



Engaging Sleeplessness In Seattle at Clinical Site 1

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[REDACTED SITE SPECIFIC INFORMATION]

Clinical Site 1 is an agency in Seattle focusing on maintaining recovery, reducing relapse, building relationships, and regaining a sense of independence.



Windshield Survey

- Location: Clinical Site 1, Seattle
- Transportation: public (metro) and private (street cars)
- Surrounding areas: buildings, businesses, parks, restaurants, and shops
- Free resources provided: meals/coffee, AA meetings, healthcare, volunteer opportunities, education, etc
- Population: Composed of various racial backgrounds with a mix of ranging economic status, and social determinants of health (SDOH)

Background

- Each client has a unique reason for recovery and specific health needs
- A significant health topic that affects the majority of the population at the site was sleep quality (Mahfoud, 2009)
- Sleep is “essential for many vital functions including development, energy conservation, brain waste clearance, modulation of immune responses, cognition, performance, vigilance, disease, and psychological state” (Zielinski, et al., 2016).



Zielinski, M. R., McKenna, J. T., & McCarley, R. W. (2016). Functions and mechanisms of sleep. *AIMS neuroscience*, 3(1), 67–104. <https://doi.org/10.3934/Neuroscience.2016.1.67>

Mahfoud, Y., Talih, F., Stroom, D., & Budur, K. (2009). Sleep disorders in substance abusers: How common are they?. *Psychiatry (Edmont)* 6(9), 38–42. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2766287>

<https://www.policechiefmagazine.org/osc-sleep-important-police-officers/>

Nursing Diagnosis

A comprehensive knowledge deficit *related to* social determinants of health (SDOH) *as evidenced by* sleep hygiene habits.



Planning

- Background research on sleep hygiene
- Ongoing assessments of client sleep habits
- Informational handouts and “sleep kits”
- Tailoring intervention to address presenting population
- Evaluation & data collection



Sleep kits

Included:

- Tri-fold Informational handout
- Earplugs
- Worry Journal and writing utensil
- Toothbrush and toothpaste
- Hand sanitizer and hand lotion



Implementation

- Communicate our weekly plans with instructor and liaison at Clinical Site 1
- Engage with client about their current sleep habits and knowledge
- Provide informational handout and sleep kits
- Scheduled agenda each week



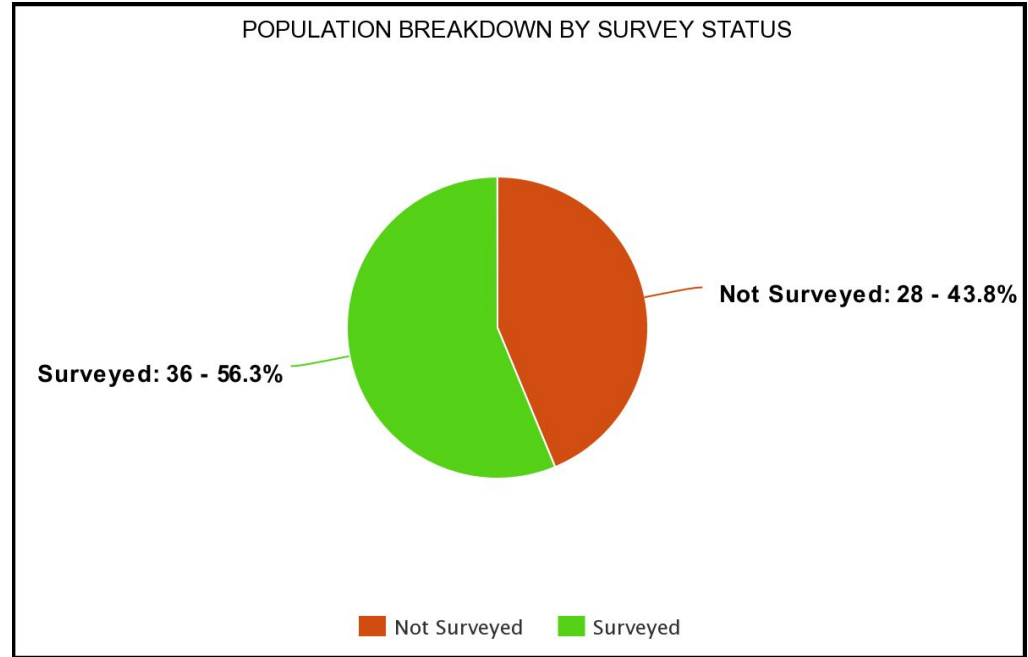
Output

- Record number of kits & informational handouts given
- Pre and post evaluation of our implementation
- Use teach back method to evaluate teaching effectiveness
- Follow up with clients

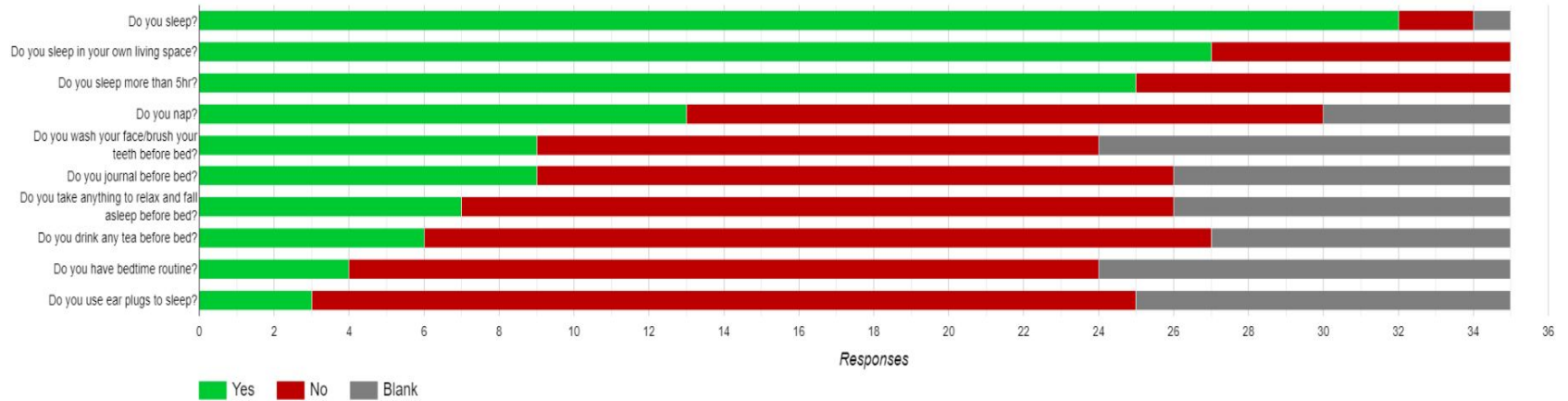


Engagement

Note. $n \approx 64$ is an approximation of all unique clients who were in Clinical Site 1 during the hours the survey was taking place +/- 5.



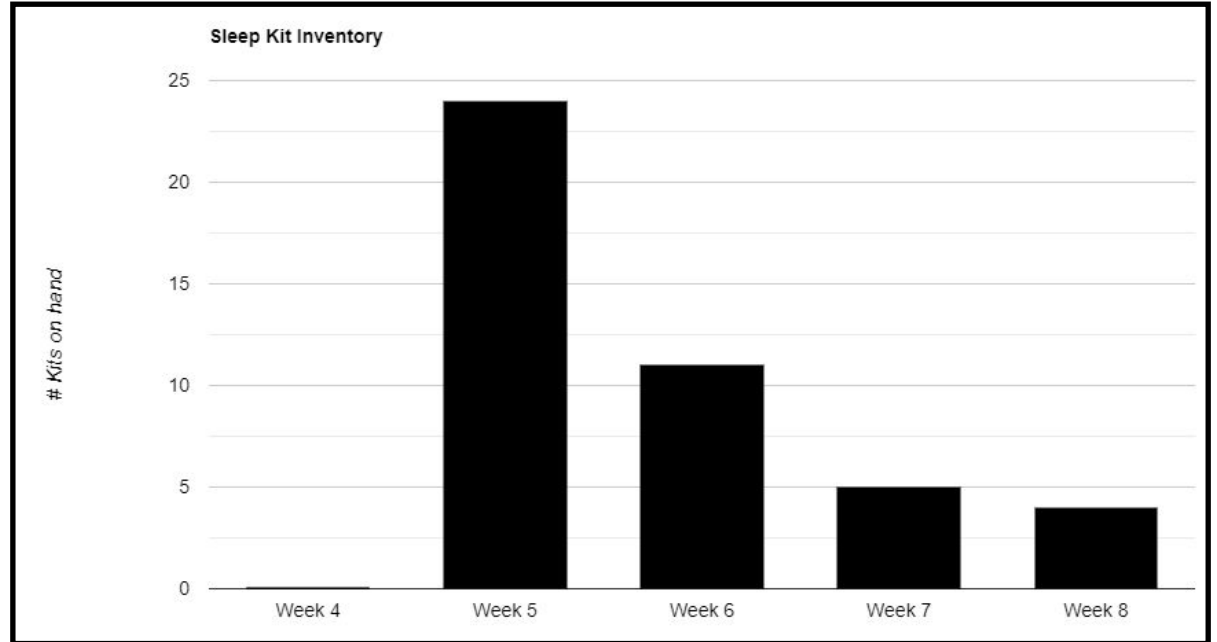
10 Question Sleep Survey Results



Note. Some participants did not answer all questions, resulting in blank responses.



On-hand Inventory



Outcome: Pre-education

10 question survey takeaways

- 91% reported sleeping at night
- 77% sleep in their own living space
- 8% use ear plugs to sleep



Outcome: Post-education

Sleep Kits and educational handouts distributed over 3 weeks

- 20 sleep kits distributed
- Approximately 50 educational handouts distributed



Outcome: Post-education



- Most common response regarded improving quietness of their sleep environment
- Another common response regarded working towards a consistent time to go to bed

Conclusion

- clients have expressed a desire to increase their quality of sleep based on interventions performed
- Insufficient time to measure longitudinal impact
- Other resources that can be considered in the future
 - Sleep masks
 - Meditation training





Q & A

Thank you for your time!

Any questions?