HOME SLEEP APNEA TESTING (HSAT) PROTOCOL

PURPOSE

To ensure home sleep apnea testing (HSAT) conducted by the sleep facility adheres to the current AASM practice parameters, clinical practice guidelines, best practice and clinical guidelines in regards to the diagnosis of OSA in adults.

POLICY

HSAT is a method of recording certain parameters which will target and measure, minimally, heart rate, oxygen saturation, respiratory airflow, respiratory effort and snoring for the purpose of evaluating a patient for OSA.

HSAT will be performed in conjunction with a comprehensive sleep evaluation by an appropriately licensed sleep facility medical staff member. All portable monitoring equipment will be FDA-approved and appropriately maintained to ensure patient safety and efficiency of the test.

PROCEDURE

1.0 An order from an appropriately licensed healthcare professional must be provided along with a relevant medical history documenting the indication for HSAT that complies with the AASM practice parameters.

2.0 The facility director or appropriate licensed medical professional will review and approve the proposed evaluation for HSAT testing. Documentation of review and communication with referring physician will be documented in the patient’s medical record.

3.0 All tests will be performed and records will be maintained consistent with HIPAA regulations.

4.0 Sleep facility staff will contact patient to schedule the HSAT pick-up and set-up. The appointment date and time will be documented.

5.0 Prior to patient arrival, HSAT devices will be inspected and prepared for application as per the manufacturer’s recommendations. Equipment must be inspected to assure equipment is properly cleaned, free of damage, and any private patient health care information of previous patients has been removed.

6.0 The HSAT device will allow display of raw data for manual scoring and editing.
7.0 Documentation of the serial number of the device (ID) located on each unit will be recorded in the medical record and on the HSAT equipment maintenance log. The log will include:
   7.1 Date equipment is dispensed
   7.2 Name of patient
   7.3 Type of equipment used and ID number
   7.4 Date equipment is returned
   7.5 Comments: equipment malfunction, test completed, etc.
   7.6 Evidence of routine inspection, etc.

8.0 At the time of pick-up, the patient will receive HSAT instructions from a trained sleep technologist on the following:
   8.1 The use of the device
   8.2 Application and hook up procedure
   8.3 How to turn the device on/off
   8.4 Preparation of the device for return
   8.5 Other tasks as required

9.0 Patients will be given the telephone number for access to technical/professional staff support for troubleshooting problems encountered during HSAT.
   9.1 Phone number for access during testing hours:
      Galveston Campus (409) 772-3869
      Victory Lakes Town Center (832) 505-2360
      Angleton Danbury Campus (979) 849-7721 ext 2279
   9.2 Patients will be instructed to call 911 in case of medical emergencies encountered during HSAT.
   9.3 All calls received will be documented and logged to identify and monitor trends of sensor, service and device issues. Results will be audited and reported quarterly.
      9.3.1 Log will include:
         9.3.1.1 Date and time of call
         9.3.1.2 Name of patient and person calling
         9.3.1.3 Device ID number
         9.3.1.4 Issue identified or nature of problem
         9.3.1.5 Resolution or recommendation for change

10.0 Sleep facility staff will arrange the delivery of HSAT equipment to patients when needed. The device will be packaged with all necessary sensors and equipment and shipped using a service that has the capability of tracing the device.
    10.1 Extra batteries and nasal cannulas will be provided.
    10.2 Written instructions with pictures and instructional video will be included in the kit provided.
    10.3 Patients will be called to review the instructions and answer any questions.

11.0 One night will be recorded unless otherwise specified by the ordering provider.
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12.0 After completion of the HSAT, patients are instructed to return the equipment in the package provided and return to the sleep facility.

13.0 When the device is returned, all data will be downloaded from the device by the sleep technician.
   13.1 All data will be downloaded and scored within 24 hours of return.
   13.2 Scoring is performed by trained scoring staff, which may include:
      13.2.1 RST, RPSGT, CPSGT, RRT-SDS OR CRT-SDS

14.0 The review of raw data and interpretation will be signed by the professional staff member and documented in the medical record.

15.0 The HSAT report will include the items listed in the most current version of the AASM Scoring Manual and an indication of whether the results support the diagnosis of obstructive sleep apnea.

16.0 Recommendations for treatment will be consistent with all applicable AASM practice parameters and clinical practice guidelines.

17.0 A copy of the HSAT report will be forwarded to the ordering physician.

18.0 All physiological and PHI data will be erased by the sleep technician who receives the device.

19.0 Batteries are removed and discarded.

20.0 Unit will be taken to a designated dirty area for cleaning.

21.0 All non-reusable equipment will be discarded in appropriate trash receptacle.

22.0 All reusable equipment, including sensors, will be cleaned using germicidal wipes.

23.0 Units will be recharged and stored in the designated clean area and visually inspected by the sleep technician for any apparent signs of damage.

24.0 All devices and sensors associated with failed tests (e.g., no data, inadequate data, or corrupt data) will be removed from service, recorded on the equipment maintenance log and returned to the manufacturer for repair prior to next use.