



Quality  
Innovation  
Performance


# Accreditation Report

# Quality Innovation Performance Accreditation Report



Provider Name	Respiratory Sleep Disorder Centre
Provider ID	CMW1155
Accreditation Contact	Practice Manage Behnoosh Ghasabi

Assessors	Mrs Jennifer Mitchell
Assessment Date	Wednesday, 8 January 2020

Accreditation Decision	Accredited
Accreditation Decision Maker	Nicole Paez
Decision Maker Signature	
Accreditation Commencement Date	Wednesday, 8 January 2020
Accreditation Expiry Date	Friday, 8 January 2021

This report sets out the assessor's findings in relation to the assessment of the above provider against the TSANZ Standards Delivery of Spirometry . The report includes ratings for each indicator, criterion and standard and explanatory notes for key findings, including corrective action for indicators not met and recommended improvement/s which may be implemented at the discretion of the provider.

#### Disclaimer

The information contained in this report is based on evidence provided by the participating organisation and its representatives at the time of the accreditation assessment and where applicable any further subsequent information that the organisation supplied through the reporting process. Accreditation issued by Quality Innovation Performance (QIP) does not guarantee the safety, quality or acceptability of a participating organisation or its services or programs, or that legislative and funding requirements are being, or will be, met.

## Foreword

Accreditation is independent recognition that an organisation, practice, service, program or activity meets the requirements of defined criteria or standards. Accreditation provides quality and performance assurance for owners, managers, staff, funding bodies and consumers.

The achievement of accreditation is measured against the sector specific Standards which have been set as the minimum benchmark for quality. Compliance with the Standards is demonstrated through an independent assessment.

Accreditation can help an organisation to:

- Provide independent recognition that the organisation is committed to safety and quality
- Foster a culture of quality
- Provide consumers with confidence
- Build a more efficient organisation using a systematic approach to quality and performance
- Increase capability
- Reduce risk
- Provide a competitive advantage over organisations that are not accredited, and
- Comply with regulatory requirements, where relevant.

Continuous quality improvement (CQI) underpins all AGPAL/QIP accreditation programs and the organisation/practice/service through:

- Looking for ways to improve as an essential activity of everyday practice
- Consistently achieving and maintaining quality care that meets consumer/patient needs
- Monitoring outcomes in consumer/patient care and seeking opportunities to improve both the care and its results.
- Constantly striving for best practice by learning from others to increase the efficiency and effectiveness of processes

The following report is based on an independent assessment of the service's performance against TSANZ Standards Delivery of Spirometry . The report includes compliance level ratings for each indicator, criteria and standard and includes explanatory notes for key findings. Where an indicator is not rated as 'met', corrective action is specified.

## Assessment Ratings

The following levels of attainment are used consistently throughout this report to give an overall rating for each Standard. The levels of attainment are:

- Met
- Not Met

In order to meet accreditation requirements all the mandatory Standards must be met.

## Summary of Ratings

### Overall Assessment of Standards

Standard	Rating
1 Requirements	Met
2 Measurement - Testing sequence	Met
3 Measurement - Results	Met
4 Reporting and interpretation	Met

## 1 Requirements

The delivery of spirometry assessment requires:

- the provision of appropriate training and competency assessment for personnel
- calibrated and certified equipment
- a high level of continued quality control to ensure reliable and accurate results

<b>Criterion:</b>	<b>1.1 Personnel - Training and Competency</b> Personnel - Training and Competency			
<b>Rating:</b>	<b>Met</b>			
<b>Indicators</b>	<b>Description</b>	<b>Assessment Rating</b>	<b>Assessment Comments</b>	<b>Final Rating</b>
1.1 1 (C)	<p>All individuals in the practice who undertake spirometry testing for the Coal Mine Workers' Health Scheme have in the last three years, completed an initial training course accredited against the TSANZ Standards for Spirometry Training Courses.</p> <p>Personnel who have completed a non-TSANZ accredited spirometry training course must also complete a one day refresher course accredited against the TSANZ Standards for Spirometry Training Courses for equivalency.</p> <p>NOTE: all training undertaken from March 2019, personnel must complete a spirometry training course or refresher training course that is accredited against the TSANZ Standards for Spirometry Training.</p> <p>A list of accredited spirometry training providers is available by clicking the link below.</p>	Met	<p>Human Resource Management Documents/Records: Review of the Statement of Completion provided by Respiratory Sleep Disorder Clinic from KINNECT Training shows that Hooman Salami has completed the initial course in spirometry in December 2019.</p> <p>At the time of the course completion in December 2019 KINNECT Training was an approved provider on the voluntary register with DNRME.</p> <p>Respiratory Sleep Disorder Clinic has provided a completed training register showing all Respiratory Sleep Disorder Clinic's spirometry training schedules and completion dates.</p>	Met

Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
1.1 2 (C)	<p>All individuals in the practice who undertake spirometry testing for the Coal Mine Workers' Health Scheme, have within 12 months of undertaking an initial training course accredited against the TSANZ Standards for Spirometry Training Courses, completed a one day refresher training course that is accredited against the TSANZ Standards for Spirometry Training Courses.</p> <p>A list of accredited spirometry training providers is available by clicking the link below.</p>	Met	<p>Human Resource Management Documents/Records: As Hooman Salami completed the initial course in spirometry in December 2019, the refresher course has not yet taken place.</p> <p>Review of the training register provided by Respiratory Sleep Disorder Clinic shows that Hooman Salami is due to complete the first spirometry refresher training course by November 2020.</p>	Met
1.1 3 (C)	<p>All individuals in the practice who undertake spirometry testing for the Coal Mine Workers' Health Scheme, have within three (3) years of undertaking a TSANZ accredited one day refresher training course, undertaken a subsequent one day refresher training course that is accredited against the TSANZ Standards for Spirometry Training Courses.</p> <p>A list of accredited spirometry training providers is available by clicking the link below.</p>	Met	<p>Human Resource Management Documents/Records: As Hooman Salami completed the initial course in spirometry in December 2019, the secondary refresher course has not yet taken place.</p> <p>Review of the training register provided by Respiratory Sleep Disorder Clinic shows that Hooman Salami is due to complete the second spirometry refresher training course by November 2023.</p>	Met
1.1 4 (C)	<p>All individuals in the practice who undertake spirometry testing for the Coal Mine Workers' Health Scheme demonstrates ongoing competency in the procedure, interpretation and quality control by undertaking 100 spirometry tests per operator, per annum, conducted regularly throughout the year.</p> <p>The TSANZ Spirometry Logbook can be downloaded by clicking the link below.</p>	Met	<p>Human Resource Management Documents/Records: Review of the completed Spirometry log book for Hooman Salami provided by Respiratory Sleep Disorder Clinic shows that Hooman Salami has performed 100 spirometry tests within twelve months between October 2019 and November 2019.</p>	Met

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Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
	NOTE: These may comprise of spirometry tests from coal mine workers and from other clients.			

<b>Criterion:</b>	<b>1.2 Equipment</b> Minimum equipment requirements			
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<b>Rating:</b>	<b>Met</b>			
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Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
1.2 1 (C)	Our practice has a spirometer that meets ATS/ERS requirements.  Refer to TSANZ Standards for the Delivery of Spirometry for Coal Mine Workers - Page 4 by clicking the link below.	Met	Policy, Procedure and/or Protocol: Review of the User Manual for the spirometer shows evidence that the spirometer meets the ATS/ERS requirements. Respiratory Sleep Disorder Clinic use a Medisoft BodyBox 5500 spirometer.  Review of the Lab Manual provided by Respiratory Sleep Disorder Clinic shows that spirometer use and maintenance procedures are in place.	Met
1.2 2 (C)	An equipment maintenance log is required and must include: - Equipment history - with noted use and any changes in hardware, software and reference equations - Equipment calibration and verification records, including error reports and resulting preventative maintenance - Biological control record and calculated "normal" ranges	Met	Safety and Quality Documents/Records: Respiratory Sleep Disorder Clinic has provided for review a maintenance schedule which shows it includes equipment history, with noted use and any changes in hardware, software and reference equations, calibration record and a biological control record including calculated "normal" ranges.	Met
1.2 3 (C)	Calibration or verification using a certified syringe is undertaken prior to each testing session (or as per manufacturer's recommendation).	Met	Policy, Procedure and/or Protocol: Review of the Lab Manual shows that equipment calibration and verification is undertaken as per the manufacturer's recommendations documented in the MediSoft User Manual.  Safety and Quality Documents/Records:	Met

Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
	<p>Note: It is recommended calibration or verification is done at three different flow rates. Verification should be done even if the manufacturer states calibration is not required.</p> <p>Refer to the TSANZ Standards for the Delivery of Spirometry for Coal Miner Workers for further information.</p>		<p>Review of the MediSoft User Manual provided states spirometer calibration be checked daily and review of the Lab Manual states that an equipment calibration is performed regularly.</p> <p>Review of the Maintenance Schedule provided by Respiratory Sleep Disorder Clinic shows that the calibration is undertaken daily, as per the manufacturer's recommendation.</p>	
1.2 4 (C)	Biological control checks from a healthy subject is conducted at least once every four weeks.	Met	<p>Safety and Quality Documents/Records: Review of the Biological Control spreadsheet provided by Respiratory Sleep Disorder Clinic shows biological control checks are conducted at least once every four weeks.</p>	Met
1.2 5 (C)	Regular cleaning as per the manufacturer's recommendation is undertaken.	Met	<p>Safety and Quality Documents/Records: Review of the MediSoft Cleaning and Sterilisation Manual provided by Respiratory Sleep Disorder Clinic states that the Medisoft BodyBox 5500 be wiped down with a cloth moistened with alcohol (70% max) between each patient and that the spirometer is cleaned on a weekly basis.</p> <p>Respiratory Sleep Disorder Clinic has provided a Maintenance Schedule showing that cleaning as per the manufacturers recommendations is undertaken.</p>	Met
1.2 6 (C)	<p>Our practice has the minimum equipment requirements for the provision of spirometry tests for the Coal Mine Workers' Health Scheme, including:</p> <ul style="list-style-type: none"> <li>• A dedicated space to conduct the procedure</li> <li>• Nose clips (recommended)</li> <li>• Single-use bacterial/viral filters, or single-use or disinfected mouthpieces</li> <li>• Validated Stadiometer and scales for determining height and weight</li> <li>• Bronchodilator inhaler and single-use or disinfected spacer (disinfected as per manufacturer recommendation) for reversibility assessment</li> <li>• Hard drive storage and printer for data recall and report access (including back-up)</li> </ul>	Met	<p>Safety and Quality Documents/Records: Behnoosh Ghasabi, Practice Manager, from Respiratory Sleep Disorder Clinic declared that the practice has the following minimum equipment requirements for the provision of spirometry tests for the Coal Mine Workers' Health Scheme:</p> <ul style="list-style-type: none"> <li>• A dedicated space to conduct the procedure</li> <li>• Nose clips</li> <li>• Single-use bacterial/viral filters, or single-use or disinfected mouthpieces</li> <li>• Validated Stadiometer and scales for determining height and weight</li> <li>• Bronchodilator inhaler and single-use or disinfected spacer (disinfected as per manufacturer recommendation) for reversibility assessment</li> <li>• Hard drive storage and printer for data recall and report access (including back-up)</li> <li>• Currently certified validated calibration 3L syringe</li> <li>• Daily access to local atmospheric conditions (including temperature) as per the spirometer specifications.</li> </ul>	Met



Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
	<ul style="list-style-type: none"> <li>• Currently certified validated calibration 3L syringe</li> <li>• Daily access to local atmospheric conditions (including temperature) as per the spirometer specifications.</li> </ul>			

Criterion:	<b>1.3 Infection Control</b> Infection Control			
Rating:	<b>Met</b>			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
1.3 1 (C)	Our practice has an up to date written infection control policy that outlines our infection control processes and is reviewed on an annual basis.	Met	Safety and Quality Documents/Records: Review of the Lab Manual provided by Respiratory Sleep Disorder Clinic shows that an up to date written infection control policy that outlines the infection control processes is in place and this is reviewed at a minimum on an annual basis.	Met
1.3 2 (C)	All individuals in the practice who undertake spirometry testing have been trained in and adhere to Hand Hygiene Australia's (HHA), 5 Moments for Hand Hygiene and the use of personal protective equipment (PPE).	Met	Human Resource Management Documents/Records: Respiratory Sleep Disorder Clinic has provided a Hand Hygiene certificate and a completed Hand Hygiene Competency Audit for review for Hooman Salami.  Policy, Procedure and/or Protocol: Review of the Lab Manual provided by Respiratory Sleep Disorder Clinic shows that a hand hygiene procedure is in place and that the risk of cross-contamination is reduced through adherence to this procedure.	Met
1.3 3 (C)	All individuals in the practice who undertake spirometry testing use: <ul style="list-style-type: none"> <li>• single-use viral/bacterial filters</li> <li>• single-use or disinfected spacers (disinfected as per manufacturer recommendation)</li> <li>• single-use or disinfected mouthpieces</li> <li>• personal protective equipment (e.g. gloves)</li> </ul>	Met	Safety and Quality Documents/Records: Behnoosh Ghasabi, Practice Manager, from Respiratory Sleep Disorder Clinic declared that all individuals in the practice who undertake spirometry testing use: <ul style="list-style-type: none"> <li>• Single-use viral/bacterial filters</li> <li>• Single-use or disinfected spacers (disinfected as per manufacturer recommendation)</li> <li>• Single-use or disinfected mouthpieces</li> <li>• Personal protective equipment (e.g. gloves).</li> </ul>	Met

## 2 Measurement - Testing sequence

<b>Criterion:</b>	<b>2.1 Test indication and contraindications</b> Test indication and contraindications			
<b>Rating:</b>	<b>Met</b>			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
2.1 1 (C)	Test indication and any contraindications are determined and recorded.	Met	<p>Clinical Documents/Records: Review of the Lab Manual provided by Respiratory Sleep Disorder Clinic states how indications and contraindications are determined and recorded in the Spirometry Report.</p> <p>Review of the example report provided shows that indications are documented in the report and there is an area in the report to document any contraindications that have been identified. Respiratory Sleep Disorder Clinic stated that they have not encountered a patient who has contraindications to report.</p>	Met

<b>Criterion:</b>	<b>2.2 Worker preparation</b> Worker preparation			
<b>Rating:</b>	<b>Met</b>			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
2.2 1 (C)	Worker demographics including height, weight, age, gender, ethnicity and the type and time of their last inhaler medication is entered into the spirometer's software.	Met	<p>Clinical Documents/Records: Review of the Lab Manual provided by Respiratory Sleep Disorder Clinic describes how worker demographics including height, weight, age, gender, ethnicity and the type and time of their last inhaler medication is entered into the spirometer's software.</p> <p>Review of the example report provided by Respiratory Sleep Disorder Clinic shows that the worker demographics including height, weight, age, gender, ethnicity and the type and time of their last inhaler medication is documented in the report.</p>	Met
2.2 2 (C)	Written procedures are in place for correct worker positioning, which includes the worker	Met	Clinical Documents/Records: Review of the Lab Manual provided by Respiratory Sleep Disorder Clinic shows that written	Met

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Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
	is seated comfortably, upright with good posture, feet on floor and arms uncrossed.		procedures are in place for correct worker positioning, which includes the worker is seated comfortably, upright with good posture, feet on floor and arms uncrossed.	

Criterion:	<b>2.3 The test</b> The test			
Rating:	<b>Met</b>			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
2.3 1 (C)	<p>Spirometry is performed to achieve acceptability and repeatability criteria, i.e.at least 3 test efforts meet the acceptability criteria, the 2 best acceptable efforts are repeatable. A maximum of 8 attempts are undertaken to achieve these criteria.</p> <p>Refer to TSANZ Standards for the Delivery of Spirometry for Coal Mine Workers - Page 8</p>	Met	<p>Clinical Documents/Records: Review of the Lab Manual provided by Respiratory Sleep Disorder Clinic shows that a spirometry test is performed using the spirometer software, how acceptability and repeatability criteria are achieved and documented and that a maximum of eight attempts is undertaken to achieve these criteria.</p> <p>Review of the example report provided by Respiratory Sleep Disorder Clinic shows that acceptability and repeatability criteria are documented in the report.</p>	Met

Criterion:	<b>2.4 Operator comment</b> Operator comment			
Rating:	<b>Met</b>			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
2.4 1 (C)	Test quality is documented to assist interpretation and reporting.	Met	<p>Clinical Documents/Records: Review of the Lab Manual provided by Respiratory Sleep Disorder Clinic describes how test quality is documented to assist interpretation and reporting.</p> <p>Review of the example report provided by Respiratory Sleep Disorder Clinic demonstrates that test quality is documented in the report.</p>	Met

## 3 Measurement - Results

Criterion:	<b>3.1 Selection of reported results and reversibility</b> Selection of reported results and reversibility			
Rating:	<b>Met</b>			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
3.1 1 (C)	The largest FEV <sub>1</sub> , and FVC from the two acceptable and repeatable trials are reported and used to calculate the FEV <sub>1</sub> /FVC ratio.	Met	<p>Clinical Documents/Records: Review of the Lab Manual provided by Respiratory Sleep Disorder Clinic documents how the largest FEV<sub>1</sub> and FVC from the two acceptable and repeatable trials are reported and used to calculate the FEV<sub>1</sub>/FVC ratio.</p> <p>Review of the example report provided by Respiratory Sleep Disorder Clinic demonstrates that the largest FEV<sub>1</sub> and FVC are reported and used to calculate the FEV<sub>1</sub> /FVC ratio which are all documented in the report.</p>	Met
3.1 2 (C)	The flow-volume curve from an acceptable trial with the largest sum of FEV <sub>1</sub> , and FVC displayed on the report.	Met	<p>Clinical Documents/Records: Review of the example report provided by Respiratory Sleep Disorder Clinic demonstrates that the flow volume curve from an acceptable trial with the largest sum of FEV<sub>1</sub> and FVC are displayed on the report.</p>	Met
3.1 3 (C)	Airway reversibility is assessed (when abnormal spirometry results are obtained) by comparing "Post" spirometry FEV <sub>1</sub> and FVC (between 10-20 minutes following 4x100ug SABA via spacer) to "Pre".	Met	<p>Clinical Documents/Records: Review of the Lab Manual provided by Respiratory Sleep Disorder Clinic documents that airway reversibility is assessed (when abnormal spirometry results are obtained) by comparing "Post" spirometry FEV<sub>1</sub> and FVC (between 10 and 20 minutes following 4x100ug SABA via spacer) to "Pre" spirometry.</p> <p>Review of the example report provided by Respiratory Sleep Disorder Clinic demonstrates that airway reversibility is documented in the report.</p>	Met

## 4 Reporting and interpretation

Criterion:	4.1 Final Report Final Report			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
4.1 1 (C)	<p>The final report adheres to the Standard and includes:</p> <ul style="list-style-type: none"> <li>- Worker identification, demographics and date of test</li> <li>- The best flow-volume curve</li> <li>- The key parameter values in absolute terms</li> <li>- The response to bronchodilator (if administered) in absolute terms and percent change</li> <li>- The expected GLI reference values (as lower limit of normal and mean of the reference [% predicted])</li> <li>- The operator comment of test quality, any recent relevant medication use and bronchodilator administered</li> <li>- The current GLI reference value data set used</li> <li>- Technical comment about test including patient effort, technique, acceptability and repeatability</li> <li>- A final interpretation that includes comment on:                             <ul style="list-style-type: none"> <li>o Test quality</li> <li>o Indication of normality or abnormality in comparison to reference values</li> <li>o If abnormal, the suggested pattern and severity of defect (i.e. obstructive, restrictive, mixed or presence of reversibility).</li> </ul> </li> </ul>	Met	<p>Clinical Documents/Records: Review of the example report provided by Respiratory Sleep Disorder Clinic documents the following in accordance with the Standard:</p> <ul style="list-style-type: none"> <li>• Worker identification, demographics and date of test</li> <li>• The best flow-volume curve</li> <li>• The key parameter values in absolute terms</li> <li>• The response to bronchodilator (if administered) in absolute terms and percent change</li> <li>• The expected GLI reference values (as lower limit of normal and mean of the reference [% predicted])</li> <li>• The operator comment of test quality, any recent relevant medication use and bronchodilator administered</li> <li>• The current GLI reference value data set used</li> <li>• Technical comment about test including patient effort, technique, acceptability and repeatability</li> <li>• A final interpretation that includes comment on:                             <ul style="list-style-type: none"> <li>o Test quality</li> <li>o Indication of normality or abnormality in comparison to reference values</li> <li>o If abnormal, the suggested pattern and severity of defect (i.e. obstructive, restrictive, mixed or presence of reversibility).</li> </ul> </li> </ul>	Met

Criterion:	4.2 Critique of the key parameters Critique of the key parameters			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
4.2.1 (C)	The key parameters are compared to the GLI reference equations and key parameters are interpreted using this algorithm.	Met	<p>Clinical Documents/Records: Review of the Lab Manual provided by Respiratory Sleep Disorder Clinic documents that the key parameters are compared to the GLI reference equations and key parameters are interpreted using this algorithm.</p> <p>Review of the example report provided by Respiratory Sleep Disorder Clinic demonstrates that a comparison of key parameters against the GLI reference equations is documented in the report.</p>	Met
4.2.2 (C)	The flow-volume curve is critiqued for quality, and pattern recognition.	Met	<p>Clinical Documents/Records: Review of the Lab Manual provided by Respiratory Sleep Disorder Clinic documents how the flow-volume curve is critiqued for quality and pattern recognition.</p> <p>Review of the example report provided by Respiratory Sleep Disorder Clinic demonstrates that critique of the flow-volume curve is documented in the report.</p>	Met

Criterion:	4.3 Reversibility and longitudinal monitoring Reversibility and longitudinal monitoring			
Rating:	Met			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
4.3.1 (C)	Assessment of airway reversibility where $FEV_1 / FVC < LLN$ or $\leq 0.7$ .	Met	<p>Clinical Documents/Records: Review of the Lab Manual provided by Respiratory Sleep Disorder Clinic describes how an assessment of airway reversibility is conducted where <math>FEV_1 / FVC &lt; LLN</math> or <math>\leq 0.7</math>.</p>	Met

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Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
			Review of the example report provided by Respiratory Sleep Disorder Clinic shows evidence that an assessment for airway reversibility is documented, when conducted.	

<b>Criterion:</b>	<b>4.4 Data storage, access and security</b> Data storage, access and security			
<b>Rating:</b>	<b>Met</b>			
Indicators	Description	Assessment Rating	Assessment Comments	Final Rating
4.4 1 (C)	Final reports and all collected and raw data is securely stored, backed-up and easily retrieved for analysis and printing when requested.	Met	Policy, Procedure and/or Protocol: Review of the Lab Manual provided by Respiratory Sleep Disorder Clinic documents that final reports and all collected and raw data is securely stored, backed-up and easily retrieved for analysis and printing when requested.	Met



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