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

The following is a summary of the notable changes to the proposed *Standards for 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 and Component (Sleep Clinic, Lab HSAT, DME) Standards. Information for each section is included in the preface.
- Sleep Clinic Accreditation is a new type of accreditation. Sleep Clinic component(s) within an Accreditation Network will be required to adhere to corresponding standards and have data captured in application (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 be an add-on component which requires a Sleep Clinic component. 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

- Facility Director
    - 2020 Standards: Requires a Facility Director (single individual) to oversee the entire accredited program.
    - 2023 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).
- Administrative Support Staff
    - 2020 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).
    - 2023 Standards: Administrative Support Staff (Standard N-12) is an identified role that does not require support staff (that assist with HSAT setups) to meet technical staff standards (e.g., CEC, CPR, A-STEP/CoArc).
- Quality Assurance
    - 2020 Standards: Each accredited program (location) must adhere to the quality assurance standards.

    - 2023 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.
    - 2023 Standards: Quality Assurance (N-22) will require that sleep medicine indicators be selected from a qualified clinical data registry (QCDR) (e.g., AASM Sleep CDR).
- Inter-scorer Reliability
    - 2020 Standards: Each accredited program (location) must adhere to the inter-scorer reliability standard.
    - 2023 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
    - 2020 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).
    - 2023 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
    - 2023 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
    - 2020 Standards: Facilities that conduct esophageal pressure monitoring, actigraphy, end-tidal CO_2 monitoring or transcutaneous CO_2 monitoring must have written protocols.
    - 2023 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
    - 2020 Standards: If used, computer-assisted scoring of PSG must be reviewed epoch-by-epoch.
    - 2023 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
    - 2020 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.
    - 2023 Standards: The need to document problems in a log has been removed (L-22).
- Home Sleep Apnea Tests (HSAT)
    - 2020 Standards: The standard (H-5) required that "All HSATs must be FDA approved."
    - 2023 Standards: The standard (H-5) was updated to read "All HSATs must be FDA-cleared or approved."

- Patient Education for DME
    - 2023 Standards: Specific language for appropriate patient education was added for DME components (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