HOME SLEEP TEST
HSAT (Home Sleep Apnea Test)

Thank you for choosing Ridgeview for your health care needs. Our goal is to provide the best possible health care for the community we serve. This letter is to confirm your scheduled sleep study and to explain what is involved with the procedure.

Prior to your arrival, please review the following information about the Sleep Center. Fill out the forms included in this packet.

REMINDERS FOR THE DAY OF YOUR APPOINTMENT:

+ Please plan on returning your home sleep kit to the Home Sleep Test Drop Box at the Sleep Center in Ridgeview Medical Place by **1 p.m.** the day after your sleep test.
  Please call 952.442.8012 to reschedule your sleep test if you are unable to return the kit by **1 p.m.** on the following day.

+ Bring your medication list and the completed health questionnaires.

+ Arrive at the time you were scheduled for. If you cannot keep this time, please contact the Sleep Center prior to your appointment.

+ Please park on the north side (front) of the Ridgeview Medical Place building. The building is closed at night, so you will need to buzz in to notify staff that you have arrived. The buzzer is located to the left of the door under the large canopy at the main entrance. (Refer to map in packet.)

If you should need to cancel or reschedule your sleep test, please contact our scheduling office as soon as possible at 952.442.8012 from 8 a.m. to 4:45 p.m., so we are able to fill that opening with another patient.

If you have any questions or concerns or need additional information about the sleep test, you may call the Sleep Center at 952.442.8080.

HOME SLEEP APNEA TEST (HSAT) INFORMATION

Your sleep test is scheduled for_____ at _____.

Address of the SLEEP CENTER:
(in the building to the north side of the hospital)

SLEEP CENTER
RIDGEVIEW MEDICAL PLACE
490 S. Maple Street, Suite 108
Waconia, MN 55387
Parking: Park in the Patient & Staff surface lot next to the building.

(See map in packet for both building locations)

Your follow-up appointment to review test results is scheduled for
_____ at _____.

☐ **In-Person Visit**

RIDGEVIEW PROFESSIONAL BUILDING
(in the building to the south of the hospital)
560 S. Maple Street, Suite 400
Waconia, MN 55387
with: _____

☐ **MyChart Video Visit** **with:** _____

The entrance doors of the Sleep Center will be locked when you arrive for your sleep test. **YOU MUST RING THE BUZZER TO NOTIFY THE STAFF OF YOUR ARRIVAL.** The sleep technician will then greet you at the front door and escort you to the Sleep Center to provide instructions on the use of the recording device.

If you have been scheduled for a home sleep test, please read the following information, which explains what is involved with the procedure.

Benefits/limitations of a home sleep test
While a Home Sleep Apnea Test (HSAT) offers the benefit of performing the test from your home, an HSAT is not indicated for every patient that may have a sleep disorder as it does not measure sleep. The HSAT is specifically indicated for patients who are at a high risk for Obstructive Sleep Apnea (OSA). OSA is a condition characterized by loud snoring, excessive tiredness and repetitive breathing pauses. HSAT uses a limited number of sensors to detect this condition but cannot detect other sleep disorders. At times, sensors may become dislodged while you sleep resulting in inadequate recordings.

Traditionally, patients have been tested by complete laboratory testing, where a technologist monitors for all sleep disorders, assures that all of the recording equipment functions correctly, and begins treatment as directed by a physician.

In some cases, you may require complete laboratory sleep testing if one of the following occurs:
+ The HSAT results are in normal ranges, but your symptoms suggest otherwise.
+ If you have difficulty with treatments that are prescribed following the HSAT.
+ Additional sleep disorders are suspected.

If you have any questions or concerns about the testing procedure, please call the Sleep Center at 952.442.8080. If no one is available, please leave a message and we will return your call.

If you should need to cancel or reschedule your sleep test, please contact our scheduling office as soon as possible at 952.442.8012 from 8 a.m. to 4:30 p.m.

Information about the home testing procedure
When you arrive at the Sleep Center for your appointment, the technologist will instruct you on how to apply several recording sensors connected to a portable data recorder that will be used from the comfort of your own home. The accuracy of the test can be affected by where you apply the recording sensors or if they become dislodged during the test, so it is important that you ask any questions you may have during the instruction period. An instruction sheet is provided to show you where the electrodes are to be placed and the Sleep Center technologists are available throughout the night to assist if issues arise with the device.

If you need assistance, please call the Sleep Center at **952.442.8080**.
Please call 911 for any emergencies.

The technologist will show you how to place a sensor that will be used to record your breathing pattern. Two elastic bands will be placed around your chest and abdomen to record your breathing effort. Next, a sensor will be placed over one fingernail so we ask that you have one finger (non-pinky) on each hand free of fingernail polish and/or acrylic nails. Finally, three electrodes will be placed on your chest to record your heart rate. The sensors and bands do not hurt, but initially may be distracting. During the recording, the sensors will be connected to a recording box attached to your shirt. You will be able to get up and use the bathroom if needed during the test.

After completing your home sleep test:
You will need to return the device to the Sleep Center by noon the day after your sleep test so we can download and review the recordings for interpretation.

On the day of your scheduled sleep test:
- Avoid naps
- Avoid caffeine after 10 a.m. (beverages and chocolate)
- Avoid alcohol
- If you have a cold, please contact us. We may want to reschedule your sleep test.
- Plan to bring the recording device back the day after your test to the Home Sleep Test Drop Box.

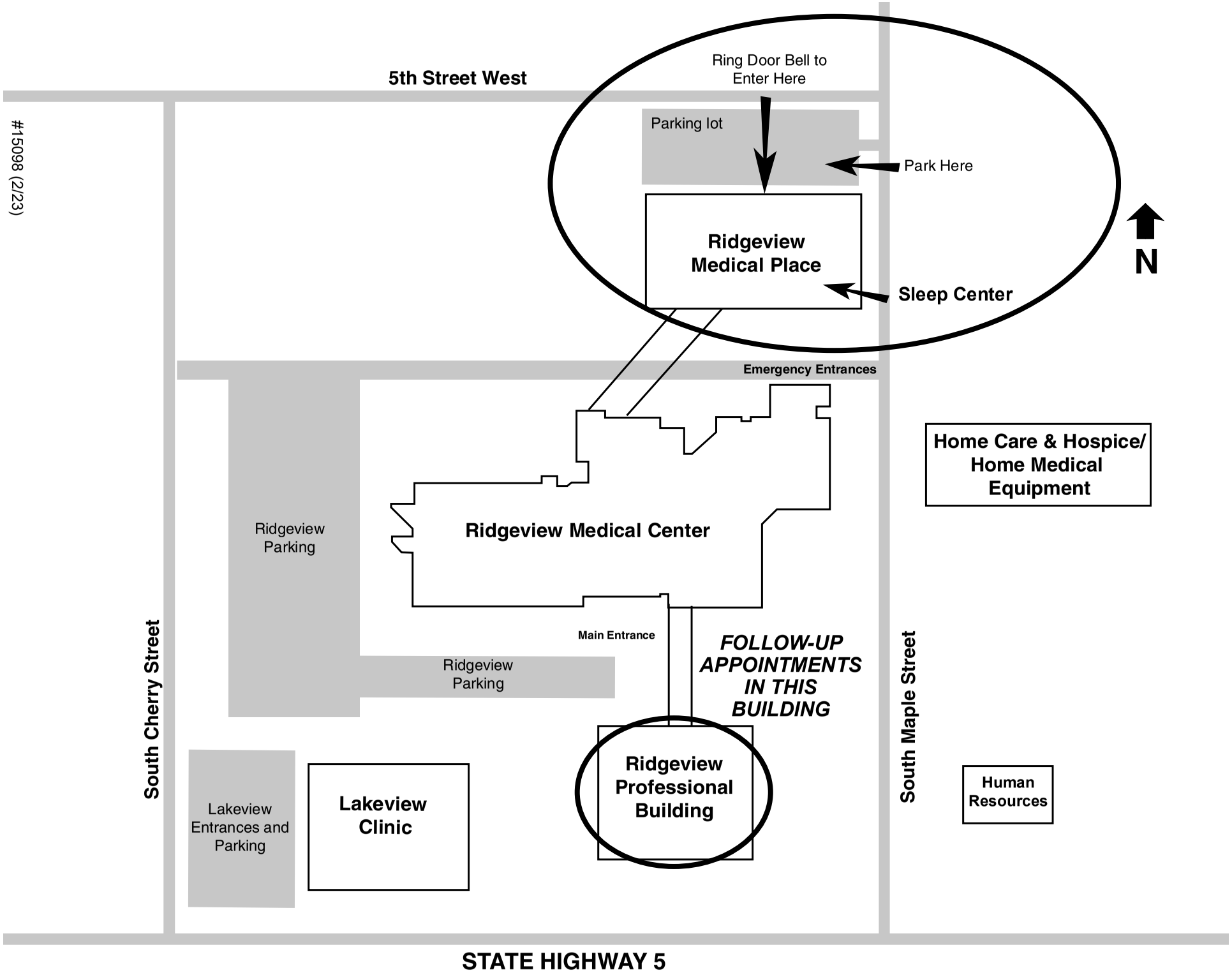
Address of the Sleep Center:
Ridgeview Medical Place, 490 S. Maple Street, Suite 108, Waconia, MN 55387

Additional information
If you should need to cancel or reschedule your sleep test, please contact our scheduling office as soon as possible at 952.442.8012 from 8 a.m. to 4:30 p.m.

Always contact your insurance company before any test or procedure. It is the patient's responsibility to verify coverage and benefits for a test or procedure. Verify that Ridgeview is in-network with your plan to ensure you are receiving the highest benefit from your plan and that it is a covered service.

If you would like an estimate of your out-of-pocket cost for this test, use our online tool at ridgeviewmedical.org/estimate. If you do not have access to the internet, please contact Patient Access at 952.442.8087 (select option 3) to request an estimate on your behalf. Please allow 7 to 10 business days for this request.

You will receive two separate bills related to your visit to the Sleep Center – one from Ridgeview Medical Center for the sleep study itself and one from Ridgeview Clinics for your provider's professional interpretation of the study. If you have any questions, please do not hesitate to call the business office at 952.442.7895.


#15098 (2/23)
5th Street West
Ring Door Bell to Enter Here
Parking lot
Park Here
Ridgeview Medical Place
Sleep Center
N
Emergency Entrances
Home Care & Hospice/ Home Medical Equipment
Ridgeview Parking
Ridgeview Medical Center
Main Entrance
FOLLOW-UP APPOINTMENTS IN THIS BUILDING
Ridgeview Parking
South Cherry Street
South Maple Street
Lakeview Entrances and Parking
Lakeview Clinic
Ridgeview Professional Building
Human Resources
STATE HIGHWAY 5

RIDGEVIEW

Name _____

Date of Birth _____

Age: _____ Ht. _____ Wt. _____

SLEEP HABITS QUESTIONNAIRE

Below are some questions regarding your sleep habits.
Please respond with your answers for your upcoming sleep visit.

When appropriate, fill in blanks and check boxes or circle best answer.

1. If you are currently employed, what shift do you work? *(circle)* 1st 2nd 3rd Rotating
2. What time do you go to sleep? _____
3. What time do you wake up? _____
4. How many times do you awaken during your sleep? _____

   Do you know why? _____
5. Do you feel rested with awakening? ☐ yes ☐ no
6. Do you nap during the day? ☐ yes ☐ no
7. Do you snore? ☐ yes ☐ no

   If yes, how long (years/months) have you been snoring? _____
8. Has your bed partner ever said you stop breathing during sleep? ☐ yes ☐ no

   If yes, how long (years/months) has this happened? _____
9. Do you ever awaken from sleep “gasping” for breath or “choking”? ☐ yes ☐ no
10. Do you often feel sleepy during the day? ☐ yes ☐ no

    If yes, how long (years/months) has this happened? _____
11. Have you ever fallen asleep driving a vehicle, or nearly so? ☐ yes ☐ no
12. Have you ever had a car or work accident because of sleepiness? ☐ yes ☐ no
13. Do you fall asleep easily during quiet activities (reading, tv, etc.)? ☐ yes ☐ no

Patient Label

RIDGEVIEW

Name _____

Date of Birth _____

EPWORTH SLEEPINESS SCALE

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to choose the ***most appropriate number*** for each situation:

0 = would ***never*** doze
1 = ***slight*** chance of dozing
2 = ***moderate*** chance of dozing
3 = ***high*** chance of dozing

Situation	**Chance of Dozing**
Sitting and reading	_____
Watching TV	_____
Sitting, inactive in a public place (e.g., a theater or a meeting)	_____
As a passenger in a car for an hour without a break	_____
Lying down to rest in the afternoon	_____
Sitting and talking to someone	_____
Sitting quietly after a lunch without alcohol	_____
In a car, while stopped for a few minutes in traffic	_____
TOTAL	_____

Patient Label