Enhancing the Patient Experience with a Do Not Disturb Sleep Protocol

Linda Corbett, MSN RN; Kristeen Andes, RN; Trang Lucy Nguyen, BSN RN; Juan Escobar, MD; Adele Spegman, PhD RN
Geisinger Wyoming Valley; Wilkes Barre, PA

Background
Sleep deprivation is very common in an acute hospital setting. Sleep deprivation could cause irregular heart rates, labile blood pressures, impaired memory, delirium, mood swings and decrease in physical performance and safety. Complications of inadequate sleep can also prolong a patient’s stay. Nurses can make a conscious effort in organizing a delivery of care that allows patients, who are clinically eligible, at least five hours of uninterrupted sleep overnight.

With this aim in mind, the nurse driven, the Do Not Disturb program was developed on one medical surgical unit and refined over several months, as a partnership between direct care nurses, nursing administration and hospitalists.

Care considerations
• Necessary tasks are bundled and performed before midnight and at end of sleep time.
• Medication schedules are adjusted, in coordination with Pharmacy, to avoid dosing during sleep time.
• Hourly rounds are continued by nurses, by checking from the doorway or quietly entering room without waking the patient.
• Call light use is reinforced and within reach.
• Patients reminded to call for assistance as needed if they wake up at night.
• Patients who are enrolled in Do Not Disturb are identified with a laminated moon placed outside of their room.

Evaluation
• Surveys, completed by participating patients the next morning, found that 40% slept undisturbed.
• However, sleep was disturbed when roommates needed attention (40%) or when the participant needed attention (20%).
• All participants felt safe during the night and all would opt to enroll again.
• Antidotal comments from nurses, aids and laboratory technicians indicate that implementation requires some behaviors to change, yet is recognized as best patient care.
• Physicians are promoting the protocol for their patients.
• Several nursing teams have requested detailed information to replicate this program on other units.

PICO Question
Population- Adult Medical/Surgical patients who met eligibility criteria (e.g., stable condition, low fall risk, no procedures needed during night hours).
Intervention- Nurse driven Do Not Disturb Sleep Protocol that was initiate to promote uninterrupted sleep.
Comparison- Interrupted versus uninterrupted sleep with influence of environmental factors.
Outcome- Patients’ reports of uninterrupted sleep and satisfaction with care.

The nurse-initiated Do Not Disturb protocol is implemented between the hours of 12 AM and 5 AM by nursing and all ancillary departments.

Environmental considerations
• Doors should be partially closed according to patient preferences.
• In semi-private rooms, the curtain is pulled to provide privacy.
• Equipment alarms, if safe, are set to low volume.
• Patients are offered ear plugs, eye masks and ambient noise.
• Room lights are turned down, with shades lowered; if possible, hallway lights are dimmed.

Implications
Double occupancy rooms are unique challenges for undisturbed sleep. In collaboration with our physician partner, a pilot study using melatonin will begin soon. It will be offered to enrolled patients with roommates, as a bedtime medication.

Similar to other changes in clinical practice, successful implementation of Do Not Disturb requires clear communication. Success involves in-services, white boards and bedside rounds. Patient enrollment should be considered with unhurried discussions that reinforce program expectations according to safety. Restful sleep contributors to patient satisfaction and quality care. As advocates for best practices and coordinators of patient-centered care, nurses are poised to facilitate patient needs and to transform traditional practices.

Patient participation
• The program is offered to patients who meet eligibility criteria: clinically stable, low safety risk, no scheduled procedure.
• Throughout the day and evening hours, nurses identify eligible patients, provide information, and enroll those who are interested.
• Safety is emphasized – patients are reminded that eligibility may change if their condition becomes unstable or concerning.
• Laminated moon, placed outside of room, identifies patients who are enrolled in Do Not Disturb.

References

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