UPMC Shadyside Hospital
Condition H (Help)
Follow-up Questionnaire

1. Date of Condition H: ______/_____/_____

2. Time of Condition H: ______:______ (Use 24 hour clock)

3. Location of Condition H:
   - 3 East
   - 4 East
   - 5 Main
   - 6 Main
   - 7 Main
   - CTICU
   - 3 Main
   - 4 Main
   - 5 West
   - 6 West
   - 7 West
   - NSICU
   - 3 PAV
   - 4 PAV
   - 5 PAV
   - 6/7 PAV
   - ED
   - MICU/CCU
   - SICU
   - Off Unit, specify: _____________________

4. Service: ________________________________ Teaching
   - Yes
   - No

5. List names and positions of response team members:

6. Name of Caller: ________________________________

7. Relationship to Patient:
   - Patient
   - Family
   - Friend
   - Staff
   - Clergy
   - Other
   - Other, specify: __________________

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

9. Attention PRC!! Briefly describe the happenings that occurred prior to initiation of Condition H.

NOTE TO PRC/ANC: Before leaving the unit, please confirm the patient’s care nurse will document the Condition H in eRecord. Thank you.
To be completed within 24 hours by Condition H Caller with help of PRC/ANC.

10. PRC/ANC: ________________________________

11. Date of Follow-up: _____/_____/______

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<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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</thead>
<tbody>
<tr>
<td>12. I felt I was given clear direction regarding Condition H</td>
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<td>13. I felt comfortable calling a Condition H.</td>
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<td>14. When I/my family called a Condition H, I/we felt my/our needs were met.</td>
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<td>15. I felt my needs or the needs of my loved one were met post Condition H call.</td>
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16. Please indicate if the Condition H call resulted in any of the following:

- [ ] Change of medication regimen
- [ ] Condition A or C called
- [ ] Other
- [ ] Transfer to another Unit
- [ ] No changes made

17. Did the Condition H result in a change in the patient's code status?

- [ ] Yes
- [ ] No

18. On your follow-up, please investigate & report on this sheet in the space below how the situation was stabilized & what interventions were taken to meet the patient needs on team response to Condition H. Please include the resources necessary to stabilize the situation & overall what it took to solve the problem.

19. If I had to initiate a Condition H again, would I do it?

- [ ] Yes
- [ ] No

20. Would you be willing to be contacted at a later date to share your Condition H experience?

- [ ] Yes
- [ ] No

21. Phone number where you can be reached: ________________________________

For Sunday follow-up by ANC: Please fax this completed form to Patient Relations the day of your follow-up. Fax#: 412.623.1319 Thank you.