

## Social media – join the conversation.

Alyssa Becthold

Vice President/Public Relations, Hellman

Make no mistake – social media is not a fad. It's a revolution. And it's affecting every industry, including HME businesses. From blogs, Facebook and YouTube to "tweeting" a Twitpic from an event, social media networks and applications have turned traditional communication methods upside down. People and companies everywhere use social media tools to boost brand awareness, create conversation and buzz, and connect with their target audiences using real-time, forward-moving content.

It can all seem so overwhelming. Knowing **how** to maximize social media opportunities and **why** to do it is essentially your goal. The best place to start is to take a look at your current marketing and PR initiatives and begin to integrate both social and traditional media tactics around them.

The end goal is still the same – connecting your business to the target audiences you want to reach. It's the *way* to communicate that has changed.

### How can HME businesses benefit?

The array of social media tactics, content and concepts are virtually endless. Participation, conversation, community and

connectedness come in different forms:

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- **Participation:** Social media encourages participation from all users in the form of content contributions and engaged feedback. The participation element of social media blurs the lines between communicators and audiences.
- **Openness:** Most social media applications are open to all users. Social media allows open access of content and encourages voting, commenting and sharing of information.



- **Conversation:** Unlike more traditional methods of communication, social media uses two-way communication, allowing the audience to communicate with businesses, content providers and organizations.
- **Community:** Communities form easily within social media and share common interests across a wide spectrum of topics. Communities allow members to communicate quickly and effectively.
- **Connectedness:** Social media applications are not stagnant; they are constantly growing and evolving. This is possible because of the connectedness of social media. Most forms use integrated links to connect with other sites, people and additional resources.

### It's time to join the conversation.

There's a conversation going on out there about your brand, whether you want it to or not. Target audiences no longer accept being told what to think. They want a conversation. They want a say.

Therefore, take some time. Research the social space to help you determine which social media tools work best for your business. And then begin to become relevant in the conversation, making sure you meet the new level of expectation – transparent, authentic communication.

### Make social media work for you.



Alyssa Becthold is Vice President/Public Relations at Hellman, an employee-owned, full-service marketing agency located in Waterloo, Iowa. She leads the team of PR and social media specialists in creating and implementing PR/social media strategies and programs for clients nationwide.

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## From the Director's Desk

Mary Nicholas, MHA  
Executive Director

### What is "The One Thing"?

In our family we like to toss around movie trivia. For this edition I am going to share a personal movie 'a-ha' moment. I love movies where comedy provides the backdrop for life lessons, and who doesn't love Billy Crystal? Besides the fabulous movie *61* (Go Yankees!), my next favorite movie of his is *City Slickers*. The moment that I'm speaking of comes from the character Curly.

With regards to **compliance**, the very popular buzz-word in the healthcare industry, I am reminded of Curly, the weather-worn, leathery cowboy. For the longest time he had Billy Crystal's character puzzled when he would hold up his index finger and talk about always doing "the one thing". While the threesome from the city struggled to create new selves in the rugged rural setting, Crystal's character became more reflective. What was that "one thing" he pondered, all the while his friends were letting the new environment change their life course. The answer is to always do the "right thing". The "right thing" is one way to describe how to get started

with and the path to take when developing a program and processes meant to manage **compliance** in an organization. The "right thing" implies good values, legality, and ethics all within a structure of who we are as people, and then, of course, who organizations are to their employees, customers and payers.

It's time to focus on the "right thing" and all the things that are important in your company; those things that are worth protecting and standing proud to represent. Just like Crystal's character, he discovered that the rugged West wasn't going to redefine him during his mid-life crisis. What he discovered is what we all strive to discover - our own "right thing". It's time (if you haven't already) to discover **compliance** within your organization --- the mandate is coming soon, so it is time to be proactive. We don't want to be thrown in to the Wild West to have to discover it, but to do so on our own terms. I hope that for this edition of the Champion Chat, you will find that process reinforced. 🙌

Make sense of **Social Media.**  
Strategies Campaigns Success



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### HQAA On the Road

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(Atlanta, GA)

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4/13-14  
(Las Vegas, NV)

### Calling All Consultants

Want to learn more about HQAA?

An Afternoon Just For You at Medtrade!

**When:** Mon 11/15  
2-4pm EST

**Where:** Atlanta  
Marriott  
Marquis  
**Mark Your Calendar!**

To sign up to receive **Champion Chat** directly, click **here** or contact us at 866-909-HQAA and ask us to add you to our mailing list

**NOVEMBER**

**Transfers, Terminations,  
Discharges & Denials**

**DECEMBER**

**Delivery Process Review**

**JANUARY 2011**

**Materials Management**

**FEBRUARY**

**The 3 R's: Recalls, Returns,  
Repairs**

**MARCH**

**Physical Locations**

**APRIL**

**Personnel Files**

**MAY**

**Emergency - Disaster  
Preparedness**

**JUNE**

**Infection Control & Safety**

**JULY**

**Compliance**

**AUGUST**

**Retail**

**SEPTEMBER**

**Client Medical Records**

**OCTOBER**

**Staff Education, Training and  
Competency**

**ACT** (Accreditation Continuation Toolkit) is the program offered to HQAA accredited providers 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-size 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 November, December and January and listing some of the questions posed for subscribers to review to ensure that they are meeting their accreditation standard requirements.

**November- Transfers, Terminations, Discharge and Denials**

**Corresponding HQAA Standard- PS 1- Client Acceptance/Services**

Do your staff recognize and deal effectively with major mileposts of change/transition in care delivery? What are your processes when a client must be terminated from service? Does your discharge process provide you clients with continuity of care when needed?

**December- Delivery Process Review**

**Corresponding HQAA Standards- DEL 1 Delivery Documentation, DEL 2- Transportation, Handling and Delivery of Equipment/Devices, DEL 3- Delivery, Set-up, Inspection and Use, DEL 4- Client Residence Assessment, DEL 5- Equipment/Device Delivery and Pick-up, PS 1- Client Acceptance/Services, ICS 10- Vehicle Maintenance, Labeling and Use**

Does your delivery process assure your clients of your organization's exceptional and personal high quality service?

**January- Materials Management**

**Corresponding HQAA Standards- ICS 2 Maintaining a Clean, Safe and Organized Work Environment, ICS 3 Receiving Clean or Contaminated Items, MM 1- Warehouse/Storage, MM2 Selection of Equipment, Device and Supplies MM 3- Equipment/Device Inventory Tracking and Monitoring Functions MM 4- Preventative Maintenance, Repair and Testing**

Can your organization ensure the effective and safe cleaning of all re-usable equipment? Do your storage areas ensure staff safety and appropriate storage for all "Patient Ready" equipment? Do you have an effective system in place to track and monitor your organization's inventory? Do you have adequate processes in place to repair and maintain the equipment in your inventory?

**Here's what one of our  
current  
ACT subscribers  
has to say:**

"ACT is a great tool in helping our company stay in compliance. It is a great tool in motivating us to review and keep policies in place. We often use subjects from the monthly guides for our quarterly Quality Control meetings. It leads us in ways to improve the quality of service to our clients. I appreciate the information about policies that need to be implemented. An example is having a return policy posted in our showroom. It is great knowing that by using the ACT program, our policies and procedures are up to date which will make our next survey much easier. Thank you HQAA!" **Lola Van Kalsbeek, Administrative Assistant, Wheelchair Dynamics, Inc.**

**Haven't signed up for  
ACT?**

**Contact Gabriel Nicholas,  
HQAA Business  
Development Manager  
gabe.nicholas@hqaa.org  
866.490.7980**



# HQAA

## Recently Accredited Quality Champions

Please join us in congratulating  
these recently accredited providers.

Alliance Home Medical	8/24/2010	DSI Midwest Associates	8/24/2010
Alliance Medical Supply and Equipment and Supply, LLC	8/17/2010	Edge Medical Supply, LLC	8/30/2010
AOC-DME Corp.	8/3/2010	Elite Medical Supplies, Inc.	9/29/2010
Argus Medical Supply Company	9/23/2010	Ellis County Home Medical Equipment, LLC	9/30/2010
Aspen Valley Hospital District	8/25/2010	EntraMed, Inc.	8/31/2010
Assistive Technology Group, Inc.	9/13/2010	EP Medical Equipment, Inc.	8/17/2010
Azer Medical Supply, Inc.	8/9/2010	Equimedica, LLC	8/24/2010
Baizan Medical Equipment, Inc.	8/16/2010	Eric Lee Perry, Inc.	8/19/2010
Bi County Medical Supply, Inc.	8/17/2010	Foothills Pharmacies, Inc.	8/4/2010
BJ's Wheelchair Service	8/30/2010	Guardians Circle of Care DME	9/9/2010
Capitol Medical Supply, LLC	8/5/2010	Hermitage Apothecary	8/17/2010
CareFirst of Fort Wayne, Inc.	9/14/2010	J & J Home Health Agency, Inc.	9/22/2010
CRTS, Inc.	8/25/2010	Jespersen Family Drug, Inc.	9/20/2010
David Petsch Enterprises, Inc.	8/3/2010	Kedo, LLC	9/13/2010
Davidson Home Health Equipment, Inc.	9/21/2010	Kelley Medical Equipment and Supply, LLC	8/17/2010
Desert Medical, LLC	8/31/2010	Lifestyle Scooters, Inc.	10/4/2010
Dickson Medical Equipment	8/30/2010	LM Jade, Inc.	8/25/2010

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

**HQAA**  
**Recently Accredited**  
**Quality Champions**



Locatel Store Operations, LLC	8/12/2010	Stanton-Negley Drug Company	8/2/2010
Magnolia Mobility, LLC	9/15/2010	Sentry Drug Center #11, Inc.	8/6/2010
Manuel Enterprises, Inc.	8/17/2010	S.A.S.B., Inc.	8/10/2010
Medcare Infusion Services, Inc.	9/8/2010	South Florida Medical Supply, Inc.	8/11/2010
Medical Care Specialists Corp.	9/13/2010	Stat DME, LLC	8/17/2010
Mercer MS, LLC	8/23/2010	Sweet Dreams Sleep Therapy, LLC	8/18/2010
Millennium Oxy-Med Equipment CO, LLC	8/23/2010	TLC Oxygen & Medical Supply	8/19/2010
MSB, Inc.	8/11/2010	Special Care Home Oxygen and Medical	8/23/2010
Nebraska Scooter Mart, LLC	9/21/2010	Titusville MS, LLC	8/24/2010
North Central Medical Supply	9/7/2010	South Florida Medical Corporation	8/26/2010
Oxygen Express, Inc.	9/14/2010	The Electric Scooter Company of Oklahoma	8/31/2010
Personal Care Products, Inc.	9/8/2010	The Healthcare Store, Inc.	8/31/2010
Phyllis Borgardt and Assoc., Inc	9/14/2010	University of Kansas Hospital	8/31/2010
Progressive Medical	9/23/2010	Tender Touch Medical Supply	9/1/2010
R & J Pharmacies, Inc.	8/18/2010	Versailles Home Health Medical Equipment, Inc.	8/23/2010
Redeemed Medical Supplies, Inc.	8/26/2010	Warren MS, LLC	8/23/2010
Royalty Medical, LLC	8/12/2010	Wheelchair Works, Inc.	9/13/2010
		VN Medical Supply, Inc.	9/14/2010



*Champion Chat's Regulatory Update is provided by 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*

You may be aware that Medicare issued updated and revised Supplier Standards on August 27th, and these standards were to be in effect in your organization as of September 27th. There are now 30 Supplier Standards. Some of these revisions and new standards may pose a challenge to some providers. Let's review them.

## Revised Standards:

**#1: A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.**

Comment: CMS added this language to ensure that the licensed practitioner (RT) is an employee of your organization, not a contractor. If your state requires that you utilize a licensed practitioner (RT), each must be a full or part time employee.

**#7: A supplier must maintain a physical facility on an appropriate site. This standard requires that the location is accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.**

Comment: These new regulations more stringently regulate what is considered an appropriate site. The regulations now also require that the site

- Be accessible to the public and CMS
- Maintain a permanent visible sign in plain view and post business hours of operation
- Be accessible and staffed during posted business hours
- Be in a location that contains space for storing business records
- Be in a location that contains space for retaining any necessary ordering and referring documentation

**#8: A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.**

Comment: This permits CMS, the NSC, or agents of either (such as your accreditor) to conduct on-site inspections to ascertain supplier compliance. If they are unable to perform a site visit during supplier posted business hours, the NSC can deny billing privileges for applicants and revoke billing privileges for those enrolled.

**#9: A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering**

**service or cell phone during posted business hours is prohibited.**

Comment: The supplier must maintain a primary business telephone that is operating at the site listed in the name of the business. This requirement also applies to satellite locations and branches. Phones can no longer be forwarded to a main office from a remote office. CMS states: "We do not believe that it is appropriate...to forward calls from one practice location to a main business office number when multiple practice locations exist"

**#11: A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies**

Comment: This now clarifies language regarding the supplier's ability to directly solicit patients. This applies to beneficiaries who are **not currently your patients**. You CAN contact your patients as often as you desire. For those who are not your patient, there is now a prohibition on telephone, computer e-mail, instant messaging, "coercive response Internet advertising" on sites unrelated to DMEPOS products or in-person contacts. Suppliers may only contact Medicare beneficiaries if they have written permission to contact them regarding a Medicare-covered item, to arrange delivery of an item or in regards to an item previously furnished to the beneficiary.

## New Standards:

**27. A supplier must obtain oxygen from a state- licensed oxygen supplier**

Comment: CMS does not require oxygen licensure or certification for oxygen suppliers whose physical locations are in states that do not require oxygen licensure or certification. Conversely, this provision does restrict unlicensed oxygen suppliers from supplying oxygen and/or oxygen-related equipment to oxygen suppliers whose physical locations are in states that require oxygen licensure or certification. Finally, one clarification of note: This new standard does not preclude oxygen providers from subcontracting the pick-up and delivery of oxygen and oxygen related products.

**28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f)**

Comment: This is a modification to the record keeping requirement. The prior proposed record retention period was 7 years after the claim was

*Regulatory Continued on page 8*



# Compliance Corner

Curtis McLees  
Director of Compliance

Each quarter, *Champion Chat* features information provided by Curtis McLees, HQAA's Director of Compliance, that highlights common problematic areas of compliance

Staying current with the changes regarding government rules, laws and regulations is a never-ending battle. Reading through the more than 2000 pages of the Patient Protection and Affordability Act, I noted items that could substantially affect DMEPOS providers. Here are a few items that I believe all suppliers should be aware of:

- CMS will require a face-to-face encounter with the ordering practitioner and the beneficiary (can include teleconferencing) within six months preceding the order of DME.
- Overpayments received by a provider, healthcare plan or supplier must be refunded within 60 days of discovery. Failure to do so could result in the loss of billing privileges for up to one year.
- Any person that is knowingly or UNKNOWINGLY part of a kickback can be charged with violating the anti-kickback statutes.
- Surety bonds will be tied directly to the amount billed, not the flat rate of \$50,000. I thought this may be good for small suppliers, but the floor is set at \$50,000, and it is up to the discretion of the HHS Secretary to set the upper limits.
- Private insurance companies will be required to report fraud, waste and abuse to appropriate state agencies.

I had the opportunity to attend the Healthcare Lawyers Fraud & Abuse Forum in Baltimore last month. Highlights from this

conference include:

- Increased spending by CMS to prevent fraud & abuse may make everyone in healthcare the "low hanging fruit". In other words, if you haven't been involved in a paper audit or a face-to-face visit from a CMS representative, it is likely to happen. Much of CMS' effort to fight fraud & abuse will be in the area of data analysis.
- All DME suppliers must have a mandatory and effective Compliance Program. Comments are currently being accepted to finalize the rule, but industry consensus is that the compliance program will contain the 7 basic elements as defined by the US Sentencing Guidelines, must be tied into the organization's quality improvement program and contain mandatory ethics training.

One other item worth noting that came from CMS' Request for Refill Documentation dated 9/9/10:

- For items that are delivered to the beneficiary's home or nursing home by the supplier or third party delivery service, documentation of a request for refill must be either a written document received from the beneficiary or a contemporaneous written record of a phone conversation/contact between the supplier and beneficiary. A retrospective attestation statement by the supplier or beneficiary is not sufficient.

Watch for additional information from HCCA's Fraud & Abuse Forum in upcoming Champion Chat newsletters.

## Coming to a HOME PAGE Near (And Dear) to YOU!

The screen shots to the right are a harbinger of the new [www.HQAA.org](http://www.HQAA.org) home page, coming in the month of November. It's time for the evolution of our home page to catch up with the rest of the organization, which has not stopped evolving since inception!

We are combining [www.bitesizeaccreditation.com](http://www.bitesizeaccreditation.com) and [www.hqaa.org](http://www.hqaa.org) into this new, updated and informative site. All customers will continue to have access to their Workroom or ACT service --- there will be no interruption, just an improved convenience in getting there.

We are just finishing the construction phase and will go through the final quality analysis in the next couple of weeks. We hope you will find the ease of use and information contained within the site refreshing. This is but one of our steps in demonstrating continued improvements based upon your feedback and interest.



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*Regulatory continued from page 6*

paid versus the now effective date of service. In any case, this section's intent is to assure CMS that the coverage criterion has been met. If the information in the patient's medical record doesn't adequately support the medical necessity, then the supplier may be liable for recoupment. If applicable, properly executed Advance Beneficiary Notices (ABN) of possible denial should be obtained.

### **29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers**

Comment: CMS proposed this requirement because it believes that allowing suppliers to "commingle" locations, staff, inventory and other supplier operations "constitutes a significant risk to the Medicare program" and that legitimate DMEPOS suppliers don't routinely share practice locations with other Medicare suppliers. CMS took the position that no exception is appropriate for O&P facilities or personnel because they are not "individual practitioners who are furnishing items to their own patients as part of their professional service". A

DME supplier may operate within the same building owned by a hospital

### **30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions**

Comment: These exceptions apply only to orthotists and other licensed professionals. Additionally, suppliers will now be required to report changes in their posted business hours via a new version of the CMS-855S

Review these changes and determine if there are implications to your business practices. If so, make your necessary changes immediately. And if you have not done so already, update the materials your customers receive to include the 30 Supplier Standards today. Download a copy of the Standards at:

[http://www.palmettogba.com/Palmetto/Providers.Nsf/files/30supplierstandardsbv.pdf/\\$File/30supplierstandardsbv.pdf](http://www.palmettogba.com/Palmetto/Providers.Nsf/files/30supplierstandardsbv.pdf/$File/30supplierstandardsbv.pdf)

## **Ask the Surveyor** *your questions answered...*

*Jim Moyer,*

*Assistant Director of Survey Services*

### **Q: How do I obtain and maintain complete patient records?**

**A:** There are various ways to ensure your patient records contain the proper documentation. One of the most efficient ways is to use an audit tool or checklist for auditing all records.

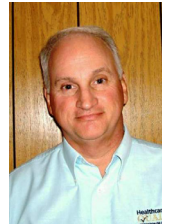
The use of such a checklist gives your staff the necessary tool to audit the file for all the required documentation, ensuring it is complete and accurate. If the documents are not complete, making a note on the checklist allows you to either forward a copy of that document to the proper staff member(s) for correction or clarification or to request the required document.

Example: You audit a record and find a physician order/script for oxygen at 2LPM, but there is no route or duration/frequency (continuous, nocturnal, etc...) noted on the order. This order needs clarification from the ordering physician and is not complete. (It should be written 2LPM via NC continuous.)

The following are examples of items that may be listed on your Checklist/Audit Tool:

- Complete demographic information, such as: patient name, address, phone number/cell number, emergency contact name and phone number, date of birth, insurance, etc...
- Type of equipment/service.
- Delivery documentation with the ability to track lot and/or serial number.
- Documentation the patient/caregiver received information on:

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



- > educational materials and training for each piece of equipment with documentation that the equipment/device was functional at time of set-up/delivery
- > patient rights and responsibilities
- > privacy notice/HIPAA
- > after hour phone number and process
- > warranty information
- > assignment of benefits for each piece of equipment
- > information regarding your complaint process
- > current 30 Medicare Supplier Standards

- Documentation that a home safety assessment was performed
- A current, correct and complete physician order/script for each piece of equipment

If your state requires a new physician order/script for oxygen annually (every 365 days), you need a process to ensure you have requested the new order in a timely manner.

Not all patient records may need to contain all of the documents listed above and this list is not all inclusive. Ensure you know your payer requirements and customize your checklist/audit tool to meet all accreditation standards as well as any federal and state requirements.

Although this may seem like a tedious process, once it is set up, it flows easily and helps your staff keep your patient records in excellent condition.

**Submit your questions by clicking "Ask the Surveyor"**

# Ask the Coaches

Here are some of your questions often asked of our coaches

**Q: Once I have access to my Workroom, what do I do to get started? The accreditation process is daunting and I do not know where to begin.**

**A:** Your newly assigned coach will make contact with you immediately after you receive information on how to access your workroom. You will receive an introductory email with all contact information as well as an invitation to view an 8-minute video found in your Workroom. If desired, your coach can get on the phone with you and develop an initial plan.

**Q: I think the ACT service is a great way to stay on top of all accreditation requirements. Will I have any access to a coach since I am already accredited and have completed the Workroom?**

**A:** Absolutely! While the ACT service is primarily a self-initiating process, you will continue to have an assigned coach and can access them for questions, additional resources, etc. When you upload updated documents, your coach can review them and offer feedback as needed.



**Watch for our new ads in the trade publications featuring Coaches Lore and Mike.**

## HQAA Champions In the News



**Congratulations to HQAA accredited Comfort Medical Supply, LLC**, of Ormond Beach, Florida. Comfort was recently ranked on the Inc. 500 2010 list of the nation's fastest-

growing private companies. The list represents the most comprehensive look at the most important segment of the economy—America's independent-minded entrepreneurs. **From the Inc. 500 Press Release:** Comfort services all lower 48 states and specializes in power mobility, drug-free pain therapy and orthotic back support devices. The company was founded in 2005 and acquired Southeast Mobility Group, LLC in January 2007 and has continued to grow despite the many obstacles the home medical equipment industry has endured over past years due to legislation affecting Medicare and health care. Despite these obstacles, Comfort posted a three-year sales growth of 649%. "We attribute our growth and success to our ability to be 'nimble,' react quickly to change and—more importantly—our dedicated employees who possess an entrepreneurial spirit and take personal ownership in their work," said Craig Daley, CEO and Managing Member. "We anticipate continued expansion of market share as we develop and implement unique and creative marketing strategies."

Congratulations to Comfort for their success and for being named to such a prestigious list.

**Congratulations to HQAA accredited Foundation Care Pharmacy CEO Daniel Blakeley, RPh.** In September, Blakeley received his Ohio state pharmacy license, his 50th license to practice pharmacy. He is licensed in Washington, DC and all states except California. He is presently preparing to obtain his license in the US Virgin Islands, Puerto Rico and Guam.

Blakeley sought to achieve this goal so that Foundation Care would be "better able to serve our patients all over the country" and states "now ... we are more familiar with laws and procedures specific to each state. It is important that we provide the best care possible and this is one way we are doing so."



Let us know about *your* success stories so that we can feature them in upcoming issues of Champion Chat.



# The Last Note



I came across a great quote the other day. It's from one of my favorite authors, Ken Blanchard. You may recognize him from *The One Minute Manager*, or *The Power of Ethical Management*, or *Leadership by the Book*. He is an author that can say it plainly while speaking to the heart. His quote is a simple one too. "Feedback is the breakfast of Champions."

This statement has hung with me for the past couple of days after my discovery of it (which, by the way, was found on the American Society for Quality web site --- where they have a quality quote of the day!). Initially the word "Champions" caught my eye. I work with Champions every day so how, I wondered, could this be meaningful to us?

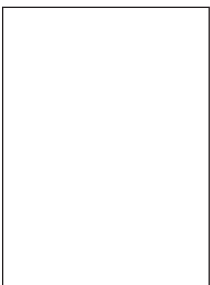
To start the day with nourishment for our bodies is the focus of commercials, articles, videos and advertisements. It's true. If feedback is our nourishment, then the reaction is 100% how we use it and actualize its benefit.

One of the quality standards requires all HME organizations to solicit feedback and use the results to implement potential improvements to the organization. This is a basic principle of quality management or process improvement techniques. Teachings in "quality" tell us to listen to the voice of the customer.

I guess for this last note, it's important for us to take our feedback and always look for ways to use it to improve; that's what *Champions* do 🎵

**Keep Quality Continuous** - Mary

Forwarding Service Requested



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