HUSH
Help Us Support Healing

A multi-disciplinary, patient-centric strategy to improve the nighttime environment

Dan Hannan
Nursing Director
Cleveland Clinic

Toya Gorley
Assistant Director, Office of Patient Experience
Cleveland Clinic

Why HUSH?

• HCAHPS “Quiet at Night” scores trending below target
• Nursing has (and should maintain) influence over the environment of care
• Patient care can be enhanced through better management of the environment by nurses

What is HUSH

• Patient care area noise reduction initiative
  – particularly between the hours of 9pm and 7am
• Interdisciplinary approach to address research-based findings
• Nursing-led
  – Patient care can be enhanced through better management of the environment by nurses
• Measurable via HCAHPS
  – Baseline: 32% top box
  – Target: 60% top box

Research...

• ...sleep deprivation brought on by excessive noise can weaken immunity, decrease pain tolerance levels, and extend LOS (Miller, Los Angeles Times, 3/8/04; Lange et al., Journal of Psychosomatic Medicine, September/October 2003)
• ...hospital noise also can increase clinicians’ reported stress and burnout levels, potentially contributing to adverse events (Managed Care Weekly Digest, 12/5/05)

Research Findings

To Sleep Or Not To Sleep: Noise Affecting Sleep After Cardiac Surgery is Modifiable

• Top three noise factors
  – Overhead paging
  – Equipment alarms
  – Hallway discussions
• Sleep aid utilization below 20%
• Factors influencing sleep
  – Subjective noise
  – Stress
  – Pain
  – Anxiety

Focus

• Find a process that needs improvement
• Organize a knowledgeable team
• Clarify current state and desired future state
• Understand the causation
• Select the process improvement
**PDCA Cycle**

- Plan the improvement
  - Data
  - Study the process
- Do the plan
- Check the results
- Act on the results

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**The Evolution**

- Need for improvement in scores identified
- Brainstorming session with Night Shift (interventions developed)
- Various orders submitted for supply items, equipment, etc.
- Evaluation of call light system and protocol
- Request submitted to revise HUC role
- Development of rounding plan
- Education to managers, staff, Operations Council, and Patient Service Navigators

- Communication plan for unit staff, patients, and visitors developed
- Interventions refined in preparation for launch
- HUSH launched

- Interventions
  - 9pm Cues
    - Hospital-wide chime
    - Lights dimmed
    - Patient doors closed
    - TV ticker tape
  - Behavioral Expectations
    - No overhead paging
    - Quiet, respectful conversations
    - Minimize unnecessary discussions in patient rooms
    - Use HUSH script and "finger to lip" gesture
    - Report excessive noise from equipment, doors, etc.

- Technology Modifications
  - Call light system/Wireless telephones
  - Locator badges
  - Pagers
  - Patient monitors and alarms
  - TV headsets

- Environmental Modifications
  - Doors
  - Cart wheels
  - Toilets
  - Patient telephones

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**Phlebotomy Process**

- **Purpose**
  - Reduce non-critical testing procedures at night (specifically, 1am lab draws)
  - Develop consistent process between clinical and phlebotomy staff to communicate clinician vs lab draws
  - Eliminate duplicate orders

**HUSH Interventions**

- Enhanced Patient Rounds
  - Relaxation rounds
    - Soliciting to set patient expectations about HUSH
    - Pain assessment/Intervention
    - Dietary/toileting needs
    - Expectations for high time care
    - Light massage
    - Healing Services and Guided Imagery
    - Morning rounds

- Support Services
  - Laboratory and other ancillary services
  - Cleaning, maintenance and construction
**Communication Plan - Internal**
- Nurse management presentations
- HUSH flyers and posters
- Intranet and employee newsletters
- Skyway presentation
- Nursing and new employee orientation
- On-hold message
- Admission packet
- Announcement on patient education channel

**Communication Plan – Patients and Visitors**
- On-hold message
- Admission packet
- Announcement on patient education channel
- Blurb in surgical guide
- Patients encouraged to use ear plugs, eye masks, and TV headsets

**Sustainability Plan**
- Nurse management unit-level accountability
- Patient Service Navigator support
- Measurement
  - Assessment of Night Time Noise on Sleep
  - HCAHPS “Quiet at Night” scores

**Quick Wins and Barriers**
**Quick Wins**
- Compliance from construction staff
- Squeaky wheels and doors fixed
- Headsets for TVs
- Repurposed earplugs and eye masks
- Discontinued overhead paging

**Barriers**
- Slow adoption
- Perceived need to customize per nursing unit
- Discomfort telling others when it’s too noisy
- Fear of change

**HUSH Results**

<table>
<thead>
<tr>
<th>Quiet At Night Top Box %</th>
<th>2008 v. 2009</th>
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<tbody>
<tr>
<td>% Always</td>
<td>2008 2009</td>
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**Unit Level Quiet At Night Top Box %**

<table>
<thead>
<tr>
<th>% Always</th>
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**HUSH Results**
Ongoing Successes and Challenges

Successes
- Year over year improvement in scores
- Continued recognition of need to improve
- Grassroots momentum

Challenges
- Nursing directors and unit managers not "required" to implement
- Competing priorities

HUSH Next Steps

- Flashlights
- Daily assignment sheet relocation
- Clinical Tech blood draws
- Quiet Champions

Questions?