

Abstract Section of Final DNP Scholarly Project Paper

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Abstract

Background: Patient dissatisfaction with call bell response times is a continual conundrum. Even with the proposed solution of hourly rounding or intentional rounding, current research shows mixed results in the area of effectiveness and a hinderance to efficiency, patient safety, and staff job satisfaction. To effectively address this problem, one needs to further investigate, beyond addressing the issue of time. This is a problem that requires many viewpoints to understand the nuances behind the true problem.

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

Design: This was a quality improvement project using a pre-intervention/post-intervention study design, conducted in a surgical progressive care unit of a large teaching hospital.

Methods: Two distinct populations were studied, patients and the staff. The intervention involved developing a staff-driven protocol for changing call bell response using patient, nurse, and other staff input. Novel measures were developed and analyzed using descriptive statistics and Mann-Whitney U tests to compare pre/post results; Fisher's exact test compared pre/post for the individual Likert proportions.

Results: A total of 104 patients were surveyed, 52 pre and 52 post with the mean age of roughly 59.4 years and roughly two-thirds being male and one-third being female for both groups. The staff sample consisted of fifty-three nurses/staff at the beginning of the project and thirty at the completion. This project shows an increase in patient satisfaction with responsiveness, patient perception of wait time, and the staff-perceived effectiveness of the intervention. When comparing effectiveness of the new scripted intervention to the original call-bell protocol, there

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was also a statistically significant change in the staff-perceived effectiveness of the intervention.

In addition, this project had clinical impact with positive comments from the staff and their enthusiasm for the use of the interventions, as well as increased patient engagement and satisfaction.

Conclusions/implications: This intervention addressed the problem of call bell response satisfaction through a simple yet important change in the perception of the patient using better communication creating an impactful shift in efficiency and influencing other outcomes. The success of the intervention is promising for other units and hospitals and possibly other applications where patient perceptions may be involved.