



Quiet Time utilization on an in-patient orthopedic unit



Margie Pearson, RN, BA, ONC
Monica Mowry, MSN, RN, ONC, NE-BC
Carolinas Medical Center - Mercy

ABSTRACT

This research study proposed the implementation of "Quiet Time" on a 26-bed in-patient orthopedic surgical unit. This descriptive, posttest study was built on the restful and calming aspect of healing to improve patient satisfaction by promoting a healing environment. The study supported the existing body of evidence that the use of quiet time in the hospital setting improves the patient experience. In addition, findings from prior nursing research were applied on an in-patient orthopedic unit. The expectation was that implementation of quiet time on an in-patient orthopedic unit will positively affect patient perceptions about their care. All adult patients undergoing total joint arthroplasty surgery were included. The education of staff on the pilot unit included informational flyers, discussion at staff meetings and unit based council meetings. The education also included times when "Quiet Time" was observed, expectations for staff behavior, expectations for family/visitor behavior. Of the 247 responses received using Discharge Dialer during the study time frame 95% of the patients responded yes to a restful environment.

OBJECTIVES

This descriptive, posttest study was built on the restful and calming aspect of healing to improve patient satisfaction by promoting a healing environment.

The study also supported the existing body of evidence that indicates the use of quiet time in the hospital setting to improve patient experiences.

Hypothesis

The implementation of Quiet Time on an inpatient adult orthopedic unit will positively effect patient's perceptions about their care.



METHODS

Program Design

- Adult Patients on an in-patient orthopedic unit
- Research period = 3 months (1 QTR)
- Departmental leaders and unit staff agreed on blocks of time during the day and night to implement this program

Quiet Time Methods

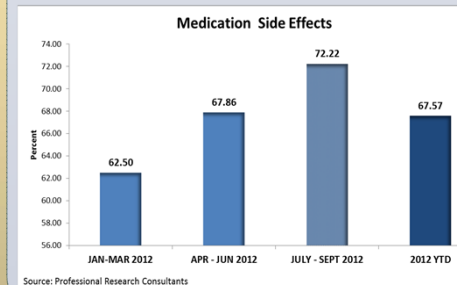
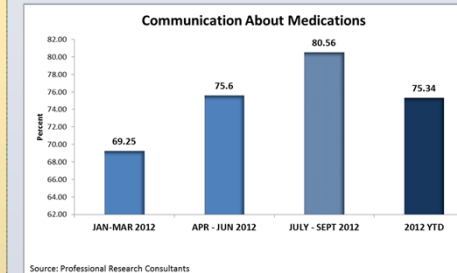
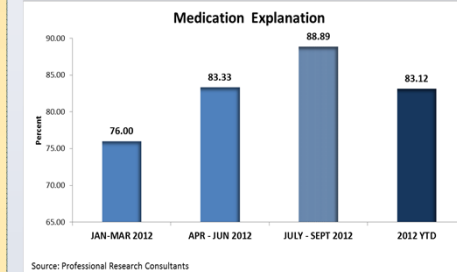
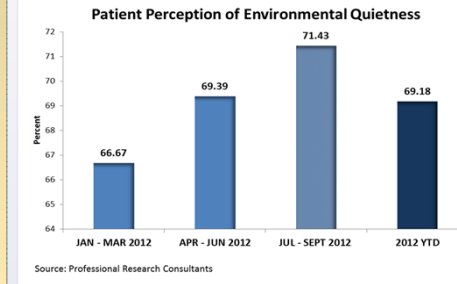
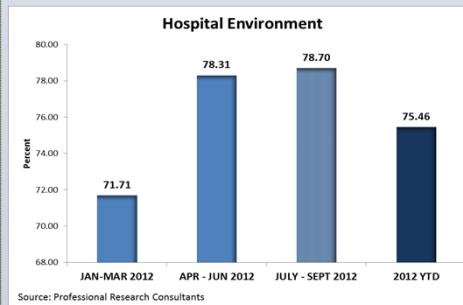
- Dim the hall lighting.
- No speaking in the halls, especially above a whisper.
- Overhead paging for emergencies only.
- Set Ascum™ phones on vibrate.
- If appropriate, close patient doors.
- Document Quiet Time education in the ETR under Admissions.

Multidisciplinary Approach

- Administration/Nursing Administration
- Anesthesia
- Case Management
- Dietary
- Housekeeping
- PACU
- Pharmacy
- Physical Therapy
- Social Work

RESULTS

- Program is still being utilized on the unit
- Positive feedback from CMC-Mercy nurses and the results have been presented at the (NAON) 2013 National Association of Orthopedic Nursing
- Program is being adopted on other units
- Improvement in patient satisfaction & patient perception in several domains (HCAPS survey)
 - Communication about medications
 - Explanations of medication side effects
 - Hospital Environment – quietness of hospital environment



CONCLUSIONS

Quiet Time interventions improved overall patient perceptions about the care they received in the hospital

An unexpected, yet welcome surprise came when the HCAHPS scores for other domains improved as well.



REFERENCES

- Boehm, H., & Morast, S. (2009). Quiet Time: A daily period without distractions benefits both patients and nurses. *American Journal of Nursing, 109* (11), 29-32.
- Christensen, M. (2003). Noise levels in a General Surgical Ward: a descriptive study. *Journal of Clinical Nursing, 14*, 156-164.
- Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine; Institute of Medicine. (2011). *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press.
- Deitrick, L.M., Kennedy, P., Cyriax, C., Davies-Hathen, N. (2009). Using Rapid Assessment to Evaluate Noise on an In-Patient Unit. *Journal of Nursing Care Quality, 24* (1), 27-32.
- Kahn, D.M., Cook, T.E., Carlisle, C.C., Nelson, D.L., Kramer, N.R., Millman, R.P. (1998). Identification and Modification of Environmental Noise in an ICU Setting
- Lawson, N., Thompson, K., Saunders, G., Saiz, J., Richardson, J., Brown, D., Ince, N., Caldwell, M., Pope, D. (2010). Sound Intensity and Noise Evaluation in a Critical Care Unit. *American Journal of Critical Care Nurses, 19*, e88-e99.
- Overman-Dube, J.A., Barth, M.M., Cmiel, C.A., Cutshall, S.M., Olson, S.M., Sulla, S.J., Nesbitt, J.C., Sobczak, S.C., Holland, D.E. (2008). Environmental Noise Sources and Interventions to Minimize Them: A Tale of 2 Hospitals. *Journal of Nursing Care Quality, 23* (3), 216-224.
- Professional Research Consultants. (2011). retrieved from: <http://www.prconline.com/>
- Spence, J., Murray, T., Tang, A.S., Butler, R. S., Albert, N.M. (2011). Nighttime Noise Issues That Interrupt Sleep After Cardiac Surgery. *Journal of Nursing Care Quality, 26* (1), 88-95.
- Stevens, K. R. (2004). *ACE Star Model of EBP: Knowledge Transformation*. Academic Center for Evidence-based Practice. The University of Texas Health Science Center at San Antonio.

Acknowledgments

7 North Nursing staff, Kathey Glenn BSN, RN, Nurse Manager, Pharmacy and Dietary Staff, Clinical Case Management, Ortho Carolina Physicians and PA's, Environmental staff, Physical Therapy staff and PACU staff.