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Rationale

The prevalence of atrial fibrillation (AF) is projected to triple by 2050. Obstructive sleep apnea (OSA) is an independent and **modifiable** risk factor for AF and correlates with a three-fold higher risk of incident AF.

OSA is present in nearly half of patients with AF

Treatment of OSA with positive-airway pressure (PAP) therapy reduces relative risk of recurrent AF by 42%

66% of people with AF have never had OSA screening

- People with AF are five times more likely to have a stroke and three times more likely to have heart failure.
- AF is the leading arrhythmogenic cause for hospitalization and causes significant morbidity and mortality.
- Incident AF primarily occurs in people 65 years and older and increases exponentially with age.
- Lifetime risk of incident AF is one in four for people over the age of 55.
- Early OSA screening, diagnosis, and treatment may reduce recurrent AF.

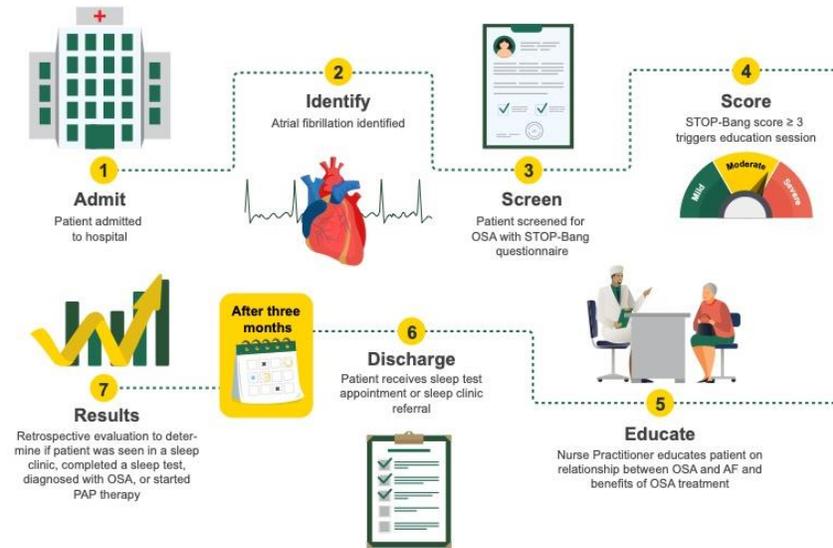


Purpose

The purpose of this project is to promote early OSA screening, diagnosis, and treatment in adult patients with AF at Wellstar Paulding Hospital through the implementation of an inpatient obstructive sleep apnea bundle (including screening with the STOP-Bang questionnaire, patient-focused education on the OSA-associated risk of AF, and a structured referral process to a sleep clinic).



Intervention



Framework

- Nola J. Pender's Health Promotion Model

People are more likely to commit to **health promoting behaviors** when they understand the potential health benefits of the behavior.



Results

- Expected Fall 2021



Applicability

As the population ages, **nurse practitioners** will care for a growing number of people with AF.

- Early OSA screening, diagnosis, and treatment in people with AF may **improve** quality of life and **reduce** morbidity, mortality, and over-utilization of healthcare resources.



Supplements

SCAN HERE
for references and
author information

