

Appendix 1



IRISH SLEEP SOCIETY

Cumann Codhladh na hÉireann

Practice Guidelines
for Standards of
Adult Sleep Medicine Services

	<u>Minimum Standard</u>	<u>Ideal Standard</u>
Premises and Procedures		
Out-patient/Clinic Rooms	<p>A basic medical out-patient facility to include:</p> <ul style="list-style-type: none"> • A reception and waiting area • Private consulting room with sufficient space to examine the patient comfortably • Access to interpreter if required • An examination couch • Access to routine clinic tests (bloods/ECG/x-ray) • Ability to record basic anthropometric measurements • Fully accessible for disabled patients 	<p>A sleep-dedicated facility</p> <ul style="list-style-type: none"> • with own dedicated-to the service administrative staff • Access to CPAP software for download • Reading materials available to include information about the clinic, its staff, activities and disease-specific Patient-Information Leaflets
Sleep bedroom for PSG/PG	<ul style="list-style-type: none"> • Availability of single rooms • Sound and light attenuated • Adequate sanitary facilities near the bedroom • Adequate size with sufficient access for two-person cardiopulmonary resuscitation/crash calls 	<ul style="list-style-type: none"> • A two-way communication system to allow patient and technical staff to communicate with each other and to enable bio-signal calibration • Video-monitoring system • For daytime assessments rooms must be available for the patient to stay in throughout the day
Monitoring/Analysis/Scoring room	<ul style="list-style-type: none"> • Separate room, which is sufficiently large and which ensures undisturbed working conditions at day/night 	<ul style="list-style-type: none"> • Dedicated, single purpose monitoring/control room
PSG equipment	<ul style="list-style-type: none"> • Sleep analysing equipment capable of reliably measuring the minimum montage of bio-signals (3-channel EEG, EOG, chin EMG, snoring, body position, airflow [by nasal pressure and oronasal thermistry], oxygen saturation, validated method of respiratory effort, ECG) 	<ul style="list-style-type: none"> • Sleep analysing equipment capable of reliably measuring the full montage of bio-signals according to AASM guidelines (in addition 4-channel EEG, leg EMG) • Capnography • Video monitoring with possibility of recording

PG equipment	<p>Minimum recording parameters</p> <ul style="list-style-type: none"> • Airflow [by nasal pressure and oronasal thermistry] • Respiratory effort • Oxygen saturation • Pulse rate • Snoring 	<p>Ability to add additional signals such as</p> <ul style="list-style-type: none"> • ECG • Leg EMG
Analysis and reporting of studies	<ul style="list-style-type: none"> • Sleep studies are manually scored according to AASM guidelines by experienced technical staff as required • Sleep study raw data reviewed, interpreted and reported by sleep clinician as required 	
Archiving of results	<ul style="list-style-type: none"> • Safe and secure archiving facilities for all laboratory-generated patient data complying with National Data Protection Policies 	<ul style="list-style-type: none"> • Sleep service patient database
Outpatient diagnostic procedures	<ul style="list-style-type: none"> • Physical examination • Clinical investigations (blood/ECG/X-ray/PFT's) • Sleep Questionnaires (e.g. PSQI, ESS, SSS) • Sleep Diaries • Overnight Pulse Oximetry • Polygraphy (if not available as inpatient) 	<ul style="list-style-type: none"> • Actigraphy
Inpatient diagnostic procedures	<p>In addition to outpatient diagnostic procedures:</p> <ul style="list-style-type: none"> • PG • PSG (minimum montage as described above) • Standard Operating Procedures file for all sleep diagnostic equipment and test protocols • Access to accredited 'manual' interpretation and reporting of PSG data 	<ul style="list-style-type: none"> • MSLT • MWT
Out-patient therapeutic procedures	<ul style="list-style-type: none"> • CPAP initiation (unless carried out as inpatient) • Appropriate patient education 	<ul style="list-style-type: none"> • Access to referral for Cognitive behavioural therapy (CBT) • Access to Dietician/Obesity Clinic

	<ul style="list-style-type: none"> • CPAP maintenance and 'troubleshooting' • Access to referral to ENT surgeon/Dentist 	<ul style="list-style-type: none"> • Light therapy • Access to referral to Maxillofacial Surgeon
In-patient therapeutic procedures	<ul style="list-style-type: none"> • CPAP Titration • CPAP Initiation • CPAP education, maintenance and 'troubleshooting' • Access to referral to ENT surgeon/Dentist 	<ul style="list-style-type: none"> • Titration of oxygen supplementation to PAP • Bi-level PAP titration • ASV Initiation • Access to referral to Maxillofacial Surgeon
Staff		
Medical	<ul style="list-style-type: none"> • Lead Consultant is in a permanent position at the institution • Lead Consultant is a member of the ISS • Responsible medical staff experienced in the evaluation and management of patients with a wide range of adult sleep disorders but particularly in sleep-related breathing disorders • Medical emergency care available on site and able to attend immediately 	<ul style="list-style-type: none"> • Lead Consultant has dedicated sessions related to the sleep service
Technical	<ul style="list-style-type: none"> • Respiratory Physiologist/Sleep Physiologist staff trained and experienced in the investigation and management of patients with a full range of adult sleep disorders. • Chief Physiologist in a permanent post at the institution • Night staff: patient ratio >1:4 	<ul style="list-style-type: none"> • Senior staff dedicated full-time to their role in the Sleep Laboratory. • Senior Physiologist staff trained with a science degree or equivalent. • Senior Physiologist staff with a post-graduate qualification in sleep technology
Administrative	<ul style="list-style-type: none"> • Permanent staff able to manage and direct patient enquiries 	<ul style="list-style-type: none"> • Sleep Service dedicated administration
Patient Services		
Referrals	<ul style="list-style-type: none"> • Able to receive referrals for the investigation & management for a wide 	<ul style="list-style-type: none"> • Able to receive referrals for the investigation & management of a full range

	<p>range of adult sleep disorders, but in particular for Sleep-related breathing disorders</p> <ul style="list-style-type: none"> • Ability to refer to other sleep centres if the sleep disorder cannot be investigated or managed in the facility 	<p>of adult sleep disorders including:</p> <ul style="list-style-type: none"> • Sleep-related breathing disorders • Hypersomnia (neurological) • Circadian rhythm sleep disorders • Parasomnias • Sleep-related movement disorders • Insomnia
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Abbreviations

ASV = Adaptive servoventilation

CPAP = Continuous positive airway pressure

ECG = electrocardiogram

EEG = electroencephalogram

EOG = electrooculogram

EMG = electromyogram

PSG = polysomnography

PG = polygraphy

AASM = American Academy of Sleep Medicine

PFT's = pulmonary function testing

PSQI = Pittsburgh Sleep Quality Index

ESS = Epworth Sleepiness Scale

SSS = Stanford Sleepiness Scale

MSLT = Multiple Sleep Latency Test

MWT = Maintenance of Wakefulness Test

ENT = Ear, Nose and Throat

PAP = Positive airway pressure