2012 Webinar Series

The Hospital Noise Project: Lessons on Addressing Noise from 241 U.S. Hospitals

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Nan Apps, Director, Service Excellence at Bassett Healthcare

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Defining Patient Experience

The sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.

- The Beryl Institute
Upcoming Patient Experience Regional Roundtables

Chicago – September 20
Host site: Northwestern Memorial Hospital

Orlando – November 8
Host site: Florida Hospital

Make Connections
with other patient experience leaders.

Take Away New Ideas
to enhance your patient experience efforts.

Leave with a Plan
to immediately impact your organization.

Space is Limited. Register Now.
Housekeeping

- All participant phone lines are muted
- The presentation will run 45-50 minutes with about 10-15 min for Q&A
- Q&A will be conducted through the chat function. Please submit questions to the host for a facilitated Q&A after the presentation.
- Webinar materials and session recording will be available for all attendees (an email will notify you when available with the appropriate link)
- A post-webinar survey will be distributed following today’s session
The Hospital Noise Project: Lessons on Addressing Noise from 241 U.S. Hospitals

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The Hospital Noise Project recently studied noise reduction efforts in 241 U.S. hospitals. Leaders described their approach, reported their level of success and reviewed the results they achieved. Themes found within the success stories and lessons learned will be shared highlighting that the highest levels of success achieved by hospitals are those taking a holistic approach, using a well-formulated and executed plan to reduce noise. These methods are deployed as an ongoing initiative as opposed to a tactical checklist being addressed simply as resources permit.

In this webinar participants will:

- Learn how hospitals are approaching noise reduction.
- Gain valuable insight into hospital noise reduction through success stories and lessons learned.
- Realize what differentiates those experiencing ‘poor’ success from those experiencing ‘good/great’ success with their noise reduction efforts.
- Gain a perspective making their noise reduction efforts more successful
Lessons on Addressing Noise from 241 U.S. Hospitals
The Beryl Institute

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White Paper
Available at www.theberylinstitute.org
Agenda

1. Noise Project Overview
2. Findings
3. Case Study
4. Group Discussion
The State of Patient Experience in American Hospitals

Please rank your organization’s top 3 priorities for the next 3 years.

1. Quality/Patient Safety - 31%
2. Patient Exp/Satisfaction - 21%
3. Cost Reduction - 9%

4. #2 - 16%
5. #3 - 11%
6. #4 - 28%
7. #5 - 15%
8. #6 - 7%
9. #7 - 8%
10. #8 - 64%
What are your organization’s top three priorities for improving the “Patient Experience?”

reduce noise

increase HCAHPS scores

improve nurse communication

improve physician communication

patient centered care

improve communication

cleanliness

discharge process and instructions

patient rounding

answer call lights promptly

decrease wait time

compassionate care

improve Admissions/registration process

facility upgrades

improve patient overall satisfaction and experience

staff responsiveness

provide quality care

address pain management

context of communication

consistency in communication

improve patient satisfaction scores

explanation of medications

discharge follow up calls

culinary improvements
The Noise Project

The purpose of the Noise Project was to investigate what hospitals are doing to address noise in their facilities, identify structure and practices and determine trends and outcomes around this top priority issue.
Noise Project Bias

• Respondents tended to be ‘early adopters’ in the effort against noise.

• 65% of respondents were within the first 2 years of their effort.

• The large group of hospitals that have not yet started any efforts to reduce noise represent a larger portion of the population and were not likely to participate in this study.
Noise Project Findings

“… the data show that collectively, the healthcare industry is struggling to address noise or achieve any significant gains.”
Q2: What was the catalyst for initiating efforts to address noise? (Select all that apply.)

- Pay for performance (HCAHPS) 66.3%
- Quality transparency (HCAHPS) 55.9%
- Individual champion 24.8%
- Other (please specify) 23.8%
- Top-down directive 19.3%
- Allotted funds/budget 2.5%

**By duration of efforts**
- < 5 Years
  - Pay for Performance
- > 5 Years
  - Transparency
  - Individual Champion

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Q3: What were the barriers preventing your hospital from addressing noise issues sooner?

Higher / Differing Priorities (64%)

No one Championing the Issue (51%)

“... no single person or existing department is held accountable for the auditory state of the hospital.”
Q4: At what phase are you in your noise effort?

• Recognized Noise Problem (87%)
• Formed Noise Committee (49%)
• Assessed Environment (67%)
• Developed a Noise Plan (51%)
• Initiated Noise Plan (60%)
• Ongoing Maintenance (33%)
• Completed Noise Plan (5%)

“… people are still trying to get their arms around noise as an issue in general, despite in many cases having worked on it for years.”
Q5: At what level do you focus your efforts to address noise issues?

- **Facility-wide**: 43.3%
- **At the unit level**: 37.3%
- **System-wide**: 12.4%
- **Individual responsibility**: 3.5%
- **Other (please specify)**: 3.5%

**By level of success**
- Good or Great
  - Facility Wide
- Poor, Fair or Too Soon
  - Unit Level
Q6-8: Who has primary accountability for noise efforts?

- Chief Nurse Officer: 21.6%
- Committee: 20.1%
- Other (please specify): 16.7%
- Patient Experience/Quality Manager: 16.2%
- No one: 10.3%
- Facility Manager: 8.8%
- Administrative Representative: 4.9%

“… the quality level of the auditory portion of the environment does not fall into anyone’s formal job description.”
Q9: Which of the following are included in your noise-related goals? (Select all that apply.)

• **Reduce Noise** (98%)
  • Increase Sound Privacy (44%)
  • Increase Alarm Recognition (38%)
  • Introduce Soothing Sounds (33%)
  • Increase Confidentiality (30%)
Q10: What do you hope to achieve with your efforts? (Select all that apply.)

- **Patients sleep better**: 89.9%
- **HCAHPS scores increase**: 88.3%
- **Decrease patient complaints**: 82.4%
- **Patients heal faster**: 76.1%
- **Stress/anxiety relief (for all)**: 67.0%
- **Alarm fatigue decrease**: 47.9%
- **HIPAA compliance**: 33.0%
- **Financial performance improved**: 24.5%

**By duration of efforts**
- **< 3 Years**
  - HCAHPS Scores
- **> 3-5+ Years**
  - Patients Sleep Better

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Q11: On which areas of the hospital are you most focused? (Select all that apply.)

- Nursing Stations: 81.3%
- Patient rooms: 71.7%
- Corridors: 61.0%
- Intensive/critical care: 36.9%
- Whole hospital: 30.5%
- Emergency departments: 18.2%
- Lobbies & waiting rooms: 12.3%
- Operating rooms: 5.3%

“... primary areas where staff work and patients sleep and receive care.”

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Q12: What are the primary sources of noise in your organization?  
(Open-ended Question)

- **Equipment Noise** (55%)  
  (Monitors, pumps, carts, tanks, etc.)
- **Talking** (51%)  
  (Staff, patients, visitors ~ “loud voices”)
- **General Activity** (41%)  
  (General traffic, individuals coming & going, activities & misc.)
- **Alarms** (25%)
- **Overhead Paging** (19%)
- **Shared Room Noise** (15%)
- **Many others . . .**  
  (Slamming doors, cleaning, nurse calls, construction, elevators, pagers, etc.)

“When you begin to look at all the potential sources of noise in the healthcare environment, it presents a significant challenge…”

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Q13: What are your top 3 challenges in reducing noise? (Open-ended Question)

1st Behavior Change & Culture
• Accountability
• Compliance
• Awareness
• Buy-in / Ownership

2nd Environment
• Semi-private rooms
• Building layout
• Size/space constraints
• Carpet, ceiling tiles, etc.

3rd Miscellaneous Factors (all tied)
• Equipment/alarms
• Paging
• Cost/budget
• Lack of focus/fatigue/higher priorities

"Interestingly enough, it is the environment that often seems to get the greater focus …"
Q14: How would you describe your level of success so far?

- Poor (19%
- Fair (39%)
- Good (10%)
- Too Soon To Tell (30%)
- Great (2%)

"Of all respondents, only 12% identified their progress as Good or Great. The discovery here is that hospitals are still challenged by this issue and not pleased with their progress. The question is what will they do now?"
Q15: What are the 3-5 most effective practices you have implemented to address noise issues? (Open-ended Question)

1st Monitoring of noise with sound devices
2nd Addressing cart noise
3rd Decreasing/eliminating paging
4th Posting signage, posters banners
5th Establishing ‘quiet times’

“... while behavior and culture issues dominated the issue of challenges, practices focused primarily on tactics to be employed.”
Q16: What positive outcomes are you seeing as a result of your efforts? (Select all that apply.)

**By duration of efforts**

- **Just Started**
  - Complaint Reduction
  - HCAHPS Improvement

- **< 5 Years**
  - HCAHPS Improvement

- **> 5 Years**
  - Patients Sleep Better

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Q17: Lessons Learned (Open-ended Question)

1st  There tends to be a lack of awareness, understanding or acceptance of the issue of noise.

2nd  You must ensure buy-in at all levels, helping people to see they are both part of the problem and part of the solution.

3rd  Recognize that you cannot change the noise situation overnight. It takes time and persistence.

4th  Fully assess and understand your environment and culture.

“These lessons represent the consolidation of the key ideas emerging from the shared experiences…”
The Organization

Mary Imogene Bassett Hospital
Opened in 1927
185 Bed Acute Care Hospital
Level 2 Trauma Center
70% semi-private / 30% private rooms
Units
Medicine
Surgery
Pediatrics
Birthing Center
Psychiatry
Special Care Unit
Intensive Care Unit

Five Affiliate Hospitals
- AO Fox Hospital – 125 beds
- O’Connor Hospital
- Cobleskill Regional Hospital
- Little Falls Hospital
- Tri-Town Regional Hospital

30 Regional Health Centers
19 School-Based Health Centers

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Our Noise Problem

Equipment Noise
- Pump alarms
- Carts noise
- Electronic hole punch
- Cardex machine

TV Noise
- Patient Moves
- Staff Noise
- Vocera
- Tube system

Only 44% of patients say that it is “ALWAYS” quiet enough to sleep at night
Mitigating Factor
Rural Environment

We live here...

...not here.
Pre Noise Audit Efforts

SHHH! Campaign

Comfort Kits

Information

HCAHPS Leaders Team & HCAHPS Unit Group

Quietness of Area Around Room At Night

- 2Q11 Unadjusted: 56.0%
- 3Q11 Unadjusted: 47.2%
- 4Q11 Unadjusted: 53.4%
- 1Q12 Unadjusted: 44.0%

- MIBH: 72%
- US Top 10% Performance Level: 72%
- State Avg.: 48%
Peace & Tranquility on the Outside

. . . another story from patients on the inside.
Enter "Gary the Noise Whisperer"
Noise Reduction – Efforts vs. Results

- Noise committee(s) / champions (all shifts)
- SHHH Campaign
- Leaders working night shift
- Communication
- Daytime rounding
- Quiet hours
- Signage (extensive)
- Replaced wheels on carts
- Limited visiting hours
- Limited paging
- Comfort kits with ear plugs
- Headphones for TVs / television policy
- Sound absorbing materials on floors, ceilings & walls
- Scheduling – no nighttime maintenance/housekeeping
- Sound masking units
- Patient room phones have ringer volume adjustment
- New HVAC systems have internal duct lining

How often was the area around patients’ rooms kept quiet at night?

- National Average: 58%
- New York Average: 49%
- MARY IMOGENE BASSETT HOSPITAL: 42%

um, what’s going wrong here?
Insanity: Doing the same thing over and over again and expecting different results.
A Sound Paradigm Shift

Commit Forever

Assess the Culture

Stop Chasing Silence

Root Change in Patient Recovery

Systematize

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"It’s not something a committee of volunteers comes together to ‘fix’.”
A Sound Paradigm Shift

- Conduct a thorough organizational culture assessment.
- What barriers lie in the channel between who you are and who you want to be?
- Review other recent changes ~ successes and failures. What worked/failed and why?
- Assess the current state of morale around the issue. Fatigue?

“You must know the right path and clear the roadblocks before setting off.”
A Sound Paradigm Shift

Commit Forever

Assess the Culture

Root change in patient recovery

Systematize

Stop Chasing Silence

- Top-down, HCAHPS based approach is not persuasive enough.
- EBD research shows the negative effects of acoustic insults on physiological state and recovery.
- Root change in the physical and emotional impact on patients.
- Persuade through experience and by example. Relate issue to core passion and purpose. (Appeal to the Mammalian Brain.)

“HCAHPS scores reviewed months later are not motivational now.”
A Sound Paradigm Shift

- Commit Forever
- Assess the Culture
- Root change in patient recovery
- Systematize
- Stop Chasing Silence

• How do patients make noise stop?
• Create a real-time reporting and remediation system. (Noise Hotline)
• How do staff make a noise stop?
• Create a reporting and remediation system. (Noise Tickets)
• Systems document each occurrence for analysis and revision to the sound quality improvement plan.

“Periodic HCAHPS reports are not giving you the information you need.”
Stop Chasing Silence

A Sound Paradigm Shift

- There are good sounds and bad noises.
- Perception of quiet results when good sounds are louder than bad noises.
- Definitions vary by circumstance.
- Learn to diagnose and manage the ratio.
- At times, which sounds enter a patient’s ears is their own responsibility. Give them the knowledge and tools to control it.

“Silence does NOT help healing, nor is it achievable or desirable.”
Begin charting a new course to quiet
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Upcoming Webinars

July 17, 2 – 3 PM ET
Managing Tradeoffs between Patient Experience and Clinical Quality - Evidence from US Hospitals

Presented by Aravind Chandrasekaran, Assistant Professor in Management Sciences at the Fisher College of Business, The Ohio State University

This session will describe lessons learned from a recent Ohio State University research study* on how hospitals can balance the dual goals of Patient Experience and Clinical Quality. Results from the study suggest that hospitals that adopt strategies to reduce errors and meet government requirements face an initial tradeoff between improved clinical quality and a decline in the quality of individual patients' experiences. The webinar will explore how Federal and State Healthcare Regulations such as Hospital Acquired Infection (HAI) laws initially reinforce these tradeoffs but overtime help hospitals balance both patient experience and clinical quality. Participants will learn how unique characteristics of hospital leadership have proven to help mitigate the tradeoffs.

Patient Experience Conference 2012 Encore Webinar Series to be announced soon.

*Research study conducted by the Ohio State University in collaboration with Beryl Institute.
We invite you to Join us...

The Beryl Institute is the leading community of practice for individuals and organizations committed to improving the Patient Experience. Through its efforts, the Institute:

- Engages over 8,500 members and guests from 6 countries
- Produces two monthly e-news features *Patient Experience Newslink* and *Patient Experience Monthly*, sharing leading policy and practice around the patient experience
- Publishes 6-8 comprehensive white papers per year and offers accompanying webinars
- Supports 10 patient experience research grants
- Conducts the leading benchmarking study on the state of patient experience
- Hosts the annual Patient Experience Conference and Regional Roundtable gatherings

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Thank you for participating!

Please keep your eyes open for a post-webinar evaluation coming soon...

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