



Addressing Quietness on Units Best Practice Implementation Guide

***“A quiet environment is a healing
environment”***

Introduction

Hospitals can be noisy

Hospitals are extremely busy places and patients need assistance 24 hours a day, 7 days a week. Patients are admitted and discharged throughout the day, they need blood drawn, vitals taken, bandages changed, tests taken and so on – day and night. They need their bed changed, their room cleaned, help going to the bathroom and taking a shower. There are overhead pages, monitor alarms, call bells and hallway noises. Not to mention, friends and family members, visiting at all hours of the day. All of these factors can contribute to a noisy hospital environment.

Rest supports healing

A quiet environment offers a healing environment for our patients. Noise is such a stressor for patients that it is proven to be detrimental to their healing process. For many patients, sleep is an important part of their recovery. We need to do everything possible to ensure that our patients get as much rest as they possibly can.

Noisy environments impact patient satisfaction

Patient satisfaction surveys ask about noise as part of their assessment of the patient experience. Many hospitals, including MGH, score poorly on these survey indicators. Given the realities described above, there is significant opportunity to improve the patient's perception of noise. By using our eyes and ears, there are many things that can be done to create a quieter environment. It's not just one overarching tactic that can address noise, it's a combination of many little things that can have a positive impact on creating a quieter environment.

Included in this packet, are some tactics and best practices for consideration in helping to ALWAYS create a quiet environment that will also help to improve our patient satisfaction survey, “*Quiet at Night*” measurement.

How do we know noise is an issue for our patients? The HCAHPS Patient Experience Survey

What is the HCAHPS Survey?

HCAHPS (the hospital Consumer Assessment of Healthcare providers and Systems) is a patient satisfaction survey required by CMS (the Centers for Medicare and Medicaid Services) for all hospitals in the United States. The survey is for adult inpatients, excluding psychiatric patients. MGH administers the survey to our patients by phone shortly after discharge.

Why is HCAHPS important?

The survey and its results are important for several reasons:

- The survey is the **voice of the patient** – it gives MGH a view into our patients' perception of the care we provide.
- The **survey results are publicly reported** on the internet for anyone to see – so the results impact our reputation.
- The government will **reimburse** us on our results – excellent survey performance keeps the hospital financially strong. Poor scores will cost the hospital money.

What are patients asked about Quietness on the survey?

The survey includes a question – “How often was the area around your room kept quiet at night?” They are asked to answer this question using the following scale: NEVER – SOMETIMES – USUALLY – ALWAYS

Only the percentage of those who rate us ALWAYS are publicly reported.

How is MGH doing on this survey question?

- For the period January – December 2011, the percentage of patients that rated MGH as ALWAYS for the Quiet at Night measurement was **45%**. This is well below the National 50th% score for this period, which was **58%**.
- Patient and family comments on the survey also frequently mention noise as an issue.
- Our current score for quietness is the lowest performing question for MGH on our survey. It also puts us at risk for lost reimbursement.

In other words, our patients are telling us that noise is a big issue for them. And, our performance on this indicator falls well short of our expectations and standards.

Patient comments about noise at MGH...

Verbatim Comments from HCAHPS Survey Responses Period December 2011 - January 2012

“Make sure that the environment in the area is quiet through the night. I shared a room with another person and the TV was on all night.”

“During the night when they bring in a new patient, they put all the lights on and talk in loud voices.”

“The noise at night was intolerable. Alarms were going off constantly and appeared to be ignored, alarms from other rooms. It was impossible to sleep at all.”

“The noise at night - I didn't get a lot of sleep. I found that the hallways, there were always noises out there that interrupted my sleep.”

“The noise at night is just outrageous. You can't sleep.”

“The noise level at night. It really prevented me from getting the rest I needed.”

“They could keep it a little more quieter and they could pay a little more attention to each patient.”

“Provide a quieter atmosphere at night and turn off the computer screens in the room at night. There should also be clocks in the room that do not tick. “

“Outside the rooms need to be quieter.”

“Roommate's visitors a little bit loud. Not as much quiet time at night for that reason.

“My roommate was very ill throughout and required constant care. I could not get any rest at all. It was noisy. It was a hostile environment.”

Quiet Times Assessment

*Our HCAHPS results for "quiet at night" measurement is currently well below the 50th% national score.
Use this tool to assess the status of your unit and to identify opportunities for improvement.*

Unit: _____

Date: _____

Reviewer: _____

UNIT PROGRAM ASSESSMENT	Y/N	Notes
PLEASE ASSESS YOUR CURRENT QUIET TIMES PROGRAM AND PROVIDE INFORMATION ABOUT IT.		
Does your area have DAILY quiet times designated?		
Does your area observe quiet times as scheduled? (e.g. Do you hear staff voices above an average tone? Do you hear cell phones/pagers not on vibrate? etc.)		
Does your area announce quiet times? (e.g. pleasant overhead announcement, dimming lights, etc.)		
Are specific scripts using key words used regularly in your areas?		
Are the quiet times posters publicly posted FOR PATIENTS AND VISITORS in your area?		
Are the quiet times posters prominently posted FOR STAFF in your area?		
Do you have a "Yacker Tracker" and is it working?		
Are quiet times discussed regularly at huddles/staff meetings?		
PATIENT AND FAMILY FEEDBACK	✓	Notes
Interview at least 5 patients and families and provide their feedback about sources of noise and disruption.		
	☐	
Staff conversation / disruption (clinical staff, environmental staff, etc.)		
Patient or visitor inquiries / disruption		
Staff meetings in the hallway (e.g. change of shift)		
Telephone noise		
Overhead paging systems		
Noise from carts		
Lifts operating noise		
Sounds from transporting patients (stretchers, wheelchairs, etc.)		
Equipment sounds (beeping, alarms, etc.)		
Loud TV sounds		
Physical location (e.g. MD station, nursing station, staff lounge, etc.)		
Floors/walls that do not absorb normal sounds		
Doors slamming		
Other:		

INFORMATION ABOUT NEEDED RESOURCES	✓	Notes
<i>Let us know what resources and information you and your team need to make quiet times more effective.</i>	☐	

Implementing Unit Quiet Times – A Key Best Practice

What are Quiet Times?

Quiet times are designated hours on inpatient units where activity and conversation is minimized to allow patients to rest. The most effective model is to have a period in the afternoon and a period during the night when quiet hours are observed.

How are Quiet Times Structured?

Many units designate 2 hours in the afternoon and 4 hours during the night as quiet hours. Common structure is from 1 – 3:00 pm in the afternoon and from 10:00 pm – 2:00 am during the night. Of course, shift changes need to be considered in selecting the designated quiet hours.

What happens during Quiet Times?

Quiet hours are observed in a number of ways:

- Where possible, lights are turned down across the unit and in patient rooms.
- Overhead paging is minimized.
- Conversations in nursing stations and other areas are minimized or conducted in a hushed manner.
- Visitors are encouraged to participate and also to take breaks to let their loved ones rest.
- Where possible, TV's and music are allowed for patients only when headphones are used.
- Phone conversations are allowed only in designated areas away from patient rooms.
- Clinical interventions (vital signs, blood draws, etc.) are minimized or eliminated during these hours.
- Rounds are also moved to hours outside of the designated quiet hours.

How are staff, patients and families notified of the Quiet Hours

- Quiet hours are designated by signage placed throughout the unit.
- Staff remind patients and families about quiet hours during their rounds.
- Staff police each other in observing quiet hours. Some units designate “quietness champions” to help keep everyone’s awareness and observance at high levels.
- Noise monitoring devices are sometimes used to signal when noise volumes are exceeding acceptable levels (see information in this guide about these devices).

Other Quiet Time Tactics and Best Practices

Here are some other ideas that can be used to reinforce quietness on units:

Quiet Environment Committee

Form a “Quiet Environment Committee” to be the eyes and ears on the units. In an effort to promote a quiet environment, committee members can help to drive a quiet campaign identifying opportunities for improvement, increasing staff awareness and decreasing noise levels.

Quiet Time Assessment

Conduct a Quiet Time Assessment for each unit (see Attachment A) which will help to pinpoint sources of noise. This will provide a clearer understanding of where there are opportunities for improvement.

Secret Shoppers

Appoint “secret shoppers” with the intent of listening for improvement opportunities (e.g., staff voices, noisy equipment, overhead pages, monitors, doors, noises from the kitchen or nurses station).

“Patient for a Night”

Ask for volunteers to be a “patient for a night” – a great way to hear and understand what our patients experience during their hospital stay.

Key Words

Using key words is not about scripting but simply the choice of words you use at key times. This packet includes key words to help reinforce quietness on units for use by staff.

Signage, Posters and Fliers

Use signs, posters and fliers to gently remind patients, family and staff about the importance of having a quiet environment to support the healing process and to show respect for patients. Examples of signage are also included in this guide.

Doors

When possible, and with the patient’s permission, partially close doors to not only protect their privacy but to help to reduce noise. Be conscious of softly opening and closing doors.

Quiet Times Tactics and Best Practices

Continued

Overhead Paging

Limit overhead paging into patient rooms unless absolutely necessary.

Headphones / Earplugs

Offer inexpensive headphones and earplugs to patients. While this may be a good “band-aid”, it can help to minimize noise levels.

Equipment

Consider changing to soft wheels on noisy dollies, food and linen carts.

Music

Encourage patients to bring their own music. Music can be used as a process to distract patients from unpleasant sensations and empower them with the ability to heal from within.

Consider having a Healing / Relaxation channel available for patients. Soothing music and pictures of oceans, forests, lakes, rivers and other natural locations can have a very calming and relaxing effect on patients.

Consider having “musicians on call” a service dedicated to providing patients with music while in the hospital setting – perhaps a harpist playing music in the common area.

Lighting

Dim the lights at appropriate times - simply dimming the lights can naturally get staff, patients and visitors to talk more softly.

Devices that promote awareness

Consider the use of a “Yacker Tracker” - a self-monitoring traffic light sound meter (refer to page 9). It appears to be a traffic sign, but it actually signals too much noise. It is a decibel tracking device that alerts staff when the noise level gets above 15 decibels.

Using Key Words at Key Times

With Patients:

It is important to convey to the patients that the goal is make them comfortable and to create a quiet environment.

“We ALWAYS want to keep your room quiet at night so you can rest – would you like us to close your door? We will be in to check on you approximately every two hours throughout the night.”

“Sometimes our voices seem louder at night, so please let us know if we are bothering you or if you cannot sleep.”

With Families and Visitors:

It’s important to develop key words when there are noisy roommates, family issues or too many visitors.

“We want to provide the best healing environment for all our patients. Would you mind lowering your noise level to help our other patients get the rest they need?”

“To ensure your roommate get the rest they need, would you mind lowering the TV volume?”

With Colleagues:

Sometimes staff are unaware of how their voice levels project and may need a gentle reminder from a colleague(s).

“I noticed that your voices are projecting from the hallway into the patients rooms. I just thought I would let you know so you are aware of it.”



“Yacker Tracker”

A Self Monitoring Traffic Light Sound Meter!

Yacker Tracker appears like a traffic signal, but actually signals too much noise. You can select the appropriate level of noise for any given situation and let Yacker Tracker be a visual and audio reminder when the noise level gets too high.

Like a traffic light, there are three lights green, yellow and red. The green light stays lit until noise in a room or hallway goes above set level (determined by user), the green light then goes off and flashing yellow light comes on as a warning. When the sound level reaches above a certain set level, the red light and siren come on. User has the option of turning the Yacker Tracker siren sound off.

Here are some vendors where these devices can be purchased: