Name of Policy:	**Inter-scorer Reliability (ISR) quality assurance**	THE UNIVERSITY OF TOLEDO **MEDICAL CENTER**
Policy Number:	3364-171-05-01	
Department:	Sleep Disorders	
Approving Officer:	Senior Hospital Administrator	
Responsible Agent:	Director, Pulmonary Services	
Scope:	The University of Toledo Medical Center Pulmonary Services Department	**Effective Date:** 3/17/2023 Initial Effective Date: 3/17/2023

X	New policy proposal	Minor/technical revision of existing policy
	Major revision of existing policy	Reaffirmation of existing policy

(A) Policy Statement

All qualified and trained Polysomnographic Technologists are responsible for participating in the quality review of the department.

(B) Purpose of Policy

The Sleep Lab will monitor and perform Inter-scorer Reliability (ISR) to meet or exceed American Academy of Sleep Medicine (AASM) requirements

(C) Procedure

The Sleep Lab will utilize certain standards, one being ISR, consistently then adjust the remaining three quality indicators to be reviewed and reported on a quarterly basis according to the goals of the department.

1. All scoring technologists will participate in the ISR program
   a) ISR review will be conducted on a quarterly basis as part of the Quality Assurance (QA) program
   b) Each scorer will login to the AASM ISR online program and score the assigned 200 epochs using the criteria noted at the beginning of the test. The AASM serves as the gold standard for comparison.
   c) Reports are printed and maintained in a file to be reported quarterly
   d) Agreement between each scorer and the ISR test available through the AASM website will be reported and a percent of concordance defined as the quotient of the total number of epochs in agreement for a given parameter and the total number of epochs in the analysis sample multiplied by 100
   e) Scorer reliability standard will be 85% agreement with the gold standard.
   f) The Medical Director will indicate if correction or follow up with staff is necessary
   g) The manager will develop an action plan for each technologist when scoring falls below the acceptable level of agreement. Such plans may include, but are not limited to:
      i. Review of the current version of the AASM Scoring Manual
      ii. Review of the AASM ISR record review video
      iii. Additional inter-scorer assessment with review
      iv. Focused review/re-training with the supervisor
      v. Educational assistance from the manager
      vi. Disciplinary action plan will be implemented when less than 10 monthly ISR records are not completed in a calendar year

Approved by:		Review/Revision Date: 03/23
/s/ _____ Michael Taylor Director, Pulmonary Services	03/20/2023 Date	
/s/ _____ Andre Aguillon, M.D. Medical Director	03/19/2023 Date	
/s/ _____ Russell Smith Senior Hospital Administrator	03/20/2023 Date	
Review/Revision Completed By: *Director, Sleep Disorders*		**Next Review Date: 03/26**
Policies Superseded by This Policy:		

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.