

Background

- Research has shown the use of music in an ICU setting can reduce anxiety and stress (Ciftci & Oztunc, 2015).
- The use of PPM has also been shown to reduce the intensity and frequency of sedative exposure (Chlan et al., 2013).
- Preferred music listening was not used as a standard of care prior to intervention.

Purpose

- Implement a patient centered care intervention to improve patient and families' perceptions of care while in the ICU.
- Focused on decreasing ICU delirium, restraint utilization, ventilator days, and LOS
- Implemented as standard of care



Timeline

- 7/28/16 acceptance letter from SCCM PCOR-ICU Collaborative.
- 9/8/16 Collaborative Launch mtg, Illinois, Chicago.
- 11/30/16 Completed Pre-data family satisfaction & clinician self-assessment surveys.
- 12/1/16 Pre-quality improvement data started for 3 months.





Timeline (cont.)

- 4/1/17 PPM implemented.
- 5/1/17 Post-quality improvement data started for 4 months.
- 7/30/17 Completed post-data family satisfaction & clinical self assessment surveys.
- 2/6/18 SCCM PCOR-ICU Collaborative notified participants of sending unit survey results this month.

Intervention

- PPM was introduced to 2, 24 bed SICUs as standard of care
- This pre and post quality improvement was implemented over a 8 month period, from December 2016-July 2017 with an academic, tertiary care center.

Method

- Patient rooms were equipped with speakers and Pandora listening stations.
- Alert patients were asked to choose from a list of 15 pre-selected stations. Families chose when the patient could not.
- Listening times and the music preference channel were patient directed and displayed in room.

Method

- Compared antipsychotic medications to assess the impact of PPM on delirium
- Used Mann-Whitney U test for total and maximum dosage
- Used Kruskal-Wallis for average doses



Results

- 1425 SICU patients offered PPM over 8 month period
- SICU
 - Restraint utilization - down 12.7%
 - Quetiapine doses received- downward trend observed but no statistical significance
- TICU
 - Restraint utilization - up 7%
 - Quetiapine doses received- significantly lower
- No difference in use of antipsychotics, LOS or ventilator days between the pre and post cohorts
- Awaiting PCORI-ICU Collaborative survey results

Discussion

- Clinical experiences with the use of preferred patient music listening has shown positive benefits: enhanced patient/family engagement and family satisfaction and measurable quality outcomes.
- Easy to implement and low cost associated with this intervention.

Implementation into Practice

- RN and Physician education
- Daily rounding on every patient in the unit
- Follow-up with PPM music survey being completed and implemented

References

- Chlan, L.L, Weinert, C. R., Heiderscheid, A., Tracy, M., Skaar, D. JI, Guttormson, J.L., Savik, K. (2013). Effects of patient-directed music intervention on anxiety and sedative exposure in critically ill patients receiving mechanical ventilator support: a randomized clinical trial. *Journal of American Medical Association*, 309(22). 2334-2344.
- Ciftci, Hatice., Oztunc, Gursel. (2015). The effect of music on comfort, anxiety and pain in the intensive care unit: A case in Turkey. *International Journal of Caring Sciences* 8, 594.



Q&A


