Creating a Culture of Quiet: Standardizing the Quiet Champion Role Across Inpatient Units

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Background

The inability to rest has been a top patient complaint in hospitals and has been shown to negatively impact sleep, healing, and overall satisfaction (Morse, 2019). Historically, initiatives at Salinas Valley Health Medical Center had focused on reducing nighttime noise, aligning with the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey question: "How often was the area around your room quiet at night?" However, recent changes to the HCAHPS survey have broadened the scope from nighttime quietness to the overall restfulness of the hospital environment. In addition to the quietness question, two new HCAHPS questions were added in January 2025: "During this hospital stay, how often were you able to get the rest you needed?" and "During this hospital stay, did doctors, nurses, and other hospital staff help you to rest and recover?"

The updated HCAHPS questions' shift from nighttime quietness to the overall restfulness of the hospital environment was an important change, signaling a national recognition that rest is a critical component of healing and recovery (Press Ganey, 2024). While the previous question primarily reflected environmental or structural factors, the new questions broaden accountability by emphasizing staff behaviors, communication, and care practices that contribute to a restful experience. As a result, hospitals are now challenged to move beyond sound control to promote a culture where every team member plays a role in supporting patient rest throughout the day and night.

Recognizing the need to support restful conditions for patients, the Perinatal cluster was the first to introduce the Quiet Champion role to foster a culture of awareness, accountability, and staff-led interventions to minimize noise and disruptions. Encouraged by the success of the Perinatal cluster pilot, the Med-Surg cluster later adopted a similar approach, tailoring the Quiet Champion role to the needs of their units. While both clusters demonstrated early improvements in staff engagement and patient-centered behaviors, the role had not yet been standardized across the organization. This gap prompted a hospital-wide effort to formalize and implement the Quiet Champion role in 2025.

Purpose Statement

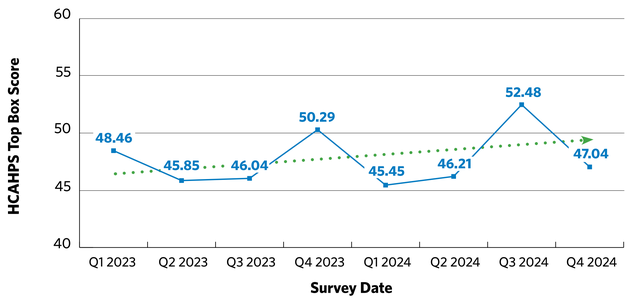
The purpose of this quality improvement initiative was to standardize and implement the Quiet Champion role on every inpatient unit to foster a culture of quietness and restfulness for patients throughout the day and night.

Methods

The Night Shift Practice Council (NSPC), long-standing promoters of the Quiet at Night initiative, has led several interventions to support a quiet environment, including the Quiet Commitment and Quiet Menu. Review of the medical center's HCAHPS "Quiet at Night" data over the previous 2 years revealed an overall upward trend, reflecting positive momentum from these efforts. However, HCAHPS Top Box scores fluctuated significantly between units and across time periods, suggesting that improvements were not yet sustained or consistent (see Figure 1). Recognizing the need to hardwire these practices into daily routines, the council focused on the next initiative: standardizing and implementing the Quiet Champion role in all inpatient units.

Figure 1

HCAHPS Quietness of the Hospital Environment Org-Wide Historical Data



In July 2025, a Quiet Champion Workgroup was formed to develop the standardized role. To ensure the role reflected the voice of the patient, the project lead (AB) reviewed patient experience survey comments related to quietness and identified two main themes:

Patients praised staff who were considerate of their rest:

"The staff were so quiet and quick when they came in to check my vital signs."

"During night 2, the outside was quiet and inside, lights were turned off making it much easier to rest."

But patients also voiced frustrations when rest was disrupted:

"I found it difficult to sleep with the noise and with the frequency of blood test and blood pressure checks that I would be wakened for the test—I understood they were necessary."

"Lots of noise outside in the hallways; at night they talk too much and very loud—you cannot rest."

These insights highlighted the importance of staff mindfulness, efficiency, and consideration in promoting a restful environment, and they informed the design of the Quiet Champion role.

To identify effective practices, the workgroup engaged leaders of the Perinatal and Med-Surg clusters, which had previously piloted the role. One intervention that stood out was the use of a table chime in the Mother-Baby unit. Originally gifted by a physician, the chime was adopted by staff as a gentle, non-disruptive cue to raise awareness about noise levels, offering a soothing alternative to louder tools that had been trialed such as decibel meters, bells, or other visual devices to signal excessive noise levels. With the support of the chief nursing officer, table chimes were purchased and distributed to all inpatient units.
The workgroup also searched for best practices to guide the standardization process, drawing on resources from Press Ganey® and The Beryl Institute, recognized leaders in patient experience improvement. This included reviewing recent webinars and blogs which highlighted emerging strategies and success stories in restful environment initiatives (Carrillo, 2025; Daniels et al., 2025; Land, 2025). The group compiled key findings and discussed cluster-specific nuances such as battery changes for telemetry boxes on telemetry units. The Quiet Champion role was also intended to reinforce and hardwire previous interventions from the NSPC's Quiet at Night initiative, ensuring that practices such as the Quiet Commitment and Quiet Menu remain consistently implemented and visible in daily care. Evidence from prior initiatives further emphasized that sustained improvement requires engagement and consistency over time (Boyd & Lochonic, 2016; McNicholl & Hudtloff, 2017). These practices were consolidated into a one-page handout titled The Role of a Quiet Champion (see Figure 2).

Figure 2

The Role of a Quiet Champion Handout


THE ROLE OF A
QUIET CHAMPION
CREATING A RESTFUL & HEALING ENVIRONMENT - ONE SHIFT AT A TIME

WHY QUIET MATTERS

Simply being in a hospital is already stressful to patients. Noise affects patients' ability to rest and sleep, which adds more stress and reduces the patient's ability to heal and recover. Our patients deserve a calm, peaceful environment to support their recovery. That's where **you** come in.

WHAT IS A QUIET CHAMPION?

A Quiet Champion is a unit-based role model who supports and promotes a restful environment for patients. Assigned by the charge nurse during each shift, the Quiet Champion helps keep the "Restfulness of the Hospital Environment" a priority.

YOUR ROLE ON EACH SHIFT

- ❑ Establish "rest" as a care goal for all patients to set expectations & reinforce its importance
- ❑ Remind team to keep voices low & have conversations away from patient rooms
- ❑ Monitor noise level on the unit - use table chime as a gentle reminder
- ❑ Promote the use of the Quiet Menu and place the Quiet Kit at the nurses station
- ❑ Identify noisy, squeaky, or slamming doors and equipment & share the list with manager so work orders can be entered and tracked

NIGHT SHIFT:

- ❑ Encourage the team to proactively address common causes of rest disruptions
  - ❑ Replace telemetry box battery at beginning of shift
  - ❑ Anticipate when the IV bag will run out or the infusion will be completed
  - ❑ Plug in IV pumps, SCD machines and other equipment
  - ❑ Collaborate with physician to individualize care plan and timing of interventions such as medication administration, vital sign checks, and blood draws for stable patients
  - ❑ Cluster care and coordinate with colleagues, especially for patients in shared rooms
- ❑ Help "tuck in" the unit – dim lights, turn off lights in empty rooms, lower phone volumes
- ❑ Encourage the team to "tuck in" their patients – turn off TV & lights, shut door, lower telemetry alarm volume if medically appropriate
- ❑ Remind staff to narrate their efforts to promote a restful environment – for example, closing the door or clustering care does not mean that they are not being monitored or are forgotten

In August 2025, the draft handout was circulated for a 14-day open-comment period, a process developed by the medical center's professional governance councils to collect feedback on proposals prior to implementation. Following the integration of feedback, subsequent revisions, and approval, the workgroup partnered with the Education Department to create a Weekly Information Notes (WIN) tip sheet, clarifying the responsibilities of various disciplines in implementation. Meanwhile, table chimes were delivered to units in preparation for the go-live date.

On September 1, 2025, the Quiet Champion role was formally launched across all inpatient units. The NSPC conducted staff rounds to introduce the role, emphasize the importance of a restful environment, and ensure teams had the necessary resources, including stocked Quiet Menu items, to support successful implementation.

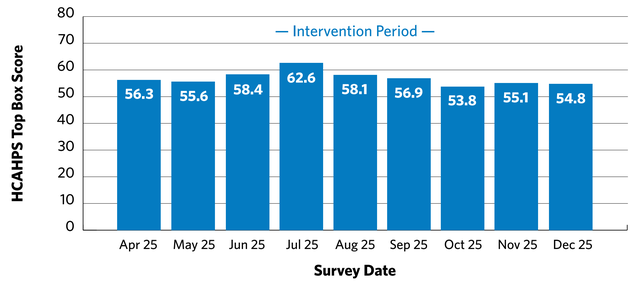
The success of the initiative will be evaluated via monthly tracking of the HCAHPS domain, *Restfulness of the Hospital Environment* top box score (see Figure 3).

Results

HCAHPS data for *Restfulness of the Hospital Environment* did not improve during the initial post-implementation period (see Figure 3). Unit rounding in January 2026 revealed inconsistent implementation of the Quiet Champion role. Several inpatient units did not have a Quiet Champion assigned, and many staff were unfamiliar with the role or its expectations.

Figure 3

HCAHPS Restfulness of Hospital Environment



This gap suggests that the Quiet Champion role was not fully hardwired into daily unit workflows following launch. Competing organizational priorities, most notably the implementation of a new electronic health record (EHR) system required sustained staff focus on training and implementation. Increased unit traffic from at-the-elbow support personnel and super users further contributed to environmental disruption and limited adoption of the role during the initial implementation phase.

While early feedback was positive (see Table 1), limited adoption across units likely affected the initiative's impact on patient-reported restfulness scores.

Table 1

Patient Feedback About Restfulness

Theme	Patient Comments
Quietness	"Last night, I had the best sleep ever because it was so quiet."
Able to Rest and Recover	"… the patient was able to fall into what she described as a 'deep, much-needed sleep.'"
	"… allowed us to get some much-needed sleep."
Staff Helped Patient Rest	"The nurse offered her scented lavender lotion, gently massaged it onto her back, and asked staff not to disturb her so she could rest."
	"[She appreciated staff] clustering care to help minimize future disruptions to her sleep."
	"… able to address what was his needs last night to be able to get a good sleep and placed him in a private room."
	"… she said she would return later and she encouraged me to rest and sleep."

Conclusions

The Quiet Champion role was designed to support the updated HCAHPS *Restfulness of the Hospital Environment* measures and promote a healing environment for patients. Although HCAHPS data did not improve during the initial evaluation period, feedback identified clear strengths as well as implementation challenges.

Limited unit-level engagement and competing organizational priorities, including the implementation of a new EHR system, hindered consistent adoption of the role across inpatient units. As a result, early efforts were not reliably integrated into daily workflows and did not translate into measurable patient experience improvement.

Next steps will focus on strengthening execution of the role. Priorities include clarifying leadership accountability for Quiet Champion assignment, refining role tools based on staff feedback, and reintroducing education with a stronger emphasis on workflow integration. Ongoing review of HCAHPS restfulness data, along with direct observation and monitoring of role adoption, will help determine whether consistent implementation leads to meaningful improvement in patient perceptions of restfulness.

References

Boyd, P., & Lochonic, E. (2016, November 4). *Lowering the volume, increasing the scores: A multi-disciplinary approach.* 2016 Press Ganey National Client Conference, Orlando, FL, United States.

Carrillo, M. (2025, June 24). *Prioritizing patient rest: Our response to the new HCAHPS restfulness questions.* The Beryl Institute. https://theberylinstitute.org/product/prioritizing-patient-rest-our-response-to-the-new-hcahps-restfulness-questions/

Daniels, C., Schwartz, M., Musser, C., & Oehlert, J. (2025). *Promoting a sleep-friendly patient experience* [Webinar]. Press Ganey. https://info.pressganey.com/wistia-initial-videos-to-migrate-to-pg-uberflip-content-hub-4/promoting-a-sleep-friendly-patient-experience-5

Land, T. (2025, June 17). *Recovery: One restful night at a time.* The Beryl Institute. https://theberylinstitute.org/product/enhancing-recovery-through-sleep-restoration/

McNicholl, L., & Hudtloff, J. (2017, November 3). *Evidence-based strategies to achieve quiet at night.* 2017 Press Ganey National Client Conference, Orlando, FL, United States.

Morse, A. M., & Bender, E. (2019). Sleep in hospitalized patients. *Clocks & Sleep, 1*(1), 151–165.

Press Ganey. (2024). *HCAHPS Solutions Starter.* Author.