Answer Calls, Reduce Falls

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BACKGROUND

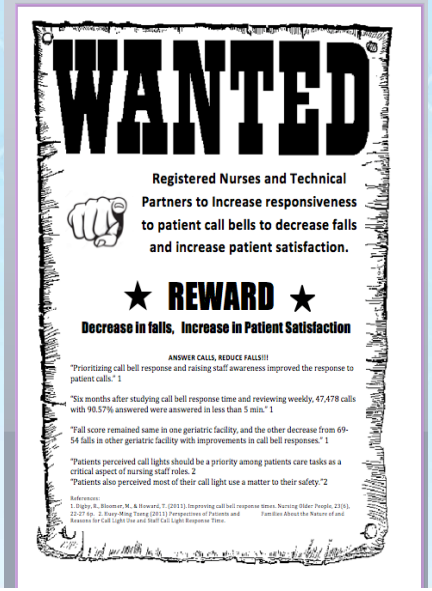
According to The Joint Commission, hundreds of thousands of patients fall in the hospital every year (2015).[1] About 30-50% of these falls result in injury which, on average, cost about $14,000 and prolong hospital stays.[1] The top reasons for patients to utilize the call bell are pain management, personal needs, and bathroom assistance.[3] The call bell use is one predictor of falls.[2] Patients perceived call bell response as a priority among patient care tasks, a critical aspect of nursing staff roles and a safety concern.

PICO QUESTION

Will educating *Registered Nurses and Technical Partners* (7B, 4KS, 4T) on the importance of *answering call bells* in a *timely manner increase call bell attentiveness*?

METHODS

- Data was collected from 7B, 4KS and 4T (1900-0700 shift).
- Secret shoppers monitored the length of time for nursing staff to respond to call bell.
- Education was provided to Night Shift RNs and Technical Partners through the use of flyers and one-to-one discussions.
- Following the education, secret shoppers monitored the call bell response time. (1900-0700 shift).



OUTCOMES

Increase call bell responsiveness on medical surgical units (7B, 4KS, and 4T).

RESULTS

- Pre-education, a total of 84 call bells were answered: average response time was 91 seconds.

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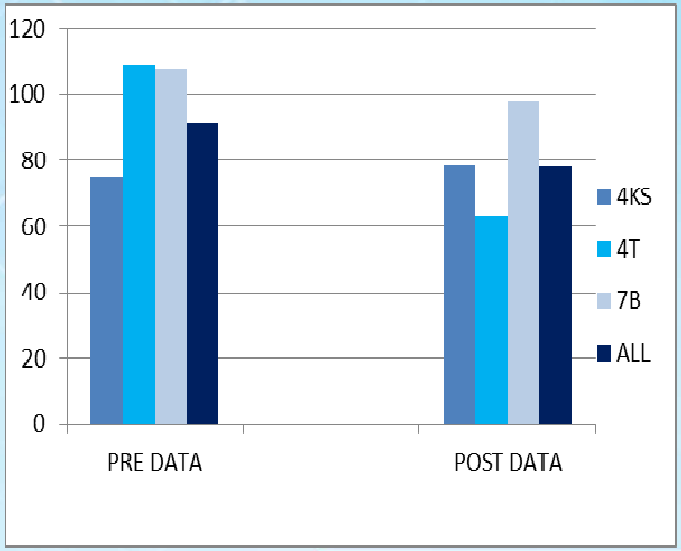
- Post intervention, the average response time was 78 seconds.
- Post intervention, the response time to call bells decreased by 13 seconds.



CONCLUSIONS

- Prior to implementation, the data showed that response to call bells already was identified as a practice priority by nursing staff on the Medical/Surgical Units involved in the study.
- With heightened awareness, response time to call bells further decreased.
- Variables that affected the data collection included: some data was disregarded due to the mix of staff (float staff),as they did not receive the education; variation in physical set up of the clinical units, time of monitoring, emergent events, practices linked to intentional rounding, clinical unit cultures, and recognition of the secret shoppers completing data collection.

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