

**HACKETTSTOWN REGIONAL MEDICAL CENTER
CENTER FOR SLEEP RELATED DISORDERS
POLICY AND PROCEDURES
PERFORMANCE IMPROVEMENT**

Effective Date: June, 2010

Cross Referenced:

Reviewed Date: 04/12

Revised Date:

Policy No: 7.008

Origin: Cardio Pulmonary

Authority: Cardio/Pulmonary Manager

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- The Director and the Manager of Cardio Pulmonary services will coordinate and implement the performance improvement plan and quality assurance for the Sleep Center.
- The Director and the Manager will meet on a regular basis to review and plan current PI projects. The data, both initial and outcome, are reported monthly which are shared with the hospital and the staff Sleep Disorders Center.
- Corrective actions utilizing counseling and corrective action notices will be created on an as needed basis through Physician Review, Peer Review, Director of Cardio Pulmonary Services, Manager of Cardio Pulmonary Services and the Sleep Center staff.
- Sleep staff will be utilized when necessary to gather data for Performance Improvement analysis. All information collected will be shared with the Director of the Sleep Center, the Hospital and the Sleep Center staff.
- A permanent record of all PI efforts, plans, and data will be maintained in the Sleep Center.

(See Following Description of QA Process)

The following are examples of QA/QI indicators that could be used for assessments. The basic format should be used in all assessments and the results reported. In developing QA indicators, one should consider the threshold that would be considered acceptable.

A. Quality Assurance- Patient Care Indicators

These indicators pertain directly to the quality of patient care provided at the sleep disorders center. In addition to internal review, specific indicators are monitored closely month by month. The indicators under monthly or quarterly review will be varied across the year.

1. **Indicator:** Patient Complaint
Frequency: Reported daily, as needed and summarized quarterly
Threshold: variable
Data Source: Hospital record
Description: All patient complaints directed either to Medical Administrative Service or the sleep center directors are investigated, reviewed, and an incident report is filed. Corrective action will be recommended, as needed.
2. **Indicator:** Against Medical Advice Polysomnogram Termination
Frequency: Monitored daily, as needed and summarized quarterly
Threshold: 0 percent
Data Source: Record Data Sheet, Technician Log, and PSG Notepad
Description: All instances in which a patient discontinued polysomnographic assessment, notwithstanding the technician strongly urging them to continue, will be documented and tracked. Corrective action will be recommended, as needed.

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3. **Indicator:** Patient Satisfaction
Frequency: Monitored daily, sample reported quarterly
Threshold: variable
Data Source: Patient Satisfaction Questionnaire (HCAHPS/Press Ganey)
Description: A nonsystematic sample will be drawn from the Sleep Center Patient Satisfaction Questionnaire (HCAHPS/Press Ganey) and will be summarized. Corrective action will be recommended, as needed.

B. Quality Control Procedure Indicators

These indicators pertain directly to the quality of technical procedures used at the sleep disorders center. In addition to internal review, specific indicators are monitored closely month by month. The indicators under monthly or quarterly review will be varied across the year.

1. **Indicator:** Polysomnographic recording quality
Frequency: Monitored daily by Manager Cardio Pulm. Services/ Scoring Technologist and the interpreting individual, sample reported quarterly
Data Source: Sleep Study Audit Sheets
Description: During the work flow process of Scoring, interpreting, quality of study will be monitored by Registered Technologists and Physicians. Specifically, recording quality for EEG, EOG, EKG, EMG submentalis, EMG anterior tibialis, airflow, respiratory effort, SaO2 and notations of corrective actions by the technologist will be reviewed. Corrective action will be recommended and relayed to acquisition tech utilizing the Audit Sheets, as needed.
2. **Indicator:** CPAP titration quality
Frequency: Monitored daily by Manager Cardio Pulm. Services/ Scoring Technologist and the interpreting individual, sample reported quarterly
Data Source: Sleep Study Audit Sheets
Description: Specifically, amount of time between pressure increases, appropriateness of pressure changes, and overall quality of CPAP titration will be reviewed. Corrective action will be recommended and relayed to acquisition tech utilizing audit sheets, as needed.
3. **Indicator:** MSLT/MWT standard adherence
Frequency: Monitored daily by Manager Cardio Pulm. Services/ Scoring Technologist and the interpreting individual, sample reported quarterly
Data Source: Sleep center charts
Description: A sample will be drawn from Polysomnogram MSLT/MWT printouts and will be summarized. Specifically, adherence to standard procedure, test start times, test durations, and adjunctive paperwork will be reviewed. Corrective action will be recommended, as needed.

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4. **Indicator:** Sleep stage scoring reliability assessment
Frequency: Conducted quarterly
Data Source: Inter-scorer reliability assessment sheets
Description: Each person at the sleep center who engages in sleep stage scoring will score three calibration polysomnograms per quarter (each polysomnogram will consist of 200 consecutive epochs of recording marking staging, arousals, respiratory events and limb movements.). Results will be reported for stage-specific agreement between the scorer and the calibration (D-ABSM/ABIM) record. 90% agreement will be considered acceptable. Corrective action will be recommended, as needed.

B. Quality Improvement- Administrative and Operation Function Indicators

These indicators pertain to general operation, efficiency, and administrative issues. In addition to internal review, specific indicators are monitored closely month by month. The indicators under monthly or quarterly review will be varied across the year.

1. **Indicator:** Appointment Scheduling
Frequency: Monitored weekly, summarized quarterly
Data Source: Appointment log and referral sheets
Description: Time between referral and initial appointment and time from approval for polysomnography to scheduled sleep study will be monitored.
2. **Indicator:** Follow-up Scheduling
Frequency: Monitored weekly, summarized quarterly
Data Source: Appointment log, central computer, and patient charts
Description: Time intervals for clinical follow-ups will be monitored.
3. **Indicator:** History and Physical Posting
Frequency: Monitored daily, summarized quarterly
Data Source: Patient charts
Description: All Charts will be reviewed for compliance with the requirement that they include a medical history & physical and a review of sleep habits & problems.
4. **Indicator:** Progress Note Posting
Frequency: Monitored weekly, summarized quarterly
Data Source: Patient Charts and Central computer
Description: Each patient's chart will be reviewed to determine that progress notes have been posted within 5 working days.

