SLEEP

ACHC Certified Consultant Training

January 2022

ACHCU IS A BRAND OF ACCREDITATION COMMISSION *for* HEALTH CARE

Today's Instructors
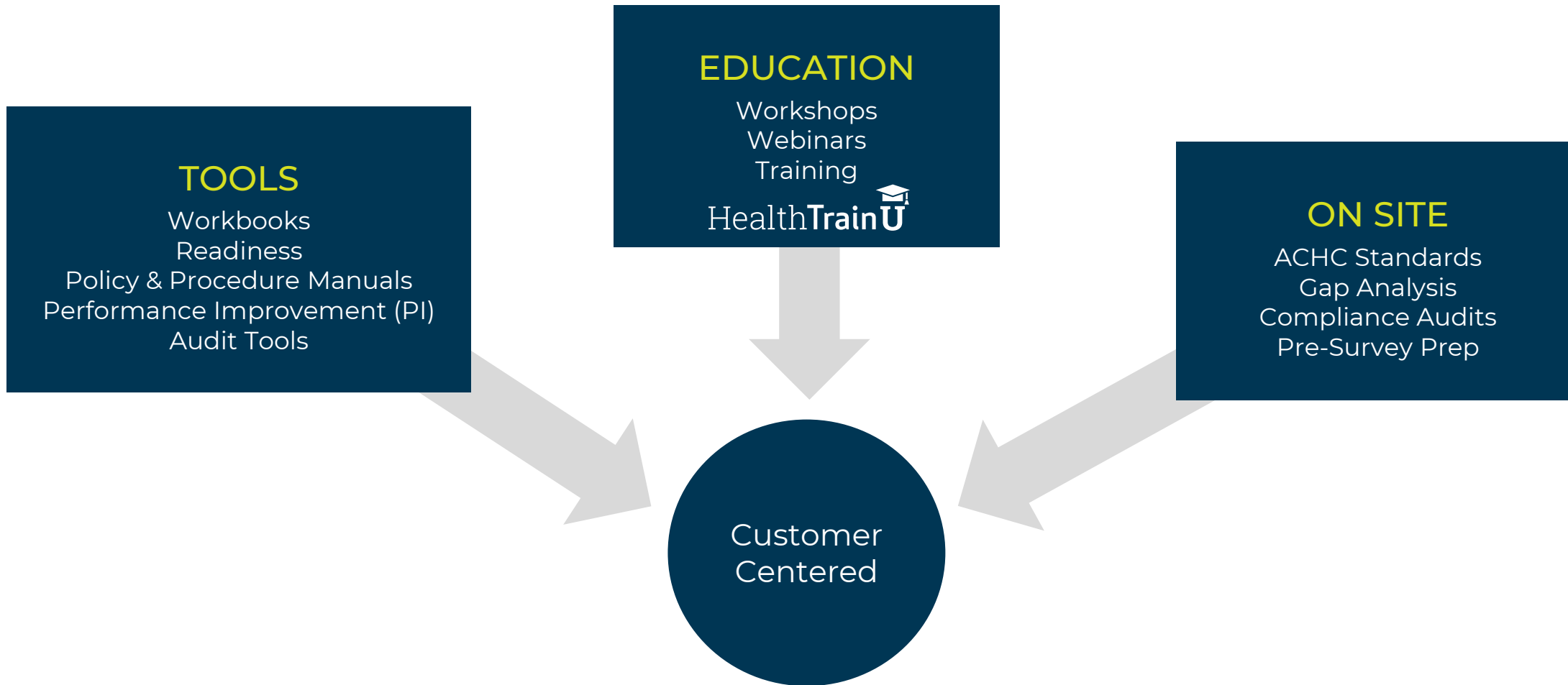
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ACHCU

TOOLS
Workbooks
Readiness
Policy & Procedure Manuals
Performance Improvement (PI)
Audit Tools

EDUCATION
Workshops
Webinars
Training
Health**Train**U

ON SITE
ACHC Standards
Gap Analysis
Compliance Audits
Pre-Survey Prep

Customer Centered

WELCOME

- Today's Virtual Presentation

Breaks every hour

Chance to win mid-training!

Ask questions during the presentation

Q&A every hour

Evaluations

Optimize Your Workshop Experience

- During our presentation
  - Use the Questions feature in the GoToWebinar navigation pane to ask your questions throughout the presentation

- During the live Q&A (every hour)
  - Type in the Questions box that you would like to ask a question (or use the raise your hand feature)
  - Our team will recognize you and unmute your mic
  - Help us to make the information personal to your business!

- Since this is a live event, connection issues can happen
  - If on your end, just use the same GoToWebinar link and reconnect
  - If on our end, look for instructions in your email on how we can reconnect

Learning Objectives

- The pre-workshop webinar covered the application process, overview of the survey day, and post survey process
  - If you have not reviewed the webinar, it answers most of your questions around the process
- Today's workshop will focus on ACHC standards for Sleep accreditation and the survey day agenda
- We will not cover all ACHC standards today, but will focus on the ones that create the most questions or can be confusing on how they apply to your organizations
- Review the "Top" standard deficiencies
- Learn how to utilize the *ACHC Accreditation Guide to Success* to ensure ongoing compliance

Today's Learning Guide

- *ACHC Accreditation Guide to Success*

- Workbook contains all standards (Sleep/HST)

- Workbook also references Centers for Medicare & Medicaid Services (CMS)/Medicare

- If you have specific questions, ask!

- Workbook was updated 5/2021
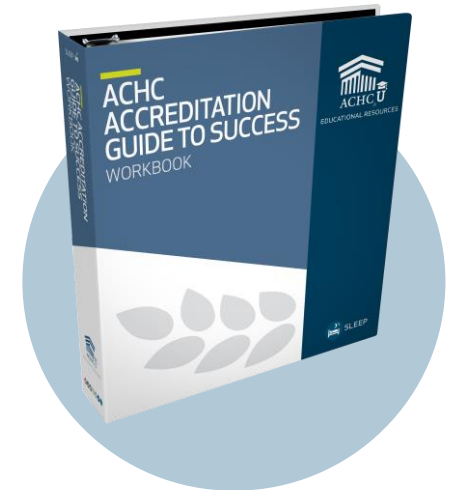
Better Together: ACHC & HFAP

- HFAP has been validating healthcare quality for 75 years. We are proud to combine our resources with those of ACHC to bring providers solutions that address the full continuum of care. HFAP's approach is:
  - Comprehensive
  - Accessible
  - Clear
  - Sensible
  - Friendly

Teaching Tool: Kahoot!

- Cellphone or laptop
- Go to Kahoot.it
- Enter Game PIN
- Enter your nickname
  See "You're in"
- You're ready!
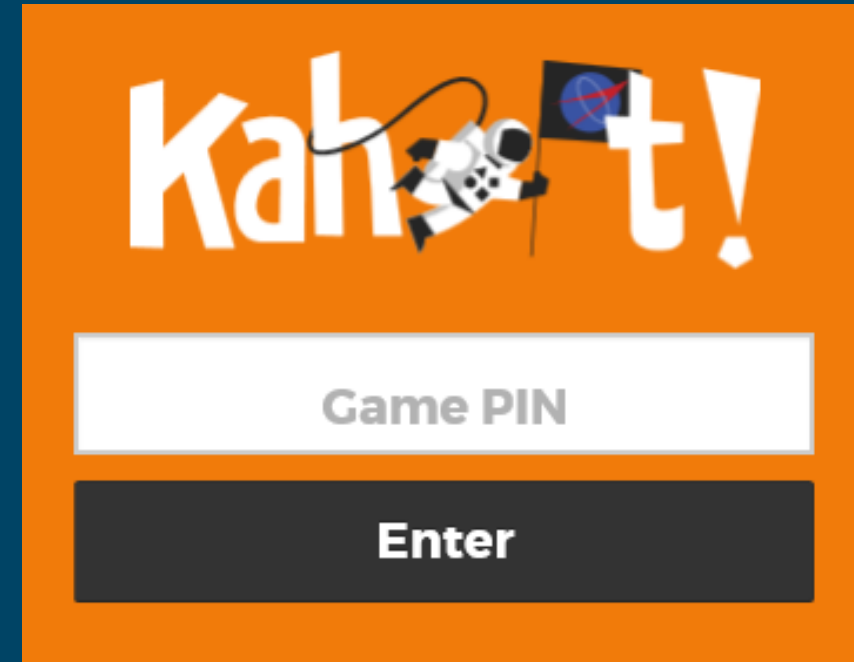
Account Advisors

- Key resource in navigating the accreditation process.

- Experts on the process, but not sleep experts.

- If asking a regulatory or sleep practice question, your Account Advisor (AA) will direct your question to the appropriate clinical or regulatory department.

- Phone calls are good, but a well-worded email can help get you the most accurate answers.

- Customer Central and your workbook answer many of the most common process questions.

Business Development Representative

- In addition to your Sales Specialist or your Account Advisor, another point of contact for you as a Certified Consultant is Brooke Renn.

- Contact information:
  - brenn@achc.org
  - (855) 937-2242 ext. 252

ACHC U

EDUCATIONAL RESOURCES

SLEEP

ACHC Accreditation

Types of Sleep Labs ACHC Accredits

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ACHC

Sleep Lab Organizational Structure

- Hospital owned
  - Hospital with contracted services

- Physician owned

- IDTFs

- Combinations

The "owner" of the billing number is the organization being accredited and is ultimately responsible for compliance with ACHC accreditation requirements.

Prior To Survey

- The organization will be contacted by their Account Advisor (AA) or Virtual Survey Coordinator to schedule the survey

- A survey overview will be provided
  - All surveys are announced
  - The overview does not provide agenda times. We want to remain flexible to meet the needs of the organization and its personnel
  - The agenda can be discussed in more detail with the surveyor during the day of survey call

ACHC *may* conduct virtual surveys, we will discuss in a few minutes.

Survey Day Scheduling

▪ The announced survey date is selected with several factors in mind:

- The date of application and submission of required information
- The date accreditation expires (for renewals)
- A date of readiness selected by new organizations going through initial accreditation
- Selected blackout dates
- ACHC listed holidays

On-Site Surveys

- COVID Protocols
  - ACHC & Surveyors monitor CDC recommendations and state restrictions
  - Surveyors will follow organizations COVID protocols
  - ACHC requires masks to be worn during surveys

- When the Surveyor arrives, the lab may ask to see identification; the Surveyor should have a name badge with picture ID

- Surveyor should arrive on site or virtually by 11am

- If utilizing any Contract services, please have a representative available who can access and/or provide any requested document if not available on site. This may include items such as policies/procedures, personnel files, contract for services/BAA/terms page, professional liability insurance, PI data, etc.

Survey Day Schedule

- The survey day will encompass
  - Opening conference
  - Facility tour
  - Sleep Tech interview and observation (mock patient hookup or daytime HST setup)
  - Interview administrative staff
    - Facility Administrator
    - Medical Director
    - Compliance Officer
    - IT/security personnel
    - Safety/Infection control personnel
  - Review of policies and procedures
  - Review of documents form the "Items Needed for Survey" checklist
  - Personnel file review
  - Patient file review
  - Review of billing practices

Survey Day Schedule (Cont.)

- Review of service contracts such as those with the Medical Director or contracted personnel, (if applicable)
- Review of PI Program – PI activities, semi-annual and annual reports
- Review equipment management processes and documentation - equipment cleaning and disinfection
- Staff interviews
  - Sleep Techs
  - Billing representative
  - Scheduling representative
- Patient interviews
- Observation of acquisition data
- Observation of HST setup or mock hookup
- Closing conference

Virtual Surveys

- Due to COVID-19, ACHC conducted many virtual surveys
  - With the reduced prevalence of COVID-19, virtual surveys are now conducted in minimal circumstances
- Contact in advance to determine if technologically cable of participating
- Lab provides information for review in advance of the survey
- Surveys cover almost everything that on-site survey would cover
  - Will not observe patient hookup
  - Will still interview sleep tech – will discuss things unable to observe
- No change to post-survey process

Personnel/Patient File Reminder

- Personnel hired or patients tested prior to readiness date (initial surveys):
  - Not held accountable to standards that require something upon hire/initial service unless previously required by policies & procedures or required by regulation
- It is *preferred* that applicable items be completed/provided. Examples include:
  - Personnel – background checks, orientation
    - If the organization created or revised orientation due to accreditation, all personnel should go through it and have evidence of its completion
  - Patient Files – Emergency contact, receipt of rights, complaint process, etc., financial disclosure
    - Can complete during visits after the readiness date

For a list of items required in the personnel file, review SLC4-1C
For a list of items required in the patient file, review SLC5-1A

Patient Interviews

- ACHC Surveyors will want to interview patients during the survey if possible

- Important because it is not only a validation that they are being provided with all required documents and but that they are receiving the education behind them as well as being educated on the sleep study process

- The patient needs to give permission for us to interview them
  - We do not require permission to be in writing

Personnel Interviews

- Some Surveyors will interview personnel privately while others will interview in work areas or in groups

- Personnel can ask the Surveyor to rephrase a question if they do not understand

- Remind personnel that it is OK to seek out an answer if needed when the Surveyor is asking about something that is not part of their daily routine

Surveyor Observations

- Key areas the Surveyor will observe include:
  - Posting of licenses
  - Personnel following accepted standards of practice
  - Security of patient & personnel files
  - Service contracts
  - Accounting system – ability to track revenue & expenses
  - Accessibility of employee handbook and P&P manual
  - Proper clinical oversight- sleep study completed by personnel per CMS/ACHC requirements
  - Sleep study interpretation per regulatory requirements
  - Fire exits, escape routes, extinguishers, etc.
  - Equipment cleaning and disinfection
  - Sleep room layout
  - Adherence to protocols during sleep testing

Standards With Annual Requirements

- If it is an initial accreditation survey, the organization cannot not be held accountable for standards that have "annual" requirements such as:
  - Annual performance evaluations & competence assessments
  - Ongoing/annual in-services
  - Annual PI summaries
  - Annual disaster and fire drills & back up power tests
- There will, however, need to be an explanation of how these requirements will be conducted going forward

ACHC Standards

ACHC Standards

- ACHC Standards are developed and customized specifically for the services that you provide and are based on applicable regulations from CMS and other federal and state regulators

- There are "core" standards that apply to all programs

- Your workbooks reference all programs to which a standard applies

- You can download program specific standards only (IE: HST standards if only provide HST services)

- ACHC standards are NOT intended to tell customers how to "run your business"

Most Stringent Regulation

- Must comply with the most stringent regulation in order to be determined compliant with ACHC Accreditation Standards

ACHC Standard Updates – February 2021

Overview Of ACHC Standards

Overview of Standards:

- Section 1: Organization and Administration

- Section 2: Program/Service Operations

- Section 3: Fiscal Management

- Section 4: Human Resource Management

- Section 5: Provision of Care and Record Management

- Section 6: Quality Outcomes/Performance Improvement

- Section 7: Risk Management: Infection and Safety Control

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EDUCATIONAL RESOURCES

Standard Review

ACHC Standard Review

- For this section of our presentation, I would suggest you:
  - Have both your presentation folder and your workbook open
  - Follow along with the standards we review in the workbook
  - Ask questions if you are unsure how the requirement applies to an organization
  - Ask questions you may have about a standard we did not cover before we leave that section

Performance Improvement (PI) Review

- Standards require a program with ongoing monitoring of the following:
  - An important aspect related to care/service provided (SLC6-3A)
  - Satisfaction surveys – patients & personnel (SLC6-3B)
  - Patient files (SLC6-3C)
  - Complaints (SLC6-3D)
  - Maintenance, calibration & proper function of sleep testing equipment (SLC6-3E)
  - Sleep study turnaround times (SLC6-3F)
  - Annual competency of sleep technicians (SLC6-3G)
  - Interscorer reliability (SLC6-3H)
  - Contracted services (SLC6-3I)
  - Adverse events (SLC6-5A)

Performance Improvement (PI) Review

- Each PI activity must have the following defined and documented (SLC6-2A):
  - Description of indicators/activity to be conducted
  - Frequency of the activity
  - Who is responsible to conduct
  - Methods of data collection
  - Acceptable limits for finding/goal/threshold
  - Who will receive the reports
  - Plans to re-evaluate & written Plan of Correction if goal not met

**FOR PROVIDERS.
BY PROVIDERS.**

ACHC®

➡ PI AUDIT DESCRIPTIONS

PI Activity/Audit Descriptions

Area to Be Audited/Monitored: _____

_____

Description of Audit/Indicators: _____

_____

_____

Frequency of Activities: _____   Conducted By: _____

Data Collected From: _____

_____

_____

Threshold/Goal: _____

_____

_____

All PI reports will be presented to the PI committee, Medical Director and the governing body/owner.
In the event an audit fails to meet a threshold/goal, a written plan of correction will be created that indicates plans to re-evaluate.

Performance Improvement (PI) Review

- PI Program activities are required to be conducted:
  - Biannually (SLC6-1A)
  - As indicated in written Plans of Correction (SLC6-2A)

- PI Program summaries are required:
  - After biannual activities
  - Annual summary of the entire program that describes (SLC6-1D)
    - PI activities
    - Findings
    - Corrective actions

Performance Improvement (PI) Review

- Personnel involvement
  - Someone designated responsible for PI activities (SLC6-1B)
    - Duties included in job description
  - All personnel involved in some manner (SLC6-1C)
    - Complete PI activities
    - Gather data for PI activities
    - Receive results of PI activities
    - Participate in PI meetings
  - Training to include
    - Purpose of and their role in PI
    - Person responsible for coordinating PI

Initial Survey & PI

- Labs are only held accountable for PI activities back to their date of "readiness"

- Surveyor will need to verify that the organization understands the PI standards and that the PI plan is complete and ready to be instituted once there is data to collect

- On the Initial survey, the Surveyor is looking at:
  - The design of the PI plan
  - The selected study indicators
  - Staff awareness of that plan
  - The beginning stages of data collection

- If PI activities have yet to be completed, the lab may be asked to submit their PI data in a year

- On the Renewal survey, the Surveyor will look back three years since the last survey

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Keep It Simple

- Keep It Super Simple (KISS)
  - Know what you want to get out of it (Standard requirement, improved efficiencies, more)
  - Pick a place to store data (makes it easier to review)
  - Pick a time each month to review (set a date on a calendar)
  - Develop a plan to address any identified negative trends (trends are what we are looking for)
  - Document activities

Keep It Relevant

- Within the required categories, monitor what is important to the lab or location

- Involve entire staff

- Get results that can be understood and used

- Document activities and use results to drive quality and efficiencies
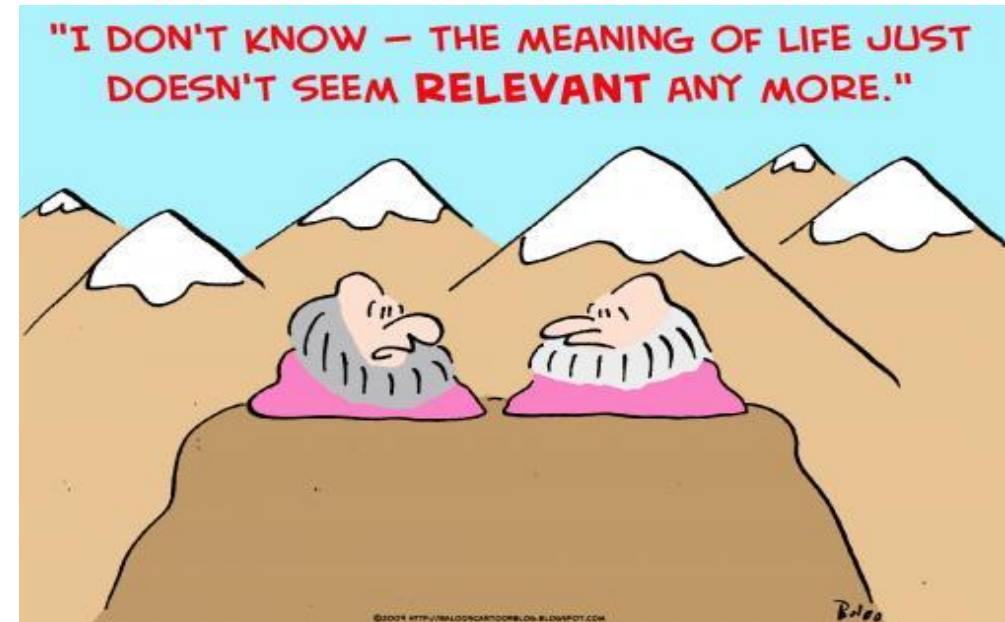
Performance Improvement

- Great ROI

- One of few activities that can increase customer and referral source satisfaction, improve employee performance, and save money through efficiencies

- Can greatly reduce:
  - Waste, complaints, conflicts, and stress

- Can help build:
  - Teamwork, customer service, commitment, job satisfaction, and engagement

Key Points

- You know what your labs need to improve

- PI is effective when you can answer this question

"As a result of your Performance Improvement activities, what did you improve?"

Top Standard Deficiencies

Top Standard Deficiencies

- Key elements often missing

- Many are due to lack of, or poor documentation

## IF IT'S NOT DOCUMENTED...
IT DIDN'T HAPPEN

Most Missed Standards

- **SLC6-1A**
  - PI program not include all required PI activities or reports not completed biannually
- **SLC6-1D**
  - Annual PI reports do not address all required PI activities or are not completed each year
- **SLC6-2A**
  - PI activities are not defined with any of the items required by standard or thresholds/goals are not defined
- **SLC6-3I**
  - No process has been implemented to monitor contracted services
- **SLC5-4A**
  - The SLC fails to define protocols for the minimum/maximum study time in order to charge for a study or setup fee

Most Missed Standards

- **SLC4-6D**
  - Completion of monthly education from the Medical Director/certified sleep physician or education is not documented

- **SLC1-4A**
  - The job description of the person designated the temporary leader in the absence of the overall leader does not contain the duties assumed as the temporary leader.
  - The temporary leader does not receive orientation to those duties.

- **SLC5-1A**
  - Patient files missing emergency contacts, Epworth scores, patient information sheets, and pre/post sleep study questionnaires for in lab and HST studies

- **SLC3-4A**
  - No documentation patients informed of financial responsibilities

- **SLC2-4B**
  - Not documenting that clients/patients received information on how to file a complaint or not providing ACHC's phone number

Had Enough?
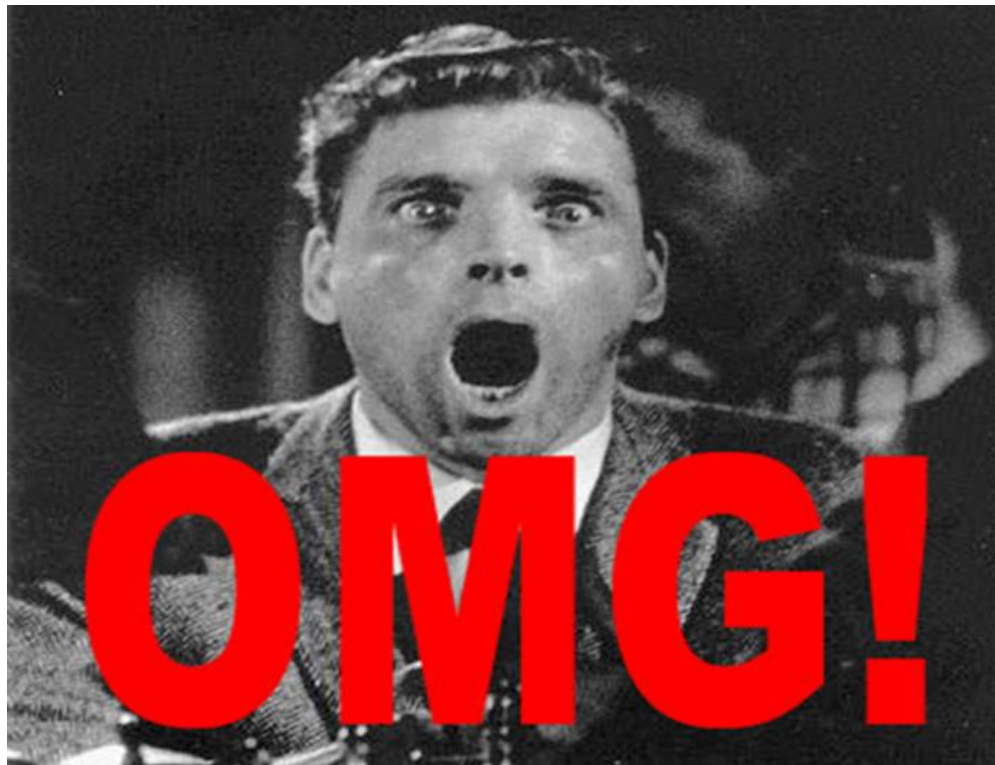
Questions?

Test

- Receive and take test
- Passing score required to become certified consultant

Workshop Evaluation

- What can we do better?

- What additional education or resources would be helpful?

- Would additional workshops be helpful?

- Would on-site, pre-survey audits be helpful?

- How would you like us to communicate updates or changes?

SLEEP

Thank You

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