



Table A – Medical interpretation grade

DAP grade	Definition	Potential risks	Escalation criteria	Escalation action
A	Complete agreement with interpretation	None	N/A	N/A
B	Slight variation, unlikely to affect patient care	None	N/A	N/A
C	Interpretation varies, slight effect on patient care	Reporting a lesser or greater degree of abnormality than is warranted by the data	N/A	N/A
D	Significant variation with immediate effect on patient care	<p>Reporting a patient as normal who is abnormal and vice versa</p> <p>Interpretation as obstructive when restrictive and vice versa</p> <p>Use of inappropriate parameters or criteria to form a diagnosis</p> <p>This could potentially lead to incorrect treatment or unnecessary follow-up</p>	<p>Two in one survey cycle</p> <p>or</p> <p>one in each of two consecutive survey cycles</p>	<p>Request next five patients and resubmit to pulmonary function consultants</p> <p>If data is still unacceptable, forward to consulting respirologist for risk assessment and next steps</p> <p>Prepare a briefing note with the outcome to the DAP Committee¹</p>

Table B – Technical interpretation grade

DAP grade	Definition	Potential risks	Escalation criteria	Escalation action
A	80% of test sessions (patient reports) are acceptable	None	N/A	N/A

Test performance (technical criteria)	
Acceptable	None of the criteria listed below are observed
Unacceptable	<p>Any or all of the following criteria are observed:</p> <p>Unacceptable calibration</p> <ul style="list-style-type: none"> Calibration not performed over three flow rates Expiratory calibration exceeds $\pm 3.0\%$ Inspiratory calibration exceeds $\pm 5.0\%$ <p>Unacceptable maneuvers</p> <ul style="list-style-type: none"> Cough or artifact in the first second Back extrapolated volume (BEV) exceeds 5% of the FVC or 0.100L, whichever is greater End Forced Expiration (EOFE) not met – less than 25mL change over 1 second or maximum of 15 seconds Volume of the maximal inspiration (FIVC) following EOFE is greater than FVC, then maneuvers with FIVC - FVC greater than 0.100L or 5% of FVC, whichever is greater are unacceptable For children age less than or equal to 6 years of age, the difference between the two largest FEV1 values and the two largest FVC values exceed 0.100L or 10% of the highest value, whichever is greater Poor effort <p>Post-bronchodilator administration</p> <ul style="list-style-type: none"> Bronchodilator type not indicated on report Wait time between the last pre-bronchodilator maneuver and the first post-bronchodilator maneuver not included on report Inadequate wait time for post-testing <p>Unacceptable test session</p> <ul style="list-style-type: none"> Poor FVC repeatability Poor FEV1 repeatability Only one or two acceptable maneuvers No acceptable maneuvers

Table C – Calibration performance grading

DAP grade	Definition	Potential risks	Escalation criteria	Escalation action
Acceptable	All months demonstrate acceptable calibrations	None	N/A	No
Unacceptable	Any of six months demonstrate unacceptable calibrations Calibration not performed over three flow rates Expiratory calibration exceeds $\pm 2.5\%$ Inspiratory calibration exceeds $\pm 5.0\%$	Patient results are		

DAP grade	Definition	Potential risks	Escalation criteria	Escalation action
	ix months demonstrate data outside target range	None	N/A	

