COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

Diagnostic Accreditation Program

ACCREDITATION STANDARDS

Global Modality

Diagnostic Accreditation Program
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Introduction

The global polysomnography accreditation standards, when used alongside the scope of service specific accreditation standards provide a comprehensive framework for the delivery of safe and quality health care services. These standards are designed to be applicable to each of the modality-specific services and highlight routinely accepted practices.

Polysomnography scope of services can be delineated with the following classifications:

- **Level I** polysomnography is the most comprehensive and conducted in a full specialized sleep laboratory. It includes continuous monitoring of numerous parameters (e.g. EEG, EOG, EMG, ECG, airflow and $Sp0_2$).
- **Level II** polysomnography is a modified full polysomnography that can be conducted outside of full specialized sleep laboratory while still monitoring a comprehensive set of physiological parameters. This level of testing may provide an alternate option to patients that require an evaluation for sleep disorders, but are not able to visit a sleep laboratory and without direct supervision.

  Note: DAP does not provide accreditation for this level of testing.
- **Level III** is commonly referred to as home sleep apnea testing (HSAT), is a less comprehensive test with fewer monitored parameters. Routinely, only measuring airflow, respiratory effort, heart rate and oxygen saturation levels. This level of testing is portable and reserved for testing patients that present with a moderate to high pre-test probability of obstructive sleep apnea.
- **Level IV** is the most basic level of sleep testing, monitoring only one or two parameters (e.g. heart rate and oxygen saturation).

The referral-consultation process is a key component to delivering patient-centered care. In conjunction with the patient, the communication process between the referring physician and the consulting specialist must be clear and efficient. The referring physician must ensure that they have communicated all the necessary information to the specialist.

A focused history and physical examination are instrumental in determining a pathway for diagnostic testing. A team-based approach to health care fosters collaboration among diverse professionals to provide comprehensive, patient-centered care with more efficient and effective outcomes; however, for a physician to have provided and be eligible to bill MSP for a consultation, they must have met the patient or had a direct conversation with the referring physician about the patient.

Test requests

No.		Description	Risk	Reference	Change
GS1.0		**TEST REQUESTS ARE STANDARDIZED AND ENSURE THAT ACCURATE, COMPREHENSIVE AND APPROPRIATE INFORMATION IS RELAYED.** *Guidance: Requests are to be completed for all diagnostic tests. Requests may be verbal, written (requisitions) or electronic.* *To assist in this process the Ministry has developed standardized requisitions forms for HSAT and sleep disorders consultations.* *Refer to link: Approved Standard Diagnostic Outpatient Requisition Forms - Province of British Columbia (gov.bc.ca)*		Approved Standard Diagnostic Outpatient Requisition Forms - Province of British Columbia (gov.bc.ca)	
GS1.1		**Processing of the test requests meets the following requirements**			
GS1.1.1	**M**	Processing of the test requests ensures tests are only performed when requested by authorized individuals. *Guidance: There is a facility policy that defines "authorized individual" that includes medical physicians and other designated health professionals as permitted by governing legislation, rules and bylaws.*	M		
GS1.1.2	**M**	Processing of the test requests ensures verbal requests are immediately followed with an authorized electronic or written request.	M		
GS1.1.3	**M**	Processing of the test requests ensures requests that lack the necessary information or contain errors are reconciled prior to the test.	M		
GS1.1.4	**B**	Processing of the test requests ensures authorized individuals requesting tests are notified when tests are cancelled by the diagnostic service.			
GS1.1.5	**M**	The medical director approves the list of qualified physicians that can directly refer to the polysomnography facility for testing.	M	POLY-AC-24	New

No.		Description	Risk	Reference	Change
GS1.1.6	**B**	Standardized referral forms and practices developed by the Guideline and Protocol Advisory Committee (GPAC) are used. • Form A: Requisition for Home Sleep Apnea Testing • Form B: Referral Request – Sleep Disorder Consultation		Approved Standard Diagnostic Outpatient Requisition Forms - Province of British Columbia (gov.bc.ca)	New
GS1.1.7	**M**	The approved diagnostic outpatient requisition for HSAT is used. *Guidance: Form A: Requisition for Home Sleep Apnea Testing*	H	Approved Standard Diagnostic Outpatient Requisition Forms - Province of British Columbia (gov.bc.ca)	New
GS1.2		**The appropriateness of requested diagnostic services is assessed.**			
GS1.2.1	**B**	Clinical indications for requesting tests are made available.			
GS1.2.2	**M**	A documented process is in place to assess test appropriateness and highlight complex studies.	H		Revised
GS1.2.3	**M**	The individual delegated to evaluating test requests is approved by the medical director and provided with appropriate training. *Guidance: The referral review process helps the facility to determine which patients are appropriate for testing and provide specific instructions to the technologist.*	H	POLY-AC-24	New
GS1.2.4	**M**	Test requests that do not meet criteria are reviewed by the medical director or physician designate.	H	POLY-AC-24	New
GS1.2.5	**M**	There is a process for all pediatric referrals to be triaged by a qualified sleep physician. *Guidance: The designated physician that reviews pediatric referrals has the appropriate credentials to review the age specific referrals.*	H	POLY-AC-24	New
GS1.3		**Requests contain accurate and appropriate information.**			
GS1.3.1	**M**	Requests contain accurate and appropriate information that includes the patient's first and last name.	H		

No.		Description	Risk	Reference	Change
GS1.3.2	**M**	Requests contain accurate and appropriate information that includes a unique personal identifier number such as provincial health number (PHN) or facility–issued identifier number.	H		
GS1.3.3	**M**	Requests contain accurate and appropriate information that includes date of birth.	H		
GS1.3.5	**M**	Requests contain accurate and appropriate information that includes name and contact information of authorized individual. *Guidance: If an urgent/stat report is required the authorized individual's contact information is provided.*	H		
GS1.3.6	**M**	Requests contain accurate and appropriate information that includes clear indication of the authorized individual.	H		
GS1.3.7	**M**	Requests contain accurate and appropriate information that includes name(s) of any other individual who is to receive a copy of the report.	M		
GS1.3.8	**M**	Requests contain accurate and appropriate information that includes test type(s) and any specific instructions.	H		
GS1.3.9	**M**	Requests contain accurate and appropriate information that includes pertinent clinical information including indications, history, and provisional diagnosis. *Guidance: The clinical information is sufficient to ensure the appropriate test is performed. Provisional diagnosis is provided when applicable to assist in determining the most appropriate diagnostic test.*	H		
GS1.3.10	**M**	Requests contain accurate and appropriate information that includes the date the request is received.	M		
GS1.3.11	**M**	Requests contain accurate and appropriate information that includes indication of urgency. *Guidance: There is an effective system in place to ensure patient prioritization. For emergent patient prioritization cases the urgency is indicated on the request either by the authorized individual and/or by the diagnostic physician or designate.*	H		
GS1.4		**Consultations are comprehensive and include clinically relevant information.** ***Guidance: A consultation with a sleep medicine specialist is required prior to referral of the patient for testing.*** *Further guidance on the referral-consultation process can be available at the College's Practice Standards and Professional Guidelines.*		POLY-AC-24 RCP - CPSBC	New

No.		Description	Risk	Reference	Change
GS1.4.1	**M**	There is a process to ensure that the patient is seen by a qualified physician prior to testing. *Guidance: Prior to the study, the physician has direct interaction with the patient or had a direct conversation with the referring physician about the patient. This may be conducted remotely or in person.*	H		New
GS1.4.2	**M**	Authorized physicians that have been granted permission to directly refer to the polysomnography laboratory forward the patient consultation notes to the polysomnography facility. *Guidance: Patient consultation notes are available to the facility prior to booking the test.*	M		
GS1.4.3	**B**	There is a process to ensure that the referring physician is notified when a consultation is completed, and patient care is transferred back to the referring physician, or another care provider.		POLY-AC-24	New
GS1.4.4	**M**	Non-physicians conducting a preliminary history and examination have relevant credentials, training and documented defined parameters. *Guidance: Non-physicians do not replace the role of a physician but support them in delivering patient care. During the consultation process non-physicians may assist sleep specialists to obtain relevant medical information that will assist them in determining necessary medical interventions.* *Refer to the technical staff requirements and scoring section for additional guidance and criteria.*	H		New
GS1.4.5	**M**	Prior to booking a patient test there is a record that a qualified physician reviews and signs off on non-physician assistance documentation.	H	POLY-AC-24	New
GS1.5		**Booking patients is done in a manner to ensure appropriate scheduling and staff resources.**			New
GS1.5.1	**M**	There is a process in place to assess test appropriateness and highlight complex studies.	M		New
GS1.5.2	**B**	There is an attempt to ensure that the number of complicated sleep patients is limited to one per sleep technologist during the nocturnal study. *Guidance: Complex studies may require additional resources or therapist intervention and should be taken into account when booking sleep study schedules (e.g. ASV or AVAP/iVAPS titrations).*		POLY-AC-24	New

Patient preparation

No.		Description	Risk	Reference	Change
GS2.0		**PATIENTS ARE APPROPRIATELY PREPARED FOR THE TEST BEING PERFORMED.**			
GS2.1		**Patient instructions are clearly communicated.**			
GS2.1.1	**M**	Patients or supporting individuals are advised of patient instructions prior to the test, as needed.	M		
GS2.1.2	**B**	Patient instructions are available in a variety of languages considering the population served.			
GS2.1.3	**B**	There are processes to identify and work with patients who do not speak English.			
GS2.1.4	**B**	Multi-lingual staff are identified and available where practical and in accordance with the diagnostic service policy.			
GS2.1.5	**B**	Examination request guidelines, such as patient instructions, are available to patients and referring practitioners.		POLY-AC-24	New
GS2.1.6	**B**	Patients are provided information on how to access the service location, entry times and examination cancellation policy.		ISQua	New
GS2.2		**Pre-test information is collected and assessed prior to commencing the test.**			
GS2.2.1	**B**	Any factors that may affect the test are documented and considered.			
GS2.2.2	**M**	Processes ensure relevant prior tests are available for comparison. *Guidance: The criteria to obtain relevant prior tests are clearly defined by the medical leader to ensure processes are followed. In some instances relevant prior tests will need to be requested from external organizations.*	L		
GS2.2.3	**B**	Patient histories are obtained and relevant clinical history is recorded. *Guidance: A patient's medical condition may change if a reasonable wait time from point of referral to test is exceeded.*			
GS2.2.4	**M**	Patients are assessed for contraindications to the procedure or other exclusion criteria. *Guidance: When required, the technologist should consult with the physician, nursing staff and/or care giver concerning the patient's condition and any limitations.*	M		

Procedures and documentation

No.		Description	Risk	Reference	Change
GS3.0		**STANDARDIZED PROCEDURES ARE USED IN DIAGNOSTIC FACILITIES TO OBTAIN TEST RESULTS.**			
GS3.1		**There is a process to ensure that procedural documents are reviewed.**			
GS3.1.1	**M**	Procedures are reviewed every one to three years by qualified individuals.	L		
GS3.2		**The diagnostic facility ensures documentation is available to ensure consistency of testing.** *Guidance: Documentation includes both electronic and paper-based systems.*			
GS3.2.1	**M**	All procedures are documented, communicated to, and available to staff performing the testing.	M		
GS3.2.2	**M**	Documentation contains all the relevant information necessary to perform the test. *Guidance: Relevant information necessary to perform the test may include title, purpose, process flowchart, testing instructions, supporting documents, equipment and maintenance, special safety precautions, expected values or results (normative values).*	M		
GS3.2.3	**M**	Manufacturer's documentation is only used as a supplement to the diagnostic facilities procedure. *Guidance: There should be documentation for all diagnostic procedures performed at the facility. Equipment or product information supplied by the manufacturer may be used to supplement procedural documentation but cannot be used as a substitute.*	M		
GS3.2.4	**M**	Manufacturer's changes to procedures are incorporated in a timely manner.	L		
GS3.2.5	**M**	Documentation defines pediatric age classifications and incorporates age specific criteria for testing (e.g. pediatrics). *Guidance: Refer to the polysomnography pediatric category accreditation standards for further guidance.*	M	AASM 2022	New
GS3.3		**Testing is performed according to established procedures.**			
GS3.3.1	**M**	Diagnostic testing is consistent with the procedures in manuals.	L		

No.		Description	Risk	Reference	Change
GS3.4	**M**	**Procedure manuals are current, accurate and available to staff.**			
GS3.4.1	**M**	All the information necessary to perform the test is available and includes name of test.	M		
GS3.4.2	**M**	All the information necessary to perform the test is available and includes equipment used.	M		
GS3.4.3	**M**	All the information necessary to perform the test is available and includes testing techniques (e.g. pre-procedure documentation, skin preparation, electrode placement).	M		
GS3.4.4	**M**	All the information necessary to perform the test is available and includes recording procedure.	M		
GS3.4.6		All the information necessary to perform the test is available and includes special precautions.	M		
GS3.4.7	**M**	All the information necessary to perform the test is available and includes references/guidelines used in the development of the procedures.	M		

Medical record

No.		Description	Risk	Reference	Change
GS4.0		**THE MEDICAL RECORD IS CURRENT, ACCURATE AND CONTAINS RELEVANT TEST DETAILS.**			
GS4.1		**Test data is labeled in a standardized way that allows for proper patient identification.**			Revised
GS4.1.1	**M**	Testing data is labeled to include patient first and last name.	H		
GS4.1.2	**M**	Testing data is labeled to include second patient identifier (e.g. identifying number or date of birth).	M		
GS4.1.3	**M**	Testing data is labeled to include facility name and address.	M	CPSBC-BYLAWS Medicare Protection Act	Revised
GS4.1.4	**M**	Testing data is labeled to include date of test(s).	M		Revised
GS4.1.5	**M**	Testing data is labeled to include name of requesting physician.	M		
GS4.1.6	**M**	Testing data is labeled to include identification of recording individual (e.g. name or initials or other).	M		
GS4.2		**Comprehensive test details are recorded in the medical record.** *Guidance: Test details may be recorded electronically or on written requisitions/worksheets. All details are made available to the interpreting physician.*			
GS4.2.1	**M**	Testing details are recorded in the medical record to include the patient requisition (paper or electronic format).	H		
GS4.2.2	**M**	Testing details are recorded in the medical record to include technologist performing test. *Guidance: There is a process to identify the individual performing the test (e.g. if a unique identification is used).*	M		Revised
GS4.2.3	**M**	Testing details are recorded in the medical record to include date of test(s).	M		Revised
GS4.2.4	**M**	Testing details are recorded in the medical record to include relevant medication information (e.g. substance, route, identity of person administering).	M		

No.		Description	Risk	Reference	Change
GS4.2.5	**M**	Testing details are recorded in the medical record to include deviations from the standard procedure and the reason for deviation.	M		
GS4.2.6	**B**	Testing details are recorded in the medical record to include relevant clinical information provided by the patient or observed complications pertinent for interpretation purposes.			

Interpretation and reports

No.		Description	Risk	Reference	Change
GS5.0		**DIAGNOSTIC REPORTS ARE IN A STANDARDIZED FORMAT THAT PROVIDES COMPREHENSIVE AND NECESSARY INFORMATION FOR CLINICAL DECISION-MAKING.**			
GS5.1		**Diagnostic reports are comprehensive and include appropriate patient and clinical information.**			**Revised**
GS5.1.1	**M**	Diagnostic reports include the patient's first and last name.	H		
GS5.1.2	**M**	Diagnostic reports include a unique personal identifier number such as PHN or facility-issued identifier number.	M		
GS5.1.3	**M**	Diagnostic reports include date of birth.	M		
GS5.1.5	**M**	Diagnostic reports include facility name and address.	M	CPSBC-BYLAWS Medicare Protection Act	Revised
GS5.1.6	**M**	Diagnostic reports include test(s) performed.	M		Revised
GS5.1.7	**M**	Diagnostic reports include name of authorized individual requesting test.	M		
GS5.1.8	**M**	Diagnostic reports include the individual performing the test (e.g. name or unique identifier).	M		
GS5.1.9	**M**	Diagnostic reports include report recipient(s).	M		
GS5.1.10	**M**	Diagnostic reports include date of the test.	H		
GS5.1.11	**B**	The use of abbreviations or acronyms is limited to avoid ambiguity.			Relocated (GS5.3.8)
GS5.1.12	**M**	Diagnostic reports include date of interpretation and transcription, if applicable.	M		
GS5.1.13	**M**	Diagnostic reports include report status (e.g. preliminary or final).	M		
GS5.1.14	**M**	Diagnostic reports include multiple page reports include patient identifiers on each sequentially numbered page.	M		
GS5.2		**Reports contain sufficient information to assist in diagnosis.**		POLY-AC-24	
GS5.2.1	**B**	Standardized report templates for all diagnostic tests are used and approved by the medical director.			Revised

No.		Description	Risk	Reference	Change
GS5.2.2	**M**	The final report package includes interpretation.	H		Revised
GS5.2.3	**M**	The final report package includes the technical summary sheet.	M		Revised
GS5.2.4	**M**	The final report package includes the summary of the scored data. *Guidance: PSG results are documented in a brief comprehensive summary report that includes observations and analysis of recorded parameters.*	M		Revised
GS5.2.5	**M**	The content of the final report package is defined. *Guidance: The final report may be unique to the service and consist of a combination of different testing details (e.g. interpretation, scored data, physician notes, cover letters, etc.).*	M		Revised
GS5.2.6	**M**	Documentation authored by non-medical staff do not make any recommendations, claims of diagnosis or requests for prescriptions.	M		Revised
GS5.2.7	**M**	All communication documentation is approved by the medical director (e.g. final report, education materials, cover letters, handouts, etc.).	M		Revised
GS5.3		**An accurate final report is issued for all tests.** *Guidance: A final report is the definitive means of communicating test results to the authorized individual or other relevant health-care provider. Additional methods for communication of results are encouraged in certain situations.*			Revised
GS5.3.1	**M**	Final reports are issued for all tests.	H		
GS5.3.2	**B**	The final report is verified by the interpreting physician to minimize typographical errors, accidentally deleted words, and confusing or conflicting statements.			
GS5.3.3	**M**	Verified reports are signed by the interpreting physician. *Guidance: Verified reports may be signed electronically or manually.*	M		Revised
GS5.3.4	**M**	If the content of the report is not verified by the author, it is clearly indicated on the report.	M		
GS5.3.5	**M**	If the content of the report has not been verified by the author, there is a process in place to verify the accuracy of the transcription.	M		
GS5.3.6	**M**	A copy of the final report is archived by the diagnostic service as part of the patient's medical record (paper or electronic) and is retrievable for future reference.	M		

No.		Description	Risk	Reference	Change
GS5.3.7	**M**	Medical staff responsible for the patient is notified of report delays in variance with established turnaround times and in cases that may compromise patient care.	M		
GS5.4		**Interpretations are comprehensive and include all necessary information for clinical decision-making.**			New
GS5.4.1	**M**	Standardized interpretation formats are used and approved by the medical director.	M		New
GS5.4.2	**M**	The interpretation report includes the indication for testing.	M		New
GS5.4.3	**M**	The interpretation report includes the test(s) performed.	M		New
GS5.4.4	**M**	The interpretation report includes the clinical issues or concerns during the test.	M		New
GS5.4.4	**M**	The interpretation report includes the statement about the quality of the test.	M		New
GS5.4.5	**M**	The interpretation report includes the summary of the findings.	M		New
GS5.4.6	**M**	The interpretation report includes the impression statement.	M		New
GS5.4.7		The interpretation report includes the recommendations. *Guidance: Recommendations may be included in the interpretation, but also may include details from the post-sleep consultation notes.*	M		New
GS5.4.8	**M**	Attestation statement from the interpreting physician that the scored data has been reviewed.	M	ASA 2017	New
GS5.4.9	**M**	Deficiencies in scored data or errors are evaluated by the interpreting physician. *Guidance: The interpreting physician may request raw data or send back to the scorer for clarification.*	M	ASA 2017	New
GS5.4.10	**M**	Interpreting physicians evaluates abnormal findings and recommendations are communicated back to the referring physician (e.g. risk of driving).	M		New
GS5.4.11	**M**	The use of abbreviations or acronyms is limited to avoid ambiguity.	L		Relocated
GS5.4.12	**B**	Previous reports are available for review and comparison.			New

Reporting processes

No.			Risk	Reference	Change
GS6.0		**EFFECTIVE COMMUNICATION MINIMIZES THE RISKS OF BOTH REPORTING AND PATIENT MANAGEMENT ERRORS.** *Guidance: Effective communication is tailored to satisfy the need for timeliness, support the role of a diagnostic physician and minimize the risk of communication errors. The authorized individual or relevant health-care provider shares in the responsibility for obtaining results of diagnostic tests that are requested.*			
GS6.1		**Preliminary reports provide information necessary for clinical decision-making.** *Guidance: Preliminary reports may be communicated in a written, electronic, or verbal format. Preliminary reports may be time sensitive, and are not expected to contain all the reportable findings. A preliminary report may not have the benefit of prior diagnostic studies and/or reports and may be based upon incomplete information due to evolving clinical circumstances. Nevertheless, clinical decision-making may be based on this report due to the need for immediate patient management. Situations that may require preliminary reports may include interpretations provided to emergency departments, surgical departments and critical care units.*			
GS6.1.1	**M**	Preliminary reports are clearly identified as such.	H		
GS6.1.2	**M**	All preliminary reports are followed by a final report.	H		
GS6.1.3	**M**	Medical staff responsible for the patient are notified as soon as possible when there is a significant discrepancy between a preliminary and the final written report.	H		
GS6.1.4	**M**	Communication of any discrepancy between a preliminary and final report is incorporated into the final report.	H		

No.			Risk	Reference	Change
GS6.2		**Urgent and other non-routine test findings are effectively communicated.** *Guidance: Routine reporting of test findings is communicated through the usual channels established by the hospital or the diagnostic service. However, in urgent or other non-routine clinical situations, the interpreting physician expedites the delivery of a diagnostic report (preliminary or final) in a manner that ensures timely receipt of the findings. Documentation of this communication is extremely important because clinical care errors may relate to flaws in the chain of communication.*			
GS6.2.1	**M**	There is a written procedure on communication of urgent and other non-routine tests findings (e.g. critical findings/results). *Guidance: A diagnostic service's policy on communication can be an effective tool to promote patient care. The policy can provide guidance on the types of communications that are most critical, the individuals responsible for receiving communications and the methods of communication that are most appropriate. Situations that may require urgent or non-routine communication include:* • *Findings that are discrepant with a preceding interpretation of the same tests and where failure to act may adversely affect patient health. These cases may occur when the final interpretation is discrepant with a preliminary report or when significant discrepancies are encountered upon subsequent review of a study after a final report has been submitted.* • *Findings that the interpreting physician reasonably believes may be seriously adverse to the patient's health and are unexpected by the treating or referring physician. These cases may not require immediate attention but, if not acted upon, may worsen over time and possibly result in an adverse patient outcome.*	H		
GS6.2.2	**M**	Appropriate medical staff are notified by direct means (e.g. in person or by telephone) according to facility policy for communication of urgent and other non-routine findings (e.g. critical results).	C		
GS6.2.3	**M**	Contingency plans are available in the event that the medical staff cannot be contacted.	H		
GS6.2.4	**M**	Notification and actions taken in response to urgent, unexpected or unusual findings are documented, including the urgent findings. *Guidance: The name of person to whom communication was made, the date and time and method of communication is documented.*	M		

No.			Risk	Reference	Change
GS6.2.5	**M**	Notification and actions taken in response to urgent, unexpected or unusual findings are documented, including name of the person to whom the findings were given. *Guidance: The name of person to whom communication was made, the date and time and method of communication is documented.*	M		
GS6.2.6	**M**	Notification and actions taken in response to urgent, unexpected or unusual findings are documented, including date. *Guidance: The name of person to whom communication was made, the date and time and method of communication is documented.*	M		
GS6.3		**There are policies and procedures in place to deal with corrected and addendum reports.** *Guidance: There are clear directions for staff that indicate when a corrected report or addendum report is required (this may be done through the use of examples), and the steps that must be taken when issuing a corrected or addendum report. There should be guidance as to when clinical staff should be informed of a corrected or addendum report or when a physician should be alerted about a corrected or addendum report. Clear identification that the report has been corrected or added to should be followed by the new result and then the original result.*			
GS6.3.1	**M**	There are policies and procedures that address corrected and addendum reports.	M		
GS6.3.2	**M**	Corrected and addendum reports are clearly identified.	H		
GS6.3.3	**M**	Both the original and the new results are reported.	H		
GS6.3.4	**M**	The date and time the change or addition was made are recorded.	M		
GS6.3.5	**M**	The identity of the person making the change or addition is recorded.	H		
GS6.3.6	**M**	Notification of clinical staff is recorded when there is a significant discrepancy between the original and the corrected or addendum report.	H		

References

Abbreviation	Reference
AASM 2022	American Academy of Sleep Medicine. AASM Facility Standards for Accreditation. 2022.
ASA 2017	Australian Sleep Association (ASA). Clinical Practice Guidelines for performing Sleep Studies in Children. 2017.
CPSBC-BYLAWS	College of Physicians and Surgeons of British Columbia. Bylaws [Internet]. Vancouver: College of Physicians and Surgeons of British Columbia; 2009 [revised 2023 Jan 13].
ISO-15189	International Standards Organization, ISO 15189 Medical laboratories – Requirements for quality and competence, Geneva, Switzerland: ISO; 2022 Fourth edition.
ISQua	International Society for Quality in Health Care External Evaluation Association. Guidelines and principles for the development of health and social care standards [Internet]. Fourth Edition Version 1.2. Geneva (CH): International Society for Quality in Health Care External Evaluation Association; 2015
Medicare Protection Act	Medicare Protection Act BC. Available from: https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96286_01
POLY-AC-24	College of Physicians and Surgeons of British Columbia. Diagnostic Accreditation Program. Polysomnography Advisory Committee. 2024.
RCP - CPSBC	College of Physicians and Surgeons of British Columbia. (n.d.). *Polysomnography (PSG) referral and consultation process.* Retrieved from https://www.cpsbc.ca/files/pdf/PSG-Referral-Consultation-Process.pdf