



**Specialty Practice (Non-Sleep Practice)**

**Standards for Accreditation**

*Updated January 2022*

The American Academy of Sleep Medicine (AASM) developed *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* to reflect the models of clinical practice that have emerged in recent years.

To this end, Specialty Practice accreditation is for non-sleep medical practices that manages its patients by screening for sleep apnea, performing home sleep apnea tests (HSATs) and facilitating treatment and management of sleep apnea through an AASM-accredited sleep facility. Sleep practices and Independent Diagnostic Testing Facilities (IDTFs)/Entities that solely test patients are not eligible.

## High Quality Patient Care and Management

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All qualified 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. All patients evaluated and diagnosed for obstructive sleep apnea (OSA) in a Specialty Practice should be seen by a board-certified sleep physician or medical staff member for treatment and follow up. In appropriate instances, specialty practices also may use telemedicine 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 a specialty practice should include in its policies a description of any circumstances that may 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. An accredited specialty practice must adopt and follow all STRONG and STANDARD level recommendation statements in all active AASM Clinical Practice Guideline, Practice Parameter, Clinical Guideline, Best Practice Guide and Position papers. In addition, it is recommended that accredited specialty practices adopt and follow all other recommendation statements (i.e., Good Practice, CONDITIONAL, 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 specialty 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 Specialty Practice is expected to keep documentation on file that provides justification for the deviation in standard clinical practice.

## Compliance

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Specialty Practices accredited by the AASM must comply with all accreditation standards at the time of application and throughout the accreditation period. The AASM recognizes that some Specialty Practices may use services from the related accredited sleep facility or HSAT provider to meet certain standards requirements (e.g., HSAT scoring, addressing problems during HSAT, documentation of treatment/management by the AASM-accredited sleep facility). Demonstration of compliance for services rendered from the related accredited sleep facility or HSAT provider is required. If it is determined in the application review process that a specialty practice (and/or services rendered by the related accredited sleep facility or HSAT provider) is not in compliance with the required standards, the application will be returned, and the specialty practice will need to resubmit its application once the required standards are met. The AASM reserves the right to revoke accreditation for specialty practices that are found to be non-compliant with the *Standards for Accreditation* during the period of accreditation.

## Denial

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Denial of accreditation will be recommended by the site visitor, reviewers, accreditation committee, or staff when one or more of the following conditions are identified:

1. The Specialty Practice fails to meet any of the accreditation standards that are indicated as “MANDATORY.” Specialty practices will not be issued provisos for accreditation standards indicated as MANDATORY. (If granted accreditation with provisos, the specialty practice receives a letter that describes certain stipulations that must be met by a specified deadline to retain accreditation.)
2. The Specialty Practice is determined to be non-compliant with more than ten (10) non-mandatory accreditation standards.
3. The Specialty Practice fails to resolve provisos within the period of time allotted to correct the provisos.
4. The AASM has evidence that the Specialty Practice 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 provide sleep medicine services. Accreditation by the AASM is a voluntary program offered to Specialty 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 *Standards for Accreditation* as deemed appropriate.

Specialty 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 *Standards for Accreditation*, the law or regulation supersedes the accreditation standard.

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## 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>MSLT</b>	Multiple Sleep Latency Test
<b>MWT</b>	Maintenance of Wakefulness Test
<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>PSG</b>	Polysomnography
<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  
[jasm.aasm.org/](https://jasm.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 (MANDATORY)

An accredited Specialty Practice is a non-sleep medical practice (such as a cardiology practice) that screens patients for sleep apnea, performs HSAT and facilitates treatment and management of sleep apnea in collaboration with an AASM-accredited sleep facility. Sleep practices and IDTFs/Entities that solely test patients are not eligible.

### STANDARD

#### A-2 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 Specialty 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 medical director must submit a written attestation that the above is not required.

2. Individual Licensure

All professional staff (including MDs, DOs, PhDs, APRNs, PAs, 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 state 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-3 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 Specialty Practice must have the ability to easily access the *Code of Medical Ethics*.

### STANDARD

#### A-4 HIPAA Rules and Regulations (MANDATORY)

1. Specialty 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. Specialty 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 medical director 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 Specialty 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. Specialty 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 (Specialty 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 medical director 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 Specialty Practice.
  5. The medical director 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. Specialty 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 Medical Director (MANDATORY)

AASM-accredited Specialty Practices must designate a single medical director who is a physician within the state where the program is located.

### STANDARD

#### B-2 Medical Director Responsibilities

The medical director:

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 Specialty 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 Specialty 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 Specialty Practice's quality assurance program on a quarterly basis as mandated in Section J.

#### STANDARD

### B-3 Medical Staff Member

Specialty Practice medical staff members include physicians, licensed psychologists, APRN, and physician assistants who hold a valid, unrestricted state license in states where patients are evaluated, diagnosed, or treated.

#### STANDARD

### B-4 Medical Staff Member Continuing Education

All medical staff members that utilize HSAT must be appropriately trained in the indications for obstructive sleep apnea (OSA) and HSAT.

#### STANDARD

### B-5 Technical Staff

1. Specialty Practices must maintain appropriately trained, supervised, and, where required by law, licensed personnel. It is the responsibility of the medical director to ensure that training is provided and documented for technical personnel.
2. Technical staff 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.

Any staff member who performs the above duties is considered technical staff.

#### STANDARD

### B-6 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 medical staff members/PhDs board-certified in sleep medicine. Scoring personnel not sleep credentialed as identified above may score only under the supervision of one of the above.

#### STANDARD

### B-7 Scoring Personnel Continuing Education

The Specialty Practice's scoring personnel must each participate in at least 30 credits (averaged 10 credits per year over the past 36 months) of *AMA PRA Category 1 Credit* or CEC sleep-related educational activities. This must be documented for each scoring personnel member. Education sessions conducted by the Specialty 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 Specialty Practice's medical director.

## STANDARD

### B-8 Addressing Problems during HSAT

1. The Specialty 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-9 Employee Background Checks

The Specialty 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 Specialty Practice shall conduct criminal background checks of all new employees. The Specialty Practice shall utilize information obtained in this process only to the extent such information is relevant to the job duties of a particular person.

## C. Patient Policies

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## STANDARD

### C-1 Ordering HSAT (Mandatory)

Only licensed physicians who are owners of, or employed by, the Specialty Practice can order HSATs based on the overall assessment of the patient. Only Specialty Practice patients may be tested; direct referrals cannot be tested by the Specialty Practice.

## STANDARD

### C-2 Patient Acceptance for HSAT

Specialty 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 tests must be in place;
- Age limitations;
- A mechanism for acceptance; and
- Evidence-based criteria for exclusion.

STANDARD

### C-3 Practice Guideline Requirements

The clinical evaluation of patients accepted for sleep testing must comply with applicable current versions of AASM Practice Parameters, AASM Clinical Guidelines, AASM Best Practice Guidelines and AASM Position Papers. Evidence of compliance with this standard must be included in the medical record.

## D. Facility and Equipment

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STANDARD

### D-1 Permanent Address

Specialty Practices must have a permanent, physical address.

STANDARD

### D-2 Phone Line

Specialty Practices, including both the clinical and laboratory settings if they are separate, must have a phone to receive incoming or make outgoing calls. Specialty Practices must have immediate communications access to emergency services (medical, fire and security).

STANDARD

### D-3 Signage

Specialty Practices must have signage on the outside of the facility or in a directory identifying the Specialty Practice.

STANDARD

### D-4 Stationary

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

STANDARD

### D-5 Home Sleep Apnea Test (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 HSAT accreditation standards outlined in [Section F](#).

## E. Policies and Procedures

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### STANDARD

#### E-1 Policy and Procedures Manual

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

### STANDARD

#### E-2 HSAT Protocol

Specialty Practices must maintain written protocols for HSAT in paper or electronic form. Technical failures due to equipment malfunction must be documented and the study repeated.

### STANDARD

#### E-3 Equipment Maintenance

The Specialty 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, inadequate data, or corrupt data) must be removed from service and 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 Specialty 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

Specialty 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 Practice Parameters, AASM Clinical Guidelines, AASM Best Practice Guidelines and AASM Position Papers.

### STANDARD

#### F-2 Diagnosis of Sleep Disorders

1. Only a licensed physician, and APRN in certain states, can diagnose a medical condition such as obstructive sleep apnea or snoring.
2. 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. An individual board-certified in sleep medicine includes a physician or PhD who is board-certified in sleep medicine by the AASM, a physician certified in sleep medicine by either a member board of the ABMS or a member board of the AOA, or 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

#### F-3 Subcontracting HSAT

Specialty Practices may subcontract home sleep apnea testing. The subcontract may not include diagnosis of a medical condition; this must remain the responsibility of an appropriately licensed physician or APRN, at the Specialty Practice or the related accredited sleep facility as appropriate. The Specialty Practices must have a written agreement with the subcontractor to this effect that clearly identifies the specific expectations of the subcontractor and requiring the subcontractor to meet all applicable AASM HSAT Standards. The Specialty Practice is responsible for assessing the performance of the subcontractor in meeting contractual obligations on an annual basis.

### STANDARD

#### F-4 Subcontracting Scoring

When a subcontractor scores sleep studies, the Specialty 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 (Standard B-6 and Standard B-7). The Specialty Practice is responsible for assessing the performance of the subcontractor in meeting contractual obligations including meeting applicable standards on an annual basis.

## G. Patient Evaluation and Care

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### STANDARD

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

In accordance with the program's patient acceptance policies, its physicians must demonstrate the capability and experience in assessing the need for HSAT testing in Specialty Practice patients and establishing the diagnosis of OSA, necessitating a referral to an AASM-accredited sleep facility.

### STANDARD

#### G-2 Sleep Facility Relationship (MANDATORY)

The Specialty Practice must demonstrate, in writing, an existing relationship with an accessible AASM-accredited sleep facility that will provide full diagnostic sleep testing in a laboratory to Specialty Practice patients when needed and that will provide treatment and follow-up for all Specialty Practice patients who require treatment and/or management for sleep disorders. All treatment and management of identified sleep disorders must be referred to the associated sleep facility. The Specialty Practice must be able to provide documentation that the patients referred to the AASM-accredited sleep facility are receiving treatment and follow up (i.e., when treatment was initiated, treatment compliance, and ongoing treatment assessments/outcomes).

In-center polysomnography at an AASM-accredited sleep facility must be recommended in cases where adequately performed HSAT does not establish the diagnosis of OSA in patients with a high pre-test probability.

## H. Patient Records

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### STANDARD

#### H-1 Medical Records

All Specialty Practices must maintain appropriate medical records for every sleep patient evaluated and/or tested by the program. 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 Specialty 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 Storage

The Specialty 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

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

### STANDARD

#### I-2 Emergency Equipment

Specialty Practices must have appropriate equipment to address possible emergencies. The Specialty Practice must maintain and document the maintenance of all emergency equipment according to manufacturers' recommendations. The Specialty Practice must maintain and document training of personnel on emergency equipment.

## J. Quality Assurance

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### STANDARD

#### J-1 HSAT Quality Assurance Program

The Specialty 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 Specialty Practice must establish minimal thresholds for the quality assurance metrics. Quarterly, the Specialty Practice's medical director 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 medical director 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 Specialty Practice complies with all required standards, regulations and codes for construction, fire safety and building codes applicable in the jurisdiction where the Specialty Practice is located and appropriate to the facility type.

### STANDARD

#### K-2 Occupational Safety

The Specialty 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 Specialty Practice; and
2. Availability of personal protective equipment.

## L. Patients' Rights

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### STANDARD

#### L-1 Patients' Rights

Specialty Practice must have a patients' bill of rights and ensure patients are informed of these rights. If the Specialty Practice is part of a larger organization, it may use its organization's bill of rights. Otherwise, the Specialty 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 the patient's 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 the patient's own medical record, 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 Specialty Practice may offer.