A Quiet ICU? You Must Be Kidding!
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**Problem:** Sleep deprivation has been shown to affect many body systems. The goal is to provide a designated Quiet Time to enhance the quality of sleep to assist overall patient outcomes.

**Evidence:** Sleep deprivation results in retention of cortisol which prolongs healing and decreased ability to fight infection. Neurological effects include agitation, delirium, memory loss or cognitive impairment, depression and reduction in pain tolerance. Disruptive sleep increases sympathetic activity which leads to nocturnal high blood pressure. Chemoreceptor response is blunted which affects respiratory system's ability to compensate and maintain respiratory loads for effective gas exchange while patients are ventilated.

**Strategy:** The MSICU education committee implemented a Quiet Time from 1400 - 1600 each day in order to achieve a goal of purposeful sleep and healing. Quiet Time is used in conjunction with a hospital wide initiated "Shhh" campaign in which staff is accountable to control noise such as conversation. Lights are dimmed; patient doors are closed in an effort to diminish noise levels from the unit. Pain control is assessed before Quiet Time to help ensure rest and healing.

**Practice Change:** Staff was educated on decreasing noise levels. Orange signage was placed around the unit as a reminder to keep noise levels to a minimum.

**Evaluation:** Baseline data were collected to determine effectiveness of the process. Monthly meetings were held to identify opportunities for improvement.

**Results:** Preliminary data indicated an eighty percent decrease in self-extubations and a fifty percent decrease in patient falls since the introduction of Quiet Time in the fall of 2012. Data may also suggest a decrease in overall pain.

**Recommendations:** Collaboration between staff and interdepartments resulted in improved compliance during hours of Quiet Time. The future goal is implementation of Quiet Time throughout the institution.

**Lessons Learned:** Implementation of a practice change is challenging. However, this non-pharmacological innovative mechanism will help to improve patient outcomes by decreasing stimulation, self-extubations, thus decreasing length of stay.

**Bibliography:**