



STAFFING YOUR SLEEP LAB EFFECTIVELY

by Duane Johnson PhD

The best business investment a hospital, sleep physician or independent sleep lab owner can make is in recruiting, selecting, training and retaining high performing, patient-focused, technically competent sleep professionals.

Recruiting targets the best sleep resources from which to attract quality candidates. Selecting focuses on using effective selection tools to choose the "best fit" sleep professionals from your recruited pool of candidates. Remember, if you utilize the best selection tools but do not recruit high quality candidates, you will still end up with less than optimum, perhaps mediocre, staff. Both processes must be done effectively.

An ongoing commitment to staff training is essential, not optional. Training never ends for excellent sleep professionals whether the person is the sleep lab medical director, manager, sleep technologist/technician or an administrative sleep team member. Training begins immediately upon hiring, and monies are budgeted and used annually for each sleep lab employee. A very significant training area should be developing each employee's people skills. For example, a training course in listening skills would be good.

When it comes to high performance and retention, professional feedback is a necessary tool. Excellent sleep professionals want feedback given diplomatically. It is the only way for them to really grow. None of us are perfect, but we can continue to become better at our assigned team positions. So, formal individual performance reviews need to be given along with the establishment of a daily informal team feedback atmosphere.

Every sleep team member should be looking to reciprocate positive and constructively encouraging feedback for fellow

employees. A sleep lab culture of accepting a comment from a colleague with "Thank you, I'll take that under consideration," or "I appreciate your kind words" when praise has been expressed will promote enthusiastic growth.

When recruiting for the medical director position, a sleep boarded or board eligible specialist is your target to meet AASM Accreditation Standards. Compensation depends on the job description and the size of the facility, amount of work required and your specific sleep marketplace.

RPSGTs are in demand to fulfill CMS requirements. Job descriptions for sleep technologists, technicians and technician trainees are available from a few different sources such as the AAST. Recruiting PRN staff for backup is a big plus. Recruitment resources include word of mouth among your sleep community; the AAST Web site; trade magazines like Focus, AZZZ, Advance for Respiratory Care Practitioners; and sleep organization newsletters.

When selecting, use your written job description as a checklist guide. Develop your targeted, open-ended questions and let the candidate do the majority of the talking. Listen well for attitude, skills, compatibility with team and their sleep patient value commitment. Do they really value and believe in the difference they can make? Create substantial sleep lab scenarios and ask them how they would handle these circumstances. Schedule the candidate to speak with other staff members so you can receive feedback, and the candidate can obtain perspectives of the job environment from other team members.

Even the most experienced sleep professional will need a detailed orientation to his or her new employment setting, as well as training on the specifics and styles of sleep service provided. Then an ongoing training program is planned and scheduled for them using online courses, webinars, meeting attendance, CDs and other professional materials. Training shows the new employee leadership's commitment to excellent patient service and also demonstrates the importance of building a retention yielding investment in the sleep lab employee.

Another effective retention tool is creating a positive communication environment. That means monthly staff meetings possibly utilizing different types of technology (Internet, phone) and/or in person to accommodate different work styles and schedules. Communication is at the heart of relationships and must be regularly fed or the relationship will starve and eventually deteriorate.

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Evidence-Based Medicine... Continued from page 24

Other creative assignments can be used to encourage an evidence-based path to respiratory care. One tried and true approach is to start with a lecture, the content of which is based on research. Then have students search for, find and critique a related article. Each student then gives a short presentation of his or her findings.

Students' questions about lecture content or patients they have encountered can be answered by guiding them through a brief literature search. This helps them evaluate the evidence and arrive at a clinical conclusion.

Most student clinical rotations utilize small groups for case discussion and presentation. Both are fertile ground for evidence-based thinking. Patient rounds, "morning report" and case-based conferences are also perfect clinical settings to incorporate EBM concepts. So, too, are workshops conducted at continuing educational conferences.

There's a bonus in all of this for the teachers, too. Educators would be wise to know what constitutes best practice. Few of us are very well-versed in EBM concepts, and we can all afford to raise our comfort level with reading scientific literature. We will all improve our understanding of the strength of evidence and have a basis on which to recommend a practice change. We'll all learn to ask, "Is this an effective practice?"

It will take the combined efforts of classroom and clinical faculty, but evidence-based thinking will eventually find its way to the everyday care at the patient's bedside. That, of course, is the place where it really belongs.

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Staffing Your Sleep Lab...continued from page 70

Two other significant communication tools are performance reviews and planning quarterly social times to celebrate birthdays, a new designation earned or a holiday. Social communication properly orchestrated without work stress is a powerful retention tool.

And don't forget, a competitive salary and benefits are absolutely necessary. But remember, the vast majority of sleep professionals work for more than money. Knowledge that they are making a meaningful difference in patient lives, dignity, professional growth, a need to be personally recognized and a sense of belonging are important. Be sure to provide these and it is a quadruple win — for your patient, your employee, you and your sleep lab's financial bottom line.

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Sleep Disorders...continued from page 28

tinuous positive airway pressure (CPAP). There are also surgical procedures and oral appliances that can effectively treat OSA.

The presence of restless legs syndrome (RLS) usually can be established by one question: Do you have creepy, crawly feelings in your legs when you are sitting quietly that go away or are relieved when you walk around? If the answer is yes, your patient almost certainly has RLS.

The prevalence of RLS in the Caucasian population is about 10 percent, and women typically outnumber men 2 to 1. Treatment for RLS can include lifestyle changes such as decreased use of caffeine, alcohol and tobacco, as well as pharmacological options, including dopaminergic agents, benzodiazepines, opioids and anticonvulsants. These all have been shown to reduce the symptoms of RLS.

Finally, for insomnia the question to ask is simply, "Do you have trouble sleeping?" If the answer is "yes," the follow up question would be, "How often?" Treatment of primary insomnia often requires a multifaceted approach. While there are currently several safe and effective hypnotics, it is also critical to assess sleep hygiene issues which could be causing or aggravating the insomnia. A combination of cognitive behavioral therapy (CBT) and short-term hypnotic use has been shown to improve insomnia complaints.

These few simple questions should be a part of every physician's clinical routine. If presented with a more complex case, expert consultation is readily available. There are now more than 1,500 fully accredited sleep centers in the U.S., and the number is growing rapidly. A current list compiled by the American Academy of Sleep Medicine can be found at www.sleepcenters.org.

In conclusion, physicians taking it upon themselves to become acquainted with the steps necessary to diagnose and treat the three most common sleep disorders will be making an excellent beginning. To continue to ignore the fact that sleep disorders and sleep deprivation comprise a gigantic, worldwide problem and to allow millions of people to continue to suffer is unconscionable. The massive definitive textbook, *Principles and Practice of Sleep Medicine*, is available to help you; however, a number of more concise and practical texts have been recently published.

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