

ABRET EEG Laboratory Accreditation Application



Date: _____

Hospital/Institution: _____

Laboratory Name: _____

Address: _____

Name/Title of Person completing this form: _____

Phone number: _____ Fax: _____

e-mail address: _____

Medical Director: _____

Administrator/Title: _____

Number of EEGs per year, performed by your lab (approximately) _____

Circle procedures performed in your lab:

Routine EEG Pediatric Neonatal Bedside Sleep deprived ECI Ambulatory LTM

Other: _____

Please follow instructions on Page 2.

Submit this completed form and required documentation to:

ABRET Executive Office

1904 Croydon Ave.

Springfield, IL 62703

abreteo@aol.com 217-553-3758

This space for ABRET use

Date application & fee received _____

Records Requested 1) _____ 2) _____

Date Review Materials received _____ Acc fee _____

Sent P&P and EEGs to _____ and _____ Date _____

Date Materials returned applicant lab _____

10/07

ABRET EEG Laboratory Accreditation

General Information

The Laboratory Accreditation Board of ABRET (LAB of ABRET) is a separate board functioning under ABRET, Inc., a not-for-profit, 501 C6 corporation.

Any laboratory performing clinical EEGs interpreted by a licensed physician (M.D. or D.O.) may apply for accreditation.

At least one of the staff technologists must be an R. EEG T. or RET.

LAB of ABRET requires a formal review of laboratory output, Policies & Procedures.

The EEG interpretation (professional component) will not be evaluated.

Submitted records will be returned after the process is complete.

A site visit will not be conducted.

Accreditation will be for 5 years.

A brief laboratory status report will be due annually.

A list of LAB of ABRET accredited EEG laboratories will be published.

Successful laboratories will receive a framed certificate and a press kit.

All decisions are final and may not be appealed.

Unsuccessful labs may reapply in one year.

Process for EEG Laboratory Accreditation

Step One

Along with the completed application send:

- 1) A copy of the Medical Director's state medical license
- 2) A list of all staff technologists, their credentials and registry number(s), and a list of their continuing education activities in the last 12 months
- 3) Application fee (\$75) payable to ABRET.

Step Two

Once the application has been accepted, the lab will be asked to submit:

- 4) Two copies of ONLY the required Policies from your P&P, CD preferred (see page 3). Please include a Table of Contents, including page numbers and do not include extraneous information.
- 5) Five complete EEGs (no LTM or ambulatory studies) for review (three selected by the applicant and two randomly selected by LAB of ABRET by date). Please label which of the submitted recordings is normal, focal, generalized, as well as the two randomly selected EEGs. If sending a CD, please send two copies. Include the equipment manufacturer and reading software information with the CD.
- 6) A check for \$950 is due once the application has been accepted, and must be received prior to evaluation of the EEGs.

Applicants may contact the ABRET Executive Office after 90 days, if they have not received notification of accreditation status.

Requirements for EEGs

One recording must be normal, one must have a focal abnormality and one must have a generalized abnormality (no LTM or Intraoperative recordings).

Different technologists should have recorded the three applicant-selected records. If there are only two technologists in the lab, one may have performed two of the three recordings.

See page four for additional technical requirements.

Patient identifying information should be removed. If it cannot be removed, a Business Associate Agreement should be completed to satisfy HIPAA.

Data will only be used for evaluation and returned to the applying lab within six weeks.

Records should be submitted on CD with reading software. If reading software is not available, then the EEGs should be printed out.

REQUIRED POLICIES AND PROCEDURES

Please label each policy

-
1. Staffing policies for technical personnel (Job Descriptions and Competencies)
 2. Infection Control
 3. Electrical Safety
 4. Quality Improvement
 5. Continuing Education Requirements for Technologists. This could include, for example, record review sessions, grand rounds, and regional or national conference attendance.
 6. Testing Procedures

For each of the modalities below (the ones performed in your laboratory) the policy must contain the following information:

- a. Information including patient's name, age, record ID, inpatient or outpatient date, and name of tech.
- b. Patient preparation
- c. Patient history
- d. Electrode placement and application of electrodes
- e. Electrode impedances
- f. Recording protocols including calibration, montages, activation, length of record, instrument adjustments and record annotation.

Routine EEG

Pediatric EEG

Neonatal EEG

Bedside EEG

Sleep Deprived EEG

EEG for Determination of Electrocerebral Inactivity

Ambulatory EEG

Long Term EEG Monitoring

EXPECTED TECHNICAL STANDARDS FOR RECORDS

1. All recordings must be interpretable.
2. All submitted records must have been recorded within twelve months of the application.
3. Every record must contain a minimum of sixteen channels of EEG.
4. All inter-electrode impedances (not greater than 5000 ohms) must be documented.
5. Required documentation: Patient Age, Date, Tech Name or ID. A unique procedure or log number should be included.
6. Required documentation: Time of Recording, Time and Date of Last Symptom or Event, Behavioral State of Patient, Medication, Summary of Relevant Medical History. Records must not contain any patient information beyond the required documentation. If all other patient information cannot be removed, a Business Associate Agreement should be entered into with the hospital. A model agreement is available upon request.
7. **For Analog Recordings:** Calibration must be performed. Square wave at beginning with standard settings, square wave at end and including all settings, bio-calibration at beginning. Calibration acceptable (signal variability +/- 5%): Amplitude, Input Voltage, Time Axis, Pen Damping, Electrical Baseline, Mechanical Baseline, Bio-calibration equal in all channels. **For Digital Recordings:** If meaningful calibration or bio-calibration is not available, ideally the first 30 seconds of recording should be observed by the technologist from the primary system reference montage.
8. A standard sensitivity of 5-10 $\mu\text{v}/\text{mm}$ is required, and should be adjusted as needed.
9. A standard low frequency filter not greater than 1 Hz (time constant of .16 seconds) is required, and should be adjusted as needed.
10. A standard high frequency filter 70 Hz is required, and should be adjusted as needed.
11. A paper speed of 30mm/sec or a digital display of 10 seconds/page is required.
12. The 60 Hz filter should be used appropriately.
13. Any artifacts should be corrected or monitored, as necessary.
14. At least 120 pages or 20 minutes of EEG activity, not including instrument calibration or bio-calibration, is required.
15. At least one longitudinal and one transverse bipolar, and one referential montage should be recorded.
16. The montages must be complete and appropriate to demonstrate abnormality.
17. There should be at least one period of eye opening/eye closure.
18. Hyperventilation should be performed and acceptable with effort noted, or contraindicated.
19. Photic stimulation should be performed and acceptable, or contraindicated.
20. Adequate sleep recording should be obtained, attempted, or not needed. At least one submitted record must contain stage two sleep.
21. Visual, auditory, or somatosensory stimulation should be used and documented, as appropriate.
22. The paper speed, sensitivity, filters, and montages must be clearly identified on the record and at times of change.
23. The patient's state and/or level of consciousness (awake, drowsy, sleep, comatose, etc.) and any changes should be clearly noted on record.
24. Complete descriptions of patient events, movements, and tech instructions should be clearly noted on the record at the time of occurrence.
25. Clear documentation of patient's maximal level of alertness must take place at some time during recording.
26. All records (analog or digital) must be recorded continuously without deletion of pages or demonstrate a continuous time and montage sequence as recorded.
27. Before submitting data, verify it is viewable on a generic PC running Windows XP, and not just on your review station.
28. Verify the review software opens the recordings properly, and that the data is displayed AS RECORDED, including settings, impedances, montages, and all annotations.
29. Clearly label each record, identifying which are normal, focal and generalized and which were selected by ABRET.
30. Provide additional information/instructions as to how to use your particular reading software, and if there are any nuances to facilitate the process, such as passwords.

Reference:

American Clinical Neurophysiology Society Guidelines in Electroencephalography
(www.acns.org)