

INDICATOR	Met	Not Met	Comments
GENERAL			
Patients are informed of their rights and responsibilities in a language and means they understand.			
Afterhours access for patients and staff to facility has been assessed for safety and security.			
Informed consent is obtained and completed per policy.			
Patients are provided a safe environment for the study.			
The Sleep Study Center is current in accreditation from the: <ul style="list-style-type: none"> American Academy of Sleep Medicine (AASM), or Accreditation Commission for Health Care (ACHC), or Ambulatory Care Accreditation Program of the Joint Commission 			
Patient nutrition products are stored and provided in a clean manner.			
EQUIPMENT AND SUPPLIES			
Linens are stored properly.			
Bedding is clean and maintained.			
Resuscitation equipment is available and appropriate for the patient population (Adult/Pediatric).			
EEG leads are cleaned and disinfected per IFU and policy.			
CPAP devices are cleaned and disinfected per IFU and policy.			
Authorized personal CPAP devices brought in by the patient is checked for safety per organizational policy.			
PATIENT ASSESSMENT, CARE AND MONITORING			
Patients are identified per policy.			
Patients are assessed per policy; documentation is complete.			
Patients are monitored per policy.			
Medications are administered per order			
Patients are educated on the process of the sleep study and safety information to include procedures for fire and evacuation.			
The following parameters are monitored and documented:			



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<ul style="list-style-type: none"> Start time and duration of day/night of study. Total sleep time, sleep efficiency, number/duration of awakenings. For tests involving sleep staging: time and percent time spent in each stage; For tests monitoring sleep latency or maintenance of wakefulness testing: latency to both Non-Rapid Eye Movement (NREM) and Rapid Eye Movement (REM) sleep. Individual sub-test sleep latencies, mean sleep latency and the number of REM occurrences on Multiple Sleep Latency Test (MSLT). Respiratory patterns including type (central/obstructive/periodic), number and duration, effect on oxygenation, sleep stage/body position relationship, and response to any diagnostic and /or therapeutic maneuvers. Cardiac rate/rhythm and any effect of sleep-disordered breathing on EKG. Detailed behavioral observations. EEG or EMG abnormalities. 			
CLINICAL POLICIES AND PROTOCOLS			
All policies are up to date and periodically reviewed according to the organization's timeframes.			
MEDICAL STAFF			
<p>Physicians responsible for interpreting sleep studies have at least one of the following qualifications:</p> <ul style="list-style-type: none"> Certification in Sleep Medicine by the American Board of Sleep Medicine (ABSM) or by a member board of either the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) A completed fellowship in sleep medicine through an Accreditation Council for Graduate Medical Education (ACGME)–accredited program. Following the completed fellowship, certification in sleep medicine is completed within two 			

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examination cycles through the ABSM or a member board of either ABMS or the AOA.			
STAFF COMPETENCIES AND QUALIFICATIONS			
Staff have current licenses and certifications as required by the organization.			
Staff have current training/competency in operating sleep study equipment, patient assessment and in emergency equipment/procedures as directed by the organization.			