

Guidelines for promoting rest and sleep at night

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

To provide information to all staff who work within or are responsible for in-patient areas (including Ambulatory/Short Stay care) on aiding all in- patients who have experienced or are experiencing periods of restless sleep.

THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS :

All staff who work within or are responsible for in-patient areas (including Ambulatory/Short stay areas).

Lead Clinician(s)

Lisa Miruszenko

Deputy Chief Nurse

Approved by Senior Nursing & Midwifery Committee on: 3rd April 2013

Extension approved by Trust Management Committee on: 22nd July 2015

Review Date: 23rd July 2020

This is the most current document and is to be used until a revised version is available

Key amendments to this guideline

Date	Amendment	Approved by:
September 2013	New Guideline	Senior Nursing & Midwifery
August 2015	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
August 2016	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
August 2017	Document extended for 6 months in Line with TMC approval	TMC
December 2017	Sentence added in at the request of the Coroner	
December 2017	Document extended for 3 months as per TLG recommendation	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as per TLG recommendation	TLG
23 rd January 2020	Document extended for 6 months whilst review takes place	Lisa Miruszenko

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Introduction

As a result of the National Picker In-Patient Survey and our local patient experience survey it was identified that a significant number of our patients were experiencing noise at night which prevented them from having a restful night's sleep. In addition to this patients were also finding it difficult to rest at other times during the day due to activity and noise. The perception generally was that this was mainly due to noise, and to noise generated by staff.

Sleep is an essential for a person's health and wellbeing. The side effects from not having enough sleep can have a significant impact on the patients' recovery.

Background

The trust executive asked for a report (November 2012) that reviewed all the patient experience feedback we received across the 3 hospital sites to see if there were any emerging themes that were important to patients.

The report identified 6 key themes as one of which was 'noise at night' gave reason to investigate the reasons patients were finding it difficult to rest and sleep. Lead Nurse for Quality & patient Experience embarked on reviewing the practices on nights. This involved reviewing all the wards at the Alexandra site speaking to the nurses on duty at night, observing and comments by some patients using an audit tool.

Guidelines for Staff

1. Settle patients down and make sure they are comfortable

Whilst undertaking your routine care rounds, use this opportunity to ask if the patient is comfortable and whether they need any specific help to settle down to rest or sleep. Check whether they have any pain, need the toilet, an extra blanket or simply need 'tucking in'. These were all things identified by patients that are helpful.

2. Ask if they have any worries or concerns they would like to talk about before going to sleep

Patients often struggle to settle down to rest or sleep as they are mulling over the events of the day or worrying about what is planned for the next day. A few minutes spent listening to their worries and fears, giving appropriate information or reassurance can make all the difference.

Aid Sleep & Rest

- A milky drink or herbal tea
- Ask patients what their normal routine is before bedtime
- Signpost your patient to the relaxing music and relaxation exercises on the free hospital channel via their bedside TV system.
- Sleep kits containing an eye mask and ear plugs are available as stock items via the NHS Supply Chain.
- Night lights are switched on and not to delay reducing the lights. Most wards tried reduce the lights by 1030hrs to promote rest and sleep.

3. Encourage patients to turn off their TV's

Some patients do find watching television or listening to the radio useful as a method for relaxing, if the patient is in a shared room gently remind them that other patients do require a relaxing atmosphere to sleep and encourage the use of earphones.

If headphones are not available please obtain some from an empty bed space or contact Hospedia to supply an additional set.

If appropriate to do so, draw the curtains a little to block out the light of the screen.
Dim the television screens

NB safety takes priority and it may not be appropriate to draw the curtains at all, please exercise your judgement with patient safety in mind.

Visit the patient regularly to ensure that they haven't fallen asleep, turn off the television if they have.

4. Try to complete any predicted bed moves in advance of settling patients down to sleep.

The movement of some patients overnight can not be avoided, however please be mindful that this will disturb some patients, so try to reduce the noise as much as possible.

5. Use pen torches instead of switching on overhead or over bed lights where appropriate to do so.

Pen torches are a stock item and should be readily available on all wards.

6. Respond to buzzers and alarms promptly and switch them off when attending the patient

Prolonged buzzer noise is a source of disturbance to other patients and means those requiring assistance are unable to settle back down to rest and sleep until their care needs have been met.

Please reduce volume of buzzers minimise disturbance to other patients.

7. Ward buzzers

Staff working on nights should avoid pressing buzzers, but tap or knock on the door. Most staff should have ID cards to allow discreet access to the ward areas without causing disturbances.

8. Ward Phones

Ensure the phones have their tone reduced on the back of the phones and this is reinstated next morning

9. Speak in hushed tones

Voices travel when the ward is quiet – please lower your voice when attending to patients. If you are talking at the nursing station you need to be mindful of volume when speaking to staff and using the telephone. Although away from the bedside this can still interrupt rest and sleep significantly.

10. Don't disturb a patient unless absolutely necessary

Try to avoid repeated disturbances by organising tasks together where possible so you minimise the need to disturb a patient further.

11. Noisy activities

Putting stores away should be done with the storeroom closed when unpacking.

12. Report, fix or replace any noisy equipment

Squeaky wheels, banging doors, fault alarms on electronic equipment are all sources of disturbance. Please ensure that all faulty equipment is reported promptly so that it can be fixed or replaced.

Most common equipment noise was mentioned by night staff and observed:

- Commodes
- Baxter pumps beeping
- Air mattresses alarms
- Air conditioning above the nursing station
- CPAP or nebulisers
- Bladder scanner
- Klix machine
- Bedpan washer on some wards are very noisy in use
- Dinamaps
- Some bins
- Resuscitation trolley

Guidelines for Patients

This information is included in the admission booklet that should be made available to all patients on admission

1. If you are struggling to rest or sleep please let the nursing staff know as they may be able to help.

Please ask them to share with you the **'Top tips to help you rest and sleep'**

2. If you have any worries or concerns please discuss them with a member of staff.

Being a patient in hospital can be very daunting and you may have worries about your care, treatment or things that are happening outside of hospital; perhaps related to family or your situation at home

All staff involved in your care will want to know if you have worries or concerns so they can help. You may just need some additional information or reassurance that will make you feel less worried. If you need more support than this or need to speak to someone specific this can be arranged so please don't be afraid to ask.

3. Respect other patients need to rest and sleep.

Rest and sleep is such an important part of recover so please be considerate of the needs of your fellow patients, especially if they choose to rest or sleep at different times to you.

4. When the main lights are turned out please turn your TV off or use the headphones provided.

If you do not have a set of headphones please either ask a member of the nursing team or the team from 'Hospedia' who will obtain a set for you.

5. Please help to reduce noise from mobile phones

It is recognised that patients use their mobile phones whilst in hospital. For some this is an important part of keeping in touch with loved ones. If you do use your phone there are a few things you can do to reduce the risk of disturbing your fellow patients:

- Please switch your phone to silent, if you do make or receive a call please try to do this out of earshot of other patients especially during the night.
- If you do need to make or receive a call at the bedside please keep the call time to a minimum and speak quietly.
- If you need to speak at length please ask a member of the nursing team if there is somewhere private for you to do so.

6. Please talk quietly to other patients at night time

The hospital environment can be noisy so it can be difficult to rest or sleep, this may mean that your usual sleep pattern is disrupted.

Talking with staff and other patients can help you to relax and make your stay a little more pleasant. If you are chatting to staff or patients please be mindful of other patients who may be trying to rest or sleep.

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7. Please keep noise and movement during the night to a minimum

If you need assistance to get to the bathroom, or find something from your bedside locker during the night please ask a member of staff to help

Monitoring Tool

Compliance against the guideline can be monitored from patient feedback via:

- Inpatient surveys
- Complaints

The Inpatient survey and complaints for the trust will be reviewed at the Patient, Carers Experience Committee on a bimonthly basis.

Heads of Nursing, Matrons & Ward managers will be responsible for improving the patient experience of rest and sleep of patients in their clinical settings during the night.

STANDARDS	%	CLINICAL EXCEPTIONS

References:

- Arbaster.G & Carr.S (2000) Silent Night. Nursing Times
- Pedersen.T (2012) Hospital Noises, Disturb sleep, hinder recovery. Psychocentral.
- Roberts.M (2009) Hospital wards break world health 'noise limits'. BBC news
- Harmon.K (2012) Hospital Noise may disrupt patient improvement. Scientific American

CONTRIBUTION LIST**Key individuals involved in developing the document**

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Circulated to the following individuals for comments

Name	Designation

Circulated to the following CD's/Heads of dept for comments from their directorates / departments

Name	Directorate / Department
Ann Carey	Heads of Nursing –Worcester & Kidderminster Hospital
Jane Smith	Alexandra Hospital
Matrons	All sites

Circulated to the chair of the following committee's / groups for comments

Name	Committee / group
Rani Virk	Patient ,and Carer Experience Committee
Rani Virk	Senior Nursing & Midwifery Group
Rani Virk	Patient & Public forum group
Rani Virk	Dignity & Nutrition Link Nurses

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Transgender	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment & mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	No	
6.	What alternatives are there to achieving the policy/guidance without the impact?	No	
7.	Can we reduce the impact by taking different action?	No	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resource

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It is the responsibility of every individual to check that this is the latest version/copy of this document.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval