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Glossary		

Diagnostic imaging

- diagnostic radiology
- diagnostic mammography
- diagnostic ultrasound
- diagnostic echocardiography
- diagnostic computed tomography
- diagnostic magnetic resonance imaging
- diagnostic nuclear medicine
- diagnostic bone densitometry

Laboratory medicine

- anatomic pathology
- chemistry
- cytogenetics
- cytology
- hematology
- microbiology
- molecular genetics
- point-of-care testing
- transfusion medicine

Neurodiagnostic services

- electroencephalography
- evoked potentials
- electromyography and nerve conduction studies
- hospital-based services
- community-based services

Pulmonary function

- hospital-based services
- community-based services

Polysomnography

- hospital-based services
- community-based services

Accreditation standards

The foundation of the accreditation programs are the provincial standards and accompanying criteria and criterion descriptors set by the Diagnostic Accreditation Program. These are evidence-based, outcome-focused mandatory requirements and best practices that are aligned to the principles of quality. The standards, criteria and criterion descriptors are directive in n5Js of quality.

Example from the accreditation standards

HMS indicates this is part of medical staff	

Governance and leadership

Each organization has a governance and leadership structure that is ultimately responsible for the quality and safety of services provided. For privately owned facilities the structure may be a partnership group or an individual as the sole proprietor. Many leadership responsibilities directly affect the provision of diagnostic services as well as the day-to-day operations of the facility.

No.	Introduction		Reference	Change
HMS1.1.5	M	The medical director must ensure interpreting physicians are credentialed by the College or provide evidence of credentialing by a health authority.	CPSBC	
HMS1.1.6	M	The medical director works in collaboration with the ownership to grant physician privileges within the diagnostic service.	ISO 15189 4.1.1.2	
HMS1.1.7	M	The medical director establishes standardized interpretive comments and report formats.		
HMS1.1.8	M	The medical director authorizes the implementation of technical and medical operational policies and procedures related to the diagnostic service.		
HMS1.1.9	M	The medical director actively participates in quality oversight and improvement activities.		
HMS1.1.10	M	The medical director is responsible to ensure that the facility is in compliance with the - " Jí« ©¯^zs®· g~ | ®ª~z §ª~qª^ { p~ª 6N " PÎ .		
HMS1.1.11	M	Prk { k isg^z isªkg®~ª |~®spsk« ®rk +~zzkqk µrk| ®rkªk s« ^ gr^|qk s| ^ §r·«sgs^|«í privileges.		
HMS1.2		Interpreting physicians have the necessary credentials and experience to provide services.		
HMS1.2.1	M	Credentials and experience of interpreting physicians are reviewed and approved by the medical director prior to granting privileges to interpret HSAT.		
HMS1.2.2	M	Physicians not affiliated with a health authority must be credentialed through the College.	CPSBC	
HMS1.2.3	M	Interpreting physicians demonstrate ongoing continued professional development (CPD) in sleep medicine.		

Medical supervision of facilities

Facilities providing services without regular on-site medical directorship are remotely supervised. The medical director must maintain ongoing regular communication with the facility.

No.	Description	Reference	Change

Human resources

The diagnostic service must have methods in place to ensure that staff are managed as effectively as possible since the quality of care and services provided within the diagnostic service will be greatly affected by the quality of the staff working there.

The diagnostic service must have a strategy to ensure that qualified and competent staff are recruited and retained and that they are motivated and engaged in the work that they perform. This will help ensure that the needs and requirements of the diagnostic service and the population served are effectively met.

No.		Description	Reference	Change
HHR1.0		HUMAN RESOURCES PLANNING		
HHR1.1		Human resource planning supports the diagnostic service's goals and objectives.		
HHR1.1.1	M	There is a human resource plan to identify adequate staffing numbers and required competencies to meet the current and future needs of the diagnostic service.	ISO 15189 4.1.1.4 c ISQua 3.5	
HHR1.1.2	M	Human resource records are kept for all staff and are maintained in a confidential manner.		
HHR1.1.3	M	Job descriptions that reflect current practice, certification or registration and position		

No.		Description	Reference	Change
HHR3.0		HSAT ADMINISTRATION AND SCORING STAFF		
HHR3.1		Staff receive orientation and training for the administration of HSAT devices to ensure patient safety and collection of accurate data.		
HHR3.1.1	M	Staff receive training for the equipment operation, application of sensors, use, maintenance, warnings and safety.	AASM	
HHR3.1.2	M	Staff receive training on patient instructions.	AASM	
HHR3.1.3	M	Staff receive training on troubleshooting of the HSAT device.	AASM	
HHR3.1.4	M	Staff receive training in infection prevention and control procedures (e.g. cleaning and disinfection).	AASM	
HHR3.1.5	M	Staff receive training on procedures for a patient to contact them if they experience problems with the HSAT exam.		
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.		
HHR3.2.2	M	CPS[illegible]		

Patient and

No.		Description	Reference	Change
HPC2.1.3	M	Responses to patient and client inquiries and complaints are addressed promptly and effectively.		
HPC2.1.4	M	The resolution of complaints is documented.		
HPC2.1.5	M	There is a mechanism to capture patient or client feedback.		
HPC2.1.6	M	Information obtained from complaints or feedback is used to make improvements.		
HPC2.2		There is a process in place to gather feedback from referring physicians.		
HPC2.2.1	M	There is a documented procedure to obtain feedback from referring physician(s) on an annual basis.		
HPC2.2.2	M	There is a process to review feedback by the medical director.		
HPC2.2.3	M	Feedback obtained from referring physicians is used to make improvements.		

No.		Description	Reference	Change
HIPC2.2.3	M	When available, single use semi-critical medical devices are used.		
HIPC2.2.4	M	Single-use medical devices are not reprocessed.		
HIPC2.2.5	M	If a medical i k´ sgkí« i k®^sz« ^ªk ¯|^´^sz^fzk ~ª ^ªk s|^§§ª~§ªs^®kz· z^fkzki Ïs®«r~¯zi fk considered single use only.		
HIPC2.3				
HIPC2.3.1	M	For all reusable semi-critical medical devices (e.g. humidifier, hose, mask), the practice of high-level disinfection (HLD) using chemical solutions (soaking) is not permitted.	CPSBC BC MoH	
HIPC2.3.2	M	If reprocessing reusable semi-critical medical devices then only HLD by pasteurization or sterilization can be used, provided it is validated by the manufacturer.	CPSBC BC MoH	
HIPC2.3.3	M	Multi-use reusable non-critical devices (e.g. recording unit, effort belt, PAP machine, pulse oximeters) must be cleaned and low-level disinfected (LLD).		
HIPC2.3.4	M	?^|¯p^g®¯ªkªí« s|«®ª¯g®s~|« p~ª¯«k {¯«® fk p~zz~µki µrk|ªk§ª~gk««s|q any multi-use reusable device.	CPSBC BC MoH	

Quality improvement

The purpose of a quality improvement program (QIP) is to monitor and evaluate the quality and appropriateness of services provided objectively and systematically, and to pursue opportunities for improvement. For a QIP to be effective, it must be integrated into organization-wide improvement efforts and have assigned leadership and oversight. The size and structure of the organization and the diagnostic service will direct how comprehensive and resourced the QIP is.

No.	Description	Reference	Change
HQI1.0	QUALITY IMPROVEMENT		
HQI1.1	The diagnostic service has a forum for discussing quality improvement initiatives.		
HQI1.1.1			

Information management

Depending on the diagnostic service, the information management processes may be basic or complex; paper-based and electronic; or fully electronic information systems. Regardless of the process used, management and clinical information must be accurately captured and accessible.

No.		Description	Reference	Change
HIM1.0		MEDICAL RECORD		
HIM1.1		The diagnostic service maintains complete and accurate medical records.		
HIM1.1.1	M	The diagnostic service uniquely identifies the patient and tests performed.		
HIM1.1.2	M	The patient name, patient identifying number and facility name are clearly identified on the master file/patient medical record.		
HIM1.1.3	M	Current and historical clinical data can be accessed.		
HIM2.0		DOCUMENTATION RETENTION AND CONTRO L		
HIM2.1		The diagnostic service retains documents and records.		
HIM2.1.1	M	?kisg^z akg~ai« ^ak «®~akiˆgg~aisˆq®~ ®rk *a§®§«r +~z¯{ fs^í« .		

No.		Description	Reference	Change
HIM2.1.2	M	Medical records are made available to the patient or healthcare provider upon request in a timely manner.		
HIM2.2		The diagnostic service defines and maintains document control procedures.		
HIM2.2.1	M	Documents are identified by a title.		
HIM2.2.2	M	Documents are uniquely identified by a current revision date or version.		
HIM2.2.3	M	The individual responsible for the authorization and release of the document is clearly indicated (e.g. medical director).		

Equipment

No.		Description	Reference	Change
HG5.2.4	M	The body of the report includes the potential limitations.		
HG5.2.5	M	The body of the report includes the clinical issues or concerns.		

No.	Description	Reference	Change
HG5.3.10	M		

No.		Description	Reference	Change
HG5.5.5	M	The identity of the person making the change or addition is recorded.		
HG5.5.6	M	Notification of clinical staff is recorded when there is a significant discrepancy between the original and the corrected or addendum report.		

Home sleep apnea testing

Home sleep apnea testing (HSAT) is a valuable diagnostic tool used in the investigation of patients with a moderate to high clinical suspicion of obstructive sleep apnea (OSA). This test is routinely conducted as an ambulatory test.

No.		Description	Reference	Change
HSAT1.0		PATIENT ORIENTATION		
HSAT1.1		Patients are orientated and prepared for the test being performed.		
HSAT1.1.1	M	Patient preparation instructions are clearly communicated.		
HSAT1.1.2	M	Patients are orientated to their testing equipment in person, but when this cannot be achieved the reason is documented.		

No.		Description	Reference	Change
HSAT2.1.3	M	Tests are not used in pediatric patients or patients where significant comorbid medical conditions exist.	AASM CSS/CTS GPAC/MSC Guidelines	
HSAT2.1.4	M	Tests are not used for patients suspected of having other sleep disorders, including central sleep apnea, periodic limb movement disorder (PLMD), insomnia, parasomnias, circadian rhythm disorders, or narcolepsy.	AASM	
HSAT2.1.5	M	The rationale for initiating HSAT testing is documented.		
HSAT2.1.6	M	Patients are informed of the procedure to contact staff for assistance. In the case of emergency patients should access emergency services.		
HSAT2.1.7	M	A medical history including a sleep questionnaire is obtained prior to interpretation.		
HSAT2.1.8	M	A minimum of four hours of data are obtained from all channels.	Advisory Panel	
HSAT2.1.9	M	A post-test sleep questionnaire is obtained.		
HSAT2.1.10	M	HSAT data is manually scored.		
HSAT2.1.11	M	Raw data is available to the interpreting physician for review.		
HSAT2.1.12	M	Previous patient recording is cleared prior to use and the device is initialized for the new test.		
HSAT2.2		HSAT measured parameters are comprehensive and provide all the necessary information for interpretation.		

No.		Description	Reference	Change
HSAT2.5.4		Number of snoring events.	AASM Scoring Manual V 2.6	
HSAT2.5.5	M	Number of hypopneas.	AASM Scoring Manual V 2.6	
HSAT2.5.6	M	Number of obstructive and central apneas.	AASM Scoring Manual V 2.6	
HSAT2.5.7	M	Apnea Hypopnea Index (AHI).	AASM Scoring Manual V 2.6	
HSAT2.5.8	M	Heart rate (average, highest, lowest).	AASM Scoring Manual V 2.6	
HSAT2.5.9	M	Oxygen desaturation index (ODI) is derived from monitoring time.	AASM Scoring Manual V 2.6	
HSAT2.5.10	M	Oxygen saturation (mean, maximum, minimum).	AASM Scoring Manual V 2.6	
HSAT2.5.11	M	Oxygen saturation % time $\leq$ 88% or other thresholds as defined by the diagnostic service.	AASM Scoring Manual V 2.6	
HSAT2.5.12	M	Technical comments are reported by the scorer to provide additional relevant information to the interpreting physician.	AASM Scoring Manual V 2.6	

HSAT3.0 POSITIVE AIRWAY PRESSURE (PAP)

PAP therapy is a specialized treatment for the management of sleep-related disorders including obstructed sleep apnea. Health-care professionals require additional training to treat patients using PAP therapy. PAP therapy should be only assigned to qualified and trained individuals by a qualified physician.

HSAT3.1		PAP protocols are standardized in a manner that ensures appropriate patient therapy.
HSAT3.1.1	M	PAP therapy is not initiated without a prescription from a qualified physician.
HSAT3.1.2	M	Responsibilities for PAP therapy are assigned to qualifi o4 fuSherapy are

high -level disinfection (HLD)	A process capable of killing vegetative bacteria, mycobacteria (including mycobacterium tuberculosis, fungi, and lipid and nonlipid viruses), as well as some, but not necessarily high numbers of, bacterial spores.
human resources	The personnel requirements of the organization.
HSAT diagnostic facility	An HSAT facility is defined as any facility or individual that offers HSAT diagnostic services to any individual residing within the province of BC.
incidents	Events that are unusual, unexpected, may have an element of risk, or that may have a negative effect on patients, clients, staff, or the medical office.
information	Data that is organized, interpreted and used. Information may be in written, audio, video or photograph form.
information systems	Systems for planning, organizing, analyzing and controlling data and information, including both computer-based and manual systems.
low -level disinfection (LLD)	A process capable of killing most vegetative bacteria and some fungi, as well as enveloped (lipid) viruses (e.g. influenza, hepatitis B and C, and HIV). LLDs do not kill mycobacteria, non-enveloped viruses, or bacterial spores.
leadership	Ability to provide direction and cope with change. It involves establishing a vision, developing strategies for producing the changes needed to implement the vision, aligning people, and motivating and inspiring people to overcome obstacles.
licensure	Process by which a government authority grants permission to an individual practitioner or health-care organization to operate or to engage in an occupation or profession.

qualified	Having the credentials for, being professionally and legally prepared and authorized to perform specific acts.
quality improvement	" §ª~gk«« ®r^® «kky« ®~ { kk® gzsk|®í« needs and expectations by using a structured approach to selectively identify areas to improve, and that improves all aspect of the services, including outcomes of service to patients and clients.
safety	The degree to which the potential risk and unintended results are avoided or minimized.
semi -critical devices	Devices that come in contact with mucous membranes or non-intact skin, but ordinarily do not penetrate them. Reprocessing semi-critical devices involves meticulous cleaning followed by high-level dif1 0(eETQ3.95