Looking Back – The Last Ten Years
By Tom Cesar

Ten years ago ACHC took a major step in its history by announcing its intent to provide services nationwide. The previous ten years were dedicated to North Carolina exclusively and became the beta-test for the small company. Many obstacles had to be overcome to be successful with the expansion. Among them was recognition from managed care organizations, state licensure, professional boards, the Federal government plus the home care industry itself. The question was, “could a small state based accreditor become national and survive?”

The first hurdle was acceptance by managed care organizations. Many payers were accredited by the National Committee for Quality Assurance (NCQA). NCQA standard 9.1 implied that only JCAHO accredited home care providers were acceptable. ACHC questioned the wording of the standard and eventually received a letter indicating that NCQA did not endorse any accreditor and that companies accredited by ACHC met the intent of the standard. The following year the language in standard 9.1 was clarified.

About the same time, ACHC received a letter from the North Carolina Medical Care Commission congratulating ACHC for improving the health of citizens through accrediting home care providers. With these two letters of validation and credibility, and since ACHC had approximately 20% of the accredited companies in North Carolina, ACHC launched its quest to

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CMS Approval of Deeming Authority of ACHC for Home Health Agencies

RALEIGH, NC – The Accreditation Commission for Health Care, Inc. (ACHC), is pleased to announce that the Centers for Medicare and Medicaid (CMS) has approved ACHC for recognition as a national accreditation organization for home health agencies seeking to participate in the Medicare & Medicaid programs. The date of this final notice is effective February 24, 2006 through February 24, 2009.

Section 1865(b)(1) of the Social Security Act states that if a provider entity demonstrates through accreditation by an approved national accreditation organization that all applicable Medicare conditions are met or exceeded, CMS would “deem” those provider entities as having met the requirements. Details of the review of the ACHC application are available on the Federal Register: February 24, 2006 (Volume 71, Number 37).

ACHC will be applying for additional recognition of its hospice program in the spring and similar recognition for its home medical equipment program later in the year. Tom Cesar, President of ACHC, commented, “This is our 20th year of service, what a great way to begin celebrating our anniversary”. 

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September 18th 8:30-12:30
Preparing to be surveyed by ACHC.

Home Health & Hospice 1 Page 2
First North Carolina home health agency to receive accreditation with deemed status.

Private Duty 1 Page 4
Risks that are involved within the home care industry for home care providers and their patients.
The Davie County Home Health Agency received accreditation with deemed status by the Accreditation Commission for Health Care (ACHC) for the three-year period of January 11, 2006 through January 10, 2009.

“We are proud of our recently awarded ACHC accreditation,” said Health Director Barry Bass. “The Davie County Home Health Agency is the first North Carolina home health agency to receive accreditation with deemed status. Our dedicated staff remains consistent on a daily basis in the provision of quality home health services to all of our patients and their families. It is through their daily continued team effort that the agency received the accreditation with deemed status, I’m so very proud of them and honored by this designation from ACHC.”

The Davie County Home Health Agency first opened its doors in 1972. Since then, the agency has provided a staff of registered nurses, physical therapists, occupational therapists, nutritionists, medical social workers, certified home health aides, and in-home support services to help recovering, disabled, or chronically ill people in need of medical treatment or assistance with daily living activities. The staff works closely with physicians to provide comprehensive care to those with health needs that can be appropriately managed at home.

“With the exception of surgery, our home care agency has all the ‘bells and whistles’ of hospital care,” said Home Health Agency Supervisor Janet Blair. “Our patients can receive everything from IV antibiotics to shampoos.”

ACHC is approved by the Centers for Medicare and Medicaid (CMS) for recognition as a national accreditation program for home health agencies seeking to participate in the Medicare or Medicaid programs. In 2006, ACHC was granted “deeming authority” from the CMS for home health agencies. In order to receive “deemed status,” home health providers must have unannounced surveys. ACHC believes the new procedure of unannounced surveys for new and renewal applicant organizations will enhance its accreditation credibility and services by helping providers:

- Concentrate on readiness to meet patient and client needs at all times and in an ongoing way.
- Validate that they have systems and operations that are functional at all times.
- Substantiate compliance with accreditation standards in real time and on a day-to-day basis.
- Assure patients and clients that ongoing quality care and services are the focal points of their mission.

“The staff has always concentrated their efforts on providing services that assure quality and meet our patients’ needs. This is what has enabled our home health agency to grow and provide the highest quality of services to the citizens of Davie County and surrounding counties. Our professionals make it possible for home care to be where the healing begins.”

Davie County Home Health Agency is located at 158 Hospital Street in Mocksville, North Carolina.
UPCOMING EXHIBITIONS

- NHPCO
  Sept 10-13, New York City, NY
- MedTrade Fall
  Sept 18-22, Atlanta, GA
- Indiana State Pharmacy Assoc.
  Sept 29, Indianapolis, IN
- NAHC
  Oct 15-18, Baltimore, MD
- PDHCA Leadership Summit
  Jan 22-23, Scottsdale, AZ

GROUP DISCOUNTS

ACHC offers discounts to members of the following groups:

- AIHMES
- CAHSAH
- Essentially Women
- HCAV
- IAHHC
- Medline
- PBA Health/Truecare
- SCMESA
- VGM

- Amerisource Bergen
- DME Train
- HD Smith
- HME Providers
- Med Trust
- NPSC
- PBI Pharm
- SHP

UPCOMING WORKSHOPS

- MedTade Fall
  Sept. 18, Atlanta, GA

HME/RT half-day accreditation workshop for companies preparing to be surveyed by ACHC.

Go to www.achc.org to complete registration form.

Hopkins Educational Resources: A New Opportunity

Hopkins Educational Resources is a newly created division of Hopkins Medical Products, a brand synonymous with quality, customer service and a commitment to creating and distributing unique and valued products for home care since 1945.

Carolyn Humphrey, a nationally respected practitioner, educator, and the former editor of Home Healthcare Nurse is Vice President and Education Director of the division. “Finding creative, cost-effective home care educational programs, products and tools can be difficult. Philip Kenney, President and I created Hopkins Educational Resources as a home care education center that meets the reference and learning needs of home care clinicians, managers and organizations”, Ms. Humphrey said.

Using evidence and research-based peer reviewed content, adult education principles, creative teaching strategies, and technology, Hopkins Educational Resources publishes, partners and distributes innovative educational products such as:

- The first interactive home care programs on DVDs, What is Home Care? Answers for Professionals and Physical Assessment in Home Care: Systems Review, OASIS, and Other Considerations. Learners are able to complete modules and apply material immediately before moving to the next section. For individual or group learning, an educator and learner study guide are provided on CD-ROM and CNEs are available.
- ICD-9-CM Coding Quick Reference for Home Health - The first Hopkins Productivity Tool and Quick Reference for clinicians that centers coding on the diagnoses most frequently used in home care. Thousands of clinicians are using them and report the user friendly format has saved time and increased accuracy.
- Depression Recognition and Assessment in Older Homecare Patients – A complete program to provide self directed learning for depression integrating OASIS. Based on research and field tested by the Weill Cornell Homecare Research Partnership, it includes a 35 minute video, CD Rom with PowerPoint slides, an educator’s guide, handouts, and a Clinician’s Tool Kit with documentation forms.

The hallmark of Hopkins Educational Resources is creative, self directed and instructor lead materials and Productivity Tools that can improve efficiency and accuracy, support appropriate reimbursement and improve compliance with regulations and accreditation.

The national emphasis on improving quality, Pay for Performance and teaching clients self management requires that agencies, managers and clinicians keep on the cutting edge of clinical practices. Hopkins Ed is their resource!

For more programs, products and to be added to our new release announcements go to www.hopkinsed.com. For how you can have input, contact Carolyn Humphrey at 502-339-9005 or cjhumphrey@hopkinsed.com.
As consumer use of home care services soars in the United States, it becomes increasingly important for industry standards to be set to protect both home care workers and consumers. The recently formed National Private Duty Association (NPDA) is on a crusade to set high standards for the industry and to educate the public and health professionals about the complex area of private duty home care.

A Growing Problem
In the process of seeking a higher quality of life and independence, more and more consumers are discovering home care as an alternative to institutional care. Additionally, greater numbers of Americans are dealing with chronic or debilitating health conditions, leading to the incredibly fast growth of the home care industry.

Unfortunately, such rapid expansion without set regulations can lead to abuse, exploitation and liability within the industry. Such hurried growth in the home care industry has left little opportunity to set industry standards and guidelines that regulate and protect home care workers and consumers. According to Cheryl Smith, NPDA Board Member and President of Kansas City Home Care, “Home care professionals need to take responsibility to guarantee protection for both home care professionals and their patients. It is our collective duty to create a positive image of our industry.”

Frank Bonetti, CEO of SoCal Home, was happy to see an organization like NPDA and has had positive experiences being part of the NPDA. “For a new association, the NPDA has come out with a phenomenal position paper for the industry,” says Frank. His SoCal Home Care is a family-run business that has provided thousands of clients with the help and companionship they need to remain independent in their homes. Mr. Bonetti said that his company has used the position paper as an educational brochure to inform consumers about the private duty industry.

“The good thing about NPDA is that it is an organization that is focused specifically on our industry – the home care industry, a non-medical service industry,” says Mr. Bonetti. Many organizations include private home care services in their constituency, but are aimed more at the medical service arena. The NPDA is the first organization to focus solely on the private duty home care industry, or what Mr. Bonetti referred to as “custodial care”.

Risks in Home Care
The risks involved in the home care industry are dispersed evenly between both the home care provider and consumer. “One major concern is the problem of inadequate supervision,” said Allen Hager, Legislative Chair of NPDA and President of Right at Home. “When professionals in the home are placed as independent contractors, the agencies by law cannot train, schedule or supervise their work. This puts the consumers, especially frail seniors, at greater risk for physical, psychological and financial abuse.”

While the most pressing issue is the quality of care provided by a home care professional, other concerns include the legal risk that consumers face for non-
payment of the required governmental taxes. Many consumers aren’t made aware by the home care companies who represent care workers that they are liable for these payments. This subjects the consumers to potentially devastating financial consequences if they are sued by injured workers or government entities trying to recoup back taxes and penalties.

With so many consumers depending on home care for their long-term health care needs, patient abuse and consumer and professional liability are growing concerns that affect the entire home care industry.

Responsible Home Care

Over the past several years, in-home care provisions have been provided by nurse registries and employment agencies that act as “matchmaker” services. These services assign independent contractors to clients and patients in need of such home care. Isolated, unmonitored and unsupervised settings in registry-based home care create the possibility for abuse and financial exploitation of physically or mentally frail patients.

“We need to get the word out about the difference between responsible private duty agencies and care provided by someone who simply places an ad in the classifieds or is assigned by a registry,” says Cheryl Smith. The NPDA works as an advocate for non-medical home care services to protect and benefit providers and consumers.

“Private duty agencies are companies that provide home care aides, companion care, homemaker services and some skilled nursing services in the patient’s home. Caregivers are employed by the agency and are bonded, insured and, if need be, licensed,” Smith says. Smith explains that the agency takes on the responsibilities and the pitfalls listed above. They do the bookwork, provide the supervision and discipline, carry the insurance and ensure that shifts are covered no matter what. “There is a great deal of relief in letting someone else carry such worries,” says Smith.

If an agency is part of the NPDA, consumers can feel confident in their choice of home care. Also, home care agencies do not have to prove themselves with every contract. Being part of NPDA means having to live by the standards established by an organization that strives to improve the industry and advance its members.

Creating Positive Change in Private Duty Home Care

With so much on the line in the rapidly expanding industry of home care, the NPDA is creating positive changes to enhance the strength and professionalism of private duty home care providers through education and development of best practices.

Started in 2002, NPDA is the nation’s first association for providers of private home care services. In the past year, NPDA has released a Position Paper to address the risks associated with private home care services. Also, in March of 2004, the organization hosted a leadership conference that brought together over one hundred and fifty private duty owners, presidents and managers to share their visions and discuss needed advancements within the industry. In the span of only two years, the organization has grown to include over 350 home care agencies in forty-one states including Puerto Rico.

NPDA has done much in the small amount of time it has been in existence. They have developed ethical guidelines that each member must follow. They have hosted two separate conferences where home care agency leaders have met to discuss the issues and to work towards higher standards of care. They have an active legislative committee working to influence legislation affecting the home care industry, employees and consumers. They are set to create best practice standards for hiring, training and monitoring in the private duty home care industry.

Because of its commitment to the private duty home care industry, NPDA has improved the home care environment for both consumers and home care service providers. With each new step that is taken, NPDA informs, educates and protects consumers and home care providers, acting as an objective partner within the industry. With the NPDA’s work, private duty home care will only become a more respected and appreciated service by all.

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National Private Duty Association
National Committee for the prevention of Elder Abuse
ACHC Announces Account Management System

As a result of our ISO certification and QI initiatives, we constantly strive to improve the service we provide to our customers. Therefore, ACHC is happy to announce the conversion to an Account Management system.

ACHC accreditation staff first suggested that we could enhance service to our customers and create a more personal relationship by converting to an account management system. When a provider orders a manual from ACHC, they are assigned to an account manager who will assist them throughout the entire process of accreditation.

ACHC staff have received significant positive feedback from our customers since the implementation of the new system. They appreciate the fact that they have a person who is working with them and who is familiar with their particular needs, situations and concerns.

As we continue to look for ways to improve our service to you, we welcome your ideas and suggestions. Your input is very important to us. Please do not hesitate to let us know how we can serve you more effectively.

Meet Your Staff

Anne Marie Mulhern
Anne Marie joined ACHC in November, 2004 as the Executive Administrative Assistant. She supports the Management Team at ACHC, including the Board and senior staff. Her previous experience includes Office Management, HR Management, Purchasing, Sales and Marketing and Facilities Management. She holds a Bachelor Degree from Northeastern Illinois University and an HR Management Certificate from Duke University.

Anne Marie lives near Bunn, NC, and has two grown children and two grandchildren. She enjoys marathon and ultra running, gardening and riding her motorcycle. She is also Secretary of her local Ladies of Harley chapter and volunteers at local running races when she is not running in them.

Dina Taylor
Dina Taylor joined ACHC in November 2004. She is currently the Project Coordinator for the organization. Her responsibilities include managing ACHC’s ISO 9001:2000 Quality Management System - Document Control Process, graphic design/layout services, printing services, and other special projects. Dina’s previous experience includes over 20 years of purchasing and administrative experience with the Bureau of Engraving and Printing, the US Department of Agriculture, Progress Energy, and the NC Department of Health & Human Services. Dina graduated from Wright State University in Dayton, OH. In her spare time Dina enjoys traveling to tropical islands, reading, and resolving computer issues for her friends and family.

Want to be an ACHC Surveyor?

ACHC is recruiting surveyors for the following disciplines: Infusion Nursing, Pharmacy, Home Medical Equipment and Clinical Respiratory Care.

Resumes and letters of interest should be sent to:

Accreditation Commission for Health Care, Inc.
Attn: Director of Clinical Compliance
4700 Falls of Neuse Rd. Suite 280
Raleigh, NC 27609
phone: 919.785.1214
fax: 919.785.3011
employment@achc.org

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become the third national home care accrediting body. It was the consensus of management and the ACHC Board that the company could expand into other states. ACHC had earned the reputation as an accreditor with realistic user-friendly written standards, program manuals tailored to specific market segments, educational on-site friendly surveys and a philosophy focused on customer services. These attributes have proved to be successful in the growth of the company.

The second major hurdle was competition with the older and better known companies. In the first year of expansion, one NC provider said that it was not possible to compete with the larger companies and that ACHC would be out of business within one year. However, ACHC management understood the issues that providers had with its competition and had strategies that could lead to a significant share in the market if executed wisely.

The first strategy was to be open and willing to respond to specific provider needs that could become niche areas for growth. This proved successful over a period of years as ACHC became the first to develop programs for post-breast surgery fitter services, specialty pharmacies, rehabilitation technology supplier services, respiratory nebulizer medication programs and medical supply provider services. While these programs were growing quicker than home health, hospice, home medical equipment and home infusion, the revenue stream enabled ACHC to begin to penetrate the home infusion and home medical equipment markets. By 2000, home infusion and HME began to take off.

Another strategy used to become more competitive on a national level was to strengthen ACHC’s positive philosophy and focus on customer services. Management knew that it could gain leverage by emphasizing a program designed to help providers become better companies and to achieve accreditation. The stated purpose of ACHC was to “help customers succeed.” Customer satisfaction with ACHC standards, programs and processes was crucial for gaining the reputation as the “provider’s choice.” The positive image of ACHC was spread by providers themselves. Satisfied customers tell their friends. In addition to customer satisfaction, management invested a considerable amount of time in developing relationships with leaders throughout the industry.

Defying the odds while learning the lessons, ACHC’s visionary risk taking philosophy has not wavered over the years. Also, the “status quo” for selecting accrediting bodies has changed. The interest level in new approaches is high. As Harvard’s Professor Regina Herzlinger has said, “The future belongs to whoever best measures quality of care...whoever does it will absolutely control the market and everybody else who doesn’t will disappear.” ACHC will continue to be responsive to the voice of the industry. Courage, perseverance and resourcefulness will be the ingredients needed to meet the challenges of the 22nd century, and the measure of success will be determined by the level of commitment.

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Leading Your Organization through Change: How to Lead Your Staff Toward Compliance with USP Chapter <797>

Holly Simmons, R.Ph., President, Impact Solutions Group, Inc.

Change. Does the very mention of the word instill fear in you and your employees? In order to comply with USP Chapter <797> Regulations for Pharmacy Prepared Sterile Products, many organizations will be forced to implement significant changes. Not only will most have to make modifications to current physical facilities, internal processes will likely need to be modified as well. How will your employees handle the upcoming changes? Effectively managing change within organizations is imperative to ensure ongoing improvement in workflow and maintain employee morale. In an attempt to prepare for change in your organization, you will need to examine all facets of facilitating change in the workplace. It is impossible to discuss change without examining leadership and communication skills. These three business concepts should always be intermingled. An empowering leader must be an excellent communicator and incorporate a motivating vision in everything that they do. A great leader is not always a manager and a manager is not always a great leader. A staff level employee, though not a “manager,” may be considered a “leader” within the pharmacy department. She is a good communicator and incorporates a motivating vision in everything that they do. A great leader is not always a manager and a manager is not always a great leader. A staff level employee, though not a “manager,” may be considered a “leader” within the pharmacy department. She is a good communicator, maintains a positive attitude, and strives for excellence in all areas of her work. Others in the department trust her and value her opinion and work ethic. Conversely, a manager may not be an effective leader. He may be totally task oriented, dictating daily tasks to staff, while always maintaining a certain “distance.” He lacks a vital feature possessed by great leaders...trust and respect of employees. There are plenty of managers in the business world who are poor leaders. In healthcare, staff clinicians often advance to management roles, many without proper management training or experience. Most of the didactic clinical programs do not address management or leadership. The focus is on task-oriented clinical activities.

The most important trait displayed by great leaders is the ability to effectively communicate with all levels of staff and build trust. Now that you have an overview, it’s necessary to look at important points that need to be examined prior to implementing the change process.

“A great leader is not always a manager and a manager is not always a great leader.”

Let’s first look at the skills of great leaders. Great leaders display the following characteristics:

- Excellent communication skills
- Excellent listening skills
- Garner trust and respect from fellow employees, as well as from managers “above” them in the organizational structure
- Maintain high level of integrity
- Are adept at relationship-building and coaching others
- Treat others fairly
- Accept responsibility and accountability for actions
- Has an enthusiastic vision for the future of the organization

Building trust with your employees is the primary building block on the path to excellent communication. Demonstrating active communication skills is not just about verbal face-to-face interactions. In today’s fast-paced work environment, email has become a primary mode of communication. Since one does not have the advantage of body language and tone of voice to interpret the email, it is essential that the information is clear and concise. Be sure not to type the message in a way that will be misinterpreted. Re-read all email messages at least once prior to pressing the “send” button and attempt to review it as if you were the receiver. This will give you the opportunity to look for any negative “tone” and verify that the message will not be misconstrued.

It is impossible for leaders to be great communicators unless they are great listeners. One of the quickest ways to lose an employee’s trust is to ignore their ideas and concerns. Summarizing and stating back the high points of the conversation, and what your follow-up will be, is an excellent way to convey that you are listening. Likewise, positive non-verbal body language is an important indicator of effective listening. Maintain eye-contact, nod that you understand, and do not make negative gestures, such as shoulder shrugs and eye rolling. Do not judge and do not criticize. As a manager, you need to maintain an objective viewpoint, even if an employee communicates concerns that you interpret as a threat or insult to you. It is essential to not make it a personal issue. When threatened, it is human nature to stop listening and start thinking of how to defend our egos. We start thinking of ways to change the conversation so that there will be a positive outcome for us. All of a sudden, we realize that we did not even hear the last few sentences by the speaker.

Only you know your intentions when
speaking or writing. Do not assume that your message and intent will always be interpreted correctly. Regular staff meetings, for small and large departments, are an excellent way to distribute information to staff and also solicit their feedback. It is important to allow employees to freely and respectfully submit their opinions to you, both in private meetings and group meetings, without fear of retribution.

Relationships are built over time by managers taking a genuine interest in employees, treating all employees in a fair and equitable manner, and again, maintaining communication about department happenings. Remember that every interaction you have with employees or other managers leads to an opinion being formed by the other person...can you be trusted or not? There are many managers that do not appreciate the importance of sharing important business information with employees. Sharing relevant information and including all staff in appropriate departmental decisions builds trust. Accept responsibility and accountability in your role as a manager and expect the same from employees. Employees expect fair and equitable treatment for everyone.

Another essential defining trait for great leaders is that they possess an enthusiastic vision for the future of the organization. Goal-setting is an important role for every manager and these goals should be shared with all department members on a regular basis. Movement toward the goals can be communicated at regular meetings or via email updates. Short-term goals should be addressed, as well as the long-term "vision" for the department. Always remember to ask for input from all staff members when setting goals. Many managers fear the inclusion of employees in such activities. Excluding the ideas of employees, or never asking for them in the first place, is a sure threat to departmental morale. All of the aforementioned skills possessed by great leaders rest on the backbone of good communication skills. The single-most important aspect of transitioning through change in your department is to maintain communication. It seems simple, but so many managers are ineffective at keeping employees informed and involved.

Now, let's take a look at ways that you can involve your employees in the change process when moving toward compliance with USP Chapter <797>.

Remember, in the majority of individuals, managers and staff alike.....CHANGE GENERATES FEAR! By addressing fears upfront, much concern can be allayed. Never assume that employees understand why change is needed. The fear takes on many faces, depending on the individual. Some fear being judged as inadequate by co-workers and they fear leaving their comfort zone. They want to know how it will affect their job performance evaluation. Some workers may have feelings of resentment or anxiety. As a manager, you must appreciate that "everyone is a fingerprint," and each employee may react differently to news of upcoming change. Respect the fear and maintain good communication.

During your analysis of your organization's progress toward compliance the following are suggestions to facilitate positive change:

- Always inform employees why change is needed. Do not assume that they know. A clear purpose for the change must be communicated.

- Specifics of USP Chapter <797> requirements should be discussed with all staff who will be involved in the change.

- Appoint an employee and/or team of individuals to spearhead the efforts and brainstorm how change will be accomplished. They should be involved in the gap analysis all the way through to project completion.

- Have regular staff and committee meetings with all involved. Use an agenda, but allow for open discussion.

- Continually reassure employees of the positive aspects as your department transitions through change and openly discuss anticipated roadblocks, fears, etc. Fears need to be acknowledged and addressed on a regular basis.

- Provide regular email updates in the interim between staff meetings.

- Solicit input from all who will be affected by the changes.

- Set up an anonymous "Suggestion Box" in the pharmacy so that timid workers may express their opinions.

- Openly discuss any job descriptions that will change or processes that will be modified.

- If your facility requires a significant remodel that will affect the workspaces of employees, be sure to involve those affected in the whole process.

Continued on page 10.
As stated by the 32nd US President, Franklin D. Roosevelt, "It is a terrible thing to look over your shoulder when you are trying to lead—and find no one there." Now is a good time to step back and take an objective look at your department, the current attitude, and level of communication. When you "look over your shoulder," do you have the support of your employees?

Implementing the changes required by USP Chapter <797> presents a perfect opportunity to collaborate with your employees, set goals, and increase the communication throughout your department. The ultimate intent of USP Chapter <797> is to prevent harm to patients, but pharmacy employees can benefit as well. Using the above suggestions, the move to compliance will lead to positive outcomes for all involved in the change process. Solicit feedback, welcome it, and ask employees what they need from you as a manager. Lead with trust and communication. Good luck leading your staff through the change process.

Holly Simmons, R.Ph., is an ACHC Pharmacy Surveyor and is President of Impact Solutions Group, Inc., offering consulting services in a variety of areas including accreditation preparation, staff training, software implementation, and home infusion workflow and operations. She can be reached at hsimmons@impactsolns.com or www.impactsolns.com.

What People are Saying about ACHC

“You have all made this entire process very comfortable. It has been very informative and I have learned a lot. I look forward to utilizing your organization as a resource as we recognize continued growth.”

—Sleep Therapies of New England, LLC, Merrimack, NH

“All 3 surveyors were great to deal with, very thorough and educational to the staff and myself. I felt that the entire process was very positive and they really took time to be complimentary of our processes.”

—Option Care of the Quad Cities, Moline, IL

“We researched different accreditation organizations and found that the ACHC standards were more applicable to what we do in this market of rehabilitation technology.”

—United Seating & Mobility, Florissant, MO
Denise M. Fletcher
draws from a diverse legal experience to contribute to the Health Care Group at Brown & Fortunato, P.C. Denise joined Brown & Fortunato, P.C. in 1997 and is a member of the firm’s Health Care Group where she has a large national health law practice. As part of the Health Care Group, she works closely with the Department of Justice, Office of Inspector General, Center for Medicare and Medicaid Services, National Supplier Clearinghouse, Durable Medical Equipment Regional Carriers, Food and Drug Administration, and other federal and state regulatory agencies. She represents durable medical equipment companies, pharmacies, drug wholesalers and repackagers, long-term care facilities, home health agencies, hospitals, physicians, and other health care providers in a large variety of legal areas.

Denise was born in Colorado, but spent most of her youth in California and Washington. After graduating high school in Olympia, Washington, she enrolled at Pacific Lutheran University for two years before transferring to the University of Washington in Seattle. While in college, she was a member of the swim team and broke numerous school and meet swimming records. Her athletic talent was recognized when she was named a College All-American in 1985 and 1986. She currently competes in triathlons and rides in several century bicycle tours each year.

After receiving her B.A. in Business Administration from the University of Washington in 1988, Denise moved to Norman, Oklahoma where she worked in a law firm before enrolling at the University of Oklahoma School of Law in 1990.

In law school, Denise joined the American Indian Law Review and became the Managing Editor. In her third year, the Law Review gave her the Outstanding Third Year Editor Award. She was also a member of the Board of Advocates and on the Dean’s Honor Roll. Denise received her J.D. in 1993.

Denise is a 2004 graduate of Leadership Amarillo-Canyon and served on its board from June 2004 to June 2006. She currently serves on the Board and the Executive Committee for the High Plains Division of the March of Dimes. Denise will be co-chairing the Fall 2006 Amarillo Signature Chef’s Event for the March of Dimes. She is also on the planning committee for the Panhandle Division Multiple Sclerosis 150 Cycling Tour.

Denise has five children: Daniel, Michael, Zachary, Jacob and Katherine.

Barbara Stover Gingerich
Barbara Stover Gingerich RN MS FACHE CHCE, a nationally recognized consultant, is president of Advantage Consultants Inc. and an adjunct faculty member for the Department of Nursing at York College of Pennsylvania. A workshop leader, educator and administrator, she possesses diverse experience across the care continuum. Her firm, based in York Pennsylvania, provides services in the areas of operations, clinical services, strategic planning, reengineering and quality improvement. As a surveyor in the fields of home health, hospice, rehabilitation, assisted living and adult day services, she is well versed in accreditation, licensing and corporate compliance activities. As an editor of Home Health Care Management and Practice, she regularly authors columns and articles and has authored numerous health care books. Her entrepreneurial approach and problem solving expertise achieves a win-win combination to project management. Her effective teaching, coaching and communication skills are enhanced by her role as professional storyteller. Her stories bring insight, humor and wisdom to her customers.

Richard M. Wetherell
Richard M. Wetherell is the Senior Director of Quality, Process Improvement and Knowledge Management for Siemens Medical Solutions. He has been an Operations Manager, a Design Engineering program manager, and Director of Quality for 5 plants for Texas Instruments. After earning his B.S. and M.S. degree, he became a certified quality engineer. He is an expert in strategic planning, balanced scorecard deployment, quality system regulation, team leadership, ISO standards, Homeland Security requirements for healthcare facilities and using 6 Sigma approach for continuous improvement. He has led and managed over 400 people at multiple locations internationally. He has written one book on how to implement a Quality Management System like ISO in your firm that adds value, as well as multiple technical papers. He has led a team that proposed and implemented the Tennessee Quality Award for the governor and has also been a member of multiple FDA task forces to help create guidance to industries on multiple topics. Presently, he is on the Homeland Security task force for Veterans Administration and Department of Defense for healthcare facilities. He led a team to implement six quality management systems within multiple Siemens Medical Solutions business units in order to focus on the customer, as well as standardize multiple processes. He has developed VIP workshops for healthcare facilities with the Disney Institute to help improve efficiency, customer satisfaction and patient safety. He has received the Detroit Free Press Leadership Award, the Kelsey Hayes Leadership Award, Taguchi Technical Leadership Award, Johnson City Tennessee Leadership Award and multiple customer appreciation awards in the last 20 years. He is dedicated to improving customer satisfaction, efficiency, and productivity in the healthcare field to achieve patient safety and reduce medical errors, especially after his mother died in a healthcare firm from a medical error.
Historical Profile of ACHC

1996–2006

1996. A press release is sent to state and national association and publishers announcing that ACHC offers services nationally.

1996. ACHC and the Carolina’s Center for Hospice and End of Life Care (formerly Hospice of the Carolinas) agree to work together to develop standards for hospice accreditation.

1996. ACHC and the Women’s Healthcare Educational Network (WHEN) work together to develop standards for post-breast surgery care fitting services.

1996. Healthcare Equipment, Durham, NC becomes the first HME accredited by ACHC.

1997. Adult Home Care Services, Delta, CO becomes the first company outside of North Carolina accredited by ACHC.

1998. ACHC has surveyed companies in 17 states.

1998. ACHC, leading county health directors, and officials from the North Carolina Department of Health and Human Services work together to develop an accrediting program for health departments. Preliminary state funds were identified before Hurricane Floyd hit the state in 1999. All resources went to the current need and the project was suspended.

1999. ACHC and Priority Healthcare Corporation work together to develop standards for specialty pharmacy.


2000. ACHC has 178 accredited locations in 22 states.

2000. ACHC announces agreement with Coram Healthcare, one of the nation’s largest home infusion companies, for accreditation.

2000. ACHC partners with Horowitz & Associates, experts in clinical pharmacology and drug regulatory affairs, to bid for a 5 million dollar grant from the Veterans Affairs to develop standards for human research protection (genetic research). The partnership was among the finalists, but NCQA receives the grant.

2001. ACHC introduces standards for respiratory nebulizer medication programs and standards for mail order medical supply companies.

2002. Walgreens Health Initiatives Home Care becomes ACHC accredited.

2003. ACHC receives a grant to develop standards for compounding pharmacies. The Pharmacy Compounding Accreditation Board decides that a new accrediting body should be established just for compounding. ACHC provided the initial draft of standards to assist their project.


2004. ACHC and SGS agree to develop an accreditation/ISO hybrid product for home care.

2005. The first HME hybrid dual audit of accreditation and ISO certification in the world was conducted in October 2005.

2006. ACHC awarded “Deeming Authority” for Medicare Home Health Agencies from the Center for Medicare and Medicaid Services (CMS).

2006. ACHC receives 85 new applications for accreditation in one month and surpasses 1,000 accredited locations nationwide.

2006. ACHC celebrates 20 years of service.
ISO/Accreditation Hybrid Update

Raleigh, NC.– The first phase of testing the ISO/Accreditation hybrid has been completed and evaluated. In October, an ACHC surveyor and SGS auditor surveyed Southern Pharmaceutical Corporation (SPC), an HME provider, for compliance with both quality systems. The location of the beta test was Gulf Port, MS just weeks after Hurricane Katrina had devastated the area.

The beta-test was going to be cancelled; however, the company was eager to proceed as planned. What was expected to be a review during normal office operations actually turned out to be during very abnormal circumstances. The hybrid disaster preparedness policies and procedures proved to be the most effective and responsive in the region. The morning after Katrina hit, SPC was in the community not only meeting the needs of its patients, but also those of a local hospital and the Red Cross.

The combined survey went much deeper than traditional accreditation and looked at the entire process of supplying services to the customers of the company. The hybrid process was more all-inclusive than traditional accreditation. While SPC did well in many areas of the review, some corrective actions were necessary to pass the combined assessment.

It is believed that the new single integrated standards of service will enable providers to offer the highest quality health care solutions as efficiently and effectively as possible for patients, payers and the general public.

Results of the initial test were shared with several CMS officials at a meeting held in February 2006 in Baltimore. There was considerable interest in the hybrid concept by CMS. The consensus from the meeting was that as the project continues, CMS and representatives from the project team will meet again to discuss progress.

The next phase will combine data collection and scoring tools for ISO and ACHC into one document. The second beta-test is expected to be scheduled for late 2006 with a large Medicare Certified Home Health Agency.
STANDARD UPDATE:

Raleigh, NC. There has been a lot of confusion about ACHC, Inc. requirements for pre-packaged respiratory medication and the section 1700 Pharmacy Scope of Services. This matter was addressed at the recent Standards and Review Committee. After some more research, ACHC, Inc. has modified its position on the dispensing of pre-packaged respiratory medications.

If a company is only dispensing respiratory medication that has been pre-packaged by the manufacture of that brand (example... Duoneb) and there is not any compounding of medication by this company, then there will not be a need for the company to comply with section 1700 of ACHC, Inc. Scope of Services. These companies have been referred to as "lick and stick” dispensing and they will only need to be surveyed under Section 2200 if they are mail order or Section 2300 if they also do ongoing medical equipment rentals.
In the song Kodachrome, Paul Simon sang about thinking back on all the "stuff" he learned in high school and said it was a wonder he can now think at all. I believe all of us can sort of relate - personally, I am still waiting to ask someone what time it is in French! Not too many opportunities for that in Raleigh, NC. And the older I get, I am more convinced that something must actually leave my brain in order to make the way for something new. Agency administrators might feel that way from time to time about accreditation standards – it’s just more "stuff" to deal with and file away in our heads and policy manuals.

What we may not fully acknowledge is that the standards greatly assist our agencies so that we are enlightened, equipped, and fully engaged in what needs to happen to ensure the delivery of the best care possible. We are on go and ready to roll. And if the future holds what we are hearing that it will hold (Pandemic Flu), then those of us with infection control and crisis management policies and practices already in place will be in a much better position to help our families, employees, patients and communities.

You may be following the information on the governmental websites and probably have seen the expert predictions. A medium level pandemic in the US will result in:

- Over 207,000 deaths
- Over 734,000 hospitalizations
- Over 14-42 million outpatient visits
- Over 47 million people sick
- Effects 15-35% of the population

And the government is telling us that the single most effective thing we all can do is to follow good infection control practices. The Accreditation Commission for Health Care feels very strongly about helping health care providers be the best prepared possible for the Pandemic Flu. To that end ACHC has placed a link on their web site to www.pandemicflu.gov

It would be helpful to review the information against your current policies and employee/patient education materials. Numerous checklists are found on this site to help hospitals, home health agencies, health care providers, families, schools, churches and businesses prepare. We encourage you to share this information with everyone in your scope of care and concern. We also encourage you to contact your local and State health departments – find out what you can do to have your agency placed on the Health Alert Network in your community. Every State and governmental agency is expected to have a Pandemic Flu Plan. Where do you fit in your State's plan? The following web site will provide you with the contact information for your state.

http://www.pandemicflu.gov/state/statecontacts.html#N

Yes, it is a lot of "stuff", but it's clear that our policies and practices in accordance with the accreditation standards will be our best defense.
### ACHC Congratulates Its Newest Accredited Locations

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>State</th>
<th>Notes</th>
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<tbody>
<tr>
<td>A Plus Medical, GA</td>
<td>HME</td>
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<td>ABC Durable Medical Equipment, TX</td>
<td>HME</td>
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<td>Advanced Home Medical, OH</td>
<td>HME</td>
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<td>Advanced Medical Home Care Supplies, PA (2 branches)</td>
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<td>Advanced Medical Supplies, OK</td>
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<td>Aero Apothecary, Inc, CA</td>
<td>SPHRM</td>
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<td>AeroCare Holdings, Inc, FL (94 branches)</td>
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<td>Allegany Respiratory Associates, LLC, MD</td>
<td>HME</td>
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<td>Ambient Healthcare, Inc, FL (3 branches)</td>
<td>HINF</td>
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<td>American Home Health Care, Inc, NC</td>
<td>HME</td>
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<td>American Medical Equipment, MD</td>
<td>HME</td>
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<td>Americhoice Healthcare, Inc., MD</td>
<td>MSP</td>
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<td>Atlantic Medical, Inc, Va (4 branches)</td>
<td>HME</td>
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<td>AWCS Medical, Inc, CA</td>
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<td>Bay Home Medical and Rehab, MI (2 branches)</td>
<td>HME</td>
<td>MI</td>
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<td>Bay State Medical, Inc., MD (1 branch)</td>
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<td>Better Health Care Options, LLC, IL</td>
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<td>Binson’s Hospital Supplies, Inc, MI (3 branches)</td>
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<td>Burke Hospice and Palliative Care, NC</td>
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<td>Caring Solutions, OH</td>
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<td>Carolina Home Medical, NC (7 branches)</td>
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<td>Carolina Med-Plus, Inc, NC</td>
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<td>Carolina’s Home Medical Equipment, Inc, NC</td>
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<td>Chair and Equipment Rentals and Sales, Inc., NC</td>
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<td>Cheek and Scott Medical Equipment, Fl (2 branches)</td>
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<td>Choice Home Medical Equipment, NC</td>
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<td>Columbus County Home Health Agency, NC</td>
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<td>Corinthian Care Group, Tx (2 branches)</td>
<td>HINF</td>
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<td>Creative Medical Services, Inc, FL</td>
<td>HME</td>
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<td>Cumberland County DSS, NC</td>
<td>AIDE</td>
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<td>Custom Mobility, Inc., FL</td>
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<td>Davie County Health Department and Home Health Agency, NC</td>
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<td>Diabetic Supplies International, Inc, NH</td>
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<td>Diabetic Supply Association, NC</td>
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<td>Dial Diabetic Supplies, Inc., ME</td>
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<td>Dressen Medical Supply, Inc., NC</td>
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<td>Duramed Medical Services/OptionCare, GA</td>
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<td>Eastern Valley Home Health and Equipment, AL</td>
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<td>Edwards Healthcare Services/Direct Healthcare Supply, OH</td>
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<td>FairMeadows Home Health Center, Inc, IN</td>
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<td>Fairmeadows Pharmacy, IN</td>
<td>PHAR SRVS</td>
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<td>Family Medical Supply, Inc, NC (10 branches)</td>
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<td>Florida Home Medical Equipment, Inc, Fl</td>
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<td>Franklin County Respiratory Rentals, Inc., VA</td>
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<td>Friendship Home Healthcare, Inc., TN (1 branch)</td>
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<td>Frontier Medical, AK (2 branches)</td>
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<td>Gordon Hospice House, NC</td>
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<td>Grundy County Drug Co./Morris Health Mart, IL</td>
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<td>Heartline Medical Supplies, NC</td>
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<td>Heckman Healthcare Services &amp; Supplies, Inc, IL</td>
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<td>Holland Medical Equipment, Inc., Ky (4 branches)</td>
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<td>Home MediServices, Inc, Md (2 branches)</td>
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<td>Hometown Homecare, GA</td>
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<td>Hospice and Palliative Care of Greensboro, NC</td>
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<td>Hospice of Iredell County. Inc, NC</td>
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<td>Hospice of Rockingham County, NC</td>
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<td>Hospice of Stanly County, Inc, NC</td>
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<td>IgG America, MD</td>
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<td>Kern Home Health Resources, Ca</td>
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<td>Liberty Medical Specialities, Inc, NC</td>
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<td>Lowry Drug Company, Inc, NC</td>
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<td>Marlab, Inc/ Triangle Aftercare, NC (2 branches)</td>
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<td>Med-Air Home Care, VA</td>
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<td>Med- Care Pharmacy, FL</td>
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<td>Medical Center Home Care/Medical Center Respiratory, NC</td>
<td>HME</td>
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<td>Medical Equipment Distributors, NC</td>
<td>HME</td>
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<td>Medical Equipment Specialists, WIS</td>
<td>HME</td>
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MedPro RX, NC
Med-Response, Inc, VA (5 branches)
Medshare/Whitley Home Medical Equipment, NC
Mobley Drugs, Inc, SC
Mount Vernon Community Pharmacy/
     The Medicine Shoppe, IL
MRB Acquisitions Corp, FL
National Diabetic Pharmacies, LLC, VA
New Age Pulmonary Services, KY
Northstar Pulmonary Care, Inc., Co
Northwest Medical, Inc, OR (3 branches)
Option 1 Nutrition Solutions, NM
Option Care-Arlington Heights, IL
Option Care-Bakersfield, Ca
Option Care-Carmel, IN
Option Care-Muncy, PA
Option Care of the Quad Cities, IL
Orthocare Medical Equipment, NH
Oxygen Support Systems, Inc., NJ (4 branches)
Parrish Home Medical, Inc, SC
Pat Grimes, Inc, VA
Patient Support Services, TX
Patrick Medical Equipment, MI (1 branch)
PDI Pharmacy Services, FL
Peaks and Plains, Inc, WA (2 branches)
Piedmont Home Care, NC
Polyclinic Medical Equipment, IL
Preferred Homecare, Co (2 branches)
Prince William Home Medical Supply, VA
Professional Health Service, TN
Pro-Fit, Inc, AL
ProMed DME, Inc, CA
Quality Home HealthCare, Inc, NC
Rehabilitation Equipment Associates, Inc., NH
Respiratory Care Associates, Inc., VA
Royal Medical, PA
Senior Home Health Care, MI (11 branches)
SUSANNE BECKETT

Susanne Beckett is a Hospice surveyor. She resides in Grayson, Georgia and currently is employed with the Gwinnett County School System. She was previously employed with Niagara Hospice as a hospice nurse. She has over 16 years of experience as a nurse and nurse manager. She has a BSN from Niagara University with special training in Pediatrics. Her professional experience includes: pediatric nurse in neonatal intensive care, nursing home assistant director, hospital medical/surgical unit manager and hospice director.

In her position as Clinical Director of Niagara Hospice, she organized and guided that organization through its first accreditation with ACHC, for which they were accredited with commendation.

During her career, Susanne has also held positions at Niagara Falls Memorial Medical Center as Clinical Nurse Coordinator, and Oakwood Health Care Center as Nurse Supervisor/Assistant Director of Nursing.

Susanne is a graduate of Leadership Niagara. She was the President of the Grand Island Preschool Board. She is also a member of the American Nurses Association. She has been honored by Sigma Theta Tau, International Honor Society of Nursing. Susanne also serves as a volunteer for several organizations. Susanne is also fluent in German.

ALLAN B. SAPOSNICK

Allan Saposnick is a Registered Respiratory Therapist with 44 years of experience in respiratory care including clinical, academic, management, business and homecare. He has earned an Associates degree in Biology, a Bachelors degree in Business Management and a Masters degree in Communications. Allan taught respiratory therapy for 17 years, first at Philadelphia's University of Pennsylvania Hospital and then for 12 years at the Community College of Philadelphia, where he was Associate Professor and Chairman of the cardio-respiratory programs.

Since 1983 Allan has been involved in the home medical equipment industry. He founded and operated Eastern Medical Sales, an independent manufacturer's representative organization, providing medical devices and supplies to the homecare market from Maine to Virginia. In 1992 he joined Jordan-Reses Home Health Care, a major regional homecare provider in Sharon Hill (Philadelphia) PA, as Director of Clinical Services and Regulatory Affairs. Until May 2002 he was Regional Director of Clinical Services and Compliance Officer, responsible for eastern Pennsylvania, Delaware and New Jersey, for Health Care Solutions, which merged with Jordan-Reses in 1998. Allan, through his company, ABSCO Enterprises, is currently an independent contractor/consultant for the HME industry in the area of home respiratory care.

He has been active in the American Association for Respiratory Care since 1963, having served on the AARC's board of directors, editor of their scientific journal Respiratory Care, chairman of the House of Delegates, and most recently, Chairman of the AARC Homecare Specialty Section. He represented the AARC for seven years as a member of the NBRC Board of Trustees and was NBRC treasurer. Allan was inducted as a Fellow of the AARC (FAARC) in 2001.

Allan does extensive consulting, writing and speaking on all aspects of respiratory care and homecare. He has authored several dozen articles during his career and co-edited Respiratory Care: Principles & Practice, a textbook/reference work published by WB Saunders in 2001.

LYNN WHITENER

Lynn Whitener has been a surveyor for ACHC since 1996. She resides in Hickory, North Carolina. Lynn is an RN with a BSN from East Carolina University in Greenville, NC. She has a strong background in different areas of nursing including direct patient care, teaching, supervision and administration. She is knowledgeable of Medicare and Medicaid Rules and Regulations in regard to long term care facilities, home health, and home care and hospice. In addition, Lynn has 25 years experience with Medical Office Assistant, CNA 1 and CNA II, and Personal Care Aide Programs. She is certified as a national CHPN educator and has attended NC State approved OSHA, infection control and HIPAA classes. She is also a certified ELNEC trainer.

Along with her surveyor duties with ACHC, Lynn also works for Palliative Care Center and Hospice of Catawba Valley in Newton, NC as Nurse Manager. She is in charge of the day-to-day operations of the Hospice home care program. She supervises all nursing staff and oversees all aspects of patient care. Other responsibilities include liaison between all service care providers, interviewing all new home care employees, planning ongoing in-service education for hospice staff when appropriate and assisting in community outreach programs.

Prior to her position with Palliative Care Center and Hospice of Catawba Valley, Lynn was Program Coordinator at Hospice of Wilkes County. She was in charge of the day to day operations of the Hospice Program under the umbrella of Wilkes Regional Medical Center. She supervised all employees, oversaw all aspects of patient care, and served as liaison between service care providers such as physicians, hospitals and DME providers.

Throughout her years of experience, Lynn has also held positions as Nurse Manager at Village of Wilkes (an assisted living facility), Patient Care Coordinator at Hospice and Home Care of Alexander County, staff nurse at Iredell Memorial Hospital and Director of Nursing Services at Quality Care Nursing Services in Charlotte, among others.
For more than 10 years the staff at Advanced Quality Healthcare, Inc. has successfully assisted home care organizations nationwide, establish and meet Accreditation Requirements, Quality Management, Performance Improvement and Regulatory priorities in a cost effective manner. We have first hand experience with home infusion and home health programs.

Our services include:

• Policy and Procedure Development;
• Compliance and Regulatory Policy Development;
• Performance Improvement Program Development;
• Operations and Clinical Assessments;
• Education and Training
• Accreditation Preparation Assistance; and
• Benchmarking (through a partnership with Binary Enterprises, Inc.)

Benchmarking is performed using Home Health Metrics/Outcome, proprietary software of Binary Enterprises, Inc.

For more information please contact us at 954-424-1179 or mvongunten@advancedqualityhc.com
Visit us at www.advanced-quality-healthcare.com
ACHC is grateful to the individuals, corporations and foundations who have contributed to the financial needs of the organization over the past twenty years. Corporate contributions have ranged from a few thousand dollars to over $100,000. Sponsorship benefits include recognition in the Surveyor newsletter, on the ACHC Website, in press releases, and other forums.

ACHC continues to seek contributions from organizations that aspire to the same goals as those of ACHC, and that want to participate by assisting in further development of programs and ACHC activities. Donations and grants are accepted from corporations, private foundations and government.

Sponsors may make unrestricted donations to ACHC. This type of sponsorship allows ACHC to use funds at its own discretion to meet company needs. Sponsors may also elect to donate restricted funds for specific items.

For additional information and to learn more about ACHC sponsorship, please contact Deric Rutledge, Marketing Coordinator at 919-785-1214 or drutledge@achc.org.