

## Introduction

Home Hospice is a hospice in a private house where group of people can live through the end of life with dignity even with diseases and/or disabilities. Since the word “home” also means “community” and “family”, we consider a home hospice as another house where a person lives in his/her familiar environment. We have developed the system where people who need care can live their lives with support by home hospice care teams. We also aim to create the community that can support safe and secured life of people through the network of health, medical and social services.

The hospice (palliative care) wards in Japan generally target people at the end stage of cancer or AIDS. They are considered as a place where people who are no longer possible to be cured can spend their last days and weeks. Home Hospice, on the other hand, is the place not only for the cancer/AIDS patients but also for the people and their families who are experiencing difficulties with any diseases and/or disabilities. When they become too sick, disabled, or old to live without the support of other people, their physical, social, and mental sufferings increase. It is our sincere desire to offer people the place to live in the final part of their life journey by alleviating their sufferings and accepting them as they are so that they can have positive view of themselves and of their lives.

More than ten years have passed since the first Home Hospice opened its door and in December 2015, we developed the Home Hospice Standards based on our experience. We have used this in a variety of situations as a guideline to share and practice the care philosophy and to ensure quality of our service. Home Hospice philosophy has spread all over Japan and more people want to have one in their communities. At the same time our experience has helped us to identify some challenges in the program management. We have thus revised the standard so that it will provide more specific guidance not only to those who are operating ones but also to those who are planning to open new ones.

Photographs and figures are added so that it will be easier to understand. We also added chapters on risk management during disaster and on organizational management. Another addition in the updated standards is the system of the third-party review. It is our belief that the review will evaluate our performance and solve issues we have faced, thus giving us excellent opportunities to improve our service and to deepen our understanding of the standards.

You can find space titled “memo” here and there. We would like you to use the space to write down your thoughts, ideas, and learnings. July 2020

***Miho Ichihara***

*President, Home Hospice Association of Japan*

\*” Home Hospice care team” here is not a team of qualified professionals. It refers to the service provided to satisfy the needs of the people living in a home hospice by a group of compassionate people who understand the philosophy of hospice care. They collaborate each other utilizing their skills and techniques.

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*Addendum* Trademark of Home Hospice

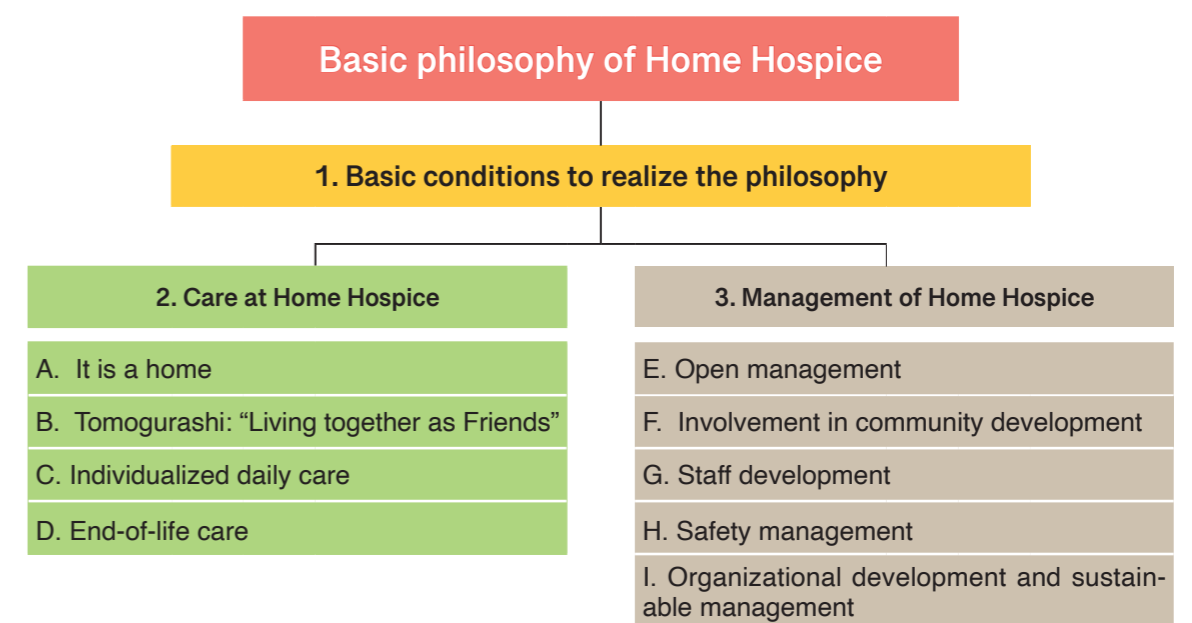
# I. Basic philosophy of Home Hospice

1. We respect the wishes of the individuals and focus on what is best for him/her.
2. We value living in a small group in a private house and in the safe environment that is “another home” for the individuals.
3. We support the individuals so that they can live a meaningful life through the end of life even with diseases/ disabilities. We also help the families to offer end-of-life care to their beloved family member without regret.
4. We try to extract the power everyone who lives in the home has and offer multidisciplinary support (including medical, nursing, and social care) of the professionals and volunteers.
5. We do not see the death as the destination of life but see it as a continuum of life. We disseminate the “end-of-life care culture” by connecting death of a person to life of another person, walking through the process together.

To realize this philosophy, we classify it into categories of Home Hospice care and Home Hospice management and describe the criteria for success.

**(Classification)**

1. Basic conditions to realize our philosophy
2. Home Hospice Care
3. Home Hospice Management

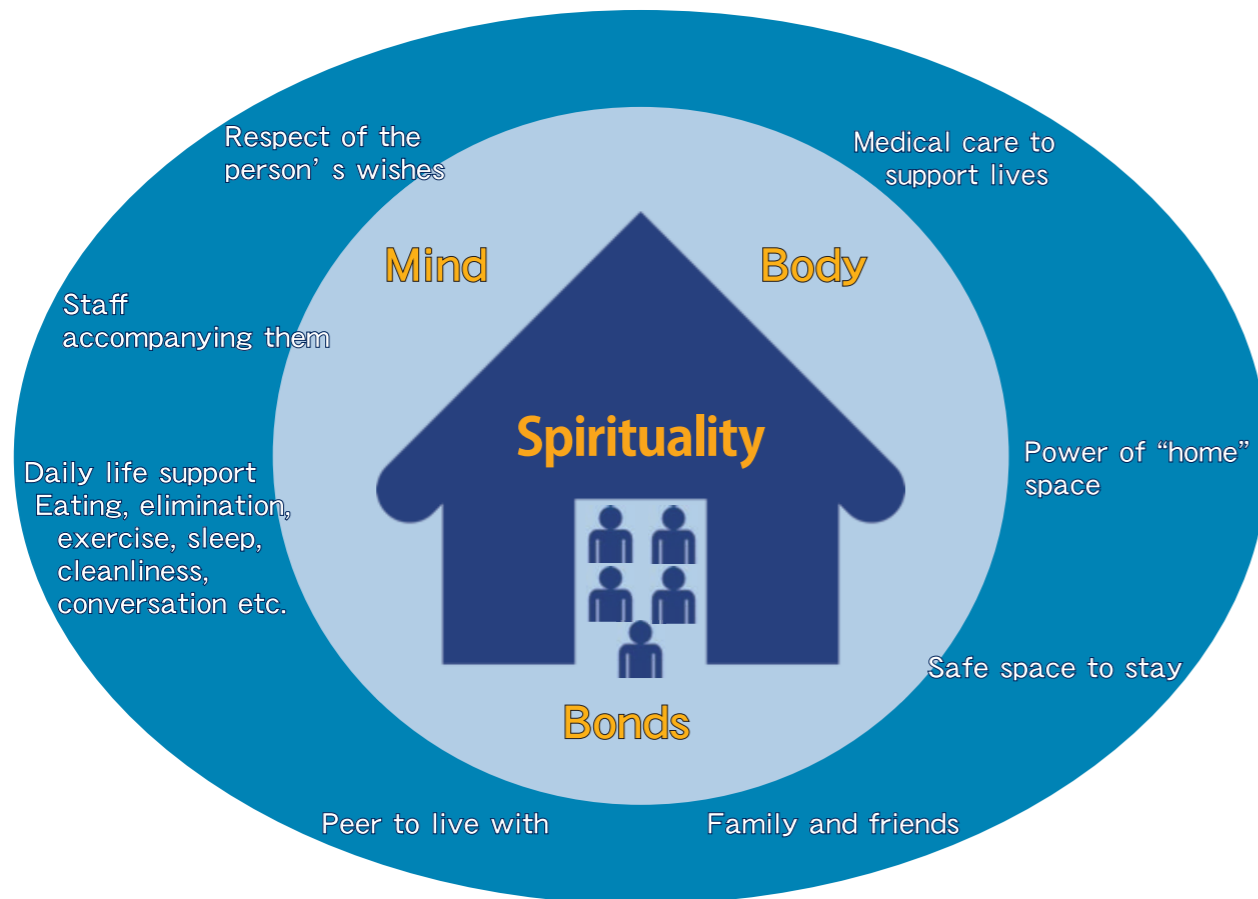


## ■ Conceptual Diagram of Home Hospice

When people become too sick, disabled, or old to live without the support of other people, their physical, social, and mental sufferings increase. We believe that people can maximize their spirituality to have a peaceful life in the final stage of their life. But it is possible only when their sufferings are alleviated, and they need to be acknowledged of their presence, needed by others. In this way people can see and accept themselves in a positive way.

Home Hospice has learned and verbalized the power of communities and private houses which have lost their residents. We have used this learning for community building and Home Hospice house building. The “conceptual diagram” below depicts our learning and ideas that the way people live their lives influence the recovery and maintenance of health.

The diagram represents Home Hospice with necessary components: a house which is the space people live utilizing their five senses, family, friends and acquaintances, medical care to support their lives, staff who organize their life, peer residents to live with, a safe space to stay, and their wishes and desires respected.



Designed by Home Hospice Standard Development Committee

## II. Standards of Home Hospice

### 1. Basic conditions to realize the philosophy

Major category	Medium category
<b>2. Care at Home Hospice</b>	
A. It is a house.	A-01 A comfortable space offered A-02 A safe space for a resident A-03 Utilization of a house that is a good place to live
B. Tomogurashi: Living together as friends	B-01 Shared living B-02 Appropriate size to keep a resident and his/her family feel connected B-03 Bonds are maintained among residents and families and with staffs
C. Individualized daily care	C-01 Respect individual's will and autonomy C-02 Establish the rhythm of daily life for each resident C-03 Value everyone's life story C-04 Offer medical care to support life
D. End-of-life care	D-01 Supporting the residents through the last minutes so that they can live as they wish and where they want to live D-02 Supplemental support offered so that family can make good end-of-life care D-03 Accept the death and support the person and the family through the last moment
<b>3. Management of Home Hospice</b>	
E. Open management	E-01 Respect wishes of the resident and the family E-02 Support daily living around the clock E-03 Process of Accepting residents E-04 Disclose information on activities and operations
F. Involvement in community development	F-01 Establish network with various community resources F-02 Develop activities to foster "end-of-life care" culture F-03 Develop community collaboration to solve local issues
G. Staff development	G-01 Ensure that management and care staff understand the philosophy G-02 Training and education plan
H. Safety management	H-01 Risk management
I. Organizational development and sustainable management	I-01 Organizational building I-02 Create a good workplace I-03 Improve a work environment I-04 Sustainable management

## 2. Care at Home Hospice

### A. It is a home (\*1)

It is said that the change in living environment has a major negative impact on elderly people, especially those who have dementia. A house that has been in the local community reduces their anxiety since it offers the similar living environment as they have had. The first home hospice called “Kaasan-no-Ie (mother’s house)” is a single-family house rented in the residential area. We have used the furnishings, electric appliances, pots and plates the previous owner used. The nameplate of the house is left in place, leaving the landscape of the neighborhood as it was. It has been effective to take over the neighbors’ trust in the house and the family who lived there. Utilization of existing house this way promotes the utilization houses left vacant we find throughout Japan.

Medium category	Items	Criteria
A-01 A comfortable space offered	Have good sunshine and ventilation, possibly with a small garden or yard (*2)	<ul style="list-style-type: none"> <li>There is a living room</li> <li>There is a window in the resident’s room</li> <li>There is a garden, balcony, or other spacious area</li> <li>Opening the curtains allows moderate sunshine coming into the room</li> <li>Opening the windows allows natural breeze passing through to bring outside air in</li> <li>There are sounds of insects, birdsongs, and other signs of nature. Sense of seasons felt.</li> </ul>
A-02 A safe space for a resident	A space with the sound and smell of daily living and the presence of other people	<ul style="list-style-type: none"> <li>A resident can bring his/her familiar furniture and/or furnishings</li> <li>The privacy of the residents is protected.</li> <li>The housing structure (2 or 3 storied) may require the nurse call system to be installed.</li> <li>Locking to restrict free movement of the residents is not made</li> </ul>
A-03 Utilization of a house that remains to be a good place to live (*3)	Utilization of a house with vestiges of life	<ul style="list-style-type: none"> <li>The structure of the house does not shield the signs of life (*4)</li> <li>The memory of the previous resident’s life is kept.</li> </ul>



Wherever you are in the house, you can feel the sign of life. (Yuzu-no-ie, Hiroshima City)



(Hinata-no-ie, Himeji City)



The garden with a swing.(Kobe Nagomi-no-ie, Kobe City)

#### \*1<A> It is a home

The items and the criteria specify the image of a home hospice as a living space. Unlike institutions, there are no distinction between the common and private spaces. The common space of the institutions such as a bathroom, a toilet and a kitchen is considered to be his/her bathroom, toilet, and kitchen.

#### \*2 <A-01> Items: Have good sunshine and ventilation, possibly with a small garden or yard

Some home hospices use an existing house in the city which cannot accommodate even a small yard. Addition of small extra space such as a balcony, a small bay window, or thicket in front of the entrance will make the space cozy and comfortable.

#### \*3<A-03> Utilization of a house that remains to be a good place to live

Home hospice utilizes the advantage of an existing house. There are cases where it is difficult to find a house in Japan and a new house should be built. In that case rooms should not be arranged from a management perspective. Build a private house and take time to nurture the house into a nice and warm home.

#### \*4<A-03> Criteria: The structure of the house does not shield the signs of life

A resident’s private room is not an isolated space, and it should allow the voice of other people heard and the smell of daily living felt even when the room door is closed.

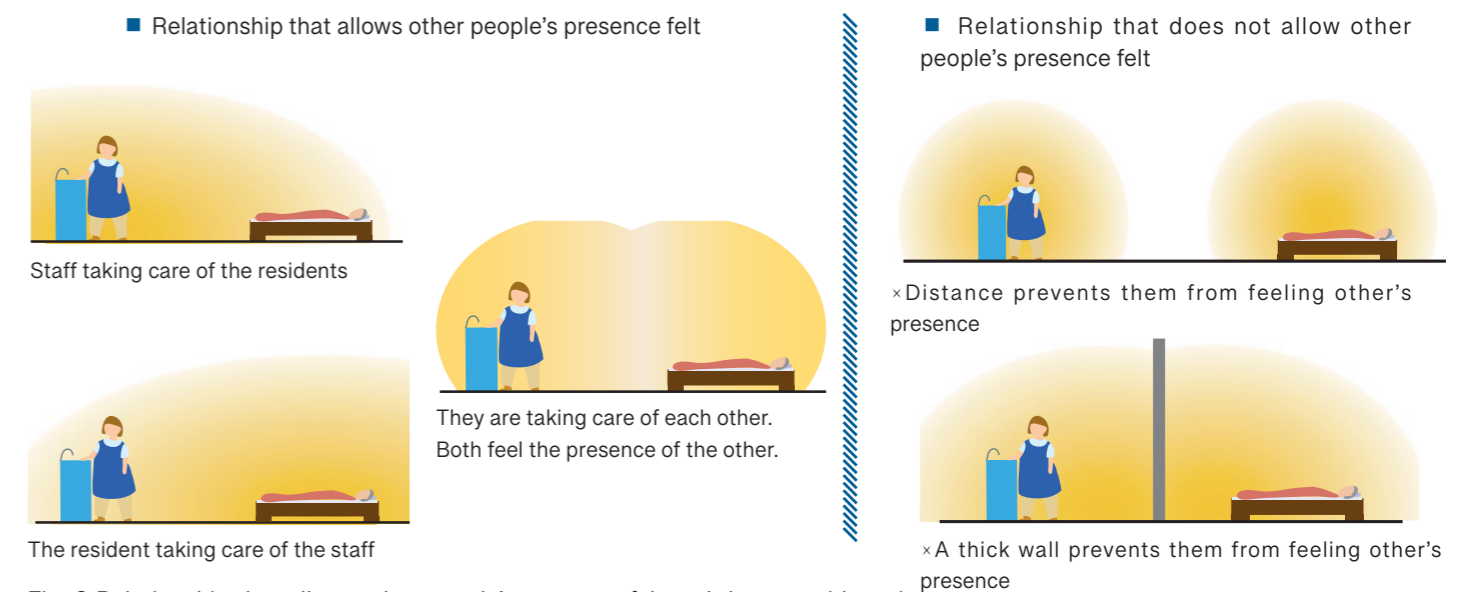
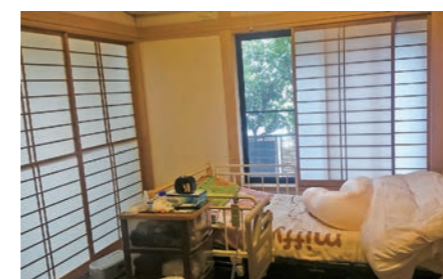


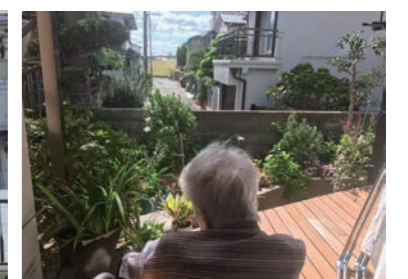
Fig. 2 Relationship that allows other people’s presence felt and the one without it (Designed by Kentaro Yamaguchi and Tomomi Nakajima)



The room where the sunlight gently enters the room through paper sliding doors.(Mutsumiai, Tokyo)



It is difficult to find an existing house suitable for home hospice in Tokyo Metropolitan area. We need to develop a newly built house into a home hospice.(Sato-no-ie, Tokyo)



A small family vegetable garden built along the border of a small premise.(Aiino-ie, Amagasaki City)

## B. Tomogurashi: “Living together as Friends”

“Tomo” in Japanese language means to live “together” and to take care of others as “friends”. It is the relationship where staff, other residents and their families “accompany” a person till the end of his/her life.

Medium category	Items	Criteria
B-01 Shared living	5 or 6 persons live in a house. (*5)	<ul style="list-style-type: none"> <li>The living space is shared by 5 or 6 residents. (*6)</li> </ul>
B-02 Appropriate size to keep a resident and his/her family feel connected	The barrier between the residents and the staff is low and relationship of “tomogurashi” is established	<ul style="list-style-type: none"> <li>Family, friends, and acquaintances find it easy to visit.</li> </ul>
B-03 Bonds are maintained among residents, families, and staff		<ul style="list-style-type: none"> <li>The residents and the staff eat together.</li> <li>The families interact with each other.</li> <li>The residents help each other.</li> </ul>
		<ul style="list-style-type: none"> <li>The residents, the families and the staff make daily greetings such as “I’m back,” “Hello,” “Goodbye” etc.</li> </ul>

\*5<B-01> Item: 5 or 6 persons live in a house.

Five or six residents are appropriate to create the environment where everyone recognizes the other residents and their families and take care of each other. And it is the number of people well accommodated in a regular size private house in Japan.

\*6<B-01> Criteria: The living space is shared by 5 or 6 residents.

It means that a house has a space for ordinary family living like cooking and getting together for a good time.



Residents and a child of a staff visiting the house.(Mokuren-no-ie, Hioki City)



An infant thinks he is helping his grandmother by walking along. (Yorisoi-no-ie, Himeji City)



Have you become friends here? (Tangaku-no-ie, Kurume City)



Residents help each in getting dressed. (Waremokou, Kumamoto City)



Residents with serious diseases and their families spend a calm afternoon together. (Hinata-no-ie, Himeji City)



They've got to know each other at their final abode.(Flora Family, Kamogawa City)



## C. Individualized daily care

Establishing the rhythm of a daily life for each resident does not mean they have fixed time to eat, go to toilet and sleep. We live in such a rhythm as waking up in the morning, being active during the day and sleeping at night. Rhythm of the day does not only govern sleep and awake, but also most of the physiological functions of the body including hormonal release, blood pressure and body temperature. The residents living at a home hospice house have compromised their vitality due to various diseases and/or disabilities. Establishing daily rhythm leads to better health and helps them go through the natural process toward getting old and dying.

Medium category	Items	Criteria
C-01 Respect individual's will and autonomy	The principles and methods of care are determined with the agreement of the residents	<ul style="list-style-type: none"> <li>Let a resident participate in the care conference</li> <li>Have opportunities to discuss his/her living conditions with the family</li> <li>When utilizing adult guardianship, make it sure that a resident and the family can discuss with a lawyer or a judicial scrivener</li> </ul>
	Identify the potential capacity of the residents and support them properly without depriving him/her of the capacity<*7>	<ul style="list-style-type: none"> <li>Value "waiting", "entrusting" and "watching"</li> <li>Not insist our idea and be open to those of other professionals</li> <li>Be accountable when determining the residual capacity of the residents</li> </ul>
C-02 Establish the rhythm of daily life for each resident	Eating	<ul style="list-style-type: none"> <li>Try oral feeding to the end of life</li> <li>Provide daily oral care</li> <li>Evaluate swallowing functions and adjust food preparation as needed</li> <li>Plan the menu taking individual's preferences and be flexible in responding to requests</li> <li>When an individual cannot eat, be ready to let him/her eat when what and how much he/she can eat (*8)</li> </ul>
		Excretion
	Sleep	<ul style="list-style-type: none"> <li>Avoid using sleep pills as much as possible</li> <li>Provide care to facilitate sleep (massage, cuddling, foot bath etc.)</li> <li>Review the activity during the day to facilitate natural sleep</li> </ul>
	Cleanliness	<ul style="list-style-type: none"> <li>Offer regular dry or wet bath</li> <li>Keep them clean after excretion</li> <li>Give skin care after bath/ dry bath.</li> <li>Keep clothing, beddings and pots clean</li> </ul>
		Activities

C-02 Establish the rhythm of daily life for each resident	Environmental Improvement	<ul style="list-style-type: none"> <li>Control room temperature, humidity and ventilation appropriately</li> <li>No smell of urine, feces and disinfectants</li> <li>The rooms are cleaned</li> </ul>
C-03 Value everyone's life story	Take the life history from the residents and the families	<ul style="list-style-type: none"> <li>Value each person's life history and make use of it in care offered</li> <li>Value the opportunity for the residents and the families to talk about their life (*9)</li> <li>Place photos of the family and/or events in the resident's room</li> <li>Have opportunity for self-expression in writing drawing his/her life history with the help of the family</li> </ul>
	Cherish the events of the residents and the families and support them	<ul style="list-style-type: none"> <li>Have a birthday party and other events with the family (loved ones)</li> <li>Value seasonal events and help them enjoy what they wish to do (returning home temporarily or visiting cemetery)</li> </ul>
C-04 Offer medical care as needed to support their life	Provide medical care appropriate for the severity and satisfy the needs through collaboration with GPs	<ul style="list-style-type: none"> <li>Close collaboration with home medical or nursing care (24 hours)</li> <li>GPs collaborate with specialists or acute care hospitals when hospitalization is needed</li> <li>Have as short hospitalization as possible and support rehabilitation with home medical care</li> <li>Regular assessment of the changing conditions to make adequate and timely response</li> <li>Value the quality of life and offer adequate medical care not</li> </ul>
	Enhance the palliative care	<ul style="list-style-type: none"> <li>Avoid medical treatment burdensome to the individual that solely aims to prolong life</li> <li>Maintain the usual daily living and provide medical care to support the end-of-life</li> </ul>
	Consensus built with the person (family) on the need and option of medical, nursing, and social care service	<ul style="list-style-type: none"> <li>There is a meeting at important timepoints to discuss changes in conditions with the person, the family and other stakeholders.</li> <li>A doctor or a nurse inform the family of the person's conditions so that everyone shares the same understanding</li> <li>Document the consensus building process in medical decision making between the patient/family and medical and care teams</li> </ul>
	Consider what is best for the person in decision making	<ul style="list-style-type: none"> <li>Value the process of worrying and thinking with family to prioritize the best for the perso</li> </ul>



Eat as much as you can. Don't work too hard to eat them all.(Nijjiro-no-Ie, Sendai)



Time to get up. We are not leaving the resident bound to bed.(Kobe Nagomi-no-Ie, Kobe City)



My job is to dry the dishes and put them away(Kobe Nagomi-no-Ie, Kobe City)

\*7 <C-01> Items: Identify the potential capacity of the residents and support them properly without depriving him/her of the capacity

Since a home hospice takes care of a small number of residents, we can offer extensive personalized care for everyone. The care here is not something to be provided but to support the capacity everyone has. It is important to wait for, entrust and watch the person.

\*8<C-02> Criteria: When an individual cannot eat, be ready to let him/her eat when what and how much he/she can eat

Our goal during the meals is not to have them eat all however long it takes. Those with advanced dementia naturally open their mouths when a spoon comes close to their lips even when they do not want to eat. Sometimes what seems to be helpful only forces them to eat against their wish. We try to create joyful eating opportunity even when a resident is on tube feeding.

\*9 <C-03>Criteria: Value the opportunity for the residents and the families to talk about their life

It is important for us to be equipped with skills of relaxation and dictating the spoken life story, while creating comfortable environment for them to talk.

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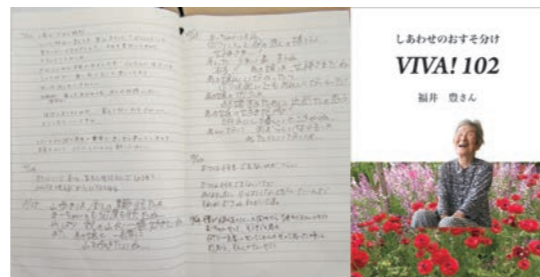
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Space near the window with lots of memories of the resident (Yuzuriha, Kodaira City, Tokyo)



A seasonal event: Cherry blossom party with families(Kaasan-no-Ie, Miyazaki City)



A book compiled based on the memo the person wrote and on the personal history we dictated.

## D. End-of-life care

“End-of-life” care is not only for the time of a person’s death. It is the process that make the person, the family and the important others feel that they have lived a good life.

Medium category	Items	Criteria
D-01 Supporting the residents through the last minutes so that they can live as they wish and where they want to live	Talk about death and dying in the daily conversation and confirm the person’s wishes	<ul style="list-style-type: none"> <li>■ Document the person’s wishes &lt;10*&gt;</li> <li>■ When the person’s wishes cannot be confirmed, discuss with the surrogate decision maker &lt;*11&gt;</li> </ul>
	Do not leave the person alone when he/she is dying	<ul style="list-style-type: none"> <li>■ The family and the staff is at bedside of the dying in a collaborative wayThe family and the staff is at bedside of the dying in a collaborative way</li> </ul>
D-02 Supplemental support offered so that family can make good end-of-life care<*12>	Support and follow the family who has little experience of end-of-life care	<ul style="list-style-type: none"> <li>■ The process of death and dying is the topic of daily conversation and explained to the family</li> <li>■ Respect family’s wishes where they want to take care of the person at the end of life (including support at their own home)</li> <li>■ Tell the family what they can do when death becomes eminent and take care of the person together</li> <li>■ Offer beds for the family so that they can stay with the person to say good-bye</li> <li>■ Help the family so that they can prepare the funeral including the person’s funeral clothing</li> </ul>
	Share information of the person’s last minutes of life with family members who are not at bedside	<ul style="list-style-type: none"> <li>■ Communicate with the family on change in symptoms by e-mail or telephone even if they live far away</li> </ul>
	Support the family so that they can positively accept death	<ul style="list-style-type: none"> <li>■ Give the family time to spend by themselves with the person right after his/her death</li> <li>■ Involve the family with after-death-care</li> <li>■ Hold wake and funeral service at the home hospice if the family so wishes</li> <li>■ Pass on memorabilia of the person at home hospice (photos etc.)</li> </ul>
D-03 Accept the death and support the person and the family through the last moment	Death and dying is a part of the daily life	<ul style="list-style-type: none"> <li>■ Continue usual daily living in the environment where the person can feel the presence of friends and staff, taking his/her wishes and the conditions into consideration</li> </ul>
	Death is not something abominable and is not hidden	<ul style="list-style-type: none"> <li>■ If the family and the person agrees, the peer residents and their family can visit the person to say good-bye</li> <li>■ Do not keep the children and the adolescents away from the death-bed</li> </ul>
	Have an opportunity to reflect death and dying	<ul style="list-style-type: none"> <li>■ Have a death conference to felect experience and challenges and continue learning the end-of-life care</li> <li>■ Have opportunity to listen to the bereaved family</li> </ul>

**\*10<D-01>Criteria: Document the person's wishes**

It is effective to document in a care notebook what the person says before his death or long before when he/she is relatively fit and healthy, reflecting his life. Not only having meetings at important timepoints (C-04) but also documenting life history the person tells as well as small daily conversation will show us how he/she sees the death and dying.

**\*11<D-01>Criteria: When the person's wishes cannot be confirmed, discuss with the surrogate decision maker**

A surrogate decision maker can be a family or extended family member, a guardian of adult or a welfare commissioner etc.

**\*12<D-02> Supplemental support offered so that family can make good end-of-life care**

The family is the main persons to see the person at the last minutes of life, but the family here is not limited to the biological family. It is broadly defined, including friends, acquaintances, and staff. Some families have anxiety and feel lonely because of the lack of experience in seeing a dying person. We need to support them through the process of death and dying so that they can offer the end-of-life care as they wish. We may also arrange the funeral and other contacts on behalf of the family.

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Space near the window with lots of memories of the resident (Yuzuriha, Kodaira City, Tokyo)



When the death becomes eminent, family, peer residents and staff eat night light meal in the room next to his/hers. (Kaasan-no-je, Miyazaki City)



家族とスタッフに看取られた旅立ちの日。スタッフ手作りの桜が咲く(仙台市 にじいろの家)

## 3. Management of Home Hospice

### E. Open management

Home Hospice values the daily living integrated into the community, not hiding diseases, disabilities, aging and death and dying. We strive for making our activities visible to the eyes of the neighbors.

Medium category	Items	Criteria
E-01 Respect wishes of the resident and the family	Respect the individual's freedom in selecting utilization and services to the maximum extent	<ul style="list-style-type: none"> <li>■ No exclusion criteria for residents (age, disease, disability, care level, presence of family etc.)</li> <li>■ Respect free choice and decision on the use of formal service (*13)</li> <li>■ Choice of service such as day use, short stay, meals only and night care</li> </ul>
	Promote mutual understanding in operation with the residents and families	<ul style="list-style-type: none"> <li>■ Conduct regular questionnaire survey of residents and families to improve the care provided</li> <li>■ Have opportunities to listen to the wishes and opinions on the operation</li> <li>■ Have opportunities to discuss the care philosophy and operations</li> <li>■ Have meeting of families and of the bereaved families</li> </ul>
E-02 Support daily living around the clock	Support in daily living	<ul style="list-style-type: none"> <li>■ One or more staff is always in the house to provide seamless daily living support around the clock</li> <li>■ Adjust the number of staff to the conditions and needs of the residents</li> <li>■ Use social resources beyond the incorporated organization</li> <li>■ Introduce massage, aroma therapy, music therapy etc. to enrich the life at Home Hospice</li> </ul>
	Medical support	<ul style="list-style-type: none"> <li>■ Promptly report the changes of physical conditions and injuries of the residents to the professionals to consult for judgement</li> <li>■ Share incidents or changes with other staff and report to the administrator</li> </ul>
E-03 Process of accepting residents	Informed consent and contract taken when starting the service	<ul style="list-style-type: none"> <li>■ Before accepting residents, they visit the home and are interviewed</li> <li>■ When accepted, the philosophy of Home Hospice is explained and agreed</li> <li>■ If there is a concern about the resident's ability to make decisions, close contract with the family or the adult guardian</li> <li>■ Explain important matters on Home Hospice</li> </ul>
	Medical, nursing and social services are provided based on each resident's contract	<ul style="list-style-type: none"> <li>■ Contracts with a family doctor, a care manager, a visiting nurse station and/or visiting home help station are made by each resident</li> </ul>





F-03 Develop community collaboration to solve local issues	Gain support from the community people	<ul style="list-style-type: none"> <li>Community residents support our emergency drills</li> <li>Participate in the community drills</li> <li>Create SOS network in the community</li> </ul>
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\*14<F-02> Develop activities to foster “end-of-life care” culture

Now that we are living in the aging society where many people are dying each day, we should not hide the process of death and dying which everyone will experience some day. By increasing experience of share, we can help create the society comfortable to live for anyone without discrimination and fear. It also leads to the creation of the society where life and living is respected. It is what we mean by fostering “end-of-life” care culture.

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## G. Staff development

We value flat relationship of those working at Home Hospice across different levels of expertise and disciplines, learning from each other.

Medium category	Items	Criteria
G-01 Ensure that both management and care staff understand the philosophy	All staff understand and practice the Home Hospice philosophy and the basic principles	<ul style="list-style-type: none"> <li>The philosophy is documented</li> <li>New employee training and OJT have component of understanding the philosophy</li> <li>Compliant to confidentiality rules</li> </ul>
G-02 Training and education plan	Construct the system of care improvement	<ul style="list-style-type: none"> <li>Organize a regular staff conference to clarify the care objectives</li> <li>Actively reflect the daily care to improve the quality</li> <li>Policy and program are in place to support staff career development</li> <li>Develop an annual training program for the staff &lt;*15&gt;</li> <li>Offer external training opportunity to enhance knowledge and skills</li> <li>Receive trainees and interns from other agencies and educational institutions</li> <li>Staff participating in the trainings organized by the association</li> </ul>

\*15<G-02>Criteria: Develop an annual training program for the staff

The annual training program include such topics as care of dementia care, end-of-life care, infection control, palliative care, nursing care skills, risk management and disaster preparedness



It is the place located near the shopping street which any elderly person in the community can use. The frequent users take care of the greens and flowers. And the place is always filled with laughter. (Nagomi Salone, Kobe City)



苗の植え付けをするボランティアと手伝う住人



Participating in the community festival together with the residents who are seriously ill (Hinatanole, Himeji City)



The second Home Hospice Practitioner Training Workshop



Workshop of the West Japan chapter (POO Master workshop)

## H. Safety management

Recently we have experienced such major incidents threatening people's daily living as large-scale disasters and pandemic of infectious diseases. We at Home Hospice should prepare for these incidents so that we can support the elderly persons and the persons with diseases and/or disabilities to live as normal life as possible.

Medium category	Items	Criteria
H-01 Risk management<*16>	Disaster preparedness measures in place	Secure evacuation route
		Evacuation plan prepared<*17>
		Install fire extinguishers, fire alarms, sprinklers etc.
		Regular evacuation drills
		Have regular communication with the fire station
		Take anti-fall measures of the furniture and anti-glass scattering measures taken
		Secure daily life water in case water system is disrupted
		Prepare for blackouts <*18>
		Prepare and update the Internal communication network for emergency
		Prepare and update the list of contacts during emergency
Infection control measures in place	Develop the manual on roles and responsibilities as well as response procedures during emergency	The business continuation plan <BCP> prepared <*19>
		Prepare the manual to prevent and prepare for possible food poisoning
		Take necessary measures in accordance to the manual
Prevention of falls and falls from high place	Provide trainings in accordance to the manual	Have near miss accident report forms
		Share the report to prevent future accidents
Post-accident response	Have emergency food and drinking water for 3 or more days stored	Make a chain of command clear and functioning
		Promptly report incidents to the relevant authorities and agencies
		Promptly report to the family concerned
Other preparedness	Have care supplies for more than a week stored	Take out injury and damage insurances
		Have emergency food and drinking water for 3 or more days stored
		Have sanitary goods for more than a week stored <*20>

H-01 Risk management<*16>	Other preparedness	<ul style="list-style-type: none"> <li>Have medicines and medical products for more than a week secured</li> <li>Have batteries, portable power source, power generators etc. available</li> <li>Emergency cooking devices such as gas cartridge stove available</li> </ul>
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### \*16<H-01> Risk management

At Home Hospice the care principles are described and explained to the user and the family at the time of admission and get their agreement. For example, we do not restrain a person nor make them bed-bound, which means that there is a risk of fall when he/she stands up while no one is around him/her. We make efforts to let a resident eat from his/her mouth as long as possible with the risk of aspiration pneumonia. These risks are inevitable even when they are living in their own house. We will make a quick response when it happens, but we do not force the residents lead unnatural life. Home Hospice in principle offers care with the families and shares the care philosophy with them.

### \*17<H-01>Criteria: Evacuation plan prepared

The evacuation route is developed based on the local hazard map (flooding and tsunami) and the list of items to take during evacuation and the place of their storage is prepared. We also consider the evacuation procedures for the day and night separately. The plan for safety and communication procedures is developed for evacuation at home as well.

### \*18<H-01>Criteria: Prepare for blackouts

Specifically, it is concerning those devices disruption of which would affect life maintenance and emergency related activities: medical devices, air-conditioners, refrigerators, lightings for the night etc.

### \*19<H-01>Criteria: The business continuation plan <BCP> prepared

BCP (business continuity plan) is the plan for preparedness and emergency response developed to maintain the minimum level of operation even when unexpected situation happens such as disasters and novel viral infections.

### \*20<H-01>Criteria: Have sanitary goods for more than a week stored

It is recommended to have a storage of face masks, disinfectants and other infection control items for more than a month. It is also necessary to have dry-bath items and oral care supplies in case daily life water is not available.



Food donated from various parts of Japan during Great Kumamoto Earthquake (Wareokou, Kumamoto City)



A portable battery of 250W, which can run a fan for 6 hours.



A fire drill with the neighbors (Wareokou, Kumamoto City)

年2回の消火設備の定期点検 (愛逢の家)

# I. Organizational development and sustainable management

Home Hospice is a small organization, but it is necessary for us to identify the final decision-making body and have members actively involved in its operation to ensure sustainable operation.

Medium category	Items	Criteria
I-01 Organizational building	Organizational operation is clear	<ul style="list-style-type: none"> <li>Have organizational structure chart</li> <li>Job description with liability prepared</li> </ul>
	Hold management meeting	<ul style="list-style-type: none"> <li>Hold meetings to incorporate staff opinions in the operation</li> </ul>
	Decision making body is functional	<ul style="list-style-type: none"> <li>Hold board and directors meetings with minutes</li> <li>Hold general meetings of the employees based on the company statute with minutes</li> <li>Rules of decision making stipulated</li> </ul>
I-02 Create a good workplace	Labor management	<ul style="list-style-type: none"> <li>Labor and salary regulations developed and followed in labor management</li> <li>Make a contract with staff</li> <li>Execute 36 agreement with employees&lt;*21&gt; and registered in the Bureau of Labor Standards</li> <li>Social, labor and other insurances are adequately managed</li> <li>Perform performance evaluation of the staff</li> <li>Damage compensation insurance etc. are adequately introduced</li> <li>Problem solving procedures including harassment regulation in place</li> <li>Collaborate with a social and labor attorney and comply with laws and regulations</li> </ul>
I-03 Improve a work environment	Strive for organizing and improving working environment	<ul style="list-style-type: none"> <li>Have individual interview of the staff</li> <li>Offer health checkups (more than once a year, for night worker twice a year)</li> <li>Take due consideration of the staff personal situations including parenting and caring of the old and/or sick family members</li> <li>Guarantee opportunity of employment of sick and/or disabled persons</li> <li>Develop supportive relationship among staff</li> </ul>
I-04 Sustainable management	Accounting management	<ul style="list-style-type: none"> <li>Accurately keep and manage ledgers</li> <li>Organize and keep bank books and documentary evidence</li> <li>Accurately prepare and keep financial statements</li> <li>Tax treatment is correctly done</li> <li>Collaborate with public/tax accountant to comply with laws and regulations</li> </ul>

Reporting to relevant authorities	<ul style="list-style-type: none"> <li>When applicable, correct business reporting is made to the authorities</li> <li>Correctly update registered matters of the corporation</li> </ul>
Business development prepared	<ul style="list-style-type: none"> <li>Prepare the business plan for each business year</li> <li>Develop the mid-term (3 years) or longer business plan</li> <li>Do PDCA&lt;*22&gt; in accordance to the business plan</li> </ul>
Effective utilization and control of management resources	<ul style="list-style-type: none"> <li>Chose a private house fit for the purpose of Home Hospice</li> <li>Renovate the house to make the best use of a private house</li> <li>Adequately maintain buildings and furnishings</li> <li>Adequately review user fees</li> </ul>

\*21<I-02>Criteria: Execute 36 agreement with employees and registered in the Bureau of Labor Standards

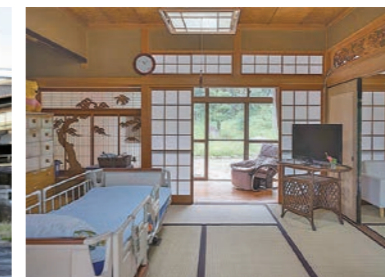
The 36 agreement refers to the notification of agreement on overtime/holiday work. This is based on the article 36 of the Labor Standard Law of Japan which stipulates that when overtime/holiday work is requested over statutory working hours, the agreement should be signed between labor and management and submit it to the Bureau of Labor Standards.

\*22<I-04>Criteria: Do PDCA in accordance with the business plan

PDCA is the cycle of Plan · Do · Check · Action which should be repeated to make continuous improvement of the business operation.



A house located in the suburban residential area with patches of paddy fields(Sa · Mu · E, Himeji City)



A space using the original private house layout (Wako-no-1e, Fukuoka)



A house located facing the old highway along with traditional houses. The house is renovated, utilizing the small courtyard, and adding a wooden deck. (Kaze-no-Siori, Osaka City)

*Addendum*

*Trademark of Home Hospice*

As Home Hospice spread throughout Japan, we came to think that we need to take measures to ensure the quality of care and protect us from something which looks similar but is different. That is the background behind our filing the name Home Hospice with the Patent Office on 29th of November 2012. Now the trademark holder is Home Hospice Association of Japan, and the name can be used by the organizations which belongs to the Association and runs Home Hospice.



Home Hospice Association of Japan  
logotype