



■ AMONG THE CHANGES AT HOSPITALS: QUIET HOURS AND NEW SCHEDULES FOR MEDS.

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Fewer Sleepless Nights

Hospitals are changing nighttime routines so patients won't have to wake up as often. **BY SHEFALI LUTHRA**

PETER UBEL, A PHYSICIAN AND A PROFESSOR at Duke University's business school, has studied the rational and irrational forces that affect health. But when he was at Duke University Hospital in 2013 to get a small tumor removed, he was surprised at how difficult it was to sleep. "There was no coordination," he says. "One person would be in charge of measuring my blood pressure. Another would come in when an alarm went off, and they never thought, Gee, if the alarm goes off, I should also do blood pressure."

It's a common complaint. If you spend a night in the hospital, you probably won't get much sleep. There's the noise. There's the bright, fluorescent hallway light. And there's the unending barrage of nighttime interruptions: checking vitals, administering medications, drawing blood and all the rest.

Traditionally, hospitals have scheduled a number of nighttime activities around health professionals' needs—aligning them with shift changes, or

updating a patient's vital signs so the information is available when doctors make early-morning rounds. Both the sickest patients and those in less serious condition might get the same number of check-ins. In some cases, that can mean patients are being disturbed almost every hour.

"The reality for many, many patients is they're woken up multiple times for things that are not strictly medically necessary or...multiple times for the convenience of staff," says Susan Frampton, president of Planetree, a nonprofit organization that encourages health systems to consider patient needs when designing care.

Rethinking the nighttime routine. "Sleep disruptions are actually not benign as far as patients are concerned," says Dana Edelson, an assistant professor of medicine at the University of Chicago. "We're putting them at unnecessary risk when we're waking them up in the middle of the night

when they don't need to be."

Increasingly, hospitals are rethinking how they function at night. The push is fueled in part by measures in the 2010 health law tying some Medicare payments to patient approval scores. Federal patient approval surveys specifically ask about nighttime noise levels. A number of hospitals have worked to get good scores on that, says Richard Evans, chief experience officer at Boston-based Massachusetts General Hospital. His hospital instituted quiet hours—a couple of hours in the afternoon and between six and eight hours at night, depending on the hospital unit—in which lights are turned low and staff encouraged to reduce noise.

Reducing nighttime disruptions "seems like kind of easy, low-hanging fruit," says Margaret Pisani, an associate professor at Yale School of Medicine. She is working with other staff at the Yale hospital to reduce unnecessary wake-ups, using strategies such as letting nurses coordinate when they give medicines to better match patient sleep schedules, changing when floors are washed or giving nurses checklists of things that can and should be taken care of before 11 p.m.

At New York's Mount Sinai Hospital, doctors are rethinking when they administer medicines, as well as what kind, says Rosanne Leipzig, a professor of geriatrics and palliative medicine who practices at the hospital. For instance, some antibiotics can be given at six-hour intervals rather than four-hour intervals.

The hospital is also working to develop a system to classify patients who do need repeated checks from the medical staff, such as those at risk for imminent health threats or serious infections. For those patients, frequently checking vitals is important, even if patients sleep less, Leipzig says.

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