

Accreditation Quality Report





Welcome to the Joint Commission's Quality Report. We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, Joint Commission has been the national leader in setting standards for health care organizations. When a health care organization seeks accreditation, it demonstrates commitment to giving safe, high quality health care and to continually working to improve that care.

The Quality Report is only one way to determine whether a health care organization can meet your needs. Discuss this report with your doctor or with other professional acquaintances before making a care decision. In addition to the accreditation status of the organization, the Quality Report uses checks, pluses, and minuses in the key area of National Patient Safety Goals - safety guidelines that target the prevention of medical errors such as surgery on the wrong side of the body and safe medication use.

Not all measures are relevant to or available for all types of health care organizations. The Joint Commission will add relevant measures of health care quality as more measures become available. Your comments are just as important to us. The content and format of the Quality Report will be updated from time to time based on changes in the health care industry and your suggestions. Please call Customer Service at 630-792-5800 or e-mail the Joint Commission at qualityreport@jointcommission.org with your comments and suggestions.

Mark R. Chassin, MD, MPP, MPH
President of the Joint Commission



Summary of Quality Information

Accreditation Decision

Accredited

Decision Effective Date

April 04, 2008

Accredited Programs

Home Care




Last Full Survey Date

4/3/2008

Last On-Site Survey Date

4/3/2008

Symbol Key

-  The organization has met the National Patient Safety Goal.
-  The organization has not met the National Patient Safety Goal.
-  The Goal is not applicable for this organization.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Compared to other Joint Commission Accredited Organizations

Nationwide

Statewide

Home Care **2008 National Patient Safety Goals**





Locations of Care




* Primary Location

| Locations of Care | Available Services | |
|--|--|---|
| <p>Charron Medical Services * 1 East Hollis Street Nashua, NH 03060</p> | <ul style="list-style-type: none"> ● Blood Glucose Monitors (non-mail order) ● Breast Prosthesis ● Canes and Crutches ● Commodes ● Custom Orthotics ● Diabetic Footwear ● Durable Medical Equipment ● Heat/Cold Applications ● Home Medical Equipment, Non-Hospice ● Hospital Beds - Electric ● Hospital Beds - Manual ● Nebulizers ● Neuromuscular Electrical Stimulators ● Off The Shelf Orthotics ● Orthotics - Non-Customized ● Patient Lifts and Accessories ● Power Operated Vehicles (or scooters) | <ul style="list-style-type: none"> ● Power Wheelchairs ● Prosthetics (Home Medical Equipment) ● Respiratory Equipment ● Seat Lift Mechanisms ● Supplies ● Support Surfaces - For Beds ● Surgical Dressings ● Tens Units ● Traction Equipment ● Urological Supplies ● Walkers, Canes and Crutches ● Wheelchair Seating / Cushions ● Wheelchairs - Manual Custom ● Wheelchairs - Manual Non-Custom ● Wheelchairs-Standard Manual Accessories ● Wheelchairs-Standard Power Accessories |

















2008 National Patient Safety Goals

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Home Care

| Safety Goals | Organizations Should | Implemented |
|--|--|---|
| Improve the accuracy of patient identification. | Use at least two patient identifiers when providing care, treatment or services. |  |
| | Prior to the start of any surgical or invasive procedure, conduct a final verification process, (such as a "time out,") to confirm the correct patient, procedure and site using active—not passive—communication techniques. |  |
| Improve the effectiveness of communication among caregivers. | For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result. |  |
| | Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization. |  |
| | Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values. |  |
| | Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions. |  |
| Improve the safety of using medications. | Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs. |  |
| | Reduce the likelihood of patient harm associated with the use of anticoagulation therapy. |  |
| Reduce the risk of health care-associated infections. | Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines. |  |
| | Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection. |  |
| Accurately and completely reconcile medications across the continuum of care. | There is a process for comparing the patient's current medications with those ordered for the patient while under the care of the organization. |  |
| | A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the organization. |  |
| Reduce the risk of patient harm resulting from falls. | Implement a fall reduction program including an evaluation of the effectiveness of the program. |  |
| Encourage patients' active involvement in their own care as a patient safety strategy. | Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so. |  |






2008 National Patient Safety Goals

Home Care

| Safety Goals | Organizations Should | Implemented |
|--|--|---|
| The organization identifies safety risks inherent in its patient population. | The organization identifies risks associated with long-term oxygen therapy such as home fires. |  |

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