



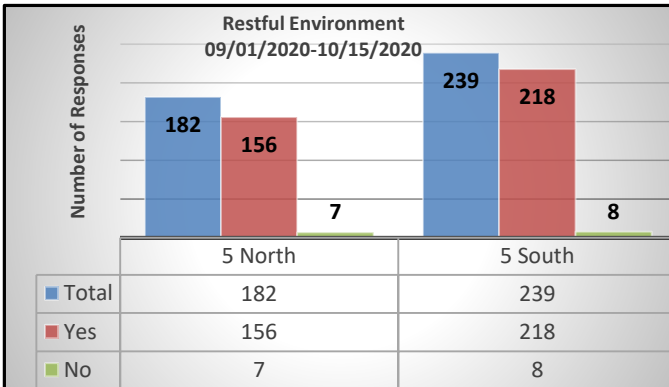
Quiet at Night



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BACKGROUND

- Hospital staff are responsible for 30% to 60% of the noise and interruptions at night.
- These interruptions often occur around the time of 12 midnight with laboratory testing, and continue throughout the rest of the night as vital signs and radiology procedures are being performed.
- In the 2nd quarter of 2019, the percentage of patients who gave UMC a rating of "ALWAYS" for the Quiet at Night measurement on the HCAHPs dropped from 47% during the 1st quarter to 31%. These percentages are well below the national average of 58%.
- Patient and family comments on throughout the survey frequently mention noise as an issue while in the hospital.
- Studies have also found that poor quality of sleep not only affects patient happiness but can also lead to an increase in delirium, and decrease in memory & decision making abilities while admitted to the hospital.



PURPOSE

- To provide patient centered care within UMC's siloed clinical operations by decreasing the noise to better facilitate an atmosphere of rest and recovery.



METHODS

- A multi-pronged approach is being taken over the period of an eight-week trial on 5 North and 5 South to improve a patient's experience at night. The process includes the clustering of routine care to allow the patient uninterrupted rest from 12 midnight through 5:00 AM. (Emergent care and medically necessitated timed care will not be affected by this initiative.)
- Before quiet hours begin patients will be provided with a Sleep Menu to help facilitate a restful sleep. These items include: (1) a quiet kit (eye patch, ear plugs, lip balm, word puzzle, pencil), (2) extra blanket or pillow, (3) warm wash cloth/oral care, warm drink), (4) earphones & UMC care channel card, and (5) aromatherapy.
- Use of Yacker Tracker (noise level monitor) will be utilized nightly to remind the unit to maintain a quiet environment.
- Nurses are also encouraged to bundle essential care (such as vital signs, blood draws, etc.) and round in a quiet manner during quiet times.
- Data collection will be completed using the iRounding tool during leadership rounds. Call light reports will also be obtained to evaluate the effect of Quiet Time at Night and the frequency of calls.

RESULTS & CONCLUSIONS

- The project is currently still being conducted with an expected end date of October 31, 2020.
- EXPECTED OUTCOME:**
1. Improved patient sleep
 2. Improved patient satisfaction
 3. Improved staff satisfaction

REFERENCES

To view references please scan QR Code.

