

Sleep Well, Feel Well, Get Well

Improving Sleep Within Critical Care





BACKGROUND

Sleep is an active and dynamic state that greatly influences our waking hours. Sleep allows the brain and the body to repair and rejuvenate. However, sleep disturbance is a significant issue for patients in Critical Care settings (1,2).

The physiological and psychological consequences of sleep deprivation are significant and include agitation, delirium, fatigue, poor judgement/reaction time, reduced pain tolerance, arrhythmias and reduced cell growth and repair (3). Sleep disturbance and deprivation can have a negative impact on patient satisfaction and recovery times (4).

DRIVER

We undertook baseline data collection with patients in Surgical High Dependency to look at how well we were performing. Using a validated ICU sleep questionnaire (5) we found that patients in our unit generally slept lightly. Very few (3%) felt they reached a deep sleep and only 9% of patients described their sleep as a good nights sleep.

We recognised the need for improvement and the provision of a more patient-centred approach to sleep.

AIMS

Our Sleep Well, Feel Well, Get Well project aimed to:

- Create an environment that would improve the quality and depth of patient sleep in HDU.
- Improve day to day practice and quality of patient care.
 - Improve patient satisfaction.

To achieve these aims we:

- Explored with our patients what was effecting sleep.
 - Made changes to care in response to this feedback.



METHOD

During data collection, patient feedback identified the following factors as contributing to *sleep disturbance*:

 Nurse/Dr Interventions 	(20%
 Pain and Discomfort 	(14%
 Alarms and Machines 	(11%)
 Environmental Factors 	(9%)
 Temperature 	(8%)
• Lights	(6%)
 Anxiety/worry 	(6%)
 Toileting Needs 	(3%)
 Chatter 	(3%)
 Other Patients 	(3%)
 Dreams/Hallucinations 	(3%)
 Telephone 	(1%)

WHAT DID WE DO TO IMPROVE?

In line with 2020 vision for NHS Scotland, we placed patients at the centre of our improvement plan and we built a 'Dream Team' with a sleep bundle:

PROMOTING AWARENESS -Focus Groups

•Of sleep as a therapy, just like nutrition and mobility.

•That the nurse's role is active.

•Of how frequently we awaken patients.

 Value of sleep and rest as a patient priority.

Co-ordinated care.

Cluster working to limit

 Patients with sleep issues are identified at the safety brief.

 Introduction of ear plugs and eye masks.

 Keeping chatter away from the bedside.

ENVIRONMENTAL CHANGES

 Adjust alarm volumes on equipment. Reduce telephone volume at night.

Reduce buzzer volume at night.

Move bins to prevent banging lids.

Dim lights.

Close blinds and curtains.

Prevent door noise.

Open IVF bags in prep areas.

Remove aprons from holders.

Acknowledgements

•Do not overly flap aprons!

Awareness of raising decibel level.

BEHAVIOURAL MODIFICATIONS

interruptions.

EMPLOYING COMFORT MEASURES

Relaxation techniques.

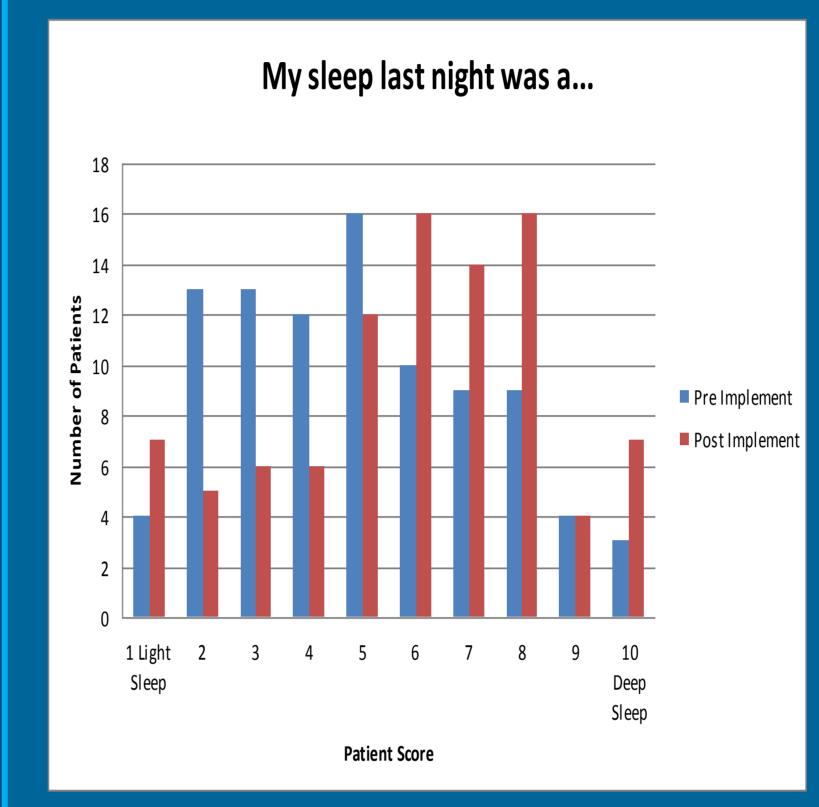
Relaxation guides (I pads, Mobiles).

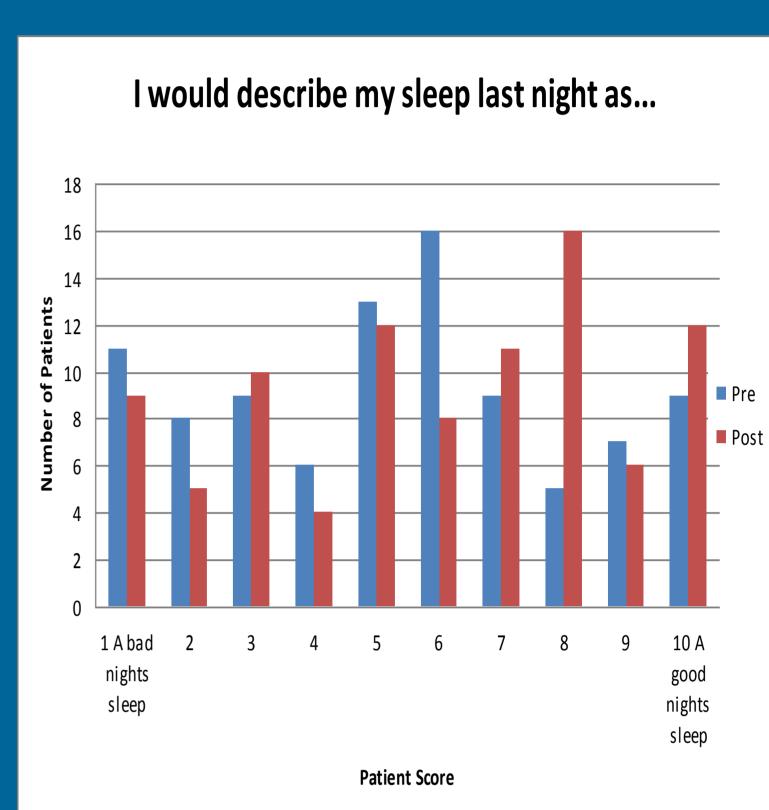
Complimentary therapies.

 Consider patients usual bedtime routine.

Introduction of duvets

RESULTS AND OUTCOMES

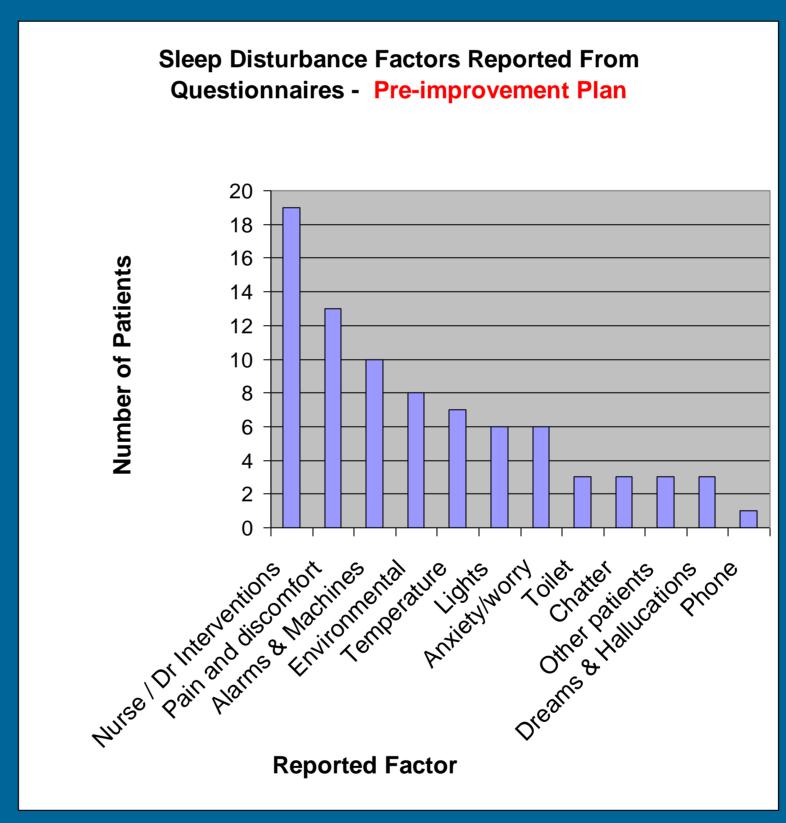


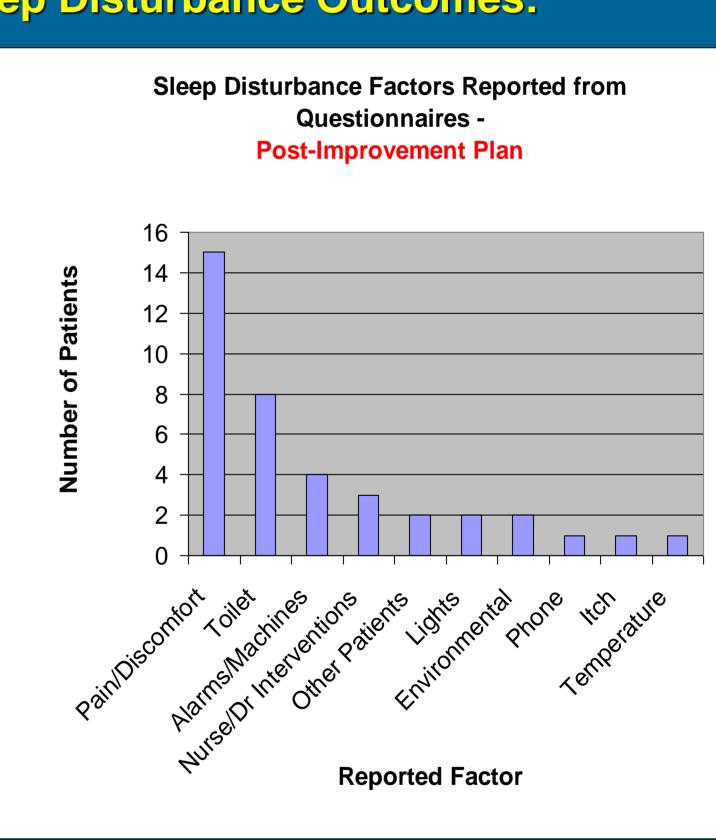


Patients reported a shift towards a deeper sleep. Therefore, getting more of a chance to enter into deep sleep stages which is when the body and mind repairs and rejuvenates.

Patients reported a move towards a good nights sleep. Therefore an improved patient experience and a greater sense of patient satisfaction.

Factors Contributing to Sleep Disturbance Outcomes:





Reduction in Nurse/Dr Interventions from 20% to 3% Reduction in Alarms/Machines from 11% to 4% Reduction in Environmental Factors from 9% to 2%

CONCLUSIONS

The Sleep Well, Feel Well, Get Well improvement project has proven to be successful in terms of understanding sleep as a therapy and an essential component of quality care.

We have found that nursing staff have important and active roles in sleep promotion. This small scale, low cost, clinical project has shown that by shifting the culture towards sleep promotion, patients can enjoy a deeper, richer sleep and in turn an improved patient experience.

FEEDBACK

"Thank you for the relaxation tips – I've had the best nights sleep since coming into hospital." (Patient)

"The improvement plan was easy to implement. Simple changes that make a big difference to patients" (Staff Nurse)

"After his good nights sleep my husband feels ready for the busy day ahead – he is aiming for 4 walks today." (Relative)

1. Lim R (2018) Benefits of quiet time interventions in the intensive care unit: a literature review. Nursing Standard. 32, 30, 41-48

2. Friese RS (2008) Sleep and recovery from critical illness and injury: a review of theory, current practice, and future directions. Critical Care Medicine. 36, 3, 697-705

3. Kamdar BB, Needham DM, Collop NA (2012) Sleep Deprivation in Critical illness: its role in physical and psychological recovery. Journal of Intensive Care Medicine. 27, 2, 97-111 4. Thomas KP, Salas RE, Gamaldo C et al (2012) Sleep rounds: A multi-disciplinary approach to optimize sleep quality and satisfaction in hospitalized patients. Journal of Hospital Medicine. 7, 6, 508-512

5. Kamdar BB, Shah PA, King LM et al (2012) Patient - Nurse Interrater Reliability and Agreement of the Richards-Campbell Sleep Questionnaire. American Journal of Critical Care. 21, 4, 261-269