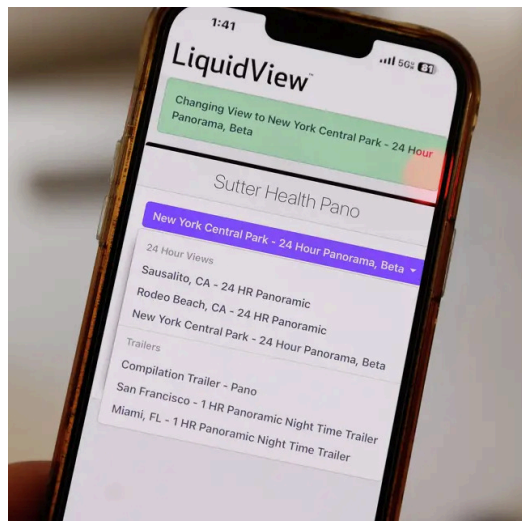


HEALTH

Hospital Rooms Make It Hard to Sleep. Sutter, Kaiser and UCSF Are Trying to Change That.

By Rachel Swan

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Different LiquidView displays are shown on a phone at the Sutter Health Innovation Center in San Francisco. The digital “windows” can mimic changing outdoor light for hospital rooms without exterior windows, helping support patients’ natural sleep-wake cycles.

The prototype hospital room inside [Sutter Health’s innovation center in San Francisco](#) looks nondescript to the casual observer: it has a bed, IV drip and window, not unlike countless hospital rooms across the country.

But a closer look reveals subtle features that Sutter leaders hope will one day become part of hospital rooms of the future, helping patients sleep better — an elusive goal in the noisy, hectic hospital environment.

There are red lights overhead, designed for nighttime use so they don’t disturb the patient’s natural circadian rhythm the way standard blue and white lights do. For rooms without an exterior window, a digital “window” displays images of the outdoors that sync with natural light — sunlight during the day and dark sky and stars at night — to help orient patients so they’re more primed to stay awake during the day and sleep at night. Sutter also hopes to add sound-monitoring devices in the hallway to alert staff if noise levels exceed a certain decibel.

The movement toward sleep-friendly hospital rooms, which other major Bay Area hospitals are also exploring, is backed by emerging research showing that better sleep in the hospital — both quantity and quality — can help patients recover faster, be less likely to be readmitted, and manage pain better.

“These are not small issues,” said Dr. Richard Milani, Sutter’s chief clinical innovation officer, who has studied how noise and lighting impact hospitalized patients’ sleep and health outcomes. “These are critically important for your health.”

In the hospital, patients often get less sleep — about four to five hours a night on average — and poorer quality sleep than they do at home, often because of noise, interruptions for care and other factors.

Insufficient sleep at night and more frequent napping during the day can disrupt patients’ circadian rhythms, the natural internal process that regulates the sleep-wake cycle and other functions.

Researchers are studying various ways to help patients sleep better, including light therapy that synchronizes hospital light with naturally occurring light at different times of day. Other potential interventions include soothing music, relaxation techniques, sleep masks, earplugs and cognitive behavioral therapy.



A LiquidView installation at the Sutter Health Innovation Center in San Francisco. The digital “window” mimics changing outdoor light to help support patients’ natural sleep-wake cycles.

Sutter, Kaiser and UCSF say their efforts are part of a broader movement to design hospital environments that support healing — and that begins with better sleep.

The efforts mirror a growing interest in sleep among the health-conscious general public, who are increasingly recognizing the importance of sleep in potentially lowering risk of dementia, diabetes and other chronic diseases.