

CHECKLIST

Obstructive Sleep Apnea Screening



The checklist below is intended to help healthcare organizations conduct a step-by-step assessment of their policies and practices for identifying, monitoring, and caring for patients diagnosed with, or at risk for, obstructive sleep apnea (OSA).

Organizations that do not have written policies and procedures for OSA screening, and that have not implemented OSA screening tools and clinical pathways, should consider establishing a multidisciplinary committee to develop and oversee an OSA screening initiative.

	Yes	No
Does the organization have a written policy that requires healthcare providers to screen patients (either all inpatients or patients receiving anesthesia and/or opioids) for the risk or diagnosis of OSA?	<input type="checkbox"/>	<input type="checkbox"/>
Does the organization have a written procedure that describes how the OSA screening policy should be executed?	<input type="checkbox"/>	<input type="checkbox"/>
Does the procedure:		
<ul style="list-style-type: none">Clearly define who is responsible for OSA screening?	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Specifically state which OSA screening tool should be used to identify patients who are at risk for, or diagnosed with, OSA?	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Define the scope of screening — i.e., all inpatient admissions or patients receiving anesthesia and/or opioids?	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Explain the method for communicating screening results?	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">List the necessary screening equipment, such as pulse oximetry, capnometry, and continuous positive airway pressure (CPAP)?	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Clarify the need for patient discharge instructions?	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Include a plan for staff education?	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Describe the process for quality monitoring?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Does the organization’s OSA clinical pathway include implementing the following clinical interventions when appropriate:		
<ul style="list-style-type: none"> Assessing inpatient vs. outpatient status based on patients’ conditions? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Employing anesthesia techniques that minimize risk? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Using complete reversal neuromuscular blockade at the end of procedures? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Performing safe extubation postoperatively? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Avoiding placing patients in the supine position (if possible)? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Minimizing the use of analgesics (e.g., opioids and sedatives)? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Appropriately monitoring patients — e.g., with pulse oximetry or capnometry (maintaining SpO2 of 92 percent or greater)? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Educating patients/families regarding postdischarge risks and further evaluation and management? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Using CPAP (e.g., having patients bring in their masks and tubing)? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Elevating the head of bed >30 degrees or lateral position? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Assessing and documenting periods of apnea greater than 10 seconds during patient sleep? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Using OSA identification bands? 	<input type="checkbox"/>	<input type="checkbox"/>
Does the organization have a multidisciplinary committee responsible for monitoring the quality of OSA screening implementation and adverse events associated with OSA?	<input type="checkbox"/>	<input type="checkbox"/>

This document should not be construed as medical or legal advice. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, please contact your attorney or other professional advisors if you have any questions related to your legal or medical obligations or rights, state or federal laws, contract interpretation, or other legal questions.

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