

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

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Background

Hospitalized patients often experience **sleep fragmentation** and **abnormal circadian rhythms** that increases the risk of sleep deprivation. The risk becomes more pronounced with worsening severity of illness, particularly in patients within intensive care units (ICU).

Sleep deprivation can prolong ICU admissions, contribute to emotional and physiological distress, and increase patient mortality.

The Society of Critical Care Medicine expanded its national clinical practice guidelines addressing Pain, Agitation, and Delirium (PAD) to include Immobility and Sleep (PADIS) in 2018.

A review of this project's practice site's, a 28 bed Medical ICU, sleep protocol and its implementation was reviewed and cross referenced to the PADIS guidelines. Areas of improvement, including prioritizing uninterrupted sleep, were identified.

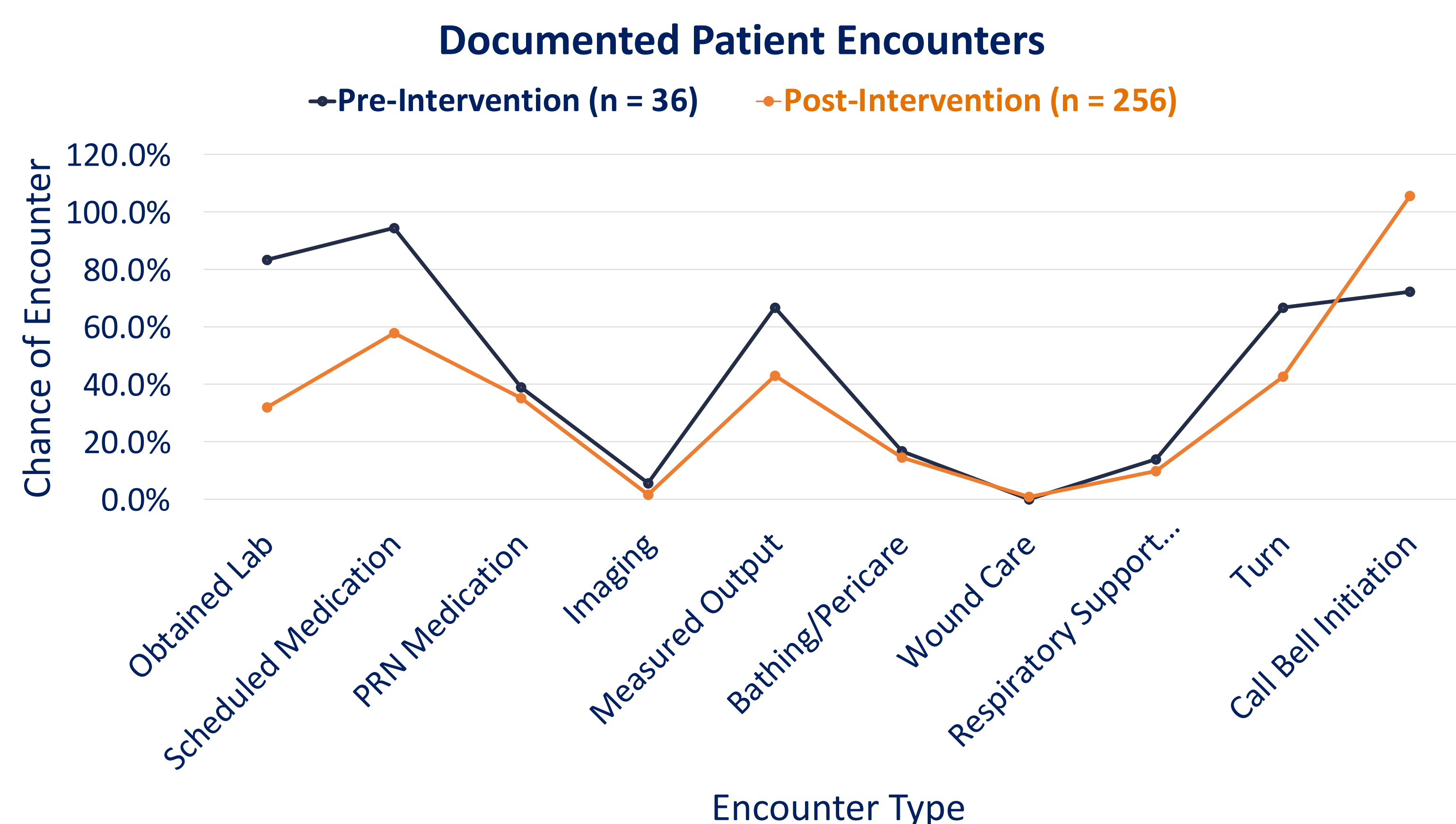
Purpose

The purpose of this project was to increase the multidisciplinary utilization of a **sleep promoting schedule** (SPS) to minimize avoidable interruptions between the hours of 0000-0400 in hopes of improving patient sleep quality.

Methods

MDs/APPs	Pharmacists	RNs/CNAs/RTs
<ul style="list-style-type: none"> Enter nursing communication order to minimize patient interactions between 0000-0400 Review the timing of medical interventions and reschedule Change VS frequency and d/c continuous monitoring 	<ul style="list-style-type: none"> Review the timing of medications and reschedule outside 0000-0400 if clinically appropriate 	<ul style="list-style-type: none"> Avoid routine assessments, tasks, and/or interventions between 0000-0400 Serve as a gatekeeper for patient's room

Findings

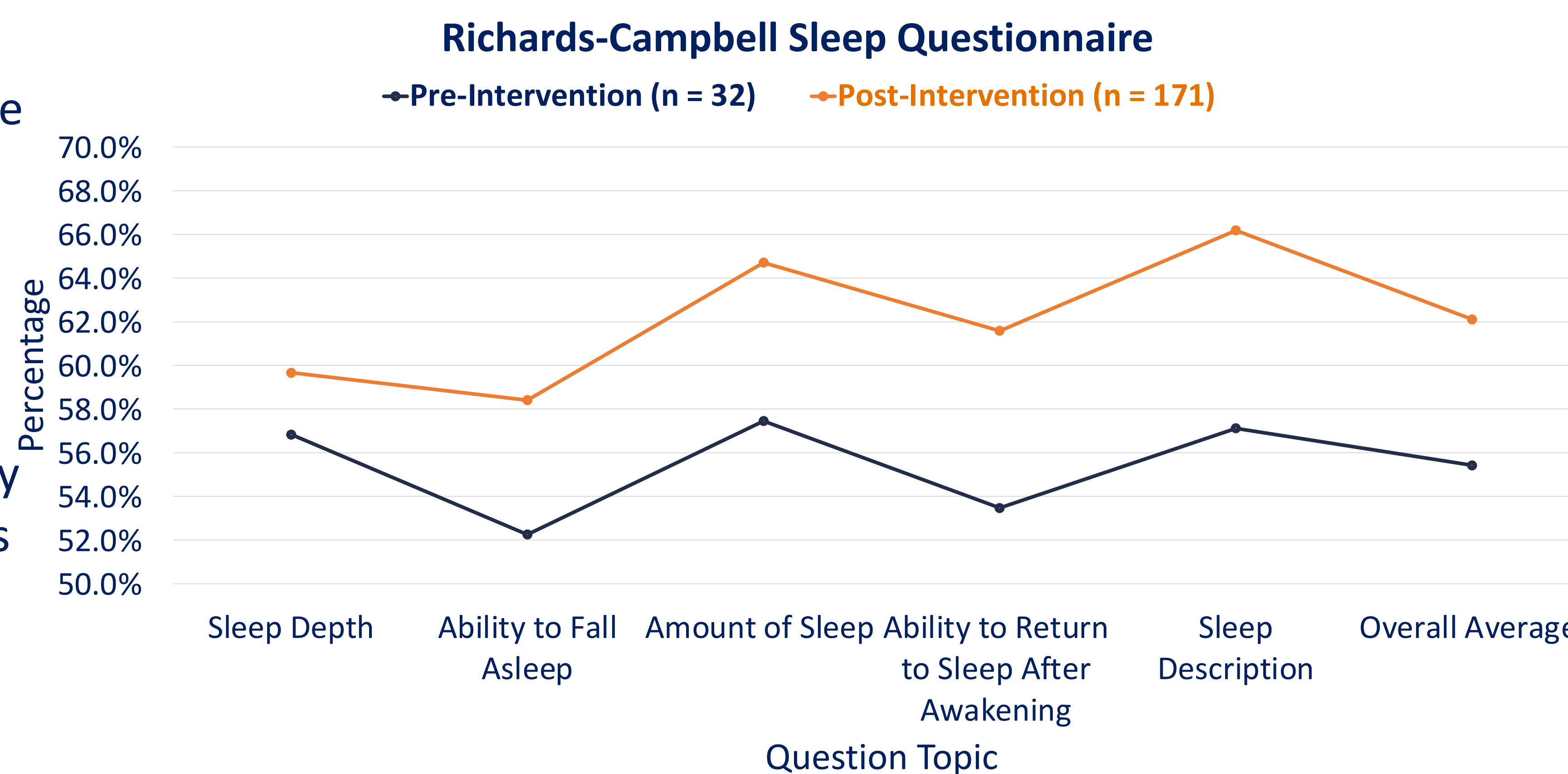


Patient encounters were documented as occurrences/frequencies and then divided by the total number of patients in that group.

This information can be interpreted as one's chance of receiving that specific type of encounter between the hours of 0000-0400.

The higher the score, the better quality of sleep one is claiming.

The multidisciplinary implementation of a SPS increased patients' perception of their quality of sleep in all 5 categories but **more importantly their overall average by 6.7% (62.1% - 55.4%).**



Conclusions

The implementation of a SPS **decreased patient interruptions** between the hours of 0000-0400, while **increasing patients' perception** of their quality of sleep.

This project suggested that minor changes, such as the rescheduling of medical interventions, can make a difference when it comes to patient satisfaction and outcomes pertaining to sleep .

References



Project Resources



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