St. Joseph Hospital of Orange
Condition H – Documentation

SECTION 1 to be completed by the MET RN and Follow/Up Team Member on the day of Condition H and placed in the front of the chart.

SECTION 2 to be completed by the Patient Service Rep / House Supervisor/Manager within 24 hours of call.

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 □ 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 7. □ Delay in Care
   2. □ Diet Related 8. □ Dissatisfaction with staff
   4. □ Discharge Planning Related 10. □ Communication Breakdown
   5. □ Clarification of orders 11. □ Allergy Related
   6. □ Pain Control/Medication 12. □ Other ________________

Attention MET RN!!! Briefly describe the description of Condition H Activation
(PLEASE USE SBAR)

Attention: Follow-up Team Member!!! Briefly describe the intervention and resources needed to stabilize the situation and the outcomes.

Please indicate if the “Condition H” call resulted in any of the following:

□ Change of medication regime  □ Code Blue
□ Transfer to a higher level of care  □ Activate PART
□ Transfer to another unit  □ Activate BERT

SECTION 1: Continued on Next page
SECTION 1: (continued)

☐ No changes made
☐ Other _______________________

Did the “Condition H” result in a change in the patients’ code status?  ☐ Yes  ☐ No
Charge Nurse to debrief with primary care nurse  ☐ Yes  ☐ No

Follow-Up Team Member: Please debrief with Pt/Family and inform caller that a follow-up will be done with them within 24 hours. (Leave a message for the Pt Service Rep at ext 1-1000 regarding Condition H call and provide Pt name and location.)

SECTION 2

St. Joseph Hospital

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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</tr>
</tbody>
</table>

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

7. Phone number where you can be reached ____________________________________________

Pt Service Rep or House Supervisor/Mgr: Please make a copy for the Unit Report Book and return all completed forms to Carmen Ferrell’s Mail Box located in the Staffing Office.
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