



WELCOME

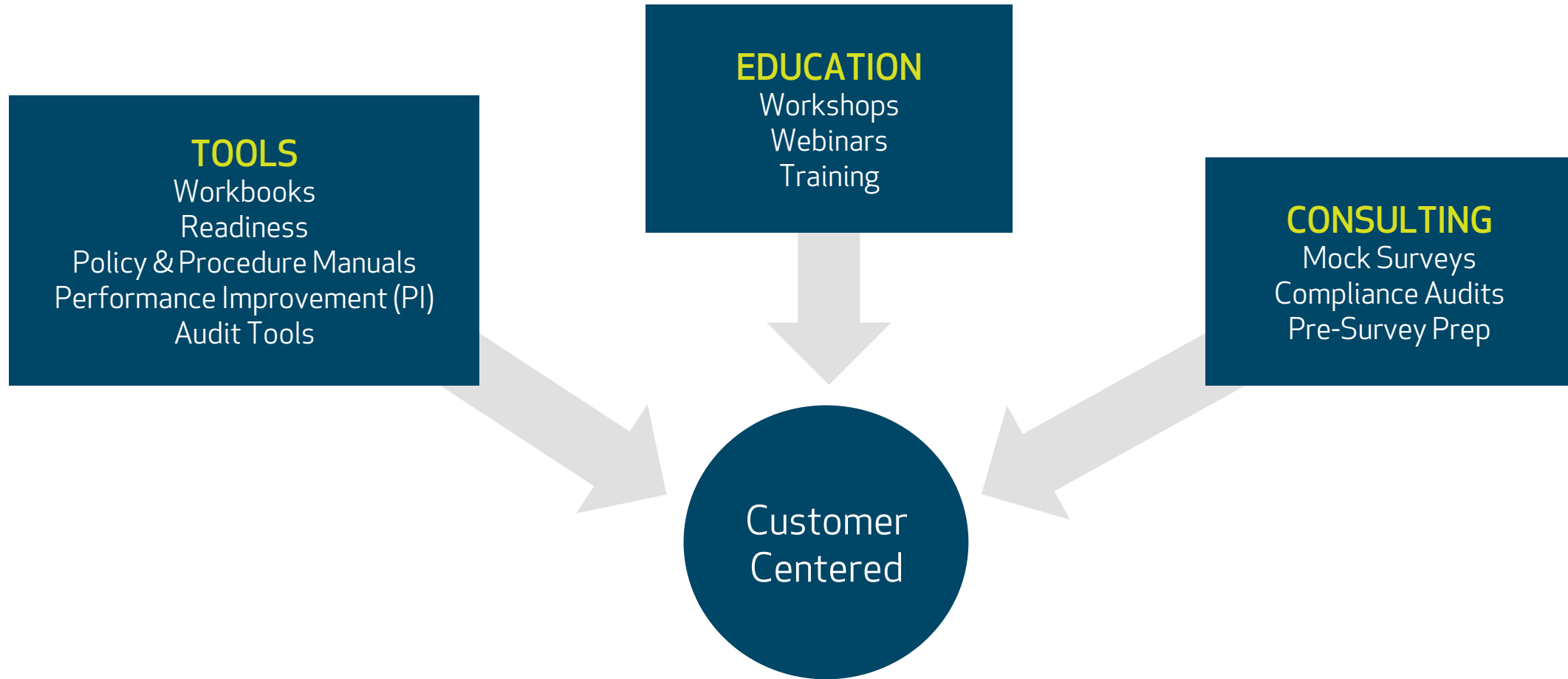
Achieving ACHC Sleep Accreditation



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ACCREDITATION UNIVERSITY





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Program Director, DMEPOS
Pharmacy & Sleep

INTRODUCTIONS

- Name
- Company
- City located
- Years involved in the accreditation process



HOW DID WE GET HERE?



SLEEP LAB ORGANIZATIONAL STRUCTURE

- Hospital owned
- Hospital contracted services
- Physician owned
- IDTFs
- Combinations

The “owner” of the billing number is ultimately responsible for compliance with ACHC accreditation requirements.



ACHC ACCREDITATION

TWO OPTIONS AVAILABLE FOR SLEEP LABS
SEEKING ACCREDITATION:

OPTION 1

ACHC'S ACCELERATED SLEEP ACCREDITATION

- Accelerated program allows for expedited accreditation without a survey upon completion/receipt of:
 - Application/contract/payment
 - Receipt, review, and approval of documents on Preliminary Evidence Report (PER) Checklist
- Site survey completed as soon as possible in 12 months
 - Accreditation extended for the remainder of the 3 years

APPLYING FOR ACHC'S ACCELERATED SLEEP ACCREDITATION

1. Contact Account Services Team
2. Create account at cc.achc.org (Customer Central)
3. Submit application and initial deposit
4. Download ACHC Sleep Standards
5. Submit the required preliminary documents
6. Sign and return the Accreditation Agreement
7. Submit remaining balance

OPTION 2: ACHC'S STANDARD SLEEP ACCREDITATION

ACHC requires the following five items to be completed before scheduling your sleep accreditation survey:

1. Online application
2. Deposit
3. Payment
4. Accreditation Agreement (contract and Business Associate Agreement)
5. Preliminary Evidence Report (PER)

Once an organization has submitted its application, deposit, and signed accreditation agreement, an "In Process" letter will be available to satisfy LCD requirements.

WHICH OPTION IS RIGHT FOR YOU?

Accelerated Accreditation



- Provides **“immediate”** accreditation after receipt of application, contract, payment and receipt, review, and approval of documents on Preliminary Evidence Report (PER) Checklist
- Survey takes place within 12 months

VS.

Standard Accreditation



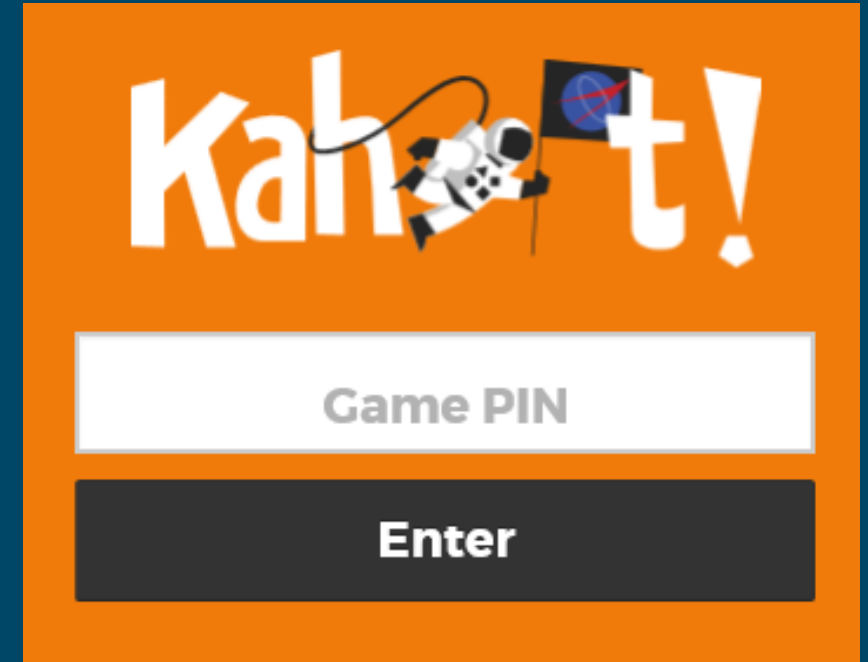
- Organization can be considered **“In Process”** following the submission of application, deposit, and accreditation agreement
- Provides the organization time to prepare PER-required documents

LEARNING OBJECTIVES

- Become familiar with the **initial** and **renewal accreditation process**
- Detail the **essential components** of functional **Performance Improvement (PI)** and compliance programs
- Learn how to **prepare** an organization for the **accreditation survey**
- Establish **expectations** for **survey day** and **strategies** for **survey success**
- A detailed look at **ACHC Sleep Accreditation Standards**
- Review of the **“Top 10” standards deficiencies**
- Learn how to **utilize** the *ACHC Accreditation Guide to Success* **workbook** to ensure **ongoing compliance**

TEACHING TOOL: Kahoot!

- Cell phone or laptop
- Go to Kahoot.it
- Enter Game PIN
- Enter your Nickname
(Use your creativity)
- See “You’re in”
- You are Ready!



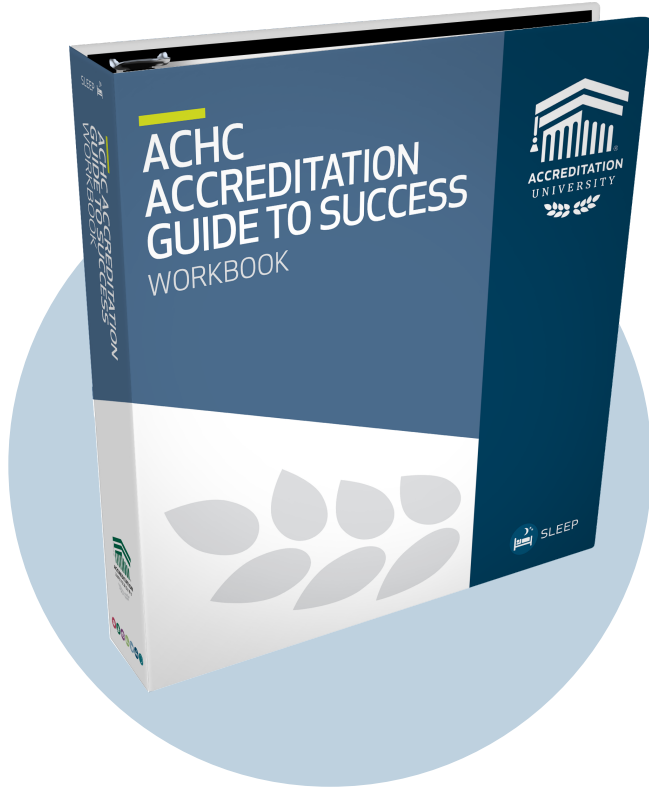


TODAY'S LEARNING GUIDES

- *ACHC Accreditation Guide to Success* workbook
- Presentation Handout



GUIDE TO SUCCESS WORKBOOK



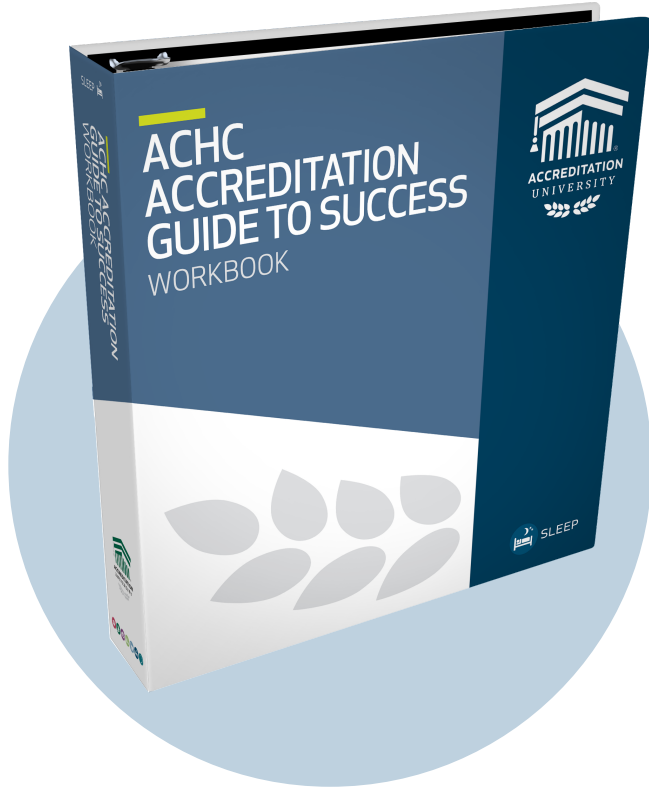
- Any sample policies and procedures provided in the *ACHC Accreditation Guide to Success* workbooks are for example and illustration purposes only
- Each organization is unique in its structure and product offerings and must develop and implement specific policies and procedures (P&Ps) that ensure compliance with all ACHC standards
 - Policies and procedures must also meet or exceed state and/or federal regulatory requirements

HOW TO USE THIS WORKBOOK

- Essential Components (Sample P&Ps)
 - Each ACHC standard contains “Essential Components” that indicate what needs to be readily identifiable in a policy and procedure
 - “Essential Components” are not the standard and are only an example
- Other Tools
 - Each section contains a compliance checklist and self-assessment tool to further guide the preparation process
- Quick Standard Reference
 - Quickly locate important information for successfully completing the ACHC accreditation process



HOW TO USE THE WORKBOOK



Page 9	Table of Contents
Pages 13-16	Quick Standard Reference
Pages 21-26	Accreditation Process
Pages 31-33	Global Staff Interview Questions
Pages 35-39	Practice Run Audit Tool
Page 4.1	Look at Section 4

- Note shaded areas



COMMITMENT TO QUALITY

ACHC MISSION & VALUES

Our Mission

Accreditation Commission for Health Care (ACHC) is dedicated to delivering the best possible experience and to partnering with organizations and healthcare professionals that seek accreditation and related services.

Our Values

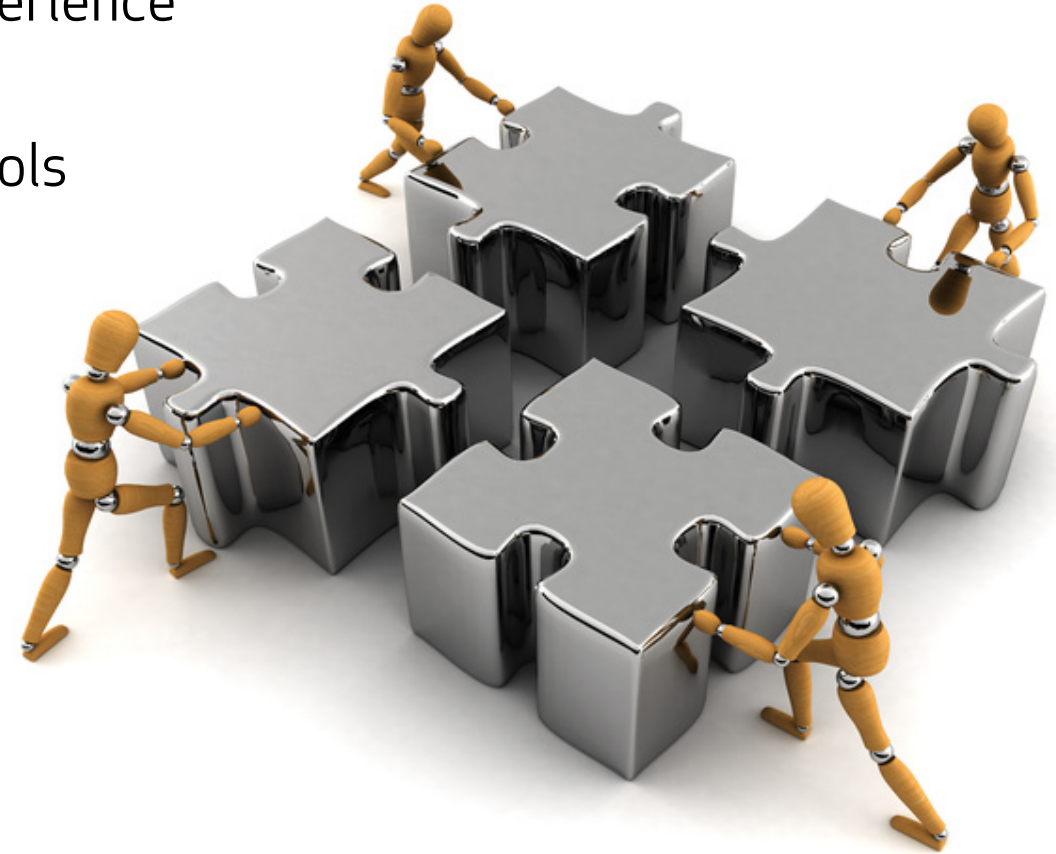
- Committed to successful, collaborative relationships
- Flexibility without compromising quality
- Every employee is accountable for their contribution to providing the best possible experience
- We will conduct ourselves in an ethical manner in everything we do

CONSULTATIVE SURVEY APPROACH

- ACHC values drive the survey approach
 - Consultative but not consultants
 - Flexibility without compromise
 - Consistency in interpretation of requirements
 - Accuracy in reporting findings/observations
 - Offering organizations the opportunity to clarify or correct deficiencies

SURVEYOR EXPERTISE

- Surveyor knowledge and expertise drive both the experience and the quality of the survey
- Surveyor success is driven by ACHC processes and tools
 - Surveyor Training
 - Surveyor Annual Evaluations
 - Surveyor Satisfaction Surveys



ENSURING ACHC QUALITY

- CMS Deeming Authority
- ISO Certification
- Customer Satisfaction
- Complaint Investigation
- Internal Audits
- Quality Council
- Surveyor Expertise

CUSTOMER SATISFACTION

ACHC is committed to providing the best possible experience.

98%



of our customers regard their experience with ACHC as positive.

“There was time, attention and excellent feedback given by ACHC/PCAB at every point of the process.”

– PHARMACY, FOLCROFT, PA

98%



of our customers would recommend ACHC.

“ACHC standards certainly improved our compounding pharmacy in terms of quality and control!”

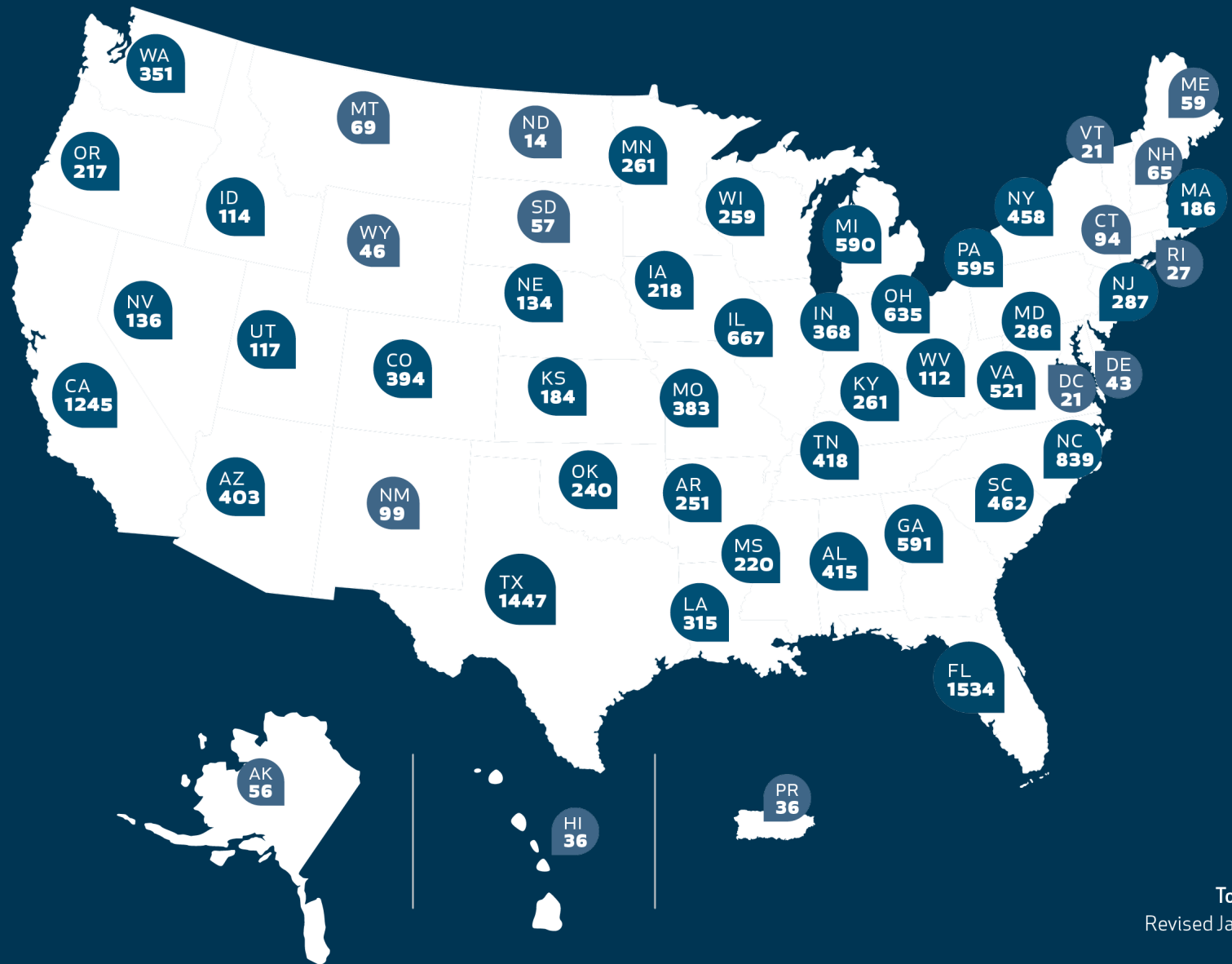
– PHARMACY, HAVERTOWN, PA

Customer Satisfaction Survey data gathered from 7/2015-present.

ACHC and PCAB ACCREDITATION

- Gold Seal of Accreditation:
 - Represents compliance with the most stringent national standards





Total: 16,857
 Revised January 2018

ACHC PROGRAMS & SERVICES



HOME HEALTH

- Home Health Aide
- Medical Social Services
- Occupational Therapy
- Physical Therapy
- Skilled Nursing
- Speech Therapy



HOSPICE

- Hospice Inpatient Care
- Hospice Care



PRIVATE DUTY

- Private Duty Aide
- Private Duty Companion/Homemaker
- Private Duty Infusion Nursing
- Private Duty Nursing
- Private Duty Occupational Therapy
- Private Duty Physical Therapy
- Private Duty Speech Therapy
- Private Duty Social Work



DMEPOS

- Community Retail
- Clinical Respiratory Care Services
- Fitter
- Home/Durable Medical Equipment
- Medical Supply Provider
- Complex Rehabilitation and Assistive Technology Supplier



SLEEP

- Sleep Lab/Center
- Home Sleep Testing



AMBULATORY CARE

- Convenient Care Clinics



BEHAVIORAL HEALTH

ACHC offers a variety of Behavioral Health services to suit your accreditation needs. Contact ACHC for details or visit achc.org for a complete listing of services available.



PHARMACY

- Ambulatory Infusion Center
- Infusion Nursing
- Infusion Pharmacy
- Specialty Pharmacy
 - > SRX without DMEPOS
- Long Term Care Pharmacy

PCAB Accreditation (A Service of ACHC)

- > Non-Sterile Compounding (Ref. USP <795>)
- > Sterile Compounding (Ref. USP <797>)
- ACHC Inspection Services (AIS)



DISTINCTIONS*

- Distinction in Behavioral Health
- Distinction in Hazardous Drug Handling
- Distinction in Infectious Disease Specific to HIV
- Distinction in Nutrition Support
- Distinction in Oncology
- Distinction in Palliative Care

*The provider must be accredited with ACHC to be eligible for a distinction service.



ACHC ACCREDITATION VISITS TO SLEEP PROVIDERS

Overview of the ACHC Accreditation survey day

PRIOR TO SURVEY

- Use the *Accreditation Guide for Success* workbook to:
 - Review policies and procedures
 - Prepare personnel for questions the Surveyor may ask
 - Audit personnel & patient files
 - Review Performance Improvement (PI) Program
 - Determine what documents should be prepared for review
- You will be contacted by your Account Advisor (AA) to schedule your survey
- A survey agenda will be provided
 - Agenda can be revised if needed to accommodate schedules

SURVEY DAY SCHEDULE

- **The accreditation survey will be conducted in 2 portions**
 - Daytime
 - Facility tour
 - Interview administrative staff
 - Facility Administrator
 - Medical Director
 - Compliance Officer
 - Review of policies and procedures
 - Personnel file review
 - Patient file review
 - Review of billing practices
 - Review of service contracts (if applicable)
 - Review of PI Program
 - Review equipment management processes and documentation


SURVEY SCHEDULE (CONTINUED)

- Evening
 - Tour of facilities if not done earlier
 - Staff interviews
 - Patient interviews
 - Observation of patient hook-up
 - Observation of bio-cals
 - Observation of start of study
 - Exit conference
- The Surveyor will return shortly before patients are scheduled to arrive to interview sleep technicians
 - If patients cancel, the survey will continue with a walk-through of procedures

SAMPLE SURVEY AGENDA

ACHC ACCREDITATION GUIDE TO SUCCESS
SAMPLE AGENDA

SLEEP

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■ SAMPLE AGENDA

- Requested Attendees include a representative for each of the following positions (Representatives may hold multiple positions):
 - » Manager/Owner
 - » Customer Service Representative
 - » Clinical Manager
 - » Office Manager/Billing Representative/Scheduling Representative
 - » Sleep Supervisor/Manager
 - » Medical Director

- Survey will likely begin in the early afternoon:
 - » Introduction
 - » Review Personnel Files
 - » Review Patient/Client Files
 - » Review PI plans/QA Reports
 - » Review of Complaint logs and Incident Reports
 - » Review Contracts
 - » Review Marketing Materials
 - » Review Billing Practices (Must have access to billing/accounting process/information)
 - » Staff Interviews
 - » Review of Maintenance/Calibration logs

- Please have contracts, personnel files, QA reports, PI data, marketing materials, and patient files (at least 4 patient files for each type of service performed) readily available.

- Survey to continue in the early evening, prior to client/patient arrival to sleep lab:
 - » Interview/observe Technologist and patient*
 - » Closing Comments with Management
 - » Summary of Findings

*Please have patients scheduled



PREPARING FOR YOUR SURVEY

STANDARDS WITH ANNUAL REQUIREMENTS

- Since this is your initial accreditation survey, you will not be held accountable for standards that have “annual” requirements such as:
 - Annual TB risk assessment
 - Annual performance evaluations & competence assessments
 - Ongoing/annual in-services
 - Annual PI summaries
 - Annual disaster and fire drills & back up power tests
- You will, however, need to explain how you will conduct these annual requirements going forward

PERSONNEL RECORDS

- Personnel hired prior to the accreditation application date cannot be held accountable to standards that require something upon hire unless previously required by your policies & procedures or required by regulation. Examples include:
 - Application
 - Background checks
 - Receipt of Employee Handbook
 - Orientation and new hire competency assessment
- It is preferred that you complete any applicable items (background checks, orientation, etc.) for these personnel
- If you have created or revised your orientation due to accreditation, all personnel should go through it and have evidence of its completion

PATIENT RECORDS

Patients serviced prior to accreditation application date:

- Since they became your patients prior to accreditation, we cannot hold you accountable to standards unless required by your policies & procedures or regulations
- However, if you have seen the patient since the accreditation application date, you should have taken the opportunity to bring their patient file into compliance with standard requirements. Examples include:
 - Receipt of service description, rights & responsibilities, and complaint process
 - Financial disclosure
 - Emergency contact
 - Pre- & post-sleep questionnaires

REQUIRED DOCUMENTS

- Found in the Self-Audit Tool at the back of Sections 1 through 7
- To be prepared for survey, locate required documents prior to survey so that you will know where they are when the Surveyor asks for them

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ACHC FOR PROVIDERS, BY PROVIDERS.™ SLEEP

SECTION 1 SELF-AUDIT

REQUIRED POLICIES AND PROCEDURES

- Procedures describe responsibility for decision making, appointment of a qualified Administrator, review of annual program evaluation, review of bylaws or equivalent, policies and procedures review and updates, management of Human Resources, review of performance improvement results, and fiscal management.
- Description of Ownership/Partnership/Board of Directors structure and decision making if not found in Articles of Incorporation
- Policies and procedures describe the method for disclosure of conflict of interest, and conduct in relationships with any affiliate or member of the Board of Directors, owner, and persons with interest in an entity that provides services to the facility and/or patient.

REQUIRED DOCUMENTS

- Licenses – National, Regional, State, local
- Certificate of Occupancy, if applicable
- Evidence of Board of Director/Ownership/Partner structure and responsibilities
- Board of Director meeting minutes
- Organizational Chart
- Job description of the Administrator
- Job description of the Medical Director
- Organizational chart with changes in ownership as applicable

HUMAN RESOURCE FILE CONTENTS

- Job description and orientation for Administrator/Governing Body/Owner
- Job description and orientation for Medical Director
- Job description and orientation of temporary leader

CLIENT RECORD CONTENT

None

REQUIRED DOCUMENTS

- Examples include:
 - Licenses, certifications, proof of credentials
 - Organizational chart
 - Marketing material
 - New patient packet
 - Complaint & incident logs/documents
 - Contracts/ BAAs
 - Budget
 - Price list
 - PI program
 - Safety Data Sheets (SDS)
 - Equipment cleaning & maintenance records

PERSONNEL INTERVIEWS

- Workbook Page 30
- Utilize the Interview Tool to prepare personnel for questions they may be asked by the Surveyor
- Document on this tool if you receive appropriate answers to questions you ask your personnel
- If the box is grayed out, the question is N/A to that position

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POTENTIAL STAFF INTERVIEW QUESTIONS


	BOARD OF DIRECTORS/OWNER/CEO	MEDICAL DIRECTOR	CUSTOMER SERVICE/ADMINISTRATIVE SUPPORT PERSONNEL	CLINICAL OR LICENSED SLEEP TECHNICIAN	MANAGER	CLIENT/PATIENT
To whom would you report changes in ownership, governing body or management to?						
Can you describe your duties and accountabilities?						
Can you describe your orientation process? Were you oriented to your position?						
What are the policies and procedures for conflict of interest?						
Who is your Medical Director and how do you contact them?						
Can you describe the chain of command?						
If the manager/leader is unavailable, who would assume that role?						
What type of organizational changes would you report to ACHC?						
List 3 -4 Patient Rights. Did you receive a copy of your rights?						
Who would you report any alleged violation involving mistreatment, neglect or abuse to a patient and in what time frames?						
What is your process for handling a client/patient complaint?						
How do you ensure the client/patient information is protected?						
What written information do you provide your clients/patients concerning confidentiality of client/patient specific information? Did you Receive a privacy notice?						
How would you respond to a medical emergency?						
Give an example of an ethical issue and how you would handle it.						
Who is your Compliance Officer?						
How do you inform clients of their financial responsibilities Were you informed of the charges for services to be provided?						
How often do you receive a performance evaluation?						
When do you receive a competency assessment?						


PERSONNEL INTERVIEWS


- Some Surveyors will interview personnel in a designated room while others will interview in work areas
- Remind personnel that you are already accredited and they cannot jeopardize that
- 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

- Workbook Page 34
- Utilize the Observation Audit Tool to look at your facility the way your Surveyor will

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OBSERVATION AUDIT TOOL

Section One

<input type="checkbox"/> Licenses/permits posted in public view.	<input type="checkbox"/> Agency has access to copies of federal, state and local laws and regulations.
<input type="checkbox"/> List of Governing Body and/or Owners.	<input type="checkbox"/> BOD meeting minutes. Minutes show decisions made.
<input type="checkbox"/> Organization chart reflects current organizational structure.	<input type="checkbox"/> Governing Body member's orientation to their duties.
<input type="checkbox"/> Copy of Fair Labor Standards Act is posted in a prominent location.	<input type="checkbox"/> Resumé/Application of leader shows they are qualified.
<input type="checkbox"/> Access to all applicable laws, rules and regulations.	<input type="checkbox"/> Designated leader in charge of day to day operations and a Medical Director.
<input type="checkbox"/> Temporary Leader orientation to those duties	<input type="checkbox"/> Evidence that personnel perform their job duties according to accepted standards of practice and occupational licensure.

Section Two

<input type="checkbox"/> Marketing materials reflect the services provided by the agency.	<input type="checkbox"/> Marketing materials describe the referral process, hours of operation and contact information.
<input type="checkbox"/> Accurate patient rights and responsibilities form.	<input type="checkbox"/> All personnel protect and promote client rights.
<input type="checkbox"/> Complaint reporting documentation provided to clients includes phone number, contact person and process for handling complaints.	<input type="checkbox"/> Complaints are documented, investigated and resolved. Summary provided to governing body/owner.
<input type="checkbox"/> Medical records and other Protected Health Information are located in a secure location. HIPPA rules followed.	<input type="checkbox"/> Business associate agreement with those that have access to your PHI.
<input type="checkbox"/> Confidentiality practices are followed.	<input type="checkbox"/> All abuse and neglect reports have been properly investigated.
<input type="checkbox"/> There is an assigned privacy officer.	<input type="checkbox"/> On call schedule and logs, and a toll free number for HST services.
<input type="checkbox"/> All ethical issues investigated and reported to leaders.	<input type="checkbox"/> Compliance Program and PI activity to monitor the program.

Section Three

<input type="checkbox"/> Financial records maintained as required by regulation.	<input type="checkbox"/> Evidence of charges in writing and available upon request.
<input type="checkbox"/> Accounting system to track revenue and expenses.	

Section Four

<input type="checkbox"/> Personnel file for all W2 and contracted personnel.	<input type="checkbox"/> Employee handbook accessible to staff.
<input type="checkbox"/> Follow personnel policies and procedures.	<input type="checkbox"/> Job description for each position.

SURVEYOR OBSERVATIONS

- Key areas the Surveyor will observe include:
 - Posting of licenses
 - Federal/state labor law posters
 - Personnel follow accepted standards of practice
 - Security of patient & personnel files
 - Service contracts & BAAs
 - Accounting system – ability to track revenue & expenses
 - Accessibility of employee handbook and P&P manual
 - Proper clinical oversight
 - Sleep study interpretation per LCD requirements
 - Fire exits, escape routes, extinguishers, etc.
 - Sleep room layout

PERSONNEL FILE REVIEW

- Workbook Page 4.44
- Utilize the Personnel File Audit Tool to determine if your personnel files contain all items required by standard

4.44 | 855-YES-ACHC (855-937-2242) | www.achc.org

Audit each personnel file for the items listed under all personnel. Audit for the additional requirements as it pertains to the job title/duty of personnel.

Date: _____ Auditor: _____ Personnel Record: _____

SLC	ALL PERSONNEL	PERSONNEL INITIALS								SCORE	
2-5A	Confidentiality Statement (if req. by Policies and procedures)									of	%
4-1B	Application									of	%
4-1B	Tax Forms									of	%
4-1B	I-9									of	%
4-2B	Verification of qualifications									of	%
4-2E	Signed Job Description									of	%
4-2F	Criminal Background Check									of	%
4-2F	OIG Exclusion List Check									of	%
4-2G	Receipt of Employee Handbook									of	%
4-2I	Annual Performance Evaluation									of	%
4-3A	Orientation									of	%
4-6D	Monthly In service from Medical Director									of	%
7-8A	Training on equipment repairs, if applicable										
Annual Training											
4-4A 7-3A	Emergency/Disaster									of	%
4-4A	Handling Complaints									of	%
4-4A	Infection Control									of	%
4-4A	Ethics									of	%
4-4A	Workplace Safety									of	%
4-4A	Client/Patient Safety									of	%
4-4A	OSHA Right to Know									of	%
4-4A	Client/Patient Rights & Responsibilities									of	%

PERSONNEL FILE AUDIT TOOL


PERSONNEL FILE REVIEW

- High area of noncompliance during survey
 - Required contents for contracted personnel
 - Monthly medical director training
 - Ongoing competencies
 - Annual equipment and medication management training
 - Ongoing in-service education
- Audit your files prior to survey to find areas of noncompliance and correct in advance
- Pay attention to when something is required for all personnel or just direct care personnel (those who perform sleep studies)


PATIENT RECORD REVIEW

- Workbook Page 5.18
- Utilize the Client/Patient Record Audit Tool to determine if your client records contain all items required by standard

5.18 | 855-YES-ACHC (855-937-2242) | www.achc.org



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CLIENT/PATIENT RECORD AUDIT

Audit each client record for the items listed under all clients. Audit for the additional requirements as it pertains to the services provided to the client.

Date: _____ Auditor: _____

SLC	ALL CLIENTS	CLIENT INITIALS										SCORE			
2-1A	Receipt of description of services													of	%
2-2A	Receipt of rights and responsibilities													of	%
2-4B, 5-7A	Receipt of complaint process													of	%
2-5A	Receipt of privacy notice (HIPAA)													of	%
3-4A	Informed of financial responsibilities													of	%
4-6B	PSG read by qualified physician													of	%
5-1A	Referral with prior medical review													of	%
5-1A	Intake (name, address, insurance, phone)													of	%
5-1A	Emergency contact													of	%
5-1A	Epworth Score													of	%
5-1A	Client Information sheet w/meds													of	%
5-1A	Pre-sleep questionnaire													of	%
5-1A	Post sleep questionnaire													of	%
5-1A	Sleep notes from tech													of	%
5-1A	Scoring report													of	%

PATIENT RECORD REVIEW

- Audit your files prior to survey to find areas of noncompliance & correct in advance
- Common areas of noncompliance include:
 - Pre- and/or post-survey questionnaires
 - No documentation patients were informed of costs
 - No proof of receipt of patient rights and/or complaint process

PERFORMANCE IMPROVEMENT (PI) REVIEW

- Workbook Pages 6.15-6.24
- KISS - Keep It Super Simple
 - Know what you want to get out of it (Centers for Medicare & Medicaid Services [CMS] compliance only or more?)
 - Pick a place to store data (makes it easier to review)
 - Pick a time each month to review (set a date on your calendar)
 - Develop a plan to address any identified negative trends (trends are what we are looking for)
 - Document activities

PERFORMANCE IMPROVEMENT (PI) REVIEW

- Standards require that you have a program with ongoing monitoring of the following:
 - Complaints
 - Adverse events
 - Patient files
 - Satisfaction surveys – patients, personnel & referrals
 - Interscorer reliability
 - Sleep study turnaround times
 - Billing & coding errors
 - Annual competency of sleep technicians
 - Maintenance, calibration & proper function of sleep testing equipment
 - An important aspect related to care/service provided

PERFORMANCE IMPROVEMENT (PI) REVIEW

- Each PI activity must have the following defined and documented:
 - 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

PERFORMANCE IMPROVEMENT (PI) REVIEW

- PI Program activities are required to be conducted:
 - Biannually
 - As indicated in written Plans of Correction
- PI Program summaries are required:
 - After biannual activities
 - Annual summary of the entire program that describes
 - PI activities
 - Findings
 - Corrective actions

PERFORMANCE IMPROVEMENT (PI) REVIEW

- Personnel involvement
 - Someone designated responsible for PI activities
 - Duties included in job description
 - All personnel involved in some manner
 - 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
 - PI outcomes resulting from previous activities

EQUIPMENT AND FACILITIES MANAGEMENT

- The Surveyor will review your infection control & safety plans and observe staff to see if they adhere
 - PPE used per policy
 - Hands washed per policy
 - TB prevention plan
 - Personnel receive safety education
 - Emergency preparedness plan with annual drills
 - Fire safety plan and annual drills
 - Equipment maintained/calibrated per manufacturer guidelines
 - Equipment storage, cleaning, testing, safety, tracking, etc.
 - OSHA hazardous material guidelines followed
 - Incident reporting process

COMPLIANCE CHECK LIST

- The one document in each section that lets you know if the Surveyor will review a policy, document, patient file, personnel file or ask an interview question

SECTION 1 COMPLIANCE CHECKLIST

STANDARD	POLICY/ PROCEDURE	PERSONNEL FILE	CLIENT RECORD	OBSERVATION	AUDIT TOOL PROVIDED	COMPLIANCE Y/N	COMMENTS
SLC1-1A				Copies of applicable licenses/permits for each location & licenses posted in public view	Observation Tool		
SLC1-2A	Yes			Board Meeting minutes and leadership interviews, List of Governing Body/ Owners, and Governing Body orientation	Observation Tool & Interview Tool		
SLC1-3A	Yes			Staff interviews	Interview Tool		
SLC1-4A	Yes (if not defined in a job description or legal documents)	Yes		Resumé/application, Qualified Medical Director & staff interviews, temporary leader job description & orientation	Interview Tool, Observation Tool & Personnel File Audit		
SLC1-5A				Organizational chart & staff interviews	Observation Tool & Interview Tool		
SLC1-7A				Copies of applicable federal, state and local laws accessible & Fair Labor Standards Act is posted	Observation Tool		
SLC1-8A				Personnel performing job according to accepted standards of practice	Observation Tool		
SLC1-9A				Staff interviews	Interview Tool		

ITEMS NEEDED FOR ON-SITE SURVEY

ITEMS NEEDED FOR ON-SITE SURVEY



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CUSTOMIZED FOR SLEEP LAB CENTER (SLC) & HOME SLEEP TESTING (HST)



Below are items that the Surveyor will review during your on-site survey. Please have these items available for your Surveyor prior to his or her arrival to expedite the process. If you have any questions, please contact your Account Advisor.

- Policy and procedure manual and crosswalk, if applicable
- List of clients/patients with service dates or, a copy of a Medicare Explanation of Benefit (EOB)/third-party payment documents from the past six months to allow the Surveyor to choose client/patient files
- Today's appointment schedule
- Discharge/transfer client/patient census for past 12 months or since the start of operation if less than one year
- Personnel list with title, discipline, and start date (including direct care contract personnel)
- Any inspection results from the past year (i.e., fire department)
- Admission packet and education materials given to clients/patients
- Personnel meeting minutes for the past 12 months
- Board/Governing body meeting minutes for the past 12 months, if applicable

ACHC Standard	Required Item	Located
Multiple	Access to policy and procedure manual with the following policies flagged: <ul style="list-style-type: none"> • SLC2-4A Grievance/complaint process • SLC2-5A Health Insurance Portability and Accountability Act (HIPAA) policies and procedures • SLC2-8A Compliance Program • SLC4-2J Competency assessment • SLC4-6A Oversight during diagnostic sleep testing (SLC only) • DRX4-6B Who can interpret sleep studies • SLC5-4A Protocols for the process of sleep testing (SLC only) • SLC5-7A Client/patient education • SLC6-1A Performance Improvement (PI) Program/policies • SLC6-5A Handling incidents • SLC7-8A Use, cleaning, testing, maintenance, calibration, tracking, and recalls of HST equipment 	
SLC1-1A	Copy of current applicable licenses or permits	
SLC1-2A	List of governing body members, documentation of orientation, if applicable	
SLC1-4A	<ul style="list-style-type: none"> • Résumé/application of leader that shows he or she is qualified and job description of general manager/leader • Job description and orientation for temporary leader 	
SLC1-5A	Organizational chart	
SLC1-7A	All required federal and state posters are placed in a prominent location	
SLC2-1A	Marketing materials	

ACCREDITATION COMMISSION *for* HEALTH CARE

ACHC Standard	Required Item	Located
SLC2-4A	Grievance/complaint log** (or plan to enact this standard once accredited)	
SLC2-5C	Business Associate Agreements (BAAs)	
SLC2-8A	PI activity to monitor the Compliance Program	
SLC2-9A, B	On-call calendar (HST services)	
SLC4-1C	Personnel records contain evidence of the items listed in the standard	
SLC4-2E	Job descriptions	
SLC42G	Employee handbook or personnel policies	
SLC4-2J, 4-6A	Competency evaluation** and/or training materials (if applicable)	
SLC4-4A, 4-5A	Evidence of ongoing education** and written education plan	
SLC4-6B	Board certification(s) for physicians who read and interpret the sleep study results	
SLC4-6D	Monthly staff educational sessions	
SLC4-9A	Contracts for direct care contract personnel, including copies of professional liability insurance certificates	
SLC5-1A (review client/patient records in advance of survey for required contents)	Client/patient records contain information according to the requirements specified in this standard and as specified in other standards pertaining to client/patient record information (SLC2-1A, 2-4B, 2-5A, 3-4A, 4-6B, 5-3A, 5-4B, 5-5A, 5-7A, 5-8A)	
SLC5-4B	Documentation of cleaning and testing of HST equipment between clients/patients (HST)	
SLC5-7A	Educational material provided to HST clients/patients	
SLC6-1A, C, 6-2A, 6-3A-F	PI Program, data collection tools,** plans of correction,** and personnel meeting minutes showing staff involvement in PI	
SLC6-1D	PI annual report** (if PI Program has been in place >1 year)	
SLC6-5A, 7-7A	Incident reports/logs**	
SLC7-1A	Tuberculosis (TB) prevalence rates for all counties served,** TB exposure control plan, Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens plan, and infection control documents provided to clients/patients	
SLC7-3A	Emergency disaster plan and results of emergency disaster drill**	
SLC7-4A	Report of annual fire drill** and emergency power tests**	
SLC7-4C	<ul style="list-style-type: none"> • Equipment inspection, calibration, and maintenance logs • Annual personnel training on equipment 	
SLC7-5A	Safety Data Sheets (SDSs)	
SLC7-7A	OSHA forms 300, 300A, and/or 301 (if applicable)	
SLC7-8A	Cleaning, testing and maintenance logs of any rental equipment and equipment used in the provision of care, recall records, personnel training to repair/maintain equipment, and HST equipment tracking	
SLC7-8B	Proof of delivery of shipped HST equipment	

** Provide for the past three years if a renewal


ITEMS NEEDED FOR ON-SITE SURVEY

Provided by Account Advisor prior to survey

Items to have ready prior to survey

Policies to have marked/flagged


List of documents by ACHC standard number



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ITEMS NEEDED FOR ON-SITE SURVEY

CUSTOMIZED FOR SLEEP LAB CENTER (SLC) & HOME SLEEP TESTING (HST)

 SLEEP

Below are items that the Surveyor will review during your on-site survey. Please have these items available for your Surveyor prior to his or her arrival to expedite the process. If you have any questions, please contact your Account Advisor.

- Policy and procedure manual and crosswalk, if applicable
- List of clients/patients with service dates or, a copy of a Medicare Explanation of Benefit (EOB)/third-party payment documents from the past six months to allow the Surveyor to choose client/patient files
- Today's appointment schedule
- Discharge/transfer client/patient census for past 12 months or since the start of operation if less than one year
- Personnel list with title, discipline, and start date (including direct care contract personnel)
- Any inspection results from the past year (i.e., fire department)
- Admission packet and education materials given to clients/patients
- Personnel meeting minutes for the past 12 months
- Board/Governing body meeting minutes for the past 12 months, if applicable

ACHC Standard	Required Item	Located
Multiple	Access to policy and procedure manual with the following policies flagged: <ul style="list-style-type: none"> • SLC2-4A Grievance/complaint process • SLC2-5A Health Insurance Portability and Accountability Act (HIPAA) policies and procedures • SLC2-8A Compliance Program • SLC4-2J Competency assessment • SLC4-6A Oversight during diagnostic sleep testing (SLC only) • DRX4-6B Who can interpret sleep studies • SLC5-4A Protocols for the process of sleep testing (SLC only) • SLC5-7A Client/patient education • SLC6-1A Performance Improvement (PI) Program/policies • SLC6-5A Handling incidents • SLC7-8A Use, cleaning, testing, maintenance, calibration, tracking, and recalls of HST equipment 	
SLC1-1A	Copy of current applicable licenses or permits	
SLC1-2A	List of governing body members, documentation of orientation, if applicable	
SLC1-4A	<ul style="list-style-type: none"> • Résumé/application of leader that shows he or she is qualified and job description of general manager/leader • Job description and orientation for temporary leader 	
SLC1-5A	Organizational chart	

MOST MISSED STANDARDS

- **SLC5-1A**
 - Patient files missing receipt of rights, complaint process, as well as pre- and/or post-sleep questionnaire
- **SLC6-1A**
 - PI program not include all required PI activities or reports not completed biannually
- **SLC6-3B**
 - Not completing personnel or referral satisfaction activities
- **SLC3-4A**
 - No documentation patients informed of financial responsibilities
- **SLC6-3C**
 - No PI activity to monitor patient files

POST-SURVEY PROCESS

- ACHC reviews all the data submitted by the Surveyor and provides an accreditation decision
- Summary of Findings (SOF) is prepared describing each ACHC Accreditation Standard that was marked as a deficiency during the survey
 - Each deficiency will detail the “Action Required” to bring that deficiency into compliance
- The organization then completes the provided POC document, detailing how they will meet and maintain compliance with that ACHC requirement

PLAN OF CORRECTION (POC)

ONCE COMPLETED, PLEASE EMAIL THIS FORM TO THE ATTENTION OF YOUR ACCOUNT ADVISOR



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Organization: Greg's Pharmacy

Standard	Plan of Correction (Specific action taken to bring standard into compliance)	Date of Compliance (Date correction to be completed)	Title (Individual responsible for correction)	Process to Prevent Recurrence (Describe monitoring of corrective actions to ensure they effectively prevent recurrence)	POC Compliant (ACHC internal use only)	Comments (ACHC internal use only)
TCRX3-B	What would be a proper POC for this deficiency?	What's a reasonable time frame?		How do you prevent this from happening again?		

ACHC ACCREDITATION DECISION DEFINITIONS



ACCREDITED

Provider meets all requirements for full accreditation status. Accreditation is granted but Plan of Correction (POC) may still be required.*



ACCREDITATION PENDING

Provider meets basic accreditation requirements but accredited status is granted upon submission of an approved POC.



DEPENDENT

Provider has significant deficiencies to achieve accreditation. An additional on-site visit will be necessary to be eligible for accreditation.



DENIED

Accreditation is denied. Provider must start process from the beginning once deficiencies are addressed.

SURVEY REPORT FOR SURVEY ON 10/2016 SERVICES: SLC

Deficiency Category - Policies & Procedures			Deficient
Standard		Comments	
SLC6-1A	<p>The SLC develops, implements, and maintains an effective, on-going, 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.</p>	<p>The Center does not have a PI program to review during the survey.</p> <p>Corrective Action: Implement the PI program and summaries for outcome of required metrics.</p>	X

SECTION 1

ORGANIZATION AND ADMINISTRATION

The standards in this section apply to the leadership and organizational structure of the company. All items referring to business licensure including federal, state and local licenses which affect the day-to-day operations of the business should be addressed. This section includes the leadership structure including board of directors, advisory committees, management and employees. Also included are the leadership responsibilities, conflicts of interest, chain of command, program goals, and regulatory compliance.

SECTION 2

PROGRAM/SERVICE OPERATIONS

The standards in this section apply to the specific programs and services an organization is supplying. This section addresses rights and responsibilities, complaints, protected health information, cultural diversity, and compliance with fraud and abuse prevention laws.

SECTION 3

FISCAL MANAGEMENT

The standards in this section apply to the financial operations of the company. These standards will address the annual budgeting process, business practices, accounting procedures, and the company's financial processes.

SECTION 4

HUMAN RESOURCE MANAGEMENT

The standards in this section apply to all categories of personnel in the organization unless otherwise specified. Personnel may include, but are not limited to, support personnel, licensed clinical personnel, unlicensed clinical personnel, administrative and/or supervisory employees, contract personnel, independent contractors, volunteers, and students completing clinical internships. This section includes requirements for personnel records including skill assessments and competencies.

SECTION 5

PROVISION OF CARE AND RECORD MANAGEMENT

The standards in this section apply to documentation and requirements for the service recipient /client/ patient record. These standards also address the specifics surrounding the operational aspects of care/ service provided.

SECTION 6

QUALITY OUTCOMES/PERFORMANCE IMPROVEMENT

The standards in this section apply to the organization's plan and implementation of a Performance Improvement (PI) Program. Items addressed in these standards include who is responsible for the program, activities being monitored, how data is compiled, and corrective measures being developed from the data and outcomes.

SECTION 7

RISK MANAGEMENT: INFECTION AND SAFETY CONTROL

The standards in this section apply to the surveillance, identification, prevention, control, and investigation of infections and safety risks. The standards also address environmental issues such as fire safety, hazardous materials, and disaster and crisis preparation.



QUESTIONS?

WORKSHOP EVALUATION

- Please help us know what we can 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?



THANK YOU

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