

Simplifying Quality Assurance & Performance Improvement

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Quality Assurance & Performance Improvement



Welcome



- Introduction
- QA/PI Definition
- QA/PI Overview
- Developing a Program
- Benefits of an Integrated Program
- Questions

Defining Quality

- Quality is defined as:
 - “a standard of something as measured against other things of similar kind”
 - “the degree of excellence of something”

QA/PI Overview

- Patient centered mindset
- Utilizing metrics to create positive patient experiences
- Creating goals to improve patient outcomes
- Streamline processes
- Proactive approach
- Whole system approach

Patient Centered Mindset

- Remove the “I have to” stigma
- What brought you to healthcare
 - Improving patients lives
 - Improving & advancing healthcare
- Review standards
 - Prioritize
 - Create an action plan
 - Get all involved

Building your PI matrix - Positive Patient Experiences

- SLC 6-1A PI Matrix directly related to the patient:
 - Patient grievances/complaints
 - Patient satisfaction surveys
 - Patient Record
 - One important aspect related to care provided
 - Helps create patient tailored care
- SLC 6-1A Matrix indirectly related to the patient
 - Adverse events
 - Turnaround times – improves patient flow efficiency
 - Clinical competency
 - Scoring reliability

Positive Patient Experiences

- Patient Satisfaction Surveys
 - Was your technologist dressed in a clean and professional manner
 - Were your questions answered in an easy-to-understand manner
 - Did your technologist explain the procedure to you
 - Was the facility clean and comfortable for sleeping

Proactive Approach

Review the Standards

- Section 6 is Quality/Performance Improvement
- Break down each section
 - Bold words – state what the standard is
 - Body of each standard – states the methods to meet the standard
- Pull key words & take notes
- Some standards overlap

Standard Example:

Standard SLC6-1B: The SLC ensures the implementation of an organization-wide Performance Improvement (PI) plan by the designation of a person responsible for performance improvement coordination activities.

Duties and responsibilities relative to PI coordination include:

- Assisting with the overall development and implementation of the PI Plan
- Assisting in the identification of goals and related client/patient outcomes
- Coordinating, participating and reporting of activities and outcomes

The individual position responsible for PI activities may be the owner, manager, supervisor, or other designated personnel, and these duties are included in the individual's job description.

Evidence: Observation

Services applicable: HST, SLC

Getting everyone involved

- Whole System Approach
 - Designated PI Coordinator
 - Person responsible for PI activities – SLC6-1B
 - Collector of the data
 - Subject matter expert
 - Office Staff
 - Technologists

ACHC Standard 6-1c

- SLC 6-1c – “There is evidence of personnel involvement in the Performance Improvement (PI) process”

- Involvement completed by, but not limited to:
 - The purpose of PI activities
 - Person(s) responsible for coordinating PI activities
 - Individual's role in PI
 - PI outcomes resulting from previous activities

Meeting Standard 6-1C

- Integrate into your staff meeting & mandatory training schedule

1. Summary					
Meeting title	January Staff Meeting QI Review & Accreditation Changes				
Attended participants	2025 QI MEASURES - SD Regional Area				
2. Participants	Location	QI component	Frequency	Goal - Threshold	Quarter 1 Results
Name					
	Sleep Lab	Equipment Maintenance/Monitoring	done monthly & reported quarterly	100%	100%
		PSG quality/Clinical competency			
		ASSESSED: Impedance, biocals, artifacts, PAP per policy, Tech Observations, Proper Med Administration, Clinical Procedures followed	quarterly	100% of quality of care met	99%
		ISR (inter-scorer reliability)/scoring tech competency - (stage score, respiratory score, arousal score, PLMS score.	quarterly	> 88% based off study completed by Dr	94.81%
		Turnaround times	quarterly	< 10 days	6.4
		Patient Satisfaction	quarterly	>90%	90%
		Adverse Events/Incidents	quarterly	100% free of events	100.00%
		Grievances	quarterly	100% free of grievances	100%
		Infection Control Surveillance	quarterly	100% surveillance met	100%

Developing a Program

- Create a Continuity Binder
 - Lays the groundwork of operation
- What goes in a continuity binder
 - Scope of Service – broad overview of operations
 - Referral process
 - QI/PI process
 - Training process
 - Medical Director
 - ACHC standards & renewal information
 - Clinical policies & procedures

Developing a Program - Scope of Service Example

	Scope of Service, Sleep Lab (7235_1)
	APPROVED BY: Not Assigned
DATE REVIEWED/REVISED: Not Approved Yet	FORMULATED BY: RESPIRATORY THERAPIST REGISTERED

SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE DESCRIPTION:

- 1.1. The Sleep lab area is located _____ with the room being arranged in a manner that allows for proper monitoring. Respiratory Therapy (OR INSERT THE DEPARTMENT THAT IS RESPONSIBLE) is responsible for the overall operation of the sleep lab and will oversee the scheduling, reporting, and charging of the tests. This is a contracted service with SomniTech sleep service provider.
- 1.2. SomniTech's clinical policies and procedures meet industry and accreditation standards and the sleep lab adopts them as their own.
- 1.3. Policies are reviewed on a minimum of a yearly basis in accordance to keep up with accreditation standards.
- 1.4. The equipment brought into the hospital, by the contract sleep service provider, will have completed biomed checks from an outside entity and will be acceptable.
- 1.5. All sleep studies are interpreted by a board certified in sleep physician
- 1.6. {IF YOU DO NOT HAVE YOUR OWN CONSENT FORM USE THIS BULLET POINT} The sleep lab adopts the sleep service provider's authorizations, disclosures, and consent forms as their own.

TYPES AND AGES OF PATIENTS/CUSTOMERS SERVED:

- 2.1. The Sleep Lab provides service to out-patients with or with the potential for sleep disorders. Services are provided to populations of patients using population specific criteria for delivery of care and diagnostic procedures. The Sleep Lab also works with physicians, nurses, and other health care workers to help them meet their needs in providing patient care. Pediatric clients who are 13 and up, unless otherwise approved, can be serviced by the sleep lab. Their physical size must be large enough that they can safely and accurately utilize the equipment.

METHODS USED TO ASSESS AND MEET PATIENT/CUSTOMER NEEDS:

- 3.1. Improvement Process will be completed to ensure timely, complete, and Performance accurate reports are generated based on diagnostic studies. SomniTech and (INSERT NAME OF FACILITY) will work together to provide Performance Improvement information on but not limited to (turnaround time, competency/PSG quality, patient satisfaction, equipment maintenance, inter scorer reliability, and audits) a quarterly report will be created and shared with the Medical Director, as well as at quality council meetings (adapt this to fit your exact process).
- 3.2. A minimum of an annual performance improvement report is written to describe the PI activities, findings, and corrective actions.
- 3.3. Patient satisfaction surveys are completed the morning after the sleep study.
- 3.4. Respiratory Therapy will review the survey. Any score of 3 or below will require a follow up. Appropriate action will be taken to correct the concern. {OMIT IF YOU DO NOT DO THIS}

SCOPE AND COMPLEXITY OF PATIENT CARE NEEDS:

- 4.1. The Sleep Lab provides diagnostic procedures, to include clinical polysomnography, titration studies, and home sleep testing (IF APPLICABLE FOR YOUR FACILITY OR REMOVE THE HST PIECE).
- 4.2. (THIS BULLET POINT ONLY IF APPLICABLE OTHERWISE REMOVE) _____ healthcare will provide written policies and procedures for HSTs to include (storage of equipment, electrical safety, cleaning, maintenance, repair, calibration, dispensing of supplies, tracking of serial numbers, process for ensuring patient data is cleared after each use)
- 4.3. (ONLY APPLICABLE IF HAVE HSTs) _____ healthcare will have written policies for defining requirements for personnel administering HSTs such as: orientation, competency, training, and medical director involvement.

APPROPRIATENESS, CLINICAL NECESSITY, AND TIMELINES OF SUPPORT SERVICES:

- 5.1. The Sleep Lab will be staffed by SomniTech sleep service provider. Referrals will be accepted from all physicians to serve the needs of the community.
- 5.2. Records are maintained for each patient. SomniTech leaves behind a copy of all the patient paperwork and sends a copy of the interpretation and scored report to us to upload into the patient record to uphold accreditation requirements for accurate record maintenance.

EXTENT TO WHICH THE LEVEL OF CARE OR CUSTOMER SERVICE PROVIDED MEETS THE PATIENT/CUSTOMER NEEDS:

- 6.1. The Sleep lab provides diagnostic testing only on, and in accordance with, the orders of a doctor of medicine or osteopathy or an APP.

RECOGNIZED STANDARDS AND PRACTICE GUIDELINES:

- 7.1. Sleep studies are performed by technologists in accordance to requirements of the state and are employed by SomniTech. (NAME OF YOUR FACILITY) adopts SomniTech's sleep lab policies and procedures as their own for in lab sleep studies. Policies are reviewed on a minimum of a yearly basis in accordance to keep up with accreditation standards. (NAME OF YOUR FACILITY) will additionally review the policies and procedures.
- 7.2. Contract sleep technologists remain qualified by holding monthly education, training, and staff meetings. (INSERT NAME OF YOUR FACILITY) verifies monthly staff meetings via sharefile system built.
- 7.3. Medical Director (INSERT MED DIR NAME) is involved in the monthly education sessions by giving input and signing off on the yearly education plan. (INSERT MED DIR NAME) can join all education opportunities live, via the Microsoft teams invite.

CHARGES:

- 8.1. Respiratory Therapy {insert correct dept} will charge for the study in the EMR according to the study performed. If a study is under 6 hours recording time, the Sleep Study Partial will be billed with the appropriate modifier code.
- 8.2. Patients or responsible persons are notified by (INSERT BY WHOM/DEPT & HOW) of potential charges prior to sleep services being rendered.

Developing a Program

- Create templates to ensure standard requirements are met
- SLC6-2A

Each PI activity/study includes the following items:

- 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

- Streamlines process

Streamline Processes

- Cost Saving
- Reduces Redundancy
- Improves Productivity
- Optimizes Workflow Efficiency
- Constantly working to Improve Processes

Streamline Processes - Examples

The PI/QI plan is built to create a cohesive effort between partnered facilities and the contract sleep lab services; to develop, implement, and maintain effective organization-wide performance improvement. The SLC & contract services/operations will measure, analyze, and track quality indicators that enable the SLC to assess processes of care, service, and operation. This will include the ongoing monitoring of client/patient grievances/satisfaction, the monitoring of function of sleep equipment, turnaround times, scoring reliability, clinical competency, and review of patient records. The data is formulated quarterly and to be shared with partnered facilities and their quality teams; with a minimum of a yearly report being formulated. The annual report describes the PI activities, findings, and corrective actions that relate to the care/service provided. The Medical Director will oversee the QI/PI program and to assure quality of care is met by, at a minimum, review the QI data and sign off.

2023 QI MEASURES							
Location	QI component	Frequency	Goal - Threshold	Quarter 1 Results	Quarter 2 Results	Quarter 3 results	Quarter 4 results
Sleep Lab	Equipment Maintenance/Monitoring	done monthly & reported quarterly	100%				
	PSG quality/Clinical competency						
	ASSESSED: Impedance, biocals, artifacts, PAP per policy, Tech Observations, Proper Med Administration, Clinical Procedures followed	quarterly	100% of quality of care met				
	ISR (inter-scorer reliability)/scoring tech competency	quarterly	> 88% based off study completed by Dr				
	Turnaround times	quarterly	< 10 days				
	Patient Satisfaction	quarterly	>90%				
	Adverse Events/Incidents	quarterly	100% free of events				
	Grievances	quarterly	100% free of grievances				
	Infection Control Surveillance	quarterly	100% surveillance met				
Review:							
Medical Director: _____				Date: _____			

20XX Quality Report Quarter 1

Monitor: PSG Quality – Clinical Competency

Frequency: Quarterly

Threshold: 100% Standard of care to be met

Description:

Approximately 1-2 studies will be randomly chosen each week and reviewed for the following: H&P in chart Informed consent signed

Impedance test completed

Bio-Calibration completed pre/post PSG Patient awake at lights out

Artifacts detected & corrected PAP Titration per policy

Tech observations documented Proper Medication Admin

Clinical Procedures followed - Appropriate sleep staging, arousals, & positioning done and documented

Report:

Monitor: Turnaround Times **Frequency:** Quarterly

Threshold: 10 days **Description:**

Description: All studies are monitored from the date of service to time inter is complete. If outside the parameters, discussions with the contracted reading physician occurs to find a working solution for quicker turnaround times. The contracted account is involved in these conversations as well.

Report:

Monitor: Inter-scorer reliability (ISR)

Frequency: Quarterly

Threshold: >88% from Dr Singh's base study

Description: Dr Singh, board certified in sleep physician, scores one study each month. The scoring technicians then score the same study independently. They must remain within >88% of the base score. Each technician receives a copy of the score review report to assist in their continued improvement.

Report:

Benefits of an Integrated Program



30% improvement in
employee engagement



20% improvement
in productivity



Benefits of an Integrated Program

- Creates a culture of continuously improving & learning
- Adapts a process for proactively detecting risks
- Helps created standardized processes
- Gains a competitive edge

Review

- Defining QA/PI
- Patient Centered Mindset
- Developing a Program
- Integrated approach
- Proactive approach
- Streamlining Processes

Thank you

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