



## DIAGNOSTIC ACCREDITATION PROGRAM

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### **Highlights of the DAP Polysomnography Accreditation Standards 2014 and Accreditation Process Changes**

#### **Highlights of the Polysomnography Accreditation Standards 2014**

The standards have been revised to reduce ambiguity, increase specificity, remove redundancy and provide more clarity for interpretation.

The organization of the standards has been modified:

- there are more categories of standards to make locating specific standards easier.
- an alpha numeric system is used to uniquely identify each standard, criterion and descriptor.
- “intent” and “guidance” statements are used throughout the standards to provide more assistance in the interpretation.

The most significant changes to the categories are as follows.

#### **Governance and Leadership**

This category was previously known as Leadership and Management and includes more comprehensive and detailed standards related to accountability, responsibility and service planning for the governing body/ownership and facility leadership.

#### **Medical Staff**

This is a new category and includes medical staff leadership, credentialing, delegation of medical acts and medical staff contracts/agreements.

#### **Human Resources**

There are mandatory requirements regarding the certification of technical staff with their applicable national certifying body. It is the expectation that all newly hired technical staff have the appropriate certification to meet these mandatory requirements. Accredited facilities that may currently employ non-certified staff should contact the DAP to discuss available options for addressing these mandatory requirements to ensure current staff are “safe to practice”. It is NOT the intention of the DAP that any currently employed, non-certified staff are displaced as a result of these mandatory requirements.

## **Patient Safety**

This new category addresses creating a culture of patient safety, patient identification, medication management and administration, medical emergencies and, risk and disclosure.

## **Infection Prevention and Control**

This new category includes more detailed standards for planning, routine practices and cleaning of surfaces and equipment.

## **Quality Improvement**

The quality improvement accreditation standards are more comprehensive. They provide clearer direction to facilities/services on how to establish quality improvement programs and initiatives. Detailed requirements for medical peer review are provided as are the requirements for continuous monitoring of key operational processes through internal auditing and performance indicators.

## **Information Management**

This new category includes standards for confidentiality, medical records, document control and provides clarity for the retention of documents and records.

## **Equipment and Supplies**

This new category includes equipment operation, testing, solutions and supplies. These standards are to be used in conjunction with the test specific accreditation standards.

## **Global Polysomnography**

This new category, Global Polysomnography, includes standards that may be common to multiple tests and reduces duplication; for example for example, test requests, patient preparation, reports, etc. These standards are to be used in conjunction with the test specific accreditation standards.

## **Polysomnography (PSG)**

The standards have been appropriately reorganized and updated to include more details and clarity. In addition, the standards include details for both adult and pediatric polysomnography and ambulatory testing (e.g. Four Channel Portable Test).

## **Accreditation Process Changes**

Improvements to the accreditation process have been made to increase the efficiency and effectiveness of assessment practices.

- The previous three year DAP accreditation cycle has been changed to a four year cycle, with on-site assessments at each facility once every 4 years.

- Facilities will submit evidence prior to the on-site assessment for review by the assessor(s).

This submission:

- ✓ may remove the requirement to review and discuss some accreditation standards during the on-site assessment.
- ✓ will result in the facility not having to search for documentation on the day of survey.
- ✓ may be submitted once on behalf of a region or organization and applied to multiple facilities.
- ✓ assessors will be better prepared and have a more thorough understanding of facility processes.

Should you have any questions, please do not hesitate to call the Diagnostic Accreditation Program at 604-733-7758 ext. 2635.