

APPLICATION

Code of Practice for Suppliers of CPAP Sleep Therapies



Participants:

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Purpose of this Application:

The Code of Practice for Suppliers of CPAP Sleep Therapies is an initiative of the Sleep Health Foundation to recognise organisations who demonstrate excellence in the delivery of services to patients. The purpose of this application is to demonstrate compliance with the Code of Practice.

Instructions:

Please complete all sections of this form. Applicants should provide sufficient information in each section to demonstrate compliance with the Code. Incomplete applications will be returned. Payment by Cheque or Credit Card must accompany this application.

Section 1: Organisation Details and Staffing

Organisation Details

Organisation name

Postal Address

Please specify ALL of the sites
(business name, address, telephone,
email) to be covered by this
agreement.

Contact Person for this Application

Name

Position Title in Organisation

Telephone Number

Email

Staffing of Organisation

Persons directly involved in provision of clinical services to patients.

Name	Role/Duties	FTE*	Years of experience in sleep therapy
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	

(*percent of full time work spent in supply of sleep therapy)

Section 2: Description of Services and Compliance with Code of Practice

To comply with the Code of Practice, suppliers must:

- 1 Place the patient's health and well-being at the forefront of their approach to the education and delivery of treatment options.**
- 2 Provide the opportunity for home product trial of equipment prior to sale. Supply facilities should offer patient's privacy and provide a setting (bed/recliner/chair) suitable for fitting of/adjustment of/acclimatisation to therapy.**
 - i. Please describe the availability of therapy trials in the home through your organisation. Please describe the facilities used in the provision of clinical services to patients.*
 - ii. Enclose/attach a photo of the clinic facilities.*

★ If you require more space, please include your response as a separate attachment.

[Dotted lines for writing]

3 Have capacity to provide patient support services at short notice.

Please describe the availability of services for patients, including ability to access services at short notice.

★ If you require more space, please include your response as a separate attachment.

[Dotted lines for writing]

6 Maintain accurate records of patient interactions and equipment sales that can be easily accessed for the purpose of regulatory matters or medical needs. Service providers must preserve the confidentiality of patient information, restricting access to those directly involved in the patient’s care or processes arising from it.

Please outline how clinical interactions and equipment sales are recorded and stored. Please describe how the confidentiality of these records is maintained.

★ *If you require more space, please include your response as a separate attachment.*

7 Demonstrate a scheduled and recorded patient follow-up service including the provision of a patient CPAP data download service. Organisations should offer the option of cloud based data management and supply connected CPAP devices as a standard for patients who must travel distances.

Please outline how patients are routinely followed up by the organisation, including the ability to provide a device data download service including cloud based options.

★ *If you require more space, please include your response as a separate attachment.*

8 Encourage the patients to actively participate in the treatment and the entire decision-making process.
 Please forward the educational material provided to patients that assists in them developing an understanding of their condition and treatment to greater assist their participation.

★ If you require more space, please include your response as a separate attachment.

Section 3: Terms and Regulation of Agreement

Self regulation is the first line. The Audit System is as follows:

- The code must be prominently displayed in the showroom.
- Code standards are auditable but this is a reserve function.
- Complaints are directed to the company concerned in the first instance.
- Failure to resolve the complaint or a clear transgression of the code are referred to the Foundation.
- Corrective actions may be recommended.
- Failure to implement these may result in withdrawal of certification.
- Fees are non-refundable.
- Any dispute regarding these matters will be resolved by the Board.

The disputing party(ies) have the right to formally put their case(s) to the Board in writing. A primary consideration of the Board in resolving disputes will be to determine the appropriateness of ongoing Sleep Health Foundation recognition of the business(es) concerned under the code. The Board's decision will be final.

Section 4: Certification

The foundation will provide a letter of approval and a copy of the Code of Practice for display.

Approved businesses will have their details displayed on the Sleep Health Foundation website and be entitled to use the Sleep Health Foundation Code of Practice Logo in their advertising. Their approved status will be made known and promoted to members of the Australasian Sleep Association.

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Section 5: Fees and Payment Options

Annual fees are based on the number of sites to be covered by the agreement and are as follows:

Tier 1: \$350+GST < 2 sites Tier 2: \$1,000+GST > 3-9 sites Tier 3: \$2,500+GST > 10 sites

Please note discounts apply for Foundation corporate partners.

Total \$ _____ + GST =

Payment \$

INCL. GST

Payment Method

Cheque (payable to Sleep Health Foundation) enclosed

Credit Card Visa Mastercard (American Express & Diners Club not accepted)

Name on Credit Card _____

Card Number Expiry date /

Signature _____

EFT using the following details:

Account Name: Sleep Health Foundation

Bank: NAB

BSB: 082 330 Account: 15976 4715

Please ensure you include your name when depositing with EFT.

Section 6: Declaration

I agree to the Terms and Regulations of the Sleep Health Foundation Code of Practice for Suppliers of CPAP Sleep Therapies as outlined in this application and certify that the information provided in this application is accurate.

Signature _____

Date _____

Print Name _____

PLEASE RETURN THIS COMPLETED FORM TO:

Sleep Health Foundation
Suite 114, 30 Campbell Street, Blacktown NSW 2148
admin@sleephealthfoundation.org.au