



Abstract Presentations

3. Phyllis Murphie, UK

Feasibility of using a structured sleep medicine clinical review template in clinical practice

Phyllis Murphie
Respiratory Nurse Consultant – NHS
Dumfries and Galloway - Scotland
PhD student - UOE

Background

- People with Obstructive sleep apnoea/hypopnoea syndrome (OSAHS) can have numerous breathing pauses during sleep with significant cardiovascular/cerebrovascular and lifestyle consequences
- CPAP therapy is the treatment of choice and people need regular review
- This review could be guided by a structured template
- Defining the Core Components of a Clinical Review of People Using Continuous Positive Airway Pressure Therapy to Treat Obstructive Sleep Apnea: An International e-Delphi Study

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Home CPAP/NIV review template

Name/Address label	Date	Age	Gender
The patient agenda for the review. What does the patient want to discuss? Any concerns?		Wt: Ht: Adherence: Hours per night: BP: SPO2: TCCO2: ABGs:	
Acceptability of treatment	Are there any side effects from the treatment? Is the patient happy to continue treatment? Free text		
Technical aspects of CPAP	Does the mask fit correctly? Is humidification required/ satisfactory? Is cleaning / filters changing routine satisfactory? Free text		
Objective assessment of sleepiness/driving issues Epworth 1.Sitting 2.TV 3.Lying 4. Reading 5.Talking 6.Public 7.Passenger 8.Driving	Objective assessment of sleepiness (Epworth Sleep Score) : Are there any problems with sleepiness while driving? What are they driving: Car/Heavy Goods Vehicle? Free text		
	Have witnessed snoring, apnoeas, choking spells been controlled? Have initial symptoms improved/resolved?		
	Has CPAP resolved the Apnoea Hypopnoea Index? AHI: Mask Leak:		
	Free text		
Assessing sleep quality/quality of life	What is the quality of sleep? Do they feel refreshed on waking? What are their sleep routines? How much sleep do they get? Quality of life Free text		
Lifestyle	Ask about work schedule/Shift Pattern Free text		

Additional optional review components that may be useful in some reviews	
Technical aspects	Factors that help/hinder CPAP use. Support system at home/partner engagement Altitude where lives/ Altitude where sleep study was done Electrical safety of CPAP unit/ CPAP unit noise level
General medical assessment	Review of medical history, medication review , any new co morbidities in relation to symptoms/need for hospitalisation Examination of the nasal passage and throat Chest Auscultation findings:
Sleepiness assessment	Need to repeat diagnostic study with significant weight loss/weight gain Nocturia/Frequency of getting up to pass urine Cognitive/developmental issues
Lifestyle	Fatigue and depression scale /as interfering with subjective assessment of sleepiness e.g. Epworth Sleep Score
Quality of life	Checking partner feedback / quality of life
Driving	Are Vehicle Licensing agencies aware of the condition? Advice re air travel

We are assessing the use of this template, and would value any feedback you can give us.

Did you find the template useful in this review? Yes No Not sure

Did use of the template increase the length of the consultation Yes No

Time taken to complete the template during the consultation -----

Time taken to complete the template after the consultation -----

Review method: Face to face telephone videoconsultation

Do you have any feedback about how the template worked (or didn't) in this review?

Please tick box that represents your position

Respiratory Physician/doctor Physiologist Specialist Nurse

Thank you for your feedback Name: _____ Date: _____

Implementation study aims

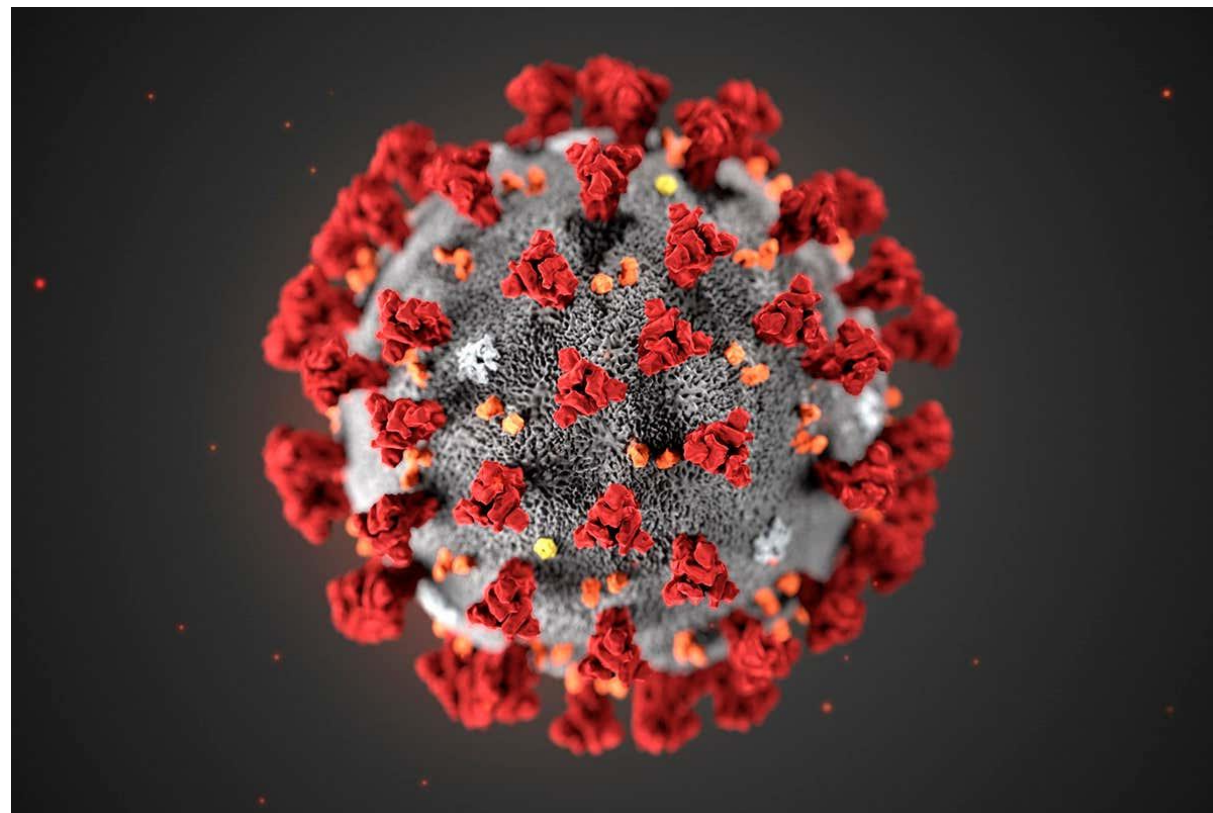
- We aimed to assess the feasibility of introducing a template in routine CPAP review :
 - including fields for patient agenda
 - treatment acceptability
 - technical aspects
 - objective assessment of sleepiness
 - driving issues
 - quality of life/lifestyle issues

Methods

- 8 week study
- Healthcare professionals in three diverse sleep medicine centres (large city/tertiary care service, remote/rural service, combined urban/rural service) asked to use template during routine clinical reviews
- Mixed methods plan to explore (anonymised) template use and perceptions of the impact on structure of the review , autonomy, patient centeredness of the consultation
- Semi-structured interviews were recorded, transcribed and analysed

1st March 2020

- COVID 19 made an appearance locally
- Managed to collect usage and feedback on use of template from 3 sites
- Qualitative study seriously curtailed as clinicians frontline staff



Results

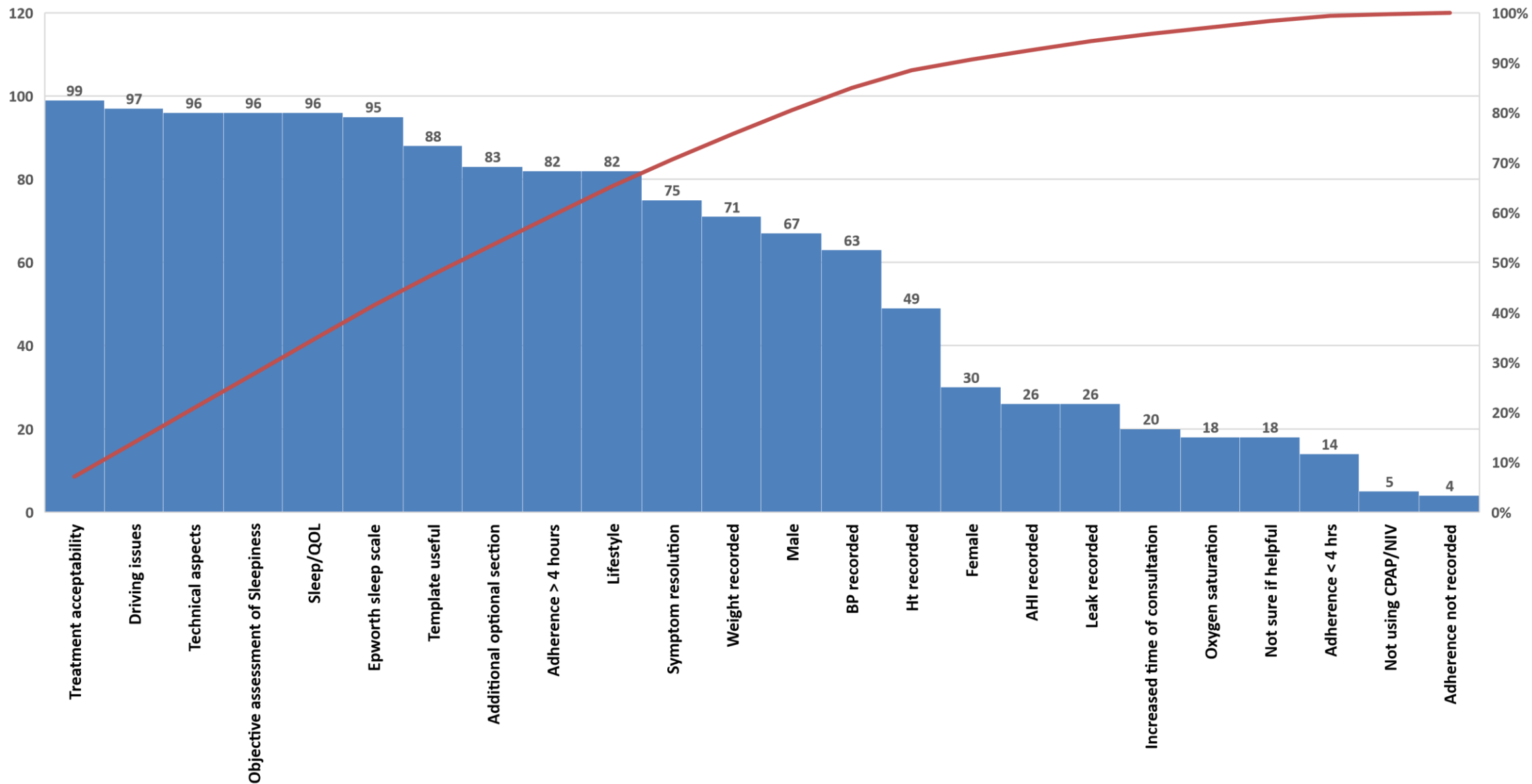
- 194 templates completed by specialist nurses, 12 of which joint review with a Respiratory physician at one site
- Where recorded there were 140 face to face consultations, 28 video consultations and 20 telephone consultations (specifically conducted due to Coronavirus)
- 2 sites (remote rural/ and urban/rural) already using teleconsultation prior to participating in study
- In 122 participants average time to complete the template 14.3 minutes (did not impact on consultation time)

Results

- adherence recorded in 184 participants
- 7 had no recorded adherence (older CPAP machines, teleclinics)
- 26 had < 4 hours CPAP adherence per night
- 151 had > 4 hours CPAP adherence per night

Template fields completed

Fields completd in the template



Thematic analysis of qualitative data not possible

- Only 3 semi structured interviews completed - COVID arrived
- Site with largest template completion – no interviews possible
- Free text comments and interview themes were merged

Combined free text comments/interviews

- Structure and content suggests template be revised to suit service/personal preference
- Addition of diagnosis, review plan, outcome sections
- Remove irrelevant content
- Separate CPAP/NIV template preferred

Combined free text comments/interviews

- Useful, helpful
- Thorough/ aided holistic consultation
- No reported effect on consultation content/ clinician autonomy, patient clinician relationship/person centred care
- Useful to be using same protocol in service
- Could aid service improvement

Conclusions

- The use of a structured template was completed in all 3 sites with fields completed similar to the findings in our e-Delphi consensus study
- The participants feedback were generally positive about the use of the template and have suggested modifications to the structure to suit their personal preference/service
- The AHI and mask leak were not well documented in this study however, only 3 clinicians completed the study
- Use of the template did not adversely effect the consultation time
- May be more useful in telephone/teleconsultation review in the future if normal face to face services don't resume post COVID 19

Limitation

- Study severely impacted by COVID 19
- Some reasonable quantitative data to support the benefits of using such a template in the clinical review
- Restructuring of the template to suit individual /service
- Qualitative data not robust and not enough data to conduct framework analysis
- Some basic themes that will help to refine the template and test in future study