Surviving Sleep Lab Accreditation

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Kathryn Hansen
Bob Floro
Sponsored by:
Sleep Education Partners
Kathryn:
• Healthcare Consultant
• Partner – Sleep Education Partners
• Advisor – Sleep Center Management Institute

Bob
• Healthcare Consultant
• President – HME Professional
• Managing Partner – Sleep Educations Partners
• Advisor - Sleep Center Management Institute (SCMI)

Disclosures
Today’s Plan

★ Accreditation philosophy

★ Accreditation elements

★ General standards categories

★ Sleep-specific accreditation processes, standards and pitfalls
ACCREDITATION IN GENERAL
• Accreditation – Improves the quality of services

• Peer review of services

• The Survey – An evaluation of the provision of services

Role of Accreditation
• Continuous emphasis on operational performance improvement

• Focus on quality and safety of direct patient care delivery systems

• Customized approach to characteristics of individual organization

Accreditation Should Provide…
Organizational Analysis

- Mission-Vision-Values
- Organizational Culture
- Goals
  - Short & Long Term
- Core business
- Accreditation Contributions

Organizational Analysis
Key Step In Accreditation

Leadership

Accreditation Processes
Standards Compliance

Staff
Leadership-Staff Interface

- Why Become Accredited?
  - Organizational Mission-Vision-Values
  - Financial
  - Competitive Edge
  - Recognition
  - Timing

- Accreditation Process
  - Application
  - Survey
  - Pre-survey Activities
  - Post-survey Activities

- Standards
  - Interpretation
  - Compliance
SPECIFIC ACCREDITORS
• Accredits sleep disorders centers, DME & OCST.
  • Today’s emphasis – Sleep disorders center
  • Sleep disorders center provides clinical diagnostic and treatment services for patients with sleep disorders.

• Eligibility & application process

• The Accreditation Committee oversees the accreditation process.

• Site visitors for sleep facilities are board certified sleep specialists who are or have been directors of AASM accredited sleep facilities

Accreditors - AASM
Accrreditors – AASM Decisions

- Accreditation without Provisos – 5 years
- Accreditation with Provisos – 3 month window
- Denied Accreditation
- Revoked – grievous acts
- Rescinded – failure to meet eligibility
Accreditors – AASM Standards

- General
- Personnel
- Patient policies
- Facilities & equipment
- Policies & procedures
- Data Acquisition, Scoring and Reporting
- Patient evaluation & care
- Patient records
- Emergency procedures
- Quality assurance

Accreditors – AASM Documents

- BAA
- Licenses
- HR
- Letterhead
- Floor plan & photos

- Marketing & Sales
- P&P
- Equipment list
- Patient volume
- Self assessment
• Accredits home care, hospitals (DNV), behavioral health & sleep

• Eligibility & application process
  • Must attest to date of standards compliance
  • Submit Compliance Plan
  • Submit org chart
  • Submit PI program description
  • Medical director name and involvement

Accreditors - ACHC
• Accredited - 3 years

• Accreditation Pending - requires POC

• Dependent - requires POC & follow-up survey

• Denied

Accreditors – ACHC Decisions
• Organization & Administration

• Program/Service Operations

• Fiscal Management

• Human Resource Management

• Risk Management: Infection & Safety Control

• Provision of Care and Record Management

• Quality Outcomes/Performance Improvement

Accreditors – ACHC Standards
Accreditors – ACHC Documents

- BAA
- Licenses
- Governing body members
- Owners
- P&P

- Job descriptions
- Org chart
- Mission statement
- Patient Rights
- Admission packet
• Opening Conference

• Tour of the Organization

• Data Collection
  • Personnel record review
  • Patient record review
  • Financial/billing records
  • Service contracts
  • Risk management
  • Performance Improvement (PI) activities
  • Policies and Procedures (P&P)
  • On-site observations
  • Personnel and patient interviews

• Closing Conference

Accreditors – ACHC Survey Process
• Accredits most health care providers

• Eligibility
  • Must provide services

• Sleep accreditation through Ambulatory Care Program

• Mid-cycle tools
  • ICM Profile – extranet workplace for resources
  • Mandatory Focused Standards Assessment (FSA)

Accreditors - TJC
• Accredited
• Preliminary Accreditation
• Accreditation with Follow-up Survey
• Contingent Accreditation
• Preliminary Denial of Accreditation
• Denial of Accreditation

Accreditors – TJC Decisions
• Environment of Care
• Emergency Management
• Human Resources
• Infection Prevention and Control
• Information Management
• Leadership
• Life Safety
• Medication Management

• National Patient Safety Goals
  • (NPSG)
• Provision of Care
• Performance Improvement
• Record of Care
• Rights of the Individual
• Waived Testing
• Tracing’ the patient’s experience
  • Patient analysis
  • Integration of services

• On-site observations and interviews with surveyors

• Review of documents provided by the organization

• Assessment of the physical facility

Accreditors – TJC Survey Process
Accreditation Fees

- **AASM**
  - $4500 – member (plus $1100/year membership fee)
  - $7200 – reaccreditation for non-member

- **ACHC**
  - $1500 deposit
  - Fees not published – based on survey days
  - Payment options

- **TJC**
  - Survey fee (5K visits) - $3540
  - Annual Fee - $2465
SLEEP CENTER SPECIFICS
The Standards for Accreditation

Sleep Center and OCST accreditation standards are in one document

Consultations by Sleep Specialist

Consult with sleep specialist required prior to testing and treatment

- Exceptions:
- Payer policies
- Other circumstances: reasonable and unavoidable

AASM Changes - March 2014
<table>
<thead>
<tr>
<th>Classifications</th>
<th>Entity: Sleep facility and OCST program</th>
</tr>
</thead>
<tbody>
<tr>
<td>FO</td>
<td>Sleep Facility: Sleep clinic and in-center testing</td>
</tr>
<tr>
<td>F</td>
<td>OCST Program: Clinic and testing outside the facility</td>
</tr>
</tbody>
</table>

**AASM Changes - March 2014**
Effective January 1, 2016

Medical Director must be board certified sleep physician

AASM Changes - March 2014
Medical Director verify OCST ordered by appropriately licensed healthcare providers
Standards

Personnel
Scoring Techs
OCST Staff
ARNPs
PAs
Other providers

Complete required CME/CEs:
average of 10 hours per year
30 CME/CEs for 3 years
Sleep Related
Facility provided – Medical Director signature with stated learning objectives
Standards

Equipment Safety Checks

Incident Reporting
- FDA MedWatch Reporting
- OSHA 3500 form

Report findings during quarterly QA review
<table>
<thead>
<tr>
<th>Date</th>
<th>Equipment</th>
<th>Serial Number</th>
<th>Comments</th>
<th>Initials/Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/2014</td>
<td>NC2 Polygraph</td>
<td>N2430956821</td>
<td>No frayed cords; broken plug; sent for repair</td>
<td>NNN</td>
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<tr>
<td>1/2/2014</td>
<td>OCST Device</td>
<td>N2390543</td>
<td>No risks identified/data erased</td>
<td>ANE</td>
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<td>1/3/2014</td>
<td>OCST Device</td>
<td>N2390555</td>
<td>Functional/data erased</td>
<td>CN</td>
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<td>1/5/2014</td>
<td>OCST Device</td>
<td>N2390555</td>
<td>Functional/data erased</td>
<td>ER</td>
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<tr>
<td>Policies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regulatory Requirements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Records</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standards</th>
</tr>
</thead>
</table>

- **Procedures for:**
  - Pre-hire and during employment
  - OIG Exclusion List
  - Pending Action
  - Sex Abuse
  - State Regulations
  - Criminal/Felony
  - Licensure

- **Background checks**

- **Required Education/Surveys**

- **Incident Reporting**

- **Report findings during quarterly QA review**
### Standards

#### Demonstrated Training:
- OSHA/BBP
- Body Mechanics
- Patient Safety
- Cultural Diversity
- Communication
- Corporate Compliance
  - Conflict of Interest
  - Confidentiality
- HIPAA Privacy/Safety
- Reporting Complaints
- Incident Reporting
- Suspected Abuse/Neglect

#### Performance Improvement Plan
Report findings during quarterly QA review
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Measure</th>
<th>Frequency</th>
<th>Goal</th>
<th>Data Source</th>
<th>Reporting Schedule</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Satisfaction</td>
<td>10</td>
<td>Monthly</td>
<td>100%</td>
<td>Survey</td>
<td>Quarterly</td>
<td>Supervisor</td>
</tr>
<tr>
<td>ISR</td>
<td>2</td>
<td>Monthly</td>
<td>85%</td>
<td>AASM</td>
<td>Quarterly</td>
<td>All scoring techs</td>
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<tr>
<td>PSG Quality</td>
<td>100%</td>
<td>Monthly</td>
<td>100%</td>
<td>PSG</td>
<td>Quarterly</td>
<td>Scoring Techs/Medical Director</td>
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<tr>
<td>OCST Failures</td>
<td>100%</td>
<td>Daily</td>
<td>100%</td>
<td>Log</td>
<td>Quarterly</td>
<td>Techs/Supervisor/MD</td>
</tr>
<tr>
<td>Cleaning Sensors</td>
<td>100%</td>
<td>Daily</td>
<td>100%</td>
<td>Log</td>
<td>Quarterly</td>
<td>Techs/Supervisor</td>
</tr>
<tr>
<td>Equipment Safety</td>
<td>100%</td>
<td>Daily</td>
<td>100%</td>
<td>Log</td>
<td>Quarterly</td>
<td>Techs/Supervisor/MD</td>
</tr>
<tr>
<td>Cancellations</td>
<td>100%</td>
<td>Daily</td>
<td>10%</td>
<td>Schedule</td>
<td>Quarterly</td>
<td>Scheduler/Supervisor/MD</td>
</tr>
<tr>
<td>No shows</td>
<td>100%</td>
<td>Daily</td>
<td>10%</td>
<td>Schedule</td>
<td>Quarterly</td>
<td>Scheduler/Supervisor/MD</td>
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<tr>
<td>Reschedules</td>
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<td>Daily</td>
<td>10%</td>
<td>Schedule</td>
<td>Quarterly</td>
<td>Scheduler/Supervisor/MD</td>
</tr>
</tbody>
</table>

Define source of evidence used for defining measures, appropriate goals to attain, and implementation of improvement plan.

**Performance Improvement Plan**
# Quarterly Reporting

## Patient Satisfaction

<table>
<thead>
<tr>
<th>Quarter:</th>
<th>Rating:</th>
<th>Month:</th>
<th>Rating:</th>
<th>Month:</th>
<th>Rating:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Satisfaction</td>
<td>V Good</td>
<td>Good</td>
<td>Fair</td>
<td>V Good</td>
<td>Good</td>
</tr>
<tr>
<td>Personal Privacy</td>
<td>V Good</td>
<td>Good</td>
<td>Fair</td>
<td>V Good</td>
<td>Good</td>
</tr>
<tr>
<td>Comfort during testing</td>
<td>V Good</td>
<td>Good</td>
<td>Fair</td>
<td>V Good</td>
<td>Good</td>
</tr>
<tr>
<td>Facility clean</td>
<td>V Good</td>
<td>Good</td>
<td>Fair</td>
<td>V Good</td>
<td>Good</td>
</tr>
<tr>
<td>Registration services</td>
<td>V Good</td>
<td>Good</td>
<td>Fair</td>
<td>V Good</td>
<td>Good</td>
</tr>
<tr>
<td>Staff Friendliness</td>
<td>V Good</td>
<td>Good</td>
<td>Fair</td>
<td>V Good</td>
<td>Good</td>
</tr>
</tbody>
</table>

### Rating Totals

- Total Surveys/month
- Monthly Rating %
- Total Surveys/Quarter

### Rating % for Quarter

### Findings:

### Recommendations:

### Plan for Follow-up:

### Signatures/Date | Medical Director/Date | Supervisor/Date
- Integrate with Performance Improvement Plan
  - assessment of symptoms, including presence or absence of snoring and daytime sleepiness
  - Documentation of apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) measured at the time of initial diagnosis
  - diagnosis of moderate or severe OSA were prescribed positive airway pressure therapy
  - documentation - adherence to positive airway pressure

**PQRS Reporting**
• Understand the value of accreditation

• Choose the right accreditor for your organization

• Employ a continual process

• MAKE IT VALUABLE

Wrapping It Up
Questions
Contact Information - Bob

- Cell: 859-339-1630
- Fax: 606-346-0833
- Email: bob@hmebiz.com
- URL: www.hmebiz.com
Contact Information - Kathryn

• Cell: (859) 312-8880
• Fax: (859) 303-6055
• Email: kathrynhk@msn.com
Thank You