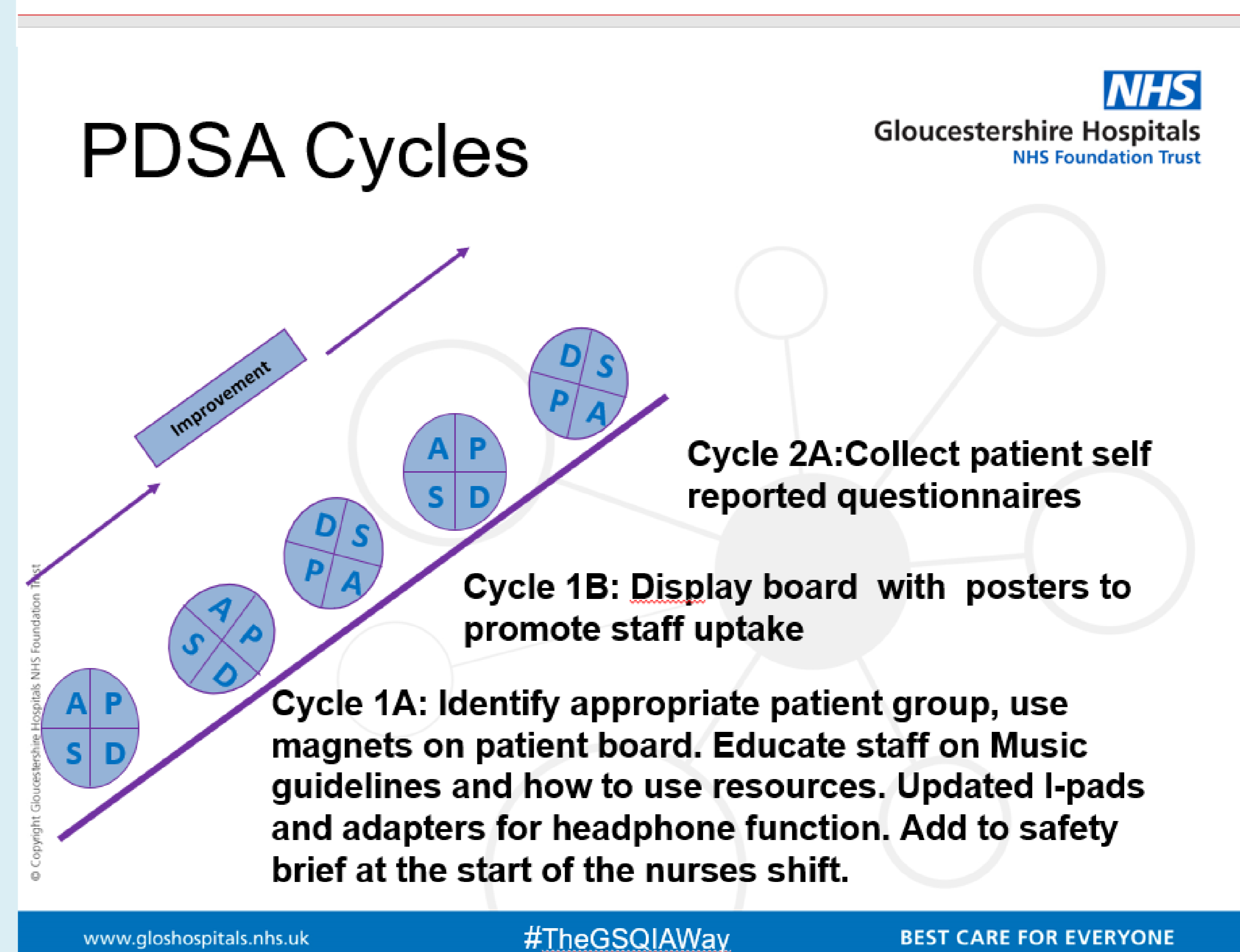


To improve the self-reported quality of sleep of awake patients in critical care.
 Madeleine Romer
 Gold coach Deborah Elliott
 Department of Critical care Gloucester

- In a large study of medical and surgical ICU patients 38% had trouble falling asleep, and 61% reported a greater than usual need for sleep. In another study, nearly 70% of ICU patients with cancer experienced a moderate or severe level of sleep disturbance, and poor sleep was identified as one of the most stressful aspects of their ICU stay.
- Over half patients experience interrupted sleep after discharge from hospital, this was also mirrored during covid rehabilitation clinic.
- Sleep disruption is believed to contribute to **ICU delirium**.
- ICNARC data based showed found 32 admissions in 2016-2017 at GRH DCC scored delirium positive.
- Violence and Aggression DATIX relating to delirium (from previous QI silver project)
- Research has shown evidence that 45 minutes of music/audio in the evening can **improve sleep and reduce anxiety**.
- Staff feedback suggested that **audio/music** can promote sleep and improve relaxation
- When audited patients reported their quality of sleep to be **5/10** without any intervention

Aim-
 To improve the self-reported quality of sleep of awake patients in critical care to an average of 7/10 on the sleep quality scale over a 4-month period

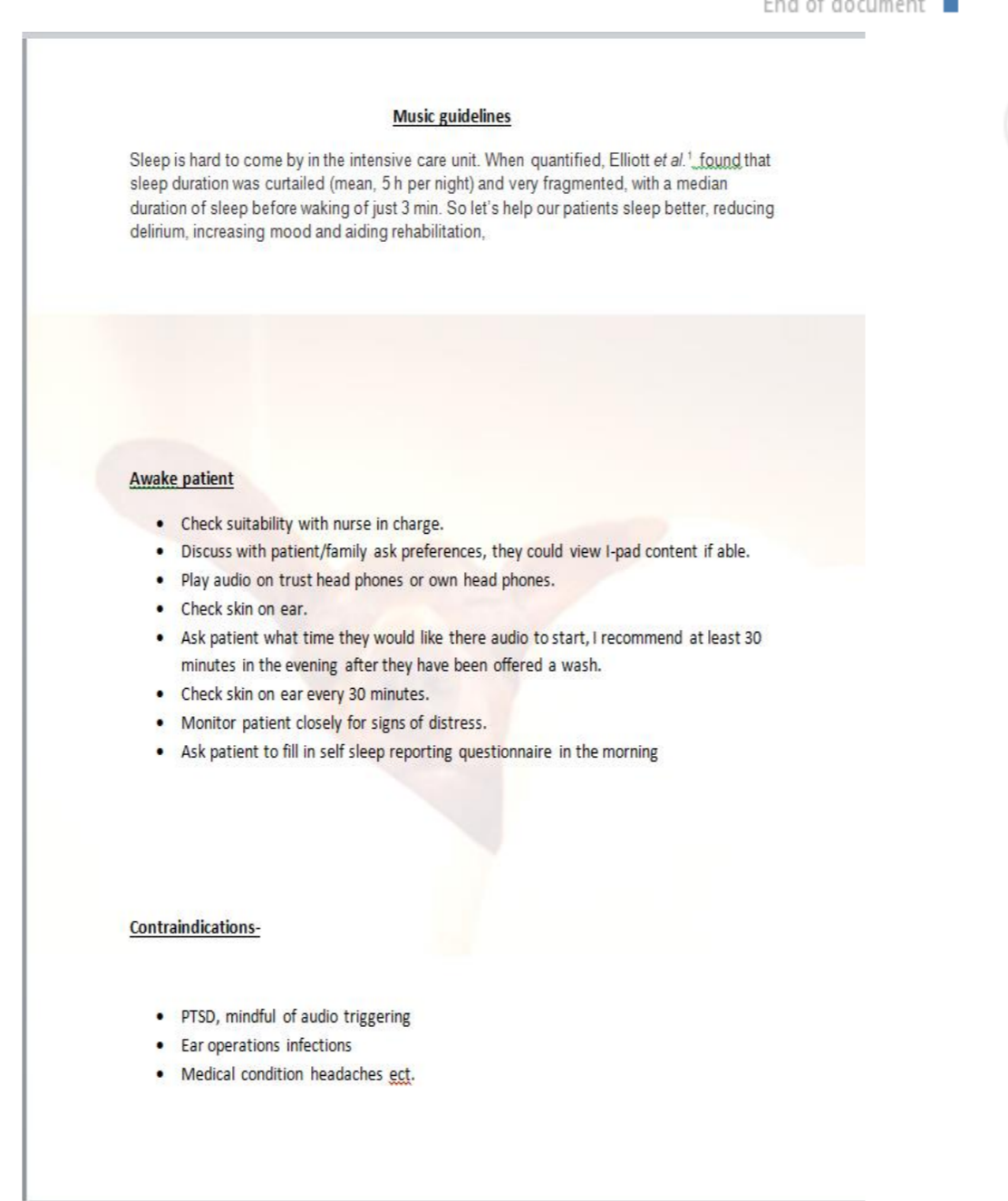
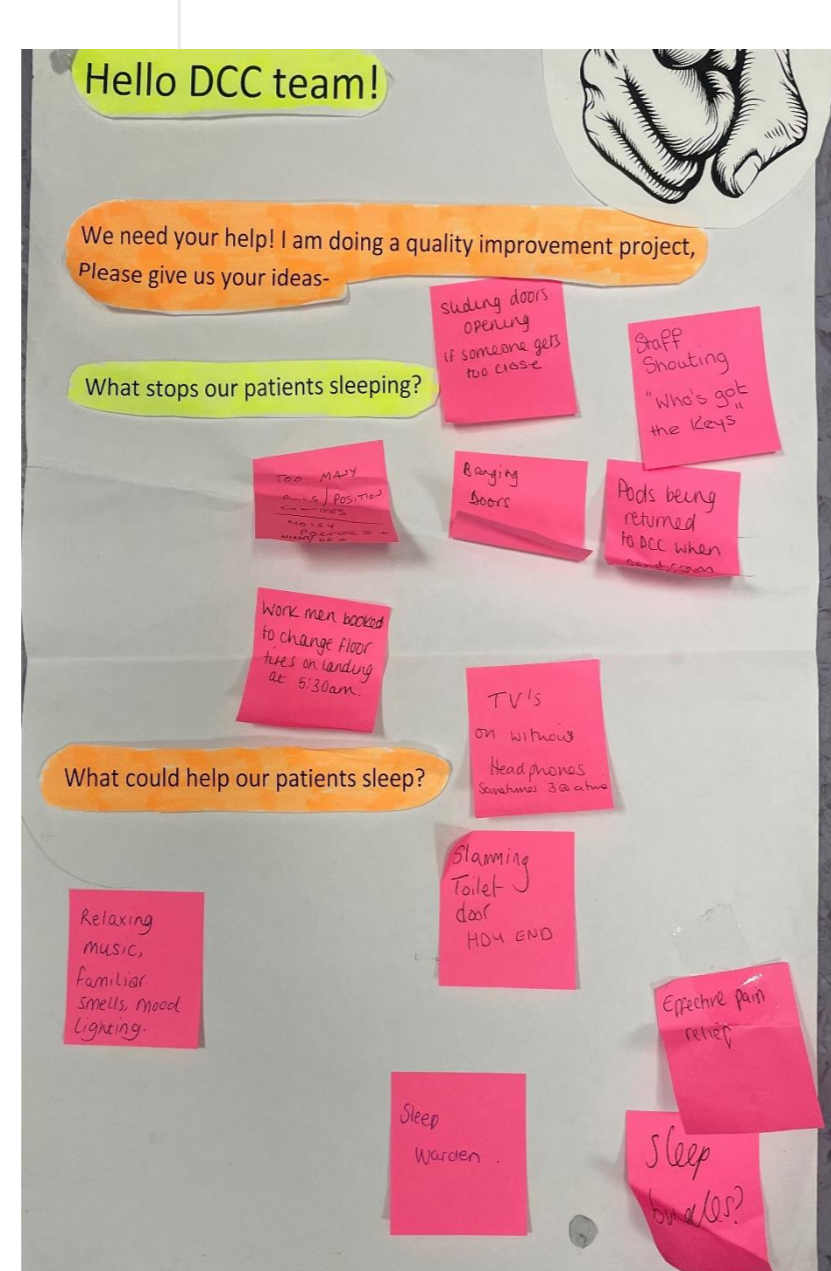
- Measures-Outcome- Patient's quality of sleep
- Process- Patient feedback questionnaires
Auditing data
- Balancing- Extra time and pressure on staff, potential for certain audio to trigger PTSD



Aim	Primary Drivers	Secondary Drivers	Change Ideas
Improve patient the quality of sleep	Work environment/equipment	Level of noise	Shhh posters, not using pod system at night. Use of listening ear to highlight when too loud, Turning phones and monitoring systems down Noise cancelling headphones, music bird noise via mp3/TV/lpad, using headphones
		Type of light, too much/not enough daylight	Eye Mask Change light bulbs, Turn down lights at night Direct bed/chair patients at windows, visit garden outside.
		Unfamiliar environment	Use of date, time, place white boards (NICE 83) This is me poster in bed space Patient diary use
To improve the self-reported quality of sleep of in-patients on DCC* to an average of 7/10 on the sleep quality scale, over a three month period.	Clinical care	Communication/paperwork	Highlight poor patient sleep in safety brief Delirium care plan.
		Procedures, positioning	Cluster care, wash patient before 20.00 Positioning only when needed Reduce unnecessary procedure's during the night
		Temperature	Too hot Offer fans
*Non-sedated patients	Patient factors	Patients clinical condition/needs	Regular assessments with MDT Regular use PINCH me tool, pain, infection, constipation, dehydration
		Mental health/psychological factors	Review medications Add in melatonin and other medications. Highlight any previous mental health concerns on rehab/V and A tool.
		Social factors	Identify and cultural factors communicate with team. Ensure right communication and language aids are available Routine updates with family
		Education and teaching	Micro bedside teach with delirium team Supervision.

Individual/staff factors	Audits	Staff work load/ shortages
	Run a rehab day with a patient's experience Making sure CAM ICU tool is used Giving out patient experience surveys	Increase staff levels Manage, prioritise task's with team Recruit, educate staff Monitor well-being current staff, monitoring staff stress levels and supporting where necessary

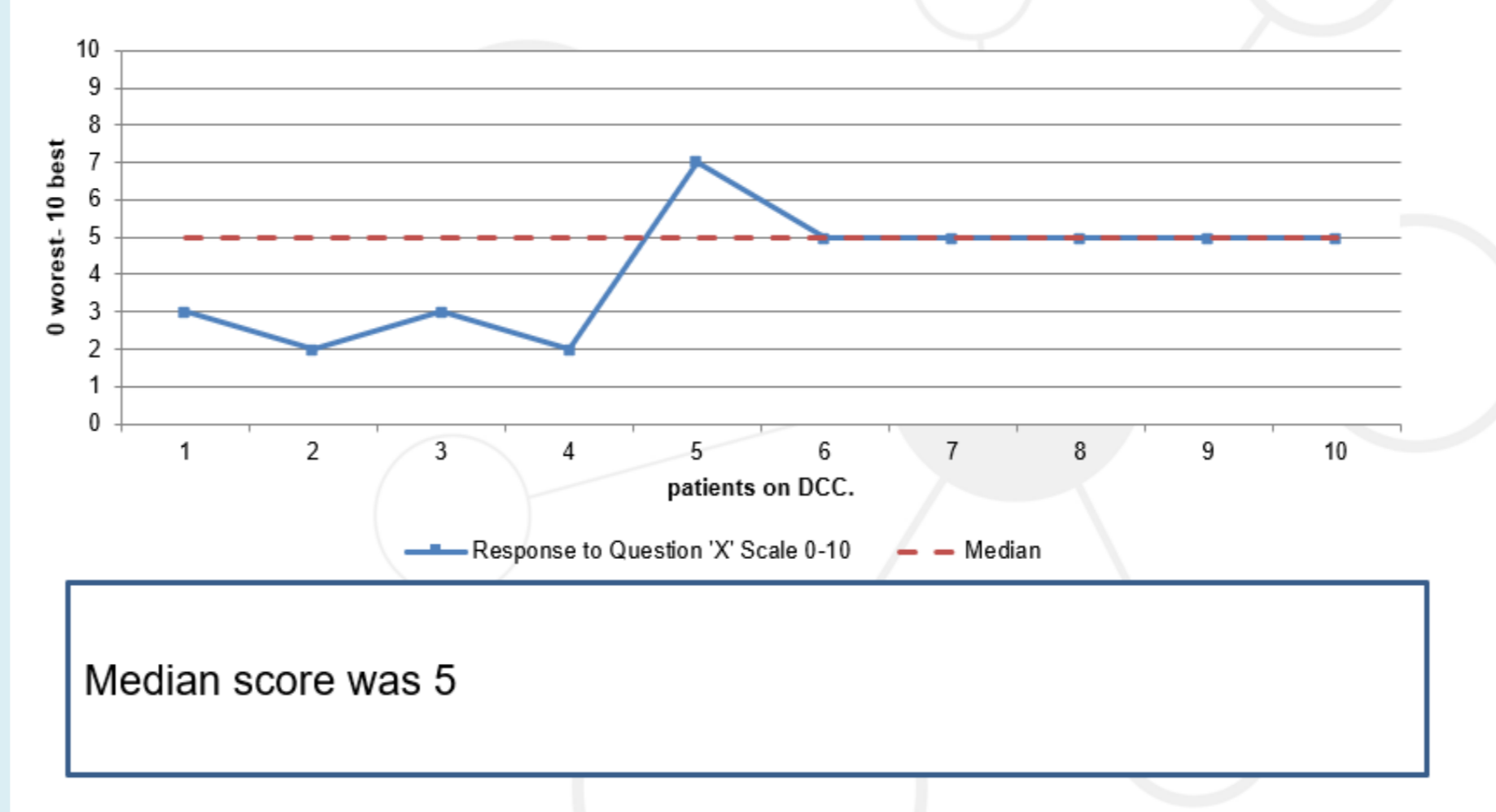
Multidisciplinary Team



Comments left by patients from the questionnaire

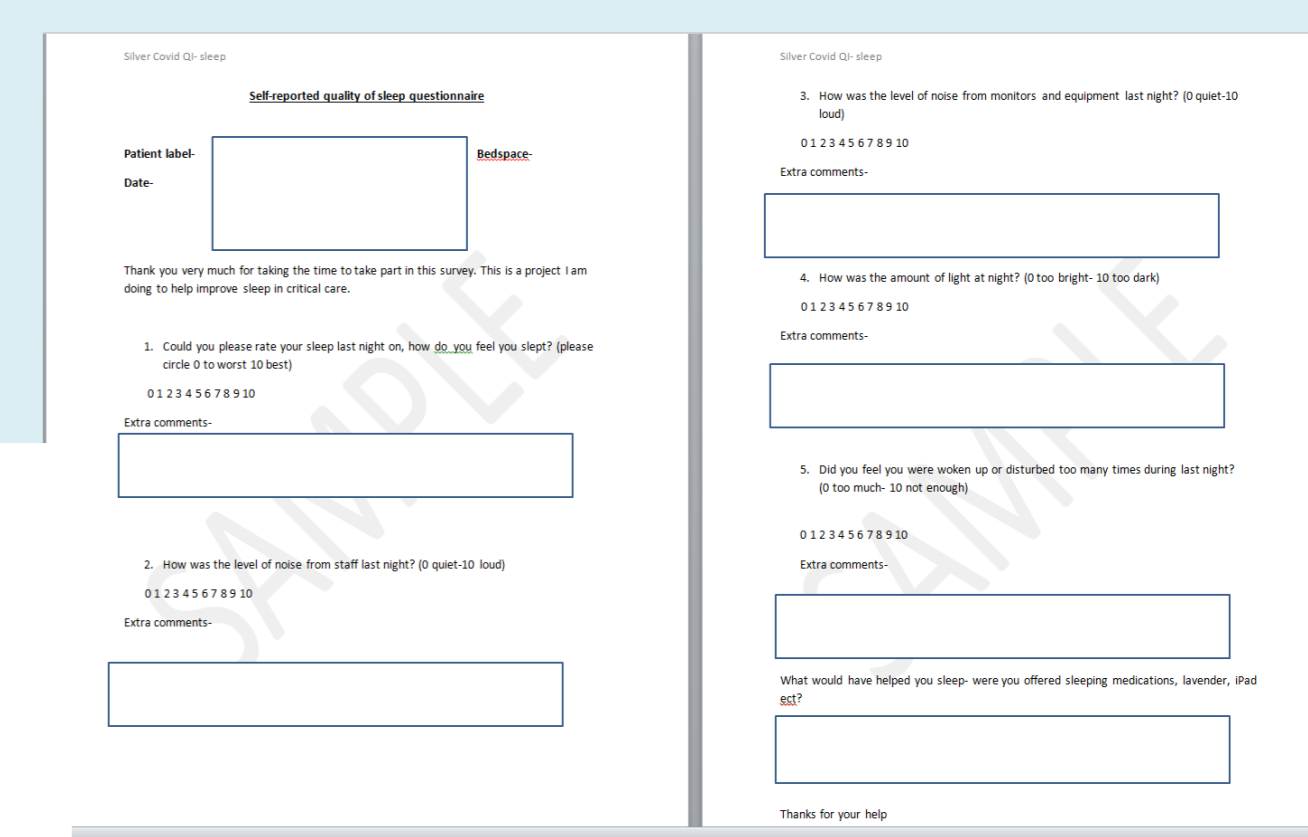
- Pain stopped me from sleeping
- Better positioning would have helped
- Doctor's waking me up a lot
- Other patients were too noisy
- Didn't need to know about nurses holiday
- Woken up too much
- Would have liked sleeping tablets, but slept reasonably well
- Temperature wasn't right
- Scared to sleep
- Understood the nurses need to check every hour

Please rate your sleep last night



Median score was 5
 Patients surveyed appeared to have slept better after audio therapy. Averaging at 7/10 sleep

20% increase



Further training
 Combined project with other sleep/ delirium promoting QI projects such as the light, and sleep bundle in conjunction with rehabilitation pathway
 Sleep care plans
 Share learning with wider trust
 Liaise with southwest network for shared learning