

MC5 Restorative Sleep Vitality Program

What is the MC5 Restorative Sleep Vitality Program (RSVP)

MC5 is seeking 30 SNF communities to participate in an 18-month program to restore restful sleep to residents and elders. The Restorative Sleep Program seeks to promote active engagement during the day and restful restorative sleep at night.

MC5 will utilize Empira's Restorative Sleep program, which was developed from evidence-based sleep hygiene research studies and consultation with subject matter experts. Using cutting-edge practices to enhance residents' sleeping and waking patterns, Restorative Sleep has created new best practices outlining how all 24 hours of the day impact residents' sleep quality.

Enrolling in this program will include commitment to implementing a multi-pronged approach including clinical, operational, and environmental interventions and solutions to create a culture of restorative sleep. The Restorative Sleep program identified the top ten sleep disturbances in nursing homes.

The top ten sleep disturbances this program will seek to address include:

Noise

Light

Sleeping environment

Napping

Medications

Continence needs

Pain

Positioning needs

Inactivity/activity

Diet

The solutions and interventions developed in this program will reduce these disturbances became the cornerstones of the program.

Requirements

- Remain active in the collaborative from 2018 through 2019.
- Be a licensed Skilled Nursing Home in Missouri and in good standing with DHSS.
- Develop and track 5 interventions to reduce sleep disturbances at night.
- Develop and track 3 interventions in keeping residents awake and engaged during the day.
- Participate in at least 3 full day educational sessions at an off-site location.
- Assign a RSVP team leader who will:
 - Provide Monthly Facility Level Casper Reports.
 - Establish a QAPI program with RSVP as a PIP.
 - Utilize the PDSA method with QI techniques.
 - Provide monthly turnover rate within the QAPI team.
 - Provide the number and quality of PDSA cycles completed or attempted goals, monthly.
 - Provide any change in Administrator or Director of Nursing.
 - Submit all requested data or reports to support collaborative efforts timely.
 - Report any barriers, problems, or concerns to the Collaborative Coach.

Please email the completed the application (*on the next page*) to walkerdavi@missouri.edu

If you have questions, please contact Dave Walker at 573.576.5850

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Deadline for application January 15, 2018

Organization: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Executive Director: _____ Phone Number: _____

Email: _____

Organization's Website: _____

Please answer the following questions:

1. Do you have a QAPI Plan? **Yes**___ **No**___ 2. How often does your QAPI team meet? **Monthly**___ **Quarterly**___

3. Our organization has done a PIP? **Yes**___ **No**___ 4. We use our CASPER reports? **Yes**___ **No**___

5. We are willing to (check all that apply):

___ Email Facility Level CASPER report to the MC5 project team

___ Designate a champion or leader of the Restorative Sleep Vitality (RSVP) PIP

___ Participate in 3 full day training sessions that will occur between over an 18-month period of time

___ Share summary of PDSA Cycles and communicate turnover of NHA, DON, or other PIP team members

___ Communicate any issues or questions to the MC5 RSVP project team

6. Provide one example of how your organization currently honors resident preferences:

7. What is the mission of your organization? _____

8. Why is the RSVP a priority for your organization? _____

9. What resources does your organization have available to help overcome barriers to RSVP?

10. Provide a brief bio of the leader or champion of the RSVP PIP.

11. Administrator longevity at your Community: _____ DON longevity at your Community: _____

12. How many residents will benefit from participation in this project? _____

13. Do you have corporate level supportive? **Yes**___ **No**___ Not a Corporation ___

14. How did you hear about the MC5 Restorative Sleep Vitality Program?

MC5 Website Email MC5 Meeting Friend Other _____

(please explain)

Signature _____ Date _____

Return to Dave Walker at walkerdavi@missouri.edu