

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:

Type of Potential Conflict	Details of Potential Conflict
Grant/Research Support	
Consultant	
Speakers' Bureaus	
Financial support	
Other	

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

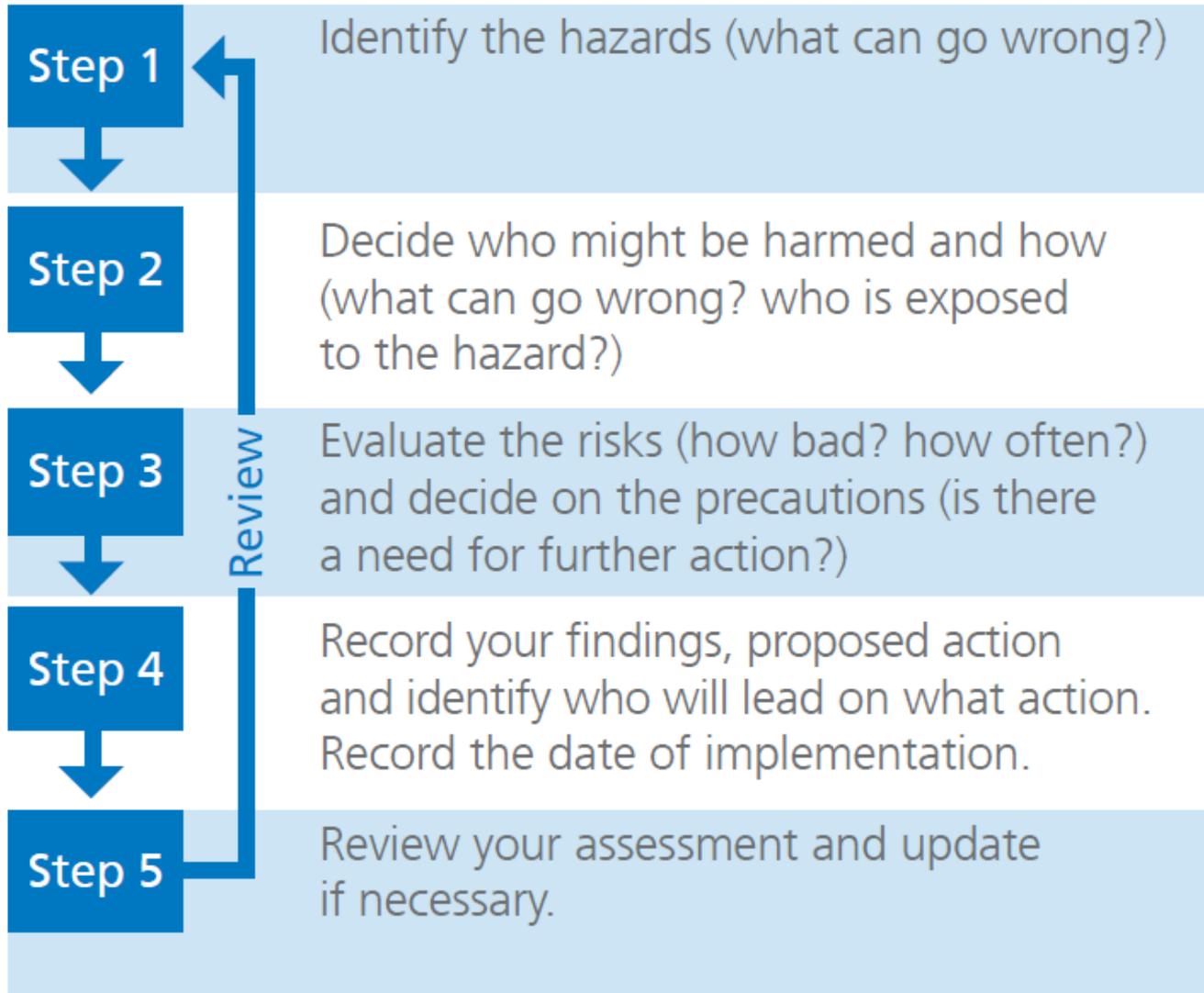
Patient Safety (General)

- 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



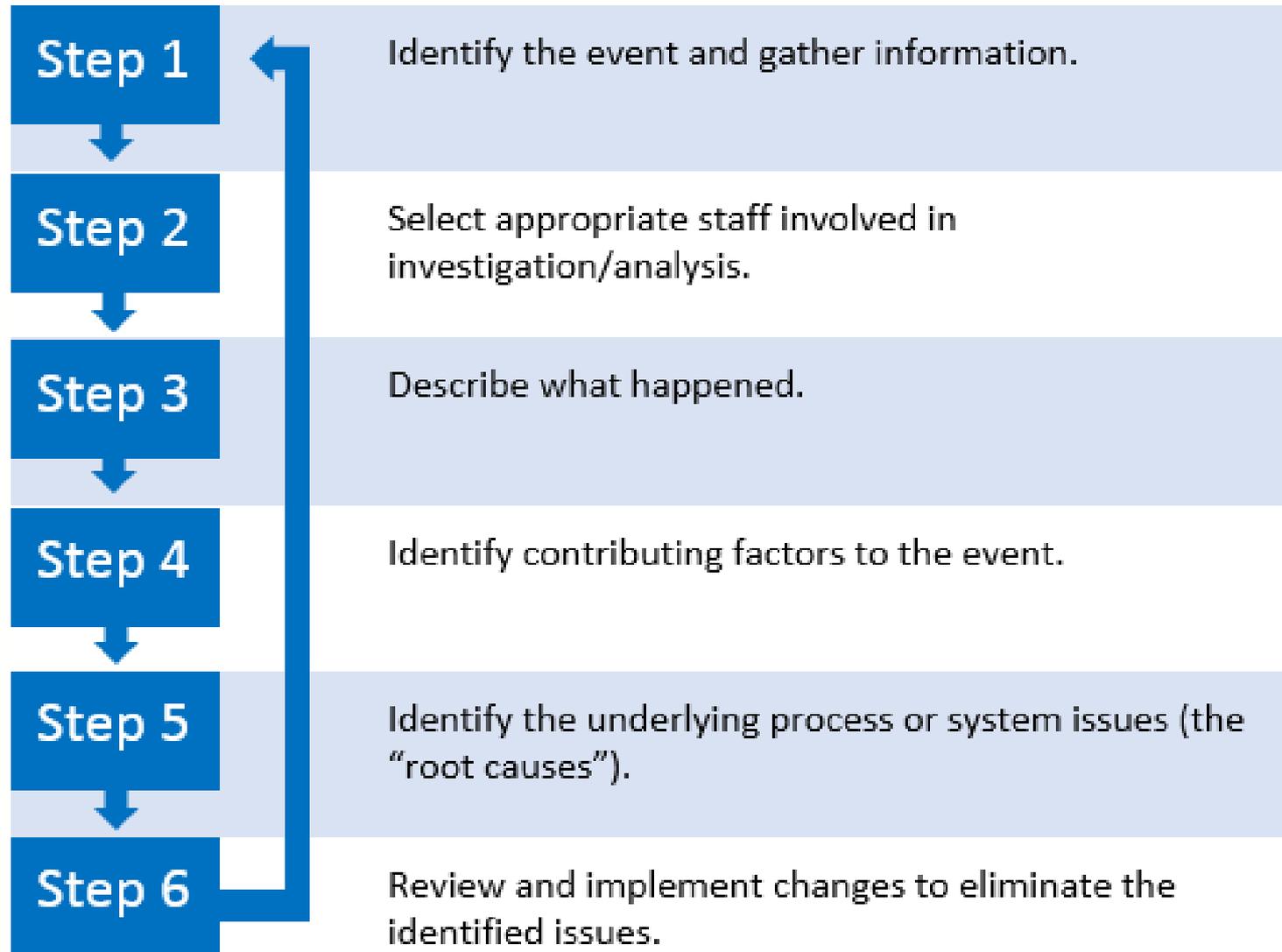
Risk Assessment Example

- 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



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.

Process Examples	Outcome Examples
Did the patient receive an: <ul style="list-style-type: none">• Assessment of Symptoms/Severity• Assessment of Sleepiness• Assessment of blood pressure	Does the patient show an: <ul style="list-style-type: none">• Improved quality of life• Improved daytime functioning• Decrease symptom severity

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?

4. Collect Data.

- 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?
 - $\# \text{ meeting measure} / \text{sample size} = \% \text{ who met the measure}$

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/>
- 2016 Standards Reference Manual:
<https://learn.aasm.org/Public/Catalog/Home.aspx?Search=accreditation>
- Accreditation Fact Sheets:
<https://aasm.org/accreditation/accreditation-resources/>

Resources (cont.)

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, Sleep™, CME opportunities, Practice Guidelines, A-STEP:
<https://aasm.org/accreditation/support-services/>
- AASM Staff:
 - Phone: 630-737-9700
 - Email: Accreditation@aasm.org
 - My Email: ranthonijsz@aasm.org

Accreditation Summary

- Current Programs
- Current Facility Accreditation Requirements
 - 2016 Standards Changes
 - Safety Examples
 - Quality Assurance
- Tips and Resources
- **Questions**