technological infrastructure for health care facilities and in patient homes. Telehealth on the one hand has held promise for addressing health disparities perpetuated by inadequate rural access, but delivery requires extensive broadband and technologic access. That creates the possibility for new kinds of healthcare disparities. In addition, COVID-19 forced marked reduction in in-lab polysomnography (PSG), and concurrent expansion of home sleep apnea testing (HSAT). We hypothesized that the pandemic led to an increase in the overall frequency of telehealth and HSAT utilization, particularly in those who were younger, White, more educated, and from a non-local area.

Methods: We completed a retrospective chart review of all adult patients seen by all provider types across the Sleep Medicine practices in Mayo Clinic Rochester, Arizona, Florida, and the Mayo Clinic Health System between 1) 6/1/18—3/8/20 (Pre-COVID-19), 2) 3/9/20—4/19/20 (Early COVID-19), and 3) 4/20/20—present (Late COVID-19). We recorded the total number of PSGs and HSATs and total number of face-to-face and telehealth visits, along with the age, gender, race, educational level, and locality by zip code for patients served. These data were compared across the 3 timeframes.

Results: Average monthly visits changed from Pre-COVID-19, Early COVID-19, to Late COVID-19 [2194.7/m, 1416.5/m, 2690.6/m (P<0.001)]. Average monthly sleep test volumes also changed [1004.1/m, 530.5/m, 1123.4/m (P<0.001)], with a proportionate increase in HSATs across the 3 periods [34.71%, 65.37%, 53.59% (P<0.005)]. The increase in Late COVID-19 in telehealth visits occurred proportionately more in those who were younger, female, non-White, college and post-graduate educated, and from a non-local area. The increase in use of HSATs occurred proportionately more in patients who were younger, female, non-White, college and post-graduate educated, and from a local area.

Conclusion: The COVID-19 pandemic increased the use of telehealth visits and HSATs in Sleep Medicine practices across our enterprise, particularly in those who are younger and more educated, which may be due to ease of use with and access to technology. The reasons for the presence of additional disparities based upon gender, race, and locality needs further exploration.

Support (If Any):

0372

PATIENT PERSPECTIVES OF SLEEP DISTURBANCES ON A NEUROLOGY INPATIENT UNIT

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Introduction: Sleep is a process critical to our daily physical revitalization, but sleep in the hospital is often very disruptive and is associated with poorer health outcomes during recovery. We aimed to assess patient and staff perceptions on sleep disturbances on a neurology inpatient unit in order to minimize sleep disturbances during hospitalization.

Methods: From April 2021 to November 2021, patients on a neurology inpatient unit completed Karolinska Sleep logs, Berlin questionnaires, and the Potential Hospital Sleep Disruptions and Noises Questionnaire (PHSDNQ). Surveys were administered three times a week to patients oriented, available to participate, and slept on the unit for at least one whole night. Responses were dichotomized and compared to previously-surveyed dichotomized disturbance perceptions by the unit staff. We used chi-square tests to analyze disturbances across both groups for statistical significance.

Results: One hundred twenty-nine patient surveys were collected, and of the disturbances listed, bed comfort, general noise, vital signs, and toileting were the most significant disruptors to sleep. Staff agreed that noise was a top disruptor but ranked testing, pain, and medications higher than patients. High-risk patients for sleep apnea were more likely to be disturbed by medication administration than low-risk patients (19% vs. 7%, p=0.0288), with trends also nearing significance in neuro checks (17% vs. 7%, p=0.059) and light (17% vs. 7%, p=0.059). Overall, there were significant differences across almost all sleep disturbances when comparing the groups, with staff ranking noise, medications, testing, vital sign checks, neuro checks, anxiety, pain, light, and bed comfort significantly higher than patients (p<0.0001). Temperature was not statistically significant. While survey collecting, we found that patients reported specific interventions disrupted their sleep but later ranked them lower than we expected on PHSDNQ. Upon further questioning, patients thought those interventions were required by inpatient teams.

Conclusion: There is undoubtedly room to minimize the top-ranked disruptors and identify discrepancies between high and low-risk sleep apnea patients. We found that patients typically expect certain sleep disturbances during hospitalization, and are generally unaware that we can modify them. Future studies should involve empowering patients to minimize sleep disruptions.

Support (If Any):

0373

DEVELOPING AN ONLINE SLEEP EDUCATION TRAINING-LESSONS LEARNED & FUTURE DIRECTIONS

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Introduction: Systems of higher education are increasingly offering online education, with the most recent expansion of e-learning surrounding the COVID-19 pandemic. As the e-learning industry grows, it provides the opporunity to expand a burgeoning body of research focusing on the development of online training to promote health across disciplines. This presentation describes the development of an interdisciplinary online training to educate social work students on sleep health and shares feedback recieved from the student experience. We describe the steps taken to develop the instructional method, content management, and the delivery of the training.

Methods: This training involved 25 collaborators across seven universities. The Center for Online and Continuing Education (COCE) at the 'home' institution partnered with faculty to recommend best practices in online learning and provide technical assistance. Based on formative research conducted with the target population, the training included 5 'modules': introduction to sleep health, sleep hygiene, fatigue and fatigue countermeasures, sleep disorders, and sleep health among special populations. The content included mixed media, humor, and props to bolster student engagement. The COCE team created a digital 'Sleep Health Badge' and certificate of completion that students would earn after completing the training. The training was offered to social work students at a public university in the southeastern United States.

Results: 90 students participated in the training. Students increased their sleep health knowledge, and reported being very satisfied with the structure and curriculum of the training(96.7%). Of note, while the training was only 2 hours long and asynchronous, the the most frequent recommended change given by participants was to shorten the length of the videos (20.8% of responses).

Conclusion: Overall, the training was well-received and is in the process of being adapted for professional social workers. For future