

AASM Standards

Every accredited sleep disorders center has the responsibility to meet all federal, state and local regulations pertaining to operating a medical practice, regardless of setting (hospital based, freestanding or other). These include, but are not limited to, practice acts, medical waste management acts, infection control, etc. In addition all local building codes must be followed. All centers are encouraged to maintain copies of the state medical practice act, other licensing acts as they pertain to the licensed personnel employed or contracted by the center, hospital licensing act, local building codes and any other laws relevant to the center's operation. All accredited sleep disorders centers are required to follow the Code of Medical Ethics of the American Medical Association which the AASM adopted as official policy in 1998.

Standard 1. Each center must have a medical director who is a physician with a license valid in the state of the center and in all states in which patients are seen. The medical director is responsible for all medical personnel within the center.

Standard 2. Each center must have on staff at least one of the following: 1. An individual who is board-certified in sleep medicine by the American Board of Sleep Medicine (ABSM, i.e., Diplomate of the American Board of Sleep Medicine, DABSM) or by an American Board of Medical Specialties (ABMS) approved board, 2. An individual who has been accepted by an ABMS approved board to sit for the examination in sleep medicine. To retain the accreditation, the ABMS examination in sleep medicine must be passed within 2 examination cycles.

Standard 3. The center must maintain a staff of appropriately trained and supervised technicians.

Standard 4. Patient acceptance policies and procedures sufficient to support safe and effective patient evaluation must be in place.

Standard 5. The program must maintain an identity as a unified center, including separate phone lines, stationery, and signage that identify the program as a "sleep center."

Standard 6. Patient testing rooms must afford comfort, privacy, safety, and accessibility and allow for effective data acquisition.

Standard 7. The control room must be adequate in size, design, location, and comfort to allow for effective function and comfort of technologists.

Standard 8. The center must maintain adequate and safe equipment for sleep studies.

Standard 9. The center must maintain a written or electronic Policy and Procedures Manual that is easily accessible from the control room and contains all appropriate policies, procedures, protocols specific to the center, and clinical standards

Standard 10. The comprehensive polysomnogram must record sufficient data for sleep stage scoring and evaluation of major sleep disorders. Parameters must include: EEG, EOG, chin and leg EMG, respiratory monitoring, oxygen saturation, and EKG.

Standard 11. Technician logs, including patient body position and patient activity, must be part of the polysomnographic record.

Standard 12. Multiple Sleep Latency Tests must be performed in accordance with AASM Practice Parameters.

Standard 13. The center must have written protocols for the following: The titration of CPAP, If used, titration of PAP during the course of diagnostic polysomnogram (split night studies), Use of bilevel positive airway pressure, Other monitoring procedures employed at the center, such as infant and pediatric polysomnography, actigraphy, maintenance of wakefulness testing, capnography, and temperature monitoring.

Standard 14. Reliable, accurate, and detailed scoring of all parameters of the polysomnogram is performed.

Standard 15. Polysomnographic recordings must be reviewed in full detail.

Standard 16. The center demonstrates capability and experience in the diagnosis and management of the full range of sleep disorders. This includes availability of recognized and effective treatments for these disorders. Appropriate follow-up for patients who require continued management must be offered.

Standard 17. Organized medical charts must be maintained for each patient.

Standard 18. The center must maintain an emergency plan and suitable emergency equipment.

Standard 19. The facility must afford rapid access to the patient by emergency personnel.

Standard 20. The center's professional and technical staff must each participate in an average of 10 hours per year of CME/CEC or CME/CEC-equivalent sleep related educational activities over a three year period. This CME/CEC must be documented for each staff member.

Standard 21. The quality assurance program must address inter-scorer reliability, and at least 3 other quality assurance indicators.

Standard 22. A DABSM or sleep specialist who is board-certified by an ABMS approved board or an individual who has been accepted by an ABMS approved board to sit for the certification examination in sleep medicine.