

## ACCREDITATION STANDARDS REVISION RECORD

# Polysomnography

### Quality improvement

No.	Original standard	Revised standard
SQI4.1.3	Procedures for conducting medical peer review are documented and include the volume of cases to be reviewed.	<b>M</b> The medical leader is responsible to ensure the focus of the peer review program is quality improvement. <b>(Mandatory)</b>
SQI4.1.4	Procedures for conducting medical peer review are documented and include the frequency of review.	Criteria descriptor removed.
SQI4.1.8	Procedures for conducting medical peer review are documented and include individual(s) appropriate to conduct the peer review.	Criteria descriptor removed.
SQI4.1.9	Procedures for conducting medical peer review are documented and include the methodology to conduct the peer review process.	Criteria descriptor removed.
SQI4.1.10	Procedures for conducting medical peer review are documented and include the required documentation.	Criteria descriptor removed.
SQI4.1.11	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.
SQI4.1.12	Individuals involved in conducting medical peer review are provided with training.	Criteria descriptor removed.

No.	Original standard	Revised standard
SQI4.1.13	The medical peer review program includes the following minimum elements.	Criteria descriptor removed.
SQI4.1.14	<b>M</b> A defined number of cases and reports are randomly selected for medical peer review for each interpreting physician on a monthly basis. <b>(Mandatory)</b>	Criteria descriptor removed.
SQI4.1.15	<b>M</b> The completeness and accuracy of the reporting is assessed. <b>(Mandatory)</b>	Criteria descriptor removed.
SQI4.1.16	<b>M</b> The number of cases is recorded and reported. <b>(Mandatory)</b>	Criteria descriptor removed.
SQI4.2	<b>M</b> Inter-observer variability amongst the interpreting physicians in the department is evaluated at least annually. <b>(Mandatory)</b>	The medical peer review program includes the following elements.
SQI4.2.1	The medical leader is responsible to ensure where possible, there is participation in larger peer review databases to enable comparisons, benchmarking and statistical relevance.	<b>M</b> 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> <b>(Mandatory)</b>
SQI4.2.2		<b>M</b> The completeness and accuracy of the reporting is assessed. <i>Guidance: Medical peer review assessment templates are available on the DAP website: <a href="https://www.cpsbc.ca/programs/dap/accreditation/poly-somnography">https://www.cpsbc.ca/programs/dap/accreditation/poly-somnography</a>.</i> <b>(Mandatory)</b>

No.	Original standard	Revised standard
SQI4.2.3		<b>M</b> The number of cases is recorded and reported. <i>Guidance: Medical peer review annual summary templates are available on the DAP website:</i> <a href="https://www.cpsbc.ca/programs/dap/accreditation/poly-somnography">https://www.cpsbc.ca/programs/dap/accreditation/poly-somnography</a> . <b>(Mandatory)</b>
SQI4.2.5		Criteria descriptor removed.
SQI4.1.8		Criteria descriptor removed.