

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 
<ul style="list-style-type: none"> ○ 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? 	<ul style="list-style-type: none"> ○ 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? 	<ul style="list-style-type: none"> ○ 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?
<i>Go to Page 3 for suggested Personal approaches</i>	<i>Go to Page 4 for suggested Light approaches</i>	<i>Go to Page 5 for suggested Environment approaches</i>

Additional Observations:

Activity 	Noise 	Workflow 
<ul style="list-style-type: none"> ○ 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? 	<ul style="list-style-type: none"> ○ 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? 	<ul style="list-style-type: none"> ○ 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?
<i>Go to Page 6 for suggested Activity approaches</i>	<i>Go to Page 7 for suggested Noise approaches</i>	<i>Go to Page 8 for suggested Workflow approaches</i>

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:

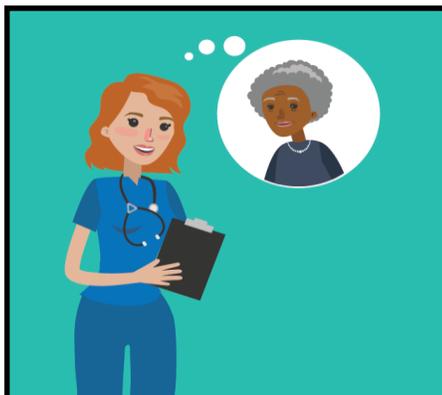
Introduction to the Handbook

Almost 70% of adults living with dementia have medical sleep issues. Trouble sleeping causes their mental abilities to decline faster and is linked to other symptoms like anxiety and aggression. It is harder to provide care for residents who do not sleep well, and lack of sleep can lower their quality of life. You can support the physical, mental, emotional, and psychosocial well-being of residents living with dementia by improving their sleep.

The Developing a Restful Environment Action Manual (DREAM) Toolkit Sleep Handbook provides information about sleep and **practical approaches to improve sleep quality**. Work with your colleagues in all departments to use the DREAM Toolkit to improve sleep for residents. Use what you know about each resident's history, preferences, and needs to decide which approaches to try.

How to Use this Handbook

Good sleep starts during the day. Ensure that the toolkit's information is shared with staff from all shifts. Consider sharing copies of this handbook with anyone who works in close proximity to residents. In addition to clinical staff, members of the maintenance, housekeeping, and administration teams should also be aware of your facility's efforts to improve sleep.



As you read the handbook, think about the residents living with dementia in your home. Which activities do you already do, and what new things might help improve their sleep quality?



This handbook can be used as a complete package or shared as a series of educational one-pagers at huddles and meetings. Who might benefit from receiving this information or a copy of the handbook?



Use the handbook as a way to start discussing ideas with your team for improving sleep quality for residents. How can you incorporate some of the information here into your next team meeting?

You can improve quality of life and quality of care for residents living with dementia.

Even when time and resources are limited, **small changes can make a big difference** in helping residents living with dementia sleep well. Improving sleep can improve emotional, mental, and physical well-being. Better sleep leads to more meaningful interactions and smoother activities of daily living (ADL) care.

How does sleep impact residents living with dementia?

While disease, age, and genetics impact overall health, so does sleep quality and quantity. Sleep also impacts physical function, healing and immunity, mood, mental health, and communication.

There are four stages in a healthy sleep cycle:

Stage 1

Brain activity slows down and muscles relax.



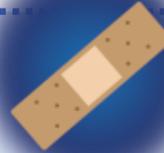
Stage 2

Light sleep and brief dreaming begins.



Stage 3

Deep sleep begins. Physical healing occurs.



Stage 4

Rapid eye movement (REM) sleep promotes emotional and psychological healing.



Meet Ms. Jones. She has trouble staying asleep nearly every night.



Meet Mr. Hernandez. He sleeps well nearly every night.



Both Ms. Jones and Mr. Hernandez live with dementia and experience mild cognitive decline.

- Since moving into the nursing home, Ms. Jones has not had a **consistent sleep routine or consistent amount of sleep**.
- She has a hard time falling asleep due to **hallway light and noise**. When she does fall asleep, she is easily awakened.
- Ms. Jones' lack of **deep sleep** affects her day. She is often exhausted, struggles with her balance, and feels irritable.
- Mr. Hernandez has a **sleep routine** that staff follow regularly. He reads a book in his room at bedtime for 30 minutes, toilets just before bed, and keeps all the lights off in the room except for his night light.
- His sleep is **uninterrupted**, so Mr. Hernandez is able to enter deep sleep cycles. This high-quality sleep helps him **avoid illness and injuries**. He enjoys his interactions with staff and other residents.

Improving sleep will not resolve every issue, but **better sleep supports the health and quality of life of residents**. It is important that residents are able to enter **all four stages of the sleep cycle** every night.



THINK ABOUT IT:

How do you feel when you do not get enough sleep?

How does dementia affect sleep?

We all need sleep to feel good, both physically and mentally. Sleep and dementia are connected. **Lack of sleep can speed up cognitive decline**, and a resident living with dementia typically has more trouble sleeping. It is important to regularly determine how to help residents get good sleep as their dementia progresses.

Hormones and Sleep

Hormones and neurochemicals in the body are impacted by light and activity, which impact sleep quality. Levels of sleep-wake cycle hormones, like **melatonin** and **cortisol**, as well as chemicals like **adenosine** and **serotonin**, signal the body to wake or sleep.

<p>Sleeping</p> <p>Melatonin and adenosine signal the body to sleep.</p>			<p>Waking</p> <p>Serotonin and cortisol prepare the body to wake up.</p>
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Lack of Sleep and Dementia Progression

Pre-Dementia, Dementia, Late Stage →



Dementia and poor quality sleep each make the other worse. As a resident's dementia progresses, they will need additional or new types of support to sleep well. **Sleep support may look different at the different stages of dementia.** What helps now might be less useful in a few months. Adjust routines, preferences, and environmental factors accordingly.

Indicators for Sleep Quality

Use the chart below to help you determine which residents may need help sleeping better. Work with the resident, their loved ones, and your team to find ways to support each resident to sleep well.

	Expected	May Need Help
How long does it take the resident to fall asleep?	Less than 30 minutes	More than 60 minutes
How many times does the resident wake up during the night?	Two or fewer	More than twice
How long is the resident awake during the night?	Less than 30 minutes	More than 30 minutes



THINK ABOUT IT:

How are your mood and memory impacted when you don't sleep well?

What complicates sleep for residents living with dementia?

Overlapping Health Issues

LEWY BODY DISEASE *Lewy bodies are protein deposits in nerve cells. Lewy body disease includes Lewy body dementia and Parkinson's disease. Hallucinations are a normal symptom of Lewy body disease. They may make it harder for the resident to sleep at night. Insomnia and nightmares are also common.*

Where to start: Offer a nightlight, create a calm atmosphere, and reduce resident room distractions.



DELIRIUM *is a sudden change in cognition. It is often a sign of another problem.*

Where to start: Look for the underlying cause: strong negative emotions, pain, lack of sleep, or an infection like a urinary tract infection (UTI). Consult with the clinical team.

DEPRESSION *is a mood disturbance caused by a chemical imbalance in the brain. Symptoms include a depressed mood or loss of interest or pleasure and can also include agitation, weight loss, and difficulty concentrating.*

Where to start: Ask residents how they feel. Review their medical records to see if they have a diagnosis of depression.

Psychotropic Medications

Residents living with dementia may be inappropriately prescribed psychotropic medications to treat sleep disturbances and/or mental health disorders. However, **psychotropic medications can actually cause sleep issues like insomnia and drowsiness.** With long-term use, these medications can also lead to hyperglycemia, disorientation, memory loss, falls, increased risk of worsening heart disease, and other adverse events.



Non-pharmacological approaches for sleep present fewer risks than psychotropic medications.

Position Change Alarms



Position change alarms can disrupt sleep if they make noise in the resident's room. These alarms may inhibit the resident's freedom of movement and make it harder for them to find a comfortable sleeping position. Work with your leadership team to **minimize bed, chair, and other position change alarms to attain and maintain the highest achievable well-being for the resident.**



THINK ABOUT IT:

What underlying issues make it harder for the resident to sleep well?

Why is the resident napping?

Residents living with dementia may nap for long periods of time during the day. These naps do not replace a full night of rest and can make it harder for a resident to sleep during the night. Help residents find alternatives to napping while always respecting their napping preferences.

This is Mr. Hernandez. He takes one short nap in the afternoon and sleeps soundly for seven hours per night.



Mr. Hernandez is alert during the day and friendly with staff and residents.

This is Ms. Jones. She takes three long naps throughout the day and has fragmented sleep throughout the night.



Ms. Jones is tired throughout the day and is easily frustrated or upset on most days.

Naps can adversely affect a resident's **sleep cycles, mood, and energy level**. **Physical activity and social interaction** during the day make it easier for the resident to stay awake.

When a resident naps often or for a long time, work with staff and the resident to understand why.

Why is the resident napping?

- **They aren't sleeping well at night.** How can your team work to make the resident more comfortable?
- **They're tired**, even after a full night's rest. How many days in a row have you noticed this?
- **They're bored.** Work with the care team and activities department to identify ways to engage the resident during the day.
- **They always take a quick nap after lunch.** Naps are not always bad. Combined with a full night of rest, a short nap in the early afternoon can help boost alertness.



Use the DREAM Pocket Guide to help support a resident to avoid too much napping.

Note: Some residents may prefer to be awake at night and sleep during the day. Work with the resident, their loved ones, and the care team to support the resident to get good sleep while respecting their preferences.

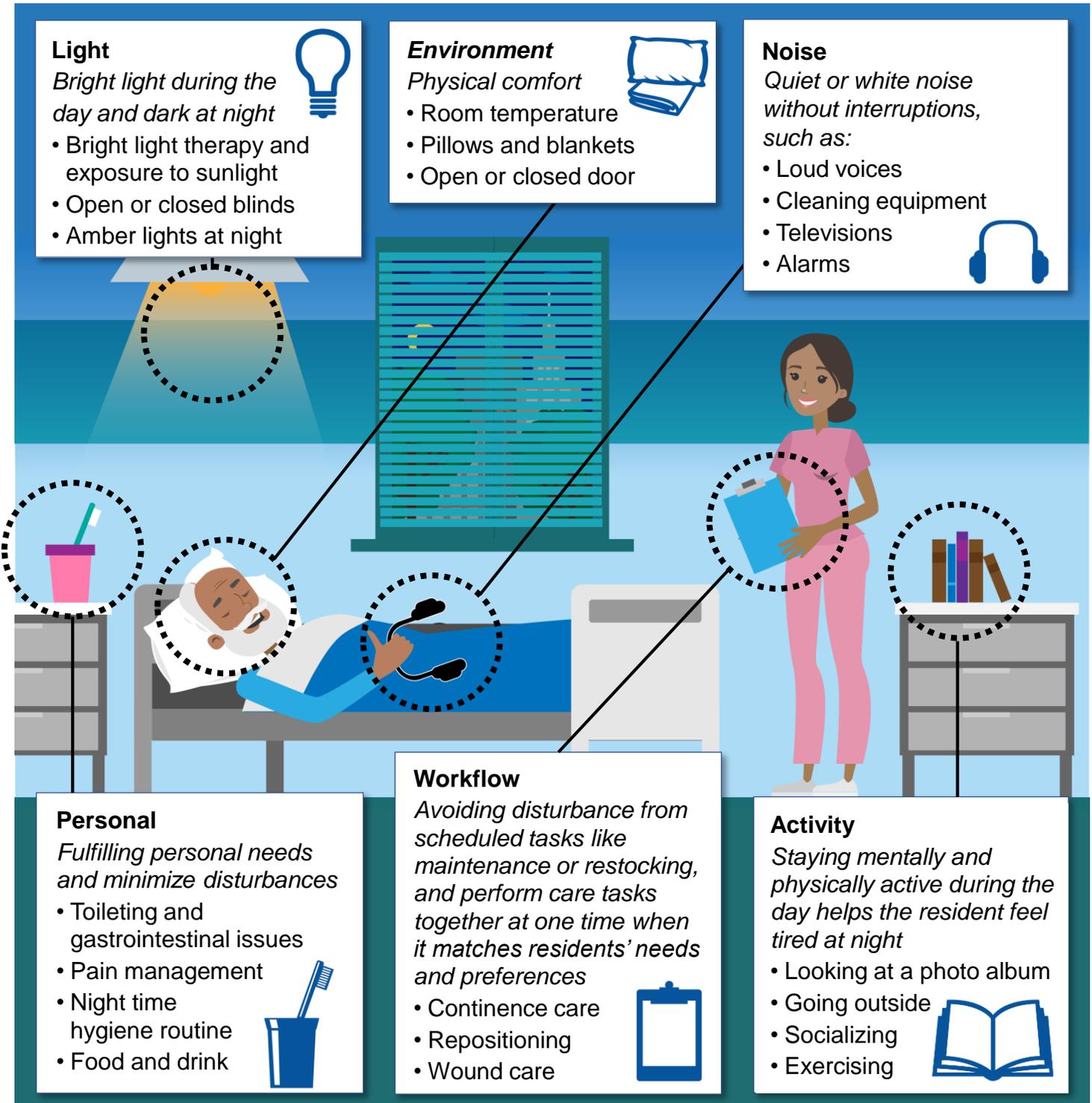


THINK ABOUT IT:

Do you know any residents who have trouble sleeping at night but nap frequently during the day?

What helps a resident living with dementia sleep better?

Start by learning the sleep concerns and preferences of the resident. Pay attention to the **six key areas for sleep improvement** for ways you can help improve sleep.



Sleep improvement is a team effort, and you can start today!

Here are some things to try if a resident has trouble with....

Getting comfortable

- Ask how you can help them get settled.
- Consider if the resident is experiencing pain, keeping in mind that a resident cannot always express pain or discomfort verbally.
- Encourage their loved ones to bring a favorite pillow or comfort item from home.
- Consider pajama and bedding preferences.

Falling asleep at night

- Ask if anything is keeping them from sleeping.
- Offer to reduce resident room lighting according to their preferences (examples: turn off TV, close curtains, and close doors).
- Offer a relaxing beverage, such as warm milk or herbal tea.
- Offer an alternative calming activity, white noise, or soft, soothing music.
- Offer gentle touch, such as a hand or back massage.

Waking up in the middle of the night

- Ask why they woke up and what they need.
- Help the resident feel safe.
- Use a flashlight or indirect lights instead of overhead lights.
- Consider the volume of TV/music/noise from neighbors.
- Keep your voice at a low volume.



Here are some things to try if a resident has trouble with....

Boredom

- Ask about hobbies and favorite activities.
- Offer them a book or magazine, or offer to turn on music they enjoy.
- Ask if there is anyone they want to talk to or about, or what they are thinking about.
- Support the resident to safely go outside or find a comfortable place near a window.
- Offer regular exercise and activities that the resident enjoys.

Napping too much and/or daytime drowsiness

- Ask if they would like to do an activity instead of napping.
- Report an increase in daytime drowsiness, snoring, or leg movement to the interdisciplinary team.
- Offer to open curtains and increase exposure to sunlight.
- Create a schedule with the resident to avoid long naps or napping late in the day.

Here are some things to try tomorrow....

- Encourage the resident to minimize exercise and coffee in the late afternoon.
- Encourage drinking fluids earlier in the day. Avoid drinking large amounts of fluids two hours before preferred bedtime.
- Toilet before bedtime and/or use more absorbent incontinence products at night, according to resident preferences and needs.
- Cluster care (medications/dressings/repositioning) to wake the resident less often.

Step 2: Please fold on this dotted line

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Getting the Most from the Resident Preferences Tool

Asking about Preferences

- Depending on the stage of dementia, a resident living with dementia may be more comfortable with yes or no questions or simple choices. **Use short sentences and simple words.**
- If you need more information than the resident provides, **talk with the resident's loved ones and care providers who know them well.**
- Record the resident's preferred bedtime routine with other care information. Work with your supervisor to make a plan and add it to the appropriate system. **Update the care plan and communicate with staff when the resident's needs or preferences change.**
- **Follow relevant policies and procedures for protected health information.**



Conversation Tips and Reminders

- **Focus your full attention on the resident.** Make eye contact, unless it makes the resident uncomfortable. Hold the conversation in a quiet, private space where the resident is comfortable, such as the resident's room.
- **Allow the resident to finish their thoughts,** even if it takes some time. Repeat back what you heard, in your own words, to check that you understood correctly.
- When talking or working with the resident, use what you know about **their past and present life,** such as what job they had, to **better understand their preferences and needs.**
- You may learn about their past, including things that may trigger strong emotions for them. Do not pressure the resident to answer any questions they do not want to answer. **If the resident seems uncomfortable** or tired, stop. Try again on a different day or have a different staff member talk to the resident.

Pay Attention to How the Resident Living with Dementia Communicates

- Residents may explain their preferences with words. Other times, you may **learn about preferences by how a resident naturally reacts or behaves.** Pay attention to the resident's body language and facial expressions when they are getting ready for bed.
- Sometimes the resident will tell you exactly what they want for their bedtime routine. Other times you might have to **guess based on what you know about them and their preferences.** As needed, try different approaches in this tool, the **DREAM Toolkit Pocket Guide,** or other ideas from your team.
- Keep looking for what does and does not work for the resident. Sometimes a resident will want to change their routine for one day. **It is important to remain flexible.**



If the resident still has trouble sleeping, it could be a sign of an underlying issue, such as sleep apnea or medication side effects. Residents with a history of trauma may also have more difficulty sleeping. Work with your team to identify and address underlying issues.

Resident:

Date:

	Preference Questions	Staff Observations and Notes
Workflow	What time do you like to go to sleep? What time do you like to wake up? How do you like to wake up? <input type="checkbox"/> Open window curtains <input type="checkbox"/> Natural wake up <input type="checkbox"/> Other: How did you get ready for bed in the past? Does it differ now? If so, how? What would you like to change? For example: snacks, plan tomorrow's clothes, or listen to music.	
Environment	What helps you get comfortable before bedtime? <input type="checkbox"/> Extra pillows Temperature: <input type="checkbox"/> Extra blankets <input type="checkbox"/> Colder <input type="checkbox"/> Other: <input type="checkbox"/> No change Door: open or closed (circle) <input type="checkbox"/> Warmer Do you like the head of the bed elevated? How much? What helps you when you're having trouble sleeping?	
Personal	What do you want on your bedside table at night? <input type="checkbox"/> Glasses <input type="checkbox"/> Tissues <input type="checkbox"/> Clock <input type="checkbox"/> Phone <input type="checkbox"/> Other: Do you like to bathe in the morning or evening? How many times a week? Are there any specific products you use? What do you like to wear to sleep? Do you use the bathroom before bed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Light	What kind of light do you want when you go to sleep? <input type="checkbox"/> Blinds closed <input type="checkbox"/> Bedside lamp <input type="checkbox"/> Television <input type="checkbox"/> Nightlight <input type="checkbox"/> Other: Do you wake up easily to light? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Noise	What kind of noise helps you sleep? <input type="checkbox"/> Television <input type="checkbox"/> Soft music <input type="checkbox"/> White noise <input type="checkbox"/> Other: Do you wake up easily to noise? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Activity	What activities are important to you? When? <input type="checkbox"/> Go outside <input type="checkbox"/> Exercise <input type="checkbox"/> Listen to music <input type="checkbox"/> Read <input type="checkbox"/> Other:	



Consider updating the Resident's Preferences during the regular care plan review process, as the resident's dementia progresses, and following other status changes.

Welcome to the DREAM Toolkit Implementation Guide

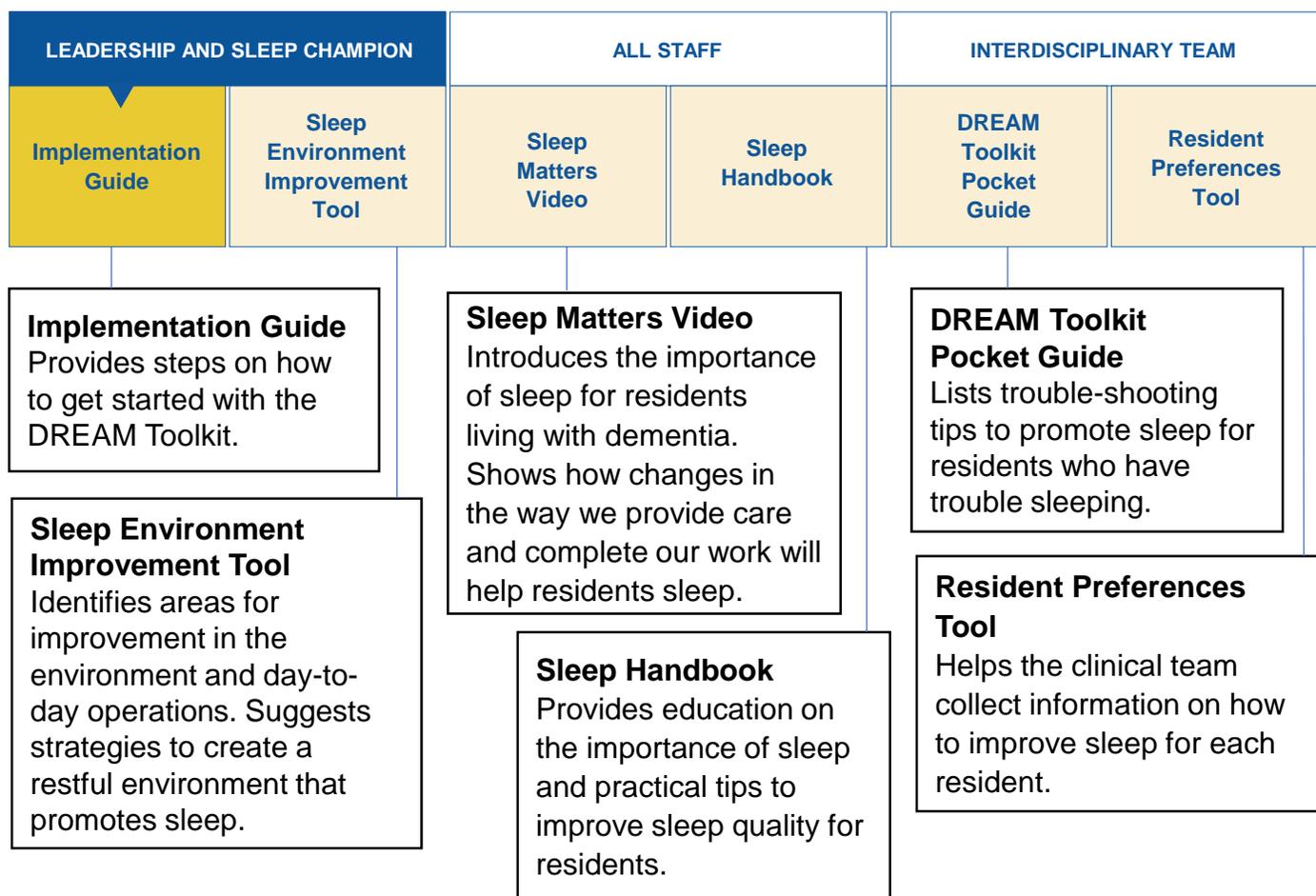
What is in the DREAM Toolkit?

The Developing a Restful Environment Action Manual (DREAM) Toolkit offers educational information and tools for nursing home teams to use together to improve resident sleep and quality of life.

Why does sleep matter?

Sleep helps all of us stay healthy, regardless of age. **A resident living with dementia is likely to experience worse physical, mental, and psychosocial well-being if they do not sleep well at night, creating a greater risk of adverse events, including falls.** Your team can take action today to help residents obtain higher quality, uninterrupted sleep. Develop a healthy sleep environment for **residents living with dementia** to promote safety, encourage a quality balance between wake and sleep, and enhance physical and mental health. Use the steps in this guide to get started.

Who can use the DREAM Toolkit?



How can I get started?

This guide will walk you through the following steps to get started with using the DREAM Toolkit:

1. Choose a champion.
2. Identify key areas to improve sleep.
3. Educate and empower staff.
4. Communicate the plan to staff.
5. Reach out to residents and their loved ones.
6. Schedule regular check-ins and track your progress.

Step 1: Choose a Champion

Identify a **Sleep Champion** to lead the rollout of the DREAM Toolkit. The Sleep Champion will work with both the leadership team and staff throughout the home to promote sleep improvement. Once you choose a Sleep Champion, they can lead steps 2 through 6. You can also build a **Sleep Team** to work with the Sleep Champion.

When Choosing a Sleep Champion:

- Pick someone with appropriate authority to make decisions and move things forward.
- Find someone excited to explore new approaches and who can motivate others.
- Encourage them to collaborate with the full interdisciplinary team.
- If building a **Sleep Team**, include staff from different departments and at different levels. Recommend that the team sets regular meeting times.



Step 2: Identify Key Areas to Improve Sleep

Use the **Sleep Environment Improvement Tool** to decide where to focus improvement efforts and how to get started. This tool includes a Sleep Environment Scan and also offers practical approaches to improve sleep, organized by key area (e.g., light, noise, workflow).

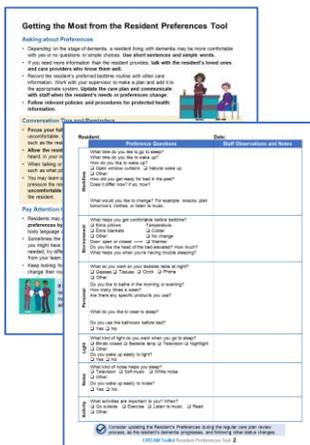


Step 3: Educate and Empower Staff

The interdisciplinary team, especially nurses and nurse aides, can make immediate changes to support improved sleep. Let staff know about the focus on improving sleep quality and why sleep matters. Give the team the tools and resources they need.

Everyone Can Make a Difference:

- Encourage managers to use the **Sleep Handbook** in huddles.
- Share the **Sleep Matters Video** with staff.
- Distribute the **Resident Preferences Tool** and support teams to use it.



Step 4: Communicate the Plan to Staff

Once you and your team decide on an approach, develop a plan to communicate important information to staff. Organize your communication strategy by thinking about who needs to know what. Then decide when and how to communicate the information. Consider these questions as you develop your communication plan:

- **Which departments will be involved** in the success of the approach(es)?
 - Examples: dietary, housekeeping, nursing, activities, social work, rehabilitation
- **How do they prefer to receive new information?**
 - Examples: email, in-person meeting, small group huddles, one-on-one discussion
- **Which messages are important to share?** Can any of the other components of the DREAM Toolkit support your efforts to share this information?
 - Example: the Sleep Matters video
- **When do you need to communicate this information?** Communicate before you start the approach. Then decide when it is important to check-in and review progress or concerns from your staff.
 - Examples: care planning meetings, weekly or monthly staff meetings, huddles
- **What resources can you provide for staff** to support them in rolling out the approach(es)?
 - Examples: materials on the tables in the breakroom, a binder of resources



Plan to regularly reinforce with staff the benefits of improving sleep for residents living with dementia. This will be critical for gaining staff buy-in and genuine engagement. Develop a partnership with your staff so that you can work together to troubleshoot unexpected challenges that come up as you create a better sleep environment for residents.

Step 5: Reach Out to Residents and Their Loved Ones

Use this opportunity to tell residents and their loved ones about the exciting plans to improve sleep and quality of life. You will also want to include them as partners to improve sleep and ask about resident sleep preferences.

Share and Request Information:

- Print and distribute “**We are Working to Improve Sleep for Residents**” on the next page, or create your own materials.
- Use the **Resident Preferences Tool** to collect information.
- Request ongoing input and feedback.



Each resident is the number one expert on their own preferences. Ask and engage them first. However, it may be difficult for the resident living with dementia to communicate their preferences and needs. Engage the resident’s support system, including loved ones and care providers, to better understand the resident’s preferences and needs. Loved ones include representatives of residents living with dementia, such as family, caregivers, friends, and court-appointed guardians. Loved ones may or may not have legal decision-making authority.

We are Working to Improve Sleep for Residents

Why focus on sleep?

Getting older, especially when living with dementia, can make it harder to get to sleep and stay asleep at night. Improving sleep can improve health and lead to better quality of life.



When residents sleep well it:

- Prevents daytime sleepiness so the resident can stay active and engaged
- Lowers risk of falls
- Improves mood



When residents have trouble sleeping it:

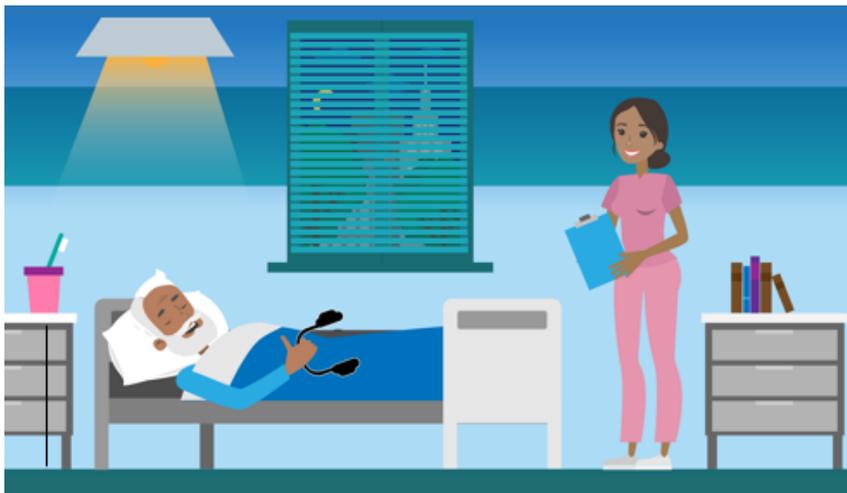
- Speeds up memory loss
- Reduces self-care skills
- Increases risk of infection
- Makes residents feel more confused

Medicine is not always the answer.

Your care team works together to determine when medications are appropriate. Psychotropic medications can actually cause sleep issues like insomnia and drowsiness. With long-term use, these medications can also lead to disorientation, memory loss, falls, and increased risk of worsening heart disease. Non-pharmacological approaches for sleep, such as reducing bedroom light and noise, present fewer risks than psychotropic medications.

What are we doing to improve sleep?

We are taking action to help each resident sleep better by focusing on personal sleep and wake preferences, as well as improving the sleep environment throughout the nursing home.



Help us understand what makes it easier for the resident you know to sleep well. Care planning meetings are a great time to share the following information:

- What did their bedtime routine look like at home?
- What comfort items help them sleep?
- What activities might they enjoy during the day?

Step 6: Schedule Regular Check-ins and Track Your Progress

You can measure sleep quality for residents living with dementia directly with fitness trackers (such as bracelet trackers or phone sleep apps). Data that you already use or have access to can also help you **track the progress of sleep improvement by focusing on desired outcomes**. Promoting sleep for residents living with dementia is an ongoing process. Measurable improvement will not happen immediately, but you can look for improvements over time.

Use the steps and table below to get started:

1. Identify your goals and outcomes.
2. Once you know the outcomes you want, find data sources you can use. See the table below for ideas.
3. Figure out your starting point, or baseline. Knowing where you started will make it easier to see improvement over time.
4. Continue to collect and compare data. Share the data with staff during **regular check-ins**.
5. Look at the data to learn what works and does not work in your nursing home. Use this information to adjust future plans to improve sleep quality for residents living with dementia.

Improved Sleep Outcomes	Data Sources
Increase in sleep time for residents	<ul style="list-style-type: none">• Fitness trackers worn by residents• Staff observation and daily care notes
Decrease in falls and falls with major injury	<ul style="list-style-type: none">• Internal tracking• Discussion with nurses and nurse aides about restorative care
Decrease in illness and infections	<ul style="list-style-type: none">• Internal tracking• Updates from infection preventionist, wound care specialists, and respiratory therapists
Fewer challenges in communicating unmet needs or discomfort	<ul style="list-style-type: none">• Internal tracking• Staff observation and daily care notes
Increase in resident and loved one satisfaction	<ul style="list-style-type: none">• Resident and family satisfaction surveys• Staff observation and daily care notes
Increase in staff satisfaction	<ul style="list-style-type: none">• Employee satisfaction surveys• Face-to-face feedback

Get Started with the DREAM Toolkit!

Use this Implementation Guide and other sections of the DREAM Toolkit to plan and make changes throughout your nursing home and for individual residents.



References

- Besedovsky, L., Lange, T., & Haack, M. (2019). [The Sleep-Immune Crosstalk in Health and Disease](#). *Physiological reviews*, 99(3), 1325-1380.
- Chattu, V. K., Chattu, S. K., Burman, D., Spence, D. W., & Pandi-Perumal, S. R. (2019). [The Interlinked Rising Epidemic of Insufficient Sleep and Diabetes Mellitus](#). *Healthcare (Basel, Switzerland)*, 7(1).
- Chen, J. C., Espeland, M.A., Brunner, R.L., Lovato, L.C. Wallace, R.B., Leng, X., et al. (2016). [Sleep Duration, Cognitive Decline, and Dementia Risk in Older Women](#). *Alzheimer's & Dementia*, 12(1), 21-33.
- Doghramji, K., & Jangro, W. C. (2016). [Adverse Effects of Psychotropic Medications on Sleep](#). *Psychiatric Clinics*, 39(3), 487-502.
- Furtado, F., Bruno da Silva, B. G., Abranches, I. L. L., Abrantes, A. F., & Forner-Cordero, A. (2016). [Chronic Low Quality Sleep Impairs Postural Control in Healthy Adults](#). *PLOS One*, 11(10), e0163310.
- Hennawy, M., Sabovich, S., Liu, C.S., Herrmann, N., Lanctôt K.L. (2019). [Sleep and Attention in Alzheimer's Disease](#). *Yale Journal of Biological Medicine*, 25;92(1):53-61.
- Holth, J., Patel, T., & Holtzman, D. M. (2017). [Sleep in Alzheimer's Disease - Beyond Amyloid](#). *Neurobiology Of Sleep And Circadian Rhythms*, 2, 4–14.
- Hshieh, T. T., Yue, J., Oh, E., Puelle, M., Dowal, S., Travison, T., & Inouye, S. K. (2015). [Effectiveness of Multicomponent Nonpharmacological Delirium Interventions: a Meta-Analysis](#). *JAMA Internal Medicine*, 175(4), 512–520.
- Leng, Y., Cappucio, F.P., Surtees, P.G., Luben, R., Brayne, C., Khaw, K.T. (2016). [Daytime Napping, Sleep Duration and Increased 8-year Risk of Type 2 Diabetes in a British Population](#). *Nutrition, Metabolism and Cardiovascular Diseases*, 26(11): 996-1003.
- Lim, M. M., Gerstner, J. R., & Holtzman, D. M. (2014). [The Sleep–Wake Cycle and Alzheimer's Disease: What Do We Know?](#) *Neurodegenerative disease management*, 4(5), 351-362.
- Ohayon, M., Wickwire, E. M., Hirshkowitz, M., Albert, S. M., Avidan, A., Daly, F. J., et al. (2017). [National Sleep Foundation's Sleep Quality Recommendations: First Report](#). *Sleep Health*, 3(1), 6-19.
- Ooms, S., & Ju, Y. E. (2016). [Treatment of Sleep Disorders in Dementia](#). *Current treatment options in neurology*, 18(9), 40.
- Palmer, C. A., & Alfano, C. A. (2017). [Sleep and Emotion Regulation: an Organizing, Integrative Review](#). *Sleep medicine reviews*, 31, 6-16.
- Petrovsky, D. V., McPhillips, M. V., Li, J., Brody, A., Caffee, L., & Hodgson, N. A. (2018). [Sleep Disruption and Quality of Life in Persons with Dementia: A State-of-the-Art Review](#). *Geriatric Nursing*, 39(6), 640-645.
- Smith, T. J., Wilson, M. A., Karl, J. P., Orr, J., Smith, C. D., Cooper, A. D., ... Montain, S. J. (2018). [Impact of Sleep Restriction on Local Immune Response and Skin Barrier Restoration With and Without "Multinutrient" Nutrition Intervention](#). *Journal Of Applied Physiology (Bethesda, Md.: 1985)*, 124(1), 190–200.
- U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. (2018). [Frequently Asked Questions Related to Long Term Care Regulations, Survey Process, and Training](#).
- Wennberg, A.M.V., Wu, M.N., Rosenberg, P.B., & Spira, A.P. (2017). [Sleep Disturbance, Cognitive Decline, and Dementia: A Review](#). *Semin Neurol*, 37(4): 395-406.