



Abstract P27 Figure 2

The aim was to perform a follow-up audit questionnaire to measure success and efficacy of the P-SSAS and to identify possible areas of improvement.

Method Parent/guardian/patient satisfaction and feedback were measured and collated via a survey.

Results Results indicated that P-SSAS was effective in reducing failure rates with 18 (85.7%) out of 21 patients audited having a successful study following the implementation of acclimatisation techniques.

In addition to this 90.5% of families would recommend acclimatisation to others whilst the remaining 9.5% were unsure; these were those where acclimatisation had not been effective in preventing a failed study. Tolerance issues still remained for the majority of studies that failed.

Qualitative results indicated that families found the acclimatisation process helpful in terms of allowing the child to become used to the equipment prior to the sleep study.

Results of the survey revealed that patients 68% of families found the social story, 58% found the dummy sensors and 100% found the support calls effective.

Discussion Allowing time for P-SSAS is key in enhancing adherence and success in those with ASD and ADHD as issues with sensory processing are frequently documented.

Further auditing needs to continue to increase sample size. This will improve reliability of data and further enable identification of improvement as well as assessing areas of success.

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HOME SLEEP STUDIES: UNDERSTANDING FREQUENCY OF REPEAT TESTS AND NON ATTENDANCE IN A LARGE SLEEP CENTRE

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USE OF AN NIV PICTURE BOOK AND SOCIAL STORY TO PROMOTE NIV INITIATION AND CONSISTENT BEDTIME ROUTINES IN CHILDREN – A CASE PRESENTATION

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Introduction Sleep services in the UK are under pressure with increasing referrals and waits for diagnostic tests. Home diagnostic sleep studies including respiratory polygraphy (RP) and oximetry are recommended by NICE for the diagnosis of Obstructive Sleep Apnoea (OSA).

There is little published data on how often these tests need repeating in real life practice, which is needed to understand aspects of economic evaluations around types of tests and future service recommendations. Did not attend (DNA) data is also poorly understood, although recognised to have links with healthcare inequalities.

Methods All home diagnostic sleep studies recorded on the sleep centre database were retrospectively reviewed from a six month period (Oct 22-March 23) for people booked for RP and oximetry. Numbers of people who needed a repeat study were collected. Reasons for repeat study were inadequate data in the opinion of a senior physiologist including signals missing or study duration too short. It is our practice not to have absolute rules set about data duration or loss of signals, as we may be able to gain useful information from the test to draw conclusion with expert review, because we try to avoid repeating tests if possible.

Results There were 1458 home sleep studies in total booked in 6 months (243 per month), 87% RP. Total DNA rate was 264 studies (22 per month), 18% of the total studies booked. Of 63 studies needing repeat, 4.8% were RP, 8.1% oximetry.

Discussion This data reflects contemporary practice and challenges for a UK sleep service. It is not known what a 'normal' failure rate is. More oximetry studies needed repeat. Oximetry is a simpler test for patients to perform and can be provided by a postal delivery to facilitate ease. There may be a selection bias about which test is planned for which patients.