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# *Implementing “Quiet Time” to Improve Patient Sleep and Decrease Noise*

2017 IHQI Seed Grant

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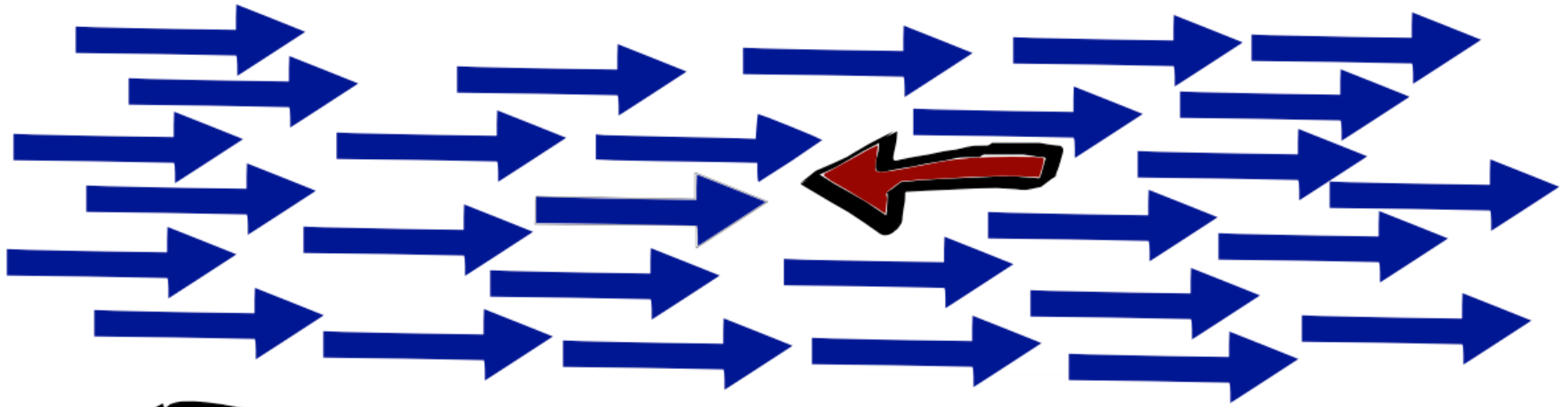


# Our Project

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- Aim: To design test and implement an evidence-based, interdisciplinary Quiet Time on 2 Medicine units (6BT and 3West)
- Gap in quality: Noise, lighting and patient care interactions disrupt sleep and rest
- US EPA and World Health Organization recommendations indoor sound levels should not exceed 45 dB(A)





Be Different



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# Improvement Strategy

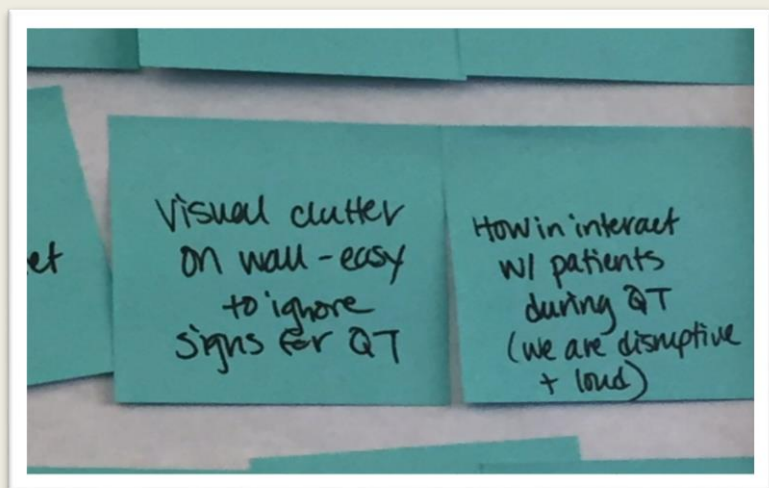
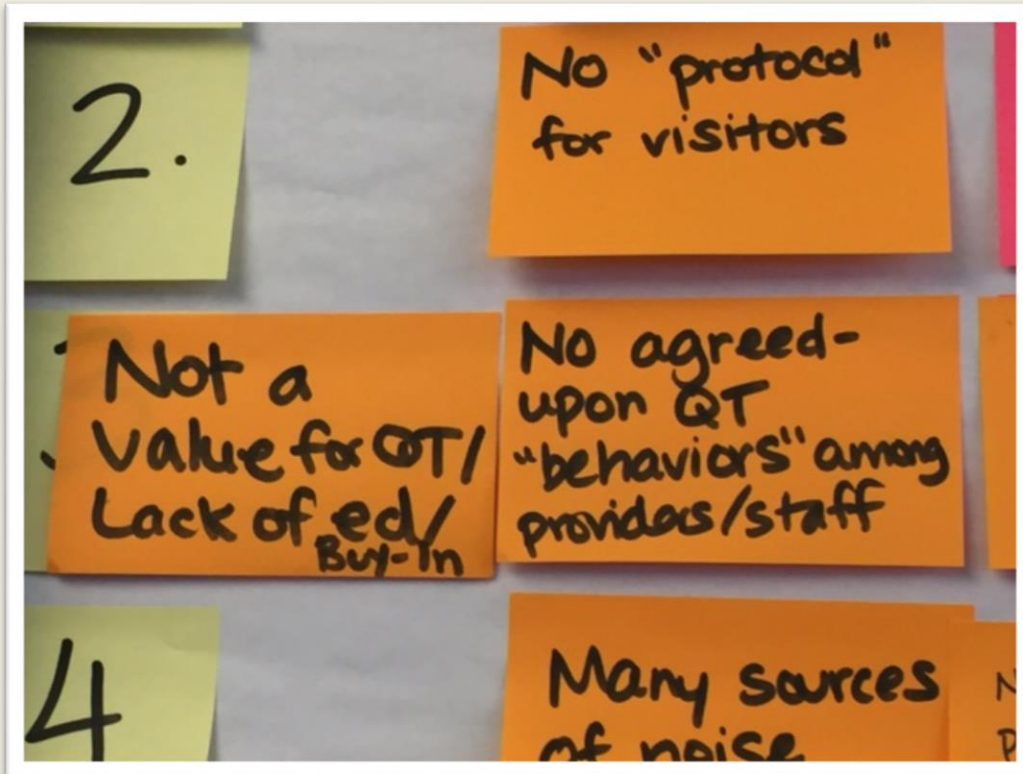
- Lean A3 Methods
- Monthly Multidisciplinary Steering Committee
- Identified Gaps in current state
- Brainstormed about what future state should look like

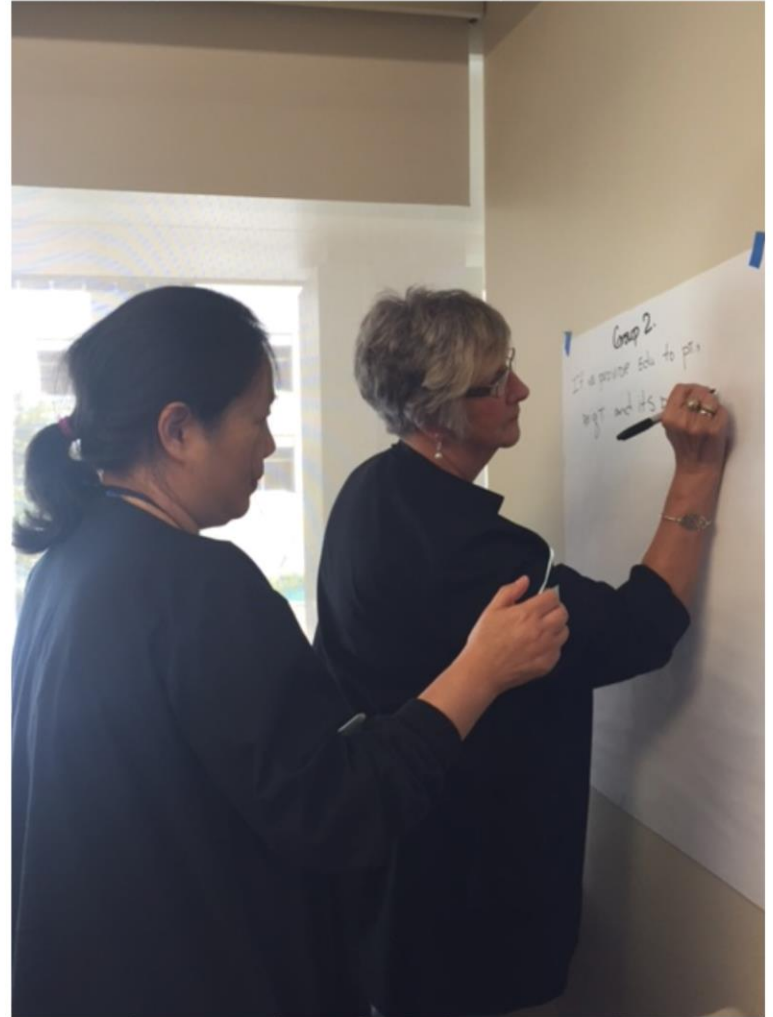


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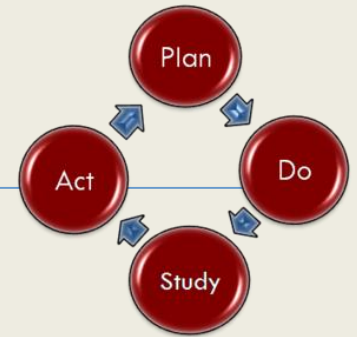




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If we....then we....



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# PDSA cycle: Study sound levels on units

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# PDSA cycle: Try dimming lights for an hour

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old wheels



new quiet wheels



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# QUIET TIME IS COMING TO YOUR UNIT

## 12-3 AM & 2-4 PM (PLACE HOLDER)



**What it IS?** Quiet time is a multidisciplinary initiative to increase non-disturbance time on **3 West and 6 Bed Tower**. We aim to decrease the noise in and around patient rooms during these hours providing patients an opportunity to rest and recover. This is an institution supported policy which will aim to go hospital wide by next year.

**What it is NOT?** Quiet time is not “no care time”. It is simply performing patient care in a quieter and less disruptive manner during these hours.

**Why?** Current decibel levels on these units are as high as 90 decibels. This is equivalent to highway truck traffic! It is well established that providing a quiet and interruption-free period facilitates sleep quality and continuity, which in turn enhances patient recovery and healing. We are currently not providing our patient’s this opportunity for improved rest leading to increased sleep disturbance, use of sedatives, delirium, and longer healing times. At UNC we can do better.

**We are currently piloting quiet time hours. Please take a moment to fill out this form regarding your participation in this pilot.**

Position \_\_\_\_\_

How this affected you and your role in patient care:

Thoughts/Suggestions:

# QUIET TIME IS COMING TO YOUR UNIT



## 2-4 IN THE AFTERNOON & 12-5AM NIGHTTIME

**Why Quiet Time?** Current noise levels on our unit can be as high as 90 decibels. This is equivalent to highway truck traffic! Patients may experience increased sleep disturbance, use of sedatives, delirium, and longer healing times without adequate rest. Providing a quiet and interruption-free period facilitates sleep quality, which in turn enhances patient recovery.

\*This is an UNCH initiative to go hospital-wide by next year.

Limit nonessential conversations in hallways

**QUIET TIME IS...**  
 ...A multidisciplinary initiative to increase non-disturbance time on 3 West and 6 Bed Tower. We aim to decrease the noise in and around patient rooms during these hours providing patients an opportunity to rest and recover.

**QUIET TIME IS NOT...**  
 ...“No care time”. It is simply performing patient care in a quieter and less disruptive manner during these hours.

### HOW YOU CAN HELP...

<b>ALL OF US</b>	<ul style="list-style-type: none"> <li>Keep voices low</li> <li>Enter room quietly and speak to patient and visitors in soft tone</li> <li>Cluster care and provide care quietly</li> </ul>
<b>HUC</b>	<ul style="list-style-type: none"> <li>Inform visitors of quiet time hours: 2-4pm 12-5 am</li> <li>Ensure use of earphones for TVs in semi-private rooms</li> <li>Announcement at the start of quiet time hours use Vocera</li> <li>Close doors to unit and dim lights (leave enough light to work)</li> </ul>
<b>Nursing</b>	<ul style="list-style-type: none"> <li>Inform patients/staff of QT hours during Huddle</li> <li>Prep patient rooms in advance – remove dirty trays, check IV pumps, toileting</li> <li>Distribute eye masks and ear plugs if requested</li> <li>Review Sleep Menu preferences with patients</li> </ul>
<b>Providers</b>	<ul style="list-style-type: none"> <li>Schedule rounds outside of these hours when possible</li> <li>Time non-urgent orders if possible (i.e. phlebotomy, radiology, other patient disruptions)</li> </ul>
<b>Pharmacy</b>	<ul style="list-style-type: none"> <li>Time medications on standard administration times</li> </ul>
<b>PT/OT</b>	<ul style="list-style-type: none"> <li>Consider providing treatment outside of these hours (when possible)</li> <li>Consider scheduling semi-private rooms outside these hours (when possible)</li> </ul>
<b>Phlebotomy</b>	<ul style="list-style-type: none"> <li>Adhere to priority draw protocol (“stat”, “timed” followed by “routine”)</li> </ul>
<b>Environmental Services</b>	<ul style="list-style-type: none"> <li>Remove trash prior to quiet time</li> <li>Avoid interruptions in occupied rooms during quiet time hours</li> <li>Only provide services for discharge rooms or per patient request (quiet time)</li> </ul>
<b>Nutrition Services</b>	<ul style="list-style-type: none"> <li>Modify pick up times – only provide service to dirty utility rooms</li> <li>Tray delivery during these hours is allowed at patient request</li> <li>Do not wheel cart through unit during quiet time- walk trays to rooms</li> </ul>
<b>RT</b>	<ul style="list-style-type: none"> <li>Give treatments before QT if possible</li> </ul>
<b>Patient Transport</b>	<ul style="list-style-type: none"> <li>Use Vocera Function</li> </ul>



# Improvements: Process Measures

*What worked on our units*





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# Improvement Strategies: What Worked

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- Quiet wheels
- Rounding and scripting before Quiet Time
- Dimming lights
- Quiet voices – including ability to remind colleagues
- Clustering care
- Notification cue via Vocera text
- Large signage and brochures
- Celebrations to thank staff





# Improvement Strategies: What Was Challenging

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- Dimming lights – on one unit
- Reducing Interruptions
- Offering “Sleep Menu” – often inconsistent



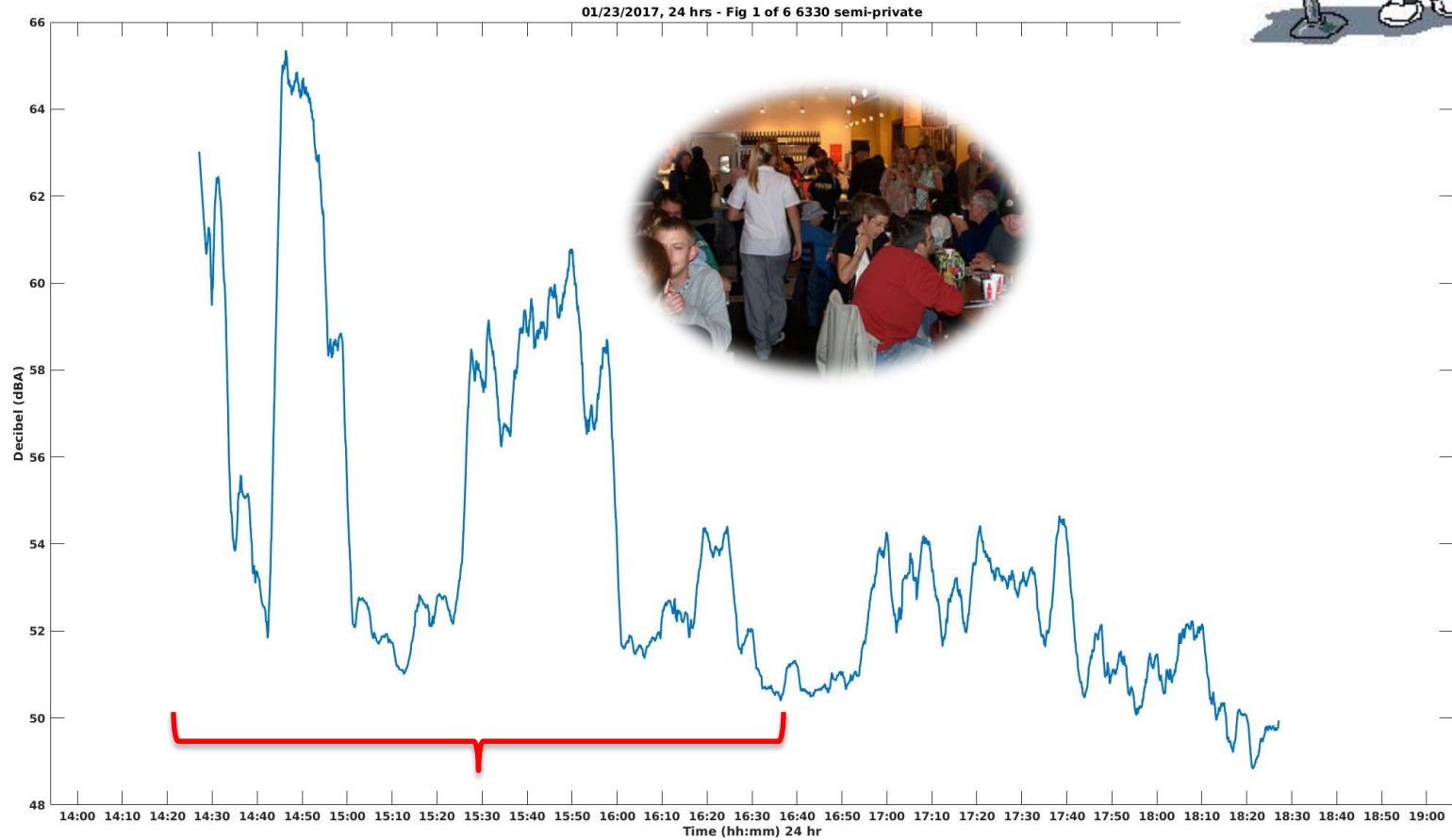
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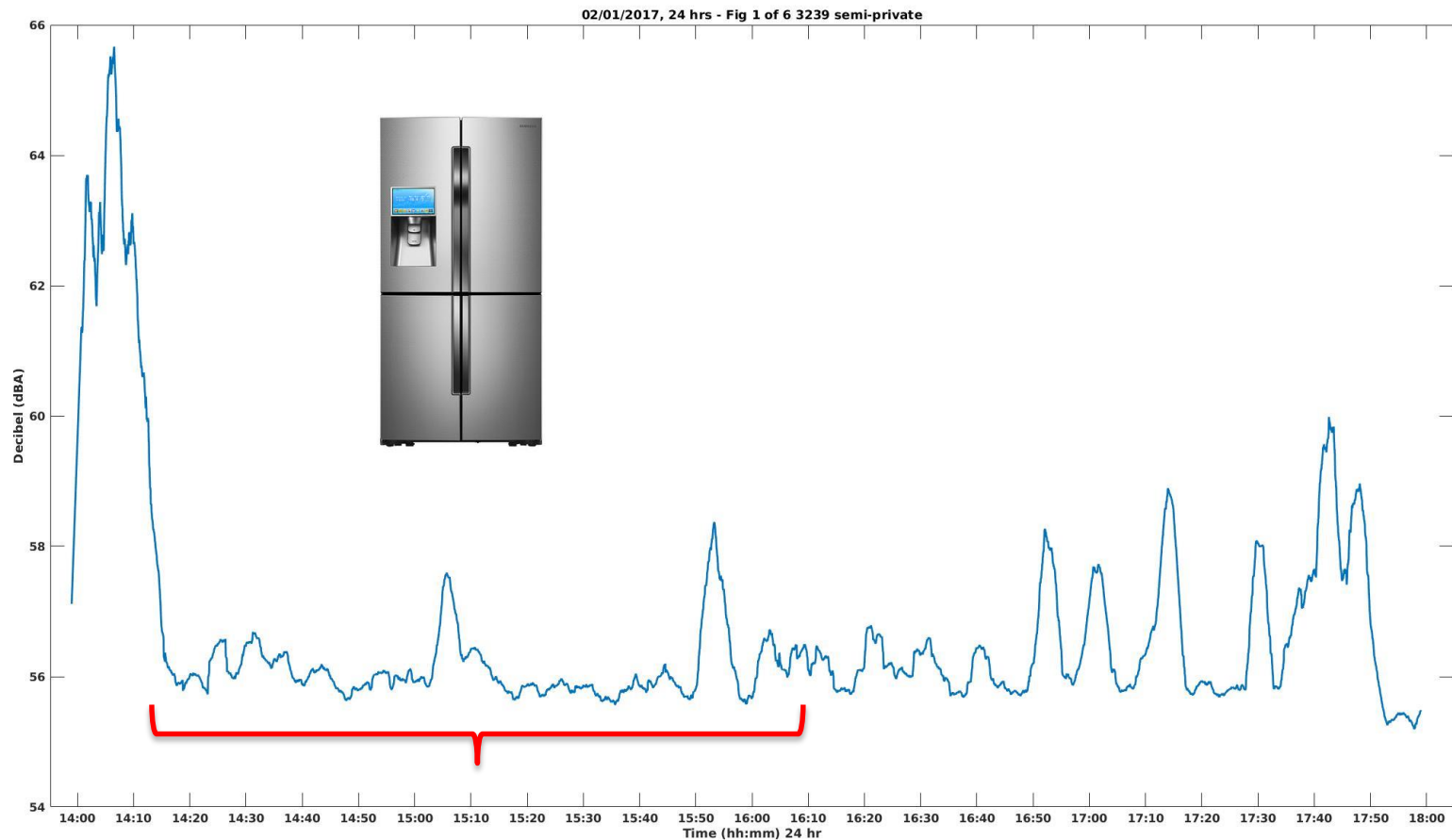
# Improvements: Outcome Measures

*Our progress to date*

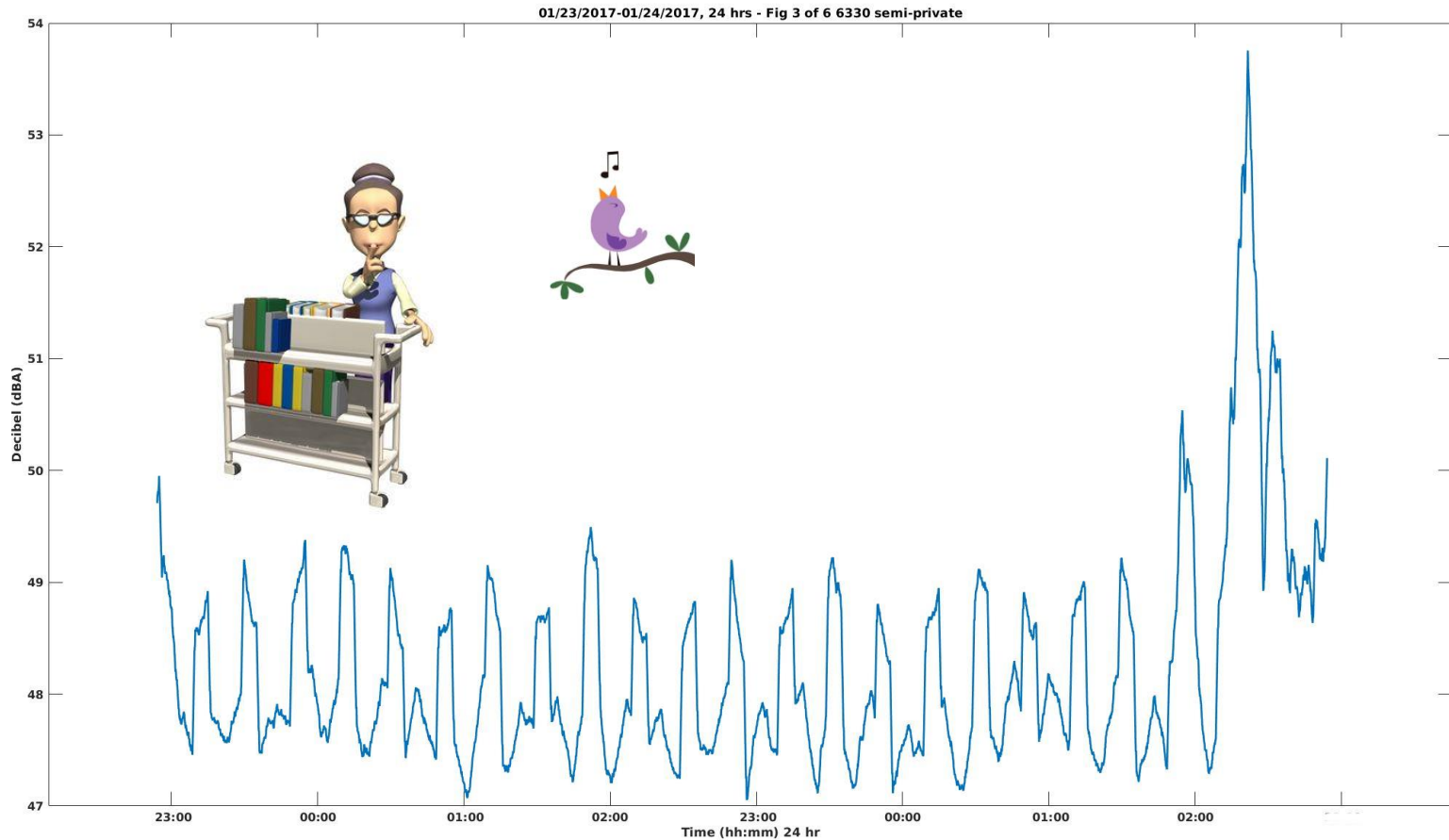
# 6BT Semi Private room



# 3West Semi Private Room

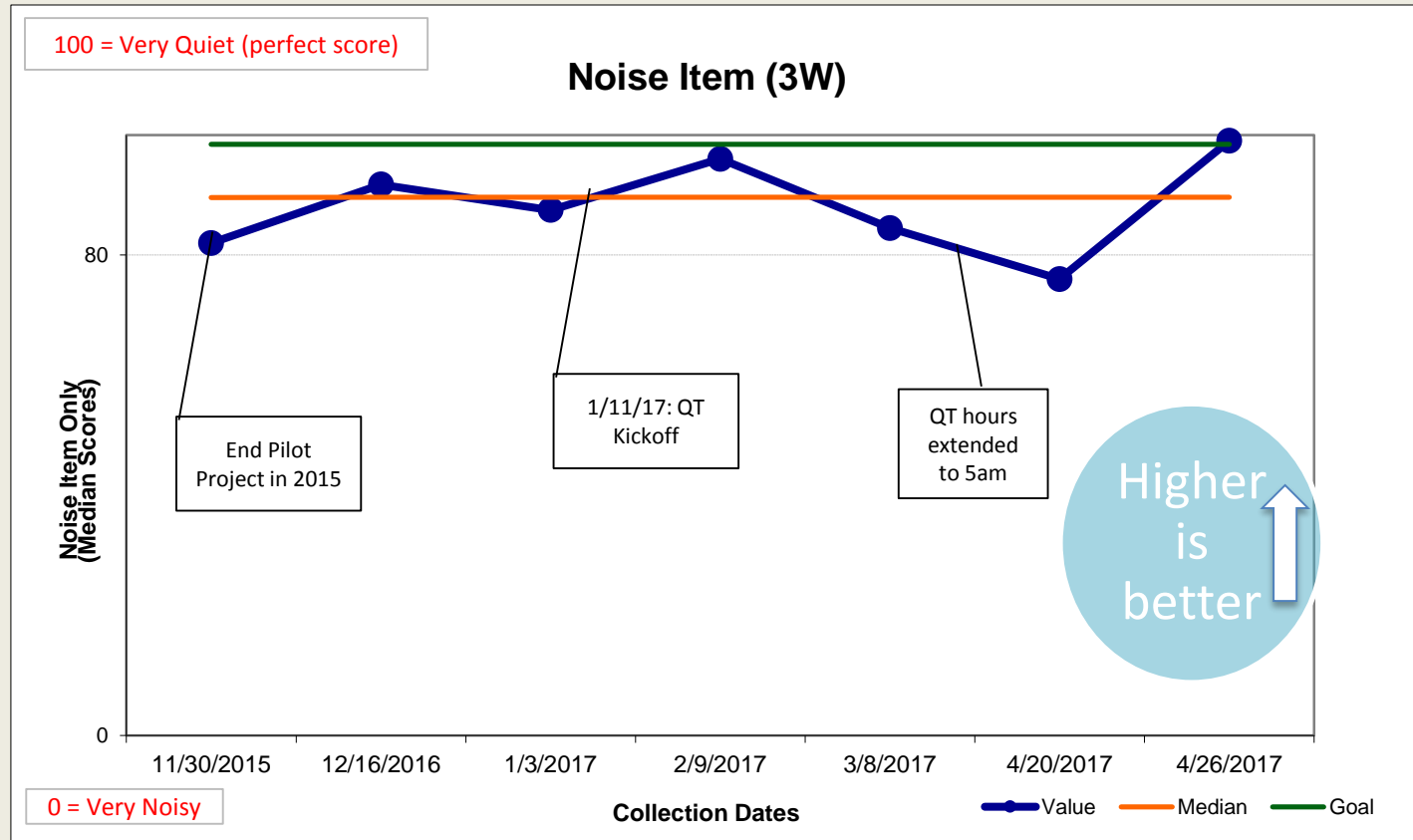


# Nights 11 pm – 2 am 6BT Semi-Private

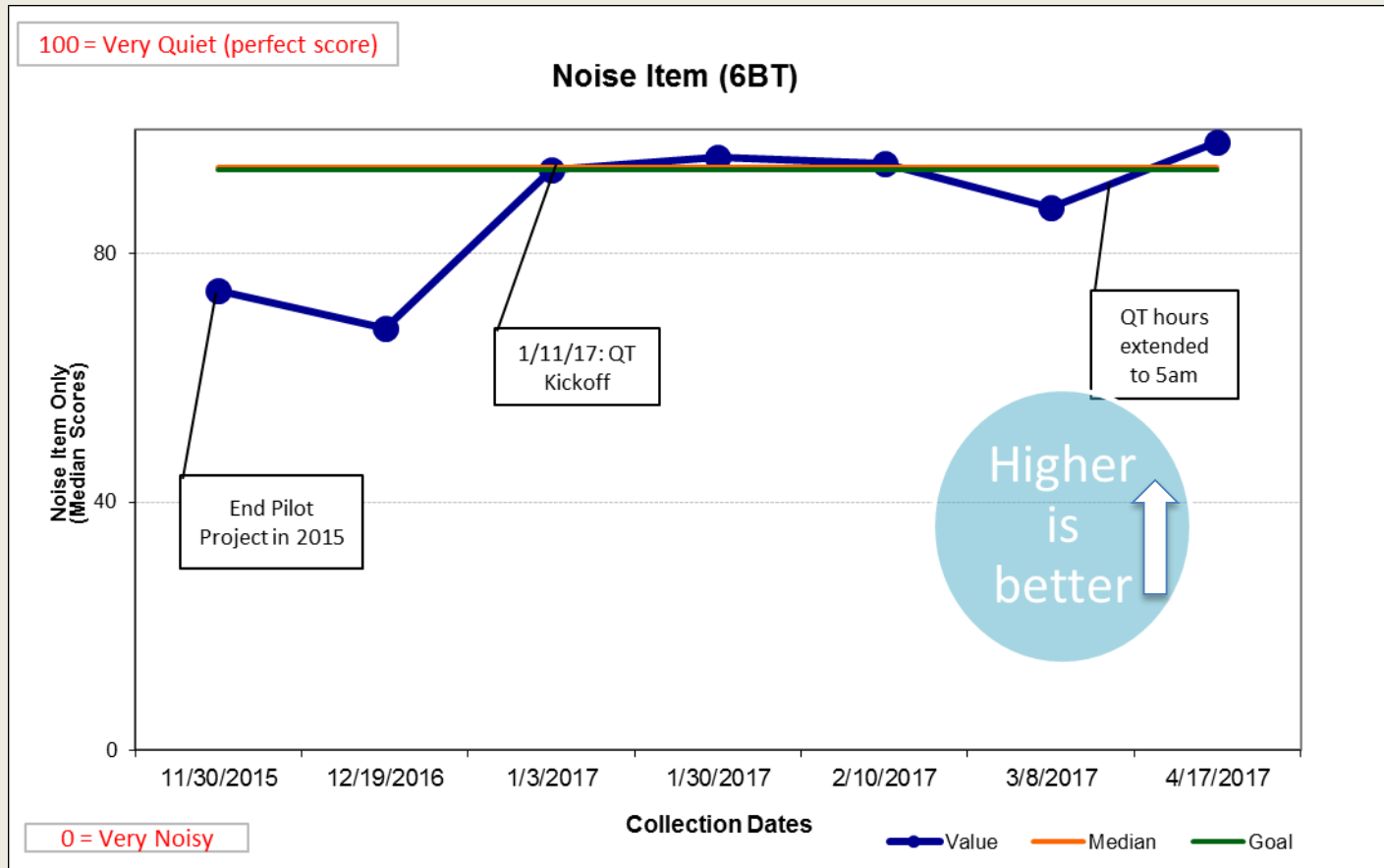




# Richards-Campbell Sleep Questionnaire Noise Score



# Richards-Campbell Sleep Questionnaire Noise Score





## Balancing Measures: Staff Experience

- *Did the implementation of QT effect your practice?*
- *5 weeks after QT kick-off*

- “. . . I would knock softly on the door, just kind of peek in, and, “Do you have a tray?” Try to lower my voice so that it helps them rest. I know their rest is essential to their health.” *NFS staff*
- “. . . it’s helpful to know that if things are not done I can just do them in a quieter manner.”  
*nursing assistant*
- I actually kind of like the dim lights a little bit. . . . I feel like, if it’s good for patients, I’m fine with it, and if it helps me focus a little bit more, that’s fine. . . .*physician*
- When I see the lights go off, it makes me think, yeah, it’s quiet time . . . . it does make me think about it. *nurse*

# QUIET TIME

**3 WEST Quiet Time Initiative**

**Implementation Checklist**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

**3 WEST Quiet Time Initiative**

**Improvement Board**

Presentations: **Getting Ready for Quiet Time**

August 2015



	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
TABLE 1																																
TABLE 2																																

**PROGRESSIONAL TEMPLATES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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TABLE 1																															
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TABLE 3																															

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TABLE 1																															
TABLE 2																															

**PLANS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMPLETION CHECKS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CLASS ROOMS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





# Challenges & Lessons Learned

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- Quiet Time does not mean “No-Care Time”!
- 3-5 am phlebotomy
- All disciplines must be involved to make it a success
- Dimming lights is a simple fix but unit may not have ability
- Need better information for people coming on to the unit — change of culture vs more “education”
- Change is intentional
- Change doesn’t happen without resources



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# Patient Experience

# Leadership Team

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- Christine Hedges, Director NQR - PI
- Eric Wolak, Director, Medicine and Oncology Services, Blue Belt Sponsor
- Dan Lehman, AVP Operations, Blue Belt Sponsor
- Cherie Smith-Miller, Nurse Researcher
- Candice Hunt, IHQI Project Coach
- Pam Ball, Manager 3Wst, Process Owner
- Keisha Brown, Manager 6BT, Process Owner
- Erica Wolak, Sr. Quality Engineer, Lean coach advisor
- Meghan Black, IHQI, Physician Champion



# Steering Committee

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- Carole Andrews, PT
  - Jamison Chang, MD
  - Deb Frisbee, patient
  - Donna Enloe, RT
  - Susanne Henderson, RN
  - Karlis Kammerman, HUC
  - Brittany McCombs, NFS
  - Robyn McQuarters, Patient Transport
  - Lori Osborne, EVS
  - Paul Ossman, MD
  - Ruth Parker, NFS
  - Satish Raja, PostDoc Fellow
  - Kalynn Rohde, Pharmacy
  - Natalie Schnell, RN
  - Jennifer Thomas, RN
  - Robert White, EVS
  - Cher Wilson, Phlebotomy
  - Jason Smith, EVS
  - Katie Williams, RN
  - Guifeng Zhang, RN
  - Shelley Summerlin-Long, IHQI
- ❖ *Special thanks to Abbie Bennett & Courtney Berry from UNC School of Nursing*



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# Thank you!

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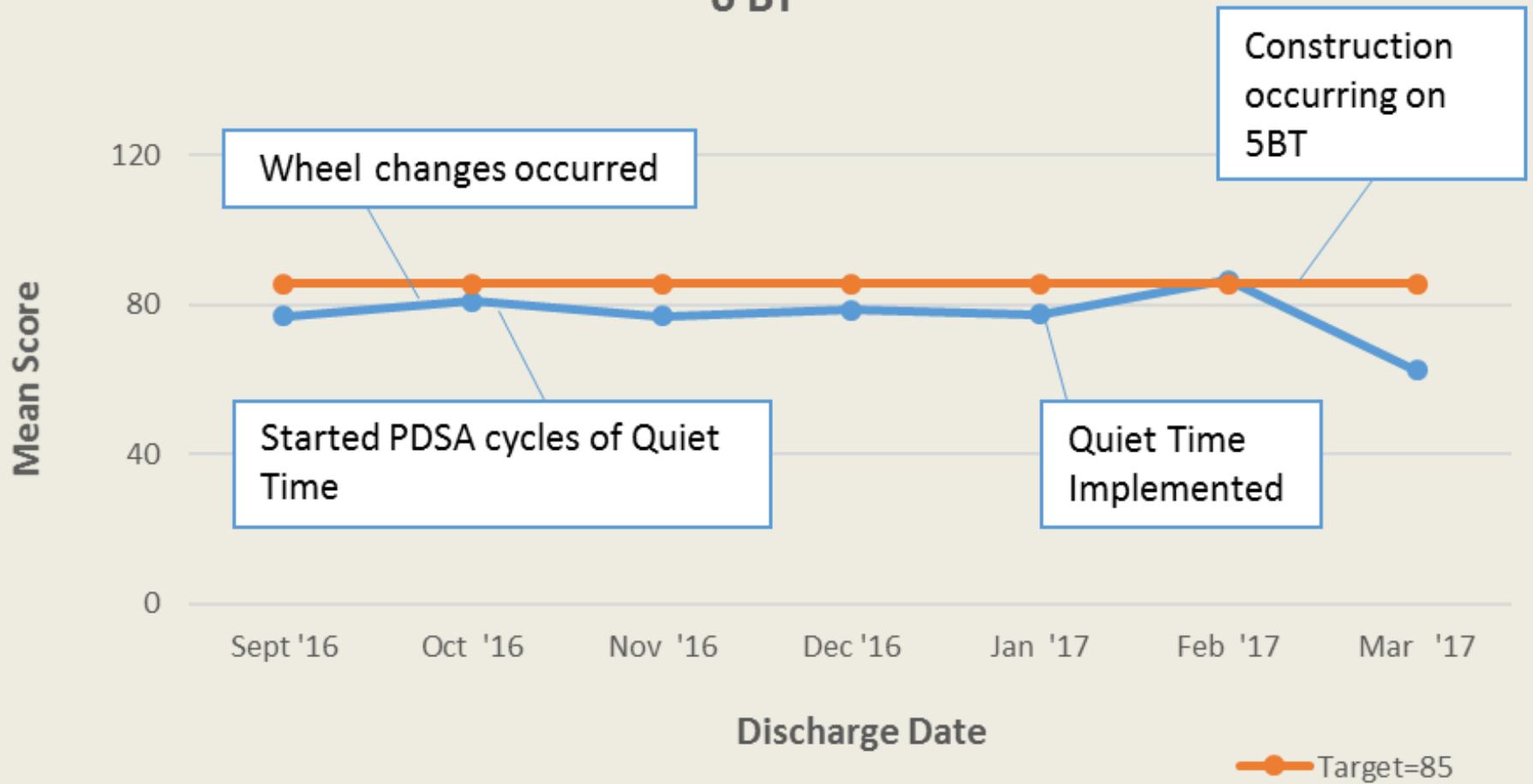
*For more information:* [Christine.Hedges@unchealth.unc.edu](mailto:Christine.Hedges@unchealth.unc.edu)



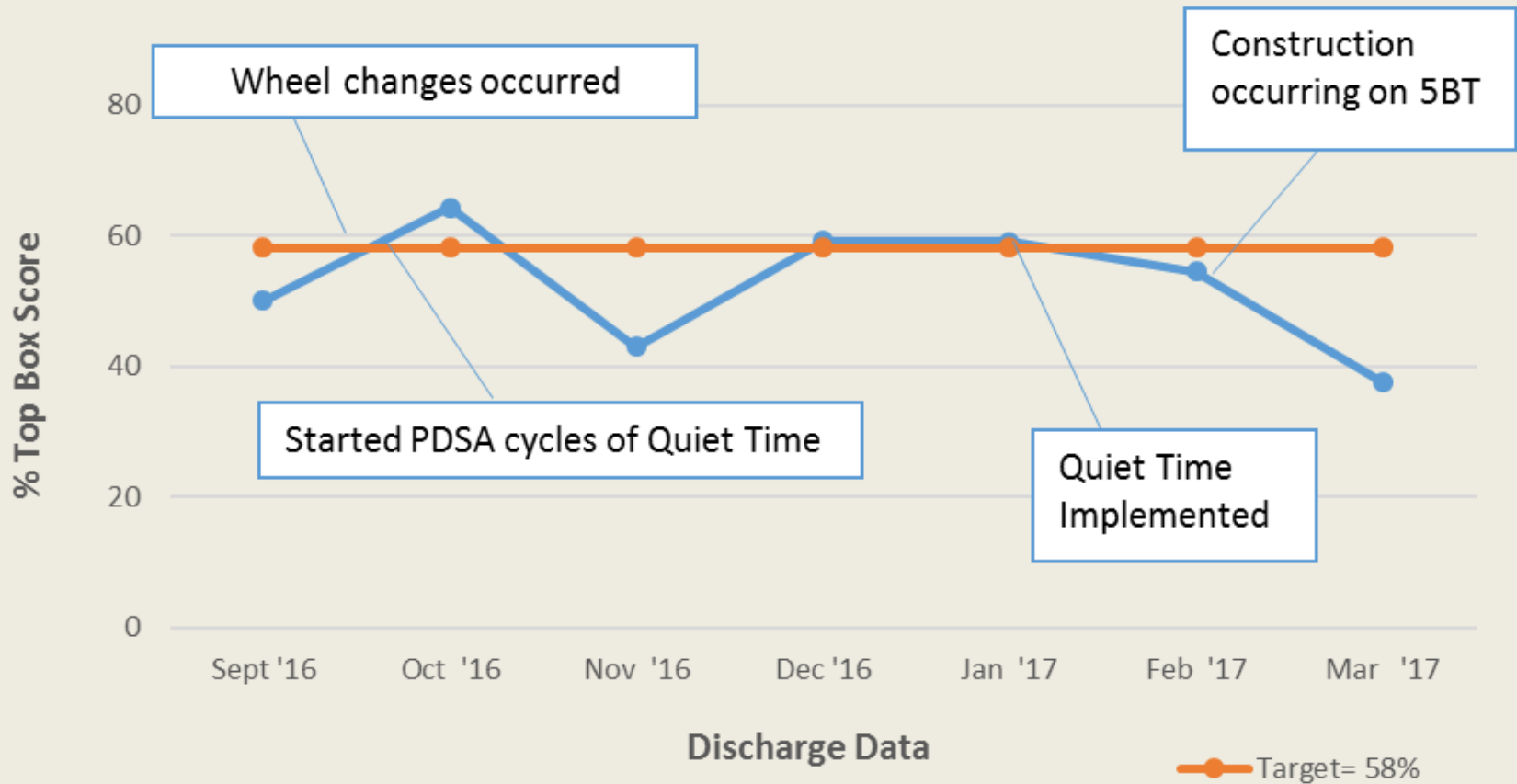
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# Press Ganey Noise Level in and Around Room: Adjusted Mean Score by Discharge Date for

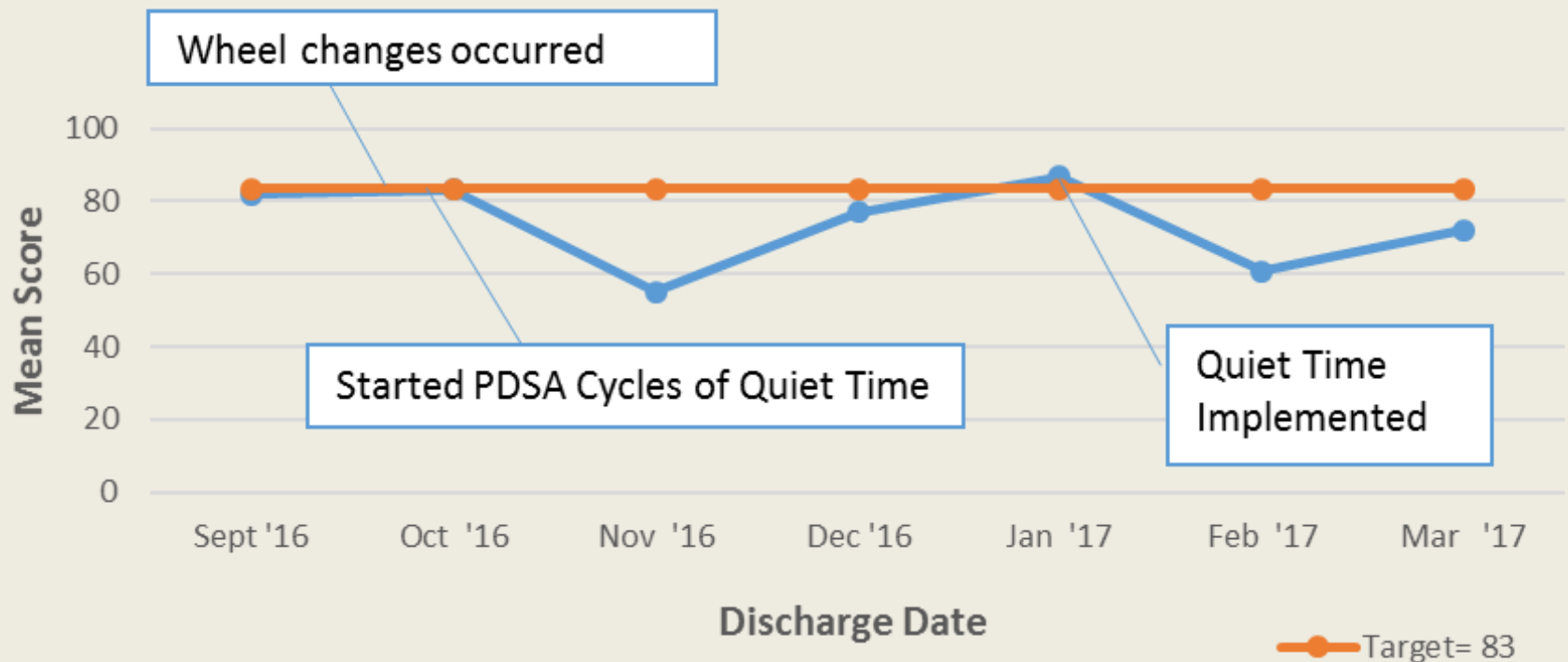
## 6 BT



# HCAHPS Quietness of Hospital Environment: Adjusted Top Box Score by Discharge Date for 6 BT



## Press Ganey Noise Level in and Around Room: Adjusted Mean Score by Discharge Date for 3 Wst



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# HCAHPS Quietness of Hospital Environment: Adjusted Top Box Score by Discharge Date for 3 Wst

