



**Independent Sleep Practice  
Standards for Accreditation**

*Updated July 2022*

American Academy of Sleep Medicine (AASM) developed these *Independent Sleep Practice Standards for Accreditation* with the primary purpose of ensuring that the highest quality of care is delivered to patients with sleep disorders. The constant evolution of sleep medicine necessitates an update to the *AASM Standards for Accreditation* and accreditation programs to reflect the models of clinical practice that have emerged in recent years.

To this end, the former Stand-alone Home Sleep Apnea Testing (HSAT) Accreditation is now Independent Sleep Practice Accreditation. Independent sleep practices are those that manage patients with all sleep disorders and perform HSAT but do not have a lab where diagnostic testing is administered through in-center sleep studies. By meeting these *Independent Sleep Practice Standards for Accreditation*, sleep practices accredited by the AASM are accredited for HSAT.

New research, policy and technology are shifting the field toward comprehensive patient management. Accreditation of entities that offer diagnostic testing and comprehensive management for sleep disorders is increasingly important as care focuses on improving population health and engaging patients while containing costs. As such, comprehensive sleep practices not associated with an overnight lab play a vital role in the provision of quality management of sleep patients.

## High Quality Patient Care and Management

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All qualified sleep medicine physicians and providers must be committed to providing quality patient care. Patients benefit greatly from direct personal interaction with the diagnosing/treating physician and other center staff providers. It is therefore the general position of the AASM that, in ideal circumstances, all patients evaluated and treated in an accredited independent sleep practice should be seen by a board-certified sleep physician or medical staff member prior to testing and the initiation of treatment. In appropriate instances, sleep facilities also may use telemedicine tools in the provision of sleep medicine services to expand interactions between sleep physicians and sleep patients.

However, the AASM recognizes that patient consultations may be restricted by some health plans or prevented by a variety of other reasonable and unavoidable circumstances. Every effort should be made to manage these conditions in the best interests of the patient and in a way that promotes high-quality care. It is the recommendation of the AASM that the practice should include in its policies a description of any circumstances that prevent patient consultations.

## Clinical Recommendations

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The AASM uses a rigorous, evidence-based process to establish practice guidelines on a variety of topics that are relevant to the practice of sleep medicine. Accredited independent sleep practices must adopt and follow all STRONG and STANDARD level recommendation statements in all active AASM Clinical Practice Guideline, Practice Parameter, Clinical Guideline and Best Practice Guide papers. In addition, it is *recommended* that accredited practices adopt and follow all other recommendation statements (i.e., Good Practice, “WEAK”, GUIDELINE, OPTION, and CONSENSUS level recommendations) in all active AASM Clinical Practice Guideline, Practice Parameter, Clinical Guideline and Best Practice Guide papers. It is also recommended that accredited practices follow applicable AASM Consensus and Position Statements.

## Clinical Judgement

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The AASM recognizes that the practice of sleep medicine, like all other medical disciplines, is dynamic and complex, requiring clinical judgment. AASM Clinical Practice Guidelines, Practice Parameters and Clinical Guidelines are not designed to limit physicians from using their medical judgment. Therefore, unique circumstances may require deviation from AASM clinical recommendations for the appropriate evaluation and management of select patients. However, in such instances, the AASM accredited practice is expected to keep documentation on file that provides justification for the deviation in standard clinical practice.

## Compliance

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Facilities accredited by the AASM must be in compliance with all accreditation standards at the time of application and throughout the accreditation period. If it is determined in the application review process that a facility is not in compliance with the required standards, the application will be returned, and the facility will need to resubmit its application once the required standards are met. The AASM reserves the right to revoke accreditation for facilities that are found to be non-compliant with the *Standards for Accreditation* during the period of accreditation.

## Denial

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Practices accredited by the AASM must be in compliance with all accreditation standards at the time of application and throughout the accreditation period. If it is determined in the application review process that a practice is not in compliance with the required standards, the application will be returned, and the practice will need to resubmit its application once the required standards are met. The AASM reserves the right to revoke accreditation for practices that are found to be non-compliant with the *Independent Sleep Practice Standards for Accreditation* during the period of accreditation.

1. The practice fails to meet any of the accreditation standards that are indicated as MANDATORY.” Practices will not be issued provisos for accreditation standards indicated as MANDATORY. (If granted accreditation with provisos, the practice receives a letter that describes certain stipulations that must be met by a specified deadline to retain accreditation.)
2. The practice is determined to be non-compliant with more than ten (10) non-mandatory accreditation standards.
3. The practice fails to resolve provisos within the period of time allotted to correct the provisos.
4. The AASM has evidence that the facility submitted falsified documents or misrepresented information in seeking to achieve or retain accreditation.

## Disclaimer

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The AASM is one of multiple bodies that offer accreditation to entities that offer sleep medicine services. Accreditation by the AASM is a voluntary program offered to sleep practices that meet the standards contained in this document. The AASM reserves the right to modify, add or remove accreditation standards at its own discretion and without notice. In addition, the AASM reserves the right to interpret the *Independent Sleep Practice Standards for Accreditation* as deemed appropriate.

Practices accredited by the AASM must comply with all applicable local, state and federal laws and regulations. If any law or government regulation conflicts with these *Independent Sleep Practice Standards for Accreditation*, the law or regulation supersedes the accreditation standard.

## Acknowledgments

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The American Academy of Sleep Medicine acknowledges all current and past AASM Accreditation Committee members and staff who helped develop and evaluate the accreditation standards and recommended updates that were reviewed and approved by the AASM Board of Directors.

## Glossary

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<b>AASM</b>	American Academy of Sleep Medicine
<b>AASM SCORING MANUAL</b>	The AASM Manual for The Scoring of Sleep and Associated Events: Rules, Terminology and Technical Specifications
<b>ABMS</b>	American Board of Medical Specialties
<b>ABSM</b>	American Board of Sleep Medicine
<b>ACGME</b>	Accreditation Council for Graduate Medical Education
<b>ADA</b>	Americans With Disabilities Act
<b>AED</b>	Automated External Defibrillator
<b>AHI</b>	Apnea-Hypopnea Index
<b>AOA</b>	American Osteopathic Association
<b>APRN</b>	Advanced Practice Registered Nurse
<b>A-STEP</b>	Accredited Sleep Technologist Education Program
<b>BRPT</b>	Board of Registered Polysomnographic Technologists
<b>CAAHEP</b>	Commission on Accreditation of Allied Health Education Programs
<b>CEC</b>	Continuing Education Credit
<b>CME</b>	Continuing Medical Education
<b>COARC</b>	Commission on Accreditation for Respiratory Care
<b>CPR</b>	Cardiopulmonary Resuscitation
<b>CPSGT</b>	Certified Polysomnographic Technician
<b>CRT</b>	Certified Respiratory Therapist
<b>DME</b>	Durable Medical Equipment
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>HITECH</b>	The Health Information Technology for Economic And Clinical Health Act
<b>HSAT</b>	Home Sleep Apnea Test
<b>ICSD</b>	International Classification of Sleep Disorders
<b>ISR</b>	Inter-Scorer Reliability
<b>NBRC</b>	National Board for Respiratory Care
<b>OSA</b>	Obstructive Sleep Apnea
<b>OSHA</b>	Occupational Safety and Health Administration
<b>PA</b>	Physician Assistant
<b>PAP</b>	Positive Airway Pressure
<b>PHI</b>	Protected Health Information
<b>QA</b>	Quality Assurance
<b>RDI</b>	Respiratory Disturbance Index
<b>REI</b>	Respiratory Event Index
<b>RLS</b>	Restless Legs Syndrome
<b>RN</b>	Registered Nurse
<b>RPSGT</b>	Registered Polysomnographic Technologist
<b>RRT</b>	Registered Respiratory Therapist
<b>RST</b>	Registered Sleep Technologist

## AASM Continuing Education Appendix

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CME opportunities include:

- AASM Courses:  
[aasm.org/events/](https://aasm.org/events/)
- SLEEP Journal:  
[aasm.org/clinical-resources/journals/](https://aasm.org/clinical-resources/journals/)
- Journal of Clinical Sleep Medicine  
[jcsm.aasm.org/](https://jcsm.aasm.org/)
- AASM Online Learning Opportunities:  
[aasm.org/professional-development/cme/](https://aasm.org/professional-development/cme/)
- AASM MOC Modules:  
[aasm.org/professional-development/maintenance-of-certification/](https://aasm.org/professional-development/maintenance-of-certification/)

CEC opportunities include:

- AASM ISR Record Review:  
[isr.aasm.org/](https://isr.aasm.org/)

*\*AMA PRA Category 1 Credit or equivalent type of continuing education credit accepted/maintained by your profession will be accepted.*

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## A. General Standards

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### STANDARD

#### A-1 Practice Type

An independent sleep practice is a sleep practice that manages all sleep patients, performs HSAT and is overseen by a board-certified sleep medicine physician.

### STANDARD

#### A-2 Principal Medical Staff Member (MANDATORY)

Practices must designate a principal medical staff member who is an unrestricted, licensed physician in the state where the practice is located and is board-certified in sleep medicine by the ABSM, a member board of the ABMS or a member board of the AOA as further defined in Standard B-1. See [Standards B-1](#) through [B-3](#) for additional requirements.

### STANDARD

#### A-3 Licensing (MANDATORY)

1. Practice License  
Practices must maintain a valid state license to provide health care services. If a valid state license is not required by applicable law, the practice may submit a certificate of occupancy and/or permit to provide health care services. If no license, certificate or permit is required by applicable law, the principal medical staff member must submit a written attestation that the above is not required.
2. Individual Licensure  
All professional staff (including MDs, DOs, PhDs, advanced practice providers, and RNs) and technical staff (including RRTs, RSTs, RPSGTs and non-registered technologists) must maintain valid, unrestricted licenses commensurate with the services they perform in the state(s) where patients are seen, when required by law. Each staff member must practice within the limits of his or her license. The AASM neither sanctions nor defends individuals practicing outside the scope of their license. Privileges and restrictions of licenses are contained in the practice act related to each license.

### STANDARD

#### A-4 Medical Code of Conduct (MANDATORY)

Practices and their physician staffs are required to follow the current opinions in the *Code of Medical Ethics* of the American Medical Association Council on Ethical and Judicial Affairs. The practice must have the ability to access easily the *Code of Medical Ethics*.

### STANDARD

#### A-5 HIPAA Rules and Regulations (MANDATORY)

1. Practices are required to abide by all current, applicable Health Insurance Portability and Accountability Act (“HIPAA”) and the Health Information Technology for Economic and Clinical Health (“HITECH”) rules and regulations.
2. Practices must operate under written policies that govern the practice of maintaining the confidentiality of Protected Health Information (“PHI”). It is the responsibility of the principal medical staff member



that these policies are in place. Written policies must address the importance of protecting PHI. Protecting PHI must be the responsibility of all personnel employed by the practice, and all employees must attest to their awareness that federal and state privacy laws, along with any additional privacy rules, protect PHI. Except as permitted by law, personnel shall not share any PHI with any party, including but not limited to other health care providers, health care institutions, DME companies, employers or payers.

3. Practice policies shall reflect that patients have a right to:
  - Review a privacy notice to inform them how PHI will be used and disclosed;
  - Request that uses and disclosures of PHI be restricted (practices are not required to agree to the restrictions);
  - Inspect, copy and amend their medical records; and
  - Get an accounting of the disclosure of their PHI.
4. The principal medical staff member is responsible for ensuring that all appropriate personnel are trained regarding HIPAA regulations and that patients are informed of their rights under HIPAA, including the unauthorized solicitation of PHI by any person or company, through distribution of privacy practices notices. Proof of training shall be maintained by the practice.
5. The principal medical staff member must promptly notify all appropriate parties, including but not limited to a hospital compliance officer, attorney or other appropriate office within a hospital, of any HIPAA violations. Practices must have or operate under written privacy breach notification policies and procedures which outline the processes to determine whether there has been the acquisition, access, use or disclosure of PHI in a manner not permitted under the HIPAA regulations which compromise the security or privacy of the PHI (“Breach”). If it is determined there is more than a low probability that PHI is compromised, notification shall be made in accordance with applicable law.

## B. Personnel

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### STANDARD

#### B-1 Principal Medical Staff Member Qualifications (MANDATORY)

The principal medical staff member must be a sleep specialist who meets one of the following requirements:

1. A physician who is board-certified in sleep medicine by the ABSM, a member board of the ABMS, or a member board of the AOA.
2. A physician who has completed a 12-month ACGME-accredited or AOA-accredited fellowship in sleep medicine, is eligible to sit for the sleep medicine board examination and is awaiting the first available opportunity to apply to an ABMS member board or AOA member board to sit for the sleep medicine examination. To retain accreditation, the ABMS or AOA examination in sleep medicine must be passed within two consecutive examination cycles.

### STANDARD

#### B-2 Principal Medical Staff Member Responsibilities (MANDATORY)

The principal medical staff member:

1. Is responsible for serving as primary contact or designating a primary contact for the AASM and apprising the AASM of any changes to the practice.

2. Is responsible for ensuring there is a process for determining that only licensed health care professionals with prescriptive authority in the state where the patient would be tested can request a HSAT.
3. Is responsible for the qualifications of all medical and technical personnel.
4. Is responsible for the supervision and oversight of practice professional and technical staff.
5. Is responsible for assuring staff complies with the *Code of Medical Ethics* as well as any institutional ethics requirements.
6. Must provide direct and ongoing oversight of the testing protocols and the quality of testing including the proper operation and calibration of the equipment.
7. Must review, report, and manage the practice's quality assurance program on a quarterly basis as mandated in Section J.
8. It is recommended that the principal medical staff member spend a minimum of 8 hours per month fulfilling the above responsibilities. The principal medical staff member may fulfill this requirement by either physical presence in the practice, and/or regular conference calls, virtual meetings and webinars with the professional and technical staff.

#### STANDARD

### B-3 Principal Medical Staff Member Continuing Education (MANDATORY)

The principal medical staff member must earn at least 30 credits (averaged 10 credits per year over the past 36 months) of AMA PRA Category 1 CME credit in sleep medicine. Compliance with CME requirements must be documented. See [appendix](#) for CME opportunities.

Physicians recently completing a sleep medicine fellowship or initial board certification in sleep medicine will have the CME requirement waived for 36 months from the end date of the program.

#### STANDARD

### B-4 Medical Staff Member (MANDATORY)

Sleep practice medical staff members include physicians, licensed psychologists, advanced practice providers (NP, PA, APRN), all of whom may or may not be board-certified in sleep medicine, must hold a valid, unrestricted state license in states where patients are evaluated, diagnosed or treated. The AASM recommends medical staff members be board-certified in sleep medicine.

#### STANDARD

### B-5 Medical Staff Member Continuing Education

Medical staff members must earn at least 30 credits (averaged 10 credits per year over the past 36 months) of AMA PRA Category 1 CME credit in sleep medicine. Compliance with CME requirements must be documented.

Medical staff members who have completed a formal training program within the previous 12 months will have their credit requirements waived. Upon completion of a training program, the applicable continuing education requirement in sleep medicine will be prorated based on the end date of the program. Proration based upon date of hire is acceptable for advanced practice provider (NP, PA, APRN) medical staff members. Education sessions conducted in the practice are acceptable for fulfilling this standard provided the session has defined educational

objective(s) and attendance is documented by a roster signed by the practice's principal medical staff member. See [appendix](#) for additional CME opportunities.

## STANDARD

### B-6 HSAT Staff

1. Practices must maintain appropriately trained, supervised, and, where required by law, licensed personnel. It is the responsibility of the principal medical staff member to ensure that training is provided and documented for HSAT personnel.
2. Staff involved in the administration of HSAT must be trained on the proper use of HSAT devices including:
  - Device operations, application of sensors, use, maintenance, warnings and safety;
  - Instruction of patients in the use of HSAT devices;
  - Troubleshooting of HSAT problems; and
  - Infection control.

## STANDARD

### B-7 HSAT Staff Continuing Education

All staff involved in the administration and/or scoring of HSAT must participate in at least 30 credits (averaged 10 credits per year over the past 36 months) of sleep-related continuing education credits. This must be documented for each staff member. Proration based upon date of hire is acceptable for HSAT staff. Education sessions conducted in the practice are acceptable for fulfilling this standard provided the session has defined educational objective(s) and attendance is documented by a roster signed by the practice's principal medical staff member.

## STANDARD

### B-8 Scoring Personnel

Scoring personnel must be one of the following: RST, RPSGT, CPSGT, respiratory therapists with the sleep disorders specialist certification (either CRT-SDS or RRT-SDS), or a medical staff member board-certified in sleep medicine.

## STANDARD

### B-9 Addressing Problems during HSAT

1. The practice must have and comply with a written protocol that provides on-call coverage to address problems encountered during HSAT.
2. All patient and technical problems encountered during testing hours must be documented in a secure log. Quarterly audits must be conducted of these logs to identify trends related to device, sensor or service issues.

## STANDARD

### B-10 Employee Background Checks

The practice shall comply with all background check requirements which may be required by federal, state or local law. In the absence of such requirements, the practice shall conduct criminal background checks of all new employees. The practice shall utilize information obtained in this process only to extent such information is relevant to the job duties of a particular position.

## C. Patient Policies

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### STANDARD

#### C-1 Patient Acceptance for HSAT

Practices must maintain a Policy and Procedures Manual that addresses evidence-based patient acceptance policies for HSAT. Written policies for patient acceptance must include:

- Adherence to all applicable, current AASM guidelines; If the AASM guidelines are not used, as in the case of insurance mandate or medical exception, then a written protocol explaining acceptance criteria, rationale, and follow-up procedure on negative tests and positive test must be in place.
- Age limitations;
- A mechanism for acceptance;
- Evidence-based criteria for exclusion; and
- Information required from a referring health care provider prior to all sleep testing.

The practice must demonstrate their acceptance of patients with the full spectrum of sleep diagnoses as delineated by the current edition of the *International Classification of Sleep Disorders*.

### STANDARD

#### C-2 Record Review of Direct Referrals

For patients directly referred, an appropriately licensed medical staff member must review the information provided for each patient and determine if the requested test is indicated according to Standard C-1. Evidence of communication with the referring clinician should be recorded in the patient record for every HSAT. This should include a history and physical received from the referring clinician and a HSAT report sent back to the referring clinician.

## D. Physical Facility and Equipment

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### STANDARD

#### D-1 Permanent Address

Practices must have a permanent, physical address.

### STANDARD

#### D-2 Phone Line

Practices must have a phone to receive incoming or make outgoing calls. Practices must have immediate communications access to emergency services (medical, fire and security).

STANDARD

**D-3 Signage**

Practices must have signage on the outside of the physical facility or in a directory identifying the practice.

STANDARD

**D-4 Stationery**

Practices must have paper or electronic professional stationery that includes the name, and/or address, and phone number of the practice. For hospital-based practices, this standard will be met provided the practice is located on the site carrying the primary address listed on the hospital's stationery.

STANDARD

**D-5 Home Sleep Apnea Testing (HSAT) Equipment**

All HSAT equipment must be FDA-approved and meet the minimum requirements of the current AASM guidelines and AASM Scoring Manual. Equipment must provide a measure of respiratory events per unit time (AHI, RDI or REI). Equipment must allow for the display of raw data for manual scoring and editing.

All reusable equipment must have a unique identifier so that it may be assigned to a patient and tracked. The identifier must be recorded and used to assist in failure investigation and a plan for preventing future failures must be documented. HSAT equipment must have the capability that all PHI and physiologic data can be erased following each use of the device. Equipment used must have the capability to meet all accreditation standards outlined in [Section F](#).

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**E. Policies and Procedures**

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STANDARD

**E-1 Policy and Procedures Manual**

Practices must maintain a Policy and Procedures Manual. The manual must contain all policies, procedures, and protocols specific to the practice, and must be consistent with all current AASM Practice Parameters, AASM Clinical Guidelines and AASM Best Practice Guidelines (available at <https://aasm.org/clinical-resources/practice-standards/practice-guidelines/?cid=120>). The manual must contain all policies and procedures required within these *Independent Sleep Practice Standards for Accreditation*.

STANDARD

**E-2 HSAT Protocol**

Practices must maintain written protocols for HSAT in paper or electronic form.

STANDARD

**E-3 Equipment Maintenance**

The practice must have a written plan for monitoring of all HSAT equipment for electrical and mechanical safety. The written plan must include specific instructions regarding documentation of compliance in an equipment maintenance log. The plan must address monthly visual inspection of equipment by staff for apparent defects; adhering to manufacturer's recommendations for monitoring and maintenance of recording equipment.

1. The practice must have a written procedure for infection control including cleaning and inspecting equipment; this includes sterilization, high-level disinfection, or the application of germicidal agents after each use that is consistent with the manufacturers' recommendations, federal and state health policy regulations and institutional standards.
2. All devices and sensors associated with a failed test (e.g., no data, or corrupt data) must be tested for proper function prior to next use.
3. Reported or detected failures of devices, sensors or processes must be categorized and analyzed for cause and a plan for preventing future failures must be documented.
4. The practice must physically separate clean and dirty devices in compliance with its infection control plan.
5. Specific instructions must exist for HSAT device and sensor packing, shipping and storage.

#### STANDARD

#### E-4 Equipment PHI Procedure

Practices must have a policy in place that documents the procedure(s) used to delete all PHI and physiologic data from HSAT equipment following each use of the device.

### F. Data Acquisition, Scoring and Reporting

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#### STANDARD

#### F-1 HSAT Reports and Recommendations

Reports of HSAT must include all the "RECOMMENDED" and/or "ACCEPTED" parameters from chapter IX. Home Sleep Apnea Testing (HSAT) Rules for Adults in the current version of the AASM Scoring Manual. Any recommendations for next management steps (based upon test results and clinical information), if provided, must be consistent with applicable AASM Standards of Practice, AASM Practice Guidelines, and AASM Best Practice papers.

#### STANDARD

#### F-2 Diagnosis of Sleep Disorders

1. Only a licensed physician, and advanced practice provider in certain states, can diagnose a medical condition such as obstructive sleep apnea or snoring.
2. An individual board-certified in sleep medicine ([as defined in Standard B-1](#)) must review the diagnoses of individuals who are not boarded in sleep medicine ([as defined in Standard B-1](#)).

#### STANDARD

#### F-3 Subcontracting Scoring

When a subcontractor scores HSATs, the practice must have a written agreement with the subcontractor that enumerates the performance expectations of the subcontractor. The scorers of the subcontractor must meet all applicable AASM Accreditation standards for scoring personnel. The practice is responsible for assessing the

performance of the subcontractor in meeting contractual obligations, including meeting applicable standards, on an annual basis.

## G. Patient Management (MANDATORY)

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### STANDARD

#### G-1 Patient Management (MANDATORY)

Independent sleep practices must document in the medical record ongoing evaluation, management and follow-up of each patient with sleep disorders. Independent practices must be able to show medical records to demonstrate management of an adequate range of sleep disorders. All sleep disorders are defined by the current edition of the *International Classification of Sleep Disorders*.

### STANDARD

#### G-2 Patient Management Continued (MANDATORY)

Independent sleep practices must demonstrate, in writing, an existing relationship with an accessible AASM-accredited facility that can provide full diagnostic sleep testing in a laboratory when needed for the continued management of practice patients.

## H. Patient Records

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### STANDARD

#### H-1 Medical Records

All practices must maintain appropriate medical records for every sleep patient evaluated and/or tested by the practice. Medical records of patients seen by medical staff members must document all interactions with the patient, referring provider or provider's representative, and insurance company. Medical records must include the referral letter/prescription for HSAT testing, with or without consultation by medical staff members of the practice. Prior to testing, all patient medical records must include: patient questionnaires or other screening assessment, history and physical, as well as medications record. The record must be reviewed and approved for study by an appropriately licensed medical staff member.

### STANDARD

#### H-2 PAP Assessment

Patients prescribed PAP treatment by the practice's medical staff members must be offered a follow-up positive airway pressure assessment within 12 weeks of treatment initiation. PAP assessment must minimally include a measurement of treatment use and clinical response to the therapy as determined by both of the following requirements:

1. Documentation of review of device download confirming response to therapy and adequate adherence as defined by the AASM; and
2. Documentation of subjective response to therapy such as a questionnaire or patient report during face-to-face encounter.

The patient medical record must contain documentation of the assessment as described above or written evidence of follow-up attempts to obtain the PAP treatment assessment. If inadequate response to therapy is present on the

device download or the patient's subjective report, there must be follow up visits scheduled or offered to the patient. These visits should include assessment of causes of intolerance or non-acceptance of the device and review of device download and device-patient interface.

## STANDARD

### H-3 Storage

The practice must store the raw data from HSATs for a minimum of five years or as required by law if longer. Electronic copies may be provided to other treating physicians who are not affiliated with the practice in accordance with patients' request for release of medical information.

## I. Emergency Procedures

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## STANDARD

### I-1 HSAT Emergency Procedure

Practices must have a written emergency plan accessible in paper or electronic format delineating the following:

1. Mechanisms and specific details for contacting emergency personnel; and
2. Responsibilities of personnel in an emergency.

The practice must instruct the patient to call emergency services (911) in the event of an emergency during a HSAT.

## STANDARD

### I-2 Emergency Equipment

Practices must have appropriate equipment to address possible emergencies. The practice maintains and documents the maintenance of all emergency equipment according to manufacturers' recommendations. The practice maintains and documents training of personnel on emergency equipment.

## J. Quality Assurance

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## STANDARD

### J-1 HSAT Quality Assurance Program

The practice must have a QA program for HSAT that addresses two process measures and one outcome measure. These measures may be chosen from the AASM Quality Measures (available at <https://aasm.org/clinical-resources/practice-standards/quality-measures/>).

## STANDARD

### J-2 Quality Improvement

The practice must establish minimal thresholds for the quality assurance metrics. Quarterly, the practice's principal medical staff member must attest to the effectiveness of quality improvement efforts and address plans for remediation of metrics that do not meet the minimal threshold. Quarterly reports must be signed and dated by the principal medical staff member and maintained for at least five years.



## K. Safety

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### STANDARD

#### K-1 Facility Safety

The physical facility(s) used by the practice complies with all required standards, regulations and codes for construction, fire safety and building codes applicable in the jurisdiction where the practice is located and appropriate to the facility type.

### STANDARD

#### K-2 Occupational Safety

The practice must demonstrate compliance with all applicable OSHA requirements as well as appropriate state authorities. This includes but is not limited to:

1. Access to safety data sheets for hazardous materials used in the sleep facility; and
2. Availability of personal protective equipment.

## L. Patients' Rights

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### STANDARD

#### L-1 Patients' Rights

Practices must have a patients' bill of rights and ensure patients are informed of these rights. If the practice is part of a larger organization, it may use its organization's bill of rights. Otherwise, the practice must have a patients' bill of rights that addresses at least the following:

1. The right to accurate and easily understood information proposed about the patient's health care and the providers of such care. If the patient speaks another language, has a physical or mental disability or just doesn't understand something, help should be given so that the patient can make informed health care decisions.
2. The right to know treatment options and take part in decisions about care. Parents, guardians, family members, or others can speak for the patient, if the patient cannot make his/her own decision.
3. The right to considerate, respectful care from your doctors and other health care providers that does not discriminate against the patient.
4. The right to talk privately with health care providers and to have health care information protected.
5. The right to read and copy your own medical record, and the right to ask that your doctor change the record if it is not correct, relevant or completed.
6. The right to examine and receive a detailed explanation of any medical bill, and the right to information regarding financial assistance the practice may offer.