



AND COLLEGE OF  
THE BBH/JSU  
COLUMBIA

Diagnostic Accreditation Program

# Home Sleep Apnea Testing Quality Control Program



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The home sleep apnea testing (HSAT) accreditation standards came into effect January 20,

To minimize the duplication of evidence submissions, while still monitoring all individuals scoring and interpreting HSAT, the DAP has adopted the approach to monitor HSAT organizations. The two factors used to determine what constitutes an organization are facility/business name and medical leadership. An organization can be either basic or complex. Below are examples of different organizational structures.

In this example the organization will submit 10 cases from each interpreting physician at this facility.

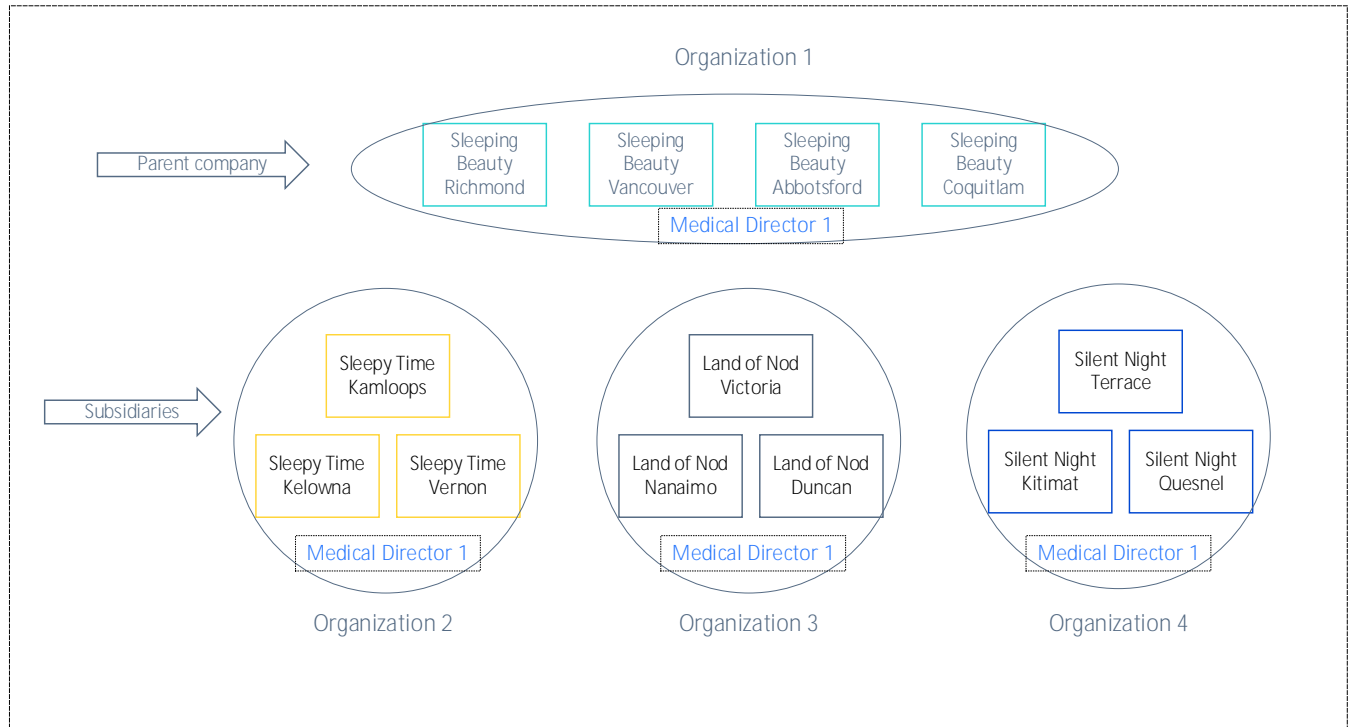


In this example the organization will submit 10 cases from each interpreting physician, with a sampling from each facility.

For example, interpreter A only works with the Vancouver facility, so 10 cases will be

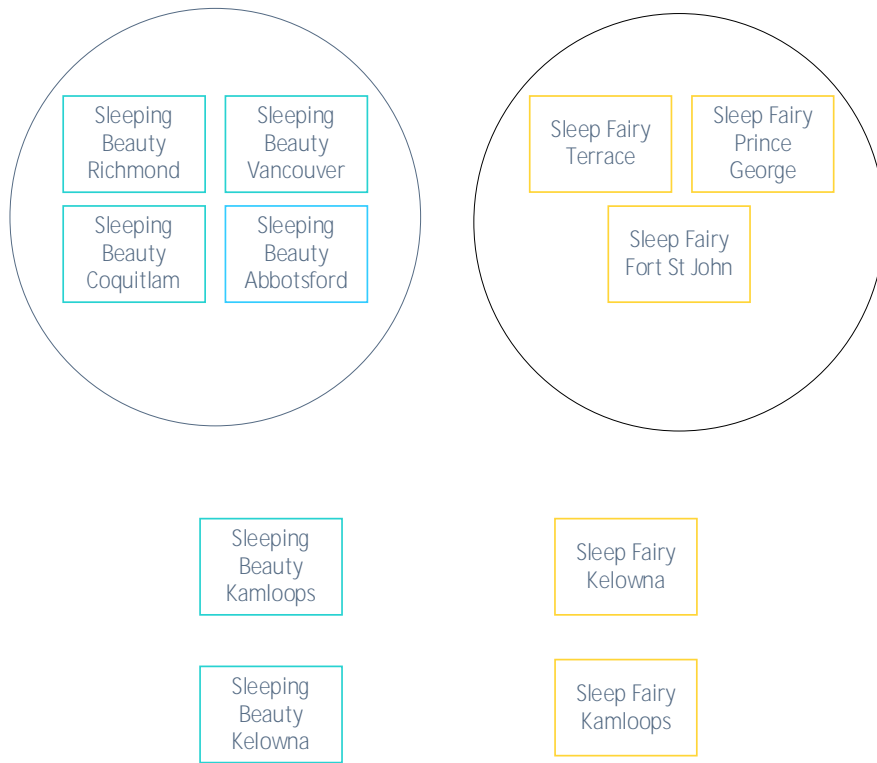
In this example there is a parent company and three subsidiary companies making up a total of four organizations. Each organization will submit 10 cases from each interpreting physician, with a sampling from each facility.

For example, interpreter A works with all four organizations and will submit 10 cases from each organization, with a sampling from each facility they support in each organization.



In this example there are two businesses with four medical directors, which make up five organizations for the purposes of the HSAT QC program. Each organization will submit 10 cases from each interpreting physician, with a sampling from each facility.

If interpreter A works with all four organizations, they will submit 10 cases from each organization, with a sampling from each facility they support in each organization.



In the DAP HSAT QC program sampling refers to the selection of clinical cases to be

The criteria being assessed have been selected from the DAP HSAT standards and represent criteria for interscorer reliability, technical reporting and medical interpretations. These are summarized in the tables below.

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HHR3.2.4	All staff providing scoring services participate in an interscorer reliability program
HHR3.2.3	Outsourced scoring services must be conducted by an RPSGT, located in Canada, have a QA program in place and be approved by the medical director
HSAT2.1.8	A minimum of four hours of data are obtained prior to interpretation
HSAT2.3.1	HSAT data is scored manually by an RPS/MCID 23-BDC q BDC 913 38.882 0.9
	Technical summary/MCID 23-BDC q BDC 32.92 390.1 25.375 reW*nBT/F1 11
	Technical summary includes number of obstructive and central apneas
HSAT 2.5.7	Technical summary includes Apnea Hypopnea Index (AHI)











