

## ACTION PLAN WORKSHEET: SLEEP

### INSTRUCTIONS:

#### Before scheduling a time to write the action plan:

- Gather the ***KDADS Criteria/Guidance*** found in the PEAK Guidebook on the PEAK website.
- Gather a team together (approximately 5-6 people) who are interested in working on this topic. Include a couple members of your PCC change team.
- Have all the team members read through the KDADS Criteria and Core Considerations for Sleep before meeting together.
- Bring copies of the KDADS Criteria and Core Considerations for everyone on the team when you meet to start writing the action plan.

#### At the time of the meeting:

- Make sure everyone has a copy of the Criteria and the Core Considerations.
- Have several hard copies or an electronic copy of the Action Plan Template. These can be found in both Word and PDF formats at: <https://www.hhs.k-state.edu/aging/research/peak20/action-planning/>
- Ask for a volunteer to scribe for the group. This person will record items on the Action Plan Template.

#### Now it is time to start action planning:

- Your team will work through the Sleep core, supporting practice by supporting practice.
- Read the statement under the heading Core #2, "Resident's individual sleep routines are supported." (KDADS criteria page 11)
- This is the **GOAL** for this core area. The scribe should write or type the following in the GOAL box of the Action Plan template.

Goal: Resident's individual sleep routines are supported.

Now everyone is aware of the goal for this core area. Next, go through each of the supporting practices and consider the following questions as a team.

## **Supporting Practice #1: Individual Sleep Routines**

**“Resident’s individual preferences around sleep are gathered, communicated and supported by the home.”**

1. Does your home ask each resident/family about their current sleep routines?  
**Circle:** YES or NO
2. Does the information gathered include information such as preferred sleep schedules, what kinds of support the elder needs during the night, when the elder wants to receive this support, toileting schedule, things that help the elder sleep and things that may disrupt the elder’s sleep?  
**Circle:** YES or NO
3. Is there a process in place to communicate this information to direct caregivers?  
**Circle:** YES or NO
4. Do direct caregivers know how to access this information? **Circle:** YES or NO
5. Are the sleep routines described by the resident/family (in the assessment) being supported on a day-to-day basis in your home? **Circle:** YES or NO

If you answered YES to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

If you answered NO to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE. Do this for all questions answered with “no.”

**Sample Objective:** “Develop and implement a tool to gather information about resident’s current sleep routines and preferences by January 1, 2018.”

### **Sample Action Steps:**

- “Gather the Sleep work team and discuss questions we should ask residents.”
- “Format and type the tool.”
- “Teach direct caregivers how to use the interview tool, Interview each resident to gather preferences.”
- Etc...

**“There is no group wake-up, nap or bedtime routines/schedules.”**

1. The home does not have any group wake-up, nap or bedtime schedules? (Group schedules could include things like: Everyone in the home with a skin issue is laid down after lunch to relieve pressure, or residents who are unable to communicate preferences are waken and taken to breakfast after residents who are more independent.) **Circle:** YES or NO

If you answered YES to the question above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box.

If you answered **NO** to the question above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE.

**Sample Objective:** “The practice of waking residents who need assistance after more independent residents will be eliminated by January 1, 2018.”

**Sample Action Steps:**

- “Create an individualized care plan for each resident that describes the resident’s needs, routines and preferences around sleep.”
- “Train direct caregivers about the change in practice at the next Nursing meeting.”
- “Create a cheat sheet for easy reference to be carried by direct caregivers.”
- Etc...

**“Individual sleep schedules are determined by each resident.”**

1. Is each resident asked about their current sleep routine and preferences? **Circle:** YES or NO
2. Does each resident have a person-centered care plan to describe the resident’s needs and preference related to sleep? **Circle:** YES or NO
3. Do these care plans include sleep preference information beyond what time a resident wishes to wake and go to bed? For example, care the resident may need at night and when they prefer to receive it, what the elder prefers to wear to bed, things that help the elder sleep (fan, open window, soft music, etc.) **Circle:** YES or NO
4. Do direct caregivers support the individual resident’s sleep preferences? **Circle:** YES or NO

If you answered **YES** to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

If you answered **NO** to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE. Do this for all questions answered with “no.”

**Sample Objective:** “Each resident will wake, nap and go to bed when they want to by January 1, 2018.”

**Sample Action Steps:**

- “Talk with each elder to find out what sleep schedule they prefer.”
- “Teach direct care staff to ask each elder if they are tired before taking them to bed.”
- “Create individualized sleep plans for each elder on their person-centered care plan to reflect resident preferences.”
- Etc...

**“Consistent staffing is in place.”**

**NOTE:** To pass this required outcome you must pass the RELATIONSHIP CORE. If you have previously passed the relationship core, please note that and the date of the evaluation in the NARRATIVE BOX on your action plan template. If you have not previously passed the RELATIONSHIP core, please refer to the ACTION PLANNING WORKSHEET: RELATIONSHIPS for assistance with this required outcome.

## **Supporting Practice #2: Undisturbed Sleep Practices**

### **“Residents receive individualized night care to support restful sleep.”**

1. Are thorough assessments completed on each resident’s continence, bed mobility and skin?  
**Circle:** YES or NO
2. Are individual care plans developed that identify night care needed by each resident based on their assessments? **Circle:** YES or NO
3. The home checks on residents as directed in their individualized night care plan rather than practicing traditional bedtime “rounds” every two hours on every residents.  
**Circle:** YES or NO

If you answered YES to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

If you answered NO to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE. Do this for all questions answered with “no.”

**Sample Objective:** “Each resident will receive individualized night care based on their person-centered night care plan by January 1, 2018.”

### **Sample Action Steps:**

- “Identify the assessments needed to create night care plans for each resident.”
- “Complete identified assessments.”
- “Nurses will create an individualized night care plan to outline the needs and preferences of each elder.”
- “Teach night staff about individualized night care at Nursing in-service.”
- Etc.

### **“Resident care is provided around residents’ preferred sleep routine.”**

1. Is each resident asked about what support they need during the night and when they would prefer to receive this care? **Circle:** YES or NO
2. Are resident preferences to not be disturbed for care during the night respected?  
**Circle:** YES or NO

If you answered YES to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

If you answered NO to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE. Do this for all questions answered with “no.”

**Sample Objective:** “Each resident will be directly involved in developing their night care plan to reflect their personal preferences by Jan 1, 2018.”

**Sample Action Steps:**

- “The night nurse will visit with each elder to discuss care needs and preferences to develop a person-centered care plan.”
- “Residents who wish not to be disturbed during the night will receive education on the risk of such decisions at this time.”
- “Teach night staff about the expectation to support resident preferences at night during Nursing team meeting.”
- “Add question to the Neighborhood audit to ask residents if their care and routine preferences are being supported at night.”
- Etc...

**“Noise at night is reduced and lighting is conducive to restful sleep.”**

1. Have staff talked with residents to find out if they experience any disruptive noise at night and alleviated disruptions? **Circle:** YES or NO
2. Are tasks that must be completed in resident rooms, except direct resident care, avoided while residents are sleeping? For example: Stocking supplies or cleaning during the night.  
**Circle:** YES or NO
3. Are hall lights dimmed and do staff use flashlights or small bedside lamps rather than overhead lights during the night? **Circle:** YES or NO

If you answered **YES** to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

If you answered **NO** to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE. Do this for all questions answered with “no.”

**Sample Objective:** “Task assignments will be revised to eliminate stocking in resident rooms during the night by January 1, 2018.”

**Sample Action Steps:**

- “Notify night staff that stocking in resident rooms will no longer occur during night shift meeting.”
- “Talk with daytime team to determine when stocking could occur.”
- “Talk with night team about tasks that could be done at night that would not disrupt residents.”
- Etc...

***“Residents have choice of the bed they sleep in.”***

1. Are there residents living in your home who have their own bed from home?  
**Circle:** YES or NO
2. Do residents know that bringing their own bed is an option? **Circle:** YES or NO
3. Does the home offer any variety of mattress/beds? **Circle:** YES or NO

If you answered YES to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

If you answered NO to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE. Do this for all questions answered with “no.”

**Sample Objective:** “Develop and implement a policy to support the use of personal beds by January 1, 2018.”

**Sample Action Steps:**

- “Talk with nurses about concerns they may have related to caring for a resident in their personal bed.”
- “Determine any regulatory issues pertaining to residents having their own beds.”
- “Gather the Sleep work team to discuss and create a policy that address these concerns and provides for the option of using a personal bed when room allows and care can be provided safely.”
- “Create a handout in the Move-in packet to inform residents of the policy.”
- Etc...

Now that you have Objectives and Action Steps for each supporting practice within the Sleep core,

- Go back to your action plan and have members volunteer to take the lead on the action steps and **write/type their name as Responsible person**. Work to spread out the work load among the team.
- Go through and identify deadlines for each action step. Get the person that volunteered to lead the step involved in setting the date. **Write this as the target date on the plan.**
- Review the action plan to make sure it makes sense, and compare the timeline with the other cores you are working on. Try not to overload your schedule with too many activities at one time.
- Once the plan is complete, turn it in to the KSU Center on Aging for feedback and get started on your plan. The feedback you will receive from KSU are suggestions to aid in your success in the program. You do NOT need to submit any changes or revisions you make to the action plan. Make changes internally and continue using the plan as a working document.
- The feedback you will receive on your action plan has no impact on your PEAK 2.0 level but a submitted action plan is required for receipt of your Medicaid financial incentive. We see a strong correlation between homes that invest time in the action planning process and success at evaluation time. Feel free to contact the PEAK 2.0 team anytime for consultation on your work.