A Multidisciplinary Implementation of a Sleep Promoting Schedule and Its Impact on Patient Sleep Quality

Background Hospitalized patients often experience sleep disruptions that fragments and disturbs their circadian rhythms, putting them at risk for sleep deprivation. The risk becomes more pronounced with worsening severity of illness, particularly in patients within intensive care units (ICU).²⁻⁵ Sleep deprivation can prolong ICU admissions, contribute to emotional and physiological distress, and increase patient mortality.¹

Local Problem Critical care nurses in a 28-bed Medical ICU (MICU) reported patients often complained of sleep disruption and/or exhibited resultant emotional and physical distress from sleep deprivation. A gap analysis between recommended evidence-based best practice and current practices in the unit revealed numerous opportunities to enhance the implementation of a sleep promoting schedule (SPS). The aim of this evidence-based quality improvement (QI) project was to increase multidisciplinary utilization of a SPS to reduce avoidable interruptions and improve patient sleep quality.

Methods MICU team members addressed opportunities to minimize patient interactions between midnight and 4:00_{AM}, if appropriate, to promote sleep. The occurrence of documented patient encounters and call bell initiation were evaluated process measurements. Patients' perception of sleep quality/satisfaction, an outcome measurement, was measured using the Richards-Campbell Sleep Questionnaire (RCSQ).

Results The implementation of a SPS decreased patient sleep interruptions between midnight and 4:00_{AM} as much as two-thirds, while increasing patients' overall perception of their quality of sleep by 6.7% on the RCSQ.

<u>Conclusions</u> This project shows the benefit of a multidisciplinary effort to minimize interruptions at night in an ICU setting that lead to reports of improved quality of sleep and sustainable practice changes.