Facility Standards for Accreditation: At-a-Glance Changes

July 2019

On July 1, 2019, the American Academy of Sleep Medicine announced revisions to its Standards for Accreditation of Sleep Facilities and Independent Sleep Practices (ISP). Accredited Sleep Facilities and Independent Sleep Practices are advised to review the revised Facility or ISP *Standards for Accreditation* 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. Independent Sleep Practices should review the *ISP Standards for Accreditation: At-a-Glance Changes*.

Accredited Sleep Facilities must be compliant with the updated *Standards for Accreditation* by November 1, 2019. Applicants who submit on July 1, 2019 or later will complete their application under the updated standards. Applicants who submitted their application prior to July 1, 2019, and are in application, will complete the remainder of their application under the previous standards; these applicants must still be compliant with the updated standards by November 1, 2019.

Section B. Personnel

Standards B-4, B-6, B-9 Continuing Education: Language was revised to clarify that 30 continuing education credits are required within the past 36 months from the time of application submission.

Standard B-8 Registered Sleep Technologist: Language was included to specify the credentials that are acceptable as a Registered Sleep Technologist (RST, RPSGT, RRT-SDS). Respiratory Therapists must hold the Sleep Disorder Specialist (SDS) credential to be compliant with Standard B-8. Respiratory Therapists (RRT or CRT) without the SDS credential are considered non-registered and must adhere to Standard B-10.

Section D. Facility and Equipment

Standard D-2 Phone Line: Language was removed to eliminate the need for a "designated" phone line. Facilities must have a phone to receive incoming or make outgoing calls; however, the need for a "designated" phone line is no longer necessary.

Standard D-4 Stationary: Language was revised to allow professional stationary to be in paper or electronic format. This stationary needs to include the name and/or address and phone number of the facility.

Stationary D-6 Testing Bedrooms- Physical Characteristics: Language was included to indicate that caregivers who are staying overnight at the facility must have a space to sleep (e.g. recliner, cot).

Section E. Policies and Procedures

Standards E-5, E-6: Standard E-6 HSAT Equipment Procedures was merged with Standard E-5 to form Equipment Maintenance & Procedures. Language was included to indicate that Standard E-5 Equipment Maintenance and Procedures applies to all patient related equipment, including in-lab and HSAT equipment.

Section F. Data Acquisition, Scoring and Reporting

Standard F-8 Diagnosis of Sleep Disorders: Language was formatted into two sections to clarify that only a licensed physician, and APRN in certain states, can diagnose a medical condition; and an individual board certified in sleep medicine must review the diagnoses based upon the interpretation of a sleep study made by individuals who are not certified in sleep medicine.

Section I. Emergency Procedures

Standard I-1 Emergency Plan: Language was included to identify "strokes" as a neurologic emergency that facilities must address in policy. In addition, language was included to accept hospital-based policies for sleep facilities that use hospital team codes in a medical emergency.

Section J. Quality Assurance

Standards J-1, J-2: Standard J-2 HSAT Quality Assurance Program was removed and Standard J-1 was revised to Quality Assurance Program. This revision removes the need to have a separate HSAT QA program. Sleep Facility quality assurance programs are only required to have 1 process measure for OSA, 1 outcome measure for OSA, 1 outcome measure for another sleep disorder and Inter-scorer reliability. This revision comes from an understanding that clinical outcomes are not determined by the type of test (i.e. a patient's clinical outcome for OSA would be the same whether the patient received an in-lab test or HSAT); therefore, requiring two quality assurance programs specific to in-lab or HSAT testing has been removed.

Section K. Safety

Standard K-2 Occupational Safety: Language was removed to require eyewash stations. In addition, language was revised to clarify that the facility needs to have access to safety data sheets for hazardous materials used in the sleep facility.

For more information about accreditation, please visit https://aasm.org/accreditation/ or contact the AASM Accreditation Department at accreditation@aasm.org or call 630-737-9700.