



## Independent Sleep Practice Accreditation: At-a-Glance Changes

June 2016

On June 27, 2016, the American Academy of Sleep Medicine announced revisions to its *Standards for Accreditation* of sleep facilities and Independent Sleep Practices (formerly HSAT Stand-Alone programs). Independent sleep practices that treat all sleep disorders and provide home sleep apnea testing (HSAT) services to their patients must meet a new, separate set of standards: *Independent Sleep Practice Standards for Accreditation*.

Comprehensive sleep facilities that treat all sleep disorders and provide both testing in an overnight lab and HSAT must meet the *Standards for Accreditation*. For a list of key changes affecting sleep facilities, please review the [Standards for Accreditation: At-a-Glance Changes](#).

Accredited Independent Sleep Practices (HSAT Stand-Alone programs) and applicants are advised to review the *Independent Sleep Practice 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 standards that previously applied to these programs through the *Standards for Accreditation*. Review the [Accreditation Standards Revision Overview](#) for information regarding when you must be compliant with these revised standards.

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### Introduction

The former HSAT Stand-Alone accreditation program has been replaced by Independent Sleep Practice Accreditation, which is for comprehensive sleep practices that manage and treat patients with all sleep disorders and provide HSAT testing for their patients but do not have a lab for overnight testing.

### Glossary

Acronyms used throughout the standards have been defined.

### CME Appendix

An appendix listing AASM CME and CEC opportunities is included in the introduction to the standards. This serves as a reference for individuals seeking CME opportunities; it is not required that CME/CEC be earned through the AASM. For all standards requiring CME, credit types specific to each profession will be accepted in place of CME when applicable.

### A. General Standards

**A-2 – Licensing:** All professional and technical staff must be licensed when required by state law. Staff members must practice within the limits of their license.

**A-4 – HIPAA Rules and Regulations:** HIPAA policies must reflect patients' rights regarding privacy notices, disclosure of protected health information (PHI) and review of medical records. Proof of employee HIPAA training must be maintained.

### B. Personnel

**A-2/B-1 – Principal Medical Staff Member:** The medical director has been removed and replaced by the principal medical staff member, who must be a licensed physician who is board-certified in sleep medicine or has completed a sleep fellowship and is eligible and waiting for the next sleep medicine exam.

**B-3 – Principal Medical Staff Member Responsibilities:** Includes responsibilities previously held by the medical director. Recommend to spend 8 hours/month fulfilling responsibilities through physical presence in the practice, virtual meetings or conference calls.

**B-4 – Medical Staff Member:** Medical staff members include physicians, licensed psychologists, advanced practice registered nurses (APRNs) and physician assistants.

**B-6/B-7 – HSAT Staff:** Staff involved in the administration of HSAT must be trained and maintain appropriate CECs.

**B-8 – Scoring Personnel:** Scorers must be RST, RPSGT, CPSGT, CRT-SDS, RRT-SDS or an individual board-certified in sleep medicine. If non-registered, must score under supervision of one of the above.

**B-10 – Employee Background Checks:** Criminal background checks required for new staff.

### C. Patient Policies

**C-2 – Record Review of Direct Referrals:** All HSAT testing must be reviewed by the principal medical staff member or an appropriately licensed medical staff member. Communications with the referring clinician should be recorded in the patient record.

### D. Facility and Equipment

**D-2 – Phone Line:** Immediate communications access to emergency services is required.

**D-5 – Portable Recording Equipment:** HSAT equipment must meet AASM guidelines; HSAT equipment must have the capability that all PHI can be erased from the device after each use.

### E. Policies and Procedures

**E-1 – Policy and Procedure Manual:** Must include all policies and procedures required by Standards.

**E-4 – Equipment PHI Procedure:** A policy for deleting all PHI and data from the HSAT equipment must be in place.

### F. Data Acquisition, Scoring and Reporting

**F-1 – HSAT Reports:** HSAT reports must include all recommended parameters in the AASM Scoring Manual.

**F-2 – Diagnosis of Sleep Disorders:** Licensed physicians, and APRNs in certain states, can diagnose a medical condition; an individual board-certified in sleep medicine must review the diagnoses of individuals who are not boarded in sleep medicine.

**F-3 – Subcontracting Scoring:** Subcontracted scorers must meet all applicable AASM accreditation standards, and accredited practices must assess the performance of the subcontractor on an annual basis.

### G. Patient Evaluation and Care

**G-1 – Patient Management:** Practice must document ongoing evaluation, management and follow-up of each patient; must demonstrate management of an adequate range of sleep disorders.

### H. Patient Records

**H-1 – Medical Records:** Includes additional items that must be included in the medical records, such as interactions with the insurance company and a medications record.

**H-2 – PAP Assessment:** Assessment must include both the device download and the subjective response to the therapy; inadequate response to therapy requires a follow-up visit.

**H-3 – Database/Storage:** Database must include all patients' sleep diagnoses using current ICSD codes; raw data must be maintained for a minimum of 5 years.

## **I. Emergency Procedures**

**I-2 – Emergency Equipment:** Must document staff training on emergency equipment.

## **J. Quality Assurance**

**J-2 – HSAT QA Program:** Must address two process measures and an outcome measure; measures may be chosen from the AASM Quality Measures.

## **K. Safety**

**K-1 – Facility Safety:** Must comply with all applicable construction regulations/codes; fire safety and building codes.

**K-2 – Occupational Safety:** Must comply with all applicable Occupational Safety and Health Administration (OSHA) requirements including access to safety data sheets, and availability of personal protective equipment and eyewash stations when required.

## **L. Patients' Rights**

**L-1 – Patients' Rights:** Must maintain a patients' bill of rights and ensure patients are informed of these rights.

*For more information about accreditation, please visit [www.aasmnet.org/accreditation.aspx](http://www.aasmnet.org/accreditation.aspx) or contact the AASM Accreditation Department at [accreditation@aasmnet.org](mailto:accreditation@aasmnet.org) or 630-737-9700.*