

The Traditional Call Light's Blind Spots

5 patient populations traditional systems weren't designed to serve

The traditional nurse call system has worked the same way for decades: a patient presses a button, an intercom asks what they need, the request gets passed along to find the right person who eventually arrives, and verbal communication follows.

The whole system assumes a patient who can press a button, hear the response, speak back in English, and explain exactly what they need. **For many patients, one of those things isn't possible, and the call light becomes a wall, rather than a bridge.**



WHAT IS DISPATCH?

Dispatch replaces the traditional call button with a bedside tablet patients can tap to submit structured, specific requests in 12 languages, with no need to speak or hear. Each request routes directly to the right staff member's phone, depending on what's needed.

The result: faster response, better communication, fewer trips into the room, and the right person for the task.

5 Patients, 5 Breakdowns

1 The Intubated or Trached Patient



What fails:

The patient presses the call button, but can't answer the voice on the intercom. The nurse arrives and tries yes/no questions, lip reading, and pointing. The actual need often goes unresolved.

With Dispatch:

The patient taps structured requests directly on the tablet: pain, suction, reposition, nausea. The staff member arrives already knowing exactly what's needed and with the right supplies in hand.

2 The Non-English Speaking Patient



7.5% of Dispatch requests are not in English

What fails:

The patient presses the call button, but no staff member speaks their language. The nurse tracks down the interpreter device, connects, and 20 minutes pass before basic communication can begin.

With Dispatch:

The tablet supports 12 languages, auto-set from the patient's EHR. They submit requests in their language, and the nurse sees the translated request immediately. No interpreter, no delay, no language barrier.



3 The Post-Stroke Patient (Loss of Speech or One-Sided Weakness)

What fails:

The patient can't reach the call button on their affected side, or generate the pressure needed to activate a physical button. Even when they manage to signal, they can't form the words to explain what they need.

With Dispatch:

A visual, one-tap interface lets patients communicate specific needs without needing to speak. Requests route directly to the right staff member for the task.



4 The Patient Managing Pain



11.4% of Dispatch requests are pain-related

What fails:

The patient presses the call button and waits. The nurse arrives, asks the pain level, then leaves to get the right PRN dose from the tiered order. Two trips, 10-15 minute delay.

With Dispatch:

The patient reports their pain level on the tablet. The nurse sees it before entering, grabs the right medication, and arrives ready to administer. One trip, faster relief.



5 The Deaf or Hard-of-Hearing Patient

What fails:

The call button triggers an intercom response the patient can't hear. They don't know if the call registered or when help is coming. Communication relies on lip reading, writing, or an ASL interpreter.

With Dispatch:

The patient submits requests directly through the tablet and sees instant visual acknowledgement and status updates. No audio dependency, guessing, or isolation.



Why This Matters

HCAHPS measures how well nurses and physicians communicate with patients, meaning these scores have implications for both patient experience and hospital finances.¹



Ready to see Dispatch in action? | dispatch.care | contact@dispatch.care

¹ CMS, 2025 HCAHPS Update Training Q&A, hcahpsonline.org