Reducing Distraction in the Clinical Environment Caused by Ascom Phones

ELIZABETH DORO, BS, JOHNS HOPKINS SCHOOL OF NURSING MSN CANDIDATE, FULD FELLOW

ANGIE FEURER, MSN, NURSE MANAGER 12E, JOHNS HOPKINS HOSPITAL

DANIELLE GRAHAM, BS, CLINICAL CUSTOMER SERVICE COORDINATOR 12E, JOHNS HOPKINS HOSPITAL

1 Background

Nurses on 12E, an acute care neurology unit, receive a distracting number of phone calls and text messages on Ascom phones.

•The interruptions often occur during tasks such as medication administration, patient care and documentation.

•The distractions can contribute to an overall reduction in focus on tasks, morale, and patient satisfaction (Rozell, Jones, Lynn 2009).

•Rozell proposes that one way to reduce the level of distraction is to identify and eliminate system inefficiencies within a workflow.

2 Objectives

•Identify the inefficiencies within the 12E workflow when sending Ascom text messages.
•Reduce the overall number of text messages nurses received on their Ascom phones.

This was accomplished through four specific goals:
1. Improve staff responsiveness to patient requests.
2. Optimize Unit Associate role in responding to both clinical and non-clinical patient requests.
3. Improve staff education regarding Ascom phone use and proper message triage.
4. Improve and manage patient's understanding and expectations with requests.

3 Methods

•**Assessing unit staff perception:** Online survey were collected at two time points to assess nurses perception of the functionality and distraction of the Ascom phone.

•**Assessing patient satisfaction with call bell response:** HCAHPS data (two patient satisfaction indicators) were reviewed pre/post implementation of interventions.

•**Quantifying the text messaged received by unit staff:** Ascom text message data was analyzed using Excel for overall trends in text messages sent.

Intervention: To help patients better understand the roles of different job types on the unit, these signs were places in each patient room.

What can we help you with?

. Medication needs & requests
. Machine beeping
. Feeling pain or discomfort
Nurse

. Bathroom help
. Showering
. Repositioning
Tech

Don't see what you need on this list?

Please press the **red** call button

4 Results:

1) Unit Staff Perception Survey:

1. Patients understand the different roles and responsibilities of Clinical Technicians, Nurses and other hospital staff (Unit Associates, CCSR's)

|	Time 1 (n=33)	Time 2 (n=28)
Completely agree	0%	0%
Somewhat agree	27.3%	57.1%
Neutral	9.0%	7.1%
Somewhat disagree	42.4%	25.0%
Completely disagree	21.1%	10.7%
Average	3.58	2.89

2. Patient requests are triaged appropriately

	Time 1 (n=33)	Time 2 (n=28)
Completely agree	9.1%	10.7%
Somewhat agree	30.3%	60.7%
Neutral	9.1%	14.3%
Somewhat disagree	42.2%	14.3%
Completely disagree	9.1%	0.0%
Average	3.12	2.32

2) HCAHPS (Patient satisfaction indicators) pertaining to nurse responsiveness:

HCAPS indicators	Pre-Intervention Score	Post-Intervention Score
Responsiveness of hospital staff (call button as soon as you wanted it; help toileting as soon as you wanted it)	58	66

3) Ascom text message volume:

Calls to all job types (RN/CA/UA)

to RN

to CA

to UA
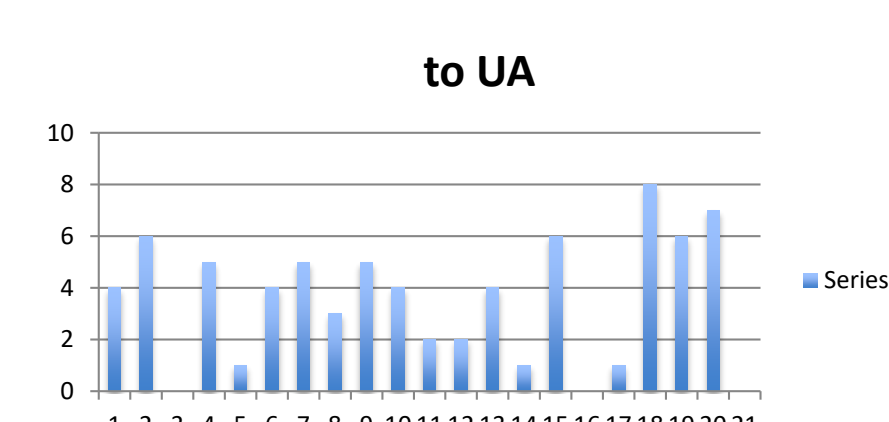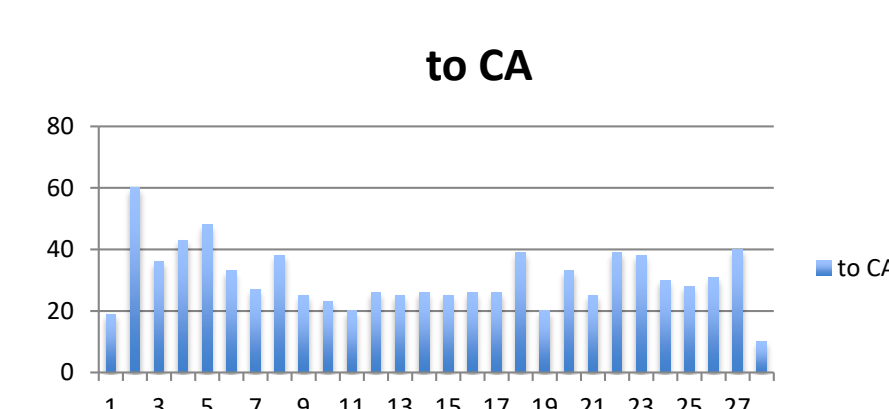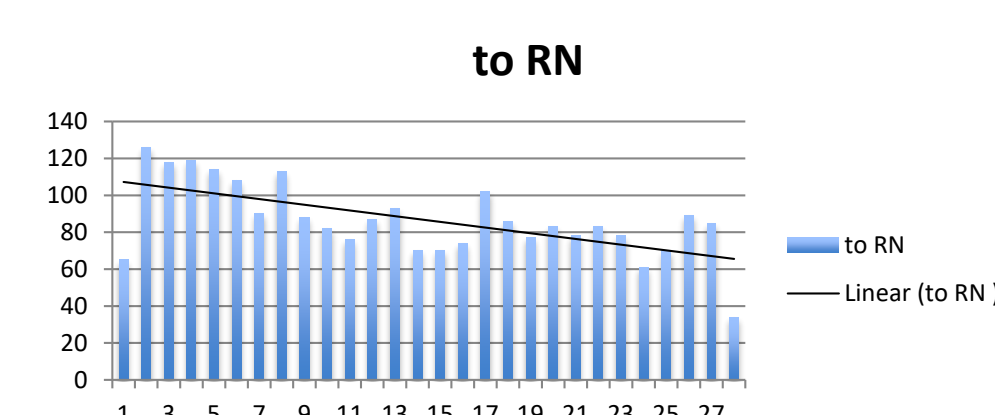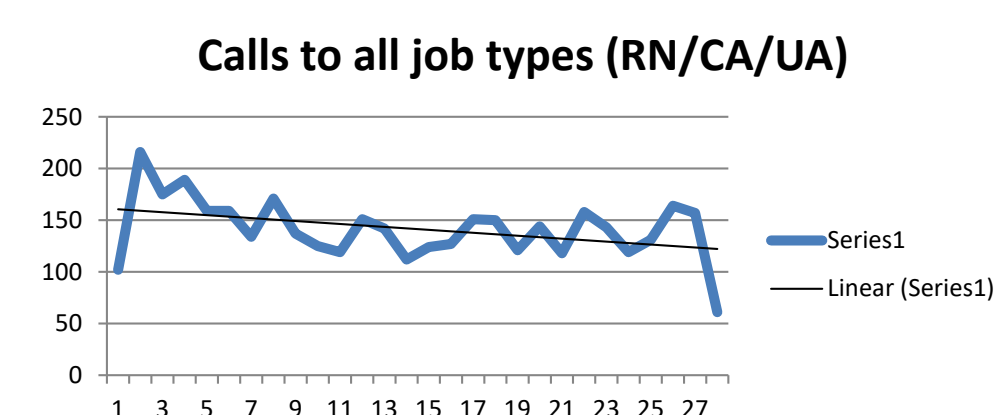
5 Conclusions

•**Unit Staff Perception Survey:** The scores on the survey indicate a shift in the staff's perception of how patient's understand the various roles on the unit as well as the triage of text messages to job types.

•**HCAHPS**: Patient's reported higher satisfaction in regards to the timeliness of RN's responses to their requests.

•**Ascom text message volume:** There was an overall reduction in text messages, with the biggest drop in messages sent to RNs. The rise in messages sent to CA and UA job types may represent the change in workflow and appropriate messaging to job type.

6 Future Directions

While the results of the intervention indicate higher patient satisfaction scores, better nurses perception and reduced volume of messages, further research could investigate:

•If the interventions implemented in this project continue to positively impact the unit workflow

•Continued incorporation of "What can we help you with" signs for newly admitted patients

•Reducing the calls received on the Ascom phone in addition to the text message

•Quantifying if peak Ascom usage times to make targeted interventions (i.e. med administration, shift change)

7 References

1. Rozell, S., Jones, C., Lynn, M., (March 2009). Call Bell Requests, Call Bell Response Time, and Patient Satisfaction. *Journal of Nursing Care Quality*.

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