**Quiet Time - Uninterrupted Rest for Patients**  
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**Problem:** Complaints were received from patients and nursing staff that the noise level on a 28-bed medical nephrology floor was excessive, interruptive, and recurrent.

**Evidence:** Boehm reports that 60 minutes of quiet time increased patient and nurse satisfaction on a 28-bed medical-surgical floor. Patient satisfaction scores increased from the 39th to 55th percentile. Montague et al revealed increased noise levels are affiliated with increased stress, annoyance, fatigue, emotional exhaustion, and burnout. Increased noise levels also interfere with staff communication leading to an increase in errors.

**Strategy:** Pilot a daily program from 1400 to 1600 in which lights would be dimmed and patient doors would be closed. Patient door signs and a poster were created in addition to television notifications. Managers from ten interdisciplinary departments were introduced to the program.

**Practice Change:** Quiet Time was initiated on August 1, 2012. Minor changes were needed in order to meet patient requests and team member needs. Admissions, discharges and necessary therapies continued during Quiet Time.

**Evaluation:** Pre and post surveys were distributed and revealed positive results from patients, nursing members, and interdisciplinary members.

**Results:** Press Ganey scores increased from 71% to 89% for Q4 2012. Nursing overtime costs decreased from 4.2% in August to 3.2% in December.

**Recommendations:** Coordinating and initiating a similar program that rotates throughout the medical center. By having a program rotate throughout the facility during the afternoon, a better system for interdisciplinary care may be created.

**Lessons Learned:** PT/OT adjusted their schedule to accommodate this program. However, they did visit patients who were scheduled for discharge. One physician was concerned about the dimmed lights, and feared that he was restricted from patient care. Program benefits were explained and he was assured that patient care would not be compromised.

**Bibliography:**  
