American Academy of Sleep Medicine

Standards for Accreditation: At-a-Glance Changes

March 2014

On March 13, 2014, the American Academy of Sleep Medicine announced revisions to its standards for accreditation of sleep centers and out of center sleep testing (OCST) programs. Previously the AASM had two separate sets of standards for accreditation of sleep disorders centers and OCST. These standards have been combined into one streamlined and unified document: the Standards for Accreditation.

Combining the two sets of standards into one document involved numerous formatting and structural changes to condense related information and eliminate duplicate standards. As a result many of the standards have been combined, reordered or renumbered. Additional revisions were made to enhance clarity and align the standards with current models of clinical practice.

Accredited facilities and applicants are advised to review the revised standards carefully. Although the following summary is not an exhaustive list of every revision, it provides an itemized description of notable changes to the standards.

Introduction

The new introduction describes how certain revisions were made to align with current models of clinical practice, which emphasize high quality, patient-centered care and long-term disease management. It also defines how the terms "entity," "sleep facility" and "OCST program" are used throughout the document.

Key

Each standard is coded to indicate whether it applies to facility accreditation of sleep centers (standards labeled F and FO) or OCST program accreditation of sleep centers and stand-alone OCST providers (O and FO).

A. General Standards

A-1 – Facility License: Clarified to require a valid license to provide health care services, with other options allowed if a license is not required by law

A-2 - Medical Code of Conduct and Compliance with the Health Insurance Portability and Accountability Act (HIPAA): Merger of two standards into one combined standard

B. Personnel

The introduction to this section notes the previously announced change that effective Jan. 1, 2016, the sleep facility medical director must be a board certified sleep physician.

B-1 – Medical Director: Addition of an exception for physicians employed by a federal facility

B-5 – Medical Director Responsibilities Continued: Establishes that it is the responsibility of the medical director to ensure that only appropriately licensed healthcare professionals request OCST

B-8 – Board Certified Sleep Specialist Responsibilities: Clarified the limitations for individuals who serve multiple sleep facilities

B-16 – Non-registered Sleep Technologist: Added that non-registered technologists and technicians must complete the A-STEP Online Self Study Modules within two years of enrollment

B- 18 - Scoring Personnel Continuing Education: Clarifies the number of credits required

B-19 - Center Staff Provider Continuing Education: Now applies to both facility accreditation of sleep centers and OCST program accreditation

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C. Patient Policies

The current standards no longer include the previous standard "C-2 – Direct Referral."

D. Facility and Equipment

D-1 – Permanent Address: Clarified that this should be the address where testing is performed or provided

D-2 – Phone Line: Clarified that direct dial access is required for both the clinic and lab when housed in separate locations

D-3 – Signage: Clarified the type of signage required

E. Policies and Procedures

E-2 – Protocols: Added "protocols for OCST" as a requirement for OCST programs

E-3 – Other Protocols: Addition of end tidal CO_2 monitoring and transcutaneous CO_2 monitoring protocols for facilities that conduct these procedures

E-5 – Facility Equipment Maintenance: Removed specific parameters for electrical safety testing that were out of date

F. Data Acquisition, Scoring and Reporting

F-2 – PSG Reports: Added requirement to include "ACCEPTED" parameters in polysomnography reports

F- 9 – Review of Raw Data: Clarified than "any individual" meeting the board certified sleep specialist requirements can review and interpret the raw data for a polysomnogram, multiple sleep latency test or maintenance of wakefulness test

F-10 – Review of OCST Raw Data: Clarified that "any physician" meeting the specified requirements can review and interpret the OCST raw data

G. Patient Evaluation and Care

G-1 – Patient Management: Changed to a "MANDATORY" standard for both sleep facilities and OCST programs, which must have documentation to demonstrate diagnosis and management of the full range of sleep disorders

G-2 – Patient Management Continued: Clarified that OCST programs must have a relationship with an AASM accredited sleep facility that can provide in-lab polysomnography for a patient when necessary

H. Patient Records

H-1 – Medical Records: Changed "chart" to "record"

H-2 – PAP Assessment: Clarified that the assessment must be determined "by one of" the listed assessment methods

H-3 - Database: Specified the types of codes that must be used and clarified that a spreadsheet may be used to track the final diagnoses

I. Emergency Procedures

I-3 – Emergency Equipment: Now applies to both facility accreditation of sleep centers and OCST program accreditation

J. Quality Assurance

J-1 – QA Program: Now applies to both facility accreditation of sleep centers and OCST program accreditation

J-2 – Reporting QA Program: Now requires QA reports to be retained for the entire accreditation cycle

For more information contact the AASM Accreditation Department at accreditation@aasmnet.org or 630-737-9700.

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