Condition H (HELP)
One Hospitals Journey

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Condition H (HELP)-OBJECTIVES

- Impetus to adopt Condition H
- RRT History and Evolution
- Definition - purpose and goals of Condition H
- Condition H Team, process and Operator Tree
- Pilot roll out and findings
- Hospital wide education and full implementation
- Outcomes and Evaluations
- Spreading the Change
- Lessons learned
- Next Steps
- Q & A
St. Joseph Hospital of Orange, CA

- 512 bed, not for profit
- Acute care with BHS unit
- Opened 1929
- Sisters of St. Joseph of Orange
- Shared services to CHOC
- Admits: 30,000
  - ALOS - Acute 3.67 days
- ED: 100,000 visits
- OR: 25,000 surgeries
- OB: 5135 deliveries

Payor Mix

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<thead>
<tr>
<th>Payor</th>
<th>Percentage</th>
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<tr>
<td>HMO</td>
<td>23.5%</td>
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<tr>
<td>Medicare</td>
<td>22.3%</td>
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<td>PPO</td>
<td>11.5%</td>
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<tr>
<td>Capitated</td>
<td>18%</td>
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<tr>
<td>Medical/caid</td>
<td>9%</td>
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<tr>
<td>Other</td>
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Impetus To Adopt Condition H

- Participation in IHI to improve overall hospital outcomes with a focus on improving patient safety
- To maintain our collaborative relationship with IHI and “5 Million Lives Campaign”
- This focused our aim on increasing patients and families involvement in their care
- Adoption of safety culture initiatives and reliability engineering tools
- To expand our MET response
Rapid Response Team

- Developed Goals:
  - Decrease codes outside of ICU
  - Decrease mortality
  - Decrease inappropriate transfers to ICU
- Started our RRT called MET (Medical Emergency Team) in 2004
- Pilot on Medical Pulmonary unit for 6 months
- Other units were calling MET during the pilot
  - Confirmed it was time for full hospital wide implementation
RRT Evolution

- The success of the RRT motivated other departments to adopt this concept:
  - BERT (Behavioral Emergency Response Team)
  - PART (Postpartum/Antepartum Resource Team)
  - ED Response Team
  - Pavilion Response Team
  - These activities helped us achieve “Mentor Hospital Status” with IHI
- Sorrel King spoke at IHI and challenged the audience to develop a mechanism for families to call RRT
  - UPMC took this challenge and worked to establish this directive
- In 2006, our RRT caused a decrease in Code events in the first 18 months but our trending leveled off
  - After review, we found EWS were not consistently assessed by the nurses
  - This evolved our MET team into a Dedicated RRT system
Condition H at SJH

- Started by assessing families who had experienced death in the ICU
  - Sought their perspectives on the care we delivered during this crucial time in their lives
  - Involved these “Patient Family Advisors” into Quality related discussions and asked them to be a part of our team

- **Patient Family Advisors:**
  - Provide insight and support on how we could have better met their needs
  - Provide a point of view sometimes not seen or with the same intensity as healthcare staff
  - Shared the importance of having a “voice”

- The feedback we received and in being proactive, we began the development of our Condition H program
Definition and Goals

**Definition:** Patient/Family initiated MET response with multidisciplinary involvement

**Goals:**
- To empower Patients and Families to access care and provide the ability to communicate their needs
- To improve satisfaction, decrease anxiety, and increase safety for patients and families
- To address immediate needs when there is a breakdown in communication and/or confusion in plan of care with healthcare team member
- To solidify the relationships between patients/families and the healthcare team
Condition H Team

**MET RN**- Critical Care RN will
- Utilize CONDITION H ALGORITHM to triage call

**MET Respiratory Therapist**- will
- Respond and follow SOB protocol as appropriate

**House Supervisor**- will
- Respond and resolve event if not a physical/ medical emergency

**Charge RN** from respective floor, will
- Respond to call and ensure appropriate communication occurs with primary care nurse and other interdisciplinary team members

**Patient Service Representative** will
- Follow-up with Condition H caller the next day to complete Evaluation form
When To Call Condition H

- If a medical change occurs in the patient and it is unrecognized by the healthcare team
- If the patient perceives there is a communication breakdown or confusion with the plan of care
- If the patients’ concerns are not being heard and/or needs are not recognized or met

**Action to be taken by patient and/or family:**
- If there is a perceived life-threatening emergency,
  • Activate **Condition H**
- If situation is not life-threatening:
  • Communicate with the healthcare team the perceived concern
  • If the problem is not adequately addressed, activate **Condition H**

**Patient/family/caller:**
- Will dial the hospital emergency line and request **Condition H**
- Will provide the operator the patient name, location, nature of call
- Will also initiate the patient call light
St. Joseph Hospital
Condition H-Decision
Operator Tree

• When to Activate
  • If a patient/caller has a Serious Clinical Concern:
    • Ex. Bleeding
    • Ex. Difficulty Breathing If
    • Ex. Something just isn’t right
  • If Communication Breakdowns Occur:
    • Ex. Confusion regarding plan of care
  • Activate Condition H pagers and announce overhead

• When Not to Activate
  • If patient/caller has issue with any of the following:
    • Diet
    • TV
    • Phone
    • Temperature in Room
    • Water needed
    • Basic environmental needs
    • Housekeeping concerns
  • CALL Resource Center at X1-5000
  • And notify charge nurse of respective floor regarding Condition H call
CONDITION H ALGORITHM

1. Patient/Family Dials "68"
   Operator responds and operator overhead pages "CONDITION H"
   Multidisciplinary Team responds
   MET RN to assess and identify needs. Initiate Condition H Documentation.

   - Physical/Medical Emergency:
     Use MET Standard Guideline Protocol and Condition H Team members may be excused if appropriate
     Complete MET form and Condition H form

   - Other Non-Emergent:
     Did the caller follow Condition H activation instructions appropriately?
     - Yes:
       House Supervisor/Manager to follow-up and Team members may be excused if appropriate
     - No:
       Charge Nurse to follow-up and Team members may be excused if appropriate

   - Other-Emergent (Behavior or Pregnancy Emergency):
     Activate BERT and Team members may be excused if appropriate
     Complete BERT form and Condition H form

2. Complete Section 1 of Condition H Form
   Place completed form in front of the chart.
   Notify Patient Service Representative at Ext. 1-1000 to follow-up within 24 hours.
   Patient Service Representative/House Supervisor to complete Section 2 (Patient Name and Date of Condition H within 24 hours).

3. Section 2: Pt. Service Rep or House Supervisor return all completed forms to MICU (located in Bldg 2, 4th floor). Place document in assigned folder under condition H by charge nurse desk.
Pre-Pilot Planning

- Designated Medical Pulmonary unit as pilot floor; had previous success with MET pilot
- Staff educated at Skills Days and “Save a Life” week long campaign
- *The Josie King Story* DVD
- Other educational adjuncts:
  - Poster, flyers, and 1:1 in-services with mobile education cart
- Evaluated staff understanding of program and staff preparedness through a survey.

Results

- 80% of prepared staff felt they received the necessary tools for the pilot
Pilot

Sept 2007- March 2008

- Pilot brochures provided to patients on admission and transfer into unit
- Evaluations conducted to assess if education on Condition H was completed
- Findings 2 weeks post pilot implementation:
  - Most Pts/Families had not received the brochure/education
  - Staff expressed concerns
    - Difficulty speaking about the program
    - Not having time to review program with pt/family
- Action:
  - Unit Manager notified and provided tools on how to increase awareness
  - Charge RN to evaluate pt/family awareness of program at Daily Rounds and provide brochure/ education if needed
  - Condition H FAQ sheet created to aid staff with education (cheat sheet)
- Result:
  - Staff found FAQ tool easy to use and understand
  - Pt/Family awareness of program increased
  - No appropriate Condition H calls received during pilot
Hospital Action Plan and Rollout

- Education done in 3 stages
  - Each unit had a poster and flyers
  - *The Josie King Story* DVD playing in their lounge
  - 1:1 In-services provided about new process
  - Incorporate Condition H info in Interactive TV

March 3, 2008- Condition H Go Live day Hospital wide

- Condition H educational poster for pts/families displayed at unit entrances and waiting rooms
- Program brochures inserted into all admit packets
- Brochures and flyers available throughout hospital
- Posting in Another Day celebrating start
WHEN TO CALL

- If a noticeable medical change in the patient occurs and the healthcare team is not recognizing the concern.
- If there is a breakdown in communication and/or confusion in the plan of care with the healthcare team.
- If you feel your concerns are not being heard and/or your needs are not recognized or being met.

PATIENTS/FAMILY ARE ASKED TO:

- Identify the problem and communicate with your healthcare team (primary care nurse, charge nurse and/or physician).
- If the problem has still not been adequately addressed and you have serious concerns about how your care is being given, managed or planned, then consider activating Condition H.
- If at any point you feel this is a life-threatening emergency, activate Condition H immediately.

HOW TO CALL

- Dial 66 from any hospital telephone and turn on the call light
- Identify the call as Condition H
- Provide the patient’s name, location and reason for call

The operator will activate Condition H and page the appropriate team members. A multidisciplinary team will respond to assess the situation and treat the patient as necessary.
SECTION 1

1. Date: __________________ Time Called: __________ Location: __________

2. Off Unit: __________________ Time Ended: __________

3. Algorithm used: □ Physical/Medical Emergency □ Other Emergency
   □ MET □ Activate BERT
   □ Other Non-emergency □ Charge Nurse □ Activate PART
   □ House Supervisor

4. List names and positions of response team members
   a. MET RN __________________
   b. MET RT __________________
   c. House Supervisor __________________
   d. Patient Care Representative __________________
   e. Other __________________

5. Name of the caller: __________________ Relationship to Patient: __________

6. Nature of call:
   1. □ Medical Management
   2. □ Diet Related
   3. □ Psychosocial Issues
   4. □ Discharge Planning Related
   5. □ Clarification of orders
   6. □ Pain Control/Medication
   7. □ Delay in Care
   8. □ Dissatisfaction with staff
   9. □ False Call/Cancelled
   10. □ Communication Breakdown
   11. □ Allergy Related
   12. □ Other __________

Attention MET RN!!! Briefly describe the description of Condition H Activation

(PLEASE USE SPAD)
SECTION 2

EVALUATION

To be completed by the Patient Service Rep or House Supervisor/Manager with the Condition H Caller. Must be done within 24 hours of Condition H call.

Name of the Patient Service Rep/House Supervisor/Manager: ____________________________

1. Date of Follow up: ____________________________

2. Complete the following survey: (Provide caller with copy of below questions and scale).

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree (5)</th>
<th>Agree (4)</th>
<th>Undecided (3)</th>
<th>Disagree (2)</th>
<th>Strongly Disagree (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I felt I was given clear direction regarding “Condition H”.</td>
<td></td>
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<tr>
<td>I felt comfortable calling a “Condition H”.</td>
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<tr>
<td>When I/my family called a “Condition H”, I/we felt my/our needs were met.</td>
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<tr>
<td>I felt my needs or the needs of my loved one were met post “Condition H” call.</td>
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3. If I had to initiate a “Condition H” again, would I do it? □ Yes □ No

4. What did we do well? ____________________________________________________________

5. What can we do to improve? ____________________________________________________

6. Can we contact you at a later date to share your “Condition H” experience? □ Yes, □ No
<table>
<thead>
<tr>
<th>Date of Call</th>
<th>Location</th>
<th>Issue</th>
<th>Details</th>
<th>Appropriate MET response</th>
<th>Person assisting</th>
<th>Outcome</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/3/08</td>
<td>Med Tele</td>
<td>D/C Planning</td>
<td>Family was not ready to take pt home- wanted to bypass SNF and take home the next day. Pt had complications when D/C a month ago- family had many worries.</td>
<td>Y</td>
<td>House Sup, Charge RN</td>
<td>Concerns addressed. Case Mgmt and Home Health staff assisted- appeal filed with Medicare to extend stay. Pt stayed in house pending response form Medicare.</td>
<td>Satisfied. &quot;Fantastic new program. Deployed program well. Staff was great. Communication between physicians could be better.&quot;</td>
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<tr>
<td>3/9/08</td>
<td>Ortho</td>
<td>Dissatisfaction w/MD</td>
<td>Pt w/concerns of lack of communication and teaching by MD regarding upcoming procedure and plan of care.</td>
<td>Y</td>
<td>House Sup</td>
<td>Concerns addressed. Krames education printed. Support provided.</td>
<td>Satisfied. &quot;Great response time. What a great program. Operator was a helpful, caring employee.&quot;</td>
</tr>
<tr>
<td>3/21/08</td>
<td>MBU</td>
<td>Dissatisfaction w/staff and care</td>
<td>Pt felt nurse was not attentive or helpful- felt forgotten. Pt unhappy w/stay at hospital.</td>
<td>Y</td>
<td>House Sup</td>
<td>Offered juice, kleenex. Emotional support provided. Assignment had already been changed- pt stated she w as happy w/current nurse.</td>
<td>&quot;House Sup responded accordingly and w as very helpful.&quot;</td>
</tr>
<tr>
<td>4/19/08</td>
<td>Med Surg Gyn</td>
<td>Medical Mgmt, Communication Breakdown</td>
<td>Daughter concerned re: Mother w/bradycardia (40's). Pt asymptomatic- on Beta Blocker. Pt/daughter felt concern not adequately addressed by MD.</td>
<td>Y</td>
<td>House Sup</td>
<td>MD refused to D/C med- felt w as beneficial and pt tolerating. MD spoke w/daughter and criticized RN staff on floor. House Sup to f/u regarding behavior.</td>
<td>&quot;Listened, gathered information, comforted, made appropriate contacts. The nursing team was great.&quot; Needs met by Condition H team.</td>
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<tr>
<td>5/1/08</td>
<td>Med Surg</td>
<td>Pain Control/Management, Language Barrier</td>
<td>Spanish speaking post-op pt denied pain in PACU- now c/o excrutiating pain on arrival to flr. Daughter called requesting immediate pain control and concerned that language barrier would affect plan of care.</td>
<td>Y</td>
<td>House Sup, Charge RN</td>
<td>Pt medicated and PCA set-up. Spanish speaking staff assigned. Pt and daughter reassured Spanish interpreters will be available and utilized.</td>
<td>&quot;The response time was awesome. Key personnel introduced themselves which made us more comfortable. The staff was calm but assertive to get the pt stabilized.&quot;</td>
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<tr>
<td>5/24/08</td>
<td>Med Surg</td>
<td>Medical Mgmt, Communication Breakdown</td>
<td>Brother called concerned with medical mgmt- requesting more medical intervention by MD. Pt pending D/C- pt requesting prescription for arthritis meds not r/t stay but MD already signed off.</td>
<td>Y</td>
<td>House Sup</td>
<td>Notified medical group- another MD to see pt.</td>
<td>Pt and family very pleased with whole process and outcome.</td>
</tr>
<tr>
<td>6/4/08</td>
<td>Med Tele</td>
<td>Delay in Care, Delay in D/C, Dissatisfaction with staff</td>
<td>In am, MD told pt/wife he woul be D/C after platelet infusion, f/u labs and D/C of head drain. Now mid afternoon, infusion completed pending labs. Family frustrated in delay of care- awaiting D/C.</td>
<td>Y</td>
<td>House Sup, Charge RN</td>
<td>Called lab to draw/process labs. PA paged to visit pt to D/C drain. PA approved pt to be D/C. Paperwork started. W/C @BS. Pt/wife comforted.</td>
<td>Overall, liked the timely response and felt needs addressed and met. Wife felt too many staff responded to call- felt it was unnecessary.</td>
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<tr>
<td>Date of Call</td>
<td>Location</td>
<td>Issue</td>
<td>Details</td>
<td>Appropriate</td>
<td>MT Response</td>
<td>Person assisting</td>
<td>Outcome</td>
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<tr>
<td>6/7/08</td>
<td>Onc</td>
<td>Delay in Care</td>
<td>Pt wanted to go back to bed- awaiting Lift Team arrival to assist for 45 min. Mother very anxious so activated team.</td>
<td>Y</td>
<td>N</td>
<td>House Sup</td>
<td>Reviewed process of paging Lift Team at x 1-5000 with staff. Reassured pt/Mother and administered pain meds to pt.</td>
</tr>
<tr>
<td>6/11/08</td>
<td>Med Surg</td>
<td>Dissatisfaction with Staff</td>
<td>Pt upset with nursing care from previous day- felt nurse was not attentive.</td>
<td></td>
<td>N</td>
<td>House Sup, Charge RN</td>
<td>Pt's concerns heard- pt comforted. Charge RN f/u.</td>
</tr>
<tr>
<td>7/23/08</td>
<td>Med Surg</td>
<td>Dissatisfaction w/Staff, Pain medication</td>
<td>Pt c/o difficulty swallowing and was having difficulty communicating with Primary RN. Then, pt received Dilaudid too fast- pt c/o chest heaviness and eyes rolled back so Mother activated Condition H.</td>
<td>Y</td>
<td>N</td>
<td>House Sup</td>
<td>RN assigned to pt changed, documentation posted on kardex reminding to push Dialudid slowly, call placed to MD about difficulty swallowing, IV site changed.</td>
</tr>
<tr>
<td>11/23/08</td>
<td>Cardiac Renal</td>
<td>D/C Planning</td>
<td>Pt had concerns about leaving the hospital and refused to be D/C to outside care facility.</td>
<td>Y</td>
<td>N</td>
<td>House Sup</td>
<td>House Sup communicated concerns to Charge RN who will follow-up with Case Mgmt.</td>
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St. Joseph Hospital, Orange California
Condition H: Nature of Calls, Mar-Nov 2008

*Data based on 11 Evaluations
Post-Implementation Actions

- Brochures translated and available in Spanish
- Education available to Pt/Families through Interactive TV
- Posters remain on display at unit entrances and common areas
- Pt/Families surveyed to assess if brochure and/or verbal education were provided upon admission and how adequate their knowledge is of the program
  - Findings reported back to Nursing Leadership with data charts showing each areas evaluation results
SJO: Evaluation of Patient/Families Receiving Condition H Education, November 2008

- **Received Brochure**
  - MICU: 43%
  - Med Tele: 0%
  - Gen Surg: 57%
  - Ortho: 31%
  - Med Pulm: 45%
  - Cardiac renal: 25%
  - Oncol: 38%
  - Med Surg Gyn: 14%

- **Received verbal education**
  - MICU: 29%
  - Med Tele: 11%
  - Gen Surg: 43%
  - Ortho: 8%
  - Med Pulm: 36%
  - Cardiac renal: 25%
  - Oncol: 13%
  - Med Surg Gyn: 0%

- **Knowledge adequate**
  - MICU: 29%
  - Med Tele: 0%
  - Gen Surg: 43%
  - Ortho: 8%
  - Med Pulm: 36%
  - Cardiac renal: 13%
  - Oncol: 13%
  - Med Surg Gyn: 0%

Number of Pts/Families Evaluated: 7, 9, 7, 13, 11, 8, 8, 7
SJO: Condition H - Survey of Pt/Family Education, November 2008

- Received Brochure: 32%
- Received verbal education: 21%
- Knowledge adequate: 18%
Lessons Learned and Spreading the Change

- Communicate, Communicate, Communicate!!!!!!!
- Listen to staff when they have concerns and or feedback as to how the process can be better
- When we include our patients and families in care, we have less complaints, and increase in satisfaction- QUALITY CARE
- Talk with hospitals who have been successful in implementation- don’t reinvent the wheel
- Continually reevaluate your systems and processes for continual improvement
Spreading the Change (cont’d)

Share your experiences with other hospitals:

- Participation with Health System hospitals through Sharepoint
- IHI Townhall Conference- presented “Engaging Patients and Families to Achieve Perfect Care”
- NHFCA Web Conference-presented “Engaging Patients and Families to Achieve Perfect Care”
- Local AACN Chapter GLBOC presentation “Condition H(HELP)”
- Poster presenters at ANCC Magnet 2008 Conference “Implementing a Patient/Family Activated Emergency Response”
- Receive 3-5 calls or e-mails per month from hospitals across the nation requesting our tools and inquiring about our journey
- We contribute to the literature via the “Patient and Family Activation of Rapid Response Team” survey for Institute for Family Centered Care
Questions??????