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Improving Inpatient Sleep Quality

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Background/Introduction

The New York Times

The Illness Is Bad Enough. The Hospital May Be Even Worse.

The elderly are particularly vulnerable to "post-hospital syndrome," some experts believe, and that may be why so many patients return.

Aim Statement: To improve "Quietness at night" and "Quality of sleep" top box scores by 15% on Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) scores for patients admitted to 2 south and 2 East units in 3 months using a Human centered, iterative, non-linear Design thinking framework with multi-disciplinary team.



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Methods – Design Thinking Framework



Empathize:

Information about sleep quality \rightarrow direct interviews, surveys, identifying issues related to the hospital environment and routines.

Define:

The problem of poor sleep quality is linked to environmental factors and hospital practices. Added questions about sleep quality in HCAHPS to define baseline:

"How well did the hospital create conditions for your sleep?"

"How well did you sleep on the unit?"

Ideate:

Interventions are developed in three categories:

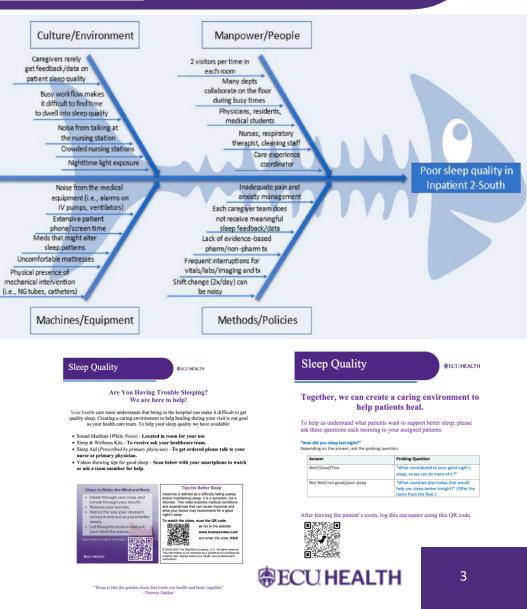
- Environmental silencing monitors, adjusting room temperature, and skipping midnight vitals.
- Non-pharmacological white noise machines and sleep kits.
- **Gentle pharmacological** medications as needed.

Build:

process established to identify patients needing sleep interventions \rightarrow starting with the least invasive methods. Daily feedback is collected to evaluate effectiveness.

Test:

HCAHPS survey data is compared before and after interventions. Real-time feedback from experience coordinators helps refine the process.

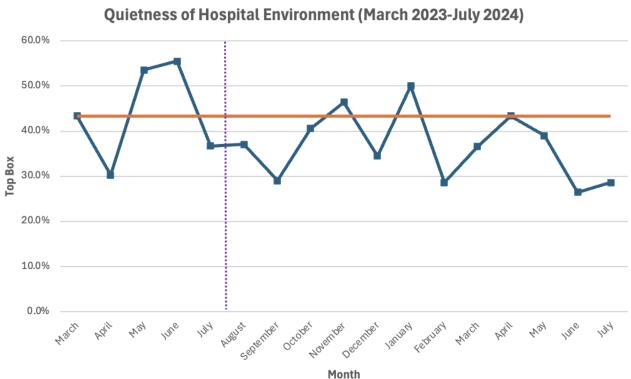


Results – Quietness at Night



Center line shift – sustainable change with new baseline of performance

No sustainable change of performance





Results – Quality of Sleep



Month

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The best bridge between despair and hope is a good nights sleep



