

Evaluation of an Existing Screening Tool: Referral for Polysomnogram in a Pulmonary Clinic

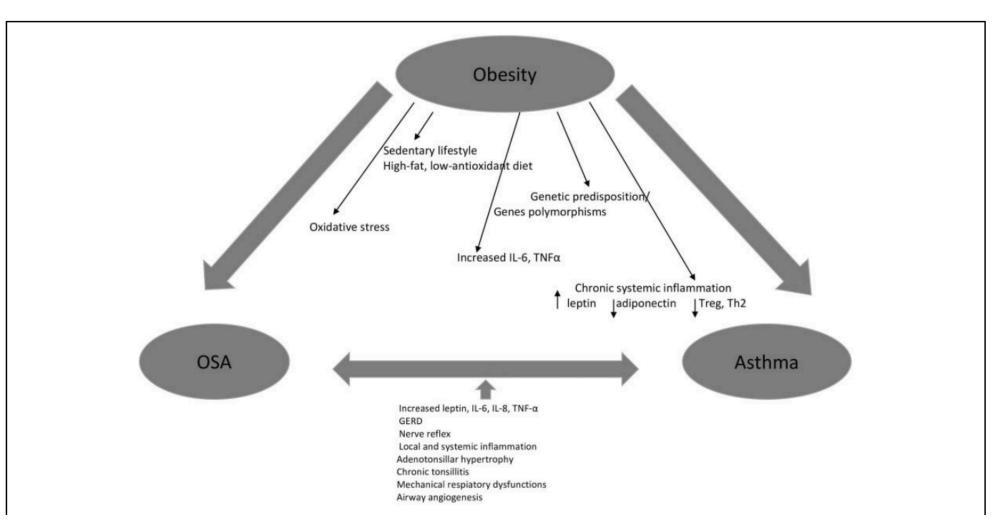


Sydnie Schneider, BSN, RN, DNP Student

University of Missouri - Columbia

INTRODUCTION

- Asthma is ranked as the most widespread chronic disease of childhood with one in eleven children currently diagnosed with the illness (Centers for Disease Control [CDC], 2018).
- In a cohort study reported by Redline et al. (1999) children with asthma had an almost 4-fold greater risk of sleep-disordered breathing than those without asthma.



PURPOSE STATEMENT and PICOT

The purpose of this quality improvement (QI) project was to evaluate an existing QI project that implemented a standardized screening tool (the PSQ-22) in late 2019 – early 2020 to increase referral to a polysomnogram.

In asthma patients 5-18 years of age (**P**), how has referral to a polysomnogram following a positive PSQ-22 screening (**I**) impacted polysomnogram attendance (**O**) at four and eight months after implementation (**T**)?

OBJECTIVES

- 1. 10% of patients referred for a polysomnogram will obtain a polysomnogram within eight months of referral.
- 2. 15% of patients referred for a polysomnogram will be diagnosed with OSA

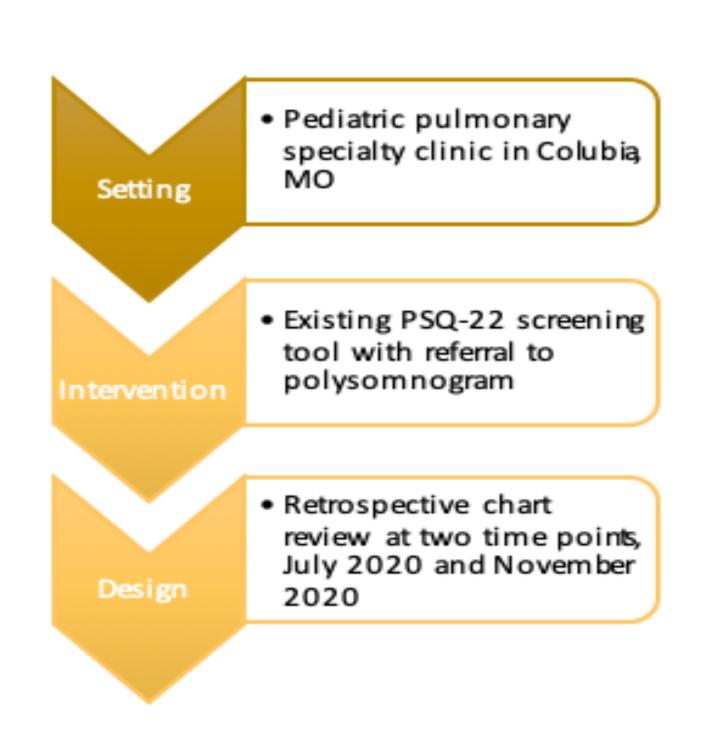
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Contact: ss6f7@mail.missouri.edu
http://nursing.missouri.edu/index.php

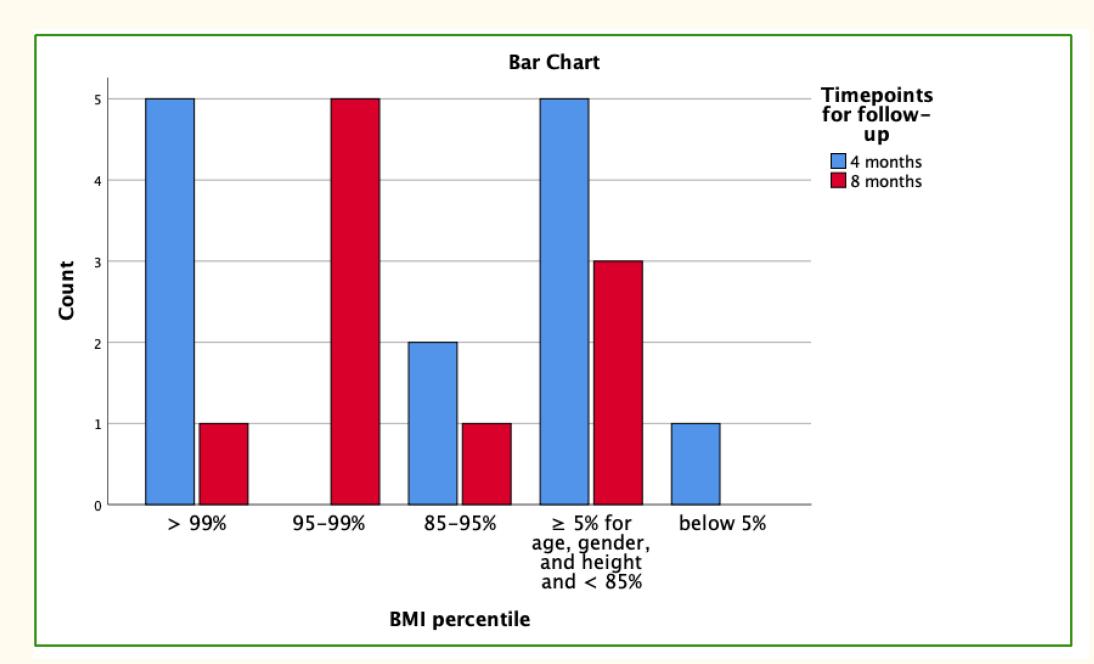
MATERIALS AND METHODS

- •This quality improvement project utilized a longitudinal design to evaluate an existing standardized screening tool recently implemented in the winter of 2019-2020 at a pediatric pulmonary clinic.
- •The target population was a purposive, convenience sample of pediatric asthma patients aged 5-18 years who had a positive PSQ-22 screening and were referred for a polysomnogram .
- •Inclusion criteria limited to ages 5-18, English speaking, positive PSQ-22 screening, and referral to a polysomnogram.
- •A follow-up review of the electronic medical record (EMR) was reviewed at four and eight months post-polysomnogram referral to see if 1) polysomnogram was ordered for elevated PSQ-22 score; 2) if the polysomnogram was completed; 3) polysomnogram results, including the presence of OSA; 4) what referrals were made; and 5) other measures of asthma control post polysomnogram.



- •Using a confidence level of 95%, a maximum of 5% margin of error, a population size of 18, with a 50% response distribution, a minimum of 18 charts was required at timeline 1 (July 2020) and timeline 2 (October 2020) (Raosoft, 2004).
- •Available charts for review: July 2021 (G1), n = 13 and November 2021 (G2), n = 10
- •IBM SPSS Statistic version 24 was used for statistical analysis.
- •Statistical significance was defined as p < .05.

RESULTS



BMI percentile for subjects in G1 and G2

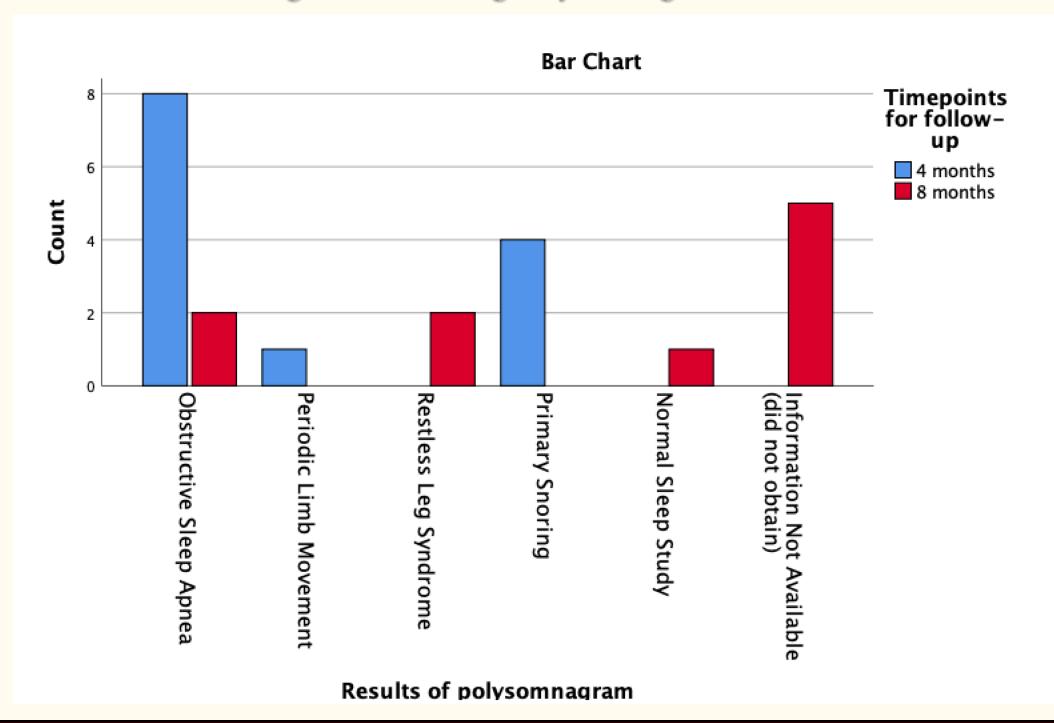
Demographics

- •The mean age was 9.7 years (SD = 3.82) for G1 patients and 10.2 (SD = 2.97) for the G2 patients
- •The predominant race was Caucasian (78.3%, n = 18) with 21.7% Black or African American (n = 5).
- •The predominant gender in the sample 69.6% male (n = 16), with 30.4% female (n = 7)
- •While not statistically significant, 60.8% of subjects were found to be above the 85th percentile for age, gender, and height which is a major consideration in this patient population (p = .06).

RESULTS

- •56.5% of subjects obtained a polysomnogram (n = 13) with 21.7% having a previous study completed (n = 5); 13% not obtaining one (n = 3); or 8.7% having one scheduled for a future date (n = 2).
- •The results of the polysomnogram were 43.5% obstructive sleep apnea (OSA) (n = 10).
- •43.5% (n = 10) of the subjects were referred for further evaluation at the sleep clinic. This percentage is the highest out of all the available referrals.
- •While not statistically significant, patients post referral had improved lung function measures by forced expiratory volume in one second (FEV1) scores, p = .69.

Diagnosis Following Polysomnogram



CONCLUSIONS

- ✓ Objective One: Met. 56.5% of patients who were referred to a polysomnogram obtained one within eight months of referral.
- ✓ Objective Two: Met. 43.5% of patients were further diagnosed with Obstructive Sleep Apnea.

Recommendations:

- Continue to use PSQ-22 to screen patients with asthma.
- Providers should focus on obtaining same information and diagnostic tests each visit.

REFERENCES

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