How Improving Sleep in Healthcare Settings can Improve Patient Safety

June 18, 2019, 12:00 – 1:00pm CT
What does person centered care mean to you?

Please type in the chat
Person Centered Care
Marguerite McLaughlin, Sr. Program Administrator
Healthcentric Advisors
Person Centered Care

- An approach that treats the WHOLE person
  - Holistic in nature
  - Puts the needs and lifestyle choices of the person first - at the center of care
  - Listens carefully to the person for clues and ideas about how to support them in living their best life
From: “What’s the Matter”? 
To: “What Matters to You”? 
What happened?

- The efficiency of our systems took precedents over our people
- We lured health professionals away from their intrinsic motivation ("to help people" and or "make a difference in people’s lives")
- Burdened health professionals with the delivery of a complex care system instead of the healing arts.
Staff
Demotivating
“Because we always do it that way”
Limiting—does what they’re told
Person
Cold
Formal
Invites no discussion

Staff
Beginning of creative & innovative care giving
Involved & engaged
Work with managers to determine what is possible
Person
Invites discussion, their ideas & voice

Staff
In direct relationship with the person
Take direction from the person and shape care around their choices and needs
Person
Partners
Engaged
Satisfied!

Culture Change Journey
Benefits Of PCC

- Improves the person’s trust, experience and outcomes
- Responds to health professionals intrinsic motivation-their desire to make a difference
- Improves job satisfaction
- Improves quality and efficiency of health system
- Can reduce unnecessary procedures and services
Implementing PCC

- Fundamental changes to our approach
- Rethinking how systems and services are organized, managed and delivered.
HATCH™
Holistic Approach to Transformational change

Workplace Practices
Environment
Care Practices
Leadership
Family & Community
Stakeholders
Polling Question

If you were a patient or resident in your organization what is the likelihood you would be able to get a good night’s sleep?

a) Very likely
b) Likely
c) Somewhat likely
d) Not likely at all
What is the common, ingrained institutional behavior?

What are the beliefs associated with the delivery of care that interrupts sleep?

What is the importance of sleep hygiene for physical and mental well-being?

What are the medical consequences of sleep deprivation on health and well-being?

What negative outcomes are we causing by constantly interrupting people’s sleep?
Organizations that have undergone change in the domain of waking and sleeping considered these questions in their change process:

- Would you be comfortable sleeping here?
  - With this bed and pillow?
- How can sleep be made comfortable?
- Where could you start your change process?
- What are all the factors that must be considered from each department in order to make this change?
- What could be improved in the following:
  - lighting, noise, bed comfort, privacy and clinical care to help with sleep?
- What evening activity and food do people who like to stay up want available?
References

- **Improving Nursing Home Culture Pilot Study** Contract #: 500-02-RI-02 A pilot project sponsored by The Centers for Medicare & Medicaid Services for Nursing Home Quality Improvement
- World Health Organization
- Pictures slide 4 & 5 from https://www.dc.nihr.ac.uk/themed-reviews/Research-on-ward-staffing.htm
Natural Awakening-The Impact of Sleep

Deborah Sutton  RN, BS, NHA
Administrator
“Residents Do Not Live In Our **Workplace**, We Work In Their **Home**” - author unknown

### Stages Of Sleep

#### Stage 1
- Muscles begin to relax and lose tonicity, sometimes sudden twitches and jerking may occur.
- Eyes move more slowly, the heart begins to slow down, breathing becomes deeper and slower.
- The person is still easily awakened.

#### Stage 2
- Muscular activity decreases more, eye activity stops or rarely moves, heart rate significantly slows and conscious awareness of the external environment disappears.
- Brain waves slow down.
- The person is not easily aroused from this level.
- This stage has brief image dreams that the brain works to: save, file, trash.

Information from Restorative Sleep Vitality Program Webinar by Sue Ann Cuildermann, RN, BA, MA
http://greatplainsagin.org/blog/event/webex-sleep-hygienefalls-part-ii/?instance_id=1343
Stages Of Sleep continued..

- **Stage 3**
  - The brain is completely at rest. All eye movement and muscle activity ceases. The first cycle is the deepest level of Stage 3 sleep.
  - Greatest amount of skin, deep tissue and overall healing and regeneration of the human body occurs.
  - Greatest amount of healing occurs at this stage due to the greatest formation of white blood cells, T4 cells, red blood cell re-oxygenation and cellular repair and regeneration.
  - It is very difficult to wake someone from this deep sleep stage.

Information from Restorative Sleep Vitality Program Webinar by Sue Ann Guldermann, RN, BA, MA
http://greatplainsqrn.org/blog/event/webex-sleep-hygieneفات-part-1/?instance_id=1843
Stages of Sleep continued...

- REM Sleep (Rapid Eye Movement Sleep)
  - Respirations become very rapid, irregular and shallow.
    - The heart rate increases and the blood pressure rises.
  - REM sleep includes rapid eye movements as well as a very rapid brain wave activity similar to being awake.
  - This stage is associated with healing the emotional and psychological health of the body.
  - Relieves stress, process emotions, detox our feelings of fear, anger, happy and sad.
  - Muscular paralysis occurs to protect organisms from self-damage through physically acting out the often vivid dreams that can occur during this stage.
  - PTSD is associated with failure to enter REM sleep.

Information from Restorative Sleep Vitality Program Webinar by Sue Ann Guildermann, RN, BA, MA
http://greatplainsqin.org/blog/event/webex-sleep-hygienefalls-part-i/?instance_id=1343
Why is 7-8 Hours of Uninterrupted Sleep Important?

- Adults need 7-8 hours of sleep/day- no more, no less.
- Fragmented Sleep results in: Increased irritability, hallucinations, suppressed immune response to illness, increased risk of Type II DM, of Heart Disease and Obesity.
- Sleeping >9 hours can lead to; postural hypotension, dehydration, increased UTI’s, constipation, Osteoporosis, Confusion, Depression and increased anxiety.
- Stage 3 usually begins 60-90 min. after going to sleep and adults need 4-5 complete sleep cycles during the night for optimal health.
- Melatonin is the “sleep hormone” - Melatonin production peaks at age 25 and reduces by 50% @ age 50 and by 75% at age 75.

Information from Restorative Sleep Vitality Program Webinar by Sue Ann Guildermann, RN, BA, MA
http://greatplainsqin.org/blog/event/webex-sleep-hygienefalls-part-ii/?instance_id=1343
Polling Question

- In the ICU, what is the longest interval a patient is allowed to sleep without an interruption?
  a) 2 hours
  b) 4 hours
  c) 6 hours
  d) Don’t know
Top Disturbances To Sleep

- Noise
- Light – blue light/sunlight vs amber light
- Sleep Environment – bedding, sleep surface, room temp, aroma
- Napping
- Medications
- Continence Needs
- Pain
- Positioning
- Inactivity/Activity
- Diet

Information from Restorative Sleep Vitality Program Webinar by Sue Ann Gildermann, RN, BA, MA
http://greatplainsqn.org/blog/event/webex-sleep-hygienefalls-part-i/?instance_id=1343
What started the idea of Natural Awakening?

- QAPI team’s initial focus was to develop a plan to eliminate all alarms without increasing falls and create a more homelike environment. We realized we needed some alarms, it was the sound we needed eliminate.

- #1 External cause for falls is Noise.

- #1 Internal cause for falls is Fragmented Sleep.

- Gardenside staff attended training on Person-Centered Care and Culture Change presented by Anna Ortigara, MSN, Part of that training focused on the concept of natural waking.

- This concept was presented to our QAPI team as a step to reduce falls.

- Email sent an email out on GPQCC list serve asking for input from facilities that were currently engaged in natural awakening. We had no responses so decided to set out on our own journey.
**Activities | Evening Gatherings**

**Old**
- Limited one-on-one activities.
- Large group activities.
- Afternoon activities ended at 1500.

**New**
- Men’s group.
- Women’s group.
- Sunset group in the afternoon.
- Activities provided throughout the afternoon to dinner hour.
- Extended evening activities hours and encourage residents to attend activity.
- Nursing staff more participative in evening/weekend activities.

---

**Lights | Relaxed Nightly Environment**

**Old**
- Hallway lights off between 2130-2200 and back on at 0550.
- No set time for turning off dayroom lights.
- Main lights remain on at nurses’ station.
- Staff turned on main lighting in resident rooms with cares.

**New**
- Hallway lights off from 2000 until 0730 (only emergency lights remain on).
- Decrease use of blue light at night. Night lights replaced with amber lighting.
- Lighting decreased at nurses’ station.
- Dayroom lights off when evening activities are completed.
- Flashlights are used in rooms at night instead of overbed lights.
**Noise | Relaxed Nightly Environment**

<table>
<thead>
<tr>
<th>Old</th>
<th>New</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Staff used exit/entrance near resident rooms.</td>
<td></td>
</tr>
<tr>
<td>- Carts were wheeled down hallway with HS cases, AM cases and through the night as needed.</td>
<td></td>
</tr>
<tr>
<td>- Staff spoke in normal tones of voice at the nurses desk and on walkies, throughout the night.</td>
<td></td>
</tr>
<tr>
<td>- Pagers were on audible alarm at night.</td>
<td></td>
</tr>
<tr>
<td>- We currently have one central nurses station.</td>
<td></td>
</tr>
<tr>
<td>- Staff use main facility entrance away from resident rooms.</td>
<td></td>
</tr>
<tr>
<td>- All Carts are left in a central location. No carts are allowed in the halls between 2000-0800.</td>
<td></td>
</tr>
<tr>
<td>- Pagers are set to vibrate and walkies volumes are turned down.</td>
<td></td>
</tr>
<tr>
<td>- Staff conversations are limited at desk/soft tones.</td>
<td></td>
</tr>
<tr>
<td>- We are currently making plans to eliminate our nurses station.</td>
<td></td>
</tr>
</tbody>
</table>

**Alarms | Fall Risk Prevention**

<table>
<thead>
<tr>
<th>Old</th>
<th>New</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Sounding floor alarms.</td>
<td></td>
</tr>
<tr>
<td>- Chair alarms.</td>
<td></td>
</tr>
<tr>
<td>- Bed alarms.</td>
<td></td>
</tr>
<tr>
<td>- Residents admitted with confusion had multiple audible alarms initiated.</td>
<td></td>
</tr>
<tr>
<td>- Alarms were not consistently reevaluated.</td>
<td></td>
</tr>
<tr>
<td>- Silent alarms that alert staff pagers and marquee for wheelchairs, beds and recliners.</td>
<td></td>
</tr>
<tr>
<td>- We still have one seat belt alarm on a wheelchair. We have purchased new silent floor alarms.</td>
<td></td>
</tr>
<tr>
<td>- QAPI team continually re-evaluates need for all alarms.</td>
<td></td>
</tr>
</tbody>
</table>
Sleep | Undisturbed Sleep

- Waking residents at 0550.
- Residents took naps after breakfast and after lunch.
- Staff started assisting residents to bed around 1900.

<table>
<thead>
<tr>
<th>Old</th>
<th>New</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Only wake residents who have requested to be awakened at a certain time.</td>
</tr>
<tr>
<td></td>
<td>Assist residents with morning cares as they call and have requested.</td>
</tr>
<tr>
<td></td>
<td>If a resident requests a nap encourage earlier in the day and shorter naps. (less than 1 hour)</td>
</tr>
<tr>
<td></td>
<td>We purchased 2 actiwatchs but have not yet used them. We have identified a resident that we are going to use this with.</td>
</tr>
<tr>
<td></td>
<td>Custom pillows to promote sleep. Encourage residents to bring in their favorite pillow.</td>
</tr>
</tbody>
</table>

Incontinence | Night Shift
Comfort & Rest

- Checked and changed incontinent residents three to four times a night.
- Residents were not in most absorbent style of briefs.

<table>
<thead>
<tr>
<th>Old</th>
<th>New</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Evaluate each resident to determine proper products. Some residents are on different products during the day time than at night.</td>
</tr>
<tr>
<td></td>
<td>Allow six hours of undisturbed sleep before checking/changing any resident.</td>
</tr>
<tr>
<td></td>
<td>Initiate incontinence/sleep log to evaluate if appropriate to awaken residents to toilet.</td>
</tr>
</tbody>
</table>
### Med Passes | Individualizing Routine

<table>
<thead>
<tr>
<th>Old</th>
<th>New</th>
</tr>
</thead>
<tbody>
<tr>
<td>0500</td>
<td>2100</td>
</tr>
<tr>
<td>0700</td>
<td>2300</td>
</tr>
<tr>
<td>0900</td>
<td>One hour before, one hour after.</td>
</tr>
<tr>
<td>0110</td>
<td>Resides with multiple med passes.</td>
</tr>
<tr>
<td>1300</td>
<td></td>
</tr>
<tr>
<td>1500</td>
<td></td>
</tr>
<tr>
<td>1700</td>
<td></td>
</tr>
<tr>
<td>1900</td>
<td></td>
</tr>
</tbody>
</table>

- Arose/Before Breakfast 0730 (0830-0930)
- After breakfast 0800 (0730-1030)
- After Lunch 1300 (1230-1400)
- After Supper 1900 (1930-2200)
- Hour of Sleep 2000 (1930-2200)
- BID AC 0730 & 1730 (0630-0930 & 1630-1800)
- TID AC 0730 & 1130 & 1730 (0630-0930 & 1030-1200 & 1630-1800)

Decreased the number of med passes to decrease interruption of sleep and to give more time for nurses to spend with residents.

### Rehabilitation | Rest & Routine

#### Old
- Rehab started at 0600.
- Door remained unlocked so residents could access equipment for independent programs. Some residents would wake early so they could begin independent exercise at 0500.

#### New
- Rehab times start at 0730 and the door locks at 2000.
- Reduces noise and lights on near residents rooms.
- Residents still able to work independently in rehab room until 2000.
- Created tubs with work out supplies and routines to be used in the day room when rehab room is closed in the mornings. This was used for 1 week then the resident chose to workout in the afternoon instead.
## Housekeeping | Maintenance

### All Department Involvement

<table>
<thead>
<tr>
<th>Old</th>
<th>New</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintenance entered facility to take trash at 0630.</td>
<td>No carts allowed in facility until after 0800.</td>
</tr>
<tr>
<td>Housekeeping entered facility at 0630 to start cleaning dayroom and residents rooms.</td>
<td>Maintenance now picks up trash at 0800.</td>
</tr>
<tr>
<td>Laundry entered facility at 0645 to restock wash clothes and towels.</td>
<td>Housekeeping begins cleaning dayroom at 0730.</td>
</tr>
<tr>
<td></td>
<td>Laundry is carried over in the morning and stocking is done after 0800.</td>
</tr>
</tbody>
</table>
**Lessons learned – what went well**

- You have to get your staff excited. It was the front line staff that drove this project and that make it a success, so don’t just focus on your managers. Educate everyone in all departments.
- We had all departments involved and excited as well (except Pharmacy). It takes a team to make the change successful and to sustain it.
- Little things made the biggest impact, changing our dining service was HUGE!!!
- More resident centered care. Our residents now voice their choices more freely.
- Evening activities program made all the difference and improved the quality of life for our residents.

**Lessons learned – what we would have done differently**

- We should have started with med time changes. We changed all of our eMAR times before all of our cassettes and labels were changed.
- Visit 1:1 with residents about desired sleep environment and times. Some residents wanted to be awakened at a set time but did not communicate this during council meetings.
- Look at changing dining times prior to allowing resident to sleep in.
- We decreased our QAPI team meetings to every other week too soon. Needed to keep our weekly meetings going longer.
- Better record keeping, including quantitative data prior to starting our natural awakening program.
What caught your ear?

What ideas you can bring back to your organization? Please put in chat.
Thank you!

Debra Sutton RN BS NHA
Administrator Gardenside LTC/Cedarwood AL
deb.sutton@jchealthandlife.org
402-729-6843
Sleep Hygiene in the Acute Care Setting
Concord Hospital, New Hampshire
Represented by Michelle Gamache, RN, BSN, PCCN
Regional healthcare system in a rural area

- 295 Beds
- 325 Providers
- ~21,000 annual admissions
- 154,900 annual outpatient visits
Our reach in New Hampshire
Sleep Hygiene in the Acute Care Setting

- Acute illness may cause sleep disturbances in the hospital setting
- The most significant complication from sleep deprivation is delirium
- Delirium is attributed to higher morbidity and mortality rates, falls, increase length of stay and increased cost
- A multicomponent, systematic approach to safe sleep can reduce delirium and mitigate associated harm
Questions for the participants

Polling question
- Is sleep hygiene part of your organization’s delirium prevention protocol?
  a) Yes
  b) No
  c) Don’t Know

Please Chat:
- What was your first step in addressing sleep in your organization?
Concord Hospital Sleep Program

Safe Sleep Protocol

Noise Reduction

Sleep Well Bag
Safe sleep protocol

**Sleep Preparation**
- **Environmental Management**
  - Turn off TV
  - Close shades and dim lights
  - Close door to minimize noise

- **Bedtime Routine**
  - Offer bath, assist in brushing teeth and using bathroom as necessary
  - Reposition to comfortable position
  - Medicate for pain as needed

- **Group tasks to minimize sleep interruption.**

**Non-pharmacological Interventions**
- **Comfort Items**
  - Eye mask
  - Lotion
  - Lavender aromatherapy bag
  - Decaffeinated Herbal Tea
  - Ear Plugs
  - Reference to music channel and relaxation exercises

- **Discuss any barriers to sleep.**

**Pharmacological Intervention**
- **First Choice**
  - Melatonin 3mg

- **Second Choice**
  - Sonata 5mg (may repeat x1 if ineffective)
  - Or
  - Benadryl 25 mg (do not give if patient is ≥65)

***Second choice medications are to be given if melatonin is ineffective and should not be given after 2am due to increased risk for falls.***
Safe Sleep Kit includes:
Sleep Well Tips

- Avoiding caffeine within six hours of going to bed can help improve sleep quality. Try some special blend tea for nighttime instead!

- Noise can keep you awake! Earplugs can be a great way to keep out some of that noise and help you get a more restful sleep. (See opposite side for more ways to reduce noise.)

- Darkness helps your body produce sleep-inducing hormones. Use eye masks to blackout light and help you sleep naturally.

- Stress can cause your body to not be able to relax. Lotion can be a soothing way to massage away stress and keep you more comfortable for sleeping.

- Still can’t sleep? Aromatherapy is often used to create a calming effect. The smell of lavender is often used to help with restlessness and insomnia.

Source: National Sleep Foundation

Rest well. Awaken restored.
It can become noisy in the Hospital. Some noises are unavoidable, but the following tips may help reduce the noise level.

- Ask staff to close your door.
- Ask to use the white noise machine *(if available).*
- Let your nurse know if there is anything they can do to help make you more comfortable.
- If you have a mobile device (i.e. cell phone), try turning it to vibrate.
- Notify staff if the noise level is too loud so they can help make improvements for a quiet and peaceful environment for a better rest.

Source: Press Ganey Improvement Portal

Rest well. Awaken restored.
### Barriers Identified and Addressed

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Items needed for non pharmacologic interventions were not easily accessible causing multiple trips to and from the storage areas or not being used at all.</td>
<td>Creation of a kit for ease of access&lt;br&gt;Sleep kits were made by a group of volunteers and now are available through our materials management and stocked on our units.</td>
</tr>
<tr>
<td>Herbal teas (a non pharmacologic intervention) may have interactions with medications</td>
<td>Pharmacy and Therapeutics committee approved of a tea that was safe for use with all medications</td>
</tr>
<tr>
<td>Providers were concerned about increased calls with the removal of automatic sleep medication (ie Ambien)</td>
<td>A tiered approach including Melatonin was part of the protocol and did not require a call to the provider</td>
</tr>
<tr>
<td>Sleep safe order set was a separate order</td>
<td>Sleep safe order set is embedded into many order sets</td>
</tr>
</tbody>
</table>
## Barriers Identified and Addressed

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duplicate sleep aids could potentially be ordered as patients may have them on their home medication list.</td>
<td>A protocol to remove duplicates was granted the pharmacists.</td>
</tr>
<tr>
<td>Knowledge of new hires</td>
<td>Education related to importance of sleep and interventions to help with sleep were added to: New hire orientation Nurse residency program</td>
</tr>
</tbody>
</table>
Results

- FY2015 Ambien use declined by 72% in the year after the Safe Sleep protocol was introduced.
- FY2017 patient satisfaction improved once sound machines were introduced.
- FY2018 the Safe Sleep order set was initiated 1,750 times.
- FY2018 Safe Sleep kits were distributed 765 times.
- Continuing to integrate the Safe Sleep order set into our admission orders.
Concord Hospital Promotes Safe Sleep

Reduce Noise
- Offer white noise machine
- Close doors when appropriate
- Keep outside noise levels low

Use the Safe Sleep Bundle

Use our safe sleep protocol

Use our safe sleep bundle
Resources to get you started

Articles found in Hospital Elder Life Program Delirium Searchable Bibliography


Additional Resources found on AACN website. Search *sleep* for many more resources.

- AACN **Alarm Management** Evidence Based Guidelines for reducing alarms and alarm fatigue
- **Choosing Wisely: Sleep** Includes summary of key evidence and references
Using Patient and Family Engagement (PFE) Strategies to Address Sleep Hygiene

Tara Bristol Rouse, MA
Patient and Family Engagement Project Consultant
AHA Center for Health Innovation
## Ensuring Multi Level Patient and Family Engagement (PFE)

<table>
<thead>
<tr>
<th>Sleep Hygiene</th>
<th>Point of Care</th>
<th>Change Ideas</th>
<th>Policy &amp; Protocol</th>
<th>Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Implementation Partners: Point of Care Providers, Medical Directors, Nurse Managers</td>
<td>Implementation Partners: Quality and Safety Leaders, Medical Directors, Nurse Managers, Patient Experience Leaders</td>
<td>Governance Implementation Partners: Board of Directors, C-Suite</td>
<td></td>
</tr>
<tr>
<td>Metric 1</td>
<td>Metric 2</td>
<td>Metric 3</td>
<td>Metric 4</td>
<td>Metric 5</td>
</tr>
<tr>
<td>At the pre-op appointment, provide the patient/family with a copy of a tool similar to, <strong>Improving Your Sleep During Your Hospital Stay.</strong> Review key points regarding what to expect, as well as ideas for improving the patient’s ability to sleep through the night and avoid feeling tired during the day.</td>
<td>Discuss the important role sleep plays in recovery. During morning rounds, ask the patient to describe his/her sleep quality for the previous night; as a team, work with the patient to identify solutions for minimizing disturbances.</td>
<td>Select a member of your Sleep Hygiene Team to interview patients regarding their sleep quality, including specific examples of disturbances they experienced and ideas for improving quality and quantity of sleep. Use this data to design, implement, and evaluate strategies for promoting sleep hygiene.</td>
<td>Engage your PFAC to create a patient and family educational resource addressing how to improve sleep in the hospital; invite Patient and Family Advisors (PFAs) to round in a hospital unit and discuss the handout with patients and their families.</td>
<td>Invite members of the Board to spend a night in the hospital to help them understand the patient experience; couple this experiential learning with a report out on the work your improvement team is conducting to promote sleep hygiene.</td>
</tr>
</tbody>
</table>

### Improving Your Sleep During Your Hospital Stay

- **Planning:** Set up a system for scheduling/negotiating (Month 1)
- **Implementation:** Check-in form (Month 2)
- **Evaluate:** Patient satisfaction survey (Month 3)

At the pre-op appointment, provide the patient/family with a copy of a tool similar to, **Improving Your Sleep During Your Hospital Stay.** Review key points regarding what to expect, as well as ideas for improving the patient’s ability to sleep through the night and avoid feeling tired during the day. Discuss the important role sleep plays in recovery. During morning rounds, ask the patient to describe his/her sleep quality for the previous night; as a team, work with the patient to identify solutions for minimizing disturbances. Select a member of your Sleep Hygiene Team to interview patients regarding their sleep quality, including specific examples of disturbances they experienced and ideas for improving quality and quantity of sleep. Use this data to design, implement, and evaluate strategies for promoting sleep hygiene. Engage your PFAC to create a patient and family educational resource addressing how to improve sleep in the hospital; invite Patient and Family Advisors (PFAs) to round in a hospital unit and discuss the handout with patients and their families. Invite members of the Board to spend a night in the hospital to help them understand the patient experience; couple this experiential learning with a report out on the work your improvement team is conducting to promote sleep hygiene.
Wrap Up
Ann Loges RN, BSN
Senior Quality Improvement Facilitator
Telligen
Final Thoughts / Reflections / Questions
Thank you!