ACHC now has CMS Deeming Authority for RENAL DIALYSIS FACILITIES ACCREDITATION

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With a full range of tools and trainings available, ACHCU, a division of ACHC, is committed to your organization’s success in preparing for and maintaining accreditation. View our products and educational offerings at achcu.com.
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In April, the FBI and U.S. Department of Health and Human Services Office of the Inspector General (HHS-OIG) concluded their massive, months-long investigation known as “Operation Brace yourself.” The probe spanned 20 FBI field offices and engaged several partner agencies, resulting in federal indictments and law enforcement actions in one of the largest healthcare fraud schemes involving telemedicine and DME marketing executives in Medicare history.

Charges were brought against 24 individuals responsible for more than $1.2 billion in Medicare losses. According to the indictment, the DME companies encouraged patients to use telemedicine doctors for maximum efficiency.

“The telemedicine doctors did not have a relationship with the Medicare patients and could not physically examine them,” the indictment stated.

More than 100 equipment companies will have their Medicare payments cut off as part of the operation, according to the release.

At a news conference in Columbia, S.C., officials said the operation took down every aspect of the far-reaching scheme—from international call centers and telemarketing networks to the shipping companies involved. Investigators estimate Medicare paid as much as $17 to $22 million weekly to the companies allegedly participating in fraudulent practices.

In 2018, ACHC recognized the potential for this type of fraudulent activity and took the hard stance that any DME company primarily involved in back braces would be required to go through an elevated review of their practices. That stance caused many of these companies to pursue accreditation elsewhere. These types of companies give the DME industry a black eye, as most DME companies are reputable and provide much-needed equipment and assistance to the clients they serve.

Likewise, not all Accreditation Organizations (AOs) are created equal. These companies received accreditation from an AQ, and although we may have a couple, the overwhelming majority of these companies are not ACHC-accredited. I have always said that not all companies are for us. ACHC chooses to partner with DME and healthcare organizations around the world that are committed to RAISING the BAR for their patients and customers and gaining VALUE and INSIGHT from their accreditation. If you’re simply looking to “check a box,” we won’t be the company for you. Cutting corners increases the provider’s and the accrediting company’s liability. Choose your accreditor wisely. Your reputation depends on it.

Thank you for choosing ACHC and for your commitment to improved quality and patient care.
With PCAB gaining increased recognition in the U.S., compounders in other countries have taken note of the enhanced role the compliance program plays in bringing robust standards to the industry.

As they have in the U.S., compounding pharmacies around the world also have embraced the value of Accreditation. With this is mind, at the end of 2018, members of the ACHC team trekked across the globe to deliver PCAB accreditation workshops in Sydney and Melbourne, Australia, as well as Kuala Lumpur, Malaysia. It was a wonderful experience, not only to meet and interact with like-minded professionals around the world, but to see first-hand the respect that has been earned by PCAB.

Each workshop consisted of a two-day event that focused on gaining compliance with USP <795>, <797>, and <800> by meeting PCAB standards for compounding.

During our journey, the team also met with regulatory and business leaders from Taiwan, China, and Malaysia, and learned that those countries are in a position similar to the U.S. about 20 years ago.

They see the need for patient access to compounded medication. They have providers that are ready and willing to supply this service. But the regulatory framework does not yet exist to make this possible.

We were able to share many of the parallels that were experienced as the U.S. sought to modernize the regulatory framework around compounding, and were able to emphasize the role that PCAB played in raising awareness, understanding, and compliance with USP standards for quality in compounding. The meetings all left on a positive note, and we planted the seeds for PCAB and ACHC International to assist these countries as they develop opportunities for pharmacies to provide this valuable service.

- Jon Pritchett, Pharm.D., RPh.
HELPFUL SUGGESTIONS
for an effective QAPI program

21st Century Healthcare Consultants knows that all providers want to understand what they can do better, how to prevent billing denials, and take a more proactive approach to documentation. Medicare requires agencies to take a quality-driven approach in all aspects of healthcare services provided to a patient. Yes, doing all that translates into dollars.

To work with CMS, all agencies must clean house and align themselves to be quality driven. It is no different than anything else we do in our ordinary lives. We already track outcomes—a manager submits a performance evaluation of her staff, showing opportunities for improvement, and when our car is serviced the mechanic test drives it to ensure that the problem was fixed. So why are we complaining about doing the right thing to get paid? Because it is called “work!”

Changes are inevitable and providers must implement changes in a timely fashion, in the correct manner, and then monitor for outcomes.

EXECUTIVE RESPONSIBILITIES

Having the right people driving the bus in your agency is key. At 21st Century Health Care Consultants, our experts address corporate compliance through education. We seek to help you identify roles and responsibilities within your company and how best to have oversight in key areas.

PROGRAM SCOPE

Are you identifying the correct indicators to track? Do you have the right programs in place to address indicators? At 21st Century Health Care Consultants, we can help you develop tools to proactively track, review, and analyze these indicators. This is critical for best practice and Surveyors will applaud you.

PROGRAM DATA

Collecting data is not just about numbers, you must be able to interpret the information from your reports. What do you do with the data that you are collecting? At 21st Century Health Care Consultants, we can coach you in how to turn data-driven results into opportunities for improvement.
Over the winter, we rebranded our education and training division, proudly welcoming our customers to ACHCU.

The “U” identifies how unique each piece of our business is, while showcasing how we remain focused on our providers’ success. Our decision was fueled by a desire to build our brand so that it resonates across all of our business avenues with every customer, consultant, provider, and vendor, while highlighting all of the educational tools we offer. ACHCU will assist providers in elevating healthcare practices around the world. Now more than ever, providing education to empower you is our ultimate goal.

Closely aligning our educational division with ACHC delivers an unmistakable element of brand continuity to ACHCU. We think this new look is a great way to show how we’ve evolved while remaining loyal to our values! We encourage you to visit our new webpages at achcu.com and see for yourself what all the fuss is about.

Now offering 31.5 CEs!

With the official date for USP <800> compliance rapidly approaching (December 1, 2019), healthcare providers are working hard to understand the full impact these new guidelines will have on their organizations. USP <800> stipulates that each entity handling Hazardous Drugs (HDs) MUST identify a Designated Person (DP) to guide it through initial implementation, and ensure ongoing compliance.

Our HDDP Certification course is a self-paced, cost-effective way to train the employee who is to assume the required role of designated person, certifying that he/she has the knowledge to ensure their compliance with USP <800> and now offers the option to purchase with 31.5 CEs!
Knowing that kidney disease is a rising crisis in American healthcare, Accreditation Commission for Health Care (ACHC) has joined efforts to ensure the quality of care provided by facilities treating this serious illness is the best it can be.

We are thrilled to announce that the Centers for Medicare & Medicaid Services (CMS) has granted ACHC deeming authority for its Renal Dialysis Facilities (RDF) Accreditation. As a service under the ACHC Ambulatory Care Program, the Renal Dialysis Facility Accreditation has been tailored to specifically address the nuances present in facilities that treat patients with end-stage kidney disease (ESRD).

As an accreditation organization with CMS Deeming Authority for Renal Dialysis Facilities, ACHC can now perform initial Medicare certification surveys, allowing new startup facilities to more quickly bill Medicare and care for patients in that community. Accreditation through a CMS deemed accreditor provides inclusion in the Medicare program by validating the care and services provided by each facility meet specified safety and quality standards outlined in the CMS Conditions for Coverage (CfCs).

**How We Got Here**

As part of ACHC’s application process for approval of its RDF Accreditation program, CMS staff conducted a corporate on-site visit in December. CMS staff commended ACHC’s multi-step review process for accepting and approving only robust plans of correction (POCs) that contain all required elements. During the visit, CMS staff reviewed a total of five Surveyor files, 11 survey files, and the complaint investigation system. Based on the findings noted in the survey reports, it was verified that our surveys are thoroughly conducted.

In January 2019, CMS representatives accompanied our Dialysis Nurse Surveyor on an accreditation survey. This survey also went extremely well. CMS representatives expressed how efficiently and effectively the accreditation survey was conducted. After CMS completed these assessments they approved our deemed status, which was announced in the Federal Register on April 11, 2019.

**RDF Accreditation**

With ESRD on the rise, effective treatment has never been more important. ACHC launched the Renal Dialysis Facilities Accreditation on September 4, 2018, to help ensure that quality care is available to every patient in every clinic across the country.

Our RDF Accreditation standards were developed collaboratively by dialysis experts committed to enhancing patient care. The standards are accompanied by interpretations which will guide providers through compliance with the CfCs. All of our RDF Surveyors are Certified Dialysis

“**We are excited to bring ACHC’s vast healthcare accreditation expertise to renal dialysis facilities, benefiting both patients and providers by offering the industry’s highest quality standards at a more affordable price**

— Teresa Harbour, ACHC Director
Nurses with five-plus years of experience in the field, ensuring that our surveys are of the highest quality we can provide.

“We are excited to bring ACHC’s vast healthcare accreditation expertise to renal dialysis facilities, benefiting both patients and providers by offering the industry’s highest quality standards at a more affordable price,” said Teresa Harbour, ACHC Director, Home Health, Hospice, Private Duty, Behavioral Health & Ambulatory Care.

In addition, Harbour added, “ACHC has dedicated knowledgeable technical and clinical staff to assist dialysis facilities throughout the accreditation process, in order to provide the fastest route to Medicare certification.”

We have scheduled a workshop in Cary on Aug. 1 to offer an in-depth look at our RDF Accreditation program. This workshop will offer guidance in all phases of the accreditation process — from pre-survey to post-survey requirements — as well as a comprehensive review of our standards that contain CfCs. Our first Accreditation Guide to Success workbook is in the pipeline for RDF Accreditation, and is slated to be available by Aug. 1, coinciding with our workshop.

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Prevalence of End-Stage Renal Disease

According to the latest U.S. Renal Data System Annual Data Report, roughly 660,000 Americans are being treated for kidney failure, also called end-stage renal disease, or ESRD. Of these, nearly 470,000 are dialysis patients, and more than 190,000 have a functioning kidney transplant. ESRD is increasing in the U.S. by 5 percent annually, and there are an estimated 2 million patients worldwide with the disease (Fig. 2).

The prevalence of earlier stages of chronic kidney disease among adults remains just under 15 percent, indicating that more than 30 million Americans may have the disease, with millions of others at risk. This is due to the frequency of risk factors to the disease, including diabetes, hypertension, obesity, cardiovascular disease and other conditions. The only currently available alternative to kidney transplantation is dialysis.

According to the National Kidney Foundation, there are approximately 6,479 dialysis facilities in the U.S. Of these facilities, approximately 617 are hospital-based.

For additional information on Renal Dialysis Facilities information, contact (855) 937-2242 or email customerservice@achc.org.
**HOSPICE**

Effective January 1, 2019, Medicare beneficiaries electing the hospice benefit can select physician assistants (PAs) as their attending physicians. According to the recent Change Request 10517, physician assistants (PAs) are now “recognized as designated hospice attending physicians, in addition to physicians and nurse practitioners. However there are limits to what a PA can do, such as attending PAs cannot certify or re-certify terminally ill patients, they cannot perform the face-to-face encounters, nor act as the medical director of hospice agencies and according to the Medicare Conditions of Participation §418.106(b) PAs cannot order medications as only a physician as defined in Section 1861(r)(1) of the Act or a nurse practitioner in accordance with State law may order medications for the hospice patient.

ACHC did revise standard HSP4-14A to allow PAs to be considered an allowable individual that the interdisciplinary group may confer with regarding the patient’s medication management.

ACHC also reduced the number of years for retention of the medical record from seven years after discharge to six years after discharge.

A full listing of ACHC standard revisions was published in the February Did You Know.

**HOME HEALTH**

Effective January 13, 2018, the Plan of Care (POC) Condition of Participation under 42 CFR 484.60 also became a Condition for Payment under the home health benefit, 42 CFR 409.43. This means that all the elements must be in the POC or Medicare payment will be denied.

ACHC Standard HH5-3A addresses the requirements of the written plan of care and is one of the most commonly cited deficiencies during an ACHC survey. The new Medicare Conditions of Participation, specifically 42 CFR 484.60(a)(2) G574, requires information related to any advance directives be included in the plan of care, which has increased the frequency of this citation.

In order to prevent survey deficiencies and potential payment denials staff need to be educated that advance directives goes beyond a “Do Not Resuscitate” (DNR) order. Advance directives can include a Living Will and/or the appointment of a healthcare proxy. Advance directives can range from the basic DNR to detailed instructions regarding individual preferences for medical care. The advance directive documents that are recognized vary among states. Some of the common detailed advance directives include the MOST, Medical Orders for Scope of Treatment, the POST, Physician Orders for Scope of Treatment, the POLST, Physician Orders for Life Sustaining Treatment, and the TPOPP, Transportable Physician Orders for Patient Preferences.

Conduct an internet search to find your state specific recognized advance directives in order to fulfill the Medicare Conditions of Participation and Conditions of Payment.
Effective January 1, 2019, Medicare Advantage (MA) plans were allowed to cover a range of home care services not previously provided under a MA plan. The American Association of Retired Persons, AARP, recently concluded that only a small percentage of the MA plans were offering all of the allowable benefits. AARP reported out of the six new benefits, only four will be covered by less than 1% of MA plans. It is believed this is due to the short amount of time the MA plans had to adjust their benefit packages and a significant increase in offerings will be seen in 2020.

How can you prepare for 2020? While we do not know whether or not accreditation will be required, as this will be based on the individual MA plans, accreditation can align your agency with the vision and values of a MA program which is to ensure the health and safety of their beneficiaries. Accreditation reflects an agency’s dedication and commitment to meeting standards that demonstrate a higher level of performance and patient care.

CMS now allows for any willing DMEPOS provider with a PTAN to bill Medicare for all products, even those that were previously involved in competitive bidding contracts. With reimbursement rates so low, and no decrease in the audits, we will have to wait and see how the industry reacts. There will be many providers who jump headfirst back into the Medicare business, while others may stay away.

Will previous bid winners stay in the Medicare business? Will we see new companies entering the DME business? Will we continue to see more companies billing non-assigned? Will referral sources find it easier to obtain the equipment needed for their patients upon discharge? Will patients find it easier to obtain the products they need?

It’s going to be an interesting year.

Remember, if you now plan to provide and bill for a product code that you are not currently accredited for, you must contact ACHC to add the product code. And once you receive Accreditation for that code, update your 855S to indicate that you supply that product. ACHC and your Account Advisor are here to help you with anything related to your Accreditation and DMEPOS Quality Standards.
It has been over a year since providers were to have fully implemented the Emergency Preparedness requirements and what a year it has been. In 2018 the US experienced the deadliest wildfire in California to the worst hurricane to hit the East Coast since 1969. How did your agency fare? Did you have to implement your Emergency Preparedness plan? What lessons did you learn?

As we start off 2019, now is the time to review and revise your agency’s plan in order to ensure you are meeting the mandatory requirements and more importantly to ensure your plan is the most sound in the event you need to activate it in 2019.

If you haven’t already you should review the changes identified below and make any necessary revisions to policies and procedures, the all-hazards risk assessment and the communication plan. You also need to prepare for the two practice drills of your plan. It is recommended you reach out to your local emergency preparedness officials and request to participate in any community based drills as appropriate to your agency, planned for the upcoming year. If you are unable to participate in a community-based drill, you should document all attempts to participate in order to demonstrate compliance with this requirement.

On February 1, 2019, the Centers for Medicare & Medicaid Services (CMS) published updates to Appendix Z of the State Operations Manual.

One change, that impacts both home health and hospice, is the definition of an all-hazards risk assessment has been expanded to include emerging infectious disease threats such as, Influenza, Ebola, Zika Virus and other infectious diseases.

CMS also clarified that a home health or hospice provider that activates its emergency plan twice in one year, then the facility would be exempt from both exercises (community-based full-scale exercise and the secondary exercise-individual, facility-based mock disaster drill, or table top exercise) for one year following the actual events.

Home health providers will no longer be required to have names and contact information for other facilities as part of their communication plan. The communication plan continues to require the names and contact information for staff, entities providing services under arrangement, patient’s physicians and volunteers.
Another change that impacts hospice only is that the hospice provider should establish policies and procedures regarding the utilization of hospice employees in an emergency and other emergency staffing strategies, including the process and role for integration of State and federally designated health care professions to address surge needs during an emergency.

Additionally, since the release of the Interpretive Guidelines for Emergency Preparedness in 2017, stakeholders and providers have asked for additional clarifications related to portable/mobile generators. CMS has added guidance under Tag E0015- Alternate Source Power as well as clarifications under Tag E0042- Emergency Standby Power Systems. Facilities should use the most appropriate energy source or electrical system based on their review of their individual facility’s all-hazards risks assessment and as required by existing regulations or state requirements. Regardless of the alternate sources of energy a facility chooses to utilize, it must be in accordance with local and state laws, manufacturer requirements, as well as applicable Life Safety Code (LSC) requirements. - Lisa Meadows, ACHC Clinical Compliance Educator

Hospitals continue expanding pharmacy services within their systems to include hospital-based outpatient specialty pharmacies. In the past, physicians were faced with completing complicated procedures (i.e., transplants) and discharging patients with scripts to be filled by pharmacies outside of the Hospital.

Bringing such services within the system allows for continuity of care through clinical integration and provides better accountability as well as control over the services and care a patient receives. This leads to greater potential for not only enhance the quality of care for each patient, but also improving outcomes.

In-house pharmacies also provide an opportunity for systems with networks of providers (especially those that participate in more complicated value-based contracts) to better manage the risks associated with such contracts while also providing increased opportunities to enter into a variety of agreements. This shift can create growth and an increase to the bottom line.

An important component of providing specialty pharmacy services includes ensuring that quality standards are being met. Seeking Accreditation in the area of specialty helps ensure that the pharmacy is compliant with industry standards and regulations (as well as best practices) and allows for reimbursement by payors.

ACHC’s Specialty Pharmacy Accreditation program has a number of hospital systems that have received Accreditation to date, and has developed a program of standards that are applicable and relevant for hospital-based pharmacies. We expect to see continued growth in this market as the role of the pharmacist continues to expand, with more concentrated efforts being placed on coordinated care for each patient.

- Carolyn Smith, ACHC National Account Sales Associate
In light of intense scrutiny in the pharmacy compounding industry after the meningitis tragedy in 2012, state regulatory bodies are increasingly seeking compliance solutions that ensure the highest quality of patient care and safety for individuals needing sterile and non-sterile compounds. In an effort to provide regulatory bodies an effective solution to the urgent need to inspect each facility with existing resources, ACHC developed ACHC Inspection Services (AIS).

The AIS program includes:

- Surveys performed by registered pharmacists with specific experience in compounding
- Inspections compliant with USP <795> and <797>
- Flexibility that allows states to leverage established AIS criteria or customize to meet the unique requirements of their states
- Cleanroom inclusive inspections
- States can elect to include sampling requirements
- Inspection findings electronically transmitted within 10 days

Currently, the following states have accepted AIS, PCAB Accreditation, or both as evidence for non-resident pharmacies seeking to ship into the states: Texas, Florida, Ohio, Oklahoma, Maryland, Michigan, and Louisiana. Some states have also agreed to accept AIS or PCAB accreditation on a case-by-case basis.

Compounding pharmacies can obtain more information by calling (855) 937-2242 or by visiting aisinspections.org
ACHCU is now providing our highly rated Home Health Accreditation workshop in eight on-demand videos. Customers can expect the same great content delivered to them in a more convenient way.

Look for additional virtual workshops coming soon... visit achcu.com to learn more
Accreditation is regarded as one of the key benchmarks for measuring the quality of an organization. Preparing for accreditation gives an organization opportunity to identify its strengths and areas for improvement. By taking these steps as a provider, you are demonstrating your commitment to quality for your business and most importantly, to your patients.

As an Accreditation Organization, we strive to support and assist our clients every way we can. ACHC’s sole mission is to deliver the best possible accreditation experience. We understand the unwavering objective for a provider is to constantly improve the level of care given to their patients. Therefore, at ACHC, we take great pride in our customers and their determination to do just that.

We do our very best to always instill that level of comfort in each provider’s experience with ACHC. As a way to continue that experience outside of ACHC, we ensure companies have access to other industries that could further both their business and the measure of care delivered to their patients.

ACHC continues this outside support through partnerships. We work with a variety of establishments that provide further assistance in a multitude of service areas. From insurance billing, to education, to being a part of state associations, ACHC aids in opening doors to new opportunities to enhance patient care.

There is a constant and continuous need for resources to assist providers. These resources range from guidance on the accreditation process to industry updates on the regulations they are required to comply with.

Brooke Renn  
Business Development Representative  
(855) 937-2242 | brenn@achc.org
“ACHC is proud to partner with organizations in an effort to provide them with relevant standards, best practices, and educational resources,” said Matt Hughes, ACHC Director of Business Development. “We are eager to work with our valued partners to offer their members even more benefits. In addition, discounts and special pricing on these items are offered to allow providers access to resources at reasonable and affordable costs.”

ACHC’s Partnership Program is continuously evolving, and continues to partner with healthcare organizations, while highlighting the distinctions each bring to the table. With different, yet complementary strengths, partnering together allows us to bring providers the best resources the industry has to offer. Sharing in the same mission and objectives allows this program to prosper, and providers to reap the benefits in order to deliver the absolute best quality care.

“Partnering with ACHC will ensure our commitment to keeping compliance, client safety, and high quality care at the forefront of our operations as our franchise network grows.”

— Steve Greenbaum, ComForCare CEO

IMCO Home Care
Indiana Association for Home & Hospice Care
Innovatix
International Academy of Compounding Pharmacists
Kansas Home Care & Hospice Association
Kentucky Home Care Association
Managed Health Care Associates, Inc.
Maryland-National Capital Homecare Association
The MED Group
Michigan Association for Home Care
New Mexico Association for Home & Hospice Care
Ohio Council for Home Care & Hospice
Pennsylvania Homecare Association
PersonalMed
Professional Compounding Centers of America
Rhode Island Partnership for Home Care
Shields Health Solutions
SomniTech
South Carolina Medical Equipment Services Association
Texas & New Mexico Hospice Organization
TT Medical, Inc.
Virginia Association for Home Care and Hospice
Vital Care, Inc.
INFECTION CONTROL IN THE SLEEP LAB

With rising demand for ACHC Accreditation of hospital-based and independent sleep facilities comes the need to ensure that these facilities develop—and follow—robust Infection Control procedures in order to achieve and maintain Accreditation.

One of the most frequently cited deficiencies found during Accreditation surveys of sleep labs is linked to the appropriate cleaning and disinfection procedures for multi-patient-use equipment that includes, but is not limited to, PAP interfaces, headgear, tubing, and humidifiers.

Some challenges of cleaning and disinfecting multi-patient-use equipment involve the variance of requirements by the manufacturers for their products, along with the disinfection requirements for the individual components. It is not a “one size fits all” situation.

For hospital-based facilities that utilize contracted staffing and mobile labs, monitoring Infection Control is a challenge, due to the transience of the staff and equipment, and the inability to provide the “dirty/clean” area for multi-use equipment to be processed adequately.

Many facilities have transitioned to disposables in order to minimize risk of infection, but the costs can be burdensome, depending upon the quantities needed to support the patient load. Assessing the cost-effectiveness of disposables versus multi-use equipment is a project that sleep labs and the designated Infection Control personnel undertake in order to meet the needs of the business and safety for the patients.

If you would like further information about this standard, please contact ACHC. – Dottie Covey-Elleby, BS, RPSGT, Accreditation Corporate Surveyor

EXPERIENCE THE ACHC DIFFERENCE

ACHC has become synonymous with providing value, integrity, and the industry’s best customer service. We are committed to delivering the best possible experience before, during, and after accreditation.

ACHC is dedicated to helping you through the accreditation process quickly and efficiently. You will have access to an Account Advisor, Clinical Educators and industry experts who will walk you through every step of the process, making sure you are prepared for a successful survey.

The feedback was positive and encouraging—we were impressed with the way this survey was handled from start to finish.”

— Home Health Provider, Kennett Square, PA

98% of our customers regard their experience with ACHC as positive*

98% of our customers would recommend ACHC*

*Customer Satisfaction Survey data gathered from 7/2015-present
THANK YOU FOR CHIPPING IN FOR CHARITY

YOUR DONATIONS HELP US STRENGTHEN OUR COMMUNITY
Net proceeds benefit the following local organizations that serve multiple counties throughout Central North Carolina.

Big Brothers Big Sisters of the Triangle
SAFEchild
ELIMINATE ABUSE. EMPOWER FAMILIES.
ACHCU workshops are specifically designed to prepare healthcare organizations for the initial or renewal accreditation process. Upon completion, all attendees will receive a free digital copy of the ACHC Accreditation Guide to Success workbook, a Certificate of Completion, and $250 off the cost of accreditation.

Visit ACHCU.com to register

**AMBULATORY CARE**
- August 1 - Cary, NC

**DMEPOS**
- November 7 - Cary, NC

**HOME HEALTH**
- July 24 - Philadelphia, PA
- September 19 - Cary, NC
- October 22 - Orlando, FL
- December 5 - Phoenix, AZ

**HOSPICE**
- July 23 - Philadelphia, PA
- September 18 - Cary, NC
- December 4 - Phoenix, AZ

**PCAB ACCREDITATION AND USP <800> COMPLIANCE**
- September 10-11 - Cary, NC
- October 23-24 - Salt Lake City, UT
- December 4-5 - Dallas, TX

**PRIVATE DUTY**
- July 25 - Philadelphia, PA
- September 20 - Cary, NC

**RENAL DIALYSIS**
- August 1 - Cary, NC

**SPECIALTY PHARMACY**
- September 12 - Cary, NC
- December 3 - Dallas, TX