“HUSH.” The PACU tries to tone it down. The noise of acute health care in the PACU, where surgical patients come to start healing, can get out of hand. A new effort with a helpful acronym and a “yacker tracker” aims to give patients a little more peace and quiet.

PACU Seeks Sounds of Silence

By Tyler Smith

The hospital’s Post-Anesthesia Care Unit has a simple message for providers that groggy patients will appreciate: H.U.S.H.

H.U.S.H. is not a scolding admonition. Rather, it’s the name of a new initiative (Hospital Utilizing Silence for Healing) that targets a frequently overlooked source of patient dissatisfaction and obstacle to good patient care: noise levels in hospital units.

Nurses in the Post-Anesthesia Care Unit (PACU) launched the H.U.S.H. initiative after conducting surveys of more than 120 patients to get their perception of noise during their stays there. While 92 percent of the patients surveyed rated a quiet hospital environment as either important or extremely important, five of six patients called the PACU noisy or extremely noisy.

Further testing showed the PACU patients weren’t simply oversensitive to sound because they were recovering from procedures. Environmental noise measurements at designated spots in the unit in 2010 peaked at 70 decibels (dB) – between the level of a normal two-way conversation and a hair dryer running.

Measurements in 2011 peaked at 60 dBs in selected spots, a little less noisy, but still far higher than what one might expect in a place supposedly devoted to quiet recovery.

PACU providers hope H.U.S.H. will dull the roar. It combines professional education to sensitize providers to the distressing effects of noise with noise-cancelling devices like iPads, DVD and MP3 players, and earplugs for patients. There also is a “Yacker Tracker” device that measures noise in the unit, and flashes warning yellow or red lights when the racket starts to rise. When the noise exceeds a pre-set threshold, an alarm briefly sounds.

The hospital’s Volunteer Services Department funded the noise-cancelling devices after a visit to the unit.

“We asked volunteers to come to the unit and listen for themselves,” said Rachel Romero, RN, a PACU nurse. “They immediately understood our cause.

“We want everyone in the unit to be mindful of what they are doing and how our patients are doing,” she added. “As a unit, we don’t always do a good job of being aware of that. We can be very social and forget where we are.”

The PACU has several objectives for the program, which officially kicked off with a presentation to nurses Sept. 19. They include “promoting an environment conducive to rest and recovery,” improving patient satisfaction, and reducing medical and nursing staff distraction.

On a broader level, the unit wants to improve its Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey scores – the Centers for Medicare and Medicaid Services inpatient satisfaction survey as well as one of UCH’s “critical success factors” – and comply with Joint Commission Environment of Care standards.

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The Joint Commission generally requires health care organizations “to establish and maintain an appropriate environment that promotes healing and caring,” and the PACU providers see more aggressive noise control as a way to do that.

Early indications are the program has had a positive effect. “People are more aware; they’re definitely quieter,” said PACU nurse Monica Brock, RN, another H.U.S.H. program leader. “We’ve also gotten physician support.”

**Cruelest absence of care.** The noise concern in hospitals is nothing new. As far back as 1859, nursing pioneer Florence Nightingale declared that “Unnecessary noise is the cruelest absence of care.”

Indeed, loud conversations, ringing alarms and phones, beeping pagers, rattling equipment and other uncontrolled noises send an unintended message to already anxious patients, Romero said. “Patients feel neglected in their care when the unit is noisy.”

A growing body of evidence shows that hospital noise takes a measurable toll on patients. The federal Agency for Healthcare Research and Quality reported in 2007 that 50 percent of patients found noise levels “problematic.” A 2004 study at the Mayo Clinic showed hospital noise was the primary cause of sleep deprivation and disturbance for patients.

Small wonder. During the Mayo Clinic study, nurses found noise levels there peaked at 113 dBs — the equivalent of a jackhammer.

Another study, this one at Johns Hopkins Hospital, showed average noise levels at that institution increased from 57 dBs to 72 dBs between 1960 and 2005.

Closer to home, the story is the same. The comments of one patient on a Press Ganey patient satisfaction survey helped crystallize the problem for Brock.

“He stated that it didn’t matter how good the care we provided was,” she said. “The chaotic environment [in the PACU] prevented him from having a good patient experience.”

Excessive noise can do far more than simply cost patients a couple of hours of sleep, research shows. Sleep disruption can increase patients’ stress, anxiety and agitation. Those changes can, in turn, elevate their blood pressure and heart rate. Patients may also need more pain medication.

Patients aren’t the only ones affected by the cacophony. “In the moment the unit is very noisy, you can feel your heart rate and blood pressure increase,” Brock said. “You perceive an increase in the work demands.” In fact, three-quarters of PACU nurses surveyed before the H.U.S.H. program development said noise had at least a mild effect on their care delivery.

The program is also important for a hospital that prides itself on delivering the highest level of care, said Romero, who first heard about other institutions’ noise-reduction programs at a meeting of the Association of Operative Registered Nurses.

“We don’t want to be behind and left out,” she said. “Complaints about noise are more credible when they come from patients, but we don’t want to wait for that. It diminishes the level of care we strive toward and work hard for.”