

AASM CENTER ACCREDITATION FACT SHEET

Quality Assurance

Quality Assurance Program Development

A complete QA program outlines details of the specific indicators monitored by the facility, including inter-scorer reliability and three other indicators. Tracking mechanisms (used to monitor and evaluate the facility's performance, identify problems and pursue opportunities) should be explained as well as the frequency of reporting (quarterly) to the medical director or designated board certified sleep specialist. Goals for each indicator are also outlined in a complete QA program (see below for description of establishing goals).

Sample Indicators

When selecting indicators, a facility may develop their own indicators, and/or consider the following sample indicators:

- Patient satisfaction (e.g. rating comfort level, cleanliness, ease of schedule and/or tech communication)
- Termination of procedure/refusal of treatment
- Timeliness of scoring/reports
- Number of inactive bed-nights
- Tracking of tech hours and/or staffing patterns
- Chart completion
- Adherence to established procedures (e.g. patient acceptance, split-night studies, medical emergencies or equipment maintenance)

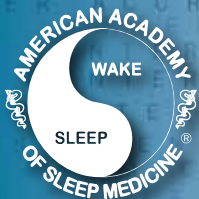
APPLICABLE ACCREDITATION STANDARDS

J-1 – QA Program

AASM accredited sleep facilities must have a quality assurance program that addresses inter-scorer reliability as outlined in standard F and at least three other quality assurance indicators.

J-2 – Reporting QA Program

All quality assurance metrics must be reported and reviewed by the sleep facility's medical director or the designated board certified sleep specialist a minimum of once each quarter. The reviewer of the report must sign and date the report; a copy of the signed report must be kept on file for a minimum of one year.



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Establishing Measurable Goals

Goals should be established for each indicator based on the type of indicator.

- Patient satisfaction goals should be a percentage of patients satisfied with an aspect of service. For example, a percentage of patients satisfied with the cleanliness of the facility.
- For policy indicators, the goal will also be a percentage. For example, a percentage of time that the facility's patient acceptance policy is followed.
- For some indicators, goals will be a number. For example, a target number of terminated procedures.

Quality Assurance Reporting

A complete QA report reflects a full quarter (3 months) of data for each indicator. Data should reflect whether or not goals are met. Per standard B-5, the designated board certified sleep specialist "must review, report and modify as necessary the facility's quality assurance program on a quarterly basis." A signature, date and any applicable notes from the designated board certified sleep specialist will serve as documentation of his/her review.

KEY THINGS TO KEEP IN MIND...

- A complete QA program includes inter-scorer reliability and **three** other indicators.
- A complete QA program includes **goals** for each indicator.
- A complete QA report reflects a **full quarter** (three months) of data.
- A complete QA report is **signed and dated** by the facility's medical director or designated board certified sleep specialist.