



EDUCATIONAL RESOURCES

CONTRACTED SLEEP SERVICES & ACCREDITATION REQUIREMENTS

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EDUCATIONAL RESOURCES

The purpose of this presentation is to provide Accreditation guidance to SLC facilities who are partnering with Contracted Sleep Services.

Disclaimers

- This is not legal advice
- No names will be mentioned

CHALLENGES DURING SURVEY

- Contract elements do not meet accreditation requirements
- Contractor unavailable during Survey
- Necessary documents/reports not available
- Contract Staff (Techs) unclear on Facility requirements

ACCREDITATION PARTNERSHIP

- *Facility* is pursuing and achieving accreditation
 - Has ultimate responsibility to meet accreditation requirements
- Facility should have a collaborative partnership with Contracted Services Provider toward accreditation requirements
- Contractor accreditation-some are independently accredited and follow separate requirements
 - Should provide required elements of ACHC Accreditation

CONTRACT SERVICE MODELS

- Full Sleep Lab
 - Facility owns/provides space
 - Contractor installs equipment and staffing
- Mobile Sleep Lab
 - Facility owns/provides space-variable
 - Contractor provides mobile equipment and staffing
- Staffing only
 - Facility owns/provides space and equipment
 - Contractor provides staffing
- Scoring
- Medical Director and/or Interpreting Physician

ACHC STANDARD SLC4-9A

SLC4-9A: An SLC that uses outside entity to provide services on behalf of the SLC has a written contract for services which is kept on file within the SLC.



Arranged services are supported by written agreements that require that all services are:

- Authorized by the SLC
- Furnished in a safe and effective manner by qualified personnel

KEY CONTRACT ELEMENTS

- The services to be furnished
- Compliance with organizational policies and procedures
- The manner in which services will be controlled, coordinated, and evaluated by the primary SLC
- The procedures for submitting documentation
- Procedures for payment
- Duration of contract
- Overall responsibility for supervision of personnel
- Other applicable laws and regulations

SERVICES TO BE FURNISHED

- Staffing
 - Day/Night
- Equipment provision/maintenance
 - Acquisition software
 - Masks (Infection Control)
 - HST Services
- Scoring*
- Performance Improvement*

*CONTRACT SCORING

- Competencies are now required for technicians who score the sleep studies as well as conduct them
 - ISR
 - PI reporting
- This new requirement went into effect on June 1, 2019

COMPLIANCE WITH ORGANIZATIONAL POLICIES AND PROCEDURES

- Personnel Qualifications
 - Credentialing/Licensure
 - State/LCD requirements
- Orientation
 - Employer
 - Facility-Full/Modified
- Health Screenings*
- Required background checks*
- Competencies

Personnel

- Personnel includes, but is not limited to:
 - support personnel,
 - licensed clinical personnel,
 - unlicensed clinical personnel,
 - administrative and/ or supervisory personnel,
 - contract personnel
 - volunteers

All personnel files at a minimum contain or verify the following items:

Position application*

Personnel credentialing

Hepatitis B vaccination, if applicable

Criminal background check

OIG's exclusion list

Conflict of interest

Personnel policies review or employee handbook*

Form I-9 (employee eligibility verification that confirms citizenship or legal authorization to work in the United States)*

Dated and signed Withholding Statements*

TB screening, if applicable

Job description

National sex offender check

Annual performance evaluation

Orientation Confidentiality agreement

Annual evaluation of job duties

Contract Staff

- For contract staff the organization must have access to all of the above items, except position application, withholding statement, I-9, and personnel handbook
 - The reminder of items must be available for review during survey but do not need to be kept on site

DEFINING DIRECT CARE

- Direct patient care - care of a patient provided personally by a staff member or contracted individual in a patient's residence or healthcare facility.
- Direct patient care may involve any aspects of the health care of a patient, including treatments, counseling, self-care, patient education, and administration of medication.

*HEALTH SCREENINGS

- Standard SLC4-2C: Written policies and procedures are established and implemented in regard to all direct care personnel having initial Tuberculosis (TB) testing and the organization's need to conduct an annual TB risk assessment
 - Mandatory
- Standard SLC4-2D: Written policies and procedures are established and implemented that describe the process for all direct care personnel to have access to the Hepatitis B vaccine as each job classification indicates and as described in federal CDC and OSHA standards
 - Declination

*BACKGROUND CHECKS

- Standard SLC4-2F: Written policies and procedures are established and implemented in regard to background checks being completed on personnel that have direct patient care and/or access to patient records

REQUIRED BACKGROUND CHECKS

- Direct Patient Care
 - Criminal Background Check
 - National Sex Offender
 - OIG
- Access to Patient Records (e.g., Scheduler, Biller)
 - Criminal Background Check
 - OIG

BACKGROUND CHECKS, CONT.

- Criminal background checks are obtained in accordance with state requirements.
- In the absence of state requirements, criminal background checks are obtained within three months of the date of employment for all states where the individual has lived or worked in the past three years
- It is preferred that the SLC recheck criminal background history and the sex offender registry on all personnel that provide direct patient care at least every three years

LIABILITY INSURANCE

- The SLC maintains current copies of professional liability insurance certificates for all contract entities providing direct care and/or other SLCs providing shared responsibility care
 - Facility may cover contracted personnel on tier liability insurance in some cases
 - Facility will need to show evidence during Survey

RESPONSIBILITIES

- The manner in which services will be controlled, coordinated, and evaluated by the primary SLC
 - Orientation
 - Liability Insurance
 - Scheduling
 - Billing
 - Equipment Management
 - Performance Improvement Requirements*

STANDARD SLC6-1A PERFORMANCE IMPROVEMENT

- SLC develops, implements, and maintains an effective, ongoing, organization-wide Performance Improvement (PI) program
- The SLC measures, analyzes, and tracks quality indicators that enable the SLC to assess processes of care, services and operations
- There is organizational participation and involvement in Performance Improvement activities by all personnel which would include the medical director
- The Performance Improvement/Outcome Matrix activities are conducted and summarized at least *bi-annually*

PERFORMANCE IMPROVEMENT (CONT.)

- The methods used by the SLC for reviewing data include, but are not limited to:
 - Current documentation (e.g., review of patient records, incident reports, grievances/complaints, patient satisfaction surveys, and sleep studies)
 - Patient Care
 - Direct observation in care setting
 - Interviews with patients and/or personnel

THE PI/OUTCOME MATRIX PROCESS INCLUDES THE FOLLOWING ASPECTS OF MEASUREMENT:

- Adverse events
- Patient grievances/complaints
- Patient records
- Satisfaction surveys
- At least one important aspect related to service/care provided
- Monitoring of time frames from the time of study to the time the information is sent back to the referring physician
- Annual clinical competency of the personnel administering sleep testing
- ISR

PROCEDURES FOR SUBMITTING DOCUMENTATION

- What will Contractor be responsible for collecting and submitting to Facility for PI?
- How frequently?
- To whom?
- Patient-related documentation/Charts

PROCEDURES FOR PAYMENT

- Including the amount for services furnished under the contract
 - Technical Fees
 - Facility Fees
 - Fees from Interpreting Physician

- Billing cycle
 - Collections

DURATION OF CONTRACT

- The SLC has an established process to review and renew contract/agreements as required by the contract
 - Upon Renewal
 - Annually

OVERALL RESPONSIBILITY FOR SUPERVISION OF PERSONNEL

- Direct Supervision
 - Contactor
 - On-site /Facility
 - Nursing supervisor
- Medical Director and/or Interpreting Physician
 - Contractor
 - Facility

OTHER APPLICABLE LAWS AND REGULATIONS

- Legal Team to review, provide input
 - Compliance Officer
 - Performance Improvement Officer



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THANK YOU

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