Royal Cornwall Hospitals
NHS Trust

Self-Administration of Continuous Positive Airway Pressure by Competent Patients attending Bariatric Surgery Policy

V3.0

September 2023

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1. Patients coming in for Metabolic and Obesity Surgery (Bariatric Surgery) can develop obstructive sleep apnoea due to their weight. Patients diagnosed with obstructive sleep apnoea are commenced on Continuous Positive Airway Pressure (CPAP) by the respiratory team. Self-administration of CPAP should be able to be continued during hospital admission following uncomplicated bariatric surgery. This requires safe systems of patient assessment and management at ward level.

1.2. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

2.1. This Self-Administration of Continuous Positive Airway Pressure (CPAP) policy lays out systems of patient assessment and mechanisms of equipment checking prior to admission to hospital and to enable competent patients to administer their own CPAP safely whilst in hospital.

2.2. The detailed objectives are as follows:

- To maintain patient independence in self-administration CPAP for patients on Planned Care Unit undergoing bariatric surgery.
- To maintain independence and maximum therapeutic benefit for those patients who require CPAP for obstructive sleep apnoea due to obesity.
- To highlight to healthcare staff any problems patients could have with regards to CPAP therapy.

3. Scope

This document is to cover patients coming in for bariatric surgery who are admitted to Planned Care Unit (PCU) only, provided that the necessary facilities and governance arrangements described in this document are in place to support self-administration of CPAP. The policy does not apply to patients who require close support, training and monitoring in order to take their own CPAP safely.

4. Definitions / Glossary

- DATIX – Web-based incident reporting system used by this Trust.
- NMC – Nursing and Midwifery Council.
- CPAP – Continuous Positive Airway Pressure.
- HCA – Health Care Assistant.
- PCU – Planned Care Unit.

5. Ownership and Responsibilities

This policy has been drawn up by a multidisciplinary group representing clinicians and nurses and has been through the appropriate governance pathways.

5.1. Role of the Ward Manager

Line managers are responsible for:

- Deciding whether self-administration can be safely practiced on their ward and for ensuring nursing staff are properly trained in the application of this policy.

5.2. Role of the Ward Staff

The ward staff are responsible for:

- Ensuring that they have completed the competency pack and update their knowledge and skills in order to care for this patient group.

6. Standards and Practice

6.1. Patient identification, selection, assessment, and consent.

6.1.1. Patient identification and selection.

All patients coming in for bariatric surgery who are established on CPAP for obstructive sleep apnoea and are deemed suitable for ward based care by the bariatric surgery service multidisciplinary team including Consultant Surgeon, Bariatric Anaesthetist, Consultant Practitioner – Obesity, Metabolic and Bariatric Surgery and Dietitian can follow this policy.

The following criteria must be adhered to:

- **Inclusion criteria**
  - Patients who currently assume responsibility for their CPAP therapy (Level three) and patients that need minimal assistance with their management (Level two).
  - Patients who will continue responsibility for taking their CPAP therapy on discharge.
  - Patients whom appropriate members of the multidisciplinary team (e.g. Consultant, Named Nurse) deem to be suitable.
  - Patients who are on an established CPAP regime.
  - Patients on Planned Care Unit only.
- **Exclusion criteria**
  - Patients who do not manage their CPAP at home (level one). Patients at this level will need closer monitoring and therefore are

more suitable for critical care admission.

- Patients at risk of self-harm.
- Patients who are deemed to need critical care placement post operatively.
- Physical disabilities which may prevent self-administration of CPAP.
- Patient deemed unable to participate due to lack of capacity* as defined under the Mental Capacity Act (2005).

  *Note: If there is any doubt about the patient's capacity to make decisions, further guidance can be found in the RCHT Mental Capacity Act Policy.

6.1.2. Initial assessment

To determine the patient's suitability for Self-administration of CPAP assessment will have been undertaken in the respiratory clinic on commencement of treatment. Suitability for Planned Care Unit admission will be made by the bariatric multi-disciplinary during the bariatric surgery assessment clinic. Patients assessed to be competent to administer their own CPAP are considered to be at Level three and level two and therefore are suitable for admission to Planned Care Unit. At these levels, patients self- administer CPAP independently or with minimal assistance, and demonstrate sufficient knowledge of their therapy.

6.1.3. Patient Consent

It is recommended that written consent is required on admission to hospital. Patients are consented on the standard procedure specific consent forms. The statement of the consent form reads.

6.1.4. Administration and Documentation

If the patient is independently self-administering CPAP, the nursing staff should document this on the self-administration of CPAP consent form.

6.2. Transfer of patients

Patients using CPAP for obstructive sleep apnoea should not be transferred out of Planned Care Unit, unless return to theatre or critical care unit intervention is required.

6.3. Monitoring patients during inpatient stay

All patients should have their observations recorded hourly and oxygen levels continuously monitored using pulse oximeter overnight. Any concerns should be discussed with the on-call doctors and any treatments or changes to care actioned immediately.

6.4. Discharge of patients

When patients are to be discharged from hospital, they should ensure that all their equipment is taken with them to enable self-administration of CPAP at home.

7. Dissemination and Implementation

7.1. Introducing Self-administration of CPAP on to Planned Care Unit constitutes a major change in practice for that area requiring the following support and educational input:

- Theoretical education on obstructive sleep apnoea and CPAP therapy through a self-directed learning pack.
- Competency assessment of staff who will be caring for patients self-administering CPAP.
- Access to relevant documentation.
- Relevant equipment in place (spare CPAP machine in case patients own machine fails).

7.2. The change process will need to be led by the ward manager with support and educational input from the respiratory nurses.

7.3. A self-directed learning pack is available from the Training Department.

7.4. For further information contact the Training Department, Respiratory Nurses or Bariatric Nurses.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Compliance with the policy. Complications with patients. Effectiveness of policy. Need for transfer to Critical Care Unit.
Lead	Jeremy Gilbert , Consultant Practitioner – Obesity, Metabolic and Bariatric Surgery.
Tool	Assessment tool – Appendix 4.
Frequency	All patients admitted are required to complete the assessment form. Report is completed every 3 months and shared with relevant teams.
Reporting arrangements	Bariatric Surgery MDT meeting. Surgical Governance meeting. This report will be documented in team meeting minutes. The lead or committee will read and interrogate the report to identify deficiencies in the system and act upon them.
Acting on recommendations and Lead(s)	The Bariatric team will take forward any actions needed following interrogation of the most recent report. Required actions will be identified and completed in a specified timeframe.
Change in practice and lessons to be shared	Changes to practice will be discussed with the bariatric MDT (including anaesthetists) and the ward manager of Planned Care Unit and implemented immediately. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

9. Updating and Review

This policy will be reviewed every three years.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Self-Administration of Continuous Positive Airway Pressure by Competent Patients attending Bariatric Surgery Policy V3.0.
This document replaces (exact title of previous version):	Self-Administration of Continuous Positive Airway Pressure by Competent Patients attending Bariatric Surgery Policy V2.0.
Date Issued / Approved:	30 August 2023
Date Valid From:	September 2023
Date Valid To:	September 2026
Author / Owner:	Jeremy Gilbert, Consultant Practitioner – Obesity, Metabolic and Bariatric Surgery
Contact details:	01872 252133 / 07789 615 828
Brief summary of contents:	Policy for the safe management of obese patients with Obstructive sleep apnoea using CPAP on Planned Care Unit.
Suggested Keywords:	Surgery, Continuous Positive Airway Pressure, CPAP, Obstructive Sleep Apnoea, Bariatric Surgery.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Bariatric Surgeons, Bariatric Anaesthetists, Respiratory Nurses, Bariatric Nurses, Senior Nurses (General Surgery).
Manager confirming approval processes:	Ian McGowan
Name of Governance Lead confirming consultation and ratification:	Suzanne Atkinson
Links to key external standards:	None required
Related Documents:	None required

Information Category	Detailed Information
Training Need Identified:	Yes — Competency pack developed in conjunction with the respiratory nurses. Learning and Development department have been informed.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical/ Surgery

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
15 July 2014	V1.0	Initial issue.	Jeremy Gilbert - Lead Bariatric Nurse Specialist.
07 August 2020	V2.0	Full review and no changes to content required. Transposed to latest Trust template.	Jeremy Gilbert, Lead Bariatric Nurse Specialist and Julie Jephson, Respiratory Nurse.
30 August 2023	V3.0	Change of ward from Pendennis to Planned Care Unit. Updated to latest Trust template.	Jeremy Gilbert, Consultant Practitioner – Obesity, metabolic and Bariatric Surgery. Julie Jephson, Respiratory Nurse.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Self-Administration of Continuous Positive Airway Pressure by Competent Patients attending Bariatric Surgery Policy V3.0.
Department and Service Area:	General Surgery and Cancer Services, Bariatric Surgery.
Is this a new or existing document?	Existing.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Jeremy Gilbert, Consultant Practitioner – Obesity, metabolic and Bariatric Surgery.
Contact details:	01872 252133

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Safe and effective care of patients undergoing bariatric surgery with sleep apnoea using Continuous Positive Airway Pressure.
2. Policy Objectives	Maintain patient safety on GI Surgery Ward.
3. Policy Intended Outcomes	Effective care of this patient group, minimising post-surgery complication.
4. How will you measure each outcome?	Audit of each patients care (Appendix 4).
5. Who is intended to benefit from the policy?	Ward Staff, Patients, Bariatric Surgery Service and the Trust.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Bariatric Surgeons, Bariatric Anaesthetists, Bariatric Nurses, Ward Manager (Planned Care Unit).
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Jeremy Gilbert, Consultant Practitioner – Obesity, metabolic and Bariatric Surgery.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis

Appendix 3. Patient Information

Why am I l being asked to self-administer my CPAP whilst in hospital?

You will already be established on your CPAP prior to admission and will be confident to apply your mask appropriately and care for your own CPAP machine. Continuing to undertake this in hospital will allow you to maintain your independence while in hospital.

What will happen if I am not able to fully self-administer my CPAP whilst in hospital?

Your nurse will assist you with this if needed. If management of your CPAP is a problem, you may need to be cared for in the critical care unit. Your suitability to self- administer your CPAP will have been decided at the bariatric assessment clinic and the decision made as to which ward/unit you will need to be recovered on after your surgery, would have been made. If you are no longer able to self-administer your CPAP on admission, for your safety your operation may need to be cancelled if we are unable to secure a critical care bed.

What will happen to my own CPAP machine?

You will need to make sure you have had your machine serviced within 5 years prior to your operation. If you have not had it serviced, please arrange for this to be done prior to your operation date.

You will need to bring in your machine and equipment from home to use during your hospital stay.

What if I become unwell?

If you become unwell, it may mean that you will need to be transferred to the critical care unit where the staff are experienced in looking after critically ill patients that need CPAP and other forms of ventilation.

What happens when I go home?

You should continue to use your CPAP machine regularly. Once you have lost weight you may no longer need to use the CPAP machine as by losing weight your obstructive sleep apnoea may improve and be cured. Prior to stopping the therapy, please contact the respiratory nurses for reassessment to ensure that it is safe to stop.

Appendix 4. Audit Tool

Please photocopy as and when required.

Patient details	
Did the patient know prior to admission that they would be self-administering their CPAP whilst in hospital?	Yes / No
Did the patient receive an information leaflet?	Yes / No
Did the patient find the information leaflet useful, if not what would they have liked included?	Yes / No
Did the Bariatric MDT identify the patient as being suitable for transfer to Planned Care Unit post operation at the time of the assessment clinic?	Yes / No
Did the patient sign the consent form?	Yes / No
Did the anaesthetist request Critical Care Unit admission pre-op on the day of surgery? And why?	Yes / No
Did the Anaesthetist request Critical Care Unit admission following surgery and why?	Yes / No
How often were the patient's observations taken over night? (including BP, Pulse, Temperature, Oxygen Saturations)	
How many staff on the shift had completed the competency pack and felt competent to care for this patient?	Registered Nurses: Assistant Practitioners: HCA's:

Was there a spare CPAP machine on the ward in case needed?	Yes / No
Did the ward staff report any problems or concerns?	Yes / No
What were the problems or concerns?	
Did the ward staff escalate these problems concerns to the on-call doctors?	Yes / No
Was a plan of action put in place to treat problems?	Yes / No
What was the plan of action?	
Did the patient get admitted to the Critical Care Unit? And Why?	Yes / No
Did the patient experience any problems with their CPAP overnight and were the ward staff able to assist them with it?	Yes / No
If answered yes to previous question, what problems did the patient experience?	