

Tag number	Rule	Tag Text	
1130	OAR 333-035-0125(2)-(4) License Application	<p>(2)(a) A person applying for a new or renewal license to operate a hospice program shall submit a complete application on a form prescribed by the Authority, accompanied by the fee specified in ORS 443.860.</p> <p>(b) A complete application for an initial license includes, but is not limited to:</p> <p>(A) Documentation of written policies and procedures, including any forms and curricula to direct all administrative, personnel, and patient care operations;</p> <p>(B) Documentation that patient care and documentation systems have been developed; and</p> <p>(C) Documentation demonstrating that the hospice program maintains a workforce of qualified, and trained employees or contractors capable of meeting hospice services demands, with personnel records properly established for each employee or contractor.</p> <p>(3) The Authority may deem an application incomplete if it does not include the information required by the Authority, is not accompanied by the appropriate fee, or at the time of initial survey fails to comply with subsection (2)(b) of this rule.</p> <p>(4) The Authority may reject an application that is incomplete.</p> <p>Statutory/Other Authority: ORS 443.860 Statutes/Other Implemented: ORS 443.860 & 443.867</p>	<p>Select a sample of 3-5 personnel files. For each personnel file answer the following: Does the file contain evidence that staff member was notified of the availability of personnel safety training? ___ Yes ___ No</p>

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1265	OAR 333-035-0165(2)(a)-(c) Safety: Intake, Hospital Discharge, Notice	<p>(1) As used in this rule:</p> <p>(a) "Hazards" means potentially unsafe or dangerous conditions in or around the home health care setting, including but not limited to the presence of uncontrolled animals, persistent or periodic presence of individuals with history of aggressive behavior or substance use disorder, elevated rate of criminal activity, poor or unreliable cell phone coverage, and lack of timely law enforcement or emergency response capability.</p> <p>(b) "Home health care setting" means a place of temporary or permanent residence of an individual where hospice services are furnished to the individual.</p> <p>(c) "Safety check" means the process by which personnel can access, review, and apply safety-related information collected by the agency in accordance with this rule, and includes a mechanism for personnel to directly contact the agency to report safety concerns.</p> <p>(2) Effective May 1, 2026, a hospice program shall establish, implement, and maintain a workforce violence prevention program that includes, but is not limited to, the following requirements:</p> <p>(a) Intake risk assessment. A hospice program must collect information necessary to identify and assess health and safety-related risks and hazards in a home health care setting, including but not limited to:</p> <p>(A) Any act or threat of physical violence, harassment, intimidation, assault, homicide or any other threatening behavior where hospice services are provided to a patient;</p> <p>(B) Presence of pet(s) and if any, whether the pet(s) can be secured away from the area where care is provided, if requested by personnel;</p>	<p><u>Intake</u></p> <p>Does the agency have a program that includes intake risk assessments that collect info necessary to identify and assess risks and hazards in the home related to Acts or threats of physical violence, harassment, intimidation, assault, homicide, or other threatening behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Whether pets can be secured away from where care is provided? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pest infestations (including rodents and/or insects)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Whether patient is willing to securely store weapons before any visit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hospital discharge coordination including a plan to obtain patient history of violence within the last 12 months from the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Protocol to the intake information listed above with the personnel assigned to provide care to the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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1265 cont.	OAR 333-035-0165(2)(a)-(c) Safety: Intake, Hospital Discharge, Notice	<p>(D) Whether the patient is willing to securely store any weapons that are present in the home health care setting before any visit from personnel.</p> <p>(b) Hospital discharge coordination. When a patient is discharged from a hospital and referred to a hospice program, the hospice program must develop and implement a plan to obtain any known patient history of violence within the last 12 months from the hospital as part of continuity of care.</p> <p>(c) Personnel notification. The hospice program must have a protocol, and implement the protocol, to share all information collected under subsections (2)(a) and (b) of this rule with personnel assigned to provide hospice services to the patient.</p> <p>Statutory/Other Authority: ORS 413.042 & 443.860 Statutes/Other Implemented: ORS 443.190, 443.195 & 443.860</p>	
1275	OAR 333-035-0165(2)(d)-(e), (h) Safety: Training, Assessments & Policy	<p>(1) As used in this rule:</p> <p>(a) "Hazards" means potentially unsafe or dangerous conditions in or around the home health care setting, including but not limited to the presence of uncontrolled animals, persistent or periodic presence of individuals with history of aggressive behavior or substance use disorder, elevated rate of criminal activity, poor or unreliable cell phone coverage, and lack of timely law enforcement or emergency response capability.</p> <p>(b) "Home health care setting" means a place of temporary or permanent residence of an individual where hospice services are furnished to the individual.</p> <p>(c) "Safety check" means the process by which personnel can access, review, and apply safety-related information collected by the agency in accordance with this rule, and includes a mechanism for personnel to directly contact the agency to report safety concerns.</p>	

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1275 cont.	OAR 333-035-0165(2)(d)-(e), (h) Safety: Training, Assessments & Policy	<p>(2) Effective May 1, 2026, a hospice program shall establish, implement, and maintain a workforce violence prevention program that includes, but is not limited to, the following requirements:</p> <p>(d) Training. A hospice program shall provide annual training on personnel safety. The training must be consistent with training for home health care workers endorsed by the National Institute for Occupational Safety and Health and the Occupational Safety and Health Administration and must include the following:</p> <p>(A) Recognizing hazards that are commonly found by personnel where hospice services are provided to a patient; and</p> <p>(B) How to manage hazards that are identified.</p> <p>(C) This training may be incorporated as part of the mandated requirements under ORS 654.414(4).</p> <p>(e) Quarterly safety assessments. A hospice program must conduct quarterly safety assessments with personnel who have been assigned to provide hospice services. A safety assessment may consist of the same criteria required under ORS 654.414(2) and (3).</p>	<p>Review agency documentation regarding training:</p> <p>Does the training align with NIOSH and/or OSHA training? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the training cover identifying hazards? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the training cover managing hazards? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the agency conducted quarterly safety assessments with personnel assigned to provide hospice care services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of last quarterly assessment? _____</p>

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1275 cont.	OAR 333-035-0165(2)(d)-(e), (h) Safety: Training, Assessments & Policy	<p>(h) Policy development. A hospice program shall establish in writing and implement policy and procedures on personnel safety program requirements. The policy and procedures must be reviewed annually and include at a minimum:</p> <p>(A) Allowing personnel to perform data entry and chart updates at a time and place outside the location where hospice services are provided;</p> <p>(B) Allowing personnel to be accompanied by an escort, including but not limited to another employee, when there are concerns about the safety or security of the setting where hospice services are provided to the patient;</p> <p>(C) Employee notification about the availability of personnel safety training provided in accordance with subsection (2)(d) of this rule; and</p> <p>(D) Documenting in personnel records evidence of personnel safety training notification.</p> <p>Statutory/Other Authority: ORS 413.042 & 443.860 Statutes/Other Implemented: ORS 443.190, 443.195 & 443.860</p>	<p>Does the agency have a policy that permits Personnel to perform data entry and chart updates at a location away from where the hospice care services are provided? ___</p> <p>Yes ___ No</p> <p>Personnel to be accompanied by an escort which might include another employee when there are concerns about the safety or security of the patient location?</p> <p>___ Yes ___ No</p>

Tag number	Rule	Tag Text	
1285	OAR 333-035-0165(2)(f)-(g) Personnel Safety: Identifying & Safety Checks	<p>(1) As used in this rule:</p> <p>(a) "Hazards" means potentially unsafe or dangerous conditions in or around the home health care setting, including but not limited to the presence of uncontrolled animals, persistent or periodic presence of individuals with history of aggressive behavior or substance use disorder, elevated rate of criminal activity, poor or unreliable cell phone coverage, and lack of timely law enforcement or emergency response capability.</p> <p>(b) "Home health care setting" means a place of temporary or permanent residence of an individual where hospice services are furnished to the individual.</p> <p>(c) "Safety check" means the process by which personnel can access, review, and apply safety-related information collected by the agency in accordance with this rule, and includes a mechanism for personnel to directly contact the agency to report safety concerns.</p> <p>(2) Effective May 1, 2026, a hospice program shall establish, implement, and maintain a workforce violence prevention program that includes, but is not limited to, the following requirements:</p> <p>(f) Patient identification. A hospice program must provide personnel with information that may be used to verify the identity of a patient prior to an initial hospice visit.</p> <p>(g) Safety checks. A hospice program must provide a mechanism by which personnel can perform safety checks, including but not limited to use of a mobile application to access relevant safety-related information identified under subsections (2)(a) and (b) of this rules, use of communication devices that allow the employee to transmit one-way or two-way messages, or regular check-ins.</p> <p>Statutory/Other Authority: ORS 413.042 & 443.860 Statutes/Other Implemented: ORS 443.190, 443.195 & 443.860</p>	<p>Does the agency have a program that includes Providing patient identification info to personnel before an initial hospice care visit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>A system for personnel to perform safety checks to gather the info from the intake? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>A system for personnel to perform safety checks to gather the info from the hospital discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the system allow the personnel to send messages to the agency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Tag number	Rule	Tag Text	
1295	OAR 333-035-0167 Flagging Systems	<p>(1) As used in this rule:</p> <p>(a) "Authorized staff" means the personnel who are responsible for creating and tracking electronic health record flags.</p> <p>(b) "Disruptive behavior" includes physically aggressive, harassing, or destructive behavior.</p> <p>(c) "Electronic health record (EHR) flag" means an alert generated within the electronic health record of a patient that notifies providers that a patient may pose a potential safety risk to themselves or to others due to the patient's history of violent or disruptive behavior.</p> <p>(d) "Flagging system" means a system used to identify, communicate, monitor and manage potential threats of violence or disruptive behavior by patients or other individuals, including caregivers or support persons, who may encounter health care providers and personnel.</p> <p>(e) "Visual flags" means paper-based physical cues, including wristbands, signage, color-coded indicators, symbols and other visible cues built within the care environment to facilitate immediate recognition of potential threats of violence or disruptive behavior without having to access an electronic health record. Visual flags, when used, must communicate essential information in a clear, respectful, and non-stigmatizing manner to promote safety and provide neutral alerts or reminders that guide appropriate action without assigning negative labels or implying violence.</p> <p>(2) Effective May 1, 2026, a hospice program shall implement flagging systems with the capabilities and functions to communicate potential threats of violence or disruptive behavior to providers and personnel using EHR flags and visual flags.</p>	<p>The agency has a policy that includes protocols and procedures for implementing and using potential threat or disruptive flagging systems. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The protocols and procedures have been reviewed within the past 365 days. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The protocols and procedures include criteria for: Initiating flags <input type="checkbox"/> Yes <input type="checkbox"/> No Continuing flags <input type="checkbox"/> Yes <input type="checkbox"/> No Inactivating flags <input type="checkbox"/> Yes <input type="checkbox"/> No Reactivating EHR flags and visual flags <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>EHR Flags Designates which staff or staff type are authorized to initiate an EHR flag <input type="checkbox"/> Yes <input type="checkbox"/> No Describes training and education requirements for personnel authorized to initiate EHR flag <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Training includes: Identifying and preventing bias in the assignment of EHR flags <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Instruction on reducing unconscious bias to ensure EHR flags are not unfairly or disproportionately applied to individuals belonging to groups subject to historical and/or contemporary discrimination <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Tag number	Rule	Tag Text	
1295 cont.	OAR 333-035-0167 Flagging Systems	<p>(3) Each hospice program must establish and implement written protocols and procedures for implementing and using flagging systems. The flagging systems must address, at a minimum, the following:</p> <p>(a) Criteria and process for initiating flags, continuing flags, inactivating flags, and reactivating EHR flags and visual flags.</p> <p>(b) Requirements for new and revised EHR flags and visual flags that include:</p> <p>(A) The reasons for initiating or revising the flag; and</p> <p>(B) Specific recommended actions that agency providers and personnel should take when interacting with a flagged individual.</p> <p>(c) For EHR flags:</p> <p>(A) Designating authorized staff to initiate an EHR flag.</p> <p>(B) Training and education requirements for personnel authorized to initiate an EHR flag, including training on identifying and preventing bias in the assignment of such flags, and instruction on reducing unconscious bias to ensure that EHR flags are not unfairly or disproportionately applied to individuals belonging to groups subjected to historical and contemporary discrimination.</p> <p>(C) Provider and personnel responsibilities when an EHR flag is present.</p> <p>(D) Evaluating and identifying potential threats of violence or disruptive behavior.</p> <p>(E) Consistent practices for assigning, tracking, monitoring, and documenting information in the EHR flag.</p> <p>(F) Reviewing EHR flags every 12 months at a minimum and updating EHR flags, as necessary, for purposes of determining whether to remove or maintain a flag.</p> <p>(G) Communication and collaboration about flagged conduct or behaviors recorded in an EHR.</p> <p>(H) Safety protocols and precautions for engaging with patients with an EHR flag.</p>	<p>EHR Flags cont.</p> <p>Describes provider and personnel responsibilities when EHR flag is present ___ Yes ___ No</p> <p>Describes protocols for evaluating and identifying potential threats of violence of disruptive behavior ___ Yes ___ No</p> <p>Describes protocols for ensuring consistent practices for assigning, tracking, and documenting information the EHR flag ___ Yes ___ No</p> <p>Describes protocols for reviewing EHR flags at least every 12 months ___ Yes ___ No</p> <p>Includes protocols for communication and collaboration about flagged conduct or behaviors recorded in an EHR ___ Yes ___ No</p> <p>Includes protocols for documenting safety protocols and precautions for engaging with patients with an EHR flag ___ Yes ___ No</p> <p>Includes protocols to protect patient privacy when an EHR flag is present ___ Yes ___ No</p> <p>Includes protocols regarding documentation of flag initiation, modification, deactivation, and reactivation ___ Yes ___ No</p> <p>Includes a description of process for patient or person authorised to make health care decisions on behalf of patient, may request review and removal of EHR flag ___ Yes ___ No</p>

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1295 cont.	OAR 333-035-0167 Flagging Systems	(I) Patient privacy in relation to personnel safety, including compliance with state and federal privacy laws when communicating information through the electronic health record regarding an EHR flag. (J) Requiring that every flag-related action, including but not limited to initiation or reactivation, be supported by documentation for the action. (K) Establishing a process by which a patient, or a person authorized to make health care decisions on behalf of the patient, such as a caregiver or support person, may request review and removal of an EHR flag.	

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1295 cont.	OAR 333-035-0167 Flagging Systems	<p>(d) For visual flags, education and training for authorized staff on:</p> <p>(A) Identifying circumstances and assessing behaviors and actions of patients and other individuals that may increase risk for potential violence or disruptive behavior;</p> <p>(B) Consistent approaches to initiating a visual flag; and</p> <p>(C) Safety protocols and precautions to take when encountering patients or other individuals when a visual flag is present.</p> <p>(4) Providers and personnel of a hospice program may not take any of the following actions based solely on the presence of an EHR flag:</p> <p>(a) Deny hospice services to which the patient would otherwise be eligible.</p> <p>(b) Make decisions regarding the patient's access to care.</p> <p>(c) Prevent or restrict the right of the patient to file a complaint with the appropriate federal or state agency concerning the patient's right to privacy.</p> <p>(d) Deny or restrict the patient's right to access or obtain the patient's protected health information.</p> <p>(e) Contact, report or disclose information to law enforcement, unless it is necessary to prevent or lessen serious or imminent threat to the health and safety of an employee, patient, caregiver, support person, or the public.</p> <p>(f) Deny, restrict or withhold medical or nonmedical care that is appropriate for the patient.</p> <p>(g) Punish or penalize the patient.</p> <p>(5) Written protocols and procedures must be established pursuant to section (3) of this rule and be reviewed annually.</p> <p>Statutory/Other Authority: ORS 413.042 & 443.860 Statutes/Other Implemented: ORS 441.201 & 443.860</p>	<p><u>Visual Flags</u></p> <p>Policy reflects provider has made training available on: Identifying circumstances and assessing behaviors and action of patients and other individuals that may increase risk for potential violence or disruptive behavior ___ Yes ___ No</p> <p>Includes protocols for ensuring consistent approaches to initiating a visual flag ___ Yes ___ No</p> <p>Describes safety protocols and precautions to take when encountering patients or other individuals when a visual flag is present ___ Yes ___ No</p> <p><u>Prohibitions</u></p> <p>Reflects that providers and personnel may not Deny services based solely on the presence of an EHR flag ___ Yes ___ No</p> <p>Make decisions regarding a patient's access to care based solely on the presence of an EHR flag ___ Yes ___ No</p> <p>Deny or restrict patient's right to access or obtain patient's PHI based solely on the presence of an EHR flag ___ Yes ___ No</p> <p>Contact, report, or disclose information to law enforcement, unless it is necessary to prevent or lesson serious or immient threat to the health or safety of an employee, patient, caregiver, support person, or the public ___ Yes ___ No</p> <p>Deny, restrict, or withhold medical or nonmedical care that is appropriate for the patient ___ Yes ___ No</p> <p>Punish or penalize the patient ___ Yes ___ No</p>