

 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 500.30.70	<b>Page</b> 1 of 4
	<b>Original Effective Date:</b> 05/12/14	<b>New Effective Date:</b> 04/01/17
	<b>Supersedes:</b> 500.30.70	<b>Dated:</b> 05/12/14
	<b>Administrator's Approval:</b> Jim Schwochert, Administrator	
<b>Required Posting or Restricted:</b>		
<input checked="" type="checkbox"/> <b>Inmate</b> <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Restricted</b>		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Unattended Sleep Studies		

**POLICY**

The Division of Adult Institutions shall provide means to complete unattended sleep studies as medically indicated.

**REFERENCES**

DAI Policy 500.10.12 – Prior Authorization Guidelines for Non-Urgent Care (Class III)  
DAI Policy 500.30.62 – Positive Airway Pressure Therapy: Auto, CPAP, Bilevel  
Attachment – Unattended Sleep Diagram

**DEFINITIONS, ACRONYMS, AND FORMS**

Advanced Care Provider (ACP) – Provider with prescriptive authority.

DOC – Department of Corrections

DOC-3626 – Dental Evaluation for Obstructive Sleep Apnea

DOC-3643 – Sleep Study Evaluation Tool

DOC-3712 – Department of Corrections Sleep Study Requisition

HSU – Health Services Unit

PAP – Positive Airway Pressure

**PROCEDURE**

- I. **Referral Process for Sleep Study Evaluation**
  - A. DOC-3643 – Sleep Study Evaluation Tool shall be completed by the ACP to determine necessity for further evaluation and treatment.
  - B. Based on evaluation results, inmate patients are referred for a sleep study when certain criteria are met.
  - C. An ACP shall submit a request for prior authorization approval according to DAI Policy 500.10.12.
  - D. After prior authorization approval, the ACP shall write an order for an unattended sleep study to be performed.

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## **II. Sleep Study Evaluation**

- A. Notify the contracted provider of the need for an unattended sleep study and provide the following documents:
  - 1. DOC-3643 – Sleep Study Evaluation Tool.
  - 2. DOC-3712 – Department of Corrections Sleep Study Requisition.
  - 3. A copy of all current medications.
  - 4. Most recent ACP progress notes, exams and labs.
  
- B. Notify Respiratory Therapist that the unattended sleep study has been requested.

## **III. Obtaining and Use of Sleep Study Equipment**

- A. The contracted provider shall send the appropriate sleep study test equipment to the facility along with a postage paid return package.
  
- B. A nurse shall educate the inmate patient on the use the equipment and initiate test within 48 hours of receipt of the equipment. Education includes:
  - 1. Watching instructional video.
  - 2. Written and verbal instructions.
  - 3. Return demonstration of use and understanding.
  - 4. Inmate patient returning equipment to HSU the morning after the test was completed.
  - 5. See Attachment – Unattended Sleep Diagram for details.

## **IV. Sleep Study Results**

- A. Upon use, HSU staff shall immediately collect the sleep study equipment from the inmate patient, place it in the prepaid package and return it to the contracted provider.
  
- B. The contracted provider shall read the study, make recommendations and communicate recommendations with the referring ACP within 48 hours.
  
- C. The ACP shall review the recommendations and write corresponding orders for treatment.
  
- D. Follow DAI Policy 500.30.62 and notify Respiratory Therapy if PAP therapy is required.
  
- E. Complete a DOC-3626 – Dental Evaluation for Obstructive Sleep Apnea if:
  - 1. A dental appliance is recommended in place of PAP equipment.
  - 2. The inmate patient cannot tolerate or refuses PAP equipment.

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**Bureau of Health Services:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
James Greer, Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Ryan Holzmacher MD, Medical Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Mary Muse, Nursing Director

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Jim Schwochert, Administrator

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
<b>Original Effective Date:</b>	<b>DAI Policy Number:</b> 500.30.70	<b>Page</b> 4 of 4
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<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Unattended Sleep Studies		
<b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b>		

**REFERENCES**

**DEFINITIONS, ACRONYMS, AND FORMS**

**FACILITY PROCEDURE**

- I.
  - A.
  - B.
    - 1.
    - 2.
      - a.
      - b.
      - c.
    - 3.
  - C.

II.

III.

**RESPONSIBILITY**

I. Staff

II. Inmate

III. Other