Quiet Please, I’m Trying To Recover

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Objectives

- Identify the need for a change in culture pertaining to noise levels
- Identify factors which create noise
- Recognize the impact of high noise levels on patients and staff
- Demonstrate the process for creating a culture change
- List strategies to reduce noise levels in the clinical area
- Discuss evaluation results and outcomes
- List the next steps
Who We Are

- 15 bed Med/Surg ICU
- Individual rooms with sliding glass doors
- 500 bed community teaching hospital in Toronto
- Culturally diverse population of staff and patients
- Staff representative of various levels of experience
How We Began

- ICU Partnership Council
  - Mandate of council
  - Willing to take on project
Problem Recognition – Noise Levels

- Patient satisfaction reports
- Patient discharge phone calls
- Anecdotal accounts of patient experience
- Staff satisfaction results
- ICU partnership council
A Healing Environment. Which One Would You Choose?
Literature Review

- Gain knowledge of the impact on staff
- Gain knowledge of the impact on patients
- Gain knowledge of the impact on families
Literature findings

- Over half of all patients surveyed reported nighttime noise as problematic during their hospital stay.
- WHO states that hospital noise levels should not exceed 45dB during the day and 35dB at night.
• Research has found that noise above the recommended levels has detrimental effects on patients.


Literature Findings cont’d

Jackhammer

110 decibels

Noise at peak of shift change

113 decibels

Heavy truck traffic

80 decibels

Bedside monitor alarms

79 decibels
Impact on Patients

- Tachycardia; increase in MAP
- Disrupted sleep patterns
- Impaired wound healing
- Impaired mental and emotional healing
- Altered immune function

Impact on Staff

- Tachycardia
- Increased annoyance ratings
- Occupational stress and burnout
- Perceived higher work demands
- Decrease in performance, teamwork
- Increase in errors – medication, judgment and critical thinking

Impact on Families

- Affects family perception of professional behaviour and judgment
- Increases stress and anxiety
- Hinders communication with the health care team
How We Dealt With It

Two Parts
1. Culture Change
2. Actual Strategies to fix problem
Culture Change

- Development of presentation
  - Video
- Vocera use
- Signage
- Role modeling
- Shhhhh discussions
- Multidisciplinary buy in
Strategies to Fix Problem

• Decrease volume on phones, IV pumps
• Set appropriate individual alarms parameters
• Close patient room doors especially during shift change and rounds
• Adjust radio as per patient’s preference – consider earphone use
• Ensure maintenance of noise producing equipment (squeaking wheels, doors and drawers)
Strategies cont’d

- Establish quiet hours in the ICU
- Provide information about quiet hours to patients, families and staff
- Post signs throughout the unit at entrances and patient doors
- Involve the interdisciplinary team in noise reduction campaign
Strategies Cont’d

• Encourage staff to congregate in designated areas other than the nursing station
• Use Vocera to call nurses instead of phone in patient room
• Discourage unnecessary “traffic” through the unit
• Adopt a universal symbol to remind staff of noise levels – Shhhhh man sign
Rolling it out

• ICU staff – meetings, council, desk
top presentation available
• Interdisciplinary Critical Care
  Education Rounds
• Central Partnership Council
• Dynamics Poster
Outcomes/Evaluation

- Questionnaire
- Anecdotal comments
- Shhhhh respected – Core Service Standards
- Acceptance of the norm
- Role Modeling
- Shift Change
Next Steps

- Sustainability
- Reaching out to other disciplines
- Educating Patients and Families
- Hospital Wide Acceptance – policy development
- Corrections to “Guide to ICU”
Above all, we care.