 Updates on Accreditation

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Conflict of Interest Disclosures
Speaker:

1. I do not have any potential conflicts of interest to disclose, OR

2. I wish to disclose the following potential conflicts of interest

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3. The material presented in this lecture has no relationship with any of these potential conflicts, OR

4. This talk presents material that is related to one or more of these potential conflicts, and the following objective references are provided as support for this lecture:

1.
Objectives

• Understanding your regions LCD.
• Discuss the importance of sleep center accreditation
• Describe and apply new JC and AASM accreditation standards in the sleep center
Accreditation: Why is it Important?

- Required for payment from CMS 💰
- Required for payment from many insurers 💰
- Provides a mark of quality for your program 🏆
- Codifies the best advice of experts in the field 😊
Which Accrediting Body is Best? The One that Works in Your Area

• AASM
  • Sleep Facility
  • HSAT
• Joint Commission
  • Sleep Center
• ACHC
  • Sleep Laboratory
  • HST
Know Your LCD

- The LCD trumps the NCD
- Novitas Solutions - www.novitas-solutions.com PART A & B - Jurisdiction L:
  - Delaware, New Jersey, Pennsylvania, Maryland and the District of Columbia;
- Jurisdiction H:
  - Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma and Texas
  - Indian Health Service (IHS) and Veterans Affairs (VA).
• Accreditation requirements are listed
• Interpreting physician requirements are spelled out
• Technologist credentialing requirements are specified
  • They may be different from accreditation requirements!
• **LCD OutPatient Sleep Studies** : Novitas Solutions
Does Your LCD Require a Specific Accrediting Body? Check Your LCD and With Your Insurers!

- All studies and application of OCST testing devices must have adequate and proper education and application performed by an acceptable technician before the study is performed as noted in the Documentation Requirements sections.
- All sleep studies (in facility or out of facility) are to be supervised and with an over read by the providers meeting the accreditation requirements list below in the Documentation Requirements Section to be considered reasonable and necessary and thereby payable.
All facility based (non-hospital affiliated) ordered sleep studies (in facility or OCST) shall be performed under the direction of a Center/Laboratory that meets the following criteria:

- Each center/laboratory must have as medical director a physician with a license valid in the state of the center;

- Technicians must work under the direction and control of a licensed physician, even though this test may be covered in the absence of direct supervision. This information should be documented and available upon request;

- Each center/laboratory, non-hospital based, must be accredited by and comply with the standards set in the Documentation Requirements below to be considered reasonable and necessary and thereby payable. (AASM, The Joint Commission, ACHC).
All Sleep Studies, whether in a facility based, or OCST shall be interpreted by appropriate physician with training in this area. Acceptable Board Certifications include American Board of Sleep Medicine or the American Board of Medical Specialties with a certification in Sleep Medicine.
Technician Credentials

Appropriate technical personnel credentialing include:

- **Board of Registered Polysomnographic Technologist (BRPT):**
  - Certified Polysomnographic Technician (CPSGT),
  - Registered Polysomnography Technologist (RPSGT), and

- **National Board of Respiratory Care (NBRC):**
  - Certified Respiratory Therapist-Sleep Disorders Specialist (CRT-SDS)
  - Registered Respiratory Therapist – Sleep Disorders Specialist (RRT-SDS), and

- **American Board of Sleep Medicine (ABSM)**
  - Registered Sleep Technologist (RST)
Check With Your Insurers!

- Do your local insurers require a specific accreditation?
- What other requirements might they have?
  - More and more private insurers have started requiring preauthorization prior to sleep testing
  - Many are requiring HSAT for diagnosis of OSA
Accrediting Body Changes in Focus

• **JC** has always focused on overall quality and safety measures but has a new emphasis on **sleep center specific issues**

• **ACHC** leans more toward **quality evaluation** than process evaluation

• **AASM** has changed focus toward evaluation of **quality and outcomes**
Joint Commission Accreditation
Recent JC Changes

• Many hospital based sleep centers have encountered a strong focus on medication administration for patients in outpatient sleep centers
  • This focus came from a 2013 CMS rule on patient self administration of medication in the hospital
• JC has interpreted this rule to apply to hospital based sleep centers
  • Requiring a policy and procedure for self administration of medication
CMS Rule ([§482.23(c)(6)](https://www.cms.gov))

Must be a Written Policy & Procedure that Includes Requirements for:

- A physician order for self-administration of medications the patient brought with them
- A means to identify the specified medication(s) and visually evaluate the medication(s) for integrity
  - Most hospitals this is a pharmacy check
- Assuring the security of the medication(s) for each patient
- Assessing the ability of the patient (or caregiver) to self-administer the specified medication(s) and the need for instruction in the safe and accurate administration of the specified medication(s)
- Documenting the administration of each medication, as reported by the patient (or the caregiver), in the patient’s medical record
Implementing Medicine Self-Administration: Prepare Before the Patient Arrives

• Documentation is key
  • A physician order approving self-administration is essential
  • Physician must document patient is able to self-medicate
  • Instruct patient to bring prescription bottle
Implementing Medicine Self-Administration: At the Sleep Center

• Documentation is still key
  • Time of administration
  • Dose
  • If medication is sedating, document that patient was informed of safety procedures (early termination of test, driving restriction)
Recent JC Changes
CPAP Equipment Cleaning

- JC is also currently specifically focused on cleaning PAP equipment and medication administration in the sleep center.
- Requirements for cleaning PAP equipment:
  - All reusable equipment must be cleaned after each use according to manufacturer guidelines.
  - Masks, headgear, hoses, humidifiers.
- Must be a policy in procedure in place and a means to track and log of all equipment cleaned.
Cleaning CPAP Masks

- Different masks have different cleaning requirements – including how many times they can be cleaned and re-used
- Each mask has several parts – some mask parts can be cleaned more times than other parts
- Must be a means of tracking how many times each mask and mask part have been cleaned
- Masks or mask parts cleaned the maximum number of times must be discarded
Cleaning CPAP Headgear

• Look for manufacturer specified cleaning requirements – including how many times they can be cleaned and re-used
• If headgear is cleaned there must be a means of tracking and logging how many times each has been cleaned
• Headgear cleaned the maximum number of times must be discarded
Hoses and Humidifiers

• These also each have specific manufacturer designated requirements for cleaning process and number of times they can be cleaned

• If you clean them, you must be able to track and log how many times each has been cleaned, and discard them after the maximum number of cleaning cycles is reached
Recent JC Changes

• So how do sleep centers address these issues?
  • Some are cleaning and tracking cleaning cycles of all equipment
  • Some are giving patients the mask and headgear used for titration
  • Some are using a batch process for cleaning hoses and humidifiers and using disposable masks and headgear
  • Some are using disposable equipment entirely (expensive!)
Recent JC Changes

• A couple of suggestions
  • Use disposable masks and headgear – or give to patient following titration
  • Batch clean hoses and humidifiers
    • Change hoses and humidifiers in ALL rooms every 30 days – rather than try to track how many times each has been used
    • Use disposable hoses and clean and track humidifiers only
  • The key is your policy & procedure! Make sure you do what is says you do!
AASM Accreditation
Updated Standards

• **January 2017** - Substantial updates to the AASM Standards for Accreditation were released in June 2016, with an emphasis on safety, patient-centered care and long-term disease management.
Recent AASM Changes: Quality Measures

- Published in 2015 (available on the AASM website!)
  - Measurement of Quality to Improve Care in Sleep Medicine
  - Quality Measures for the Care of Adult Patients with Restless Legs Syndrome
  - Quality Measures for the Care of Patients with Insomnia
  - Quality Measures for the Care of Patients with Narcolepsy
  - Quality Measures for the Care of Adult Patients with Obstructive Sleep Apnea
  - Quality Measures for the Care of Pediatric Patients with Obstructive Sleep Apnea

Recent AASM Changes
Quality Measures

• Process Measures
  • Quantifiable variables that relate to the disease process of interest

• Outcomes Measures
  • Goals of the measurement and treatment process

Handwashing
Infections
Quality Measures & AASM Accreditation

• AASM 2016 Accreditation Standards include significant changes!
• Quality measures have been incorporated as a significant portion of the QA process!
• Currently accredited sleep centers must implement the new standards by July 1, 2017
  • Attestation that the currently accredited sleep center meets these new standards will be required!
• New applicants must apply for accreditation under the new standards
Facility Accreditation

- Sleep Facility accreditation replaces Sleep Center accreditation for:
  - Comprehensive sleep centers that have a clinic, where patient evaluation and management occurs
  - And a laboratory, where diagnostic testing is administered through in-center sleep testing and home sleep apnea testing (HSAT)

Sleep Practice

• Independent Sleep Practice Accreditation replaces HSAT accreditation for
  • Sleep practices that manage patients with all sleep disorders
  • And conduct home sleep apnea testing (HSAT) but do not have a lab for in-center sleep studies

• NEW Corporate Accreditation
  • Available to entities that consist of 5 or more sleep facilities that are managed by the same company

http://www.aasmnet.org/accreditation.aspx
Personnel

Medical Director is Now Facility Director

• PhD who is board certified in sleep medicine by the ABSM
• Physician certified in sleep medicine by a member board of the ABMS or the AOA

Scoring Personnel*

• Must be RST, RPSGT, CPSGT, CRT-SDS or RRT-SDS certified or medical staff members/PhDs board-certified in sleep medicine
• Non-registered sleep technologists may score only under the supervision of one of the above

*previously required only for HSAT scoring

Background Checks

• Employee background checks are required
  • The facility shall comply with all background check requirements which may be required by federal, state or local law
  • In the absence of such requirements, the facility shall conduct criminal background checks of all new employees

Sleep Studies

• Signal Acquisition
  • Signals collected must meet the requirements of the current version of AASM Scoring Manual
  • Requires use of either the “RECOMMENDED” or “ACCEPTABLE” montages defined in the scoring manual

Protocols

• New Required Protocols
  • HSAT
  • Pediatric (under age 13)
    • PSG, titration of PAP therapy and capnography

Reports

• PSG & HSAT Reports
  • Must include all the “RECOMMENDED” and/or “ACCEPTABLE” parameters required in the CURRENT version of the AASM Scoring Manual

• PSG & HSAT Scoring
  • Must adhere to requirements of the CURRENT version of the AASM Scoring Manual

Referrals

• Record Review of Direct Referrals (added requirements)
  • Evidence of communication with the referring clinician should be recorded in the patient record for every PSG or HSAT
  • This should include a history and physical received from the referring clinician and a sleep study report sent back to the referring clinician

Patient Acceptance Policy

- Adherence to all applicable, current AASM guidelines
- Age limitations
- A mechanism for acceptance
- Evidence based criteria for exclusion
- Information required from a referring health care provider prior to testing

HSAT should adhere to the criteria of high pretest probability according to the AASM guidelines

Portable Recording: Equipment

• Portable Recording Equipment Requirements Changes
  • Equipment must provide a measure of respiratory events per unit time (AHI, RDI or REI)
    • Requirement to meet CPT codes 95800, 95801, 95806 removed
  • Equipment must allow for the display of raw data for manual scoring and editing

Portable Recording: Staff Training

• Technical staff must be trained on the proper use of HSAT devices including:
  • Device operations, application of sensors, use, maintenance, warnings and safety;
  • Instruction of patients in the use of HSAT devices;
  • Troubleshooting of HSAT problems; and
  • Infection control

Portable Recording: On-Call

- Addressing problems during HSAT
  - The facility must have and comply with a written protocol that provides on-call coverage to address problems encountered during HSAT
  - All patient and technical problems encountered during testing hours must be documented in a secure log
  - Quarterly audits must be conducted of these logs to identify trends related to device, sensor or service issues

Equipment Maintenance Plan Requirements

• Written plan and log for monitoring all patient-related equipment that adheres to manufacturer’s recommendations
  • Monthly visual inspection of equipment by staff for apparent defects
  • Devices and sensors associated with a failed test (e.g. no data, inadequate data, or corrupt data) removed from service and tested for proper function prior to next use
  • Reported or detected failures of devices, sensors or processes must be categorized and analyzed for cause and a plan for preventing future failures must be documented

Infection Control Requirements

• Facility must physically separate clean and dirty devices for infection control

• Procedure for cleaning and inspecting equipment (sterilization, high-level disinfection, or germicidal agents) after each use consistent with manufacturer recommendations, federal and state health policy regulations and institutional standards

Subcontracting

• Subcontracting HSAT & Scoring Services
  • Written agreements required; specifying services
  • Facility is responsible for annual assessment of performance
    • Including meeting applicable standards

Patient Records

- **H-1 – Medical Records:** Includes additional items that must be included in the medical records, such as interactions with the insurance company and a medications record.

- **H-2 – PAP Assessment:** Assessment must include both the device download and the subjective response to the therapy; inadequate response to therapy requires a follow-up visit.

- **H-3 – Database/Storage:** Database must include all patients’ sleep diagnoses using current ICSD codes; raw data (excluding video) must be maintained for a minimum of 5 years.
Sample PAP Assessment Policy

- Each patient prescribed PAP treatment by facility medical staff will be offered a follow-up PAP assessment within 12 weeks of treatment initiation, this is managed by the facility MD office staff.

- Patients will be contacted by telephone eight weeks after treatment initiating. Sleep center technical staff will gain the subjective response of the patient through a telephone questionnaire.

- Subjective response will be documented in the centralized sleep chart; Lab Retriever.

- Call schedule will be managed in the Lab Retriever data base.

- Device download information will be remoted downloaded after 8 weeks of treatment and documented in the centralized sleep chart; Lab Retriever.

- If the patient does not respond to the telephone inquiry, facility staff will attempt to contact the patient again by telephone and letter to compete a telephone questionnaire assessment.
Sample Phone Questionnaire

• Are you confident that you can use CPAP regularly (at least 4 hours a night)
• Are you confident that you can operate the CPAP machine and understand how to make it more comfortable?
• Are you getting supplies OK—is your mask > 6 months?
• Has your weight remained stable since starting therapy?
• Are you experiencing sleepiness during the day? Get current ESS Score
• Had a near miss or car accident due to sleepiness?
• Have you had any new medical issues?
• If DX with Hypertension is this controlled? Any improvement with CPAP use?
AASM Facility Accreditation Changes

Emergency Drills

• Conduct and document annual emergency procedure drills
  • At minimum, response to cardio-pulmonary emergencies

Emergency Equipment

• Either an AED or access to an on-site medical emergency response team
• Facility documents
  • maintenance of all emergency equipment
  • training of personnel on emergency equipment

Implementing AASM Outcomes Measures
New AASM QA Requirements

- Facilities must have a QA program that addresses the following indicators:
  - A process measure for OSA
  - An outcome measure for OSA
  - An outcome measure for another sleep disorder (e.g. RLS, Insomnia or Narcolepsy)
  - Two process measures and one outcome measure for HSAT
  - Inter-scorer reliability
- Quarterly reports must be maintained for a minimum of 5 years

Sample: OSA Process and Outcome Measures

Quality assurance reporting of one process and one outcome measure for OSA will be completed quarterly. Data will be compiled from clinical notes on patients > 18 years of age newly diagnosed using polysomnography (PSG) by the medical director or sleep center staff. Reports will be generated by the medical director.

Use the Quality Measures Article as a Guide

Sample Policy

• **A process measure for OSA: Assessment of Sleepiness**
  • Proportion of patients aged 18 years and older diagnosed and treated for OSA that had sleepiness assessed annually.
  • Expected threshold 95%

• **An outcome measure for OSA: Improvement of Quality of Life**
  • Proportion of patients aged 18 years and older diagnosed with OSA (with PSG or HSAT procedures) and showed any improvement in the quality of life (QoL) from baseline within one year of starting treatment.
  • Expected threshold 75%
Process Measure for OSA: Baseline Assessment of OSA Symptoms

- Charts will be reviewed for all adult patients with a new diagnosis of Obstructive Sleep Apnea by in lab PSG during the quarter.
- The presence or absence of documentation of OSA symptoms at initial evaluation will be tabulated.
- The expectation is that all patients (100%) should have clinical documentation of appropriate symptoms prior to diagnosis.

Symptoms may include:
- Snoring
- Observed apneas
- Unrefreshing sleep
- Daytime somnolence
- Observation of apneas by family members or medical personnel
- Nocturnal arrhythmias
Outcome Measure for OSA: Improve Quality of Life

- Charts will be reviewed for all adult patients with a new diagnosis of Obstructive Sleep Apnea by in lab PSG during the quarter.
- The presence or absence of documentation of any improvement in quality of life within one year of starting treatment will be tabulated.

- Exceptions include:
  - Patients with terminal illness or uncontrolled medical disease with expected lifespan < 6 months
  - Patients with psychiatric disease which may mask changes related to OSA treatment
  - Patients who are unavailable for follow-up for any reason
  - Patients with no impairment in quality of life at baseline
Expectations

• The expectation is that all patients compliant with treatment will experience some improvement in quality of life. In order to better understand the clinical response to treatment, patients in whom improvement in quality of life cannot be documented will be further subcategorized as:
  • Non-compliant or lost to follow-up
  • Other medical disease limiting response to OSA treatment
  • Compliant but without immediate clinical benefit from treatment
Sample: Narcolepsy Outcome Measure

Quality Assurance reporting of outcome measure for narcolepsy will be completed quarterly. Data will be compiled from clinical notes on patients >6 years of age newly diagnosed by the medical director or sleep center staff. Reports will be generated by the medical director.

Use the Quality Measures Article as a Guide

Outcome Measure for Narcolepsy: Reduce Excessive Daytime Sleepiness

- Charts will be reviewed for all patients (adult and pediatric patients age 6 and older) with a new diagnosis of Narcolepsy Type I or Type II during the quarter.
- After initiation of evidence-based treatment, the baseline ESS score will be compared to the post-treatment score. Caregivers may complete the scale for children.
- Subjective assessment of any improvement in quality of life based on reduced daytime sleepiness will also be tabulated from clinical notes.

Exceptions include:
- Patients on sedating medications for comorbid illnesses
- Patients with documented contra-indications to narcolepsy medications
- Patients who are intellectually or cognitively impaired
- Patients who are unable or unwilling to complete a validated sleepiness scale
- Children < 6 years old
Expectations

The expectation is that all patients compliant with treatment will experience a reduction in daytime sleepiness and improvement in quality of life. In patients in whom no improvement in quality of life can be documented by chart review, further discussion with the treating physician will be undertaken.
New AASM Safety Requirements
Occupational Safety Requirements

- Access to safety data sheets for hazardous materials
- Personal protective equipment
- Eyewash stations
- Appropriate disposal of all hazardous materials
  - In compliance with manufacturer recommendations and applicable laws and regulations

Patient Safety Risk Analysis

- Facility must complete and document an analysis of safety risks to patients.
- Analysis must be reviewed, and the review documented, on an annual basis.
- Facility must implement policies and procedures to mitigate risks identified.
- Analysis must be updated at least every 5 years.

Examples of Safety Risks

- Patient falls after receiving hypnotics
- Slippery shower surfaces
- Uneven ground outside the facility

Documentation and Analysis of Adverse Events

- Significant Adverse Events
  - Facility director must document the occurrence of significant adverse events
- Root Cause Analysis
  - Facility must have a policy and procedure for performing a root cause analysis of any significant adverse event
  - Facility must conduct an investigation of all significant adverse events that occur

Significant Adverse Events

- Patient or staff death
- Permanent loss of function or of a body part by a patient or staff
- An event that leads to the hospitalization of a patient or staff
- An event that requires activation of an emergency medical response
- Sexual or physical assault of a patient or staff or allegations thereof
- Release of a minor or a patient lacking capacity or competency to an unauthorized individual
- Elopement of a patient
- Complications arising from the effects of hypnotics used for the purpose of sleep testing
- Any event required by the applicable jurisdiction to be reported to a government agency

Safety Risks Unique to In-center Sleep Testing

• Facilities must have explicit policies and procedures to minimize the risk for assault or allegations of inappropriate behavior during the testing timeframe

• May include
  • Use of continuous video monitoring throughout the patient encounter in the lab
  • Specific training for the use of chaperones during interactions between patients and staff

New AASM Patient Rights Requirements

• Patient Bill of Rights
  • Must be available and provided to patients
  • Can use organizational bill of rights if available/otherwise must include specific information spelled out in accreditation requirements

Summary

• We have discussed
  • The importance of sleep center accreditation and options for accreditation
  • New JC and AASM accreditation standards for the sleep center and ways to apply them
Questions???

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