Shh! It’s quiet time in the hospital

Many studies have shown the positive effects of rest – from increasing productivity to simply catching up on needed sleep.

But getting needed sleep in a hospital can be difficult. First, noise from monitors, alarms and hallway activity can prevent patients from resting. Research suggests that excessive noise may also contribute to less positive outcomes. Second, clinicians and other staff check on patients often. The result, particularly for ICU patients who are often sicker than most hospitalized patients, is that they are often intensely sleep deprived.

Nurses in the ICU at Lawrence Memorial Hospital of Medford wanted to create a more peaceful environment that promoted healing and improved patient satisfaction. They conducted a three-month pilot program that mandated “quiet time” in the unit from 2-4 p.m. every day. (For adults, the best time to get optimum benefits from napping is early to midafternoon.)

“Lights were turned off or lowered and TVs in patient rooms were turned off,” said Michelle Harrington, BSN, RN, CCRN, interim director of critical care services. “Doors to patient care areas were closed and ‘quiet time’ signs were posted. We also encouraged family members to visit during non-quiet times and asked our lab, radiology and other staff not to do patient testing or examinations unless it was an emergency.”

The positive results spurred the adoption of quiet time throughout Hallmark Health System’s inpatient units.

Quiet time also has patient safety benefits. “Patients who are rested are less likely to have confusion or delirium, which can often occur in ICU patients,” said Harrington. “And they may be able to recover more quickly – for example, getting off a ventilator or getting discharged sooner.”

Another patient safety benefit is that staff, particularly nurses, can take advantage of quiet time to review their plan of care for each patient. “Also, quiet time occurs during shift change,” said Harrington, “so nurses coming on the evening shift can get a focused briefing, without a lot of other interruptions, from those coming off the day shift.”

‘To be heard, you have to listen’

Honing interpersonal skills can improve cultural competency

The breadth of understanding required to be a culturally competent caregiver has expanded greatly in just a few years. “It’s so much more than caring for patients from other countries and cultures,” said Karen Andrews, community outreach specialist for Hallmark Health System’s community services. “It now encompasses everything from poverty to gender politics, from behavioral health care to the epidemics of drug use and obesity.”

Caring for a baby who was born addicted to drugs and whose parents are still using. Understanding that applying an alcohol swab before drawing blood is anathema to some strict observant religions. Selecting a right-sized wheelchair to transport an obese patient. These are some examples of the expanding interpretation of cultural competency.

No health care worker can possibly know all the rituals, beliefs and routines of patients, particularly in the center of the area’s cultural melting pot. “Malden is the second most diverse city in the Commonwealth, with more than 65 languages spoken here,” said Eileen Dern, RN, CES, director of community services. “And other communities we serve are increasingly diverse as well.”

Yet Dern and Andrews, long-time members of the system’s diversity steering committee, believe there are several keys to practicing cultural competency:

- **Corral bias.** We need to recognize our biases and put them aside.
- **Listen.** If we want patients to hear us, we need to engage in sincere, open-minded listening.

(continued on back)
Protocols are not just for show

Massive transfusion protocol updated, implemented for OB emergencies

The good news is that very few patients ever need a massive blood transfusion. Massive blood loss can occur, however, most often in cases of trauma, gastrointestinal bleeding, major surgery and obstetric hemorrhage.

The bad news is that massive blood loss is a major cause of potentially preventable death and must be managed carefully and quickly. Hallmark Health System had in place a protocol for managing massive transfusions, but last year clinical leaders reviewed and updated it based on statistics from the Massachusetts Department of Public Health that showed an uptick in maternal hemorrhages.

Dean Pappas, MD, medical director of the transfusion service, worked with several Hallmark Health clinical departments — including obstetrics, anesthesiology, surgery, emergency medicine and others — to review all the massive transfusion policies throughout the system.

“When some of our deliberations were straightforward,” said Dr. Pappas, “such as defining what constituted a massive transfusion — it’s when a patient needs more than three units of packed red blood cells. We also discussed details such as what other blood products a patient with a massive transfusion should get. We agreed on plasma and platelets for patients receiving four units of red blood cells.”

These policy refinements have been built into the protocol and are standard operating procedure. Also included in the new protocol are chain-of-notification instructions for who should be alerted to a potential hemorrhage case. “If a clinician thinks he or she will need more than two units of blood, the blood bank is notified immediately. The blood bank alerts the pathologist on call who can contact or go to the OR or elsewhere to assess the situation. The presence of the pathologist improves communication and makes the process more efficient, because speed counts in terms of patient safety in massive transfusions.”

The revised guidelines were not needed for a year and then were implemented twice this past summer, involving new mothers who experienced post-partum hemorrhage for very different reasons. “In both cases, mothers and babies are fine,” said Dr. Pappas.

‘To be heard, you have to listen’ (continued from page 1)

- **Be respectful.** This applies not only to what you say but your body language and how you interact with others.
- **Be flexible.** If it doesn’t impact the patient’s care or safety, why not let patients’ families bring items from home so the patient is more comfortable?
- **Be inclusive.** Include family members when appropriate and encourage patients to be active participants in their own care, giving them choices and options whenever possible.

How does cultural competency impact patient safety? “Patients who are not comfortable with the way they are being treated will be less likely to heed instructions or disclose potentially important information that could impact their care or could hinder their recovery,” said Dern. “They may be embarrassed about asking questions or sharing information if they believe they’ll be judged.”

“[Cultural competency] is so much more than caring for patients from other countries and cultures. It now encompasses everything from poverty to gender politics, from behavioral health care to the epidemics of drug use and obesity.”

Karen Andrews
Community Outreach Specialist
Hallmark Health System Community Services

Get on board!

Join the SafetyCounts campaign. Speak up when you see an opportunity to improve the safety of patients, visitors and staff by submitting an RL6 report or speaking to your manager.

_Hallmark Health System_

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