

## Standards for Accreditation of Sleep Disorders Centers

Every accredited sleep disorders center has the responsibility to meet all federal, state and local regulations pertaining to operating a medical practice, regardless of setting (hospital based, freestanding or other). These include, but are not limited to, practice acts, medical waste management acts, infection control, etc. In addition all local building codes must be followed. All centers are encouraged to maintain copies of the state medical practice act, other licensing acts as they pertain to the licensed personnel employed or contracted by the center, hospital licensing act, local building codes and any other laws relevant to the center's operation. All accredited sleep disorders centers are required to follow the *Code of Medical Ethics* of the American Medical Association which the AASM adopted as official policy in 1998.



American Academy of Sleep Medicine

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Approved and implemented as of September, 2007.

## PERSONNEL

**Standard 1.** *Each center must have a medical director who is a physician with a license valid in the state of the center and in all states in which patients are seen. The medical director is responsible for all medical personnel within the center. REQUIRED*

**Intent 1.** Sleep disorders centers must provide care for patients with sleep disorders in substantial accordance with the Practice Parameters of the American Academy of Sleep Medicine. This includes appropriate diagnostic evaluation, including testing when necessary, and the establishment of a clinical diagnosis. The center must also provide treatment for patients, including the prescription of mechanical or pharmacological therapy. The center must also provide long term follow up for sleep disorders patients. These requirements mandate the participation of a licensed physician in the day to day activities of the sleep disorders center.

**Scoring 1.**  Meets Standard  Does Not Meet Standard  
 Meets Standard for provisional accreditation

**Standard 2.** *Each center must have on staff at least one of the following:*

- 1. An individual who is board-certified in sleep medicine by the American Board of Sleep Medicine (ABSM, i.e., Diplomate of the American Board of Sleep Medicine, DABSM) or by an American Board of Medical Specialties (ABMS) approved board,*
- 2. An individual who has been accepted by an ABMS approved board to sit for the examination in sleep medicine. To retain the accreditation, the ABMS examination in sleep medicine must be passed within 2 examination cycles.*
- 3. An individual who has completed a 12 month fellowship in sleep medicine and is awaiting the first available*

*opportunity to apply to an ABMS board to sit for the sleep medicine examination. To retain accreditation, the ABMS examination in sleep medicine must be passed within 2 examination cycles.*

*The person fulfilling Standard 2 must perform duties on site.*  
REQUIRED

**Intent 2.** An individual with demonstrated training and expertise in sleep medicine is an essential participant in the sleep disorders center. This individual has specific duties as defined in these standards, including oversight of sleep study scoring and interpretation, and the quality assurance program of the center. These duties require the presence of the individual in the sleep disorders center on a regular basis.

**Scoring 2.**  Meets Standard  Does Not Meet Standard  
 Meets Standard for provisional accreditation

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**Standard 3.** *The center must maintain a staff of appropriately trained and supervised technicians.*

**3.a.** *Commencing July 1, 2009, at least one full time employee of the center must be certified by the Board of Registered Polysomnographic Technologists (BRPT) or accepted by the BRPT to sit for its certification examination. The individual fulfilling this standard must be present at the center a minimum 30 hours a week. An accredited center that loses its sole BRPT certified technologist will have 120 days to fulfill this standard.*

**3.b.** *Commencing July 1, 2009, technicians not certified by the BRPT will need to be enrolled in A-STEP or have completed a CoA PSG training program.*

**3.c.** *Each technician must have valid certification in cardiopulmonary resuscitation. Valid certification in cardiopulmonary resuscitation includes skills training.*

**3.d.** *Each technician must be able to perform the duties indicated in the appropriate Polysomnographic Technician Job Description.*

- 3.e. *Technician staffing must be adequate to address the workload of the center and assure the safety of patients. This includes a maximum patient to technician ratio of 2:1 under usual circumstances for attended polysomnography.*
- 3.f. *Technicians work under the supervision of the medical director.*

**Intent 3.** Diagnostic testing is a critical function of the sleep disorders center. Technicians must be able to respond in an emergency, have adequate training, and be present in sufficient numbers to provide the highest quality of patient care. The medical director provides supervision of the technicians. In order to maintain a high standard of technical competence within the center, at least one technician is required to be certified by the BRPT, and other technicians should have completed or be engaged in education in sleep technology.

**Scoring 3.**

- 3.a.  Meets Standard  Does Not Meet Standard  
 Meets Standard for provisional accreditation
- 3.b.  Meets Standard  Does Not Meet Standard  
 Meets Standard for provisional accreditation
- 3.c.  Meets Standard  Does Not Meet Standard  
 Meets Standard for provisional accreditation
- 3.d.  Meets Standard  Does Not Meet Standard  
 Meets Standard for provisional accreditation
- 3.e.  Meets Standard  Does Not Meet Standard  
 Meets Standard for provisional accreditation
- 3.f.  Meets Standard  Does Not Meet Standard  
 Meets Standard for provisional accreditation



**PATIENT ACCEPTANCE**

**Standard 4.** *Patient acceptance policies and procedures sufficient to support safe and effective patient evaluation must be in place.*

**4.a.** *Written criteria for patient acceptance must be present, including age, a mechanism for acceptance, criteria for exclusion of patients, and information required from a physician prior to polysomnography.*

**4.b.** *For “directly referred” patients, the medical director or a designated center staff physician or a designated DABSM must review the information provided for each patient and determine if the proposed evaluation conforms to the AASM Practice Parameters for the Indications for Polysomnography and Related Procedures, or, if not, whether the evaluation is indicated for other reasons.*

**Intent 4.** The center may decide to exclude certain patients based on clinical judgment, physical limitations of the center, or financial considerations. The criteria for such exclusions must be included in the Policy and Procedures Manual and applied uniformly. The center may accept patients for testing without prior clinical evaluation within the center only if these patients are documented to meet minimum indications for polysomnography established in the Academy Practice Parameters.

**Scoring 4.**

**4.a.**  Meets Standard  Does Not Meet Standard  
 Meets Standard for provisional accreditation

**4.b.**  Meets Standard  Does Not Meet Standard  
 Meets Standard for provisional accreditation

## FACILITY AND EQUIPMENT

**Standard 5.** *The program must maintain an identity as a unified center, including separate phone lines, stationery, and signage that identify the program as a "sleep center."*

**Intent 5.** The sleep center should be recognized as the resource for expertise in sleep medicine for the community. In some programs the components of the center may be physically separate. The identity of the sleep program is preserved when communication is funneled through a common core.

**Scoring 5.**  Meets Standard  Does Not Meet Standard  
For provisional accreditation, the medical director must attest that the center Will Meet Standard:  Will Meet Standard

**Standard 6.** *Patient testing rooms must afford comfort, privacy, safety, and accessibility and allow for effective data acquisition.*

**6.a.** *Patient testing rooms must be of sufficient size, generally having a minimum of 140 square feet and no dimension less than 10 feet.*

**6.b.** *Clean bathrooms must be available and conveniently located within the center.*

**6.c.** *At least one bedroom and bathroom must be handicap accessible.*

**Intent 6.** The testing facility should, as much as possible, mimic the patient's home sleeping environment. The bedroom should be a comfortable size and have easy access to a bathroom. Due to the nature of the patient population served in sleep programs, the center must have the capability of providing services to handicapped patients.

**Scoring 6.**

**6.a.**  Meets Standard  Does Not Meet Standard

Meets Standard for provisional accreditation

**6.b.**  Meets Standard  Does Not Meet Standard

Meets Standard for provisional accreditation

6.c.

- Meets Standard  Does Not Meet Standard  
 Meets Standard for provisional accreditation

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**Standard 7.** *The control room must be adequate in size, design, location, and comfort to allow for effective function and comfort of technologists.*

**Intent 7.** The technologist must maintain vigilance during the course of the night and have rapid access to the patient in an emergency. Attention to human factors in the design of the control room facilitates these assignments.

**Scoring 7.**  Meets Standard  Does Not Meet Standard  
 Meets Standard for provisional accreditation

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**Standard 8.** *The center must maintain adequate and safe equipment for sleep studies. This includes:*

**8.a.** *A two-way communication system between the patient bedroom and center personnel*

**8.b.** *A mechanism for visual monitoring and recording of patients during testing*

**8.c.** *Polygraphic equipment capable of recording and storing a minimum of 12 channels of data*

**8.d.** *Equipment for the delivery of continuous positive airway pressure (CPAP) and bilevel positive airway pressure, including remote control of pressure*

**Intent 8.** These minimum equipment requirements for sleep centers include audio contact with the patient to relay instructions at the start of the test and allow the patient to call the technician when necessary; provide a visual record of the patient's behavior (important in the diagnosis of certain parasomnias); record sufficient data to score sleep stages, monitor breathing during sleep and evaluate limb movements; and provide the basic treatment options for patients with sleep related breathing disorders.

**Scoring 8.**

- 8.a.            Meets Standard    Does Not Meet Standard
- 8.b.            Meets Standard    Does Not Meet Standard
- 8.c.            Meets Standard    Does Not Meet Standard
- 8.d.            Meets Standard    Does Not Meet Standard

For provisional accreditation, the medical director must attest the center Will Meet Standard:    Will Meet Standard



**POLICIES AND PROCEDURES**



**Standard 9.**       *The center must maintain a written or electronic Policy and Procedures Manual that is easily accessible from the control room and contains all appropriate policies, procedures, protocols specific to the center, and clinical standards for the following:*

- 9.a.           *Emergency plan*
- 9.b.           *Each technical procedure*
- 9.c.           *A written plan for periodic monitoring of all patient-related equipment for electrical and mechanical safety. This plan should include, but is not limited to, such factors as visual inspection of equipment for apparent defects; following of manufacturer's recommendations for periodic monitoring of recording equipment; electrical safety testing by a certified electrician or biomedical engineer. The written plan must include specific instructions regarding documentation of compliance.*
- 9.d.           *Quality assurance*
- 9.e.           *AASM Practice Parameters*

**Intent 9.**       Written policies and procedures are essential for a uniform response to emergencies, standardization of testing, and quality assurance. The most current AASM Practice Parameters should be used as the standard for test protocols.

**Scoring 9.**

- 9.a.            Meets Standard    Does Not Meet Standard

- 9.b.  Meets Standard for provisional accreditation  
 Meets Standard  Does Not Meet Standard
- 9.c.  Meets Standard for provisional accreditation  
 Meets Standard  Does Not Meet Standard
- 9.d.  Meets Standard for provisional accreditation  
 Meets Standard  Does Not Meet Standard
- 9.e.  Meets Standard for provisional accreditation  
 Meets Standard  Does Not Meet Standard  
 Meets Standard for provisional accreditation

## DATA ACQUISITION

**Standard 10.** *The comprehensive polysomnogram must record sufficient data for sleep stage scoring and evaluation of major sleep disorders. Parameters must include: EEG, EOG, chin and leg EMG, respiratory monitoring, oxygen saturation, and EKG.*

**Intent 10.** This standard requires that the signals specified in the Indications for Polysomnography Practice Parameter are recorded by the center. Commencing July 1, 2008, the signals specified in The AASM Manual for the Scoring of Sleep and Associated Events: Rules, Terminology, and Technical Specifications must be recorded by the center.

**Scoring 10.**  Meets Standard  Does Not Meet Standard  
 For provisional accreditation, the medical director must attest the center Will Meet Standard:  Will Meet Standard

**Standard 11.** *Technician logs, including patient body position and patient activity, must be part of the polysomnographic record.*

**Intent 11.** A technician log is often useful in resolving ambiguous portions of the polysomnographic record.

**Scoring 11.**  Meets Standard  Does Not Meet Standard  
 For provisional accreditation, the medical director must attest the center Will Meet Standard:  Will Meet Standard

**Standard 12.** *Multiple Sleep Latency Tests must be performed in accordance with AASM Practice Parameters.*

**Intent 12.** Standardized procedures for the Multiple Sleep Latency Test allow comparison of results to published reference data and to data generated by other sleep programs.

**Scoring 12.**  Meets Standard  Does Not Meet Standard  
For provisional accreditation, the medical director must attest the center Will Meet Standard:  Will Meet Standard



**Standard 13.** *The center must have written protocols for the following:*

- 13.a.** *The titration of CPAP*
- 13.b.** *If used, titration of PAP during the course of diagnostic polysomnogram (split night studies)*
- 13.c.** *Use of bilevel positive airway pressure*
- 13.d.** *Other monitoring procedures employed at the center, such as infant and pediatric polysomnography, actigraphy, maintenance of wakefulness testing, capnography, and temperature monitoring*

**Intent 13.** When available, protocols from the most current AASM Practice Parameters should be used. Written protocols encourage standardization of procedures and uniform results within the center.

**Scoring 13.**

- 13.a.**  Meets Standard  Does Not Meet Standard  
 Meets Standard for provisional accreditation
- 13.b.**  Meets Standard  Does Not Meet Standard  
 Meets Standard for provisional accreditation
- 13.c.**  Meets Standard  Does Not Meet Standard  
 Meets Standard for provisional accreditation
- 13.d.**  Meets Standard  Does Not Meet Standard  N/A  
 Meets Standard for provisional accreditation  N/A



**Standard 14.** *Reliable, accurate, and detailed scoring of all parameters of the polysomnogram is performed.*

- 14.a. *Each epoch of each polysomnogram must be assigned a sleep stage in accordance with the criteria of Rechtschaffen and Kales. Commencing July 1, 2008, the signals specified in The AASM Manual for the Scoring of Sleep and Associated Events: Rules, Terminology, and Technical Specifications must be used for scoring sleep studies.*
- 14.b. *Computer-assisted scoring must be reviewed on an epoch-by-epoch basis for accuracy*
- 14.c. *Inter-scorer reliability must be determined between each scorer and the DABSM or a sleep specialist board certified by an ABMS approved board or an individual who has been accepted by an ABMS approved board to sit for the certification examination in sleep medicine or the individual who meets the requirements of Standard 2. Any one of these individuals is the gold standard. Each scorer must be compared with the gold standard on three polysomnograms per quarter for a total of twelve polysomnograms per scorer per year. Comparisons between each scorer and the gold standard must be made on 200 consecutive epochs in each of 3 polysomnograms per quarter, for a total of 12 polysomnograms per year. The following parameters must be compared: sleep staging for epoch-by-epoch agreement, respiratory events, and leg movements. While inter-scorer reliability must be done for each sleep center, a sleep specialist board-certified in sleep medicine by ABSM or an ABMS approved board within the accredited center's corporation may serve as the "gold standard" for inter-scorer reliability. The gold standard of the accredited center must document review of the results of inter-scorer reliability, and, if necessary, act upon any results which fall below the center's previously determined level of agreement.*
- 14.d. *The number of sleep related breathing events must be counted by type of event and used to derive an index.*
- 14.e. *The number of limb movements must be counted and used to derive an index of periodic limb movements.*

**Intent 14.** Standardized methods for polysomnogram scoring and reporting are essential for comparison within and across patients as well as across centers. AASM Practice Parameters and scoring recommendations should be used when available.

**Scoring 14.**

- 14.a.  Meets Standard  Does Not Meet Standard
- 14.b.  Meets Standard  Does Not Meet Standard  N/A
- 14.c.  Meets Standard  Does Not Meet Standard
- 14.d.  Meets Standard  Does Not Meet Standard
- 14.e.  Meets Standard  Does Not Meet Standard

Does not have to be met at the time of provisional accreditation.



**Standard 15.** *Polysomnographic recordings must be reviewed in full detail.*

15.a. *The interpreting physician must review the entire raw data recording for every patient studied.*

15.b. *The DABSM or sleep specialist who is board-certified by an ABMS approved board or an individual who has been accepted by an ABMS approved board to sit for the certification examination in sleep medicine or the individual who meets the requirements of Standard 2 must review each record in sufficient detail to assure the quality of the interpretation. (This includes review of the raw data. Review of processed data or summaries is not acceptable).*

**Intent 15.** The expertise of the interpreting physician and the quality assurance of the DABSM or sleep specialist who is board-certified by an ABMS approved board or an individual who has been accepted by an ABMS approved board to sit for the certification examination in sleep medicine or the individual who meets the requirements of Standard 2 are essential elements in the interpretation of the polysomnogram. The clinical judgment of these individuals is a key element in the interpretation. The sleep center must demonstrate the ability to provide comprehensive sleep medicine care to its patients. Such care includes the clinical evaluation by professional staff, treatment, and appropriate follow-up care.

**Scoring 15.**

- 15.a.  Meets Standard  Does Not Meet Standard
- 15.b.  Meets Standard  Does Not Meet Standard

For provisional accreditation, the medical director must attest the center Will Meet Standard:  Will Meet Standard



**PATIENT EVALUATION**



**Standard 16.** *The center demonstrates capability and experience in the diagnosis and management of the full range of sleep disorders. This includes availability (within the center or by referral) of recognized and effective treatments for these disorders. Appropriate follow-up for patients who require continued management must be offered.*

**16.a.** *The center must use the most recent diagnostic and classification manual of the AASM for terminology and diagnosis.*

**16.b.** *Standards for treatment that follow the AASM Practice Parameters are available and utilized by center staff.*

**Intent 16.** Standardized diagnostic classification facilitates communication among sleep programs. Standards of care and best practices defined by the AASM should be available for patients and offered when appropriate. The sleep center must demonstrate the ability to provide comprehensive sleep medicine care to its patients. Such care includes clinical evaluation by professional staff, treatment, and appropriate follow-up care.

**Scoring 16.**

**16.a.**  Meets Standard  Does Not Meet Standard

**16.b.**  Meets Standard  Does Not Meet Standard

Does not have to be met at the time of provisional accreditation.

**CHARTING**

**Standard 17.** *Organized medical charts must be maintained for each patient.*

- 17.a.** *Directly referred patient charts must include: a patient history and physical examination or patient questionnaires, and other screening assessments; indication that the medical director or a designated center staff physician or a designated DABSM has reviewed and approved the patient for proposed evaluation.*
- 17.b.** *Charts of patients seen by sleep center professional staff must reflect all of the patient's interactions in the sleep disorders center, including initial evaluation, testing (if any), diagnosis, treatment, and follow up.*
- 17.c.** *Reports from associated practitioners (if any) must be part of the patient chart.*
- 17.d.** *The center must maintain a cumulative record of the final diagnosis, using the most recent diagnostic and classification manual of the AASM, and procedures performed for each patient evaluated.*

**Intent 17.** A central chart allows coordination of results and facilitates the final diagnosis. Delays in treatment initiation can be charted, and follow-up at appropriate intervals can be scheduled based on tracking sheets within the chart. The cumulative record allows grouping of patients based on diagnosis or other parameters.

**Scoring 17.**

- 17.a.**       Meets Standard     Does Not Meet Standard
- 17.b.**       Meets Standard     Does Not Meet Standard
- 17.c.**       Meets Standard     Does Not Meet Standard
- 17.d.**       Meets Standard     Does Not Meet Standard

Does not have to be met at the time of provisional accreditation.

**EMERGENCY PROCEDURES**

**Standard 18.** *The center must maintain an emergency plan and suitable emergency equipment. The emergency plan must:*

- 18.a.** *Define specific circumstances when emergency procedures should be initiated*
- 18.b.** *Delineate the personnel to be contacted when emergencies occur*
- 18.c.** *Identify mechanisms for contacting emergency personnel*
- 18.d.** *Describe the specific responsibilities of the technical staff*

**Intent 18.** Clearly delineated emergency protocols for all ages tested facilitate the appropriate response to life-threatening situations.

**Scoring 18.**

- 18.a.**  Meets Standard  Does Not Meet Standard  
 Meets Standard for provisional accreditation
- 18.b.**  Meets Standard  Does Not Meet Standard  
 Meets Standard for provisional accreditation
- 18.c.**  Meets Standard  Does Not Meet Standard  
 Meets Standard for provisional accreditation
- 18.d.**  Meets Standard  Does Not Meet Standard  
 Meets Standard for provisional accreditation

**Standard 19.** *The facility must afford rapid access to the patient by emergency personnel.*

**Intent 19.** There should be no impediments to the delivery of emergency care, such as narrow doorways, locked hallway doors, or inadequate space around the bed.

**Scoring 19.**       Meets Standard    Does Not Meet Standard  
 Meets Standard for provisional accreditation



## EDUCATION



**Standard 20.**      *The center's professional and technical staff must each participate in an average of 10 hours per year of CME/CEC or CME/CEC-equivalent sleep related educational activities over a three year period. This CME/CEC must be documented for each staff member.*

**Intent 20.**      Center personnel must remain current with the field of sleep medicine.

**Scoring 20.**       Meets Standard    Does Not Meet Standard  
Does not have to be met at the time of provisional accreditation.



## QUALITY ASSURANCE



**Standard 21.**      *The quality assurance program must address inter-scorer reliability as outlined in Standard 14.c., and at least three other quality assurance indicators.*

**Intent 21.**      Regular review of polysomnogram scoring and other quality assurance indicators, such as timeliness of reports, patient satisfaction, and sentinel events, encourages continuous improvement of care.

**Scoring 21.**       Meets Standard    Does Not Meet Standard  
Does not have to be met at the time of provisional accreditation.

**Standard 22.**      *A DABSM or sleep specialist who is board-certified by an ABMS approved board or an individual who has been accepted by an ABMS approved board to sit for the*

*certification examination in sleep medicine or the individual who meets the requirements of Standard 2 must review, report, and modify as necessary the quality assurance program on a quarterly basis.*

**Intent 22.** As the resident sleep expert, the DABSM or sleep specialist who is board-certified by an ABMS approved board or an individual who has been accepted to sit for the certification examination in sleep medicine or the individual who meets the requirements of Standard 2 provides review of the quality assurance program and suggestions for improvement of the program.

**Scoring 22.**  Meets Standard  Does Not Meet Standard  
Does not have to be met at the time of provisional accreditation.