Restorative Sleep Vitality Program Checklist

RSVP Cornerstones

Top 10 Sleep Disturbance	Cornerstone/Intervention to Implement
Noise Noise that was most disruptive was staff conversations, especially when they thought they heard their name, their condition or care needs being discussed and loud resident's personal alarms.	☐ Eliminate stocking between 9 p.m. – 8 a.m., reduced noise at night ☐ Housekeeping, environmental services and Social Service start times no earlier than 8 a.m. ☐ Staggered nursing staff schedules to meet the needs of residents to wake at will and needs of delayed bed time ☐ Eliminate resident personal alarms
Light Resident received too much light when they were trying to sleep (lights turned on during rounding). Residents receive less than 1000 lux of light during waking hours.	☐ Hall lights on timers at night, amber lights used at night, hug lights or other non-obtrusive lighting used ☐ Day time bright light in common areas & DRs, all window coverings open in a.m. to promote Circadian Rhythm ☐ Staff offer activities in bright lit areas and encourage residents to go these areas during day time hours
Sleeping Environment The most common complaint included uncomfortable sleeping surfaces (mattress, pillows, blankets, etc).	☐ Use high density foam mattress ☐ Sleep/Wake preferences are discussed upon admission and care conferences and are incorporated into care plans ☐ Audits and actigraphy support these interventions
Napping Too much napping during the day can impair natural sleep/wake cycle. Ideally napping should be limited to 30 minutes or less per day.	☐ Engagement bins/boxes are available in common areas to promote wakefulness during traditional nap hours. Staff use these bins and encourage family and friends to use them as well ☐ Planned reduction for the frequency and longevity of naps
Medications Insomnia/Sleepiness is a common side effect of many medications. The study also found the timing of medication passes interfere with sleep.	☐ Eliminate unnecessary medications administered at night (9 p.m. – 7 a.m.) unless medically directed by MD or requested by resident
Continence Needs Frequent awakenings to use the bathroom or resident by awakened by staff q. 2- 3 hrs for checks and/or changes.	☐ Rounding practice at night protects sleep, overnight incontinent products used, individualized check and change optimizing consolidated sleep ☐ Care are "bundled" to decrease disruptions
Pain Uncontrolled pain related to restless sleeping patterns	☐ Pain management plans for poor sleepers including review of pain medications effectiveness ☐ Pain management plans in place for recurrent fallers
Positioning Needs Resident awakened to turn and reposition.	☐ Individualized turning and repositioning schedule with consideration of resident needs, risks, and preferences and optimizing consolidated sleep
Inactivity/activity The human body is like a rechargeable battery, therefore, in order to get the best "charge" the body needs to fully exhaust itself during the day.	☐ Sharing and Caring – activities during evening hours in place between 6 - 8 p.m. offered not less than 3Xs weekly ☐ All staff encourage participation in activities ☐ Involved TR staff that encourages activities aligned with internal Human Clock ☐ Evening meal is served no earlier than 5:30 p.m.
Diet Some foods and fluids can help promote natural circadian rhythm and should be offered and consumed at appropriate times.	☐ Snooze foods on evening snack cart ☐ Hydration policy supports planned reduction of fluid after evening meal. More fluids offered during the day time. ☐ Caffeinated liquids in the a.m. Decaf liquids after noon.

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- ☐ Using Actigraphy 2Xs per week, share findings with resident, nurse and team and implement sleep strategies.
- ☐ Repeat Actigraphy for residents who were identified as poor sleep to monitor effectiveness of intervention
- ☐ Review progress on RSVP cornerstones at monthly RSVP meetings (ideally, working on 2-3 at a time)

Improve Quality of Life Scores

Are you bothered by noise when you are in your room?	☐ 4 QOL questions asked quarterly at care conferences/quarterly assessments
Are there things to do here that you enjoy?	☐ Results logged and reviewed at monthly RSVP meeting
Can you go to bed at the time you want?	☐ Auditing of resident suggestions from questionnaire audit 3 recommendations/month for effectiveness
Can you get up in the morning at the time you want?	☐ Negative response followed-up and actions tracked on log

Improve 5 MN Risk adjusted QI's

Prevalence of Urinary Tract Infections	☐ Conduct routine audits for peri-care & hand washing ☐ UTI is correctly identified according to the MDS 3.0 definitions ☐ Pull reports of UTI diagnoses and audit completed of diagnosis coding for active infections and documentation 2Xs per month
Prevalence of Infections	☐ Pull reports of active infection diagnoses and audit completed of diagnosis coding for active infections and documentation 2Xs per month ☐ Post infection definitions at areas for nurses to reference ☐ Continue to trend infection rates as per infection control manual and implement interventions as appropriate
Prevalence of Antipsychotic Medications w/out diagnosis of Psychosis	☐ Ongoing pharmacist consultant chart reviews ☐ Post antipsychotic agent list and approved diagnosis list for reference for nurses ☐ Audit diagnosis list (PCC) and 802 roster for antipsychotic medications and compare with pharmacy's psychotropic medication monthly report
Incident of Worsening or Serious Functional Dependence **Incident of Worsening or Serious Mobility Dependence**	☐ Post ADL coding guides at kiosk/nurses stations ☐ Identify communication process RA/CNA to report decline/status changes ☐ Emphasize the most dependent/correct coding on initial MDS to avoid inaccurate decline on subsequent MDS's ☐ Review Functional Maintenance Programs monthly ☐ Education resources for RA/CNA's are available and used on e-learning programs: *-ADLs and Restorative Nursing - The Basics* *-Definitions for ADLs, Self-Performance, Support Provided*

- ☐ Review QI results at monthly RSVP meeting and discuss action plan to address site specific issues
- ☐ Use MDS worksheet when completing MDS (paying attention to the 5 QI areas)
- ☐ Meet with RA's weekly to discuss those in assessment reference period
- ☐ Use QI Education sheets with clinical staff (Nurse Info sheets)
- ☐ MDS & QI/QA education courses available

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