



THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

PATIENT RECORD REVIEW- Physician

**INDEPENDENT HEALTH FACILITIES
ASSESSORS PROTOCOL– Patient Record Review – Physician**

THE POLYSOMNOGRAM REPORT		Meets	Meets with Recommendations	Does not Meet	N/A
5.5	Does an Ontario qualified sleep physician review the data, interpret the polysomnogram and issue the final report within four weeks of the study date?				
	Are there sufficient sample segments of the relevant raw data in the file that illustrate the interpretation provided by the physician? This will include 30 second examples as well as 5 minute examples.				
5.5.1	Minimal Standards for a Sleep Study Report				
	Does the report contain the following elements for a diagnostic study: Type of Study: Baseline/Split/Portable/Therapeutic (which therapies)/MSLT/MWT				
	Demographics:				
	• Patient name, date of birth, gender/referring physician(s)				
	• Background medical data: measured high, weight, collar size, calculated BMI				
	• Current medications (asterisk sleep medications taken on the night/day of testing)				
	• Reason for referral and indications for study, including appropriate assessment of pre-treatment drowsiness				
	Sleep Architecture Data				
	• Timing: lights OUT/lights ON; total recording time, total sleep time, sleep latency, REM latency and sleep efficiency				
	• Sleep Staging: Total time in each of 4 stages and wake (WASO), percent of total sleep time spent in each of 4 stages				
	• Sleep Continuity: # of sleep stage shifts, # total number and number of types of arousals (SDB, PLMA, spontaneous), Alpha intrusion (none, mild, moderate, severe)				
	• Normal Ranges: A table of, or a reference to, normal ranges is supplied for each sleep study				
	Sleep Disordered Breathing				
	• Number of Index of Apneas (central, mixed, obstructive) by REM/non-REM and body position				
	• Number of hyponeas by REM/NREM and body position				
	• Number and index of Respiratory Effort Related Arousals (RERA's) by REM/non-REM and body position				
	• Apnea/Hyponea index by REM/non-REM and body position				
	• Respiratory Arousal Disturbance Index				
	• Maximum and mean apnea duration				
THE POLYSOMNOGRAM REPORT		Meets	Meets with Recommendations	Does not meet	N/A
	• Comment on loudness of snoring				

**INDEPENDENT HEALTH FACILITIES
ASSESSORS PROTOCOL– Patient Record Review – Physician**

	<ul style="list-style-type: none"> • Comment on REM-associated hypoventilation or CSR if present 				
	Oxygen Saturation <ul style="list-style-type: none"> • Awake saturation 				
	<ul style="list-style-type: none"> • Average saturation in REM/NonREM sleep 				
	<ul style="list-style-type: none"> • Minimum or nadir saturation 				
	<ul style="list-style-type: none"> • % of night spent \leq 88% saturation 				
	Movements and Behaviours <ul style="list-style-type: none"> • Description of presence of RLS during wake 				
	<ul style="list-style-type: none"> • PLM index and PLMA index 				
	<ul style="list-style-type: none"> • Observations of other unusual/abnormal movement or behaviours 				
	Cardiac Findings <ul style="list-style-type: none"> • Rate (min, max, average HR) 				
	<ul style="list-style-type: none"> • Rhythms(s) and extra systoles 				
	Hypnogram <ul style="list-style-type: none"> • All night hypnogram demonstrating sleep states 				
	<ul style="list-style-type: none"> • Distribution and type of abnormal respiratory events 				
	<ul style="list-style-type: none"> • Frequency of arousals (respiratory, limb movement-related and spontaneous) 				
	<ul style="list-style-type: none"> • Oximetry 				
	<ul style="list-style-type: none"> • Body position 				
	For therapeutic studies: application of which therapy and PAP pressure settings				
	Summary/Diagnosis Does the report include all of the following: <ul style="list-style-type: none"> • Summary statement regarding quality and continuity of sleep architecture? 				
	<ul style="list-style-type: none"> • Diagnoses which can be made (or suggested) by the findings, appropriately qualified by study limitations? 				
	<ul style="list-style-type: none"> • Comments that address the reason for referral, and the patient’s complaints relative to the study findings? 				
	Recommendations <ul style="list-style-type: none"> • In the event that the patient has not had a sleep medicine consultation with appropriate recommendations or the patient will not be seen in a timely manner for clinical evaluation appropriate to the sleep study findings, and the clinical data that is available, are required? 				
THE POLYSOMNOGRAM REPORT		Meets	Meets with Recommendations	Does not Meet	N/A
	<ul style="list-style-type: none"> • Recommendations for and urgency of follow-up/sleep consultation/study. (in accordance with the referral requests). 				

**INDEPENDENT HEALTH FACILITIES
ASSESSORS PROTOCOL– Patient Record Review – Physician**

	Technical Issues/Standards				
	<ul style="list-style-type: none"> List of parameters measured and technology used 				
	<ul style="list-style-type: none"> Normative value table(s) 				
	<ul style="list-style-type: none"> Technical problems during the study and how they may have affected study 				
	Therapeutic Studies				
	<ul style="list-style-type: none"> Modalities used (+/- supplemental oxygen) 				
	<ul style="list-style-type: none"> Interfaces used with final suggested mask or mask leak 				
	<ul style="list-style-type: none"> Final suggested therapy if judged successful 				
	<ul style="list-style-type: none"> Documentation if prescription given to the patient post study 				
	<ul style="list-style-type: none"> Follow-up plans 				
	Daytime Sleepiness Tests				
	<ul style="list-style-type: none"> Documentation of measured or reported sleep on the preceding night 				
	<ul style="list-style-type: none"> Documentation of stimulant medications taken on the day 				
	<ul style="list-style-type: none"> Report of between nap sleep/activities 				
	<ul style="list-style-type: none"> Individual and average sleep onset during naps. Report of sleep onset REM at any time 				
	<ul style="list-style-type: none"> Interpretation and relationship to normative values (ranges) 				
	<ul style="list-style-type: none"> Recommendations for follow-up/further study. 				
5.6	<p>CPAP or Other Positive Pressure Therapy Vendor Information</p> <p>Does the facility have documentation that demonstrates the patient has been informed of the ADP program and there is sign confirmation from the patient that demonstrates their awareness that they can go to a vendor of their choice?</p>				