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

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Introduction & Background

Call bell responsiveness:
- Good predictor of overall patient satisfaction.[7, 11, 13]
- Impacts patient safety.[12, 13]
- Impacts quality of care.[12]

Patient dissatisfaction with responsiveness

Patients' high expectations & Lack of direction among staff.[2]

Resulting in

- Perceived delay that frustrates patients
- Decreased staff job satisfaction
- Potential safety concerns

- Hospital wide strategic target goal and an HCAHPS domain
- Many competing demands on nurses and staff.
- RNs view as necessary, but an interruption that support staff could address.[2, 4]
- Perception of long wait times increase likelihood of falls.
- Many interventions have been tried, but costly and inefficient.[1, 3, 5, 6, 8, 9, 14, 15]

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 call bell response protocol to improve patient, staff and nursing satisfaction with call bell responsiveness on a this unit with the goal of ultimately increasing HCAHPS scores in this domain.

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

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 change in HCAHPS scores from 2 months before and 2 months 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.

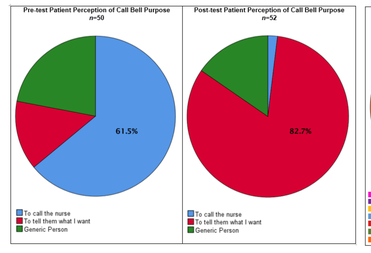
Measures:
- Staff data: open-ended portion of modified Clinical Handover Staff Survey.[10]
- Topics were regarding the current process asking about strengths, weaknesses, and suggestions for improving.
- Patient data: five questions about call bell's perceived purpose, length of wait time and satisfaction with the process using a Likert scale. HCAHPS questions about this topic.
- Patient demographics included age, sex, ethnic background, length of stay, type of procedure, whether or not they were assigned a tech at the point of the survey.
- Staff demographic data was not collected as it was not relevant for this project.

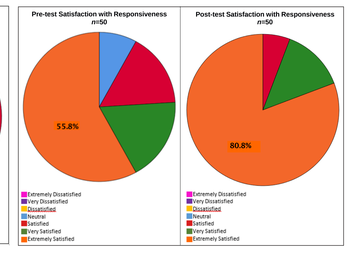
Sample: **2 distinct samples**
- Staff: recruitment of all staff working on the unit from beginning to end of the project. Inclusion criteria: RNs, techs, CCSRs, and CCSC. Exclusion criteria: Providers and staff not exclusive to this unit.
- Patients: convenience sampling across many different points in time. Inclusion criteria: alert and oriented; willing to participate.

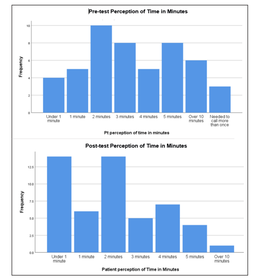
Results

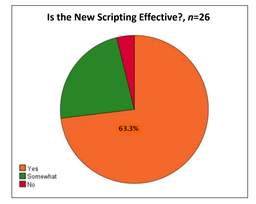
- A simple shift in perception of the call bell purpose has the potential to greatly impact patient satisfaction.
- By encouraging the patient to ask for specifically "***what***" they need, instead of "***who***" they think they need, staff was able to be more efficient in their duties.
- Clinically 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 is 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.

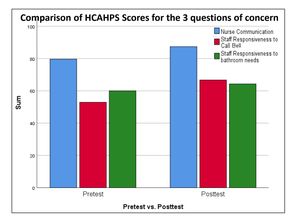
Target	Intervention strategy	Rationale/evidence
Patient level	1. Change the way the unit introduces the call bell and response system.	1. The Patient Experience Manager/Coach, who consulted for this project, has noticed that when introducing the call bell, it is important to be specific and set the expectation that many different staff members can help meet the patient's needs.
Staff	1. Introduction by CCSR to each new patient.	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 the nature of their questions.
	2. Change the way calls are directed to nurses/techs.	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 (Galinato et al., 2015).
	3. Consider follow-up approaches.	3. Roszell, Jones & Lynn found better patient outcomes, especially in the area of patient falls, when there was follow-up by the person who answered the call bell (2009).
Nurses	1. Re-educate regarding the use of escalating to buddy/charge. 2. Set SMART goals for responsiveness. 3. Consider prioritization/ask staff to follow-up to patient with expected wait time.	1. Currently, not all staff are following the original protocol for escalating calls. 2. & 3. The SMART goals tool first created in 1981 by George Doran, Arthur Miller, and James Cunningham for the business world, is now widely used in many different industries, especially healthcare and they are highly effective in holding team members accountable (Doran, 1981; Peate, 2019).











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.

References