

**The White Noise Project**

IMPLEMENTATION GUIDE

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**Chapter 1: Welcome**

**Welcome! We are delighted that you have picked up our Implementation Guide for the White Noise Project. Whether you are looking to learn a little more about this practice, how to implement it, or how to support Veterans, you've come to the right place.** This implementation guide is intended for individuals or groups/councils leading implementation at your facility, whether they be in Nursing, Social Work, or other departments.

The goals of this implementation guide are to provide:

* Background Information on the White Noise Project;
* Instructions for how to implement this practice at your facility; and
* Resources to provide Veterans access to high quality and safe white noise machines for more restful sleep.

**What is the White Noise Project?**

The White Noise Project distributes simple, effective, and safe white noise machines to hospitals around the country as an adjunct to sleep and provides privacy and comfort to Veterans in the hospital setting. These machines not only help Veterans improve their sleep quality and amount but also aid in reducing stress, anxiety, and PTSD exacerbation.

Our vision is to promote recovery, health, and well-being for Veterans.

Our mission is to facilitate quality rest by empowering Veterans with impactful tools and accessibility to holistic care.

**How does this practice work?**

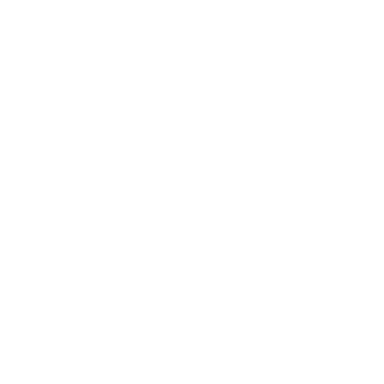
Our practice’s goal is to increase sleep and decrease anxiety in the hospital setting with a holistic approach. Our team wanted a universal solution for any hospital or patient-adjacent setting that was also non-pharmacological, inclusive, and safe for patients of various ages and diagnoses. Our team also noticed that many Veterans reported use of white noise at home either passively (ceiling fans, A/C units, etc.) or actively via their phones or home devices.

The concept is relatively straightforward: set up white noise champions and teams for units involved, assess data collection at the site that is desired, provide pre-education and project set up, distribute and/or install machines into units, train staff on general guidelines, and have consistent check-ins with units while continuing data collection.

Our team chose specific white noise machines for this project based on their portability/adaptability, environmental friendliness, ease of use for Veterans and staff members, safe design, and affordability. The machines require no specialized training for installation; however, a simple class providing general guidelines to staff is recommended.

**The White Noise Project Origin**

In early 2019 at the Asheville VAMC, an idea for consideration grew into a national project. A humble suggestion to try white noise in the hospital setting led to enrollment in the VHA Innovation Ecosystem Spark-Seed-Spread program. The pilot data surpassed expectations greatly. At the Asheville VA Medical Center, data has demonstrated 20% (averaged) improvements of objectively observed sleep hours of Veterans who used white noise machines when compared to Veterans who did not utilize the machines. Veterans interviewed post machine use have reported overwhelmingly positive outcomes with 97% (averaged) positive patient satisfaction ratings. This data propelled the project, and The VHA Innovation Ecosystems’ Innovator's Network and Diffusion of Excellence Teams provided the support and expansion needed to spread this to several sites across the nation. The White Noise Project won 2022’s VHA Shark Tank Competition and has continued to expand to sites just like this one ever since.

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The White Noise Projectpractice is **1 of 11** Promising Practices to emerge from the eighth VHA Shark Tank Competition, selected from a **total of 286** practice submissions.

**Chapter 2: Organizational Readiness**

An Organizational Readiness Assessment can be employed to ensure maximum success in implementing The White Noise Project. This assessment takes stock of your site’s existing processes, which is a key step in preparing for the assimilation of a new intervention into your facility’s culture and work systems. One way of approaching this is through the [Consolidated Framework for Implementation Research (CFIR)](https://cfirguide.org/), which is an implementation science model that offers several considerations to prepare your organization for a successful implementation. While any number of the CFIR considerations may be useful, we recommend focusing on evaluating your facility’s barriers and facilitators, and developing a plan to proceed by following these seven considerations:

1. Seven considerations when evaluating barriers and facilitators

Diagram

Description automatically generated

Refer to the attachments section for an embedded worksheet to assist your team in conducting this assessment. This exercise could shed valuable light on the existing work systems within your facility by identifying and planning for potential barriers, as well as understanding ways to leverage facilitators. Each consideration will allow you and your team to increase the likelihood of a successful implementation!

**Chapter 3: Implementation Roadmap**

**How long does Implementation take?** Implementation can vary from facility to facility, but typically it takes 6 months to 10 months to successfully, fully integrate the White Noise Project into a facility’s practices long term.

**Which factors enable smooth implementation?** Consistent communication and regular check ins are essential to ensuring integration that lasts in your facility. Initial motivation and enthusiasm are also essential to quick and smooth implementation. This project is heavily nurse driven, and encouraging staff with regular education on how this is beneficial for their practice and for their patients, having unit champions, and having a facility project lead for national communications are all foundational implementation building blocks that will create a project everyone can access for years to come.

**What is a common barrier/challenge associated with implementation?** Data collection set up is one of the more challenging aspects of the White Noise Project. Initial set up of CPRS local data collection, encouraging accurate data collection, and what that will look like for your facility involves meetings and discussions with CAC personnel across facilities as well as with White Noise Project leads. It can also be difficult to keep momentum with regular check-ins with units in the facility and ensuring white noise stays accessible and a regular part of the facility’s assets.

Figure 2 provides a high-level roadmap for implementation.

1. Implementation Overview for the White Noise Project

|  |  |
| --- | --- |
| **­ Phase One: Design Phase**  (Months 1-2) | *Step One:* Identify Practice Champion and Interdisciplinary Team |
| *Step Two:*Set Project Scope and Charter (Optional) |
| *Step Three:* Engage all Relevant Stakeholders |
| **Phase Two: Planning Phase**  (Months 3-5) | *Step Four:* Compile Resources |
| *Step Five:* Determine Practice Logistics |
| *Step Six:* Train Staff |
| *Step Seven:* Gather Supplies and Materials |
| *Step Eight:* Develop a Plan for Metrics |
| **Phase Three: Implementation Phase**  (Months 6-7) | *Step Nine:* Practice Go-Live |
| *Step Ten:* Incorporate Feedback |
| **Phase Four: Post-Implementation Phase**  (Months 8-Onward) | *Step Eleven:* Collect and Interpret Data |
| *Step Twelve:* Share Success and Celebrate! |

**Chapter 4: Implementation Phases**

**Phase One: Design Phase**

**Step One: Identify Practice Champion and Interdisciplinary Team**

After deciding to embark on the implementation of this practice and getting the necessary approvals from site leadership, the first step is choosing who the practice champions will be in the units/floors where the machines will be distributed. The following bullets are things to keep in mind during this step:

* Determine your overall **Project Lead**. Consider who would make the most sense to oversee and manage the project overall at your facility as the primary contact person on a national level for your facility. This could be a night shift RN, a nurse practitioner, an officer of patient experience, or a social worker. This does not need to be a clinical role.
* Have each floor elect a **Unit Champion**. This could be a CNA, LPN, RN, or even a night ward clerk. It is recommended that a night shift person be the champion. They are responsible for ensuring the machines are available and functional, of helping keep motivation and energy high for the project at that unit, that yearly training is implemented (this may be with assistance from the nurse manager or unit council), and checking in regularly (we recommend every quarter) with the Project Lead And if their unit needs something such as more flyers or machines. If you are implementing the practice across multiple units or floors, identify a practice champion for each respective unit or floor.
* Your hospital’s **Innovation Specialist** serves as a liaison and support structure for the overall project. Practice champions or project leads can provide feedback, problem solve, network, and gain insight into next steps with the help of a site’s innovation specialist.
* **Nurse Managers** of implementing units should be involved and aware of project lead and champion activities and traction. They provide additional support and networking between implementing champions, the project lead, the unit they manage, and the rest of the hospital. They also help encourage meetings and necessary check-ins by providing space in unit schedules for these.
* If necessary, get **union approval** to ensure this additional work will not cause any issues further down the line. We always recommend checking in with the union representative(s) of your facility about new projects like this one so they can be informed of any additional nurse duties such as adjustments to local assessment documentation for data collection or additional hours for meetings.
* Your hospital may need initial approvals from other departments such as logistics, infection control, and practice councils. It is important to check in with relevant stakeholders in your facility to discuss project momentum and implementation. See step 3 for more information.

The duties of the unit champion will consist of:

* Regularly checking in with the overall project lead with honest feedback from their unit
* Ensuring machines are available and functioning
* Giving frequent reminders to staff to educate veterans on this resource
* Establishing flyers and other educational materials for veterans to access
* Encouraging accurate data collection

The duties of the facility project lead are:

* Overseeing expanding to more units when desired or necessary
* Having regular check-ins (we suggest weekly during implementation and monthly post implementation) with unit champions
* Collecting feedback from units/floors
* Determine amount of machines needed for each unit
* Compiling data and sending that data forward monthly, and most importantly
* Attending regular weekly and monthly meetings with White Noise Project leads. Weekly meetings will occur during steps 1-8 of implementation, and then will downgrade to monthly check ins to coincide with data submission.

**Step Two: Set Project Scope and Charter (Optional)**

This step is not required, but many facilities have found that creating a project charter helps to guide the implementation of the practice. This step is especially helpful if you are experiencing any barriers or pushback from leadership or other important stakeholders.

As with many practices that continue their growth through the Diffusion of Excellence Program, the White Noise Project can be modified to fit the needs of your medical center. Certain aspects of the practice are flexible and should be discussed with the Interdisciplinary Team and then documented in the Project Charter. For example, the following bullets highlight some of the flexible components of the practice:

* If your facility wants to have a check-out system for the white noise machines, then they do not have to keep the machines in the individual rooms.
* If your facility wants to mount the machines in the rooms, then they can use Command Strips or explore other mounting options.
* If your facility wants to improve a particular aspect of their system and are asking if white noise will help with this, then they can choose if they want to monitor national metrics such as SHEP scores or GAD scores, or if they want to also (or only) collect local data, or other metrics entirely. White Noise Project leads will network and assist with creating data collection that works for your facility. While the White Noise Project offers local data, this can be implemented alone or in other notes and will assist in compiling national metrics as well.

The **Project Charter** will serve as a guide for implementing this practice and will include:

* General project description
* Scope of implementing this practice (e.g., which units to involve)
* Problem/opportunity statement to be addressed by implementing the practice
* Facility goals for implementation
* Facility timeline for implementation
* Resources your facility will need to obtain
* Team members and leadership who will support implementation (see **Step 1**), and their respective time commitments

**Step Three: Engage all Relevant Stakeholders**

Implementation of this practice requires actions from Logistics, Nursing, or in some instances Social Work, CACs, Infection Prevention, Engineering, and Administration. Refer to the following table for a list of the commonly involved stakeholder groups. When you initially engage these groups for implementation at your site, consider how you can best communicate with them to get the response you need.

Table 1. Implementation Overview for the White Noise Project

|  |  |
| --- | --- |
| Stakeholder Group  (From whom do I need help?) | Dependencies  (What do I need from them?) |
| Leadership | **General support and awareness** |
| Logistics | **To order the white noise machines** |
| Nursing or Social Work | **To serve as practice champions and implement the practice** |
| Site CAC | **To update the CPRS note with the national-level health factors for data collection** |
| Infection Prevention | **To approve the clinical use of machines** |
| Engineering | **To approve the mounting/setup of the machines** |
| Administrative Assistance (Quality Improvement Officer, Patient Experience Officer, Administrative Officer) | **To help with data collection and interpretation** |

**Remember:** Your facility might have additional stakeholders that you need to engage, so be sure to tailor this list to fit your facility needs!

Once you’ve determined the stakeholder groups and individuals to engage, you may want to host a meeting with your team members to present the Project Charter and provide background on the Practice and what the implementation process will look like.

After meeting with team members and working with them to refine the Project Charter, meet with your facility’s leadership and present the final Project Charter to obtain their buy-in and approval. Leadership may also be able to provide information and support around addressing potential challenges and obtaining resources. We have provided links to materials to assist you with engaging stakeholders below. Feel free to tailor the materials to be specific to your facility.

**Remember:** It is important to maintain regular stakeholder engagement during this phase, so we recommend monthly updates to less-involved stakeholders. During your first meeting with them, ask them how they would like to stay engaged in this process (email, in-person, teams, etc.) and what their preferred cadence would be.

**Phase Two: Planning Phase**

**Step Four: Compile Resources**

In Chapter 5, you will find an attachments list that includes training guides, PR packet, Instructions-for-Use, and Logistics Guide that the project lead has developed for this practice. Review all these documents to see how you might need to adapt them for your own use.

**Step Five: Determine Practice Logistics**

While this practice as a whole is quite simple, there are a few details that each site will need to individually decide upon. These decisions include types of data to collect, quantity of machines to order and distribute, distribution logistics, machine mounting methods (if they are staying in the rooms), person in charge of data collection, and more.

The White Noise Project can suggest both local and national metrics for your facility to collect data on if your facility is struggling with this part of the process. Pre-built local data notes with automated health factors have already been engineered by the project for any facility to implement. The project always suggests collecting local data as well as any national metrics your facility is interested in analyzing.

**Step Six: Train Staff**

Using the educational resources provided in the attachments section of this guide, set up educational meetings with the practice champions to go over data collection and how to use the white noise machines.

**Step Seven: Gather Supplies and Materials**

It is important to note that supply chain issues can lead to increased delays in the arrival of the white noise machines. Try to allow as much time as possible for them to arrive and work closely with the Logistics team to make sure they promptly process the order. Other materials to consider are charging docks and mounting supplies for the machines.

**Step Eight: Develop a Collection Plan for Monitoring Feedback Metrics**

**Potential Monitoring and Feedback Metrics**

Implementation can be assessed through both process measures and outcome measures. We recommend using **process measures** to assess how the implementation is going for your team. We also recommend the use of **outcome measures** to assess the success of the program from the Veteran perspective.

Ideas for **process measures:**

* Action and decision logs or similar logs on tasks assigned
* Weekly meetings to check in on assigned tasks during implementation and update tasks assigned as necessary

Ideas for **outcome measures:**

* Local data collection from nursing staff on veteran satisfaction
* Collecting objective observed sleep hours on veterans
* Analyzing SHEP scores pre and post implementation of the project on units that have the project live

**Phase Three: Implementation Phase**

**Step Nine: Practice Go-Live!**

Finally, after receiving the white noise machines, getting the health factors integrated into the CPRS note, training the practice champions on how to use the machines, and getting approval from Infection Prevention, you are ready to launch! Using whichever distribution approach you decided on and start placing white noise machines in Veterans’ rooms. Ensure flyers and other educational materials your facility has decided upon are in place as well to help nursing staff get the word out to patients and veterans.

**Step Ten: Incorporate Lessons Learned**

As with any new endeavor, not everything is going to go perfectly from the beginning. Use the first few weeks (or even months) as an opportunity to collect feedback from the Veterans and practice champions to refine how you are implementing the practice. White Noise Project leads are available for questions, feedback, and assistance with obstacles your facility faces throughout implementation.

**Phase Four: Post-Implementation Phase**

**Step Eleven: Collect and Interpret Data**

Data is a crucial step in this process. The more data the VA can collect on white noise, the more we can know how white noise is beneficial to veterans and in what areas the VA should focus on. Your facility is a key component in collecting that data.

If your facility has decided to only collect national data metrics already built into the VA system, understand this can be limiting. National metrics will not reveal specifically if veterans are finding white noise helpful or beneficial, though it can potentially see overall improvements in veteran satisfaction ratings on units who have implemented the project.

Local data is the best way to ensure your facility understands if veterans are benefitting from the project or not. Local data can be collected by interviewing veterans on white noise machine use and/or analyzing objective observed sleep hours if a unit already collects that kind of data such as on an inpatient mental health unit. This data can be integrated into already existing assessment notes in your facility or can be left as stand-alone notes. The integration of the health factors into the CPRS note should allow for automated and real-time data collection which will make data compilation and submission a routine task instead of a daunting one. Work with your CAC and the national practice champion to pull the data you have decided to collect and interpret it.

**Step Twelve: Share Success with Stakeholders and Celebrate!**

Be sure to share your success with leadership and other stakeholders to gain their continued support.

Celebration is of course an optional step, but after successfully implementing the White Noise Project at your facility, you and your team deserve some recognition and celebration! Regardless of the format you choose, it is important to celebrate the hard work put forth and the outcomes accomplished, because this practice directly enhances the experience of the Veterans that visit your facility.

**Chapter 5: Resources**

Questions?

Throughout implementation and diffusion, each site will have their own Teams channel and the general channel will continue to have updated information. There are regular meetings for sites to check in, ask questions, and receive next steps, guidance, and feedback.

Do you have questions or need advice about implementing the White Noise Project at your facility?

Check out the White Noise Project Diffusion Marketplace page!

* Marketplace: [Link](https://marketplace.va.gov/innovations/the-white-noise-project)

Acronym Key

|  |  |
| --- | --- |
| Acronym | Definition |
| WNP | White Noise Project |
| CPRS | Computerized Patient Record System |
| CAC | Clinical Applications Coordinator |
| SHEP | Survey of Health Experience of Patients |
| GAD | General Anxiety Disorder |

Attachments

| Document | File |
| --- | --- |
| White Noise Project One-Pager | [White Noise One-Pager – VA access](https://dvagov.sharepoint.com/:p:/r/sites/MockDiffusionTeamsChannel/Shared%20Documents/General/Implementation%20Guide%20Resources/White%20Noise%20Project/White%20Noise%20Project%20One%20Pager_PDF.pptx?d=w49c9279f949b4465af5f645e7cbb2a48&csf=1&web=1&e=Ogs065) |
| Organizational Readiness Survey | [Organizational Readiness Survey – VA access](https://dvagov.sharepoint.com/:w:/r/sites/MockDiffusionTeamsChannel/Shared%20Documents/General/Implementation%20Guide%20Resources/White%20Noise%20Project/Organizational%20Readiness%20Survey.doc.docx?d=w24a0e06d51d04b49a578a3a0d6fe87c2&csf=1&web=1&e=HBlCXW) |
| Project Charter 1 | [Project Charter 1 – VA access](https://dvagov.sharepoint.com/:w:/r/sites/MockDiffusionTeamsChannel/Shared%20Documents/General/Implementation%20Guide%20Resources/White%20Noise%20Project/Project%20Charter%20Option%201.doc.docx?d=waeeac7278b9f469ba1e1851092ac4b93&csf=1&web=1&e=RUgpJT) |
| Project Charter 2 | [Project Charter 2 – VA access](https://dvagov.sharepoint.com/:w:/r/sites/MockDiffusionTeamsChannel/Shared%20Documents/General/Implementation%20Guide%20Resources/White%20Noise%20Project/Project%20Charter%20Option%201.doc.docx?d=waeeac7278b9f469ba1e1851092ac4b93&csf=1&web=1&e=RUgpJT) |
| White Noise Machine Guidelines | White Noise Machine Guidelines – VA access |
| PR Packet and Presentation | PR Packet and Presentation – VA access |
| Unit Level Education | [Unit Level Education – VA access](https://dvagov.sharepoint.com/:w:/r/sites/MockDiffusionTeamsChannel/Shared%20Documents/General/Implementation%20Guide%20Resources/White%20Noise%20Project/Unit%20Level%20Education.docx?d=wafac14e25d2444f1b3dc412e1938f581&csf=1&web=1&e=FUipof) |
| White Noise Training Module for Clinical Staff | [White Noise Training Module for Clinical Staff – VA access](https://dvagov.sharepoint.com/:p:/r/sites/MockDiffusionTeamsChannel/Shared%20Documents/General/Implementation%20Guide%20Resources/White%20Noise%20Project/WNP%20Training%20Module%20for%20Clinical%20Staff.pptx?d=w7bcc855b36d24ac8b4fe7f76da0ddf59&csf=1&web=1&e=vi3iYy) |
| White Noise Device Flyer | [White Noise Device Flyer – VA access](https://dvagov.sharepoint.com/:b:/r/sites/MockDiffusionTeamsChannel/Shared%20Documents/General/Implementation%20Guide%20Resources/White%20Noise%20Project/White%20Noise%20Device%20Flyer.pdf?csf=1&web=1&e=R96eNq) |
| Logistics Information for White Noise Machines | [Logistics Information for White Noise Machines – VA access](https://dvagov.sharepoint.com/:b:/r/sites/MockDiffusionTeamsChannel/Shared%20Documents/General/Implementation%20Guide%20Resources/White%20Noise%20Project/Logistics%20Information%20for%20White%20Noise%20Machine_PDF.pdf?csf=1&web=1&e=SMElqD) |

Acknowledgements

The following individuals were instrumental in developing and replicating the White Noise Project:

* Krys Earles, National White Noise Project Manager, Asheville VAMC
* Nora Holmes, Innovation Specialist, Asheville VMC
* Special acknowledgement and thanks to: Caitlin Rawlins for early project guidance, and Cindy Peters for initial foundation of the White Noise Project.