Standards At-a-Glance: *Standards for Accreditation*

The following is a summary of the notable changes to the *Standards for Accreditation* that replace Sleep Facility, Independent Sleep Practice (ISP) and DME Accreditation under the new model of accreditation.

Framework

- Preface was updated to incorporate the purpose for an Accreditation Network.
- *Standards for Accreditation* have been formatted to incorporate Network, Site, Sleep Clinic, In-Lab Testing, HSAT and DME Standards. Information for each section is included in the preface.
- Sleep Clinic service location(s) within an Accreditation Network will be required to adhere to corresponding standards (e.g., location address, clinic policies).
- High Quality Patient Care and Management (preface) section was updated to define interpretation and diagnosis.
- DME has been revised to require a Sleep Clinic service location. DME standards have drastically been reduced and now focus on a model in which a sleep clinic is providing PAP therapy and PAP supplies to their patients through an associated DME (life sustaining equipment is not included).

Standards

- Mandatory vs. Non-mandatory
    - 2022 Standards: Uses the term "Mandatory" to denote which standards are immediate cause for denial or revocation.
    - 2025 Standards: Uses the term "CATEGORY I" to denote which standards are immediate cause for denial or revocation. Preface was also updated to reflect that Standards are designated as either 'Category I' or 'Category II.' Category I standards are marked as such, and all other standards are Category II. Though all standards are required to be met, non-compliance to "Category I" standards are immediate cause for denial or revocation of accreditation; entity's will not be issued provisos for accreditation standards marked as "Category I." Additional information requests or provisos may be requested for non-compliance to "Category II" standards.
- Facility Director
    - 2022 Standards: Requires a Facility Director (single individual) to oversee the entire accredited program.
    - 2025 Standards: With the introduction of the Accreditation Network, Facility Director responsibilities are divided into two roles, Network Director (N-1) and Site Director (N-3).

- Registered Technologist Staffing
    - 2022 Standards: The individual(s) fulfilling the registered technologist standard must be present at the lab at least 30 hours per week. If the lab is open fewer than 40 hours per week, then the registered sleep technologist(s) must be present at the lab for 75% of operating hours.
    - 2025 Standards: The individual(s) fulfilling the registered technologist standard must be present **(virtually or in person)** at the lab at least 30 hours per week. If the lab is open fewer than 40 hours per week, then the registered sleep technologist(s) must be present at the lab for 75% of operating hours.
- Administrative Support Staff
    - 2022 Standards: Administrative Support Staff is not an identified role. Therefore, support staff that assist with HSAT setups are identified as Technical Staff and are required to meet the appropriate standards (e.g., CEC, CPR, A-STEP/CoArc).
    - 2025 Standards: Administrative Support Staff (Standard N-12) is an identified role that does not require support staff (that assist with prior authorizations, download PAP machines, provide HSAT equipment) to meet technical staff standards (e.g., CEC, CPR, A-STEP/CoArc).
- Record Review of Direct Referrals
    - 2022 Standards: For patients directly referred, the facility director or 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/C-2 (patient acceptance).
    - 2025 Standards: For patients directly referred, a medical staff member or appropriately trained technical or administrative support staff member must review the information provided for each patient and determine if the requested action is indicated according to the service location's patient acceptance policy.
- Quality Assurance
    - 2022 Standards: Each accredited program (location) must adhere to the quality assurance standards.
    - 2025 Standards: Quality Assurance (N-22 and N-23) is a Network standard. This will allow networks to have a single quality assurance program compared to multiple/location specific quality assurance reporting.
- Inter-scorer Reliability
    - 2022 Standards: Each accredited program (location) must adhere to the inter-scorer reliability standard.
    - 2025 Standards: Inter-scorer Reliability (N-24) is a Network standard. This will allow networks to have a single inter-scorer reliability program. Technical scoring staff will only have to perform a single (monthly) scoring comparison, even if a tech works at multiple locations within the Accreditation Network.
- Diagnosis/Interpretation
    - 2022 Standards: Diagnosis of Sleep Disorders (F-8) required that an individual board-certified in sleep medicine (as defined in Standard B-2) must review the diagnoses based upon the interpretation of a sleep study made by individuals who are not certified in sleep medicine (as defined in Standard B-2).
    - 2025 Standards: Shifts from 'Diagnosis of Sleep Disorders' to 'Sleep Study Interpretation' (L-2, H-2). An individual board-certified in sleep medicine (as defined in Standards N-1

and Standard N-3) must either perform the sleep study interpretation or review the sleep study interpretation.

- Controlled Substance
  - 2025 Standards: Controlled Substance (C-5) is a new standard requiring professional staff to maintain a valid, unrestricted DEA license(s) in each state where they administer, dispense, or prescribe controlled substances.
- Other Protocols
  - 2022 Standards: Facilities that conduct esophageal pressure monitoring, actigraphy, end-tidal CO_2 monitoring or transcutaneous CO_2 monitoring must have written protocols.
  - 2025 Standards: Labs that also conduct other types of testing or therapeutics (e.g., O_2 titration, upper airway stimulation system titration, MRD titration) must also maintain protocols for these procedures consistent with applicable standards of care (L-17).
- Computer-Assisted Scoring
  - 2022 Standards: If used, computer-assisted scoring of PSG must be reviewed epoch-by-epoch.
  - 2025 Standards: "epoch-by-epoch" has been removed. If used, computer-assisted scoring of PSG must be verified and edited by staff.
- Addressing Problems During HSAT
  - 2022 Standards: 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.
  - 2025 Standards: The need to document problems in a log has been removed (H-4; B-12).
- Home Sleep Apnea Tests (HSAT)
  - 2022 Standards: The standard (H-5) required that "All HSATs must be FDA approved."
  - 2025 Standards: The standard (H-5) was updated to read "All HSATs must be FDA-cleared or approved."
- Patient Safety Risk Analysis
  - 2022 Standards: The standard examples provided focused on potential fall risks in the sleep lab.
  - 2025 Standards: The standard was updated to include other potential patient safety risks in the sleep lab such as assault (e.g., physical or verbal), theft, and intruders.
- Patient Education for DME
  - 2025 Standards: Specific language for appropriate patient education was added for DME (D-4).
    - Education includes but is not limited to:
      - Functionality of PAP equipment
      - Proper fitting for mask/pillow
      - Troubleshooting PAP equipment
      - PAP cleaning
      - PAP equipment maintenance/replacement schedule
      - Contact for routine and emergency situations