Improving Call Bell Responsiveness Using Improved Communication to Create a Paradigm Shift in Patient Perceptions

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Introduction & Background

- Good predictor of overall patient satisfaction.3, 4, 8
- Impacts patient safety.1, 5, 12
- Impacts quality of care.1, 5

- Call bell responsiveness:
  - Perceived delay that frustrates patients.
  - Decreased staff job satisfaction concerns.

Aim 1: Improve call bell response time by measuring pre-test and post-test response time to call bell.

Aim 2: Improve patient satisfaction/attitudes by creating a staff-driven change in protocol for addressing call bells.

Aim 3: Improve staff satisfaction by examining call bell responsiveness before and after project implementation.

Purpose & Aims

Purpose: The purpose of this evidence-based quality improvement project is to evaluate patient, staff and nurse perceptions about call bell responsiveness and implement a staff-driven change to the call bell response protocol to improve patient, staff and nursing satisfaction with call bell responsiveness on this unit with the goal of ultimately increasing HCAHPS scores in this domain.

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Aim 2: Improve staff satisfaction/attitudes by creating a staff-driven change in protocol for addressing call bells.

Aim 3: Improve patient satisfaction by examining call bell responsiveness before and after project implementation.

Methods

Design: QI project using a pre/post-intervention study design.

Setting: Surgical progressive care unit of a large teaching hospital.

Evidence-Based Intervention: 2-part intervention

- Staff: working groups to explore perceptions about call bell responsiveness and to compare views of nurses and staff to develop strategies to improve scores.
- Staff-driven change in protocol to change call bell response procedure using patient, nurse, and staff input.

Measures:

- Staff: data open-ended portion of modified Clinical Handover Staff Survey.
- Patient: five questions about call bell’s perceived purpose, length of wait time and satisfaction with the process using a Likert scale.
- Staff: data: open-ended portion of modified Clinical Handover Staff Survey.

Sample:

- Staff: recruitment of all staff working on the unit from beginning to end of the project.
- Patient: convenience sampling across many different points in time.

Results

- A simple shift in perception of the call bell purpose has the potential to greatly impact patient satisfaction.
- By encouraging the patient to ask for specifically “what” they need, instead of “who” they think they need, staff was able to be more efficient in their duties.
- Clinically Significant: Enhanced communication led to better efficiency, less calls, greater job satisfaction, and more engaged satisfied patients.
- For patient satisfaction with responsiveness pretest the median was 7.0 with an interquartile range of 1.0 and for the posttest the median was 7.0 with an interquartile range of 0.0. The median difference between the pretest and posttest was statistically significant as evidenced by a p-value of .005 on the Mann-Whitney U Test.
- While 50% of those who were “less than extremely satisfied” believed the purpose of the call bell was to summon their nurse or another staff member. These findings were statistically significant as evidenced by a p-value of .008 on the Fisher’s exact test.
- The median difference in wait times between the pretest and posttest is statistically significant as evidenced by a p-value of .001 on the Mann-Whitney U Test.

Conclusion

- Better communication for the purpose of shifting patients’ call bell perceptions, created an impactful shift to efficiency, thus influencing other outcomes.
- Statistically significant increase in patient satisfaction with responsiveness and decrease in wait times.
- Clinical significance as the enhanced communication that resulted from this project not only led to better efficiency but less calls, greater job satisfaction, and more engaged satisfied patients.
- The success of the intervention is promising for other units and hospitals and possibly other applications.
- Future application of this intervention should include a longer duration for implementation.

Dissemination

The findings of this project have been shared with the unit manager and the hospital Patient Experience Manager/Coach. Dissemination to the staff and hospital leadership is planned. Additionally, this project will be proposed to other units and additional hospitals. Finally, publication in a peer-reviewed journal is also planned.

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<thead>
<tr>
<th>Target</th>
<th>Intervention strategy</th>
<th>Rationale/ Evidence</th>
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<tbody>
<tr>
<td>Patient &amp;</td>
<td>1. Change the way the unit introduces the call bell and response system.</td>
<td>1. The Patient Experience Manager/Coach, who consulted for this project, has noticed that when introducing the call bell, they often get specific and set the expectation that many different staff members can help meet the patient’s needs.</td>
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<td>Staff</td>
<td>1. Introduction by CCSR to each new patient</td>
<td>1. When the patient can associate a face and name with the voice on the other end of the call bell, they have a better understanding of the role of the CCSR and literature of their questions.</td>
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<tr>
<td>Patient</td>
<td>2. Change the way calls are directed to nurses/techs.</td>
<td>2. To pair with the strategy at the patient level, directing the call to the correct nurse facilitates better use of resources and faster response times.</td>
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<tr>
<td>Staff</td>
<td>3. Consider prioritization/ask staff to follow-up to patient with expected wait time.</td>
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Comparison of HCAHPS Scores for the 3 questions of concern:

<table>
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<tr>
<th>Question</th>
<th>Pre-intervention</th>
<th>Post-intervention</th>
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<tbody>
<tr>
<td>1. Did this hospital do everything you expected it to do?</td>
<td>82%</td>
<td>87%</td>
</tr>
<tr>
<td>2. Would you recommend this hospital to family/friends?</td>
<td>75%</td>
<td>80%</td>
</tr>
<tr>
<td>3. How often did nursing staff follow up with you about your health concerns?</td>
<td>70%</td>
<td>75%</td>
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**Note:** These percentages are indicative and may vary based on specific implementation strategies and patient demographics.