

CATCHIN' SOME Z Z Z Z
ACE UNIT 5 EAST/WEST NONPHARMACOLOGICAL
SLEEP PROTOCOL
ABSTRACT

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Purpose

The purpose of this study is to determine the compliancy rate of implementing nine (9) components of a nonpharmacological sleep protocol by ACE (acute care of the elderly) Unit nurses on 5 E/W (Mt. Zion Campus/UCSF) compared to the effect of this protocol on utilization of pharmacological interventions.

Background and Evidence Review

This study is important because of the opening (Dec. 2009) of our 5 bed ACE unit. The goal of this unit is to maintain cognitive and physical function in hospitalized older adults (70 years of age and older) throughout their hospital stay. The evidence shows an improvement in sleep quality with use of nonpharmacological sleep methods compared to pharmacological intervention. Additional benefits of using a nonpharmacological approach to promote sleep are decrease in falls and the development of delirium.

Methods

Data collection consisted of an ACE information card that listed the components of the nonpharmacological sleep protocol. Nurses on 5E/W were already acquainted with an earlier version of the ACE information card that asked if the protocol had been used or not, but did not address the various components. Staff education consisted of a core group of "ace nurses" and PCA's (patient care assistants) who attended special training sessions which focused on the care of the geriatric patient, taught by our geriatric nurse specialist, who would provide care to this patient population. This core group would later serve as unit champions and resource other staff. Additional staff education was provided during staff meetings and shift report huddle. Follow-up e-mails were sent out to alert staff of when the project would start. Nurses were asked to check off which components of the protocol were used and whether or not the patient received sleep medication. Additional collection methods consisted of medical chart review.

Results

An increased utilization of the nonpharmacological sleep protocol was realized when components were individually listed, along with an overall decrease in the

administration of sleep medication. This was in direct contrast to pre-intervention protocol use when the components were not listed individually, but rather generalized to whether the protocol had been used or not.

Conclusions

The nonpharmacological sleep protocol should be sustained on our ACE Unit within 5 East/West given the elderly patient population at risk of experiencing the untoward side effects of sleep medication, such as poor sleep quality, falls, and delirium. This protocol can be transferred to other units where alternative methods of promoting sleep can lead to positive patient outcomes.

Challenges to the project were nurse and/or PCA (patient care assistants) increase workload, time constraints with regards to administering components of the protocol, and documentation. Recruitment and training of a core group of volunteers to assist with components of the protocol is underway and nearing completion.

References

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Key words: nonpharmalogical, sleep protocol, older hospitalized adults