Patient Care Services / Nursing

Sleep Promotion by Clustering Care

Arielle Cratsenberg BSN, RN
Lehigh Valley Health Network, Arielle.Cratsenberg@lvhn.org

Pamela Fisher BSN, RN
Lehigh Valley Health Network, Pamela_M.Fisher@lvhn.org

Casey Herrera BSN, RN
Lehigh Valley Health Network

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Background

- Sleep disturbances are associated with negative outcomes such as increased fatigue, negative moods, and periods of misperception and disorientation.

- Sleep quality has a restorative function, promotes health, and provides a feelings of well-being on mind and body.

- Florence Nightingale believed it is good nursing care to avoid waking the patient at night whether it be intentional or unintentional.

- HCAHPS scores are markers for funding at LVHN.

HCAHPS Survey Question

During this hospital stay, how often was the area around your room quiet at night?

- 1□ Never
- 2□ Sometimes
- 3□ Usually
- 4□ Always

Significance

FY 2015 HCAHPS Data															
Jordan - Med Surg Division															
	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Target	YTD	YTD %ile
Rollup	73.0	74.4	75.0	76.9	74.8	74.0	74.2						73.1	74.6	
n=	75	67	68	80	67	77	99							533	
Rate Hospital	76.0	74.6	75.0	83.8	79.1	75.3	75.8						71.2	77.1	73
Recommend	72.7	74.6	76.5	77.5	79.4	72.4	81.4							76.5	61
Comm w/nurses	76.7	77.5	80.6	82.8	78.9	79.3	82.0						78.7	79.8	50
Courtesy/Respect	81.8	80.9	88.4	91.0	85.3	83.5	89.0							85.9	42
Listen Carefully	75.3	75.0	77.9	78.8	76.5	77.2	80.0							77.4	57
Explain Well	73.1	76.5	75.4	78.8	75.0	77.2	77.0							76.2	51
Response of staff	67.9	59.6	75.4	70.8	71.9	68.2	62.2						66.6	67.7	56
Call Button Help	64.8	65.6	72.2	69.6	73.8	64.9	57.8							66.3	60
Help toileting	71.1	53.7	78.6	72.0	70.0	71.4	66.7							69.2	54
Comm w/doctors	75.0	83.6	73.4	79.6	78.8	80.6	81.4						81.4	79.0	31
Courtesy/Respect	80.8	88.1	81.2	84.6	88.1	89.9	91.8							86.5	41
Listen Carefully	76.6	83.6	73.9	74.0	82.1	74.7	79.6							77.7	35
Explain Well	67.5	79.1	65.2	80.3	66.2	77.2	72.7							72.7	23
Hospital Environment	70.8	71.2	71.7	63.4	65.7	72.6	65.3						66.7	68.5	61
Cleanliness	81.8	75.8	79.7	73.1	73.1	75.9	71.0						74.7	75.6	61
Quietness	59.7	66.7	63.8	53.8	58.2	69.2	59.6						58.7	61.4	59
Pain Management	70.3	69.6	77.0	76.0	63.4	70.0	75.8						71.2	72.0	56
Well Controlled	60.7	58.8	66.0	69.2	51.2	60.0	68.8							62.5	44
Staff do everything	80.0	80.4	88.0	82.7	75.6	80.0	82.8							81.5	65
Medicine	61.5	67.7	61.4	65.9	71.2	56.1	63.3						63.6	63.8	52
Explain Meds	75.0	83.3	70.5	78.8	80.0	77.3	78.1							77.6	49
Side Effects	48.1	52.1	52.3	52.9	62.5	34.9	48.4							50.0	52
Discharge	85.7	91.0	85.5	92.6	89.0	89.6	87.8						85.4	88.7	67
Help Discussed	84.3	90.2	78.8	93.3	89.1	92.2	87.9							88.0	78
Prob To Look For	87.1	91.8	92.3	91.8	88.9	87.1	87.8							89.5	43

PICO QUESTION

In older adult, medical-surgical patients, does clustering patient care activities between the hours of 2200 and 0700 as opposed to normal care provision affect sleep satisfaction.

P- Older adult medical-surgical patients

I- Clustering patient care from 2200-0700

C- Normal care providing routines

O- Less sleep interruptions.

TRIGGERs based on Iowa Model?

▪ Problem Trigger

Identification of Clinical Problem (Problem trigger)
• Elderly hospitalized patient's sleep is affected by night time sleep interruptions. This causes sleep deprivation and decreased patient satisfaction with hospital stay.
• LVHN utilizes PressGaney and HCAHPS scores to determine if patients are satisfied with their sleep while in the acute care setting. These surveys are completed by hospitalized patients who rate the quality of care received including sleep satisfaction.

EVIDENCE

- Bartick, et al. (2010) identified that patients on a medical-surgical floor reported fewer sleep disturbances and less need for sedatives as a result of interventions designed to protect their ability to sleep such as clustering of care.

- Flaherty (2008) stated that the most common nighttime interruptions are because of phlebotomy, medication administration and vital signs.

- The vulnerability of the older adult makes them a perfect target to experience sleep disturbances. Iatrogenic events such as falls, functional decline, delirium, hospital acquired infections occur more frequently when a patient's sleep/wake cycle is disturbed.

Current Practice at LVHN

- There is no standard of practice, at this time which addresses the need for sleep hygiene practices and promotion of uninterrupted sleep.

- The "Quiet Time Initiative" promotes a designated sleep schedule starting at 2100 throughout the entire hospital. Lights are dimmed in hallways of units and voices are expected to be lowered. This does not address the tasks that patients require throughout the night like medication administration, vital signs, and phlebotomy.

IMPLEMENTATION

3. Design (EBP) Guideline(s)/Process

■ Phase I

- Select patients who meet our age and orientation criteria: >65 years of age and oriented x3 with no underlying dementia.

- Complete pre survey. Data information includes patient's normal sleep schedule and night time routines while at home versus the hospital.

■ Phase II

- Educate staff (RN's and TP's of 6C, 4K, 6K) about LVHN's policies related to telemetry, vital sign frequency, quiet time initiative, and clustering care.

■ Phase III

- Select patients who meet our age and orientation criteria: >65 years of age and oriented x3 with no underlying dementia.

- Complete post survey. Data information includes patient's normal sleep schedule and night time routines while at home versus the hospital.

Practice Change

- ## Cluster care
  - Vital signs
  - Toileting
  - Medication administration
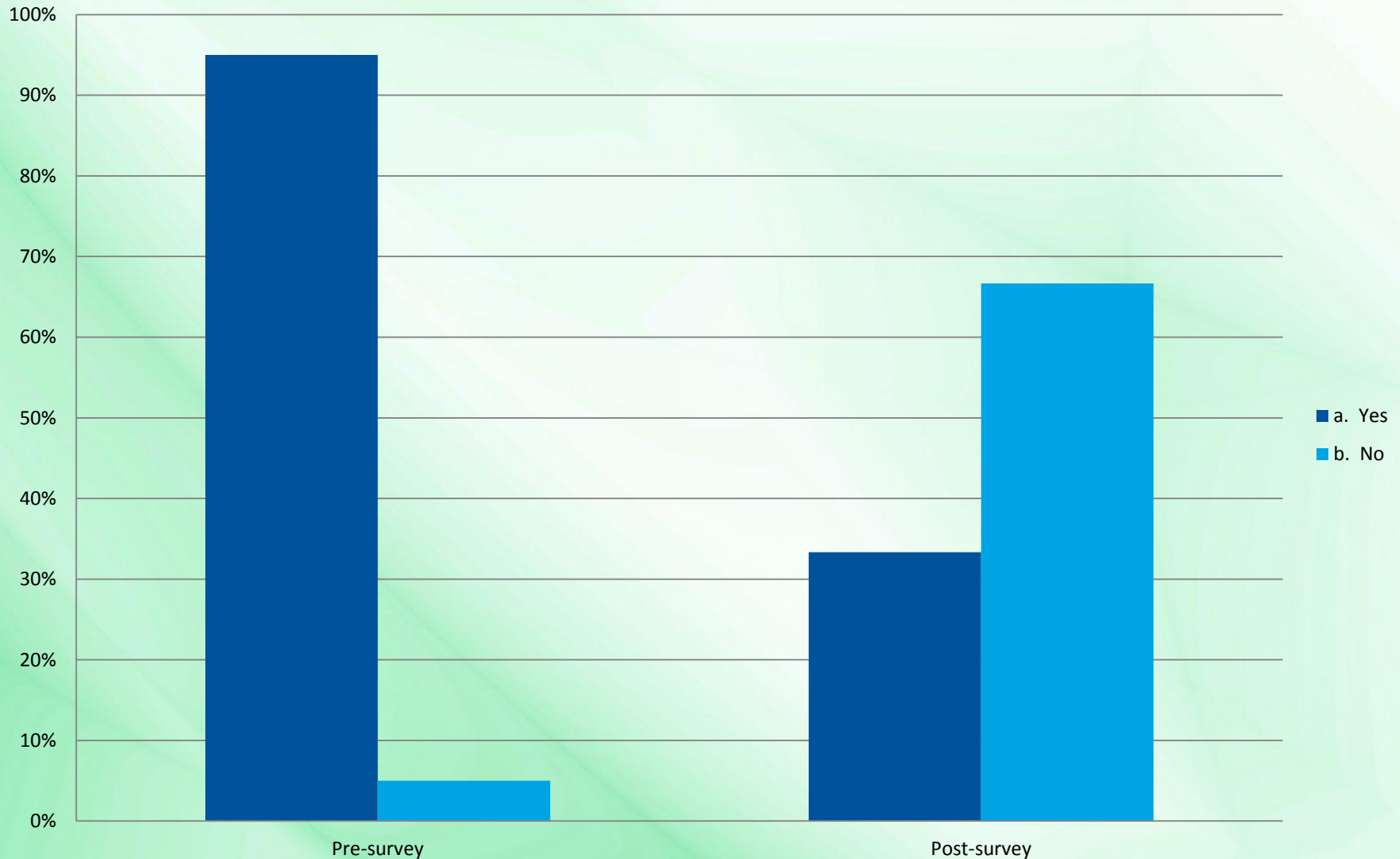
- ## Enhance the "Quiet Time Initiative"
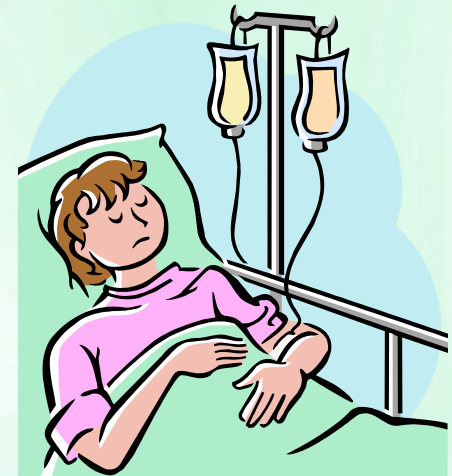
RESULTS

How many total hours of sleep did you get per night during this admission?
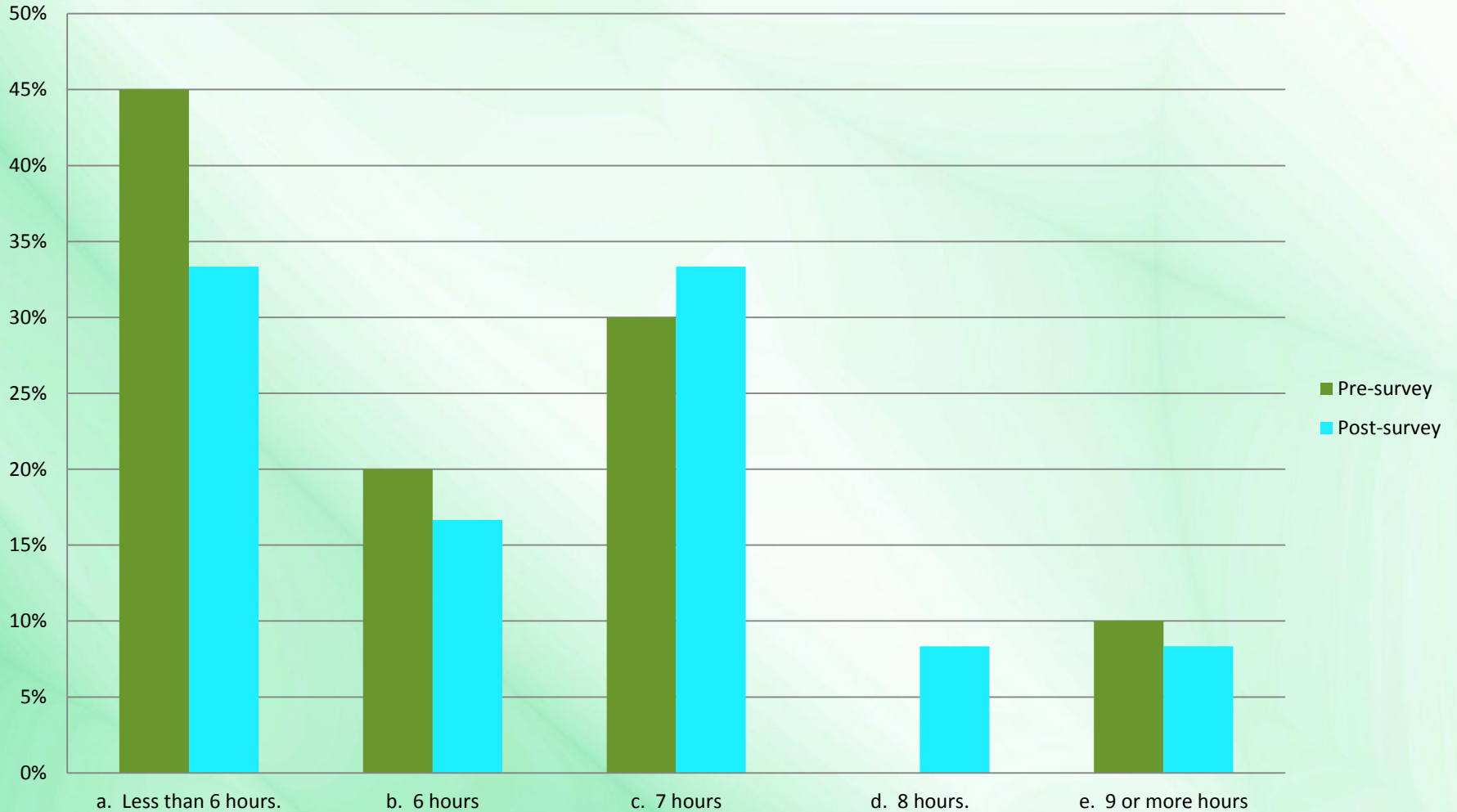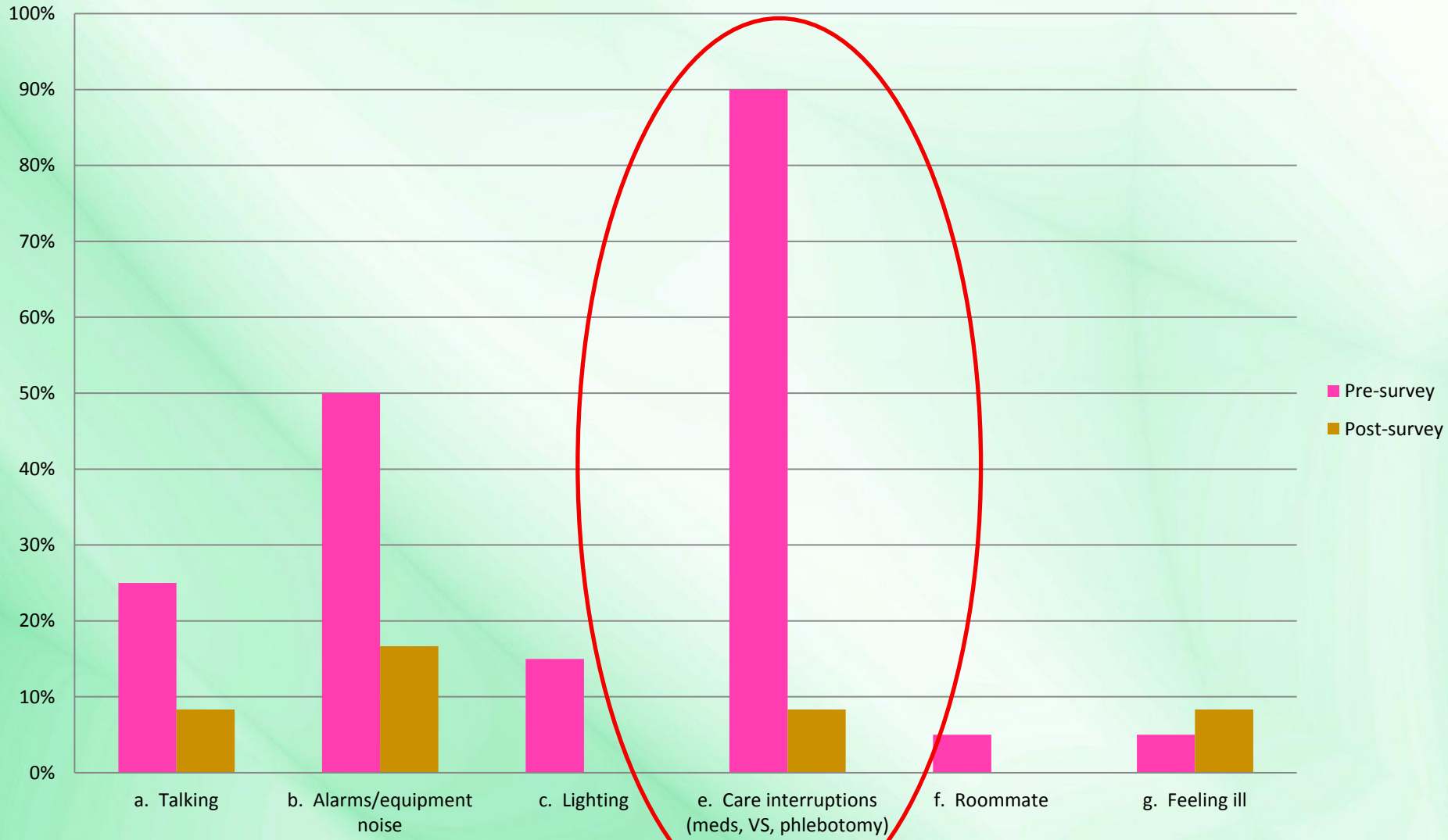
Results

Did you experience any nighttime sleep interruptions during this hospital admission?

Results

Types of sleep interruptions

Results

"This was the best night of sleep I have had while in the hospital"

-patient on 6CP

"Thank you for not waking me up so much during the night. It made a big difference."

-patient on 4K

Implications for LVHN

Adoption of clustering care as a standard work process can facilitate a decrease in sleep interruptions and promote greater sleep satisfaction which enhances the Patient Centered Experience at LVHN.
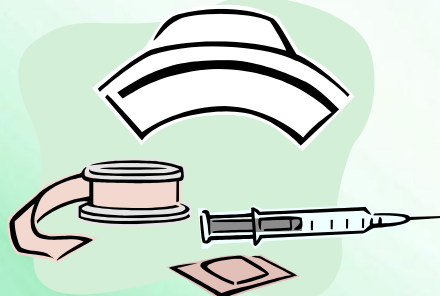
Strategic Dissemination of Results

- TLC learning for Staff
- Verbal education during huddle
- Flyers

Lessons Learned

- RN and TP education addressing the benefits of care clustering is essential to its success.

- Shift report between nursing and technical partners is key to initiation of clustering care at night.

- Most difficult part of clustering care is sustaining the practice change during times when staffing is a challenge.

- Patient's needs and expectations should be individualized.

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Make It Happen
Questions/Comments

- Contact Information:

    Arielle Cratsenberg @ Arielle.Cratsenberg@lvhn.org

    Pam Fisher @ Pamela_M.Fisher@lvhn.org

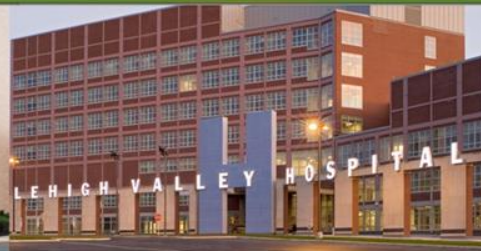   Casey Herrera @ Casey_E.Herrera@lvhn.org

    Christine_R.Yatsko@lvhn.org

Cedar Crest   17th Street   Muhlenberg   Health Centers