Quiet Please … A Compendium of Strategies to Impact Hospital Noise

Sherri L. Betz RN
Lehigh Valley Health Network, Sherri_L.Betz@lvhn.org

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Unnecessary noise...is that which hurts a patient. (It) is the most cruel absence of care which can be inflicted either on sick or well.

Florence Nightingale
Notes on Nursing
1859

Evidence

- A 2006 Mayo Clinic study found noise was the major cause of sleep disturbance.
- Hospital noise slows healing.
- Noise increases the perception of pain, while heightening anxiety and stress.
- Noisy environments contribute to communication errors.
- Noisy environments contribute to “learned helplessness.”
- Noise contributes to medical and nursing errors.
- Noise may cause and/or exacerbate delirium.
- Equipment alarms can distract and interrupt, causing errors impacting patient safety.
- Noise is implicated in contributing to nurse burnout.
- Length of stay is impacted by noise, including: slower healing, learned helplessness and hindered ventilator weaning related to sleep deprivation.
- Hospital noise levels should not exceed 45dBA during the day and 40dBA at night in patient rooms (Environmental Protection Agency).

LVHN Target State
Reach CMS Value Based Purchasing (VBP) Achievement Threshold for each HCAHPS domain.

Initial Current State

- Hospital noise is pandemic.
- Noise levels in most hospitals far exceed recommended standards.
- Worst performing dimension nation-wide on the HCAHPS is ‘Environment,’ which includes question, ‘...how often was the area around your room quiet at night?’
- LVHN – 42% of responses “always”

Outcomes

Countermeasures

- Night Shift Nurse Council engaged as drivers of improvement effort
- Noise reduction as individual incentivized goals
- Required E-learning regarding noise reduction
- ‘Quiet at Night’ HCAHPS score added to unit Visibility Walls
- 9:00 PM overhead announcement requesting staff, patients and families to respect quiet time
- Standard quiet time work
- Ongoing monitoring
- Patient sleep kits
- Television programming designed to promote rest and relaxation
- Elimination of overhead paging between 9:00 PM and 7:00 AM
- Incentives to units which demonstrate greatest improvement in their ‘Quiet at Night’ HCAHPS scores

Outcomes

MONITORING

Name of Person Completing Monitoring _________________________

Designated technical partner or other unlicensed assistive staff member assigned to complete standard work

- Hallway lights dimmed
- Kitchen door closed
- Rounds performed to every patient room and standard communication completed
- Patient hallway doors closed as appropriate
- Ascom phones on vibrate
- Headphones, earbuds and earplugs available in utility room

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