

Accreditation Prep & Site Survey for Your Sleep Disorders Center

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Conflicts of Interest

- **Sleep Lab Management Consulting, LLC.**

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Learning Objectives

- Attendee will understand better accreditation process and preparation.
- Attendee will learn the value of Mock Surveyors.
- Attendee will be able to enhance the Site Survey learning experience.

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Presentation Introduction

Our Goal

- This presentation will act as an outline and resource/guide to be built upon, for everyone who works at a sleep disorders center.
- It is based mostly on my experiences as my health care system prepared for Site Surveys from **The Commission..... our most recent re-accreditation with the AASM and my work as a Site Surveyor.**

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JCAHO

Joint Commission on Accreditation of
Healthcare Organizations

AASM

American Academy of Sleep Medicine

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JCAHO

The mission of The Joint Commission is to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations.

Unannounced Surveyor Visits

First Sleep Accreditation 1999
Over 4000 hospitals and 19000 health care organizations

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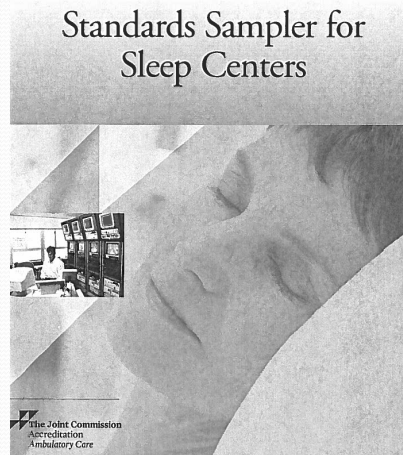
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Joint Commission



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AASM

The American Academy of Sleep Medicine

First Sleep Accreditation in 1977

Scheduled Surveyor Visits Every Five Years

Accredits sleep facilities, stand alone providers of Home Sleep Apnea Testing and Durable Medical Equipment providers.

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Your AASM Advisor

● **AASM.ORG**

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Department of Health

Usually a fast inspection

Services Provided
Hours of Operation
Patient Population
Staffing
Referral Process
Number of Active Patients
Physical Site

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Why Accreditation?

Sets Standards

Is required by Centers for Medicaid and Medicare

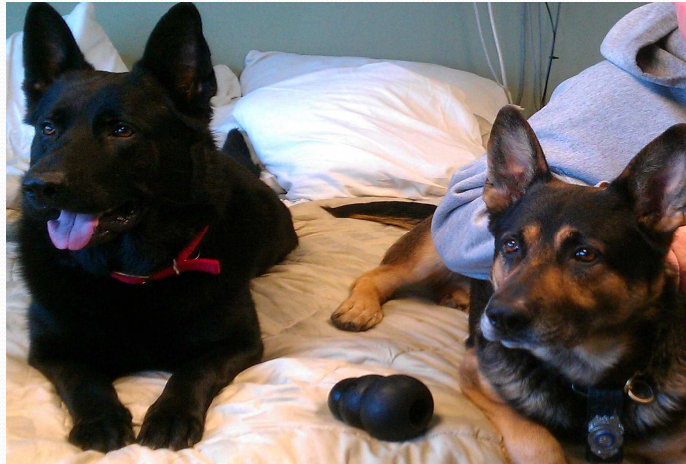
Required by insurance companies

State Licensure for Hospitals

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The Surveyor/Consultant



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Mock Surveys

Great Way for Your Facility to Prepare for Surveyors

Either Internal or External Surveyor/Consultants

Or Both

You never feel ready, kind of like Board Exams

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Standards/Areas Covered

- Environment of Care
- Emergency Management
- Human Resources
- Infection Prevention and Control
- Information Management
- Leadership
- Medication Management in the Sleep Lab
- National Patient Safety Goals
- Provision of Care, Treatment, and Services
- Performance Improvement
- Record of Care, Treatment and Services
- Rights and Responsibilities of the Individual
- Excerpted: Standards Sampler for Sleep Centers/ The Joint Commission

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General Standards Notes

- Patient Centered
- Process Focused
- Quality Improvement/QA
- Evaluate Organization and Sleep Lab
- Provide Staff and Administration Education/Feedback

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Environment of Care Checklist

Three Basic Elements

The Building: How arranged, protection of visitors staff and patients.

Equipment: Supports patient care and safe operation of space.

People: Staff, patients and visitors who all play a role in minimizing risks.

Safety, Security, Hazardous Materials, Waste, Fire Safety, Equipment and Utilities.

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Emergency Management

Response/Preparedness/Mitigation

Communications

Resources and Assets

Safety and Security

Staff Responsibilities

Utilities

Patient Clinical and Support Activities

(FEMA Training)

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Human Resources

Contributes to organizations ability to provide safe, quality care.

HR provides for continuing improvement and assessment of staff competence.

Credentialing Responsibilities/Background Checks

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Infection Prevention/Control

Patient safety and quality of care are greatly impacted by how well an organization addresses Infection Control.

2016 Hospital National Patient Safety Goal # 7.

Regular assessment of Infection Prevention and Control processes.

Coordinates its program with the community

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Handwashing /Infection Control



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Information Management

Health Information is used to provide safe, quality care while ensuring the patients right to privacy.

What plans the organization has in place to effectively utilize patient information and protect privacy will be assessed by the site visit process.

Privacy, integrity, security and the maintenance of accurate patient data will all be reviewed via Tracers.

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Leadership

Responsible for Fostering a Culture of Safety for All

Strategic Planning

Resource Planning

Staff Recruitment

Ongoing Evaluation and Improvement

Leadership Structure

Organizational Culture and System Expectations

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Medication Management

In the Sleep Disorders Center safe medications management protocols should be in place and understood by all visitors, patients and staff, referral sources and Medical Directors.

Surveyor Questions Abound

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National Patient Safety Goals

2016 # 7- Prevent Infection

2008 # 17 Reduce Risk of Post-Operative Complications for Patients with Obstructive Sleep Apnea

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Provision/Care, Treatment, Services

Patient Experience Aspects Here

Assessing Patient Needs

Planning, Care, Treatment or Services

Providing Care, Treatment, or Services

Coordinating Care, Treatment, or Services

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Performance Improvement

Collection of Data and its Analysis to improve staff performance that results in improved patient care and outcomes is the goal here.

Using a File Tracer concept, the Surveyor may examine the organizations processes to reveal examples of staff performance improvement.

Analysis identifies trends, patterns, and performance levels that show opportunities for improvement.

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Record of Care, TX and Services

Complete Clinical Record History

Policies and procedures of the organization will give the surveyor a clear idea of how the patients medical record impacts her/his quality of care and outcomes.

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Patient Rights and Responsibilities

The Poster
The Handout
The Signature

All should be a part of each patient's record who comes through your sleep disorders center

Patients are Informed of Rights, and Respect and Responsibilities regarding their care , treatment or services.

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Preparation

Ongoing
And
Never-Ending(Staffing?)
Automation Software ?
Part of Your Normal Routine

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AASM/Joint Commission/ACHC Checklist/Lab Standards

- Use Checklist to create a Site Visit Binder
 - Together with your P&P Manual
- Should answer most of Surveyors questions

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Checklists

Make Up Your Checklist(s)

Review P&P Manual	O ₂ Concentrators/Oxygen Safety
Physical Environment Tracer	Gas Shut-Off
Patient File Tracer	HST Outcomes Log
Staff Binders w Education/Competencies	Areas Under Sink Clear of Everything
Staff Meeting Records	Cardboard-No, No, No
Q&A Process ---Next Page	Doors Not Propped Open
Infection Control	Food and Drink Not in Patient Areas
Patient Safety	Hand Hygiene Products Available/Current
Laundry Service	Label All Open Containers w <u>Product Life</u> Expiration Date
Department of Health	Cleaning Protocols-Glutaraldehyde, Pasteurization, other
Fire Drill Records	Medication Policy
Patient Emergency, 711, 911, Defib, Rapid Response	Best Practices Posted for Safety/Infection Control/Error Prevention
Bio-Med Equipment Records/Stickers Current	Patient Experience Training/Posted
Expiration Dates Current on all supplies	Patient Refrigerator Log Current
Clutter Gone	Cabinets Closed
Hallways Clear	Time Out/Questioning Orders
R.A.C.E./P.A.S.S	Universal Precautions Posted
Error Prevention Tools Training/Reporting	Staff Wearing Badges Above Waist
Patient Experience Training	MSDS Hazardous Materials Posted and in Manual

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AASM 47 Point Checklist

Worksheet

AMERICAN ACADEMY OF SLEEP MEDICINE
Setting Standards & Promoting Excellence in Sleep Medicine

47 Points

AASM Site Visit Preparation Checklist - 2016 Standards for Accreditation

The items listed below should be readily available within the facility on the day of the site visit. We strongly suggest that you be prepared to present the site visitor with all of the items below. The AASM site visitor reserves the right to request additional information at the site visit as necessary, which may include additional documentation or records not found on this checklist.

Staff Documents

Done	Documentation Needed	Applicable Standard(s)	Additional Information
1	<input checked="" type="checkbox"/> Current medical licenses for: • Facility Director • Medical Staff Members	A-2 B-1 B-5	Current, valid state license in all states where patients are seen. License must include expiration date.
2	<input checked="" type="checkbox"/> Board certification in sleep medicine for: • Facility Director • Other Board-Certified Medical Staff Members (if applicable)	B-2 B-5	Copy of board certificate in sleep medicine or fellowship certificate and proof of eligibility for exam
3	<input checked="" type="checkbox"/> 30 CMEs in sleep medicine for: • Facility Director • Medical Staff Members	B-4 B-6	Appropriate CME should be available. Documentation should include official certificates and/or letters of completion.
4	<input checked="" type="checkbox"/> Registry certificate for all registered techs	B-8	Copy of the current, valid registry certificate from the ABSM, BRPT, or NBRC.
5	<input checked="" type="checkbox"/> Certification/Registry certificate for all scorers	B-11	Copy of the current, valid certification or registry certificate from the ABSM, BRPT, or NBRC.
6	<input checked="" type="checkbox"/> Proof of enrollment or completion of A-STEP self-study modules, CAAHEP, or Co-ARC programs for non-registered techs	B-10	Proof of enrollment in or completion of the A-STEP self-study modules, an accredited CAAHEP program, or a CoARC program with the polysomnography option.
7	<input checked="" type="checkbox"/> Appropriate CEC in sleep topics available for: • All technical staff, including registered techs, non-registered techs and scorers	B-9	Appropriate CEC should be available. Documentation should include official certificates and/or letters of completion.
8	<input checked="" type="checkbox"/> Valid CPR cards for all technical staff	B-9	Valid, signed CPR cards. Cards should be signed (if applicable), include skills training and include expiration date. Photocopies are acceptable.
9	<input checked="" type="checkbox"/> Valid state license for technical staff, when required	A-2 B-7	If required by the State, copy of the valid state licensure for applicable technical staff.

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Typical Surveyor Schedule

- Meeting with Administration/Owner/Techs/Manager
- Safety Management
- Security Management
- Hazardous Materials Management
- Medical Equipment Management
- Infection Control
- Fire Safety
- Emergency Management
- Meeting with HR, Billing and Compliance Officer

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Administrators/Owner Meeting



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Safety Management

Management Plan
Annual Evaluation
Environmental Tours
Risk Assessment
Performance Monitoring

Meets w Department Director/Lab Manager/Techs
Tracer Directed

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Security Management

- Management Plan
- Annual Evaluation
- Risk Evaluation
- Performance Monitoring

Meets w Department Director/Lab Manager/Techs

Tracer Directed

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Hazardous Materials Mgmt.

- Management Plan
- Annual Evaluation
- Performance Monitoring
- Manifests

Meets Department Director/Lab Manager/Techs

Tracer Directed/MSDS/Safety Data Sheets

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Medical Equipment Mgmt.

Management Plan
Annual Evaluation
Performance Monitoring
Preventative Maintenance
Inventory Sample
Bio-Med Labels
Meet w Department Director/Lab Manager/Techs
Tracer Directed

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Fire Safety Management

Management Plan
Annual Evaluation
Performance Monitoring
Fire Drill Records
Maintenance, Testing, Inspection of System
Meets w Department Director/lab Manager/Techs
Tracer Directed and Evaluated

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Infection Control

Management Plan

Evaluation Reports from Infection Prevention

Performance Monitoring

Review of Universal Precautions

Hand Washing Program

Patient Readmission History Tracer

Meets w Department Director/Lab Manager

Tracer Directed

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Microbes Are Ubiquitous....



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Emergency Management

Management Plan

Performance Evaluation

All policies both Internal and External Reviewed

Community Aspects

FEMA Training if Applicable

711, 911, Crash Carts, Defib, Rapid Response

Tracer Evaluated

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Tracer, Trace What?



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Tracer Concept

- Typically starts with a patient file/chart
- Will then go off to specific well defined areas.
- Tracer activity follows patients care, diagnostics, services provided and outcomes.
- Review the content areas found in your typical file.

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Typical Patient File/Tracer

- Patient Demographics/Billing Information
- Medical History-H&P
- Current and Discontinued Medications
- Safety and Infection Control
- Sleep Questionnaires
- DME w Outcomes
- Home Sleep Study Outcomes
- All Technical Reports and Interpretations
- Staff HR Files

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Staff Tracer Education Exercise

Staff Meeting Exercise

Gets Staff Engaged in Processes

Everyone Gets a File

Keep it Positive

Food Helps

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Patient Demographics/Billing

Is it complete? Is Primary language listed?

Two forms, ID? Name, age, DOB used?

If not complete, how do we complete and better yet how do we ensure that files are complete in future.

Who does intake? Insurance information complete?

What does it tell you about the patient?

How is transport to your lab achieved?

Does the paperwork match the prescription?

If not what do we do? What is our process?

How do we resolve concerns regarding paperwork?

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Medical History

H&P provided?

Risk assessment done?

Sleep Questionnaires Included?

Special Needs Patients? No Surprises!!!!

Patient needs met the night of Study?

Prescription matched History?

History matches patient?

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Medications Aspects

Techs do not administer meds..

Techs do not administer meds.....

Techs do not administer meds.....

What effect will the patient's meds have on the record.

Can the patient self administer? Tech identification?

Did the Dr want the patient to stop a medication(MSLT)

Review patient medication list.

Did patient need time in morning to wake up?

Safety questions or concerns, Medical Director contacted?

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Infection Control

- Were universal precautions used?
- How was equipment cleaned after patient use?
- What was the process used for cleaning?
- Technician education records/competencies?
- Performance Evaluations/Reviews Posted in Lab?
- Manufacturers Instructions Available?
- Disposables?
- Process for linens/laundry, detail, detail, detail...
- Disease State Analysis of Questionnaire?

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Disposables

- Electrodes
- Thermocouple Thermister
- Humidifiers
- Cost of Distilled Water vs Sterile
- One and done paste
- One and done skin prep gel
- One and done tape
- All Belts
- Oximeter finger probes
- Snore Mics
- EKG and Leg Leads
- Fans

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Safety-Patients and Staff

How do you keep patients safe? Staff?
What are the lab protocols? Covid Protocols?
Can you show me? Eye wash stations(corrosive)
How are patients transported to lab?
Do your bathrooms have Pull Cords?
Can a tech access a room that is locked?
711, 911, Rapid Response, Security/Panic Buttons in place?
CPR cards are all current? Fire Drill Records Current?
Staff Competencies current and available?

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Sleep Questionnaires

Who developed/approved your questionnaire?

What does it tell you about a patient?

Is it complete?

Does it give you a clear picture of the patient's medical history?

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DME/Outcomes/Compliance

Outcomes are being tracked by private carriers and Medicare.

If lab has its own DME these must be tracked and review for performance improvement and patient experience aspects.

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Home Sleep Study Outcomes

AASM Accreditation Standards
Require Tracking of Patient
Treatment Outcomes

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Technical Reports/Interpretations

Who does the scoring at your sleep lab?

Do all technologists working here have current credentials documented in binders w current CPR cards?

Where are your Inter-Scorer Reliability Records kept?????

Does your Dr. Score records for ISR or do you use a program?

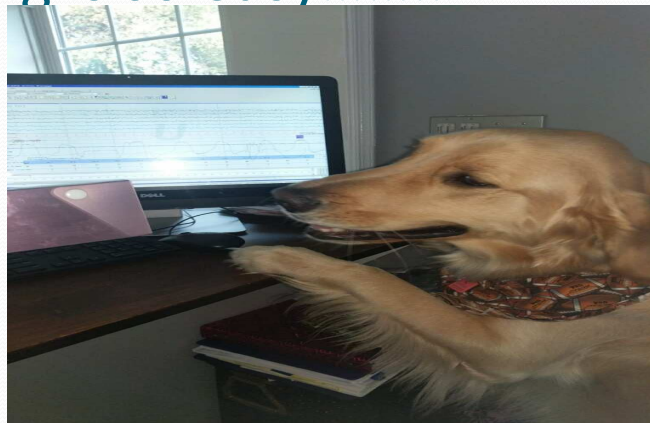
Has your Medical Director signed off on your Policy & Procedure Manual and can you review the manual for us today?

Please show us your entire process from referral to treatment...

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Scoring is so easy.....AI



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Surveyor/Consultant Notes

- Surveyors are highly trained and worked within the types of systems that they inspect.
- Nursing, Physician, Hospital Administrator, Sleep Lab Technologists and Lab Managers make up the surveyor's experiences/backgrounds.
- Randomly use medical records as their roadmap during survey activities (**Tracer Technique**).
- May speak with anyone present during the survey.
- Also may request to observe workers within facility and sometimes speak to patients if available.

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AASM Site Visit Notes

- Scheduling
- Requirements for Site Visit-All Manuals/Computers
- Visits are scheduled but the AASM reserves the right to visit at any time without notice.
- See AASM Accreditation Manual

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Site Visit Toolbox

- Lab P&P Manual
- Checklist Binder
- All Employee Binders
- Sample Patient Study Files

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Prior to the Survey

- Review Checklists
- Perform a Mock Survey w Tracers
- Review the Mock Survey
- Do not offer to pick up the surveyor at the airport.
- Do not offer buy the surveyor lunch or dinner.

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During the Survey

- Upon notification(cell, phones, faxes, email, text) gather your team. Med Director, Dept Director, CC, Lead Tech, Administrative Assistant
- Be prepared to walk the surveyor through your typical day if asked.
- Be positive, upbeat, do not debate, or act annoyed
- Answer questions to the point.
- Do not elaborate, stick with the basic facts.
- If you do not know an answer(position), refer to someone who does. No lying, No shading, Be Direct

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Make Me Great Coach!!!!

- Your Surveyor is Your Consultant/Coach
Think about of all the sites they have seen??

Be a good listener and once again, Be Upbeat

Ask Questions:

“What has your experience been with?”

“What have you seen regarding.....?”

Use written policies to show your process.

We and Teamwork oriented responses are best.

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Basic Summary/Timelines

- **Be open/call Surveyor about Strengths/Weaknesses**
- Use Standards-Submit App 1 year Out
- Create Submission Binder plus P&P Manual
- Create Checklist Binder-6 Months Out(47 points)
- Site Visit Schedule-2 Months Out
- File Examples: PSG, PAP, Insomnia, RLS, Five examples. Medical Director to review.
- Use example of a successful site visit evaluation(70 Points)
- Have both hard and computer copy of all.

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Site Visit Report Card

- Surveyor will fix what they can during visit
- Lab will receive **Report**.
- Outstanding **Provisos/Concerns** listed
- Specified time to satisfy
- **Example: Cardio-Pulmonary Drill**
- **Provide proper form**
- **Two months to document drill**

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Resources

- Joint Commission Resources
Comprehensive Accreditation Manual for Ambulatory Services(CAMAC)
At www.jcrinc.com
or www.jointcommission.org/Sleep

American Academy of Sleep Medicine
Accreditation Process and Policies
www.aasmnet.org

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References/Resources

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Stay in Touch

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Thank You



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