

# 1st PERSON



## Quiet Please!

### Less is more—the benefits of “quiet time” on a busy inpatient oncology unit

by Yvette Ong, MS, BSN, RN, OCN, NE-BC

Consider the typical soundscape of a busy hospital inpatient unit—staff and visitor conversations; staff rounds; vital signs equipment carts rolling by; food, medicine, and supply carts being trundled down the hallway; medical equipment and alarms; computer keyboards; telephones and pagers; opening and closing doors; the list goes on. Literature shows that excessive noise can adversely affect patient outcomes, and “noisiness” may also affect patient satisfaction. In November 2007, we implemented Quiet Time on our 32-bed inpatient melanoma and sarcoma unit as part of an M.D. Anderson Cancer Center *Transforming Care at the Bedside* initiative. This institution-wide initiative aims to improve the patient experience through providing patients a reprieve from noise. The Quiet Time initiative started at M.D. Anderson in the surgical urology and orthopedic unit in August

2007. To date, 11 inpatient units from both surgical and medical services have embraced the Quiet Time concept at M.D. Anderson. Quiet Time provides our patients with an oasis of uninterrupted personal time in the middle of the buzz of activity on our busy unit.

#### Quiet Time

“Quiet Time” is simply one hour of limited noise, light, and activity. The start of Quiet Time is signaled by the dimming of lights in the hallways and rooms. Signs are posted by the elevators and in the pods announcing Quiet Time hours. A Yacker Tracker (noise indicator device resembling a traffic light), placed near the nurses’ station, signals with a flashing red light if the noise level goes above 40 dB. Patients and their families enjoy the benefits of this dedicated quiet time—and so do staff.

Quiet Time on our unit is between

12 noon to 1 pm. We “turn down the volume” and create a restful atmosphere by:

- Lowering ringer volume on telephones
- Suggesting that multidisciplinary team rounds not be conducted during this quiet hour
- Asking ancillary staff to complete their tasks either before or after Quiet Time
- Moving long conversations away from the nurses’ station area.

To reduce activity, nurses ensure that patients’ immediate needs are met before the start of Quiet Time. All staff and visitors are asked to speak softly during this hour.

#### Measuring the Sound of Silence

When we measured the average noise level during regular hours and compared this to the noise level during Quiet Time, we found, not surprisingly, Quiet Time noise levels were significantly lower. Anecdotally, our patients tell us they love Quiet Time. And our nurses appreciate the period of reduced noise and activity as a time to take a break or catch up on documentation.

As part of patient satisfaction measures, our patients are asked: “Was the area around your room quiet at night?” We recognize this area as a focus for potential improvement in patient satisfaction. To this end, we plan to pilot Quiet Time during evening hours and measure its effect on patient satisfaction in this area. 📢

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Staff from the inpatient melanoma and sarcoma unit find “quiet time” a benefit, too.