Inter-Scorer Reliability

Audience: All personnel in the Sleep Disorder Center.

Purpose: Regular assessment of reliability for all parameters among all scorers assures the consistency of scoring. Inter-scorer reliability assessments determine the concordance among different scoring personnel within a center. Close concordance of personnel is necessary for accurate interpretation, quality patient management, and quality assurance. AASM guidelines will be followed.

Policy:

- Inter-scorer reliability will be determined between each scorer and a reference sample record provided by the AASM inter-scorer reliability online program.

- The sleep facility’s designated board certified sleep specialist will attest in writing that he/she has reviewed the results of the inter-scorer reliability assessment, and will take corrective action when results fall below the sleep facility’s level of acceptable agreement as defined in its quality assurance program.

- For comprehensive polysomnography, the following parameters will be compared: sleep staging epoch-by-epoch agreement, respiratory events, leg movements and arousals.

- Sleep technologists will be blinded to the scoring of all other scoring technicians. Comparisons between each scorer and the AASM inter-scorer reliability sample recording will be made on 200 consecutive 30-second epochs in each of three polysomnograms per quarter, for a total of 12 polysomnograms per year.

- Sleep related breathing event comparisons for laboratory polysomnography will include analysis by total number of events and by the following event types: obstructive apnea, central apnea and hypopnea.

- Agreement between scorer and the AASM inter-scorer reliability sample recording will be reported as percent concordance defined as the proportion of the total number of epochs of agreement for a given parameter and the total number of epochs in the analysis sample multiplied by 100.

- Each technical personnel involved with routine scoring will score the stages, respiratory events, and leg movements of each of these epochs of the sample study. The supervisor/manager or designated technologist will then track the results and publish them on a quarterly basis. These records will be kept in the department.
• Any technical personnel failing the target of 85% inter-scorer reliability will receive additional assessments, and a training plan or improvement will be implemented. This training will be organized by the supervisor/manager and documented. Corrective action will be recommended, as needed.

• This Quality Assurance program will be approved by the Medical Director on a quarterly basis.

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