SHF Code of Practice for Sleep Care in Hospitals

Purpose of the Code

This Code of Practice is an initiative of the Sleep Health Foundation to recognise hospitals who demonstrate excellence in the delivery of a sleep conductive environment to patients.

Applications are made on a corresponding form in which details of compliance are recorded and reviewed annually. Applications and annual reviews are assessed by a Sleep Health Foundation committee which has expertise in sleep management and hospital experience.

The SHF website has a number of useful resources in its Sleep Care in Hospitals Toolkit section. The document entitled ***How to develop and implement a Sleep Care policy for your Hospital*** is designed to assist staff in achieving Code of Practice accreditation and is included below as Attachment 1. When hospitals receive Sleep Health Foundation (SHF) accreditation, they will be provided with a Sleep Health Foundation logo, posters, and other digital materials to promote their achievement.

To comply with the Code, hospitals must

1. **Develop a Sleep Care Policy** to promote sleep care practices throughout the healthcare organisation. This will be reviewed by the Sleep Health Foundation. The practices recommended in the Sleep Care Plan will be tailored to meet the healthcare needs of each patient.
2. Establish effective governance for the Sleep Care Policy, with **Executive Sponsorship.**
3. **Implement Sleep Care "Champions" at local levels.** This role includes promoting the Sleep Care policy, supporting implementation of Sleep Care practices at a local level, and providing regular feedback to senior management about the extent to which different parts of the Sleep Care Plan are being successfully implemented. Patient and staff feedback is reviewed regularly and at least quarterly by the Sleep Care governance team and Executive Sponsor.
4. **Collaborate with healthcare consumers** to develop a Sleep Care action plan, with priorities and deliverables.
5. Administer a **short series of questions on sleep quality and quantity** to samples of patients. Suggested questions are in Attachment 2 below. The goal should be a sampling of at least 10% of patients every 6 months, rotated across at least three different areas of the hospital. This will allow regular evaluation of the implementation of the Sleep Care Policy by the relevant governance team.
6. Designate a **night sleep period quiet time** (e.g., 10pm to 7am) when practices that promote a sleep conducive environment are implemented. A daytime quiet time is also recommended, but is not mandatory.
7. Implement practices that **minimise noise** during the quiet times. All the following points should be addressed.
   a. Staff and patient awareness of quiet times via flyers, posters and other forms of education are promoted.
   b. During designated quiet times, any announcements over a public address system are minimised and kept out of patient areas, except where emergencies require it.
   c. Review the number and volume of all noise sources. Where safely possible lower the volume of some auditory signals (e.g., patient call bells, some monitoring

equipment). Keep abreast of alternative and/or new technologies providing alternative forms of communication.

    d. Headphones are available for patients who wish to watch television or use the internet etc during quiet times.

    e. Noise levels during quiet times in different parts of the hospital are objectively monitored and reviewed every six months. Please state what maximum levels (in dBA) during quiet times are considered acceptable in different areas of the hospital.

8. Implement **appropriate lighting** for the night quiet period. A lighting level of less than one lux is strongly recommended for patient sleeping areas at night, although a level as close as possible to complete darkness is most desirable Safety of staff and patients at night must be considered. Automatic lighting with movement sensors may be useful in some areas. Torches should be used by staff in patient sleeping areas during the night period as far as is practicable.

9. **Minimise interruptions** during quiet times. Staff education to include coordination of clinical activities to reduce the extent to which clinical tasks occurs during quiet times.

10. Actively promote **physical and emotional comfort** that will help rest and sleep. All the following points should be addressed.

    a. Patients know that they can have access to extra blankets, pillows, eye mask and ear plugs to support their sleep health.

    b. Implement interventions to effectively reduce pain and support sleep overnight.

    c. Reduce disturbances in patient sleeping areas and promote privacy where possible.

11. Provide information about the **value of sleep health.** Both the following points should be addressed.

    a. Provide staff education about sleep health. Resources from Sleep Health Foundation may be used to support this.

    b. Distribution of information to patients about what they can do to promote behaviours consistent with the Sleep Care Plan. For example, the SHF fact sheet entitled *Hospitals – Towards better sleep while in hospital* or similar.

Attachment 1:

How To Develop And Implement A Sleep Care Policy For Your Hospital

1. Seek Executive Sponsorship
   - Organisational sponsorship and allocation of dedicated resources for project management is essential to lead the quality improvement initiatives required to implement a Sleep Care policy in a hospital
     - o Establish a project steering committee and project governance & reporting structure
   - Project team members ideally should have experience in using quality improvement methodology
     - o a systematic approach and use of PDSA (Plan-Do-Study-Act) cycles will support successful and sustained improvement
     - o expertise in achieving behavioural change is recommended
2. Include sleep champions at all levels in the project team
   - Sleep champions may include sleep health experts, sleep scientists, ward staff (medical, nursing, allied health, support staff), OH&S staff, consumers, quality and safety experts, quality improvement experts, engineering/biomed staff
   - Identify stakeholders and consult early and broadly
3. Utilise a patient centred approach
   - Capture patient stories, feedback, response to surveys, and complaints to understand, measure and create awareness of the patient experience (this will also provide baseline data)
   - Create flexible sleep strategies for patients rather than a one size fits all approach
   - Provide patients and family with opportunities to report disturbances (noise, light etc) that interfere with sleep and rest
   - Present patient stories at organisation/executive meetings to highlight the importance of sleep for our patients
   - Engage with consumers to design sleep friendly strategies and resources
4. Identify the existing barriers to a Sleep Friendly Hospital
   - Measure current noise levels in a variety of settings and establish what are acceptable noise levels
   - Identify sources of noise and sleep disturbances in the local environments – factors impacting sleep will vary between wards so strategies need to be targeted to address the needs of the environment, workflow, patient cohort etc.
     - o Engage local sleep champions to drive change ideas
   - Identify sources of noise and sleep disturbances that require an organisational wide approach. For example, overhead announcements, infrastructure and physical constraints, hospital processes e.g. cleaning routines / external contracted staff services require a top down approach
   - Measure staff awareness and attitudes in relation to sleep and noise via staff surveys
5. Create a conversation around sleep that promotes sleep as one of the key pillars for good health, well being and recovery
   - Include sleep as a routine part of an initial assessment and ongoing assessment that is documented in the patients' medical history. Include a tailored plan to optimise sleep routines for patients

- Provide resources for patient and visitors that provide tips to reduce noise levels and encourage good sleep habits:
    - information in admission packs,
    - bedside TV,
    - patient information handouts and
    - signage in patient and ward areas
- Educate and provide resources for staff regarding the importance of sleep:
    - reminders to reduce noise levels,
    - use of real time noise monitoring systems
    - reporting of noisy equipment/slamming doors
    - provide information via digital signage, screensavers, hospital intranet sites, newsletters with tips and strategies to reduce noise
    - review workflows to reduce sleep interruptions such as grouping procedures and tests,
    - provide signage around the hospital
- Establish a centralised home for Sleep Care in Hospital resources to be accessed and for feedback to be collated, issues raised and logged etc (Hospital intranet site)

6. Develop key metrics that include patient experience in relation to sleep and noise to be integrated into routine reporting and KPIs. Results should be disseminated back to the ward locations.
7. Reward and celebrate success of initiatives that promote sleep friendly practices and sleep champions.
    - Create opportunities to promote achievements at hospital forums, grand round presentations etc
8. Advocate for representation of sleep/noise experts in committees involved in new infrastructure works, capital projects, and ward refurbishments to advise on noise reduction strategies.
9. Advocate for lighting in patient areas of the hospital that will promote a strong circadian rhythm that differentiates day from night. Natural outdoor light is desirable during the day where possible, or adequate lights with frequencies at the blue end (cool) of the spectrum. During the night quiet period lighting in patient areas that is as close as possible to darkness is most desirable to promote sleep. Lux levels should be below 1 lux and 'warm' (i.e. at the orange end of light spectrum) is preferable. (Lux levels can easily be measured via a smart phone app.) Safety must be considered and staff use of torches and/or the installation of automatic movement-sensor lighting is recommended. The WorkAlert website provides further information on lighting.

Attachment 2:

It is important that any hospital trying to improve their sleeping environment objectively identify barriers to good sleep, develop evidence-based interventions and monitor the success of their interventions on an ongoing basis. Patient feedback is critical in this process. In the short questionnaire below all three questions are important, with question 3 providing specific information that can inform improvements in the sleeping environment.

Sleep Questionnaire (Three Questions)

1. During your hospital stay how would you rate your sleep quality overall?

Very Poor	Poor	Fair	Good	Very Good
☐	☐	☐	☐	☐

2. Compared to your normal sleep at home, how would you rate your sleep during your hospital stay?

Much worse	Slightly Worse	The Same	Slightly Better	Much Better
☐	☐	☐	☐	☐

3. During your hospital stay how disruptive did you find the following to your sleep?

	Very Disruptive	Quite Disruptive	Somewhat Disruptive	A little Disruptive	Not at all Disruptive
Noise (e.g. other patients, alarms, overhead speakers)	☐	☐	☐	☐	☐
Light (e.g. from a window or hospital lighting)	☐	☐	☐	☐	☐
Checking of Vital Signs (e.g. temperature, heart and breathing rate, blood pressure, other bedside monitors)	☐	☐	☐	☐	☐
Diagnostic Tests (e.g. x-rays, blood tests, ECG)	☐	☐	☐	☐	☐
Treatments (e.g. injections, intravenous infusions, medication administration, physiotherapy)	☐	☐	☐	☐	☐
Personal Care (e.g. bath/shower, toileting, grooming)	☐	☐	☐	☐	☐
An existing medical condition not related to my current hospital stay (e.g. long-term insomnia, chronic pain)	☐	☐	☐	☐	☐

Condition (please specify):…………………………….					
An acute medical condition related to my current hospital stay **(e.g. pain resulting from surgery, anxiety regarding treatment/recovery)** **Condition (please specify):…………………………….**	☐	☐	☐	☐	☐
Other (please specify below) **…………………………………………………………….**	☐	☐	☐	☐	☐