Prince George’s Hospital Center

Rapid Response Team/Condition H

September 30, 2009
Prince George’s Hospital Center is an acute care teaching hospital and referral center located in Cheverly, Maryland. The Hospital was founded in 1944 and is the largest provider of health care services in the county.
Prince George’s Hospital Center

- 254 Beds
  - 15,000 Admissions/Year
  - 45,000 ED Visits/Year
- 24 ICU Beds
- 10 CCU Beds
- Level II Trauma Center serving southern Maryland
- Level IIIb Perinatal Referral Center with 20 NICU Beds
- 10 operating suites and 1 Endoscopy Suite
- 2 Cardiac Catheterization Labs
RRT at PGHC

- Established as part of the IHI and Maryland ICU Collaborative in June 2006.
- April 2006 - Pilot E900 (Medical-Surgical Floor)
- June 2006 - Went live throughout the hospital
M/S Codes (Before and after initiation of RRT)

![Bar chart showing events of M/S Codes Blue and RRT from Jan '05 - Mar '06 and Apr '06 - Present]
“Condition H” Initiation Process

- Presented to Leadership and Code Blue Committee
- Made formal presentation to Leadership Council April 2009
- Pilot begun April 21st 2009
“Condition H” Development Team

♦ Senior Leadership
♦ Intensivist
♦ Director Med/Surg
♦ Director Coronary Care
♦ Director E900
♦ Director Respiratory Care
Barriers/Concerns:

♦ RRT
  - ICU Nurse remains with patient who is to be transferred. Concerned about the time away from ICU as she may have a patient assignment.

♦ Condition H
  - Operators: Possible abuse of system by family for non-emergent requests, too many calls, potential for multiple emergent calls at the same time during times of reduced staffing.
How Do Patients & Visitors Know When To Call Condition H?

- Patients and visitors are introduced to the program at the point of entry into the hospital
- Signs posted in patient rooms
- Future Plans:
  - Patients will receive a brochure about the program
  - Condition H stickers to be placed on telephones in patient rooms
  - Signage in public areas about Condition H
Condition Help  Condition Help  Condition Help
Patient/Family Activated Rapid Response Team (RRT)
at Prince George’s Hospital Center

Dial 8444

♦ You notice an emergent change in the condition of your loved one and a member of the healthcare team is not readily available.

♦ You are aware of a change in the condition of your loved one that you feel the healthcare team is not aware of.

♦ You have serious concerns regarding the health of your loved one that has not been addressed or heard by a member of the healthcare team.

♦ The call must tell the page operator the following:

Room and bed number
Reason for your call

You will hear an announcement by the Page Operator “Rapid Response Team to room ----”
Activating Condition H

♦ The caller *must inform* the Page Operator regarding the nature of the emergency.

♦ A patient, visitor and/or a family member will dial X84444.

♦ The Page Operator will utilize a decision matrix to activate Condition H or to contact Patient Relations and/or Director/ADM/Charge nurse on the patient care unit.
Who responds to RRT/Condition H?

♦ Current members of the Rapid Response Team
  ❖ Intensivist or Hospitalist (7 p.m. till 7 a.m.)
  ❖ ICU RN
  ❖ Respiratory Therapist
  ❖ Patient’s Floor RN
  ❖ ICU PA
  ❖ Medical Resident
Code Blue Team

- Same team members as RRT with the following exceptions:
  - Add Anesthesia
  - Add CCU RN in place of ICU RN
If the patient/family states one or more of the following, but not limited to:
✓ Bleeding
✓ Difficulty Breathing
✓ Not Breathing
✓ Something is wrong – patient is just not acting like himself/herself
✓ Immediate concerns about decisions being made where no one from healthcare team is answering their questions

 Activate RRT!

If patient/family states one or more of the following issues:
✓ Diet
✓ TV
✓ Phone
✓ Temperature in room
✓ Needing directions somewhere
✓ Water pitcher needs filled
✓ Basic environmental concerns
✓ Housekeeping concern

Do not activate RRT.
Call Patient Relations, Director/ADM/Charge Nurse
How Do We Follow-up?

SECTION 1: To be completed by RRT Responder

Date of RRT ____________________  Time Called: ____________________

Location: ____________________  Time Ended: ____________________

Name of caller ____________________  Relationship to patient: ____________________

Reason for initiation of Rapid Response Team:
1. □ Medical Management
2. □ Diet Related
3. □ Psychosocial Issue
4. □ Discharge Planning Related
5. □ Clarification of Orders
6. □ Pain control/Medication
7. □ Delay in Care
8. □ Dissatisfaction with staff
9. □ Communication Breakdown
10. □ Allergy Related
11. □ False call/Cancelled
12. □ Other: ________________

How Do We Follow-up?
SECTION 2: To be completed within twenty-four (24) hours of patient/family initiated RRT by the Director/ADM or Administrative Coordinator with Patient/Family member who initiated the RRT.

Interview conducted by:

Date of follow-up:

Complete the following survey
### How Do We Follow-up?

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| I felt I was given clear direction regarding “Patient Family RRT” |   |   |   |   |   |
| I felt comfortable calling an RRT       |   |   |   |   |   |
| When I/my family called an RRT, I/we felt my/our needs were met |   |   |   |   |   |
| I felt my needs or the needs of my loved one were met post RRT call |   |   |   |   |   |
How Do We Follow-up?

1. If I had to initiate an RRT again, would I do it?
   - [ ] Yes
   - [ ] No

2. What did we do well?

3. What can we improve?

4. Can we contact you at a later time to share your RRT experience?
   - [ ] Yes
   - [ ] No
What is in it for PGHC?

♦ Improve patient safety
♦ Improve patient relations
♦ Improve patient satisfaction