

## **PAP ASSESSMENT**

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### **PURPOSE**

Completing a PAP assessment for patients prescribed PAP treatment by sleep facility staff will provide a measure to determine if patients have an adequate response to the prescribed treatment.

### **POLICY**

It is the policy of the facility that all patients' prescribed PAP treatment by the sleep facility medical staff will be offered PAP assessment follow-up within 12 weeks of treatment initiation.

### **PROCEDURE**

- 1.0** Each patient prescribed PAP treatment by facility medical staff will be offered a follow-up PAP assessment within 12 weeks of treatment initiation.
- 2.0** Patients will be contacted by telephone eight weeks after treatment initiation. Technical staff will gain the subjective response of the patient through a telephone questionnaire.
  - 2.1 Subjective response will be documented in the patient medical record
- 3.0** Device download information will be remote or manually downloaded after 8 weeks of treatment and documented in the patient medical record.
- 4.0** If the patient does not respond to the telephone inquiry, facility staff will attempt to contact the patient again by telephone and letter to complete a telephone questionnaire assessment.
  - 4.1 If the telephone questionnaire is not completed, staff will attempt to schedule an in-person appointment with the patient.
  - 4.2 Attempts to follow-up with the patient will be documented in the patient medical record.
- 5.0** If the patient reports a positive response to therapy and the device download confirms use and response to therapy, this will be documented in the patient record.
- 6.0** If the patient reports a negative response regarding therapy and/or the device download shows an inadequate response, facility staff will schedule an in-person appointment to discuss the response to therapy, which will include but not be limited to:
  - 6.1 Assessment of use of the device
  - 6.2 Assessment of intolerance or non-acceptance of the device
  - 6.3 Review the device download
  - 6.4 Review telephone questionnaire response/previous subjective response
  - 6.5 Review device patient interface
  - 6.6 Address other underlying causes of inadequate response