managing policies and procedures follow an ongoing five-step process, illustrated in the steps below.

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> The information about developing and managing policies and procedures is not a Joint Commission requirement but rather is meant to offer good practices for health care organizations to follow. The Joint Commission does not tell organizations how to create, manage, review, or maintain P&Ps specifically.

1. Identify

The first step is to identify and review all existing policies and procedures in your organization or at each site within a system. Assign an individual to coordinate this task. For systems, although it is also necessary to have a P&P representative at each site, there needs to be at least one lead representative overseeing the entire effort to accurately assess and ultimately implement consistent P&Ps across the organization.

2. Create, Revise, or Merge

After the current policies and procedures have been identified, the lead P&P coordinator should compare duplicate policies and procedures to find similarities and differences and then create one merged organizationwide or systemwide P&P. The new document should be comprehensive and consistent and feature an agreed-upon policy statement that aligns with the organization's or system's mission, vision, and values. Although the purpose of an

organizationwide or systemwide P&P is to establish one policy or one set of procedures for the entire organization or all sites in a system, there may be a need to have varying procedures depending on site-specific needs.

For example, an organization with both home health and hospice services may have separate sets of procedures for making initial assessments and developing individualized care plans based on the regulatory differences between the two programs. Or, if an organization has offices in more than one state with differing state regulations, a single policy may be developed for both locations that references adherence to the "strictest" requirement (or references the actual state requirements). To address variances at each site, the procedures can be individualized based on the type of services and resources available.

For more direction on revising or creating a new P&P, see the next section, **Writing Policies and Procedures**.

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Don't assume all P&Ps are accounted for in an electronic storage system. Some locations may still have policies and procedures that are printed and housed in a three-ring binder or other storage mechanism instead of being uploaded onto the organization's intranet. Be sure to reach out to all leaders at all sites when gathering a current listing of policies and procedures.

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3. Review

After the lead P&P coordinator has created a draft for each organizationwide or systemwide P&P, he or she should share them with leadership for input. These leaders will then distribute the P&Ps to appropriate staff for review and input, as they are often not the experts on the content but rather are in charge of making sure the draft policy is reviewed appropriately.

Once final drafts of the P&Ps are approved by leadership, they will be sent, as appropriate, for any additional required reviews or approved before they are implemented. Some policies may require a review by designated leaders from each service line of the affected organization(s) (for example, hospice, home health, home medical equipment) before they are considered final. Any recommended or required changes also may need to be reviewed by appropriate committees (for example, a Patient Safety Committee) or leaders. For health care systems, the lead P&P coordinator will have the extra step of providing a summary of the draft policy to a system-level multidisciplinary committee and allowing time for questions.

Upon approval at the system or organization level, the lead P&P coordinator assigns an implementation date to the policy if a target date has not already been identified.

4. Implement

This step involves disseminating policies and procedures. Most organizations or systems allow two to four weeks before communicating a new policy or changes to an existing policy to staff before implementation. Organizations use a number of methods to successfully communicate P&P information, including e-mail, intranet posts, announcements at staff meetings, and flyers in break rooms. For revised P&Ps, rather than expecting staff to read an entire policy, you may opt to create a one-page summary that includes the following information:

- Policy name
- Bulleted list to highlight what has been revised or will be newly implemented
- Boxes to check which sites are included in the policy
- Implementation date
- Contact person for questions

In some cases, revisions to the P&Ps will arise during implementation. These and other revisions should be documented and communicated to all staff. In addition to notifying staff of new or revised P&Ps, leaders may need to provide training to appropriate staff members and document the completion of this training.

5. Monitor and Maintain

Compliance should be assessed throughout the lifetime of the P&Ps with an active monitoring program, with any instances of noncompliance investigated and addressed. If there are any requests for exceptions, those should be considered and an appropriate response given.

Maintenance of your collection of policies and procedures involves the regular review of P&Ps by users and leaders. In general, policies and procedures are reviewed at least every three years, but some need to be reviewed every year. Any revisions that arise during the implementation or monitoring process should be addressed. You also need to document changes, updates, and approvals. Ensure that all active P&Ps are accessible to staff at all times and that any inactive versions are archived for reference.

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For both stand-alone home care organizations and those that are part of a system, after being reviewed and approved by leadership, the P&Ps can be filed and inventoried for education, access, and tracking.
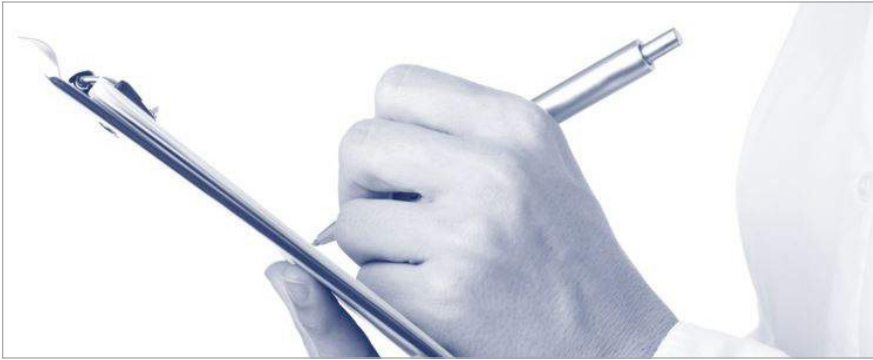
Creating a Policy and Procedures Inventory

Policies and procedures inform and drive patient care, treatment, and services in your home care organization. Because of this, access is critical. It is crucial that every member of your staff has quick, easy access to policies and procedures at all times, either as a hard copy or an electronic version.

With so many policies and procedures on so many topics, finding the one you're looking for can be a challenge—unless, of course, you have a good organizational system. That's where a policy and procedures **inventory** can help. It lists the P&Ps in your home care organization or health system by name and ID code in a single document or file. It's useful to organize the list by subject area or accreditation chapter. An inventory can do more than help you find the policy you need. It should also include:

Ensuring the quality of its policies and procedures is one of the most important things an organization can do to support highly reliable care. It does take time and effort, but standardizing the development and management processes can streamline your efforts without compromising accuracy and applicability.

Effective dates and review dates

Who is responsible for oversight

Which Joint Commission standards are applicable to the policy's content

Having this data readily consumable in a single document makes policy monitoring and maintenance easy. For example, including the applicable Joint Commission standards on your inventory will allow you to easily pull and review any policies following an announcement about revised standards.

As you create a policy inventory, it will be helpful to know which Joint Commission home care accreditation standards and EPs have required written documentation (RWD). This helpful **table** identifies these standards and EPs, and provides a brief description of each, as well as any corresponding sample P&Ps included in *PolicySource Home Care*.

Writing Policies and Procedures

Policies and procedures must be evaluated before, during, and after their creation and implementation. When considering a new policy, it's important to be sure the proposed policy is necessary, relevant, and effective.

To help you determine this, you can ask four questions:

1. Will this policy address critical issues that are not covered by other, existing policies, either within my organization or at the system level?
2. Will this policy be consistent with and not contradict other policies and procedures?
3. Will this policy accurately reflect what the organization does?
4. Will this policy be easy to implement, follow, and monitor for compliance?

If the answer to all four questions is "yes," then it makes sense to create a new policy. If any answer is "no," then you might consider revising an existing policy, reviewing the needs and goals of your organization or system, addressing the roadblocks to implementation or monitoring, or approaching the targeted issue from a different direction.

Creating Effective—and Compliant— Policies and Procedures

The Joint Commission commends organizations that strive to follow good or even best practices and incorporate them into their policies and procedures. However, organizations often add requirements that go above and beyond the requirements of The Joint Commission or other national standards, evidence-based guidelines, manufacturer's instructions, or other regulations.

They may identify and include unachievable or unsustainable goals that go beyond what is required. Review of policy-related survey findings indicates that Joint Commission surveyors frequently score organizations out of compliance because they are not following their own policy.

A Hierarchical Approach

The sample policies and procedures included in *PolicySource* are a good place to start when creating new P&Ps or revising existing ones. However, they must be adapted and expanded to fit the needs of the organization's patient population and to address national or state standards, manufacturer's instructions, or other applicable guidance, in addition to the Joint Commission standards that are already included with each P&P. The following is a hierarchical approach that organizations and systems can adhere to when writing or revising policies and procedures.

Regulation

If a state or federal law or regulation exists, first follow its direction in creating related policies.

CMS

If an organization or system uses accreditation for deemed status purposes to qualify for CMS reimbursements, then it must meet applicable Conditions of Participation (CoPs), as well as applicable transmittals and Quality, Safety & Oversight (QSO) letters (formerly known as Survey and Certification [S&C] memos).

Deemed status hospices and home health agencies should track and incorporate CMS updates, which can be found online at the following websites:
- **CoPs: https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs**
- **Transmittals: https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/index**
- **QSO letters, by state and region: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html**

Manufacturer's Instructions for Use

Organizations and systems must follow the specific manufacturer's instructions for use for equipment, supplies, and products used and are required to resolve any conflicts that may exist. Often, an organization will include these instructions in procedures documents.

Evidence-Based Guidelines or National Standards

In the absence of clear requirements and recommendations provided by federal or state regulation, CoPs, or instructions for use, the next step for an organization or system is to review evidence-based guidelines or national standards. A facility can choose which evidence-based guidelines or national standards it follows but should establish a system for updating so that the policies and procedures remain current.

Position Statements

In the absence of regulation, CoPs, instructions for use, evidence-based guidelines, or national standards, an organization or system may want to consider position statements and other documents from reputable national or regional associations or organizations as guides for developing or amending policies and procedures.

Following this hierarchical approach—and getting input from the leaders and staff who will implement the policies—can help organizations and systems create policies and procedures that not only keep patients and staff safe but also comply with Joint Commission standards. Surveys are meant to identify deviations from regulations, CoPs, guidelines, and national standards that are promulgated to keep patients and staff safe. Building P&Ps in this way allows staff to understand the process and explain any deviance to a Joint Commission surveyor.

There are a number of resources available to help you as you develop policies and procedures. This **list** of regulatory agencies and national organizations is divided by the standards chapters of the *CAMHC*.

Assessing New P&Ps

There are a number of ways to ensure the policies and procedures you have created for your organization or system meet all the criteria mentioned here. Below are two often-used methods.

Checklist

A checklist can guide the evaluation of your P&Ps to ensure they contain the key elements described above. It also can address issues such as language and format, which can impact how easy the document is to use and understand. You can adapt this policy and procedures evaluation **checklist** to fit the specific needs of your organization.

Scoring Rubric

A **scoring rubric** can help you assess whether your plan development process is on track or needs improvement.

The sample P&Ps in *PolicySource* are only examples created to demonstrate how an organization or system may have created a policy or procedure for its particular situation and needs.

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If there is a policy you would like us to consider adding to a future update of *PolicySource Home Care*, please email us at **policysource@jcrinc.com**.

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