



Standards for Accreditation: At-a-Glance Changes

June 2016

On June 27, 2016, the American Academy of Sleep Medicine announced revisions to its *Standards for Accreditation of sleep facilities and Independent Sleep Practices* (formerly HSAT Stand-Alone programs). Comprehensive sleep facilities that treat all sleep disorders and provide both testing in an overnight lab and home sleep apnea testing (HSAT) must meet the *Standards for Accreditation*. Under these standards, facilities will be accredited for all forms of sleep testing, including HSAT. Structural revisions have been made to accommodate this change.

Independent sleep practices that treat all sleep disorders and provide HSAT services to their patients, but do not have a lab for overnight testing, must meet the *Independent Sleep Practice Standards for Accreditation*. For a list of key changes affecting these practices, please review the [Independent Sleep Practice Accreditation: At-a-Glance Changes](#).

Accredited sleep facilities and applicants are advised to review the revised standards carefully. Although the following summary is not an exhaustive list of every revision, it provides an itemized description of key changes to the *Standards for Accreditation*. Review the [Accreditation Standards Revision Overview](#) for information regarding when you must be compliant with these revised standards.

Introduction

Sleep facilities are accredited for all forms of sleep testing, including HSAT. References to clinical recommendations have been updated in accordance with the revised clinical practice guideline recommendation statements.

Glossary

Acronyms used throughout the standards have been defined.

CME Appendix

An appendix listing AASM CME and CEC opportunities is included in the introduction to the standards. This serves as a reference for individuals seeking CME opportunities; it is not required that CME/CEC be earned through the AASM. For all standards requiring CME, credit types specific to each profession will be accepted in place of CME when applicable.

A. General Standards

A-2 – Licensing: All professional and technical staff must be licensed when required by state law. Staff members must practice within the limits of their license.

A-4 – HIPAA Rules and Regulations: HIPAA policies must reflect patients' rights regarding privacy notices, disclosure of protected health information (PHI) and review of medical records. Proof of employee HIPAA training must be maintained.

B. Personnel

A-1/B-1/B-2 – Facility Director: The medical director/board-certified sleep specialist have been removed and replaced by the facility director, who must be a MD, DO or PhD who either is board-certified in sleep medicine or has completed a sleep fellowship and is eligible and waiting for the next sleep medicine exam.

B-3 – Facility Director Responsibilities: Includes responsibilities previously held by the medical director and designated board-certified sleep specialist. Recommend to spend 8 hours/month fulfilling responsibilities through physical presence in the facility, virtual meetings or conference calls.

B-5 – Medical Staff Member: If the facility director is not a licensed physician, the facility must have at least one licensed physician on staff. Medical staff members include physicians, licensed psychologists, advanced practice registered nurses (APRNs) and physician assistants.

B-9 – Registered Sleep Technologist: The registry exam must be passed within one year from acceptance to sit for the examination to be considered a registered sleep technologist; if the individual is not registered and does not pass the exam within a year of acceptance, the individual will be considered a non-registered technologist.

B-11 – Scoring Personnel: Scorers must be RST, RPSGT, CPSGT, CRT-SDS, RRT-SDS or an individual board-certified in sleep medicine. If non-registered, must score under supervision of one of the above.

B-13 – Employee Background Checks: Criminal background checks required for new staff.

C. Patient Policies

C-3 – Record Review of Direct Referrals: All in-center and HSAT testing must be reviewed by the facility director or an appropriately licensed medical staff member. Communications with the referring clinician should be recorded in the patient record.

D. Facility and Equipment

D-2 – Phone Line: Immediate communications access to emergency services is required.

D-14 – Portable Recording Equipment: HSAT equipment must meet AASM guidelines; HSAT equipment must have the capability that all PHI can be erased from the device after each use.

E. Policies and Procedures

E-1 – Policy and Procedure Manual: Must include all policies and procedures required by Standards.

E-2 – Required Protocols: PSG, HSAT, MSLT, MWT and PAP Titration: Must maintain HSAT protocols.

E-3 – Other Protocols: Must maintain protocols for any other procedures not specifically included in Standards.

E-4 – Pediatric Protocols: Pediatric protocol requirements moved to a separate standard.

E-5 – Equipment Maintenance: Maintenance requirements for in-center and HSAT equipment expanded.

F. Data Acquisition, Scoring and Reporting

F-3 – HSAT Reports: HSAT reports must include all recommended parameters in the AASM Scoring Manual.

F-6 – Computer-assisted Scoring: Must be reviewed by scoring staff.

F-8 – Diagnosis of Sleep Disorders: Licensed physicians, and APRNs in certain states, can diagnose a medical condition; an individual who is board-certified in sleep medicine must review the diagnoses of individuals who are not boarded in sleep medicine.

F-9 – Subcontracting HSAT: If a facility subcontracts HSAT services, the facility must have an agreement with the subcontractor that requires the subcontractor to meet all applicable AASM accreditation standards and must assess the performance of the subcontractor on an annual basis.

F-10 – Subcontracting Scoring: Subcontracted scorers must meet all applicable AASM accreditation standards, and the accredited facility must assess the performance of the subcontractor on an annual basis.

G. Patient Evaluation and Care

G-1 – Patient Management: Facility must document ongoing evaluation, management and follow-up of each patient; must demonstrate management of an adequate range of sleep disorders.

H. Patient Records

H-1 – Medical Records: Includes additional items that must be included in the medical records, such as interactions with the insurance company and a medications record.

H-2 – PAP Assessment: Assessment must include both the device download and the subjective response to the therapy; inadequate response to therapy requires a follow-up visit.

H-3 – Database/Storage: Database must include all patients' sleep diagnoses using current ICSD codes; raw data (excluding video) must be maintained for a minimum of 5 years.

I. Emergency Procedures

I-3 – Emergency Drills: Annual emergency drills must be conducted and documented.

I-4 – Emergency Equipment: Automated external defibrillator (AED) or on-site medical response team must be maintained; personnel must be trained on emergency equipment.

J. Quality Assurance

J-1 – Facility QA Program: Must address a process measure for OSA, an outcome measure for OSA, an outcome measure for another sleep disorder (i.e., RLS, insomnia or narcolepsy), and ISR; measures may be chosen from the AASM Quality Measures.

J-2 – HSAT QA Program: Must address two process measures and an outcome measure; measures may be chosen from the AASM Quality Measures.

K. Safety

K-1 – Facility Safety: Must comply with all applicable construction regulations/codes; fire safety and building codes.

K-2 – Occupational Safety: Must comply with all applicable Occupational Safety and Health Administration (OSHA) requirements including access to safety data sheets, and availability of personal protective equipment and eyewash stations when required.

K-3 – Hazardous Materials: Must dispose of hazardous materials appropriately.

K-4 – Patient Safety Risk Analysis: Must complete an analysis of safety risks to patients that is reviewed on an annual basis and updated every 5 years.

K-5 – Patient Safety Related Significant Adverse Events: Significant adverse events must be documented; a list of significant adverse events can be found in the Standards.

K-6 – Analysis of Significant Adverse Events: Must perform a root cause analysis and investigation of any significant adverse event.

K-7 – Safety Risks Unique to In-center Sleep Testing: Must implement policies and procedures to minimize the risk of assault or inappropriate behavior (such as continuous video monitoring or use of chaperones).

L. Patients' Rights

L-1 – Patients' Rights: Must maintain a patients' bill of rights and ensure patients are informed of these rights.

For more information about accreditation, please visit www.aasmnet.org/accreditation.aspx or contact the AASM Accreditation Department at accreditation@aasmnet.org or 630-737-9700.