HUSH
(Help Us Support Healing)

People First. Caring Always.
Queensway Carleton Hospital

sfH Action
Accelerating Change Together In Ontario

Why Sleep Hygiene?

- Patient and family complaints/concerns around sleep quality

- Healthcare provider's noting poor quality sleep in some patients

- Improved health outcomes for patients when quality sleep is achieved:
  - Sleep disturbances in elderly common
  - Increased wakefulness during the day to participate in therapies and interventions

Sleep Hygiene

- Is the individual behaviours and practices that one completes to prepare for and support sleep

  - Changing the temperature to a cooler setting (or hotter)
  - Reducing light (night light)
  - Pain / sleeping / other medications
  - Brushing teeth and washing the face
  - Reading / TV / Radio
  - …etc.

Problem Statement

▶ Factors within our hospital environment contribute to the disruption of sleep for elderly patients and place them at risk for negative health outcomes associated with sleep deprivation.

What We Measured

▶ Baseline survey of current patient satisfaction of their sleep on the unit

▶ Baseline survey of nurses understanding of sleep hygiene

▶ Baseline environmental scan of the unit for current practices

▶ Formulate a focus group on the issue of sleep hygiene

▶ Look at gaps identified from the survey and focus group and develop an education plan for staff

▶ Use of dosimeters to measure noise levels

Sleep Disruption (fishbone / Ishikawa diagram)

Provider
- Hallway Conversation
- Disturbing patient during rounding
- Lack of awareness re: sleep in the elderly

Process of Care
- Medication times and frequency
- Delivery of linen times
- Late evening and night admissions
- Replenishing chart forms
- Desk noise

Physical Environment
- Noise in the hallway
- Equipment noise - beeping IV pumps
- Bed noise & alarms
- Overhead pages
- Lights in hallways and patient rooms
- Temperature
- Phone alarms
- V/S cart wheels squeaking

Patient
- Existing sleep disorders
- Delirium
- Pain
- Voiding patterns
- Diet

Organizational Support
- Overhead pages
- Bed Moves during the night hours
- Bed Flow

Aim and Outcome Measures

- **Aim**
  - By December 2016, sleep quality for patients 65 years and older, admitted to an acute medicine unit will be improved by 50%.

- **Outcome**
  - Patient (self-reported) satisfaction of sleep (50% reduction in sleep complaints)
  - An increase in Nurse reported hours of uninterrupted patient sleep by 50%
  - 50% increase in Patient alertness levels as reported by nursing, allied health, MD, during daytime activities

Balancing Outcomes

- ▶ % Change in nursing workload

- ▶ Number of missed alarms or calls related to lower sound volumes

- ▶ Change fatigue related to a number of ongoing projects and rolling concurrently

Created Standard Work for Staff

- Provide patient with warm blanket
- Offer back rub or foot massage (encourage family involvement)
- Stocking charts in TCC away from patient rooms
- Dim lights in the evening hours
- Set room temperature to patients preference
- Assist with personal hygiene and toilet prior to bed
- Encourage reading prior to sleep hours
- Keep noise to a minimum

- Implementation of "Quiet" hours and enforcement of visiting hours
- Signage - HUSH (Help Us Support Healing)
- Schedule activities to provide uninterrupted sleep (timing of medication administration, assessments, etc.)
- Maintain patient usual bedtime
- Provide pain medication 30 mins prior to bedtimes
- Offer bedtime snack or beverage (warm milk)
- Encourage communication amongst health care team in regards to patient preferences and specific sleep hygiene interventions

Anticipated Barriers and Mitigation Strategies

- Staff engagement (attitudes, beliefs)
- Admitting practices
- Delivery practices
- Money, resources, signage, medication practices/times,
- Competing priorities (MoNCP, Intentional Rounding, etc.)

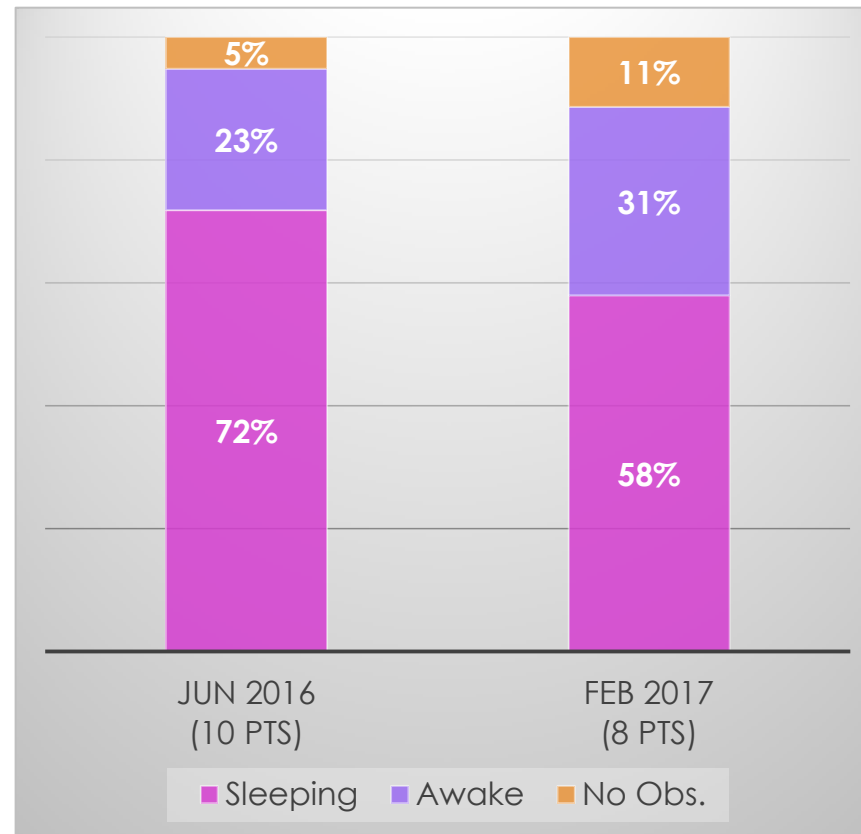# Patient (self-reported) satisfaction of sleep

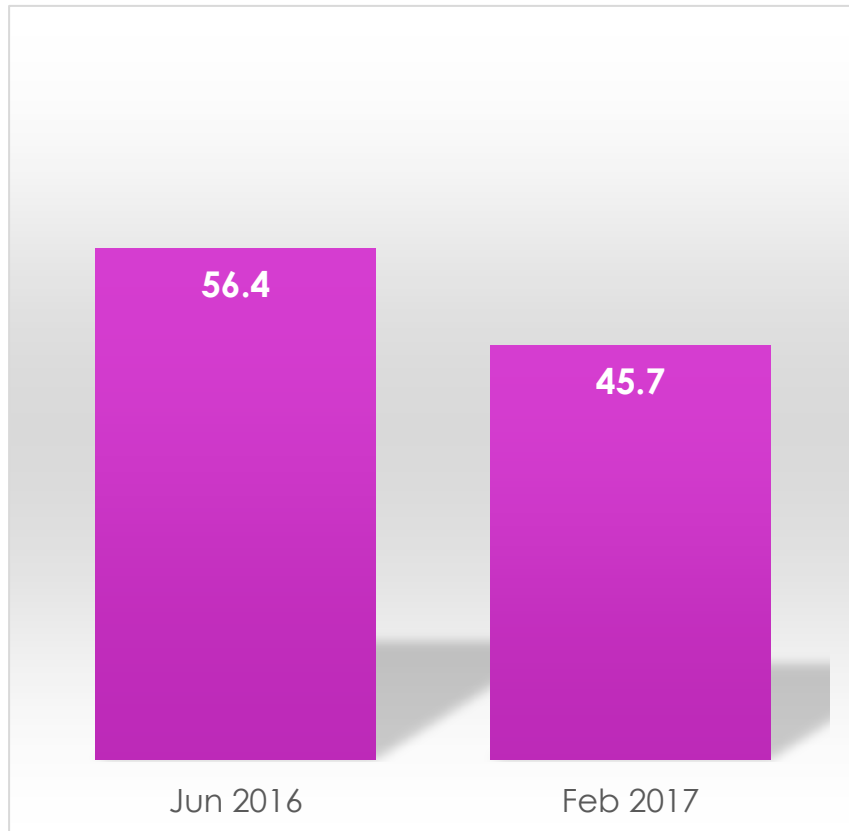## During hospitalization, how would you rate your sleep quality overall?
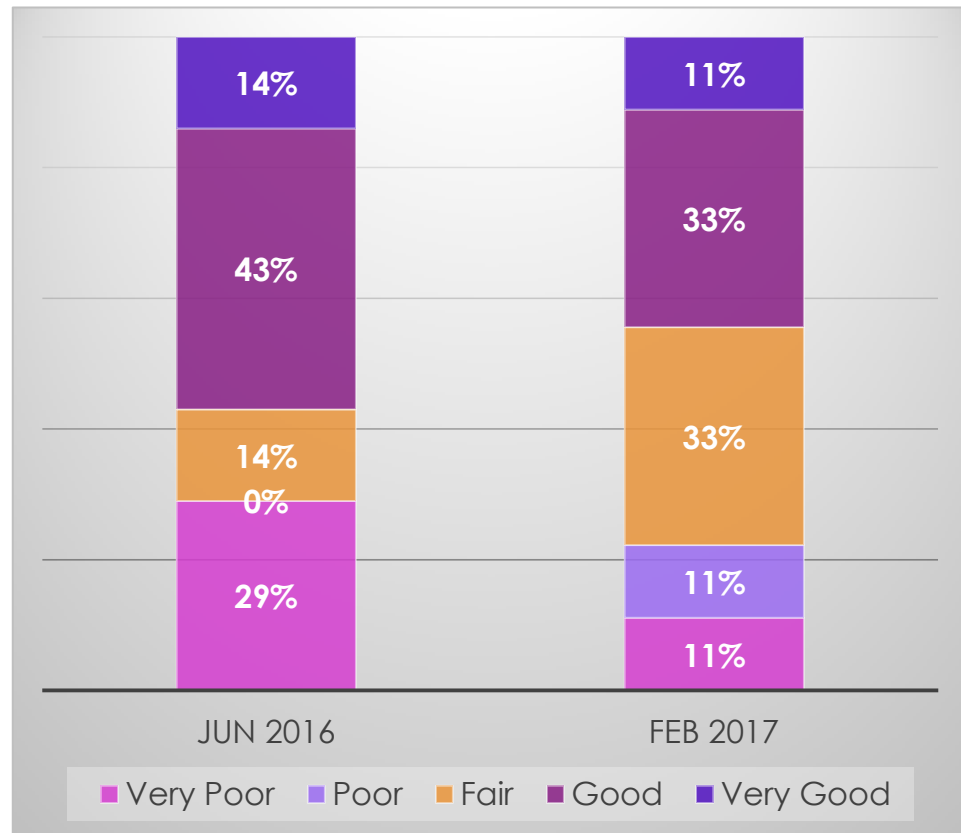
- When asked about sleep quality prior to hospitalization, 100% of patients surveyed in June felt their sleep quality at home was good/very good compared to 77% in February
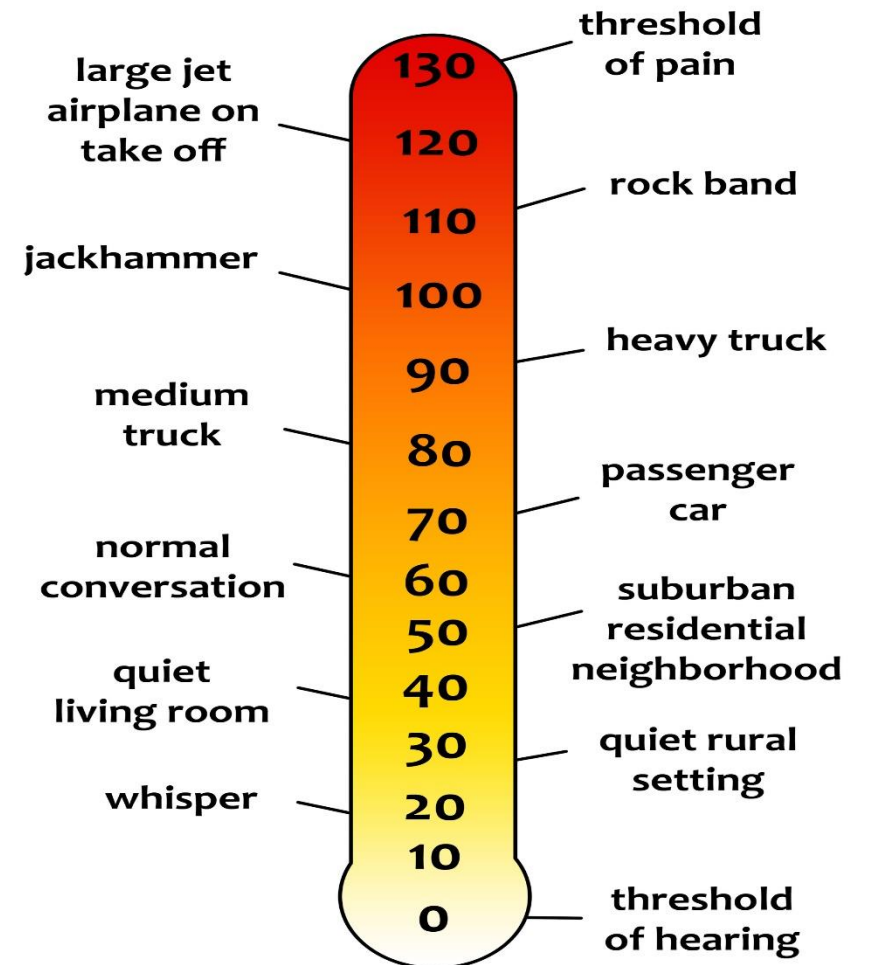
Nurse-reported hours of sleep

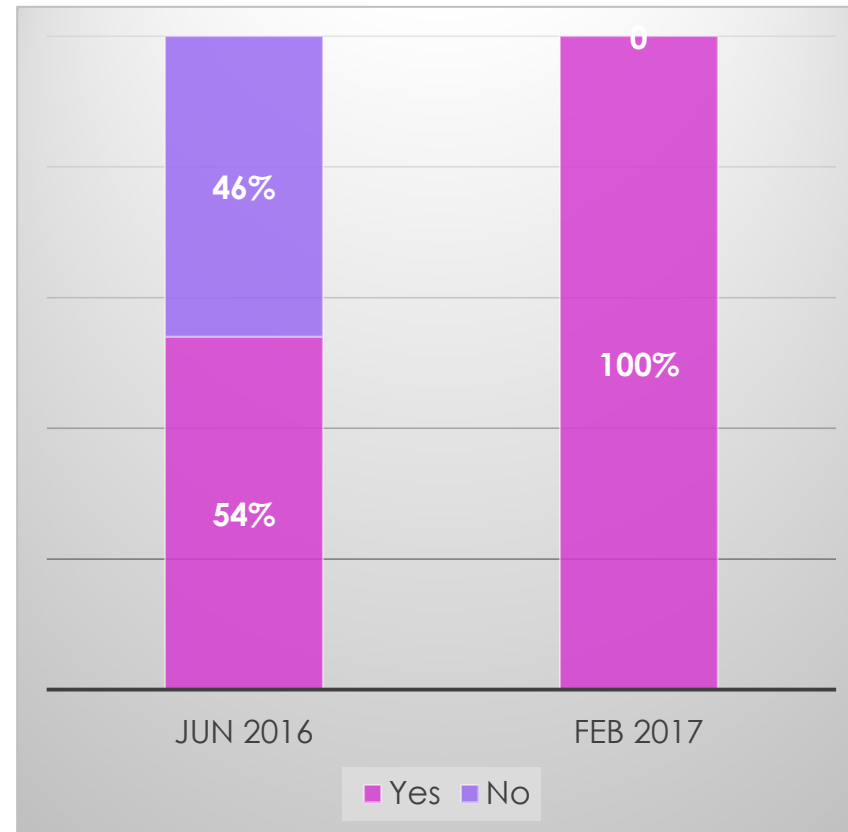## Nurse observed patient sleep hourly from 2100-0900h

Outcome Measures:
# Decrease decibel reading outside patient room

Decibel Scale (dBA)

dBA	Reference
130	threshold of pain
120	large jet airplane on take off
110	rock band
100	jackhammer
90	heavy truck
80	medium truck
70	passenger car
60	normal conversation
50	suburban residential neighborhood
40	quiet living room
30	quiet rural setting
20	whisper
10	
0	threshold of hearing

Bar chart:
- Jun 2016: 56.4
- Feb 2017: 45.7

Demonstrated understanding of what sleep hygiene is by nursing staff:

Staff Questionnaire-Are unit practices and environment conducive to quality patient sleep?
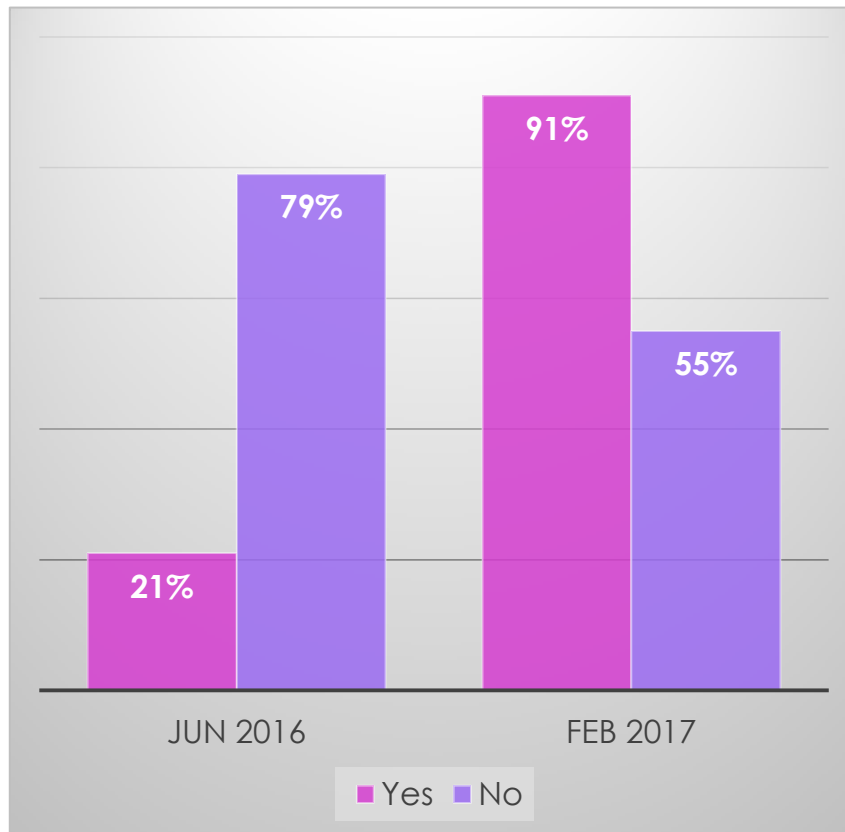
- ▶ Majority of nursing staff (91%) felt improvements have been made since moving to ACE unit:

- ▶ Areas for improvement were still identified by 55% of staff surveyed:

Key Challenges

- ▶ Change in team membership on numerous occasions
- ▶ The pilot unit was engaged in a number of other projects
- ▶ Key technological requirements for change implementation had been slow to uptake due to construction

Lessons Learned

- Project momentum can be influenced by a myriad of factors— anticipated this and planned accordingly
- Knowing when to move ahead with change measures and when to pause for consideration when faced with challenges is key to success

- Staff see how their input was utilized to advise change
- Constant communication of project goals and proposed change ideas aided in ongoing recognition of project by staff
- Timing of education was imperative

What's Next?

- Check it all again