



British Sleep Society

**Sleep Medicine Centre (SMC) Accreditation Standards:  
Adult Full Sleep Services**

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# BSS SMC Accreditation Standards: Adult Full Sleep Services

This document is intended to describe the minimum standards for accreditation of UK Adult Sleep Centres. It is hoped that it will be used alongside the process currently being developed by the Department of Health for accrediting all Physiological Measurement Services and may be adopted as a unified standard for Sleep Services. It borrows from existing draft documents aimed at generic accreditation processes and other NHS clinical standard frameworks.

	Minimum Standard	Ideal Standard
<b>Premises</b>		
Out-patient / clinic rooms	<p>A basic medical out-patient facility with patient reception, a waiting area and private consulting rooms sufficiently large to accommodate doctor and patient, up to 2 other family members and an interpreter if required. Also:</p> <ul style="list-style-type: none"> <li>• Sufficient space to examine the patient comfortably.</li> <li>• An examination couch.</li> <li>• Access to routine clinic tests (blood/ECG/X-ray).</li> <li>• Auxiliary staff support for patients and to organise basic anthropometric measurements.</li> <li>• Fully accessible for disabled patients.</li> </ul>	<ul style="list-style-type: none"> <li>• A Sleep-dedicated facility either 'stand alone' or clearly demarcated from its clinical neighbours.</li> <li>• A permanently staffed reception desk.</li> <li>• A large waiting area with reading materials available to include information about the clinic, its staff, activities and disease-specific PILs.</li> <li>• 'In house' clinic tests or very close proximity to shared hospital facilities.</li> <li>• Convenient access to pharmacy services.</li> <li>• Close proximity to the Sleep Laboratory.</li> <li>• On-site, separate rest and refreshment areas for patients and staff.</li> </ul>
Sleep bedrooms for PSG/MSLT etc	<ul style="list-style-type: none"> <li>• Single rooms available for daytime and night-time use.</li> <li>• Able to record all relevant biosignals<sup>1</sup>.</li> <li>• Sound and light attenuated.</li> <li>• Bedroom dimension and layout allows sufficient access for two-person cardiopulmonary resuscitation/crash calls.</li> <li>• Air conditioned (temperature and ventilation controlled).</li> <li>• Single sex washing/toilet facilities conveniently</li> </ul>	<ul style="list-style-type: none"> <li>• A two-way communication system to allow patient and technician to communicate with each other and to enable bio-signal calibration.</li> <li>• Additional room/bed available for relatives, and/or carers.</li> </ul>

	<p>available.</p> <ul style="list-style-type: none"> <li>• Video monitoring from control area.</li> </ul>	
Monitoring/ analysis/scoring room	<ul style="list-style-type: none"> <li>• A separate room sufficiently large, ventilated and comfortable for night staff and undisturbed day and night working.</li> <li>• Work stations include control panel, signal display monitor and video.</li> </ul>	<ul style="list-style-type: none"> <li>• Dedicated, single purpose monitoring/control room.</li> <li>• Dedicated patient preparation/hook-up area.</li> </ul>
PSG equipment	<ul style="list-style-type: none"> <li>• Sleep analysing equipment capable of reliably measuring the minimum montage of biosignals<sup>1</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>• Sleep analysing equipment complies to AASM guidelines and criteria for polysomnography recording and scoring<sup>2,3,4</sup>.</li> </ul>
Analysis and Reporting of Studies	<ul style="list-style-type: none"> <li>• Sleep studies are autoscored with manual editing by senior technical staff as required.</li> <li>• Sleep study raw data reviewed, interpreted and reported by sleep clinician as required.</li> </ul>	
Archiving of results	<ul style="list-style-type: none"> <li>• Safe and secure archiving facilities for all laboratory-generated patient data.</li> </ul>	<ul style="list-style-type: none"> <li>• A Sleep Service patient database.</li> <li>• Patients classified according to ICSD-2<sup>5</sup>.</li> </ul>
<b>Staff</b>		
Medical	<p>Medical staff trained and experienced in the investigation and management of patients with a full range of adult sleep disorders.</p> <ul style="list-style-type: none"> <li>• Chief physician in a permanent post</li> <li>• Medical emergency care available on site or able to attend immediately</li> </ul>	<ul style="list-style-type: none"> <li>• Chief physician is a member of the BSS</li> <li>• Chief physician and other medical staff with a post-graduate qualification in Sleep Disorders Medicine such as US Board Certification or equivalent.</li> </ul>
Technical	<p>Technical staff trained and experienced in the investigation and management of patients with a full range of adult sleep disorders.</p>	<ul style="list-style-type: none"> <li>• Senior staff dedicated full-time to their role in the Sleep Laboratory.</li> <li>• Senior technical staff trained with a science</li> </ul>

	<ul style="list-style-type: none"> <li>• Chief technician in a permanent post</li> <li>• Staff attending overnight sleep laboratory investigations must not have coinciding responsibilities elsewhere.</li> <li>• Night staff: patient ratio &gt;1:4</li> </ul>	<p>degree or equivalent.</p> <ul style="list-style-type: none"> <li>• Senior technical staff with a post-graduate qualification in sleep technology such as RPSGT.</li> </ul>
Administrative	<ul style="list-style-type: none"> <li>• Permanent staff able to manage and direct patient enquiries.</li> </ul>	<ul style="list-style-type: none"> <li>• Sleep Service dedicated administration.</li> </ul>
<b>Patient Services</b>		
Referrals	<p>Able to receive referrals for the investigation &amp; management of a full range of adult sleep disorders (as per ICSD-2<sup>5</sup>) including:</p> <ul style="list-style-type: none"> <li>• Sleep-related breathing disorders</li> <li>• Hypersomnia (neurological)</li> <li>• Circadian rhythm sleep disorders</li> <li>• Parasomnias</li> <li>• Sleep-related movement disorders</li> </ul>	<p>Able to receive referrals for the investigation &amp; management of a full range of adult sleep disorders (as per ICSD-2<sup>5</sup>) including:</p> <ul style="list-style-type: none"> <li>• Insomnias</li> </ul>
<b>Available Procedures</b>		
Outpatient procedures	<ul style="list-style-type: none"> <li>• Physical examination</li> <li>• Clinical investigations (blood/ECG/X-ray etc)</li> <li>• Assessment with Sleep Questionnaires (e.g. PSQI, ESS, SSS).</li> <li>• Sleep Diaries.</li> <li>• Overnight Pulse Oximetry.</li> <li>• Polygraphy (Airflow, Respiratory Effort, Oxygen Saturation and Pulse are minimum recording parameters- Domiciliary or in-lab).</li> <li>• Access to psychological services.</li> </ul>	<ul style="list-style-type: none"> <li>• Actigraphy (PLMS detection)</li> <li>• Actigraphy (circadian rhythm or sleep duration)</li> <li>• In-house psychological services including CBT</li> </ul>

In-patient diagnostic procedures	<ul style="list-style-type: none"> <li>• Polygraphy.</li> <li>• Polysomnography (minimum montage as described by Pevernagie<sup>1</sup>).</li> <li>• MSLT.</li> <li>• MWT and/or OSLER test.</li> <li>• Standard Operating Procedures file for all sleep diagnostic equipment and test protocols.</li> <li>• Access to accredited 'manual' interpretation and reporting of PSG/MSLT <sup>2,3,4</sup> data.</li> </ul>	<ul style="list-style-type: none"> <li>• In-house 'manual' scoring of PSG/MSLT data.</li> <li>• Full 12-24 lead EEG Montage hardware capability for detection of nocturnal seizure activity.</li> </ul>
Out-patient therapeutic procedures	<ul style="list-style-type: none"> <li>• CPAP initiation (unless carried out as inpatient).</li> <li>• CPAP maintenance and 'troubleshooting'.</li> </ul>	
In-patient therapeutic procedures	<ul style="list-style-type: none"> <li>• CPAP Titration.</li> <li>• CPAP Initiation.</li> <li>• CPAP Maintenance and 'troubleshooting'.</li> </ul>	<ul style="list-style-type: none"> <li>• Titration of oxygen supplementation to PAP.</li> <li>• Bi-level PAP titration.</li> </ul>

## Generic Standards for Accreditation of Physiological Measurement Services

**Patient Experience-** The purpose of the patient experience domain is to ensure that the service delivery is patient focussed. This is achieved by provisions of appropriate information and support for patients, providing a suitable and respectful environment for the assessments to take place and listening to patients and acting upon service user’s feedback of the services.

PE1	The service has provision of patient friendly Information for Patients/family and carers about what happens before, during and after the examination/procedure.
PE2	The service implements and monitors systems to ensure the privacy, dignity and security of patients are respected throughout contact with the service.
PE3	The Quality of Staff – Patient Communication is monitored to ensure service delivery is patient focussed.
PE4	The service implements & monitors systems for capturing Patient feedback and analyses and acts upon results.

**Clinical & Technical Quality (Clinical governance) -** The purpose of the clinical and technical quality domain is to ensure that the service is delivering rapid and accurate clinical practice. This is achieved through appropriate administrative, clinical and technical processes and the review of practice to develop and improve the service.

CTQ1	The service implements and monitors systems to ensure referral criteria & triage processes for access to services are in place.
CTQ2	The service implements and monitors systems to ensure the clinical & technical quality of performance of assessment, investigations and interventional procedures.
CTQ3	The service implements and monitors systems to ensure the technical and clinical quality of the interpretation, reporting and communication of investigation/procedure results.
CTQ4	The service carries out clinical audit and data driven service improvement. Implementing new technologies drugs and investigative/treatment approaches and emerging practices as appropriate.

**Facilities, Resources & Workforce-** The purpose of the facilities resources and workforce domain is to ensure that resources are used effectively to provide a safe and efficient service. This is achieved through appropriate and adequate facilities, competent and motivated staff and sound business planning principles within the service.

FRW1	The service implements and monitors systems to ensure the facilities and environment support delivery of the service.
FRW2	The service implements and monitors systems to procure and manage equipment to deliver the service.
FRW3	The service implements and monitors systems to recruit, manage and support staff to deliver the service.
FRW4	The service implements and monitors systems to ensure staff are competent to deliver the service.
FRW5	The service implements and monitors systems to engage in integrated service evaluation, workforce review, planning and development.

FRW6	The service implements and monitors systems to manage its budget, service contracts, demand, capacity and waiting times
FRW7	The service implements and monitors systems to manage complaints and incidents.
FRW8	The service ensures that all staff have an annual appraisal. There should be an opportunity for staff to identify and document any perceived training needs and potential barriers/difficulties experienced in carrying out their roles.
<b>Safety-</b> The purpose of the safety domain is to ensure that services provide the highest level of safety for patients, staff and others who come into contact with the service. This is achieved through assessment and management of the risks associated with service delivery.	
S1	The service implements and monitors systems to manage the risk of infection in relation to premises and equipment.
S2	The service implements and monitors systems to manage the risk of violence & aggression.
S3	The service implements and monitors systems to ensure general health & safety of patients, staff & others.
S4	The service implements and monitors systems to ensure that all staff are trained and updated in any Trust/Hospital-wide mandatory training programmes such as: <ul style="list-style-type: none"> <li>• Fire.</li> <li>• In-hospital basic cardiopulmonary resuscitation.</li> <li>• Moving and handling.</li> <li>• Infection control/hand washing.</li> <li>• Protection of the vulnerable adult.</li> <li>• Data protection/confidentiality.</li> </ul>

## **References**

1. Pevernagie D for Steering Committee of the European Sleep Research Society. European Guidelines for the accreditation of Sleep Medicine Centres. J Sleep Res. 2006; **15**: 231-8.
2. AASM 05 Practice Parameters for Polysomnography.
3. AASM 05 Practice Parameters for Multiple Sleep Latency Tests, Maintenance of Wakefulness Test.
4. AASM 07 Manual for the Scoring of Sleep and Associated Events.
5. ICSD-2- International Classification of Sleep Disorders, 2<sup>nd</sup> Edition: Diagnostic and coding manual. American Academy of Sleep Medicine 2006.