



# A Day and Night Difference:

## Creating A Culture of Restorative Sleep

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### Background

CMS and long-term care providers have never considered sleep as an integral part of the plan of care and services provided for the resident. Through root cause analysis, Empira identified **sleep fragmentation** as a primary cause of some of the **most challenging issues facing aging services**:



Pressure  
Ulcers



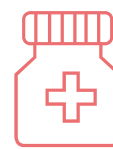
Depression



Falls



Incontinence



Poly-Pharmacy



Decline



Impairment

### Aim

Eliminate sleep fragmentation to improve quality measures and quality of life. Residents have restful restorative, undisturbed sleep at night. Residents are actively engaged and awake during the day.

### Objective

Empira received a grant through the MN Department of Health and Human Services to develop a restorative sleep program. The program used a combination of nationally recognized, evidence-based, sleep science research studies, consultation with experts, and the application of cutting edge practices to enhance sleep and wake.

### Program Method:

Taking on a multi-pronged approach including clinical, operational and environmental interventions provided multiple opportunities of improvement beyond the Quality Indicators and Quality of Life Measures. We approached this program to improve not only the contractual performance measures, but also to improve on the top ten as sleep disruptions which became the cornerstones of this program. The top ten disruptions include: 1. Noise 2. Light 3. Sleeping Environment 4. Napping 5. Medications 6. Continence Needs 7. Pain 8. Positioning Needs 9. Inactivity/activity 10. Diet

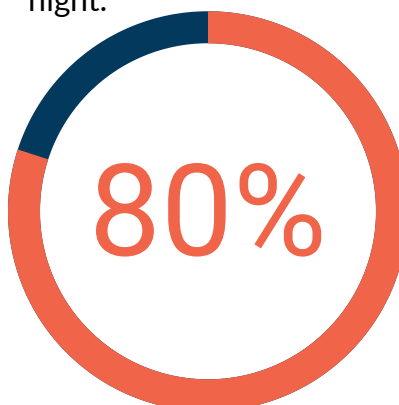
### Before:

10% of residents getting > 6 hrs or more of consolidated sleep at night



### After:

80% of residents getting > 6 hrs or more of consolidated sleep each night.



# 2.5%

Results included a 2.5% improvement for related quality measures (falls, pain, pressure ulcers, depression, incontinence, unnecessary use of anti-psychotics, and weight loss).