

Workflow Modification Starter List

Practice in Brief

Nurse leaders modify unit workflow to minimize disruptions to patient rest and daily routine.

Rationale

Potentially avoidable disruptions to patient rest and daily routine can negatively impact patient satisfaction and key clinical outcomes; small modifications to unit workflow to minimize these disruptions can have an outsized impact on the overall patient experience.

Key Implementation Components

Component #1: Minimize Unnecessary Disruptions to Rest

Alter caregiver workflow to minimize disruptions that prevent patients from sleeping or resting soundly during their stays.

Component #2: Minimize Unnecessary Disruptions to Daily Routine

Alter caregiver workflow to minimize disruptions that represent a deviation from patients' daily routines while not in the hospital.

Practice Assessment

This practice includes a picklist of potential strategies to reduce disruptions to patient rest and routine. The Center recommends institutions strongly consider adopting at least one strategy from each picklist and continue to innovate in these areas.

Nursing Executive Center Grades

Practice Impact: B

Hospital Effort: B+

One widely recognized disruption to rest is noise. Myriad evidence demonstrates the negative impact of noise on patient outcomes—as represented by the studies shown to the right.

Noise Negatively Impacting Patient Care

Select Journal Articles

<p><i>Sleep</i></p> <p>Environmental Noise as a Cause of Sleep Disruption in an Intermediate Respiratory Care Unit</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><i>Nursing Research</i></p> <p>A Study of Noise and Its Relationship to Patient Discomfort in the Recovery Room</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><i>Hospital Development</i></p> <p>Impact of Acoustics on Staff and Patients in CCU</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><i>Critical Care Quarterly</i></p> <p>Sensory Overload and Noise in the ICU: Sources of Environmental Stress</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><i>Journal of Advanced Nursing</i></p> <p>Sleep in Hospitals at Night: Are Patients' Needs Being Met?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><i>Otolaryngology</i></p> <p>Excessive Noise Levels in the Neonatal ICU: Potential Effects on Auditory System Development</p> <p>_____</p> <p>_____</p> <p>_____</p>

In light of the evidence above and the inclusion of “noise at night” as an HCAHPS measure, many hospitals have focused on reducing noise at night. Representative initiatives are shown here.

Tamping Down on Noise at Night

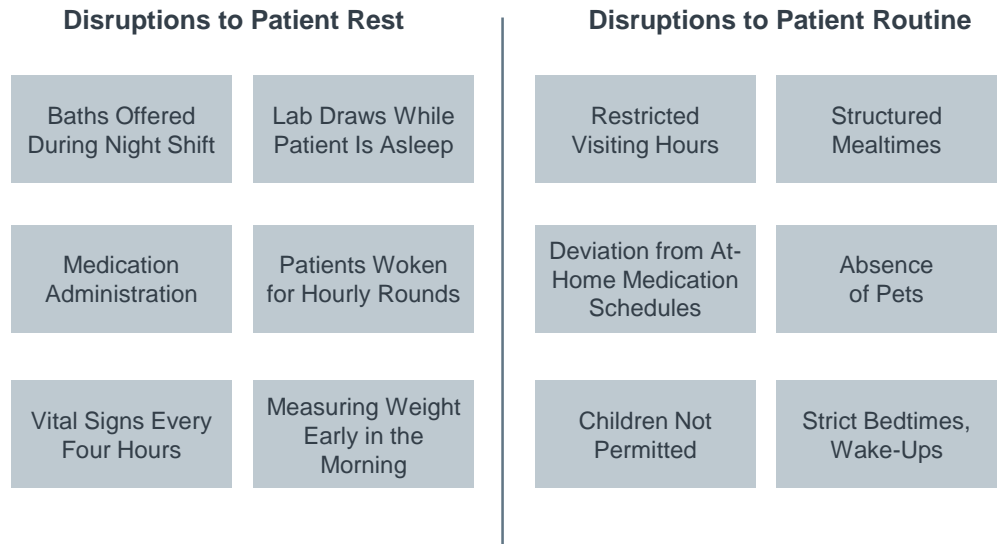
Sample Strategies

- Overhead pages eliminated, patients provided with earplugs
- Hallways carpeted, EVS personnel hours altered to vacuum during the day
- New, quieter pulse oximeter probes purchased and used
- Noisy supply carts repaired or replaced
- Posters hung throughout unit to remind visitors and staff to maintain a quiet environment
- Rubber floors installed in all units
- Volume measurement devices connected to stoplight-like display; red and yellow lights serve as visual reminder when noise level is too high
- Patient room lights dimmed, staff members reminded to monitor their vocal volume during certain hours

Source: The Center for Health Design, “Sound Control for Improved Outcomes in Healthcare Settings,” available at: <http://www.healthdesign.org/chd/research/sound-control-improved-outcomes-healthcare-settings?page=show>, accessed November 1, 2011; Nursing Executive Center interviews and analysis.

While noise is an especially common and pervasive patient disruption, patients typically encounter a host of disruptions to their rest and daily routine during their inpatient stay. Common examples are shown on the right.

Acknowledging Two Types of Patient Disruptions



Many of the most prevalent disruptions to patient rest can be minimized by small changes to unit workflow. The chart shown here displays select disruptions to patient rest and the modifications to unit workflow that enabled patients to rest more soundly.

Consideration #1: Minimize Unnecessary Disruptions to Rest

Select Modifications to Workflow

Disruption Addressed	Key Workflow Modification	Exemplar Institution
Medication administered at noon and midnight, requiring patients to be woken at night	Changed hospital practice to encourage administration of meds at 8 a.m. and 8 p.m. when feasible	UPMC Shadyside
Patients weighed at 3:00 a.m. in order to ensure weights taken at the same time each day	Educated PCTs ¹ that weigh-ins must be conducted at the same time each day, but not necessarily before breakfast; shifted weigh-ins to afternoon	Michaels Medical Center ²
Blood draws for morning labs completed between 2:00 and 5:00 a.m. in order to be ready for morning physician rounds	Worked with lab to shift blood draws to 6:00 a.m. without impacting time lab results are available to physicians in the morning	St. Rose Dominican Hospitals-Rose de Lima Campus
Aspects of care provided sporadically , requiring patients to be awakened multiple times while resting	Collaborated with ancillary departments to "cluster" care provided to minimize number of unnecessary wake-ups	Banner Good Samaritan Medical Center

1) Patient Care Techs.
2) Pseudonym.

Source: UPMC Shadyside, Pittsburgh, PA; St. Rose Dominican Hospitals-Rose de Lima Campus, Henderson, NV; Banner Good Samaritan Medical Center, Phoenix, AZ; Nursing Executive Center interviews and analysis.

Many of the most prevalent disruptions to patients' daily routines can be minimized through small changes to caregiver workflow and hospital policy. The chart shown here displays select disruptions to patients' daily routines and the modifications to unit workflow that enabled patients' stay in the hospital to more closely resemble their life at home.

Consideration #2: Minimize Unnecessary Disruptions to Daily Routine

Select Modifications to Workflow

Disruption Addressed	Key Workflow Modification	Exemplar Institution
Medications administered at arbitrary times according to policy	Nurses empowered to administer medications at times patients will take them at home	The Children's Mercy Hospital
Strict visiting hours limited patient, and family comfort, and hindered patient education	Hospital councils implemented Family Presence Policy which supports open visitation by individuals selected by the patient, within reason	Vidant Health
Patients miss companionship of their pets and worry about them during an inpatient stay	Policy changed to permit limited visitation by pets who meet safety guidelines	Good Samaritan Hospital

A complete version of Vidant Health's "Family Presence Policy" can be accessed through an online version of this publication.

For additional guidance on minimizing avoidable patient disruptions, see "Tool #4: Disruption Identification Exercise" in *The Patient Experience Toolkit*.

Both publications are available by visiting www.advisory.com/nec and entering the title into the search engine.