In surgical patients, Obstructive Sleep Apnea (OSA) is an important risk factor for post-operative complications. However, in a majority of surgical patients, OSA remains undiagnosed leading to post-operative complications such as respiratory depression and oversedation.

**INTERVENTIONS**

**INTRODUCTION**

- Preliminary post interventional data supports existing evidence that a majority of surgical patients have undiagnosed OSA.
- Therefore, early identification of undiagnosed OSA can help nurses determine appropriate pre- and post-operative nursing interventions for better patient outcomes in surgical patients.
- Standardizes nursing practice for pre-surgical assessment and post-surgical care for this patient population across the health organization.

**NURSING IMPLICATIONS**

- Organization-wide support for proactive identification and monitoring of high risk OSA patients.
- Alternative system-wide respiratory therapy led OSA project, implemented in March 2022, addresses post-operative intervention and monitoring.

**PROJECT SUSTAINABILITY**

- Preliminary post intervention data supports existing evidence that a majority of surgical patients have undiagnosed OSA.
- Therefore, early identification of undiagnosed OSA can help nurses determine appropriate pre-and post-operative nursing interventions for better patient outcomes in surgical patients.
- Standardizes nursing practice for pre-surgical assessment and post-surgical care for this patient population across the health organization.

**AIMS**

- AIM 1 — Increase pre-surgical identification of moderate to high risk OSA patients
- AIM 2 — Decrease number of post-operative RRTs
- AIM 3 — Decrease number of oversedation and respiratory distress RRTs

**FINDINGS**

- Preliminary post-intervention data for December 2021 and January 2022 indicated:
  - Of the 1218 preoperative patients, 606 were screened using the STOP-BANG tool, for a screening rate of 50% (Figure 1)
  - 14% (n=167) of preoperative patients (n=1218) had documented OSA diagnosis, 86% did not (Figure 2)
  - 66% (n=789) of preoperative patients (n=1218) had a high risk for oversedation (Figure 3)
  - Of the screened patients (n=606) 77% (n=465) had a STOP-BANG score of ≥ 3 (Figure 4)

- AIM 1: Preliminary post-intervention data for December 2021 and January 2022 indicated:
  - Of the 1218 preoperative patients, 606 were screened using the STOP-BANG tool, for a screening rate of 50% (Figure 1)
  - 14% (n=167) of preoperative patients (n=1218) had documented OSA diagnosis, 86% did not (Figure 2)
  - 66% (n=789) of preoperative patients (n=1218) had a high risk for oversedation (Figure 3)
  - Of the screened patients (n=606) 77% (n=465) had a STOP-BANG score of ≥ 3 (Figure 4)

- AIM 2: Preliminary post-intervention data for December 2021 and January 2022 indicated:
  - Of the 1218 preoperative patients, 606 were screened using the STOP-BANG tool, for a screening rate of 50% (Figure 1)
  - 14% (n=167) of preoperative patients (n=1218) had documented OSA diagnosis, 86% did not (Figure 2)
  - 66% (n=789) of preoperative patients (n=1218) had a high risk for oversedation (Figure 3)
  - Of the screened patients (n=606) 77% (n=465) had a STOP-BANG score of ≥ 3 (Figure 4)

- AIM 3: Preliminary post-intervention data for December 2021 and January 2022 indicated:
  - Of the 1218 preoperative patients, 606 were screened using the STOP-BANG tool, for a screening rate of 50% (Figure 1)
  - 14% (n=167) of preoperative patients (n=1218) had documented OSA diagnosis, 86% did not (Figure 2)
  - 66% (n=789) of preoperative patients (n=1218) had a high risk for oversedation (Figure 3)
  - Of the screened patients (n=606) 77% (n=465) had a STOP-BANG score of ≥ 3 (Figure 4)

**FINDINGS**

- AIM 1: Preliminary post-intervention data for December 2021 and January 2022 indicated:
  - Of the 1218 preoperative patients, 606 were screened using the STOP-BANG tool, for a screening rate of 50% (Figure 1)
  - 14% (n=167) of preoperative patients (n=1218) had documented OSA diagnosis, 86% did not (Figure 2)
  - 66% (n=789) of preoperative patients (n=1218) had a high risk for oversedation (Figure 3)
  - Of the screened patients (n=606) 77% (n=465) had a STOP-BANG score of ≥ 3 (Figure 4)

- AIM 2: Preliminary post-intervention data for December 2021 and January 2022 indicated:
  - Of the 1218 preoperative patients, 606 were screened using the STOP-BANG tool, for a screening rate of 50% (Figure 1)
  - 14% (n=167) of preoperative patients (n=1218) had documented OSA diagnosis, 86% did not (Figure 2)
  - 66% (n=789) of preoperative patients (n=1218) had a high risk for oversedation (Figure 3)
  - Of the screened patients (n=606) 77% (n=465) had a STOP-BANG score of ≥ 3 (Figure 4)

- AIM 3: Preliminary post-intervention data for December 2021 and January 2022 indicated:
  - Of the 1218 preoperative patients, 606 were screened using the STOP-BANG tool, for a screening rate of 50% (Figure 1)
  - 14% (n=167) of preoperative patients (n=1218) had documented OSA diagnosis, 86% did not (Figure 2)
  - 66% (n=789) of preoperative patients (n=1218) had a high risk for oversedation (Figure 3)
  - Of the screened patients (n=606) 77% (n=465) had a STOP-BANG score of ≥ 3 (Figure 4)