

FALL/WINTER 2021



FOR PROVIDERS.
BY PROVIDERS.



Quality Review Edition

THE SURVEYOR



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MISSION STATEMENT

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.



CORNER VIEW

In the fall of 2020, ACHC merged with the parent company of the first U.S. healthcare accreditation program, HFAP. The merger added CMS-deemed accreditation for facility-based care including acute care hospitals, ambulatory surgery centers, clinical laboratories, critical access hospitals; non-deemed accreditation for office-based surgery; and certification for stroke care, wound care, joint replacement, and lithotripsy to ACHC's existing portfolio of community-based accreditation and education programs.

Part of the assimilation process has been to audit our distinct resources in order to bring the very best from each separate entity to our new, unified company. You are reading one result of

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that exercise. **The Surveyor** is an ACHC legacy publication, but the Fall/Winter edition now parallels what was previously HFAP's annual **Quality Review**. That publication examined the most frequently cited deficiencies for each accreditation program to give organizations a tool for benchmarking and improving their performance.

In years past, ACHC identified frequent deficiencies by program and made them available annually as a "top ten" list. Now, using **The Surveyor** to share the data gives us a vehicle to add value by deepening the analysis. This is presented in separate editions for closely

affiliated programs. You can access any of them on our website (achc.org) under Resources and Education/Publications.

As you review the edition or editions most relevant to your setting, you will read examples of actual survey findings. These serve to clarify the specific aspects of the standard that were found to be non-compliant. Following the sample citations, you'll find tips for compliance.

While healthcare is constantly evolving, we are currently emerging from a time of unusually rapid change. Some of the deficiencies cited in the following pages can be traced directly to the impact of COVID-19. Many organizations made significant adjustments to continue to meet the needs of their patient/client populations: adopting new technology for remote visits and patient monitoring; sourcing against PPE shortages; reassigning staff to manage furloughs and quarantines. These are all examples of unanticipated change that required quick action that may have shifted focus away from some areas of required compliance.

Organizations that previously received the HFAP **Quality Review** used it in conjunction with their Deficiency Report (ACHC's Summary of Findings) to compare their performance against peer organizations and to proactively address issues frequently seen in other organizations. Used this way, the data becomes part of the process of continuous quality improvement and on-going survey readiness. We want to help you avoid a series of ramp up activities as your survey approaches by making ACHC Standards part of your overall quality strategy.

As always, ACHC is here as a partner in meeting your accreditation and education needs. Your feedback on this publication and on any aspect of our programs is welcomed and invited.

José Domingos
President & CEO

ACHC's Sleep Accreditation Program offers expertise for sleep testing services conducted in Independent Diagnostic Testing Facilities (IDTFs), physician-based testing facilities, or hospital-based testing facilities. Sleep Lab Accreditation includes all necessary Home Sleep Testing (HST) standards.



FROM THE PROGRAM DIRECTOR

COVID-19 has had a significant impact on sleep labs with many centers closing, at least temporarily, at the height of the pandemic. As facilities have reopened, and are once again seeking CMS-mandated accreditation, we are encouraged by a renewed vigilance in infection control. The issue of infection prevention and control transcends the public health emergency; it should always be an organization-wide focus for both quality of care and risk mitigation.

Frequent Deficiencies

Organizations look to ACHC for leadership in establishing and evaluating quality. Identifying frequently-cited deficiencies provides a data-driven review of survey results across a defined period of time. It gives ACHC-accredited sleep testing organizations a roadmap for improvement and it helps guide our efforts to provide meaningful, actionable education.

The data in this report reflect deficiencies cited on surveys performed between June 1, 2020, and May 31, 2021. The two most frequent deficiencies cited for sleep labs for this period were standards tied to required content for each patient record (SLC5-1A) and to the development, implementation, and maintenance of an effective, ongoing, organization-wide performance improvement (PI) program. Each of these requirements reflects ACHC's focus on patient-centered quality and continuous operational improvement.

The only additional standard that was cited on more than 10% of the surveys conducted in the study period requires written agreements for all contracted services. This does not apply to every setting as not all facilities use outside personnel or services. The deficiency reflects an administrative lapse that can be readily remedied with ongoing file audits.

For all other frequently "missed" standards, the overall incidence was low. More and more, sleep labs see improved survey results as they go through the accreditation process multiple times. Each cycle allows for a deeper dive for the ACHC Surveyor and a recalibration opportunity for the organization. Generally speaking, we find that those providers that embrace the concept of accreditation as a framework for continuous quality improvement are more data- and outcome-driven and subsequently develop more sustainable business practices.

The ACHC sleep lab team is passionate about supporting the organizations we serve.

Extending the Impact of Your Organization

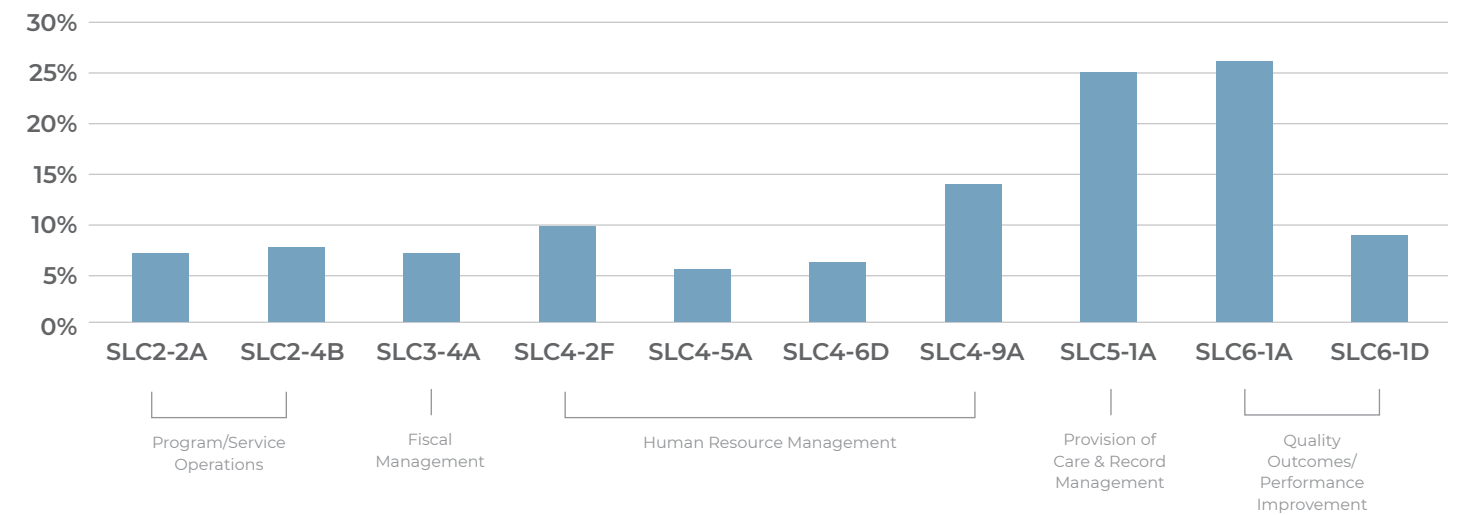
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As an accreditation organization, ACHC's singular focus is on helping individual organizations showcase existing strengths and identify areas for improvement. For sleep labs, this personal approach is enhanced by staff and surveyors with deep expertise in sleep practice management. This range of experience is appreciated by sleep testing facilities of all types and sizes and we are proud of our exceptional customer acceptance and high retention rate.

We look forward to your feedback on this summary of frequent deficiencies. Use it as a tool to assess your lab's performance and build on it. Please call on us at any time with questions and comments.

Tim Safley, MBA, RRT, RCP
Program Director

SLEEP LAB DEFICIENCIES



PROGRAM/SERVICE OPERATIONS

SLC2-2A

Overview of the requirement

The organization must provide the client/patient with their rights and responsibilities.

Comment of deficiencies

The standard was cited when organizations did not document distribution of rights and responsibilities to clients/patients.

Frequency of citation: 7%

Examples of Surveyor findings

- No documentation of patients receiving the rights and responsibilities document before initiation of services.
- Signed document was not included in the client/patient record.

Tips for compliance

- Assign the responsibility to the admissions/registration team to discuss and distribute the information to clients/patients.
- Re-educate the team on the importance of documenting receipt of rights and responsibilities in the client/patient record.

SLC2-4B

Overview of the requirement

The organization must provide the client/patient with information on how to contact the sleep lab or ACHC concerning grievances/complaints.

Comment of deficiencies

Deficiencies resulted when the organization's grievance reporting system did not include complete contact information or documentation of receipt in the client/patient record.

Frequency of citation: 8%

Examples of Surveyor findings

- Written information provided to the client/patient with instructions on how to submit a complaint did not include complete contact information.
- The sleep lab's grievance reporting process was not documented in client/patient records.

Tips for compliance

- Review current client/patient complaint documents to ensure they include contact information for grievance reporting.
- Monitor patient records to ensure there is documented receipt of the complaint process.

FISCAL MANAGEMENT

SLC3-4A

Overview of the requirement

The organization must inform the client/patient of the charges and their financial responsibility.

Comment of deficiencies

Deficiencies resulted from patients not being informed of their financial responsibility or from missing documentation regarding information regarding financial responsibility in the client/patient record.

Frequency of citation: 6%

Examples of Surveyor findings

- Records did not include evidence that the client/patient was informed of the charges, the expected reimbursement from third-party payors, and their financial responsibility.

Tips for compliance

- Re-educate personnel on the policies and procedures to inform patients of their financial responsibility.
- Monitor patient records to assure that there is documentation they were informed of their financial responsibilities.

HUMAN RESOURCE MANAGEMENT

SLC4-2F

Overview of the requirement

The standard ensures that background checks are completed on personnel that have direct care responsibilities or access to client/patient records.

Comment of deficiencies

The standard was cited because organizations did not establish and implement policies related to background checks.

Frequency of citation: 10%

Examples of Surveyor findings

Review of personnel files revealed the following:

- No evidence of a National Sex Offender Registry check.
- Criminal background checks were not completed.
- Missing OIG exclusion verification.

Tips for compliance

- Develop policies related to completing background checks on all personnel at the time of onboarding.
- Assign the responsibility to the HR manager to conduct background checks and maintain complete documentation in the personnel record.

SLC4-5A**Overview of the requirement**

The standard ensures that the facility has procedures for medication administration and ongoing education of clinical personnel on medication management.

Comment of deficiencies

Deficiencies resulted from personnel not receiving ongoing education on medication management and protocols not addressing the handling of medications brought to the facility by the patient.

Frequency of citation: 6%

Examples of Surveyor findings

- Personnel files were missing evidence of medication management education.
- The sleep lab did not have protocols for the administration of medication brought into the facility by patients.

Tips for compliance

- Review the organization's current policy on medication management to ensure it addresses handling of medications brought in by patients and confirm that ongoing education is included.
- Develop and implement an education program for all clinical personnel. Document all participation in education.

SLC4-6D**Overview of the requirement**

Sleep facility personnel must attend a monthly education session conducted by the medical director or a certified sleep physician.

Comment of deficiencies

Deficiencies resulted from monthly education sessions not being completed or not being conducted by the medical director or certified sleep physician.

Frequency of citation: 6%

Examples of Surveyor findings

- Personnel files were missing evidence of attendance at monthly sessions.
- Sleep facility does not conduct monthly education sessions.
- There is no evidence of medical director or certified sleep physician participation in monthly educational sessions.

Tips for compliance

- Review the requirement with the medical director or certified sleep physicians.
- Develop and implement a plan for monthly sessions and re-educate personnel on the attendance expectation. Document attendance.

SLC4-9A**Overview of the requirement**

The standard ensures that the organization maintains a written contract/agreement with outside personnel and organizations providing care/services.

Comment of deficiencies

The standard was cited when contracts and agreements were missing, did not include all relevant elements, or were not reviewed upon renewal.

Frequency of citation: 14%

Examples of Surveyor findings

Upon contract review, the following was revealed:

- Missing current liability insurance.
- Missing contracts for vendors/third party organizations.
- Contracts did not include a qualification requirement.
- No established process to review and renew contracts/agreements.

Tips for compliance

- Assign the responsibility of reviewing and maintaining contracts/agreements to the Director/Administrator.
- Conduct routine reviews of all personnel/organizations providing services on behalf of the sleep lab to ensure that contracts are kept on file, complete, and accurate.
- Obtain current copies of contracted entity's liability insurance at initiation of the contract and upon renewal of coverage.

PROVISION OF CARE AND RECORD MANAGEMENT**SLC5-1A****Overview of the requirement**

An accurate record must be maintained for each client/patient.

Comment of deficiencies

The standard was cited when client/patient records were missing required elements.

Frequency of citation: 25%

Examples of Surveyor findings

Upon record review, the following was observed:

- Missing client/patient information sheet before the sleep study, especially an emergency contact.
- Incomplete documentation from referring physician.
- Missing pre- and post-sleep questionnaire for in-lab and home sleep studies.
- Missing Epworth scores.
- Missing documentation of the equipment/supplies used for the home sleep study.

Tips for compliance

- Conduct a policy review to confirm that all required elements are included in the organization's policies and procedures.
- Educate appropriate personnel on the required contents of the patient record.
- Routinely monitor patient records to ensure they include all required items.

QUALITY OUTCOMES/PERFORMANCE IMPROVEMENT

 **SLC6-1A****Overview of the requirement**

Each sleep lab must develop a performance improvement program that meets its needs and includes measurement, analysis, and tracking of quality indicators to assess processes of care, services, and operations.

Comment of deficiencies

The standard was cited for incomplete performance improvement (PI) programs.

Frequency of citation: 26%

Examples of Surveyor findings

- The organization does not have a written PI program.
- The following was missing from the organization's PI program:
 - » Interviewing clients/patients and/or personnel as a method of data collection.
 - » Monitoring of adverse events, patient complaints, personnel satisfaction, patient satisfaction, and clinical competency of personnel conducting sleep studies.
- Incomplete data collection activities; monitoring not occurring at the time frames noted in the PI program.
- PI summary not completed bi-annually and/or some required PI activities were missed.

Tips for compliance

- Assign the responsibility of PI coordination to the Sleep Lab Manager/Director. Ensure that adequate time and resources are allocated to run the program.
- Plan the PI activities and bi-annual summaries for the year and use a system to remind you when PI activities and summaries are due.

 **SLC6-1D****Overview of the requirement**

The sleep facility must implement a comprehensive, written annual report that describes the performance improvement activities and corrective actions that relate to the services provided.

Comment of deficiencies

Deficiencies resulted from incomplete PI reports or for not completing an annual report.

Frequency of citation: 9%

Examples of Surveyor findings

- PI reports did not include:
 - » Descriptions of all PI activities.
 - » Findings for PI activities conducted.
 - » Corrective actions.
- Sleep facility did not complete a PI report annually.
- The sleep lab's annual report did not include all PI activities required by standard.

Tips for compliance

- Review the current PI plans and ensure that all required elements are included.
- Re-educate those responsible for coordinating PI activities regarding documentation of all required information in the annual PI report.

**We're here to help.**

To learn more, visit our website at [achc.org](https://www.achc.org), call us at (855) 937-2242, or email customerservice@achc.org.

ACHC OFFERS MORE, SO YOU CAN OFFER MORE TO YOUR PATIENTS



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