







Criteria and descriptors (Note: M indicates mandatory)			Evidence submission requirements
	HMS1.5.2	M The facility ensures that there is a process in place for interpreting physicians to promptly reply to inquiries about interpreted studies.	A documented process for clinician inquiries by interpreting physicians
HMS2.3	Home sleep apnea testing is assessed and interpreted by qualified and competent physicians.		
	HMS2.3.1	M Physicians providing services for adult diagnostic HSAT have the requisite credentials for privileges as outlined in the Provincial Privileging Dictionaries.	Credentialing letter
HMS3.1	The diagnostic service effectively manages relationships with medical practitioners under contract/agreement.		
	HMS3.1.1	M There is a documented contract/agreement in place between the medical director and the diagnostic service.	Example of a contract between the diagnostic facility and the medical director (e.g. template of a contract/agreement)

## Human resources



Criteria and descriptors (Note: M indicates mandatory)			Evidence submission requirements
	HHR3.1.4	M Staff receive training in infection prevention and control procedures (e.g. cleaning and disinfection).	Orientation and training manual
	HHR3.1.5	M Staff receive training on procedures for a patient to contact them if they experience problems with the HSAT exam.	Orientation and training manual
HHR3.2	HSAT scoring is conducted in a manner that ensures accurate data for interpretation and diagnosis.		
	HHR3.2.1	M Scoring of studies is conducted or supervised by registered polysomnographic technologist (RPSGT) staff.	A list of scoring staff and their qualifications (ensure details include who provides supervision for non -RPSGT)
HHR3.2	HSAT scoring is conducted in a manner that ensures accurate data for interpretation and diagnosis.		
	HHR3.2.3	M Outsourced scoring services must be conducted by a RPSGT, located in Canada, have a QA program in place, and be approved by the medical director.	Name and contact of the outsourced scoring service

Criteria and descriptors (Note: M indicates mandatory)		Evidence submission requirements
HHR4.1.11	M Staff receive orientation and training to cleaning and disinfection procedures for medical devices.	Orientation and training manual

### Patient and client focus

Criteria and descriptors (Note: M indicates mandatory)		Evidence submission requirements
HPC2.1	There is a process in place to gather feedback and follow-up on patient complaints.	
HPC2.1.2	M There is a procedure for documenting complaints from patients and clients.	A documented process for collecting concerns/complaints Example of a complaint form







## Information management

Criteria and descriptors (Note: M indicates mandatory)			Evidence submission requirements
HIM2.1	The diagnostic service retains documents and records.		
HIM2.1.1	M	Medical records are stored according to the British Columbia's <i>Limitation Act</i> .	Documented procedure for the storage of medical records
HIM2.3	The diagnostic service ensures that the integrity of the data is maintained and is readily available.		
HIM2.3.1	M	For computerized systems, database back -up is performed daily and the backup is securely located in a separate physical location.	Documented procedure for database backup including the location of where the data is stored
HIM3.1	The diagnostic service protects the confidentiality of data and information.		
HIM3.1.3	M	There is a policy for the use and disclosure of personal information.	Documented policy for use and disclosure of personal information

## Equipment and supplies

Criteria and descriptors (Note: M indicates mandatory)	Evidence submission requirements
HES1.1	Equipment is safely operated, maintained, and monitored in a manner that ensures performance specifications are met.
HES1.1.2	

## Global HSAT

Criteria and descriptors (Note: M indicates mandatory)		Evidence submission requirements
HG1.1	Test requests are standardized and ensure that accurate, comprehensive, and appropriate information is relayed.	
HG1.1.4	<p>M Processes are in place to assess test appropriateness.</p> <p><i>Intent: Test appropriateness is evaluated by the medical director or qualified designate prior to testing. The medical director is available to the designate, if required.</i></p>	<p>Documented procedure for evaluating test appropriateness</p> <p>Additional documentation, if conducted by a designate (e.g. sign-off by the medical director for the qualified designate)</p>
HG3.1	Standardized procedures are used in diagnostic facilities to obtain test results.	
HG3.1.1	M All procedures are documented, communicated to, and available to staff performing the testing.	Procedural manual
HG5.0	Interpretation and Reports	
HG5.1	M Diagnostic reports are labeled in a standardized format that provides comprehensive and necessary information for clinical decision - making.	<p>Example of a report template</p> <p>Note: Report format includes all the criteria under the interpretation and report section of the accreditation standards .</p>
HG5.4	Urgent and other non-routine test findings are effectively communicated.	
HG5.4.1	M There is a written procedure on communication of urgent and other non -routine tests findings (e.g. critical findings/results).	Documented procedure for communicating urgent and other non -routine tests findings

## HSAT

Criteria and descriptors (Note: M indicates mandatory)		Evidence submission requirements
HSAT2.3	Analysis of test data is conducted in a way that ensures meaningful, relevant, and accurate data are reported.	
	HSAT2.3.1 M	HSAT data is scored manually by a RPSGT. Documented policy indicating that all HSAT studies are to be manually scored by qualified staff
HSAT2.5	Technical summary is standardized in a way that ensures meaningful, relevant, and accurate data are reported.	
	HSAT2.5.1 M	Type of recording device. A list of recording device(s) used by facility
HSAT3.1	PAP protocols are standardized in a manner that ensures appropriate patient therapy.	
	HSAT3.1.4 M	There is a documented protocol for patient follow-up. Documented procedure for patient follow-up