

Understanding the Revised CMS Telemarketing Rules

Jeffrey S. Baird, Esq., Chairman

Health Care Group of Brown & Fortunato, P.C.

There has been much confusion in the industry with both the information released last year from CMS as well as the revision to Supplier Standard Number 11 that addresses a DME supplier contacting a Medicare beneficiary in response to receiving a physician's order.

This confusion is very understandable, as CMS initially issued severe restrictions that almost eliminated the ability for a provider to contact the beneficiary to arrange for delivery. The intent of these revised requirements is to address the fraudulent situations where some DME suppliers make "cold calls" to patients for equipment; and the intent is not to prevent the supplier from providing ordered items. In order to understand the revisions, let's review the requirements based on the following scenario:

- Mrs. Anderson is a Medicare beneficiary. She is a patient of Dr. Jones.
- Mrs. Anderson has had a medical event resulting in a need for HME
- Mrs. Anderson meets the coverage criteria for this HME
- Dr. Jones orders HME for Mrs. Anderson and transmits the order to ABC Medical.

Q: Can ABC Medical contact Mrs. Anderson?

Yes. ABC can call Mrs. Anderson to arrange delivery as long as Mrs. Anderson was aware that Dr. Jones was going to send an order to an HME company. Dr. Jones does not need to make Mrs. Anderson aware that his order is going to ABC. All Dr. Jones needs to do is to make Mrs. Anderson aware that an order is being sent to an HME company.

At the time that ABC receives the order from Dr. Jones and at the time that ABC calls Mrs. Anderson, ABC is not required to possess evidence that Dr. Jones, in fact, notified Mrs. Anderson that he was going to transmit an order to an HME company.



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However, in the event that the OIG or a CMS contractor ever demands proof from ABC that the notification (from Dr. Jones to Mrs. Anderson) occurred, ABC will be required to produce such proof. This puts ABC in somewhat of a vulnerable position. **What should ABC do?**

The following are steps (from the most conservative to the least conservative) that ABC can take:

- Before ABC calls Mrs. Anderson, ABC requires that Dr. Jones send ABC a statement, signed by Mrs. Anderson, that she was aware that Dr. Jones was going to transmit the order;
- Before ABC calls Mrs. Anderson, Dr. Jones sends confirmation (from Dr. Jones, not from Mrs. Anderson) that Dr. Jones made Mrs. Anderson aware that he was going to transmit the order;
- When ABC receives the order from Dr. Jones, his office staff member or the discharge planner, ABC confirms that Dr. Jones has informed Mrs. Anderson that he would order HME and ABC will write the confirmation into Mrs. Anderson's file;
- Before ABC calls Mrs. Anderson, Dr. Jones makes ABC aware that it is his policy to notify patients in advance of his transmitting an order for HME;
- ABC simply calls Mrs. Anderson in response to the order, hopes that ABC is never questioned about the order by the OIG or a CMS contractor, and if ABC is questioned, hopes that Dr. Jones can present proof that he gave prior notification to Mrs. Anderson.

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From the Director's Desk

Mary Nicholas, MHA
Executive Director

Organizational Change...not just a catch phrase

As I was pondering my next Champion Chat article topic, I received an Email from one of the organizations I belong to, the *American Society on Quality (ASQ)*. This Email was their "ASQ Healthcare Update" and the topic was Organizational Change. A paragraph in this Email, describing an article from the *Journal for Quality and Participation* stated, "...the rewards for those organizations that manage their change efforts well are significant and include improved competitive standing, as well as more advantageous positioning for a better future". Perfect! How timely and applicable this descriptive statement is to our industry.

Could it be that businesses and industries other than ours are also concerned with how to stay competitive, reap rewards and set themselves up for a better future? We all know that the answer is, of course, yes! So I clicked on the article and gave it a thorough read. The title of the article is "**Organizational Change that Sticks**". As I read it, I could have sworn that the author, Michael Stanleigh, has been reading our industry journals, peeked in on industry training sessions and overheard conversations at our industry association meetings because this article seemed to speak to exactly what suppliers are facing every day. I found it so compelling that I want to share an outline of the article with you.

Stanleigh begins by identifying "What Drives Change" and offers the items below:

- ✓ A sense of urgency
- ✓ Mergers and acquisitions
- ✓ Innovation
- ✓ Technology
- ✓ A decline in sales and/or market share
- ✓ Initiatives for restructuring/reorganizing
- ✓ Globalization / expansion / growth

He then asks, "Why Do Change Initiatives Fail?" He reports that managers frequently fail to realize that adjustment to change takes time. The expectation is that employees move quickly through all the phases of adjusting to change. Failing to recognize that the change process is never uniform is a key factor.

There is a point at which "change" either progresses or turns in to crisis. Leadership must recognize the difference and plan for progressing forward methodically and clearly.

"What Prevents Successful Organizational Change?" is the next question asked. The author states that there are specific approaches that impede the change process. He identifies the following as circumstances that get in the way of positive steps forward:

- ✓ Not engaging all employees
- ✓ Managing change only at the executive level
- ✓ Telling people "we have to change" (crisis mode)
- ✓ Sending staff to "change training" and expecting it to occur automatically
- ✓ Not honoring the past
- ✓ Not giving staff time to vent first and then change

In conclusion, Stanleigh offers 10 tips to create organizational change that "sticks". They are:

- ✓ Accept that change is a process
- ✓ Move forward step by step
- ✓ Assess potential risks and generate motivation
- ✓ Form a powerful guiding coalition
- ✓ Create shared values for change
- ✓ Communicate the vision
- ✓ Empower others to act on the vision
- ✓ Plan for and create short-term wins
- ✓ Consolidate improvement and keep the momentum for change moving
- ✓ Institutionalize the new approaches

There is so much changing around and within our industry. Have we all adapted to and adjusted our business thinking to these changes? If you are pondering, as I was, whether or not significant changes are needed in your organization in order to keep up, stay competitive and set yourself up for a stronger future, then I hope this article outline has stimulated your thinking in a direction that is right for you. A stronger industry is what we all seek. Here's to Positive Change! ✓

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MAMES
10/6-7
(Bloomington, MN)

Medtrade
10/24-27
(Atlanta, GA)



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Follow @HQAA on Twitter, where Mary tweets a tip (#twip) everyday that relates to the standards, quality or efficient business practices for your company.

To sign in and start an account (HQAA follows many DME businesses on Twitter) go to www.twitter.com. This is yet another good place for informative resources. You should see what other DME's are saying and doing!



AUGUST
Managing Your Retail Area

SEPTEMBER
Client Medical Records

OCTOBER
Staff Education,
Training and Competency

NOVEMBER
Quality Improvement
Program

DECEMBER
Leadership Review

JANUARY 2012
Forms Review

FEBRUARY
Disaster Plan and Emergency
Preparedness Plan

MARCH
Grievances/Adverse Event
Management

APRIL
Patient Intake Process

MAY
Transfers, Terminations &
Denials

JUNE
Delivery Process Review

JULY
Materials Management

ACT (Accreditation Continuation Toolkit) is the program offered to HQAA accredited providers after their successful accreditation to assist them in maintaining and updating their high quality standards and accreditation requirements on an ongoing, on-line basis so that accreditation renewal is smooth and seamless.

Each month, providers enrolled in **ACT** work with a “bite-sized” component of standards to ensure that they are reviewing and updating their processes as needed. By addressing accreditation compliance requirements in small, “bite-sized” components, last-minute renewal work is eliminated, and what can be extensive work is accomplished in efficient, incremental steps. Featured monthly topics assist providers in conducting audits and updating information. Providers who subscribe to **ACT** receive the plans, tools and access to experts in one easy-to-use website, saving both time and money.

In this issue we are highlighting the **ACT** topics for August, September and October and listing some of the questions posed for subscribers to review to ensure that they are meeting their accreditation standard requirements.

August - Managing Your Retail Area

Are you ensuring that you are maintaining proper infection control guidelines in your retail area? Are you providing all of the required items to your customers in your “packet” such as Patient Rights, home safety information, after hours method of contact and ways to make a complaint?

September - Client Medical Records

With the relatively new requirements to have the physician's notes in your record, how do you maintain the confidentiality and integrity of each client's medical record including any protected health and medical information?

October - Staff Education, Training and Competency

Ensure that you have current educational calendars for each year and that all education is documented. Make sure that all staff have signed and dated job descriptions when they are hired and when they change jobs during the course of their employment.

Starting in 2011, all companies awarded accreditation receive 3 months of the **ACT program for FREE! We appreciate your continued trust in HQAA as your accreditor!**

For more information, contact:

gabe.nicholas@hqaa.org
866.490.7980

Thank You for your Loyalty!

Here's what one of our current **ACT subscribers is saying:** “ACT is a wonderful tool. It breaks down the content into useful pieces that can easily be reviewed by staff and updated as it is reviewed. Time commitments are eased all applicable policies and procedures are made easy.

The monthly topics address the standard and are an excellent tool to use.

The accreditation process can seem overwhelming. HQAA eases that stress by having the ACT workroom. As we learn to make better use of the ACT workroom, BME will have better informed staff and improved business operations.”

**Gary A. Johnson, Manager
Bemidji Medical Equipment, Inc.**



HQAA

Recently Accredited Quality Champions

Please join us in congratulating
these recently accredited providers.

A Perfect Fit, LLC	June 2, 2011	Continental Homecare Services, Inc.	July 7, 2011
ABC Medical, LLC	April 6, 2011	D.M.E. Direct LLC	July 5, 2011
Achterhof Healthcare Pharmacy, LLC	March 22, 2011	Darlene Able	June 28, 2011
Advanced Health & Physical Medicine	May 16, 2011	Davis Pharmacy Inc	June 1, 2011
Advanced Medical Equipment, LLC	May 17, 2011	DNG Group Inc.	June 9, 2011
Advanced Respiratory Services Inc.	June 29, 2011	DONGNAI PHARMACY, INC.	May 17, 2011
ADVANTAGE DME LLC	May 16, 2011	D-REX Drugs of Jonesville, Inc.	June 23, 2011
All Med, LLC	May 23, 2011	Eclipse Medical, LLC	May 4, 2011
Alternative Sleep Health, Inc.	June 20, 2011	EVEREST MEDICAL & ORTHOPEDIC SUPPLY	June 6, 2011
AMD MEDICAL SUPPLY	April 20, 2011	EXPRESS MEDICAL SUPPLIES INC	May 24, 2011
American Home Medical Equipment, Inc.	April 5, 2011	Gage Lucky 13 LLC	June 8, 2011
Ann's Pharmacy & Discount	May 6, 2011	Grubb's Pharmacy of DC Inc.	March 29, 2011
Apple Independence Mobility, LLC	June 6, 2011	Harbor Oxygen of Traverse City, LLC	May 25, 2011
At Home Respiratory, Inc.	June 8, 2011	Harkness, Inc	April 21, 2011
B&G HARVEST MEDICAL SUPPLY, LLC	April 13, 2011	Hicks Group, Inc.	May 2, 2011
Bay Medical Center	April 14, 2011	High Plains Home Medical Equipment, Incorporated	May 31, 2011
BEGGS PHARMACY, INC.	May 2, 2011	Home Care Medical LLC	June 14, 2011
Bilgin Inc.	May 2, 2011	HPb, Inc.	June 6, 2011
BLUEBONNET DME LLC	June 30, 2011	Innovative Medical Supply, LLC	May 4, 2011
Caprock Discount Drug, Inc.	May 24, 2011	Jajco Inc	May 23, 2011
Carolina Medical Equipment, Inc.	April 18, 2011	JMR Medical Inc.	April 28, 2011
Casa Medical	March 30, 2011	Jugar, Inc.	June 16, 2011
CCC PHARMACY LLC	May 9, 2011	KEEN MOBILITY COMPANY	June 7, 2011
Central Kansas Respiratory Services LLC	May 16, 2011	Key Medical, Inc.	May 9, 2011
Chinook Pharmacy Inc.	June 2, 2011	Lakeland Drug Company	April 19, 2011
CHRISTINA'S MEDICAL ARTS PHARMACY INC	April 18, 2011	Legacy Oxygen & Home Care Equipment	June 6, 2011
Clayton R. Edwards	May 3, 2011	Life Guard Inc.	April 26, 2011
Cloud Medical Supply	April 27, 2011	Links Rx Inc	May 16, 2011

We look forward to listing your company as one of our Quarterly Champions! Come join our family!

HQAA
Recently Accredited
Quality Champions



Loucas/Karnoupakis Ent.	May 12, 2011	Pungo River Pharmacy Inc.	May 24, 2011
LV Medical Diagnostics, Inc.	May 17, 2011	R and M Drug Corp.	April 28, 2011
Matrix Mobility & Healthcare Products, LLC	May 10, 2011	R.A.S. RESPIRATORY CORPORATION	June 23, 2011
MayField Inc.	May 10, 2011	Riggs Hospital Supplies, Inc.	June 7, 2011
MedCare Service	April 12, 2011	San Angelo Healthcare LLC	March 30, 2011
Medical One, LLC	May 3, 2011	Sav-Rite Home Care	May 31, 2011
MedPlus Medical Equipment Company	May 17, 2011	Scott Medical Equipment LLC	May 2, 2011
Menaul Medical Supply LLC	June 14, 2011	SDM Investments LLC	July 6, 2011
Merissa Corp	June 1, 2011	Sherry G. Hill	May 3, 2011
Midland Sleep Central LLC	May 24, 2011	Sierra Health Services/Corporate	June 13, 2011
Miles Management Group, Inc.	April 26, 2011	Simplistic Medical, LLC	June 7, 2011
MLM Pharmacy, Inc.	May 16, 2011	Sleep Right SG, LLC.	May 16, 2011
Mom & Pop`s Family Pharmacy LLC	May 9, 2011	Somani Corporation	May 12, 2011
Moreno Pharmacy and Discount, Inc.	May 27, 2011	Stockton Finance	May 3, 2011
Morton- Wuebbels Pharmacy, Inc.	May 18, 2011	Sutter Care at Home	May 3, 2011
Multicare Home Health	April 11, 2011	Tri State Medical Supply	May 18, 2011
Mystic Medical Equipment	May 18, 2011	Two In Clover, Inc.	May 24, 2011
Nationwide Sleep Therapy LLC	May 23, 2011	Ultima Medical Supply LLC	June 14, 2011
Newport Medical Supply, LLC	May 25, 2011	Vasocare LLC	May 2, 2011
NEXT STEP MEDICAL CORP	May 18, 2011	Vital Products, Ltd	April 27, 2011
Ocean State Rehab Equipment, Inc.	May 2, 2011	VOT Inc.	May 10, 2011
On Time Medical Equipment & Supply	April 26, 2011	Walter David Spence	February 17, 2011
Patients First Medical, LLC	April 18, 2011	Wheelchair and Walker Rentals, Inc.	May 16, 2011
Pharmaceutical Technologies, Inc.	June 13, 2011	Whitley County Drive In Pharmacy, Inc.	April 21, 2011
Phoenix Healthcare, LLC	June 23, 2011	WILDERN`S DURABLE SUPPLY	May 26, 2011
PJF Management, Inc.	May 18, 2011	Woodmark Services, Inc.	June 13, 2011
POWHATAN PHARMACY	March 29, 2011	Woodward CJS Pharmacy, Inc.	May 19, 2011
Professional Medical & Surgical Supply, Inc.	June 20, 2011	Zylstra Medical Supply, Inc	May 25, 2011
PTRN DME INC	June 7, 2011		



Champion Chat's Regulatory Update
is provided by industry consultant
Mary Ellen Conway. Mary Ellen can be
reached at 301.896.0193 or maryellen@
capitalhealthcaregroup.com

Regulatory Update

Mary Ellen Conway, President
 Capital Healthcare Group

Focusing on Your Accreditation Renewal

Having just returned from Cardinal Health's Annual Conference in Las Vegas, I thought it would be a good time to discuss some of the items that providers spoke about with me.

Your Individual Accreditation Timeline

In the "old days" when accreditation was not required by CMS, you could expect to see your surveyor for your accreditation renewal either before or after the date through which you were accredited. Sorry, but those days are gone. CMS now enforces an accreditation "expiration" date, which is the date in 2011 or 2012 on your accreditation certificate. That "expiration" date is now the end of your three-year accreditation.

For example, if you were accredited on June 1, 2009, the date on your HQAA Accreditation Certificate is June 1, 2009. On June 1, 2012, your accreditation expires. You must be reaccredited before June 1, 2012. You know that you CAN NOT bill Medicare for identified Part B items unless you are accredited and if your accreditation lapses, the National Supplier Clearinghouse (NSC) will revoke your supplier number. There is a one-year waiting period for re-application. If you become accredited after that date, your supplier number and your accreditation is not effective retroactively.

HQAA (and all of the accreditors) need to conduct your re-accreditation visit well in advance of your "expiration" date so that if there are deficiencies found, you have adequate time to correct

them, file a plan of correction, have the plan approved, complete a re-visit (if needed) and successfully be reaccredited in adequate time so that there is no lapse or gap in your accreditation status. In order to meet these deadlines, you MUST begin your renewal process 9-12 months prior to your "expiration" date in order to have adequate time. Be sure to contact HQAA early for their guidance on your expected timeframe and a review of the amount of work you will need to do in preparation.

Using a Consultant

A consultant can help you efficiently review and evaluate whether you have any deficiencies that need to be addressed before your accreditor arrives for your on-site visit. But a consultant should NOT be your sole means of meeting your requirements. I always spend time explaining to customers that if you are asking that I, or a member of my staff, complete and monitor all of your accreditation requirements, it would be the same as asking someone to take a college course for you and pass the test, but then you would be responsible to know the material and implement the requirements into your daily operations. We work with our clients to assist them in creating simple and effective ways to meet their accreditation and regulatory requirements as well as perform on-site evaluations to evaluate their survey readiness. Use a consultant to ensure that your process is complete and thorough so that you do not have any unexpected trouble renewing your accreditation, and do it WELL in advance of your "expiration" date.

Understanding the Revised CMS

Telemarketing Rules *(continued from p.1)*

Regardless of which course of action that ABC takes, when ABC calls Mrs. Anderson, ABC should (at the outset) ask Mrs. Anderson if she was aware that Dr. Jones was going to place an order for HME. If Mrs. Anderson says "yes," then ABC should proceed to make arrangements to go to Mrs. Anderson's home and deliver the equipment. If Mrs. Anderson says "no," then ABC should tell Mrs. Anderson to call Dr. Jones and confirm that:

1. the two of them are on the "same page" regarding Dr. Jones' determination that Mrs. Anderson needs the equipment and then

2. call ABC back to confirm that she wants ABC to deliver the equipment

The revisions to this standard can be confusing, but if the supplier has a clear understanding of what needs to be documented, there should be no problem proving such in the event of an audit.

In next month's newsletter, we will review a "hot button" marketing issue: When are you required to have sales staff as W-2 employees versus independent contractors?

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Compliance Corner

Curtis McLees
Director of Compliance

Each quarter, Champion Chat features information provided by Curtis McLees, that highlights common problematic areas of compliance

Many HQAA accredited suppliers were accredited for the first time in 2008 and are now going through their first re-accreditation survey. After reviewing hundreds of these recent re-accreditation survey results, there appears to be a trend where many suppliers somewhat abandon their efforts to maintain compliance with the accreditation standards. This lack of follow-up results in being costly on several levels as well as being a short-sighted business strategy:

Costly: If the re-accreditation survey results in a follow-up, or focus survey, the organization will likely have another unannounced site survey within the new three-year accreditation cycle and these additional expenses can be costly.

Short-sighted: On reaccreditation surveys, surveyors determine an organization's compliance with accreditation standards by looking at the past three years of records. A supplier's past history is often a good indicator of future performance, thus organizations that are barely compliant "raise a red flag".

In preparing for a re-accreditation survey, there seem to be key areas that are often overlooked. Two of these key areas are:

Employee Files

Keep current with the training required for your staff, including competencies, compliance and billing (when billing is applicable) education. Conduct competency reviews and employee evaluations in a timely manner. Annual evaluations conducted on time give the employer an opportunity to point out documented areas where an employee can improve when warranted. Having recorded competencies on file reduces the organization's risk and ensures that the staff members are teaching customers how to use equipment correctly. Maintain employee files in a consistent and organized fashion and conduct routine audits of these files (at least annually) to ensure that they stay complete.

Quality Management

Continue to collect mandatory data, but do something constructive with the data collected that will benefit the business. Be creative and don't just collect the data to meet the data collection requirements. Have demonstrated proof that the results of the data collected are discussed, reported, and, when applicable, show changes made in the organization to show improvement. Document sentinel events, or document "none" if there were none. Logs with an entry stating "No events last quarter" with a date and signature prove that the process is not being ignored.

If a surveyor determines the supplier is barely compliant with the accreditation standards, he/she will more than likely dig-in further to determine the degree of non-compliance. If compliance with the standards has deteriorated significantly since the last survey, overall accreditation may be at risk. Not keeping up with the accreditation standards breaks a trust between the accrediting organization and the supplier, forcing the accrediting organization to scrutinize the supplier more closely during the next three-year cycle.

On the flipside, keeping up with accreditation compliance results in a survey that is far more comfortable and one that generally results in "bragging" with the surveyor while sharing improvements in such things as tracking methods, logs, file management, training opportunities and more that have occurred in the past three years. This is a **far better result** and is the outcome desired from both parties' perspectives.

A supplier awarded a three-year accreditation is, by agreement, bound to maintain all of the applicable accreditation standards for the entire three years, not just a few months prior to the triennial survey. Use the resources available to HQAA accredited providers, such as the ACT Service, to help spread continued compliance into small, "bite-sized" components over the three years and not just during the few months of accreditation renewal.

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Ask the Coaches

Here we feature questions often asked of our coaches

Q: I am going to add some new products to my retail store. How do I update my product category listing?

A: As an accredited provider, when you log in to the HQAA website, you will automatically be taken to the ACT Service homepage. This can be accessed even if you are not currently subscribing to the ACT Service. Follow these simple steps:

- In the upper right corner you will see a link labeled “Profile”. By clicking on this you will see an option for “Product Lines”
- Click on “Product Lines”
- Click the box(es) next to the location(s) you wish to update. You may also enter a brief description in the comment field but it is not required.
- Check or uncheck the equipment you want to add or remove
- Click the “Submit” button

***Reminder:** Remember to update your 855-S immediately with the NSC so it matches your equipment list exactly!

Q: What types of things will I expect to find in the ACT Service?

A: There are numerous helpful tools, checklists and information in ACT. Just to name a few: monthly webinars, weekly worksheets to track your progress, access to your Workroom, industry related resources and links and a message center to keep you informed on HQAA happenings.

Q: I am currently working through the renewal process and would like to know what are the most common policies or documents that must be updated?

A: There are several time sensitive policies/documents that you will submit to your workroom during your reaccreditation. They are:

- HR 5- Annual Educational Calendar
- ICS 2- Safety/Infection Control Educational Calendar
- ICS 8- Copy of the written evaluation of the most recent fire drill/evacuation drill
- QM 1- QI/PI Report from the most recent quarter

Q: I'm not sure if we kept track of all of the policies that have been updated since we were accredited. How can I review the original policies that we sent and were filed?

A: In your workroom, go to the individual standard, just as you did when you originally submitted your documentation. To the left of the “little gold ball” you will see a box with a blue check mark. By clicking on the blue check mark, you will be able to open the document that was sent and/or filed.



Take a victory lap with HQAA accreditation.

A simplified approach makes you a winner.

The race to accreditation is won one lap at a time. That's why HQAA champions a simplified approach that allows you to manage your documentation in small, incremental steps. When accreditation is more manageable, you're sure to enter the winner's circle in record time.

Learn more at www.HQAA.org/race or call 866.909.4722.

**Healthcare
QUALITY**
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Ask the Surveyor

your questions answered...

Steve DeGenaro

Director of Survey Services

In each issue we address questions our customers send to our surveyor team

Tracking DME Equipment & Supplies

All accrediting bodies have standards that require that an effective equipment tracking system be in place. Tracking systems are essentially a tool to help a supplier keep track of where rental equipment and products are at any given time. The purpose of these tracking systems is not only for good overall inventory control and management, but also to facilitate a smooth and effective recall process.

The simple rule of thumb regarding what equipment and products need to be tracked is if the item has a serial or lot number. Items with serial numbers include ventilators, oxygen producing devices or other items with motors. Lot or batch numbers appear on delivered gases, drugs and biologicals. Organizations can choose how they track equipment and must develop policies and procedures to address how to track them.

Tracking systems can be:

- Paper systems, such as logbooks, note card inventory systems, and tickler files.
- Electronic systems, such as inventory control software that typically interfaces with a company's billing software that may offer bar code scanning and more.
- Simple spreadsheets, such as Excel files with a log of the serial/lot numbers and where equipment/device/product is located.

These systems—both the paper and electronic—are only as good as the person(s) managing the paperwork or inputting data into a computer program.

Expect the surveyor to “test” your system. He/she will typically review your applicable policies and procedures and interview staff throughout the survey process regarding your tracking and recall procedure. All staff working with equipment, from warehouse/maintenance employees to delivery technicians and clinicians performing deliveries should be aware of your procedure and be able to describe it to the surveyor. The surveyor will typically gather some serial and/or lot numbers from

equipment/products observed throughout the course of the survey and ask to see where these items are found in your tracking system. Some serial numbers obtained may come from equipment seen during a tour of the warehouse and some may come from items observed during home visits. Additionally, some serial numbers may be gathered from patient charts reviewed.

The surveyor will present these serial/lot numbers and ask the company to validate how their system works by finding the location of this specific equipment/product in the tracking system. Staff may be able to describe their procedure and how they keep track of inventory, but “the proof is in the pudding” (so to speak). Demonstration of the system to the surveyor proves its effectiveness.

The best “test” to ensure that your process is compliant is to perform a mock recall yourself. Do exactly what the surveyor would do and gather some serial and/or lot numbers randomly from patient charts, on equipment in the warehouse and from equipment in various patient homes. Test the system to see if your procedure is working properly and test it on a regular basis to make sure it is being updated as deliveries and returns occur and change the inventory on a daily basis.

A good tracking system is good business. Inventory control and management does not have to be a complicated process as long as your company has a good understanding of where your equipment and products are located in your facility and in the community. HQAA Standards **ICS 5 -Product/Item Recall** and **MM 3 -Equipment/Device Inventory Tracking and Monitoring Functions** are the two standards that contain the specific language relating to your organization's tracking procedures. Be sure to familiarize yourself with those standards; and be prepared to describe the processes your company uses to locate, track, and recall equipment and products.

Submit your questions by clicking [“Ask the Surveyor”](#)

Here's Our Latest News - What's Yours?

*We hope you are enjoying your issues of Champion Chat as much as we enjoy providing them to you. Help us stay in touch with what's happening in your world by keeping us up-to-date. We rely on you to suggest stories, submit questions to our team of experts and give us feedback on the items and articles you are reading. We need you, our industry colleagues and accredited providers, to keep us in your “loop”. If you, a co-worker, supervisor or owner of your company has been recognized in some way, or has done an outstanding job of demonstrating Champion behavior, submit your nominations for **HQAA Champions in the News** to info@hqaa.org so that we can share your pride in making a difference in your customers lives, your community or in the industry. We appreciate the questions you've sent to **Ask the Surveyor** and **Ask the Coaches** and hope the questions and answers we've featured have been helpful. Your involvement helps us stay informed and in touch. Keep those Emails coming!*

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