

In-patient safe sleep promotion

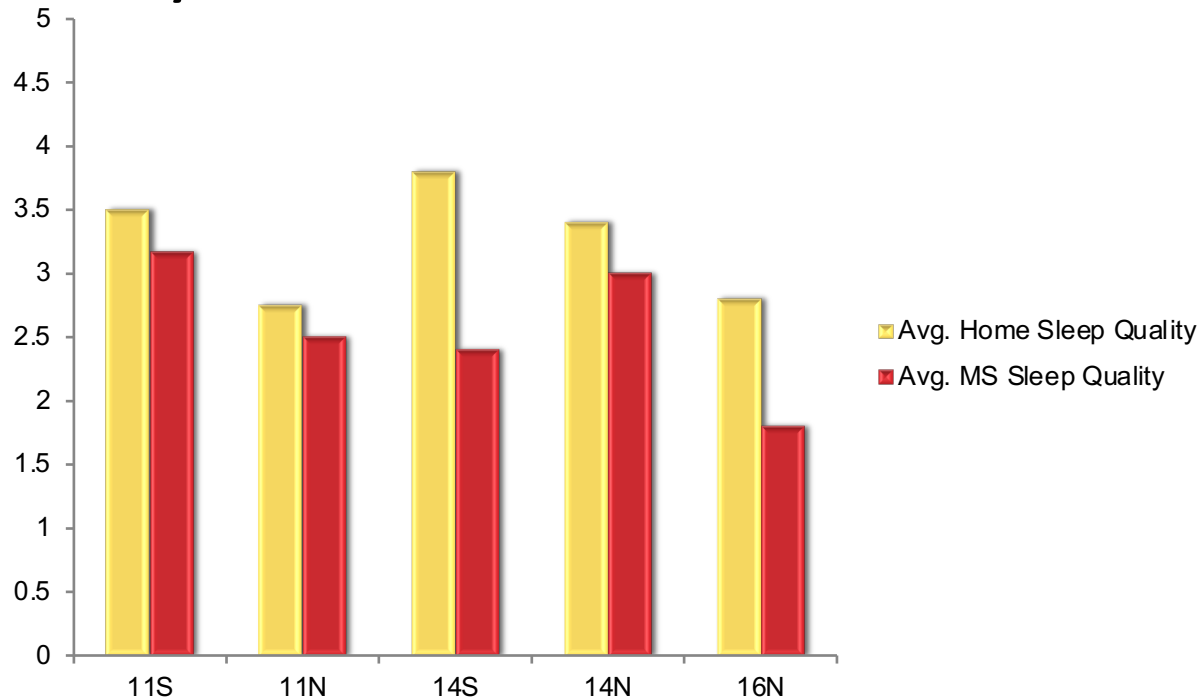
Christine Soong

On-call page at 22:00

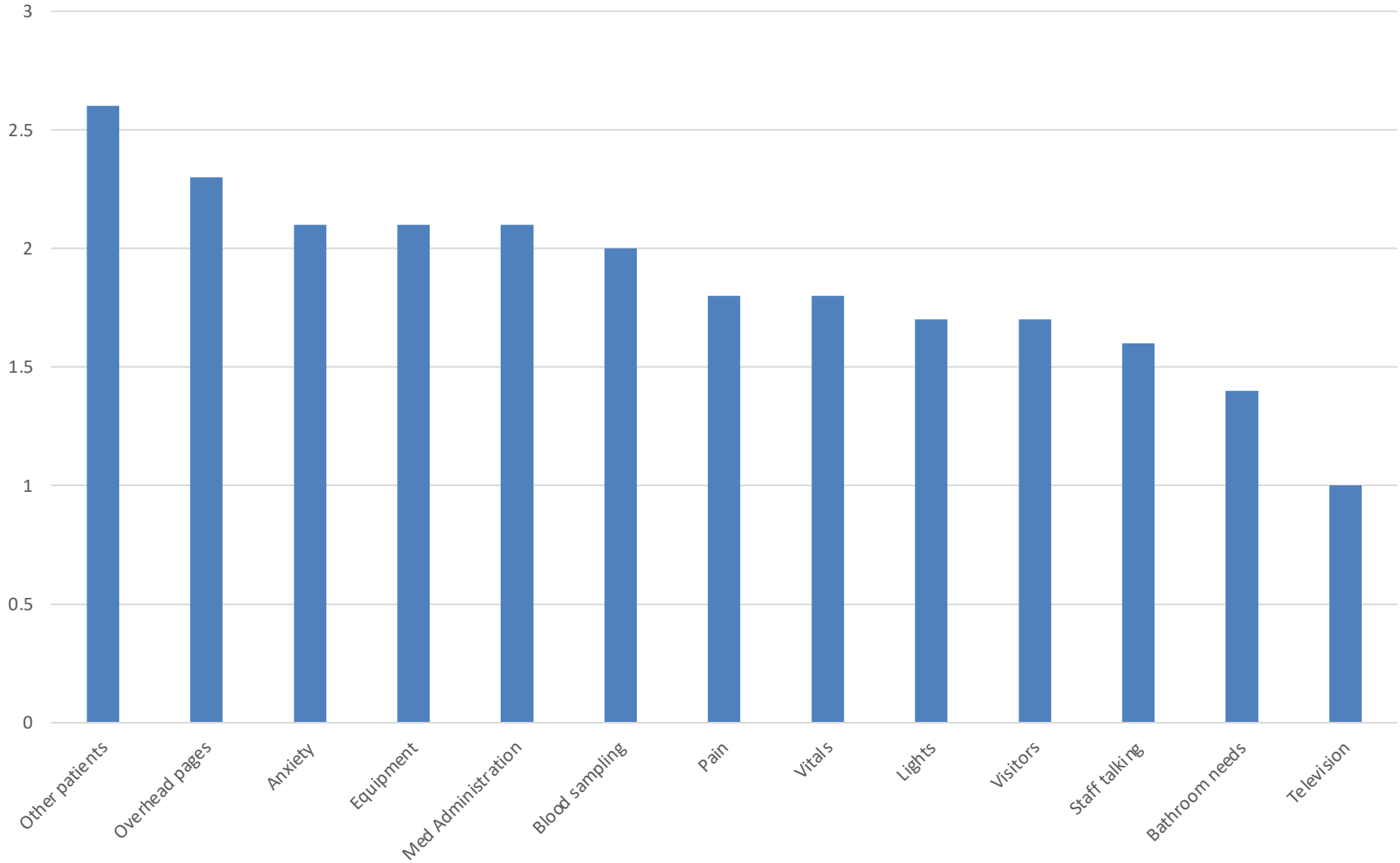
- “Ms S on 10S is having trouble sleeping, can we have an order for Ativan?”

Sleep in Hospital

- Generally not good for a variety of reasons
 - Noise, pain, interruption, etc.
- Particularly on GIM floors!



Factors disturbing sleep – 16N

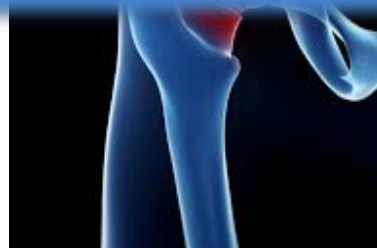


UHN point prevalence data

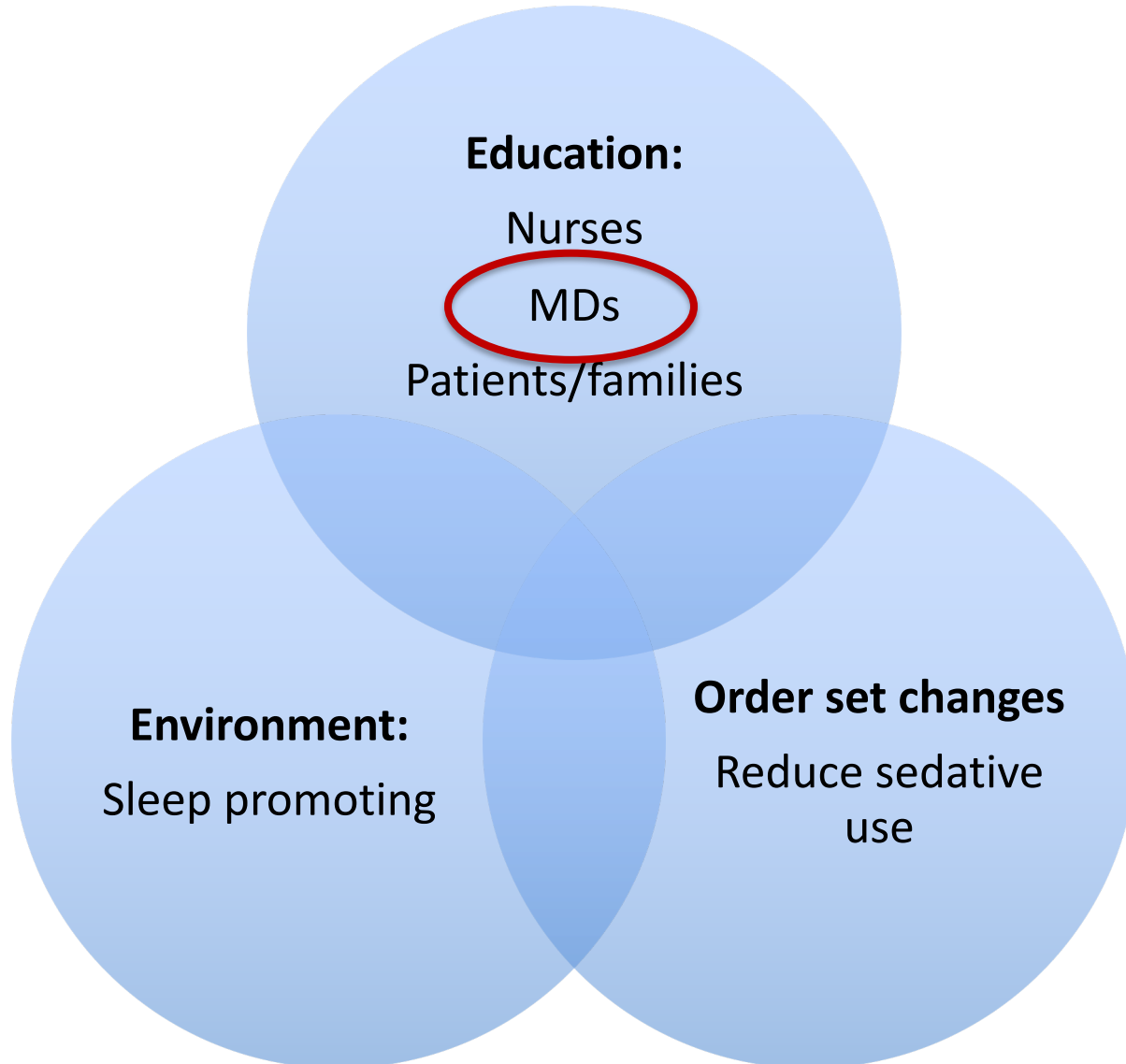
Unit	Proportion of BZD/zopiclone naïve patients prescribed new sedative
TGH 5B	22%
TWH 3B	19%
TGH 13 Eaton	14%
TGH 14 Eaton	20%
MSH cardio	33% → < 5%

$NNT = 13$

$NNH = 6$



Safe sleep project



Strategies for improvement

- If paged overnight consider non-pharmacologic strategies:
 - Ear plugs
 - Face mask
 - Analgesia (if patient is in pain)
 - Nicotine patch (if patient smokes)
- Negotiation:
 - Decreasing the frequency of vitals (if appropriate)
 - Timing of medication administration
 - Explain your reasoning
 - Stall!!
- Melatonin – lacks inpatient evidence but may help and relatively benign

Reduces
sedatives by
50%!

Strong
placebo
effect!

When might a sleep aid be appropriate?

Non-pharm strategies have failed

+

Insomnia is negatively impacting on patient's daytime function

How to initiate a sleep aid?

1. Start at the lowest possible dose
2. Use for shortest possible duration
 - One-time dose with monitoring of effects
3. Watch for adverse effects
 - delirium, “hangover effect”

Thank you...

- for keeping our patients' safety in mind
- for promoting safe sleep hygiene
- for thinking twice about BZD and zopiclone!

Concerns/questions: Csoong@mtsinai.on.ca

In-patient safe sleep promotion Sedative Reduction Initiative

14S

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Aim

To reduce the monthly proportion of BSH-naïve inpatients on medicine and cardiology who are prescribed a new BSH in hospital for sleep by 20% in 1 year

DID YOU KNOW?

CHOOSING WISELY CANADA: Don't use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia

New exposure to sedatives **triples** risk for falling



New exposure to sedatives **quintuples** risk of confusion or delirium



Sedatives only increase total sleep time by 25.2 minutes

In-hospital sedative use can lead to chronic dependence

Sedatives are linked to pneumonia and dementia

DO NO HARM

PRACTICE SLEEP HYGIENE.

"SHH"

Sleep Hygiene in Hospital

- ✓ The ward designates quiet time from 10pm-6am
- ✓ Timing of routine vitals can be changed to 6am/2pm/10pm
- ✓ Avoid diuretic doses after 4pm
- ✓ Avoid all procedures during quiet time when possible
- ✓ Dim the lights at 10pm
- ✓ Set pagers to vibrate setting
- ✓ Perform bedtime routine with patients
(vitals, meds, toileting, adequate blankets/pillows, dim lights, close door/curtain)

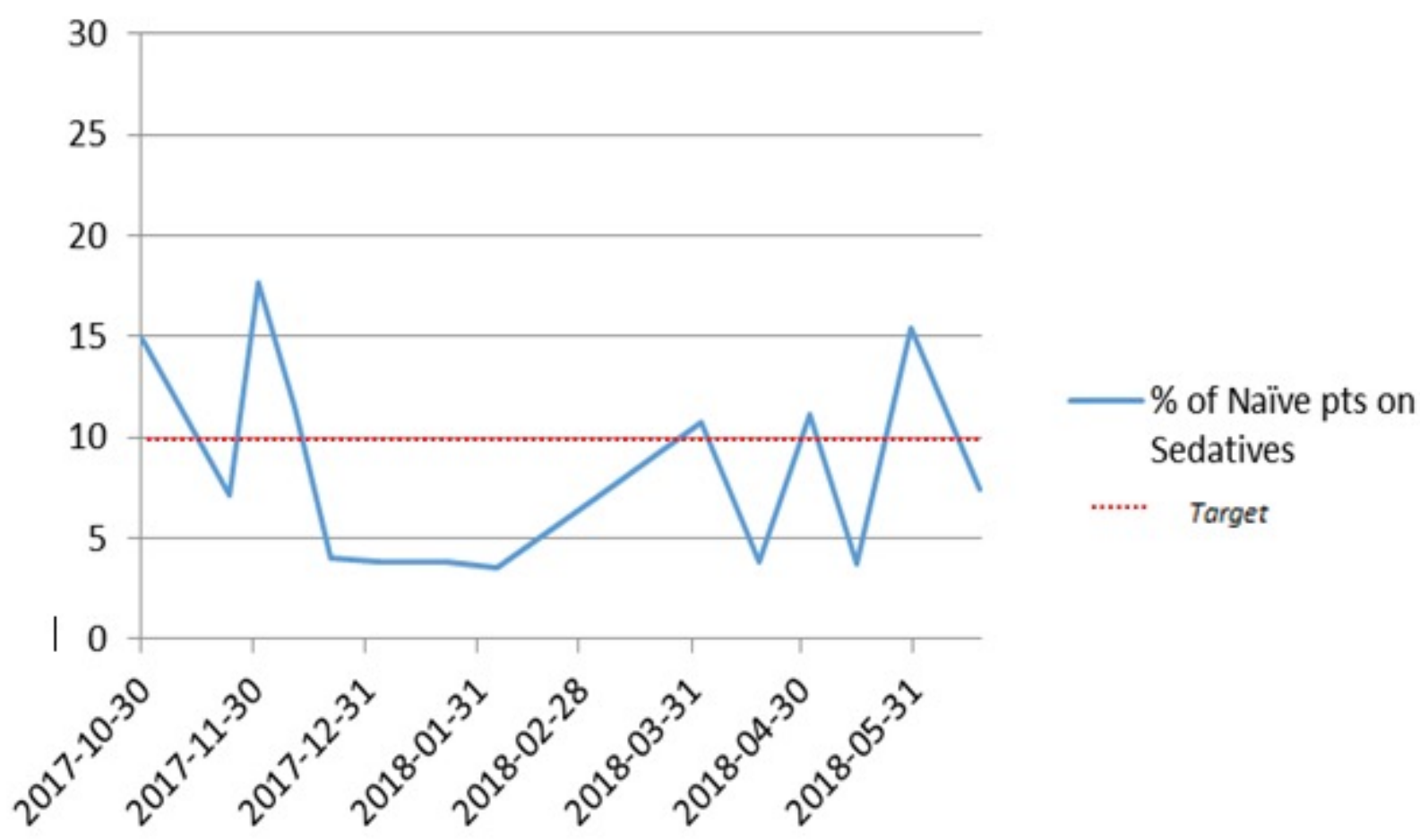
WHAT IF MY PATIENT STILL CAN'T SLEEP?

Offer a warm beverage, back rub or warm blanket

↓
Address unmet needs (toileting, pain, hunger, lights, noise)

↓
If there have been many attempts, AND daytime function is impaired, offer a trial of Melatonin

% of Naïve pts on Sedatives



Sustainability

Things to consider

PROCESS:

- Sleep Hygiene
- Audits
- Does the team know about this?
- This is QI, not research

STAFF:

- Keep leadership informed
- Huddles
- New Staff

ORGANISATION:

- Other safety goals, i.e. falls, delirium, high risk medications.