

Access to Call Bells: Lessons from the Pandemic

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Introduction

Call bells are a simple safety measure linked to prevention of falls. The national Audit of Inpatient Falls 2017 highlighted that access to call bells was highly variable across trusts and recommended regular auditing. The national average of access to call bells was 81%. The winter covid pandemic posed a significant burden on staffing levels due to absence and redeployment. Our aim was to measure the impact this had on our elderly hospital population before implementing our own quality improvement plan.

Method

Audit of percentage of patients on a single care of the elderly ward who had access to a call bell during the pandemic (Dec 2020) and afterwards (April 2021). Patients receiving 1:1 nursing care were not included.

Results

Relative risk of call bell unavailability was 4.1 times greater in the December cohort than in April. Our results reached a statistical significance ($x^2 = 8.3$, $P=0.004$).

Staffing was reported by the ward sister to have been below expected levels during the first audit period compared to the second.

	Dec20	April21
Age	88.7 y	86.4 y
Frailty	5.4	5.5
Delirium	47.4%	28.6%
Access to bell	42.1%	85.7%

Implementation of QIP

Ongoing audit revealed call bell access was falling below national standard of 81% in May 2021, therefore we created a "5 moments for call bell access" poster which was displayed within each bay on the ward. This saw a further increase in access of call bells to 90%.



Conclusion and Discussion

- Access of call bells to elderly patients remains a simple intervention in preventing inpatient falls. In light of the threat of future covid variants and winter pressures we remain hopeful that the important of adequate levels of nursing staff on our elderly wards is not underestimated.
- We recommend ongoing audit across departments within the trust to ensure good standards of care for our patients.

Run Chart

