# How to Build an Obstructive Sleep Apnea (OSA) Program in Your Hospital

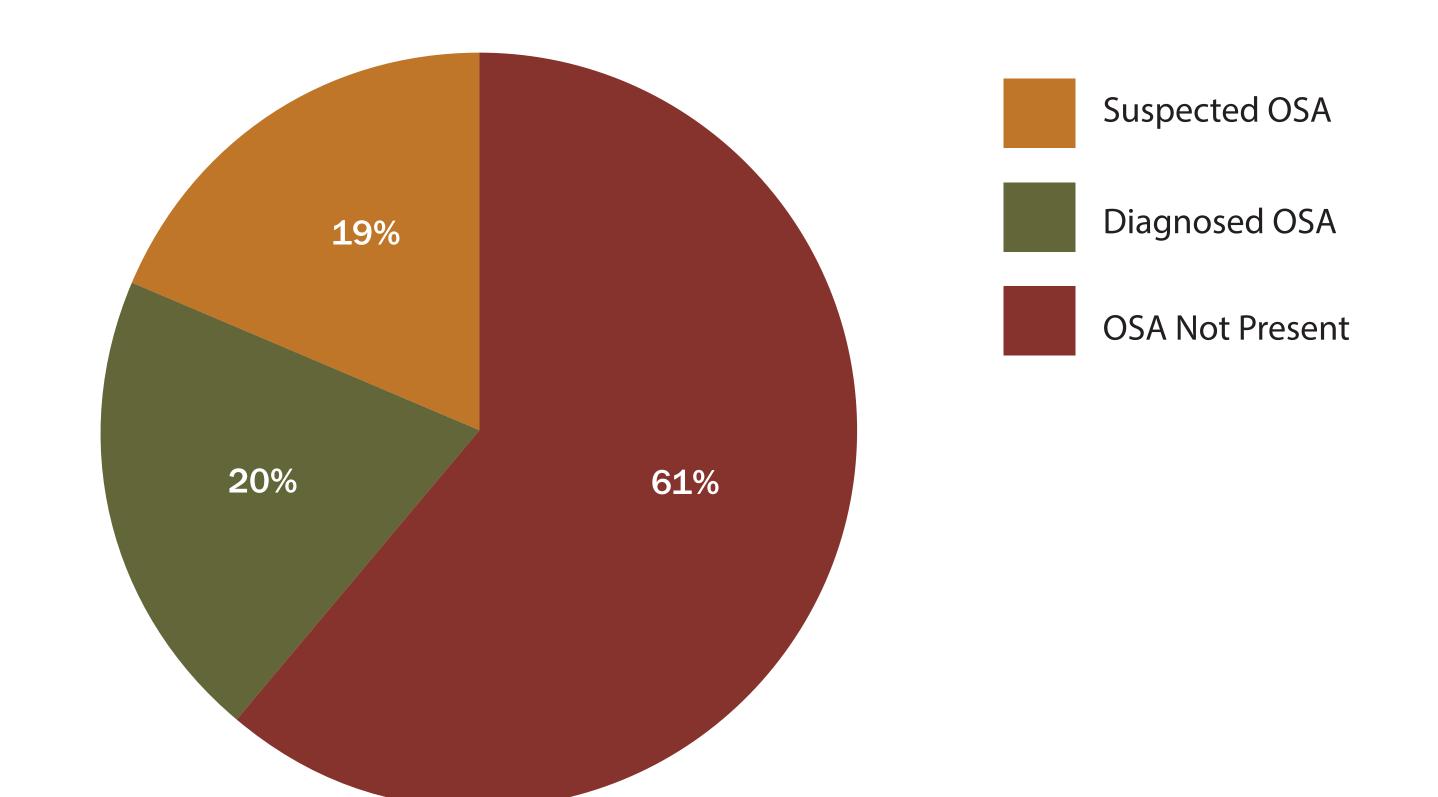
## Background

The potential risk of adverse effects from OSA, known or suspected, potentiated by surgical anesthesia is recognized as a patient safety concern. Sauk Prairie Healthcare (SPH) began to assess for this risk factor and created a policy and protocol to promote safe and consistent care for this patient population.

## Objectives

- Promote safe and consistent care in the adult surgical patient population.
- Assess all adult surgical patients for known or suspected OSA.
- Implement the OSA policy and protocol for the identified patients.

### Initial Study Before Implementing Protocol



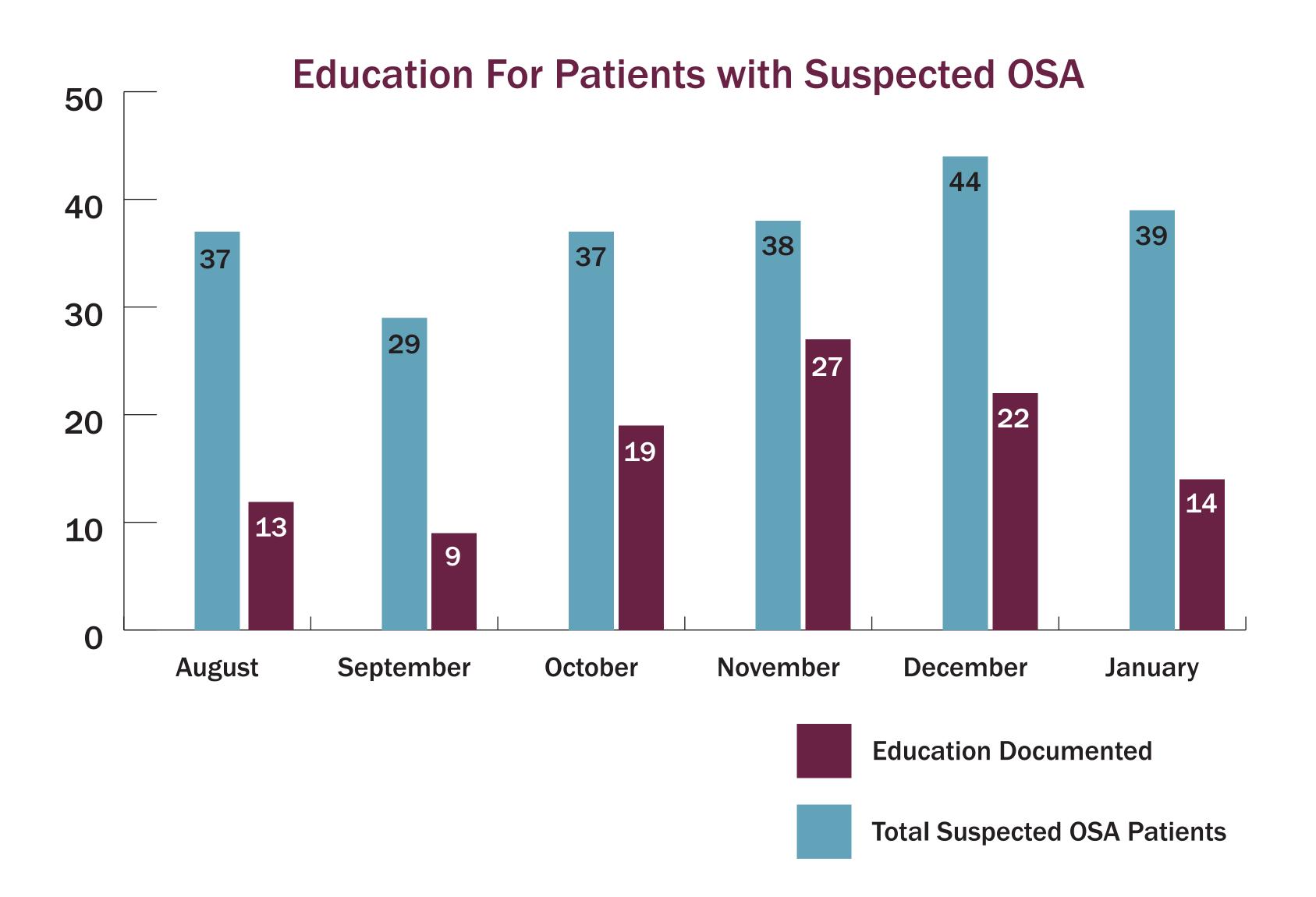
## sauk/prairie HEALTHCARE



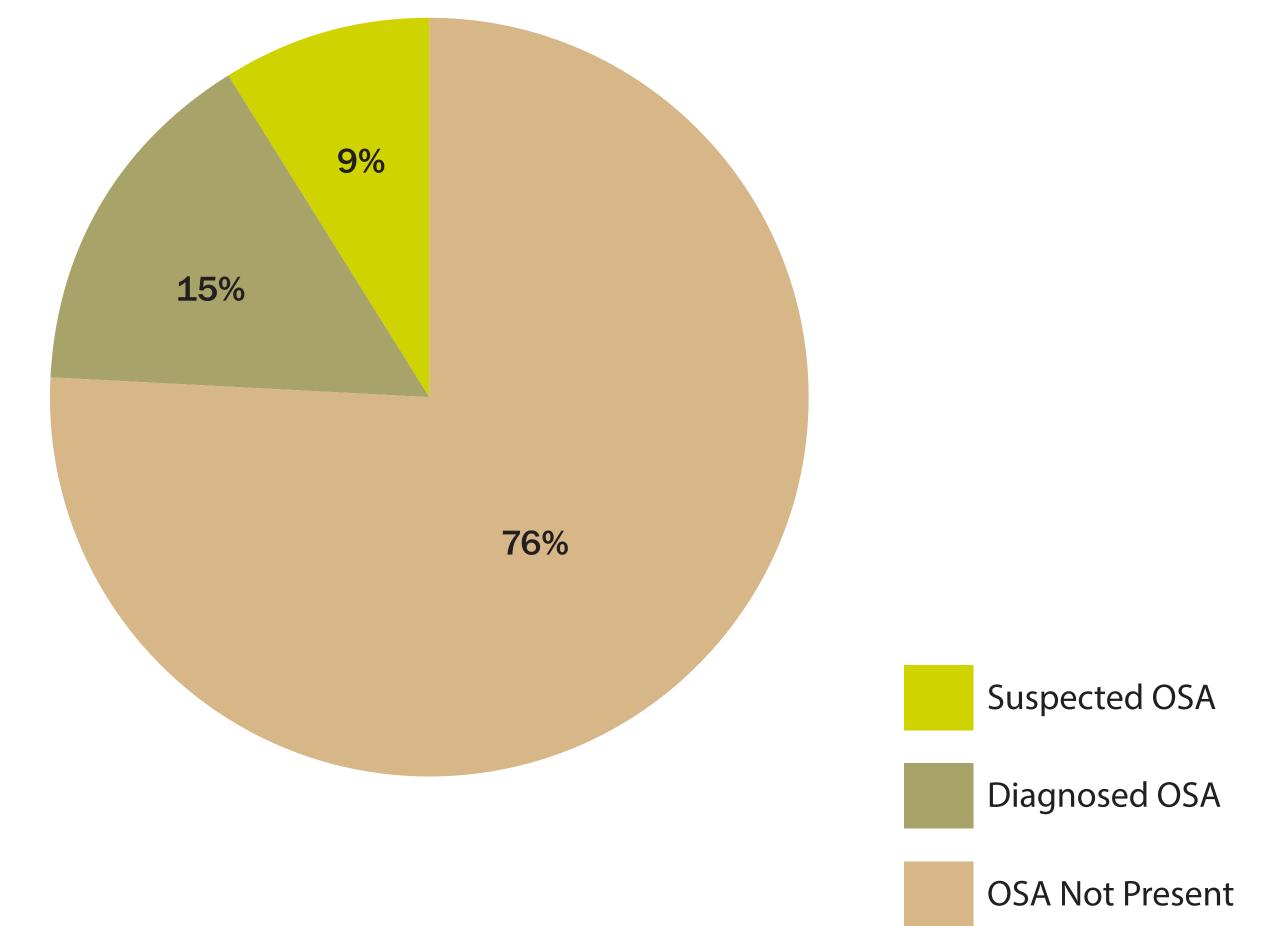
Team Leader: Terry Zeuske BSN, RN CPAN-PACU Rita Selden RN- Surgery Center, Ashley Lemmer RN-Surgery Center, Robin Labeots RN-Surgery Center Supervisor, Charles Burnley MSN- Surgical Services Director, Cindy McCauley BSN- Staff Educator, Lois Oswald RN- Patient Education Coordinator, Roy Wegert- RRT, Beth Ann Patterson RRT- Respiratory Therapy Director, Suzanne Jacobs MS, CRNA, Denise Cole-Ouzounian MSN, APN, CNML, CCRN- VP of Patient Care Services, Curtis Johnson MS, CRNA- Anesthesia Services Director, Theodore Parins, MD, FACS- Chief of Surgery

## Process of Implementation:

- American Society of Perianesthesia Nurses (ASPAN) and American Society of Anesthesiologists (ASA) recommends that surgery centers have an OSA policy and protocol in place.
- Improve patient care by decreasing risks associated with OSA both operatively and post operatively.
- Recognize undiagnosed patients.
- Survey area hospitals regarding their OSA policies.
- Form a multidisciplinary team, including representation from surgeons, anesthesia, respiratory therapy (RT), perianesthesia nurses, nurse educators and information technology (IT).
- Write a project charter.
- Establish roles for team members.
- Identify the tool to be used to screen for undiagnosed OSA.
- Research current literature and gather evidence-based practice for the foundation of the policy and protocol.
- Conduct an internal study using an OSA assessment tool.
- Internal study found that 33.8% of SPH's surgical population had known or suspected OSA.
- Conduct inventory to determine what equipment is available and what would be needed to implement policy.
- Develop policy and protocol titled: Perioperative Management of the Surgical Patient with Known or Suspected Obstructive Sleep Apnea.
- Build assessment screen and order set for the Electronic Health Record.
- Develop patient education for discharge.
- Obtain approval of policy and protocol from the Surgical Anesthesia Committee and Senior Leadership.
- Inform providers and staff of the implementation plan through presentations, medical staff bulletins and online education.



#### Six Months Post Implementation of Protocol





## Statement of Successful Practice:

- OSA assessment is being completed by patient's primary care provider pre-operatively.
- Patients are arriving pre-operatively with a greater awareness of OSA.
- RT checks integrity of the patient's home continuous positive airway pressure (CPAP) machines.
- Patients with known or suspected OSA are now identified and the OSA protocol is being implemented.

### Next Steps:

- Implement a process to determine how many patients who have screened positive for OSA have followed up with their primary care provider.
- Track how many patients were unplanned admissions due to complications from OSA.
- Continue yearly OSA education for staff in all areas.
- Survey staff to identify issues needing attention.
- Continue to improve patient education.
- Implement a program for OSA awareness in the community.