



DIAGNOSTIC ACCREDITATION PROGRAM

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POLYSOMNOGRAPHY ACCREDITATION STANDARDS 2014

Quality Improvement Standards Revision Record

Revision Number	Standards Category	Criterion or Descriptor Number	Original Standard:	Revised Standard:
1	Quality Improvement	SQI3.1.3	The medical leader is responsible to ensure the focus of the peer review program is improvement. (mandatory)	The medical leader is responsible to ensure the focus of the peer review program is quality improvement. (mandatory)
2	Quality Improvement	SQI3.1.4	The medical leader is responsible to ensure the peer review program is integrated with other clinical audit and quality improvement activities of the diagnostic service and the organization. (mandatory)	Criteria descriptor removed.

3	Quality Improvement	SQI3.1.8	The medical leader is responsible to ensure where possible, there is participation in larger peer review databases to enable comparisons, benchmarking and statistical relevance.	Criteria descriptor removed.
4	Quality Improvement	SQI3.1.9	Procedures for conducting medical peer review are documented and include the type of medical peer review to be conducted.	Criteria descriptor removed.
5	Quality Improvement	SQI3.1.10	Procedures for conducting medical peer review are documented and include the volume of cases to be reviewed.	Criteria descriptor removed.
6	Quality Improvement	SQI3.1.11	Procedures for conducting medical peer review are documented and include the frequency of review.	Criteria descriptor removed.
7	Quality Improvement	SQI3.1.12	Procedures for conducting medical peer review are documented and include individual(s) appropriate to conduct the peer review.	Criteria descriptor removed.
8	Quality Improvement	SQI3.1.13	Procedures for conducting medical peer review are documented and include the methodology to conduct the peer review process.	Criteria descriptor removed.
9	Quality Improvement	SQI3.1.14	Procedures for conducting medical peer review are documented and include the required documentation.	Criteria descriptor removed.
10	Quality Improvement	SQI3.1.15	Procedures for conducting medical peer review are documented and include the individual/committee that results of the peer review are to be submitted to.	Criteria descriptor removed.

11	Quality Improvement	SQI3.1.16	Individuals involved in conducting medical peer review are provided with training.	Criteria descriptor removed.
12	Quality Improvement	SQI3.2	The medical peer review program includes the following minimum elements.	The medical peer review program includes the following elements.
13	Quality Improvement	SQI3.2.1	A defined number of cases and reports are randomly selected for medical peer review for each interpreting physician on a monthly basis. (mandatory)	A defined number of cases and reports are randomly selected for medical peer review for each interpreting physician on a semi-annual basis. <i>Guidance: At a minimum, the peer review program includes the retrospective review of 10-12 physician studies per year. The type of examinations reviewed reflects the scope of service provided.</i> (mandatory)
14	Quality Improvement	SQI3.2.2	The completeness and accuracy of the reporting is assessed. (mandatory)	The completeness and accuracy of the reporting is assessed. <i>Guidance: Medical peer review assessment templates are available on the DAP website</i> http://www.dap.org/Default.aspx?p=56 . (mandatory)
15	Quality Improvement	SQI3.2.3	The number of cases is recorded and reported. (mandatory)	The number of cases is recorded and reported. <i>Guidance: Medical peer review annual summary templates are available on the DAP website</i> http://www.dap.org/Default.aspx?p=56 . (mandatory)
16	Quality Improvement	SQI3.2.5	Inter-observer variability amongst the interpreting physicians in the department is evaluated at least annually. (mandatory)	Criteria descriptor removed.