111 E. University Dr., Ste. 105-355
Denton, TX 76209
Phone/Fax: (217) 726-7980

LAB-LTM: Epilepsy Monitoring and Critical Care EEG Monitoring

REACCREDITATION APPLICATION

I. Program Overview

8/2023

Date Application Submitted:		
Hospital/Institution:		
Department Name:		
Address: (Include Mail Code or Mail Stop)		
City:	State:	Zip:
Name/Title Person Completing This Form:		
Phone:	E-mail Address:	

Is your EEG Laboratory accredited **ABRET LAB-EEG**?	Yes ☐	No ☐

Are you applying for LTM Epilepsy Monitoring or Critical Care EEG Monitoring Reaccreditation or both?	☐ Epilepsy ☐ Intracranial recordings	☐ Critical Care
Do you currently hold accreditation through The National Accreditation of Epilepsy Centers (NAEC)?	☐ Yes Current Level?	☐ No, but plan to apply ☐ No; no plans to apply for NAEC

Epilepsy Monitoring

☐ Not applicable

Medical Director:	
Phone:	E-mail Address:
Technical Director (or equivalent):	
Phone:	E-mail Address:
Administrator/Title:	
Phone:	E-mail Address:

Critical Care EEG

☐ Not applicable

Medical Director:	
Phone:	E-mail Address:

Technical Director (or equivalent):	
Phone:	E-mail Address:
Administrator/Title:	
Phone:	E-mail Address:

II. Volume

Indicate what types of procedures/patients you monitor

Type of procedures	Yes	No	N/A	Number of procedures in the last year	
Epilepsy Monitoring				Total:	
Diagnostic/Pre-surgical (scalp)				Number:	
Invasive extraoperative monitoring				Number:	Have you performed at least 24 invasive recordings in the last 4 years?
Adult					
Pediatric					
Do you taper AEDs during admission					
ICU/Critical Care EEG				Total:	
Adult					
Pediatric					
Neonates					

III. Personnel

Interpreting Physicians

List all the physicians involved with interpreting EEG data collected for Epilepsy and Critical Care EEG monitoring.

Name(s) (add lines if necessary)	Degree/s	Boards	Participation in:	
		☐ ABPN ☐ ABCN ☐ ABPN-CNP ☐ Other	EMU ☐	Critical Care EEG ☐
		☐ ABPN ☐ ABCN ☐ ABPN-CNP ☐ Other	EMU ☐	Critical Care EEG ☐
		☐ ABPN ☐ ABCN ☐ ABPN-CNP ☐ Other	EMU ☐	Critical Care EEG ☐
		☐ ABPN ☐ ABCN ☐ ABPN-CNP ☐ Other	EMU ☐	Critical Care EEG ☐
		☐ ABPN ☐ ABCN ☐ ABPN-CNP ☐ Other	EMU ☐	Critical Care EEG ☐
		☐ ABPN ☐ ABCN ☐ ABPN-CNP ☐ Other	EMU ☐	Critical Care EEG ☐

LTM Monitoring Technologist
List all technologists participating in LTM

Name(s) (add lines if necessary)	Registration	Participation in:	
	☐ CLTM ☐ NA-CLTM ☐ R. EEG T./R.E.T. ☐ CNIM ☐ Unregistered	EMU ☐	ICU ☐
	☐ CLTM ☐ NA-CLTM ☐ R. EEG T./R.E.T. ☐ CNIM ☐ Unregistered	EMU ☐	ICU ☐
	☐ CLTM ☐ NA-CLTM ☐ R. EEG T./R.E.T. ☐ CNIM ☐ Unregistered	EMU ☐	ICU ☐
	☐ CLTM ☐ NA-CLTM ☐ R. EEG T./R.E.T. ☐ CNIM ☐ Unregistered	EMU ☐	ICU ☐
	☐ CLTM ☐ NA-CLTM ☐ R. EEG T./R.E.T. ☐ CNIM ☐ Unregistered	EMU ☐	ICU ☐
	☐ CLTM ☐ NA-CLTM ☐ R. EEG T./R.E.T. ☐ CNIM ☐ Unregistered	EMU ☐	ICU ☐

IV. Signature Page

Information provided by:

_____	_____	_____
Name (print)	Signature	Date

We have read the above application and the accompanying instructions manual. We verify that the information contained herein is accurate.

Verified by:

1. Medical Director:

_____	_____	_____
Name (print)	Signature	Date

2. Technical Director:

_____	_____	_____
Name (print)	Signature	Date

3. Administrator: Signature or Letter of Support

_____	_____	_____
Name (print)	Signature	Date

Please submit:

1. Recordings: Provide the official report (interictal abnormalities, ictal abnormalities) for each record.

For Epilepsy Monitoring:

- One 12-24 hour EEG recording with audio/video and including annotations. The record must have clinical events and demonstrate clinical and/or electrographic seizures.
- Laboratories performing extraoperative invasive recordings (including all designated level 4 NAEC centers) should submit an additional 12-24 hour invasive recording segment showing clinical and electrographic seizures. An invasive map (manual, pictures or image co-registration) and list of implanted electrodes and names and locations should be included.

For Critical Care EEG Monitoring:

- Two12-24 hour EEG recordings including electrographic seizures with or without clinical correlate.

Records should be uploaded to a portable hard drive, encrypted according to institutional policies, with reading software and all montages typically used in the laboratory. Patient identifying information should be removed if possible.

A Business Associate Agreement must be completed to satisfy HIPAA requirements (Use either ABRET form or your own institutional agreement form). Data will only be used for evaluation and deleted or returned at the completion of the evaluation.

2. Upload the policies with major changes since your initial accreditation/last reaccreditation review.

Policies and Procedures – policies with major changes only

a. Staffing policies (Job descriptions/Competencies)
b. Infection Control
c. Electrical Safety
d. Patient safety
    - Role of technologists, nurses, house staff
    - Monitoring Environment
    - Out of bed policy (including bathroom safety)
e. Quality Improvement
f. Continuing Education Requirements
g. Emergency Coverage
h. Procedural policies:
    - Epilepsy Monitoring
    - Critical Care EEG

Please address the following elements in each procedural policy:

1. Information including patient's name, age, record ID, inpatient or outpatient date, and name of tech
2. Patient preparation
3. Patient history
4. Electrode placement and application standards
5. Electrode impedance standards
6. Recording protocols including calibration, montages, activation, length of record, instrument adjustment and record annotation
7. Monitoring for scalp breakdown
8. Event annotation, testing, documentation and notification standards
9. Documentation of daily medication changes, changes in clinical status, other diagnostic tests and monitoring procedures
10. Monitoring Protocol: If not already included in the policies, provide a narrative addressing:
    - Epilepsy Monitoring: type of personnel, hours and days of coverage, backup monitoring plan during breaks, review of raw data, utilization of seizure and spike detection software, access for physicians to review after hour recordings, response to critical results, standard montages available for review.
    - Critical Care EEG: review and report ongoing studies, weekend and overnight coverage, utilization of seizure detection software and quantitative EEG, standards for emergency hookup and reporting, access for physicians to review after hour recordings, response to critical results
11. Use of specialized electrodes
    - Epilepsy Monitoring: For extraoperative recording and mapping
    - Critical Care EEG: Imaging compatible electrodes, needle, subdermal electrodes
12. Information Technology:
    - Protocol for equipment and network dysfunction (during and after working hours). Include your contingency plan if remote monitoring is not available.

i. HIPAA:

1. Hospital or departmental patient authorization for usage of identifiable material (audio, video) for patient care.
2. For teaching institutions, provide additional patient authorization for educational usage of identifiable audio-video material within the institution.

j. Archiving:

1. Data retention policy (storage media, security, duration)
2. Archiving procedure (auto-editing/manual clipping, quality control) for:
    - Epilepsy Monitoring
    - Care EEG

ADDENDUM: EXPECTED TECHNICAL STANDARDS FOR RECORDINGS

EXPECTED TECHNICAL STANDARDS FOR RECORDINGS

1. All recordings must be interpretable (provide ancillary material as needed, e.g. event log, electrode map and montages).
2. All submitted records must have been recorded within twelve months of the application.
3. Every record must contain a minimum of sixteen EEG electrodes for ICU and twenty-one for EMU recordings.
4. Every record must contain an EKG channel.
5. All inter-electrode impedances (not greater than 10,000 ohms) should be balanced and documented at least once a day.
6. Patient Age, Date, Tech Name or ID.
7. Required documentation on the report: Time of Recording, Time and Description of Symptoms or Events, Behavioral State of Patient, Medication, Summary of Relevant Medical History.
8. If meaningful calibration is not available, ideally the first 30 seconds of the recording should be observed by the technologist using the primary system reference montage.
9. Scalp recording standards:
   Sensitivity of 5-10 μv/mm is required and should be adjusted as needed.
   Low frequency (high-pass) filter 1 Hz or lower (time constant of not <.16 seconds) is required and should be adjusted as needed.
   High frequency (low-pass) filter greater than or equal to 70 Hz is required and should be adjusted as needed.
10. Intracranial recordings:
    Low frequency (high-pass) filter 0.5 hz or lower; high frequency (high-pass) filter 70 hz or higher.
    Noise level less than 1 uV rms; input impedance at least 1 M ohm.
    Common mode rejection of at least 60 dB; dynamic range of at least 40 dB.
11. The notch filter should not be defaulted to “on”.
12. Any artifacts should be corrected or monitored, as necessary.
13. For epilepsy monitoring:
    If hyperventilation is performed, effort should be noted.
    If photic stimulation is performed, stimulus frequency and effect should be documented.
14. Visual, auditory, somatosensory stimulation or noxious stimulation should be used and documented, as appropriate. Clear documentation of patient’s maximal level of alertness must take place at some time during recording.
15. Before submitting data, verify it is viewable on a generic PC running Windows with the reading software you included, and not just on your review station. Provide additional information/instructions as to how to use your particular reading software and video files, and if there are any nuances to facilitate the process, such as passwords.

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