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COMMON DEFICIENCIES FOUND DURING SLC ACCREDITATION SURVEYS

Objectives

- Review the most commonly misunderstood standards that lead to deficiencies found during Sleep Lab Accreditation Surveys
- Provide clarification to the interpretation of those standards in order to facilitate a successful survey

Survey Categories

- Performance Improvement
- Personnel Files
- Patient Records
- Polices & Procedures

Breakdown

- Category
  - Standard
    - Interpretations
      - Deficiencies

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PERFORMANCE IMPROVEMENT

Standard SLC6-1A

- The 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

Standard SLC6-1A

- 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 biannually

Standard SLC6-1A

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

Standard SLC6-1A

The PI/Outcome Matrix process includes the following aspects of measurement:

- Adverse events
- Client/patient grievances/complaints
- Client/patient records Satisfaction surveys
- At least one important aspect related to service/care provided

Standard SLC6-1A Measurements, cont.

- 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
- Ongoing monitoring of scoring reliability and consistency (including manual and computer assisted) between the sleep technicians (clinical personnel) and the Medical Director

Standard SLC6-1A Deficiencies

- No evidence found of biannual performance improvement reports that summarizes the monitoring activities required of the standard
- Organization does not have an effective PI program. There is no biannual report completed
- The PI report including the required indicators was not available for review during the survey

Standard SLC6-1A Deficiencies

- Ongoing monitoring of scoring reliability and consistency (including manual and computer assisted) between the sleep technicians (clinical personnel) and the medical director was not included as part of the ongoing Performance Improvement Program

Standard SLC6-2A

- Each Performance Improvement (PI) activity or study contains the required items

Standard SLC6-2A Performance Improvement Criteria

- A description of indicator(s) to be monitored/activities to be conducted
- Frequency of activities
- Designation of who is responsible for conducting the activities
- Methods of data collection
- Acceptable limits for findings or thresholds
- Who will receive the reports
- Written plan of correction when thresholds are not met
- Plans to re-evaluate if findings fail to meet acceptable limits
- Any other activities required under state or federal laws or regulations

Standard SLC6-2A Deficiencies

- SLC has not implemented a Performance Improvement program
- The PI summary was not available for review during the survey
- The PI/activity/study format did not include some or all of the required elements of this standard

Standard SLC6-3B

Performance Improvement (PI) activities include satisfaction surveys.

- The PI Plan identifies the process for conducting satisfaction surveys for the following:
  - Patients
  - Personnel
  - Referral sources

Standard SLC6-3B Deficiencies

- The PI activities do not include monitoring of satisfaction surveys
- The PI plan did not identify the process for conducting satisfaction surveys for the following:
  - Personnel
  - Referral sources

Standard SLC6-3C

- Evidence exists Performance Improvement (PI) activities includes a review of the client/patient record
- Interpretation:
  - The patient record review is conducted by all disciplines or members of the patient care/ service team
  - An adequate sampling of open and closed records is selected to determine the completeness of documentation

Standard SLC6-3C Deficiencies

- Organization has not implemented a Performance Improvement Program
- No evidence exists that Performance Improvement (PI) activities includes a review of the client/patient record

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PERSONNEL FILES

Standard SLC4-4A

The SLC has written policies and procedures that define the number of hours for in-service or continuing education required for each job classification of personnel.

Standard SLC4-4A

There is evidence in the personnel file of ongoing in-service education that includes, but is not limited to:

- Emergency/disaster training
- How to handle grievances/complaints
- Infection control training
- Ethics training
- Work place (OSHA), client/patient safety and components of SLC7-2A
- Client/patient rights and responsibilities
- Compliance Program

Standard SLC4-5A

There evidence of personnel ongoing education in regard to medication management.

The SLC has an ongoing in-service education plan for all personnel that includes:

- Medication administration to clients/patients including management of the client/ patient medication that is brought to the facility, and the protocol for the administration of sleep aid medication

Standard SLC4-4A Deficiencies

- There was no documentation available of ongoing education for any or all of the required elements in this standard
- Ongoing training is currently not in place
- X out of X personnel files reviewed offered no evidence of ongoing in-service education

Standard SLC4-6D

There is written documentation confirming attendance at in-service and/or continuing education programs covering monthly educational sessions conducted by the Medical director or a Certified Sleep Physician.

Standard SLC4-6D Interpretation

- The SLC's medical director or Certified Sleep Physician must conduct educational sessions for SLC personnel monthly
- The educational sessions must include but are not limited to:ŸŸŸ
  - New equipment
  - Facility policies and procedures
  - Clinical protocols

Standard SLC4-6D Deficiencies

- Monthly educational sessions are being conducted by the Medical Director or Certified Sleep Physician but there is no written documentation confirming attendance
- SLC is currently not providing monthly educational sessions conducted by the Medical director or a Certified Sleep Physician

Standard SLC4-6D Deficiencies

- X of X personnel files showed no evidence of documentation confirming attendance at in-service and/or continuing education programs

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PATIENT RECORDS

Standard SLC3-4A

Patient records contain written documentation that the patient was informed of the charges, the expected reimbursement for third party payers, and the financial responsibility of the patient.

Standard SLC3-4A Interpretation

- The patient/responsible person will be provided written information concerning the charges for care/service at or prior to the receipt of care/service
- Patient records contain written documentation that the patient was informed of the charges, the expected reimbursement for third-party payors, and the financial responsibility of the patient

Standard SLC3-4A Deficiencies

- Patient records did not contain written documentation that the patient was informed of the charges, the expected reimbursement of third party payers, and their financial responsibility
- There was no evidence or documentation that patients are informed of potential financial responsibility of physician interpretation fees

Standard SLC3-4A Deficiencies

- There is no financial disclosure document given to the patients
- The SLC has no policy concerning financial disclosure to patients and subsequently no Financial Disclosure documents

Standard SLC5-1A

- Written policies and procedures are established and implemented relating to the required content of records for clients/patients you have received sleep testing either in the home or facility setting
- An accurate record is maintained for each client/patient

Standard SLC5-1A

- Patient records contain documentation of all care/service provided with entries dated and signed with full legal signatures and credentials
- It is preferred that the SLC has written policies/procedures and a mechanism to maintain all patient records in an electronic format
- The electronic medical record (EMR) is in compliance with federal and state EMR requirements

Standard SLC5-1A Patient Record Contents

Includes, but is not limited to:

- Referral: medical review including appointment documentation from referring physician
- Intake/client/patient information: name, address, phone number, insurance
- Emergency contacts
- Epworth score (evidence-based healthcare)
- Client/patient information sheet completed by the client/patient before the sleep study; this should include current medication (evidence-based healthcare)

Standard SLC5-1A Patient Record Contents

- Pre-sleep questionnaire (evidence-based healthcare)
- Post-sleep questionnaire
- Sleep notes from technician conducting the sleep study; applies only to SLC
- Scoring report
- Final report with physician interpretation

Standard SLC5-1A Patient Record Contents

- Type of device used for home sleep study (HST); applies to HST only
- Client/patient ability to understand and use the equipment/supplies provided; applies to HST only
- Documentation of receipt of the Client/Patient Rights and Responsibilities statement
- Documentation that client/patient was informed about how to file a complaint, including how to contact ACHC
- Financial disclosure

Standard SLC5-1A Deficiencies

- X of X patient records did not contain one or more of the required elements of this standard

Standard SLC5-1A Deficiencies

- HST patient records were reviewed, patient records did not contain:
  - Patient information sheet completed by the patient before the sleep study including current medications
  - Post-sleep questionnaire
  - Documentation of receipt of the Patient Rights and Responsibilities
  - Documentation that patient was informed on how to file a complaint, include ACHC # after accreditation
  - Financial Disclosure

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POLICIES & PROCEDURES

Standard SLC5-4A

Written policies and procedures are established and implemented that describe the protocols for the process of sleep testing.

Standard SLC5-4A

Polysomnography

- Rules of minimum and maximum length of study in order for a full study to be billed
- Rules when study length is below minimum value — address when to bill setup fee
  - Modifier 52

Standard SLC5-4A

Split Night

- Clear instructions on Apnea-Hypopnea Index (AHI) value prior to "split" point of night
- The amount of total sleep time
- The events to qualify and define them
- When to intervene with Positive Airway Pressure (PAP) therapy and/or oxygen

Standard SLC5-4A

Multiple Sleep Latency Test (MSLT) /Maintenance of Wakefulness Test (MWT)

- The Polysomnograph (PSG) should occur in the lab night before any day study
- If there is no need for a PSG the night before, then documentation is needed from the physician as to why the exception is being made

Standard SLC5-4A

PAP

- Define the procedure for increasing or decreasing the pressure setting
- Define the procedure for the proper reasons for transitioning to bi-level therapy
- Policies must outline the required documentation that needs to be outlined before the changes are made to the delivered PAP therapy
- Define parameters that need to be met in order to skip the typical split night policy and intervene with PAP therapy or oxygen

Standard SLC5-4A

Oxygen Delivery

- Written policies and procedures are established and approved by the medical director that provides direction to the sleep technician as to the delivery of oxygen during sleep testing
- Standing orders
- Adjustment of liter flow
- When to call the physician with adjustments
- Patients that are already on oxygen therapy before sleep testing

Standard SLC5-4A

Esophageal Pressure Monitoring (if applicable)

- Define if the SLC delivers this service
- Define the staff qualified to place the esophageal monitor
- Define the policies of when there must be physician intervention

Standard SLC5-4A

Montage/ Signal Collection

- There must be a defined arrangement of channels and signal derivation on a PSG

Standard SLC5-7A HST Standards

Written policies and procedures are established and implemented that describe the process for patient education.

- Written and/or verbal instructions are provided to the client/patient regarding the safe use and care of any HST equipment/supplies provided
- Receipt of instructions must be documented in the client/patient record

Standard SLC5-7A HST

The policies and procedures include, but are not limited to:

- The manner in which education will be provided (phone call, written instructions, Skype, etc.)
- Proper use of home sleep testing (HST) equipment provided
- Safety hazards associated with HST equipment provided
- How to contact the company regarding questions during the in-home testing procedure
- How to notify the company of problems, concerns, and complaints

Standard SLC5-8A HST

- Written policies and procedures are established in regard to informing clients/patients on expected time frames for delivery of home sleep testing equipment
- There is evidence that the clients/patients are notified when home sleep testing equipment/supplies will be delivered

Standard SLC7-8A HST

- Written policies and procedures are established for the use of home sleep testing equipment and/or supplies in the provision of services to the client/patient

Standard SLC7-8A HST

- Written policies and procedures include, but are not limited to:
  - Storage of equipment used to provide services
  - Electrical safety of the equipment
  - Use of cleaning and disinfecting agents
  - Cleaning and testing of equipment after each use
  - Maintenance and repair of equipment used by personnel
  - Calibration per manufacturer's guidelines

Standard SLC7-8A HST

- Personnel implement the policies and procedures for the use of the equipment and/ or supplies in the provision of services to the client/ patient
- The cleaning and maintenance of equipment used in the provision of services is documented
- Supplies used in the provision of services are also documented

Standard SLC7-8A HST

- Requirement for dispensing of any disposable supplies used in the provision of services
- Tracking of lot and serial numbers at all times including while being used for home testing
- Home sleep testing equipment used in the home must be currently approved by the FDA
- Process for ensuring patient/client data from home sleep testing equipment is cleared after each use to ensure client/patient information is not compromised

Standard SLC7-8A HST

- Written policies and procedures define requirements for personnel to perform routine maintenance and repair of all equipment, which include the following:
  - Training
  - Qualifications
  - Skill validation

Standard SLC7-8A HST

- The written policies and procedures for product recall address:
  - Removal of inventory from current inventory
  - Notification to all clients/patients who have recalled items
  - The immediate removal of recalled equipment or supplies from the client/patient-ready inventory
  - The exchange of recalled equipment/supplies in the field

Standard SLC7-8A HST

- There are written policies and procedures for the tracking of product lot numbers as required for possible recalls by the FDA and/or manufacturer
- If there are certain items that are only general supplies, such as nasal cannulas or oxygen tubing that have lot numbers but are not routinely tracked, then there should be a system in place and outlined in the policies and procedures on how a recall of these products would be conducted to ensure the safety of the client/patient

Standard SLC7-8B HST

The monitoring of the delivery of home sleep testing equipment to the patient includes, but is not limited to:

- The packaging of the product
- Verifying the delivery of the product to the patient
- Determining the product was delivered undamaged
- Return of home sleep testing equipment

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