

## PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: SLEEP

**NOTE:** The sleep core requires passing the relationships core criteria. In addition to completing the following core area audit for sleep, you will also complete the CORE AUDIT: RELATIONSHIPS, as well.

# PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: SLEEP

## DOCUMENT REVIEW

**Instructions:** Review the interview tools used to gather resident sleep preferences and answer the questions below.

	Question	Yes	No
1	Do the interview tools ask questions beyond the resident's preferred time to wake and go to bed?		
2	Are interview tools adequate to gather rich information about resident's preferences so caregivers can support residents in preferred routines around sleep?		
3	Are interview tools completed for each resident asking about sleep routines and preferences?		

**Instructions:** Review several resident care plans and answer the question below.

	Question	Yes	No
1	Do all care plans contain individualized night care plans that describe what type of care the resident needs at night and the preferred frequency or time for this care?		

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Discuss the findings of the audit as a team. Any "No" responses *could* indicate an area of concern during your evaluation. Review the criteria for this core and discuss your current practices to see if they meet the criteria for this core. If not, discuss changes that may need to be made.**

# PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: SLEEP

## OBSERVATIONS

**Instructions:** Ask a team member to observe team interaction with residents during the night and through a brief period first thing in the morning. Then, complete the following questions. If **NO** is marked, comment on the specific observation in comment section below.

	Observation	YES	NO
1	Were all residents allowed to sleep without disruptions by staff to provide care or medication during the observation period?		
2	Were all residents allowed to wake naturally on their own unless indicated on their care plan they wished to be waken in the morning by staff?		
3	Were residents only taken to bed if they asked to do so or indicated they were tired and ready for bed?		
4	Are sleep routine preferences being supported by staff?		
5	Were all residents allowed to sleep without disruptions by staff completing tasks such as stocking or cleaning in the resident's room?		
6	Were hall lights dimmed at night?		
7	Did staff use flashlights or bedside lamps rather than overhead lights when entering rooms at night?		
8	Did staff provide resident care as outlined on the individualized night care plan rather than practicing traditional rounds every two hours on every resident?		
9	Are there residents here with their own bed, blanket and pillows?		

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Discuss the findings of the audit as a team. Any "No" response *could* indicate an area of concern during your evaluation. Review the criteria for this core and discuss your current practices to see if they meet the criteria for this core. If not, discuss changes that may need to be made.**

## PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: SLEEP

### RESIDENT INTERVIEWS

**Instructions:** Ask team members to interview a few residents asking the questions below.

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

- Do you get up and go to bed and nap when you want?
- Do you ever get awoken to take a medication?

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

- How well do you sleep here at night?
- What things disrupt your sleep?
- Do you have your own bed, blankets and pillow here?

# PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: SLEEP

## RESIDENT INTERVIEW FOLLOW-UP

Once resident interviews are complete, review the responses. Responses other than the following examples *could* indicate an area of concern.

### Supporting Practice #1-Individual Sleep Routines

- **Do you get up and go to bed and nap when you want?** → Residents will indicate they are able to get up, go to bed and nap when they want if they are being supported in their sleep preferences.
- **Do you ever get awakened to take a medication?** → Residents should not be waken for medications unless it is their preference to do so. Otherwise, medication schedules should be in place to support the residents' preferred routine.

### Supporting Practice #2- Undisturbed Sleep Practices

- **How well do you sleep here at night?** → Residents should indicate they are able to sleep well here. If not, investigate what could be disrupting their sleep.
- **What things disrupt your sleep?** → If any disruptions are reported, how could we improve in this area? Talk with residents and work to alleviate disruptions for them.
- **Do you have your own bed, blankets and pillows here?** → Residents should be aware that they are able to bring their own beds, blankets and pillow and should be supported in doing so. If no one currently has brought their own, be sure elders are being made aware of their option to do so.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: SLEEP

### TEAM INTERVIEW

**Instructions:** Gather team members from different areas of the organization to discuss the following questions. Be sure to include direct caregivers in this discussion. **Any “No” response *could* indicate an area of concern during your evaluation. Review the criteria for this core and discuss your current practices to see if they meet the criteria for this core. If not, discuss changes that may need to be made.**

<b>Supporting Practice #1- Individual Sleep Routines</b>			
	<b>Question</b>	<b>YES</b>	<b>NO</b>
<b>1</b>	Does your home ask each resident/family about their current sleep routines?		
<b>2</b>	Does the information gathered include information such as preferred sleep schedules, what kinds of support the resident needs during the night, when the resident wants to receive this support, toileting schedule, things that help the resident sleep and things that may disrupt the residents sleep?		
<b>3</b>	Is there a process in place to communicate this information to direct caregivers?		
<b>4</b>	Do direct caregivers know how to access this information?		
<b>5</b>	Are the sleep routines described by the resident/family being supported on a day to day basis in your home?		
<b>6</b>	Does the home supports individual sleep preferences rather than practicing any group wake-up, nap or bedtime schedules?		
<b>7</b>	Does each resident have a person-centered care plan to describe the resident’s needs and preference related to sleep?		
<b>8</b>	Do these care plans include sleep preference information beyond what time a resident wishes to wake and go to bed?		

**Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

