

Interventions for Quiet time: Improving Quality of Care and Recovery for Patients

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Introduction

Sleep is an essential to everyday life and is especially crucial to patients that are recovering in the hospital. Patients are awoken frequently by medical staff when needed for medications, procedures, and assessments. In addition, patients often complain frequently about being unable to sleep due to loud noises, alarm, and noisy staff. Understanding the research can help RNs be advocates for patients and their wellness.

PICO

P: Adult Medical Surgical Patients

I: Quiet Time

C: Hershey Medical Center Policy vs. Evidence Based Research

O: To Improve Patients Recovery

Question: What are the best interventions for quiet time, in addition to improving the quality of care and recovery for our patients?

Methods

A literature search was conducted to include the following Databases:

•CINAHL, Nursing 2013 Peer Review Journal, PubMed

The search terms used included:

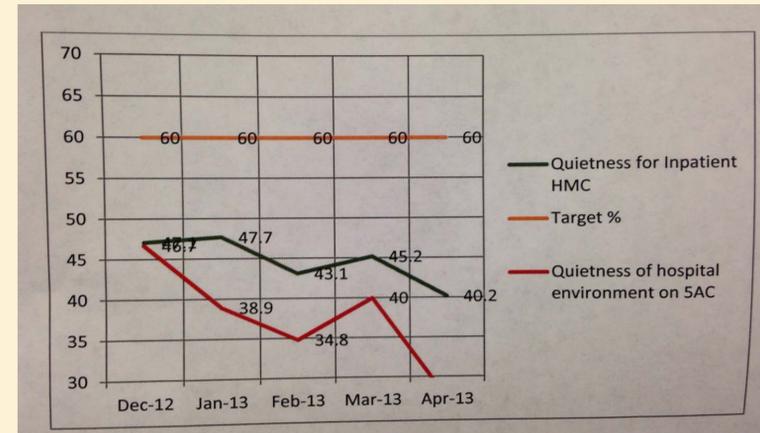
- Quiet Time
- Effects of Quiet Time in Medical Surgical Units

Results

From the Literature Search, 7 Articles were found, and only 3 Articles were relevant the PICO question.

HMC Hospital Interventions

- Earplugs are offered to every patient
- Clustered nursing care
- Signs posted at entrances and common areas stating quiet time information
- Dim the lights during the times 1400-1600 and 2100- 0500



Data received by Press Ganey and formulated by a Clinical Head Nurse on 5 Acute Care.

“Unnecessary noise is the most cruel abuse of care which can be inflicted on either the sick or the well.” – Florence Nightingale

Quiet Time Article

- 30-60% of noise in the hospital is created by hospital staff
- Collaboration between all staff is crucial for quiet time to be successful
- High levels of noise increase the stress for staff which could increase medical errors
- Disturbed sleep can affect the patients ability to heal, increase morbidity, increase gastric acid secretion, stimulate the cardiovascular system, and impair the ability to fight infections

References

- Boehm, H., & Morast, S. (2009). Quiet time: a daily period without distractions benefits both patients and nurses. *American Journal Of Nursing*, 109(11 Suppl), 29-32.
- Gardner, G., Collins, C., Osborne, S., Henderson, A., & Eastwood, M. (2009). Creating a therapeutic environment: a non-randomized controlled trial of a quiet time intervention for patients in acute care. *International Journal Of Nursing Studies*, 46(6), 778-786. doi:10.1016/j.ijnurstu.2008.12.009
- Haupt, B. (2012). Instituting Quiet Hour improves patient satisfaction. *Nursing*, 42(4), 14-15. doi:10.1097/01.NURSE.0000412941.66125.C6

Creating a Therapeutic Environment Study

•Quiet Time Interventions

- Designated quiet time from 1400 to 1530
- Restriction of staff movement, treatments, and visitors during quiet time
- Reduction of environmental stressors including hallway conversations, lighting, telephone/telephone/radio noise
- Promoting pain relief prior to quiet time and comfortable positioning of patients
- Silencing pagers and mobile devices of medical staff
- Decreasing equipment alarms
- Providing information in brochures for patients and families

•Restricted visiting hours can be more beneficial than unrestricted visiting hours for patients, to promote sleep

•Results from these interventions show that noise level decreased by half of non-quiet time interventions vs. quiet time interventions

Conclusions

There are many interventions that can help improve quiet time and noise. The Hershey Medical Center interventions are similar compared with the literature ,but there can be improvements. Communication with all multi-disciplinary team members is crucial. Patients and their families need to be educated on the importance of quiet time and the benefits. Hershey Medical Center needs to create a policy. With more research of quiet time, we can learn more benefits for enhancing patient outcomes.