

**ACCREDITATION QUESTIONNAIRE FOR
SLEEP MEDICINE CENTRES IN EUROPE**

date:

A) STAFF:

1. name of SMC:

street, nr.:

postal code, city:

phone:

fax:

email:

web-site:

2. SMC management:

a) head of the SMC:

.....

member of the NSS	yes <input type="checkbox"/>	no <input type="checkbox"/>
certified somnologist	yes <input type="checkbox"/>	no <input type="checkbox"/>
permanent position at the SMC	yes <input type="checkbox"/>	no <input type="checkbox"/>

in charge since:

b) responsible physician of the SMC:

.....

member of the NSS	yes <input type="checkbox"/>	no <input type="checkbox"/>
certified somnologist	yes <input type="checkbox"/>	no <input type="checkbox"/>

involved in management of SMC since:

3. consulting services:

Which consulting services are available (e.g. internal medicine, pneumology, cardiology, neurology, psychiatry, ENT surgery, (neuro-)psychology, dentistry, paediatrics, etc.)?

.....

In which phase of the stepwise diagnostic procedure are these services consulted?

.....

Which physicians / departments refer patients to the sleep laboratory?

	name/department
ENT	
neurology	
psychiatry	
internal medicine	
pneumology	
cardiology	
pediatrics	
dental surgery	
Other (specify)	

Is there an outpatient clinic for sleep disorders? yes no

What are the office hours of the outpatient clinic (days per week, hours per day) ?

.....

Ambulatory sleep recordings : how many nights per week and how many per night are conducted?

.....

In-hospital polygraphies : how many nights per week and how many per night are conducted?

.....

Laboratory polysomnographies : how many nights per week and how many per night are conducted?

.....

4. staff : list all the staff members working in the sleep laboratory:

personnel	number and qualification (specialist, specialist in training etc.)	Percent of total job time spent in sleep laboratory	tasks / functions (e.g. controlling, editing etc.)
physicians			
psychologists			
technicians			
nurses			
night staff			
secretaries			
other			

How are the night-duties in the sleep laboratory scheduled (e.g. number of attending staff per patient, continuous attended monitoring etc.) ?

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How is medical supervision organized in the sleep laboratory at night (with regard to physicians knowledgeable of sleep medicine)?

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.....

How is the quality of the sleep analysis (PSG, MSLT) ensured?
Describe the nature of your quality assurance :

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.....
.....

5. advanced training

Is there in-house advanced training for physicians, medical-technicians, assistants and staff of the sleep laboratory? Is it scheduled at regular intervals?

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Do you offer training for other hospitals or external physicians?
Is it scheduled at regular intervals?

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B) PATIENTS AND SLEEP MEDICAL SERVICES:

1. Diagnostic profile of the SMC (list the most common diagnoses)

number of patients per annum		
	Out-patient diagnosis	In-patient diagnosis
a) Insomnia, e.g. <ul style="list-style-type: none"> • Psycho-physiological insomnia • Paradoxical insomnia • idiopathic insomnia • other 		
b) EDS and hypersomnia, e.g. <ul style="list-style-type: none"> • Narcolepsy • Recurrent hypersomnia • Idiopathic hypersomnia • Post-traumatic hypersomnia • other 		
c) Sleep related breathing disorders, e.g. <ul style="list-style-type: none"> • OSAS & snoring • Central sleep apnoea syndrome • Syndromes of alveolar hypoventilation (primary and secondary) • other 		
d) RLS & PLM <ul style="list-style-type: none"> • Periodic leg movements • Restless legs syndrome 		
e) Hypnotics, alcohol & drug dependence		
f) Parasomnias <ul style="list-style-type: none"> • • 		
g) Other 1		
h) Other 2		

Which diagnostic methods are used for which diagnostic group in the table above?

- a)
- b)
- c)
- d)
- e)
- f)

- g)
- h)

Waiting period for ambulatory diagnostics:.....

Waiting period for laboratory diagnostics:.....

2. Therapeutic profile of the SMC (main foci in treatment)

Which therapies are applied for each diagnosis in the table above?

Specify percentage of therapeutic procedures within each diagnosis group.

- a)
- b)
- c)
- d)
- e)
- f)
- g)
- h)

Give a description of your referral routines for sleep disorders which you do not routinely treat:

.....

C) EQUIPMENT AND ROOMS:

1. polysomnographs:

number	manufacturer	channels	kind of recording (paper/digital)	kind of archiving

2. additional equipment for sleep monitoring (e.g. polygraphs etc.):

number	type	firm / producer	number of signals

3. the routine sleep recording comprises:

	EEG	EOG	EMG
number of channels (specify derivations)			
<i>air flow</i>	<input type="checkbox"/> thermal signal	<input type="checkbox"/> pressure signal	
<i>respiratory movement</i>	<input type="checkbox"/> thoracic	<input type="checkbox"/> abdominal	
<i>esophageal pressure</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no	type:
<i>pulse oximetry</i>	<input type="checkbox"/> oxygen saturation	<input type="checkbox"/> heart rate	
<i>capnography</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no	
<i>EMG (tibial)</i>	<input type="checkbox"/> right	<input type="checkbox"/> left	<input type="checkbox"/> sum (total)
<i>PTT</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no	
<i>snoring microphone</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no	
<i>video</i>	<input type="checkbox"/> monitoring	<input type="checkbox"/> recording	<input type="checkbox"/> videometry
<i>intercom</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no	
<i>options</i>	<input type="checkbox"/> actigraphy	<input type="checkbox"/> body t°	<input type="checkbox"/> NPT
<i>other signals</i>	<input type="checkbox"/>	<input type="checkbox"/>	

4. other equipment:

For long-term monitoring (e.g. ECG, long-term EEG, ambulatory blood pressure monitoring, actigraphy):

.....
.....

5. facilities:

number and size of control rooms:

.....

number and size of patient bedrooms:

.....

acoustic insulation:

lighting control for darkening of the room :

air conditioning:

room facilities of outpatient clinic:

D) diagnostic tests: (please attach a sample of your paper questionnaires)

physical examination:

clinical investigations:

MSLT:

MWT:

sleep diary:

sleep questionnaires:

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psychological and personality questionnaires:

.....

psychological tests:

neuropsychological examinations:

other:

E) medical documentation and archive: (please attach standard sleep report form)

Which results will be included in patient’s medical report (sleep, respiration, cardiovascular investigations):

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Which classification systems are used (DSM-III-R, ICSD-1, ICSD-2, ICD-9, ICD-10)?

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Organisation of archive:

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Which results of PSG will be archived?

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How long will these results be archived?

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F) Invoicing:

Briefly describe the invoicing procedure for sleep medical services:

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G) Additional information or comments:

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