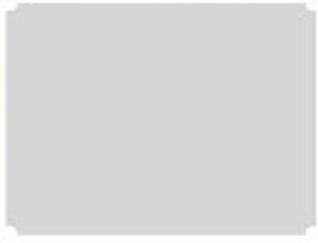
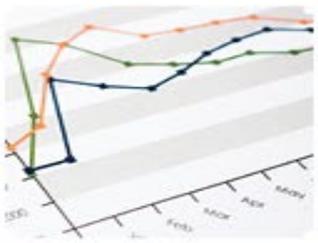
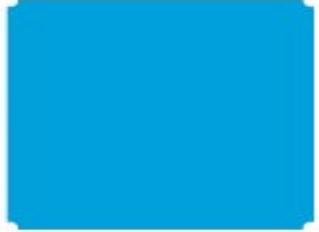


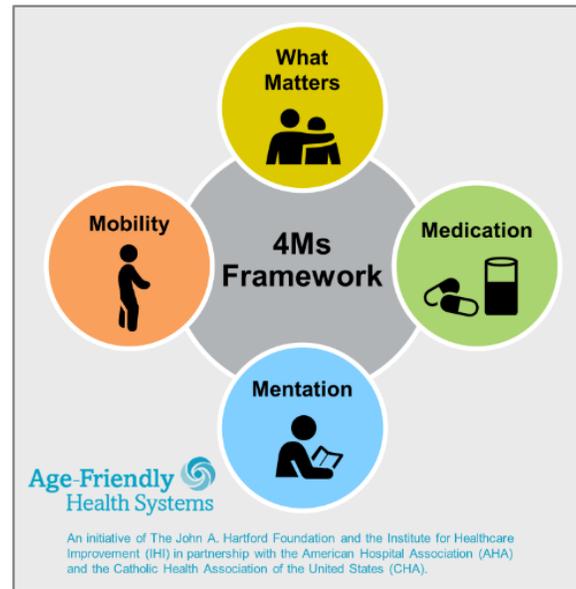
Quality Resolutions Quality Sleep



IHI Age-Friendly Health System Recognition

GOAL:

Create health care systems that ensure every older adult receives the best evidence-based care possible, without harm, ultimately satisfied with the care received.



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

For related work, this graphic may be used in its entirety without requesting permission. Graphic files and guidance at [ihf.org/agefriendly](https://www.ihf.org/agefriendly)

- <https://www.ihf.org/initiatives/age-friendly-health-systems/recognition>

Pay for Performance- New Year's Resolutions

- Incentivizes better resident care and results in significant quality improvements and better healthcare outcomes.
- Significant Impacts to quality of care.
- Per Medicaid patient per day up to \$5.00/day (\$1.25 pp/pd each quality initiative)

3 Ways to Earn Incentive

1. Meeting or Exceeding national average benchmarks
2. Significant improvement 5% improvement from baseline quarterly
3. Higher star rating receiving a greater percentage.

<https://www.voyageltc.com/post/leading-the-nation-oklahoma-ranks-1-in-quality-care-measure> March 2023

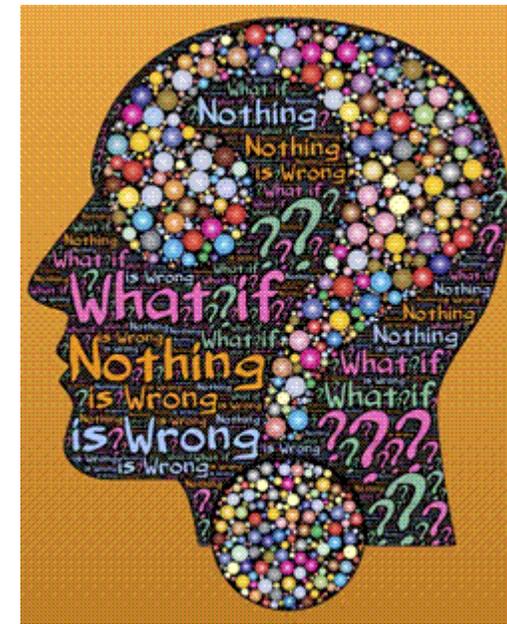
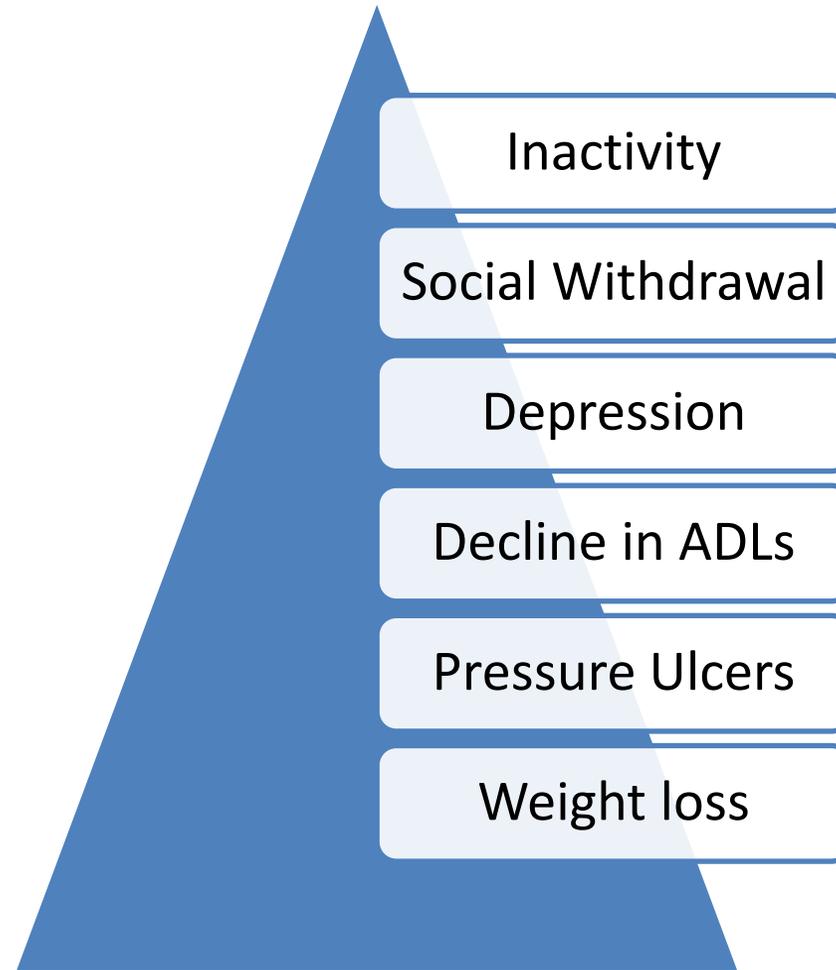
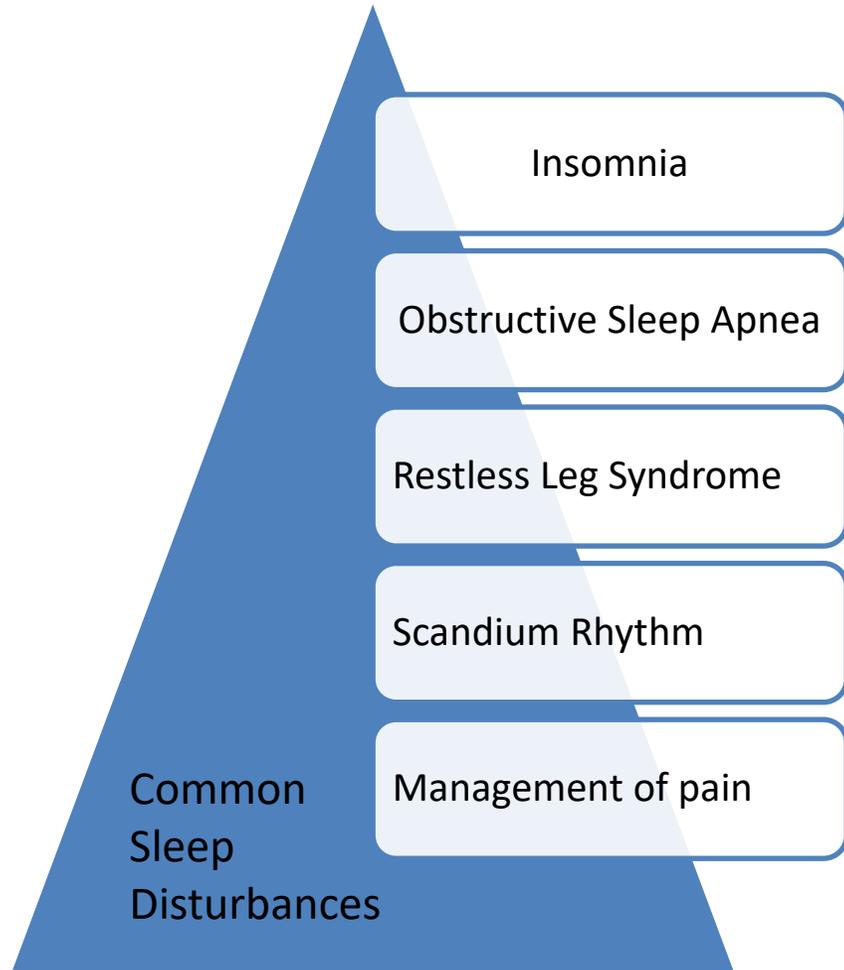
The Four Quality Measures

- **N024.02** – Percentage of long-stay residents **with a urinary tract infection**
 - **N015.03** – Percentage of long-stay residents **with high risk/unstageable pressure ulcers**
 - **N031.03** – Percentage of long-stay residents **who received an antipsychotic medication**
 - **N029.02** – Percentage of long-stay residents **who lose too much weight**
- **UTI**
 - **Pressure Ulcers**
 - **Antipsychotic Medication**
 - **Weight Loss**

Pressure Ulcers

- Pressure Ulcers (also known as pressure sores or bedsores) occur when excessive force is put on the skin over longer periods of time, typically caused by resident immobility in long-term care. Studies show that as many as one quarter **25%** of long-term care residents may develop a pressure ulcer.
- Oklahoma noticed a **32% improvement** in comparison to the rest of the country.

Sleep can impact a resident's functional status and quality of life.



Quality Sleep



Manifestations of poor sleep quality

- Excessive Sleepiness during the day
- Comfort
- Life Event
- Increased Cognitive Decline (Confusion)
- Psychosocial issues

Interventions

- Cognitive Behavioral Therapy
- Newer Meds suppress wake drive
- Pain Management

Use of Tools

- Comprehensive Assessment Tool
- History
- Diagnostic Testing
- Staff and Family



Common Causes of Unhealthy Sleep in Older Adults

- Underlying Medical Issues
 - Heart and lung conditions
 - Gastro reflux (heartburn)
 - Painful conditions (osteoarthritis)
 - Urge to Urinate at night (enlarged prostate or overactive bladder)
 - Depression or Anxiety
 - Cognition (Dementia)
 - Medication Side-Effects
- Sleep Apnea -53%
- Restless Leg Syndrome- 15%
- Periodic Limb Movements – 45%
- Cramping
- Insomnia- 24%

Sleep Disturbances

Contributing Factors

- Noise
- Light
- Sleeping environment
- Napping
- Medications
- Contenance needs
- Pain
- Positioning needs
- Inactivity/activity
- Diet





Poor Sleep can lead to:



- Falls
- Depression
- Effect on Function- ADLs
- Behaviors effecting others

QUALITY SLEEP EQUATES TO GOOD
QUALITY MEASURES OVERALL

Interview:

- Bed-time Routine
- Noise
- Lighting
- Screen Stimulation
- Reduction of Anxiety methods
- Condition Evaluation





Interventions for your PIP

- Cognitive-behavioral therapy – on-line programs SHUTi or Somryst
- Brief behavioral treatment of insomnia (decrease urination)
- Mindfulness meditation
- Exercise
- Routine and Temperature
- Less Wake/Disturbance at night
- Less Risk Medications
 - Melatonin
 - Ramelteon
 - Trazodone
 - Magnesium



Story Board

SLEEP & AGING

WHAT'S NORMAL?

Aging itself doesn't seem to account for sleep complaints in older adults. If you're not happy with your sleep, talk with your doctor about possible causes and healthy ways to improve it, says Johns Hopkins sleep researcher Adam Spira, Ph.D.

NATURAL SLEEP CHANGES



FALLING ASLEEP AND WAKING UP EARLIER



MORE TIME IN LIGHTER SLEEP



MORE AWAKENINGS—3-4X/NIGHT

WHY
CHANGES IN PART OF BRAIN THAT CONTROLS SLEEP + NATURALLY LOWER LEVELS OF GROWTH HORMONE AND MELATONIN

IS YOUR SLEEP HEALTHY?

1:3
HAS TROUBLE FALLING ASLEEP

1:4
HAS OBSTRUCTIVE SLEEP APNEA

1:8
HAS RESTLESS LEGS SYNDROME



7-9
HOURS OF SLEEP: WHAT A HEALTHY, OLDER ADULT NEEDS

KNOW THE SLEEP STEALERS



LONG OR LATE NAPS



CAFFEINE IN THE AFTERNOON OR EVENING



LACK OF EXERCISE



"SCREEN TIME" CLOSE TO BEDTIME



CERTAIN HEALTH CONDITIONS



NIGHTTIME BATHROOM TRIPS

Eighty percent of adults age 80 and older are awakened by the need for night-time bathroom trips. Underlying causes may include diabetes, enlarged prostate, infections and kidney disease.



MEDICATIONS
Alpha-blockers and beta-blockers (for high blood pressure and heart disease), selective serotonin reuptake inhibitors (for depression), steroids, cold medicines, diuretics, nicotine gum and patches, and more can interfere with sound sleep.

THE SLEEP DIFFERENCE

POOR SLEEP IS LINKED TO HIGHER RISK FOR FALLS, DEPRESSION AND DEMENTIA + MORE DIFFICULTY MANAGING CONDITIONS LIKE CHRONIC PAIN, DIABETES AND HEART DISEASE



- To Error is Human
- To Resolve Errors is Human Nature



Dawn Jelinek

Age-Friendly Clinics and LTC

OFMQ- GWEP- OkDCN
Senior Clinical Consultant

djelinek@ofmq.com

405-651-4796

