Call Bell Training: “Call Me…Maybe?”
Minimizing Constant Care
St. Michael’s Hospital
Trauma & Neurosurgery Program

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Introduction

- St. Michael’s is an inner city teaching hospital in downtown Toronto.

- One of 11 Ontario hospitals designated by the Ministry of Health and Long-Term Care as a Level 1 Trauma Centre.

- One of 11 Ontario Neurosurgical Centres.
Trauma & Neurosurgery Program

- Total of 72 beds, 19 ICU beds, 53 ward beds
- 2 ward rooms for high observation
- 1 clinical assistant provides constant care for 4 patients
- 94% capacity for Program
Current Challenges

- Patients with acquired brain injuries (ABI) are at risk for further injury due to falls/non-compliance (Amato, Resan, & Mion, 2012)

- Require **CONSTANT CARE**

- Costly, prevents transitions

- No standardized process to minimize constant care
Fact Finding

• A hospital wide review of current practice

• Consultation with external partners

• Literature search

• Sub-group formed from Patient Flow and Satisfaction Committee
Development of Call Bell Training Program

GOAL: Safely minimize constant care use

1. Structured cognitive re-training program
2. Positive Reinforcement
3. Inter-professional
4. Patient/family Involvement
Cognitive Re-training

- enhance remaining skills
- teach new strategies

Components
- Memory & Learning
- Information Processing
- Attention
- Communication
- Executive function
Positive Reinforcement

• Positive reinforcement refers to the use of rewards, privileges, incentives, attention, and praise to increase a desired behaviour.

• When positive things happen following a behaviour, the behaviour is likely to increase.
Interprofessional Team

Collaborative team working with patient to identify and implement call bell training:

Occupational Therapist
Physiotherapist
Case Manager
Nurse Practitioner
Recreation Therapist
Registered Nurse
Clinical Assistant
Patient/Family Involvement

- Demonstrate understanding of training and goals of call bell program
- It is beneficial to have family members assist with the training
Patient Selection

- Based on inclusion/exclusion criteria
  - Ranchos level 5 or greater
  - Free of restraints
  - Demonstrates potential for new learning
  - Ability to communicate needs
  - No active delirium, psychiatric issues or other significant behaviours
Call Bell Training

Please ensure patient has call bell and is using it to ask for help!

Please help the patient with their training:

1) Show the patient the call bell and ask “how do you use this?”

2) Ask the patient “why would you use the call bell?”

Please correct responses if incorrect
**Call Bell Training in High Observation Rooms**

Date: ____________________________  
Data Collected by: ____________________________  
Frequency: Q1 hr

"Please ensure call bell is within patient's reach for their needs"

Can the patient **show** you how to properly use the call bell?  
Show the patient the call bell and ask **"How do you use this?"**

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Can the patient **tell** you what the call bell is used for?  
Ask the patient **"why would you use the call bell?"**  
(if answer is appropriate check YES)

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Is the patient using the call bell to ask for help?

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If the patient is **NOT** using the call bell – give reasons and activities patient is doing:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Indicators of Success

- Appropriate use of call bell over 24-72 hours
- No documentation of falls or near misses
- Successful transition out of constant care which resulted in...

**Expedited transfer to rehab facility!**
Results

- Started May 15, 2013
- N = 48

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- 16 patients required longer to transition
- 8 not completed
Future Considerations

• Review inclusion criteria
• Ongoing education of staff
• Feedback questionnaire for families and staff
• Development of patient/family education


