

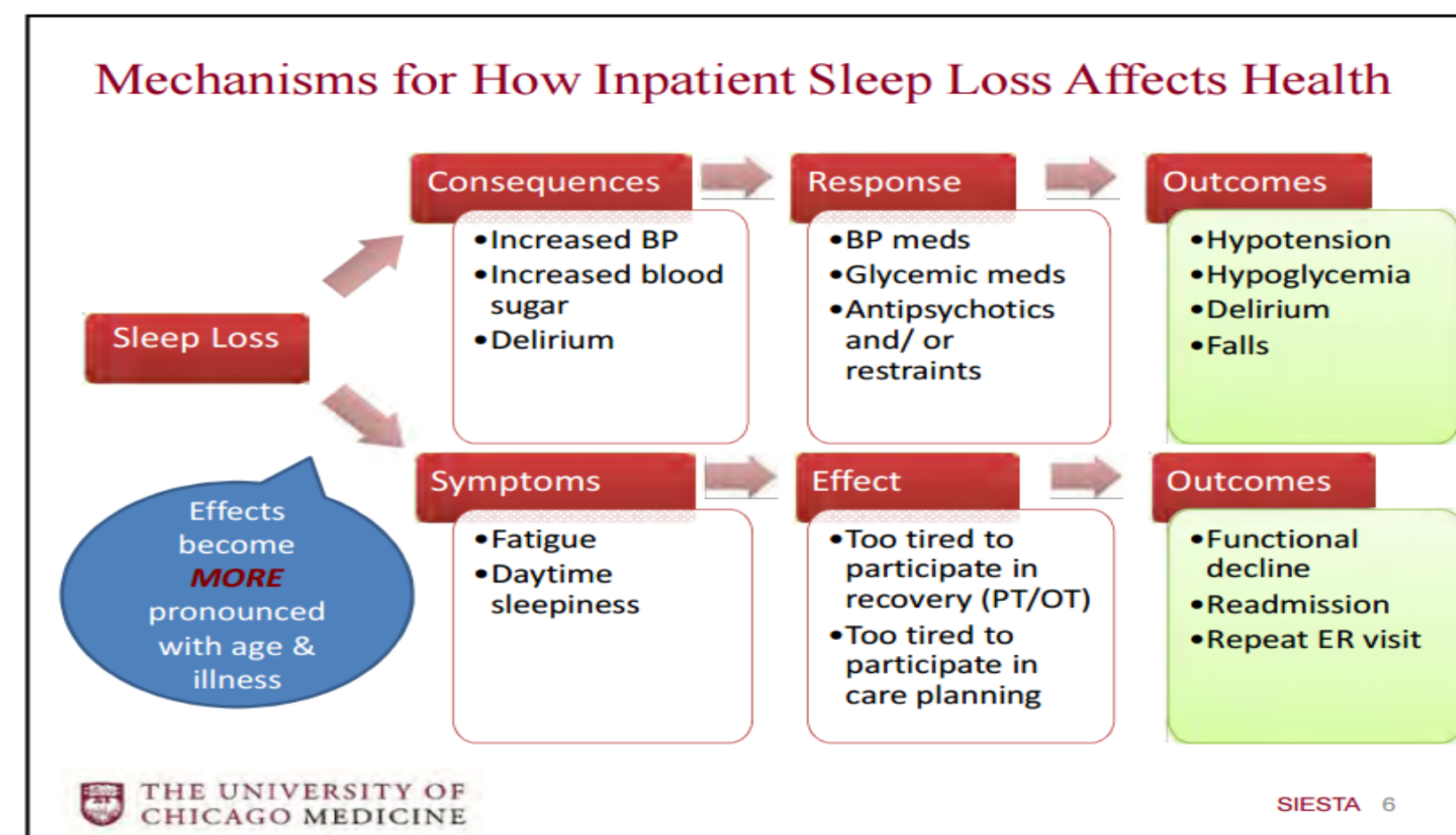
The Importance of Sleep for Healthcare Elders

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Introduction

Purpose: Our purpose of this project was to decrease the rate of delirium in our elderly population by implementing a sleep protocol to provide minimal interruptions.

Rationale: Delirium among elderly hospitalized patients is a nationwide problems hospitals face every day. council identified it as a need and spent time researching the problem in an acute care setting. From that a steering committee was developed, including two hospitalists, pharmacist, unit director, unit assistant nurse manager and NICHE coordinator, evidence based practice nurse and educator and PFAC member. Decided to pilot on 4300 unit, as we have a large geriatric population. In fiscal year 2016 (July 1, 2015 thru June 30, 2016), Suburban Hospital cared for 13,244 total inpatients. Of those, 58.9% (7,804) were ages 65+. Furthermore, 18.2% (2,405) were ages 85+. Because of this, we identified decided to pilot a program which would hopefully decrease delirium, decrease agitation among dementia patients and provide a more restful, interruption free night's sleep for our oriented patients. Even those patients without dementia will benefit from uninterrupted sleep and will hopefully increase patient satisfaction as a result.



Methods

- Met with ancillary departments (doctors, pharmacy, respiratory, lab) to operationalize project on the unit.
- Selected a pilot unit, Adult Medical unit, and implemented the Sleep Protocol.
- Education provided to the day and night shift staff, as well as ancillary departments.
- Patients and families educated on admission and were given a fact sheet regarding the protocol.
- Partnered with hospital wide Night Shift Council initiative, Whisper While you Work.
- Inclusion criteria: Oriented patients were surveyed each day to rate their sleep the night before.
- Exclusion criteria: Those patients with cognitive dysfunction.

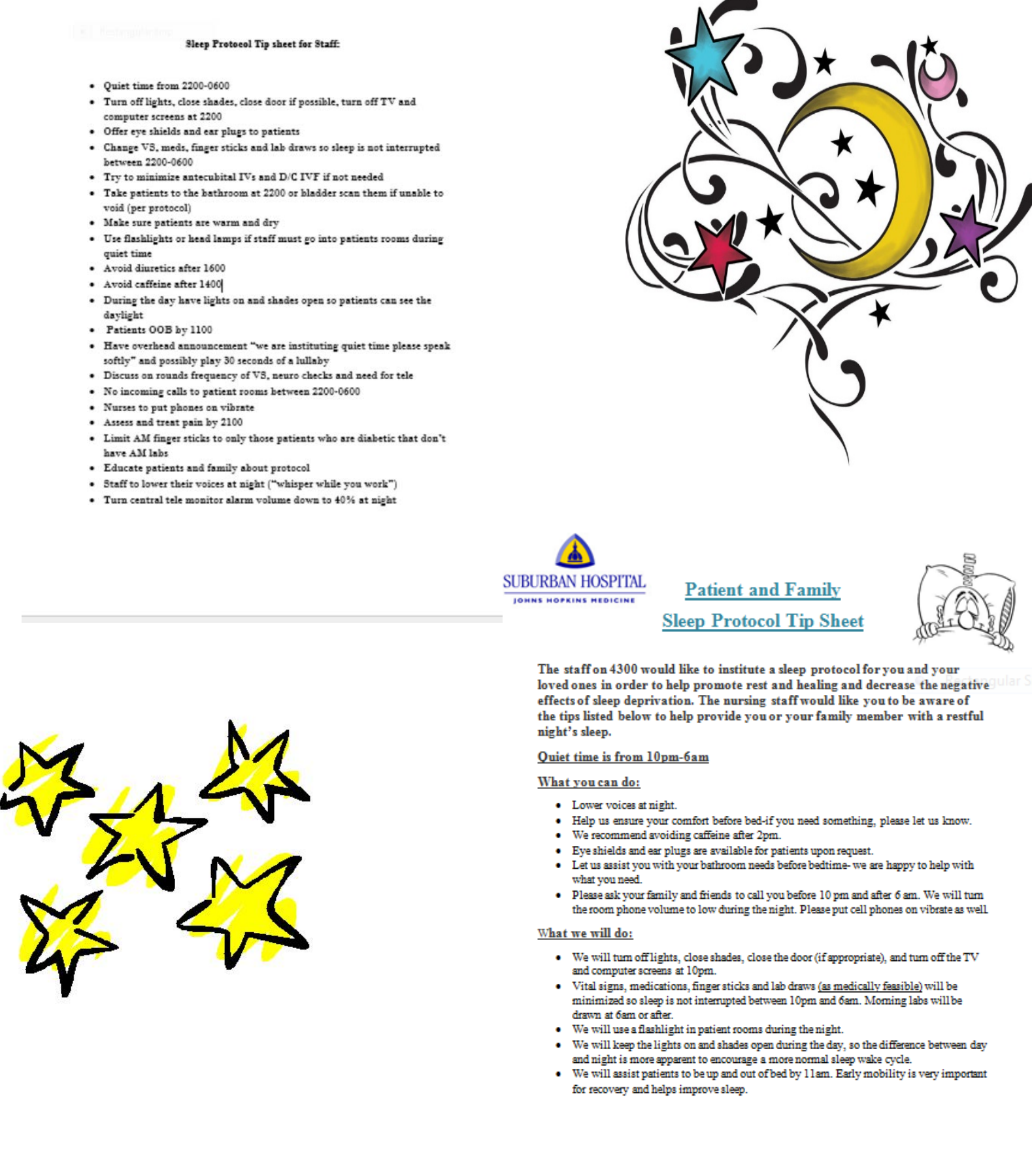


Outcome Measures:

- Our first Metric used was a unit survey. Unit surveys were conducted every day. Each day, patients were interviewed about the sleep. They were to rate their sleep from 1-5 (1 being the worst night sleep, 5 being the best). Furthermore, we asked them what interfered, if anything, with their sleep.
- The second metric used was the HCHAPS scores. Our focus for the months of July-December was the quiet at night question. Through the use of this pilot, we hope to see an increase in the number of patients who reported a quiet environment at night during their hospital stay.

Education Materials for staff and for Patients

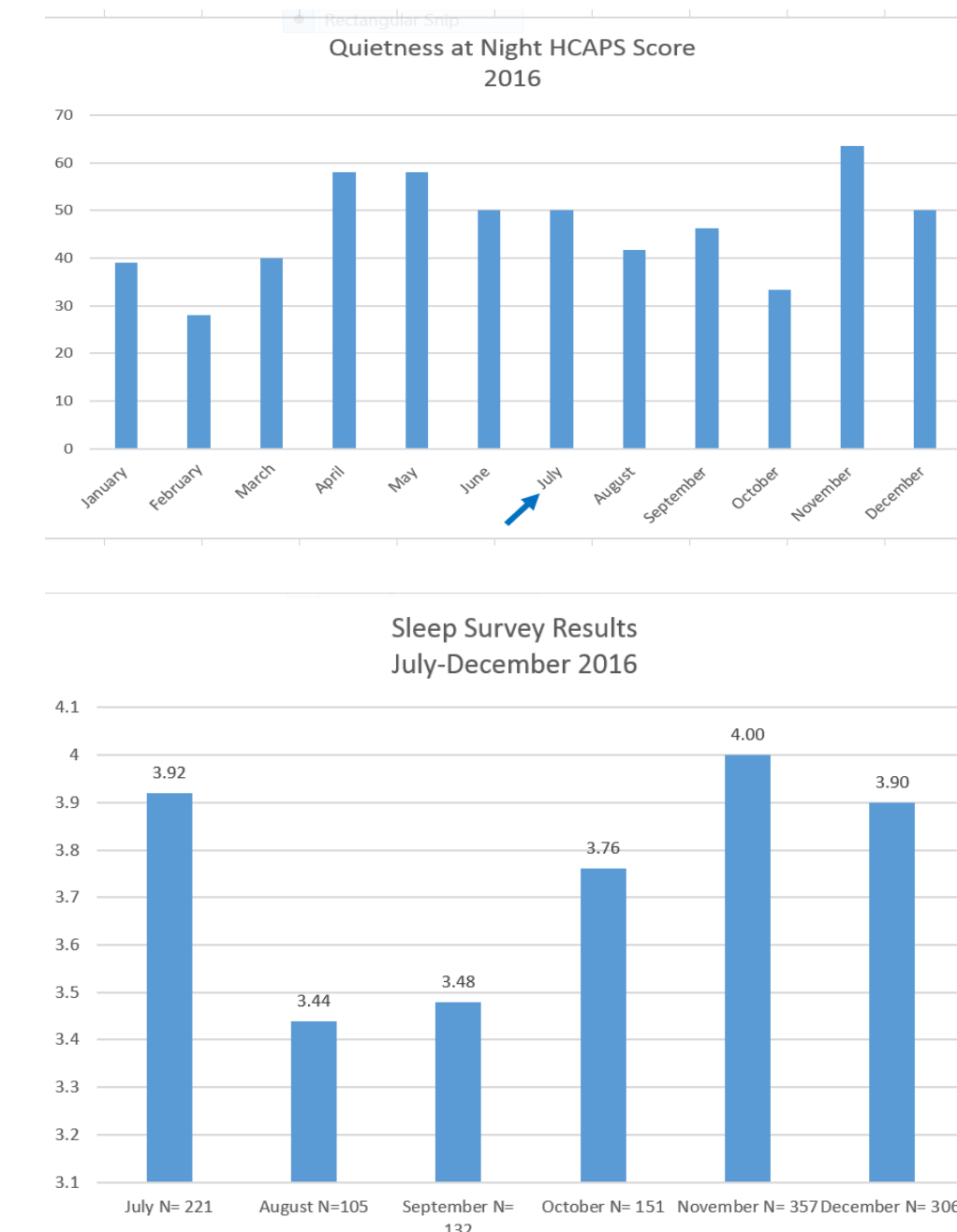
Pictured below are our education materials provided for staff and patients. Staff, both day and night shift nurses were trained on the use of the CAM score to determine the presence of delirium. Furthermore, staff were trained on ways to improve patient's sleep and methods to decrease interruptions, such as turning off the lights, turning off the computer monitors in the screen, silencing their phones, using flashlights if it is necessary to enter a patients room, advocating to doctors and pharmacists to decrease overnight medications, to name a few. Families and patients were educated on admission, as well as pro alike vided with ongoing information about the importance of sleep.



Discussion/Implications

By way of patient interviews on both pilot and control unit, we were trying to determine if it is affecting their sleep, also using patient satisfaction, hope to see a decrease in delirium, scores for quiet at night should increase, and a decrease in medications being used for agitation. We know this is best practice and hope to roll out hospital wide, data yet does not support. It is the right thing to do for the patients and their families. By working as an interdisciplinary team, we hope to decrease incidence of delirium and agitation among patients. Weekly audits are measuring success of protocol twice weekly to determine quality of patient's sleep, rating sleep from 1-5 and asking how it could be improved if it is less than a certain number. Monitoring on a quarterly basis Press Ganey quiet at night scores.

Findings:



Conclusion/Implications

- The purpose of this study was to improve sleep for all of our patients to decrease delirium among the elderly and to provide for a healthy, restful environment for all of our patients.
- We are aware this is best practice and believe a collaborative, interdisciplinary approach is what it takes to make it successful.
- We have seen an increase in the number of patients stating that we are quieter at night; however, we believe with more time and effort, we will see a greater increase.
- A limitation to this study is that our pre-data was per quarter and not per month.
- Another limitation to this study was our semi-private rooms. While staff and the interdisciplinary team did an excellent job at implementing the pilot, semi-private rooms create a natural barrier to sleep. With overnight admissions and simply sharing a room, patients still state they are woken up.
- Lastly, it can difficult to pair up like patients, thus, sometimes we have an oriented patient with a disoriented patient or one that is hard of hearing and needs to sleep with the T.V. on.

Discussion

- While we feel this pilot is very important and staff have fully embraced the initiative, we feel that in order for this to be successful, continued education is key, for both staff and patients. Patients, families and staff need to be able to see the benefits in order to embrace it.
- The hospital, concurrently with this pilot, initiated a Whisper While you Work campaign to decrease the noise at night. Across the hospital, the response has been positive.
- Education and use of the interdisciplinary team, doctors, pharmacists, phlebotomists, nurses and techs, must be ongoing as well.

