



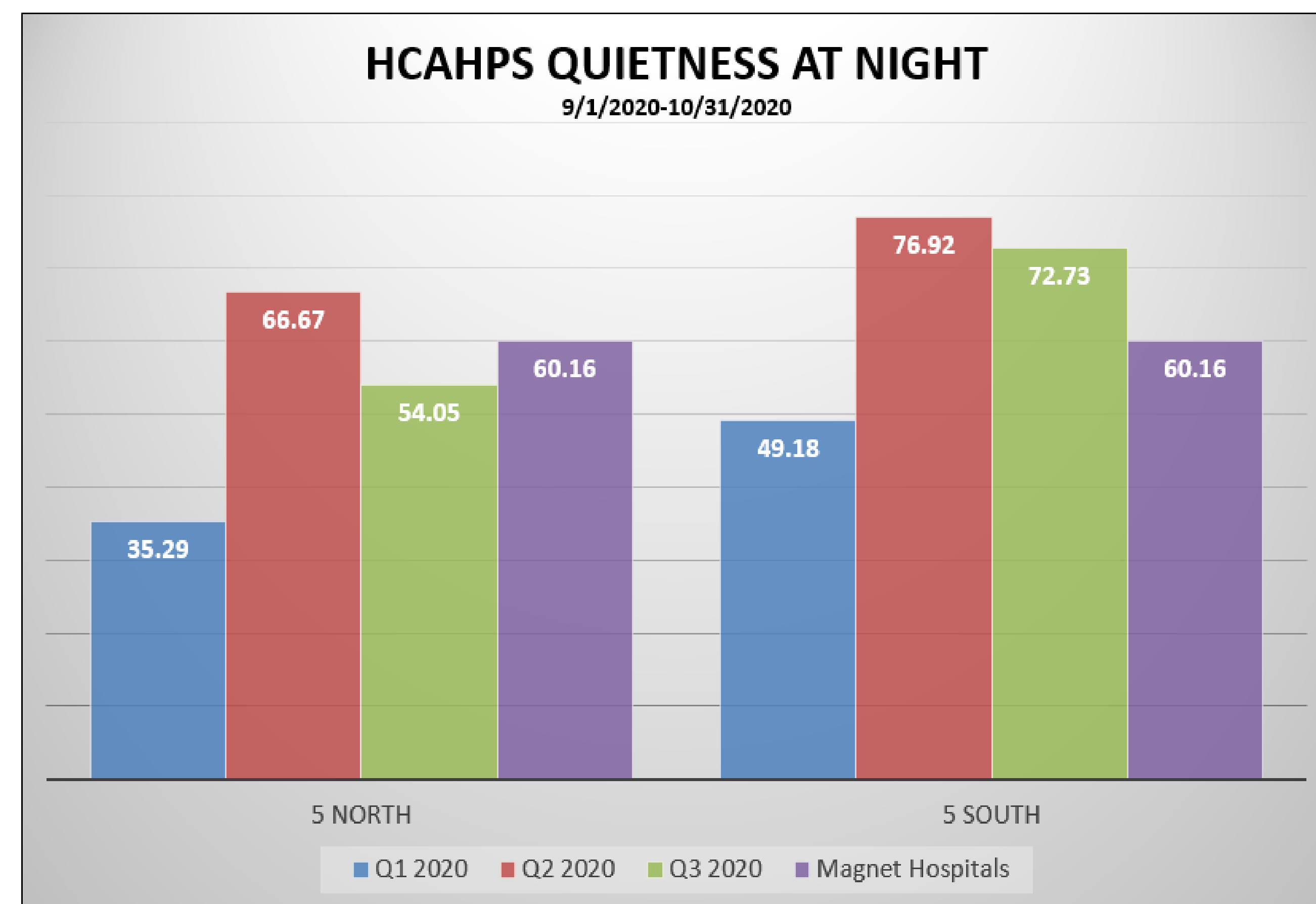
Quiet at Night

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BACKGROUND

- Lack of sleep during hospital admission can have a negative effect on health and the well-being of a patient.
- Sleep deprivation increases stress on the body and delays recovery, which can result in an extended length of stay.
- Decreased quantity of sleep has also been positively associated with an increase in delirium and falls in the inpatient setting.
- Sleep disruption often begins around midnight with laboratory testing and continues throughout the night due to frequent vital signs and radiology procedures. These environmental disturbances were significantly related to the patient's sleep quality.
- 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 throughout the survey frequently mention noise as an issue while in the hospital.
- Although some noise interruptions are unavoidable, research has proven that the implementation of a quiet at night protocol is an effective way to reduce interruptions and improve sleep in the inpatient setting.



PURPOSE

- In order to investigate this phenomena, the following research question was created: For patients admitted in the inpatient setting, is a Quiet at Night initiative an effective way to improve patient satisfaction, quality, and quantity of sleep at night?



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METHODS

- In this research study, a retrospective quantitative approach was taken to identify if a Quiet at Night initiative is an effective way to improve patient satisfaction, quality, and quantity of sleep at night in the inpatient setting.
- The Plan, Do, Study, Act model was utilized in this study as a way to plan and test the implemented change.
- The study was implemented on two Medical-Surgical pilot units (5 North & 5 South) in which the interventions was applied and measured over a period of eight weeks.
- Exclusion criteria included those patients who were confused, prisoners, or on legal hold due to risk for self-harm. All other patients who do not fit within those categories were included in the study.
- Due to the retrospective nature of this study, the research was considered IRB exempt for this pilot program.
- Components of Quiet at Night were defined in collaboration with the interprofessional team which included Dietary, Laboratory, Radiology, Environmental Services, Public Safety, Tranquility, Pharmacy, Respiratory, and the Medical Executive Committee.
- Through this team, quiet hours were defined as a period of time between midnight until 5 AM to allow for a period uninterrupted rest for the patient.
- Each patient was provided with a sleep menu which contained several available options for patients to request at bedtime. The sleep menu included items such as a quiet kit (containing an eye mask, earplugs, lip balm, word puzzle, and pencil), an extra blanket or pillow, a warm washcloth/oral care, a warm beverage, earphones, a Care Channel Card, and aromatherapy.
- Unit decibel meters, also known as "Yacker Trackers," were also utilized at the nursing station to serve as a visual and auditory reminder when staff were being too loud during quiet hours.
- Data collection was completed using the IRounding Press Ganey tool during leadership rounds. In addition HCAHPs result were reviewed and analyzed for improvement in patients' perception of quietness at night.

RESULTS/CONCLUSION

- During leadership rounds, 92% of patients out of a total of 421 participants reported experiencing a quiet environment at night.
- HCAHPS scores for the two pilot units showed an improvement in the 2nd and 3rd quarter in comparison to the 1st quarter of 2020.
- Through the Quiet at Night initiative, a decrease in noise levels resulted in fewer interruptions at night and improved patient restfulness.
- Overall, implementing a quiet at night initiative is considered an effective method for improving patient satisfaction, quality, and quantity of sleep at night in the healthcare setting.
- Based on these findings, the results were presented to the hospital's Medical Executive Committee and various Councils for further dissemination throughout the Medical-Surgical division and ultimately hospital wide.

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