

Change Ideas for Sleeping and Waking

Typical issues and evidence of discordance:

Residents are awakened and put to bed according to the facility's schedule. To ease the burden on the incoming day staff, the night shift awakens some residents. Sleeping residents are awakened during the night to take temperatures, give medications, monitor for incontinence, insert suppositories, or even to hydrate them. Some homes have gone so far as to have the night staff provide care such as clipping toenails. Sleep, for many residents, is compromised by bed alarms. Facility floors are cleaned and shined with noisy machinery during the night when hallways are clear.

Residents who are sleep deprived experience a range of typical effects of sleep deprivation: lethargy, loss of appetite, depression, anxiety, agitation combative behavior, and other declines. Medications given in response to these effects, or to help residents sleep, often times exacerbate the situation.

Barriers:

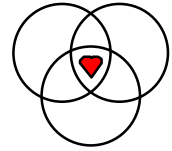
The facility's care routines unwittingly deprive residents of deep, restful sleep. These care routines are at the heart of the nursing home's culture. All work and assignments are organized around these routines. To change them will have an impact on the facility as a whole. The care routines continue because staff members are not aware of the effects of iatrogenic sleep deprivation.

Goal:

To support residents' sleep-related health and well-being by shifting from institutionally driven routines to routines that follow people's natural rhythms of sleeping and waking. Another goal is to support better relationships between residents and their caregivers by allowing caregivers to respect people's individual routines and set caregiving schedules around what works for each resident.

Infrastructure helpful to support the change:

Establish a work group composed of staff from all departments, to identify and implement the changes needed in order for residents to return to their natural patterns for sleeping and waking. Adjust clinical care, staffing schedules, and routines for food service, housekeeping, and maintenance to accommodate each resident's needs and preferences related to sleeping and waking routines. Establish a system for learning about people's patterns as part of welcoming new residents to the nursing home.



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Measurement possibilities:

- Number of residents who sleep through the night.
- Number of residents who wake of their own accord.
- Pre and post data on agitated behavior, anxiety meds, bowel and bladder continence, UTI's, skin care, weight change, mobility, social engagement, staff-resident relationships, and staff workload.

PDSA Cycles:

PLAN: Engage a committed group of people to consider, discuss and explore better sleep hygiene for residents based on residents obvious sleep deprivation and associated problems.

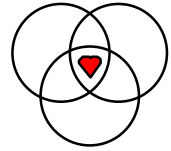
DO: Track the sleep of five resident volunteers who have minimal medical, hydration, or treatment needs. These volunteers will be given the opportunity to awaken by their own natural body clock for two weeks.

STUDY: Chart the time they awaken over the two weeks, mood, and appetite, using simple tools. Determine if residents have a greater sense of rest and peace.

ACT: Consider a small group of people who have incontinence to initiate the next study cycle. Explore how to maintain skin integrity while allowing for better sleep.

Questions to consider:

- Would you be comfortable sleeping here? With this bed and pillow?
- How can sleep be made comfortable?
- What could be improved in the following: lighting, noise, bed comfort, privacy, and clinical care to help with sleep?
- What is the importance of sleep hygiene for physical and mental well being?
- What negative outcomes are we causing by constantly interrupting the sleep of our residents?
- What are the medical consequences of sleep deprivation on health and well being?
- How would residents and staff benefit from changing the manner in which awakening happens?
- What evening activity and food do people who like to stay up late want available?
- What are all the factors that must be considered from each department in order to make this change?
- Where could you start your change process?



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Change Ideas:

- Ascertain the resident's preferred patterns, needs, and schedule related to waking and sleeping.
- Take the time to allow the resident's own inner clock to be reset. If a resident has been awakened every day at 5:30 a.m. for the past two years it will take a couple of weeks for the residents own internal clock to be re-set.
- Figure out with each resident what would be needed for comfortable sleep.
- Create an environment that is soothing and conducive to good sleep hygiene. Think about lighting and noise. Bright hallway lights can be dimmed and floor cleaning can be completed during the day.
- Chart all the factors that interrupt each resident's sleep.
- Assess which clinical routines can be easily completed at another time. Start with the easiest situations to change and progress to the more clinically complex situations as you gain experience.
- Work with staffing patterns to adjust to the changes in workload.
- Explore ways to ensure skin integrity, continence, and other clinical needs without compromising sleep.
- Seek an interdisciplinary approach to residents' healthy sleeping, and to contribute to positive clinical outcomes. For example, instead of suppositories during the night shift, provide bran muffins, prunes, fluids, exercise opportunities throughout the day, and reduce medications that may cause constipation.

Resources:

1. Cruise PA, Schnelle JF, Alessi CA, Simmons SF, Ouslander JG. The nighttime environment and incontinence care practices in nursing homes. *J Am Geriatr Soc* 1998 Feb; 46 (2): 181-6.
2. Esser S, Wiles A, Taylor H, et al. The sleep of older people in hospital and nursing homes. *J Clin Nurs* 1999; 8: 360-8.
3. O'Rourke DJ, Klaasen KS, Sloan JA. Redesigning nighttime care for personal care residents. *J Gerontol Nurs* 2001 Jul; 27 (7): 30-7.