

## Clustering Care.

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# Clustering Care to Promote Sleep and Enhance Patient Satisfaction

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# Objective

- Describe the process and lessons learned in the implementation of identified EBP projects, from clinical question to practice change.

# Project Background

## Iowa Model

- 3 decision points



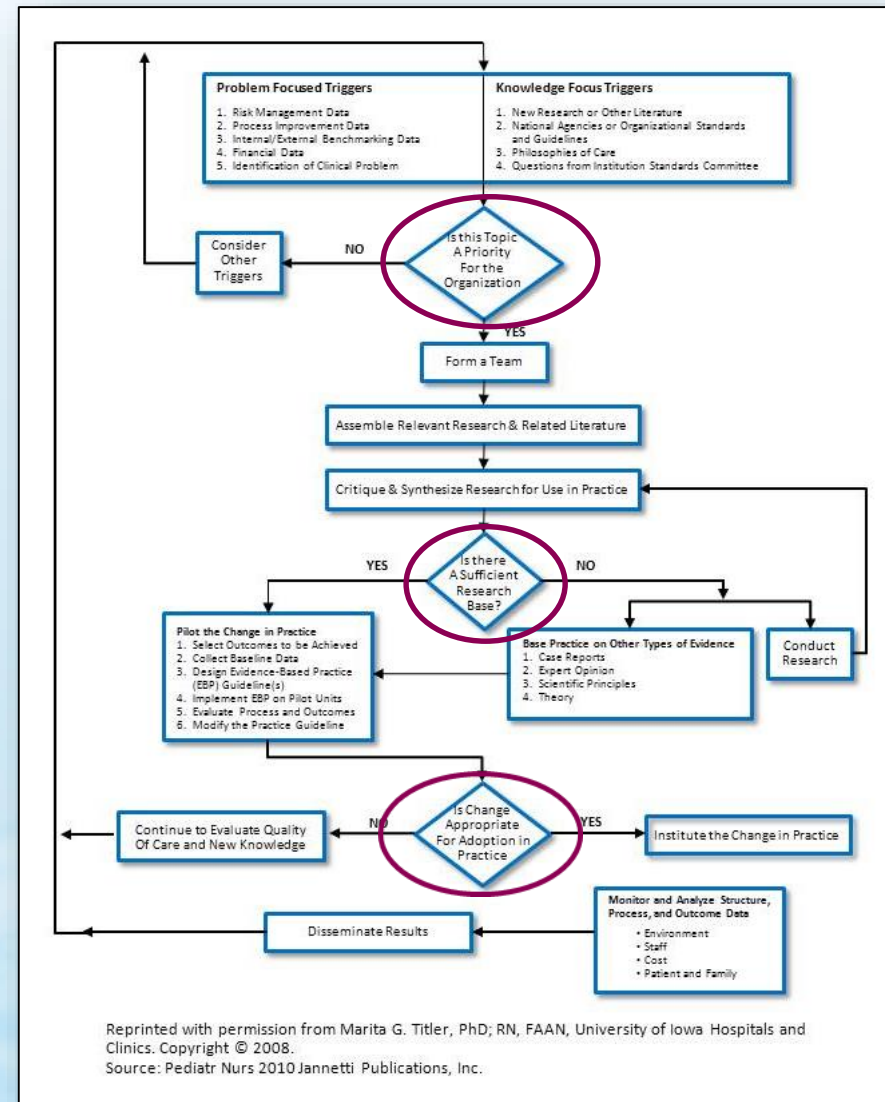
- Is the topic a priority for the organization?



- Is there a sufficient research base?



- Is change appropriate for adoption in practice?



“It is good nursing care to avoid waking the patient at night whether it be intentional or unintentional.”

~*Florence Nightingale*

# Research shows...

Night time  
sleep  
interruptions

Sleep  
deprivation

Decreased  
patient  
satisfaction

# Current Practice at LVHN

- Opportunity identified to create a standard of practice which addresses the need for promotion of uninterrupted sleep.
- “Quiet at Night” Standard Work – examples:
  - ‘Quiet Time’ announcement
  - Hallway lights dimmed
  - Patient room doors closed as appropriate
  - Phones on vibrate
  - Sleep kits – headsets, ear buds & sleep masks

# PICO Question

**In older adult, medical-surgical patients, does clustering patient care activities between the hours of 10 pm and 7 am as opposed to normal care provision affect sleep satisfaction?**

**P- Older adult medical-surgical patients**

**I- Clustering patient care from 10 pm – 7 am**

**C- Normal care providing routines**

**O- Less sleep interruptions**

# 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.

# Implementation

## ■ Phase I

- Select patients who meet 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 re: policies related to telemetry, vital sign frequency, Quiet at Night initiative, and clustering care

## ■ Phase III

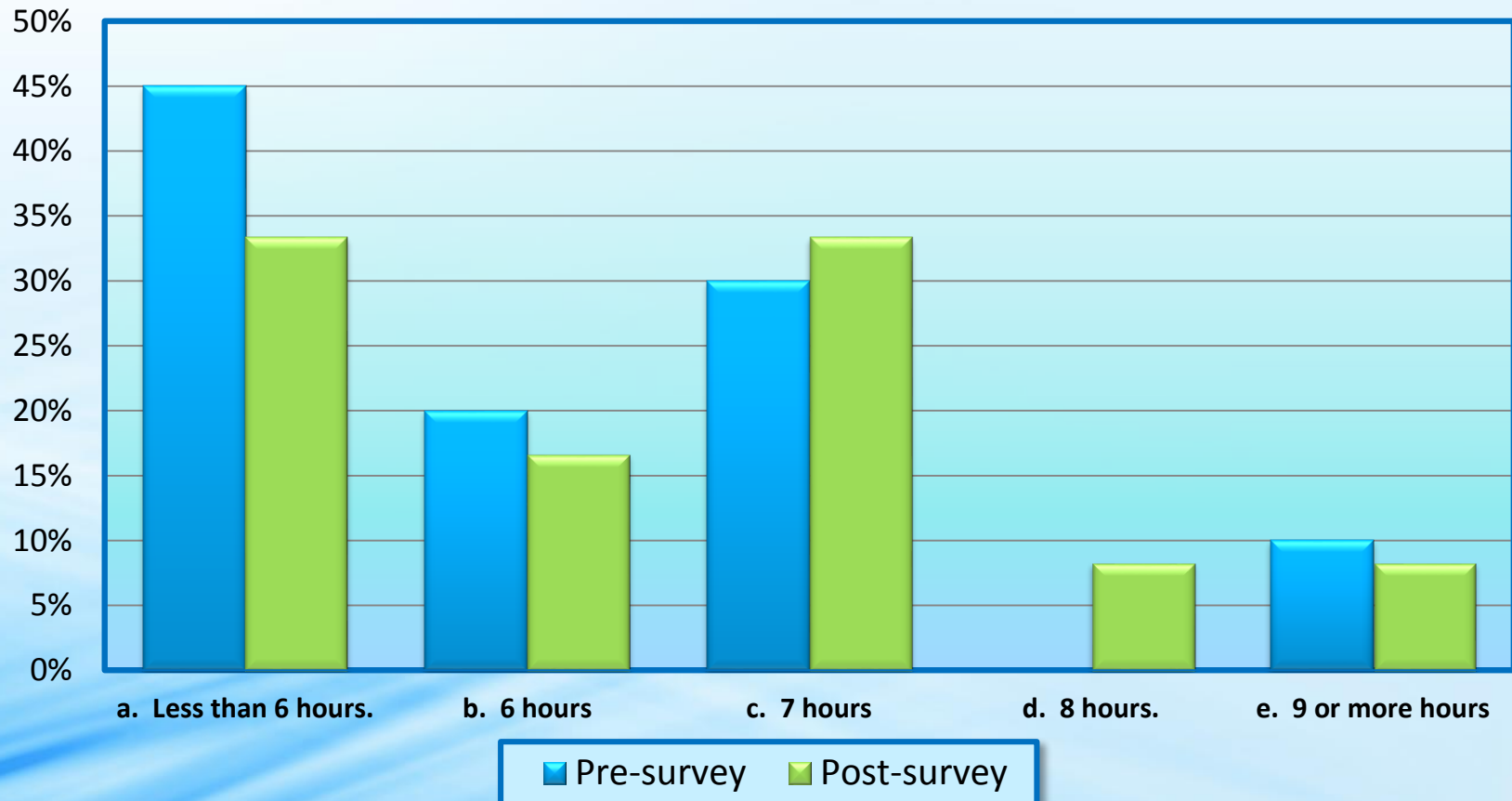
- Select patients who meet age and orientation criteria
- Complete post-survey

# Practice Change

- Cluster care
  - Vital signs
  - Toileting
  - Medication administration
- Reinforce “Quiet at Night” standard work

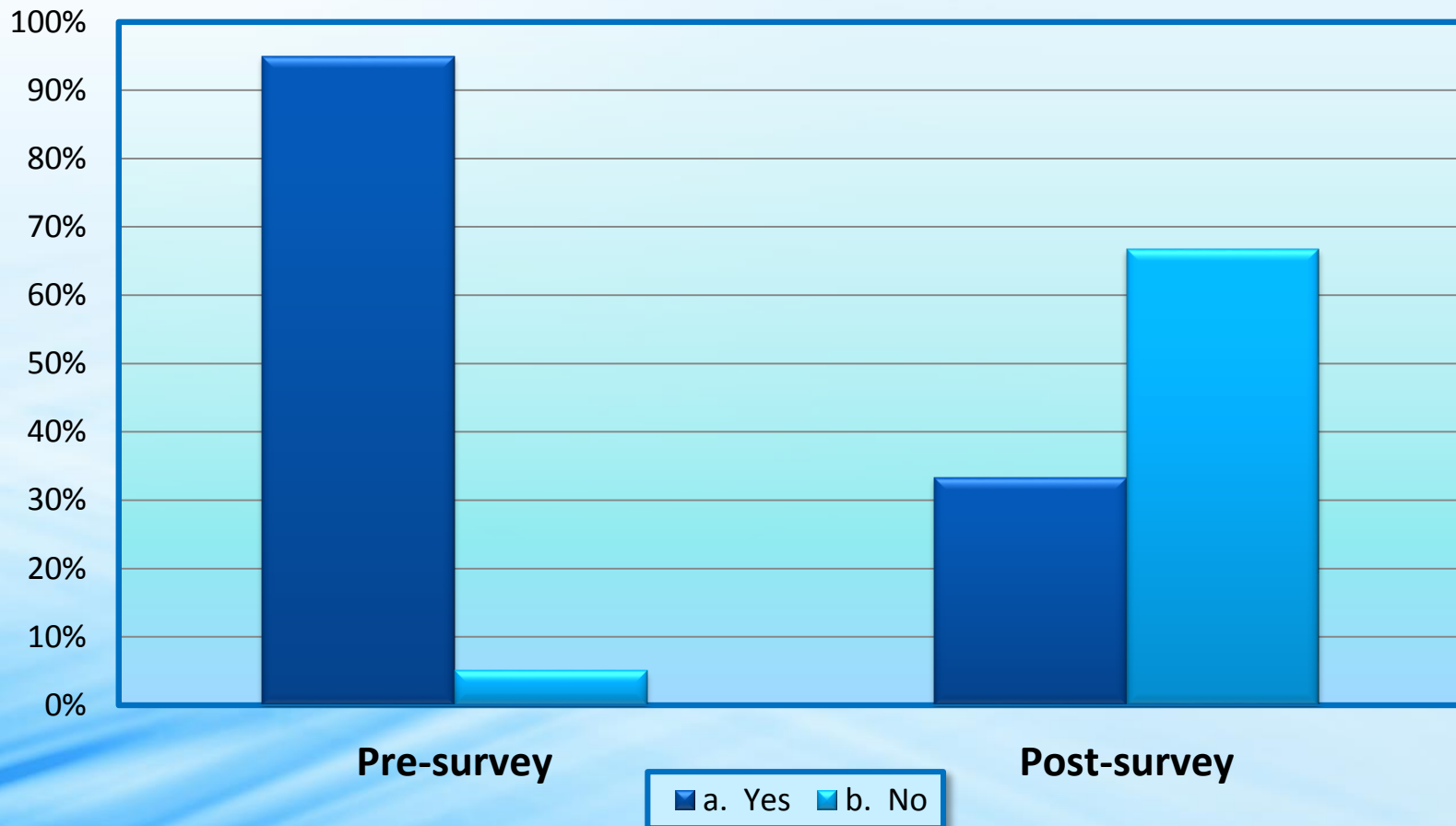
# Outcomes

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



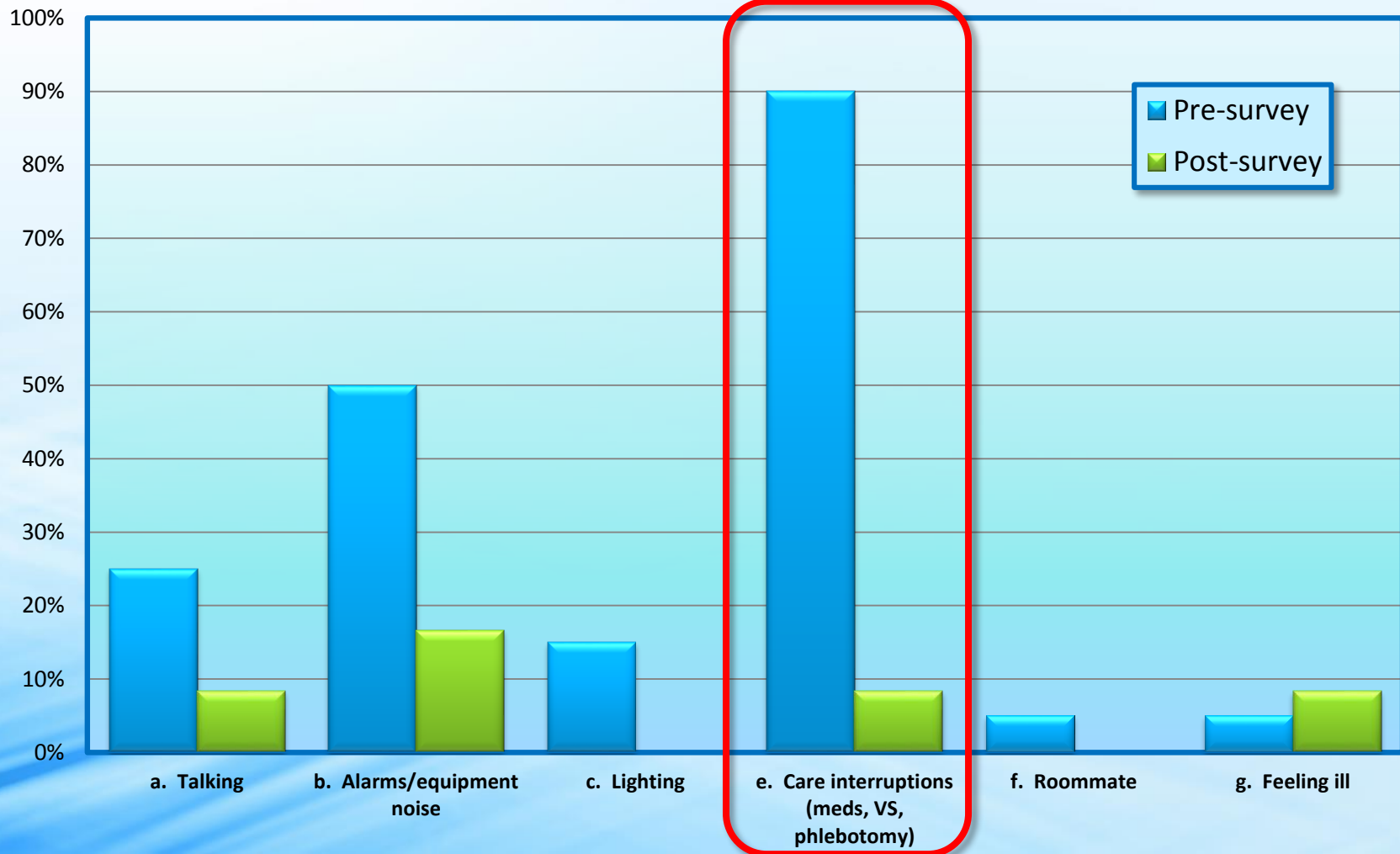
# Outcomes

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



# Outcomes

## Types of sleep interruptions

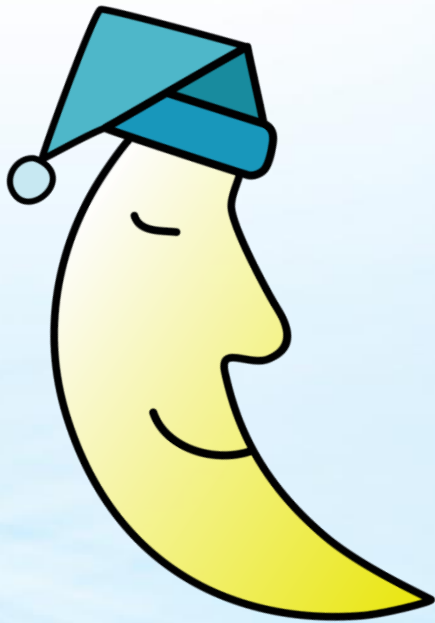


# Qualitative Comments

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

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

# Implications



***Clustering Care***, as a standard work process, can facilitate a decrease in sleep interruptions and promote greater sleep satisfaction, enhancing the ideal patient-centered experience.

# Practice Addition

- ***Clustering Care*** is a communication between the RN and technical partner at the beginning of each shift after Bedside Shift Report.
- The objective is to coordinate required tasks to be completed simultaneously to decrease the number of interruptions through the hours of 2300 and 0500 on the medical-surgical units of LVHN.
- Tasks can be completed together to avoid the frequency of nighttime sleep interruptions:
  - Vital signs
  - Toileting
  - Medication administration
  - Phlebotomy

# Do Not Disturb!



*The Do Not Disturb* order is placed by the provider to communicate the minimization of sleep interruptions through the night by staff.

Do Not Disturb Patient from 2300-0500 on a Med-Surg Floor ✓ Accept ✗ Cancel

Priority:  Routine

Frequency:  Once Until Discontinued Daily

For:  ☑ Occurrences ☐ Hours ☐ Days ☐ Weeks

Starting:  Today Tomorrow

First Occurrence:  Include Now As Scheduled

First Occurrence: Today 0801

Scheduled Times: [Hide Schedule](#) [Adjust Schedule](#)

5/11/16 0801

Comments (F6): [Click to add text](#)

Process Inst.: [Not appropriate for patients with PCAs or Epidurals, Inpatient Hospice, Comfort Care or emergent care issues.](#)

ⓘ Next Required Link Order ✓ Accept ✗ Cancel

# Lessons Learned

- RN and technical partner collaboration and communication is essential to achieve the benefits and success of ***Clustering Care***.
- Patient's needs and expectations should be individualized.

# References

- Bartick, M., Thai, X., Schmidt, T., Altaye, A., Solet, J. (2010). Decrease in as-needed sedative use by limiting nighttime sleep disruptions from hospital staff. *Journal of Hospital Medicine*, 5(3). doi:10.1002/jhm.549.
- Flaherty, J. (2008). Insomnia among hospitalized older persons. *Clinics In Geriatric Medicine*, 24(1), 51-67.
- Gellerstedt, L., Medin, J., & Karlsson, M. R. (2014). Patients' experiences of sleep in hospital: a qualitative interview study. *Journal of Research in Nursing*, 19(3), 176-188.
- Jones, C., & Dawson, D. (2012). Eye masks and earplugs improve patient's perception of sleep. *Nursing In Critical Care*, 17(5), 247-254. doi:10.1111/j.1478-5153.2012.00501.
- LaReau, R., Benson, L., Watcharotone, K., & Manguba, G. (2008). Examining the Feasibility of Implementing Specific Nursing Interventions to Promote Sleep in Hospitalized Elderly Patients. *Geriatric Nursing*, 29(3), 1-9.
- Lei, Z., Qiongjing, Y., Qiuli, W., Sabrina, K., Xiaojing, L., & Changli, W. (2009). Sleep quality and sleep disturbing factors of inpatients in a Chinese general hospital. *Journal Of Clinical Nursing*, 18(17), 2521-2529. doi:10.1111/j.1365-2702.2009.02846.
- Lee, C., Low, L., & Twinn, S. (2008). Older patients' experiences of sleep in the hospital: Disruptions and remedies. *The Open Sleep Journal*, 1, 29-33. doi: 10.2174/1874620900801010029
- Oleni M., Johansson P. & Fridlund B. (2004) Nursing care at night: an evaluation using the Night Nursing Care Instrument. *Journal of Advanced Nursing*, 47(1), 25-32.
- Tamburri et al. (2004). Nocturnal care interactions with patient in critical care units. *American Journal of Critical Care*, 13(2), 102-112.
- Yoder, J., Yuen, T., Churpek, M., Arora, V., & Edelson, D. (2013). A prospective study of nighttime vital sign monitoring frequency and risk of clinical deterioration. *JAMA Internal Medicine*, 173(16), 1554-1555. doi:10.1001/jamainternmed.2013.7791

# Questions?