

Implementation of Bright Light Therapy within Critical Care.

By Emma-Jane Smith

Background

Sleep deprivation is one of many contributing factors to delirium in the Intensive Care Unit. Bright Light Therapy (BLT) as part of a multi-component bundle has been shown to improve sleep and functional outcomes in older adults. There is some suggestion that using light boxes can also help to reset the sleep/awake cycle which means patients are more awake during the day when they are required to take part in vital rehabilitation. Bright Light therapy is to be one of the rehabilitation therapies to work towards delirium free days, reducing Critical Care days and ultimately reducing hospital stay.

Aim

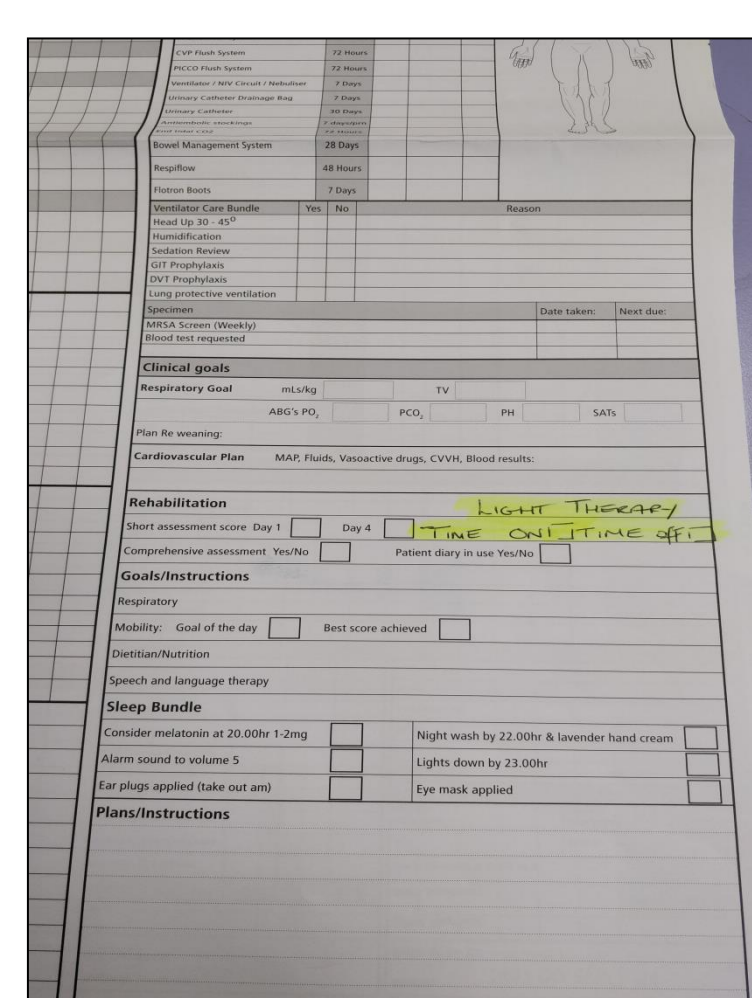
For 50% of Critical Care staff to be regularly using Bright Light Therapy on patients who meet the criteria, by March 2022.

Outcome measures

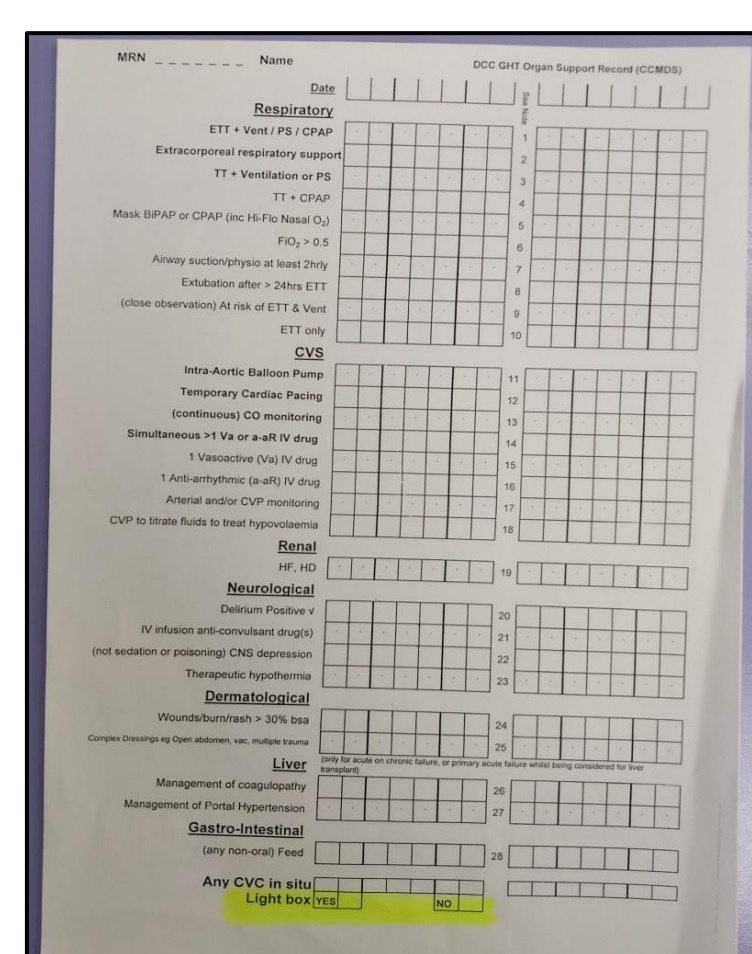
The number of staff who agree or strongly agree to regularly using light therapy from a staff survey.

Process Measures

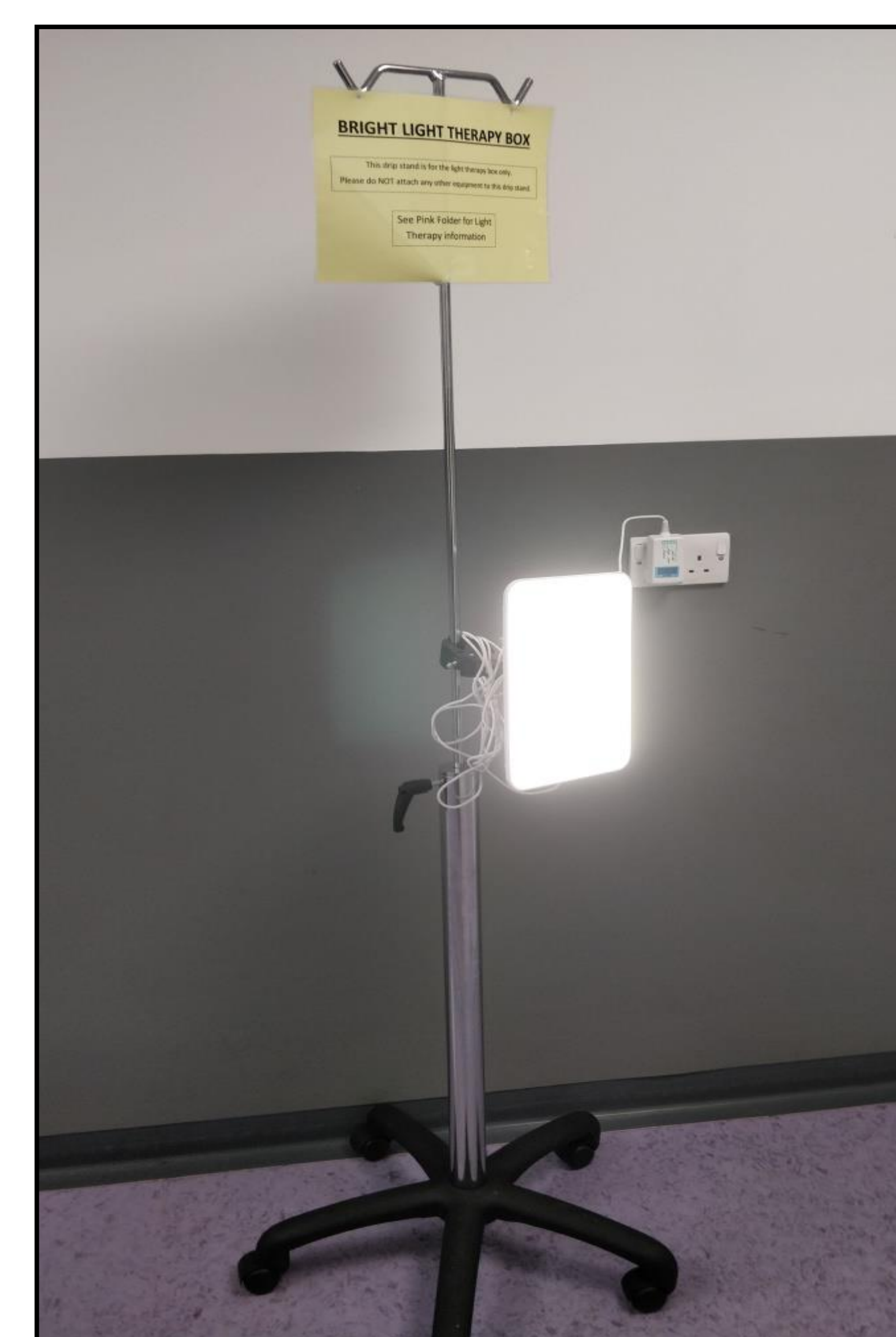
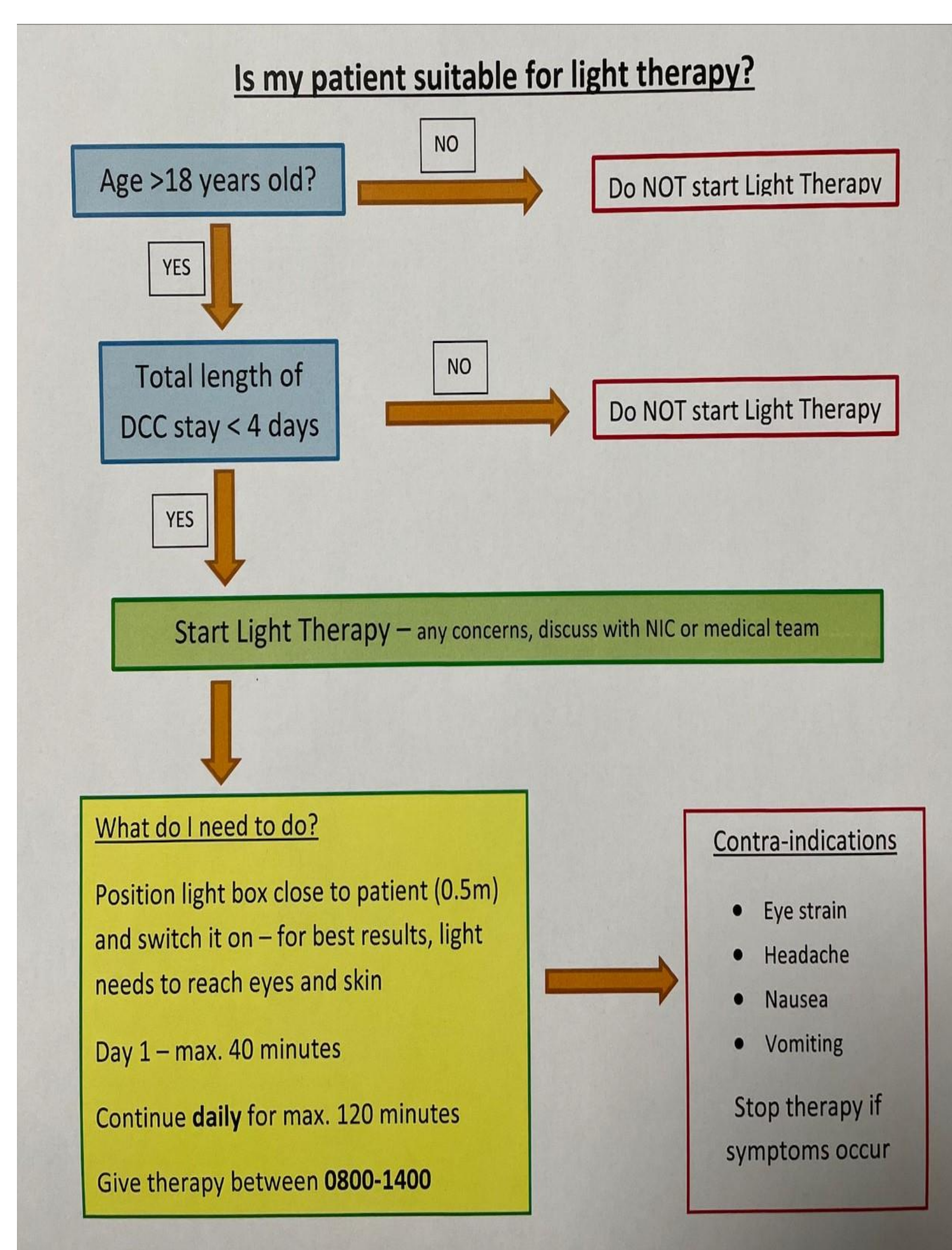
The number of staff that feel this therapy will benefit patients in Critical Care.



- 24 Hour Chart – **Bedside nurse to document** in the Rehab section, how many minutes light therapy was used for and please **hand over** to the next shift, so that daily therapy continues.
- Use the **yellow highlighter** as a visual reminder!

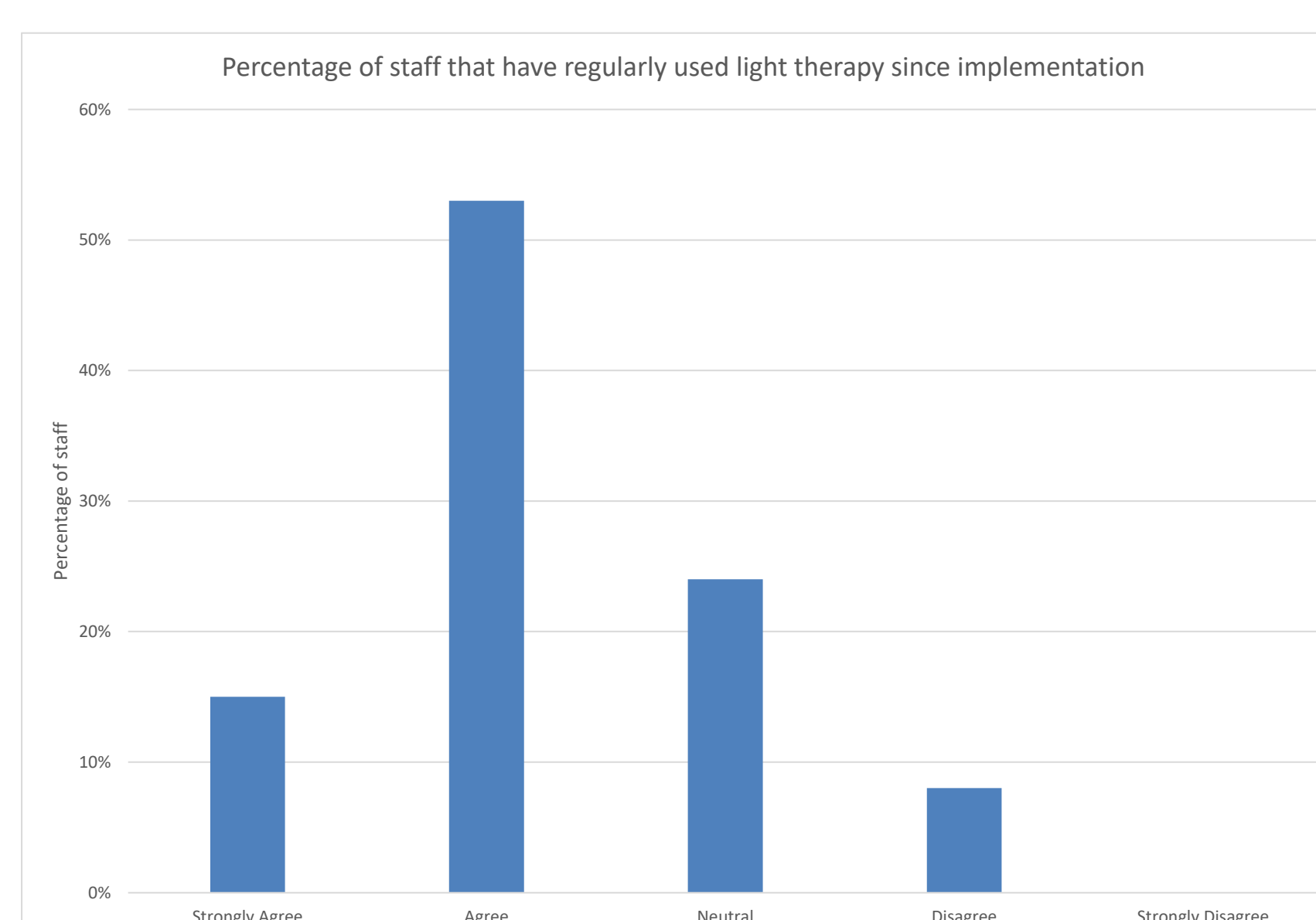


CCMDS – **NIC** to fill in on the night shift for **audit purposes**



Methods

Staff feedback questionnaires were distributed cross site to both units to gain snapshot data over a two week period. The questionnaires collected a mixture of quantitative and qualitative data focusing on staff experience in the use of patient light therapy boxes. Due to Covid, the questionnaires were slightly delayed and sent out 18 months after implementation. This may have influenced the more positive results.



Results

Following staff survey, positive results concluded that 68% of staff had used the bright light therapy on their patients and further findings indicated that 92% felt bright light therapy would benefit patients. This is encouraging data as it demonstrates staff engagement, for staff to value the therapy will encourage continued use. The data was a snapshot of current staff employed, both new and senior staff. Training registers were held that clearly showed more training had been completed but those staff have move on. Despite the challenges presented by Covid the light therapy was implemented cross site however was more visible in Cheltenham with rehab patients transferred from Gloucester Critical care.

Conclusion

Further to this QI project it has demonstrated the need for further work that will encompass the teams who have already completed project work aimed at reducing patient delirium within the Critical Care area. This would be a large project to collate firm data to demonstrate a reduction in the number of patient delirium days recorded from the implementation of therapies e.g. Sleep bundle, Light Therapy, Music therapy, Pet Therapy and Garden Project.

Next Steps

- Ongoing training within the unit, teaching on new starter study days .
- Facilitate implementation of Light Therapy Link Roles within the department