

Utilization of the “Do Not Disturb” Order to Improve Sleep Quality in the Medical-Surgical Patient

Paula E. Heimbach BSN, RN

Lehigh Valley Health Network, Paula_E.Heimbach@lvhn.org

Rebecca Johnson BSN, RN

Lehigh Valley Health Network, Rebecca_E.Johnson@lvhn.org

Jolene M. Smar BSN, RN

Lehigh Valley Health Network, Jolene_M.Smar@lvhn.org

Eldy Guillaume ADN, RN

Lehigh Valley Health Network, Eldy_R.Guillaume@lvhn.org

Rachel Szafranski ADN, RN

Lehigh Valley Health Network, Rachel.Szafranski@lvhn.org

Follow this and additional works at: <https://scholarlyworks.lvhn.org/patient-care-services-nursing>

Published In/Presented At

Heimbach, P. Johnson, R. Smar, J. Guillaume, E. Szafranski, R. (2019, March 28). *Utilization of the “Do Not Disturb” Order to Improve Sleep Quality in the Medical-Surgical Patient*. Poster presented at: LVHN Vizient/AACN Nurse Residency Program Graduation, Lehigh Valley Health Network, Allentown, PA.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

Utilization of the “Do Not Disturb” Order to Improve Sleep Quality in the Medical-Surgical Patient

Paula Heimbach, BSN, RN, Rebecca Johnson, BSN, RN, Jolene Smar, BSN, RN, Eldy Guillaume, ADN, RN
 Rachel Szafranski, ADN, RN,
 Lehigh Valley Health Network, Allentown, Pennsylvania

Background/Triggers

- Adult medical-surgical patients often report dissatisfaction with their quality of sleep.
- Sleep deprivation is associated with elevated stress hormones, such as levels of cortisol. Impaired wound healing, weakened cellular immunity, worsened cognitive functioning, hypertension, impaired glucose tolerance, and increased mortality are also associated (Yoder et al., 2013).
- Current LVHN MEWS policy requires Q4 vital signs for all medical-surgical patients.
- Prior to MEWS policy inception, do not wake patients from sleep orders were used by the Geriatric trauma providers.
- Do Not Disturb order exists in Epic to allow patients to sleep uninterrupted from 2300-0500 hours. It is currently not used by providers.

Purpose/PICO

- In the trauma medical-surgical patient population, will the use of the Do Not Disturb order, compared to the current MEWS policy, allow patients to have more uninterrupted sleep?
- P-trauma medical-surgical patient population
- I-use of the Do Not Disturb order
- C-current MEWS policy
- O-allow patients to have more uninterrupted sleep?

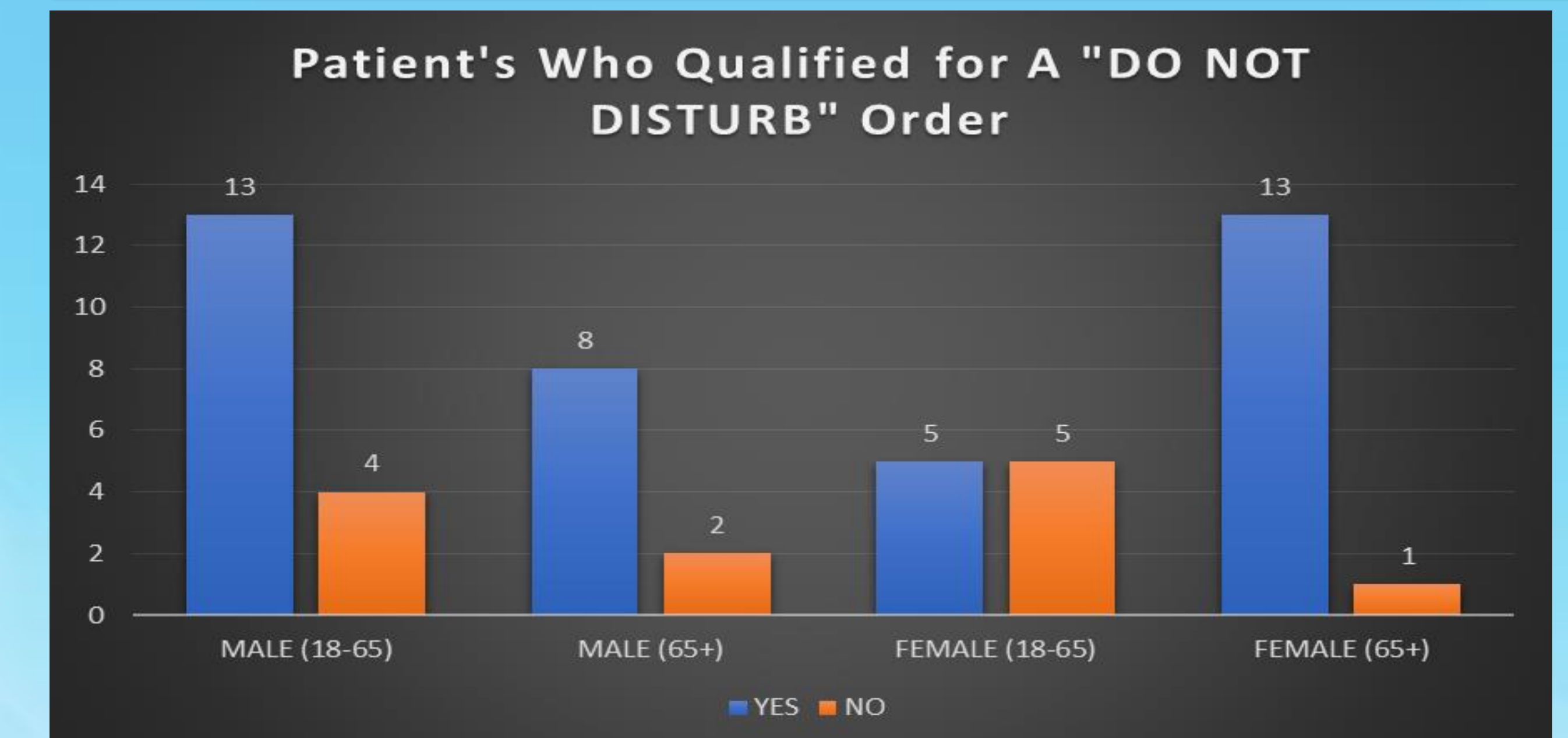
Evidence

- Vital sign checks have been shown to be the environmental factor most disruptive to patient sleep (Yoder et al., 2013).
- Recommendations to use MEWS score to identify low-risk patients who might forgo overnight vital sign monitoring (Yoder, et al., 2013).
- Patients with a MEWS score of 0-2, indicative for low deterioration rate, may benefit from the Do Not Disturb order to allow for more uninterrupted sleep (Yoder et al., 2013)

Implementation Plan

- Nurse residents met with the Trauma Performance Improvement and Patient Safety (TPIPS) and Geriatric Trauma Councils to determine criteria for order use.
- Risk Management department consulted for order use.
- Eligibility criteria established:
 - No MEWs greater than 2 in past 24 hours
 - No operative procedure in past 24 hours
 - No falls within past 24 hours
 - No change in Level of Consciousness in past 24 hours
 - No transfer or admission within 24 hours
 - No patients CAM + for past 24 hours
- Pre-data collection of 50 patient charts
 - 25 adults patients aged 18-65 years of age
 - 25 geriatric patients aged >65 years of age
- Multidisciplinary team members educated on Do Not Disturb eligibility via TLC and ILT
 - RNs and TPs: 48
 - Providers and APCs: 14
- Collaboration with providers to enter Do Not Disturb order based on patient eligibility completed Monday-Friday at collaborative rounds.
- Algorithm created for RNs to use to determine patient's continued eligibility for the order based on the set criteria.

Outcomes/Results



- Pre-data concluded that 85% of the patients audited would meet the criteria for the Do Not Disturb order use.
- 9 patients met the Do Not Disturb criteria and order placement during the 7-week implementation period.

Barriers/Next Step

- Barriers to the intervention include delay in project approval from providers leading to a shorter trial period. Patient acuity was high during the implementation period and may have led to less order use than anticipated.
- Next steps: Consider continuation of further research of this project with potential MEWS policy revision.

References

Applebaum, D., Calo, O., & Neville, K. (2016). Implementation of Quiet Time for Noise Reduction on a Medical-Surgical Unit. *Journal of Nursing Administration*, 46(12), 669-678. doi:10.1097/NNA.0000000000000424

Cratsenberg, A., Fisher, P., Herrera, C., & Yatsko, C. (2015). Clustering Care to Promote Sleep and Enhance Patient Satisfaction. LVHN Scholarly Works.

Yoder, J.C., Yuen, T.C., Churpek, M.M., Arora, V.M., Edelson, D. (2013). (2013). A Prospective Study of Nighttime Vital Sign Monitoring Frequency and Risk of Clinical Deterioration. *Journal of Intensive Care Medicine*, 28(16), 1654-1655