



# Implementation of a Focused Quiet Time (QT) on an Oncology Unit

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## Background

- Hospitals get noisy with alarms, phones, hallway conversations, frequent interruptions by staff etc.
- Noise is known to cause sleep disturbances, increase pain perception, and increase the incidence of rehospitalization (Maidl et al., 2014).
- Patients report that noise is the most common interruption to sleep. (Applebaum et al., 2016).
- According to World Health Organization (WHO), hospital noise levels should not exceed 40 decibels (dB) during daytime
- This unit has been scoring less than the benchmark for the question “quietness of the hospital environment” greater than 50% of the time for each of the calendar years 2019 – 2023

## Aim of the Project

To implement and evaluate the effectiveness of a Quiet Time (QT) intervention in a telemetry oncology population with a goal of established noise reduction

- **Leading Process Measure** – QT protocol implementation within the agreed upon time (1400-1600) 100% of the time
- **Leading Outcome Measure** - Observed noise level <35 decibels (db) during QT protocol implementation 100% of the time

## Development

**Setting:** 15-bed oncology telemetry unit in a large teaching hospital with an expectation for evidenced based practice

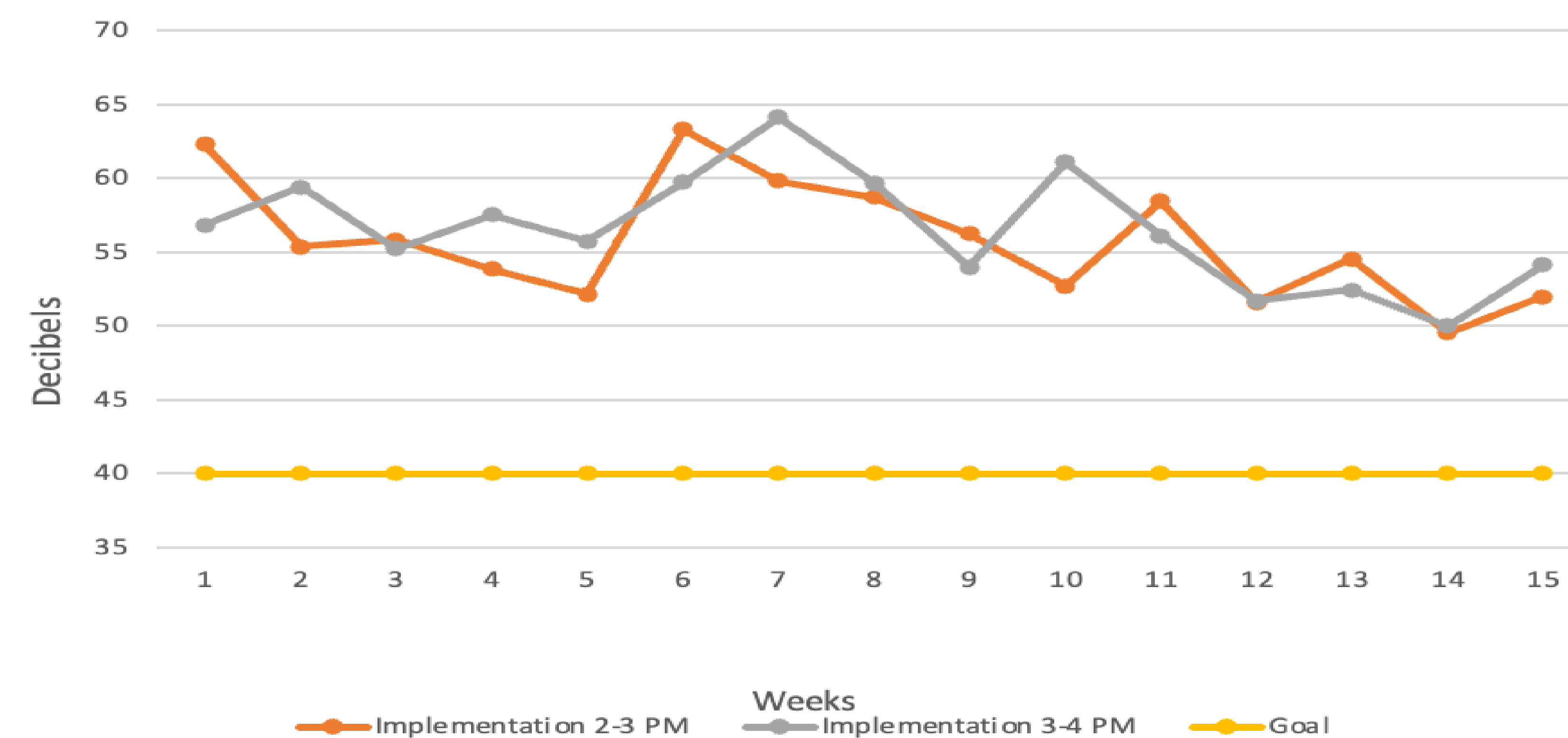
**Pre-Implementation:** Various contributors to noise including (1) a lacking established QT protocol, (2) staff noise, (3) and an opportunity to improve care clustering

**Perceived Problem:** Variation in interruption frequency up to 24 hours per day.

## Methods

- QT was implemented for two hours in the afternoon (2 - 4 pm)
- The QT bundle includes a set of standardized measures to include (1) dimming the lights in the patient room and the unit (2) offering of a sleep menu with inclusion of eye mask, ear plugs, pillow, and warm blankets.
- Process drivers to implementation of the QT bundle included (1) dimming unit lights as a visual cue, shutting doors when appropriate, clustering care, customized telemetry alarms, and scripted rounding prior to the onset of QT.

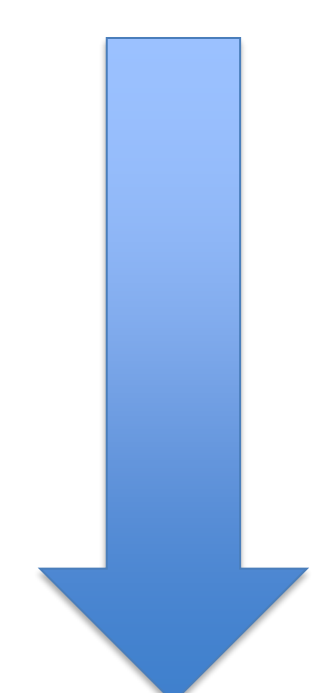
## Results



Noise level was collected as a data point pre and post implementation at specific intervals:

### QT (1400-1500)

Mean Pre-Implementation: 62.28 decibels  
Mean Post-Implementation: 55.90 decibels



### QT (1400-1500)

Mean Pre-Implementation: 56.80 decibels  
Mean Post-Implementation: 57.09 decibels

## Conclusions

- There was a decrease in the noise levels on the unit from 2 – 3pm but there was a slight increase in noise levels during the 3 – 4 pm.
- Findings suggests that the QT implementation could lead to decreased noise levels on the unit to some extent.
- Staff showed some hesitation in implementing all the measures in the QT bundle. In hindsight, reducing the number of measures could have eased the implementation for the staff.

## References



References

Text Box

## Notes

- Thank you to the multidisciplinary team for participating in the implementation of this initiative.
- A special thanks to Katie Falato, MSN, RN for ensuring all resources were readily available for the implementation of this initiative.
- Access the QT bundle here



Quiet Time (QT) Bundle