SLEEP WELL: A QUALITY IMPROVEMENT PROJECT TO ASSESS AND IMPROVE THE QUALITY OF SLEEP FOR HOSPICE INPATIENTS

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AIMS

To assess the quality of patients' sleep on the inpatient unit and understand the specific issues causing insomnia in order to design and implement measures to improve the overall quality of patients' sleep.

BACKGROUND

Getting good quality sleep in healthcare settings is notoriously difficult as both hospitals and hospices can be noisy, uncomfortable and unfamiliar. Up to 60% of the palliative care population are estimated to suffer with insomnia of some degree. Patient feedback at our hospice identified this as a specific issue so we explored why patients were sleeping poorly and what we could do to help.

METHOD

Hospice inpatients (> 3 days admission) were asked to complete a 24 question survey assessing the quality of their sleep both at home and at the hospice, the specific causes of poor sleep, how it effects their QOL and what would help improve it. Our complementary therapy team designed a 'sleep box' which contained resources the night staff could use. The medical team prescribed the 'sleep' box' for patient's identified as having sleep issues and tutorial videos were sent to nursing staff on how to use the contents of the box. All patients who used the 'sleep' box' were surveyed to assess the quality of their sleep.

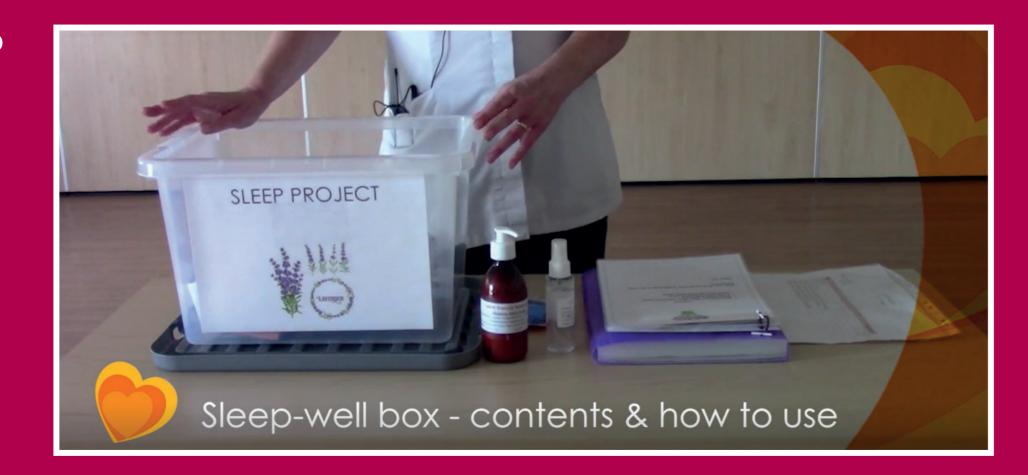
RESULTS	
PRE SLEEP BOX QUESTIONNAIRE (17 RESPONDENTS)	
Before admission During admission	
5.6 /10 Average sleep quality	7.1 /10
4-6 Average hours sleep per night	4-6
2-4 Average nightly wake ups	<2 times
described sleep as 'restful'	85%
SLEEP BOX USER QUESTIONNAIRE (7 RESPONDENTS)	
Before hospice admission During hospice admission	
4.14 /10 Average sleep quality	5.8 /10
described their sleep as 'restful'	71%

CONCLUSION

Palliative care patients sleep poorly. Many are kept awake by worry and pain and sleeping tablets are frequently ineffective. We learnt that the act of admitting to the hospice in itself improved patient's sleep, presumably as worry and symptoms were eased. The sleep box proved a helpful non-pharmacological tool that patients could use to improve sleep quality at the hospice.

WHAT'S IN THE 'SLEEP BOX'?

- Eye mask/ear plugs
- Guided meditations (on USBs)
- Aromatherapy spray
- Hand massage kit
- Journals and pens



get a good nights sleep l'm happier and more at peace'

References

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