IMPLEMENTATION OF A QUIET ZONE TO IMPROVE PATIENT SATISFACTION
ON A CARDIAC UNIT

Melissa Gregor, BA, BSN, RN; Robert Pramono, BSN, RN; Antonio Soto, BSN, RN;
Lauren Dulde, BSN, RN; and Cristin Phillips, MS, RN, ACNS-BC
Froedtert Hospital, Milwaukee, Wisconsin

Background: Health care consumers have a choice when they seek medical care. Hospitals compete to provide patient-centered care and focus on patient satisfaction. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a patient satisfaction survey required by Centers for Medicare and Medicaid Services (CMS) for all hospitals in the United States. One question on the HCAHPS survey, “How often was the area around your room quiet at night?” is asked to ascertain patients’ satisfaction with quietness in the hospital. According to the CMS summary of HCAHPS survey results, the topic of quietness is the lowest scoring domain nationally. The HCAHPS survey results on the cardiac unit at Froedtert Hospital revealed a year to date (YTD) score of 48%, which is below the threshold.

Purpose: The first goal was to increase the scores in the quietness domain to goal of 64%. The second goal was to raise renewed awareness to the staff, visitors and patients of the unit’s commitment to providing a quiet environment through creation of a quietness campaign called “Quiet Zone.”

Setting/Population: Patients on a 23 bed inpatient cardiac unit in an academic medical center.

Method: A Quiet Zone poster was hung on the door outside of each patient room, in each patient room, and various other posters were placed on display in the units. On the unit, Nurses, Health Unit Coordinators (HUCs), and all members of the Leadership Team were identified as the key stakeholders for campaign success. Nurses were provided with a list of interventions to implement, including closing patient doors when appropriate and being accountable for their own noise level in the working environment. Leadership addressed quietness in rounding conversations with staff and patients and worked to enforce quietness in staff areas. The HUCs greeted each new patient on admission, distributed ear plugs, and referenced Quiet Zone literature with each patient.

Results: In the beginning of the month, June 2014, and prior to implementation of the Quiet Zone campaign, unit leadership asked patients, “Do you feel we have created a quiet environment?” Results revealed that 97% of patients reported a quiet healing environment, while HCAHPS during the same timeframe revealed a quietness score of 47.9%. There is a significant difference between the perception of quietness and a healing environment and the reporting of noise in the hospital environment. The campaign was fully implemented in the end of June 2014. HCAHPS survey results were evaluated post campaign implementation to see if the scores had improved to goal. Data trends showed an improvement in the HCAHPS quietness domain. July data revealed a score of 50%, August data revealed a score of 55%, and preliminary data for the month of September revealed a score of 55.15%.

Conclusions: Success of this campaign will be measured by sustained improvement to goal for HCAHPS scores related to quietness in conjunction with improvement of patient’s perception of a restful, healing environment. There is potential to implement this campaign house wide, which could further improve patient satisfaction, as it relates to quietness for the entire organization.