Shhh! Improving Patient Satisfaction Scores With a Quiet-at-Night Care Bundle

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Problem Statement

- 122 patients complained about excessive noise and disturbance at night in the medical/oncology unit in 2021 (voice of the patient)
- Patient dissatisfaction is evident in below-national-average HCAHPS scores (52.4%).
- The facility has no policy or guideline to encourage a quieter, more restful environment.

Project Purpose

Purpose

To decrease patients' exposure to overall noise and disturbances during quiet hours by implementing a purposeful plan to increase rest and decrease noise on the night shift, thus improving patient satisfaction and overall experience as measured by HCAHPS scores and nurse leader rounding.

Objectives
1. 2% improvement in HCAHPS survey score on the question of quietness on the medical/oncology unit.
2. 15% decrease in complaints on the leadership rounding survey regarding noise level, patient disturbance, and inability to rest.
3. 20% decrease in complaints on the voice of patient component of the HCAHPS survey

Methodology

Setting
26-bed medical/oncology unit of a 366-bed acute care facility in CT
Population
Adult patients with varied metastatic diseases and overflow medical patients
Implementation Strategy
- Kotter's change model is an 8-step framework
- Quality Improvement design
- Staff education- four 7 pm night huddles
- 10 weeks implementing Quiet at Night Bundle (broadcast on Vocera a wireless communication device quiet time from 10:00 p.m. to 4:00 a.m., dimming lights, lowering voices, closing patients' doors, do not disturb sign, posters, grouping patient care activities, and earplugs)
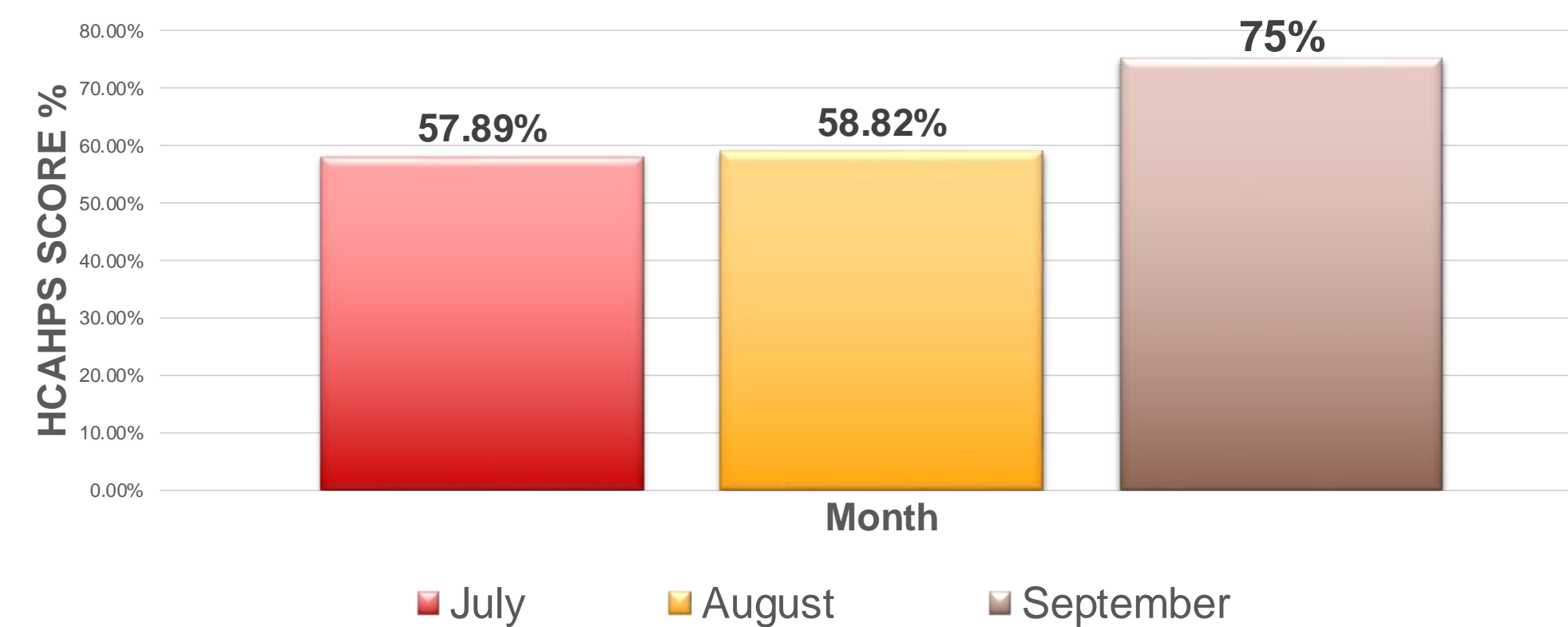**Evaluation**
Short term – Patient rounding on alert-oriented patients five times per week using a Leader Rounding Survey- Quietness Audit (n=166)
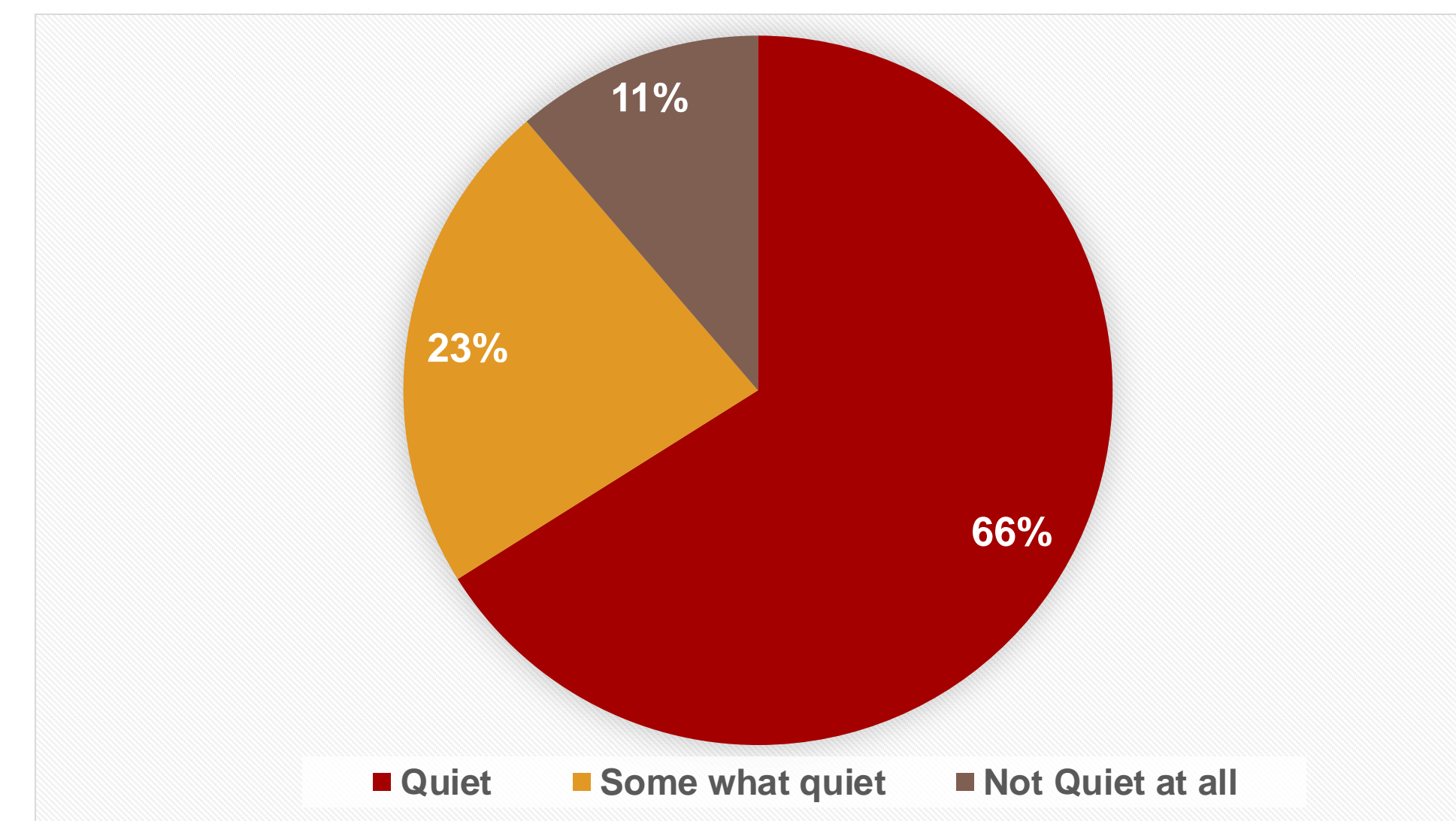*Long-term*- HCAHPS survey post-discharge. Inclusion/exclusion criteria outlined by Centers for Medicare and Medicaid.
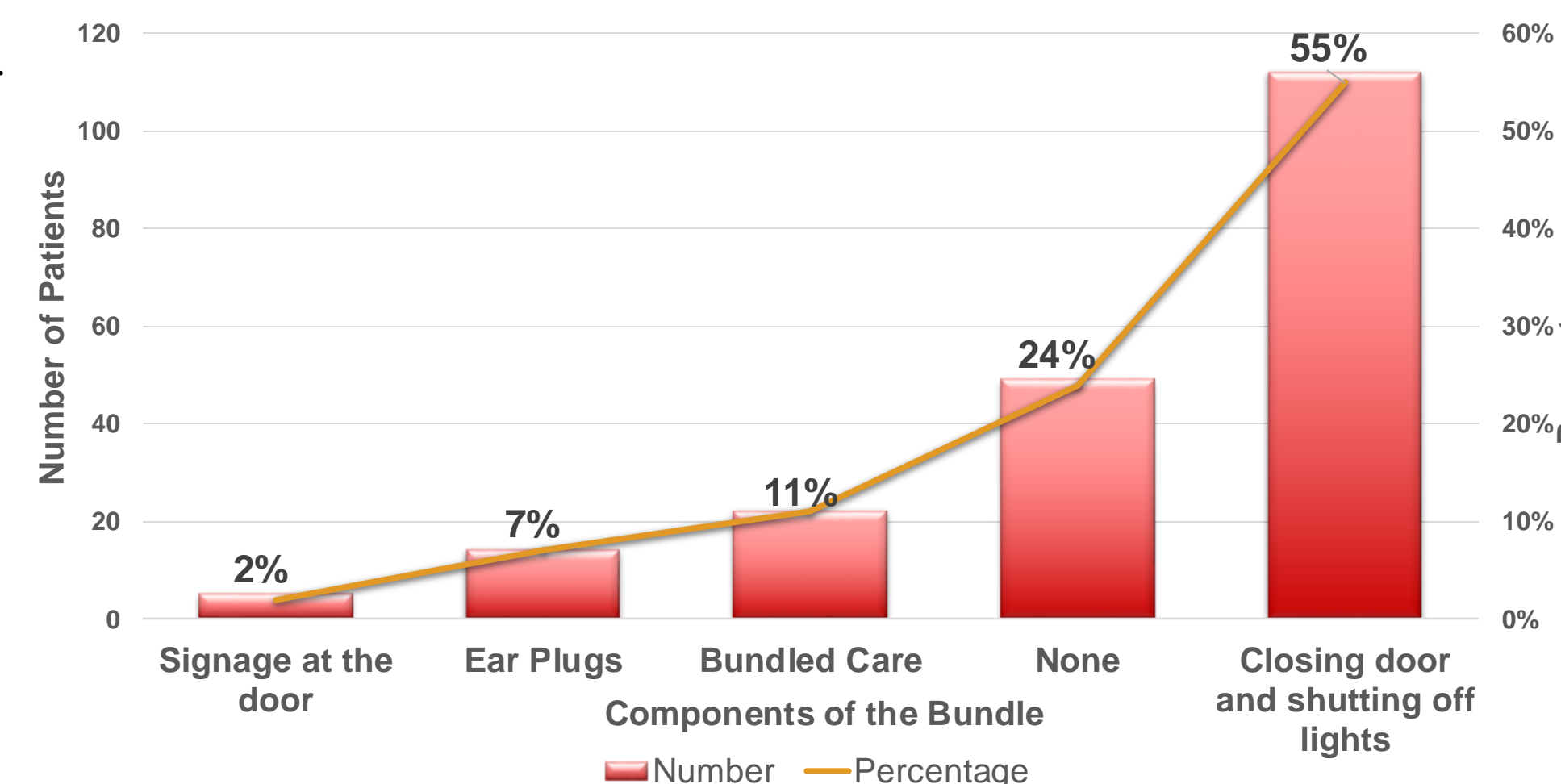
Outcomes

Monthly HCAHPS Score Regarding Quietness

Bar chart (HCAHPS SCORE % vs Month): July 57.89%, August 58.82%, September 75%.
Legend: July, August, September

Question 1: We strive to provide you with a quiet environment for you to heal. How was the noise level during your stay?

Pie chart: Quiet 66%, Some what quiet 23%, Not Quiet at all 11%.
Legend: Quiet, Some what quiet, Not Quiet at all

Effectiveness of Each Bundle Component

Chart (Number of Patients / Percentages vs Components of the Bundle): Signage at the door 2%, Ear Plugs 7%, Bundled Care 11%, None 24%, Closing door and shutting off lights 55%.
Legend: Number, Percentage

Discussion

- Only unit with improvement (12%); highest scores in over a year
- September's score superseded the national average of 72.8%
- Discrepancy between the percentage of inpatients stating the unit as quiet (66%) versus those discharged (63.9%)
  - Larger sample (166 vs. 48) mirrors the opinion of the population
  - Patients being more sympathetic to staff, not wanting to cause trouble
- Three complaints about noise in the voice of the patient (90% improvement) may mean noise levels were not excessive enough to be an actual nuisance.
- No baseline data to compare objective two due to a change in rounding tool
Limitation
- Rounding Monday to Friday did not allow enough time for patients to assess noise or have at least an overnight stay
- One–on–one with staff instead of huddles for updates due to staffing issues
- Challenge finding eight eligible patients to round on due to low census, patients not oriented, or off the unit
- Email updates to the team instead of formal meetings due to time constraints

Conclusions

- This QI project, led by nurses and developed by multiple stakeholders, focused on changing noise expectations and emphasized individual bedtime rituals and courtesy among staff.
- It led to measurable improvements in patient perception of noise and satisfaction with their hospital stay.
- A Quiet-at-Night Care Bundle can lower the perception of noise and increase satisfaction, as noted during leader rounding and HCAHPS survey
- Creating a culture shift on the unit, establishing a quiet workplace and a better place to heal.

References