

Introduction to the Sleep Environment Improvement Tool

The **Sleep Environment Improvement Tool** can help leadership, or the designated Sleep Champion, decide where to focus improvement efforts and how to get started on improving sleep in the nursing home. **Keep in mind**, not all improvement approaches are appropriate for each nursing home. Focus on choosing and adapting what works best in your nursing home and for your residents' preferences and needs.

How to Use this Tool

To get the most out of the Sleep Environment Improvement Tool, use these resources in the following order:

1

Step 1: **Complete the Sleep Environment Scan on Page 2.**

How do you complete the Sleep Environment Scan?

Answer the questions on the next page by marking the corresponding bubble if the answer is “yes”. Consider completing the scan while walking around the unit when most residents are asleep, while thinking about the home's sleep environment, or by talking with staff.

2

Step 2: **Identify potential areas for improvement on Page 2.**

Once the scan is completed, notice which areas have the fewest questions marked. Areas with **fewer marked questions** indicate the most opportunity for improvement. Talk with staff, residents, loved ones, and resident representatives to confirm what you observed and proceed to step 3 for suggested approaches in target areas.

3

Step 3: **Visit the specific page(s) that offer Improvement Approaches** for the target area(s) you will focus on.

How do you select which approaches to use?

Suggested approaches are separated out by *This Week*, *Next Month*, and *Future Plans* to indicate the potential level of work or resources needed for different approaches. Start them in the timeframe that works for you and your team. Choose approaches that are appropriate and attainable in your nursing home and adapt approaches to fit your needs.

4

Step 4: **Repeat the Sleep Environment Scan** at meaningful intervals. Consider redoing the scan if you notice an increase in falls or illnesses, when there is a change in leadership, or at regular intervals, such as quarterly. Repeat the scan as frequently as needed to benefit your nursing home's residents and staff.



Who should fill out the Sleep Environment Scan?

Anyone in a supervisory or management role can fill out the scan.

It can help to discuss sections of the scan with staff who are most familiar with the residents and the day-to-day environment.



Sleep Environment Scan

Personal 	Light 	Environment 
○ Are residents offered overnight incontinence products? ○ Are bedtime routines personalized for most residents? ○ Are residents able to influence or control their sleep/wake times? ○ Is there regular communication across departments to learn about resident food and drink preferences?	○ Are hallway lights turned off in resident units overnight? ○ Do blinds or curtains sufficiently block light? ○ Are nightlights available? ○ Is there light in resident areas during the daytime? ○ Is there a schedule for turning lights off and on in common areas? ○ Do staff turn off lights in resident rooms during sleeping hours?	○ Can residents bring items from home (e.g., pillows, blankets)? ○ Can residents decide on room temperature during the day and night? ○ When making rooming decisions, are residents' sleep preferences considered?
Go to Page 3 for suggested Personal approaches	Go to Page 4 for suggested Light approaches	Go to Page 5 for suggested Environment approaches
Additional Observations:		
Activity 	Noise 	Workflow 
○ Are there opportunities for social interaction? ○ Are there opportunities for independent or spontaneous activities? ○ Are there opportunities for relaxing activities in the evening? ○ Is the resident consulted before setting therapy times?	○ Are staff conversations kept to a minimum near resident rooms during sleeping hours? ○ Is use of bed alarms minimized? ○ Do walls and doors block TV or radio noise from being heard in the hallways? ○ Do walls and doors block kitchen noise from being heard in resident rooms? ○ Is cleaning or maintenance activity avoided overnight? ○ Are monitors or equipment quiet enough to avoid disrupting sleep?	○ Are staff members providing morning medication(s) after residents wake naturally, unless it is medically necessary to wake them? ○ Do staff avoid restocking linens and other room supplies while residents are sleeping? ○ Is breakfast offered on an open schedule or for over an hour? ○ Is overnight care clustered (when appropriate) to avoid waking residents multiple times? ○ Are vital sign checks and routine rounding avoided during sleeping hours?
Go to Page 6 for suggested Activity approaches	Go to Page 7 for suggested Noise approaches	Go to Page 8 for suggested Workflow approaches
Additional Observations:		

Improvement Approaches: Personal



Possible Approaches for This Week

Use the DREAM Resident Preferences Tool.

1. Identify which staff members should work with residents to complete the tool and when to complete it.
2. Determine where to record and store the collected information.
3. Consider using information from the Resident Preferences Tool when making roommate assignments and changes.

Accommodate resident preferences for hygiene schedules.

1. When identifying preferred hygiene schedules, encourage staff to learn resident hygiene routine preferences.
2. When possible, do not wake a resident to bathe them before their preferred waking time.
3. Consider offering brief, additional baths or showers before bed as a calming activity.

Possible Approaches for Next Month

Encourage morning hydration, and provide options for evening or bedtime snacks that promote sleep.

1. Encourage the resident to drink water, juice, and other liquids with breakfast and early in the day.
2. Offer drinks with little or no sugar with mid-morning snacks.
3. After lunch, remove drinks with caffeine, except as requested by the resident.
4. If the resident typically wakes up for frequent toileting, consider working with the resident to avoid large amounts of fluids close to bedtime.
5. Label and offer evening snacks that promote sleep, avoiding snacks with caffeine. Distribute these in the late afternoon or after dinner, according to resident preferences and needs.

Update medication orders to accommodate flexible sleep schedules.

1. Work with attending physicians and nurse practitioners to change medication orders to "every morning" and/or "at bedtime" instead of at a specific time, unless medically necessary.
2. Make sure the changes are reflected in care plans and medical records.
3. Encourage staff to allow residents to wake naturally rather than waking residents to take medications, unless it is a medication that must be given at a specific time.

Possible Approaches for Future Plans

Extend breakfast hours to accommodate consistent (and preferred) wake and sleep times.

1. Coordinate with the interdisciplinary team to ask each resident when they want to go to bed and when they want to wake.
2. Develop schedules to accommodate preferred resident sleep and wake times.
3. Consider additional breakfast options for residents who wish to sleep past normal breakfast times.

What We Already Do:

What We Can Try Next:

Other Notes:

Improvement Approaches: **Light**



Possible Approaches for **This Week**

Create a schedule to turn common area lights off and on.

1. Decide and record when to turn lights off and on in areas not used at night.
2. Put reminders with the schedule near light switches and in the nurses' station, or put the lights on timers.

Set technology devices to night mode (dimmed amber screen).

1. Identify devices with night mode options including residents' personal devices. If the resident prefers, work with them to adjust device(s) to night mode.
2. Encourage staff members to adjust their personal device settings when working at night.

Possible Approaches for **Next Month**

Provide hands-free flashlights for the nursing staff to use during the night shift.

1. Identify when and how to use hallway lights, room lights, and flashlights. Educate staff members on these lighting procedures.

Install blackout curtains in resident rooms.

1. In rooms where the resident would like blackout curtains, replace existing curtains with blackout curtains.
2. Open and close curtains at consistent times chosen by the resident.

Possible Approaches for **Future Plans**

Use alternative nursing station lighting at night.

1. Use indirect lighting instead of overhead lights. Consider installing under-cabinet lighting.
2. Decide and record when to turn off nursing station overhead lights.
3. Post reminders with the schedule near light switches, or put the lights on timers.

Offer bright light therapy.

1. Develop a bright light therapy schedule for interested residents.
2. Provide exposure to the light boxes for at least 30 minutes, ideally in the morning. Use light boxes with an intensity of 10,000 lux or more.
3. Provide residents with activities they can complete during bright light therapy such as watching TV or reading.

What We Already Do:

What We Can Try Next:

Other Notes:

Improvement Approaches: Environment



Possible Approaches for This Week

Gather a selection of items to support the resident's sleep preferences.

1. Encourage residents and/or their loved ones to bring in a preferred pillow from home.
2. Consider offering items such as: amber-colored nightlights, additional toothpaste flavors, white noise machines, or a blanket warmer. You can begin with one or a few items and add others later.
3. Educate staff on the availability of items, and encourage them to provide items to residents as appropriate.

Possible Approaches for Next Month

Develop individualized morning routines for residents.

1. Discuss morning wake-up preferences with the resident.
2. Ask unit staff to open curtains and blinds and turn on lights after the resident wakes. Turn off or remove other items used to promote sleep overnight, like white noise machines. Adjust these items based on resident preferences.
3. Record the plan for these activities in resident care plans and in staff guidance.

Possible Approaches for Future Plans

Ensure electronics are set to minimize sleep disruption.

1. If feasible and safe, move electronics that have lights or make noise, such as monitoring devices, away from the bedside.
2. Reposition devices so any lights face away from the resident. Adjust volume as low as possible, and turn down screen brightness on devices.
3. Replace noisy keyboards staff may type on at night with quieter keyboards as appropriate.
4. Turn volume off or down on nurses' computers while residents are sleeping.

What We Already Do:

What We Can Try Next:

Other Notes:

Improvement Approaches: Activity



Possible Approaches for This Week

Create open opportunity for independent exercise.

1. Set open exercise hours and make sure exercise facilities are available.
2. Identify residents who cannot safely exercise alone and provide alternative options, such as portable exercise equipment they can use under staff observation in other locations.

Possible Approaches for Next Month

Offer outdoor activities.

1. Communicate with activity staff to encourage outdoor activities.
2. If not already available, create an accessible space outdoors that includes tables and chairs and space for movement and exercise.
3. When weather and plans allow, move some indoor activities outside.
4. Develop additional outdoor-specific activities, such as bird watching.

Possible Approaches for Future Plans

Offer late afternoon or evening activities.

1. Work with the Director of Activities to adjust staff schedules to support both group and one-on-one activities during all shifts.
2. Ask activity staff to offer physical or social activities in the afternoon and relaxing activities in the evening that align with resident preferences and requests. Possible activities include going for a walk, sharing stories, spending time outdoors, reading, movie nights, card games, and other programming.
3. Encourage residents to participate in activities, especially if they usually nap late in the day.
4. Offer access to spontaneous activities, such as a cabinet with cards, games, large print books, puzzles, matching socks, sorting seed packets, etc.
5. Stop exercise two hours before the resident plans to sleep and encourage relaxing activities after that time.

What We Already Do:

What We Can Try Next:

Other Notes:

Improvement Approaches: Noise



Possible Approaches for This Week

Create and communicate quiet hours.

1. Ask staff what time most residents begin going to sleep and what time most wake. Use this information to determine quiet hours.
2. Post quiet hour signs in the front entrance, hallways, at the nurses' station, or in common areas.
3. Update information for residents, visitors, and staff to be mindful of noise levels during quiet hour times.

Possible Approaches for Next Month

Minimize hallway foot traffic and noise.

1. Only allow staff, vendors, and visitors to enter and exit through doors located away from sleeping residents.
2. Identify paths through the building for staff and vendors to use at night and in the early morning.
3. Develop and share guidance to reduce cart use at night.

Minimize the use of position change alarms and alarm noise.

1. Examine why the resident has the alarm.
2. Develop personalized resident rounds to prevent and minimize falls.
3. Evaluate whether there are alternative interventions.

Possible Approaches for Future Plans

Use handheld communication instead of overhead paging at night.

1. If you currently only have overhead paging in your facility, consider researching and purchasing handheld communication devices. If handheld communication devices are purchased, assign a channel number for staff to use.
2. Determine where you will store the communication devices for staff use.
3. Create a protocol for when to use paging and when to use handheld communication devices. Consider using overhead paging only for emergencies at all times.

What We Already Do:

What We Can Try Next:

Other Notes:

Improvement Approaches: **Workflow**



Possible Approaches for **This Week**

Schedule rehabilitation and therapy appointments around resident sleep preferences.

1. Encourage rehabilitation and therapy staff to schedule residents who prefer to sleep in for later appointments and early risers for the first appointments of the day.
2. Consider adjusting staff schedules as needed to accommodate resident preferences and needs and avoid waking the resident for appointments.

Possible Approaches for **Next Month**

Adapt timing of internal processes and maintenance to avoid sleep disruption.

1. Review all evening, night, and early morning non-clinical staff activity.
2. Identify which activities may wake a sleeping resident with light or noise near resident rooms.

Arrange schedules of external vendors to avoid sleep disruption, when possible.

1. Review all evening, night, and early morning vendor activity including trash collection, laundry, deliveries, and landscaping.
2. Ask vendors if they can adjust schedules and workflows to daytime hours.

Possible Approaches for **Future Plans**

Cluster overnight clinical care when appropriate to avoid waking residents multiple times.

1. Identify overnight and early morning clinical care schedules which wake residents. For example: medication pass times, turning and repositioning, incontinence checks, and dressing changes.
2. Review relevant policies and procedures and update to provide flexibility for the needs and preferences of each resident.
3. For medication pass changes, work with the pharmacist, medical provider, and others on the interdisciplinary team to determine options and update care plans.

What We Already Do:

What We Can Try Next:

Other Notes: