MEMORANDUM FOR SGVT

ATTN: CAPT NICHOLAS SCALZITTI

FROM: 59 MDW/SGVU

SUBJECT: Professional Presentation Approval

1. Your paper, entitled **Assessing How Hospital Readmissions are Affected by Obstructive Sleep Apnea Severity and Therapy Compliance** presented at/published to **Sleep 2017, Boston, MA, 3-7 June 2017** in accordance with MDWI 41-108, has been approved and assigned local file #17156.

2. Pertinent biographic information (name of author(s), title, etc.) has been entered into our computer file. Please advise us (by phone or mail) that your presentation was given. At that time, we will need the date (month, day and year) along with the location of your presentation. It is important to update this information so that we can provide quality support for you, your department, and the Medical Center commander. This information is used to document the scholarly activities of our professional staff and students, which is an essential component of Wilford Hall Ambulatory Surgical Center (WHASC) internship and residency programs.

3. Please know that if you are a Graduate Health Sciences Education student and your department has told you they cannot fund your publication, the 59th Clinical Research Division may pay for your basic journal publishing charges (to include costs for tables and black and white photos). We cannot pay for reprints. If you are a 59 MDW staff member, we can forward your request for funds to the designated Wing POC at the Chief Scientist’s Office, Ms. Alice Houy, office phone: 210-292-8029; email address: alice.houy.civ@mail.mil.

4. Congratulations, and thank you for your efforts and time. Your contributions are vital to the medical mission. We look forward to assisting you in your future publication/presentation efforts.

_Linda Steel-Goodwin,

LINDA STEEL-GOODWIN, Col, USAF, BSC
Director, Clinical Investigations & Research Support

_Congratulations, and thank you for your efforts and time. Your contributions are vital to the medical mission. We look forward to assisting you in your future publication/presentation efforts._
PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

INSTRUCTIONS

USE ONLY THE MOST CURRENT 59 MDW FORM 3039 LOCATED ON AF E-PUBLISHING

1. The author must complete page two of this form:
   a. In Section 2, add the funding source for your study [e.g., 59 MDW CRD Graduate Health Sciences Education (GHSE) (SG5 O&M); SG5 R&D; Tri-Service Nursing Research Program (TSNRP); Defense Medical Research & Development Program (DMRDP); NIH; Congressionally Directed Medical Research Program (CDMRP) ; Grants; etc.]
   b. In Section 2, there may be funding available for journal costs, if your department is not paying for figures, tables or photographs for your publication. Please state “YES” or “NO” in Section 2 of the form, if you need publication funding support.

2. Print your name, rank/grade, sign and date the form in the author's signature block or use an electronic signature.

3. Attach a copy of the 59 MDW IRB or IACUC approval letter for the research related study. If this is a technical publication/presentation, state the type (e.g. case report, QA/QI study, program evaluation study, informational report/briefing, etc.) in the “Protocol Title” box.

4. Attach a copy of your abstract, paper, poster and other supporting documentation.

5. Save and forward, via email, the processing form and all supporting documentation to your unit commander, program director or immediate supervisor for review/approval.

6. On page 2, have either your unit commander, program director or immediate supervisor:
   a. Print their name, rank/grade, title, sign and date the form in the approving authority's signature block or use an electronic signature.

7. Submit your completed form and all supporting documentation to the CRD for processing (59crdpubsres@us.af.mil). If you have any questions or concerns, please contact the 59 CRD/ Publications and Presentations Section at 292-7141 for assistance.

8. The 59 CRD/Publications and Presentations Section will route the request form to clinical investigations, 502 ISG/JAC (Ethics Review) and Public Affairs (59 MDW/PA) for review and then forward you a final letter of approval or disapproval.

9. Once your manuscript, poster or presentation has been approved for a one-time public release, you may proceed with your publication or presentation submission activities, as stated on this form. Note: For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.

10. If your manuscript is accepted for scientific publication, please contact the 59 CRD/Publications and Presentations Section at 292-7141. This information is reported to the 59 MDW/CIC. All medical research or technical information publications/presentations must be reported to the Defense Technical Information Center (DTIC). See 59 MDW 41-168, Presentation and Publication of Medical and Technical Papers, for additional information.

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement:

   "The views expressed are those of the [author(s)] [presenter(s)] and do not reflect the official views or policy of the Department of Defense or its Components"

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving humans:

   "The voluntary, fully informed consent of the subjects used in this research was obtained as required by 32 CFR 219 and DODI 3216.02_AFI 40-402."

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving animals, as required by AFMAN 40-401_IP:

   "The experiments reported herein were conducted according to the principles set forth in the National Institute of Health Publication No. 89-23, Guide for the Care and Use of Laboratory Animals and the Animal Welfare Act of 1966, as amended."
The Relationship Between Obstructive Sleep Apnea and Hospital Readmission

Assessing how hospital readmissions are affected by obstructive sleep apnea severity and therapy compliance.

5. PROTOCOL TITLE: (NOTE: For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.)

6. TITLE OF MATERIAL TO BE PUBLISHED OR PRESENTED:

7. FUNDING RECEIVED FOR THIS STUDY? □ YES □ NO FUNDING SOURCE:

8. DO YOU NEED FUNDING SUPPORT FOR PUBLICATION PURPOSES? □ YES □ NO

9. IS THIS MATERIAL CLASSIFIED? □ YES □ NO

10. IS THIS MATERIAL SUBJECT TO ANY LEGAL RESTRICTIONS FOR PUBLICATION OR PRESENTATION THROUGH A COLLABORATIVE RESEARCH AND DEVELOPMENT AGREEMENT (CRADA), MATERIAL TRANSFER AGREEMENT (MTA), INTELLECTUAL PROPERTY RIGHTS AGREEMENT ETC.? □ YES □ NO NOTE: If the answer is YES then attach a copy of the Agreement to the Publications/Presentations Request Form.

11. MATERIAL IS FOR: □ DOMESTIC RELEASE □ FOREIGN RELEASE

12. EXPECTED DATE WHEN YOU WILL NEED THE CRD TO SUBMIT YOUR CLEARED PRESENTATION/PUBLICATION TO DTIC

NOTE: All publications/presentations are required to be placed in the Defense Technical Information Center (DTIC).

13. 59 MDW PRIMARY POINT OF CONTACT (Last Name, First Name, M.I., email)

14. DUTY PHONE/PAGER NUMBER

15. AUTHORSHIP AND CO-AUTHOR(S) List in the order they will appear in the manuscript.

17. AUTHOR'S SIGNATURE

18. DATE

19. APPROVING AUTHORITY'S PRINTED NAME, RANK, TITLE

20. APPROVING AUTHORITY'S SIGNATURE

21. DATE
**PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS**

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24. DATE REVIEWED: March 21, 2017

25. DATE FORWARDED TO 502 ISG/JAC

26. AUTHOR CONTACTED FOR RECOMMENDED OR NECESSARY CHANGES: ☒ NO ☐ YES If yes, give date. ☐ N/A

27. COMMENTS ☒ APPROVED ☐ DISAPPROVED

Poster presentation of IRB approved study. Appropriate disclaimers included. Approved

28. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER

Kevin Kupferer/GS13/Human Research Subject Protection Expert

29. REVIEWER SIGNATURE

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March 21, 2017

43. DATE RECEIVED

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45. COMMENTS ☐ APPROVED ☐ DISAPPROVED

46. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER

47. REVIEWER SIGNATURE

48. DATE
Title: Assessing How Hospital Readmissions are Affected by Obstructive Sleep Apnea Severity and Therapy Compliance

Authors and Institutions: Nicholas Scalzitti, MD1,2; Skyler Nielsen, DO2; Gregory Dion, MD2; Matthew Brock, MD1; Peter O’Connor, MD1,2

1Department of Sleep Medicine, San Antonio Uniformed Services Health Education Consortium, San Antonio, TX; 2Department of Otolaryngology-Head and Neck Surgery, San Antonio Uniformed Services Health Education Consortium, San Antonio, TX

Introduction:

Hospital readmissions are an important quality metric reported to the Centers for Medicare and Medicaid Services. Previous work from our group found that the presence of obstructive sleep apnea (OSA) correlates with increased risk of hospital readmission within 30 days. This project seeks to characterize the relationship between readmissions and the severity and treatment of OSA. A better understanding of this relationship could potentially be utilized to develop preventative measures and reduce readmission.

Methods:

A retrospective review of all hospital discharges over a 24-month period (August 2011–July 2013) for a Department of Defense tertiary care hospital was conducted. Of 22,261 unique discharges, 5,299 patients had OSA based on ICD-9 codes. Of these patients with OSA, 565 were readmitted. From this group, 125 patients were randomly selected for further review. An additional age and gender-matched 125 patients with OSA that were not readmitted were selected for comparison. The groups were compared with parametric and non-parametric tests.

Results:

For the 250 patients, ages ranged from 18 to 96 years (mean 63.2). Polysomnography data was found for 152 patients (77 readmitted and 75 non-readmitted). Based on the available polysomnography data, 67 readmitted and 66 non-readmitted patients met criteria for OSA. Apnea-hypopnea index ranged from 0 to 110.7 (mean 24.1) and 0.2 to 109 (mean 27.2) for the readmitted and non-readmitted groups respectively (p=0.48). Similarly, lowest oxygen saturations averaging 83.9 and 84.1 (p=0.88), and body mass index averaging 31.3 and 31.6 (p=0.67) were not statistically different. Inpatient (27.2% vs. 26.4%) and outpatient (38.4% vs. 37.6%) treatment rates were not different. Length of hospital stay (5.1 vs. 3.6 days in readmitted vs. non-readmitted) differed between the 2 groups (p=0.007).

Conclusion:

While OSA is an independent risk factor for hospital readmission, OSA severity and treatment compliance did not differ between readmitted and non-readmitted patients. Of the factors studied, only
length of stay during the original admission correlated with higher likelihood of readmission. Additional studies on hospital readmission in OSA patients are needed to determine if readmission rates can be improved through better recognition and treatment of OSA.

Disclaimer:

The views expressed are those of the author(s)/presenter(s) and do not reflect the official views or policy of the Department of Defense or its Components.