Looking Back - The First Ten Years

By Tom Cesar

The Accreditation Commission for Health Care, Inc. (ACHC) is excited to celebrate 20 years of accreditation services. The first 10 years were focused exclusively in the state of North Carolina and the next 10 years on the nation. ACHC accredited companies are located in 47 states with patients being served in all 50 states, Puerto Rico, and Guam. Accredited locations number just under 1,000.

ACHC was established in response to the desire of a few home care aide organizations wanting a statewide alternative to existing national accreditation programs. The vision was to develop an organization and standards that would be more responsive to the needs and resource limitations of small rural providers in North Carolina.

The Association for Home and Hospice Care of NC, formally North Carolina Association for Home Care became the primary vehicle in driving this endeavor. From the beginning, the founders thought it prudent to solicit experts from the state government and from the divisions of aging, health services and social services. The combination of private providers, state government and the home care association proved to be wise. The company was officially incorporated as an independent private not-for-profit corporation in August of 1986.

In the formative stages, the founders chose to develop patient-focused, clearly written accreditation standards for in-home aide services. They established an educational, consultative and friendly on-site review process designed to foster improved business operations and best clinical practices. It was their aim to ensure a voice for providers while not compromising optimum care for the patient. In addition, a participatory approach to development of standards was adopted.

Continued on page 7.

ACHC Shows Strength In New Logo For The Organizations It Serves

By Conrad Banks

The organization, Accreditation Commission for Health Care (ACHC) grew considerably in 2005. ACHC has become an industry leader in accreditation in home care through its current processes and standards and with its new hybrid ISO product will experience continued growth into the future. ACHC, as an organization, felt that now was the time to show itself through a new logo that more clearly shows what ACHC represents.

ACHC has been in existence since 1986. It has a proven track record which speaks for itself. ACHC has grown in its ability to service its accredited organizations better, and now; it is showing its strength by the increasing number of organizations desiring to be a part of the ACHC process and wanting ACHC’s accreditation and support.

Continued on page 3.
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Through the efforts of many within the organization, ACHC has become a nationally and internationally recognized leader in quality accreditation of home care organizations.

The old logo did not clearly represent what ACHC felt was current and therefore needed a change. The task of transformation from the existing logo was not easy or taken lightly by all involved. ACHC searched for a new logo for over four years. Through the diligence and patience of its Board, administration, staff, and its home care provider customers, ACHC has developed a modern corporate logo that clearly defines what ACHC represents. ACHC is proud of what it has accomplished through the years and is poised, with its new image, to continue that heritage of quality service well into the future.

With the guidance of its President and Board, the logo was developed and changed from "the house with two people in it", to a graphical Greek column contained within in a square or circle. Currently, there are three basic formats, using and maintaining the same theme throughout each for uniformity and consistency of the message ACHC is trying to show.

The first and most obvious change in the logo design is the simplicity of form, while maintaining uniformity. This relates the ACHC quality process while maintaining simplicity across the many scopes of home care that ACHC accredits.

The new logo, with its traditional Greek style column represents strength, solidarity, support, and the ability of ACHC to withstand the test of time for the home care organizations it serves.

The square and then the circle of the Gold Seal surrounding the column represent the solid, yet fluid gold standard in accreditation by ACHC of home care in its many diverse formats. One might call the enclosure the continuum of care provided by ACHC regardless of the scope of home care being accredited.

“Simply put, the new ACHC logo represents the cornerstone or foundation of the organization”

The column represents a single supportive foundation or corner stone for new and continued growth of ACHC as an industry leader to all home care organizations. ACHC continues to adapt and evolve through its scope and development of new tools and/or standards with which to measure its own provision of services to assure the highest level of support for all home care organizations in this ever changing home care market.

From a different view or perspective, when the new logo is viewed from a distance, the column transforms itself graphically. It begins to take the resemblance of a structure with three roofs. The underlying lines representing the walls of a house which represent some of the many facets (such as hospice, home nursing, home infusion, specialty pharmacy as well as many other home care organizations) that ACHC currently accredits. The three roofs represent the ability of ACHC to cover all of its accrediting processes and organizations with many layers of quality support that the accredited organizations need and want through ACHC’s current accreditation standards and any new accreditation tools that may be developed. ACHC, through its staff, its Board, and its mission, can be assured of continuing to provide quality services now and into the future for home care organizations as the home care environment continues to change.

Simply put, the new ACHC logo represents the cornerstone or foundation of the organization and ACHC is prepared to maintain its continued support and poised for additional growth maintaining its strength in all the home care markets it serves.

In celebrating 20 years of service to the home care industry, ACHC felt it time to show its strength and determination by changing its logo as it relates to its image. ACHC remains a home care accreditation leader. By changing its logo into a symbol of strength that everyone is proud to display, it shows that ACHC is branded for the future and for change. Finally, the new logo clearly shows the supportive posture ACHC has had and will continue to have for all of the diverse home care organizations it serves.

Conrad Banks is a member of the ACHC Board of Commissioners.
As ACHC gets ready to begin its third decade, I look back on huge changes during the seven years that I have been a board member. Most of these were very positive, but we’ve had some rough spots too.

My first Board meeting was in October 1998. It was also Cathy Chapman’s first meeting as Chair. I was impressed when framed and hung it in a prominent spot as a constant reminder of where ACHC was going. I loved it!!

Nationally, healthcare was rapidly changing — delivery, costs, insurance requirements, reimbursements, ethics, etc. ACHC was primed for growth. Although ACHC had been “the little guy” with a small staff doing a big job, the Board realized it needed help to meet the growth coming at us. President Tom Cesar had been asked over and over, “Who accredits you, the accreditor?”

ACHC monitors its customers but who monitors ACHC? Some of Tom’s many industry contacts had been discussing ISO, International Organization for Standardization, which provides a guide for standardizing a quality management system (QMS). That is familiar to ACHC. Standards of various disciplines are WHO ACHC IS!

Certification to ISO was brought to the Board for consideration. It was unanimously agreed this would surely help ACHC improve and define our structure, thus giving a smoother operation to daily activity. After a preliminary investigation of exactly what it would take to implement ISO processes, a consultant was retained in April 2003 — Charli Hoialmen of Diversified Management Systems in Atlanta, Georgia, whose company was certified to ISO. Ms. Hoialmen worked with ACHC to prepare for an ISO certification audit — ACHC planned to implement this within 6 to 9 months. She told us to tighten our seatbelts, as there was a rough ride ahead, but the project was doable.

Everything was changing. Employees were performing their usual work duties while meeting with the consultant at the same time. Sometimes employees met with the consultant and other employees to develop the ‘road map’ by which ACHC would drive everyday in performing its business.

As a Board member and Chair since July, 2003, I could see the need to get our Board members acquainted with major changes ahead. A quickly planned retreat was held in October that year. While most companies are for profit, ACHC is a 501 3(C) nonprofit. The Board needed to closely examine the by-laws and that necessitated changes that were sobering. The current by-laws dictated that the Board was to function as the CEO! We were left with two choices under North Carolina State Law for Non-profits to operate; the Board is the authority of the organization. The Board could run the company (ACHC) by delegating authority — or the Board could assume the duties of CEO.

The Board made an unprecedented decision and commitment to not only move forward, but also to accept full responsibility and accountability to the requirements of developing a QMS. With the authority established, work could begin on internal processes; thus began a journey of developing an effective QMS that would incorporate Board activities and operational processes to become compliant with the ISO 9001:2000 standard. This involved training the Board and staff on the requirements of the standard and establishing a working relationship between Board activities and operations.

What’s different now that ACHC’s QMS is certified to ISO? It’s exciting to know that ACHC is a visionary in the healthcare field. ACHC has completed two years with its QMS certified to ISO. The overall customer base has increased 32%. Revenues have improved by 70%. The average cycle time from completion of survey to customer receipt of survey has been reduced by 35%. A customer satisfaction baseline has been established. Yes it was difficult, extremely difficult (some might say ‘painful’). ACHC is very proud of this great achievement.

The ISO certification audit is yearly and ACHC plans to stay in compliance.

Rebecca Linton holds a B.S. in management from Troy State University, Montgomery, Alabama. She was a co-founder of the Women’s Healthcare Educational Network Inc., a nonprofit organization to assist women’s special health boutiques (especially for mastectomy) when it was co-founder of Essentially Women Group Purchasing Organization. Mrs. Linton is currently serving her third year as Chair for the ACHC Board. She consults for small businesses in the field of office management and the fitting of maternity intimate apparel.
Past Chairpersons

1986-87  Judy Jay
1987-89  Gale Hallenbeck
1989-90  Donna Nixon
1990-92  Mary Jo Littlewood
1992-94  Donna Steele
1994-95  Suzanne LaFollette-Cameron
1995-97  Cassie Wasko
1997-98  Donna Steele
1998-01  Cathy Chapman
2001-03  Eric Ritzen, SR
2003-Present  Rebecca Linton

Board of Commissioners 1986–1987

Judy Jay  Medical Personnel Pool
Bill Mashburn  Iredell Home Health Agency
Jackie Pully  Nash County Home Health Agency
Walter Brown  Duplin County Services for the Aged
Jane Hare  Coordinating Council for Senior Citizens
Helen Starr  Person County Council on Aging
Ann Faircloth  Cumberland County DSS
Gael Hallenbeck  Durham County DSS
G.G. Walker  Alamance County DSS
Tom Harmelink  Health Force of Wake & Durham Counties
Amy Moore  Apple Nursing Services, Raleigh

Ex-Officio Members

Ron Goodson  NC Division of Health Services
Susan Harmuth  NC Division on Aging
Ann DeMaine  NC Division of Social Services

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Meet Your Staff

Karon Blount
Karon Blount has been with ACHC since November 2004. She is currently the Administrative Assistant for the Clinical Compliance Department. Karon has also supported the Accreditation Services Department, assisting the Accreditation Coordinators with accreditation applications, scoring, and documentation. Karon’s previous experience includes 20+ years in customer service and over 10 years as an Administrative Assistant.

Karon lives in Zebulon, NC with her husband Gene. They have three daughters, Emily, Hailey and Logan. Karon participates in various community activities, including the Small Town Main Street Program in Zebulon, which promotes revitalization of businesses in small towns.

Alisa Milliken
Alisa Milliken joined ACHC as an Accreditation Coordinator in August, 2004. Prior to joining the ACHC staff, she served as an Executive Assistant to the President of a non-profit educational organization. She also brings experience from the local government sector for Housing and Urban Development, as well as the NC Historical Publications Division. She studied Organizational Management at St. Augustine's College located in Raleigh, NC.

Alisa is a native North Carolinian. She is married with 4 children. Alisa enjoys spending quality time with her family and friends, participating in church functions, and watching a good movie with a hot cup of tea.

ACHC to Conduct Unannounced Surveys Starting in 2006

Raleigh, NC. The Accreditation Commission for Health Care, Inc. (ACHC) has announced that effective February 24, 2006, all surveys for new and renewal applicant organizations will be unannounced. Unannounced means the organization will receive no advanced notice of their survey date.

This change in policy and procedure has become necessary as ACHC in 2006 will have “deeming authority” from CMS for home health agencies, and also expects to have the same status for hospices and durable medical equipment companies. According to CMS, under deemed status, providers must have unannounced surveys. ACHC has determined that it is prudent to maintain one system for all of its customers. Therefore, customers of all ACHC programs will fall under this new procedure. Prior to the effective date, ACHC applicants will be processed under the current system.

ACHC believes the new procedure 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 which 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.

ACHC is a not-for-profit corporation and has been a symbol of quality since 1986. ACHC has ten accreditation programs. These include home health, home medical equipment, home infusion, hospice and others.

Want to be an ACHC Surveyor?

ACHC is recruiting surveyors for all disciplines, including: Home Health, Infusion Nursing, Hospice, Pharmacy, Aide, Medical Supply Provider, Home Medical Equipment, Clinical Respiratory Care, Rehabilitation Technology Supplier, and Post-Mastectomy Fitter Services.

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
employment@achc.org
Thus, our motto has always been, "By providers for providers". The values that guided our initial standards and philosophy continue to lead our organization today.

For the first few years, volunteer board members not only met quarterly as board members, but also provided clerical support, bookkeeping, education at workshops and were site-surveyors. While there was a valiant effort from these health care professionals, growth came slowly. It was not until 1990, that the prospect of long term growth became more viable. The Kate B. Reynolds Foundation got behind the organization by approving a $160,000 grant. This was just the impetus the organization needed to add staff and stimulate growth of the company.

In 1992, as a result of a statewide survey with positive results, the Board decided to develop standards for in-home nursing services. Both the state Board of Nursing and the North Carolina Nurses Association got behind the effort of writing the standards. This turned out to be a big step for our small organization and growth picked up. As standards were later developed for home health agencies, home infusion companies, and home medical equipment suppliers it became apparent that both rural and urban home care providers liked the ACHC program.

By summer 1994 inquiries were being received from state home care associations in other parts of the country asking if ACHC would consider offering services outside of North Carolina. Marketing analysis and studies on potential national competitors began that summer.

Statistics of accredited home care companies in North Carolina indicated that ACHC had approximately 23% of the share. Because of the promising results of the study and the national pulse of home care providers wanting a new alternative for accreditation, the Board discussed a strategy for going national at the summer 1995 Board meeting, and the announcement was made in January of 1996.

ACHC’s first location in 1986 was an office in the N.C. Home Care Association building.

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When my cell phone rang on Wed. Aug. 24, it was Rick Earl, manager of SPC's Gulfport, Mississippi location. He was calling to let us know he was implementing hurricane preparation procedures. I asked if he needed help he replied, “Just another big one! No big deal!”

When Ivan threatened the gulf coast the year before, Rick evacuated his family to Columbus and stayed at my river cabin as a safe haven. It turned out that the gulf coast was spared. Columbus wasn’t and tropical winds came through town. Tree branches fell and knocked down power lines. Rick, his wife and four young children were stranded without power for two days. There was no way to get them out because trees blocked the road and there were no neighbors or signs of life for 15 miles. Meanwhile, their home in Gulfport was untouched and never lost power. So when Katrina was on the way, Rick decided to ride out the hurricane. Little did he know that he was facing one of the worst natural disasters in American history.

SPC has been doing business on the Mississippi and Louisiana Gulf Coast since 1998. The only thing people ever talked about was Hurricane Camille in 1969. That was all about to change.

On Friday, my business partner, Glenn Lingle and I touched based with Rick, and with Jamie Stewart from SPC’s Ponchatoula, Louisiana location. They told us their respective offices were closed and although employees were evacuating, they intended to stay. Again, we offered refuge in Columbia but they both declined.

On Saturday, our marketing manager, Ginger Jenner, called from Gulfport and left a message that she was evacuating to Florida.

Sunday was a normal day except for our spending every extra minute watching The Weather Channel.

On Monday, I called Rick. His cell phone line was unclear, but he managed to let us know the hurricane was going to hit land sometime in the mid-afternoon. I asked if he was nervous or scared but he didn’t reply. Rick is not an outwardly emotional person, but later he shared with me that he was a little freaked out. I talked to Jamie in Ponchatoula and asked the same question. She said, “Yes, I am scared.” Although her voice cracked with nervousness, she managed to remain professional and replied, “I’m putting my faith in the good Lord.”

All of us at the corporate office were worried for the people on the coast. We also had our own worries as Columbus was expected to get Category 1 force winds. This would be a first for our city. Schools and day care centers were closing, so our employees with children had to leave work. That evening we lost power in Columbus and no phone calls were getting through to the coast. The next morning Glenn and I met at the office to see if he had heard from Rick or Jamie. He had not. The power was on at the office and we watched the destruction on CNN. We tried repeatedly until after lunch to contact someone on the coast but had no luck. That was a very gloomy feeling. We could not take the unknown anymore.

We left the office around 1:30 with the clothes on our backs (shorts, flip-flops, and tee shirts) with a list of employees’ addresses and phone numbers and headed to SPC’s oxygen filling station in Hattiesburg where the employees had filled a 26-foot Freightliner with tanks and liquid oxygen. We weren’t sure whether it had been blown away or destroyed, so we stopped at two welding stations before we left Columbus and put 50 E cylinders of medical gas in the back of the pickup just in case it took a little time to get the filling station running. We were anxious to reestablish distribution to all of our branches.

The closer we got to the coast, the more valuable those cylinders became. The Crystal Springs fire department flagged us down to see if we could give them a couple of tanks as they were empty and had no place to get refills. Of course we helped them out and now have new friends in the fire department.

On the way we got a call from our answering service in McComb, Mississippi, 80 miles south of Jackson. They had no power, were operating on a generator and had about a day left before the generator ran out of gas. There were no filling stations open.

That was the first challenge we had not
anticipated. We needed the answering service. We couldn’t transfer calls back to our offices because not all of them had employees. We weren’t even sure how many offices were still standing. Our only choice was to get gas to the answering service so it could keep operating. We quickly found out there was a shortage of gas cans. We went to Glenn’s sisters’ houses in Crystal Springs and took what gas cans they were willing to give us. After getting gas, we headed to McComb to save the answering service. We arrived in McComb about 10 that evening. You’d have thought our supply of gas was a pot of gold.

Next we headed for Hattiesburg, SPC’s designated rallying point after any hurricane to assess the damage and get oxygen refills out to patients. When we arrived around midnight, it looked as if the town had been hit by several tornadoes. It looked terrible in the dark and even worse by daylight. Our facility was untouched and we were relieved at first sight. That lasted for about a second. We did not see anyone from Gulfport and it appeared that no one had been there for a couple of days. We were tired and it was too late to travel anymore that day, so we slept in the cab of the truck. With a satellite radio, we were able to listen to the news highlighting the emergency rescue of people from rooftops in New Orleans until we fell asleep.

At 6 the next morning we decided we weren’t going to wait to see if anyone from Gulfport was coming so we headed for the coast. Traffic was slim and the closer we got to Gulfport, the more real the hurricane became. Buildings were completely destroyed, cars flipped over, people wandering around in disbelief. We managed to make it to SPC’s offices where four of five of our buildings had extensive irreparable damage. Fortunately there was no water damage. The water had stopped at the railroad tracks about 50 feet south of our buildings. The tracks acted as a levy.

It did not appear that anyone been to the office buildings. The computer systems, copy machines, and patient files were all gone --- part of SPC’s hurricane evacuation procedures. We were relieved but still there was no sign of personnel.

With no telephone service, no cell phone service, and no two-way radio service, we decided the only thing to do was make our way to Rick’s house. Our sleep lab was on the way and we checked on it. Everything looked fine. Then we noticed we had a flat rear tire and while changing it, heard the unmistakable “ssss” sound of another tire leaking. This time it was the front one. We had quite a time searching for an open store that would have fix-a-flat material. Along the way we picked up snack foods and water since we had no idea how long we’d be living out of the truck.

The trip back to Hattiesburg with a leaking tire proved difficult as the traffic was moving at snail’s pace. A fellow driver noticed our tire and offered a pump that worked off a cigarette lighter. We quickly traded some of our liquid beverages for the pump.

Three hours later we arrived at the Hattiesburg warehouse to find Rick with the Freightliner loaded with supplies. We greeted him as if he were a king (or maybe a ghost!) We had lots of questions and soon realized that Rick had everything under control. He had been in touch with Jamie Stewart in Ponchatoula. He had two drivers out servicing patients within hours after the storm. He had located Jackie Hedges and Ginger Jenner who were willing to call or track down patients as soon as communication lines were reestablished. He knew who was missing, who was accounted for and who was not coming back. He had talked to The Red Cross, patients, he was thinking oxygen, enteral nutrition, wheelchairs, hospital beds and whatever else we could supply.

We soon realized he was running the show so we said, “Great! What do you need us to do?” “We need someone to get the oxygen filling station up and running,” so we volunteered.

With Rick’s assistance and the use of a 10,000 watt generator, we were up and running in 12 hours. We followed Rick’s instruction sheet that detailed every step for running the system. For the next week, until our replacements arrived, we loaded, filled and delivered tanks for everyone on the coast including The Red Cross, FEMA, the American Medical Response and any patient that needed oxygen. We didn’t question whether they were our customers.

Hurricane Camille is no longer THE tall tale. She has been replaced by Hurricane Katrina. It has been almost six months since she came to the coast and things remain far from normal.

Many former competitors have all but disappeared. SPC remains strong due to its hurricane response plan and its employees. Without them to carry out our plan, SPC would have also been destroyed by Katrina.

Doug Martin is a member of the ACHC Board of Commissioners.
1985 - 1995

1985. A task force group of volunteer health care providers began the project of writing by-laws, establishing policies, developing standards and organizing the company. Contributors were members of the North Carolina Association for Home Care under the leadership of Gary Bowers, Executive Director of the association. The name adopted for the new non-profit organization was the North Carolina Accreditation Commission for In-Home Aide Services, Inc. The first company logo was announced.

April 1986. Gary Bowers submitted a grant proposal to the Kate B. Reynolds Foundation for seed money to fund the company. Funds approved for $9,000 were received in early 1987.

June 1986. Three people signed the incorporation forms to formerly establish the Commission: Jack Pleasant, Robert Parker and Elizabeth Enloe. Documents were submitted to the Secretary of State and recorded on August 25.

October 1986. The first Board meeting was held. Commissioners were appointed by the North Carolina Association for Home Care: President, Judy Jay; Vice President, Tom Harmelink and Secretary/Treasurer, Anne Faircloth. Judy Adams becomes the first Executive Director.

December 1986. Four workshops were held to introduce the new program for providers in Asheville, Greenville, Fayetteville and Winston-Salem, with a total of 112 participants attending the sessions.

Applicants paid $5.00 for manual and submitted fees once a year for the three year period. Annual fees were $250.00 for small companies, $500.00 for medium size companies, and $750 for large companies.

January 1987. Ashe County Council on Aging became the first organization to receive a certificate of accreditation.

November 1987. Loretta Allen-Adams became the second Executive Director.

April 1988. The Board adopts a new logo designed by the Education and Promotions Committee.

October 1988. First revision of the Interpretive Guide to Standards for Accreditation was approved.

April 1990. The Commission had a total of 26 companies accredited in the state.

October 1990. The Commission received a three-year grant of $160,000 to firmly establish the organization from the Kate B. Reynolds Foundation.

June 1991. Tom Cesar became the third Executive Director.

October 1991. Eight provider workshops were conducted in the state to increase growth. Executive Director was asked to study other accrediting organizations and to visit the state commission in New Jersey.

May 1992. The Commission added standards for in-home nursing services and received "deemed status" in the new state home care licensure rules.

October 1992. The name was changed to the Accreditation Commission for Home Care, Inc. (ACHC).

December 1992. The first ACHC Newsletter was published.

August 1993. Community Care, Inc. became the first organization accredited for in-home nursing services.

October 1993. The Board decided to develop standards for home health agencies, home infusion companies and home medical equipment suppliers.

November 1993. WRAL-TV5 produced a Public Service Announcement on the quality of home care services broadcast throughout North Carolina, featuring ACHC.

January 1994. Blue Cross and Blue Shield of North Carolina adds ACHC to provider applications along with JCAHO and CHAP.

June 1994. ACHC has a total of 40 companies accredited in the state.

May 1995. ACHC accredited its first Medicare home health agencies.

June 1995. The Board decided to offer services nationally in 1996.

December 1995. The North Carolina Medical Care Commission commended ACHC for ten years of helping to improve health care services in the state and wishes ACHC well in its national expansion.

ACHC had a total of 79 companies with 29 branches for 108 locations accredited during the decade.
### ACHC Congratulates Its Newest Accredited Locations

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<tr>
<th>Location</th>
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<tr>
<td>Accu Care Medical Equipment; CA</td>
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<td>Air Care Home Health; SC</td>
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<td>Alexander County Home Health; NC</td>
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<tr>
<td>American Medical Oxygen Sales-Corp.; IN (2 branches)</td>
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<td>American Outcomes Management, L.P.; TX (2 branches)</td>
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<td>Avery County Home Health; NC</td>
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<td>Brooks Home IV, Inc dba Optioncare Fresno; CA (3 branches)</td>
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<td>Caldwell County Home Health Agency; NC</td>
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<td>Canadian Valley Medical Solutions, Inc; OK</td>
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<td>Care Solutions; TN</td>
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<td>Chair &amp; Equipment Rentals &amp; Sales, Inc.; NC</td>
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<td>Chartwell Caregivers; NJ (1 branch)</td>
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<td>Chartwell Midwest Indiana, LLC; IN</td>
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<td>Chesapeake Rehab Equipment; MD (6 branches)</td>
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<td>Cottage Home Options, LLC dba Option Care of the Midwest; IL (5 branches)</td>
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<td>Halifax Medical Equipment; VA</td>
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<tr>
<td>Heritage Diabetic Supply, Inc; NC (1 branch)</td>
<td>HME</td>
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<tr>
<td>Home Infusion of Luzerne County Inc. DBA Option Care and Therapoint by OptionCare; PA (1 branch)</td>
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<tr>
<td>Home IV, Inc. dba Option Care Northeastern OK; OK</td>
<td>HME</td>
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<tr>
<td>Hospice and Palliative Care Center of Winston-Salem Forsyth County; NC (1 branch)</td>
<td>HSP</td>
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<tr>
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<td>Hospice of the Piedmont; NC</td>
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<td>Hospice of the Piedmont; NC</td>
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<tr>
<td>Inspire Medical Equipment; MA</td>
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<tr>
<td>Intramed Plus; SC (2 branches)</td>
<td>HINF</td>
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<tr>
<td>Iroquois Home Care; IL</td>
<td>HME</td>
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<tr>
<td>Liberty Health Supplies; CT</td>
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<tr>
<td>Liberty Medical Supply, Inc; FL (1 branch)</td>
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<tr>
<td>Lincoln Medical Supply Co., LLC; NJ (1 branch)</td>
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<tr>
<td>Lower Cape Fear Hospice; NC (1 branch)</td>
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<td>Maverick Healthcare Group, L.L.C. dba Preferred Homecare- Corp; AZ (16 branches)</td>
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<td>Mitchell County Home Health Agency; NC</td>
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<td>Mobile Healthcare, Inc.; SC</td>
<td>HME</td>
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<tr>
<td>N &amp; L Enterprise Inc.; VA</td>
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<td>Northwest Medical, Inc.; OR (3 branches)</td>
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<td>Optimal Health Services; CA (3 branches)</td>
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<td>Optimal Health Services; CA (1 branch)</td>
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<tr>
<td>Option Home Health Care; WA</td>
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<td>Option Home Health Care PD; WA</td>
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<td>Oxysound Home Health Services; FL</td>
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<td>PCS- Bridgeview, Inc.; RI</td>
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<td>Presque Isle Rehabilitation Technologies; PA</td>
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<td>Pretty Please, Inc.; GA</td>
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<td>Renaissance Medical LLC; KY (2 branches)</td>
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<td>Respiratory Care Consultants; CO</td>
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<td>Slon Medical; NY</td>
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<td>SNI Healthcare Technologies, LLC; PA</td>
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<td>Sorrell Home Medical Equipment; KY</td>
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<td>SouthEast Oxygen; FL</td>
<td>HME</td>
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<tr>
<td>Spokane Health Care Assoc., Inc dba Option Care Home Infusion; WA</td>
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<td>Surry County Home Health Agency; NC</td>
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<td>Texas DME; TX (1 branch)</td>
<td>HME</td>
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<tr>
<td>The Plaid Daisy; IL</td>
<td>WHCPS</td>
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<td>Toe River Health District Agency; NC</td>
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<td>United Medical Consultants; FL</td>
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<td>Virginia Home Medical; VA</td>
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<tr>
<td>Yancey County Home Health Agency; NC</td>
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First Client Still With Us

by Ann Robson

"Accreditation is very important in a competitive market", Jane Banks of Ashe County Services for Aging believes. That’s why her agency is still ACHC-accredited after almost 20 years.

Originally named the Ashe County Council of the Aging, the agency was our first client to receive accreditation. Although the name has changed and the agency has grown, the ACHC seal of approval is still very important.

Mannon Eldreth headed the agency in 1987 and was very instrumental in bringing the accreditation process to Ashe County. She later became an ACHC board member.

“She was energized and interested in services, good services for the county,” Brooks says of Eldreth. One of the ways to good service was accreditation by ACHC, she adds.

In the early days of services for seniors in Ashe County, many of their clients were visited by home health workers who had to walk “up in the hollers or down in the valleys” leaving their cars as roads became non-existent or impassible. Ashe County lies in the northwestern part of North Carolina, abutting the Virginia border. Hills and valleys spill down from the Blue Ridge Mountains.

A lot has changed since then, Banks notes. There are now 185 in-home aides serving an average of 400 people a month. The county has a senior population of about 6500 in a total population of 25,000. In addition, the area has become an attractive spot for retirees, some of whom live there only part of the year.

Home aide service is becoming a competitive business according to Banks. Commercial agencies are beginning to offer some of the same services as Ashe Services for Aging. “We feel our ACHC accreditation is another way to show that we are committed to quality services,” Banks adds. “We use it as part of our marketing program.”

“The course we have chosen (ACHC accreditation) shows the community we have a long-established commitment to quality in our services,” she continues.

Thanks for staying with us!

Ann Robson is a member of the ACHC Board of Commissioners.
Company: ________________________________

Address: ________________________________

City: __________________ State: __________ County: ________________ Zip: ____

Phone: __________________ Fax: __________ E-mail: __________________

Registration Information (forms without payment will not be processed).

Registration (on or before March 14, 2006)

First participant $99 1 X $99 = $99.00

Additional Participants $75 __X $75 = $____

Total = $____

- Payment may be made by check, money order, or credit card.
- Registrations cannot be acknowledged without payment details.
- Any receipts will be mailed to the address given in "Participant Information" section.

☐ Check (Make checks payable and send to: ACHC, Inc.) Check Number: ________________________________

☐ Credit Card (Please ensure that the cardholder has authorized payment and signed below). ☐ Visa ☐ MasterCard

Cardholder's Name: ____________________________ Card Number: ________________ Expiration Date: ______

Cardholder’s signature: ____________________________ 3-digit code: __________________

Please note that registration cancellation must be made on or before 03/16/06 by phone by calling: (919)785-1214 or fax (919)785-3011. A $25 administration fee will be charged.

No refund will be issued for registrations cancelled on or after March 17, 2006.

Accreditation Commission for Health Care, Inc. • 4700 Falls of Neuse Rd, Ste 280 • Raleigh, NC 27609
PC Medical, Inc., a medical equipment provider headquartered in Columbus, MS., was the Beta Site for the implementation of a hybrid management system that incorporated the ACHC Clinical standards and ISO 9001:2000 Quality Management System standards. They were the first healthcare organization in the world to undergo an audit/survey that reviewed their compliance to both standards simultaneously. It was the consensus of everyone involved in the audit/survey that the hybrid system definitely raised the bar for quality improvement in healthcare and consider the following as some of the more distinctive advantages and benefits of developing and implementing a Hybrid System.

• A Hybrid System addresses all the customers of the provider, i.e. the patient, the payer, and the referral source. Currently, standard accreditation practices focuses on the patient as the primary customer, ensuring clinical practices are followed and the patient is satisfied. In regards to referral and payer sources, clinical standards only review that the correct product/service is ordered, delivered and billed, they do not review medical necessity as dictated by the payer criteria. No one reviews the process of educating referral sources on payer criteria.

• Effective implementation of a Hybrid System will reduce fraud and over-utilization through process management that requires the provider to satisfy the payer (Medicare, Medicaid, Insurance carriers) medical necessity criteria.

• Effective implementation of a hybrid system provides mechanisms for reducing medical errors. The processes for Nonconforming Product and Corrective Actions ensure that “incidents” that do not conform to expected outcomes are documented, investigated, actions for improvement are planned and effectiveness of actions are reviewed.

• The Hybrid System will ensure providers are more efficient through effective implementation of processes that eliminate duplication of effort, promotes balance between clinical outcomes and payer expectations, provides for continual improvement of products/services and processes, and encompasses good business practices.

• It strengthens the creditability of the accreditation process in as much as separate approving bodies are evaluating the providers management system simultaneously, to determine compliance to standard requirements from both perspectives, one with patient focus and the other focusing on business practices.

ISO 9001, originally applied in the manufacturing industry, has now been adopted by a wide range of service organizations, including healthcare organizations around the world. The integration of ISO 9001:2000 and a traditional accreditation program offers the health care industry another approach for improved process management.
To better serve our customers and to accommodate rapid growth, the Accreditation Commission for Health Care, Inc. (ACHC) moved into its new corporate offices at 4700 Falls of Neuse Road, Raleigh, NC in July 2005. We invited 200 guests and celebrated the move with an Open House in November 2005.

Considering that ACHC started in 1986 in a one room office, moving into our new 8,000 square foot suite is indicative of how much the company has grown. We owe our growth, in part, to the trust and confidence our customers have shown in us, and for that, we are extremely thankful. While we do not anticipate the need anytime soon, we do have first-right of refusal on additional space in the building, thus ensuring that we will not be moving again in the foreseeable future.

On your next trip to Raleigh, please come see us; we would welcome your visit and the opportunity to show you around.
Accreditation Preparation

Having quality policies and procedures is the first step in making sure your road to accreditation is smooth.

With POPMANUAL.com creating individual, customized policies for your organization is fast, easy and done completely online.

Sign-up today and have your policies ready to implement in less than 3 hours.

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Customized Policies in 3 Hours

What People are Saying about ACHC

“Our surveyors (ACHC) conduct surveys in a manner that helps us become a better organization”
—Chesapeake Rehab Equipment, Baltimore, MD

“We just completed our second ACHC survey last week and I would like to just say how refreshing and meaningful the ACHC process is to our company.”
—Canadian Valley Medical Solutions, Inc., Oklahoma City, OK

“I highly recommend ACHC. Their standards are straightforward and you know exactly what is expected of you.”
—University of Iowa, Community Home Care, IA
A trend among many successful DMEs is the consolidation of their purchasing with a smaller group of vendors. As part of streamlining your operations you will want to investigate whether consolidating the purchasing of a wide assortment of products through a wholesale distributor can help you serve more customers more profitably.

In the past, to obtain the items needed to serve their customers, many providers put substantial amounts of time and effort into purchasing from one hundred or more vendors. Purchasing Agent time worth $20.00 per hour was expended to pursue nickel price differences on items that cost $50 or $75.00 in total! Can you afford that today?

Alert that the cost of the purchasing official’s time (and depending on your organization, it might be your time of which we are speaking) costs more than the savings realized, many rapidly growing companies have partnered with distribution companies specialized in home care products. These DMEs bundle purchases previously made from many different manufacturers and sources into one relationship with a wholesaler.

What savings are realized from consolidating purchasing? The benefits show up in at least three departments or functions in your business: purchasing, receiving, and accounts payable.

You get a big pay back in Purchasing. Many sources peg the true cost of each purchase order cut (including salary, benefit, phone and computer time, etc.) at $50.00 each. If you operate a single-location HME store that orders from just five “consolidate-able” vendors a day, your company can eliminate 25 purchase orders a week. That translates into 1,300 fewer purchase orders a year. Apply the “$50.00 per purchase order” cost and your company can save over $65,000 in annual purchasing costs! Have four stores? Do you immediately think of ten vendors you would prefer not to have to call individually? 4 stores each cutting ten P.O.s means 200 get issued a week! 200 times $50.00 times 52 weeks is $520,000 in purchase order COST!

In your Receiving function, by having your Purchasing Agent make more use of wholesalers, multiple shipments will consolidate onto one receiving document. Taking in product can take a smaller part of the day as you receive more goods with no additional staff. You boost your profits as the same number of people handles more revenue.

You also save in Accounts Payable. How much time would be saved if your company wrote one check to a wholesaler instead of five or ten to different manufacturers?

In summary, wholesalers can save an HME provider many thousands of dollars and make your purchasing, receiving and even accounts payable activities much easier. If you like the idea of cutting fewer purchase orders, receiving fewer shipments, entering fewer invoices for payment and writing fewer checks...consolidating purchasing can be a profit-enhancing strategy now and in the years ahead.

Steven E. Cole is the president of Dedicated Distribution, Inc., a wholesaler specialized in the needs of home healthcare equipment and supply providers. Please send Comments to scole@dedicateddistribution.com. General inquiries are welcomed via phone at 800-325-8367, option 3, emails to custserv@dedicateddistribution.com or by visiting www.dedicateddistribution.com. ©
CATHY MULAWKA BORDEN

Cathy Mulawka Borden began her career in hospice over ten years ago as a home care nurse working at Niagara Hospice in Niagara County, New York. The hospice covers 521 square miles and serves over 600 patients per year, with an average daily census of 105. As the hospice grew, Cathy’s role expanded, leading her to hospice management. Since her initial appointment as Family Care Coordinator, then to Clinical and Executive Director, she has overseen steady growth. Currently, she is Vice President of Hospice Services.

Cathy worked in conjunction with management staff to reduce pharmaceutical per-patient-day cost by 35%, propelling Niagara Hospice toward the role of "teaching hospice" using interns and creating educational opportunities for the community on a variety of health care topics.

"I have found that hospice care is not a choice that every patient will make; however it is a choice that every patient with a serious diagnosis should have." The first nurse in Niagara County to be nationally certified as a Registered Hospice and Palliative Care Nurse, Cathy led the agency to its initial and subsequent certifications with ACHC in 1999 and 2002. Those experiences led her to affiliate with ACHC and work with other hospices striving for accreditation.

Cathy is licensed as a registered nurse in New York State, and holds a Master’s of Business Administration degree from Medaille College located in Buffalo, New York.

VERNA GROSS

Verna D. Gross has almost thirty years of experience in respiratory and HME management. Having worked for Pharmacy Services of America (PSA) Healthcare in a rural Colorado location, Verna has been a leader of excellence to her peers. After twenty years of managing a location for PSA, she helped expand their unit dose respiratory medication program to include independent HME providers throughout the western United States.

Verna has been instrumental in creating a clinically-based patient compliance program. She serves on the St. Vincent Home Health advisory board.

Verna and her husband of 28 years have raised four children and have two grandchildren. She enjoys fly fishing and scuba diving.

ROGER KLOTZ

Roger Klotz has been President and CEO of Specialized Clinical Services, Inc. since 1987, a company that provides consulting services, drug information services, and software to providers of alternate site infusion care. More recently, Roger has been involved in the development of compounding services and a pharmaceutical care program in a community pharmacy as part of a specialized clinical services development project.

Prior to founding Specialized Clinical Services, Inc., Roger was a clinical pharmacist for six years and Director of Pharmacy and Dietetics for 10 years at Children’s Memorial Hospital in Chicago, Illinois. Roger was previously Director of Pharmacy for Home Health Care of America/CareMark for 4 years. Roger is a graduate of the University of Illinois College of Pharmacy.

TERESA HARBOUR

Teresa Harbour is a registered nurse with a Bachelor’s Degree in Nursing, a Masters of Business Administration and a Masters of Health Administration.

Teresa has been working in the home care field for the past fourteen years. Her experience includes positions ranging from hospice staff nurse, home care case manager, clinical director, hospice director, to her current position as Director of Home Health with the Surry County Health and Nutrition Center.

Teresa was the recipient of the 2000-2001 Ralph W. Ketner Productivity Award for cost-efficiencies in home health and the 2003 Altrusa Woman of Achievement in Professional Services.

Teresa serves on Hospice of Surry County’s Governing Board and she is a member of the American College of Healthcare Executives, the North Carolina Public Health Association, the Association for Home and Hospice Care of North Carolina and the American Heart Association.
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We provide cost effective services for:
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- Respiratory Nebulizer Medication Pharmacy
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- Forms Printing and Management
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e-mail: info@ahcc.com

ACHC Sponsorship

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 who aspire to the same goals as those of ACHC, and who 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 Richard Lynch, Vice President of Operations at 919-785-1214 or rlynch@achc.org.