Scope of Practice and the Role of the Sleep Educator

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Objectives

• At the completion of this session the attendee will
  – Explain the proposed role of the CSE
  – Describe core competencies of the CSE
  – Formulate and propose a role within their organization
What is a Clinical Sleep Educator?

• Background
  – Role originated from the ACCP Sleep Apnea Aftercare Consensus Conference, 2006; First Sleep Apnea Educator conference held in 2009

• Possible Definition of the role
  – Creates a individualized needs assessments
  – Uses established principles of adult teaching and learning to create and optimize treatment
  – Employs concepts of health behavioral change models to enhance individualized patient instruction
  – Provides sleep and sleep disorder specific information to aid the patient in successful self management; considers co-morbidity in all patient interactions
  – Works collaboratively with other HCP to address barriers and strive for successful outcomes
Current BRPT Vision

• Has knowledge of diagnosis and management of sleep disorders with a focus on OSA
• Understands communication techniques for enhancing education for patients, families and the communities
• Understands what to look for and how to analyze results of various tests and tools used to diagnose, evaluate and monitor sleep disorders
• Knows how to assess patient compliance and comfort with treatment to improve clinical outcomes
BRPT Vision (cont)

• Knows when and how to communicate effectively with physicians and other healthcare professionals to report symptoms, persistent treatment issues or barriers to optimal care and management

• Serves as a resource to the community and other healthcare providers by promoting education on sleep disorders, follow-up and outcomes as well as good sleep hygiene

• Does NOT diagnose, treat or provide any such services prohibited by law or scope of practice
Scope of Practice

- Dependent on Licensure
- Dependent on State
- Dependent on Organization
Certification in Clinical Sleep Health

• The CCSH is validation of a specialized knowledge base
• Standardizes the knowledge and skills required for this emerging specialty of clinical sleep health professionals
• The outcome is enhanced patient care and employer recognition
Evidence Based Care

The needs and preferences of patients and clients

Evidence-based health care

The best available evidence

The professional’s expertise, skills and judgement
2006 AASM Practice Parameters Recommendations for OSA Patients

• 4.3.1 CPAP usage should be objectively monitored to help assure utilization (standard)

• 4.3.2 Close follow-up for PAP usage and problems in patients with OSA by *appropriately trained* health care providers is indicated to establish effective utilization patterns and remediate problems, if needed. This is especially important during the first few weeks (standard)

• 4.3.4 The addition of a *systematic educational* program is indicated to improve PAP utilization (standard)

• 4.4.1 After initial CPAP setup, long-term follow-up for CPAP treated patients with OSA by *appropriately trained* health care providers is indicated yearly and as needed to troubleshoot PAP mask, machine or usage problems (option)

Kushida C et al Sleep 2006;29-375-80
Adult OSA Task Force: AASM

“Patient education should optimally be delivered as part of a multidisciplinary chronic disease management team including the sleep physician, the referring provider, and allied health care providers”
More than 1 Sleep Disorder
More than the Sleep Clinic

Sleep Disorders/Co-Morbidity

Sleep Health
Goal
Increase public knowledge of how adequate sleep and treatment of sleep disorders improve health, productivity, wellness, quality of life, and safety on roads and in the workplace.

Overview
Poor sleep health is a common problem with 25 percent of U.S. adults reporting insufficient sleep or rest at least 15 out of every 30 days. The public health burden of chronic sleep loss and sleep disorders, coupled with low awareness of poor sleep health among the general population, health care professionals, and policymakers, necessitates a well-coordinated strategy to improve sleep-related health.

Why Is Sleep Health Important?
Sleep, like nutrition and physical activity, is a critical determinant of health and well-being. Sleep is a basic requirement for infant, child, and adolescent health and development. Sleep loss and untreated sleep disorders influence basic patterns of behavior that negatively affect family health and interpersonal relationships. Fatigue and sleepiness can reduce productivity and increase the chance for mishaps such as medical errors and motor vehicle or industrial accidents.

Adequate sleep is necessary to:

- Fight off infection
- Support the metabolism of sugar to prevent diabetes
- Perform well in school
- Work effectively and safely

So, where does this role fit and why is it needed?

“At minimum, there are 13 different health care specialties and subspecialties that are involved in diagnosis and treatment—anesthesiology, cardiology, dentistry, endocrinology, immunology, neurology, nursing, nutrition, otolaryngology, pediatrics, psychiatry, psychology, and pulmonology” IOM, 2006
So, where does this role fit and why is it needed?

“There are numerous reasons for a paradigm shift to chronic disease management. Proper treatment for most sleep disorders—as for other chronic diseases such as congestive heart failure, diabetes, asthma, and depression—requires a period of time for fine-tuning, extended follow-up, and lifestyle changes. Sleep disorders cannot be adequately treated in a single visit”

IOM Report on Sleep and Sleep Deprivation 2006
So, where does this role fit and why is it needed?

• Sleep disorders are **chronic** conditions necessitating **complex treatments**. They are frequently co-morbid with other sleep disorders and other conditions, which, by themselves, are complex to treat.

• Despite the importance of early recognition and treatment, **the primary focus of most existing sleep centers is on diagnosis, rather than on comprehensive care of sleep loss and sleep disorders as chronic conditions**.

IOM Report on Sleep and Sleep Deprivation 2006
Silo
Creation of a role:
Look to other specialties
Patient Engagement

• Knowledge, skills, ability and willingness of patients to manage their own and family members health and care

• Culture of health care organizations priorities and supports self care

• Active collaboration between patients and providers
Are there benefits to providing patient education/support?

- **Healthy People 2010 objective regarding diabetes education** 60 percent of persons with diabetes should receive formal diabetes education
- **Data shows that diabetes education saves money and decreases healthcare utilization**
- Robbins et al. found that hospitalization rates for patients who had no educational visits during follow-up was 38.1 per person per 100 years; the hospitalization rate was 34 percent lower (25.0 per person per 100 years) for patients who had at least one educational visit
The role of the Diabetic Educator

• Facilitate behavior change by counseling patients and families on how to adopt informed lifestyle decisions and incorporate healthier choices into their self-management.

• Diabetes educators focus on seven key behaviors that promote successful self-management.
  
  – Called the AADE7™ Self-Care Behaviors, they are: Healthy eating, being active, monitoring, taking medication, problem solving, healthy coping and reducing risks.
• Provide self-management training/education, and Diabetes Self-Management Support (DSMS) and other interventions to prevent the development of diabetes.

• An important part of sustaining outcomes (or continual improvement) is to ensure that ongoing support and reinforcement is provided (by a variety of different professionals and non-professionals—including diabetes educators).

• Are the key to coordination of the interdisciplinary diabetes team and development of the plan of care for the individual patient.
Asthma Educators certification

- ELIGIBILITY REQUIREMENTS

Individuals may be admitted to the examination based on either of the two following qualifications:

1. The following U.S. * currently licensed or credentialed health care professionals may be admitted to the examination:
   - Physicians (MD, DO)
   - Physician Assistants (PA-C)
   - Nurses (RN, LPN, NP)
   - Respiratory Therapists (RRT, CRT)
   - Pulmonary Function Technologists (CPFT, RPFT)
   - Pharmacists (RPh)
   - Social Workers (CS W)
   - Health Educators (CHES)
   - Physical Therapist (PT)
   - Occupational Therapist (OT)

2. Individuals providing direct patient asthma education, counseling or coordinating services with a minimum of 1000 hours experience in these activities.
Opening the door to a new specialty
Certification in Clinical Sleep Health (CCSH)

- Rigorous, long, arduous and expensive process
- The advanced level exam was first offered in May 2014
- Now offered on-demand with immediate test results
- Schedule testing appointments with PearsonVUE, BRPT’s testing partner
Current/Future Training

Current/Future Education

CSE Role
Sleep Health- Always Event

• Evaluation of sleep health
• Promotion of sleep health
• Life Style Management
• Education
• Person-Centered Care
• Identification, treatment and follow-on care for patients with sleep disorders
Things to Consider in practice

- Age
- Co-Morbidity
- Sleep Disorder
- Family Support
- Health Literacy
Needs Assessment

• What do you need to know to provide appropriate education, self-care information and follow-up?
  – Co-morbidity
  – Psychosocial
  – Physical limitations
  – Assess what do they know and what do they need to know
    • Elicit-Provide-Elicit
  – Determine levels of readiness and motivation towards self-care
  – Determine barriers
Sleep Apnea

Sleep Specialist

CPAP Machine

3 2 1 Numbers don’t add up
Deadline is now
Take work home
Performance

STOP! This means YOU.

108 kg

Dietitian
Get a ride

High cholesterol
Take pills

Metformin
Hypertension

Glipizide
Depression

Neuropathy

HCTZ
Beta-blocker

Dizzy

A1c 8.2%

Check sugars

High salt, fats, carbs

Exercise

Pain

Avoid salt, fats, carbs

Check his feet

Daughter back at home

2 beautiful girls

numbers don’t add up
take work home

Wasted!

Mortgage
debt

Insurance

Deadline is now
perfor

108 kg

Dizzy
take off work
Endocrinologist

Take pills

Check sugars

Metformin

Glipizide

Hypertension

Depression

Neuropathy

Podiatrist

Adapted and Used with Permission Dr. Victor Montori, Mayo Clinic; minimallydisruptivemedicine.org
The workload of being a chronic patient

Self-reported: 48 min/d
Desirable (ADA): 122 min/d
+ admin: 143 min/day

Russell LB et al. JFP 2005; 54: 52-56

Adapted and Used with Permission Dr. Victor Montori, Mayo Clinic; minimallydisruptivemedicine.org
The Work of being a patient with chronic illness is almost the equivalent of a part time job. “The Burden triggers a spiral of negative consequences” (Eton, et al., 2012)
Framework of Burden of Treatment

Adapted from Eton, et al., 2012
• Sleep health is a particular concern for individuals with chronic disabilities and disorders such as arthritis, kidney disease, pain, human immunodeficiency virus (HIV), epilepsy, Parkinson’s disease, and depression.

• Among older adults, the cognitive and medical consequences of untreated sleep disorders decrease health-related quality of life, contribute to functional limitations and loss of independence, and are associated with an increased risk of death from any cause.
Changing Population
Concept Mapping Critical Thinking

Causes

Sleep Apnea

Hypertension

Difficulty Sleeping

Medication

Anxiety
Patient Education

The process of influencing patient behavior and producing changes in knowledge, attitudes and skills necessary to maintain or improve health

Behar-Horenstein, et al. (2005)
Patient Roles

- High-tech
  - Sensor-based surveillance
  - Interactive telemedicine consultation
  - Monitoring and messaging system with multiple peripherals
  - Home and portable testing peripheral
  - Chronic disease management aids; decision support aids
  - Patient education materials online
  - Patient education materials on paper
  - Advanced assistive technologies
  - Online support groups; provider and health plan comparison engines
  - Self-help books on paper

- Low-tech
  - Subordinate
  - Structured
  - Collaborative
  - Autonomous

California Healthcare Foundation, 2014
Your Scenario

• You are working as a CSE; you are referred the following patient; your allotted time is 30 minutes
  
  – 57 year old hispanic female, BMI 27, reports insomnia, waking up with anxiety, cognitive difficulties at work, separated and lives alone, no children or siblings, parents deceased, has hypertension, is a college graduate
  
  – Had a sleep study, AHI 20, SE 92%; will require therapy for SDB

• What are your next steps?
Create an individualized plan: Audience Participation

- What are things that stand out?
- What would you be concerned about?
- What is her affect?
- How will you integrate teaching?
- What will be your follow-up plan?
The Value Proposition

value
[val-yoo] Show IPA noun, verb, val·ued, val·u·ing.
noun
1. relative worth, merit, or importance: the value of a college education
AASM Task Force Report 2011
The Future of Sleep Medicine

• Role of telemedicine
• Impact of health care reform
• Development of disease management programs
• Strategic Research
• Partnership with Industry

Strollo, et al. (2011)
AAST Future of Sleep Technology

Brooks & Trimble, 2014, JCSM

• Core Competencies
  – A&P; Pathophysiology
  – Interpersonal communication skills
  – Research Skills

• Disease Management
  – Co-morbidities
  – Pap follow-up

• Patient Education
  – Individual and Group Sessions

• Sleep Center Management
<table>
<thead>
<tr>
<th>Where</th>
<th>What</th>
<th>Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatrics/Schools</td>
<td>OSA, behavioral sleep challenges</td>
<td>Childhood growth and development; what is normal; physiology; parent-child interaction</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>OSA, menopause, polycystic ovarian syndrome</td>
<td>Normal reproductive physiology, changes to sleep in menopause; understanding PCOS</td>
</tr>
<tr>
<td>Occupational Health</td>
<td>Preventative; OSA; shift work</td>
<td>Circadian rhythm; phase shift, sleep promoting guidance</td>
</tr>
<tr>
<td>Nursing Homes</td>
<td>Cognitive decline, sleep deprivation</td>
<td>Normal changes; abnormal neurodegenerative changes; impact to family and QoL</td>
</tr>
<tr>
<td>Community/Society</td>
<td>Poor knowledge in general</td>
<td>Health promotion including sleep, diet, exercise</td>
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A good place for CCSH

- Sleep health education and promotion strategies are needed to address disparities in sleep health across age, race, education, and socioeconomic groups.
- Health education and promotion programs can increase awareness of common sleep disorders, such as insomnia, restless leg syndrome, and SDB.
- Sleep health education programs in workplaces can promote better work schedule patterns and motivate managers and workers to adopt strategies that reduce risks to health and safety. Without sleep health education, individuals often prioritize other activities over sleep and accept constant sleepiness and sleep disruption as inevitable.

Healthy People, 2020
Another Reason: Do Not assume

“While knowledge of findings like these (referring to sleep apnea) have raised my awareness of the dangers of untreated sleep apnea, I can tell you that a majority of the nurses at my hospital, and even those within my own critical care unit still do not aggressively address the issue of having the MD order studies to diagnose and/or treat OSA which has been diagnosed”

(Anonymous Critical Care RN, MSN student)
CSE Role

Knowledge

Skills

Activation and Engagement
The Challenge

- Be Proactive
  /Demonstrate the Need and Value
  - Validate your worth to your medical community
    • Be a part of the interdisciplinary team
    • Be a patient advocate
  - Continue to learn new skills

- Collect data, demonstrate that what you do MATTERS!
- Continue to be a life long learner!
- Write/Visit your elected representatives
The Challenge

– Integration into new models of care
– Conduct Community Events
  • Local schools and libraries
  • Walking group let by the CSE
– Go to your local nursing program and offer to give a lecture
“Sleep disorders are **chronic conditions** with complex treatments. They are frequently comorbid with other sleep disorders, as well as other complex conditions (e.g., cardiovascular disease, depression, and diabetes). Sleep disorders also are dynamic, meaning that the underlying condition or its treatment changes with age and onset of new comorbidities” IOM, 2006
Summary

• The role may have many different titles
• The role may encompass all sleep disorders, sleep promotion and provide for continuity of care
• Must be knowledgeable regarding bi-directionality nature of sleep, sleep disorders and other medical conditions
• Has the ability to apply affective communication techniques, understand behavioral theories and integrate patient-centered principles.
• There is much work to be done regarding this role to further define the value and scope of practice
Winds of Change

You must take personal responsibility. You cannot change the circumstances, the seasons, or the wind, but you can change yourself. That is something you have charge of.

Jim Rohn
Question #1

A component of evidence based practice is
a. Compassion for the patient
b. The most recent literature
c. The best available evidence
d. Timely follow-up
Answer to Question #1

A component of evidence based practice is
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Question #2

According to Healthy People 2020
a. Individuals should sleep a minimum of 8 hours
b. Sleep promotion should be integrated into schools

c. Programs should be implanted to decrease disparity
d. Truck drivers should have mandatory sleep testing
Answer to Question #2

According to Healthy People 2020

a. Individuals should sleep a minimum of 8 hours

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Question #3

The AASM Task force overview includes
a. Robust clinical flow charts
b. Randomized Controlled Trials
c. Disease management programs
d. Integrative communication
Answer to Question #3

The AASM Task force overview includes
a. Robust clinical flow charts
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