

## Interview with Carla Lickteig, RN, BSN, CPAN

### 1. What piqued your interest in sleep apnea in the perioperative area?

As a Perioperative Patient Care Manager in Colorado Springs, I was part of a Root Cause Analysis of two pediatric respiratory arrests in the Outpatient Surgery area. Our analysis identified OSA as a common variable between the two patients. Then not long after, an adult outpatient arrested at home. Root Cause Analysis, again, identified clinical signs and symptoms of OSA in this patient. I then began investigating OSA related arrests in other states (with the assistance of Christine Englehardt, Director of the American Sleep Apnea Association) and conducted a literature search. I concluded that the risks of OSA and anesthesia are clearly identified, however screening for OSA and guidelines for care of the OSA patient in the perioperative arena were non-existent. Consequently, Memorial Hospital, and specifically my Director at the time, Susan Bryce, RN supported the implementation of a Perioperative OSA Protocol.

### 2. What and how did you implement your current program?

The OSA Protocol was first developed in 2000. We contacted Dr. Jon Benumof, from UCSD, a well published, highly respected anesthesiologist who supported the need for OSA screening and appropriate perioperative care of patients with OSA. He was brought in to present on OSA and Anesthesia to the Medical staff at Memorial. We then put together an OSA committee comprised of physicians (Anesthesiologists, Pulmonologists) Nurses (Perioperative Clinical Manager, Patient Care Managers), Respiratory Therapists, Financial and Insurance specialists to design the actual protocol. The OSA Protocol consisted of a Global Policy and included an algorithm. Over the years, several revisions have been made. We have eliminated the algorithm, and replaced it with actual physician order sets.

### 3. What barriers to implementation did you encounter?

Attempting to implement a guideline without current evidenced based practice is extremely difficult. In the absence of evidenced based practice, our initial protocol was implemented as a Risk Management Protocol.

4. Tell us a little about your current research project, what have you learned? Our current research project is called PROSPECT (Pre and Post Orthopedic Surgery Sleep and Cardiac Testing). Our purpose was to evaluate sleep disordered breathing before and after orthopedic surgery utilizing a FDA cleared to market home sleep study device. Two OSA screening questionnaires were used and compared with the home sleep study results.

### 5. Can you give us a little insight to what the preliminary results are?

Out preliminary results are indicating that OSA screening questionnaires may not be enough to correctly identify OSA in the orthopedic surgical population. Objective data from a validated home sleep testing device may be more appropriate.

6. What suggestions or wisdom can you impart to other perioperative nurses? 1. **Be** willing to take a risk, and step up, for your patients. 2. Pay close attention to your internal "RED FLAG" warnings.....trust your nursing instincts! 3. At the end of every work day, commend yourself and those around you for making a difference in your patient's lives