Maintaining quality services in the face of ongoing government cutbacks is a tough proposition for home care providers. Wayne Murphy of The Joint Commission's Home Care Accreditation Program is helping them rise to the occasion.

In order to take part in the government’s new competitive bidding program for durable medical equipment, home medical equipment (HME) providers must be accredited by an organization approved by the Centers for Medicare and Medicaid Services. The Joint Commission is one of 10 deemed status organizations and to date has accredited more than 5,600 providers across the nation.

In the following interview, AARC member Wayne Murphy, MPS, RRT-NPS, associate director of Home Care Accreditation at The Joint Commission, shares his insights into the process.

AARC Times: Which accreditation programs do you oversee at The Joint Commission?

Murphy: In collaboration with Margherita Labson, the executive director of Home Care Accreditation, we have responsibility for all aspects of the Home Care Accreditation Program. This includes home medical equipment, including clinical respiratory services and rehabilitation technology; home health; hospice; pharmacy; and personal care and support.

AARC Times: Why did you become a respiratory therapist, and what would you say are your major accomplishments in the profession?

Murphy: For me, pursuing the profession of respiratory therapy was the best choice for a profession that I could have made — first and foremost, for the impact that I have made when providing respiratory care treatment to our patients. Secondly, it has allowed me to grow within the health care field. I am hopeful that I have been able to make an impact in the home care industry, both as a provider of service and through my work here at The Joint Commission. There are so many avenues that a respiratory therapist may take. It is an exciting profession to be in.

AARC Times: How do Joint Commission programs impact patient care?

Murphy: Founded in 1951, The Joint Commission currently has more than 17,000 accredited and/or certified organizations. The Home Care Accreditation Program was initiated in 1988 and is currently the largest program by volume. At present, the Home Care Program accredits just over 5,600 organizations. Our primary focus is on improving patient safety, reducing health care errors, and working with organizations to create a culture of safety and continuous performance improvement.

AARC Times: What are the most often cited deficits in a program?

Murphy: One area that HME organizations find challenging is implementing National Patient Safety Goal 9. This goal involves implementing a fall risk reduction program. Some successful strategies have been to complete a home safety evaluation that looks at potential fall risks (such as throw rugs) and provide education to customers. Some organizations provide their customers with educational hand-outs and others review the equipment and supplies...
provided and evaluate them for potential fall risks. For example, oxygen equipment provided with too much tubing can create a fall risk. It’s also important to follow up with the patient on subsequent visits and do a reassessment.

**AARC Times**: In your position, what advice would you give to clinical service providers and HME providers?

**Murphy**: To clinical service providers I would say, don’t give up on providing clinical services to your customers because these services can be extremely important. When applied correctly they may improve areas such as compliance and help to reduce hospitalizations. To HME providers I would suggest continuing to work toward providing quality services. That has become difficult in today’s reimbursement climate, but you can still look at ways to cut out waste and streamline operations. The framework used by The Joint Commission is called Robust Process™ Improvement and incorporates Lean/Six Sigma principles to achieve and maintain sustained performance improvement.

**AARC Times**: Could you clarify The Joint Commission’s home oximetry standard? When is home oximetry clinical and when is it not clinical — for example, equipment related only?

**Murphy**: The pulse oximetry area has been very difficult for accredited organizations to understand. Information is available on our web site to help organizations understand the difference. But in a nutshell, home oximetry is considered to be clinical when the professional is using the oximetry device to make a clinical determination about the patient’s status relative to the equipment that the patient is using. For example, the use of an oximeter would rise to the provision of clinical respiratory...

One area that HME organizations find challenging is implementing National Patient Safety Goal 9, which involves implementing a fall risk reduction program.
services if the professional was using the oximeter to clinically determine if the patient was safely able to use an oxygen conserving device. It does not include the performance of pulse oximetry simply for reporting purposes to the physician or other licensed independent practitioner.

You can obtain more information by visiting www.jointcommission.org/AccreditationPrograms/HomeCare/ and clicking on “Examples of Clinical Respiratory Services.”

**AARC Times:** Have reimbursement cuts impacted quality of care and adversely affected programs maintaining accreditation? Has The Joint Commission noted any safety issues related to these cuts?

**Murphy:** Organizations have done an excellent job in difficult times. Reimbursement cuts will always have the opportunity to impact the quality and safety of the service and care being provided. However, we have not noted any increase in sentinel events or adverse accreditation decisions that can be linked to the recent reimbursement cuts.

**AARC Times:** What is on the 2010 front burner for The Joint Commission?

**Murphy:** The Joint Commission continues to focus on supporting the efforts of health care organizations to deliver safe, highly reliable services. In order to achieve these goals, we continue to work to increase the value of accreditation, ensure that the standards and survey process are relevant, and provide organizations with the information they need to achieve high reliability. This includes an awareness of the ongoing challenges confronting the industry, such as shrinking reimbursement, the high cost of goods, and labor shortages. By working with suppliers, providers, and national and state organizations, The Joint Commission is able to promote the use of standards and processes that improve safety and quality across the continuum of care.

**AARC Times:** Are there any new standards that have recently come into effect or will soon come into effect?

**Murphy:** We have not implemented any new standards. We continue to review and refine standards currently in place.