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

The following is a summary of the notable changes to the Specialty Practice *Standards for Accreditation* under the new model of accreditation.

Framework

- Preface was updated to incorporate the purpose for an Accreditation Network.
    - A Specialty Practice (non-Sleep cardiology practice) can be a part of an Accreditation Network; however, due to the differences in policies and information that are applicable to a Specialty Practice versus other sleep services, the Specialty Practice will not share common information in application.
- High Quality Patient Care and Management (preface) section was updated to define interpretation and diagnosis.

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.
- Controlled Substance
    - 2025 Standards: Controlled Substance (A-3) 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.
- 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 B-6) 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).

- 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 (B-9).
- Home Sleep Apnea Tests (HSAT)
    - 2022 Standards: The standard (D-5) required that "All HSATs must be FDA approved."
    - 2025 Standards: The standard (D-5) was updated to read "All HSATs must be FDA-cleared or approved."
- Diagnosis/Interpretation
    - 2022 Standards: Diagnosis of Sleep Disorders (F-2) required that 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.
    - 2025 Standards: Shifts from 'Diagnosis of Sleep Disorders' to 'Sleep Study Interpretation' (F-3). An individual board-certified in sleep medicine must either perform the sleep study interpretation or review the sleep study interpretation.
- Quality Assurance
    - 2022 Standards: Each accredited program (location) must adhere to the quality assurance standards.
    - 2025 Standards: Specialty Practices that are a part of an Accreditation Network may utilize indicators of the Accreditation Network. This will allow networks to have a single quality assurance program compared to multiple/location specific quality assurance reporting.
    - 2025 Standards: Quality Assurance (J-1) will require that sleep medicine indicators be selected from a qualified clinical data registry (QCDR) (e.g., AASM Sleep CDR).