Condition Help (H)
Making the Hospital a Safe Place for Patients

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UPMC at a Glance…

- Premier health system in western Pennsylvania (PA)
- $6 billion organization
- Region’s largest employer;
  43,000 employees
  More than 4,500 affiliated physicians including 2,300 employed by UPMC
- More than 3,350 licenses beds
- More than 167,000 annual patient admissions
- Internationally renowned centers ex. transplantation, cancer, neurosurgery
- With the University of Pittsburgh and affiliates, more than $431 million in NIH funding annually – ranking among the top 10 recipients in US
The Start of Condition Help
UPMC Shadyside at a Glance...

- 517 inpatient licensed beds
- 70 Intensive Care beds
- 5 Intensive Care Units
- ~25,000 annual admissions
Josie King Tragedy: Eighteen-month-old Josie King died due to hospital errors at a major East Coast academic medical center in 2001. Josie’s parents, Sorrel and Tony, lost Josie to narcotic misuse, severe dehydration, and multiple breakdowns in communication - needless human errors. Sorrel believes if the hospital had had a patient/family-initiated rapid response team (RRT), Josie would still be alive today.
Background & Introduction Continued

When Tami Merryman, former VP Patient Care Services UPMC Shadyside, heard the King tragedy, she knew immediately empowering patients/families to alert caregivers to critical events was the right thing to do!

Working closely with Sorrel King, UPMC Shadyside launched Condition Help in July 2005
Why is “Condition Help” Needed?

- Healthcare is broken—patient safety often compromised
- Joint Commission’s NPSG ’08
  - Goal 13: Encourage patients’ involvement in own care as a patient safety strategy
  - Goal 16: Improve recognition and response to changes in patient’s condition
- Solidifies care partnership between patients, families, visitors, nurses, physicians
- It’s just the right thing to do!
Getting started at UPMC

- **Pilot- 24 bed unit**
- **Mock H Call**
- **Process redesign/small test of change-actual pts/families**
  
  One patient, one unit, one day
- **Staff in-servicing/patient education**
- **Communications-medical staff and hospital personnel**
- **Spread Condition Help- all inpatient units (July 2005)**
- **UPMC Presbyterian kick off (January 24, 2007)**
- **System spread complete January ‘08-following kick off workshop hosted by Sorrel King**
CRITICAL Role of Leadership
Medical staff, clinician & PATIENT buy in
Talk to patients
Difficult conversations, yes, have them
Show Sorrel King’s address
Discuss Josie’s tragic death
Visit Josie King Foundation/www.josieking.org
Consider inviting Sorrel to speak to leaders
Pilot test
Remember: One patient, one unit, one day
RRT’s solid in culture…Condition Help natural next step
Do not fear the “what if’s”
Communications….brochures, posters, wall signs, newsletters, memos
Material Creation - Recommendations

- Consistent messages to patients/staff/visitors
- Establish “the look”
- Scripts to start
- Brochure/flyer
- Room signage
- Telephone stickers
- Display boards
- Buttons

**INSERVICE, INSERVICE, INSERVICE**

- SBAR
- Scripts
- Video
How Do Patients Learn About Condition Help?

- Port of entry introduction
  [admission team, out patient surgery, ICU]
- In room patient signage
- Telephone stickers
- Buttons
- Tri-Fold brochure
- Public displays
- Video on Patient Education Closed
  Circuit TV
When to Call Condition Help

1. Noticeable clinical change when healthcare team not present or not responding to concerns of patient or visitors

2. Breakdown in how care is being managed and/or confusion over what needs to be done
Condition Help Activation

- Same emergency number as Condition A and C, 3-3131
- Call from any hospital telephone
- Trained hospital operator receives call
- Caller instructed to provide patient name, caller name, location and nature of emergency
- Call triggers response teams’ pagers and overhead alerts
### When to Activate

- **Patient/caller-serious clinical concern:**
  - Ex: Bleeding
  - Ex: Difficulty breathing
  - Ex: Something just isn’t right

- **If Communication Breakdowns Occur:**
  - Ex: Confusion regarding invasive procedure

**Activate Condition Help pagers sound overhead announcement**

### When Not to Activate

- **Patient/caller-issue with:**
  - Diet
  - TV
  - Telephone
  - Room Temperature
  - Water pitcher needs filled
  - Basic environmental concerns
  - Housekeeping concern

**CALL Patient Relations 623-2014**

*Call on line 3-3131*
Condition Help Respondents at UPMC Shadyside

- Internal Medicine House Physician
- Administrative Nursing Coordinator
- Patient Relations Coordinator
- Floor Nursing Staff
Calls Received

**Total Calls** = UPMC Health System 300 calls
(majority-patient calls; small % families/visitors; smaller % nurses)

**Nature of Calls:** Majority-pain control; others- issues with:
- medical management; communication breakdowns; diet;
discharge planning; order clarification

**Examples:**
1. Patient fear of blood transfusion due to past reaction
2. Patient extreme discomfort and pain in the abdomen

**Outcomes:**
1. Physician Meeting; staff communications
2. Coordination w/Interventional Radiology
Calls Received

% by Category
Rolling 12 Months

- Pain Control/Meds: 34.0%
- Delay in Care: 14.0%
- Dissatisfied w Staff: 13.7%
- Med/Nsg Mgmt: 13.3%
- Other: 13.3%
- DC Planning: 4.0%
- Clarify Orders: 2.7%
- Service Issues: 2.0%
- Diet Related: 1.3%
- Allergy Related: 0.7%
- Psychosocial Issues: 0.7%
- Call Cancelled: 0.3%
Data Collection

- 24 hour post call bedside meeting
- 5 point data collection tool-system hospitals
- Monthly Condition Help data submitted by all hospitals
- Reports generated for UPMC leadership
- Center for Quality Improvement & Innovation (CQI2) support
- Pain related calls-leader of H calls received
- System “pain call” analysis tool in progress
- Practice changes needed? Trends?
Outcomes of Pain Related H Calls at UPMC Shadyside

- Were the pain medications that you had been taking at home for pain continued once you were admitted to the hospital?
  - 44% reported that the same medications were not continued in the hospital

- Was a chronic pain consult obtained for you while in the hospital?
  - 55% of patients who reported chronic pain as an issue were not ordered a pain consult during this admission

- If you have a chronic pain condition, did you discuss your treatment plan with your surgeon/PCP prior to admission?
  - 22% of patients discussed their treatment plan prior to admission.

- Did you have difficulty managing your pain prior to coming into the hospital?
  - 67% of patients reported they already had difficulty managing their pain at home before they got to the hospital

- Was there a change in your pain medication in the last 24 hours?
  - 44% reported that there was a change in the pain medication
Perspective from Nurses…

- Comfort with Condition Help
- Has come to the rescue when the system failed
- I would want my family to have the option to use Condition Help if hospitalized
- I have used the system or encouraged my patient to
- Inappropriate calls are minimal
- Helps show leadership where opportunities lie
Getting Smarter – Moving Forward

- Team leader identified-MD dismissed when unrelated to medical management
- System Advisory Team
- List Serve
- System Standardization in progress
- Call review regularly-Risk Management Meeting: VP, MD, Executive Leadership, Legal and Risk presence
- Assess staff awareness
- CQI2 involvement-patient interviewing to “get it right”
- Patient Safety Fair- National Patient Safety Week
- Condition Help in new hire orientations
- Josie King Patient Safety Award
- Simulation
UPMC is working collaboratively to:

- Communicate more effectively
- Reduce needless patient pain, suffering, confusion over care plan
- Make hospitals safer for patients
- Meet all patient needs EVERY DAY
Leadership support
Interview patients-Make patient/family input a priority
Share the Josie King Story
Build the right team-consider adding a patient
Don’t stall due to “What ifs”
Start small-pilot-one nursing unit-one patient-one day
Work closely with nursing and multidisciplinary teams
Learn from every step of the process and calls received
Collect data
Perspective From Patients...
“I can’t believe a hospital would take such efforts to make the hospital safer for patients.”

-UPMC Shadyside patient learning about Condition Help
“I don’t think I would need to use it, but I am glad to know it is there...kind of like calling 911 at home.”

-A UPMC Shadyside patient sharing thoughts on the Condition Help program
“UPMC Shadyside is proud of this program and knows it is the right thing to do for patients. By partnering with you - the patient and family - we are promoting a culture of patient safety together.”

-Sandra Rader, Vice President, Patient Care Services and Chief Nursing Officer, UPMC Shadyside
Condition Help…
IT’S THE RIGHT THING TO DO!
For additional information contact:

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http://www.upmc.com/ConditionH
References

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Questions?