Improving Responsiveness to Call Lights

- **UF Health Jacksonville** is a private, not-for-profit academic medical center affiliated with the University of Florida.

- This Lean Six Sigma project focused on inpatient units at both UF Health Jacksonville locations: a 600-bed hospital located in downtown Jacksonville and a 92-bed hospital in North Jacksonville.

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Background

• Hospital FY 2018 strategic goal to increase the average HCAHPS domain score to 70.2%.
• The FY 2017 HCAHPS Staff Responsiveness Domain score was 64.55%.
• Greatest opportunity for improvement within the domain was Call Button Responsiveness, with a FY 2017 score of 64.32%.
  • After you pressed the call button, how often did you get help as soon as you wanted it?
• Problem Statement: Increase UF Health Jacksonville’s HCAHPS Call Button Responsiveness score from 64.32% to 70.2% or higher by June 30, 2018.
The Five Why’s

- The team followed the DMAIC problem solving process.
- As part of the Analyze Phase, a Root Cause Analysis was performed by the team and a Cause and Effect (Fishbone) Diagram was created.
- Seven root causes were identified.
- Countermeasures were developed to address each root cause.
ROOT CAUSE A - Staff not trained on answering call lights

Goal: To get the right reason for the call and the right staff member to the room as soon as possible.

Actions:

- Mandatory clerk training
  - Phone etiquette on answering the call lights
  - How to probe for information from the patient
  - Clerk rounding on 4 patients per shift to introduce themselves and provide a face with a voice

- Secret shoppers to confirm interventions hardwired
ROOT CAUSE B - No accountability to carry pager/locator

Goal: To enable quicker response to call lights by ensuring all staff on all units are carrying pagers and locators.

Actions:

• Revised Daily Pager/Locator Check Log form and process for accountability
  ▪ Clerks responsible for ensuring all staff have their locators and pagers and that they are working properly
  ▪ Charge nurses sign off

• Reviewed in mandatory clerk training and at Nursing Leadership Council
ROOT CAUSE C - No standardized response time to call lights

Goal: To ensure meeting patient expectations of response time to answer call lights

Actions:

- Developed a standard response time of 5 minutes based on PRC recommendations and patient surveys
- Reviewed at Nursing Leadership Council, daily bed meetings, and staff huddles
- Secret shoppers to confirm interventions hardwired
ROOT CAUSE D - Hourly rounding not purposeful

**Goal:** To decrease call lights and anticipate patients’ needs by increasing the use of purposeful hourly rounding.

**Actions:**

- **Patient Experience Simulation Training**
  - Interactive experience
  - Taught by unit leaders (manager, CQNL, educator, charge nurse)
  - Scripting on the 6 P’s
  - Every staff member had to demonstrate purposeful rounding
  - Secret shoppers to confirm interventions hardwired
ROOT CAUSE E - Inconsistent use of the Buddy System

Goal: To promote teamwork and share the patient care load by increasing the use of the buddy system

Actions:

- Developed flowchart to streamline process and increase consistency
- Reviewed at Nursing Leadership Council, daily bed meetings, and staff huddles
- Reinforced in the Patient Experience Simulation Training
ROOT CAUSE F - Inconsistent practice of the No Pass Zone

**Goal:** To decrease patient wait time by hardwiring the use of the No Pass Zone

**Actions:**

- Developed a flowchart
- Reviewed at Nursing Leadership Council, daily bed meetings, and staff huddles
- Reinforced in the Patient Experience Simulation Training
- Secret shoppers to confirm interventions hardwired
ROOT CAUSE G - Inconsistent leadership rounding

Goal: To improve accountability on call light response time, No Pass Zone, Buddy System, and purposeful hourly rounding

Actions:

- Developed a flowchart
- Defined leaders and included charge nurses
- Provided evidence to validate intervention
- Reviewed at Nursing Leadership Council, daily bed meetings, and staff huddles
Results

• HCAHPS Call Button Responsiveness scores increased from 64% to 73% by June 2018.

• The increase in HCAHPS Call Button Responsiveness scores impacted the HCAHPS Staff Responsiveness Domain score, which increased from 65% in FY 2017 to 70% in FY 2018.
Results

- In addition to impacting HCAHPS scores, the interventions had an impact on our hospital-wide call light response time.
- The average call light response time decreased from 5:42 to 4:09 minutes.

Lessons Learned:

- Refrain from conducting mandatory staff education during the holidays.
- Narrow the scope by focusing on pilot units before hospital-wide implementation.
- Focus on one intervention at a time to determine which has biggest impact on goal.