



2024

ADULT OSA

MEASURE REPORTING WORKBOOK

2024 Adult OSA Measure Reporting Workbook

Identifying eligible patients and extracting quality measure-related information in order to report on each measure should be done by each individual Workgroup member. You may discuss strategies with your staff, but at least 2-3 of the 10 charts for each measure should be pulled and reviewed by yourself in order to be able to provide the most informative feedback.

1) Pull some adult patient charts from the previous reporting year who have the diagnosis of **obstructive sleep apnea (OSA)**. In order to determine eligibility, go onto Question #2 for each chart.

Does the patient meet the rest of the denominator criteria (if any)? *

- 2)
- If yes, go to Question #3.
 - If no, this patient is ineligible, pull another patient chart. (Keep track of why patients were ineligible)

*i.e. for Process Measure #5, they not only have to be adult patients with OSA, but they also have to have been treated with an evidence-based therapy for OSA

- 3)
- Does the patient meet any of the exception criteria (if any)?
- If yes, this patient is ineligible, pull another patient chart. (Keep track of why patients were ineligible)
 - If no, this is an ELIGIBLE chart, go to Question #4.

- 4)
- Collect the **FIRST** 10 eligible patient charts using the process outlined in #1-3 above. **
- ** The same group of patient charts may be used to report multiple measures if the measures have the same denominator and exceptions.

- 5) Answer the questions below and fill out the highlighted yellow cells in the following tabs for each measure.

Have you ever reported Adult OSA quality measures? If yes, which measures?

-

Please describe your clinical setting (academic, small/large health system, clinic, etc...)

-

Process Measure #1:	Proportion of patients aged 18 years and older with a diagnosis of obstructive sleep apnea (OSA) that have documentation of assessment of OSA symptoms and/or the use of a validated instrument at the initial evaluation
Denominator	<p>All patients aged 18 years and older with a diagnosis of obstructive sleep apnea</p> <p>Patient is 18 years of age or older.</p> <p>Accompanied by One of the following diagnosis codes indicating obstructive sleep apnea: G47.33 Obstructive sleep apnea (adult) (pediatric)</p> <p>Accompanied by One of the following patient encounter codes: 99202, 99203, 99204, 99205 (office/other outpatient services – new patient) 99211, 99212, 99213, 99214, 99215 (office/other outpatient services – established patient) 99241, 99242, 99243, 99244, 99245 (office consultations, non-Medicare only)</p> <p>NOTE: Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable</p>
Exceptions	<p>At least one of the following is documented in the patient chart:</p> <ul style="list-style-type: none"> • Patient declines or is unable to respond to assessment. • Patient had initial evaluation for OSA previously completed by another healthcare provider.
Numerator	<p>Chart review indicates:</p> <ul style="list-style-type: none"> • Patient had documentation of assessment of OSA symptoms and/or use of a validated instrument at the initial evaluation, including, but not limited to, presence of snoring and daytime sleepiness

A) How many charts did you have to review before finding the first 10 patients that were eligible? _____

B) Were there any reasons that came up several times which caused patients to be ineligible? _____

c) **Note: This is only a sample of patients. If you would like to review a larger sample, please reach out to the AASM at registry@aasm.org**

<u>Eligible Chart #</u>	<u>Was the numerator criteria met? (0=not met, 1=met)</u>	<u>Was the reason the numerator was NOT met, captured by an exception (or other reason)?</u>
Chart #1		
Chart #2		
Chart #3		
Chart #4		

Chart #5		
Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		
Total # charts that met the numerator criteria:		0
Performance Rate %		0%
Exception Rate %		0%

D) Did you extract information from an EHR or by chart review for the following? (pick from drop-down menu)

	<u>Data Source (EHR or Chart Review?)</u>
Denominator	
Exceptions	
Numerator	

E) Measure Threshold

F) Was your Measure Threshold met? (0=not met, 1=met)

Process Measure #2:	Percentage of patients aged 18 years and older with a diagnosis of obstructive sleep apnea (OSA) who had an apnea hypopnea index* (AHI), a respiratory disturbance index** (RDI), or respiratory event index*** (REI) documented or measured within 2 months after initial evaluation for suspected obstructive sleep apnea
Denominator	<p>All patients aged 18 years and older with an initial diagnosis of sleep apnea</p> <p>Patient is 18 years of age or older.</p> <p>Accompanied by One of the following diagnosis codes indicating obstructive sleep apnea: G47.30 Sleep apnea, unspecified G47.33 Obstructive sleep apnea (adult) (pediatric)</p> <p>Accompanied by One of the following patient encounter codes: 99202, 99203, 99204, 99205 (office/other outpatient services – new patient) 99211, 99212, 99213, 99214, 99215 (office/other outpatient services – established patient) 99241, 99242, 99243, 99244, 99245 (office consultations, non-Medicare only) 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350</p> <p>NOTE: Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable</p>
Exceptions	<p>At least one of the following is documented in the patient chart:</p> <ul style="list-style-type: none"> • Patient with a medical, neurological, or psychiatric disease that prohibits successful completion of a sleep study. • Patient in whom a sleep study would present a bigger risk than benefit or would pose an undue burden. • Patient previously diagnosed with OSA and severity assessed by another provider • Patient declined AHI/RDI/REI measurement. • Test was ordered but not completed. • Patient declined because their insurance (payer) does not cover the expense. • Patient had financial reason for not completing testing.
Numerator	<p>Chart review indicates:</p> <ul style="list-style-type: none"> • Patient had an AHI, RDI, or REI documented or measured within 2 months after initial evaluation for suspected obstructive sleep apnea.

A) How many charts did you have to review before finding the first 10 patients that were eligible? _

B) Were there any reasons that came up several times which caused patients to be ineligible? _

c) **Note: This is only a sample of patients. If you would like to review a larger sample, please reach out to the AASM at registry@aasm.org**

<u>Eligible Chart #</u>	<u>Was the numerator criteria met? (0=not met, 1=met)</u>	<u>Was the reason the numerator was NOT met, captured by an exception (or other reason)?</u>
Chart #1		
Chart #2		
Chart #3		
Chart #4		
Chart #5		
Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		
Total # charts that met the numerator criteria:	0	
Performance Rate %	0%	
Exception Rate %	0%	

D) Did you extract information from an EHR or by chart review for the following? (pick from drop-down menu)

	<u>Data Source (EHR or Chart Review?)</u>
Denominator	
Exceptions	
Numerator	

E) Measure Threshold

F) Was your Measure Threshold met? (0=not met, 1=met)

Process Measure #3:	Proportion of patients aged 18 years and older diagnosed with moderate to severe obstructive sleep apnea (OSA) or symptomatic mild obstructive sleep apnea that were prescribed an evidence-based therapy after initial diagnosis
Denominator	<p>All patients aged 18 years and older diagnosed with moderate to severe obstructive sleep apnea or symptomatic mild obstructive sleep apnea</p> <p>Patient is 18 years of age or older.</p> <p>Accompanied by One of the following diagnosis codes indicating obstructive sleep apnea: G47.33 Obstructive sleep apnea (adult) (pediatric)</p> <p>Accompanied by One of the following patient encounter codes: 99202, 99203, 99204, 99205 (office/other outpatient services – new patient) 99211, 99212, 99213, 99214, 99215 (office/other outpatient services – established patient) 99241, 99242, 99243, 99244, 99245 (office consultations, non-Medicare only)</p> <p>NOTE: Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable</p>
Exceptions	<p>At least one of the following is documented in the patient chart:</p> <ul style="list-style-type: none"> • Patient declines prescription of evidence-based therapy. • Patient does not return for follow-up care after initial diagnosis. • Patient’s insurance (payer) does not cover the expense of therapy.
Numerator	<p>Chart review indicates both of the following:</p> <ul style="list-style-type: none"> • Patient is prescribed treatment after initial diagnosis of OSA. • Treatment is evidence-based, including positive airway pressure, oral appliances, positional therapies, upper airway surgeries, or hypoglossal nerve stimulation. <p>*Note: Weight loss is considered adjunctive therapy.</p>

A) How many charts did you have to review before finding the first 10 patients that were eligible? _

B) Were there any reasons that came up several times which caused patients to be ineligible? _

C) **Note: This is only a sample of patients. If you would like to review a larger sample, please reach out to the AASM at registry@aasm.org**

<u>Eligible Chart #</u>	<u>Was the numerator criteria met? (0=not met, 1=met)</u>	<u>Was the reason the numerator was NOT met, captured by an exception (or other reason)?</u>
Chart #1		
Chart #2		
Chart #3		

Chart #4		
Chart #5		
Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		
Total # charts that met the numerator criteria:		0
Performance Rate %		0%
Exception Rate %		0%

D) Did you extract information from an EHR or by chart review for the following? (pick from drop-down menu)

	<u>Data Source (EHR or Chart Review?)</u>
Denominator	
Exceptions	
Numerator	

E) Measure Threshold

F) Was your Measure Threshold met? (0=not met, 1=met)

Process Measure #4:	Percentage of patients aged 18 years and older with a diagnosis of obstructive sleep apnea (OSA) that were prescribed an evidence-based therapy that had documentation that adherence to therapy was assessed at least annually through an objective informatics system or through self-reporting (if objective reporting is not available)
Denominator	<p>All patients aged 18 years and older with obstructive sleep apnea syndrome who were prescribed an evidence-based therapy</p> <p>Patient is 18 years of age or older.</p> <p>Accompanied by One of the following diagnosis codes indicating obstructive sleep apnea: G47.33 Obstructive sleep apnea (adult) (pediatric)</p> <p>Accompanied by One of the following patient encounter codes: 99202, 99203, 99204, 99205 (office/other outpatient services – new patient) 99211, 99212, 99213, 99214, 99215 (office/other outpatient services – established patient) 99241, 99242, 99243, 99244, 99245 (office consultations, non-Medicare only) 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350</p> <p>NOTE: Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable</p> <p>Accompanied by Documentation that the patient was prescribed (order on file) evidenced-based treatment for OSA including: positive airway pressure, oral appliances, positional therapies, hypoglossal nerve stimulation, or other devices with monitoring capabilities (noted in patient chart).</p>
Exceptions	<p>At least one of the following is documented in the patient chart:</p> <ul style="list-style-type: none"> • Patient declines therapy. • Patient’s insurance will not cover therapy. • Patient unable to access/afford therapy. • Patient does not return for follow-up at least annually. • Patient diagnosed with a terminal or advanced disease with an expected lifespan of less than 6 months.
Numerator	<p>Chart review indicates:</p> <ul style="list-style-type: none"> • Patient’s adherence to therapy is assessed using an objective informatics system • When objective data are not available, subjective adherence reporting is documented • Patient’s adherence to therapy is assessed at least annually.

A) How many charts did you have to review before finding the first 10 patients that were eligible? _

B) Were there any reasons that came up several times which caused patients to be ineligible? _

Note: This is only a sample of patients. If you would like to review a larger sample please reach out to the AASM at registry@aasm.org

C)

<u>Eligible Chart #</u>	<u>Was the numerator criteria met?</u> (0=not met, 1=met)	<u>Was the reason the numerator was NOT met,</u>
-------------------------	--	--

		<u>captured by an exception (or other reason)?</u>
Chart #1		
Chart #2		
Chart #3		
Chart #4		
Chart #5		
Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		
Total # charts that met the numerator criteria:		0
Performance Rate %		0%
Exception Rate %		0%

D) Did you extract information from an EHR or by chart review for the following? (pick from drop-down menu)

	<u>Data Source (EHR or Chart Review?)</u>
Denominator	
Exceptions	
Numerator	

E) Measure Threshold

F) Was your Measure Threshold met? (0=not met, 1=met)

Process Measure #5:	Proportion of patients aged 18 years and older diagnosed and treated for obstructive sleep apnea (OSA) that had documentation of assessment of sleepiness and/or the use of a validated instrument at least annually
Denominator	<p>All patients aged 18 years and older diagnosed and treated with an evidence-based therapy for obstructive sleep apnea</p> <p>Patient is 18 years of age or older.</p> <p>Accompanied by One of the following diagnosis codes indicating obstructive sleep apnea: G47.33 Obstructive sleep apnea (adult) (pediatric)</p> <p>Accompanied by One of the following patient encounter codes: 99202, 99203, 99204, 99205 (office/other outpatient services – new patient) 99211, 99212, 99213, 99214, 99215 (office/other outpatient services – established patient) 99241, 99242, 99243, 99244, 99245 (office consultations, non-Medicare only)</p> <p>NOTE: Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable</p> <p>Accompanied by Documentation that the patient was prescribed an evidence-based OSA treatment (such as positive airway pressure, oral appliances, positional therapies and upper airway surgeries, including hypoglossal nerve stimulation).</p>
Exceptions	<p>At least one of the following is documented in the patient chart:</p> <ul style="list-style-type: none"> • Patient does not return for follow-up at least annually. • Patient declines or is unable to respond to assessment of sleepiness. • Patients diagnosed with a terminal or advanced disease with an expected lifespan of less than 6 months. • Patient declines therapy. • Patient unable to access/afford therapy or declines because their insurance (payer) does not cover the expense.
Numerator	<p>Chart review indicates:</p> <ul style="list-style-type: none"> • Patient has documentation of assessment of sleepiness and/or the use of a validated instrument • Sleepiness is assessed at least annually

How many charts did you have to review before finding the first 10 patients that were
A) eligible?

B) Were there any reasons that came up several times which caused patients to be ineligible?

C) **Note: This is only a sample of patients. If you would like to review a larger sample, please reach out to the AASM at registry@aasm.org**

<u>Eligible Chart #</u>	<u>Was the numerator criteria met? (0=not met, 1=met)</u>	<u>Was the reason the numerator was NOT met, captured by an exception (or other reason)?</u>
Chart #1		
Chart #2		
Chart #3		
Chart #4		
Chart #5		
Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		
Total # charts that met the numerator criteria:	0	
Performance Rate %	0%	
Exception Rate %	0%	

D) Did you extract information from an EHR or by chart review for the following? (pick from drop-down menu)

	<u>Data Source (EHR or Chart Review?)</u>
Denominator	
Exceptions	
Numerator	

E) Measure Threshold

F) Was your Measure Threshold met? (0=not met, 1=met)

Process Measure #6:	Proportion of patients aged 18 years and older diagnosed with obstructive sleep apnea (OSA) that were questioned about drowsy driving at initial evaluation and at least annually
Denominator	<p>All patients aged 18 years and older with obstructive sleep apnea syndrome</p> <p>Patient is 18 years of age or older.</p> <p>Accompanied by One of the following diagnosis codes indicating obstructive sleep apnea: G47.33 Obstructive sleep apnea (adult) (pediatric)</p> <p>Accompanied by One of the following patient encounter codes: 99202, 99203, 99204, 99205 (office/other outpatient services – new patient) 99241, 99242, 99243, 99244, 99245 (office consultations, non-Medicare only) NOTE: Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable</p>
Exceptions	<p>At least one of the following is documented in the patient chart:</p> <ul style="list-style-type: none"> • Patient does not drive. • Patient declines to respond. • Patient does not return for follow-up at least annually
Numerator	<p>Chart review indicates:</p> <ul style="list-style-type: none"> • Patient was questioned regarding drowsy driving such as about motor vehicle accidents (or near-miss accidents) associated with drowsiness or excessive sleepiness. • Questioning was documented at the time of the initial patient evaluation and at least annually

A) How many charts did you have to review before finding the first 10 patients that were eligible? _____

B) Were there any reasons that came up several times which caused patients to be ineligible? _____

C) **Note: This is only a sample of patients. If you would like to review a larger sample, please reach out to the AASM at registry@aasm.org**

<u>Eligible Chart #</u>	<u>Was the numerator criteria met?</u> <u>(0=not met, 1=met)</u>	<u>Was the reason the numerator was NOT met, captured by an exception (or other reason)?</u>
Chart #1		
Chart #2		
Chart #3		
Chart #4		
Chart #5		

Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		
Total # charts that met the numerator criteria:		0
Performance Rate %		0%
Exception Rate %		0%

D) Did you extract information from an EHR or by chart review for the following? (pick from drop-down menu)

	<u>Data Source (EHR or Chart Review?)</u>
Denominator	
Exceptions	
Numerator	

E) Measure Threshold

F) Was your Measure Threshold met? (0=not met, 1=met)

Process Measure #8:	Proportion of overweight or obese (BMI \geq 25 kg/m ²) patients aged 18 years and older diagnosed with obstructive sleep apnea (OSA) that had their visit weight documented and were provided with education by- the healthcare provider at initial evaluation and at least annually or who were referred to a specialist for weight management
Denominator	<p>All overweight and obese (BMI \geq 25 kg/m²) patients aged 18 years and older diagnosed with obstructive sleep apnea syndrome</p> <p>Patient is 18 years of age or older.</p> <p>Accompanied by One of the following diagnosis codes indicating obstructive sleep apnea: G47.33 Obstructive sleep apnea (adult) (pediatric)</p> <p>Accompanied by One of the following diagnosis codes indicating overweight or obese: E66.9 Obesity unspecified E66.01 Morbid obesity E66.3 Overweight Chart review indicates BMI \geq 25 kg/m²</p> <p>Accompanied by One of the following patient encounter codes: 99202, 99203, 99204, 99205 (office/other outpatient services – new patient) 99211, 99212, 99213, 99214, 99215 (office/other outpatient services – established patient) 99241, 99242, 99243, 99244, 99245 (office consultations, non-Medicare only)</p> <p>NOTE: Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable</p>
Exceptions	<p>At least one of the following is documented in the patient chart:</p> <ul style="list-style-type: none"> • Patient diagnosed with a terminal or advanced disease with an expected lifespan of less than 6 months. • Patient who reports they are currently in a weight management program. • Patient is pregnant.
Numerator	<p>Chart review indicates:</p> <ul style="list-style-type: none"> • Patient weight is documented • Provider discusses weight status with patient or refers patient to specialist for weight management • Discussion or referral provided at initial evaluation and at least annually

A) How many charts did you have to review before finding the first 10 patients that were eligible? -

B) Were there any reasons that came up several times which caused patients to be ineligible? -

Note: This is only a sample of patients. If you would like to review a larger sample, please reach out to the
 C) **AASM at registry@aasm.org**

<u>Eligible Chart #</u>	<u>Was the numerator criteria met? (0=not met, 1=met)</u>	<u>Was the reason the numerator was NOT met, captured by an exception (or other reason)?</u>
Chart #1		
Chart #2		
Chart #3		
Chart #4		
Chart #5		
Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		
Total # charts that met the numerator criteria:	0	
Performance Rate %	0%	
Exception Rate %	0%	

D) Did you extract information from an EHR or by chart review for the following? (pick from drop-down menu)

	<u>Data Source (EHR or Chart Review?)</u>
Denominator	
Exceptions	
Numerator	

E) Measure Threshold

F) Was your Measure Threshold met? (0=not met, 1=met)

Process Measure #10:	Proportion of patients aged 18 years and older diagnosed with obstructive sleep apnea (OSA) with a visit blood pressure of 130/80 mm Hg or higher that had a discussion with the healthcare provider about the elevated blood pressure
Denominator	<p>All patients aged 18 years and older diagnosed with obstructive sleep apnea with a visit blood pressure of 130/80 mm Hg or higher Patient is 18 years of age or older.</p> <p>Accompanied by One of the following diagnosis codes indicating obstructive sleep apnea: G47.33 Obstructive sleep apnea (adult) (pediatric)</p> <p>Accompanied by One of the following diagnosis codes indicating hypertension/elevated blood pressure: Essential hypertension; 401.0 Malignant; 401.1 Benign; 401.9 Unspecified 796.2 Elevated blood pressure reading without diagnosis of hypertension</p> <p>Accompanied by Chart review indicates elevated blood pressure with a systolic reading \geq 130 or a diastolic reading \geq 80</p> <p>Accompanied by One of the following patient encounter codes: 99202, 99203, 99204, 99205 (office/other outpatient services – new patient) 99211, 99212, 99213, 99214, 99215 (office/other outpatient services – established patient) 99241, 99242, 99243, 99244, 99245 (office consultations, non-Medicare only)</p> <p>NOTE: Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable</p>
Exceptions	<p>At least one of the following is documented in the patient chart:</p> <ul style="list-style-type: none"> • Patient had discussion with another healthcare provider in the last 24 hours about their elevated blood pressure
Numerator	<p>Chart review indicates:</p> <ul style="list-style-type: none"> • Provider discusses with patient that sleep apnea worsens high blood pressure, and both high blood pressure and obstructive sleep apnea increase cardiovascular risk

A) How many charts did you have to review before finding the first 10 patients that were eligible? _

B) Were there any reasons that came up several times which caused patients to be ineligible? _

C) **Note: This is only a sample of patients. If you would like to review a larger sample, please reach out to the AASM at registry@aasm.org**

<u>Eligible Chart #</u>	<u>Was the numerator criteria met? (0=not met, 1=met)</u>	<u>Was the reason the numerator was NOT met, captured by an exception (or other reason)?</u>
Chart #1		
Chart #2		
Chart #3		
Chart #4		
Chart #5		
Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		
Total # charts that met the numerator criteria:	0	
Performance Rate %	0%	
Exception Rate %	0%	

D) Did you extract information from an EHR or by chart review for the following? (pick from drop-down menu)

	<u>Data Source (EHR or Chart Review?)</u>
Denominator	
Exceptions	
Numerator	

E) Measure Threshold

F) Was your Measure Threshold met? (0=not met, 1=met)

<p>Screening for Adult Obstructive Sleep Apnea by Primary Care Providers</p>	<p>All patients aged 18 years and older at high risk for obstructive sleep apnea (OSA) as identified by a primary care provider with documentation of screening for OSA symptoms and/or the use of a validated OSA instrument AND for whom an evidence-based action plan is recommended</p>
<p>Denominator</p>	<p>All patients aged 18 years and older who are at high risk for OSA as identified by a primary care provider Patient is 18 years of age or older.</p> <p>Accompanied by Documentation that the patient has a diagnoses that places them at high risk for OSA</p> <p>OR</p> <p>Chart review indicates one of the following:</p> <ul style="list-style-type: none"> • Patient undergoing evaluation for bariatric surgery or other surgical procedure • Patient shares sleep complaints • Patient has another high-risk condition <p>Accompanied by One of the following patient encounter codes: 99202, 99203, 99204, 99205 (office/other outpatient services – new patient) 99211, 99212, 99213, 99214, 99215 (office/other outpatient services – established patient) 99241, 99242, 99243, 99244, 99245 (office consultations, non-Medicare only)</p>
<p>Exceptions</p>	<p>At least one of the following is documented in the patient chart:</p> <ul style="list-style-type: none"> • Patient has unstable medical, neurological, or psychiatric condition • Patient is being treated for OSA • Patient declines OSA screening or evidence-based action plan
<p>Numerator</p>	<p>Chart review indicates all of the following:</p> <ul style="list-style-type: none"> • Documentation of screening for OSA symptoms <p>OR</p> <ul style="list-style-type: none"> • Use of validated OSA instrument, with interpretation *Examples of validated OSA instruments include, but are not limited to, the Berlin questionnaire, STOP, and STOP-BANG. Use of an instrument that only screens for sleepiness, such as the Epworth Sleepiness Scale, is not appropriate <p>AND</p> <ul style="list-style-type: none"> • Documentation of a recommendation of an evidence-based action plan

A) How many charts did you have to review before finding the first 10 patients that were eligible? _

B) Were there any reasons that came up several times which caused patients to be ineligible? _

Note: This is only a sample of patients. If you would like to review a larger sample, please reach out to the AASM at registry@aasm.org

C)

<u>Eligible Chart #</u>	<u>Was the numerator criteria met? (0=not met, 1=met)</u>	<u>Was the reason the numerator was NOT met, captured by an exception (or other reason)?</u>
Chart #1		
Chart #2		
Chart #3		
Chart #4		
Chart #5		
Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		
Total # charts that met the numerator criteria:	0	
Performance Rate %	0%	
Exception Rate %	0%	

D) Did you extract information from an EHR or by chart review for the following? (pick from drop-down menu)

	<u>Data Source (EHR or Chart Review?)</u>
Denominator	
Exceptions	
Numerator	

E) Measure Threshold

F) Was your Measure Threshold met? (0=not met, 1=met)