American Academy of Sleep Medicine Accreditation

Presented By: Ray Anthonijsz

Accreditation Manager
American Academy of Sleep Medicine
Conflict of Interest Disclosures
Speaker:

1. I do not have any potential conflicts of interest to disclose, OR

2. I wish to disclose the following potential conflicts of interest:

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<th>Type of Potential Conflict</th>
<th>Details of Potential Conflict</th>
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<td>Grant/Research Support</td>
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3. The material presented in this lecture has no relationship with any of these potential conflicts, OR

4. This talk presents material that is related to one or more of these potential conflicts, and the following objective references are provided as support for this lecture:
Overview

• Current Programs

• Current Facility Accreditation Requirements
  • 2016 Standards Changes
    • Safety Examples
    • Quality Assurance Examples

• Tips and Resources

• Questions
AASM Accreditation Programs

• Sleep Facility
• Independent Sleep Practice (ISP)
• Non-Medicare Durable Medical Equipment (DME)

• Corporate Accreditation
• Expedited Accreditation
  • Medicare LCD Requirements
Recent Accreditation Standards Revision

• Standards released June 2016; Compliance required July 1, 2017
• Create Patient-centric standards
  • Emphasis on patient safety
  • Patient Outcomes
• Clarify vague or confusing standards
• Eliminate confusion between Facility and HSAT requirements
Revision Overview

- Most standards revised in some manner
- Many minor changes for clarity and consistency
- Major Changes
  - Staff Titles/Responsibilities
  - Interpretation to Diagnosis
  - New Safety Requirements
  - Revised Quality Assurance Program
Facility Director

• Merged responsibilities of the medical director and the board certified sleep specialist into one role: the facility director

• Must be board certified in sleep medicine and appropriately licensed
  • ABMS board, AOA board or ABSM

• Provide recommended 8 hours per month of supervision
  • Can be on-site or via telecommunications (regular telephone calls, virtual meetings, webinars)
  • Focus on completion of responsibilities (B-3)
  • No medical director facility requirement.
Technologist Updates

• Clarified that registry exam must be passed within 1 year of acceptance to exam (B-8)
• Clarified that non-registered technologists may score but only under the supervision of a registered technologist
• All staff must meet same requirements (CEC/CPR) regardless of duties
Diagnosis of Sleep Disorders

• Emphasis has changed from interpretation to diagnosis (F-8)

• Diagnosis must be made by a licensed physician or APRN in certain states

• Facility sets requirements for interpreting physicians...However, all diagnoses made from a sleep study (PSG, HSAT, MSLT, MWT) must be done or reviewed by a board-certified sleep specialist
Home Sleep Apnea Testing (HSAT)

• Facilities must be able to provide HSAT as a service:
  • In-house
  • Contracted
• Policies & Procedures or contract with a provider
• Required Quality Assurance Program
Subcontracting Practices

• Facility may subcontract HSAT or scoring services
  • Subcontractor must meet all applicable AASM Accreditation Standards
  • Must be written agreement in place
  • Annual review of contract
Patient Safety (General)

- All new employees must have a criminal background check
- Annual emergency drills must be performed and documented
  - At minimum must drill cardiopulmonary emergencies
- Centers must have an AED or on-site emergency response team
- Implement Patients’ Bill of Rights
Section K: Safety

• Comply with applicable building codes and regulations (K-1 Facility Safety)

• Comply with OSHA requirements (K-2 Occupational Safety)

• Appropriate hazardous materials disposal (K-3 Hazardous Materials)

• Safety Risk Analysis (K-4)
  • What are the inherent risks to patients visiting your facility?
  • Reviewed annually
Five steps to easy risk assessment

Step 1: Identify the hazards (what can go wrong?)

Step 2: Decide who might be harmed and how (what can go wrong? who is exposed to the hazard?)

Step 3: Evaluate the risks (how bad? how often?) and decide on the precautions (is there a need for further action?)

Step 4: Record your findings, proposed action and identify who will lead on what action. Record the date of implementation.

Step 5: Review your assessment and update if necessary.
Risk Assessment Example

1. **Identify the hazard:** Slippery shower stalls

2. **Who can be harmed and how:** Patients using the showers may slip and fall.

3. **Evaluate the risk and decide precautions:** How often are patients using the showers, and how likely are they to fall? Is there a way to prevent this? 20 patients a week, 50% use the shower = 10 patients at risk a week; staff can purchase non-slip shower mats for each shower.

4. **Record findings, proposed action and implementation:** Lab manager purchased and installed mats on September 14, 2018.

5. **Review and update:** The mats addressed the potential risk and no further action is needed at this time.
Section K: Safety (cont.)

• Significant Adverse Events (K-5)
  • Patient death, assault, elopement of patient, hospitalization of patient, etc.
  • Document events that occur
  • Root cause analysis and investigation of events (K-6)

• Minimize risk of assault or inappropriate behavior (K-7)
  • Continuous video monitoring of Patient Bedrooms & Hookup Areas
  • Chaperones
6 Step to Easy Root Cause Analysis

Step 1: Identify the event and gather information.

Step 2: Select appropriate staff involved in investigation/analysis.

Step 3: Describe what happened.

Step 4: Identify contributing factors to the event.

Step 5: Identify the underlying process or system issues (the “root causes”).

Step 6: Review and implement changes to eliminate the identified issues.
Root Cause Analysis Example

1. **Identify the event and info:** Patient eloped in the middle of the night without notifying staff.

2. **Select staff:** Staff present during the night – Sleep Technologist.

3. **What happened:** One technologist alone in the facility monitoring two rooms; while assisting the elderly patient in Room 2, the patient in Room 1 leaves.

4. **Contributing factors:** One technologist alone; no alarm system to indicate facility doors were opened.

5. **Identify root causes:** Staffing; insufficient patient education.

6. **Implement changes:** Provide additional education for patients; install alarm system when doors are opened after 9 pm.
Safety Summary

• Keep it simple – most facilities perform this in some manner already.
• Document, document, document.
• Review and update regularly.
Quality Assurance (QA)

• Inter-scorer Reliability requirement remains unchanged
• Facility QA Program must include three additional quality measures
  • Process measure for OSA
  • Outcome measure for OSA
  • Outcome measure for another sleep disorder (Insomnia, Narcolepsy, RLS)
• HSAT QA Program
  • Two process measures
  • One outcome measure

*Facilities can use process/outcome measures from the AASM Quality measures published in the Journal of Clinical Sleep Medicine in 2015 (Volume 11, Issue #3)
Process vs. Outcome Measures

• Process measures indicate what **ACTION** the facility does to improve the health of those diagnosed with a specific sleep disorder.

• Outcome measures indicate the **IMPACT** that these actions have had on the health status of these patients.

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<tr>
<th>Process Examples</th>
<th>Outcome Examples</th>
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<td>Did the patient receive an:</td>
<td>Does the patient show an:</td>
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<tr>
<td>• Assessment of Symptoms/Severity</td>
<td>• Improved quality of life</td>
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<tr>
<td>• Assessment of Sleepiness</td>
<td>• Improved daytime functioning</td>
</tr>
<tr>
<td>• Assessment of blood pressure</td>
<td>• Decrease symptom severity</td>
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Quality Assurance – Implementation Steps

1. Choose Indicators:
   • Process Measure for OSA
   • Outcome Measure for OSA
   • Outcome Measure for another sleep disorder

2. Define the sample for each measure.
   • What records/patients will you be reviewing for this measure?
   • What sample size do you want to use?
3. Set a threshold for each indicator.
   • What is your goal? What percentage of patients do you want to meet this indicator?

   • This data is collect from clinic/lab records.
   • Random patient records meeting sample criteria and size.

5. Analyze the Data.
   • Of the selected patients, how many met the measure?
     • # meeting measure/sample size= % who met the measure

6. Review results and make changes.
   • Did you meet your established threshold?
   • Revise policies/procedures or QA program based on results.
Example QA Process Measure

1. Choose the Indicator:
   - Assessment of OSA Symptoms at Initial Evaluation (Process Measure for OSA)

2. Define the Sample:
   - Patients must be 18 years and older and have a diagnosis of obstructive sleep apnea.
   - Sample Size: 10% of patients who meet the criteria (i.e. 20 patients)

3. Set the Threshold: 90% of patients 18 years and older with a diagnosis of OSA had an assessment of their OSA symptoms at their initial evaluation.
4. Collect Data:
   • Pull a random 10% of records for patients meeting the criteria (i.e. 20 random records)
   • Review each record to determine if the patient had an assessment of their OSA symptoms at their initial evaluation.
     • Ex: Through review, staff find that 15 of the 20 records showed an assessment at the initial evaluation.

5. Analyze the data:
   • # patients 18 years and older with OSA who had an assessment at their initial evaluation/# patients 18 years and older with OSA
     • 15/20 = 75%

6. Review the Results:
   • The 75% result did not meet the targeted 90% threshold.
   • What can the center do to improve this process?
Example QA Outcome Measure

1. Choose the Indicator:
   • Improve Quality of Life (Outcome Measure for OSA)

2. Define the Sample:
   • Patients must be 18 years and older, have a diagnosis of obstructive sleep apnea, were prescribed OSA treatment and completed a baseline QoL Assessment.
   • Sample Size: 10% of patients who meet the criteria (i.e. 20 patients)

3. Set the Threshold: 70% of patients 18 years and older with a diagnosis of OSA that had improved quality of life.
4. Collect Data:
   • Pull a random 10% of records for patients meeting the criteria (i.e. 20 random records).
   • Review each record to determine if the patient had improved quality of life.
     • How? Quality of life index (SAQLI, FOSQ, etc.) completed by the patient pre and post treatment
     • Ex: Through review, staff find that 15 of the 20 records showed the patient had improved quality of life based on an improved QoL score from pre-treatment to post-treatment

5. Analyze the data:
   • # patients 18 years and older with a diagnosis of OSA who were prescribed OSA treatment and showed improved QoL from pre to post treatment/# patients 18 years and older with a diagnosis of OSA who were prescribed OSA treatment and completed a baseline QoL Assessment
     • 15/20= 75%

6. Review the Results:
   • The 75% result met the targeted 70% threshold.
   • Should the center increase the threshold? Choose a new indicator?
Quality Assurance Summary

• Keep it simple – use measures that are of interest to the facility.
• Sample size is set by the facility.
• Implement realistic tools that will enable patients to give you data quickly.
• Establish thresholds that are realistic. Look at where you are now and identify where you want to be.
Accreditation Tips

• Accreditation is a lengthy process; apply ahead of time if necessary.
• Be prepared; if possible, keep current on timely requirements.
• Don’t sweat the small stuff.
• Be efficient: Use measures that are already done in your facility.
Accreditation Tips (cont.)

- Resolve any issues prior to your site visit.
  - “We had an incredible experience. He was very thorough and was respectful of our interviewees. He had a lot of great insight on what we could use for our QA. We feel we were very prepared and he appreciated the effort.”
  - “We had an extremely enjoyable experience. He was thorough and engaging. He took the time to teach and help our technical staff understand how very important their work is to the overall ability of our sleep physicians to interpret our sleep studies. His many examples and training were well received. He engaged our providers in open discussion regarding assessment, interpretation and management of the Sleep Disorder patient.”

- Above all else: If you have a question, contact us!
Resources

• 2016 Accreditation Standards: https://aasm.org/accreditation/accreditation-resources/

• AASM Quality Measure Webinars: https://aasm.org/dialogue-with-a-doctor/


• Accreditation Fact Sheets: https://aasm.org/accreditation/accreditation-resources/
## Accreditation Fact Sheets

- Business Associate Agreement
- Clinic vs. Lab
- Continuing Medical Education
- Direct Referral
- Emergency Procedures
- Equipment Maintenance
- Interscorer Reliability
- Licensing
- Patient Acceptance
- Professional Staff
- Quality Assurance
- Safety
- Situation That Require Notifications to the AASM
- Technical Staff
- Types of Accreditation
Resources (cont.)

• Frequently Asked Questions: https://aasm.org/accreditation/accreditation-resources/accreditation-faq/

• Other AASM Resources: ISR, SleepTM, CME opportunities, Practice Guidelines, A-STEP: https://aasm.org/accreditation/support-services/

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Accreditation Summary

• Current Programs

• Current Facility Accreditation Requirements
  • 2016 Standards Changes
    • Safety Examples
    • Quality Assurance

• Tips and Resources

• Questions