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Implementing an Evidence-Based Practice (EBP) Approach to Promote Quietness at Night on a Surgical Unit

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Background

Overall hospital noise levels have been on the rise for the past decade. A review of the literature indicates patients citing IV pump alarms, staff conversations, televisions and ringing phones as being the most disruptive and contributory factor to elevated noise levels. The literature also identified that there was no consistent approach for noise reduction on the surgical unit. It was anticipated that developing and utilizing an evidence-based practice (EBP) approach for noise reduction would result in improved patient satisfaction scores.

PICO Question

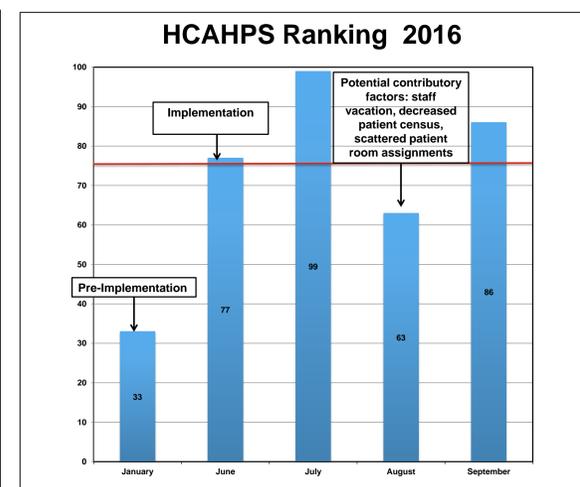
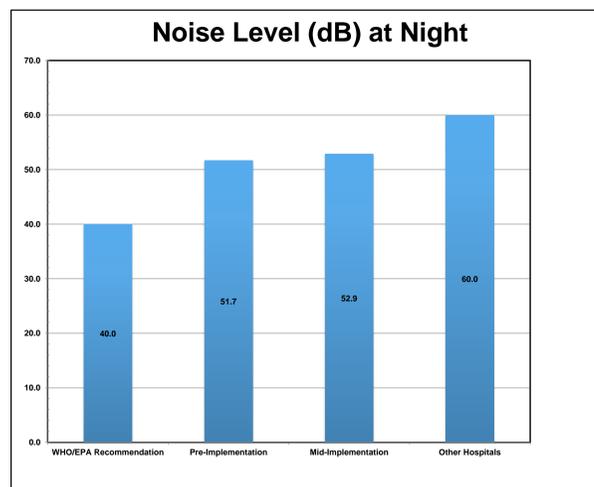
In surgical patients in a hospital care setting, will a nighttime noise reduction care bundle and visual noise level trackers result in improved quietness at night as measured by Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)?

Project Goals

- Implement a quiet at night patient kit and noise reduction bundle
- Nursing staff to educate the patient on the use of the quiet at night patient kit
- Nursing staff to incorporate noise reduction bundle interventions into practice during the night
- Achieve and sustain an improvement in HCAHPS quietness around your room at night scores

Process:

1. Review Literature
2. Recruit patient advocate and EBP fellows
3. Develop staff and patient education, unit commitment posters
4. Create “quiet at night patient kit”
5. Obtain baseline night noise levels
6. Educate night staff
7. Implement program, utilization of Yacker Trackers at night for staff behavior modification
8. Obtain mid-point night noise levels
9. Evaluate HCAHPS scores on a frequent basis



Findings

Baseline noise levels at night were measured via a sound level decibel device on the surgical unit and were found to be higher than the Environmental Protection Agency (EPA) and World Health Organization (WHO) recommendations. Sound levels were re-measured at the mid point of the EBP project and the night time noise levels did not change. However, the HCAHPS scores for quietness around your room at night improved for three of the four months during the project. It appears that the patient’s perception of the noise levels changed based on the quiet at night patient kit and noise reduction bundle despite no changes in noise levels.

Implications for Practice

The implementation of the quiet at night patient kit and noise reduction bundle established both patient and staff expectations regarding noise reduction and also provided a standardization of care to reduce noise at night on the surgical unit. The team’s recommendation is to expand this program to all adult patient units within the facility with unit champions.

References

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