

## Changing the Accreditation Mindset

Louis Feuer, MA, MSW, President  
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*Accreditation tension* (my newly created expression) sets in about every three years. It often arrives approximately 6 months prior to the expected (*and dreaded*) surveyor visit. You begin to sense the arrival date. You can almost feel the presence of this company-wide unwelcomed professional.

If the visitor were Santa Claus, you would leave out some cookies and milk, but not for this visitor! Manuals are set upon conference tables. Company officials are recruited to handle the process. Policy and procedures are updated and staff are required to cancel all vacations until the storm is over. Since I live in Florida, I can only relate this bizarre preparation to impending hurricane preparedness, except for the rushing to the store for the wine and chips!

After working and reviewing hundreds of company surveys and follow-up reports, I don't get it. How can some owners tell me that the tri-ennial service is chaos, yet others report that the surveyor can come to the office any day of the week and as often as they wish?

Is it that the first group sees the accreditation process not as a positive business experience, but as a traumatic event? Is it that the accreditation process is not seen as a company improvement program but more like a test one needs to pass every few years so they can bill some entity? Is it that the accreditation process, providing us with guidelines and rules to improve our business, is only seen as a valuable process before the surveyor arrives and not after he or she leaves our office?

What I have come to believe is that the mindset for the *word* accreditation needs to be changed. Accreditation for most denotes approvals, passing a test, and getting permission to participate with certain third party sources whom you have little, if any, interest in ever meeting. We like these strangers when they pay us quickly and promptly and when there is little to no effort required to authorize payment to us.

For 2014, if you find yourself in this first group, you may need to install an accreditation mindset change in your company. An understanding of the value of accreditation may require you to do some intensive staff education. It seems like a great idea to me, but I think I am still in the minority. Review these concepts with your staff:

- Accreditation requires that you keep the office safe, such as the fire extinguishers working - sounds like a good idea to me.
- Accreditation requires you to provide quality patient care all the time - sounds like a revenue generator to me.
- Accreditation requires you to have updated job descriptions, a policy and system for protecting patient rights, a business budget... and the list goes on - sounds like sound business practices to me.

But the best part of this list of requirements and standards is that all of the issues are related to improving your business and increasing your revenues.

So it's time to make the narrow view of the term *accreditation* go away. The process is great, the standards are excellent, and the surveyors I have met are outstanding. It's the term that has to take on a new meaning.

Take time in your business to change the accreditation mindset with these suggestions:

- Discuss the value of accreditation at your staff meetings. Ensure that you not only talk about meeting supplier standards, but how they can positively impact your bottom line. Note: There is a major connection between the success of a quality company and the ease of their accreditation approval process.
- Describe the accreditation program as one that allows your business to compete in the marketplace, ensuring that customers can feel safe and secure in knowing *you know what you are doing*.
- Let every customer know you are accredited and what that means to them. Let them know it is about ensuring staff are educated, appropriately trained, and that you are following standards to ensure their safety and quality of care.

Accreditation is about providing excellent customer care and rapport, and securing your reputation and ultimately your financial survival.

What accreditation is not is telling the surveyor that "we will do that next month", or "before you return in three years" or thinking "I might follow those suggestions if it guarantees me receiving what I need to bill Medicare."

Now is the time to place the new sign in your office - not just Accredited- but **Successfully Maintaining our Business Survival Program**. Let staff know that each time you are re-accredited, you are provided the opportunity to "remain on the island," but only if everyone keeps up the great work you are providing. Do NOT get voted off!

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# From Mary's Desk

Mary Nicholas, MHA  
President, CEO

## Building Quality Champions

Have you ever felt like the White Rabbit in Alice in Wonderland... always looking at your watch... running from one thing to another... always feeling like you're going to be late for something? Maybe the more appropriate question is, "Do you remember when you didn't feel that way?" Sometimes it's hard to stop and appreciate the moment, which we know is so important to do.

Over the past year, and in this year to come, our goal at HQAA is to always keep our eye on our "watch" and learn how to create more opportunities to help you manage your accreditation more efficiently. Many of the positive changes we've made in our process and products along the way have come from suggestions and ideas by YOU, our valued customers. Our focus is to continually offer ways to increase and improve your efficiency, thus, **Building Quality Champions!** These additions include:

**Power Packs:** The **Power Packs** are extra, bonus pieces of information paired with specific standards throughout the workroom. They offer further explanation, definition and most often, checklists, audit tools, and guides to assist you with your day-to-day and month-to-month management of your accreditation tasks.

**The HQAA Blog Expansion:** Our blog has expanded over the past year with topics and information suggested by our customers. All blogs also now feature additional materials, checklists, and tools to simplify and/or organize certain aspects of managing the business of your business.

**Changing Process:** This past year, we heard customers loud and clear when it was requested to discontinue the practice of the "roving" accreditation date. Now your accreditation date stays with you after your first survey, which we believe helps you to focus in on renewal timeframes.

In the year ahead, we are going to be making changes to the Accreditation Continuation Toolkit (**ACT service**) so that greater opportunities for improved accreditation management become available. We have always focused on being a leader in improving the quality within our industry. We do that one customer at a time, focusing in on YOU.

Be sure to watch for our new ad campaign this year. It just so happens that the name of the campaign is "**Building Quality Champions.**" Imagine that!

\* \* \* \* \*

To sign up to receive **Champion Chat**  
or to have copies sent  
directly to additional staff members,  
contact us at 866-909-HQAA  
and tell us who to add to our mailing list

## HQAA ON THE ROAD

Come visit us at:

### February

**CAMPS**  
2.24-2.26  
Los Angeles, CA

### March

**MESA**  
3.5-3.7  
Dallas, TX

**MEDTRADE**  
3.10-3.12

Las Vegas, NV

**MAMES**  
3.27-3.28  
Omaha, NE

**NHIA**  
3.31-4.3  
Orlando, FL

**HBMA**  
4.7-4.9  
Naples, FL



# The Pharmacist's Dose

Willis C. Triplett, PharmD., Infusion Specialist

These requirements can be found near the end of the text of the document. You will note that a lot of important information is transmitted in very few words. The clear implication is that the corporate governance of every provider of compounded sterile product has the responsibility for regularly monitoring, tracking, trending, and evaluating every element required in the chapter. This includes such activities as certification of your:

- Clean room(s)
- Laminar air flow workstations
- Biological safety cabinets
- Compounding aseptic isolators, and
- Compounding aseptic containment isolators

But it does not stop there. It also includes such activities as daily cleaning of the floors of the clean and ante room(s), monitoring and recording the temperatures of:

- Your freezer (or frozen areas),
- Your refrigerator (or refrigeration room)
- The ambient room temperatures in your warehouse

As well as all of the other regular, routine monitoring required by the chapter. The chapter requires that you review your program for effectiveness at least annually, and that this review is documented in writing.

Collecting so much data requires a great deal of commitment and discipline, but it is no less than our patients expect and deserve.

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*Willis C. Triplett oversees HQAA's home infusion IV compounding and pharmacy programs. He has extensive experience in all aspects of home infusion therapy as an owner, senior leader, and consultant.*

## USP <797> Quality Assurance Requirement

USP Chapter <797><sup>1</sup> mandates that all providers of compounded sterile products "...shall have in place a formal QA (Quality Assurance) program intended to provide a mechanism for monitoring, evaluating, correcting, and improving the activities and processes..." that are described in the chapter. It goes on to say that characteristics of the QA program should include that the program:

1. Is formalized in writing - the implication is that you can produce your own written QA program of your own design, and furnish it on demand in a timely manner;
2. Shows "consideration of all aspects of the preparations and dispensing..." of compounded sterile products, including testing and verification of the sterile compounding environment;
3. Is an accurate and specific description of the organization's monitoring and evaluation activities;
4. Shows how results are reported and evaluated, how results are followed-up on when thresholds or action limits are exceeded;
5. Includes the name, title, and role of each individual responsible for each aspect of the plan.

<sup>1</sup>USP <797> can be purchased at [www.usp.com](http://www.usp.com)



Find Us:      

### Reminder: HQAA Accreditation is Non-Transferrable

When a company is accredited by HQAA, we assume the liability of reporting your accreditation award status to the Centers for Medicare and Medicaid Services indicating that you are in compliance for the three year award period.

HQAA accreditation is a non-transferrable award. Should a DMEPOS supplier decide to apply with another accreditation organization, they should keep this fact in mind, especially if given information indicating that a survey would not have to take place soon after transition occurs. A new survey and review should be conducted by any new accreditor so that they may assume the liability of compliance to their standards. Also, timing is essential so that maximizing your current investment in your three-year award remains a priority.



# HQAA

## Recently Accredited Quality Champions

Please join us in congratulating these  
recently accredited providers.

A&B MEDICAL SUPPLY OF CROWLEY LLC	Janilcar Inc
Abeldt Enterprises, Inc.	JCMH Home Health Products, Inc.
AbleNet Inc	Krishna Narayanan MD LLC
Active Phase Spinal Therapies, PC	Lemon Grove Medical Supplies, Inc
ACTS RESPIRATORY & MEDICAL EQUIPMENT INC.	Lincoln Medical Equipment, Inc.
Advanced Pharmacy Inc.	Long Term Medical Supply Corp.
A-K Valley Physical Medicine, LLC	Lyceum Physical Medicine
Americare Health Group Corp	Manish Somani Inc
Bartosek Chiropractic Center P.A	Mars Medical Equipment & Supply, Inc.
Bitting's Apothecary, Inc.	MayField Inc.
C & C Pharmacy LLC	Medcare Infusion Services, Inc.
Carter's Drug Store, Inc. – New Corp	Medex, Inc
CCFR, LLC	MLH-RX, LLC
Central IL Medical Equipment, Inc	OPTIMISTIC MEDICAL EQUIPMENT SUPPLY SERVICES INC.
Chandler Medical PLLC	Performance Modalities, Inc
Chiropractic Associates, Inc.	PRN Medical Services, Inc.
Clayton Health Systems Inc	RAM DRUGS INC.
Columbus Physical Medicine Center, Inc.	Reliant Medgroup, Inc.
Comfort Care Enterprises LLC	Shaver Holdings Inc
Complete Care Solutions, Inc	Shelby Memorial Hospital
Complete Care Solutions, Inc	Sleep Centers of Fort Wayne LLC
DAP INC	Somnium Sleep Solutions, LLC
Dynamic Medical Services, Inc.	Spinal Healthcare & Physical Medicine
Edward V. Beam Pharmacy, Inc.	Stanton-Negley Drug Company
Eric Lee Perry, Inc.	Stonewall Jackson Memorial Hospital Co.
Fallston Pharmacy Inc	Tebar Medical Supplies & Equipment, Inc.
FLORIDA CHIROPRACTIC HEALTH CENTER, LLC	Telcare Medical Supply, Inc.
Follansbee Pharmacy, Inc.	The Medicine Shoppe of Asheboro NC, Inc.
Gator Custom Mobility, Inc.	Thompson Drug Saddlebrook
Guardian Home Care Services	United Oxygen and Medical Equipment, Inc.
Haag Apothecary, Inc.	USA Rehab, LLC
High Plains Home Medical Equipment, Incorporated	We Care Medical Supplies Inc
Home Products for Seniors, Inc.	Westprime Systems, Inc.
Hometown Respiratory, LLC	Wolf Medical, Inc.
in home medical inc.	Xinim Corporation

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

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. It is the only such product offered to assist with accreditation renewal in the industry. AMPT (Accreditation Maintenance Program Toolkit) is its counterpart for all accredited providers. AMPT is not for HQAA customers, but for all others that understand the importance of maintaining accreditation standards.

Each month, providers enrolled in ACT or AMPT 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/AMPT topics for February, March, and April, and listing some of the questions posed for subscribers to review to ensure that they are meeting their accreditation standard requirements.

## Upcoming Topics



### **February - Recalls, Returns and Repairs**

Are your staff members aware of your policy for recalls? Are all lot and serial numbers up to date in order to locate recalled items? Who checks the FDA website routinely for recalls? Is your return policy posted? Is the information provided to your customers for returns correct? For the staff who repair items, are their HR files complete with competency assessments that include repair training?

### **March - Physical Locations**

Is each location equipped to handle infection control and safety issues? Are all of your current permits, licenses, and certifications posted? Are your MSDS copies up to date? Are items in your retail space clearly marked with prices?

### **April - Personnel Files**

Are your files maintained in a secure area? Are they up to date? Are you ensuring that all newly hired staff are completing your orientation? Do your job descriptions need updating? Who has access to personnel files, and how is this enforced?

***Only HQAA offers on-going service to maintain the accreditation you've worked so hard to achieve.***

***For more information about ACT or AMPT, contact Gabriel Nicholas: gabe.nicholas@hqaa.org or 866.490.7980***

### **Here's what a current customer has to say about HQAA:**

*"Our Accreditation and Re-Accreditation processes were great experiences. From the support in the work-room to the survey itself. Our surveyor was well versed and informative. This survey was actually relaxing, and I was excited to have the CRS and Retail areas added to our services; and our surveyor was easy to talk to and communicated new processes in these areas. The HQAA website always has quick links to updated information and keep us informed with the many changes with CMS. My recommendation is to keep doing what you are doing!!!!!! Thank you!"*

Medex, Inc.  
Indianapolis, IN

*See more testimonials on the HQAA YouTube page by clicking [here](#).*



# Regulatory Update

Mary Ellen Conway, President  
Capital Healthcare Group

## Planning for the New Year and Beyond

There is always so much happening in our DME world, from both a regulatory and a business perspective, that it is sometimes hard to objectively see what's going on around us. With all of the challenges we face from CMS, it seems like the future is bleak. But what we have to recognize is that it really is bright!

Since January 1st of 2012, 78 million Baby Boomers are turning 65 at the rate of approximately 7,600 per day, 316 every hour. As this population lives into their 80's, they will expect to have a good quality of life. They want to live independently as their health deteriorates, and they will need what the HME industry has to offer.

In 1965, when the Medicare program was implemented, the average life expectancy was 70.2 years. In 1996, it was 79.1 years and in 2025, it is expected to be 82.6 years. People are living longer, and the need for our services is growing tremendously. The advancing numbers of retirees over the next 15 years is a tremendous market, and the savvy HME suppliers understand that this population is too large to ignore.

Many of these Boomers will be more than happy to pay cash for HME, rather than deal with Medicare or limited third party insurance, as will their dependents who coordinate care for them. And as we look forward to the anticipated payer landscape, Medicare and third party payers will only pay for a base level of HME. If the Boomer, or their child, desires a high quality item, they will need to dig into their own pocket and pay for it, and we expect that they will.

As a positive sign of this, one can look at the reimbursement for physician services. Over the last 10 years, in major metropolitan areas, we have seen a mass exodus of physician practices from participation in third party payer networks (including Medicare). These prescribers simply can not afford to participate with many plans that offer such low reimbursement for services and the high administrative costs involved in collecting the poor reimbursement. Patients who want to see these particular groups must pay cash for their visits and then submit for reimbursement, when applicable. We will certainly see this population, who is accustomed to paying cash for what they want, not be tied to only what their insurance (as Medicare) allows.

And as far as Medicare goes, it looks like competitive bidding (either in the current form or another) will always be around, but so will new payer models such as ACOs, Independence at Home, Transitional Care Programs, and more. Our industry will adapt and conform to these and even newer models as we continue to serve this population. Our business-savvy clients are creating new programs with non-traditional payer models to manage post-acute services and reduce un-necessary hospital readmissions. These are the programs that are going to take these companies through the next 30 years of business.

As we plunge into this new year, now is the time to evaluate your business, look to new payer sources, re-engineer and re-tool where you can in order to survive this wave of change to accommodate this population. Your business may have to change or adjust, but your future can be very bright.

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*Mary Ellen Conway, RN, BSN, is a nurse health care consultant with over 25 years expertise in management throughout the health care continuum, and the President of Capital Healthcare Group.*



Help your customers understand the value you place on your earned accreditation award! Display the HQAA logo on all materials your customers see: websites, brochures, documentation. Stand behind your commitment to quality and excellent customer service. Accredited customers can simply log in to download the HQAA logos for use on all your marketing materials.



# Ask the Surveyor

*your questions answered...*

Steve DeGenaro, RRT

Director of Survey Services

## **Walking Through Your Warehouse: Compliance With Standards in Your Storage Area**

Say the word “warehouse” to many people and you conjure up images of a dark, dusty, damp place with rows of equipment and boxes piled to the ceiling. A home medical equipment company’s warehouse certainly can be the source of problems, deficiencies with standards, safety hazards, infection control issues and more. But with a little planning, some on-going monitoring, some elbow grease and hard work, you can turn your warehouse into a clean, safe, and even pleasant environment that improves operational efficiencies and helps your employees do their job well.

Storage areas –their size and structure—vary greatly from company to company. Certainly, an organization providing liquid oxygen and heavy DME will have a much different warehouse than a company that provides only soft goods and supplies or just TENS units and electrodes. Compliance with the HQAA standards is universal regardless of scope of service and reflects simple concepts:

1. Separation of clean, patient ready equipment from contaminated equipment that needs cleaning and disinfection.
2. Safe storage and processing, compliant with all applicable OSHA regulations and fire code safety rules.
3. An efficient “flow” that includes using the proper steps to process incoming shipments from manufacturers, unloading of used items from delivery vehicles, clean storage of equipment and supplies, proper loading of outgoing deliveries, equipment cleaning and repair/maintenance and compliance with required infection control practices throughout every step.

Warehouse and storage areas are generally out of the customer (or public) line of sight. It is easy to let this space become a “dumping

ground” for anything an organization wants to put out of sight and also easy to put off keeping it neat and clean.

The reality is that there can be a potential for major safety and infection control issues in a sloppy warehouse. Safety and infection control issues translate into deficiencies for the organization on survey and also make it hard to keep operationally efficient.

Be sure to walk through the warehouse as a course of your daily, or as often as possible per week, business practice noting and correcting any deficiencies, inefficiencies, and areas that are not in compliance with your best practices. Create (and follow!) a checklist to ensure that your space is consistently compliant.

Use your checklist always and occasionally have other staff who do not work in the warehouse (such as staff who work exclusively on the telephone) use it to see if it is workable and if they can observe and review all of the items on it. Revise your checklist as often as needed, based on issues that may be uncovered, to meet your needs.

And, as always, if you have any questions about survey or compliance with the standards, please contact us.

To download your free checklist follow this link:

[4 Easy Steps to Ensure Your Warehouse Meets HME Accreditation Standards](#)

**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](mailto: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!

# Ask the Coaches

## What are the Power Packs I have noticed within the workroom?

A: The Power Packs are links to various tips, blog articles, and audit tools that HQAA has developed for assistance in understanding and maintaining compliance with the standards. They can be found within 10 different standards located throughout your Workroom. If you are subscribing to the ACT Service, you can view these by entering your Workroom via the Workroom Plan. Currently you can find them located in the 10 standards listed below:



1. 4 Best Practices for Managing DME Employee Competence: HR (Competency Program Standards)
2. DME Accreditation: How to Improve Quality & Performance Documentation: QM (Quality/Performance Improvement Program Standards)
3. Most Common Accreditation Deficiencies in Patient Files: PS (Client Medical Record Standards)
4. Creating a Thorough HME Complaint Process: PS (Grievances and Complaints Standards)
5. Who is Anti-Quality? 4 Ways to Improve Your HME Business: QM (Quality/Performance Improvement Program Standards)

6. Disaster and Emergency Preparedness Plans for HME Accreditation: ICS (Disaster Plan/ Emergency Preparedness Standards)
7. 5 Accreditation Rules for Infection Control: ICS (Receiving Clean or Contaminated Items Standards)
8. How to Simplify HME Accreditation Compliance Maintenance: ORG (Compliance Program Guide Standards)
9. Common Deficiencies of Personnel Files: HR (Personnel Files Standards)
10. HME Cleaning Processes and Policies: ICS (Receiving Clean or Contaminated Items Standards)
11. 4 Easy Steps to Ensure Your Warehouse Meets HME Accreditation Standards (MM Warehouse/Storage Standards)



## Q: When is a revision date necessary on a policy?

A: The revision date is necessary when you update or revise the content of your policy/procedure. Typically revision dates are identified/found on the document close to the original date of the policy's implementation. A revised date indicates to your coach and surveyor that your organization is following the revised policy/procedure from that revision date going forward. If you are just reviewing the policy/procedure to ensure nothing has changed, a revision date is not required.

## HOW DO YOU BUILD A QUALITY CHAMPION?

### Preparation.

Accreditation – like every great accomplishment – begins with a plan. And every quality champion knows the value of setting goals and planning a path. HQAA helps you do both with clear, concise steps that are specifically designed to outline your path to success. At HQAA, we build quality champions one brick at a time. See how at [HQAA.org/buildingchampions](http://HQAA.org/buildingchampions).

**Healthcare**  
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